



Kentucky Hospital Improvement Innovation Network - Making the Most of Your **Site Visit**



Kentucky
Hospital
Association

Site Visits

- Originated with HRET HEN (1.0)
- Mandatory for HRET HEN beginning in Option Year (part of hospital commitment letter)
- Found by CMS to be of GREAT VALUE!
- HEN 2.0 – Mandatory for all HEN's
- Same with HIIN



Strategies for Success

Strategy 1: Disseminate latest evidence, tools, and best practices to the field

Strategy 2: Coaching and Technical Assistance

- a. **Hospital Site Visits**
- b. Deploying Experts to the Field
- c. State-Level Events



Strategies for Success

Strategy 3: Peer-to-Peer Sharing and Identifying Best Practices

Strategy 4: Building Improvement Capacity

Strategy 5: Cross-Cutting Interventions



Scheduling Your Site Visit

- Site Visits scheduled December – February
- Allow 2 hours (+/-)
- Schedule using “Sign-Up Genius” link - www.SignUpGenius.com/go/10C0945AFA923A13-khiin
(available as of 11/18)



Site Visits

- Conference room with laptop and projector is ideal but not mandatory
- Pull together a comprehensive interdisciplinary team – senior leaders, project leads, Quality leaders, data staff, key unit leaders (e.g. Pharmacy, Lab), frontline staff who may be directly involved, etc.



Site Visit Packet

In your folder –

- Sample Agenda
- Sample Harm Across the Board Report
- Kentucky Quality Counts User Manual
- *Needs Assessment – one per hospital

Also helpful –

- Encyclopedia of Measures
- Data Submission Timeline
- K-HIIN Contacts for Various Topics
- Fellowship Information



Think About...

- QI Priorities for your Hospital – Strategic Plan, Past Performance on Outcome Measures, Performance in VBP and Penalties....HAB Report can be helpful
- Ask yourself and your team:
 - What are our strengths in the areas of quality and patient safety?
 - What are our areas of opportunity- priority areas of focus for improvement?
 - What do I need from HRET or the K-HIIN team?



Harm Across the Board Report

Number of Risk Areas	
Number of PfP Applicable Core Areas (0-11)	11
Number of PfP Applicable Core Areas Adopted	11
Number of Pfp Optional Areas Adopted	2

Most Recent Month Harms/Discharge (% Improvement)

Most Recent Month:

0.11 (0.8%)

Jun-16

Number of Harms Prevented to Date*

31

Cost Savings to Date

\$ 284,569

Harm Measure	Baseline Rate	Target Rate	Current Month	Current Rate	Current % improvement	Cumulative Rate	Cumulative % improvement	Cumulative Improvement Status
ADE Anticoag	0.90	0.54	Jun-16	0.58	35.7%	0.55	38.4%	PROGRESS
ADE Hypoglycemia	*	*		*	*	*	*	No Data
ADE Opioid	*	*		*	*	*	*	No Data
CAUTI Rate	1.13	0.68	Jun-16	0.86	23.9%	1.82	-61.0%	OPPORTUNITY
CLABSI Rate	1.72	1.03	Jun-16	0.00	100.0%	0.51	70.0%	AT TARGET
EED	3.07	1.84	Jun-16	0.00	100.0%	1.12	63.4%	AT TARGET
Falls	0.50	0.30	Jun-16	1.31	-161.9%	0.72	-43.4%	OPPORTUNITY
HAPU 2+	1.30	0.78		*	*	*	*	No Data
HAPU 3+	0.19	0.11		*	*	*	*	Baseline Only
OB Trauma Instrument	287.23	172.34		*	*	*	*	No Data
OB Trauma No Instrument	49.70	29.82		*	*	*	*	No Data
OB Trauma Hemorrhage	1.66	1.00	Jun-16	0.00	100.0%	1.64	1.3%	PROGRESS
OB Trauma Preeclampsia	*	*		*	*	*	*	No Data
SSI Colon Surgeries	5.60	3.36	Jun-16	0.00	100.0%	4.25	24.2%	PROGRESS
SSI Abdominal Hysterectomy	0.97	0.58	Jun-16	0.00	100.0%	0.44	54.8%	AT TARGET
SSI Total Hip Replacements	*	*		*	*	*	*	No Data
SSI Total Knee Replacements	*	*		*	*	*	*	No Data
C. difficile Infections	0.81	0.49	Jun-16	0.87	-6.7%	1.26	-54.7%	OPPORTUNITY
Sensis Overall	*	*		*	*	*	*	Baseline Only



Questions?

