### Welcome and Instructions

- For audio, join by telephone at 877-594-8353, participant code 56350822
- ➤ Your line is OPEN. Please do not use the hold feature on your phone but do *mute your line by dialing* \*6.
- ➤ If you are having technical difficulties, email mmoch@kyha.com
- ➤ Please ask questions through the chat box or wait to the end of each section to ask the presenter







# Welcome to the K-HEN 2.0 Monthly Update Webinar!



### Agenda

- Welcome!
- Dolores' Data Update
  - Where are we as a state by topic? Data Analysis
- Seed Grant Update
- Operational Metrics Due May 31
- PFE Metrics Document
- Cynosure UP Campaign
- Tentative Face-to-Face HEN Meetings
- Info Nuggets by Topic with hospital spotlight
- Q&A

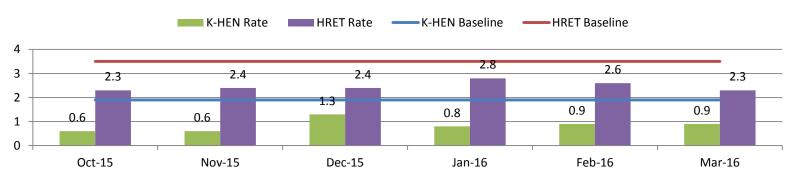


### Data: Monitoring

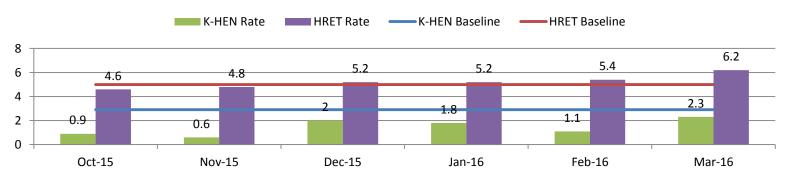
### Thanks for submitting your data!

- Data pulls from NHSN are completed on the 25<sup>th</sup> of the month for the previous month
- Please submit your data on a monthly schedule
- Plan for KHA to provide AHRQ ICD-10 data

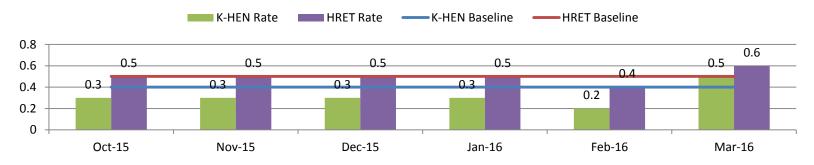
**ADE - Excessive Anticoagulation in Patients on Warfarin** 



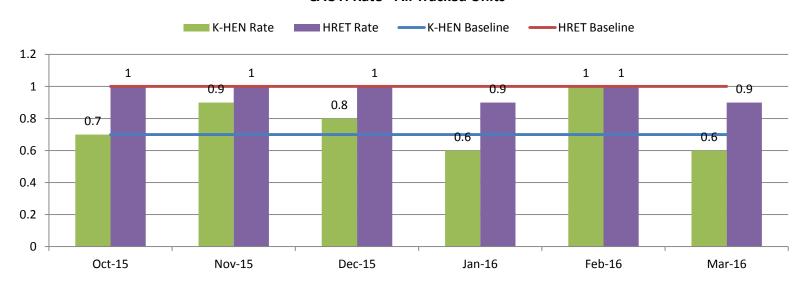
ADE - Hypoglycemia in Patients on Insulin



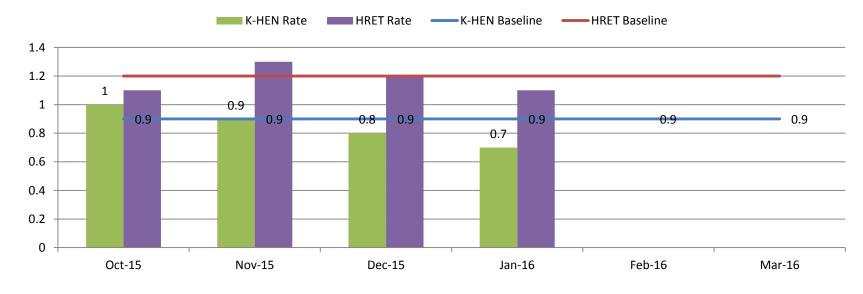
**ADE - Opioid Safety** 



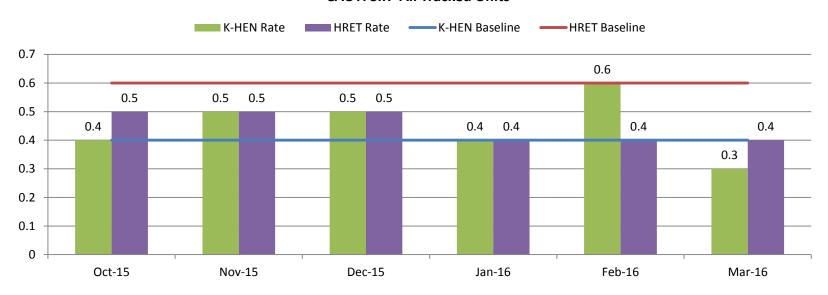
#### **CAUTI Rate - All Tracked Units**



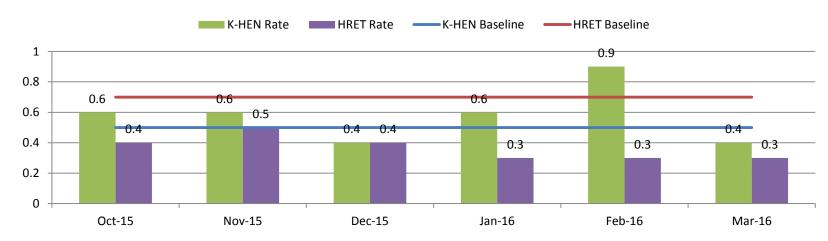
#### **CAUTI Rate - ICU**



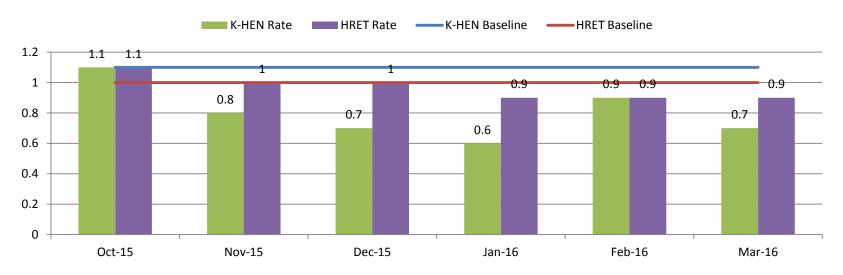
#### **CAUTI SIR- All Tracked Units**



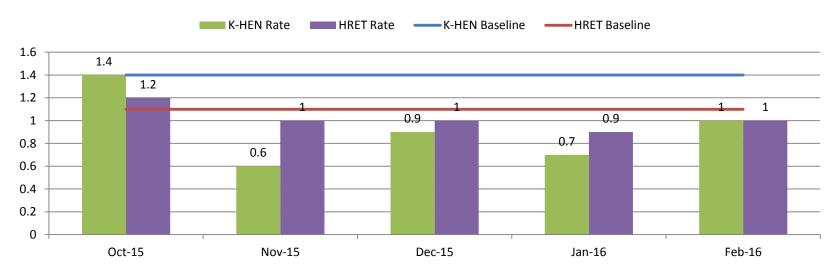
#### **CAUTI SIR - ICU**



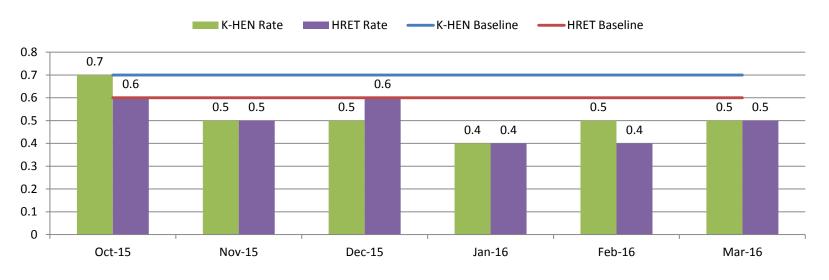
#### **CLABSI Rate - All Tracked Units**



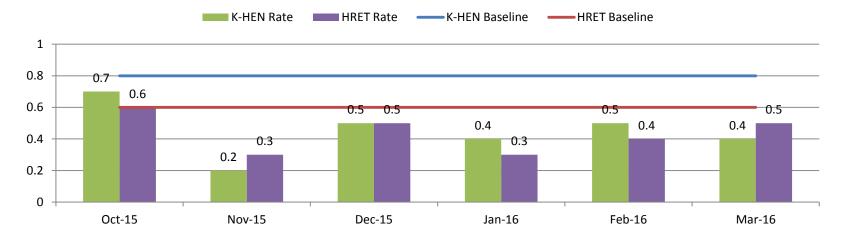
#### **CLABSI Rate - ICU**



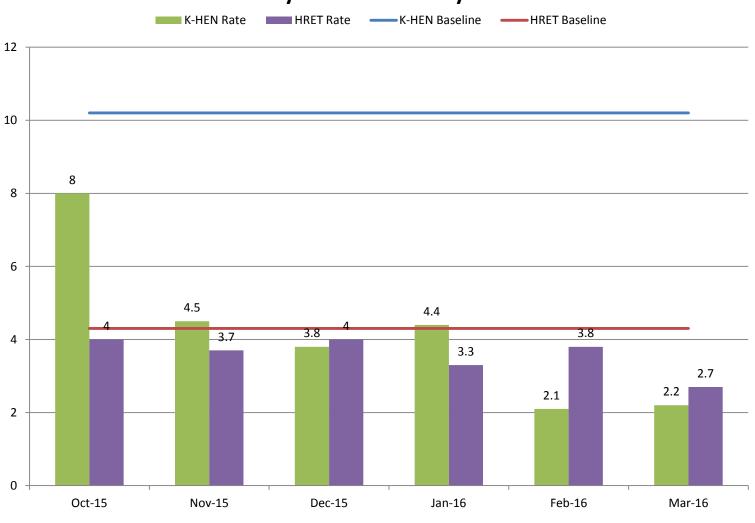
#### **CLABSI SIR - All Tracked Units**



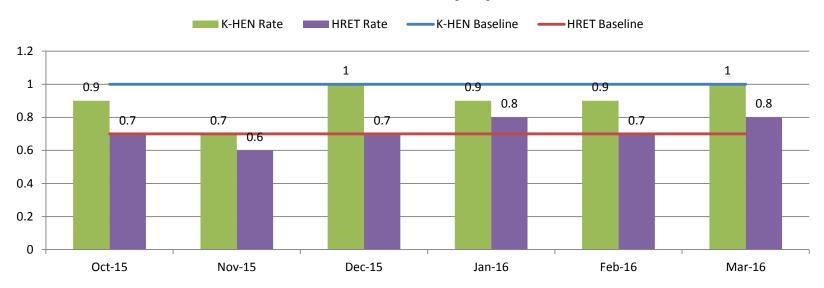
#### **CLABSI SIR - ICU Only**



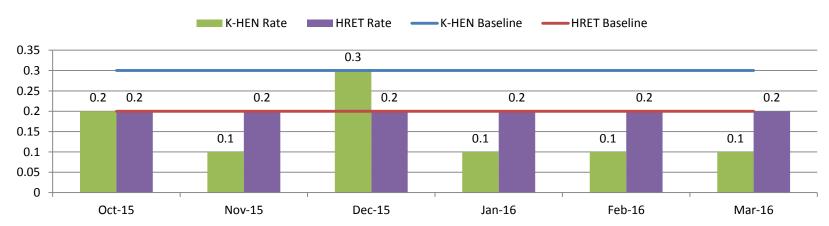
#### **Early Elective Delivery**



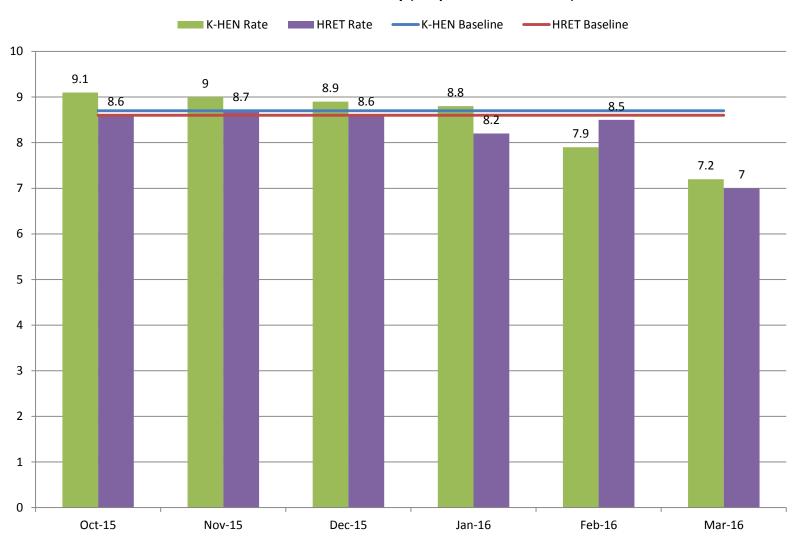
#### **Falls with Injury**



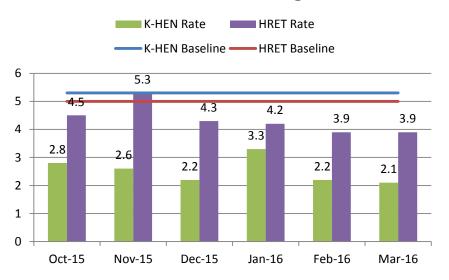
#### **HAPU Stage 2 and Greater Prevalence**



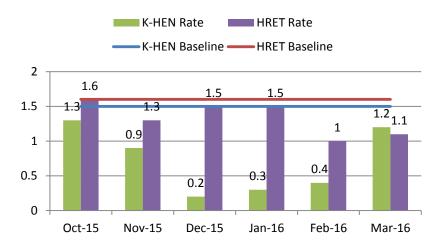
#### Readmission within 30 Day (Hospital-wide All Cause)



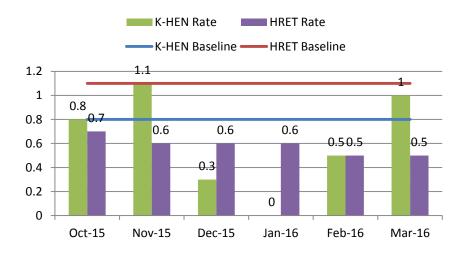
#### **SSI Rate - Colon Surgeries**



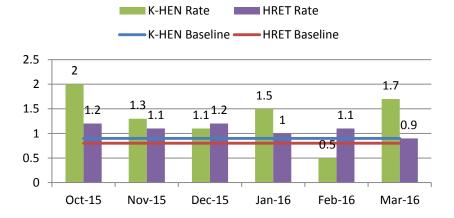
#### SSI Rate - Abdominal Hysterectomies



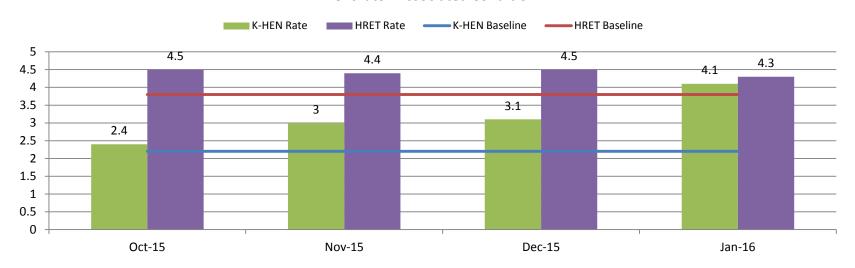
#### **SSI Rate - Total Hip Replacement**



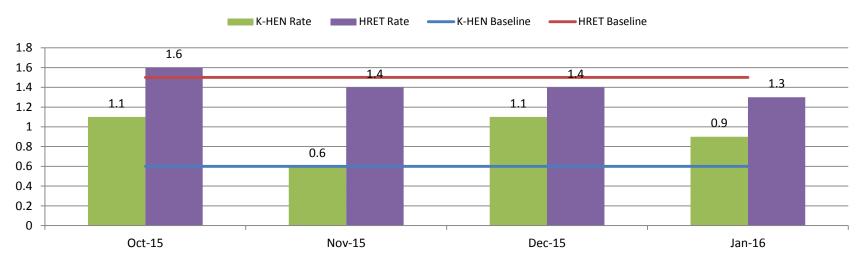
#### SSI Rate - Total Knee Replacement



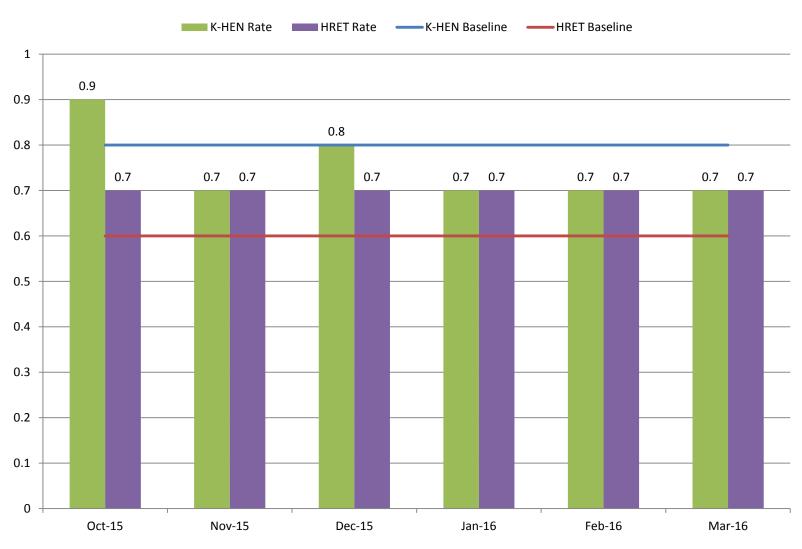
#### **Ventilator-Associated Condition**



#### Infection-Related Ventilator-Associated Complication



#### **Clostridium Difficile Rate**





### Seed Grant Update

4 Seed Grants applications received –
K-HEN team is offering one more round
for any hospitals who still want to pursue a
seed grant!

Contact Sharon Perkins for questions at sperkins@kyha.com



### Operational Metrics

Due in via Survey Monkey by 5/31

For questions, contact Dolores at <a href="mailto:dhagan@kyha.com">dhagan@kyha.com</a>

Operational measures are collected quarterly (i.e., PFE, health care disparities, leadership/governance)



### PFE Metrics Document

The Partnership for Patients Patient/Family Engagement contractor recently published some additional information detailing how hospitals can meet the HEN 2.0 PFE measures. This document will be added to the K-HEN website under Tools & Resources "Other".

The first PFE measure deals with the CMS discharge planning checklist -

**PfP Metric language**: Prior to admission, hospital staff provides and discusses a planning checklist with every patient that has a scheduled admission, allowing for questions or comments from the patient or family.



**Intent**: The intent of this metric is to create a mechanism and procedure so that patients and families scheduled for admission are sent a checklist and then have an opportunity to talk with hospital staff at admission.

To learn more about the CMS discharge planning checklist and how it can be implemented in your hospital join us for the June 2nd webinar.

In case you haven't already reviewed it, here is a link to the checklist: <a href="https://www.medicare.gov/Pubs/pdf/11376.pdf">https://www.medicare.gov/Pubs/pdf/11376.pdf</a>



### UP Campaign

- register now for Cynosure's UP Campaign webinar series.
  Cynosure will present new resources for cross-cutting
  clinical interventions aimed to help hospitals implement one
  cross-cutting intervention that will each impact at least six
  topics--
- GET-UP for early progressive mobility webinar was on May 12, 2016 at 11:00 a.m. to 12:00 p.m. CT
- WAKE-UP for opioid and sedation management webinar will be on May 26, 2016 at 11:00 a.m. to 12:00 p.m. CT
- SOAP-UP for hand hygiene webinar will be on June 9, 2016 at 11:00 a.m. to 12:00 p.m. CT

All will be archived on HRET website



### Face-to-Face Meetings

- Sepsis Summit TBD (August?)
- CAUTI-CLABSI TBD (also August?)
- TeamSTEPPS workshop in Eastern KY
- Regional Meetings late in project



### Info-Nuggets--



### Adverse Drug Events:

## Hospital Spotlight – Methodist Hospital Union County

Sherry Brantley, RN, and Marie White, RN



### The Problem: Hypoglycemia

Baseline rate 13.79 – goal 8.28

What we did about it....

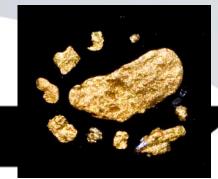
Current rate....



Current rate is 6.59 for March 2016 -

Representing a 52% Improvement!





### Info-Nuggets - ADE Cont'd

### Kentucky Society of Health-System Pharmacists Spring Convention

KSHP Spring Convention was Friday, May 20 at the Lexington Hyatt Downtown.

KHA sponsored FIVE Pharmacists participating in our K-HEN from across the state.

KHA was an exhibitor at the event.

Over 200 Pharmacists attended this informative Convention.

- 1. Joan Haltom, PharmD, Ephraim McDowell Regional Medical Center
- 2. Chelsea Owen, PharmD, Continuing Care Hospital
- 3. Anita Pleacher, PharmD, Twin Lakes Regional Medical Center
- 4. Nicole Pursley, PharmD, TJ Samson Community Hospital
- 5. Angela Sandlin, PharmD, Baptist Health LaGrange



### Info-Nuggets --



### **CAUTI and CLABSI:**

Outcome Rates vs. Utilization Ratios Are you working on both?

Outcome Rate - # of CAUTI/CLABSI infections catheter days/line days

Utilization Ratio -

# of indwelling urinary catheter/central line days total number of inpatient days





### Info-Nuggets

### **EED-OB Harm-**

- •Next AHA/HRET HEN 2.0 Early Elective Delivery Webinar-Tuesday, June 7, 11CT/12ET
- •CMQCC California Maternal Quality Care Collaborative has just released their new "Toolkit to Support Vaginal Birth and Reduce Primary Cesareans", which can be found on the k-hen website <a href="https://www.k-hen.com">www.k-hen.com</a>, Under Tools and Resources OB
- Summary of Toolkit Components
  - •Readiness (Improving the Culture of Care, Awareness, and Education)
  - •Recognition and Prevention (Supporting Intended Vaginal Birth)
  - Response (Managing Labor Abnormalities)
  - Reporting (Using Data to Drive Improvement)



### Info-Nuggets



### Falls:

There is still time to register and participate in today's HRET Falls Webinar!

### Facing Fall Facts: Understanding Why Toileting Is So Tricky

May 24, 2016 | 11:00 am – 12:00 pm CT

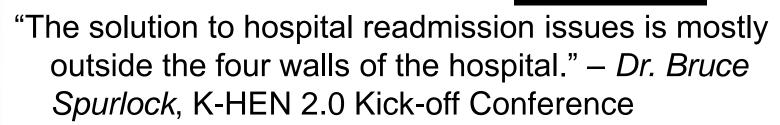
Register

here: <a href="https://hret.adobeconnect.com/falls201605">https://hret.adobeconnect.com/falls201605</a> 24/event/registration.html



### Info-Nuggets-

### Readmissions:



"Life is constant change. A journey of a thousand miles begins with one step." - unknown

K-HEN collaborating with Qsource, Kentucky's QIN, in a series of regional meetings to meet and engage healthcare and social service providers in the community.

Goal: To have community parties meet and understand the power and advantage of collective action.

All parties win when an engaged community focuses on improving the quality of care coordination.



### Info-Nuggets-



### Surgical Site Infection:

### **Colorectal Surgery "Care Bundle"**

### **Preoperative**

- 1. Give patient the SSI patient education sheet
- 2. Encourage smoking cessation 30 days before surgery
- 3. Use preoperative antiseptic skin cleansing: with chlorhexidine wipes (night before and morning of surgery)
- 4. Mechanically prepare the colon the day before surgery
- 5. Administer nonabsorbable oral antimicrobial agents (neomycin and metronidazole) the night before surgery
- 6. Screen diabetic and nondiabetic patients using HbA1c levels



#### **Holding**

- Check blood glucose levels; if >140 mg/dL, start insulin infusion
- 2. Remove hair with clippers in holding area (SCIP 6) Apply forced warm air gown to maintain normothermia

#### **Intraoperative**

- Prescribe appropriate antibiotic (SCIP 1)
- 2. Dose prophylactic antimicrobial agent based on weight
- 3. Administer prophylactic antimicrobial agents IV on time (SCIP1)
- Redose prophylactic antimicrobial based on duration of operation



#### Intraoperative, Cont'd.

- Use standardized antiseptic agent for skin preparation: chlorhexidine gluconate (Chloraprep)
- 6. Use at least 80% fraction of inspired oxygen
- 7. Ensure double gloving for all scrubbed surgical team members
- 8. Maintain perioperative normothermia (SCIP 9)
- 9. Aggressively control glucose in all patients; start insulin infusions for any blood glucose level > 140 mg/dL
- 10. Perform pulse lavage of subcutaneous tissues for all open operations using 2 L of saline



#### **Postoperative**

- Maintain control of serum blood glucose levels in all patients; glycemic control team consulted
- Protect primary-closure incisions with silver-impregnated (Acticoat) or polyhexamethylene biguanide (AMD) dressing for 5 days
- 3. Use high fraction of inspired oxygen (nonrebreather mask) for 4 hours
- 4. Discontinue prophylactic antimicrobial agent within 24 hours of surgery (SCIP 3)



### Info-Nuggets-



### VTE:

VTE is a leading cause of death and disability worldwide.

Every year, there are approximately 10 million cases of VTE worldwide

In the U.S., there are 100,000 - 300,000 VTE-related deaths every year

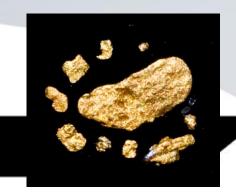
In Europe, there are 544,000 VTE-related deaths every year

In the U.S. and Europe, VTE-related events kill more people than AIDS, breast cancer, prostate cancer and motor vehicle crashes combined.

Up to 60 percent of VTE cases occur during or after hospitalization, making it a leading preventable cause of hospital death.

http://www.worldthrombosisday.org/issue/vte/





### <u>Sepsis</u>

CAH/Rural hospitals - your goal for your patients is to improve outcomes and decrease mortality by recognizing sepsis and beginning treatment, especially the 3 hour bundle.

The larger centers that receive sepsis patients rely on the CAH/Rural hospitals to:

Recognize - screen all patients

**Resuscitate**- start antibiotics within 1 hour, order blood cultures and lactate, and use order sets for fluids

**Refer**- transfer to a tertiary center and communicate what portion of the bundles have been completed and which have not been.



### Q & A Session

What's working well? What's not working so well?



### Wrap Up, Next Steps

- 1. Continue monthly data submission
- 2. Continue team improvement work, achieve Milestone 4!
- 3. Go to **Upcoming Events** Tab on HRET website for upcoming webinars
  - Next K-HEN Monthly Update webinar June \_\_\_ -
- 4. Do you have a Patient Safety Hero nominee? Submit them to the K-HEN Website and be recognized!



### Thank you for participating in the...

# Race-to Quality! (Sprint / Marathon)