Hospital Improvement Innovation Network

Toi Wilde, R.N., BSN, MBA, CPHQ, LSSGB
Program Manager
September 24, 2019
Agenda

- HIIN Project Updates
  - Commitment Letters
  - Milestone 11 Hospital Qualifiers
  - Milestone 14 Criteria
  - Program Updates
- Virtual Events
- In-Person Events
- Resources
- Questions
HIIN Project Updates
HIIN Extension Period 2

- Option Period 1 (Completed) — 3/28/2019 through 6/27/2019
- Option Period 2 (Completed) — 7/1/2019 through 7/31/2019
- Option Period 3 (Completed) — 8/1/2019 through 8/31/2019
- Option Period 4 (Awarded) — 9/1/2019 through 3/31/2020

➢ Education
  - Collaborative for hospitals that have opportunities for improvement across all harm measures
    • Rapid Cycle Methodology
    • Buckets of Engagement

➢ Topic-based collaborative(s) based on data opportunities in MO
➢ Engaging hospitals
➢ Sharing our story
➢ Collaborating with AHA initiatives
➢ LSS Cohort 2 Graduation
HIIN Commitment Letters — Action Required

- New HIIN Commitment Letters for Option Period 4 were sent out to each HIIN Hospital’s CEO and the HIIN Lead at each facility was copied on Thursday, September 12 for EchoSign. Your facility’s current HIIN Commitment will expire on Friday, September 27.
- The renewals will need your CEO signature first and the primary HIIN lead signature second to complete your renewal process.
- The message will come via email from the MHA legal team (Marilyn Keilholz) and will be sent through “EchoSign”, therefore the identified sender of the email may not draw attention to your eye.
- Please encourage your CEO to sign and forward to you. These are due back to MHA by Friday, September 27. We appreciate your help in making this a smooth renewal process.
- Currently, 49 out of 83 hospitals have completed commitment letters.
HIIN Commitment Letters – Requiring Attention

• Hospitals that have CEO signature but not a HIIN lead signature:

<table>
<thead>
<tr>
<th>HOSPITAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bates County Memorial Hospital</td>
</tr>
<tr>
<td>Bothwell Regional Health Center</td>
</tr>
<tr>
<td>Capital Region Medical Center</td>
</tr>
<tr>
<td>Citizens Memorial Hospital</td>
</tr>
<tr>
<td>Harrison County Community Hospital</td>
</tr>
<tr>
<td>Iron County Medical Center</td>
</tr>
<tr>
<td>Mosaic Life Care at St. Joseph Medical Center</td>
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<tr>
<td>Mosaic Medical Center - Albany</td>
</tr>
<tr>
<td>Mosaic Medical Center - Maryville</td>
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<tr>
<td>Osage Beach Center for Cognitive Disorders</td>
</tr>
<tr>
<td>Ray County Memorial Hospital</td>
</tr>
<tr>
<td>St. Alexius Hospital, Broadway Campus</td>
</tr>
</tbody>
</table>

*Based on review as of 9/23/2019

• Hospitals that have NO SIGNATURES:

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Freeman Health System</td>
</tr>
<tr>
<td>Fulton Medical Center, LLC</td>
</tr>
<tr>
<td>Kindred Hospital Northland</td>
</tr>
<tr>
<td>Liberty Hospital</td>
</tr>
<tr>
<td>Mercy Hospital Carthage</td>
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<tr>
<td>Mercy Hospital Lincoln</td>
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<td>Mercy Hospital Springfield</td>
</tr>
<tr>
<td>Mercy Hospital St. Louis</td>
</tr>
<tr>
<td>Mercy Hospital Washington</td>
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<tr>
<td>North Kansas City Hospital</td>
</tr>
<tr>
<td>Northwest Missouri Psychiatric Rehabilitation Center</td>
</tr>
<tr>
<td>Ozarks Medical Center</td>
</tr>
<tr>
<td>Perry County Memorial Hospital</td>
</tr>
<tr>
<td>Pinnacle Regional Hospital</td>
</tr>
<tr>
<td>Salem Memorial District Hospital</td>
</tr>
<tr>
<td>Scotland County Hospital</td>
</tr>
<tr>
<td>Signature Psychiatric Hospital</td>
</tr>
<tr>
<td>Southeast Health Center of Stoddard County</td>
</tr>
<tr>
<td>St. Luke's Rehabilitation Hospital</td>
</tr>
<tr>
<td>Ste. Genevieve County Memorial Hospital</td>
</tr>
<tr>
<td>Texas County Memorial Hospital</td>
</tr>
<tr>
<td>Western Missouri Medical Center</td>
</tr>
</tbody>
</table>
HIIN Core Team Form

The HIIN Core Team Form will be sent out to each facility’s Primary Contact (HIIN Lead) to complete and return to Jessica Stultz by Thursday, October 31.

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Title</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Department Lead</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intensive Care Unit Lead</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Surgical Team Lead</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Infection Prevention Lead</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Quality Staff Lead</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient and Family Engagement Lead</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Pharmacy Lead</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing Lead</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Physician Lead</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Executive Lead</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Falls Lead</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wound Care Lead</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality Data Lead</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
HIIN Communication Update

• Monthly HIIN update e-mails will be sent throughout the duration of the project. Please review for pertinent project updates.

• Bi-monthly HIIN Huddle webinars will be held to review project updates and deliverables and to share opportunities and resources.

➢ The MHA HIIN team encourages at least one person from your facility to attend the HIIN Huddle webinars.
2019 HIIN Huddle Webinar Schedule

• The MHA HIIN team will provide important project updates, new resources and project deliverables.

• Schedule:
  ➢ 2 p.m. Tuesday, November 19 — Register
HIIN Reports Update

- HIIN project reports including HIIN CEO Dashboard and HIIN Improvement Calculator will be sent to HIIN leads on a bi-monthly basis. These timeframes are subject to change.

- Schedule of reports for remainder of 2019:
  - Beginning of October 2019
  - Beginning of December 2019
Updated HIIN Encyclopedia of Measures (EOM) – Version 1.9

• EOM is the measure reference guide for core evaluation and additional required topic measures in the HIIN project.
  ➢ Click here to access the updated version.
  ➢ Edits to existing measures:
    – AHRQ PSI measure hyperlinks for the following measures modified to point to the most current AHRQ guidance: HIIN-PrU-1, HIIN-SEPSIS-1a, HIIN-SEPSIS-1c, HIIN-SEPSIS-1d, HIIN-VTE-1.
## Missouri HIIN Progress

### Hospital: All

### HIIN-7132605-MO

#### 2016 10 (Oct) - 2019 05 (May) (See "Most Recent Month Reported" Column for period of each measure)

<table>
<thead>
<tr>
<th>Date</th>
<th>Measure Description</th>
<th>Most Recent Month Reported</th>
<th>HIIN Goal Status</th>
<th>Cost Savings</th>
<th>Harms Prevented</th>
<th>Lives Saved</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/28/2019</td>
<td>ADE Anticoagulant Safety</td>
<td>2019 05 (May)</td>
<td>Achieved</td>
<td>$2,925,621</td>
<td>492</td>
<td>54</td>
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<tr>
<td></td>
<td>ADE Glycemic Management</td>
<td>2019 05 (May)</td>
<td>Making Progress</td>
<td>$15,493,195</td>
<td>2,690</td>
<td>296</td>
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<td></td>
<td>ADE Opioid Safety</td>
<td>2019 05 (May)</td>
<td>Achieved</td>
<td>$8,750,965</td>
<td>1,523</td>
<td>188</td>
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<tr>
<td></td>
<td>CAUTI Rate - All Settings</td>
<td>2019 05 (May)</td>
<td>Making Progress</td>
<td>$729,781</td>
<td>53</td>
<td>*</td>
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<tr>
<td></td>
<td>CAUTI Rate - ICU's excl NICU</td>
<td>2019 05 (May)</td>
<td>Making Progress</td>
<td>*</td>
<td>34</td>
<td>*</td>
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<tr>
<td></td>
<td>Catheter Utilization - All Settings</td>
<td>2019 05 (May)</td>
<td>Decreasing</td>
<td>NA Utilization</td>
<td>NA Utilization</td>
<td>NA Utilization</td>
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<tr>
<td></td>
<td>Catheter Utilization - ICU's excl NICU</td>
<td>2019 05 (May)</td>
<td>Decreasing</td>
<td>NA Utilization</td>
<td>NA Utilization</td>
<td>NA Utilization</td>
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<tr>
<td></td>
<td>CLABSI Rate - All Settings</td>
<td>2019 05 (May)</td>
<td>Making Progress</td>
<td>$1,044,134</td>
<td>22</td>
<td>4</td>
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<td>CLABSI Rate - ICU's</td>
<td>2019 05 (May)</td>
<td>Making Progress</td>
<td>*</td>
<td>*</td>
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<tr>
<td></td>
<td>Central Line Utilization - All Settings</td>
<td>2019 05 (May)</td>
<td>Decreasing</td>
<td>NA Utilization</td>
<td>NA Utilization</td>
<td>NA Utilization</td>
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<tr>
<td></td>
<td>Central Line Utilization - ICU's</td>
<td>2019 05 (May)</td>
<td>Decreasing</td>
<td>NA Utilization</td>
<td>NA Utilization</td>
<td>NA Utilization</td>
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<tr>
<td></td>
<td>Falls with Injury</td>
<td>2019 05 (May)</td>
<td>Making Progress</td>
<td>$2,198,961</td>
<td>328</td>
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<tr>
<td></td>
<td>MRSA Rate</td>
<td>2019 05 (May)</td>
<td>Achieved</td>
<td>$907,900</td>
<td>55</td>
<td>14</td>
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<tr>
<td></td>
<td>Pressure Injuries</td>
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<td></td>
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<tr>
<td></td>
<td>PrU Prevalence, Stage 2+</td>
<td>2019 05 (May)</td>
<td>Achieved</td>
<td>$17,588,828</td>
<td>1,112</td>
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<tr>
<td></td>
<td>PrU Rate, Stage 3+</td>
<td>2019 03 (Mar)</td>
<td>Worsening</td>
<td>*</td>
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<tr>
<td></td>
<td>SSI Rate, Colon</td>
<td>2019 03 (Mar)</td>
<td>Making Progress</td>
<td>$1,843,250</td>
<td>58</td>
<td>2</td>
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<td></td>
<td>SSI Rate, Abdominal</td>
<td>2019 03 (Mar)</td>
<td>Worsening</td>
<td>*</td>
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<tr>
<td></td>
<td>SSI Rate, Knee</td>
<td>2019 03 (Mar)</td>
<td>Making Progress</td>
<td>$230,809</td>
<td>8</td>
<td>0.25</td>
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<tr>
<td></td>
<td>SSI Rate, Hip</td>
<td>2019 03 (Mar)</td>
<td>Making Progress</td>
<td>$265,661</td>
<td>9</td>
<td>0.28</td>
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<tr>
<td></td>
<td>C. difficile sepsis</td>
<td>2019 05 (May)</td>
<td>Achieved</td>
<td>$13,556,378</td>
<td>785</td>
<td>50</td>
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<tr>
<td></td>
<td>Sepsis Post-Op Sepsis Rate</td>
<td>2019 03 (Mar)</td>
<td>Making Progress</td>
<td>$327,003</td>
<td>19</td>
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<tr>
<td></td>
<td>Hospital onset Sepsis Mortality</td>
<td>2019 03 (Mar)</td>
<td>Making Progress</td>
<td>*</td>
<td>208</td>
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<tr>
<td></td>
<td>Overall Sepsis Mortality</td>
<td>2019 03 (Mar)</td>
<td>Making Progress</td>
<td>*</td>
<td>666</td>
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<tr>
<td></td>
<td>Ventilator-Associated Condition Rate</td>
<td>2019 05 (May)</td>
<td>Worsening</td>
<td>*</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Post-Operative Pulmonary Embolism of Deep Vein Thrombosis Rate</td>
<td>2019 03 (Mar)</td>
<td>Worsening</td>
<td>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Worker Safety - Patient Handling</td>
<td>2019 05 (May)</td>
<td>Achieved</td>
<td>*</td>
<td>7,803</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Worker Safety - Workplace Violence</td>
<td>2019 05 (May)</td>
<td>Achieved</td>
<td>*</td>
<td>3,120</td>
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</tr>
<tr>
<td></td>
<td>Readmission Rate 30-Day All Cause, Medicare</td>
<td>2019 02 (Feb)</td>
<td>Worsening</td>
<td>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Readmission Rate 30-Day All Cause</td>
<td>2019 02 (Feb)</td>
<td>Worsening</td>
<td>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total (Core Measures Only)</td>
<td></td>
<td></td>
<td>$65,526,449</td>
<td>7,235</td>
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</tr>
</tbody>
</table>
HIIN Benchmarks

- The most recent HIIN benchmarks provided by HRET are attached in the handouts pod.
- This document provides HIIN-Wide Benchmark Performance Levels on the 'HIIN Benchmarks' worksheet and Zero Harm Benchmarks for very small rural hospitals and CAHs on the 'Zero Harm VSRH-CAH Benchmarks'.

<table>
<thead>
<tr>
<th>HIIN Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td>Adverse Event Area</td>
</tr>
<tr>
<td>C. difficile</td>
</tr>
<tr>
<td>CAUTI</td>
</tr>
<tr>
<td>CLABSI</td>
</tr>
<tr>
<td>Falls</td>
</tr>
<tr>
<td>MRSA</td>
</tr>
<tr>
<td>Pressure Ulcers</td>
</tr>
<tr>
<td>Pressure Ulcers</td>
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<tr>
<td>Pressure Ulcers</td>
</tr>
<tr>
<td>Sepsis</td>
</tr>
<tr>
<td>SSI</td>
</tr>
<tr>
<td>SSI</td>
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<tr>
<td>SSI</td>
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<td>SSI</td>
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<tr>
<td>VAE</td>
</tr>
<tr>
<td>VAE</td>
</tr>
<tr>
<td>VTE</td>
</tr>
</tbody>
</table>
Milestone 11 Hospital Qualifiers
### Milestone 11 Hospital Qualifiers

- Bates County Memorial Hospital
- Bothwell Regional Health Center
- Carroll County Memorial Hospital
- Cass Regional Medical Center
- Cedar County Memorial Hospital
- Citizens Memorial Hospital
- Cox Barton County Hospital
- Cox Medical Center Branson
- Cox Medical Centers
- Cox Monett
- Ellett Memorial Hospital
- Fitzgibbon Hospital
- Freeman Hospital West
- Fulton Medical Center
- Golden Valley Memorial Healthcare
- Hannibal Regional Hospital
- Hermann Area Hospital District
- Iron County Medical Center
- Lafayette Regional Health Center
- Lake Regional Health System
- Lee's Summit Medical Center
- Liberty Hospital
- Madison Medical Center
- Mercy Hospital Carthage
- Mercy Hospital Jefferson
- Mercy Hospital South

*Does not include Psych/LTACH/Rehab Hospitals.

- Missouri Delta Medical Center
- Mosaic Life Care at St. Joseph
- Mosaic Medical Center - Albany
- Nevada Regional Medical Center
- North Kansas City Hospital
- Northeast Regional Medical Center
- Ozarks Medical Center
- Pemiscot Memorial Health System
- Perry County Memorial Hospital
- Phelps Health
- Pike County Memorial Hospital
- Ray County Memorial Hospital
- Research Medical Center
- Saint Francis Medical Center
- Saint Luke's East Hospital
- Saint Luke's Hospital of Kansas City
- Saint Luke's North Hospital - Barry Road
- Salem Memorial District Hospital
- Samaritan Memorial Hospital
- Scotland County Hospital
- Southeast Hospital
- St. Alexius Hospital - Broadway Campus
- St. Luke's Des Peres Hospital
- Ste. Genevieve County Memorial Hospital
- Washington County Memorial Hospital
- Western Missouri Medical Center
Milestone 14 Criteria
Data Due Dates — HIIN Project Extension 2

- More data due dates are forthcoming through March 2020.
- Data due date calendar reminders sent to HIIN leads.

**HIIN Data Due Dates Option Period 4**

<table>
<thead>
<tr>
<th>Task</th>
<th>Deadline For Hospital to Submit Data</th>
<th>Data Included in Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Monitoring Data</td>
<td>20-Sep</td>
<td>Oct 16 - Aug 19</td>
</tr>
<tr>
<td><strong>Milestone 14</strong></td>
<td>10-Oct</td>
<td><strong>Hard Deadline for ALL data Aug 18 - July 19</strong></td>
</tr>
<tr>
<td>Monthly Monitoring Data</td>
<td>25-Oct</td>
<td>Oct 16 - Sept 19</td>
</tr>
</tbody>
</table>

*Milestone 14 data to be entered into HIDI Quality Collections and NHSN by 5 p.m. on deadline due date.

*Subject to change based on contract deliverables.*
## Milestone 14 Breakdown

<table>
<thead>
<tr>
<th>Milestone 14</th>
<th>Data Due Date</th>
<th>Amount</th>
<th>When is $ Dispersed</th>
<th>Criteria</th>
</tr>
</thead>
</table>
|              | October 10, 2019 | NA     | NA                  | 100% of hospitals applicable measures data:  
  • Readmissions: August 2018 – June 2019  
  • All other applicable measures:  
    August 2018 – July 2019 |

*Milestone 14 data to be entered into HIDI Quality Collections and NHSN by 5 p.m. on Thursday, October 10.

**There will be a money incentive stipend in early 2020, in order to be eligible for that stipend we are requiring our hospitals to meet the non-stipend incentive prior milestones including MS-14.
Milestone 14 — Assistance Requested

- Milestone 14 applies to all hospitals that joined the HIIN project prior to the first extension on September 29, 2018.
- The focus area will be on clinical data submission and is being driven by CMS to encourage hospitals to submit timely data and drive improvement.
- There is no stipend incentive, but we hope our hospitals will help us meet Milestone 14 to show our strong commitment to our HIIN work.
- There will be a money incentive stipend in early 2020. In order to be eligible for that stipend, we are requiring our hospitals to meet the non-stipend incentive prior milestones, including MS-14.
Program Updates
LEAN Six Sigma Green Belt Program

- 11 HIIN hospitals have completed the final “Control” phase of the program.
- The program wrapped up in early September; graduation is scheduled for December 12, 2019.
Certification in Infection Control (CIC) Prep Program

- In collaboration with the New Mexico Hospital Association, MHA offered stipends, funded through HIIN, for participating hospitals’ infection preventionists (see below) to advance their infection control and epidemiology knowledge, skills and credentials.

- The Certification Board of Infection Control and Epidemiology, Inc. (CBIC) endorses the concept of voluntary, periodic certification for all infection prevention and control professionals meeting educational and practice requirements.

Participants:
- CoxHealth
- Lafayette Regional Health Center
- Lake Regional Health System
- Mercy Hospital Washington
- Research Medical Center
Congratulations!

- Congratulations to Alyssa Adkins, infection preventionist at Lafayette Regional Health Center, for successfully passing the Certification in Infection Control and Epidemiology exam. She is officially Board Certified in Infection Prevention and Control through the CBIC. Alyssa is an active participant in the CIC Prep Program offered through the HIIN project in collaboration with New Mexico Hospital Association, which offers stipends for those wanting to advance their infection control and epidemiology knowledge, skills and credentials.
- Well done, Alyssa!
On behalf of the MHA HIIN, we would like to congratulate the following facilities on their outstanding commitment to improving patient-centered care through the completion of recent HIIN Sprints.

HRET HIIN offered quality improvement sprint tracks in the spring and summer of 2019 to improve patient safety and reduce hospital-acquired conditions. This was an eight-week quality improvement commitment in which participants identified and developed action plans to reduce root causes of harms.

Congratulations and thank you for your dedication!
• The MHA HIIN team is reviewing and analyzing statewide HIIN data through August 2019 to determine and recruit hospitals in quality improvement collaborative(s) around key topic areas including: HAPU, Sepsis Mortality, ICU Focused (CAUTI/CLABSI/VAP) and Readmissions.

• These collaborative(s) will be focusing on identifying gaps, rapid process improvement, test of change and control of processes. Each collaborative will incorporate PFE aspects and LEAN Six Sigma Methodology.

• More information forthcoming. Topics are subject to change due to contract deliverables.
HRET HIIN Performance Improvement Collaborative

- Your MHA HIIN Improvement Advisor will reach out to you if your facility would be a good candidate for this collaborative.

HRET HIIN invites you to join a 6-month performance improvement collaborative starting in October 2019! The purpose of the collaborative is to help hospitals reduce hospital acquired harms and improve patient safety and the quality of care.

- Identifying gaps in processes and top harm areas for improvement through structured evaluations.
- Focused coaching and guidance on how to implement successful tests of change to address challenges and opportunities for improvement from AHA Performance Improvement Coaches and national subject matter experts.
- Peer to peer sharing and networking on common challenges and successes.

Join here to access the following quality improvement opportunities!

The deadline to join is October 4, 2019.
AHA Age-Friendly Initiative

• This 7-month collaborative is designed for hospital-based teams (e.g., emergency departments, ICUs, medical-surgical units) and ambulatory care teams to test and implement the 4M Framework (Mobility, Mentation, Medication, and What Matters) and share learnings with their peers.

• The Age-Friendly Initiative has the ability to impact several HIIN harm measures including: falls with injury, pressure injuries, patient and family engagement, delirium and adverse drug events.

• For more on Age-Friendly Health Systems, an initiative of the John A. Hartford Foundation and Institute for Healthcare Improvement in partnership with the AHA and Catholic Health Association of the United States, click here or email ahaactioncommunity@aha.org.
Virtual Events
HRET/HIIN Virtual Events

• National Academies | Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation's Health
  ➢ September 25, 2019 | 10:00 a.m. - 11:00 a.m. CT | Register here.

• AHA and Meals on Wheels | Recipes for Success: Exploring Opportunities for Hospitals and Meals on Wheels Programs to Address Malnutrition in Older Adults
  ➢ September 26, 2019 | 2:30 p.m. - 3:30 p.m. CT | Register here.
In-Person Events
2019 Annual Emergency Preparedness and Safety Conference

• Wednesday, October 9 — Friday, October 11
• Margaritaville Lake Resort — Osage Beach, Mo.
• Click here to register.

Join us at the 2019 Annual Emergency Preparedness and Safety Conference to hear state and national experts share strategies and lessons learned related to natural disasters and safety incidents. Attendees will have the opportunity to gather approaches to enhance established emergency management programs, as well as integrate preparedness initiatives into daily hospital operations. Learn more.
Resources
Effective September 1, 2019, ICD 10 Coding will include pressure induced deep tissue injury. Read the press release [here](#). Pass this information on to your hospital skin champions and read on to learn more about deep tissue injuries.

Despite progress in pressure injury knowledge, deep tissue injuries (DTIs) continue to present a challenge to clinicians. Accurate and timely identification of DTIs is a challenge because 24 to 72 hours can lapse between the precipitating pressure event and the onset of the purple or maroon colored skin. This is especially important when the precipitating event occurs before the patient’s admission. The DTI does not appear until beyond the 24 hour window for present-on-admission status, at which point the admitting facility becomes financially responsible for care.

Deep Tissue Injury characteristics and patient variables were analyzed in a single site, descriptive [study](#) that provides insights into the etiology and risk factors that impact their development and progression.
Interactive Infection Control Training Available

- Identifying Infection Risks and Preventing the Spread of HAIs:
  - Health care professionals are the first line of defense against healthcare-associated infections and the spread of germs in health care settings. The CDC offers a new online interactive infection control training, “Let’s Talk Patient Safety: Reducing HAI Transmission Risk,” to help health care professionals identify infection risks and prevent the spread of HAIs.
  - The training provides free continuing education credits for nurses, physician assistants, medical assistants, health educators and other clinicians. (0.1 CEU and 0.6 CNE)
  - The free online training has two modules and takes approximately 30 minutes to complete.
Progress for Patient and Family Engagement

- MHA’s Statewide Patient Family Advisory Council convened on July 19 to complete vlog series work, refine attract action resources, begin planning the 2020 PFE statewide goals/strategies and review council progress through its first two years. Below is a brief summary highlighting the council’s work throughout the past 18 months.
  - created a PFAC/PFE resource web page
  - created a PFE roadmap to guide hospitals in implementing work around 12 metrics tied to PFE
  - recorded five vlogs from council members, three of which have been released
  - created a PFAC toolkit to assist with launching a local PFAC, which includes a leadership PowerPoint and example resources, such as agendas and applications
PFAC Releases Part Three in Vlog Series

- The MHA PFAC released the third in its five-part vlog series, Patient Family Engagement: Telling Our Stories. Laurie Hines, director at Missouri Kidney Program at University of Missouri-Columbia School of Medicine, discusses how words matter, and the perspectives of patients and caregivers can differ vastly. For example, the clinical and patient perspective around the term “harm” is so different – it’s not just clinical harm for patients, but how they are treated while being cared for. Also, small changes can have a dramatic impact. Patients and caregivers are overlooked and underutilized resources – take the opportunity to engage your patients and caregivers as your partners, and teach and learn from them.
Sepsis Awareness Month

- Every September, individuals, healthcare professionals in every area of medicine, and organizations big and small are invited to help save lives by raising awareness of the leading cause of deaths in U.S. hospitals – Sepsis. Sepsis accounts for at least 8 million deaths worldwide annually, yet it is still the number one preventable cause of death. During this Sepsis Awareness Month, the Sepsis Alliance encourages everyone to participate by taking the time to help save lives by spreading awareness of Sepsis.

- To learn more, click here. To view CDC resources on Sepsis prevention, click here. To listen to HRET HIIN's latest Sepsis podcast series, click here and access HRET HIIN Sepsis prevention resources here.
Sepsis Training Suite

- *Sepsis Training Suite* available from CHA:
  - To help disseminate best practices across member hospitals and health systems, the Colorado Hospital Association developed a *Sepsis Training Suite* that offers a variety of training modalities and resources that are both ready-to-use and customizable, along with materials to help design personalized educational offerings. The training suite includes PowerPoint presentations with slide notes, videos, simulation scenarios, external resources and more.
Substance Use Disorder Core Curriculum

- Providers Clinical Support System (PCSS), a program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), created a substance use disorder (SUD) 101 core curriculum for health care providers.
- The 22 modules provide an overview of evidence-based practices in the prevention, identification, and treatment of SUD and co-occurring mental disorders. Each module is available at no cost and is designated for inter-professional continuing education credits.
- For more information on PCSS and the SUD core curriculum, click here.
SME Monthly Spotlights

- Adverse Drug Events – Opioid Safety in the Hospital
- Falls Prevention
- Health Care-Based Suicide Prevention and Ligature-Resistant Environments
- Hospital-acquired Infections
- Patient & Family Engagement
- Pressure Ulcer
- Reducing Preventable Readmissions
- Sepsis
- VTE Prevention and Management
- Worker Safety
Change Packages

- Change packages are a summary of themes from the successful practices of high performing health organizations across the country.
  - Developed through clinical practice sharing, organization site visits and subject matter expert contributions
  - Include a menu of strategies, change concepts and specific, actionable items that any hospital can implement based on need or for purposes of improving patient quality of life and care
  - Intended to be complementary to literature reviews and other evidence-based tools and resources

- Adverse Drug Events
- Airway Safety
- Antibiotic Stewardship
- Catheter-associated Urinary Tract Infection
- *C. difficile* Infection
- Central Line-associated Bloodstream Infection
- Culture of Safety
- Diagnostic Error
- Delirium
- Exposure to Radiation
- Falls
- Malnutrition
- Multi-drug Resistant Organisms
- Pressure Ulcers
- Readmissions
- Sepsis
- Surgical Site Infection
- Ventilator-associated Events
- VTE
Monthly Quality & Safety Update

- The Quality & Safety Update provides health care professionals with up-to-date information on current quality improvement projects, resources and quality reporting. The newsletter also highlights announcements and upcoming events that could benefit your organization. The September issue now is available online.

Past issues are available.
Quarterly *Trajectories* is a quarterly publication of MHA, focusing on progress in quality and population health efforts.

- The September 2019 issue highlights strategies to reduce workplace violence to achieve the quadruple aim.
- Previous issues are available.
ListServ

• You can gain access to other hospitals, national and state subject matter experts and other resources to avoid reinventing the wheel.

• Listserv sign-up is open through the duration of the HIIN. Sign up today!

• HRET HIIN topics: ADE, children’s hospitals, data analytics, health care disparities, hospital-wide topics, ICU, infections, Level 1 trauma, patient and family engagement, readmissions, rural/critical access hospitals, sepsis and Spanish.
HAPPY FALL Y’ALL!
Questions?

Be part of the HIIN CROWD

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