Hospital Improvement Innovation Network

Toi Wilde, R.N., BSN, MBA, CPHQ
Program Manager
September 25, 2018
Agenda

- Sepsis Patients: They Keep Coming Back!: Maryanne Whitney, RN, CNS, MSN
- HIIN Project Updates
  - HIIN Contract Extension
  - Milestone 8 Stipend Update
  - New Recruitment Opportunities
- Falls Awareness Week
- Sepsis Awareness Month
- HRET/HIIN Virtual Events
- Upcoming Events
- Resources
Featured Speaker

- Maryanne Whitney — Improvement Advisor for Cynosure Health
- Current Focus: Sepsis, Delirium, VAE & Airway Safety
- Education:
  - Bachelor of Science in Nursing (BS) - San Jose State University, San Jose, CA
  - Master of Science in Nursing (MSN) CNS - San Francisco State University, San Francisco, CA
- Certifications
  - Critical Care Clinical Nurse Specialist
  - Advanced Cardiovascular Life Support (ACLS)
  - Basic Life Support (BLS)
  - TeamSTEPPS Master Trainer
Sepsis Patients: They keep coming back!

Sepsis & Readmissions
September 25, 2018
Maryanne Whitney, RN, CNS, MSN
Cynosure Health
How do we stop this?
First & Foremost

THINK

SEPSIS

TREAT

STOP!
Severe Sepsis Remains: A Significant Healthcare Challenge

- Hospitalizations have doubled 2000-2008
- Most costly reason for hospitalization in 2011
  - 20 billion in aggregate hospital cost
- 1 out of 23 patients in hospital had septicemia
- Major cause of morbidity and mortality worldwide
  - Leading cause of death in non-coronary ICU
  - 10th leading cause of death overall
  - **Leading cause of 30 day readmission**
- In the US, **more than 700 patients die of severe sepsis daily**
  - (1.6 million new cases per year)
- **1 DEATH EVERY 2 MINUTES**
Why focus on sepsis?

Common

Costly
Sepsis readmissions are common

12% of all readmissions followed a sepsis hospitalization

<table>
<thead>
<tr>
<th>Admissions associated with 30 d readmission</th>
<th>Estimated Mean Length of Stay (95% CI), d\textsuperscript{b}</th>
<th>Estimated Mean Cost per Readmission (95% CI), $\textsuperscript{b}</th>
<th>Percentage of Index Admissions Readmitted Within 30 Days (95% CI)</th>
<th>Percentage of Total Estimated Cost of All Readmissions (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Readmission Data\textsuperscript{a}</td>
<td>6.4 (6.4-6.5)</td>
<td>8242 (8225-8258)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weighted Proportion of Cases in the United States</td>
<td></td>
<td></td>
<td>12.2 (11.9-12.4)</td>
<td>14.5 (14.2-14.8)</td>
</tr>
<tr>
<td>Admissions associated with 30 d readmission</td>
<td></td>
<td></td>
<td>1.2 (1.2-1.3)</td>
<td>1.4 (1.3-1.5)</td>
</tr>
<tr>
<td>Primary Analyses\textsuperscript{c}</td>
<td></td>
<td></td>
<td>6.7 (6.5-6.8)</td>
<td>7.5 (7.3-7.7)</td>
</tr>
<tr>
<td>Sepsis</td>
<td>7.4 (7.3-7.4)</td>
<td>10070 (10 021-10 119)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute myocardial infarction</td>
<td>5.7 (5.6-5.8)</td>
<td>9424 (9279-9571)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart failure</td>
<td>6.4 (6.4-6.5)</td>
<td>9051 (8990-9113)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td>6.7 (6.6-6.7)</td>
<td>9533 (9466-9600)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease</td>
<td>6.0 (5.9-6.0)</td>
<td>8417 (8355-8480)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medicare</th>
<th>Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHF</td>
<td>Mood disorder</td>
</tr>
<tr>
<td>Sepsis</td>
<td>Schizophrenia</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>Diabetes complications</td>
</tr>
<tr>
<td>COPD</td>
<td>Comp. of pregnancy</td>
</tr>
<tr>
<td>Arrhythmia</td>
<td>Alcohol-related</td>
</tr>
<tr>
<td>UTI</td>
<td>Early labor</td>
</tr>
<tr>
<td>Acute renal failure</td>
<td></td>
</tr>
<tr>
<td>AMI</td>
<td>CHF</td>
</tr>
<tr>
<td>Complication of device</td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td>Sepsis</td>
</tr>
<tr>
<td></td>
<td>COPD</td>
</tr>
<tr>
<td></td>
<td>Substance-use related</td>
</tr>
</tbody>
</table>
Sepsis readmissions cost more due to higher LOS

<table>
<thead>
<tr>
<th>Admissions associated with 30 d readmission</th>
<th>National Readmission Data</th>
<th>Weighted Proportion of Cases in the United States</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of All Index Admissions Readmitted Within 30 Days</td>
<td>Estimated Mean Length of Stay (95% CI), dB</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>---------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Sepsis</td>
<td>1187697</td>
<td>6.4 (6.4-6.5)</td>
</tr>
<tr>
<td>Acute myocardial infarction</td>
<td>147084</td>
<td>7.4 (7.3-7.4)</td>
</tr>
<tr>
<td>Heart failure</td>
<td>15001</td>
<td>5.7 (5.6-5.8)</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>79480</td>
<td>6.4 (6.4-6.5)</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease</td>
<td>59378</td>
<td>6.7 (6.6-6.7)</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease</td>
<td>54396</td>
<td>6.0 (5.9-6.0)</td>
</tr>
</tbody>
</table>

More importantly

- Worse outcomes when readmitted
  - More ICU use
  - More hospice
  - More death
- 34% in skilled care facility after discharge
- Patients spend median of 10% of days alive after discharge living in acute facility

Questions to ask?

Why are sepsis patients being readmitted?

What will we do differently?
Readmission reduction drivers

- Use data and RCA to drive cont. improvement
- Improve standard hosp.-based transitional care processes
- Deliver enhanced services based on need
- Collaborate with providers and agencies across the continuum
Driver #1 - Data and root causes

Index admission = Sepsis

Index admission ≠ Sepsis
Measuring Sepsis Readmissions

- Were you discharged with a primary diagnosis of sepsis, and did you return to the hospital for any reason <30 days?
  - all sepsis discharges (sepsis, severe sepsis and septic shock) for the month (denominator)
  - # admissions for any cause within 30 days following sepsis d/c (numerator)
  - Example: During the month you had 20 sepsis discharges and 5 of them were readmitted.
    - 5/20 X 100 = 25% sepsis readmission rate
  - Strategies: focus on identifying the sepsis patient in - hospital and delivering whatever TOC they need to avoid them returning
Measuring Sepsis Readmissions

- Were you in the hospital and then readmitted with sepsis?
  - all discharges for the month (denominator)
  - # admissions with a primary diagnosis of sepsis within 30 days following any d/c (numerator)
  - Example: During the month you had 100 discharges and 18 of them were readmitted with sepsis.
  - 18/100 X100 = 18% readmission rate
- Strategies: early identification and response to sepsis red flags
Data and root causes

What does the discharge disposition tell you?

My Hospital

How soon are your sepsis patients returning?

Days and Number of Occurrences

Occurrences

<table>
<thead>
<tr>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>18</td>
<td>19</td>
<td>20</td>
<td>21</td>
<td>22</td>
<td>23</td>
<td>24</td>
<td>25</td>
<td>26</td>
<td>27</td>
</tr>
</tbody>
</table>
Risk factors for return

• Younger age
• Medicaid insurance, lower income, urban
• More comorbidities
  • Malignancy
  • Anemia
• Sepsis severity NOT an independent factor
• Conflicting data
  • Male gender, Black or Native American

Risk Factors for Return

- RBC transfusion, TPN and longer duration of antibiotics (main risk factors)
- Hospitalizations in prior year, length of stay
- Study showed 50% of the readmissions – unresolved or recurrent infections

Take A Dive, Interview Five

- Identify 5 or more SEPSIS patients in the hospital that have been recently readmitted.
- Interview five SEPSIS patients/caregivers using the ASPIRE 2 tool.
- Aggregate interview results using the Readmission Case Review Analysis tool.
- Analyze responses for new insight regarding “why” SEPSIS patients soon returned to the hospital. What are the differences for your SEPSIS patients?

ASPIRE 2 Tool:
www.hret-hiin.org/resources/display/aspire-tool-2-readmission-review-tool

Readmissions Case Review Analysis Tool:
www.hret-hiin.org/resources/display/readmission-case-review-and-analysis
Driver #2 – Transitional care for all

• Whole person assessment
  • Prior to discharge “think sepsis risk” for enhanced education:
    a. Indwelling catheters?
    b. Indwelling lines?
    c. Did pt develop a secondary infection during this admission? Pneumonia, CDI, wound infection, CLABSI, CAUTI?
    d. Does patient have a wound? Open? Closed?
    e. Is the pt currently being treated for an infection (on antibiotics)?
    f. Is there significant functional decline?
Then what?

- If so, consider:
  - Medication review in the construct of worsening chronic conditions
  - Decreased time to follow up
  - Specific sepsis education and disease recognition and management
  - Focus on the social, environmental, psychological aspects of sepsis
Why educate?

- As many as 92% of all sepsis cases originate in the community.
- Almost one-quarter of Americans believe that sepsis only happens in hospitals (23%).
Specific Post Sepsis Education

SEPSIS SURVIVORS ARE 3X more likely to develop a cognitive impairment

MORTALITY INCREASES 8% every hour that treatment is delayed

http://www.sepsis.org/files/SA_Infographic1_Square11_PrintReady.pdf
LIFE AFTER SEPSIS FACT SHEET

WHAT SEPSIS SURVIVORS NEED TO KNOW

ABOUT SEPSIS

What is sepsis?
Sepsis is a complication caused by the body's overwhelming and life-threatening response to an infection, which can lead to tissue damage, organ failure, and death.

What causes sepsis?
Any type of infection that is anywhere in your body can cause sepsis. It is often associated with infections of the lungs (e.g., pneumonia), urinary tract (e.g., kidney), skin, and gut. An infection occurs when germs enter a person's body and multiply, causing illness and organ and tissue damage.

LIFE AFTER SEPSIS

What are the first steps in recovery?
After you have had sepsis, rehabilitation usually starts in the hospital by slowly helping you to move around and look after yourself: bathing, sitting up, standing, walking, taking yourself to the restroom, etc. The purpose of rehabilitation is to restore you back to your previous level of health or as close to it as possible. Begin your rehabilitation by building up your activities slowly, and rest when you are tired.

How will I feel when I get home?
You have been seriously ill, and your body and mind need time to get better. You may experience the following physical symptoms upon returning home:

- General to extreme weakness and fatigue
- Breathlessness
- General body pains or aches
- Difficulty moving around
- Difficulty sleeping
- Weight loss, lack of appetite, food not tasting normal
- Dry and itchy skin that may peel
- Brittle nails
- Hair loss
Driver #3- Enhanced services

- Domains of problems among ICU survivors
  - Impairments in physical, cognitive, and psychological domains
  - Acceleration of chronic diseases
    - Cardiovascular disease
    - Myocardial infarction, Stroke, Atrial fibrillation
    - Chronic kidney disease
    - Dementia
    - Immunoparalysis/immunosenescence
      - Repeat episodes of infection & sepsis
  - High risk of death - ~1 in 2 or 1 in 3 likely to die at 1 year

Corrales et al., 2015 JAMA; Yende2014 AJRCCM; Walkey et al., 2011 JAMA; Shah et al., 2013 AJRCCM Sun et al. Crit Care Med. 2016
Complications in Sepsis

- Acute Kidney Injury
- Health Care Associated Infections
- Antibiotics

- Post Sepsis Syndrome
  - Weakness & balance
  - 50% of pts with sepsis in ICU
  - Cognitive
  - Thinking and memory
  - Mental Health
  - PTSD, Anxiety
What enhanced services are needed?

- Follow up care
- Support groups
- ???
Patient Video

HELP RAISE AWARENESS OF
SEPSIS SURVIVORSHIP

SEPSIS.ACCN
SEPSIS.ORG

Society of
Critical Care Medicine
SCCM.ORG
It is also not unusual to have the following feelings once home:

- Unsure of yourself
- Not caring about your appearance
- Wanting to be alone, avoiding friends and family
- Flashbacks, bad memories
- Confusing reality (e.g., not sure what is real and what isn’t)
- Feeling anxious, more worried than usual
- Poor concentration
- Depressed, angry, unmotivated
- Frustration at not being able to do everyday tasks

What can I do to help myself recover at home?

- Set small, achievable goals for yourself each week, such as taking a bath, dressing yourself, or walking up the stairs
- Rest and rebuild your strength
- Talk about what you are feeling to family and friends
- Record your thoughts, struggles, and milestones in a journal
- Learn about sepsis to understand what happened
- Ask your family to fill in any gaps you may have in your memory about what happened to you
- Eat a balanced diet
- Exercise if you feel up to it
- Make a list of questions to ask your healthcare provider when you go for a check up

Are there any long-term effects of sepsis?

Many people who survive sepsis recover completely and their lives return to normal. However, older people, people who have suffered more severe sepsis and those treated in an intensive care unit are at greatest risk of long-term problems, including suffering from post-sepsis syndrome.

What’s normal and when should I be concerned?

Generally, the problems described in this fact sheet do improve with time. They are a normal response to what you have been through.

Some hospitals have follow-up clinics or staff to help patients and families once they have been discharged. Find out if yours does or if there are local resources available to help you while you get better.

However, if you feel that you are not getting better, or finding it difficult to cope, or continue to be exhausted call your healthcare provider.

Where can I get more information?

Sepsis Alliance (www.sepsis.org) was created to raise sepsis awareness among both the general public and healthcare professionals. Sepsis Alliance offers information on a variety of sepsis-related topics. To view the full series of Sepsis Information Guides, visit sepsis.org/library

New Ideas Emerging

• Early PT vs. Usual care
  • positive effects quality of life
  • increased anti-inflammatory markers, trend toward reduced hospital anxiety

• Checklist prior to dc
  • Antibiotics
  • End organ failure has resolved
  • Close to dry weight
  • Lactate has normalized
  • Med Rec

• Sepsis post-discharge
  • special multi-disciplinary outpatient clinic for screening and targeted interventions

• Examine
  • quality of life, readmissions and overall healthcare use, mortality, and cost
Driver #4- Community collaboration

100 Is their temperature above 100?
100 Is their heart rate above 100?
100 Is their blood pressure below 100?

http://www.mnhospitals.org/
Who can you partner with?

- SNFs
- Home health
- Home providers (MDs, NPs)
- EMS
- Community groups
- Support groups
Commitments

- What ideas did you like?
- What idea will you test in your organization?
- If you’ve already started, what’s your next test?
Success in Sepsis

• Detect
• Treat
• Transition
• Survive
The 11-part series is delivered by readmissions expert Dr. Amy Boutwell, HRET HIIN Readmissions SME and developer of the newly released AHRQ Hospital Guide to Designing and Delivering Whole-Person Transitional Care.

The purpose of these whiteboard videos is to focus and align with the material in the HRET HIIN Preventable Readmissions change package and top ten checklist.

To view the video series, visit Readmissions Whiteboard Video Series Link.
Readmissions Resources - LISTSERV

- Join the LISTSERV®
  - Ask questions
  - Share best practices, tools and resources
  - Learn from subject matter experts
  - Receive follow-up from this event and notice of future events

- Huddle for Care Discussion Forum
  https://www.huddleforcare.org/
Resources

- Surviving Sepsis Campaign [http://www.survivingsepsis.org](http://www.survivingsepsis.org)


- [http://www.sccm.org/Research/Quality/Pages/Sepsis-Definitions.aspx](http://www.sccm.org/Research/Quality/Pages/Sepsis-Definitions.aspx)

Resources


- [http://qsofa.org/](http://qsofa.org/)


mwhitney@cynosurehealth.org
HIIN Project Updates
HIIN Contract Extension

- The MHA HIIN team is excited to announce that the Centers for Medicare & Medicaid Services currently is considering requests for proposal that would add a six-month extension to the existing HIIN contract. If awarded, the original HIIN contract work would be extended from Sept. 28, 2018, through March 28, 2019.

- CMS indicates that the possible extension would expand the focus of, and increase attention on, opioid stewardship. Current improvement work to reduce all cause harm, readmissions and disparities, and to increase patient and family engagement will remain continued goals in the extension. The MHA HIIN team will keep you updated on the status of the contract as we learn more.

- The 2018 HIIN will continue to focus on the overarching topics of high reliability, the UP Campaign, patient and family engagement, and culture of safety development. MHA’s HIIN team will continue to provide a variety of resources through multiple platforms to support participants.
Data Due Dates — HIIN Project Extension

<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>21-Sep</td>
<td>Oct 16 - Aug 18</td>
</tr>
<tr>
<td>Monthly Monitoring Data</td>
<td>22-Oct</td>
<td>Oct 16 - Sept 18</td>
</tr>
<tr>
<td>Monthly Monitoring Data</td>
<td>20-Nov</td>
<td>Oct 16 - Oct 18</td>
</tr>
<tr>
<td>Monthly Monitoring Data</td>
<td>19-Dec</td>
<td>Oct 16 - Nov 18</td>
</tr>
<tr>
<td>Monthly Monitoring Data</td>
<td>22-Jan</td>
<td>Oct 16 - Dec 18</td>
</tr>
<tr>
<td>Monthly Monitoring Data</td>
<td>20-Feb</td>
<td>Oct 16 - Jan 19</td>
</tr>
<tr>
<td>Monthly Monitoring Data</td>
<td>21-Mar</td>
<td>Oct 16 - Feb 19</td>
</tr>
</tbody>
</table>

*Subject to change once extension contract deliverables has been received by MHA.
## Milestone 8 – $1525 Earners

<table>
<thead>
<tr>
<th>Hospital Name</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>Carroll County Memorial Hospital</td>
</tr>
<tr>
<td>Cass Regional Medical Center</td>
</tr>
<tr>
<td>Cedar County Memorial Hospital</td>
</tr>
<tr>
<td>Citizens Memorial Hospital</td>
</tr>
<tr>
<td>Community Hospital - Fairfax</td>
</tr>
<tr>
<td>Cooper County Community Hospital</td>
</tr>
<tr>
<td>Cox Barton County Hospital</td>
</tr>
<tr>
<td>Cox Medical Center Branson</td>
</tr>
<tr>
<td>Cox Monett Hospital, Inc.</td>
</tr>
<tr>
<td>Ellett Memorial Hospital</td>
</tr>
<tr>
<td>Excelsior Springs Hospital</td>
</tr>
<tr>
<td>Fitzgibbon Hospital</td>
</tr>
<tr>
<td>Fulton Medical Center, LLC</td>
</tr>
<tr>
<td>Golden Valley Memorial Healthcare</td>
</tr>
<tr>
<td>Hannibal Regional Hospital</td>
</tr>
<tr>
<td>Harrison County Community Hospital</td>
</tr>
<tr>
<td>Hermann Area District Hospital</td>
</tr>
<tr>
<td>I-70 Community Hospital</td>
</tr>
<tr>
<td>Iron County Medical Center</td>
</tr>
<tr>
<td>Lafayette Regional Health Center</td>
</tr>
<tr>
<td>Lee’s Summit Medical Center</td>
</tr>
<tr>
<td>Liberty Hospital</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Madison Medical Center</td>
</tr>
<tr>
<td>Mercy Hospital Carthage</td>
</tr>
<tr>
<td>Mercy Hospital Lincoln</td>
</tr>
<tr>
<td>Mercy Hospital Springfield</td>
</tr>
<tr>
<td>Missouri Delta Medical Center</td>
</tr>
<tr>
<td>Moberly Regional Medical Center</td>
</tr>
<tr>
<td>Nevada Regional Medical Center</td>
</tr>
<tr>
<td>North Kansas City Hospital</td>
</tr>
<tr>
<td>Northeast Regional Medical Center</td>
</tr>
<tr>
<td>Northwest Medical Center</td>
</tr>
<tr>
<td>Ozarks Medical Center</td>
</tr>
<tr>
<td>Pemiscot Memorial Health Systems</td>
</tr>
<tr>
<td>Perry County Memorial Hospital</td>
</tr>
<tr>
<td>Pike County Memorial Hospital</td>
</tr>
<tr>
<td>Poplar Bluff Regional Medical Center</td>
</tr>
<tr>
<td>Ray County Memorial Hospital</td>
</tr>
<tr>
<td>Saint Francis Medical Center</td>
</tr>
<tr>
<td>Saint Luke’s East Hospital</td>
</tr>
<tr>
<td>Saint Luke’s North Hospital</td>
</tr>
<tr>
<td>Samaritan Hospital</td>
</tr>
<tr>
<td>Scotland County Hospital</td>
</tr>
<tr>
<td>Southeast Health Center of Ripley</td>
</tr>
<tr>
<td>Southeast Health Center of Stoddard</td>
</tr>
<tr>
<td>St. Luke’s Des Peres Hospital</td>
</tr>
<tr>
<td>Ste. Genevieve County</td>
</tr>
<tr>
<td>Sullivan County Memorial Hospital</td>
</tr>
<tr>
<td>Washington County Memorial Hospital</td>
</tr>
<tr>
<td>Western Missouri Medical Center</td>
</tr>
</tbody>
</table>
## Milestone 8 — $500 Earners

<table>
<thead>
<tr>
<th>Hospital/Medical Center</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>CenterPointe Hospital</td>
<td></td>
</tr>
<tr>
<td>Long-Term Acute Care Hospital, Mosaic Life Care of St. Joseph</td>
<td></td>
</tr>
<tr>
<td>Mercy Rehabilitation Hospital of Springfield</td>
<td></td>
</tr>
<tr>
<td>Mercy Rehabilitation Hospital of St. Louis</td>
<td></td>
</tr>
<tr>
<td>Osage Beach Center for Cognitive Disorders</td>
<td></td>
</tr>
<tr>
<td>Ranken Jordan Pediatric Bridge</td>
<td></td>
</tr>
<tr>
<td>Royal Oaks Hospital</td>
<td></td>
</tr>
</tbody>
</table>
Milestone 8 Earners

• Congratulations to all the HIIN hospitals who earned Milestone 8 stipends!
• CEO Dashboards, including a Milestone 8 memo and stipend check, will be sent to your CEO in October.
• Thank you for your continued dedication to data submission and progress toward the 20/12 goal.
UPing the Ante

- Missouri Hospitals drive improvements UP by taking strides to reduce harms through improvement sprints. Improvement sprints are simple, low-cost ways to apply concentrated efforts toward generating improvement over a short time period. Throughout these MHA Improvement Sprints, each UP component will be broken down to support hospitals in policy development, compliance review, and technical and educational resources. Building the three foundational UP questions into the culture of daily practice will simplify safe care, streamline interventions and reduce multiple forms of harm. The UP intervention is a simple, easy-to-accomplish activity for all staff to use with every patient to create highly reliable care.

- UP consists of four components:
  - Wake UP promotes prevention of over-sedation.
  - Get UP promotes mobilization of patients.
  - Soap UP promotes hardwiring hand hygiene.
  - Script UP promotes the optimization of inpatient medications.

- The UP Sprints will begin at the end of October 2018 and continue through March 2019. Hospitals may sign up for the UP Sprints individually, so improvements may be aligned with the current goals of your organization.
The Missouri Hospital Association is pleased to offer the opportunity for Missouri hospitals to improve performance and reduce harms, through participation in our UP Intervention Improvement Sprint — a simple, easy-to-accomplish activity for all staff to use with every patient. Improvement sprints are a simple way to apply concentrated efforts to improve care delivery in a short period of time.

The UP Intervention is a low-cost, low-effort, high-value intervention that if used consistently, may result in positive impacts on your organization’s Value-Based Purchasing program. From federal fiscal year 2019 through FFY 2022, five VBPs safety measures align directly with an UP component. In addition, UP can support improvement under the Readmissions Reduction Program and Patient Safety Indicator-90. The UP Intervention also represents an opportunity to improve the patient care experience by mitigating safety issues, and engaging patients and families. Patients and families can provide important information regarding sedation, infection risks, personal infection prevention strategies and medication effects. Improvements through an UP Intervention Improvement Sprint will have a lasting effect on future health care delivery.

Throughout each patient interaction and documentation of care, staff should consider the following three questions.

1. Is my patient awake enough to get up?
2. Have I protected my patient against infections?
3. Does my patient need any medication changes?

**Four UP Intervention Components**
- Reduce unnecessary sleepiness and sedation.
- Minimize sedation to allow for early mobilization, reduction of delirium, decreased risk of respiratory compromise and shortened length of stay.
- Reduce adverse drug events related to over-sedation.
- Early progressive mobility allows patients to return to optimal function more quickly.
- Early progressive mobility preserves muscle strength, reduces delirium, improves lower extremity circulation and lung capacity, and reduces length of stay.

**Get UP Mobilize Patients**
- Vital signs
- Pain assessment

**Script UP Optimize Medications**
- Too many, too few or incorrect medications, including antibiotics, lead to adverse drug events, which may result in longer and more intense hospital stays and readmissions.

**Soap UP Hand Hygiene**
- Hand hygiene is the single most effective way to reduce the transmission of healthcare-acquired infections.

**VBP**

**CMS PROGRAM**
- PSI-90

**MEASURES REPORTED**
- Fall With Hip Fracture, YTE

**Get UP Mobilize Patients**
- PSI-90
- Fall With Hip Fracture, YTE

**Script UP Optimize Medications**
- PSI-90
- Fall With Hip Fracture, Sepsis

**VBP**

**CMS PROGRAM**
- PSI-90

**MEASURES REPORTED**
- CAUTI, CLARSA, SSi Gans, SSI Abdominal Hysterectomy, C diff HSSA

**VBP**

**CMS PROGRAM**
- PSI-90

**MEASURES REPORTED**
- CAUTI, CLARSA, SSi Gans, SSI Abdominal Hysterectomy, C diff HSSA
IMPROVEMENT SPRINT: UP Intervention

Intent to Participate

Building UP into the culture of practice will simplify care, streamline interventions and reduce multiple forms of harm. Throughout the improvement sprint, each UP Intervention component will be broken down to support hospitals in policy development, compliance review, and technical and educational resources. Improvement sprints will begin in late October 2018 and continue through March 2019. Hospitals can participate in UP Intervention Improvement Sprints individually to align with organizational quality improvement and harm reduction goals.

Each UP Intervention Improvement Sprint will include the following three deliverables:

- A webinar that takes a deep dive into that specific component and how to operationalize tools and policy into desired results. This will take place on the first Tuesday following the start of the improvement sprint.
- A mid-point group coaching call to facilitate discussion between participants on overcoming barriers.
- A tollgate at the end of each sprint identifying each participant’s accomplishments, and a plan for sustainability. This will be due on the last Friday of the improvement sprint.

I plan to participate in the following UP Intervention Improvement Sprints:

- [ ] Script UP
- [ ] Soap UP
- [ ] Get UP
- [ ] Wake UP

By signing this form, you agree to participate in each selected sprint from inception to completion. This agreement includes participation in the webinar, mid-point coaching call and final tollgate submission.

Contact Signature: ____________________________ Date: __________

Enrollment is due to Amanda Kelhof at akelhofol@mhanet.com by the Wednesday preceding each sprint’s start date.

© 2018 Missouri Hospital Association | 877-8-HOSPITAL Jefferson City, MO 65102-2060 | www.mhanet.com
LEAN Six Sigma Green Belt Program

- Coming Soon! Pending contract finalizations, MHA is pleased to announce the second cohort of the Lean Six Sigma Green Belt Program. This program is offered exclusively to the Hospital Improvement Innovation Network participating hospitals. The program is slated to kick off January 2019 with recruitment occurring during the months of October and November 2018.

- Lean Six Sigma is a performance improvement platform with roots originating in the production and manufacturing industry. Its methodology builds upon a five-step process — Define-Measure-Analyze-Improve-Control — with an intense focus on the removal of errors, defects or “waste,” which is described as any step, motion or resource that does not add value to the process.

- There will be a broad range of topics to choose from for an improvement project. Begin to consider potential projects and candidates for this exclusive opportunity.
CDI Sprint Recruitment – Fall 2018

- HRET HIIN is recruiting for the Fall 2018 Clostridium difficile Infections (CDI) Sprint. The purpose of the CDI Sprint is to assist participants in using quality improvement techniques to assess root causes and themes of healthcare-onset *C. difficile* and the impact of culturing practices. This program will take place over the course of 6-8 weeks, starting **Wednesday, October 17th**.

- It is ideal the person completing the recruitment survey is familiar with the organization *Clostridium difficile* specimen collection and antibiotic prescribing practices. Please complete the recruitment survey by **Friday, September 28th**.
New Falls Delirium Fishbowl Series

- Recruitment for the new falls delirium fishbowl series is now underway! HRET HIIN is recruiting three to five hospitals interested in testing new strategies and receive customized quality improvement coaching. The series will consist of four webinars starting in October 2018 and run through January 2019.

- Interested hospitals must submit an application by Friday, September 28th.
HRET HIIN MVP Method Program Launch

• There are spots available for hospitals to join the MVP Implementation Cohort. HRET HIIN is seeking 24 hospital teams who are ready to implement the MVP Method. These hospitals will develop and implement action plans from October 2018 to March 2019 that will teach interdisciplinary hospital teams the tools and strategies needed to reduce avoidable readmissions. If your facility is interested in applying to participate in the MVP Cohort, please email Jordan Steiger by October 1st.

• The MHA HIIN team encourages all Missouri HIIN hospitals to register for the MVP Method monthly webinar series. These webinars will cover the core concepts of the MVP Method as well as clinical-operational processes, implementation dashboards, outcome measurement, and success stories from the field. You can sign up for the webinar series here.
Falls Awareness Week
Falls Awareness Week

- Falls Prevention Awareness Week is September 22nd to September 28th. Join the Fall Prevention Center of Excellence and the National Council of Aging (NCOA) to help spread awareness and promote strategies for falls prevention through a variety of education and resources and to participate in social media discussions. Learn more about this week and access resources. Additional information on NCOA's Fall Prevention Awareness Day webinar, Facebook Live event, and their twitter chat also is available. View HRET HIIN's 2018 Falls Change Package and additional resources.

- MHA Staff Contact: Jessica Stultz
Falls Awareness Week

- The National Council on Aging (NCOA) published 10 Common myths that we, as clinicians can help debunk for our community dwelling seniors. Access the full document.
  - **Myth 1:** Falling happens to other people, not to me.
  - **Myth 2:** Falling is something normal that happens as you get older.
  - **Myth 3:** If I limit my activity, I won’t fall.
  - **Myth 4:** As long as I stay at home, I can avoid falling.
  - **Myth 5:** Muscle strength and flexibility can’t be regained.
  - **Myth 6:** Taking medication doesn’t increase my risk of falling.
  - **Myth 7:** I don’t need to get my vision checked every year.
  - **Myth 8:** Using a walker or cane will make me more dependent.
  - **Myth 9:** I don’t need to talk to family members or my health care provider if I’m concerned about my risk of falling. I don’t want to alarm them, and I want to keep my independence.
  - **Myth 10:** I don’t need to talk to my parent, spouse, or other older adult if I’m concerned about their risk of falling. It will hurt their feelings, and it’s none of my business.

- Be sure to check out additional resources on the NCOA website and Fall Prevention Center of Excellence homepage to promote fall safety awareness. Access HRET HIIN falls resources.
Sepsis Awareness Month
Sepsis Awareness Month

- According to Sepsis.org, someone dies from sepsis in the U.S. every two minutes. September is Sepsis Awareness Month, and it’s about time.
- Time is crucial in identifying and treating this disease. You can help by learning about sepsis and taking action in your organization and community to spread the word.
- To help raise sepsis awareness among your colleagues, friends, family and community, take a look at the toolkit that includes infographics, flyers and social media postings.
- MHA Staff Contact: Jessica Stultz
Sepsis Awareness Month

• Role of EMS in Sepsis Care
  ➔ To help expedite the identification and treatment of sepsis, you are encouraged to engage your EMS providers in sepsis care. Recently, education has been released to help EMS workers identify sepsis in the field and initiate treatment before the patient comes to the ED.
  ➔ To learn more about “Sepsis: First Response,” read the press release, and watch the 15 minute video and 60 minute education module.

• Preventing Pressure Injuries in Septic Patients
  ➔ Sepsis care in the ICU involves major body systems. A prospective study involving 243 ICU patients evaluated the effectiveness of decreasing pressure injuries with a prophylactic sacral dressing in high-risk patients.
  ➔ A checklist is available to help prevent pressure injuries in septic patients.
Sepsis Awareness Month

• Early Lactates Improve Outcome
  ➤ A recent study showed that sepsis patients who received early lactate measurements had improved outcomes, and that patients in the emergency department had timely lactate measurements 79 percent of the time, while those who developed sepsis as an inpatient had timely lactates only 29 percent of the time. Timely lactate measurements promote rapid interventions and treatment.
  ➤ The full study can be found online.

• Did You Know...?
  ➤ A new study offers evidence-based guidelines for appropriate urinary catheter use in common surgeries to prevent complications.
  ➤ Annals for Hospitalists Inpatient Notes — Bedrest is Toxic — Why Mobility Matters in the Hospital was published by the Annals of Internal Medicine as a web exclusive. This article supports the use of Get Up as a cross-cutting strategy to reduce multiple harms and improve patient outcomes.
HRET/HIIN Virtual Events
• AHA/HRET Institute for Diversity and Health Equity | Diversity Dialogue Webinar: Resiliency, Aging and the Personal Determinants of Health
  ➤ September 27, 2018 | 12:00 p.m. – 1:00 p.m. CT
  ➤ Register

• Becker's Hospital Review | Beyond ERAS: Employing Opioid-Free Pain Management in the Surgical Setting
  ➤ September 27, 2018 | 12:00 p.m. – 1:00 p.m. CT
  ➤ Register

• HRET HIIN | Reducing Diagnostic Errors: Leading Practices in Patient Safety
  ➤ October 4, 2018 | 11:00 a.m. – 12:00 p.m. CT
  ➤ Register
Upcoming Virtual Events
2018 HIIN Huddles

- 2 p.m. Tuesday, November 27
  - Topic: Patient Family Engagement
  - Featured national speakers: Tara Bristol Rouse & Sue Collier
  - Learning Objectives:
    - Benefits of patient and family engagement in medication safety.
    - Areas to involve Patient/Family Advisors in medication safety.
    - Examples of communication tools for patients and families that aid in medication safety.
    - Missouri PFAC update
  - Register

- Save the date for 2019 HIIN Huddle Webinars
  - 2 p.m. Tuesday, January 22
  - 2 p.m. Tuesday, March 26
SME Monthly Spotlights

- **Adverse Drug Events – Opioid Safety in the Hospital**
- **Falls Prevention**
- **Hospital-acquired Infections**
- **Patient & Family Engagement**
- **Pressure Ulcer**
- **Reducing Preventable Readmissions**
- **Sepsis**
- **VTE Prevention and Management**
- **Worker Safety**
Statewide PFAC Challenge

- MHA's Statewide PFAC challenges every hospital in the state of Missouri to identify at least one non-employee patient or family member serving on at least one committee within the organization by July 2019.
- We encourage all hospitals to accept this challenge and achieve this critical PFE goal. Use this Patient and Family Engagement Roadmap as a strategic guide throughout your journey. It outlines and provides links to resources to support hospitals progression in achieving a “yes” answer to all 12 PFE metrics.
PFAC Roadmap Web Page

Patient and Family Engagement Roadmap

A review of five nationally tracked patient and family engagement metrics (Missouri HIIN-participating hospitals data) notes Missouri hospitals and providers lag in definitively and strategically engaging with patients and families. This roadmap supports engagement and achievement of twelve patient and family engagement metrics endorsed by CMS' Partnership for Patients and adapted from the Michigan Keystone Center's Patient and Family Engagement resource.

Print Version
PFAC Roadmap PDF

Patient and Family Engagement Roadmap

Three tracks divide the work into a manageable framework:

- Hospital Structure & Policy
- Point of Care
- Improved Care & Outcomes

A review of five nationally tracked patient and family engagement metrics (Missouri HIN-participating hospitals data) notes Missouri hospitals and providers lag in definitively and strategically engaging with patients and families. This roadmap supports engagement and achievement of twelve patient and family engagement metrics endorsed by CMS’ Partnership for Patients and adapted from the Michigan Keystone Center’s Patient and Family Engagement resource.

Resources to support achievement of these metrics can be found on the Missouri Hospital Association’s website at www.mhanet.com/pfe.aspx.

MHA’s Statewide PFAC challenges every hospital in the state of Missouri to identify at least one non-employee patient or family member to serve on at least one committee within the organization by July 2019.

View the challenge’s progress at www.mhanet.com/pfac.aspx
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 2018 issue, which spotlights Sepsis Awareness Month, is available online.

Past issues are available on MHAnet.com.
Quarterly Trajectories

- *Trajectories* is a quarterly publication of MHA focusing on progress in quality and population health efforts.

- **September 2018 — “Integrating Evidence-Based OUD Treatment: A Medication First Model”**
Aim for Excellence Report 2018

- This report summarizes the progress and trends of specific quality measures related to infections, patient safety and readmissions.
Overcoming Barriers to Shift Change Huddles and Bedside Reporting in Rural and Critical Access Hospitals

- On July 12, 2018, the PFP Person and Family Engagement Contractor (PFEC) hosted the PFE Learning Event, "Overcoming Barriers to Shift Change Huddles and Bedside Reporting in Rural and Critical Access Hospitals" (PFE Metric 2).
- Key messages included:
  - The importance of explaining the purpose of Metric 2 to staff and involving them in discussion and planning for implementation;
  - Implementing the Metric slowly and in stages
  - Focusing on key points, such as medications and discharge planning
- The webinar slides and a recording of the event are available.
- PFE Metric 2 resources are available.
CMS Expands Mapping Medicare Disparities (MMD) Tool

- CMS Office of Minority Health (OMH) has expanded the Mapping Medicare Disparities (MMD) Tool to include a Hospital View! Based on feedback from users, the MMD tool now allows users to compare health outcomes and quality measures between hospitals. The new Hospital View enables users to compare quality at the hospital level in their communities by specific measures, such as avoidable hospitalizations and 30-day readmission rates. The tool also has added cancer metrics to the Population View, so users may view health outcome, spending, and utilization rates across cancer types. The Population View is also now available in Spanish. Learn more and use the MMD tool.
New Publications and Resources

- **ARIC | The Effect of Antibiotic Stewardship Interventions with Stakeholder Involvement in Hospital Settings: a Multicentre, Cluster Randomized Controlled Intervention Study**
- **Becker's Hospital Review | Patient Engagement Strategies to Achieve the Quadruple Aim (White Paper)**
- **Patient Engagement HIT | How Does Provider Burnout Impact Patient Care Quality, Care Access?**
Change Packages

- These change packages are a summary of themes from the successful practices of high performing health organizations across the country.
  - They have been developed through clinical practice sharing, organization site visits, and subject matter expert contributions.
  - These change packages 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.
  - The change packages are 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
- Delirium
- Exposure to Radiation
- Falls
- Malnutrition
- Multi-Drug Resistant Organisms
- Pressure Ulcers
- Readmissions
- Sepsis
- Surgical Site Infection
- Ventilator-Associated Events
- VTE
ListServ

- 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.
Questions?

Be part of the HIIN CROWD

Missouri HIIN Team

Jessica Stultz
• Jessica Stultz, R.N., BSN, MHA, CPPS, CPHQ
• Director of Clinical Quality
• 573/893-3700, ext. 1391
• jstultz@mhanet.com

Amanda Keilholz
• Amanda Keilholz, CPHQ
• HIIN Program Manager
• 573/893-3700, ext. 1405
• akeilholz@mhanet.com

Toi Wilde
• Toi Wilde, R.N., BSN, MBA, CPHQ
• HIIN Program Manager
• 573/893-3700, ext. 1406
• twilde@mhanet.com