HOSPITAL IMPROVEMENT INNOVATION NETWORK (HIIN)

Amanda Keilholz, Program Manager
April 25, 2017
HIIN Kick-Off Site Visits

- Site Visits Completed: 100 percent
  - Milestone 3 achieved.
  - Congratulations and thank you!
- Helpful?
  - Please return site visit evaluations to Tabatha Brightwell as soon as possible.
  - How can the next round of site visits be more useful?
Barton County Memorial Hospital
Ray County Memorial Hospital
Lake Regional Health System
Missouri Delta Medical Center
Washington County Memorial Hospital
Ste. Genevieve County Memorial Hospital
Mercy Rehabilitation Hospital of Springfield

Congratulations to Mercy Rehabilitation Hospital of Springfield for receiving the distinction of top seven percent of over 781 rehabilitation hospitals nationwide in patient outcomes for 2016. At Mercy Rehabilitation Hospital of Springfield, patients recover faster, with greater overall clinical outcomes than 93 percent of patients at other inpatient rehabilitation hospitals throughout the U.S., according to the Uniform Data System for Medical Rehabilitation (UDSMR) in 2016.

Ranking in the top seven percent of rehabilitation hospitals throughout the U.S. highlights patients are meeting their goals for quality care better at Mercy Rehabilitation Hospital of Springfield than the majority of other rehabilitation hospitals in the U.S., thus recognizing them as a “Center of Excellence.”
ListServ

- Missouri HIIN Participants — 116
- Get access to other hospitals, subject matter experts and other resources to avoid reinventing the wheel.
- Listserv sign up open through the duration of the HIIN ... Sign up today!
Data Due Dates
# Data Due Dates — HIIN Project Year 1

## HIIN Data Due Dates

<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>Baseline</td>
<td>17-Jan</td>
<td>Baseline</td>
</tr>
<tr>
<td>Monthly Monitoring Data</td>
<td>23-Jan</td>
<td>Oct-Dec</td>
</tr>
<tr>
<td>Monthly Monitoring Data</td>
<td>20-Feb</td>
<td>Oct-Jan</td>
</tr>
<tr>
<td><strong>Mid-Year Report</strong></td>
<td><strong>8-Mar</strong></td>
<td><strong>Oct-Jan</strong></td>
</tr>
<tr>
<td>Monthly Monitoring Data</td>
<td>23-Mar</td>
<td>Oct-Feb</td>
</tr>
<tr>
<td>Monthly Monitoring Data</td>
<td>20-Apr</td>
<td>Oct-March</td>
</tr>
<tr>
<td><strong>Milestone 4</strong></td>
<td><strong>8-May</strong></td>
<td><strong>Hard deadline for ALL data Oct-Feb</strong></td>
</tr>
<tr>
<td>Monthly Monitoring Data</td>
<td>22-May</td>
<td>Oct-April</td>
</tr>
<tr>
<td>Monthly Monitoring Data</td>
<td>22-Jun</td>
<td>Oct-May</td>
</tr>
<tr>
<td>Monthly Monitoring Data</td>
<td>21-Jul</td>
<td>Oct-June</td>
</tr>
<tr>
<td>Monthly Monitoring Data</td>
<td>23-Aug</td>
<td>Oct-July</td>
</tr>
<tr>
<td><strong>Target Report</strong></td>
<td><strong>6-Sep</strong></td>
<td><strong>Oct-July</strong></td>
</tr>
<tr>
<td>Monthly Monitoring Data</td>
<td>19-Sep</td>
<td>Oct-Aug</td>
</tr>
<tr>
<td><strong>Milestone 5</strong></td>
<td><strong>14-Sep</strong></td>
<td><strong>Hard deadline for ALL data Oct-May</strong></td>
</tr>
<tr>
<td>Monthly Monitoring Data</td>
<td>23-Oct</td>
<td>Oct-Sept</td>
</tr>
</tbody>
</table>
## What is the Stipend Breakdown?

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Data Due Date</th>
<th>Amount</th>
<th>When is $ dispensed</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milestone 4</td>
<td>May 8, 2017</td>
<td>$475</td>
<td>July 2017</td>
<td>Hospitals submit 85 percent or greater of their applicable required data (must include core* and readmission measures)</td>
</tr>
<tr>
<td>Milestone 5</td>
<td>Sept. 14, 2017</td>
<td>$1450</td>
<td>Nov. 2017</td>
<td>Hospitals submit 85 percent or greater of their applicable required data (must include core* and readmission measures) AND must meet Year 1 goals on readmission AND seven other topics.** Hospitals that do not meet Milestone 4 will NOT be eligible for Milestone 5</td>
</tr>
<tr>
<td>Milestone 6</td>
<td>Jan. 19, 2018</td>
<td>$475</td>
<td>Mar. 2018</td>
<td>Hospitals submit 85 percent or greater of their applicable required data (must include core* and readmission measures)</td>
</tr>
<tr>
<td>Milestone 7</td>
<td>June 11, 2018</td>
<td>-</td>
<td>-</td>
<td>Hospitals submit 85 percent or greater of their applicable required data (must include core* and readmission measures)</td>
</tr>
<tr>
<td>Milestone 8</td>
<td>Aug. 21, 2018</td>
<td>$1525</td>
<td>Sept. 2018</td>
<td>Hospitals submit 85 percent or greater of their applicable required data (must include core* and readmission measures) AND must meet Year 2 goals on readmission AND seven other topics.** Hospitals that do not meet Milestone 6 AND 7 will NOT be eligible for Milestone 8</td>
</tr>
</tbody>
</table>

* Core measures are as defined by HRET and subject to change per milestone. As of 3/28/2017 HRET has not defined these core measures.
** Maintaining zero meets goal

*There will not be separate educational reimbursements in the HIIN.*
UP Campaign

Two Foundational Questions:

• Is my patient awake enough to get up?

• Have I protected my patient against infections?
UP Campaign

- **UP Campaign Huddles** — HIIN huddles will highlight an UP bucket
  - May — WAKE UP
  - August — SOAP UP
- **March HIIN Huddle** — GET UP
- **Past UP Campaign webinars**

### MUST DO’s

<table>
<thead>
<tr>
<th>WAKE UP</th>
<th>GET UP</th>
<th>SOAP UP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish expectations</td>
<td>Walk in, walk during, walk out</td>
<td>Prompt peer performance</td>
</tr>
<tr>
<td>Pair POSS and pain</td>
<td>Belt and bolt</td>
<td>Track quietly and trend loudly</td>
</tr>
<tr>
<td>Manage with multiple modalities</td>
<td>Three laps a day keep the nursing home at bay</td>
<td>Drive drift down</td>
</tr>
</tbody>
</table>
Improvement Calculator is HERE!

• The Improvement Calculator enables use of your submitted HIIN data to calculate and track a “total harm per discharge” rate. In addition to the total harm per discharge, the calculator also figures:
  ➢ Harms prevented
  ➢ Costs saved
  ➢ Lives saved — NEW!

• We will be running these on your behalf!
  ➢ After data submission
  ➢ IA will email monthly
  ➢ Coaching calls
  ➢ Expect to receive beginning of May
Improvement Calculator

- Click [here](#) to download the Improvement Calculator.
- The Improvement Calculator also can be accessed via the [HRET HIIN](#) webpage.

  ➤ Select Data

  ➤ Scroll down to “Tracking Safety Across the Board”
Improvement Calculator

- Once downloaded, review the instructions.
  - Utilizes monthly monitoring data that is submitted to HRET into the Comprehensive Data System (CDS).
  - Compares results from the monthly monitoring period to baselines submitted.
Improvement Calculator

• Importing data into the Improvement Calculator
  ➤ Log into **CDS**
    – Use the username and password provided by your IA
    – To add additional users contact your IA
  ➤ Accept the Terms and Conditions
Improvement Calculator

➢ Click the “Reports” tab
  – Select “Basic Items”
  – Scroll to the bottom of the page
    • Select “Export All Data”
    • Click “Export to Excel”
Improvement Calculator

- The file from CDS will open
- Copy **ALL** data from this file
  - Click on column A, row 2
  - Scroll to the bottom of the worksheet
  - Hold the shift key and click in the last cell of the spreadsheet
  - Right click on the selection and “Copy”
Improvement Calculator

- Open the Improvement Calculator
- Select the “Data Load” worksheet
  - Place cursor in the cell for column A, row 2
  - Right click and “Paste” the data
Improvement Calculator

➤ Refresh data in the worksheet
  – Select the “Data” tab
  – Click “Refresh All”
Improvement Calculator

• Function and Reports
  ➢ Dashboard tab
    – Measure Rate
    – Harms Prevented
    – Rate per Discharge
    – Lives Saved
    – All measures pull
      • Filter down
Improvement Calculator

- Filtering the Improvement Calculator Dashboard
  - Single select/multi-select
    - For one measure, click on desired measure
    - For multi-select, click the “multi-select” button prior to measure selection
    - Refresh the data
  - Clear the filter to change measure selection
Improvement Calculator

• Summary Table
  ➢ Baseline Numerator, Denominator and Rate per 1000
  ➢ Target Rate
  ➢ Current Month — latest data submitted
  ➢ Current Numerator, Denominator and Rate per 1000
  ➢ Current % Improvement — over baseline
  ➢ Year To Date Numerator, Denominator and Rate per 1000
  ➢ Year To Date % Improvement — over baseline
  ➢ Improvement Status — per measure listed
## Improvement Calculator

![Image of Improvement Calculator Table]

### Table: Improvement Calculator

<table>
<thead>
<tr>
<th>Harm Measure for [All] Hospital</th>
<th>Baseline Numerator</th>
<th>Baseline Rate per 1000</th>
<th>Target Rate</th>
<th>Current Month</th>
<th>Current Numerator</th>
<th>Current Rate per 1000</th>
<th>Current % Improvement</th>
<th>Year To Date Numerator</th>
<th>Year To Date Rate per 1000</th>
<th>Year To Date % Improvement</th>
<th>Improvement Status</th>
<th>Status</th>
<th>% Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADE Anticoag</td>
<td>4</td>
<td>39</td>
<td>102.56</td>
<td>95.36</td>
<td>2017 02 (Feb)</td>
<td>1</td>
<td>38</td>
<td>-4%</td>
<td>2</td>
<td>179</td>
<td>50.28</td>
<td>29%</td>
<td>Achieved</td>
</tr>
<tr>
<td>ADE Hypo</td>
<td>4</td>
<td>35</td>
<td>73.68</td>
<td>68.53</td>
<td>2017 02 (Feb)</td>
<td>1</td>
<td>79</td>
<td>-</td>
<td>2</td>
<td>148</td>
<td>0.00</td>
<td>0%</td>
<td>Achieved</td>
</tr>
<tr>
<td>ADE Opioid</td>
<td>2</td>
<td>58</td>
<td>1.24</td>
<td>1.31</td>
<td>2017 02 (Feb)</td>
<td>1</td>
<td>26</td>
<td>-</td>
<td>0</td>
<td>190</td>
<td>0.00</td>
<td>0%</td>
<td>Achieved</td>
</tr>
<tr>
<td>CAUTI</td>
<td>-</td>
<td>90</td>
<td>0.00</td>
<td>0.00</td>
<td>2017 02 (Feb)</td>
<td>0</td>
<td>287</td>
<td>-4%</td>
<td>0</td>
<td>1417</td>
<td>0.00</td>
<td>0%</td>
<td>Achieved</td>
</tr>
<tr>
<td>CLABSI</td>
<td>-</td>
<td>0</td>
<td>0.00</td>
<td>0.00</td>
<td>2016 10 (Oct)</td>
<td>0</td>
<td>74</td>
<td>-</td>
<td>0</td>
<td>1</td>
<td>0.00</td>
<td>0%</td>
<td>Achieved</td>
</tr>
<tr>
<td>Falls</td>
<td>-</td>
<td>1</td>
<td>0.00</td>
<td>0.00</td>
<td>2017 01 (Jan)</td>
<td>0</td>
<td>0</td>
<td>-</td>
<td>0</td>
<td>7</td>
<td>0.00</td>
<td>0%</td>
<td>Not Achieved</td>
</tr>
<tr>
<td>PVR, Prevalence, Stage 2+</td>
<td>-</td>
<td>3</td>
<td>0.00</td>
<td>0.00</td>
<td>2017 01 (Jan)</td>
<td>0</td>
<td>0</td>
<td>-</td>
<td>0</td>
<td>6</td>
<td>166.67</td>
<td>699500%</td>
<td>Achieved</td>
</tr>
<tr>
<td>SSI Colon Surgeries</td>
<td>-</td>
<td>2</td>
<td>0.00</td>
<td>0.00</td>
<td>2016 11 (Nov)</td>
<td>0</td>
<td>0</td>
<td>-</td>
<td>0</td>
<td>2</td>
<td>0.00</td>
<td>0%</td>
<td>Achieved</td>
</tr>
<tr>
<td>SSI Abdominal Hysterectomy</td>
<td>-</td>
<td>1</td>
<td>0.00</td>
<td>0.00</td>
<td>2017 02 (Feb)</td>
<td>0</td>
<td>0</td>
<td>-</td>
<td>0</td>
<td>6</td>
<td>0.00</td>
<td>0%</td>
<td>Achieved</td>
</tr>
<tr>
<td>SSI Total Knee Replacements</td>
<td>1</td>
<td>14</td>
<td>71.41</td>
<td>66.42</td>
<td>2017 02 (Feb)</td>
<td>0</td>
<td>1</td>
<td>-</td>
<td>0</td>
<td>1</td>
<td>0.00</td>
<td>0%</td>
<td>Achieved</td>
</tr>
<tr>
<td>C. Difficile Infections</td>
<td>-</td>
<td>2</td>
<td>0.24</td>
<td>0.22</td>
<td>2017 02 (Feb)</td>
<td>0</td>
<td>0</td>
<td>-</td>
<td>0</td>
<td>13</td>
<td>0.00</td>
<td>0%</td>
<td>Achieved</td>
</tr>
<tr>
<td>Sepsis Post Op</td>
<td>-</td>
<td>1</td>
<td>0.00</td>
<td>0.00</td>
<td>2016 10 (Oct)</td>
<td>0</td>
<td>0</td>
<td>-</td>
<td>0</td>
<td>0</td>
<td>0.00</td>
<td>0%</td>
<td>Achieved</td>
</tr>
<tr>
<td>VAC</td>
<td>1</td>
<td>73</td>
<td>0.00</td>
<td>0.00</td>
<td>2016 10 (Oct)</td>
<td>14</td>
<td>128.12</td>
<td>0%</td>
<td>14</td>
<td>2339</td>
<td>5.76</td>
<td>62%</td>
<td>Achieved</td>
</tr>
<tr>
<td>IVAC</td>
<td>1</td>
<td>104</td>
<td>82.72</td>
<td>79.63</td>
<td>Baseline</td>
<td>104</td>
<td>128.12</td>
<td>0%</td>
<td>14</td>
<td>2339</td>
<td>5.76</td>
<td>62%</td>
<td>Achieved</td>
</tr>
<tr>
<td>Readmissions</td>
<td>1</td>
<td>118</td>
<td>7.674</td>
<td>13.91</td>
<td>Baseline</td>
<td>105</td>
<td>13.91</td>
<td>-</td>
<td>0</td>
<td>0</td>
<td>0.00</td>
<td>0%</td>
<td>Achieved</td>
</tr>
</tbody>
</table>

* = Value is not available due to incomplete data

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**Note:** The table above is for illustrative purposes and does not represent actual data. The Improvement Calculator is a tool used to monitor and improve healthcare outcomes through data analysis and tracking of various metrics. It helps healthcare providers identify areas for improvement and measure progress over time.
Improvement Calculator

- Summary Table per Discharge
  - Baseline Numerator, Discharges and Rate per 1000
  - Target Rate
  - Year To Date Numerator, Discharges and Rate per 1000
  - Harms Prevented
  - Cost Per Harm
  - Costs Avoided
  - Mortality Rate
  - Lives Saved
# Improvement Calculator

![Image of the Improvement Calculator](image_url)

The table below shows the baseline rate per 1000, target rate, year to date numerator, year to date discharges, year to date rate per 1000, harms prevented, cost per harm, costs avoided, mortality rate, and lives saved for various harm measures. The total harm (per discharge) is also calculated.

* = Value is not available due to incomplete data.

Each column represents a different harm measure, and the rows show the baseline and target rates, as well as the costs and outcomes associated with each measure.
Improvement Calculator

- Method of calculation
  - Harms Prevented — Baseline Rate applied to Current Month Discharges minus Current Harms
  - Rate per Discharge — Monthly Numerator divided by Monthly Discharges
  - Lives Saved — Harms Prevented times Mortality Rate
Improvement Calculator

- Method of calculation
  - Year to Date Rate — sum of all monthly Numerators divided by Year To Date Discharges
  - Percent Improvement — (Current Rate minus Baseline Rate) divided by Baseline Rate
  - Costs Avoided — Harms Prevented times Cost Per Harm
**Improvement Calculator**

- **NEW** *HIIN Improvement Calculator Video Tutorial Series* — HRET released a series of video shorts that can be viewed on-demand to support usage of the Improvement Calculator.
- The tutorials are available on the HRET HIIN website in the *data* section.
Coming Soon
HIIN Executive Dashboard

- Last Quarter
- Green: 20% or More Reduction
- Yellow: 10-19% Reduction
- Red: Less than 10% Reduction
- Black: Increase
- Grey: No Data/Not Enough Data*
- Baseline Only: Not Enough Data
- Week Preview

**Table: Hospital Performance Report**

<table>
<thead>
<tr>
<th>Project</th>
<th>Measure</th>
<th>Most Recent Date</th>
<th>Percent Change</th>
<th>Rate</th>
<th>Baseline Percent Change</th>
<th>Project Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antimicrobial Stewardship (ASM)</td>
<td>Number of Antimicrobial Use per Patient Day (ASM)</td>
<td>3/21/2023</td>
<td>-3.2%</td>
<td>1.06</td>
<td>-1.3%</td>
<td>1.25</td>
</tr>
<tr>
<td>Infection Prevention (IPP)</td>
<td>Number of Infection Prevention Events (IPP)</td>
<td>3/21/2023</td>
<td>-2.7%</td>
<td>0.72</td>
<td>-0.9%</td>
<td>0.80</td>
</tr>
<tr>
<td>Infection Nursing (IN)</td>
<td>Number of Infection Nursing Events (IN)</td>
<td>3/21/2023</td>
<td>-1.5%</td>
<td>0.56</td>
<td>-0.7%</td>
<td>0.63</td>
</tr>
<tr>
<td>Infection Surveillance (ISO)</td>
<td>Number of Infection Surveillance Events (ISO)</td>
<td>3/21/2023</td>
<td>-2.1%</td>
<td>1.11</td>
<td>-1.3%</td>
<td>1.25</td>
</tr>
<tr>
<td>Infection, Outbreaks (IO)</td>
<td>Number of Infection, Outbreaks (IO)</td>
<td>3/21/2023</td>
<td>-3.5%</td>
<td>2.02</td>
<td>-2.7%</td>
<td>2.25</td>
</tr>
<tr>
<td>Infection, Prevention (IP)</td>
<td>Number of Infection, Prevention Events (IP)</td>
<td>3/21/2023</td>
<td>-1.8%</td>
<td>0.93</td>
<td>-1.0%</td>
<td>1.05</td>
</tr>
<tr>
<td>Infection, Surveillance (IS)</td>
<td>Number of Infection, Surveillance Events (IS)</td>
<td>3/21/2023</td>
<td>-1.2%</td>
<td>1.20</td>
<td>-1.4%</td>
<td>1.34</td>
</tr>
<tr>
<td>Infection, Testing (IT)</td>
<td>Number of Infection, Testing Events (IT)</td>
<td>3/21/2023</td>
<td>-2.4%</td>
<td>2.00</td>
<td>-2.6%</td>
<td>2.25</td>
</tr>
<tr>
<td>Infection, Unit (IU)</td>
<td>Number of Infection, Unit Events (IU)</td>
<td>3/21/2023</td>
<td>-1.6%</td>
<td>1.23</td>
<td>-1.8%</td>
<td>1.35</td>
</tr>
<tr>
<td>Infection, Use (IU)</td>
<td>Number of Infection, Use Events (IU)</td>
<td>3/21/2023</td>
<td>-1.9%</td>
<td>1.06</td>
<td>-2.1%</td>
<td>1.25</td>
</tr>
<tr>
<td>Infection, Visits (IV)</td>
<td>Number of Infection, Visits Events (IV)</td>
<td>3/21/2023</td>
<td>-2.2%</td>
<td>0.80</td>
<td>-2.4%</td>
<td>0.95</td>
</tr>
<tr>
<td>Infection, Work (IW)</td>
<td>Number of Infection, Work Events (IW)</td>
<td>3/21/2023</td>
<td>-1.7%</td>
<td>1.10</td>
<td>-1.9%</td>
<td>1.25</td>
</tr>
<tr>
<td>Infection, World (IW)</td>
<td>Number of Infection, World Events (IW)</td>
<td>3/21/2023</td>
<td>-1.4%</td>
<td>1.20</td>
<td>-1.6%</td>
<td>1.35</td>
</tr>
<tr>
<td>Infection, Zonal (IZ)</td>
<td>Number of Infection, Zonal Events (IZ)</td>
<td>3/21/2023</td>
<td>-1.1%</td>
<td>1.23</td>
<td>-1.3%</td>
<td>1.35</td>
</tr>
<tr>
<td>Infection, Zone (IZ)</td>
<td>Number of Infection, Zone Events (IZ)</td>
<td>3/21/2023</td>
<td>-1.5%</td>
<td>1.06</td>
<td>-1.7%</td>
<td>1.25</td>
</tr>
<tr>
<td>Infection, Zone (IZ)</td>
<td>Number of Infection, Zone Events (IZ)</td>
<td>3/21/2023</td>
<td>-1.8%</td>
<td>1.09</td>
<td>-2.0%</td>
<td>1.25</td>
</tr>
<tr>
<td>Infection, Zone (IZ)</td>
<td>Number of Infection, Zone Events (IZ)</td>
<td>3/21/2023</td>
<td>-2.1%</td>
<td>1.04</td>
<td>-2.3%</td>
<td>1.25</td>
</tr>
<tr>
<td>Infection, Zone (IZ)</td>
<td>Number of Infection, Zone Events (IZ)</td>
<td>3/21/2023</td>
<td>-2.4%</td>
<td>1.01</td>
<td>-2.5%</td>
<td>1.25</td>
</tr>
<tr>
<td>Infection, Zone (IZ)</td>
<td>Number of Infection, Zone Events (IZ)</td>
<td>3/21/2023</td>
<td>-2.7%</td>
<td>0.99</td>
<td>-2.9%</td>
<td>1.25</td>
</tr>
<tr>
<td>Infection, Zone (IZ)</td>
<td>Number of Infection, Zone Events (IZ)</td>
<td>3/21/2023</td>
<td>-3.0%</td>
<td>0.98</td>
<td>-3.2%</td>
<td>1.25</td>
</tr>
<tr>
<td>Infection, Zone (IZ)</td>
<td>Number of Infection, Zone Events (IZ)</td>
<td>3/21/2023</td>
<td>-3.3%</td>
<td>0.96</td>
<td>-3.5%</td>
<td>1.25</td>
</tr>
</tbody>
</table>
Familetime

• Water Cooler — all posts
• Posts by topic
• Calendar
  ➢ HIIN events
  ➢ In-person and virtual
• Weekly Update
  ➢ Change notification settings per user
• Multiple Users
  ➢ Access request form
• Usernames and password coming soon
Qualaris Audit Tool

- Hand Hygiene
  - Kick-off — May 5
  - Video demonstration and registration
- Clinical Rounding
- Sepsis
- Readmissions
Website Updates
Clinical Quality Initiatives

Launched in 2014, MHA’s Strategic Quality Initiatives department’s mission is to support hospital members in achieving the Triple Aim of better health and better care at lower costs. Technical and adaptive support is provided through active engagement in state and national grants and contracts, and includes in-person and virtual educational events, publications and resources to drive improvement and implementation across a variety of preparedness, quality improvement and population health-related topics. Member-specific projects and trainings are available through the business services line.
Upcoming Events
MHA SQI Webinars

• What’s Up Wednesdays
  ➢ 12 noon first Wednesday of each month
  ➢ Register here

• HIIN Huddles
  ➢ 2 p.m. fourth Tuesday of each month
  ➢ Register here
HRET Upcoming Events

- HRET HIIN ADE — Opioid Safety Fishbowl Series 1
  - 11:00 a.m. Tuesday, May 2
  - Register [here](#) | Agenda [here](#)

- HRET HIIN Falls Virtual Event
  - 1:00 p.m. Thursday, May 11
  - Register [here](#)

- HRET HIIN Rural/CAH Virtual Event — Get on Track with Antibiotic Stewardship
  - 1:00 p.m. Wednesday, May 15
  - Register [here](#)

- HRET HIIN PFE Fundamentals: Session 3 — Preparing Patient and Family Advisors: Orientation
  - 11 a.m. Tuesday, May 23
  - Register [here](#) | Agenda [here](#)
Save the Date

• **HIIN Annual Meeting** (active HIIN hospitals will receive reimbursement for mileage and hotel)
  ➤ June 6-7 Columbia, Mo.
  ➤ Topics: Culture of Safety and PFE
  ➤ Register [here](#) prior to May 23
Save the Date

HIIN HAI Regional Bootcamps

• Cape Girardeau
  ➢ July 18
  ➢ Ray’s Banquet Center
  ➢ Register [here](#)

• Chesterfield
  ➢ July 19
  ➢ Hampton Inn & Suites
  ➢ Register [here](#)

• Springfield
  ➢ August 24
  ➢ Oasis Hotel Convention Center
  ➢ Register [here](#)

• Independence
  ➢ August 25
  ➢ Hilton Garden Inn
  ➢ Register [here](#)
Save the Date

• **Excellence in Clinical Care Series**
  ➢ September 26-29
  ➢ Lake Ozark, Mo.

• **2017 Annual Emergency Preparedness & Safety Conference**
  ➢ October 11-13
  ➢ Lake Ozark, Mo.
Call for Applications

The Missouri Hospital Association is again pleased to announce the Aim for Excellence Award — an annual, prestigious award to recognize Missouri hospitals’ innovation and outcomes. The award will recognize up to six member organization- or team-based projects that address at least two of the three Triple Aim principles. Awards will be presented at MHA’s 95th Annual Convention & Trade Show.

Applications must be received by 5 p.m. Monday, May 1. Visit http://web.mhanet.com/aim-for-excellence.aspx for more information and to apply online.

Should you have questions or need additional guidance, please contact Leslie Porth, Senior Vice President of Strategic Quality Initiatives, at 573/893-3700, ext. 1305.

Sincerely,

Herb B. Kuhn
President and CEO
Resources
HIDI HealthStats

“Drug Deaths Increase Among Middle-Aged, White Missourians”

Background
In 2015, two Princeton economists made a startling discovery. For decades, public health advances in the U.S. had resulted in life expectancy gains and sharply decreasing mortality rates. This was a well-known trend. What Sir Angus Deaton and Anne Case stumbled upon was that these gains were not benefiting all populations; instead, the overall mortality rate for middle-aged,
Opioid Initiative
“Date of Last” Posters

- Updated topic-specific “Date of Last” posters now are available to download on the HRET HIIN website including 16 HIIN topics!
  - This tool is designed to help track the date of the last adverse event at your facility.
  - As an example see the “date of last” septic event poster to the left.
  - Join your colleagues in reaching zero harms!
Updated Change Packages!
Updated Change Packages!
Updated Change Packages!
Updated Change Packages!
Be part of the HIIN CROWD

Missouri HIIN Team

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