MHA: Strategic Quality
What’s Up Wednesday|Lunch and Learn
Your clinical quality, process improvement resource

Jessica Rowden, MHA, BSN, R.N., CPHQ
Director of Clinical Quality
SQI Website
February 2017

- Aim For Excellence
- Opioid Update
- Immersion Project Update
- Quality Initiatives
- HIIN Update
- STRIVE Update
- Resources and Upcoming Events
  - Newsletter
  - Webinars
  - Trajectories
Aim for Excellence
Aim for Excellence

- Compendium
- Mark your calendars:
  - Aim for Excellence Conference April 6-7, 2017
  - Courtyard by Marriott, Columbia, MO
Agenda

• Thursday, April 6
  ➢ 8:30 Registration Opens/Breakfast
  ➢ 9:45 Opening
  ➢ 10:00 Keynote speaker on quality/finance/pop health
  ➢ 11:30 Lunch – provided
  ➢ 1:00 Keynote speaker on data and quality
  ➢ 2:30 break
  ➢ 2:45 AFE panel
  ➢ 4:15 Wrap Up
  ➢ 4:30 – 6:00 Social
Agenda

• Friday, April 7
  ➢ 7:30 Breakfast
  ➢ 8:00 Opening
  ➢ 8:45 Keynote speaker on HRO
  ➢ 9:45 Break
  ➢ 10:00 Reducing Opioid misuse: panel
  ➢ 11:30 Wrap up
  ➢ 11:45 Adjourn
Join the Missouri Hospital Association at the inaugural Aim for Excellence Conference, designed to both highlight the achievements of Missouri hospitals and inform on trending topics leading to the Triple Aim – better health, better care, lower costs.

The winners of the inaugural 2016 Aim for Excellence awards will present their work and the conference will also include a special session and open discussion on Missouri initiatives to combat opioid misuse.

Thursday, April 6 and Friday, April 7, 2017
Columbia Courtyard by Marriott
David Nash, M.D., MBA
Peter Almenoff, M.D., FCCP
Kerry Johnson

Register Now
Registration deadline: Thursday, March 30
Opioid Update
Opioid Update

• December marked one year since MHA along with six health care associations collaborated to endorse ED prescribing guidelines.
• In June, MHA surveyed emergency departments statewide and noted, on average, that 70 percent of the guidelines had been implemented by those who responded.
  ➢ The main exception at that time was prescription of naloxone in the ED.
• Another survey was distributed to all Missouri EDs in January to reassess the level of guideline implementation one year from publication.
• Additional MHA-developed opioid resources can be found online.
• March WUW will highlight Opioids!
Adoption of ED Prescribing Guidelines January 2017 (n=74)

<table>
<thead>
<tr>
<th>Prescribing Guidelines</th>
<th>Percent Adoption</th>
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<tr>
<td>ED Policy</td>
<td>Yes</td>
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<tr>
<td>Comm w PCP</td>
<td>Yes</td>
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<tr>
<td>Counsel Handling</td>
<td>Yes</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Yes</td>
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<tr>
<td>Tooth Pain</td>
<td>Yes</td>
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<tr>
<td>72 Hour Limit</td>
<td>Yes</td>
</tr>
<tr>
<td>Refuse &quot;Lost&quot;</td>
<td>Yes</td>
</tr>
<tr>
<td>Shortest Duration</td>
<td>Yes</td>
</tr>
<tr>
<td>Avoid Long-Acting</td>
<td>Yes</td>
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<table>
<thead>
<tr>
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<th>Avoid Long-Acting</th>
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<th>Diagnosis</th>
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<th>Comm w PCP</th>
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<td>19</td>
<td>23</td>
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Immersion Project Updates
## ASP Immersion Project Cohort

- **Welcome!**

<table>
<thead>
<tr>
<th>Hospital Name</th>
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<tbody>
<tr>
<td>Barton County</td>
</tr>
<tr>
<td>Bates County Memorial Hospital</td>
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<tr>
<td>Bothwell Regional Health Center</td>
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<td>Capital Region Medical Center</td>
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<td>Carroll County Memorial Hospital</td>
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<td>Cass Regional Medical Center</td>
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<td>Citizens Memorial Hospital</td>
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<td>Community Hospital-Fairfax</td>
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<td>Fitzgibbon Hospital</td>
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<td>Fulton Medical Center</td>
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<td>Hermann Area District Hospital</td>
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<td>Lafayette Regional Health Center</td>
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<td>Liberty Hospital</td>
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<td>Madison Medical Center</td>
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<td>Mercy Rehabilitation Hospital St. Louis</td>
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<td>Moberly Regional Medical Center</td>
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<td>Nevada Regional Medical Center</td>
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<td>North Kansas City Hospital</td>
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<td>Northwest Medical Center</td>
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<tr>
<td>Ozarks Medical Center</td>
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<tr>
<td>Perry County Memorial Hospital</td>
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<tr>
<td>Phelps County Regional Medical Center</td>
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<tr>
<td>Ranken Jordan Pediatric Bridge Hospital</td>
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<td>Salem Memorial District Hospital</td>
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<tr>
<td>Scotland County Hospital</td>
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<tr>
<td>Southeast Health Center of Stoddard County</td>
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<tr>
<td>St. Anthony's Medical Center</td>
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<tr>
<td>St. Luke's Rehabilitation Hospital</td>
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<td>Ste. Genevieve County Memorial Hospital</td>
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<td>Texas County Memorial Hospital</td>
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<td>Washington County Memorial Hospital</td>
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Workplace Violence Reduction Immersion Project Cohort

- Welcome!

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<tr>
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<td>Northeast</td>
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<tr>
<td>Salem</td>
<td>Ray</td>
</tr>
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<td>SSM St. Mary's Audrain</td>
<td>Scotland</td>
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<td>SSM St. Mary's JC</td>
<td>Sullivan</td>
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<td>Texas County</td>
<td>BJC St. Peters - Progress West</td>
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<td>Bonne Terre WPV</td>
</tr>
<tr>
<td>Cameron</td>
<td>Farmington WPV</td>
</tr>
<tr>
<td>Carroll</td>
<td>Madison</td>
</tr>
<tr>
<td>Cedar County</td>
<td>St. Louis Childrens</td>
</tr>
<tr>
<td></td>
<td>Ste Genevieve</td>
</tr>
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Workplace Violence Reduction Immersion Project

- Project goal is to increase the number of events mitigated through de-escalation techniques alone, while increasing the overall safety of the health care workplace environment.

- Project objective is to effectively intersect with a patient who is escalating verbally, physically or both, while ensuring quality patient care and the safety of patients, visitors, physicians and staff.
  
  - Following an application process, 23 Missouri hospitals were selected to participate in the year-long initiative.

- The project is using the Mitigation Dynamics Inc. Safe Training and Responsible Restraints (S.T.A.R.R.) program to implement policy and train front-line staff verbal de-escalation and safe restraint techniques.

- Process
  
  - MHA has contracted with MDI to train 10 to 20 percent of each participating hospitals’ daily on-site staff.

- On Jan. 11, more than 40 professionals gathered at MHA for the launch of the project.
  
  - Participants were able to network and participate in shared learning activities.

  - The hospitals participating in phase one of the program will begin training in late February.
Immersion Projects

- In Progress
  - Antibiotic Stewardship Program
  - Workplace Violence
- Coming CY 2017
  - Sepsis
  - Readmissions
- Brainstorming – late 2017 or 2018
  - Lean/SS
  - Leadership
  - HAI
Sepsis
Sepsis update

• At this time, CMS has NOT changed their process measurements as a result of the new information from JAMA and Surviving Sepsis Campaign.

• These recent studies validate that Sepsis, Severe Sepsis and Septic Shock recognition and treatment are essentially unchanged and that the prognosis can be more accurately predicted by using qSOFA.

• Additionally, the ICD 10 codes have not changed. The Sepsis-3 definitions eliminate the "severe sepsis" term yet the ICD-10 code is still present and the CMS core measure utilizes the term "severe sepsis".

• As an intermediate strategy, begin including sepsis along with severe sepsis & septic shock (to begin to align with the new definitions) in their HIIN metric as we wait for the coding changes to occur.

• Additional resources and samples of order sets are available upon request.
The HRET “Welcome to the HRET HIIN” video is now available here.
Mission:

- 20 percent harm reduction
- 12 percent readmission reduction
Survey Data

• Needs Assessment
  ➢ One-time
  ➢ Survey Monkey – for submission

• Patient and Family Engagement
  ➢ Quarterly
  ➢ HIDI Quality Collections
Needs Assessment

- Hospital Demographics
- Comparative Groups
- EHR Vendor
- Topic Level Involvement
- Patient and Family Engagement Questions
- Additional Missouri Questions
  - Excel Support
  - Statistics Support
  - Data Support
  - QI Support
Abstracted Measures
HIINformational Data

• Data Submission Assistance (encourage monthly)
  ➢ Abstracted
    – Templates
    – Quality Collections
  ➢ Claims
  ➢ NHSN

• Reports
  ➢ Baseline
  ➢ Project
    – Monthly
    – Quarterly
## Data Due Dates – HIIN Project Yr 1

<table>
<thead>
<tr>
<th>Task</th>
<th>Deadline For Hospital to Submit Data</th>
<th>Data Included in Deadline</th>
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</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>8-Mar</td>
<td>Oct-Jan</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>
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<tr>
<td><strong>Milestone 4</strong></td>
<td>8-May</td>
<td>Hard deadline for ALL data Oct-Feb</td>
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<tr>
<td>Monthly Monitoring Data</td>
<td>22-May</td>
<td>Oct-April</td>
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<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>6-Sep</td>
<td>Oct-July</td>
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<td>Monthly Monitoring Data</td>
<td>19-Sep</td>
<td>Oct-Aug</td>
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<td><strong>Milestone 5</strong></td>
<td>14-Sep</td>
<td>Hard deadline for ALL data Oct-May</td>
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<td>Monthly Monitoring Data</td>
<td>23-Oct</td>
<td>Oct-Sept</td>
</tr>
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</table>
HIIN Status

- Needs Assessments
  - 100% submission!
  - Tailor the project to meet hospitals needs
- Baseline data
  - 100% submission!
  - Reports coming soon
# Measures for ALL Hospitals

<table>
<thead>
<tr>
<th>Topic – Measure</th>
<th>Baseline</th>
<th>Y1 Goal</th>
<th>Y2 Goal</th>
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<tbody>
<tr>
<td>ADE – individual measures, composite</td>
<td>2014</td>
<td>7%</td>
<td>20%</td>
</tr>
<tr>
<td>CAUTI – overall rate</td>
<td>2015</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>c. <em>Difficile</em> – rate</td>
<td>2014</td>
<td>7%</td>
<td>20%</td>
</tr>
<tr>
<td>Falls</td>
<td>2014</td>
<td>7%</td>
<td>20%</td>
</tr>
<tr>
<td>Pressure Ulcers – rate(^1), prevalence</td>
<td>2014</td>
<td>10%</td>
<td>20%</td>
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<tr>
<td>Readmissions</td>
<td>2014</td>
<td>4%</td>
<td>12%</td>
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<tr>
<td>Sepsis – mortality</td>
<td>2014</td>
<td>7%</td>
<td>20%</td>
</tr>
<tr>
<td><em>MRSA</em> – rate</td>
<td>2014</td>
<td>5%</td>
<td>10%</td>
</tr>
<tr>
<td><em>Culture of Safety</em> – worker harm events</td>
<td>2014</td>
<td>5%</td>
<td>10%</td>
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</table>
# Measures for SPECIFIC Hospitals

<table>
<thead>
<tr>
<th>Topic - Measure</th>
<th>Applicability</th>
<th>Baseline</th>
<th>Y1 Goal</th>
<th>Y2 Goal</th>
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</thead>
<tbody>
<tr>
<td>CAUTI – ICU rate</td>
<td>Hospitals w/ICUs</td>
<td>2015</td>
<td>10%</td>
<td>20%</td>
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<tr>
<td>CAUTI – SIRs</td>
<td>Hospitals reporting to NHSN</td>
<td>2015</td>
<td>10%</td>
<td>20%</td>
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<tr>
<td>c. Difficile – SIR</td>
<td>Hospitals reporting to NHSN</td>
<td>2015</td>
<td>7%</td>
<td>20%</td>
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<tr>
<td>CLABSI – ICU rate</td>
<td>Hospitals w/ICUs</td>
<td>2015</td>
<td>10%</td>
<td>20%</td>
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<tr>
<td>CLABSI – SIRs</td>
<td>Hospitals reporting to NHSN</td>
<td>2015</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>MRSA – SIR</td>
<td>Hospitals reporting to NHSN</td>
<td>2015</td>
<td>7%</td>
<td>20%</td>
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<tr>
<td>VTE – post operative</td>
<td>Hospitals that perform inpatient surgeries</td>
<td>2014</td>
<td>7%</td>
<td>20%</td>
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<td>VAE – VAC and IVAC</td>
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<td>2014</td>
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<td>20%</td>
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<tr>
<td>SSI – rates</td>
<td>Hospitals that perform each of the four surgeries listed</td>
<td>2014</td>
<td>10%</td>
<td>20%</td>
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<tr>
<td>SSI - SIR</td>
<td>Hospitals reporting to NHSN</td>
<td>2015</td>
<td>10%</td>
<td>20%</td>
</tr>
</tbody>
</table>
Data Submission: NHSN/Claims

• NHSN
  ➢ Confer rights
  ➢ Ensure data is entered monthly
  ➢ Ensure data is entered for HIIN measures

• Claims
  ➢ Hospital billing department sends data monthly/quarterly to HIDI
  ➢ HIDI processes data quarterly to supply claims measure data for HIIN project
Reports

• Baseline Data
• Monthly
  ➢ Performance
    – Current
    – Aggregate/Project
  ➢ Missing data
  ➢ Topics meeting goal
  ➢ Opportunities

• Quarterly
  ➢ CEO dashboard
  ➢ HIIN lead preview period of dashboard

• Improvement Calculator
  ➢ Harms prevented
  ➢ Costs saved
  ➢ Lives saved (NEW!)
  ➢ Easier to use
  ➢ Based on pivot tables (not macros)
  ➢ Updated cost estimates
Fellowship
Goal is to get at least one fellow signed up per hospital

- **Quality Improvement**

- **Patient and Family Engagement**
H11N 8Y TH3 NUM83R5
# HIINcredible Cohort!

- Welcome!

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Location</th>
<th>Hospital Name</th>
<th>Location</th>
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<tbody>
<tr>
<td>Barton County Memorial Hospital</td>
<td></td>
<td>Lake Regional Health System</td>
<td></td>
</tr>
<tr>
<td>Bates County Memorial Hospital</td>
<td></td>
<td>Landmark Hospital of Joplin</td>
<td>Poplar Bluff Regional Medical Center</td>
</tr>
<tr>
<td>Black River Medical Center</td>
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<td>Lee's Summit Medical Center</td>
<td>Ranken Jordan Pediatric Bridge</td>
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<td>Bothwell Regional Health Center</td>
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<td>Liberty Hospital</td>
<td>Ray County Memorial Hospital</td>
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<td>Capital Region Medical Center</td>
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<td>Long-Term Acute Care Hospital, Mosaic Life Care of St. Joseph</td>
<td>Research Medical Center</td>
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<td>Carroll County Memorial Hospital</td>
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<td>Care of St. Joseph</td>
<td>Royal Oaks Hospital</td>
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<td>Cass Regional Medical Center</td>
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<td>Saint Francis Healthcare System</td>
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<td>St. Alexius Hospital, Broadway Campus</td>
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<td>St. Anthony's Medical Center</td>
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<td>Fitzgibbon Hospital</td>
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<td>St. Joseph Medical Center</td>
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<td>Freeman Health System</td>
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<tr>
<td>Lafayette Regional Health Center</td>
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</table>
HIIN Stats

- 86 Participating Hospitals
  - 73 ACC
  - 13 Rehab/Psych/LTAC
  - CAH/Rural numbers
    - 25 CAH
    - 43 Rural
- Needs Assessments: 100% of ACC
- Site Visits: 15/73 = 21%
  - About 75% of the remaining are scheduled
Additional HIIN Opportunities

- Adaptive leadership workshop
  - Adaptive leadership – building resilience, leadership and a cross cutting strategy to ZERO incidents
  - Walk through real-world challenges and develop leadership skills through
    - Practical strategies
    - Cutting edge tools
    - Mentoring
    - Peer-to-peer learning
  - Workshop is designed for
    - Physician leaders
    - Administrators
    - Allied clinical staff
- A Physician opportunity to participate in hospital HIIN activities to receive MOC Part IV credit for their board certification
Raise your HIIN game: The UP Campaign

Betsy Lee RN MSPH
Maryanne Whitney RN CNS MSN
Cynosure Health, Improvement Advisors
# 1 OPIOID & SEDATION MANAGEMENT

ADE | FTR | Delirium | Falls | AS | VTE | VAE

W A K E - U P
# 2 EARLY PROGRESSIVE MOBILITY

- Falls
- PrU
- Delirium
- CAUTI
- VAE
- VTE
- Readmissions

GET UP
# 3 HAND HYGIENE

CDI  CAUTI  SSI  VAE  CLABSI  Sepsis

SOAP - UP

ATTENTION! I HAVE A CENTRAL LINE
“When am I going to walk? I walked yesterday. It’s better than just being in the chair. I feel better when I am walking.”
Up Campaign

Two foundational questions:

1. Is my patient awake enough to get up?

2. Have I protected my patient against infections?
Upcoming HRET Webinars

- **HRET HIIN | ERAS SNAP Informational Call**
  - Enhanced Recovery After Surgery Safety Networks to Accelerate Performance
  - February 2, 2017 | 2:00 p.m. - 3:00 p.m. CT | Register [here](#).

- **HRET HIIN | VTE Virtual Event**
  - February 7, 2017 | 11:00 a.m. - 12:00 p.m. CT | Register [here](#).

- **HRET HIIN | Sepsis | I Screen, You Screen, Let's All Screen for Sepsis!**
  - February 9, 2017 | 11:00 a.m. - 12:00 p.m. CT | Register [here](#).

- **HRET HIIN | ADE | Adjuncts and Alternatives to Opioids for Pain: It's All About Love**
  - February 14, 2017 | 12:00 p.m. - 12:50 p.m. CT | Register [here](#)
2017 Aim for Excellence Conference

Join the Missouri Hospital Association at the inaugural Aim for Excellence Conference, designed to both highlight the achievements of Missouri hospitals and inform on trending topics leading to the Triple Aim – better health, better care, lower costs.

The winners of the inaugural 2016 Aim for Excellence awards will present their work and the conference will also include a special session and open discussion on Missouri initiatives to combat opioid misuse.

Thursday, April 6 and Friday, April 7, 2017
Columbia Courtyard by Marriott
David Nash, M.D., MBA
Peter Almenoff, M.D., FCCP
Kerry Johnson

Register Now
Registration deadline: Thursday, March 30
FLEX Regional Meetings

- **March 8**
  - 10 a.m - 2 p.m
  - Clinton, Mo.
  - [Click here](#) to register

- **March 15**
  - 10 a.m - 2 p.m
  - Festus, Mo.
  - [Click here](#) to register

- **March 22**
  - 10 a.m - 2 p.m
  - Chillicothe, Mo.
  - [Click here](#) to register
MHA SQI Webinars

- What’s Up Wednesdays
  - First Wednesday of the month at noon
  - Register

- HIIN Huddles
  - Fourth Tuesday of the month at 2:00 p.m.
  - Register
Be part of the HIIN CROWD

Missouri HIIN Team

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Saint Luke’s North Hospital HIIN Team
STRIVE

States Targeting Reduction in Infections via Engagement
STRIVE Participants

- Welcome!

<table>
<thead>
<tr>
<th>Hospital Name</th>
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<tbody>
<tr>
<td>Research Medical Center</td>
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<tr>
<td>North Kansas City Hospital</td>
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<tr>
<td>Pemiscot Memorial Health System</td>
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<tr>
<td>Scotland County Hospital</td>
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<tr>
<td>St. Anthony's Medical Center</td>
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<tr>
<td>Mosaic Life Care at St. Joseph</td>
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<tr>
<td>Saint Francis Medical Center</td>
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<td>Cox Medical Centers</td>
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<tr>
<td>Cox Medical Center Branson</td>
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<td>Citizens Memorial Hospital</td>
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<td>Saint Luke's Hospital of Kansas City</td>
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<tr>
<td>Southeast Hospital</td>
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<tr>
<td>Landmark Hospital of Joplin</td>
</tr>
<tr>
<td>Texas County Memorial Hospital</td>
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</tbody>
</table>
STRIVE

- HAI (NHSN data)
  - CDI
  - CLABSI
  - CAUTI
  - MRSA
- Benefits
  - Free, on-demand education
  - Assistance using TAP NHSN reports
  - Focused improvement resources
  - Networking
  - Benchmarks
- Project start 11/1
- 12 Month Project
- Education:
  - Webinars
  - On-demand videos
  - In-person meetings
  - Coaching calls
  - Site visits
  - Open office hours with SME
STRIVE Status Update

- Data extracted through NHSN
- Practice Change Assessment/ICAR due January 6 – couple more outstanding
- Quarterly meeting with Primaris and Dept of Health
- **Webinars**
  - Hospital Welcome and Setting the Stage for Success.
    - Thursday Feb 2, 2017 from 12-1.
    - Register
  - Visit the STRIVE Sharepoint site to hear the recording of previous webinars.
STRIVE Learning Action Forums

- Monthly Learning Action Forums (LAFs) occur on the first Tuesday every month beginning in **February 2017**. Mark your calendars and be watching for the email invitations!
  - February 7 at 1:00 pm
  - March 7 at 1:00 pm
  - April 4 at 1:00 pm
STRIVE
On-Demand eLearning Platform

- On-Demand content can be accessed through the curriculum link. Program participants can login to view onboarding webinars, educational modules, and complete quiz/evaluations. Partners and their hospitals have the ability to self-enroll into the curriculum. It is important for program participants to consistently login with the same email address for tracking purposes.

- **Enrollment Form**

- **Curriculum**
Confer your NHSN Data to HIDI

• Why?
  ➢ To provide you the most robust data portfolio
  ➢ To better assist you with more improvement opportunities

• See the Instructional Guide
Quality Works
Deadline Extensions

• Due to system issues and the inaccessibility of QualityNet reports for some users that assist in data submission, the Centers for Medicare & Medicaid Services (CMS) is extending the February 1, 2017 Hospital Inpatient and Hospital Outpatient Quality Reporting Program deadlines to Wednesday, February 15, 2017 at 11:59pm Pacific Standard Time (PST), for July 1 - September 30, 2016 patient encounters.
Deadline Extensions

• CMS is issuing extensions for several quality reporting data submission program deadlines in light of these system constraints.

➤ Hospital Outpatient Quality Reporting (OQR) Program
  – This extension will affect the following Quarter 3 (Q3) 2016 data submissions for the Hospital OQR Program:
    • Patient-level chart-abstracted data
    • Population and Sampling data

➤ Hospital Inpatient Quality Reporting (IQR) Program
  – This extension will affect the following Q3 2016 data submission for the Hospital IQR Program:
    • Population and Sampling data

➤ Hospital IQR Program Validation Template Submission
  – This extension will affect the following Q3 2016 validation template submission for the Hospital IQR Program:
    • Healthcare-Associated Infection (HAI) Validation Templates for randomly selected hospitals
Member Resources and Support
Trajectory

Trajectories is a quarterly publication highlighting Missouri hospital initiatives to improve the health of their communities, as well as the experience and effectiveness of the care provided to their patients.

The Triple Aim calls for a health care system that provides better health and better care at lower costs. While, in theory, this seems achievable, the complexity of the health care delivery system creates many challenges. The clinical, operational, and financial implications of shifting from a volume-to-value-based delivery system have been equated to leaving one foot in the boat and one on the dock — a precarious situation at best. Tasked with managing resources through a fee-based model while testing volume-based models of care and being accountable for outcomes through government and private sector pay-for-performance programs, hospitals and health care providers are at the tipping point. However, Missouri hospitals and providers are on the leading edge of meeting this challenge.

Upcoming March edition – HAIs

Link to past issues
Monthly Newsletter

Quality News

February 2017

In This Issue
- MHA Initiatives and Programming Update
- Resources
- Quality Reporting News
- Safety and Resiliency News
- Population Health News

Join the Conversation
Find us on LinkedIn.

Upcoming Events
The Nurse Resilience Academy
Feb. 16, 2017
Mercy Hospital St. Louis
Von Contard Conference Center
Click here to register.

Spotlight
Workplace Violence Reduction Immersion Project Launch
MHA has launched the Workplace Violence Reduction Immersion Project, funded through Hospital Engagement Network designated funds, to address prevalent trends in health care facilities. The project goal is to increase the number of events mitigated through de-escalation techniques alone, while

Link to past issues
QualarisAudit™ – Next Iteration

• Coming soon...
Communication Tools

- Familetime
- Monthly newsletter
- Webinars
- Less email
Delegation Tips

- Think outside the box
- Get nursing/direct patient care staff more involved in the “behind-the-scenes” work
  - Include nursing management and front-line staff in webinars, QI projects, listservs, fellowships
  - Build quality improvement education into the clinical ladder
  - Identify nurses/other staff furthering their education and are in need of projects for school
  - Encourage nurses/other staff to further their education and give them a project for school – contact us for HPOG grants!
Institute for Healthcare Improvement
The Next Wave of Patient Safety

• Safety Resolutions
  1. Focus on what goes right as well as learning from what goes wrong.
  2. Move to greater pro-activity and away from reactive and responsive.
  3. Create systems for learning from learning.
  5. Co-produce safety with patients and families.
  6. Safety is more than the absence of physical harm, it is also the pursuit of dignity and equity.
Thank You for Joining Us

- See you March 1, 2017 at noon!
  - Opioids
- Scheduling hospital speakers
  - If you want to showcase your work, let me know!
Contact Information

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