

North Dakota Hospital Association Innovate-ND

HRET Hospital Improvement Innovation Network

March 23, 2017

EDUCATIONAL EVENTS

HRET HIIN

MDRO-The Basics

03/28/17 | 11:00 a.m.-12:00 p.m. CT
Register [here](#).

Foundations for Change | Empower Teams to Engage in Improvement

03/29/17 | 11:00 a.m.-12:00 p.m. CT
Register [here](#).

PFE Fellowship | When the Rubber Hits the Road: Action Planning

04/05/17 | 11:00 a.m.-12:00 p.m. CT
Register [here](#).

Readmissions Virtual Event

04/06/17 | 1:00-2:00 p.m. CT
Register [here](#).

What's New in ICU for Sepsis, CAUTI and CLABSI: Less May be Better

04/11/17 | 11:00 a.m.-12:00 p.m. CT
Register [here](#).

Accelerating Change | Diving Deep into Data and Measurement

04/12/17 | 12:30 a.m.-1:30 p.m. CT
Register [here](#).

PFE Fundamentals | Finding the Right Advisors: Application Process

04/18/17 | 11:00 a.m.-12:00 p.m. CT
Register [here](#).

HRET HIIN ADE Fishbowl Series 1

NEWS BLASTS

IMPORTANT DATES TO REMEMBER

03/31/17	Performance Data for February 2017 Discharges <i>Who will be the first to have their February Data in???</i>
04/07/17	We Want You in the Limelight! It was our intention to take a photo of every HIIN team during our site visits but that didn't happen so we are asking that if we didn't get a photo of your group to please send us an electronic photo of your team. We would appreciate it if you would include the names and titles of each person in the photo as well in your email. Please submit a photo of your HIIN team to Nikki at mailto:mnmedalen@qualityhealthnd.org .

Free Leadership Development Virtual Course

Johns Hopkins|Armstrong Institute for Patient Safety and Quality is seeking hospital leaders to participate in an innovative online course that builds their skills to lead, manage and implement patient safety and quality improvement programs. The highlight of the free course is Simu-Leader, an online simulation in which participants collaborate and take on realistic, relevant challenges. Together, they identify problems, devise solutions and receive feedback on their ideas.

This course fosters teamwork among your hospital's leaders while giving them a common set of tools and concepts for future improvement efforts.

Register your team ASAP. Six-week [program](#) in patient safety and quality improvement begins May 1.

"Date of Last" Posters Available

Updated topic-specific "[Date of Last](#)" posters are now available to download on the HRET HIIN website for 16 HIIN topics! This tool is designed to help track the date of the last adverse event at your facility.

Hospitals Share Successes!

The HRET HIIN offered 20 scholarships for HRET HIIN hospital representatives from rural and critical access hospitals to attend the 2017 AHA Rural Health Care Leadership Conference to present a storyboard to other conference attendees. Storyboard presenters

05/02/17 | 11:00 a.m.-12:00 p.m. CT
Register [here](#).

Information and registration links for all upcoming virtual events can be found under the “Upcoming Events” tab on www.hret-hiin.org.

All event recordings are/will be available on-demand on the HRET HIIN website www.hret-hiin.org. Select the desired topic and scroll down to “Watch a Recent Data Event”.

PFE Affinity Group Pacing Event
Organ Donations and Transplants: How to Meaningfully Engage Patients and Families
03/28/17 | 1:00-2:00 p.m. CT
Register [here](#).

Great Plains QIN
Chronic Disease Management: A Community Perspective
03/28/17 | 12:00-1:00 p.m. CT
Join the Great Plains QIN Care Coordination Team for the fourth in this series of action-oriented learning events that will help your organization build capacity for better, safer care and healthier people and communities.
Click [here](#) to register.

AHA
Reducing Patient Noise Complaints and Improving Patient Satisfaction
03/29/17 | 1:00-2:00 p.m. CT
Register [here](#).

Honoring Choices ND
Spring Advance Care Planning Summit | POLST: Medical Orders...Turning a Patient's Wishes into Action
04/06/17 | Bismarck, ND
Register [here](#).

NDSU
Class Leader Training
Powerful Tools for Caregivers
05/15/17-05/16/17 | Bismarck, ND

shared their success on a past or current/ongoing quality improvement project and shared how participation in HEN/HIIN helped contribute to the outcome achieved. Topics covered during the storyboard session include ADE, CAUTI, culture of safety, data improvement, medication reconciliation, falls, PFE, readmissions and sepsis.

To further highlight the hospital stories, HRET has posted the storyboard PDFs and filming sessions on the [HIIN website](#).

Additionally, HRET has documented the conference and the storyboard session on Twitter. Please take a look at the wonderful storytelling by visiting [@HRETtweets](#) and follow the hashtag #WhyImHIIN to keep the conversation going.

Ensuring Access to Care in Vulnerable Communities

Millions of Americans living in vulnerable [rural](#) and [urban](#) communities depend upon their [hospital](#) as an important, and often only, source of care. However, these communities and their hospitals face many challenges. As the hospital field engages in its most significant transformation to date, many are fighting to survive—potentially leaving their communities at risk for losing access to health care services. Recognizing these challenges and the need for new integrated and comprehensive health care delivery and payment strategies, AHA is connecting the field with [trusted resources](#) on the critical issue of ensuring access to care. To listen to the webcast, [click here](#).

ANTIBIOTIC STEWARDSHIP

Hospital EDs Invited to Participate in Antibiotic Stewardship Efforts

The Great Plains QIN is recruiting participants for the quality improvement initiative: *Combatting Antibiotic Resistant Bacteria through Antibiotic Stewardship*. Part of the focus of this work will be to spread the principles of antibiotic stewardship among recruited outpatient settings at the point of care, where the antibiotics are being prescribed. The goal of this *initiative* is to increase the number of outpatient settings that have incorporated all Core Elements of Outpatient Antibiotic Stewardship. Click [here](#) to learn how you can become involved in these efforts.

Strategies for Superbugs: Antibiotic Stewardship for Rural Hospitals

by Kay Miller Temple

As published in the RHHub, March 22, 2017

Resistant bacteria, or “superbugs,” are a cause of major medical illness and death. Government and accreditation agencies, as well as infectious disease experts, believe hospital antibiotic stewardship programs are the answer to blunting the impact and development of these germs. Despite limited resources, rural and Critical Access Hospitals are activating their stewardship programs. Read [more](#)...

Antibiotic Stewardship Facts

All facts and resources are from www.cdc.gov

- Antibiotic overuse contributes to the growing problems of *Clostridium difficile* infection and antibiotic resistance in healthcare facilities.

Registrations must be completed by April 17. Click [here](#) to register.

**ND Department of Health
North Dakota Diabetes Summit
03/30/17-03/31/17 | Bismarck, ND**
Click [here](#) for complete Summit information.

**Healthcare Academy
Regulatory Compliance
Infection Prevention & Control
03/31/17 | 1:00 p.m. CT**
Register [here](#).

**North Dakota Infection Control
Conference
04/11/17-04/12/17 | Bismarck, ND**
Register [here](#).

**AHRQ
Teams Saving Brains One
Minute at a Time
04/12/17 | 12:00-1:00 p.m. CT**
Register [here](#).

**CAH Quality Network
Statewide Meeting
04/20/17 | 9:00 a.m.-4:30 p.m. CT**
Radisson Hotel, Bismarck, ND
Register [here](#).

**AHRQ
2017 TeamSTEPPS National
Conference
06/14/17-06/16/17 | Cleveland, OH**
The mission of this conference is to bring tools, techniques and new thinking to assist health care professionals in successfully implementing TeamSTEPPS. To learn more about this conference or to register, visit their [website](#). If you have questions, please contact AHRQTeamSTEPPS@aha.org.

**National LAN Event
Immunizations: Everyone's
Responsibility
05/02/17 | 2:00-3:30 p.m. CT**
Register [here](#).

RESOURCES

LISTSERV®
[Sign up](#) and help meet our goal of approximately 1,000 subscribers per LISTSERV® topic. These platforms enable peer-sharing and are used to

- Improving antibiotic use through stewardship interventions and programs improves patient outcomes, reduces antimicrobial resistance, and saves money.
- Interventions to improve antibiotic use can be implemented in any healthcare setting—from the smallest to the largest.
- Improving antibiotic use is a medication-safety and patient-safety issue.
- Antibiotic use is the most important modifiable driver of antibiotic resistance, and antibiotic-resistant infections lead to higher healthcare costs, poor health outcomes, and more toxic treatments.
- At least 30% of antibiotic courses prescribed in the outpatient setting are unnecessary, meaning that no antibiotic is needed at all. Most of this unnecessary use is for acute respiratory conditions, such as colds, bronchitis, sore throats caused by viruses, and even some sinus and ear infections.
- Total inappropriate antibiotic use, which includes unnecessary antibiotic use plus inappropriate antibiotic selection, dosing, and duration, may approach 50% of all outpatient antibiotic use and up to 75% in nursing homes.
- Antibiotics are the most common cause of adverse drug events (ADEs) in children, accounting for 7 of the top 10 drugs leading to pediatric ADE-related emergency room (ER) visits. Antibiotics are in the top three drug classes leading to ADE-related ER visits for all ages.
- Improving antibiotic prescribing can reduce harm. A 10% decrease in inappropriate prescribing in the community can result in a 17% reduction in [Clostridium difficile](#) infection, a severe form of diarrhea usually caused by antibiotic exposure.

Resources to Support Implementation of Antibiotic Stewardship Programs

[CDC's Get Smart Campaign Materials and References](#)
[Hospital Core Elements](#) and [Checklist](#)
[Outpatient Core Elements](#)
[LTC Core Elements](#) and [Checklist](#)
[HRET HIIN CDI Change Package](#)

ADVERSE DRUG EVENTS

Pennsylvania HIIN (HAP HIIN) Shares ADE Gap Analysis Tools

These tools are very detailed and complement the work of our HRET HIIN. To start, HRET ADE leads suggest that you study the HRET HIIN 2017 ADE Change Package, found [here](#). Use the drivers and change ideas as an initial gap analysis tool. Then, if a more detailed gap analysis tool is desired for a specific content area, visit the appropriate HAP HIIN tool.

[PA Opioid Gap Analysis Tool](#)
[PA Insulin Gap Analysis Tool](#)
[PA Anticoagulation Gap Analysis Tool](#)

Dr. Tremain Provides Clarification on Whether to Include Surgical Population Opioid Data

Surgical patients who receive naloxone to reverse the effects of opioids should be included in your hospital's opioid data. "Routine planned

promote virtual events and highlight innovative topic-specific strategies to reduce harm. New subscribers are added on the first day of each week.

On the Web

The HRET HIIN website is a one-stop-shop for all HRET HIIN information and events! Check it out at www.hret-hiin.org.

Social Media

Follow the HRET HIIN on Twitter [@HRETtweets](https://twitter.com/HRETtweets)! Here they'll be promoting virtual events, highlighting recruitment numbers, state partners and hospitals! Re-tweet, reply or like their posts and share your HIIN journey using #WhyImHIIN.

You can also join the HRET-HIIN on Facebook and LinkedIn. Follow the instructions for joining by clicking on the correlating icon on the right-hand side of the page when you log onto the HRET HIIN website (www.hret-hiin.org)

INNOVATE-ND SUPPORT TEAM

Jean Roland
jroland@qualityhealthnd.org
701/852.4231

Nikki Medalen
nmedalen@qualityhealthnd.org
701/537.5548

Jon Gardner
jgardner@qualityhealthnd.org
701/852.4231

reversals” are considered a potential for harm and are against the recommendations of the American Society of Anesthesiologists which have written the following explicit statement: *The ASA does "not endorse routine reversal of patients."*

Here is the argument against routine reversal with naloxone:

1. It suggests a “one-size-fits-all” approach vs. a patient-specific approach.
2. It often means that the patients are sedated rapidly (dangerous for many).
3. It often means that the patients may be more deeply sedated than desirable or necessary.
4. Some patients metabolize even short acting-opioids (like fentanyl) more slowly than naloxone; the naloxone wears off first and the patient becomes re-sedated due to the continued presence of unmetabolized fentanyl...in a floor bed...on the way home...or in some other dangerous place.
5. If a patient has more pain after naloxone and receives more opioids, they will go into deeper sedation when the naloxone wears off.

While this practice is often done because it is “efficient,” it is unsafe and can potentially lead to a very poor outcome.

HEALTHCARE-ASSOCIATED INFECTIONS

World Hand Hygiene Day is May 5, 2017

The day is declared by the World Health Organization (WHO) and encourages patients and their family members to join healthcare workers in their efforts to practice good hand hygiene. Click [here](#) for information.

The World Health Organization published a new guide, *Guidelines on Core Components of Infection Prevention and Control Programs at the National and Acute Health Care Facility Level*. Click [here](#) for a copy.

READMISSIONS

"Be Gentle on People, Hard on Processes"

Find out how [Mary Washington Hospital](#) in Fredericksburg, VA took a comprehensive approach to reducing heart failure readmissions and achieved a 52.4 percent reduction in their 30-day heart failure all-cause readmission rate from 2008 through 2014.

New CMS and HRSA Resources on Chronic Care Management

Many Medicare beneficiaries have multiple chronic conditions, and chronic care management holds promise for reducing overall costs while improving health and care. This week the Centers for Medicare & Medicaid Services' Office of Minority Health and Health Resources and Service Administration's Federal Office of Rural Health Policy launched the [Connected Care](#) initiative. This educational effort engages Medicare patients and health care professionals on the benefits of chronic care management services.

PATIENT SAFETY CULTURE (WORKER SAFETY)

Collecting Worker Safety Data

Worker Safety data collection has generated a lot of questions. In conversations with hospitals and state partners, it's evident that data is being collected in a variety of methods. Here are a couple of examples:

- Some organizations are reviewing the OSHA 300 Work Related Injury and Illness Log to pull out injuries related to patient handling and workplace violence
- Some organizations are using employee health injury reports to identify patient handling or workplace violence harms

Tip: Human Resources / Employee Health should already be recording the following worker harms, as directed by OSHA:

- Any work-related fatality
- Any work-related injury or illness that results in loss of consciousness, days away from work, restricted work, or transfer to another job
- Any work-related injury or illness requiring medical treatment beyond first aid
- [OSHA recordable injury and first aid definitions](#)

Keep in mind that for harm related to workplace violence, OSHA does not dictate the severity level for reporting. Workplace violence ranges from threats to verbal abuse to physical assaults to even homicide. Furthermore, the OSHA [Violence Incident Report Form](#) has this note at the top of the form: *The following items serve merely as an example of what might be used or modified by employers to help identify potential workplace violence problems.* It is up to the hospital to decide what level of workplace violence data to collect, from a threat to violence that causes reportable harm.

UPDATED CHANGE PACKAGES

VAE Change Package

The 2017 updated change package for [ventilator-associated events \(VAE\)](#) is now available on the HRET HIIN website.

The change package includes:

- Tips to maintain an elevated head of bed
- How to engage pharmacy and interdisciplinary support
- Ideas for creating protocols for oral health
- Steps to implement the ABCDEF bundle

Sepsis Change Package

The updated HRET HIIN [sepsis change package](#) has been released! Inside this improved change package are the sepsis 3 definitions, qSOFA triggers, and their relationship with quality improvement. The driver diagram highlights reliable early detection of sepsis, as well as the treatment of sepsis and septic shock with the 3-hour bundle and the 6-hour bundle.

Getting started with the sepsis change package is easy. Here are a few pointers you can begin with:

- Use the driver diagram to identify what you want or need to improve
- search the [change ideas](#) for the driver and try one (PDSA)
- Browse the [top ten checklist](#); it is a great tool to evaluate your sepsis program and offer suggestions for improvement

Delirium Change Package

The updated 2017 [iatrogenic delirium change package](#) is now available on the HRET HIIN website! We encourage hospitals to use this as a tool to make patient care safer and improve care transitions. This change package includes:

- A menu of strategies to prevent and manage delirium
- Primary change drivers such as delirium monitoring, optimizing medications and delirium management and prevention
- Secondary change drivers such as identifying patients at high risk for delirium, using goal-oriented sedation protocols designed to reduce sedation, ensuring adequate nutrition and implementing early progressive mobility
- Specific actionable items that any hospital can implement based on need or for purposes of improving patient quality of life and care

DATA

HIIN Improvement Calculator

The updated HIIN Improvement Calculator has been released on the [HRET HIIN website!](#)

For those of you who were with us during HEN 2.0, we are confident you'll find this new version to be much improved and easy-to-use. The current version has been tested by your state partner colleagues in Arkansas, Indiana, and Kentucky as well as several hospitals.

The HIIN Improvement Calculator enables hospitals and state leads to use data collected via the Comprehensive Data System (CDS) to calculate and track a "total harm per discharge" rate in pursuit of safety across the board. This Excel-based tool provides a simple end-user experience and not only calculates harms per discharge, but also calculates and displays harms prevented, lives saved, and costs saved.

Users should take the time to review the "Instructions" tab included directly in the tool, and posted separately on the website, at this [link](#).

If you have questions about the tool, please contact Jon, Nikki or Jean.