

North Dakota Hospital Association Innovate-ND

HRET Hospital Improvement Innovation Network

May 5, 2017

EDUCATIONAL EVENTS

HRET HIIN

The New, New Thing - Diagnostic Error Virtual Event
05/09/17 | 11:00 a.m.-12:00 p.m. CT

QI Fellowship - Foundations for Change | Working Styles, Know Yourself, Know Others
05/10/17 | 11:00 a.m.-12:00 p.m. CT

QI Accelerating Improvement Fellowship Call #6: How to Design Reliable Process Health Care
05/10/17 | 12:30-1:30 p.m. CT

Falls | Teach-Back for Fall Safety: Beyond Checking the Box
05/11/17 | 2:00-3:00 p.m. CT

Rural/CAH | Get on Track with Antibiotic Stewardship
05/15/17 | 1:00-2:00 p.m. CT


Leadership Rounding
05/18/17 | 11:00 a.m.-12:00 p.m. CT

PFE Fundamentals | Session #3: Preparing Patient and Family Advisors: Orientation?
05/23/17 | 11:00 a.m.-12:00 p.m. CT

Readmissions | Reduce Readmissions Fishbowl Series 1

IMPORTANT DATES TO REMEMBER

05/31/17	Performance (monitoring) data for April 2017 discharges
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Thank you to all of the **Innovate-ND hospitals** who completed their Q1 2017 Survey and completed their data entry through March by the deadline of April 28; 30 of 31 hospitals submitted 100% of their data and the survey. **You rock!**

Wow! Sanford-Mayville Medical Center and CHI Community Memorial Hospital in Turtle Lake already have their April data submitted to CDS! Way to go!

Thank you to **Marie Loven**, Presentation Medical Center in Rolla, and **Karla Spence**, St. Andrew's Health Center in Bottineau, for their recent contributions to the listservs on the topics of ADEs, Hand Hygiene, Falls and HCAPHS. It is great to see ND contributions to these valuable resources!

Map of Actors

During the CAH Quality Network Meeting on April 20, 2017, participants were asked to develop a map of actors around the topic of readmissions. This exercise was designed to help them brainstorm potential partners within their service area to address factors affecting readmissions that are outside the control of the hospital. Participants entered their thoughts on a template provided in duplicate so that they could take it home and submitted a copy to the Innovate-ND leads. This map was created by collating all of the submissions, with a few tweaks to assure that everyone has a better understanding of this exercise:

05/25/17 | 11:00 a.m.-12:00 p.m.
CT

CDI Virtual Event

06/01/17 | 11:00 a.m.-12:00 p.m.
CT

SSI Virtual Event

06/01/17 | 11:00 a.m.-12:00 p.m.
CT

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”.

Coalition of Service Providers for the Elderly Healthy, Wealthy and Wise

05/09/17 | 10:00 a.m.-2:00 p.m. CT
Dakota Medical Foundation | Fargo

Topics will include estate planning, healthcare directives, power of attorneys, revocable trusts, and transfer of deed on death. Also, a focus on investing in the longevity dividend, living well, planning for a great end, elder financial exploitations and family secrets and stranger scams. Register [here](#).

SDSMA

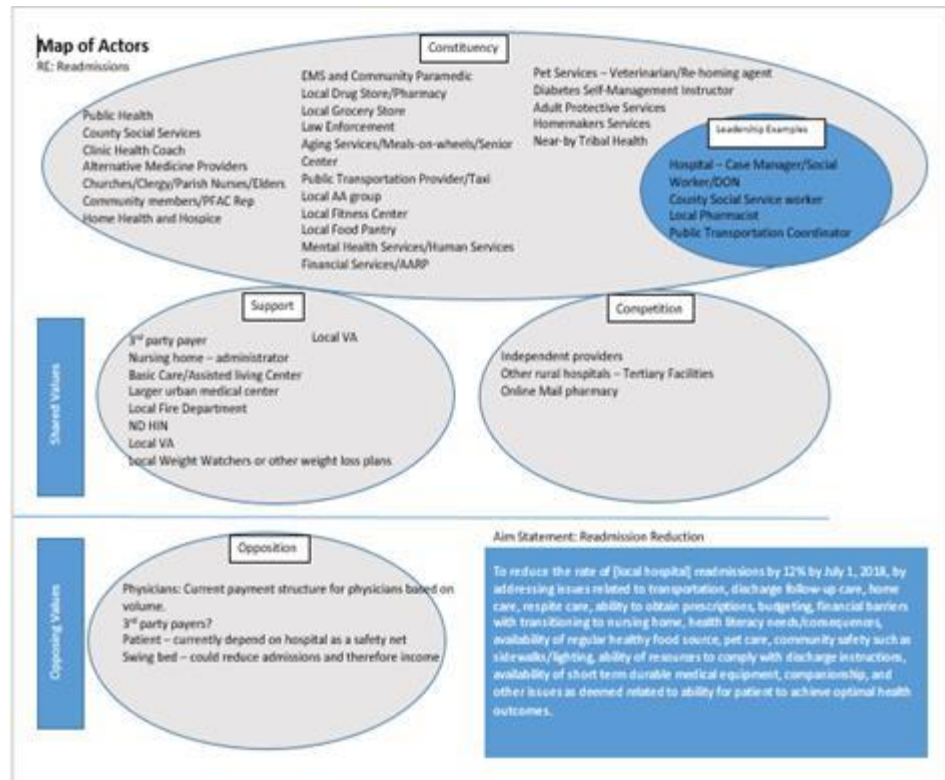
Tools and Resources to Promote Self-Management
05/09/17 | 12:15-12:45 p.m. CT
Register [here](#).

AHRQ

TeamSTEPPS in the Perioperative Setting
05/10/17 | 12:00-1:00 p.m. CT
Click [here](#) to register.

APIC MN

Business Case Workshop | Drafting and Presenting a Winning Business Case for Your Infection Prevention



Keypoints:

- 1) Power is not something you have, it is a *relationship* with others. (ReThink Health)
The right people + A compelling purpose + An enabling structure = Effective Team
- 2) Mapping actors is a relational strategy to build collective leadership capacity and enlist stakeholders' commitments to a shared purpose.
 - With whom do you share values and interests?
 - Who may have a resource you need, but don't possess?
 - What do you have to share with another entity that may help to make positive change in your community that impacts both of you?
- 3) You must think outside the walls of your hospital – your hospital is one constituent. Consider local government services, local businesses, schools, Sr. Centers, transportation providers, community associations, volunteer groups, faith communities/clergy, community members, and more.
- 4) This strategy is based on turning the **assets** of the constituents into collective **power** to get the **change** that is wanted by the group.
- 5) Remember that the opposing group may come from within.
- 6) Make sure that every entry on your map is a person or entity, not a problem. The problems or barriers can be addressed in the aims statement.
- 7) Develop a clear aim based on shared values. Make sure you know what you are asking them to do; and then reach out, “Will you join me....?”
- 8) Do not try to create one map to address all issues – the actors may be categorized very differently when addressing another issue. Each map of actors should address only one AIM.
- 9) The map is a living document that must be updated frequently. But the map itself is an asset!

05/11/17 | 9:00 a.m.-4:00 p.m. CT
Click [here](#) to register.

NPSF

Improving Patient Safety in Primary Care: Strategies to Engage Patients and Families
05/11/17 | 1:00-2:00 p.m. CT
Click [here](#) to register.

Atlantic QIN

Management of Anticoagulation in the Peri-Procedural Period (MAPPP) App: Overview, Instruction and Case Studies
05/12/17 | 10:00-11:00 a.m. CT
Click [here](#) to register.

NDSU

Class Leader Training Powerful Tools for Caregivers
05/15/17-05/16/17 | Bismarck, ND
Registrations must be completed by April 17. Click [here](#) to register.

Health Quality Innovators Antibiotic Stewardship: Now It's a Regulation – Are You Ready?
05/17/17 | 12:00-1:00 p.m.
Click [here](#) to register.

PFE/Readmissions Affinity Group Optimizing Patient and Family-centered Care to Reduce Preventable Readmissions
05/23/17 | 1:00-2:00 p.m. CT
Register [here](#).

Medication Safety LAN Campaign for Meds Management Phase 2 Kick-off: Impact of a Hospital-to-Community Pharmacist Med Management Intervention
05/25/17 | 2:00-3:30 p.m. CT
Register [here](#). *Watch for registration information for part 2, scheduled to be held on June 21.*

SDSMA Provider Perspectives on Patient-Centered Care

10) Assume that you will need to lose a bit of control for much, much more power.

QUALITY MILESTONES RECOGNITION

COPPER Milestone:	COPPER, BRONZE & SILVER Milestone:
COPPER & BRONZE Milestone: Ashley Medical Center Carrington Health Center Cavalier County Memorial Hospital CHI Mercy Health–Valley City CHI St. A’s Mercy Hospital–Devils Lake Community Memorial Hospital Cooperstown Medical Center First Care Health Center Garrison Community Hospital Heart of America Medical Center Kenmare Community Hospital Linton Hospital McKenzie County Healthcare System Mountrail County Medical Center Nelson County Health System Northwood Deaconess Health Center Pembina County Medical Center Presentation Medical Center Sakakawea Medical Center Sanford Hillsboro Medical Center Sanford Mayville Medical Center Southwest Healthcare Services St. Aloisius Medical Center St. Andrew’s Health Center St. Luke’s Hospital Tioga Medical Center Towner County Medical Center Unity Medical Center Wishek Community Hospital	COPPER, BRONZE, SILVER & GOLD Milestone:
COPPER, BRONZE, SILVER, GOLD & PLATINUM Milestone:	

NEWS BLASTS

HRET Creates Physician Engagement Opportunities

May

- HRET will begin offering MOC-IV credit for physicians involved in meaningful work on a QI project in an HRET HIIN hospital.

June

- HRET will host the first Physician Adaptive Leadership session. Twenty five physician-administrative leader pairs will participate in 1.5 day-long trainings in summer (June) and fall (date TBD).
- HRET is developing a physician podcast series that will cover topics such as: activating physician participation in hospital quality improvement; MOC-IV credit; overcoming barriers and increasing system activation; and activating rural physicians.

Details to follow in the next Innovate-ND Newsletter publication.

05/25/17 | 12:15-12:45 p.m. CT
Register [here](#).

Healthstream Webinar Series: Keeping Patients Safe

Part 1: Making Healthcare Safer: Preventing Healthcare Associated Infections and Combating Antibiotic Resistance
05/24/17 | 12:00-1:00 p.m. CT

Part 2: Ensuring Patient Safety: The Ultimate Survivor Game
05/31/17 | 11:00 a.m.-12:00 p.m. CT

Part 3: Understanding the Patient's Perspective on Patient Safety
06/08/17 | 2:00-3:00 p.m. CT

Click [here](#) to register for any or all three of these webinars.

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.

APIC

2017 National Conference
06/14/17-06/16/17 | Portland, OR
Click [here](#) for details.

NATIONAL PATIENT SAFETY FOUNDATION WEBCASTS

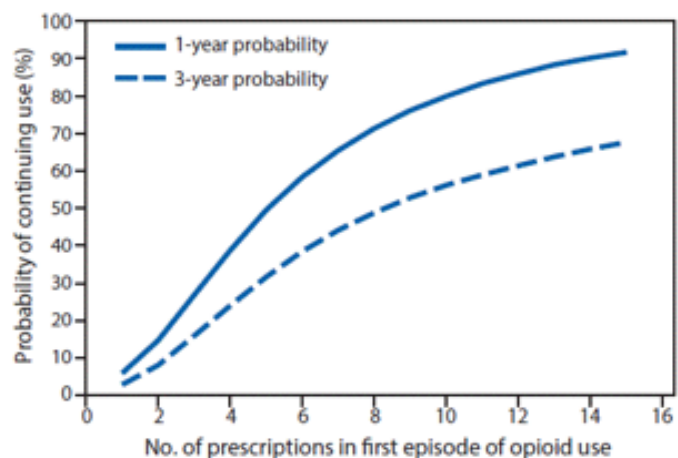
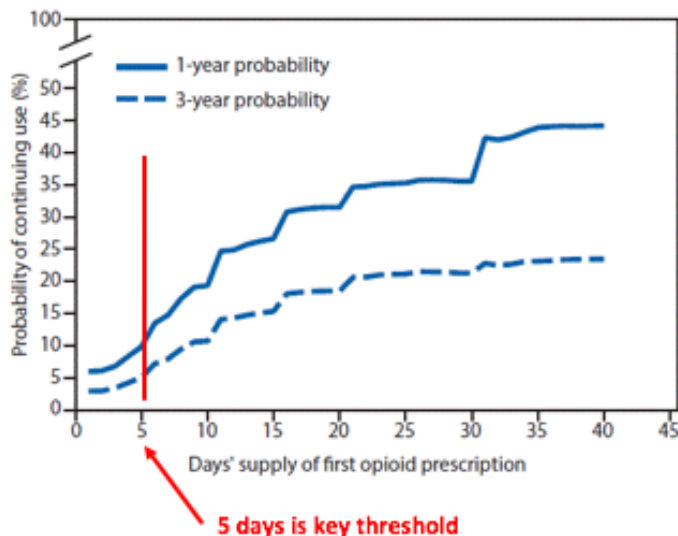
The National Patient Safety Foundation (NPSF) now offers complimentary access to past NPSF webcasts. Check back often to see what is available. [Visit the NPSF Webcast Archive](#)

ADEs

Characteristics of Initial Prescription Episodes and Likelihood of Long-Term Opioid Use — United States, 2006–2015

In March the Centers for Disease Control and Prevention (CDC) released findings regarding the link between the number of days of therapy prescribed in the initial prescription for a patient not routinely taking opioids, and the risk for long term addiction.

The results were startling! If the first prescription is for 5 or more days of opioid treatment then the risk of addiction trends upward sharply.



And yes, the opioid matters. The longer acting ones are more addictive, *in the first few days!*

website and follow the instructions on your screen.

SAVE THE DATE

QHA's 2017 Quality Forum
08/10/17 | Fargo, ND

HRET HIIN Road Show
10/02/17-10/03/17 | Fargo, ND

NDHA's 2017 Annual Convention & Trade Show
10/03/17-10/05/17 | Fargo, ND

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 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!](#) Here they'll be promoting virtual events, highlighting recruitment numbers, state partners and hospitals! Retweet, 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

TABLE. One- and 3-year probabilities of continued use, and median time to discontinuation of opioid use, by choice of first opioid prescription*

Choice of first prescription	Number (%) of patients	One-year probability of continued use, %	Three-year probability of continued use, %	Median days to discontinuation
Long Acting Opioids	6,588 (0.5)	27.3	20.5	63
Tramadol	120,781 (9.33)	13.7	6.8	25
Hydrocodone Short Acting	742,112 (57.3)	5.1	2.4	5
Oxycodone Short Acting	219,224 (16.9)	4.7	2.3	6
Schedule II Short Acting	14,877 (1.2)	8.9	5.3	8
Schedule III-IV and Nalbuphine	190,665 (14.7)	5.0	2.2	6

For more information, read the article here: [CDC article](#)

Opioid Prescribing Guidelines

With the goal of assisting clinicians in applying the [opioid prescribing guidelines](#) for adults with chronic pain, the Centers for Disease Control and Prevention has released the first of eight modules in a new [online training series](#).

The first module provides a comprehensive overview of the opioid prescribing guidelines. The additional modules, to be released at a future date, will include more information on patient communication; treatment of chronic pain without opioids; reducing opioid risks; prescribing opioids; opioid dosing and titration; evaluating and addressing opioid use disorder; and incorporating the guidelines into practice.

For further information, you may visit the [CDC Opioid Overdose webpage](#).

FALLS

Teach-Back to Prevent Falls

A new **teach-back tool** is included in the updated [Falls with Injury Change Package](#). The tool contains a set of teach-back questions that nurses can use to solidify a cognitively intact patient's understanding of their fall risks, their personal safety precautions and the consequences that could result from a fall.

Patients who have been adequately instructed about their fall safety should be able to respond to these questions:

1. What are three reasons you are at risk for falling and/or injury?
2. What are three main reasons why fall prevention is important?
3. What three actions can you take to stay safe?
4. What are two important reasons why you need to ask for help when going to the bathroom?
5. What is main reason you should use your call light?
6. What is the main reason we want you to wear non-slip footwear?
7. What could happen if you choose not to call for help, and experience a fall?

HEALTHCARE-ASSOCIATED INFECTIONS

CDC Releases SSI Guidelines

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The long awaited [guidelines are available](#). These guidelines are intended to provide new and updated evidence-based recommendations for the prevention of SSI and should be incorporated into comprehensive surgical quality improvement programs to improve patient safety. Preventing surgical site infections is more important than ever given the increasing number of surgeries performed each year.

Updated Change Packages Available

The updated HRET HIIN [CAUTI](#) and [CLABSI](#) Change Packages are available for download on our website!

READMISSIONS

Updated Readmissions Change Package Released

The 2017 updated change package and top ten checklist for [Readmissions](#) is now available on the HRET HIIN website. This change package includes specific tips and strategies to reduce readmissions including:

- Using data and root cause analysis to drive continuous improvement
- Improving standard hospital-based transitional care processes
- Delivering enhanced services based on need
- Collaborating with providers and agencies across the continuum

Palliative Care: Good Business and the Right Thing to Do

Advice on finding the right candidates for palliative care, at the right time, for the right reasons. Click [here](#) to read the article.

PFE

Institute for Patient – And Family – Centered Care Highlights Work of Ohio Hospital

Children's Mercy Hospital, part of the Ohio Children's Hospitals' Solutions for Patient Safety HIIN, has made great strides in the past decade in the advancement of patient and family centered care in their institution. Much of Children's Mercy's success is due to support from their senior leadership.

Read IPFCC's [profile](#) on Children's Mercy and watch Children's Mercy's [video](#) on The Power of Patient Engagement Beyond Advisory Boards for more information on how they involve patients and families.

AHRQ Guide to Patient and Family Engagement in Hospital Quality and Safety

Research shows that when patients are engaged in their health care, it can lead to measurable improvements in safety and quality. To promote stronger engagement, Agency for Healthcare Research and Quality developed the Guide to Patient and Family Engagement in Hospital Quality and Safety, a tested, evidence-based resource to help hospitals work as partners with patients and families to improve quality and safety. Click [here](#) to access the guide.

DIVERSITY

Recap of National Minority Health Month

[National Minority Health Month](#) was celebrated with numerous events, resources, information and the reminder for organizations to take the [AHA 123forEquity Pledge](#) ...it's not too late! "It's Not Only the Right Thing to Do; It's the Smart Thing to Do". Here are links to some of the events:

- April 12, 2017: HHS [OMH Bridge2Health Twitter Town Hall](#).
- April 25, 2017: HHS National Institute for Minority Health and Health Disparities (NIMHD) Understanding Social and Environmental Determinants to [Bridge Health Equity Twitter Chat](#).
- April 28, 2017: [HHS OMH Health Equity Call to Action Thunderclap](#). The powerful message shared by multiple organizations simultaneously on Twitter, "Working together we can end #healthdisparities in every community! #NMHM17 <http://thndr.me/gVy0Ns>." View the thunder clap [here](#).

To make National Minority Health Month even more remarkable, Dr. Jay Bhatt, SVP, Chief Medical Officer, AHA and President, HRET, was named one of the [40 under 40 leaders](#) by the National Minority Quality Forum.

Dr. Bhatt will be the keynote speaker at Quality Health Associates' 2017 Quality Forum in Fargo on August 10!

On-Demand Podcast - Race and Medicine: A Physician's Perspective

In collaboration with AHA's Hospitals in Pursuit of Excellence and Physician Leadership Forum

This [podcast](#) is supported by several strategic efforts within the American Hospital Association addressing equity and diversity, physician involvement and quality improvement.

RESOURCES

Malnutrition Resources

Patients [experiencing malnutrition](#) are at an increased risk for readmission, pressure ulcers, falls and other harms. The HIIN PFP goal is to reduce the incidence of harm from malnutrition by 20 percent by September 27, 2018.

Below are two toolkits for hospitals with resources to prevent, screen, diagnose and treat malnutrition.

- [American Society for Parenteral and Enteral Nutrition \(A.S.P.E.N\) Malnutrition Toolkit](#)
- [Alliance Nutrition Care Mod and Toolkit](#)