

# North Dakota Hospital Association Innovate-ND

## HRET Hospital Improvement Innovation Network

May 19, 2017

### EDUCATIONAL EVENTS

#### HRET HIIN

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

**Physician Virtual Event**  
05/31/17 | 11:00 a.m.-12:00 p.m. CT

**Rural/CAH | Antibiotic Stewardship Program | The Secret of Getting Ahead is Getting Started**  
06/01/17 | 11:00 a.m.-12:00 p.m. CT

**ICU Virtual Event**  
06/06/17 | 11:00 a.m.-12:00 p.m. CT

**PFE Fellowship | Milestone Check: How is it Going?**  
06/07/17 | 11:00 a.m.-12:00 p.m. CT

**QI Fellowship | Foundational Track**  
06/14/17 | 11:00 a.m.-12:00 p.m. CT

**QI Fellowship | Accelerating Improvement Track**  
06/14/17 | 12:30-1:30 p.m. CT

### CHANGES ABOUND AT QHA!

**New CEO**—There have been a few significant changes at QHA in the past month. We are pleased to announce that Richard Bubach, MSA, has assumed the role of CEO. Richard has been with QHA in various roles, most recently as Senior Director of Operations. We wish former CEO, Barbara Groutt, many years of health, happiness and adventure in her retirement!

**New Address**—Although we haven't moved our physical location, our mailing address has changed. Please note our new address is: 41 36<sup>th</sup> Avenue NW, Minot, ND 58703.

**New Phone Numbers**—All of our phone numbers (except our FAX numbers) have changed and are currently operable. Please use the following to contact our staff:

#### Innovate-ND Support Team

**Jean Roland**—701/989-6227

**Nikki Medalen**—701/989-6236

**Jon Gardner**—701/989-6237

#### QHA Quality Improvement Specialists

**Jayne Steig**—701/989-6224

**Lisa Thorp**—701/989-6241

**Michelle Lauckner**—701/989-6229

**Natasha Green**—701/989-6226

**Patti Kritzberger**—701/989-6235

**Sally May**—701/989-6228

**Tasha Peltier**—701/989-6234

**Tracey Regimbal**—701/989-6238

Our new corporate main line number is 701/989-6220 but it is preferable that you use the direct lines of individual staff members. Please bear with us during these changes...it's taking a bit for us to get used to as well! Thank you for your patience.

### IMPORTANT DATES TO REMEMBER

05/31/17	Performance/monitoring data for April 2017 discharges
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**Readmissions | Reduce Readmissions Fishbowl Series 2**

06/15/17 | 11:00 a.m.-12:00 p.m. CT

**PFE Fellowship Coaching Call**  
06/16/17 | 11:00 a.m.-12:00 p.m. CT

**PFE Fundamentals | PFAs: Awe Got Them! Now What?**  
06/20/17 | 11:00 a.m.-12:00 p.m. CT

**ADE – Opioid Safety Fishbowl Series 2**  
06/22/17 | 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](http://www.hret-hiin.org).

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

**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](#).

**NDSU**

**MediCaring Communities Informational Meeting**

05/23/17 | 2:00-4:00 p.m. CT  
Register [here](#).

**SDSMA**

**Provider Perspective on Patient Centered Care Webinar Series | Unexpected Expertise**

05/23/17 | 12:15-12:45 p.m. CT  
Register [here](#).



**Wishek Community Hospital** has enrolled their ED and four clinics in the Outpatient Antibiotic Stewardship initiative led by QHA! Click [here](#) to learn more about this initiative and how you can enroll your ED and other outpatient settings in this important work. This initiative will tie in very nicely with the HRET HIIN hospital antibiotic stewardship action that’s coming! Remember to tune in to

the June 1 HRET HIIN virtual event “The Secret of Getting Ahead is Getting Started” (registration information in the left hand column).

Thank you to **Wishek Community Hospital** and **First Care Health Center – Park River** for helping HRET promote world hand hygiene day. These hospitals took the time to send their photos and contribute to this effort! Here is the [collage](#) they contributed to!

**QUALITY MILESTONES RECOGNITION**

COPPER Milestone:	COPPER, BRONZE & SILVER Milestone:
<p><b>COPPER &amp; BRONZE Milestone:</b>                      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                      Jacobson Memorial Hospital Care 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</p>	<p><b>COPPER, BRONZE, SILVER &amp; GOLD Milestone:</b></p>

## Leading Quality Improvement as a Top Performer

05/25/17 | 12:15-12:45 p.m. CT

Register [here](#).

## NDEP

### Community Collaboration to Prevent and Manage Diabetes

05/25/17 | 12:00-1:30 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

### Healthstream Webinar Series: Keeping Patients Safe

#### 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 either of these webinars.

## HPOE

### The Impact of Community Health Workers

06/07/17 | 11:00 a.m.-12:00 p.m. CT

Register [here](#).

## AHA

### Art and Science of Storytelling to Engage and Inspire Health Care Teams

06/08/17 | 1:30-2:30 p.m. CT

Register [here](#).

Wishek Community Hospital

COPPER, BRONZE, SILVER, GOLD & PLATINUM Milestone:

## NEWS BLASTS

### CMS Evaluation of Partnership for Patients (PfP) Hospital Engagement Network (HEN) Program

Hospitals that participated in the PfP HEN will receive an online survey that needs to be filled out as part of a CMS program evaluation process. For comparison purposes, the survey will collect information from hospitals that participated in the PfP and hospitals that did not participate in the PfP. The survey will be sent via email to hospital CEOs on May 24, 2017 and hospitals will have three weeks to complete it. Additionally, the evaluation contractor will issue reminder emails to non-respondents on a weekly basis after May 24.

### Culture of Safety Change Package

HRET has updated their HRET HIIN [Culture of Safety Change Package](#). Download it and take a look!

## ADEs

### Dr. Steve Tremain on Medication Reconciliation

In a recent LISTSERV® post Steve Tremain, Physician Improvement Advisor, shared the following:

It's been more than a decade since The Joint Commission and others highlighted the importance of accurate medication reconciliation. Those of you who have worked to implement medication reconciliation know how important it is to start with an accurate medication list!

In a free two-page editorial published online last month in JAMA and available here, lead author Adam Rose of the RAND Corporation discusses these issues. He concludes that correct medication reconciliation:

- is based on an accurate and up to date medication list for each patient ("not a trivial task"),
- is a "fulfillment of the responsibility of physicians,"
- requires appropriate delegation and use of technological systems,
- requires communication amongst co-prescribers and agreement by the patient, and
- requires time to verify.

The author notes that accurate and thoughtful medication reconciliation often leads to appropriate de-prescribing, reducing the patient's risk of side effects and their financial burden.

Consider this as you evaluate your hospital's medication reconciliation process...

- *Who takes the lead for creating the correct home medication list in your system?*
- *How do you coordinate medication lists with co-prescribers?*

## Great 8+

### Sleep Hygiene/Falls, Pt. II

06/08/17 | 2:00-3:00 p.m. CT

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](mailto:AHRQTeamSTEPPS@aha.org).

## APIC

### 2017 National Conference

06/14/17-06/16/17 | Portland, OR

Click [here](#) for details.

## Johns Hopkins Armstrong Institute

### Taming the Opioid Epidemic: The Role of Naloxone Prescribing

06/14/17 | 1:00-2:00 p.m. CT

Register [here](#).

## AHRQ

### Guide to Improving Patient Safety in Primary Care Settings by Engaging Patients and Families | Part 2 – Medication Management & Warm Handoff

06/16/17 | 11:00 a.m.-12:00 p.m. CT

Register [here](#).

## BCBSND

### Gearing Up for Worksite Wellness

06/20/17 | Bismarck, ND

Register [here](#).

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## NATIONAL PATIENT SAFETY FOUNDATION WEBCASTS

The National Patient Safety Foundation (NPSF) now offers complimentary access to past

- *Is it common for prescribers to just check the “medications reconciled” box? If so, what level of confidence do you have that this actually represents a thoughtful and detailed review of each medication?*

## HEALTHCARE-ASSOCIATED INFECTIONS

### Updated Change Packages Available

The HRET HIIN has released two updated change packages: [Clostridium difficile Infection \(CDI\)](#) and [MDRO](#).

Be sure to check them out! Use these change packages to:

- Implement a new change idea.
- Initiate a PDSA cycle.
- Evaluate your current CDI and MDRO prevention strategies.

## PRESSURE ULCERS

### National Pressure Ulcer Advisory Panel Deep Tissue Injury (DTI) Definition

Deep Tissue Injury (DTI) is a new pressure injury term, replacing Suspected Deep Tissue Injury. The National Pressure Ulcer Advisory Panel (NPUAP) released the below definition in April 2016. The definition and circumstances of this type of injury are presenting challenges in our pressure injury staging documentation. It is crucial to assess DTIs in situations where a patient has been down in the field before medical assistance arrives. Deep tissue injury is caused by intense, prolonged pressure. DTIs may have developed prior to a patient receiving medical care related to an event, and can quickly escalate to a stage 3 or 4 once the injury opens after the patient is in the hospital.

### **Deep Tissue Pressure Injury: Persistent non-blanchable deep red, maroon or purple discoloration**

Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood-filled blister. Pain and temperature change often precede skin color changes. Discoloration may appear differently in darkly pigmented skin. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury, or may resolve without tissue loss. If necrotic tissue, subcutaneous tissue, granulation tissue, fascia, muscle or other underlying structures are visible, this indicates a full thickness pressure injury (Unstageable, Stage 3 or Stage 4). Do not use DTPI to describe vascular, traumatic, neuropathic, or dermatologic conditions. ([NPUAP](#))

Read the NPUAP [Deep Tissue Injury White Paper](#) published a position paper in 2012 that calls out the fact that Deep Tissue Injury is a challenge to stage due to the inability to assess the depth of the injury if the skin is intact.

## READMISSIONS

### HRET HIIN ListServ

The HRET HIIN LISTSERV® for Readmissions has been activated! Readmission reduction is a ND priority focus area so we encourage all of



NPSF webcasts. Check back often to see what is available. [Visit the NPSF Webcast Archive](#) website and follow the instructions on your screen.

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## 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

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## 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](http://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](http://www.hret-hiin.org))

our HRET HIIN hospitals to subscribe to this LISTSERV®. Participating in this LISTSERV® will keep you in a real-time communication loop and provides a great source of peer-to-peer support. [Register here](#) and select Join Now.

As part of joining the Readmissions LISTSERV®, you also receive access to Huddle for Care, [www.huddleforcare.org](http://www.huddleforcare.org). This online community of care allows professionals to share stories and solutions to common challenges across the care continuum. Stories cover lessons learned, tips and tricks, innovative practices and more. We encourage you to check out the content, share success stories, comment or post questions.

### Hospital Highlight

Recently [Mary Washington Hospital](#) in Fredericksburg, VA used [Huddle for Care](#) to highlight their 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. The specific tactics include: creation of a multidisciplinary heart failure team, implementation of a heart failure order set, protocols, development of heart failure patient education materials, creation of a heart failure navigator position, engagement of palliative care and hospice teams, development of transition of care plan that includes follow-up appointments, establishment of nurse practitioner-driven outpatient heart failure clinic.

## VTE

### VTE Prevention: How Do Nurses Manage Patient Refusals?

VTE Prevention is a 3 step process:

1. The risk assessment is correctly performed.
2. The prophylaxis orders are appropriate for the risk assessed.
3. The orders are implemented without failure.

This third step is crucial. Patients at risk for clot formation are at risk 24/7. One missed dose of a chemoprophylaxis agent or several hours of missed sequential compression device application can lead to a VTE.

So how do nurses manage the situation when patients refuse and the order is not carried out? A study being prepared for publication by a major academic institution is looking at this situation. They have found:

- Patient refusals vary as much as 10-fold from unit to unit
- Patient refusals vary as much as 4-fold from nurse to nurse

In focus groups nurses cited several barriers to reducing refusals:

1. Lack of training and knowledge:
  - Many nurses believe that if the patient is ambulating, the chemo or mechanical prophylaxis isn't really that important
  - Some nurses believe that if there are orders for the patient to receive both chemo and mechanical prophylaxis, then one or the other is sufficient
2. Lack of knowledge of and practice for how to handle a refusal
  - Lack of interactive training
  - Lack of an elevator speech
  - Lack of supportive patient education materials
3. Lack of awareness of their own refusal rate and how they compared to other nurses

## **INNOVATE-ND SUPPORT TEAM**

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Consider these barriers and how they can be overcome in your hospital.

- Address how your nurses manage the situation when a patient refuses VTE prophylaxis.
- Address documentation around refusals.
- Look for patterns by nurse or unit.
- Identify strategies to decrease refusals.

## **DIVERSITY**

### **CMS's Seven A's for Addressing Health Equity**

CMS has adopted a health equity framework that focuses on increasing understanding and awareness of disparities, developing and disseminating solutions, and implementing sustainable action. A number of areas need to be considered when addressing a specific disparity– the social determinants of health, data, and the seven “A’s” listed below.

#### *Seven A's for Addressing Health Equity*

1. **Acknowledge** there is a problem to be addressed.
2. **Agree** on the goal, and identify what resources are necessary to meet it.
3. **Align** the goal with existing priorities.
4. Determine what **actions** are needed to achieve the goal.
5. Create **alliances** to implement the actions.
6. **Analyze** progress, and adjust the plan as necessary.
7. Have shared **accountability** for reaching the goal.

Click [here](#) to read more about CMS's new health equity framework.

## **MISCELLANEOUS**

### **UV Safety Toolkit and Dermascan Machines Available**

The ND Cancer Coalition UV Safety Workgroup has developed a media toolkit for use during the month of May. May is Melanoma Awareness Month and is the prime time to educate our clients, patients, friends, family, students, employees, etc., about the importance of UV safety from outdoor and tanning device exposure. The toolkit can be accessed online [here](#).

**Interested in an interactive tool that shows cumulative UV damage on a person's face?** Dermascan machines are placed in 6 locations in North Dakota that can be checked out for FREE after completing a 12 minute webinar and post-test. The dermascan is a great educational tool that can show cumulative UV damage on the face and is especially useful at health and wellness events, staff trainings, and for use in classrooms. Request the nearest dermascan machine [here](#).