

# North Dakota Hospital Association

# Innovate-ND

## HRET Hospital Improvement Innovation Network

September 18, 2017

### EDUCATIONAL EVENTS

#### HRET HIIN

**HRET HIIN | Diagnostic Stewardship Virtual Event**  
09/19/17 | 11:00 a.m.–12:00 p.m. CT

**HRET HIIN | PFE Fellowship: Session 10**  
09/20/17 | 11:00 a.m.– 2:00 p.m. CT

**HRET HIIN | SOAP UP Virtual Event**  
09/21/17 | 1:00–2:00 p.m. CT

**HRET HIIN Rural CAH Virtual Event | O is for Opioids: A Community Problem that Requires a Community Solution**  
09/25/17 | 1:00–2:00 p.m. CT

**HRET HIIN ADE | Opioid Safety Fishbowl Series 5**  
09/26/17 | 11:00 a.m.–12:00 p.m. CT

**HRET HIIN Malnutrition Virtual Event**  
10/05/17 | 11:00 a.m.–12:00 p.m. CT

**HRET HIIN QI Fellowship Foundational Track Virtual Event**  
10/11/17 | 11:00 a.m.–12:00 p.m. CT

**HRET HIIN QI Fellowship Accelerating Improvement Track Virtual Event**  
10/11/17 | 12:30–1:30 p.m. CT

**HRET HIIN Falls Virtual Event**  
10/19/17 | 11:00 a.m.–12:00 p.m. CT

### IMPORTANT DATES TO REMEMBER

**Remember to report your HIIN data in CDS every month!**

Deadline	Reporting Period
09/30/17	Performance data for August 2017 discharges

### QUALITY MILESTONES RECOGNITION

COPPER Milestone:	COPPER, BRONZE & SILVER Milestone:
	McKenzie County Healthcare System
COPPER & BRONZE Milestone:	COPPER, BRONZE, SILVER & GOLD Milestone:
Ashley Medical Center Carrington Health Center Cavalier County Memorial Hospital CHI Mercy Health – Valley City CHI St. Alexius – Devils Lake CHI Community Memorial Hospital – Turtle Lake CHI Garrison Community Hospital Cooperstown Medical Center First Care Health Center – Park River Heart of America Medical Center Jacobson Memorial Hospital Kenmare Community Hospital Linton Hospital 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 Wishek Community Hospital Unity Medical Center	
COPPER, BRONZE, SILVER, GOLD & PLATINUM Milestone:	

## HRET HIIN WAKE UP Virtual Event

10/26/17 | 11:00 a.m.–12:00 p.m. CT

Information, registration links and recording links for **all** HRET HIIN upcoming and past virtual events can be found under the “Events” tab on [www.hret-hiin.org](http://www.hret-hiin.org).

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## SAVE THE DATE

### 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

### Great Plains QIN Antibiotic Stewardship Office Hours

10/31/17 | 12:15–1:00 p.m. CT

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### Great Plains QIN/QHA Early Recognition and Timely Management of Sepsis Amid Changes in Definitions

09/19/17 | 11:30 a.m.-12:30 p.m. CT  
Register [here](#).

### Tobacco Cessation & Health Equity Webinar Series Part 1 –The Intersection Between Mental Health & Tobacco Use

09/19/17 | 1:00 p.m. CT  
Register [here](#).

### TMIT High Performer Webinar Drug Diversion and the Opioid Crisis

09/21/17 | 12:00–1:30 p.m. CT  
Register [here](#).

### Great Plains QIN Heart Failure Webinar Series | Supporting CHF Patients in the Home Setting through a Comprehensive Approach

09/26/17 | 11:00 a.m.–12:00 p.m. CT  
Register [here](#).

### Great Plains QIN



**McKenzie County Healthcare System** is the first to meet the **Silver Milestone!**

McKenzie County Healthcare System completed the requirements for the Silver milestone on August 29, when CEO, Dan Kelly, provided the Board of Trustees with a Harm Across the Board Report utilizing features in the HRET HIIN Hospital Improvement Calculator. In addition, the hospital is

achieving one-year reduction goals, and in fact is actually achieving two-year reduction goals on several topics including ADE: Anticoagulation, C. Diff, and MRSA infections, in addition to maintaining 0 events on 7 HIIN measures! Hospital HIIN lead, Paula Brown, and others on McKenzie County’s HIIN team have consistently participated in HIIN educational events across a variety of topics and have attended state face-to-face meetings offered this year. Within minutes of being notified that they had achieved this milestone, we received responses from both Dan Kelly, CEO, and Paula Brown, HIIN Lead, asking what they needed to do to achieve the Gold milestone. We applaud their enthusiasm, leadership and the dedication they have demonstrated in improving patient safety in their hospital!

### High Performers!

On September 1, hospital progress reports were emailed to CEOs and HIIN leads participating in Innovate-ND HIIN. We are very proud of the commitment that all of the hospitals have shown to assure accurate and timely data submission so that we can build meaningful reports that reflect your hard work. We want to extend kudos to INNOVATE-ND’s noted high performers: **McKenzie County Healthcare System, Pembina County Medical Center, and St. Luke’s Hospital!**

### What are You Doing with Latex Precautions?

How do you address this? Do you have any Policy and Procedures you are willing to share?

This is a very real question – and we want your answers. This was a recent question submitted by an Innovate-ND hospital, and we hope that you can help!

Note that sharing your success meets one of the requirements of the GOLD Milestone! In order to meet this requirement, please include these basic components:

- How did you know there was a problem?
- What did you do to address it?
- Who was involved in the improvement project?
- What results have you seen? Do you have any data to show?
- How has this improved care?
- What advice would you offer to other hospital innovation teams?

A template is available in the [Innovate-ND Milestones Guide](#).

Please consider sharing any of the strategies that you are using for improvement so that we can spread what works!

## Addressing the Opioid

### Epidemic: It's A Team Effort

09/26/17 | 12:15–12:45 p.m. CT

Register [here](#).

## NDSU Distance and Continuing Education

### 2017 Pharmacy Homecoming Seminar: A Focus on Opioid Misuse and Use Disorder

09/29/17 | 8:00 a.m.–4:00 p.m. CT

Register [here](#).

## Great Plains QIN – Consumer Directed Webinar

### A Family Affair: Understanding Colorectal Cancer Risk Factors and Screening Options

All healthcare professionals are welcome and encouraged to attend.

10/03/17 | 10:00–11:00 a.m. CT

Register [here](#).

## ND Department of Human Services Behavioral Health Conference

09/27/17-09/29/17 | Bismarck, ND

Click [here](#) to register.

## Advance Care Planning | Facilitator Training

10/05/17 (Registration deadline Sept. 10)

Dickinson, ND

11/02/17 (Registration deadline Oct. 19)

Grand Forks, ND

If you are interested in registering or would like additional information, please contact Sally May via email at [sally.may@honoringchoicesnd.org](mailto:sally.may@honoringchoicesnd.org) or call her at 701.989.6228.

## 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](#) website and follow the instructions on your screen.

## HRET Plans “ND Roadshow”

HRET is hosting a “ND Roadshow” (October 2-3, 2017 | Delta Marriott – Fargo) as a pre-conference to this year’s NDHA Annual Convention (October 3-5, 2017 | Hilton Garden Inn - Fargo). Fran Griffin from the Institute for Healthcare Improvement (IHI) will kick off the Roadshow on Monday afternoon when she addresses high reliability in healthcare. Tuesday morning Pat Teske from Cynosure will address the national opioid epidemic and its impact on our hospitals as well as new strategies for avoiding unnecessary readmissions.

HRET will provide travel reimbursement for the preconference to HRET HIIN participating hospitals.

Mark your calendars and plan to attend. Registration information was sent via email. Contact Jean or Nikki if you haven’t received yours.

## ADVERSE DRUG EVENTS (ADEs)

### CDC: Illicit Opioids Key Contributor to Overdose Deaths

Death rates involving heroin increased in all Census regions between 2006 and 2015, driven in part by increases in heroin supplies after 2010 and heroin mixed with illicit fentanyl, a synthetic opioid, according to a recent [report](#) by the Centers for Disease Control and Prevention. Deaths involving synthetic opioids without heroin also increased sharply after 2013, CDC said. The report calls for "sustained, targeted and multi-sectoral responses" to the opioid overdose epidemic, and points to safer prescribing, increased access to Naloxone, and linking persons at high risk of overdose to medication assisted treatment as strategies that could help reduce morbidity and mortality. September is [National Recovery Month](#), sponsored by the Substance Abuse and Mental Health Services Administration.

### CMS On the Opioid Crisis

Dennis Wagner, Director of the Quality Improvement & Innovation Group for CMS, recently discussed the importance of the HIIN's continual focus on the opioid crisis. Wagner stated, "The HIIN work on opioids is really at the heart of the senior leadership agenda for the Department of Health and Human Services and CMS. It's the right thing to do for the patients that we serve. The opioid crisis demands our attention and I'm just delighted to see so many of you rising to that challenge with innovation, with persistence, with discipline, and with method."

Mr. Wagner presented four approaches for thinking differently about the opioid crisis:

- 1) Individualized prescribing and monitoring with increased inter-professional medication therapy management focused on patient-specific factors
- 2) Medication reconciliation – enhance the coordination of and timely updates of medical, pharmacy and patient records
- 3) Patient and family engagement – prioritize the incorporation of the patient and family into clinical interviews and educational efforts for goals and risks
- 4) ADE risk stratification and diversion reduction – develop and utilize improved clinical analytic methods to refine dosing conversion and naloxone dispensing



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**CARE CONSULTATION**



Care Consultation is an important program for professionals who are working with individuals with memory loss. The program is designed to provide disease education, support, and care planning for all aspects of memory loss. As a professional who receives care consultation, you will receive individualized assistance to support your clients, their family care partners and other members of your staff in effectively managing memory loss symptoms and issues.



This project is supported by funding through the North Dakota Department of Human Services, Aging Services Division.

alz.org 24/7 Helpline: 1.800.272.3900

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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](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.

The *Community Collaboration in Readmissions* session of the HRET HIIN Roadshow (October 2 and 3 – NDHA Annual Convention and Tradeshow **preconference**) will include information on the opioid crisis. Please plan to attend. Register [here](#) by Friday, September 22, 2017.

## FALLS

### Malnutrition and Falls

Malnutrition is associated with a higher incidence of falls, especially with the elderly. Vitamin D deficiency and malnutrition can decrease muscle mass and muscle strength, and consequently, contribute to increased fall risk.

Vitamin D: The American Geriatrics Society recommends vitamin D supplementation of at least 800 iU in older adults as a safe and inexpensive strategy to reduce fall risk, even in adults with normal serum vitamin D levels. [AGS Falls in Older Adults](#)

Oral Nutritional Supplements: Short-term oral nutritional supplements (ONS), with protein and vitamin D, decrease falls in malnourished older adults post discharge. In a randomized control study, the provision of two ONS doses per day along with calcium and vitamin D supplements and dietician counseling for twelve weeks, led to lower fall rates (10%) as compared to the control group who received ordinary care (30%). The study can be accessed [here](#).

Question for the field:

- What are you doing to elevate the importance of nutritional care in your organization?
- What tools, resources or supports do you need to advance these simple nutritional interventions?
  - Vitamin D supplements for all older adults
  - Oral nutritional supplements for at-risk seniors after discharge

How can the HRET HIIN Malnutrition Team help YOU?

## HEALTHCARE-ASSOCIATED INFECTIONS

### Culture Stewardship to Prevent Diagnosis and Treatment of Asymptomatic Bacteremia

The HRET HIIN June 27, 2017, CAUTI virtual event addressed the need for urine culture stewardship to prevent the diagnosis and treatment of asymptomatic bacteremia.

The virtue of reducing unnecessary urine cultures has been demonstrated in a large-scale study published in JAMA Aug 2017. The article can be accessed [here](#). The year-long project, based in community long term care facilities, followed the traditional CUSP CAUTI Collaborative model and achieved a **54% reduction in CAUTI rates in one year**.

Antimicrobial stewardship and appropriate use of diagnostic tests such as urinalysis and urine cultures was integrated into the project and resulted in a **15% reduction in urine culture orders**. Catheter

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))

### **INNOVATE-ND SUPPORT TEAM**

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utilization went up slightly during the project, yet the CAUTI rate decreased.

Highlights from outcomes:

- Catheter utilization went up slightly
- Urine culture orders decreased 15% from 3.49 to 3.08 per 1,000 catheter days
- CAUTI rate decreased 54% from 6.78 to 2.63 per 1,000 catheter days

This study demonstrates that the combined socio-adaptive and technical interventions embedded in the CUSP style collaborative can successfully reduce CAUTI. It also demonstrates the impact reducing urine culture ordering can have on CAUTI rate reductions.

Specific strategies to reduce unnecessary urine cultures include:

- Establish criteria for ordering urine cultures on patients with an indwelling catheter
- Eliminate standing orders, “PAN” culturing or screening urine cultures on admission or before non-urologic surgeries
- Incorporate mandatory, required fields for indications in the EHR for ordering a culture in a catheterized patient
- Implement a two-step urine culture process – a urine culture is collected and held until certain triggers are met – clinical evaluation or specific UA findings indicating infection

Moving forward consider what have you done to STOP unnecessary urine culture ordering and how you might bolster your efforts with the information provided here. And, if you haven’t already, engage your clinical laboratory partners.

### **New CAUTI Educational Videos Added to HRET HIIN Resource Library**

Use these videos from the Agency for Healthcare Research and Quality (AHRQ) *Preventing CAUTI in the ICU* series as a tool to help you accelerate your improvement in reducing CAUTI by engaging your front-line staff in refresher education to keep CAUTI prevention top of mind. The videos provide an overview of catheter necessity, catheter maintenance, and a brief review of catheter alternatives and communication. Use them in a series or a stand-alone, targeted refresher.

Module 1 [CAUTI in the ICU](#) - This 13-minute overview module discusses the scope of the problem, indications for indwelling catheters, causes of CAUTI in the ICU, and solutions to prevent CAUTI.

Module 2 [Catheter Maintenance](#) - This 5-minute Catheter Maintenance module uses a case study to demonstrate urinary catheter bag placement, use of securement devices, and transportation tips. **Target audience: nurses, transporters, nurse techs, and aides.**

Module 3 [Device Necessity](#) - In this 7-minute video, a case scenario is used to demonstrate how nurses can discuss differing opinions about the need for a urinary catheter.

Module 3 [Catheter Alternatives and Communication](#) - This 4-minute *Preventing CAUTI in the ICU Setting Summary* reviews key concepts from modules 1-3 and introduces alternatives to urinary catheters and communication strategies.

### **CDC HICPAC Guidelines Provide Contact Precautions Guidelines**

The CDC HICPAC guidelines suggest that a patient with *C. difficile* infection be placed on Contact Precautions ‘for the duration of illness.’ So what exactly does that mean? Local conditions, outbreaks, trends, and changing epidemiology impact how institutions respond differently to the same illness.

There is significant variation how ‘duration of illness’ is determined across our nation. Some facilities keep patients on Contact Precautions for the duration of hospital stay and might even ‘flag’ the patient’s chart so these same precautions are applied if the patient is readmitted in the future (even though the patient’s diarrhea has subsided). Other facilities discontinue the precautions once diarrhea is resolved and the patient is moved to a new clean room.

Guidelines are guidelines...not rules or mandates. It is important for facilities to conduct a thoughtful assessment of local and regional trends to assure that patients are managed in a way to minimize transmission of infection while balancing the impact of practices, such as prolonged contact precautions, that may negatively impact patient care.

How have you addressed this issue in your facility? Have you collaborated with neighboring healthcare facilities to establish a community standard of practice? Please tell us what you are doing so we can all learn.

## **READMISSIONS**

### **Community Collaboration | A Key Driver to Reducing Readmissions**

During the readmissions virtual event on August 17, “Community Partnerships: What Are Your Peers Doing?” we learned how community collaboration is a key driver to reducing readmissions. Review the virtual event and download the presentation slides [here](#).

### **Lessons Learned**

This virtual event provides information on how to identify clinical and non-clinical community partners, convene a cross continuum team with agencies that share high risk patients and work to improve referral processes. Resources to utilize to jump start your efforts are highlighted such as the [readmissions trail guide](#) and [Huddle for Care](#).

Diana Ruiz from Medical Center Health System (Odessa, Texas) shared a compelling overview about her organization’s journey to build a strong care coordination program to address determinants of health and well-being. She shared the values of working as an interdisciplinary team to navigate patient flow and reduce length of stay and readmissions. To review the full story, visit the following [link](#).

Cheri Basso from Mary Washington Hospital (Fredericksburg, Virginia) told us about her organization's work with heart failure patients and the importance of bridging the inpatient and outpatient care through several efforts including a navigator. Cheri also discussed the importance of palliative care. She advised everyone to befriend their IT analyst and use their data to drive their readmission reduction efforts. To review the full story, visit the following [link](#).

#### **Additional reducing readmissions resources**

- [Updated 2017 Preventable Readmissions Change Package](#)
- [Updated 2017 Preventable Readmissions Top Ten Checklist](#)
- [HRET HIIN Readmissions Whiteboard Video Series](#)
- [AHRQ Hospital Guide to Designing and Delivering Whole-Person Transitional Care](#)

#### **Advance Care Planning Opportunity**

**Attention North Dakota Critical Access Hospitals (CAH)** interested in participating in either **First Steps** or **Last Steps Advance Care Planning (ACP) Facilitator Training**: In an effort to increase the number of ACP facilitators in rural communities, the North Dakota Medicare Rural Hospital Flexibility (Flex) Program, administered through the Center for Rural Health, will support registration (\$250) for one person per CAH to attend an ACP training (between September 1, 2017-August 31, 2018). If you are interested, please complete the funding application using the Flex Peer Exchange Program: <https://ruralhealth.und.edu/projects/flex/pdf/peer-healthcare-exchange-report.pdf>

Process:

1. Applicants complete the [Peer Exchange Program application form](#) requesting ACP Facilitator Training **registration fee** support.
2. Email completed Peer Exchange Application form to ([julie.frankl@med.und.edu](mailto:julie.frankl@med.und.edu)). Applicants will receive confirmation and approval of the proposed exchange within 3 business days of receipt of the application. (Approval messages cc'd to ACP Training organization.)

Direct questions regarding the Peer Exchange Program to: Julie Frankl at [julie.frankl@med.und.edu](mailto:julie.frankl@med.und.edu) or phone (701)777-6781

3. Approved applicants complete the selected ACP Facilitator Training registration process as outlined at <http://www.honoringchoicesnd.org/advance-care-planning-facilitator-training/>

Direct questions regarding the ACP Facilitator Training to: Sally May at [sally.may@honoringchoicesnd.org](mailto:sally.may@honoringchoicesnd.org) or phone (701)989.6228

4. Upon receipt of a completed Flex Peer Exchange Program Outcome Report, the Center for Rural Health will submit payment for the registration fee to the ACP training provider on behalf of the approved applicant.

**Please note:** There is pre-work involved that must be completed prior to the in-person trainings. Please complete Flex funding requests as soon as possible to allow for the steps and time needed in the training registration and preparation process.

#### **Upcoming Dates:**

#### **First Steps ACP Facilitator Training**

- October 5, 2017 - Dickinson
  - November 2, 2017 - Grand Forks
- Last Steps ACP Facilitator Training**
- October 20, 2017 - Fargo

## SEPSIS

### **HRET HIIN Offers Sepsis Safety Network to Accelerate Performance (SNAP) Series**

The HRET HIIN is offering a SNAP series focusing on optimizing the transfer of sepsis patients from rural/CAHs to receiving hospitals. The Sepsis Transfer SNAP will consist of up to 15 hospital pairs (one referring hospital and one receiving hospital) from across the HRET HIIN who are deeply interested in implementing an ideal transfer process. Implementation will be focused on patients with or suspected to have sepsis. The group will develop an implementation guide to be used by HIIN hospitals to support them in their implementation of an ideal transfer.

Space in the SNAP series is limited. An informational webinar was held on September 11 – click this link to learn more <http://www.hret-hiin.org/engage/snap.shtml>. An online application opportunity is available through September 22.

## DIVERSITY AND HEALTH EQUITY

### **Advocate Takes Multipronged Approach to Healthcare Equity**

The article below, *Advocate Takes Multipronged Approach to Health Care Equity*, recently appeared in Health and Hospital News magazine. In it, Advocate Health Care launched a new process for gathering patient data on religious preference, race, ethnicity and language through a campaign named "We Ask Because We Care." Based on the initial ReaL data findings, Advocate additionally stratified its HCAHPS data by race in the survey's pain management and discharge domains. Advocate's Health Disparities/Health Equity Task Force identified care disparities for both conditions within different races, and launched separate pilots to address those gaps at Advocate's two flagship hospitals. These efforts have garnered Advocate honors in the American Hospital Association's Equity of Care Award.

<http://www.hhnmag.com/articles/8434-advocate-health-care-takes-multipronged-approach-to-health-equity>

In what ways are your facilities collecting ReaL data? Once collected, how do you utilize this data to identify and address disparities in care?

## HEART DISEASE AND STROKE

### **Heart Disease and Stroke Prevention**

This month, *CDC Vital Signs* focuses on stroke and a troubling new trend: After decades of decline, **progress has slowed in preventing stroke deaths.**

Almost 800,000 people in the United States have a stroke each year, and more than 140,000 die as a result. Although we, as a nation, have



made excellent progress in treating stroke risk factors such as high blood pressure, declines in stroke death rates have recently stalled in 3 out of every 4 states.

The good news is that many strokes are preventable and treatable. Health systems can use evidence-based strategies and health professionals can identify and treat risk factors to restore the decline in stroke death rates. This *CDC Vital Signs* report explains how implementing coordinated systems of care can help prevent stroke deaths.

This e-mail contains copies of *CDC Vital Signs* materials, including the *Morbidity and Mortality Weekly Report (MMWR) Early Release*, a graphic fact sheet, a media release, and social media tools. Please share the *CDC Vital Signs* information broadly with your colleagues and partners.

We invite you to:

- Visit the [CDC Vital Signs webpage](#). Find and share the *CDC Vital Signs*, *MMWR* Early Release, fact sheet, and other materials.
- Share information on your social media channels. Save time by taking advantage of CDC's [social media tools](#).
- Use our [content syndication service](#) to have *CDC Vital Signs* sent directly to your own website for display.

The materials and tools in this edition of *CDC Vital Signs* can help guide you and other public health and health care professionals in learning about stroke, including how to work with patients, EMS, pharmacists, community health workers, and clinicians to prevent, treat, and manage stroke. Thank you for your support.

## FELLOWSHIPS

### **REMINDER: Fellowship Requirements**

To receive credit for participating in the **QI Fellowship**, each fellow must,

- Complete the assigned IHI Open School courses
- Participate in one of the discussion groups
- Participate in a specified number of fellowship webinars (either live or via ABQUARP)
  - Foundations for Change Fellowship: 10 of 14 webinars
  - Accelerating Improvement Fellowship: 9 of 12 webinars
- Submit a project summary by October 15

To receive credit for participating in the **PFE Fellowship**, each fellow must:

- Participate in 7 of 10 webinars
- Submit the orientation planning form
- Create an action plan
- Submit a final report by September 29
- Optional deliverables:
  - Organizational assessment
  - PDSA

## RESOURCES

### **Robert Wood Johnson Foundation Hospital – Community Partnership Case Studies**

Collaboration is key to building a Culture of Health, and a [compendium of case studies](#) from the AHA's Health Research & Educational Trust offers examples of successful hospital-community partnerships from across the U.S. These collaborations are addressing health care issues beyond the four walls of hospitals and improving health outcomes. The compendium highlights hospital-community partnerships in large cities like Chicago and San Diego and in smaller communities like Morristown, N.J., and Lewiston-Auburn, Maine, and many more. View the case study compendium at [www.aha.org/partnershipcasestudies](http://www.aha.org/partnershipcasestudies).

### **NEW! Safe Imaging Toolkit**

A new resource has been added to the HRET HIIN library to support your work in promoting safe imaging practices with children. The [Safe Imaging Toolkit - 100K Children Campaign](#) was developed by the Washington State Hospital Association, a leader in radiation exposure safety in the HIIN, as a road map for hospitals setting up a radiation safety plan. The toolkit includes guidance on setting up an infrastructure and includes sample tools and algorithms.