

North Dakota Hospital Association Innovate-ND

HRET Hospital Improvement Innovation Network

December 22, 2017

EDUCATIONAL EVENTS

HRET HIIN

QI Fellowship Informational Call #3

1/04/18 | 11:00 a.m.-12:00 p.m. CT

QI Fellowship Informational Call #4

1/08/18 | 11:00 a.m.-12:00 p.m. CT

HRET HIIN QI Fellowship Introductory Call

01/10/18 | 11:00 a.m.-12:00 p.m. CT

HRET HIIN QI Foundations for Change Fellowship Call 1

01/17/18 | 11:00 a.m.-12:00 p.m. CT

HRET HIIN QI Accelerating Improvement Fellowship Call 1

01/17/18 | 12:30-1:30 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.

SAVE THE DATE

Innovate-ND HRET HIIN will host coaching calls for our ND hospitals around the HRET HIIN [UP Campaign](#). Each will feature a guest speaker and subject matter expert from Cynosure Health, Clinical Improvement Advisor to the HRET HIIN program. Mark your calendar and plan to attend!

IMPORTANT DATES TO REMEMBER

Remember to report your HIIN data in CDS every month!

Deadline	Reporting Period
1/29/2017	Performance data for November 2017 discharges



QUALITY MILESTONES RECOGNITION

COPPER Milestone: Mountrail County Medical Center - Stanley	COPPER, BRONZE & SILVER Milestone: McKenzie County Healthcare System – Watford City Sanford Hillsboro Medical Center
COPPER & BRONZE Milestone: Ashley Medical Center Carrington Health Center Cavalier County Memorial Hospital - Langdon 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 - Rugby	COPPER, BRONZE, SILVER & GOLD Milestone:

Wake UP: Opioid & Sedation Management | Dr. Steven Tremain

01/18/18 | 11:30 a.m. CT

Script UP: Optimize Medications | Dr. Steven Tremain

02/22/18 | 11:30 a.m. CT

Get UP: Early Progressive Mobility | Maryanne Whitney

03/29/18 | 11:30 a.m. CT

Soap UP: Hand Hygiene | Barb DeBaun

04/12/18 | 11:30 a.m. CT

Partner Educational Events

National Coordinating Center Psychologically-Integrated Approaches to Pain Management

01/10/18 | 2:00–3:00 p.m. CT

Register [here](#).

PFCC Partners Core Competencies of Effective Partners Training

1/25/18 | 12:00–1:00 p.m. CT and

2/01/18 | 12:00–1:00 p.m. CT

RSVP [here](#).

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.



- Jacobson Memorial Hospital - Elgin
- Kenmare Community Hospital
- Linton Hospital
- Nelson County Health System - McVie
- Northwood Deaconess Health Center
- Pembina County Medical Center - Cavalier
- Presentation Medical Center - Rolla
- Sakakawea Medical Center - Hazen
- Sanford Mayville Medical Center
- Southwest Healthcare Services - Bowman
- St. Aloisius Medical Center - Harvey
- St. Andrew's Health Center - Bottineau
- St. Luke's Hospital - Crosby
- Tioga Medical Center
- Towner County Medical Center - Cando
- Wishek Community Hospital
- Unity Medical Center - Grafton

COPPER, BRONZE, SILVER, GOLD & PLATINUM Milestone:

Featured Resource...Improving Care for High-Need, High-Cost Patients

As a new generation of payment and delivery system reform emerges, much focus has been on a subset of the population referred to as high-need, high-cost patients. Hospital and health systems are leading interventions to address the needs of these patients, who account for a disproportionate share of the nation's disease and health care spending. [The American Hospital Association](#) is committed to developing and identifying team-based approaches to engage these patients across the continuum of care and address underlying behavioral and social risk factors. This issue brief from the AHA provides resources and strategies to improve care for high-need, high-cost patients. Click [here](#) to access the resource.

How Do You Define Winning?

Maya Moore is a professional women's basketball player for the Minnesota Lynx. Naming her their inaugural Performer of the Year in 2017, Sports Illustrated called Moore the greatest winner in the history of women's basketball. I love her definition of winning – and I couldn't help but consider it in the terms of the work that we do with our recent focus on building a community team to reduce readmissions...and distributive leadership. As I pondered this, my mind replaced the word "winners" with "leaders." Enjoy the read! ~Nikki

alzheimer's association

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

Richard Deitsch, *Sports Illustrated*, asked Maya Moore, *How do you define winning?*

“The answer can be very deep depending on your perspective and how you are measuring success, how you are measuring failure and how you are measuring winning,” says the 6 foot forward for the Minnesota Lynx. “I think it takes different types of winners to maintain a winning culture.”

“You have to have some winners who know how to win people, to [keep] people together with vision and perspective. Then you have to have toughness and resiliency because sustained excellence is way harder than it looks. You have to be able to bounce back and deal with disappointment, failure and weaknesses, and a lot of that happens behind the scenes for teams that are very successful.”

“I think a winner has to be a master of connection, extremely competitive and have really high standards for themselves and the people around them. They have to be willing to put in that emotional energy to hold each other accountable. They have to have a lot of passion – sustained excellence takes conviction and passion and focus. When you are dealing with a team sport, you also have to be willing to adapt and be flexible.”

“Hopefully, that is a pretty reasonable definition.”

~Sports Illustrated, Dec 11, 2017, p. 73-74.

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! 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

ADVERSE DRUG EVENTS

Diabetes Care in the Hospital: The American Diabetes Association Standards of Medical Care in Diabetes – 2018

The American Diabetes Association (ADA) has just released its 2018 update to best practices for the care of hospitalized diabetics. This can be found here. The guidance for 2018 is consistent with their 2017 guidance and with the HRET 2017 ADE Change Package, found here. The ADA guidance underscores the need to avoid hypoglycemia and significant hyperglycemia.

The ADA has determined the following definitions for diabetes care:

Hyperglycemia	blood glucose > 140 mg/dL
Hypoglycemia	blood glucose < 70 mg/dL
Clinically significant hypoglycemia	Blood glucose < 54 mg/dL
Severe hypoglycemia	hypoglycemia “associated with severe cognitive impairment regardless of blood glucose level” NOTE: studies have shown that in many patients this occurs with blood glucose < 54 mg/dL. <i>This level is often associated with patients not being able to rescue themselves.</i>

The HRET-HIIN does not prescribe a level for reporting severe hypoglycemia. Most hospitals are now reporting at a threshold of 50 mg/dL. There is no need to change your reporting thresholds.

the HRET HIIN website (www.hret-hiin.org)

INNOVATE-ND SUPPORT TEAM

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*NOTE: This post corrects an error in the section "**Tight glucose control must be avoided.**" to note that "More recent studies in surgical patients showed that targeting a blood glucose of less than 180 mg/dL reduced the risk of mortality and stroke, and that tighter control provided no significant additional benefit.*

HOSPITAL-ACQUIRED INFECTIONS

Exploring Sepsis Readmissions

The recent HRET HIIN sepsis webinar, Exploring Sepsis Readmissions, provided data, a patient perspective, information regarding hospital readmissions post-sepsis and strategies to improve sepsis outcomes. Doctors Mark Mikkelsen, MD, Roger Chang, MD, Kang Hsu MD and nurse Trish Cruz, RN spoke on the latter two topics and covered the long-term consequences of sepsis, including:

- Neuropsychological impairment
- Physical impairment
- Sepsis-induced inflammation and cardiovascular risk
- Sepsis-induced immunosuppression
- Long-term health-related quality of life
- Healthcare resource utilization, and
- Long-term mortality

The speakers also addressed long-term cognitive impairments that often occur after a sepsis diagnosis referencing a study that compared cognitive ability pre- and post-sepsis where prevalence of moderate to severe cognitive impairment reportedly increased from 6.1% before sepsis to 16.7% after sepsis.

Alarmingly, sepsis is the largest driver of hospital readmissions. Optimizing care coordination and follow-up for these vulnerable patients were recommended strategies to avoid readmissions. There is a sepsis-specific approach for this, which includes raising awareness, scheduling timely follow-up, mitigating impairments and being vigilant for new or recurrent infections. Additionally, having a 24/7 sepsis RN, a sepsis coordinator, standardized orders, a sepsis checklist, readily available resources, consistent collection and dissemination of data and alignment of staff goals have all proven effective for sepsis care.

To learn more about what you can do to prevent sepsis-related readmissions in your facility, you can access the slides [here](#).

Continuing Education Credit Opportunity!

The National Foundation for Infectious Diseases (NFID) has partnered with mdBriefCase Group, Inc. to offer a complimentary online Continuing Medical Education (CME) activity offering strategies to help prevent influenza in patients age 65 years and older. This on-demand program provides a framework for counseling adults age 65 years and older on the importance of annual influenza vaccination through case-based scenarios and can benefit all providers in all Task areas.

Upon completion of this activity, participants will be able to:

- Describe the benefit of influenza vaccination in adults age 65 years and older
- List the vaccine options available for seasonal influenza vaccination of adults age 65 years and older

- Differentiate vaccine products approved for seasonal influenza in adults age 65 years and older
- Effectively counsel older adult patients about the importance of seasonal influenza vaccination

Please note that **participants will be required to create an mdBriefCase account to access the online program, but there is no fee to participate in this activity.**

If interested, the program can be accessed at [Influenza Prevention Strategies](#).

READMISSIONS

CRH Awarded Funding to Advance Palliative Care in Rural Communities

The Center for Rural Health (CRH) received \$75,000 from Stratis Health for the 11-month Palliative Care North Dakota Statewide Project. The project aims to enhance local palliative care programs, frame services within emerging payment models, and explore how technology can improve the quality and efficiency of services.