

North Dakota Hospital Association Innovate-ND

HRET Hospital Improvement Innovation Network

January 30, 2018

EDUCATIONAL EVENTS

HRET HIIN

HRET HIIN QI Foundations for Change Fellowship Call #2

1/31/18 | 11:00 a.m.-12:00 p.m. CT

HRET HIIN QI Accelerating Improvement Fellowship Call #2

1/31/18 | 12:20-1:30 p.m. CT

HRET HIIN QI Fellowship Office Hours #1

2/07/18 | 11:00 a.m.-12:00 p.m. CT

HRET HIIN QI Foundations for Change Fellowship Call #3

2/14/18 | 11:00 a.m.-12:00 p.m. CT

HRET HIIN QI Accelerating Improvement Fellowship Call #3

2/14/18 | 12:20-1:30 p.m. CT

HRET HIIN QI Foundations for Change Fellowship Call #4

2/28/18 | 11:00 a.m.-12:00 p.m. CT

HRET HIIN QI Accelerating Improvement Fellowship Call #4

2/28/18 | 12:20-1:30 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.

--

IMPORTANT DATES TO REMEMBER

Remember to report your HIIN data in CDS every month!

Deadline	Reporting Period
1/31/2018	Performance data for December 2017 discharges

The Quarterly Survey for 4th Quarter 2017 has not been provided in the CDS database to date. At the time it becomes available, we will assure that the instructions are provided in this section of the newsletter, as well as in an email to the HIIN Leads in each hospital.

QUALITY MILESTONES RECOGNITION

COPPER Milestone: Tioga Medical Center	COPPER, BRONZE & SILVER Milestone: McKenzie County Healthcare System – Watford City Sanford Hillsboro Medical Center Northwood Deaconess Health Center Pembina County Medical Center – Cavalier
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 Jacobson Memorial Hospital – Elgin Kenmare Community Hospital Linton Hospital Mountrail County Medical Center – Stanley Nelson County Health System – McVille	COPPER, BRONZE, SILVER & GOLD Milestone:

**SPECIAL EDUCATIONAL
EVENT FOR ND HOSPITALS
ONLY!!!**

**Readmission Reduction
Beyond the Four Walls:
Building Interdependent
Leadership
Structures/Distributive
Community Leadership**

2/01/18 | 10:00 – 11:00 a.m. CT

Join:

<https://zoom.us/j/4437895416>

Or iPhone one-tap :

US:

+14086380968,,4437895416# or
+16468769923,,4437895416#

Or Telephone:

Dial (for higher quality, dial a
number based on your current
location):

US: +1 408 638 0968 or +1 646
876 9923 or +1 669 900 6833
Meeting ID: 443 789 5416

**SAVE THE DATE—UP
Campaign Coaching Calls**

**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

SAVE THE DATE
Environmental Services

A Critical Line of Defense
in Infection Prevention
March 27-28, 2018 ~ Ramada, Bismarck
Additional conference information will be available soon!

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
Towner County Medical Center –
Cando
Wishek Community Hospital
Unity Medical Center – Grafton

COPPER, BRONZE, SILVER, GOLD & PLATINUM Milestone:



Congratulations to Pembina County Medical Center in Cavalier, ND! They are the latest HRET HIIN Hospital to reach the Silver Milestone!

Please note that for many hospitals, the only thing needed to achieve the Silver Milestone is to share their HIIN data and/or other quality improvement work with their hospital boards. Simply submit a copy of the board meeting agenda and a copy of the report

that is shared with the board to Nikki at nmedalen@qualityhealthnd.org to meet this milestone criteria.

Featured Resource...SCRIPT UP

The January 30 HRET HIIN SCRIPT UP virtual event unveiled the newest module of the UP Campaign. After a brief review of the campaign (for more info, click [here](#)), HRET HIIN subject matter experts discussed the 3 MUST DO's for safe medication prescribing. This was followed by an expert from the field who discussed real world applications of these concepts in a system of hospitals that vary in size, complexity, and resources. Prescribers, pharmacists, nursing and quality leaders are encouraged to review, and spread the word! This virtual event can be found under the "Events" tab on www.hret-hiin.org.

ADVERSE DRUG EVENTS

North Dakota Outpatient ADE Pilot Project Retired

The Outpatient ADE Pilot Project, developed collaboratively by Innovate-ND and Quality Health Associates (QHA) Adverse Drug Event (ADE) team, recruited six HRET HIIN participating hospitals to voluntarily collect and report outpatient ADE data using clinical measures that aligned with the Partnership for Patients inpatient ADE measures. The long-term goal was to identify outpatient medication management practices or issues that may impact hospital admissions/readmissions. Six months of data did not reveal information to suggest this was the case; so, Innovate-ND and QHA's ADE team revisited the measures and shifted their focus to include sub-therapeutic management of anticoagulants and hypoglycemics. Although the pilot has increased awareness around outpatient ADEs, the data does not indicate a need for improvement. To that end, Innovate-ND and QHA will formally retire this project. The

Quality Health Associates Infection Tracker Virtual Training

2/02/18 | 12:30–1:30 p.m. CT

Learn how the new Infection Tracker, developed collaboratively by QHA and the ND DoH, can augment infection and antibiotic tracking in your hospital.

Click [here](#) to join the webinar.
Join the conference call:
Please call: 1-800-251-5450
Passcode: 1001919#

--

Partner Educational Events

New England QIN A Practical and Effective Outpatient Antibiotic Stewardship Initiative

01/31/18 | 11:00 a.m.–12:00 p.m.
CT

Register [here](#).

Partnership for Patients NCD Pacing Event Falls Prevention – Targeting and Tailoring Solutions

02/01/18 | 12:00–1:00 p.m. CT
Register [here](#).

VA HSR&D Cyberseminars, VIREC Database and Methods Seminar

Assessing Race & Ethnicity
02/05/18 | 1:00–2:00 p.m. CT
Register [here](#).

Becker's Hospital Review Connecting Health Systems and Community-Based Organizations to Improve Outcomes

02/06/18 | 2:00–3:00 p.m. CT
Register [here](#).

Great Plains QIN Creating a Culture of Staff Empowerment

02/07/18 | 2:00–3:00 p.m. CT
Register [here](#).

Great Plains QIN Sepsis Webinar Series | Surviving Sepsis: Early Management Saves Lives

02/14/18 | 11:00 a.m.–12:00 p.m.
CT
Register [here](#).

REDCap data collection tool remains open to facilities interested in continued OP ADE data collection.

Thank you to Sakakawea Medical Center, Hazen; Sanford Mayville; Sanford Hillsboro; Linton Hospital; CHI Mercy Health, Valley City; and St. Luke's Medical Center, Crosby for volunteering your HRET HIIN team's time and resources to this work!

Research Prescription Opioid Use and Satisfaction With Care Among Adults with Musculoskeletal Conditions

(Annals of Family Medicine)

In the current payment paradigm, reimbursement is partially based on patient satisfaction scores. This study sought to understand the relationship between prescription opioid use and satisfaction with care among adults who have musculoskeletal conditions. Among patients with musculoskeletal conditions, those using prescription opioids are more likely to be highly satisfied with their care. Considering that emerging reimbursement models include patient satisfaction, future work is warranted to better understand this relationship. Click [here](#) to read the full article.

HOSPITAL-ACQUIRED INFECTIONS

CDC: Flu Hospitalization Rate Similar to 2014-15 Season

The flu hospitalization rate rose last week to 41.9 per 100,000 people, similar to the rate during the 2014-2015 season, when the same flu strain predominated, the Centers for Disease Control and Prevention [reported](#) today. The H3N2 strain is associated with more hospitalizations and deaths in older adults and young children. Nearly 12,000 flu hospitalizations and 37 flu-associated pediatric deaths have been reported since last October. Hospitalizations have been highest for adults aged 65 and older, followed by 50-64 year olds and children under 5. CDC [recommends](#) treating all hospitalized, severely ill and high-risk patients who have suspected or confirmed influenza with antiviral medications as soon as possible. The agency also continues to recommend flu vaccination for everyone aged 6 months and older, since flu viruses are likely to continue circulating for weeks.

Avoid Sepsis in Flu Patients

Screen early and screen often! Patients diagnosed with the flu, like all infections, should be screened early and often for early indications of sepsis. Know what to look for...familiarize your patient care teams with the following screening models.

Systemic Inflammatory Response Syndrome (SIRS) and Sequential Organ Failure Assessment (SOFA) (Best for hospitals and other healthcare settings with immediate laboratory access.)

Quick Sequential Organ Failure Assessment (qSOFA) and Seeing Sepsis (Ideal for all healthcare settings, especially those without immediate laboratory access.)

Pearl: Respiratory rate is an essential factor in detecting acute changes in a patient's condition, yet research has shown that it is the most neglected vital sign in clinical practice. Three themes are identified in the literature: inadequate knowledge regarding respiratory rate assessment; nurses'

**TMIT High Performer Webinar
Just Culture – Voices from the
Frontline**

02/15/18 | 12:00–1:30 p.m. CT
Register [here](#).

**Texas Medical Foundation QIN
Avoiding Unnecessary Antibiotic
Prescribing: Physician to
Patient/Parent Communication**
02/20/18 | 12:00–1:00 p.m. CT
Register [here](#).

**APIC 2018
45th Annual Conference**
06/13/18-06/15/18 | Minneapolis,
MN

[Registration](#) is now open!
Registering early saves you \$100
off the full conference registration
rate. Save even more by taking
advantage of the group discount to
save an additional \$200 just by
registering four or more attendees
from your institution. [Register now!](#)

--
SAVE THE DATE

**Developing an Antibiogram
Webinar**
04/24/18 | 12:15-1:00 p.m. CT

**Quality Health Associates of
North Dakota 2018 Quality
Forum**
08/23/18 | Bismarck, ND

--
**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.

perception of patient acuity; and lack of time. Abnormal respiratory rates are an early indicator of physiological conditions such as hypoxia, hypercapnia and respiratory or metabolic acidosis, all omens of ominous medical diseases. Taking the time to take an accurate respiratory rate, really is *vital!* Click [here](#) to read more.

FALLS

New HRET HIIN Resource to Prevent Falls

The HRET HIIN Falls team recently released a new resource to help raise awareness about common fall practices that can contribute to patient harm and have been proven ineffective in preventing fall related injuries. It is time we face the facts about falls and STOP ineffective practices and replace them with patient-centered, evidence-based strategies.

Access the **STOP to START Improving Fall Injuries** tool [here](#).

The tool is short and sweet and includes all of this content in five pages:

- Nine myths about falls are busted
- Six practices we must STOP doing are listed with replacement interventions and strategies to START doing
- Links are provided to the articles with evidence to support the STOPS and STARTS
- Links are also provided to tools and resources to support evidence based, patient centered fall injury prevention practices and strategies:
 - Patient Centered Care/Injury Prevention
 - Safe Mobilization
 - Delirium Assessment
 - Medication Review
 - Patient Family Engagement
 - Interdisciplinary Resources

Many organizations are choosing new strategies to move away from forced immobility as the primary means to prevent falls. Falls and mobility champions have started to transform your falls program to be more patient centered. Moving forward consider

- Who is your executive champion?
- How have you engaged physicians?
- What information helped you decide what change to test first?
- Share your success–what did you achieve?

If you're just considering a new approach, it is important to start small. Collaborate with your team and front-line staff to pick one start intervention/strategy that can yield positive results for your patients. Ask yourselves these three questions:

- What do we already have that can support trying this new strategy?
- What additional resources or support will we need?
- Who can help?

READMISSIONS

Readmission Reduction Beyond the Four Walls: Building Interdependent Leadership Structures/Distributive Community Leadership

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

Please join us on February 1, 9:00 a.m. (CT), for the 4th event in the series *Readmission Reduction Beyond the Four Walls: Building Interdependent Leadership Structures/Distributive Community Leadership*. Access information is located in left hand column of this newsletter.

Speaker: Dr. Amy Boutwell, MD, MPP

Description: How do we go from working in silos to effective coalitions and leadership teams? Our work relies on the formation of strong multi-stakeholder structures that sustain our work over time. In this module we discuss the value of building interdependent leadership structures within our efforts. We discuss how these structures enable collective decision-making.

Objectives:

- Identify why an interdependent mindset can lead to creative solutions
- Diagram leadership structures as they are—and as they could be
- Discuss roles/responsibilities of stakeholders and teams with these structures
- Implement a process for collective decision making
- Delegate effectively to distribute leadership—hold others accountable to their commitments
- Facilitate interdependent meetings to distribute leadership

Recordings of previous events in this series can be found by clicking [here](#).

RESOURCES

LISTSERV®

[Sign up](#) and help meet our goal of approximately 1,000 subscribers per LISERV® 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

AHRQ's New Care Transitions Toolkit

Recent [literature](#) suggests that discharging patients who have follow-up appointments already scheduled reduces readmissions. But, successfully scheduling these appointments and effectively preparing our patients for them can be problematic. If you are experiencing challenges with post discharge appointments, you may benefit from the [AHRQ toolkit](#) to engage high-risk patients in safe transitions across ambulatory settings. The toolkit contains a comprehensive assessment tool for your organization as well as a checklist to prepare patients for their appointments. The kit also includes an appointment aide tool.

Moving forward, examine which of the following best practices are being used in your hospital.

- Recognizing the patient and care partner (family or friend) as integral members of the health care team
- Reviewing the After-Visit Summary (AVS) with the patient and their care partner
- Reviewing a reconciled medication list with the patient and their care partner
- Encouraging the patient to prepare for their new appointment
- Reviewing scheduled or pending appointments with the patient
- Helping the patient identify key members of their healthcare team

Unstable Housing and Diabetes-Related ED Visits and Hospitalization: A Nationally Representative Study of Safety-Net Clinic Patient

In a recent study published by the ADA journal, researchers found that 13.7 percent of participants reported a diabetes-related emergency

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

701/989-6227

Nikki Medalen

nmedalen@qualityhealthnd.org

701/989-6236

Jon Gardner

jgardner@qualityhealthnd.org

701/989-6237

department visit or hospitalization in the previous 12 months. Unstable housing was correlated with increased odds of diabetes-related emergency department use or hospitalization after adjustment for multiple potential confounders. Click [here](#) to read more.

Short Nutritional Assessment Questionnaire

In a [study](#) comparing five malnutrition screening tools, the easy-to-use 2 question MST and the 3 question SNAQ tools were found to be the most valid and practical screening tools in recognizing malnutrition risk.

The SNAQ–Short Nutritional Assessment Questionnaire consists of 3 questions:

- Did you lose weight unintentionally?
 - More than 6 Kg in the last 6 months
 - More than 3 kg in the last month
- Did you experience a decrease in appetite over the last month?
- Did you use supplemental drinks or tube feedings over the last month?

Details on the SNAQ tool can be found at: FightMalnutrition.eu

PFE

AHRQ Bedside Shift Report Tools

There are a lot of different ways to successfully do bedside shift reports. AHRQ has many good resources. Click [here](#) to access them.

Tip: Bedside shift reports can be uncomfortable for some patients and families. Make sure that the patient and family know that they are able to opt out. This can be done during admission.

HEALTH EQUITY

IHI | IHI's Collection of Resources on Health Equity

Earlier this month, in celebration of Martin Luther King Day, the Institute for Healthcare Improvement (IHI) highlighted [IHI's collection of resources on health equity](#) — what some have called the “forgotten aim” of improvement. In particular, they call for your attention to a popular [video series](#) on the imperative for health care to reduce disparities and inequities, featuring a conversation between David R. Williams, Professor of Public Health at the Harvard T.H. Chan School of Public Health, and Dr. Don Berwick, IHI President Emeritus and Senior Fellow.

Commonwealth Fund | Using Community Partnerships To Integrate Health & Social Services for High-Needs, High-Cost Patients

Effectively managing patients with complex clinical and social needs requires thoughtful integration of health care and social services. Research has shown that patients with multiple clinical and social needs consume a large share of health care services. Social services providers, though historically disconnected from the broader health system, play an important role in providing services for these patients.

This [brief](#), surveys the landscape of these programs, highlights common challenges, and propose solutions, using a mixed-methods approach that includes a literature search, interviews, and survey of selected programs.

New MMCO Resource Guides Available

The CMS Medicare-Medicaid Coordination Office (MMCO) has three new resource guides intended to support providers and health plans serving older adults and caregivers. To download all three resources, click on the two separate links below.

[Managing Behaviors Associated With Dementia: Resource Guides](#) -

These two resource guides, one created for caregivers and the other for healthcare professionals, include training and toolkits, fact sheets, publications, and information resources from various organizations and health plans.

[Involving And Supporting Family Caregivers In Care Planning And Delivery](#) –

This guide includes resources that providers can use to support family caregivers, including information about mental health and respite care, care transitions, and evidence-based dementia care training.

MISCELLANEOUS

Long Term Effects of ICU Stays

Post-intensive Care Syndrome (PICS) can be present in the majority of our ICU discharges yet identifying affected patients and best methods for fostering recovery in our survivors is still being developed. What is working in your facility?

Post-intensive care syndrome (PICS) is made up of health problems that remain after survival of a critical illness. The problems associated with PICS: ICU-acquired weakness (ICUAW), delirium and other mental health problems, such as anxiety and Post Traumatic Stress Disorder (PTSD), can be present in the ICU but can also extend long after discharge.

ICU-acquired weakness, a common problem associated with the critical illness occurs in:

- 33% of all patients on ventilators
- 50% of all patients admitted with severe sepsis or septic shock
- Up to 50% of patients who stay in the ICU for at least one week
- Patients who develop ICUAW may take more than a year to recover fully

Delirium or cognitive or brain dysfunction occurs in 30% to 80% of ICU patients and continues after discharge. This is evidenced in cognitive difficulty seen with complex tasks and attention. Some people improve during the first year after discharge from the hospital; other people may never fully recover.

Critically ill patients may develop additional mental health problems post discharge:

- Falling or staying asleep
- Nightmares
- Depression and anxiety
- Symptoms of PTSD

Prevention of and treatment for PICS include:

- Implementation of the ABCDEF Bundle
- Avoiding hypoglycemia and hypoxemia
- Maintenance of ICU diary prospectively by the family members, healthcare providers, or both during the patient's ICU stay, has shown to decrease symptoms of PTSD
- Creating post-ICU clinics to provide follow-up counseling and support to the patients and family
- Maintaining good nutritional status and adequate sleep of the patient

Understanding the issues around PICS pushes us to think past the walls of our department and hospitals and learn how to better support our critical care survivors.

Do you have a method of assessment for PICS upon discharge from your ICU or facility?

Have you identified necessary support systems for patients and families affected by PICS?

Have you implemented any of the above-mentioned strategies for prevention and treatment?

Development and Implementation of a Universal Suicide Risk Screen Program in a Safety-Net Hospital

Many individuals who die by suicide present for non-behavioral healthcare prior to death. The risk is often undetected. Universal suicide screening in healthcare may improve risk recognition. In this [study](#), a new quality improvement program for universal suicide screening was successfully implemented in a large safety-net healthcare system. The burden to the system from universal screening was not overwhelming and was managed effectively through thoughtful allocation of clinical resources.