

North Dakota Hospital Association Innovate-ND

HRET Hospital Improvement Innovation Network

March 2, 2018

EDUCATIONAL EVENTS

HRET HIIN

HRET HIIN QI Fellowship Office
Hours Call #3
3/07/18 | 11:00 a.m.-12:00 p.m.
CT

HRET HIIN QI Foundations for
Change Fellowship Call #5
3/14/18 | 11:00 a.m.-12:00 p.m.
CT

HRET HIIN QI Accelerating
Improvement Fellowship Call #5
3/14/18 | 12:20-1:30 p.m. CT

HRET HIIN QI Foundations for
Change Fellowship Call #6
3/28/18 | 11:00 a.m.-12:00 p.m.
CT

HRET HIIN QI Accelerating
Improvement Fellowship Call #6
3/28/18 | 12:20-1:30 p.m. CT

HRET HIIN QI Fellowship Office
Hours Call #4
4/04/18 | 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.

SAVE THE DATE—UP
Campaign Coaching Calls

IMPORTANT DATES TO REMEMBER

Remember to report your HIIN data in CDS every month!

Deadline	Reporting Period
2/28/2018	Performance data for January 2018 discharges
03/15/18	4th Quarter Operational Items, now available in CDS as the very first measure. Please ignore the monitoring period. Information entered here should reflect your facility's status as of the end of the 4th quarter 2017.

Measure (click the i button for measure specifications)	Monitoring Period	Baseline Status	Monitoring Status	
HIIN - 4Q 2017 Operational Items: HIIN-Q42017 Process (Recommended)	2/1/2018 - 4/15/2018 (Once)	N/A	No Data	Enter Data

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 Sakakawea Medical Center – Hazen CHI St. Alexius Health – Devils Lake St. Andrew's Health Center – Bottineau Wishek Community Hospital
COPPER & BRONZE Milestone: Ashley Medical Center Carrington Health Center Cavalier County Memorial Hospital – Langdon CHI Mercy Health – Valley City 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:

Get UP & Script Up Follow-up Call

3/13/18 | 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



March 27-28, 2018 ~ Ramada, Bismarck

Click [here](#) to register!

Partner Educational Events

American Hospital Association/ Health Research & Educational Trust | Social Determinants of Health Webinar Series: Health Behaviors and the Role of Hospitals

03/06/18 | 2:00–3:00 p.m. CT

Register [here](#).

Equality Health | Assessing, Addressing and Responding to Social Determinants of Health in Vulnerable Communities: Tools and Strategies to Identify the Upstream

03/06/18 | 2:00–3:00 p.m. CT

Register [here](#).

Vizient HIIN Community Knowledge Network | Malnutrition 3-Part Series, Part 3: Recognizing Malnutrition

03/07/18 | 11:30 a.m.–12:30 p.m. CT

Register [here](#).

Note: HRET HIIN's malnutrition work will be highlighted during this event.

Avalere Health/Academy of Nutrition and Dietetics | Introduction to MQii Learning Collaborative

03/07/18 | 1:00–2:00 p.m. CT

Register [here](#).

Jacobson Memorial Hospital – Elgin
Kenmare Community Hospital
Linton Hospital
Mountrail County Medical Center – Stanley
Nelson County Health System – McVille
Presentation Medical Center – Rolla
Sanford Mayville Medical Center
Southwest Healthcare Services – Bowman
St. Aloisius Medical Center – Harvey
St. Luke's Hospital – Crosby
Towner County Medical Center – Cando
Wishek Community Hospital
Unity Medical Center – Grafton

COPPER, BRONZE, SILVER, GOLD & PLATINUM Milestone:



Kudos to Wishek Community Hospital, our newest hospital to achieve the Silver Milestone!

Top 100 Critical Access Hospitals for 2018

The National Rural Health Association's Rural Health Policy Institutes and iVantage Health Analytics and The Chartis Center for Rural Health has announced the 2018 Top 100 Critical Access Hospitals in the U.S. Our compliments to the **TEN** hospitals from

North Dakota!

The hospitals included in this list are top performers in managing risk, achieving higher quality, securing better outcomes, increasing patient satisfaction and operating at a lower cost than their peers.

Here are the North Dakota hospitals who were included in this list: (*Indicates an HRET HIIN participating hospital)

- Carrington Health Center*
- CHI Lisbon Health
- Jamestown Regional Medical Center
- Linton Hospital*
- Pembina County Memorial Hospital, Cavalier*
- Sanford Mayville*
- St. Andrew's Health Center, Bottineau*
- St. Joseph's Hospital Health Center, Dickinson*
- CHI St. Alexius Health Devils Lake Hospital*
- West River Regional Medical Center, Hettinger

2018 Patient Safety Awareness Week Planning

HRET HIIN is preparing to celebrate Patient Safety Awareness Week from March 11-17, sponsored by the Institute for Healthcare Improvement and National Patient Safety Foundation. This week is observed annually to increase awareness about patient safety and culture by engaging healthcare professionals in the community. Here are a few activities and

**PFE Learning Event |
Overcoming Challenges to Meet
PFE Metric 5**

03/08/18 | 12:00–1:00 p.m. CT
Register [here](#).

**Great 8
Delirium Overview and the Risk
Factors of Falls**

03/08/18 | 3:30–5:00 p.m. CT
Register [here](#).

**Institute for Healthcare
Improvement | Engaging
Patients and Providers:
Speaking Up for Patient Safety**

03/12/18 | 11:00 a.m.–12:00 p.m.
CT
Register [here](#).

**Great Plains QIN
Medication Safety Webinar |
Developing a State Pain
Guidance Document: Creating a
Task Force and Selecting Tools**

03/13/18 | 12:15–1:00 p.m. CT
Register [here](#).

**National Disparities LAN |
Managing the Opioid Crisis:
Perspectives from Rural
Communities**

03/14/18 | 2:00–3:30 p.m. CT
Register [here](#).

**Medication Safety LAN
A Patient-Centered Approach to
Safely Managing Diabetes**

04/11/18 | 2:00–3:30 p.m. CT
Register [here](#).

**Great Plains QIN
Community Antibiotic
Stewardship Hot Topic:
Antibiograms**

04/24/18 | 12:15–1:00 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

resources your hospital team should consider during the observance week:

- New UP Campaign posters
- HRET HIIN topic change packages, checklists, events and videos
- IHI's webinar, *Engaging Patient and Providers: Speaking Up for Patient Safety*, on March 11 from 12:00-1:00 p.m. CT. [Registration](#) is required.
- IHI Twitter Chat (using the #PSAW18 hashtag): Building a Safety Culture on March 16 from 12:00-1:00 p.m. CT
- Share patient safety stories on Twitter using the [@HRETtweets](#) handle and the #whyimhiin hashtag

HRET HIIN is also requesting your help! They are collecting photos and hospital stories of how states and organizations are dedicated to improving patient safety and patient engagement. To participate complete a [story submission form](#) and submit it along with photos to hiin@aha.org by March 6. Your submissions will be featured on HRET's Twitter page and will be combined into a graphic that can be shared with your hospitals.

ADVERSE DRUG EVENTS

Opioid Analgesic Use and Risk for Invasive Pneumococcal Diseases: A Nested Case–Control Study

As posted by Dr. Steve Tremain | HRET HIIN Listserv | February 20, 2018

A recent article published in the *Annals of Internal Medicine* is adding one more weighty piece of evidence to the pile of risks already known to exist with opioids. Researchers from Vanderbilt University have found that opioid analgesic use increases the risk for invasive pneumococcal diseases (IPD). Patients taking prescribed opioids were 62% more likely to acquire an IPD than controls. Those taking long acting, higher potency, or higher morphine milligram equivalents had even higher increased risks (87%, 72%, 71-75% respectively).

The article can be found [here](#). The authors note that previous studies link morphine and fentanyl to increased risk of bacterial infections, including *S. pneumoniae*.

American Hospital Association / Health Research & Educational Trust | Social Determinants of Health Webinar Series: Health Behaviors and the Role of Hospitals

The AHA invites you to a webinar on "Health Behaviors and the Role of Hospitals," an accompaniment to an upcoming guide in our social determinants of health series on 03/06/18 (see time/registration details in left column). As hospitals and health systems are addressing more population health issues, unhealthy behaviors such as excess alcohol intake, smoking, drug abuse, irregular diet and low physical activity have been identified as significant influencers of poor health in individuals and communities. Changing health behaviors is not an easy task, but Tanner Health in Georgia and Mt. Ascutney Hospital and Health Center in Vermont have taken monumental steps toward decreasing risky behaviors and encouraging engagement in safer, healthy behaviors.

Learning Objectives:

- Learn what healthy behaviors are and their impact on health

registering four or more attendees from your institution. [Register now!](#)

SAVE THE DATE

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.

- Outline strategies to identify patients engaging in risky behaviors
- Learn evidence-based approaches developed to improve healthy behaviors in communities
- Explore the opportunities to change healthy behaviors into habits

Speakers:

- Jill Lord, Director of Community Health, Mt. Ascutney Hospital and Health Center
- Denise Taylor, Senior Vice President and Chief Community Health and Brand Officer, Tanner Health System
- Amanda Thomas, Communications Coordinator, Tanner Health System

Moderator:

- Kevin Alvarnaz, Director, Community Health and Wellness, WellSpan

HOSPITAL-ACQUIRED INFECTIONS

Procalcitonin Found Useful in Differentiating Viral from Bacterial Acute Respiratory Infections

A recent review in the American College of Physicians Journal Club published in the Annals of Internal Medicine (access [here](#)) considers the mounting evidence that procalcitonin can be a useful adjunct in differentiating viral from bacterial acute respiratory infection. The authors conclude: "In patients with acute respiratory infections, use of procalcitonin levels to guide starting and stopping antibiotics reduces mortality and antibiotic-related side effects."

Updated IDSA/SHEA Guidelines Available

(As posted by Dr. Steve Tremain | HRET HIIN Listserv | February 28, 2018)

The 2017 IDSA/SHEA updated guidelines were published in *Clinical Infectious Diseases* this week and may be accessed [here](#). The authors updated the 2010 guidelines and also added guidance for pediatrics.

The new guidelines showcase the ongoing and ever evolving controversy and debate over what is the BEST way to determine whether a patient has *C. difficile* infection rather than *C. difficile* colonization. It all starts with culturing practices and assuring that we are not testing patients who have a low probability of having the disease.

The decision tree in figure 2 tells the story.

The advertisement features the Alzheimer's Association logo at the top. Below it, the text reads "CARE CONSULTATION" in bold. A photograph shows three people (two women and one man) sitting around a table, engaged in a discussion. Below the photo, a paragraph describes the Care Consultation program as an important tool for professionals working with individuals with memory loss, designed to provide education, support, and care planning. At the bottom, there is a logo for the North Dakota Department of Human Services and a note that the project is supported by funding from the North Dakota Department of Human Services, Aging Services Division. The footer includes the website "alz.org" and a 24/7 helpline number "1.800.272.3900".

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

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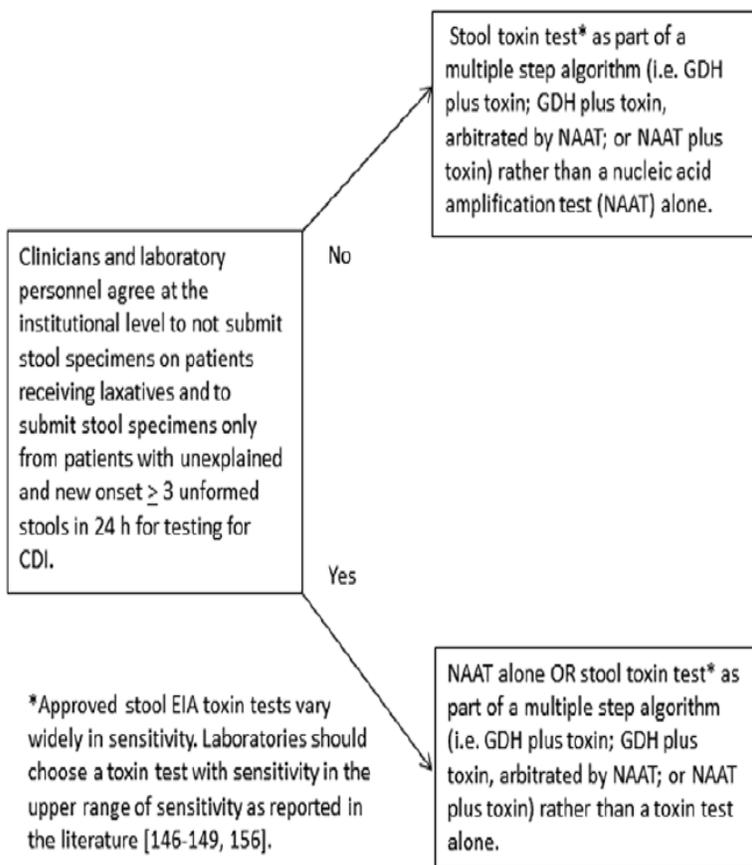
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First [see upper arm of Figure 2], it starts with whether clinical staff are adhering to the stool submission rules we have taught: "Does my patient have diarrhea that is likely due to recent laxatives?" or "Does my patient have less than 3 unformed stools in the past 24 hours?" If so, then a stand-alone positive NAAT test (e.g. PCR) is likely to be a false positive result. There may be a temptation to 'treat the test rather than the patient'. A better approach for these patients where CDI is suspected but not highly likely, is to perform multiple testing steps such as GDH + Toxin.

On the other hand [see lower arm of Figure 2], if the patient does have a high likelihood of having CDI, then a stand-alone NAAT is acceptable. Laboratory stewardship (using the right test at the right time for the right reason) is key to preventing the false diagnosis of CDI, which would otherwise lead to inappropriate antibiotic treatment, and the possibility of adverse drug reactions and the development of multi-drug resistant organisms.

CDC Launches NEW Antibiotic Use Training Course + Free CE!

CDC's Office of Antibiotic Stewardship has launched the first of a four-section web-based training course on Antibiotic Stewardship, each section of which will be released in 2018. To register and take the course online, create an account at <http://bit.ly/2BsVc0z>.

Course objectives include:

- Optimizing antibiotic prescribing and use to protect patients and combat the threat of antibiotic resistance
- Informing healthcare professionals about proper antibiotic use
- Encouraging open discussion among doctors and patients

While this particular course is primarily for clinicians who prescribe antibiotics, CDC recognizes that everyone plays an important role in antibiotic use. **Doctors, nurse practitioners, physician assistants, certified health education specialists, nurses, pharmacists, and public health practitioners with a master's degree in public health** are eligible to receive up to eight hours of free CE for the entire course.

Strategies to Prevent CAUTIs

CAUTI rates are showing improvement, but there is still work to be done. The HRET HIIN is targeting the adoption of some new behaviors:

- STOP inserting indwelling urinary catheters in the ED
- STOP culturing asymptomatic patients
- START challenging clinicians to use alternatives, such as the new female external catheter technology
- START teaching patients to speak up about prompt catheter removal

The [CUSP CAUTI Toolkit](#) contains guides, tools and archived webinars to support change at the unit level. The tools included focus on both implementation and sustainability. Implementation resources include sample policies, posters, decision making algorithms, pocket cards, and 16 recorded webinars including full sessions that support our focus areas:

- **The Emergency Department and Catheter Insertions**
- **Mindfulness: Engaging Frontline Providers in Antimicrobial Stewardship**

The sustainability tools include the CUSP model for achieving sustainability and an action planning document to plan for sustainability.

The Catheter Out website also has tools to support reducing ED catheter utilization. The [Urinary Catheter Placement in the ED Toolkit](#) provides the structure and guidance for developing a grass roots, physician and nursing champion led reduction program.

Sepsis Whiteboard

Society of Critical Care Medicine in partnership with the Sepsis Alliance have produced a great whiteboard video. This can be used for both patients and hospital staff to create awareness, improve outcomes and care for patients who have survived sepsis. The link is [here](#) for your viewing.

NHSN Re-Consent and Annual Survey Completion Deadlines

NHSN sent the following information to all NHSN users on February 8 regarding the re-consent process and the Patient Safety Component Annual Survey:

The deadline for facility NHSN administrators to accept the updated Consent is April 14. If the updated Consent is not accepted by that deadline, *NHSN functionality will be disabled* until the consent form is accepted by the facility.

In addition to the re-consent process, facilities also must complete the Patient Safety Component Annual Survey and submit it to NHSN by March 1. If this survey is not submitted by that date, facilities will be unable to complete and edit monthly reporting plans. Accurate and up-to-date monthly reporting plans are required for HRET to be able to pull data from NHSN for the HIIN program.

The [CDC/NHSN website](#) has many excellent resources for both of these processes.

CULTURE CHANGE

Leading Together: The New Paradigm for Healthcare Training

The spring training Leading Together: The New Paradigm for Health Care, previously known as Adaptive Leadership for Medicine, will be held in Chicago on March 28-29. This is a collaborative workshop designed for physicians and administrative leaders from the same organization to join together to learn adaptive leadership principles that will assist in providing insights and resilience needed to lead change when facing complex systemic problems. Adaptive leadership is:

- A people-focused approach to leadership development.
- Grounded in inclusion, honoring diverse perspectives.
- Based on the premise that leadership is an activity, not a person, and can be exercised by anyone, no matter their role.
- Focused on mobilizing people to tackle tough problems and thrive.

HRET will offer scholarships for hospital physicians and administrators to attend. The scholarship includes the cost of registration. Please consider this opportunity; [apply](#) and note all individuals interested in applying must identify their joining team member in the registration form. The joining team member must register separately.

PRESSURE ULCERS

Avalere Health/Academy of Nutrition and Dietetics | Introduction to MQii Learning Collaborative

The Academy of Nutrition and Dietetics and Avalere Health are enrolling participants for the 2018 MQii Learning Collaborative, and invite you to join in advancing malnutrition care across the nation. This collaborative brings together leading hospitals and health systems across the U.S. to support acceleration and dissemination of malnutrition best practices for hospitalized patients. Learning Collaborative participants undertake a data-driven, patient-centered, malnutrition quality improvement project at their respective hospitals using a best practices Toolkit, and can use clinically meaningful measures to track and monitor improvement.

In this general information session, you will learn more about:

- The Case for the MQii: Why Your Hospital Should Address Malnutrition
- Background on the MQii Effort and why the initiative was launched
- Success and Outcomes from the Learning Collaborative in 2016 and 2017
- Participation Details for the 2018 Learning Collaborative

This event be held on March 7. See left column for details.