North Dakota Hospital Association
Innovate-ND
HRET Hospital Improvement Innovation Network

April 12, 2018

Educational Events

HRET HIIN

CDI Sprint Intro
4/24/18 | 11:00 a.m.-12:00 p.m. CT

Physician Engagement
Data Driven Techniques to Enhance Physician Participation
04/26/18 | 2:00-3:00 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.

Partner Educational Events

Vizient HIIN
Community Knowledge Network: End of Life 3-Part Series, Part 1 – Expressing and Honoring Patient Wishes
04/18/18 | 11:30 a.m.-12:30 p.m. CT
Register here.

Partnership for Patients NCD Pacing Event
Using Date to Drive Improvement and Transparency
04/19/18 | 12:00-1:00 p.m. CT
Registration forthcoming.

AHA's Physician Alliance Performance Improvement: Why Physicians Must Lead in a Value-Driven Health Care System
04/19/18 | 12:00-1:00 p.m. CT
Register here.

TMIT High Performer Webinars
End of Life Care: Learning from Mortality Reviews
04/19/18 | 12:00–1:30 p.m. CT

Important Dates to Remember

Remember to report your HIIN data in CDS every month!

Deadline	Reporting Period
4/30/2018	Performance data for March 2018 discharges

Quality Milestones Recognition

COPPER Milestone:
Towner County Medical Center – Cando
Kenmare Community Hospital

COPPER, BRONZE & SILVER Milestone:
Cavalier County Memorial Hospital – Langdon
CHI St. Alexius – Devils Lake
CHI Garrison Community Hospital
CHI Mercy Health – Valley City
First Care Health Center – Park River
Northwood Deaconess Health Center
Pembina County Medical Center – Cavalier
Presentation Medical Center – Rolla
Sakakawea Medical Center – Hazen
Sanford Hillsboro Medical Center
Sanford Mayville Medical Center
CHI St. Alexius Health – Devils Lake
St. Andrew's Health Center – Bottineau
Wishek Community Hospital

COPPER & BRONZE Milestone:
Ashley Medical Center
Carrington Health Center
CHI Community Memorial Hospital – Turtle Lake
Cooperstown Medical Center
Heart of America Medical Center – Rugby
Jacobson Memorial Hospital – Elgin
Linton Hospital
Mountrail County Medical Center – Stanley
Nelson County Health System – McVille
Southwest Healthcare Services – Bowman
St. Aloisius Medical Center – Harvey
St. Luke's Hospital – Crosby

COPPER, BRONZE, SILVER & GOLD Milestone:
McKenzie County Healthcare System – Watford City

Register here.

Great Plains QIN
Community Antibiotic Stewardship Hot Topic: Antibiograms
04/24/18 | 12:15–1:00 p.m. CT
Register here.

National Partnership for Action to End Health Disparities
Strategies for Building and Strengthening the CHW Effort in Your Area: A Case Study from Utah
04/26/18 | 1:00-2:00 p.m. CT
Register here.

Great Plains QIN
TeamSTEPPS 2.0 Essentials Training for Hospital Staff
04/26/18 | 2:00-4:00 p.m. CT
Register here.

Office of Minority Health Resource Center
Making the Invisible, Visible: Lessons Learned from a Hispanic/Latino Migrant and Seasonal Farm Worker Needs Assessment
04/30/18 | 11:00a.m.-12:00 p.m. CT
Register here.

National Coordinating Center
Integrating Alcohol and Depression Screenings into Whole-Person Care
05/19/18 | 2:00–3:30 PM 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

Tioga Medical Center
Unity Medical Center - Grafton

COPPER, BRONZE, SILVER, GOLD & PLATINUM Milestone:

Congratulations to Sanford–Mayville on achieving the Silver Milestone!

FEATURED RESOURCES

Antibiotic Infographics

APIC's, *The ABCs of Antibiotics*, one for consumers and one for healthcare professionals, is available in English and Spanish. Download this free resource and share it within your facility and on social media.

Foster Team Work in Your Hospital!

We were listening! When Nikki and I visited HRET HIIN participating hospitals in early 2017 we identified a common need…training to foster teamwork at the bedside and throughout the hospital.

Leveraging the resources we have available through the Great Plains QIN, a TeamSTEPPS training opportunity will be hosted—not just for ND hospitals but for all hospitals in the Great Plains QIN region (ND, SD, NE and KS) on April 26 (registration information provided in the Partner Educational Events section in the left-hand column of this newsletter).

Whether you're a TeamSTEPPS novice or a master trainer, it will be a great learning experience led by Tammy Baumann, Great Plains QIN Quality Improvement Advisor. The TeamSTEPPS model has grown and evolved over its 20 years of existence—it incorporates experience and lessons learned from high reliability organizations that have been involved in extensive research on how teams work, what makes them effective and how to enhance their performance.

Share this opportunity to your hospital staff to arm them with tools and strategies to optimize teamwork in your hospital!

Tales from the Field: Safety is a Team Sport at Baptist Health Floyd

After the staff at Baptist Health Floyd (New Albany, IN) completed their most recent Culture of Safety Survey, the results showed that while they excel at teamwork within their units, there was a great area of opportunity to improve teamwork across units.

Risk and Accreditation Manager and Patient Safety Officer Angela Mead explains how they implemented new practices and interventions to improve patient care: "We recognized that the lack of teamwork across units impedes communication and creates an opportunity for errors to occur. We felt that strengthening teamwork across the entire organization will strengthen patient safety awareness across the entire organization.

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.

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.

We wanted to move our culture from thinking of patients as either 'your patient' or 'my patient' to a culture of 'our patient.' The patient belongs to our entire team from the minute they registered until they are discharged.

To improve our safety culture, Baptist Health Floyd implemented the following interventions:

- Created a multidisciplinary Patient Safety Champion Committee
- Capitalized on Patient Safety Week being in March, the same time as March Madness; developed a theme around teams and teamwork to roll out at this time; the slogan is "Safety is a Team Sport"
- All staff members wore patient safety-themed t-shirts on Fridays in March
- Hosted a contest for staff to see how many safety issues they could point out in a picture of room with patient safety issues
- Took pictures of staff with our "I am Patient Safety" sign and featured these pictures in hospital communications"

Contact the Indiana Hospital Association team learn more about how Baptist Health Floyd is promoting a culture of safety at their hospital.

Adverse Drug Events

CMS Medication Management and Opioid Initiative Pledge
The Opioid Epidemic is a health crisis which can only be effectively addressed through action at every level in our nation's healthcare system. This action can start with you and a few concrete steps. CMS invites you to join other providers in signing their Medication Management and Opioid (MMO) Initiative Pledge.

Signing indicates your commitment to:

- Education,
- Treating people with opioid use disorder with respect,
- Leveraging existing initiatives to combat opioid misuse, and
- Identifying and sharing successes to spread.

Signing the pledge is voluntary and does not legally bind you or your organization in any way. This is a commitment to be in action on addressing opioid abuse and misuse. Many of you already are doing this. Signing the pledge is your commitment to these efforts. CMS hopes you

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

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will join a growing community of healthcare professionals in pledging to address the opioid crisis. Sign the CMS MMO Initiative Pledge online today!

Data-Driven Opioid Reduction Strategy

Steven Tremain, Cynosure Physician Improvement Advisor | 4/04/2018 HRET HIIN Infections Listserv Post

A recent article in Academic Emergency Medicine, titled "Effect of a Data-Driven Intervention on Opioid Prescribing Intensity Among Emergency Department Providers: A Randomized Controlled Trial," and found here, studied the ability of Emergency Department (ED) physicians to accurately perceive their own opioid prescribing patterns. Seventy-five percent of these physicians underestimated their opioid prescribing patterns, and these same physicians, once shown the data, reduced their opioid prescribing over the subsequent six to twelve months.

Consider this strategy in your hospital's ED. Suggested data to collect and share are:

- Number of patients receiving opioids per 100 of each individual physician's patients
- Percent of opioid naïve patients who receive more than a 5-day supply of opioids
- Percent of patients who receive any refills of opioids

Pathways to Safer Opioid Use Interactive Training

In case you haven't yet seen this great new resource, The Pathways to Safer Opioid Use, created by the Office of Disease Prevention and Health Promotion (ODPHP), is an interactive training that promotes the appropriate, safe, and effective use of opioids to manage chronic pain. It's based on the opioid-related recommendations in the National Action Plan for Adverse Drug Event Prevention.

The training is intended for:

- Physicians, nurses, and pharmacists
- Public health professionals, including health educators and interdisciplinary public health practitioners
- Students in health-related fields

The video-based training allows participants to take on the role of four different characters (primary care physician, nurse, pharmacist, and patient) and make decisions to help prevent opioid-related adverse drug events (ADEs). Participants who take the training can receive free CME and CPE credit. Pathways takes about an hour to complete.

HOSPITAL-ACQUIRED INFECTIONS

CDC Urges Aggressive Action to Stop Spread of Antibiotic-resistant Germs

This week the Centers for Disease Control and Prevention urged state and local health departments and health care facilities to work with its Antibiotic Resistance Lab Network to implement a coordinated strategy to prevent the spread of unusual germs that are resistant to all or most antibiotics or can spread their resistance to other germs, reporting more than 220 instances of such germs in the United States last year. The strategy calls for rapid identification of resistance, infection control assessments, testing patients who are without symptoms but possibly carrying and spreading the germ, and continued infection control assessments until spread is stopped. "CDC's study found several dangerous pathogens, hiding in plain sight, that can cause infections that are difficult or impossible to treat," said CDC Principal Deputy Director Anne Schuchat, M.D. "It's reassuring to see that state and local experts, using our containment strategy, identified and stopped these resistant bacteria before they had the opportunity to spread." Click here for more on the CDC study and strategy. For additional tools to prevent antibiotic resistance, including an antimicrobial stewardship toolkit, click here.

APIC, SHEA, SIDP Issue Antimicrobial Stewardship Paper

With treatment costs for antibiotic-resistant infections estimated at $2 billion annually, APIC, SHEA, and SIDP published a joint position paper on the importance of a well-functioning infection prevention and control program to a successful antimicrobial stewardship strategy.

“The issues surrounding the prevention and control of infections are intrinsically linked with the issues associated with the use of antimicrobial agents and the proliferation and spread of multidrug-resistant organisms,” said Mary Lou Manning, PhD, CRNP, CIC, FSHEA, FAPIC, lead author of the new paper.

Read the joint APIC-SHEA-SIDP position paper and the press release.

CDI Infection Predictions: Wouldn’t It Be Nice to Have a Crystal Ball?

HRET HIIN CDI Team | 4/09/2018 HRET HIIN Infections Listserv

Wouldn’t it be nice to be able to predict which patients are most likely to develop hospital-onset CDI? If we could identify these high risk patients, might we be able to target both clinical and infection prevention interventions more effectively? For example, if we could reliably predict a patient to be high risk, our approach might include reducing exposure to high-risk antibiotics and acid-suppressive medications. We might also consider testing for C. difficile carriage and possibly place these patients on Contact Precautions. Or, we could even consider experimental treatments such as probiotics and gut-specific β-lactamases. Possibly, we could enhance our environmental cleaning practices for these patients.

Researchers at the University of Michigan Hospitals and the Massachusetts General Hospital recently reported on their data-driven approach to predicting the daily risk of CDI in hospitalized patients

(*Machine learning model provides rapid prediction of C. difficile infection risk*).

They recognized that the development of a risk prediction model is not a 'one-size-fits-all' effort. They discovered that by pulling data from the EMR in two different large academic medical centers, the top predictive factors differed. Of note is their model successfully identified CDI at least 5 days earlier than clinical diagnosis (in cases that were correctly identified).

Studies such as these reinforce our HRET HIIN efforts to focus on pre-test probability of CDI and the importance of thinking strategically when establishing clinical and environmental practices.

Better Outcomes & Teamwork

Maryanne Whitney, Cynosure Improvement Advisor | 4/05/2018 HRET HIIN ICU Listserv

A recent article published in the American Journal of Infection Control describes development, validation and implementation of an automated ventilator associated event (VAE) dashboard at Ohio State University Wexner Medical Center. The abstract can be found here.

The findings showed a decrease in VAC and IVAC and an ability to intervene early in a patient's stay to identify process failures and correct them. The dashboard created is electronic and requires interdisciplinary collaboration (great idea).

Better care and teamwork resulted from this implementation!

Use of Antibiotics During a Hospitalization Increases the Risk of Sepsis Down the Road!

Steven Tremain, Cynosure Physician Improvement Advisor | 4/10/2018 HRET HIIN Sepsis Listserv

In a study released last November in Clinical Infectious Diseases, found here, researchers looked at over 12 million patients in 500 hospitals who received antibiotics during their admission. All diagnoses were included, except patients who were admitted for sepsis, or had a previous diagnosis of sepsis, were excluded.

Researchers found that patients who received antibiotics were 65% more at risk to be admitted for sepsis in the subsequent 90 days than those who did not. Only 1 in 1000 patients not receiving antibiotics were later admitted for sepsis, whereas about 1 in 600 of those receiving antibiotics were later admitted for sepsis. While these numbers seem small, remember that approximately one half of all inpatients receive antibiotics.

High risk antibiotics were defined as receipt of any 3rd or 4th generation cephalosporin, flouroquinolone, lincosamide, beta-lactam/beta-lactamase inhibitor combination, oral vancomycin, or carbepenem. These antibiotics were associated with the highest rates of subsequent sepsis.

Additionally, longer length of therapy and higher dose were correlated with increased risk.

Given that studies show that 30-50% of inpatient antibiotics are administered unnecessarily, or at higher doses or longer durations than necessary, it can be assumed that many of these sepsis cases were avoidable.

APIC Refresher

If you have never taken foundational infection prevention and control training with APIC—or you're in need of a refresher—now's the time.

The newly released and very popular EPI® online series provides education that everyone with infection prevention and control (IPC) responsibilities should have. Enroll and learn how to develop and manage an effective IPC program, implement evidence-based practices for patient safety, and comply with accrediting and regulatory requirements. These courses are available to you for one full year from the time of enrollment giving you the flexibility to learn at whatever pace you choose—from anywhere and on any device you choose.

FALLS

End PJ Paralysis Drive Launched in UK to Promote Mobility and Reduce LOS

The Chief Nurse of London issued a challenge in early March: get patients in their own clothes for the next 70 days. The national campaign aims to get patients moving and end "pajama paralysis". In a pilot with 9 trusts (hospitals) they gained back 91,728 days through earlier discharges, the equivalent of 250 years' worth of precious time, as a result of getting patients up and dressed, according to NHS England. The evidence shows that getting patients up and dressed speeds up their recovery – enabling them to leave the hospital at the earliest opportunity while minimizing the harms from prolonged immobility.

Clinicians involved in this drive report that patients wearing their own clothes in the hospital further enhances their dignity, safety and retains their sense of identity.

The strategy of wearing "day clothes" is not unique to the UK. Wearing street clothes post op day 1 after a knee or hip replacement is spreading around U.S. hospitals, too.

To learn more about #End PJ Paralysis here:

- Campaign announcement: #End PJ Paralysis Announcement
- BMJ Views and Review by David Oliver, an international falls expert defining the momentum the #End PJ Paralysis movement is achieving: BMJ: Fighting pyjama paralysis in hospital wards
- 2017 End PJ Paralysis Day poster and Hospital Case Study: Royal Preston Hospital End PJ Paralysis Day

READMISSIONS

Patient Who is at "High Risk" of Readmission is Different from the Patient Who is a "High Utilizer"

Amy Boutwell, MD, MPP | AHA/HRET HIIN Cynosure Health Physician Advisor

(Co-Developer of the MAX Method of Improving Care for High Utilizers; co-Developer of the AHRQ ASPIRE Guide; Co-Developer of the IHI STAAR Initiative)

For those of you working to reduce your readmission rates, you probably already know that the patient who is at "high risk" of readmission is different from the patient who is a "high utilizer." Both have high readmission rates, but your strategies to use teach-back, set appointments, and conduct post-discharge calls are probably not working well for the high utilizers.

I have learned that readmission reduction strategies ***do not work*** for high utilizers: ***different concepts and methods are required***. These are cousins to high risk readmission reduction, but different enough to bring to your attention.

Over the past 3 years, my colleagues and I developed the ***"MAX" method*** of improving care for high utilizers. Our job was motivated by New York State's aim to reduce hospital use by 25% in 5 years. Thus, the MAX method was specifically ***designed for scale***—to work at all types of hospitals, regardless of community, resources, or experience in readmission reduction work. Importantly, in the MAX method, we specifically work with all high utilizers, including those with marginal housing, active SUD, disengaged from self care, and who preferentially call 911 for care seeking. These are the patients most of us don't yet know what to do with and how to do better for.

In less than 3 short years, 79 hospital and/or ED- based teams in NY have launched high utilizer programs using the MAX method. It's been implemented a dozen other times outside NY. This method is feasible, clinically meaningful, and effective. Our most recent cohort collectively ***reduced utilization by 12.5%*** after just 9 months of measurement (compared to internal historical controls)!

This is the first of several publications about MAX. I hope you find this article helpful. What are YOU doing to slow the cycle of utilization for high utilizers?

Winona Health's Community Care Network Reduces ED Visits and Readmissions

In this AHA Value Initiative case study, learn about Winona Health's Community Care Network (CCN) team and how they have worked to improve health and quality of life for patients, prevent unnecessary hospitalizations and reduce ED visits, thereby lowering health care costs. Click here to read more.

Tales from the Field: Reducing Rural Transportation Barriers

Mt. Ascutney Hospital and Health Center (MAHHC), a critical access hospital in Vermont, developed a multipronged approach to address the lack of transportation for patients to get to appointments. In MAHHC's most recent community health needs assessment (CHNA), transportation ranked third in overall barriers to care. Key stakeholders in the CHNA ranked lack of transportation as the number one barrier to accessing services (72.7%). Read the full story at Huddle for Care.

DIVERSITY

April is National Minority Health Month, sponsored by the Office of Minority Health at the Department of Health and Human Services. This month is a time to learn more about the health status of racial and ethnic minority populations in the U.S. and to work toward advancing health equity across the country. The theme for 2018 is *Partnering for Health Equity,* which highlights partnerships at the federal, state, local, tribal and territorial levels that help reduce disparities in health and health care. This year, the Office of Minority Health at the U.S. Department of Health and Human Services will celebrate impactful public and private sector collaborations that advance health equity and help improve the health of the nation.

Get involved in National Minority Health Month by:

- Sharing a Partnerships in Action health equity story
- Participating in the upcoming National Minority Health Month webinars (details and registration information provided in the Educational Events section located in the left hand column of this newsletter)
- Joining the #Partner4Health Equity Twitter Chat on April 25 from 1:00 – 2:00 CT
- Spreading the word about National Minority Health Month by sharing graphics on your websites and social media channels
- Completing the #123forEquity Pledge to Act to Eliminate Health Disparities
- Accessing and using the AHA Social Determinants of Health Resource Series