

North Dakota Hospital Association Innovate-ND

HRET Hospital Improvement Innovation Network

May 24, 2018

EDUCATIONAL EVENTS

HRET HIIN

Culture of Safety Virtual Event - Disaster Preparedness
6/01/18 | 11:00 a.m.-12:00 p.m. CT

Measurement Matters: Ground-breaking CDI Practices from Flowers Hospital in Alabama
06/05/18 | 12:00-1:00 p.m. CT

HRET HIIN Readmissions Sepsis Fishbowl Series: Part 3
6/12/18 | 11:00 a.m.-12:00 p.m. CT

HRET HIIN Readmissions Sepsis Fishbowl Series: Part 4
7/17/18 | 11:00 a.m.-12:00 p.m. CT

HRET HIIN Readmissions Sepsis Fishbowl Series: Part 5
8/07/18 | 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.

Event Recordings

Great Plains QIN Community Antibiotic Stewardship Hot Topic: Antibigrams | 04/24/18
Click [here](#) to review the recording.

Engaging Staff in QAPI | 05/10/2018
Click [here](#) to review the recording.

Recordings and handouts from Innovate-ND's recent UP series—Wake UP, Script UP, Get UP, and Soap UP – are available [here!](#)

IMPORTANT DATES TO REMEMBER

Remember to report your HIIN data in CDS every month!

Deadline	Reporting Period
5/31/18	Performance data for April 2018 discharges
6/15/18	Quarterly Operational Measures

QUALITY MILESTONES RECOGNITION

COPPER Milestone: Towner County Medical Center – Cando	COPPER, BRONZE & SILVER Milestone: CHI St. Alexius – Devils Lake CHI Garrison Community Hospital CHI Mercy Health – Valley City Pembina County Medical Center – Cavalier Sanford Hillsboro Medical Center
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 Kenmare Community Hospital Linton Hospital Mountrail County Medical Center – Stanley Nelson County Health System – McVile Southwest Healthcare Services – Bowman St. Aloisius Medical Center – Harvey St. Luke's Hospital – Crosby Tioga Medical Center Unity Medical Center - Grafton	COPPER, BRONZE, SILVER & GOLD Milestone: McKenzie County Healthcare System – Watford City Northwood Deaconess Health Center Presentation Medical Center – Rolla Sakakawea Medical Center – Hazen Sanford Mayville Medical Center St. Andrew's Health Center – Bottineau Wishek Community Hospital
COPPER, BRONZE, SILVER, GOLD & PLATINUM Milestone: Cavalier County Memorial Hospital – Langdon First Care Health Center – Park River	

Small-town Care: Just What the Doctor Ordered

Partner Educational Events

Shield HealthCare

WET TO DRY: Substandard Wound Care

5/30/18 | 11:00 a.m. -12:00 p.m. CT
Register [here](#).

SAMHSA-HRSA Center for Integrated Health Solutions Addressing Substance Use in AIMS Awardee Settings Part 1: Addressing Opioids in Integrated Care

05/30/18 | 1:00–2:00 p.m. CT
Register [here](#).

Great Plains QIN Blood Pressure Protocol Training

5/31/18 | 10:00–11:00 a.m. CT
Register [here](#).

Great Plain QIN Nursing Interventions to Support Continence and Care

5/31/18 | 1:00–2:00 p.m. CT
Register [here](#).

HRET ACHI Leveraging Technology to Drive Population Health

06/06/18 | 11:00 a.m.–12:00 p.m. CT
Register [here](#).

Powerful Tools for Caregivers (PTC) Program

06/05/18-06/06/18 | Fargo, ND
Click [here](#) for more information.

PfP – PFE Learning Event The Path for Implementing a PFAC: Step 3. Building Infrastructure and Sustainability

06/14/18 | 12:00-1:00 p.m. CT
Register [here](#)

Great 8 2-part Immunization Champions, Advocates, and Mentors Program (ICAMP) Webinar Series

Part 1—06/12/18 | 2:00-3:00 p.m. CT

Register [here](#).

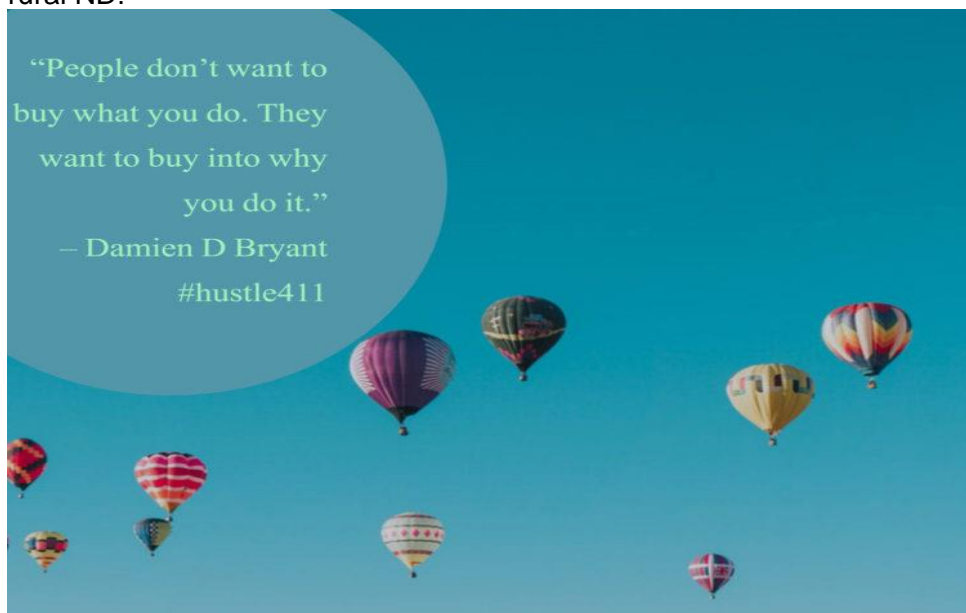
Webinar ID: 184-246-491

Part 2—06/26/18 | 2:00-3:00 p.m. CT

Register [here](#).

Webinar ID: 898-175-019

This [article](#), featured in last Sunday's Grand Forks Herald, features the lives and practices of Jonathon Berg, MD, Northwood, and Joel Johnson, MD, Park River. They truly represent the heart and soul of medicine in rural ND!



FEATURED RESOURCE

Patient and Family Engagement Resources

Nurse Bedside Shift - [Report](#)

IDEAL Discharge - [Planning](#)

Scholarship Opportunity! Pharmacist Certification in Antimicrobial Stewardship

The North Dakota Department of Health - Division of Disease Control and North Dakota State University are excited to announce an opportunity for approximately 25 North Dakota pharmacists to complete the [Antimicrobial Stewardship Certificate Program](#) through the Society of Infectious Disease Pharmacists. This year-long certification program, which usually costs \$750, will be offered to pharmacists at **no cost**, and it includes the opportunity to earn up to 4.3 CEUs. Pharmacists must be practicing in the state of North Dakota to be eligible for the program.

Contact Jean Roland (jroland@qualityhealthnd.org) or Jayme Steig (jsteig@qualityhealthnd.org) to obtain an application form and curriculum information. **Additionally, please pass this opportunity along to those in your networks that may be interested in this certification.** Interested pharmacists must complete the application and return it to [Kylie Hall](#) by **5 p.m. on June 8, 2018.**

If you have any questions, please contact Kylie Hall, Project Coordinator in the NDSU Department of Public Health, at 701-231-6262 or by emailing kylie.hall@ndsu.edu.

ANTIBIOTIC STEWARDSHIP

Antibiotic Time Out

APIC 2018

45th Annual Conference

06/13/18-06/15/18 | Minneapolis, MN

[Registration](#) is open!

Great Plains QIN

Improving Care Coordination by Working with Super-Utilizer Patients

06/27/18 | 12:00–1:00 p.m. CT

Register [here](#).

HealthInsight QIN

Trauma-Informed Care in Nursing Homes

7/ 24/18 | 3:30–4:30 p.m. CT

[Registration Not Required]

To participate:

1. Click [here](#).
2. Locate the event you wish to join, click “**Join Now**” (located to the right of the event title).
3. Enter your name and email address as prompted.
4. Enter the password: **Trauma** (The automatic system set-up should start at this point. If a dialogue box appears, click run. Please note the automatic system set-up does take a few minutes to complete.)
5. Dial into the teleconference: **1 888-896-0862**. The access code is **46703968**.

SAVE THE DATE

Quality Health Associates of North Dakota 2018 Quality Forum

08/23/18 | Bismarck, ND

Healthcare Worker Immunizations | Return on Investment

08/30/18 | 12:00-1:00 p.m. CT

NDHA Annual Convention and Tradeshow

10/09/18-10/11/18

ND Cardiac & Stroke Conference

10/24/18-10/25/18

NATIONAL PATIENT SAFETY FOUNDATION WEBCASTS

The National Patient Safety Foundation (NPSF) now offers complimentary access to past NPSF webcasts. Check back

May 22 HRET HIIN Infections Listserv Post | HRET HIIN Antibiotic Stewardship Team

A simple but powerful tool to improve antibiotic stewardship is for the pharmacy to lead a Time Out between 48 and 72 hours of antibiotic usage. The pharmacist checks to see if any cultures and sensitivities are available, and then speaks directly to the prescriber.

Antibiotic Time Out



1. Infected?
2. If yes, Bacterial?
3. If yes, source?
Culture? Sensitivity?
4. Right drug?
5. Right dose?
6. Right frequency?
7. Right duration?
8. Right route?

This time out approach can, by itself, reduce unnecessary antibiotic use by 25-50%. You can read more here: [CDC Antibiotic Time Out Blog](#)

CDC Public Health Grand Rounds: Be Antibiotics Aware: Smart Use, Best Care

If you missed this Grand Rounds visit <https://go.usa.gov/xQmvP> to view the discussion, Q&A and *Be Antibiotics Aware* resources – and don't miss *Beyond the Data* with Dr. Katherine Fleming-Dutra!

Publication Spotlight: Journal of General Internal Medicine Highlights Adult Emergency Department Visits Related to Antibiotic-Related Adverse Drug Events in Adults

["National Estimates of Emergency Department Visits for Antibiotic Adverse Events Among Adults—United States, 2011–2015"](#) was recently published online in the *Journal of General Internal Medicine*. The study was co-authored by CDC experts in the [Office of Antibiotic Stewardship](#) and the [Medication Safety Program](#) and shows that antibiotic-related adverse drug events (ADEs) lead to 145,000 adult Emergency Department (ED) visits in the United States each year. When selecting and prescribing antibiotics, consider the possible side effects to help improve antibiotic use and give patients the best care.

ADVERSE DRUG EVENTS

You want me to change the insulin regimen because the blood glucose is 67? Are you serious?

May 22 HRET HIIN ADE Listserv Post | HRET HIIN ADE Team

While 67 is mild hypoglycemia, any hypoglycemic event in a hospitalized patient increases the risk of severe hypoglycemia. The American Diabetes Association recommends a target glucose in a hospitalized patient of 140-180 mg/dL. 67 is way below target.

often to see what is available. [Visit the NPSF Webcast Archive](#) website and follow the instructions on your screen.



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

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-

Furthermore, mild hypoglycemia predicts subsequent severe hypoglycemia!

Studies show that more than 50% of all severe hypoglycemic events are predated by a milder hypoglycemic event during the same hospitalization without a subsequent change in the insulin regimen. The National Quality Forum cites severe hypoglycemia in a hospitalized patient as a "never event."

Are you educating your prescribers and nurses regarding this risk? Are you seeing prescribers respond appropriately to these mild events?

References:

http://care.diabetesjournals.org/content/41/Supplement_1/S144

<http://care.diabetesjournals.org/content/32/6/1119>

<http://www.qualityforum.org/projects/completed/sre/fact-sheet.asp>

HEALTHCARE-ASSOCIATED INFECTIONS

Scrub the Hub: "1,2,3...count with me"

May 22 HRET HIIN Infections Listserv Post | HRET HIIN CLABSI Team

Jennifer Yim, RN, BSN, CIC, and her colleagues from UC Irvine Health presented a poster "Sustained Zero Central Line Associated Bloodstream Infections in an Acute Care Oncology Unit Using a Multimodal Intervention Approach" at the SHEA Spring 2018 Conference in Portland last month. The team featured their Scrub the Hub approach called "1,2,3...count with me." This technique encouraged the patient to count (out loud) to 10 with the staff before each central line access. They even provided multi-lingual phonetic counting cards at every bedside to promote counting in many languages.

This approach was easy to observe and measure because it was audible. But more importantly, it established a practice that the patient and his/her family could transfer to the post-acute or home setting after discharge (most of their patients were transferred or discharged with their central lines). Patient and family engagement can and should be fun, right?

Have you tried anything similar in your facility? If not, might you test this fun and measurable way to involve patients and their families in our quest to prevent CLABSI's? As an added bonus, just think about how many languages your staff will learn to count in!

Home Health Infection Prevention Toolkit: Now Available

Infections in the home care setting are not uncommon, yet there are few tools and resources specifically designed for the home care professional. To help address this need and make care safer, the Great Plains Quality Innovation Network Home Health Infection Prevention and Control Initiative was established.

The initiative team, led by Great Plains QIN, has developed an [Infection Prevention Toolkit](#), which contains tools, resources and best practices to

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)

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

help reduce Acute Care Hospitalization (ACH) or Emergency Department (ED) visits related to wounds, urinary tract and respiratory infections. The Toolkit also contains immunization, antibiotic stewardship, patient and family education, risk assessment and surveillance and sepsis resources; trainings for home health aides and much more.

Healthcare partners and stakeholders are encouraged to access the toolkit and share with colleagues and team members.

Great 8 | Immunization Champions, Advocates, and Mentors Program (ICAMP) Webinar Series & Tasks

We're generating interest in ICAMP! We look forward to providing you with the information and resources you need to raise immunization rates.

Task 1: Register for both parts of the webinar series

Registration information provided in Partner Education Events section in left hand column of this newsletter.

Task 2: Take the pre-survey

https://survey.co1.qualtrics.com/jfe/form/SV_50I8goA6P0TSBiB

This survey may feel a little long. We ask you to complete it at the beginning of the program and then 6 months and 12 months after the program. Most questions should be pretty easy to answer. Some, the rates questions in particular, may be more difficult.

- Respond with what you know, but don't worry if you don't have all of the answers.
- The survey is meant to 1) help you identify gaps in your practice, 2) identify where you are starting so that you can see if you are improving, and 3) help GSA show that ICAMP is effective.
- This data is not shared with anyone inside or outside of the Great 8 group, except in aggregate form (with all ICAMP participants) to show program effectiveness. Individual participants are never identified, unless you agree to share your experience.
- If you have data already from work with your Quality Improvement Network, you are welcome to use that. The more recent the data, the more helpful it will be.

Task 3: Consider Sharing your Story

If you are interested in sharing what your organization has done to raise rates with one of the NVAC Standards (assess, recommend, administer/refer, or document), please contact me (esobczyk@geron.org). We would be happy to have you share your story for 5 minutes on one of the webinars.

Task 4: Invite others

This webinar series is open to your colleagues. Please share it with them, particularly if they are a part of the team you will be working with to raise rates. Also consider inviting members of your immunization neighborhood- those you work with around your community to raise rates.

PFE

Tales from the Field: Health Central Hospital Goes Beyond PFAC

Health Central Hospital in Ocoee, FL, recognized that the patient voice was not prevalent in all of the hospital's endeavors. Seizing this opportunity for improvement, Health Central established its first Patient and Family Advisory Council (PFAC) to ensure that the people at the heart of the hospital had a voice at the table. Today, patient and family advisors (PFAs) play a critical role at Health Central beyond even the PFAC. They serve as champions and mentors of this work as faculty for the Florida Hospital Association's Patient and Family Engagement (PFE) Learning Collaborative. In 2016 alone, Health Central's PFAs participated on 12 hospital committees, conducted more than 11,000 patient experience visits, and donated nearly 7,000 hours.

More than 90% of the donated hours supported PFA patient rounding. As part of Health Central's rounding program, PFAs observe key touchpoints between clinical staff and patients and family members. They also conduct rounds independently on patients in the hospital and Emergency Department (ED). Through this program, the PFAs and hospital seek to identify and address the immediate needs of current patients, as well as collect information to guide long-term policy and service delivery changes for future patients. This practice moves beyond traditional interdisciplinary patient rounding by providing PFAs with autonomy to obtain information that may not be readily available to time-pressed clinicians and hospital staff. The PFAs also might be able to better relate with fellow patients and family members. The PFAs work closely with the hospital's management and administration to report their insights on opportunities to improve the care experience and to identify successes and best practices.

Results of this program have included a new ED policy to allow bereaved family members to remain with loved ones while clinicians remove life-sustaining equipment; a reduction in patient falls; and improved patient experience scores regarding staff concern for privacy. The federal Agency for Healthcare Research and Quality (AHRQ) formally recognized and highlighted this initiative on its Health Care Innovations Exchange.

For more information on the initiative, you also can contact Bibi Alley, Patient Advocate, at bibi.alley@healthcentral.org, or Christina McGuirk, Chief Nursing Officer, at mchristina.mcguirk@healthcentral.org.

VTE

VTE Prevention: As Easy as 1 – 2 - 3!

May 22 HRET HIIN Hospital-Wide Listserv Post | HRET HIIN VTE Prevention Team

VTE prevention is one of the simplest interventions to “automate”. Most of our interventions are complex, but this one is easy by comparison.

1. Physicians use a standard VTE risk assessment tool. The most common qualitative tool is the Modified UCSD 3 Bucket model. It is simple and it works. For those of you who want something more complex, and theoretically, more patient specific, you might take a look at the Caprini tool. This latter tool works but only if implemented exactly as recommended. Like all point scoring scales, it depends on

whether the scoring is accurate. You can find these tools here: [AHRQ VTE Guide](#) in Chapter 4.

2. Risk drives orders. The risk tool chosen directly leads the physician to order those interventions that are appropriate for the determined risk. It makes it impossible for the prescriber to choose the wrong prophylaxis, because only those appropriate for the determined risk appear in the order menu.
3. Nurses implement the orders with 100% adherence. Often patients do not welcome these orders, and nurses may not realize that any lapse increases the risk of VTE. Top performing hospitals educate the patients and nurses, track patient refusals by nurse, teach nurses how to respond to refusals, and have strategies to ensure that the patient makes an informed choice.

DIVERSITY

Tales from the Field: Volunteer for Dental Program

In 2009, Muskegon County, Michigan had over 13,000 low-income residents who were uninsured or underinsured. These residents had unmet healthcare needs including the inability to pay for dental treatment. The Muskegon County Oral Health Coalition assessed how many residents were using the emergency department for oral health concerns and drafted a report using hospital data and sent it out to all stakeholders in the area. Around this time, Volunteer for Dental (VFD) began as a pilot study in 2011, modeled after The Dentists Partnership in Calhoun County, and opened to the public in January 2014. VFD offers basic dental services to residents who qualify, in exchange for completing volunteer work in the community. Participants receive their dental services at local private dental offices that provide all of the dental care for free. Those who go to the hospital emergency department for a tooth issue are referred to the program. VFD calls all referrals and works with patients to find them a dental home. Anyone can call and get help finding dental services or help getting dental related questions answered. Patients are also referred by primary care physicians' offices, dental offices, community organizations that provide medical navigation, volunteer organizations, 2-1-1, churches, the program website, Facebook, friends, family and brochures in the community.

The community has received a 300% return on investment with VFD since the program opened in January 2014. Highlights include:

- 1,288 people called the dental information center
- 15,287 volunteer hours completed by program participants
- 2,229 dental procedures provided by volunteer dentists
- 413 people received dental services
- \$781,267 total value back to the community

In 2016, the total visits reported from the Muskegon County emergency departments for dental issues decreased as well as the dental costs to Mercy Health from \$467,400 to \$374,725. The program contributed to this decrease by providing access to care and offering navigation services to residents who need dental services.

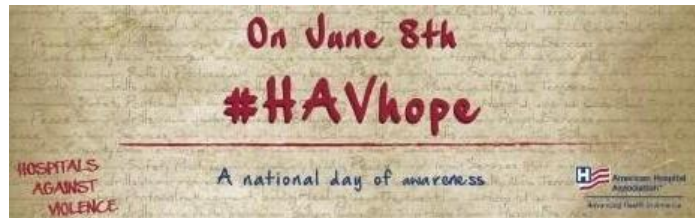
Read more about the innovative community program and partnership at [Huddle for Care](#).

WORKER SAFETY

A new free on-line course aims to train nurses on recognizing and preventing workplace violence. <https://www.cdc.gov/niosh/updates/upd-08-12-13.html>

Has anyone heard from your hospitals about using the Emergency Nurses Association (ENA) toolkit for workplace violence and managing violent behaviors? <https://www.ena.org/docs/default-source/resource-library/practice-resources/toolkits/workplaceviolencetoolkit>

Another helpful tool is the AONE/ENA joint toolkit: http://www.aone.org/resources/final_toolkit.pdf.



#HAVhope **Friday:** **National Day** **of Awareness**

#HAVhope
Friday: National
Day of

Awareness unites hospitals, health systems, nurses, doctors and other professionals from across the country, as well the local and national organizations they work with, to combat violence through the use of digital media. Violence is one of the nation's major public health and safety issues, both in our communities and workplaces. #HAVhope will provide an important visual demonstration that the health care community stands together and with others in the community to combat violence in our workplaces and communities.

On June 8 the second annual Hospitals Against Violence Hope (#HAVhope) Friday will focus national attention on ending all forms of violence with a digital media campaign – shared tweets, posted photos and other online efforts. We encourage participation in the following ways:

- Become an [organizational supporter](#)
- Download our [digital toolkit](#) for ideas to create awareness
- Begin posting [#HAVhope photos](#) on social media and highlight the work and commitment to combat violence in your community or workplace

LEADERSHIP

Leading Together: The New Paradigm for Health Care

HRET recently announced two upcoming *Leading Together: The New Paradigm for Healthcare* trainings! The summer training will be held in Denver, CO, from July 17-18 and the fall training will be held in Charlotte, NC, from November 7-8. This is a 1.5 day collaborative workshop designed for physician-administrator dyad teams 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. Please note the following:

- [Registration](#) is now open for both trainings.

- All individuals interested in applying must identify their joining team member in the registration form. The joining team member also must register separately.
- The deadline to register for the July training is Friday, June 22.

Please contact physicianalliance@aha.org with any questions.



May is Mental Health Month

Each year millions of Americans face the reality of living with a mental illness. During May, the [National Alliance on Mental Illness \(NAMI\)](#) will be raising awareness of the prevalence of mental health illnesses to fight stigma, provide support, educate the public, and advocate for policies that support people with mental illness and their families. In 2018, NAMI will promote the theme "CureStigma" throughout all Mental Health Month awareness events.

[Mental Health America](#) will be raising awareness and promoting Mental Health Month with the theme "Fitness #4Mind4Body". The organization will focus on what we as individuals can do to be fit for our own futures – no matter where we happen to be on our own personal journeys to health and wellness. Their toolkit has fact sheets and worksheets on how mental health is affected by diet, nutrition, sleep, etc. Download their toolkit, [here](#).