

North Dakota Hospital Association Innovate-ND

HRET Hospital Improvement Innovation Network

August 13, 2019

EDUCATIONAL EVENTS

HRET HIIN

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/Online Education Opportunities

HRET HIIN

Falls Hot Topic | How to Implement a Mobility Program

[Recording and slides](#)

HRET HIIN Hot Topic

Venous Thromboembolism

[Recording and slides](#)

[VTE resources](#)

AHA Podcast: Screening for social needs to improve care

On this AHA Advancing Health podcast, Priya Bathija, vice president of AHA's The Value Initiative, discusses how health care providers increasingly realize that social needs impact a patient's overall health and how to begin these sensitive conversations. [Listen here](#), and learn more about screening for social needs in the recently released [guide](#) from AHA's The Value Initiative.

All event recordings are/will be available on-demand on the HRET HIIN website www.hret-hiin.org. Select the desired topic and scroll down to "Watch a Recent Data Event."

Partner Educational Events

IMPORTANT DATES TO REMEMBER

Remember to report your HIIN data in CDS every month!

Deadline	Reporting Period
08/31/19	Performance Data for July 2019 Discharges
08/21/19	HEOA/PFE Survey (Operational Metrics Survey)

QUALITY MILESTONES RECOGNITION

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

AHA Team Training
Just Six Things: What Leaders Can Do to Hardwire a Culture of Safety, Improve Teamwork and Reduce Harm
08/14/19 | 12:00-1:00 p.m. CT
Register [here](#).

American Hospital Association Integrating the Community Voice in Care Delivery
08/15/19 | 11:00 a.m.–12:00 p.m. CT
Register [here](#).

TMIT High Performer Webinar Workplace Violence: A Patient and Caregiver Safety Update
08/15/19 | 12:00-1:30 p.m. CT
Register [here](#).

Become a Certified Lay Leader for Better Choices Better Health Leader Training
Bismarck Senior Center
315 N 20th St., Bismarck, ND
September 17, 18, 24, and 25
9:00 a.m.–4:30 p.m. each day

Premier Advisor Live Webinar Reviewing the Medicare Hospital and Physician Payment Rules: IPPS, OPFS and PFS
08/21/19 | 11:00 a.m.-12:30 p.m. CT
Register [here](#).

Sepsis Alliance GE Sponsor Innovation Webinar: Can We Help “Solve” Sepsis Together? Interactive Augmented Intelligence for Healthcare and Sepsis
08/22/19 | 1:00-1:45 p.m. CT
Register [here](#).

PFCCpartners Diverse Voices Matter: Improving Diversity in Patient and Family Advisory Councils (PFACs)
08/23/19 | 2:00-3:00 p.m. CT
Register [here](#).

Diversity and Health Equity Diversity Dialogue Series | Religion as a Component of Patient-Centered Care: Challenges and Opportunities Care Facilities



Congratulations to **Linton Hospital** for reaching the Gold Milestone!

ADEs

Reduce Risk of Opioid Overdose Deaths by Avoiding and Reducing Co-Prescribing Benzodiazepines

BCLC Listserv | 7/16/2019

The article [Reduce Risk of Opioid Overdose Deaths by Avoiding and Reducing Co-Prescribing Benzodiazepines](#) is now live through the Medicare Learning Network (MLN). This MLN Matters article is targeted for physicians, non-physician practitioners (NPPs), other prescribers, and pharmacists who prescribe or dispense opioids and benzodiazepines (BZDs). This MLN Matters article describes the latest key issues related to co-prescribing BZDs with opioids. It summarizes multiple strategies to reduce the impact of this potentially dangerous practice, with a focus on patient health, safety, and well-being.

Vital Signs: Pharmacy-Based Naloxone Dispensing — United States, 2012–2018

This Week in MMWR - Vol.68, 08/06/19

Naloxone is a life-saving medication that can reverse the effects of an opioid overdose. Naloxone distribution is an important component of the public health response to the opioid overdose epidemic. The number of naloxone prescriptions dispensed from retail pharmacies increased substantially from 2012 to 2018, including a 106% increase from 2017 to 2018 alone. Click [here](#) to read more.

Did You Know?

- Prescriptions for naloxone, a drug that can reverse an opioid overdose, [doubled from 2017 to 2018](#)—according to the latest *Vital Signs* report.
- Despite progress, only [1 naloxone prescription](#) is dispensed for every 70 high-dose opioid prescriptions; taking high-dose opioids increases the risk for overdose.
- States and communities can work with healthcare providers to expand naloxone access for at-risk patients and promote the benefits of [prescribing, dispensing, and carrying naloxone](#).

Taking Herbs with that Warfarin? Is it Safe?

HRET HIIN Hospital Wide Listserv | 08/04/19

A 2014 study, found [here](#), looked at the evidence for herb-warfarin interactions. With many patients taking herbs hoping to improve their health, it is important to know which interactions are troublesome. This study found the following:

Interactions supported by “highly probable” evidence:

- Cranberry > Major potentiation of warfarin effects leading to death or major bleeding
- St. John’s Wort > Major inhibition leading to thrombosis

08/27/19 | 12:00-1:00 p.m. CT
Register [here](#).

Better Choices, Better Health Cross-Training

Bismarck Public Library
515 N 5th St Bismarck, ND
October 8 and 9
9:30 a.m.–5:00 p.m.
To register, please call 701-323-
2911 by September 2.

2019 APIC Applied Learning Conference

10/26/19-10/27/19 | St. Louis, MO
Register [here](#).

Alzheimer's Association – ND Chapter

If you, your staff, your residents or
their families ARE STRUGGLING
WITH THE IMPACTS OF
DEMENTIA, PLEASE CHECK OUT
CARE CONSULTATION, provided
FREE ONLY in North Dakota by
funding through the ND Department
of Human Services, Aging Services
Division.



The flyer features the Alzheimer's Association logo at the top. Below it is a photograph of three people (two women and one man) sitting around a table, looking at documents. The text describes the Care Consultation program as an important service for professionals working with individuals with memory loss. It mentions that the program provides education, support, and care planning. At the bottom, there is a logo for the North Dakota Department of Human Services and contact information: alz.org and 24/7 Helpline: 1.800.272.3900.

RESOURCES

LISTSERV®

- Soya > Moderate inhibition of warfarin effects leading to a lower INR and need for increase in warfarin dose
- Danshen (salvia) > Moderate inhibition of warfarin effects leading to a lower INR and need for upward adjustment of warfarin dose

Interactions supported by “probable” evidence:

- Chinese angelica > Moderate potentiation of warfarin effects leading to a higher INR and need for decrease in warfarin dose
- Ginger > Moderate potentiation of warfarin effects leading to a higher INR and need for decrease in warfarin dose
- Coenzyme Q10 > Minor inhibition of warfarin effects leading to small reduction of INR not requiring dosing changes

Ten more herbs were studied where the evidence for an interaction was labeled “possible.” These can be found in the article. Moving forward consider capturing a full list of OTC medicines taken by your warfarin patients and involve your pharmacist to advise them on these products.

ANTIBIOTIC STEWARDSHIP

Hospital and Health System Association of Pennsylvania's HIIN Open Antimicrobial Stewardship Webinar Series to Pharmacists and Pharmacy Technicians

HRET HIIN State Partner Listserv | 07/24/19

The Hospital and Health System Association of Pennsylvania's (HAP) Hospital Improvement and Innovation Network (HIIN) is opening up its' successful series of 10 webinars on Antimicrobial Stewardship to all Pharmacists and Pharmacy Technicians. In order to obtain the 10 CPEs, all webinars must be viewed. A certificate of Antibiotic Stewardship Training along with instructions for applying for CPEs will be provided at the end of the series. Click [here](#) to register and view the free webinars.

Excess Days of Antibiotics Impacts Risk of C. difficile...Yes, More is not Better...Better is Better

HRET HIIN Infections Listserv | 07/30/19

Why are most antibiotic prescriptions written for 7 days? A recent [paper](#) summarizes how this approach is ludicrous as no science supports this practice. Many studies demonstrate that as few as 3 days for community-acquired pneumonia (CAP) is adequate. Vaughn and colleagues reported that two thirds of inpatients with CAP received excess antibiotics and that those prescribed at discharge accounted for >90% of the excess duration. Each excess day of treatment was associated with a 5% increase in the odds of antibiotic-associated adverse events (such as C. difficile) reported by patients after discharge.

HAIs

Pre-packaged Bath Wipes: Good for CAUTI, Bad for Plumbing?

HRET HIIN Infections Listserv | 07/16/19

[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. [Send your questions](#) on your work with hospital-acquired conditions through the LISTSERV.

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)

INNOVATE-ND SUPPORT TEAM

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The CDC's guidelines for CAUTI prevention does not include a specific method or cleansing agent for daily hygiene around the urinary catheter. This has raised the question for CAUTI champions, "What is the best method for bathing and cleansing of the catheter to prevent CAUTI?"

In 2015 a literature review was conducted with the aim of synthesizing the current evidence regarding bathing and cleansing practices to prevent CAUTI. The full text article can be accessed [here](#).

The key findings from the literature review:

- Bath basins are contaminated with bacteria at a rate of 52-98% which can be contributing to patients experiencing CLABSI, CAUTI and SSIs. Gram-negative bacteria, Enterococcus, and Staphylococcus aureus were the most commonly present bacteria in bath basins, each of which are significant contributors to HAIs and CAUTIs
- Chlorhexidine (CHG) periurethral cleansing prior to insertion did not reduce CAUTI rates
- CHG bathing wipes reduce CLABSI, SSI, MDRO rates but not CAUTIs
- Non-medicated cleaning cloths eliminated the bath basin contamination factor and led to reduced CAUTI, increased nurse satisfaction, and reduced product and nursing time costs; one study revealed the consequences of a return to basin bathing, that led to 23 new CAUTIs

While pre-packaged cleansing cloths have positive outcomes for patients and nurses, in some hospitals an unintended consequence has been its impact on plumbing. Moving forward, include education around proper disposal to all staff involved in direct patient cares.

FALLS

Bedside Staff Are Best Equipped to Design Intentional Rounding Practices

Intentional rounding is a popular strategy for improving patient satisfaction, comfort and safety and to increase staff visibility. Hospitals and units that have had success with IR as a strategy to reduce injuries from falls have customized their rounds with an emphasis on proactive toileting as part of the rounds.

Some hospitals struggle with hardwiring intentional rounding, especially the proactive toileting component. A key ingredient to successful rounding from the field and in the literature is staff involvement in the development of the rounding workflow. In a 2017 [study](#), a 50% reduction in falls was achieved with the implementation of customized IR that was specifically designed by staff.

HRET HIIN Falls Hot Topic Recording and Slides

The HRET HIIN Falls Hot Topic [recording and slides](#) are now available! The event allowed participants to learn from peer hospitals about "How to Implement a Mobility Program." Each of the panelist hospitals shared how they started their mobility program, the operational details that made it work, and the challenges and benefits they experienced.

Participants were exposed to practical and tactical information that will help them achieve the following objectives at the conclusion of the event:

- Summarize the benefits of an early patient mobility program to build WILL in their organization
- Compare various hospital mobility programs to generate IDEAS for implementation of first steps in implementing an early mobility program
- Discuss expected challenges and identify accelerants to EXECUTION of an early mobility program

READMISSIONS

Palliative Care: Coping Strategies and Resources for Family Caregivers

If you are caring for a loved one living with a serious illness, you are part of the largest workforce in the country. More than 43 million people - that's almost one in seven Americans - are providing unpaid care for a chronically ill, disabled, or elderly family member or friend. Many of these caregivers are holding down a full-time job at the same time, and some are also raising children.

The following link provides helpful resources for family caregivers. Please pass this information along to the families of patients you encounter. Click [here](#) to read more.

Integrating the Community Voice in Healthcare Delivery

AHA is hosting a webinar focused on "the patient's voice" on August 15 (11-12 p.m. CT). The webinar will feature projects and programs highlighting work in advancing patient-centric care by integrating the patient voice in care design and delivery. Two teams from the AHA Hospital Community Cooperative (HCC), Holy Name Medical Center and MultiCare Health System, will share their approaches to integrating the community voice in their innovative cancer screening and educational programs. To register for the webinar, click [here](#). For more information on AHA Hospital Community Cooperative, click [here](#).

Study: Home-delivered Meals Could Save Money for Medicare

There's a growing recognition that practical services like meal delivery can make a difference helping older people avoid health flare-ups that can send them to the hospital. In patients with chronic conditions such as diabetes, heart failure, Alzheimer's and osteoporosis, have two or more such conditions, along with limitations doing daily tasks such as bathing, cooking or getting dressed and over 75, living alone, providing seven days of healthy meals could avoid nearly 10,000 return trips to the hospital resulting in admission. Click [here](#) to read more.

AHRQ Releases New Cardiac Rehabilitation Initiative

AHRQ has designed a new cardiac rehabilitation initiative called TAKEheart to help hospitals and health systems improve cardiac patient outcomes. Participating hospitals will receive step-by-step training on implementing a proven means of increasing cardiac rehabilitation among eligible patients and gain ongoing support through individualized coaching and technical assistance; access to a 12-month virtual

education program; strategic insights from leading cardiac rehabilitation experts; and peer-to-peer knowledge sharing.

AHA is now recruiting hospitals interested in participating in the free, 12-month long initiative. It begins January 2020. **The application deadline is October 15, 2019.** For additional information, [click here](#). For questions, contact: cardiac.rehab@aha.org.

VTE

Hot Topic Recap

The HRET HIIN VTE Hot Topic virtual event was held July 22 and focused on the key challenge of reducing VTE inpatient harm through physician-driven risk assessments and connecting a standardized order set to the outcome of the risk assessment. Participants learned to overcome this challenge through peer-to-peer sharing and success stories on prevention strategies for VTE. Additional takeaways for participants attending this event encompassed the following:

- Foundational concepts and best practices for risk assessments and order sets
- Results and lessons learned from the VTE Sprint Collaborative during Option Period 1
- HRET HIIN resources and tools to continue VTE prevention efforts
- Strategies for patient and family engagement in VTE prevention including teachback, scripting, and developing a response plan for patient refusals of treatment

To watch the HRET HIIN VTE Hot Topic virtual event recording and view the slides, click [here](#). For additional HRET HIIN VTE resources, click [here](#).

DIVERSITY/DISPARITIES

CMS OMH | Navigating Health Care with a Disability: Our Stories, a Focus on the Provider

Learn how health care organizations and providers can improve accessibility and care for people with disabilities. For more details, review [Modernizing Health Care to Improve Physical Accessibility: Resources Inventory](#), a summary of resources and tools for health care professionals to reduce barriers and provide access to high quality care for people with disabilities. To learn more, visit go.cms.gov/omh.

SEPSIS

Caring for Sepsis Survivors

By Amy Karon | Reprinted from April 2018 ACP Hospitalist

An 81-year-old man with hypertension and type 2 diabetes mellitus is hospitalized with Klebsiella urinary tract infection, bacteremia, acute renal injury, and lactic acidosis. Fluid and antibiotic therapy normalize his creatinine and lactic acid levels, vital signs, and blood pressure. He does not need physical restraints, a central line, or an indwelling urinary catheter. While preparing for discharge, he asks about his long-term prognosis.

The treating hospitalist faces the issue of post sepsis sequelae—a syndrome of late mortality, functional and cognitive impairment, and mental health problems affecting the increasing number of patients who survive severe sepsis or septic shock.

“I see a lot of [sepsis survivors] with cognitive impairment—cloudy thinking or difficulty completing tasks—in addition to weakness or exercise limitations and recurrent sepsis or infection,” said ACP Member Hallie Prescott, MD, MSc, a medical intensivist at the University of Michigan and Veterans Affairs Hospital in Ann Arbor. Click [here](#) to read more.

MISCELLANEOUS

Getting Rid of Fax Machines by 2020

A [recent article](#) from Fierce Healthcare focused on Direct Secure Messaging and eliminating the use of fax machines. CMS Administrator, Seema Verma, has called on providers to cease using fax machines by 2020. If you are currently a Participant of the NDHIN, it is part of the services provided.

AHA Offers Coaching, Resources for Integrating Age-Friendly Care

The AHA next month will launch an Action Community offering free monthly webinars, coaching, resources, in-person meetings and site visits to help hospitals and health systems integrate "age-friendly" health care. The initiative will kick off with webinars September 17 and 25 and begin sharing other content in October. Participants will learn to use the 4Ms Framework—an evidence-based model focused on what matters, medications, mentation and mobility—to support the needs of aging communities in clinical settings. Sign up [here](#). For more on Age-Friendly Health Systems, an initiative of the John A. Hartford Foundation and Institute for Healthcare Improvement in partnership with the AHA and Catholic Health Association of the United States, click [here](#) or email ahaactioncommunity@aha.org.

****Note – Components of age-friendly care will be woven into HRET HIIN work moving forward.***

DATA

Updated EOM Available

The revised Encyclopedia of Measures has been posted to the AHA/HRET HIIN [website](#).

As a reminder, this version of the EOM documents that the following measures have been changed from required to optional:

- MRSA Bacteremia - Standardized Infection Ratio (SIR) (HIIN-MRSA-1)
- Hospital-onset MRSA Bacteremia Events (HIIN-MRSA-2)
- SSI SIR – total knee replacement surgeries (HIIN-SSI-1c)
- SSI rate – total knee replacement surgeries (HIIN-SSI-2c)
- SSI SIR – total hip replacement surgeries (HIIN-SSI-1d)
- SSI rate – total hip replacement surgeries (HIIN-SSI-2d)

- Harm Events Related to Patient Handling (HIIN-WS-1b)
Harm Events Related to Workplace Violence (HIIN-WS-1c)