

North Dakota Hospital Association

Innovate-ND

HRET Hospital Improvement Innovation Network

September 5, 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.

Partner Educational Events

Partnership for Patients | PFE Monthly Learning Events
Building the Bridge: Provider and Patient Perspectives in Improving Diagnoses
 09/12/19 | 12:00-1:00 p.m. CT
 Register [here](#).

Sepsis Alliance (GE Sponsored Webinar)
Can We Help Solve Sepsis Together? Biomarkers: We Just Need To Be Better Listeners
 09/18/19 | 12:00-1:00 p.m. CT
 Register [here](#).

ACHE and SIDM
Addressing Diagnostic Error: A Top Source of Preventable Harm and Cost
 09/24/19 | 11:00 a.m.-1:30 p.m. CT
 Register [here](#).

AHA Physician Alliance
Patients with Opioid Use Disorder in the Outpatient and Emergency Settings
 09/24/19 | 12:00-1:00 p.m. CT

IMPORTANT DATES TO REMEMBER

Remember to report your HIIN data in CDS every month!

Deadline	Reporting Period
09/30/19	Performance Data for August 2019 Discharges

QUALITY MILESTONES RECOGNITION

COPPER Milestone:	COPPER, BRONZE & SILVER Milestone: Cooperstown Medical Center Heart of America Medical Center – Rugby Unity Medical Center – Grafton
COPPER & BRONZE Milestone: Ashley 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	

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

AHRQ

**The Role of Health IT to
Improve Care Transitions**

09/26/19 | 1:00-2:30 p.m. CT
Register [here](#).

APIC-Minnesota Conference

September 26-27, 2019 | Visit the
[2019 APIC Minnesota Fall
Conference website](#) for registration
details and the full agenda.

**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.

**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.



Congratulations to **Cooperstown Medical Center** on meeting the Silver Milestone by sharing their Innovate-ND HIIN Progress Report and data with their hospital board on August 28!

Thank you to all of our Innovate-ND hospitals for submitting the August Operational Survey! We had a **100% submission rate** for this survey round! In addition, we (Innovate-ND hospitals) boast a 97% submission rate for all HIIN Measures data. **YOU ROCK!**

**Governor Burgum proclaims September Sepsis Awareness
Month in ND!**



FEATURED RESOURCE

Sepsis Awareness Month



alzheimer's association

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 LISERSERV® 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 LISERSERV.

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.

In 2011, Sepsis Alliance designated September as Sepsis Awareness Month. Every September since, we've invited individuals, healthcare professionals in every area of medicine, and organizations big and small to help save lives by raising awareness of the leading cause of deaths in U.S. hospitals – SEPSIS.

This Sepsis Awareness Month, we invite you to take the TIME to help save lives.

- [Join the Sepsis Awareness Superhero Challenge](#)
- [Sepsis Awareness Month Toolkit](#)
- [Sepsis: It's About Time™ Campaign](#)
- [Nurses' Station](#)

AHA Age-Friendly Initiative Recruitment and Resources

AHA is currently recruiting hospitals to join the Age-Friendly Action Community, which convenes this September. This 7-month collaborative is designed for hospital-based teams (e.g., emergency departments, ICUs, medical-surgical units) and ambulatory care teams to test and implement the 4M Framework (Mobility, Mentation, Medication, and What Matters) and share learnings with their peers. One of the benefits of joining the Action Community is that the content provided directly impacts several HIIN measures, including falls with injury, patient and family engagement, readmissions, and delirium. Hospitals can enroll in the Action Community by clicking [here](#).

To learn more about the Action Community activity schedule, benefits of participating, cost to participate, and the 4M Framework, be sure to read the AHA Action Community Invitation Guide found [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.

ADEs

Opioid Workgroup Summary

HRET HIIN's opioid workgroups and Alternatives to Opioids (ALTO) virtual event series concluded on August 14. Thank you to Allied Associations and hospital teams that participated in the pilot opioid safety workgroups, and a special thanks to Colorado Hospital Association for partnering with HRET HIIN to deliver a dynamic and well-attended ALTO virtual event series. HRET HIIN is currently developing the next phase of opioid safety work and will use the feedback from the mid-point workgroup survey completed by participating Allied Associations and hospitals to guide the design of future work.

The recordings and slides from the ALTO virtual event series will be posted to the HRET HIIN website [here](#) and the AHA Opioid Resource page [here](#). Please stay tuned to the Hospital Wide LISERSERV for an update on when the recordings and slides are available.

ANTIBIOTIC STEWARDSHIP

Influenza Vaccination for the Healthcare Community

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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Healthcare workers can reduce or eliminate the spread of contagious diseases simply by being vaccinated.

Healthcare providers are at risk for exposure to serious, sometimes deadly, diseases. Therefore, it is critical to stay current with the appropriate vaccines for personal protection and to reduce the chance of transmitting disease to vulnerable patients who may also expose their families.

August is National Immunization Awareness Month. All healthcare professionals have a role to play in ensuring individuals are getting recommended vaccines. Be a champion for vaccination in your practice. Ensure all colleagues in your practice are sharing a consistent message about the importance of vaccines. Read [more](#).

CDC Reports Progress to Improve Antibiotic Use, Stewardship *AHA Today | 08/20/19*

The number of U.S. hospitals with an antibiotic stewardship program that meets all core elements recommended by the Centers for Disease Control and Prevention almost doubled between 2014 and 2017 to 3,816, according to a new [report](#) by the CDC. The report highlights antibiotic stewardship improvements and resources since the agency's last report in 2017. As of last year, for example, more than 7,600 outpatient facilities were working with the Centers for Medicare & Medicaid Services' Quality Innovation Network-Quality Improvement Organizations to implement all core elements of outpatient antibiotic stewardship recommended by CDC. Highlighted resources include CDC's [2018 toolkit](#) to help hospitals track and improve antibiotic use in treating sepsis.

The AHA released an [antibiotic stewardship toolkit](#) in 2014 to help hospitals and health systems enhance their antimicrobial stewardship programs based on the CDC core elements, and in 2017 partnered with CDC on [guidance](#) to help small and critical access hospitals implement programs to improve antibiotic prescribing and use and reduce the threat of antibiotic-resistant infections. For more AHA resources to promote appropriate use of medical resources, visit www.aha.org.

New Joint Commission Standard on Antibiotic Stewardship in Outpatient Settings

- As of January 1, 2020, new antimicrobial stewardship requirements will be applicable to Joint Commission-accredited ambulatory health care organizations that routinely prescribe antimicrobial medications.
- The standard requires identification of stewardship leadership; goal-setting supported by data collection, analysis, and reporting; use of evidence-based practice guidelines; and education for clinical staff.
- Learn more by reading the [Joint Commission: Requirement, Rationale, Reference Report](#) (PDF).

Electronic Medical Records and Stewardship

- Researchers in Australia show that integration of electronic medical record data and an antimicrobial stewardship program can increase clinician compliance and improve the appropriateness of antibiotic appropriateness.

- The research team developed an internal metric, the “5 Moments of Antimicrobial Prescribing,” to measure impact of their coordinated intervention.
- Read the abstract, [Infection Control and Hospital Epidemiology: Outcomes of an electronic medical record \(EMR\)–driven intensive care unit \(ICU\)-antimicrobial stewardship \(AMS\) ward round](#).
- Nursing home stewardship leaders might benefit from [Minnesota Department of Health: Using Electronic Health Records for Antibiotic Stewardship](#) (PDF).

Feasibility of Antimicrobial Stewardship Interventions at Community Hospitals

- Researchers assessed feasibility of preauthorization and post-prescription audit and review in community hospitals, finding that post-prescription audit and review is more feasible and effective in this setting.
- Read the full article at [JAMA Open Network: Feasibility of Core Antimicrobial Stewardship Interventions in Community Hospitals](#).
- Also read the invited commentary on the article, which describes the importance of stewardship studies in community hospitals at [JAMA Open Network: Adapting Antibiotic Stewardship to the Community Hospital](#).

U.S. Antibiotic Awareness Week, Nov. 18–24

It's not too early to plan for [CDC: U.S. Antibiotic Awareness Week](#) (USAAW). USAAW is an annual one-week observance to raise awareness of the threat of antibiotic resistance and the importance of appropriate antibiotic prescribing.

Utilize these helpful resources as you prepare for USAAW.

- [CDC USAAW](#)
- [MDH Antimicrobial Resistance and Stewardship](#)
- [Minnesota One Health Antibiotic Stewardship Collaborative](#)
- [MDH One Health Antibiotic Stewardship Print Materials](#)

HAIs

FDA Approves New Antibiotic to Treat Community-Acquired Pneumonia

AHA Today | 08/20/19

The Food and Drug Administration recently [approved](#) a new antibiotic to treat adults with community-acquired bacterial pneumonia. The antibiotic, Xenleta, received priority review under an FDA Safety and Innovation Act designation for drug products intended to treat serious or life-threatening infections. About 1 million people are hospitalized with community-acquired pneumonia annually in the United States. "For managing this serious disease, it is important for physicians and patients to have treatment options," said Ed Cox, M.D., director of FDA's Office of Antimicrobial Products. "This approval reinforces our ongoing commitment to address treatment of infectious diseases by facilitating the development of new antibiotics."

Orthopedic SSI Prevention: The Search for Risk Factors Continues

HRET HIIN Infections Listserv | 08/27/19

It's impossible to flip through an infection prevention or surgery journal these days without seeing multiple advertisements for products designed to 'de-colonize' surgical patients prior to surgery. Most claim to work miracles yet outcomes suggest otherwise.

Kent and colleagues recently published their findings to identify risk factors for *Staphylococcus aureus* colonization in a presurgical orthopedic population. The abstract may be retrieved [here](#).

The researchers identified that 'being male' or having diabetes made *S. aureus* colonization more likely. They also determined that older age, visiting public places, recent antibiotic use and the presence of facial hair significantly lowered the risk of *S. aureus* colonization.

FALLS

Flowcharting to Reduce Falls

Lincoln County Medical Center in Ruidoso, NM, made falls reduction a priority after analyzing their falls data in 2017 and realizing that they were not meeting their expected reduction goals. A hospital team came together to work on the falls improvement effort which consisted of the hospital's Chief Executive Officer, Chief Nurse Executive, Quality Manager, charge nurses, clinical education staff, and front-line staff. The team developed a flow chart to visualize their ideal processes and identify their process gaps.

Two major process gaps were identified in the flow chart: variation in interpreting the fall screening and variation in complying with the fall prevention protocol. To address these gaps, staff were re-educated on the "No One Walks Alone" (NOWA) flowchart and the NOWA protocol which included the following: staff should always be present when ambulating a patient; establishing a falls agreement; utilization of bed alarms; conducting falls risk assessments; individualized care plans; collaboration with physical therapy; counting days between falls; and post-fall debriefings. The hospital team leading these efforts have guided and served as resources and champions of this improvement initiative. Hospital leadership have guided by example by answering call lights themselves during safety rounds and making sure the patient was appropriately identified as a fall risk.

At the start of their improvement efforts in July 2017, Lincoln County Medical Center had 4.2 falls per 1000 patient days. By July 2018, they had 0.99 falls per 1000 patient days, which surpassed their goal of 2.64 falls per patient days.

Lessons Learned:

- Leadership and frontline staff involvement is critical.
- Be sensitive to negative performance trends and celebrating successes.
- Persistence and real time response to variances and non-adherence are key to quick corrective actions.

To learn more about Lincoln County Medical Center's falls reduction strategies, please read their case study [here](#) and contact state lead, [Dan Lanari](#).

SEPSIS

New Sepsis Podcast

The HRET HIIN Sepsis Team is excited to share a new sepsis podcast series in preparation for Sepsis Awareness Month in September! The first podcast, [Pre-Hospital Care and Recognition](#), features Dr. Brent Duran, who is a Sepsis Physician Champion and Assistant Professor at the University of Kansas School of Medicine-Wichita (KUMC-W). The podcast highlights how the recognition and treatment of Sepsis is necessary at all the points of patient contact to ensure timely care. In addition, it explores the critical roles that Emergency Medical Services and Critical Access and Rural Hospitals play in enhancing timely Sepsis care.

To access tools referenced during this podcast, please visit the [HRET HIIN Sepsis Webpage](#) and view the [HRET HIIN Sepsis Change Package](#) for information on the Sepsis Bundles.

Please stay tuned to the HRET HIIN Hospital-Wide LISTSERV where a new podcast that will be released each week as part of this series!

PRESSURE ULCERS

Coding Expanded to Include Deep Tissue Injury September 1

HRET HIIN State Partner List Serv | 08/29/19

Effective September 1, 2019, ICD 10 Coding will include pressure induced deep tissue injury. Read the press release [here](#). Pass this information on to your hospital's skin champions and read on to learn more about deep tissue injuries.

Despite progress in pressure injury knowledge, deep tissue injuries (DTIs) continue to present a challenge to clinicians. The NPUAP definition of DTI is "purple or maroon localized area of discolored intact skin or blood filled blister due to damage of underlying soft tissue from pressure and/or shear."

Accurate and timely identification of DTIs is a challenge because 24 to 72 hours can lapse between the precipitating pressure event and the onset of the purple or maroon colored skin. This is especially important when the precipitating event occurs before the patient's admission. The DTI does not appear until beyond the 24 hour window for present-on-admission status, at which point the admitting facility becomes financially responsible for care.

Deep Tissue Injury characteristics and patient variables were analyzed in a single site, descriptive [study](#) that provides insights into the etiology and risk factors that impact their development and progression. One hundred forty-one patients with a total of 179 DTIs were included in the study. Of note is that of 772 eligible patients, 592 were excluded due to POA status of their DTI.

Results of this study support previous studies related to comorbidities:

- Hypertension was present in 68% of the patients with DTI

- Peripheral Vascular Disease was present in 61% of the patients with DTI

Extrinsic factors associated DTI development included:

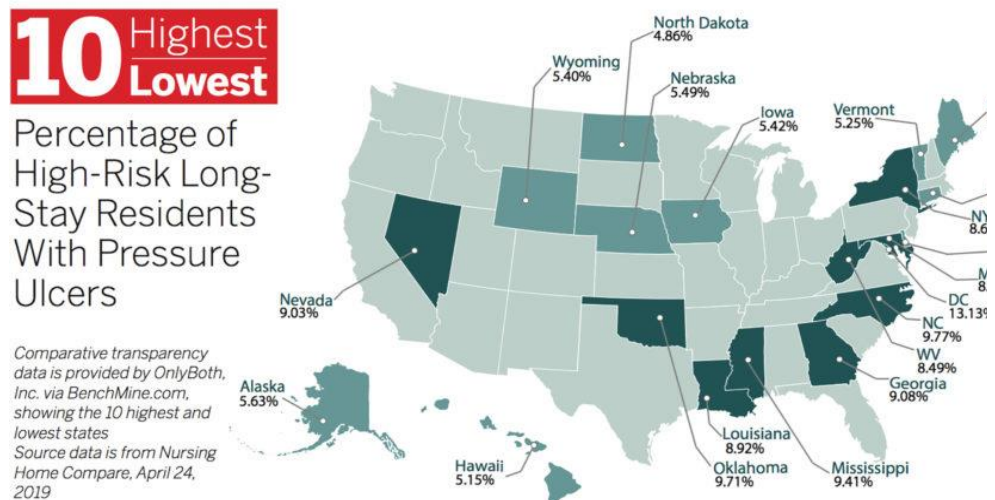
- Mobility Sub-score < 2 – 76%
- Incontinence – 66%
- Therapeutic / diagnostic procedure with immobilization – 66%
- Medical device – 23%
- Surgical intervention – 22%

At discharge, 23 DTIs had resolved, 131 were partial thickness/stable and 20 were full thickness/unstageable. Factors that contributed to a poor outcome included:

- History of Cerebral Vascular Accident
- Anemia after the DTI
- Mechanical ventilation with HOB elevation
- Feeding tube with HOB elevation

In the spring HAPI Sprints, DTIs were noted to be a large percentage of HAPIs. Through the discovery process, we learned that opportunities exist in timely placement on the ideal support surface, i.e., no after-hours coverage and perioperative pressure injury prevention and that HOB elevation in the ICU is a competing challenge. We did not drill down to specific therapeutic or diagnostic procedures. Is this on your radar? How are you protecting patient's skin when they are off the unit for procedures?

Percentage of High-Risk Long-Stay Residents with Pressure Ulcers



MISCELLANEOUS

TAKEheart—AHRQ's Initiative to Increase Use of Cardiac Rehabilitation

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.

Lifeline on the Way for Struggling Hospitals in Rural Areas

KXNET.COM | 08/14/19

Struggling rural hospitals around the country are getting a lifeline from the federal government. The Centers for Medicare & Medicaid Services (CMS) has approved a plan to provide billions of dollars in additional reimbursements to the facilities, and lawmakers and federal Medicare officials hope the changes will stop the epidemic of hospital closures in rural areas.

"This issue of an inequity in reimbursement between rural and urban hospitals has been going on for years and really led to hospitals shutting down," CMS Administrator Seema Verma said. Read [more](#).

Hot Topic Recap: VAE

The HRET HIIN VAE Hot Topic virtual event was held July 24 and focused on the key challenge of reducing VAE inpatient harm through appropriate pain and sedation management. Participants learned to overcome this challenge through peer-to-peer discussions on the common barriers to decrease sedation and increase engagement in ventilated patients; how to implement the elements of the ABCDEF bundle to promote improved patient outcomes; and areas of improvement for sedation management in ICUs.

Key Lessons Learned:

- Attempt to manage ICU patients without sedation and treat pain first. If sedation is necessary, try to avoid using benzodiazepines.
- Communication is always key. Saying it "out loud" is the best way to solidify prevention and treatment plans to get everyone on an ICU team on the same page.
- Try to change culture and processes through small tests of change. Do not attempt large changes or multiple changes at once as they can be overwhelming and the team will fall back on old practices.

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