

North Dakota Hospital Association Innovate-ND

HRET Hospital Improvement Innovation Network

September 19, 2019

EDUCATIONAL EVENTS

HRET HIIN

The HRET HIIN Sepsis Team is excited to share our sepsis podcast series in honor of Sepsis Awareness Month! To access tools referenced during the podcasts, please visit [HRET HIIN Sepsis](#).

[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.

[Fluid Management for Sepsis](#), features Dr. Steve Tremain, a Physician Improvement Advisor with Cynosure Health with 35 years of experience as a board certified physician in Family Medicine. The podcast highlights how fluid administration for severe sepsis and septic shock can be a point of contention with physicians and some organizations. It provides discussion and evidence to support fluid resuscitation in the severe sepsis and septic shock population and the benefits of fluids for patients including those who have ESRD or CHF and present with sepsis.

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 Southwest Healthcare Services – Bowman Unity Medical Center – Grafton
COPPER & BRONZE Milestone: Ashley Medical Center Kenmare Community Hospital Mountrail County Medical Center – Stanley Nelson County Health System – McVille 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	

Post Op Sepsis SNAP Learnings, focuses on Post-Op Sepsis lessons learned and successful practices from St. Joseph Hospital, who participated in the HRET HIIN Post Op Sepsis Safety Networks to Accelerate Performance (SNAP) in 2017 and recently became the first Joint Commission Sepsis certified center in Kentucky! The podcast features Russ Judd, Antimicrobial Stewardship Program Coordinator at St. Joseph Hospital, and April Hamilton, Quality Improvement Coordinator at St. Joseph Hospital East Campus.

Post Sepsis Syndrome, features a panel of Sepsis Champions from Kaiser Permanente Northern California who discuss the incidence and causes as well as potential prevention and treatment strategies for Post Sepsis Syndrome. The panelists include:

- Dr. Thomas Russell, practicing emergency medicine physician and sepsis clinical lead for the last 2 years overseeing sepsis work for 21 medical centers.
- Elizabeth Scruth, Director of Tele Critical Care and director on the Certification Board of the American Association of Critical Care Nurses.
- Michael Tijerina, regional sepsis program manager and clinical consultant.

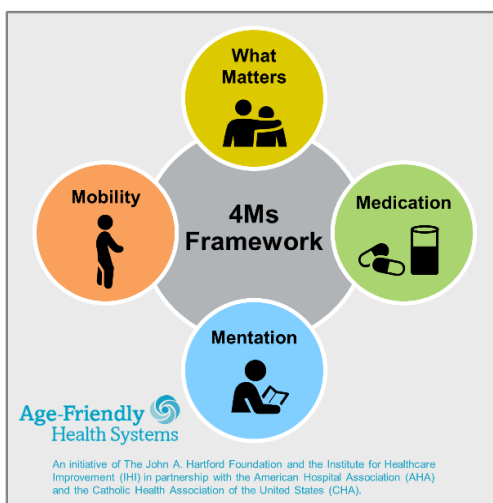
Future of Sepsis, features Dr. Vincent Liu, an intensivist and the Regional Director of Hospital Advanced Analytics at Kaiser Permanente Northern California. Dr. Liu leads a NIH-funded research program that applies machine learning and informatics to improve Sepsis and acute care. This podcast reviews the evolution of the Sepsis definitions and looks toward the future and the research that is currently taking place. Sepsis recognition, treatment and definitions are constantly evolving with improved research and understanding in this topic. Make sure your hospital's physicians tune in to this episode, they will not want to miss it!



Congratulations to **Southwest Healthcare Services** on meeting the Silver Milestone by sharing their Innovate-ND HIIN Progress Report and data with their hospital board on August 25!



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.

FEATURED RESOURCE

CDC Sepsis Surveillance Toolkit

CDC | Antibiotic Use in the United States: Progress and Opportunities, 2018 Update

In 2018, CDC released the [Hospital Toolkit for Adult Sepsis Surveillance](#), which provides healthcare facilities with tools to assess adult sepsis incidence and monitor progress in their facilities. The toolkit

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

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

Register [here](#).

Great Plains QIN A Shot in the Arm for Immunization Registry

09/24/19 | 12:00–1:00 p.m. CT

Register [here](#)

Sepsis Alliance | The Blind Spot of Antibiotic Stewardship: Antibiotic Overuse at Discharge

09/24/19 | 1:00–2:00 p.m. CT

Register [here](#)

National Academies | Integrating Social Care into the Delivery of Health Care: Moving Upstream to Improve the Nation’s Health

09/25/19 | 10:00–11:00 a.m. CT

Register [here](#)

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.

CDC | Influenza Update-2019-2020

10/02/19 | 11:00 a.m.-12:00 p.m. CT

Register [here](#)

enables healthcare professionals to track facility-level sepsis incidence and outcomes using surveillance methodology from “[Incidence and Trends of Sepsis in U.S. Hospitals Using Clinical vs. Claims Data, 2009–2014](#),” published in the Journal of the American Medical Association in October 2017. Data are useful for understanding the effectiveness of local sepsis prevention, early recognition, and treatment programs.

Antibiotic stewardship programs and sepsis care programs in facilities should be coordinated because prompt use of antibiotics is a critical component of sepsis care. Antibiotics should be started as soon as sepsis is suspected. A critical step in treatment is to review antibiotic therapy 48 to 72 hours after it is started to stop, change, or continue therapy based on the patient’s clinical condition and microbiology culture results. This toolkit can be used in hospital quality-improvement efforts, particularly in identifying antibiotics used in sepsis, so hospitals can facilitate both rapid administration and appropriate de-escalation of antibiotics in sepsis to improve patient care.

HAIs

Probiotics Back on the Horizon?

HRET HIIN Infections Listserv | 08/28/19

Hudson and colleagues have provided additional support for the use of probiotics in patients taking select broad spectrum antibiotics such as ciprofloxacin, levofloxacin, cefepime, ceftriaxone, imipenem/cilastatin, meropenem, sulfamethoxazole/trimethoprim, piperacillin/tazobactam and clindamycin. They compared patients who were given a probiotic to those who did not and found the ‘probiotic group’ had a 0.96% incidence of *C. difficile*-associated diarrhea versus a 2.19% incidence in the patients who did not receive a probiotic.

The abstract may be retrieved

here: <https://doi.org/10.1016/j.ajic.2018.12.018>

CDC/STRIVE Release Additional Free Infection Control Training Courses

The CDC is pleased to announce the launch of the **Environmental Cleaning** and **Personal Protective Equipment** courses, the latest in a series of 11 new infection control training courses. These courses are part of the new [States Targeting Reduction in Infections via Engagement \(STRIVE\)](#) curriculum intended for the infection prevention team, hospital leaders, clinical educators, nurse and physician managers, environmental services managers, all patient care staff, and patient/family advisors. Additional courses will be launched in the coming months.

These training courses were developed by national infection prevention experts led by the Health Research & Educational Trust (HRET) for the Centers for Disease Control and Prevention (CDC).

All courses are free and offer continuing education (CE).

The STRIVE curriculum will include over 40 individual training modules grouped into 11 courses that focus on Foundational and Targeted

Northern Plains Conference on Aging and Disability

10/02/19-10/03/19 | Fargo, ND
Details and registration info [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.

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.



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

infection prevention strategies.

Foundational Infection Prevention Strategies

- [Competency-Based Training](#)
- [Hand Hygiene](#)
- [Strategies for Preventing HAIs](#)
- [Environmental Cleaning](#)
- [Personal Protective Equipment](#)
- Patient and Family Engagement (coming soon)
- Business Case (coming soon)

Targeted Infection Prevention Strategies (coming soon)

- Catheter-Associated Urinary Tract Infection (CAUTI)
- Methicillin-Resistant *Staphylococcus aureus* (MRSA) Bacteremia
- *Clostridioides difficile* Infection (CDI)
- Central Line-Associated Bloodstream Infection (CLABSI)

SEPSIS

Sepsis Awareness Month

Every September, individuals, healthcare professionals in every area of medicine, and organizations big and small are invited to help save lives by raising awareness of the leading cause of deaths in U.S. hospitals – Sepsis. Sepsis accounts for at least 8 million deaths worldwide annually, yet it is still the number one preventable cause of death. This Sepsis Awareness Month, the Sepsis Alliance encourages everyone to participate by taking the time to help save lives by spreading awareness of Sepsis. To learn more, click [here](#). To view CDC resources on Sepsis prevention, click [here](#). To listen to HRET HIIN's latest Sepsis podcast series, click [here](#) and access HRET HIIN Sepsis prevention resources [here](#).

My Advice: Seek Help Immediately if you Suspect Sepsis

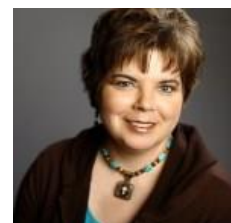


Connie Semler lives in Willow City, North Dakota and is a talented artist. [An example of her artwork pictured to the left]. Connie crafts images out of metal that she hand cuts with a plasma cutter. As a former art teacher, she spends her free time working in her studio. She and her husband, Tim, are retired, live on a farm and have two grown daughters, Holly and Lacey.

This past February Connie began to experience lower back pain, which she thought little of initially. She would take aspirin and try to deal with the pain best she could. Over the course of a few days, she was getting very little relief; the pain worsened. Connie commented, "I just felt rotten." Read [more](#)...

Sepsis: Special Feature Close to Home

September is Sepsis Awareness Month. Nikki Medalen, MS, BSN, APHN-BC, Quality Improvement Specialist in North Dakota, has been instrumental in increasing awareness of sepsis and the symptoms for early recognition. As an EMT who volunteers in her own rural community, Nikki has first-hand knowledge of the



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. [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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importance of early recognition of sepsis, especially in rural areas where transport times may be 60-90 minutes to the nearest hospital. Nikki's experiences as an EMT provided valuable insight during the development of tools and training sessions for Great Plains QIN's sepsis project. As a quality improvement professional, Medalen's passion to provide sepsis education to EMS providers and community members has ultimately affected the care septic patients receive, which may be life-saving. Medalen is a Sepsis Champion.

Great Plains QIN received special funding to work in one rural geographical location in each state to increase awareness and early recognition of sepsis. Medalen shared her insight on these efforts below:

Q. As a healthcare professional, what is your goal/hope in sepsis prevention/awareness?

A. For the public, my goal would be for all individuals to recognize the combination of a known or suspected infection plus two or more vital signs that are not within normal range as a medical emergency. We put all these heavy criteria on it sometimes, such as temperature greater than 100.4 or less than 96.8, pulse > 90, respiratory rate > 20...but those are hard things to remember if you don't work with it regularly. But the fact is, if there is an infection plus two or more changes to vital signs the situation is dangerous and it is imperative that the person see a doctor immediately.

My goal for EMS professionals would be that they speak boldly when suspecting sepsis. To have confidence in their assessment and to articulate clearly in their handoff to the ER, "this patient meets SIRS criteria for sepsis." From that point on it is the doctor's job to diagnose, but their calling attention to it early could be the difference between life and death for their patients. Read [more...](#)

DIVERSITY/DISPARITIES

AHRQ National Healthcare Quality and Disparities Report

For the 16th year in a row, AHRQ is reporting on healthcare quality and disparities. The annual National Healthcare Quality and Disparities Report is mandated by Congress to provide a comprehensive overview of the quality of healthcare received by the general U.S. population and disparities in care experienced by different racial and socioeconomic groups. The National Healthcare Quality and Disparities Report assesses the performance of our healthcare system and identifies areas of strengths and weaknesses, as well as disparities, for access to healthcare and quality of healthcare. Quality is described in terms of six priorities: patient safety, person-centered care, care coordination, effective treatment, healthy living, and care affordability. The report tracks more than 260 healthcare process, outcome, and access measures, covering a wide variety of conditions and settings. To view the report, click [here](#).

MISCELLANEOUS

IAC Revises Standing Orders

IAC recently revised the following two standing orders templates related to influenza vaccination:

- [Standing Orders for Administering Influenza Vaccine to Children and Teens](#): Changes were made to add a 0.5 mL dose of Fluzone and also a 0.25 mL dose of Afluria to the influenza vaccine options for children age 6–35 months, to address a third category of young children that may need a second dose of influenza vaccine, to add baloxavir as another influenza antiviral medication that would be a contraindication for LAIV, and to update links to several references.
- [Standing Orders for Administering Influenza Vaccine to Adults](#): Changes were made to add baloxavir as another influenza antiviral that would be a contraindication for LAIV and to update links to several references.

Related Links

- Visit IAC's [Standing Orders Templates for Administering Vaccines](#) web page to access standing orders for administering all routinely recommended vaccines
- View more than 300 CDC-reviewed, ready-to-print [IAC Educational Materials for Patients and Staff](#)