

North Dakota Hospital Association

Innovate-ND

HRET Hospital Improvement Innovation Network

November 6, 2019

EDUCATIONAL EVENTS

HRET HIIN

PI Collaborative Sessions

4 Sessions

11/11/19 | 12:00-1:00 p.m. CT

Click [here](#) to register.

01/13/20 | 12:00-1:00 p.m. CT

Click [here](#) to register.

02/10/20 | 12:00-1:00 p.m. CT

Click [here](#) to register.

03/09/20 | 12:00-1:00 p.m. CT

Click [here](#) to register.

HRET HIIN PFE | "What matters to you?" Series

Session 1, RECEIVE

11/12/19 | 1:00-2:00 p.m. CT

Register [here](#).

Session 2, RECORD

12/03/19 | 12:00-1:00 p.m. CT

Register [here](#).

Session 3, RESPECT

12/17/19 | 11:00 a.m.-12:00 p.m. CT

Register [here](#).

Session 4, TELL THE STORY

01/07/20 | 12:00-1:00 p.m. CT

Register [here](#).

HRET HIIN QIN-tastic Webinar Early Identification of Sepsis: A Community Commitment

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

Register [here](#).

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.

IMPORTANT DATES TO REMEMBER

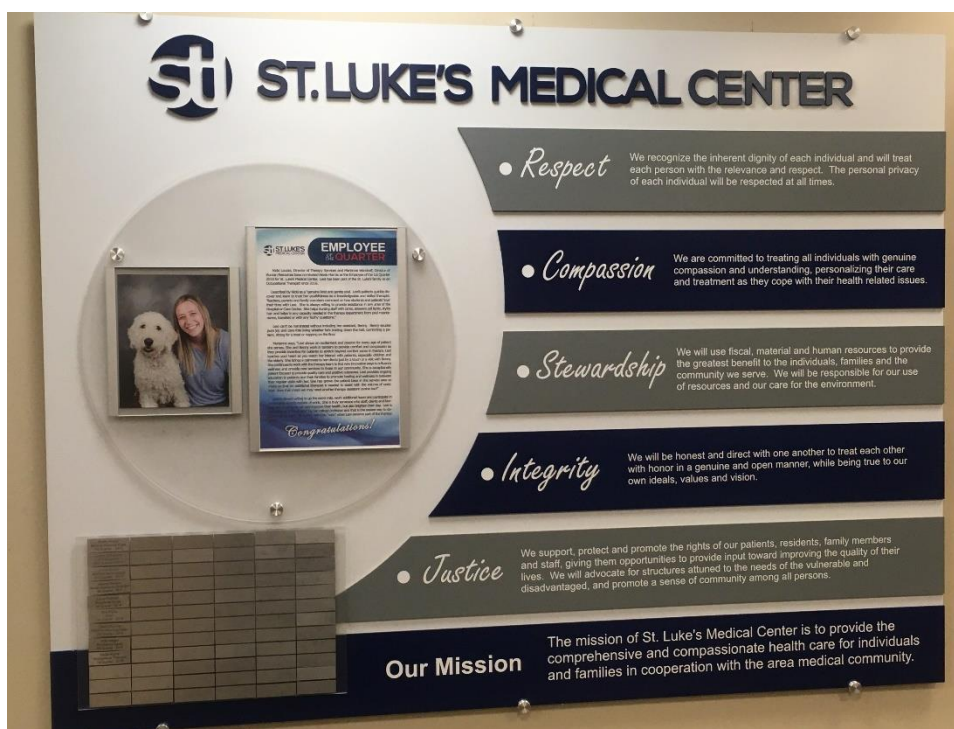
Remember to report your HIIN data in CDS every month!

Deadline	Reporting Period
11/30/19	Performance Data for October 2019 Discharges
11/21/19	PFE/HEOA Operational Items

The PFE /HEOA Survey is now available on CDS and will remain open until 11/21/19. From now on, this survey will be conducted quarterly.

SHOUT OUT!

On a recent trip to St. Luke's Hospital in Crosby, we couldn't help but notice how well the culture of this hospital was displayed.



Note the Justice Statement, "We support, protect and promote the rights of our patients, residents, family members and staff, giving them opportunities to provide input toward improving the quality of their lives. We will advocate for structures attuned to the needs of the vulnerable

Event Recordings

"Making the Case - How Team-Based Approaches Improve Value"

The recording is now available in AHA Team Training's online webinar [library](#).

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

Partner Educational Events

Wound Care Education Institute HOW TO: Debridement Options BEAMS Made Easy

11/05/19 | 2:00-3:00 p.m. CT
Register [here](#).

GE Sponsored Webinar Can We Help 'Solve' Sepsis Together? | Medical-Surgical Nurses as "Sepsis Solvers"

11/06/19 | 1:00-1:45 p.m. CT
Register [here](#).

PFCCpartners Moving Beyond the Story: Preparing for Impactful Partnerships

11/07/19 and 11/14/19 | 2:00-3:00 p.m. CT
Register [here](#).

Cynosure Health's Thought Leader Series | *Implementing Innovative Solutions for Improvement*

11/07/19 | 1:00-2:00 p.m. CT
Register [here](#).

AHA Team Training Strategies for Staff Engagement – Leading the Low Performer

11/19/19 | 11:00 a.m.-12:00 p.m. CT
Register [here](#).

TMIT High Performer Webinar Leadership Tools, Performance Improvement, and 100 Day Plans

11/21/19 | 12:00-1:30 p.m. CT
Register [here](#).

University of North Dakota School
of Medicine and Health Sciences

and disadvantaged, and promote a sense of community among all persons".

As you complete the PFE/HEOA survey this month, remember to take a step back and recognize the locations in your hospital where the mission and values are posted and consider how you are delivering on those promises to your patients.

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 – McVie 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	

FEATURED RESOURCE

Great Plains QIN

Teach-Back Training Module | Training Resource for Healthcare Professionals

Teach-back is a communication technique used to help patients remember and understand the important information regarding their diagnosis, treatment or medication. This teach-back module provides a compendium of resources you may use to conduct training for your healthcare team. We encourage you to customize the module to fit your facility's needs. Click [here](#) to access Teach-Back documents and resources.

ADEs

North Dakota Diabetes Management TeleECHO

11/22/19 | 12:00-1:00 p.m. CT
Register [here](#).

National Diabetes Prevention Program

Lifestyle Coach Training

12/05/19-12/06/19

To register contact Nikki Johnson at (701) 231-5165 or Nikki.a.johnson@ndsu.edu.
Registration deadline 11/27/2019.

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.

al.z.org 24/7 Helpline: 1.800.272.3900

RESOURCES

LISTSERV®

[Sign up](#) and help meet our goal of approximately 1,000 subscribers per LISERSV® topic. These platforms enable peer-sharing and are used to promote virtual events and highlight

North Dakota Diabetes ECHO Series

The first event in the North Dakota Diabetes ECHO Series will be on November 22, 2019. Join the Diabetes ECHO Series to learn about best practices and evidence-based care for patients with complex medical conditions through didactic and case presentations. This series was developed by a committee of professionals from UND School of Medicine, North Dakota Center for Rural Health, Quality Health Associates of North Dakota, and the North Dakota Department of Health, along with a group of currently active Certified Diabetes Educators (CDEs) that have their finger on the pulse of diabetes education.

Participants in the series will be able to:

- Increase knowledge of best-practice guidelines for diabetes management
- Improve management of diabetes patients in underserved communities
- Create a network among rural clinicians
- Present your de-identified cases for collaborative discussion and guidance (guidelines for case submissions will be submitted following registration)

To register for the November 22 event, please use the link provided in the Partner Education Events section in left hand column of this newsletter.

Subsequent calls in the series will USUALLY be held the third Friday of the month. Multiple attendees are welcome at any given site, but to receive CE they must be registered. Click [here](#) for more details.

Harm: The Shift from Reaction to Prevention

HRET HIIN Hospital Wide Listserv | 11/04/19

Health care quality has pushed for a transition from reacting to harm to prevention of harm. Prevention of hypoglycemia is critical to hypoglycemia management. An article found [here](#), *Hypoglycemia Prevention in Hospital Patients: A Quality Improvement Project to Prevent Severe and Recurrent, Hypoglycemia*, explores the “how to” aspects of this shift in hypoglycemia management. This project saw a 50% reduction in severe hypoglycemic events (defined as <50mg/dl) in a single hospital.

The focus of the improvement efforts included:

- Appropriate monitoring
- Ensuring adequate caloric intake
- Coordination of the timing of insulin and carbohydrate intake
- Using basal-bolus insulin dosing (avoiding oral hypoglycemic agents)
- Modifying glucose intake after one episode of hypoglycemia

Check out the ADE change package [here](#) to learn more about these interventions and more.

ANTIBIOTIC STEWARDSHIP

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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U.S. Antibiotic Awareness Week (USAAW) is November 18-24, 2019!

Celebrate US Antibiotic Awareness Week with the CDC

Check out CDC's USAAW *Be Antibiotics Aware* partner [toolkit](#)! This toolkit contains key messages, social media content, graphics, and more to help you and your organization prepare for USAAW. Share this toolkit widely with your organization and partners to help raise awareness of the observance week.

FALLS

Time for Patient Centered Fall Prevention

HRET HIIN Hospital Wide Listserv | 10/28/19

There has been lack of strong evidence in the literature about what interventions work to prevent harm from falls. The evidence has evolved over time with studies concluding that a "one size fits all" approach does not work. Patient education and patient centered interventions have been identified in the literature as having potential benefit in the reduction of falls in the acute care setting.

A [systematic review](#) was conducted to evaluate the effectiveness of patient-centered interventions on falls in the acute care setting. Patient-centered intervention strategies refers to any intervention that is directed toward a patient's assessed individual risk factor for fall. Examples of individualized interventions can include:

- Bedside fall care plan poster [Fall TIPS Tool](#)
- Person-centered education [Fall TIPS for Patients and Families](#), [Fall Teach Back Tool](#)
- Physical therapy exercises
- Assessment of medications [Medicines and Falls in Hospitals](#)
- Examination of vision for corrective lenses
- Assessment for need and provision of mobility aide
- Assessment for orthostatic hypotension [Tip sheet for Measuring Orthostatic Blood Pressure](#)

Results of the review: Five randomized control trials were included. Three studies demonstrated statistically significant reductions in fall rates while two studies showed no difference in fall rates between groups. In the three studies that demonstrated reduced fall rates, personalized care plans and patient-centered education based on patients' fall risk results were utilized.

Recommendations for practice:

- A change from previous practices to implement a more patient-centered approach to fall prevention.
- Development of a fall prevention program that is patient-centered and takes into account that each patient is an individual with his or her own unique characteristics and risk factors. Plan care to mitigate each modifiable risk factor.
- Use of dedicated staff or unit-based fall champions to support patient education and individualized care planning.

Patient Name:		Date:	
<input type="checkbox"/> Increased Risk of Harm If You Fall		Fall Interventions (Circle selection based on color)	
Fall Risks (Check all that apply)		Communicate Recent Fall and/or Risk of Harm	
<input type="checkbox"/> History of Falls	<input type="checkbox"/> Medication Side Effects	<input type="checkbox"/> Walking Aid	<input type="checkbox"/> IV Pole or Equipment
<input type="checkbox"/> Unsteady Walk	<input type="checkbox"/> May Forget or Choose Not to Call	<input type="checkbox"/> Crutches	<input type="checkbox"/> Cane
<input type="checkbox"/> Bed Alarm On	<input type="checkbox"/> Assistance Out of Bed	<input type="checkbox"/> Bed Pan	<input type="checkbox"/> Assist to Commode
<input type="checkbox"/> Bed Rest	<input type="checkbox"/> 1 person	<input type="checkbox"/> 2 people	<input type="checkbox"/> Walker

The HRET HIIN introduced the [Fall TIPS Tool](#) in a webinar in 2017, to spread the work of Dykes and team, an author of one of the reviewed trials that had a significant reduction in fall rates.

READMISSIONS

Reducing Readmissions in the Heart Failure Population

HRET HIIN Hospital Wide Listserv | 10/23/19

A recent [article](#) that featured a study of readmissions rates in the heart failure population found that while there is no “one size fits all” approach to improvement, a focus on transitions of care in the early discharge period can lead to reductions in preventable readmissions. Heart failure patients with other comorbidities are at higher risk for poor outcomes in the early post-acute period, so a concerted effort to partner with these patients, their family members, community resources, and outpatient clinicians during and immediately following a transition of care can help to improve outcomes. Practices that were correlated with a decrease in readmissions included partnering with community physicians, arranging early follow-up appointments prior to discharge, and having systems in place for all discharge information to be sent directly to the primary care physician at discharge from acute care.

A focus on a specific population group is one of the drivers for improvement listed in the [HRET HIIN Readmissions Change Package](#).

What Matters to YOU: HRET HIIN PFE Virtual Event Series

AHA HRET HIIN is kicking-off a four-part virtual event series focused on asking the question “[What matters to you](#)” instead of “*What is the matter with you.*” Led by Tara Bristol-Rouse and Martha Hayward, this highly interactive virtual event series will explore ways to implement this transformative thinking to better serve patients and their families. Participants will learn how to test ways to receive, record and respect patients’ preferences and needs as well as the importance of storytelling and key strategies for telling stories that will inspire action in hospitals!

At the conclusion of this series participant will achieve the following Learning Objectives:

- Learn about the “What Matters to You?” actions taking place across the globe.
- Test a variety of “What Matters” questions in their daily work.
- Develop a plan for recording and respecting patients’ responses.
- Understand the elements of meaningful storytelling that will inspire action.

We are excited for you to join us on this series! Please use the registration links provided in the *HRET HIIN Educational Offerings* section in left hand column of this newsletter.

PFE

Did You Know? | Caring for Yourself When Caring for Another

CDC Did You Know? | 11/01/19

- About [20% of US adults](#) are caregivers who provide informal or unpaid care or assistance to a family member or friend who has a health condition or disability.
- [Caregiving](#) can be rewarding but also emotionally and physically demanding; in a CDC survey, [nearly a fifth of caregivers](#) reported being physically or mentally unhealthy 14 or more days in the previous month.
- Communities can promote caregiver health and wellbeing by offering [support programs](#) and encouraging [respite](#), a short break away from caregiving.

Miscellaneous

Tis the Season for Flu Shots

Here are some key FAQs about Influenza vaccination of HCP:

Why is influenza vaccination important for HCP? We already encourage them to stay home from work when they are sick.

Unfortunately, by the time an HCP has symptoms of influenza, they may have already exposed many patients since the virus is shed for 1–2 days before symptoms begin. Further, many studies show that HCP often go to work while they are sick and may be infectious to others. Start planning early to make sure all employees in your work setting receive annual influenza vaccination before the influenza season begins

What are the ACIP recommendations for influenza vaccination of HCP?

Because HCP provide care to patients at high risk for complications of influenza, they should be considered a high-priority group for receiving vaccination. Achieving high rates of vaccination among HCP will protect staff and their patients, and reduce disease burden and healthcare costs. Vaccination rates of HCP are still too low; overall only 78% of HCP report influenza vaccination during the 2017–18 season.

Influenza vaccination of HCP are summarized in the following points:

- All HCP should be educated regarding the benefits of influenza vaccination.
- Influenza vaccine should be administered annually to all eligible HCP.
- A signed declination should be obtained from HCP who decline influenza vaccination.
- Healthcare facilities should monitor HCP influenza vaccination coverage and declination at regular intervals.
- HCP vaccination coverage should be used as one measure of a patient-safety quality program.

In 2011, ACIP published "Immunization of Health-Care Personnel," which includes information about all recommended vaccines (see www.cdc.gov/mmwr/pdf/rr/rr6007.pdf).

Which health care personnel should be vaccinated against influenza?

It is important to vaccinate ALL hospital and outpatient-care personnel, especially those that have direct contact with patients. In addition to physicians and nurses, vaccination in a hospital setting also includes full-time and part-time employees in radiology, laboratories, pharmacy, human resources, facilities management (housekeeping), food services, or laundry. Vaccinate volunteers as well. Others that should be vaccinated are emergency response workers, employees of nursing homes and assisted living programs, and providers of home care.

Which employees of chronic care facilities and nursing homes should be vaccinated against influenza?

All employees of long-term care facilities who have any patient contact and do not have a valid contraindication should receive annual influenza vaccination.