

North Dakota Hospital Association Innovate-ND

HRET Hospital Improvement Innovation Network

November 20, 2019

EDUCATIONAL EVENTS

HRET HIIN

PI Collaborative Sessions

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

Register [here](#).

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

Register [here](#).

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

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.

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Event Recordings

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

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 OUTS!

Congratulations to **Presentation Medical Center** and **Wishek Hospital** on their achievement of the **Platinum Milestone** as a result of completing the Rapid Action Readmissions Collaborative, which fulfilled their fellowship requirement!

Congratulations to **St. Luke's Hospital** in Crosby on sharing their Innovate-ND report with their Board of Directors, and thereby fulfilling the requirements to move to the **Silver Milestone**!

QUALITY MILESTONES RECOGNITION

COPPER Milestone:	COPPER, BRONZE & SILVER Milestone: Cooperstown Medical Center Heart of America Medical Center – Rugby Southwest Healthcare Services – Bowman St. Luke's Hospital – Crosby 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

down to "Watch a Recent Data Event."

Partner Educational Events

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

11/21/19 | 12:00-1:30 p.m. CT

Register [here](#).

National Foundation for Infectious Diseases (NFID) Antibiotics May Not Be the Answer

11/21/19 | 1:00-2:00 p.m. CT

Register [here](#).

University of North Dakota School of Medicine and Health Sciences

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.

AHA Health Forum The Impact and Prevention of False Positive CLABSI

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

Register [here](#).

Alzheimer's Association – ND Chapter

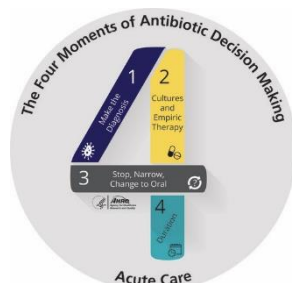
If you, your staff, your residents or their families ARE STRUGGLING WITH THE IMPACTS OF DEMENTIA, PLEASE CHECK OUT CARE CONSULTATION, provided FREE ONLY in North Dakota by funding through the ND Department of Human Services, Aging Services Division.

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
Presentation Medical Center – Rolla
Sakakawea Medical Center – Hazen
Sanford Mayville Medical Center
Sanford Hillsboro Medical Center
St. Aloisius Medical Center – Harvey
St. Andrew's Health Center – Bottineau
Wishek Community Hospital

FEATURED RESOURCE

AHRQ Releases New Antibiotic Stewardship Toolkit for Hospitals



Acute care facilities can develop or strengthen antibiotic stewardship programs and improve patient outcomes using AHRQ's new [Toolkit To Improve Antibiotic Use in Acute Care Hospitals](#).

Based on the experiences of more than 400 hospitals that participated in AHRQ's [Safety Program for Improving Antibiotic Use](#), the toolkit guides users through its signature "Four Moments of Antibiotic Decision Making," a

step-by-step approach for physicians to achieve optimal antibiotic prescribing. Among its more than 50 tools, AHRQ's toolkit includes best practices for diagnosis and treatment of infections, approaches to improve safety culture and sustain overall success, plus tactical recommendations to demonstrate the value of antibiotic stewardship program to hospital administrators and prescribers.

ANTIBIOTIC STEWARDSHIP

Antibiotic Awareness Week – November 18-24, 2019

Antibiotics save lives and are critical tools for treating a number of common and more serious infections, like those that can lead to sepsis. However, at least 30% of the antibiotics in U.S. outpatient settings are prescribed unnecessarily. Any time antibiotics are used, they can cause side effects and lead to antibiotic resistance, one of the most urgent threats to the public's health. US Antibiotics Awareness Week (USAAW) is an annual observance that highlights the steps everyone can take to improve antibiotic prescribing and use. USAAW is a collaboration of the CDC, state-based programs, nonprofit partners, and for-profit partners. Allied Associations and hospitals can join official USAAW events or host their own. To learn more, click [here](#). Check out the HRET HIIN Antibiotic Stewardship Series webinars [here](#). To review the HRET HIIN Antibiotic Stewardship Change Package, click [here](#).

U.S. Antibiotic Awareness Week (USAAW) is an annual observance that raises awareness of the threat of antibiotic resistance and the importance

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 LISERV® 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 LISERV.

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.

of appropriate antibiotic use. Resources to promote awareness in your hospital are available [here](#).

Patient Demand Drives Unnecessary Antibiotic Prescribing

AHRQ News Now | 11/12/19

Perceived patient demand for antibiotics motivates clinicians to prescribe them even when they are unnecessary to treat the conditions of the medical visit, according to a new AHRQ-funded study published in Family Practice. The study, based on interviews with 25 clinicians from nine practices across three states, identified perceived patient demand as the most common reason for prescribing unnecessary antibiotics, such as to treat a viral instead of a bacterial infection. Other reasons included fear of missing an infection and being uncertain of a diagnosis, though these reasons often occurred alongside perceived patient demand. Click [here](#) to access the abstract and article.

HAIs

STOP CAUTI in the ICU with Technical and Cultural

HRET HIIN Infections Listserv | 11/12/19

A 24 bed ICU published their success in reducing urinary catheter utilization and CAUTIs as part of the "On the CUSP: STOP CAUTI" project. The following technical interventions were implemented over a six month period:

- Month 1 - Increased perineal care to every four hours
- Month 2 - Established practice of inserting a new catheter prior to collecting a urine culture if the catheter was >48 hours old
- Month 3 - Started cleansing urinary catheters with chlorhexidine wipes every 12 hours and obtained female urinals
- Month 4 - Established practice of two RNs present for urinary catheter insertion
- Month 5 - Obtained new male external catheters and eliminated the ability to do a "reflex" urine culture from a previously collected specimen
- Month 6 - Implemented a nurse driven urinary catheter removal and bladder scan protocol

While rolling out the interventions, the improvement team also focused on unit culture utilizing change management strategies. Cultural strategies that promoted success included an interdisciplinary nurse, physician team that was supported by leadership, making it easy to do the right thing by increasing access to supplies and equipment, i.e., purchased additional bladder scanners, and celebrating the success of early adopters with the "Golden Foley" award and celebrating unit improvement with the "Capture CAUTI" award.

The work of this ICU led to a sustained 394 days without a CAUTI. Read their story [here](#).

A Blast from the Past!

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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Things haven't changed much over the years! We would add:

- Get your flu shot
- Wash your hands

FALLS

Updated Guidelines on Assessment for Orthostatic Hypotension

HRET HIIN Hospital Wide Listserv | 11/07/19

Orthostatic hypotension (defined as systolic drop of ≥ 20 mm Hg or diastolic drop of ≥ 10 mm Hg) is associated with dizziness, falls, fractures and motor vehicle accidents.

Risk factors for orthostatic hypotension (OH) or postural hypotension are outlined in a [2017 Fall Risks Article](#) and a [2017 Systematic Review](#) and include the following:

- Dehydration
- Hypovolemia
- Age >65
- Bed rest
- Medications: cardiovascular, antidepressants, CNS affecting medications
- Cardiovascular disease
- Autonomic impairment
- Diabetes

In a large, longitudinal cohort study of 11,429 adults with four OH assessments documented at one to two minutes after standing, researchers found that OH assessed within one minute of standing was associated with higher odds of dizziness and greater risk of falls, fracture, syncope, motor vehicle crash, and mortality than OH assessed after one minute. In fact, the measurements taken at 30 seconds were most closely associated with self-reported dizziness, and risk for future fall, fracture, syncope and mortality. Participant outcomes were tracked for adverse events related to OH over a 23-year period to determine these findings.

This study has led to [recommendations](#) that there is no need to wait three minutes after standing to assess for OH.

The CDC has published guidelines for measuring orthostatic blood pressure that include taking the first blood pressure one minute after moving from supine to standing. Access the CDC Guidelines [here](#).

VTE

VTE Online Learning Modules

HRET HIIN Hospital Wide List Serv | 11/13/19

The National Blood Clot Alliance has a [free online learning module](#) for healthcare professionals on its website at www.StopTheClot.org. The course provides foundational information to improve the ability of healthcare professionals to assess and treat patients at risk for venous thromboembolism (VTE).

Topics covered include:

- Signs and symptoms of clots, including deep vein thrombosis (DVT) and pulmonary embolism (PE)
- Factors that increase the risk of developing a blood clot in the form of a DVT and/or PE
- Management considerations for the use of anticoagulant medications
- Signs and symptoms of post-thrombotic syndrome
- Pulmonary hypertension and its relationship to DVT
- Treatment/management options to prevent clot recurrence and secondary complications

PFE

HRET HIIN PFE Virtual Event Series

HRET HIIN is kicking off a four-part virtual event series in November 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!

Upon the conclusion of this series, participants 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

Register to join these events by using the links provided in the HRET HIIN Educational Events section in the left-hand column of this newsletter.

MISCELLANEOUS

NDIIS Makes Change to Forecaster

Reprinted from email from Mary Woinarowicz, MA, NDIIS Manager, 11/8/19

The Immunization Program made a change to the immunization forecaster in the North Dakota Immunization Information System (NDIIS) to remove the cut-off of forecasted doses at 18 years of age. Previously, any doses a patient was due for after age 18 were not visible on the NDIIS forecaster until the patient's 18th birthday. Now, all vaccines a patient is routinely recommended to receive throughout their lifetime will be visible on the NDIIS forecaster at all times. We are hoping that this change will help reduce a lot of the confusion with doses forecasted for older teens and can reduce missed opportunities for vaccination.

With this change, it is important to make sure that providers are not sharing NDIIS forecast data with parents of kids 14-17 years of age who received any doses of HPV or hepatitis B vaccine without parental consent. If a patient has a dose of HPV or hepatitis B vaccine administered without parental consent in the NDIIS, users will see a pop-up warning when opening the patient's NDIIS record indicating the no consent dose. These doses do not print on the official certificate of immunization but do still show on the immunization forecast.

Please contact the immunization program with any questions at 701-328-2404.

Vaccine Information Statements (VISs)

VISs are documents produced by CDC to inform recipients of the benefits and risks of the vaccines they are receiving. All providers are required by law to give this information to each patient, regardless of age, prior to the administration of a vaccine. The VIS can be printed, laminated to enable multiple uses, or read off a monitor screen or app on their phone.

Current VISs can be found on CDC's [website](#). VISs are available in different languages on the Immunization Action Coalition [website](#).

All providers are encouraged to use the newest version as soon as it is available, but you are allowed to use your current stock for a maximum of six months. All new versions need to be implemented within six months of the date released. The interim version is to be used until the final version is available. VISs are updated whenever there is a change in ACIP recommendations that affects the vaccine's adverse event profile, indications, or contraindications. Due to possible changes, a provider should print limited numbers of the current version to allow immediate use of new versions as they are announced.

Here are the current version dates. Version dates are checked during VFC visits.

Vaccine	Version Date (* indicates interim version)
DTaP	8-24-18*
Hepatitis A	7-20-16
Hepatitis B	8-15-19*
Hib	10-30-19*
HPV - Gardasil-9	10-30-19*
Influenza – Live, intranasal	8-15-19*
Influenza – Inactivated	8-15-19*
MMR	8-15-19*
MMRV	8-15-19*
Meningococcal ACWY	8-15-19*
Meningococcal B	8-15-19*
Multiple Vaccines**	11-5-15
Pneumococcal Conjugate (PCV13)	10-30-19*
Pneumococcal Polysaccharide (PPSV23)	10-30-19*
Polio	10-30-19*
Rotavirus	10-30-19*
Tdap	2-24-15
Td	4-11-17
Varicella	8-15-19*
Zoster/Shingles (Live)	10-30-19*
Zoster/Shingles (Recombinant)	10-30-19*

** This document may be used in place of individual VISs when 2 or more of these vaccines are administered at the same visit. It may be used for infants through children receiving their routine 4-6 year vaccines. The vaccines in this version are: DTaP, Hib, Hepatitis B, Polio and PCV13.

Medicare Releases Updates for 2020

On November 1, the Centers for Medicare & Medicaid Services (CMS) released the Medicare Physician Fee Schedule (MPFS) final rule, which sets the Medicare payment rates for calendar year (CY) 2020 and addresses other related Medicare policies. The changes outlined in the [final rule](#) apply to Medicare Part B services furnished on or after January 1, 2020.

Below, AADE has highlighted key provisions from the final rule that may be of interest to AADE members. Additional information can be found on the [CMS fact sheet](#) and in this [CMS presentation](#).

Payment Conversion Factor

CMS finalized the CY 2020 MPFS conversion factor is \$36.09, a slight increase from the 2019 conversion factor of \$36.04. The conversion factor is used to calculate the payment rate for services paid under the MPFS.

Valuation for Diabetes Self-Management Training (DSMT) Codes (G0108 and G0109)

CMS did not propose any changes to the DSMT benefit or related codes—G0108 (Diabetes outpatient self-management training services, individual, 30 minutes) and G0109 (Diabetes outpatient self-management training services, group session (2 or more patients), per 30 minutes). See Table 1 below for the estimated payment rates for 2020.

Table 1:

Code	RVU	2020	2019
G0108	1.58	\$57.02	\$56.22
G0109	.44	\$15.88	\$15.50

AADE continues to advocate for changes to the DSMT benefit both through our [legislative efforts](#) in advancing the Expanding Access to DSMT Act (H.R. 1840/S. 814) and through ongoing discussions with and comments to CMS. As mentioned previously, in our proposed rule comments, AADE urged CMS to address the barriers that Medicare beneficiaries with diabetes face when trying to access DSMT services.

Chronic Care Remote Patient Monitoring (RPM)

In the CY 2019 MPFS, CMS finalized reimbursement for the newly created CPT code 99457 to describe remote physiological monitoring treatment management services. In September 2018, the CPT Editorial Panel revised the CPT code structure for CPT code 99457 effective January 1, 2020. The new code structure maintains CPT code 99457 as a base code that describes the first 20 minutes of services and uses a new add-on code (99458) to describe subsequent 20-minute intervals of service.

The new code descriptors for 2020 are:

CPT Code 99457: Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; initial 20 minutes.

CPT Code 99458: Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; additional 20 minutes.

In addition to the coding changes, CMS finalized changes to the supervision requirements for billing of clinical staff time spent on RPM services reported with CPT codes 99457 and 99458. CMS has included these codes as designated care management services, which may be provided under general supervision rather than the currently required direct supervision.

Review and Verification of Medical Record Documentation

CMS sought to address the undue burden created when physicians and other practitioners, including those serving as clinical preceptors for states, have to re-document notes entered into the medical record by other members of the medical team. In the final rule, CMS finalized broad modifications in their documentation policy to allow physicians, PAs, and advanced practice registered nurses (APRNs – nurse practitioners, clinical nurse specialists, certified nurse-midwives and certified registered nurse anesthetists) to review and verify (sign and date), rather than re-documenting, notes made in the medical record by other physicians, residents, medical, physician assistant, and APRN students, nurses, or other members of the medical team.

Payment for Evaluation and Management (E/M) Services

CMS finalized their decision to align their E/M coding with the changes adopted by AMA's CPT Editorial Panel. These revisions would take effect beginning January 1, 2021. Under this proposal, CMS would retain 5 levels of coding for established patients, reduce the number of levels to 4 for office/outpatient E/M visits for new patients, and revise the E/M code definitions. Visit the AMA's [CPT E/M website](#) for more information. Please check out the links to learn more!