

North Dakota Hospital Association Innovate-ND

HRET Hospital Improvement Innovation Network

December 20, 2019

EDUCATIONAL EVENTS

HRET HIIN

HRET HIIN PFE | “What matters to you?” Series
Patient and Family Engagement
Session 4, TELL THE STORY
 01/07/20 | 12:00-1:00 p.m. CT
 Register [here](#).

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](#).

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

AHA/HRET and QIN-QIO HIIN Collaborative Webinar
Early Recognition of Sepsis – Special Innovation Project
 Recording and slides are now available [here](#)!

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

ND Dept. of Health | Reportable Conditions Webinar



IMPORTANT DATES TO REMEMBER

Remember to report your HIIN data in CDS every month!

Deadline	Reporting Period
12/31/19	Performance Data for November 2019 Discharges

SHOUT OUTS!

Overheard on Sunny 101.9-KBTO-Bottineau, ND...Congratulations to **Jenifer Lauckner** (Innovate-ND | HRET HIIN Lead) on 25 years of service to **St. Andrew's Health Center**!

Thank you to **Marcie Schulz, Sakakawea Medical Center**, for the use of their white board layout on the PFE *What Matters To You?* Series call #3 on 12/17/19. Martha Hayward quoted Marcie as saying, “This is a great tool to spark conversation with patients and families.”

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	COPPER, BRONZE, SILVER & GOLD Milestone: CHI Community Memorial Hospital – Turtle Lake CHI Mercy Health – Valley City

01/07/20 | 12:00-1:00 p.m. CT
 Register [here](#).
 Click [here](#) to download the flyer.

2020: Q1 Just Ask ASHE
 01/27/20 | 12:00-1:00 p.m. CT
 Register [here](#).

North Dakota Brain Injury Network
Powerful Tools for Caregivers Classes
 01/08/20-02/12/20 | 1:30-3:00 p.m. CT
 Grand Forks County Ext. Office
 Contact Carly Endres, Outreach Coordinator |
carly.endres@und.edu | 701-777-8004, to register.

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

Nelson County Health System – McVile
 St. Luke's Hospital – Crosby
 Tioga Medical Center
 Towner County Medical Center – Cando

Linton Hospital
 Northwood Deaconess Health Center

COPPER, BRONZE, SILVER, GOLD & PLATINUM Milestone:

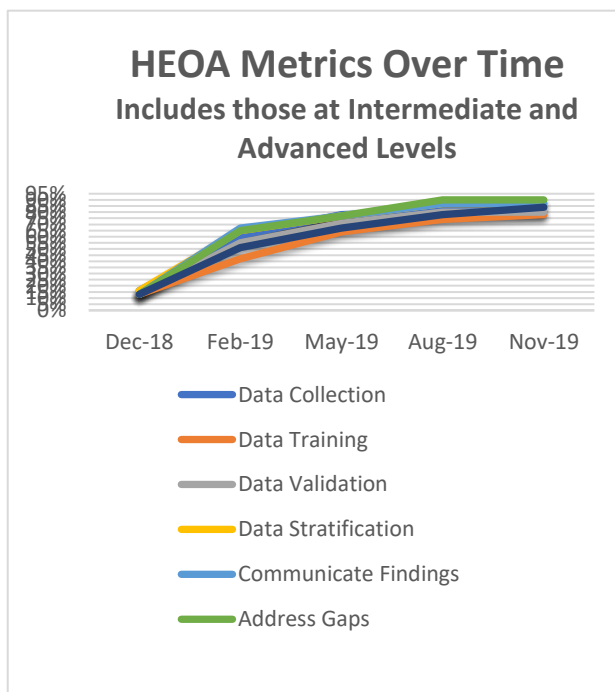
Carrington Health Center
 Cavalier County Memorial Hospital and Clinics – Langdon
 CHI Garrison Community Hospital
 CHI St. Alexius – Devils Lake
 First Care Health Center – Park River
 Jacobson Memorial Hospital – Elgin
 McKenzie County Healthcare System – Watford City
 Pembina County Memorial Hospital – Cavalier
 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

PROGRESS REPORT

Innovate-ND PFE/HEOA Progress

Throughout the HIIN monitoring period, your hospitals have completed a quarterly report, now called the Quarterly Operational Survey. This survey is used to gauge progress across Patient and Family Engagement and Health Equity Metrics. In many ways, it is a tool to help define how knowledge is applied to make improvement and to identify the gaps in how that knowledge is employed. Thank you to all of the hospitals who complete this survey regularly and work continually to advance their strategies toward patient and family engagement and health equity.

Look how far we have come!



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! Retweet, reply or like their posts and share your HIIN journey using #WhyImHIIN.

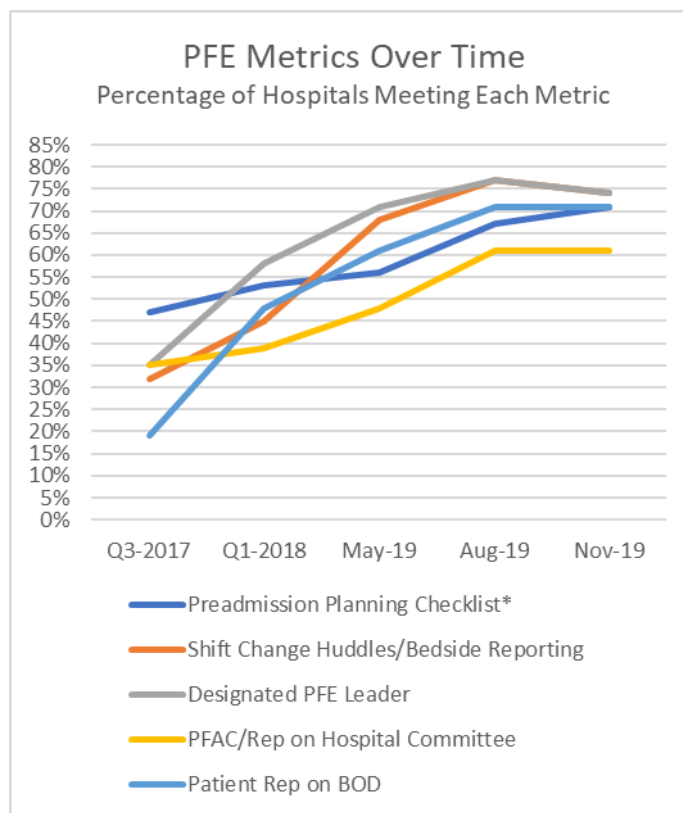
You can also join the HRET-HIIN on Facebook and LinkedIn. Follow the instructions for joining by clicking on the correlating icon on the right-hand side of the page when you log onto the HRET HIIN website (www.hret-hiin.org)

INNOVATE-ND SUPPORT TEAM

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Note that the percentages are based on 31 ND hospitals reporting, whether or not they complete the survey.

ADEs

How Low Can You Go?

Maryanne Whitney | HRET Hospital-Wide Listserv | 12/08/19

Inpatient hypoglycemia is a significant and mostly preventable harm. Hypoglycemia is associated with increased length of stay, hospital costs, mortality, and utilization of nursing resources during treatment. An article released in 2017, *How Low Can You Go? Reducing Rates of Hypoglycemia in the Non-critical Care Hospital Setting*, reviewed strategies to reduce rate of hypoglycemia. The abstract is found [here](#).

The review revealed the common sources of preventable hypoglycemia in the non-critical care inpatient hospital setting to be:

- Inappropriate prescribing
- Poor coordination of nutrition delivery, monitoring, and insulin delivery
- Failure to adjust to unexpected interruption in nutrition
- Lack of timely insulin adjustment as steroid doses taper
- Inappropriate management of the 1st episode of hypoglycemia (no change in insulin regimen)
- Monitoring deficiencies and failure to proactively recognize and manage glycemic outliers
- Provision of too many insulin concentrations
- Administering
 - IV bolus and infusion insulin prepared outside of pharmacy (prone to error)
 - Insulin pen errors

- Use of insulin for reasons other than glycemic control (e.g., hyperkalemia)

This review also included key components for success in reduction of hypoglycemia rates including:

- Subcutaneous insulin order set with a glycemic target range of 140–180 mg/dL
- Insulin regimens for different nutritional status (tube feeds, TPN, PO diet, PO supplements, or NPO status)
 - Built-in indication and holding parameters for each insulin order to accommodate often complex nutrition patterns
- Nurse-driven hypoglycemia protocol built into each order set to immediately address blood glucose levels of ≤ 70 mg/dL
 - Individualized plans to prevent a recurrent event
- Prompt for diabetes education for all patients with diabetes or hyperglycemia and/or care partners including recognition and treatment of hypoglycemia as well as other survival skills.

Patient Resources for Opioid Use Disorder

HRET HIIN Hospital Wide Listserv | 12/17/19

Providing appropriate treatment for patients is a critical step in combatting the opioid crisis. Finding and accessing resources that are available can be challenging for our patients and their families. The Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA) has launched a new website designed to help connect patients and families looking for opioid use disorder treatment with local treatment options. [FindTreatment.gov](https://findtreatment.gov) is designed to help connect patients with information on location, treatment options, payment and insurance information at approximately 13,000 locations across the United States. Patients may enter their zip code and then can filter by type of treatment, payment types and age range.

Over [19.3 million Americans](#) were identified with opioid and substance use disorder in 2018. How is your organization identifying community resources for patients in your area?

ANTIBIOTIC STEWARDSHIP

What Can You Do to Fight Antibiotic Resistance

The Pew Charitable Trusts | 12/19/19

Healthcare Triage—a YouTube channel on health care policy and medical research—investigates what antibiotic resistance is and what can be done about it. Click [here](#) to watch.

HAIs

Strengthen Your Hospital's Hand Hygiene Program

[Infection Control: Hand Hygiene Video](#): Learn when to wash your hands and techniques to wash visibly and non-visibly dirty hands — run time 1:58

[Infection Control: Hand Hygiene Web-Based Training Course](#): Learn about hand hygiene in patient care zones and nearby administrative areas; appropriate methods for maintaining good hand hygiene; and how

to recognize opportunities for hand hygiene in a health care setting — with continuing education credit.

Peer Sharing: Avoiding CAUTI

Excerpt taken from HRET-HIIN Infections Listserv | Diana Huber, BSN< RN, CCRN-K, Baptist Health Louisville | 12/11/19

In a listserv challenge, Jackie Conrad asked participants to “brag” about how they achieved their longest stretch of days without a CAUTI. Diana Huber, Baptist Health Louisville [KY], stepped up to the task. Here is what she had to say:

I think the biggest impact on our reductions is our decrease in utilization. We discuss every day in Multidisciplinary Rounds if the indwelling urinary catheter is still required. We have a standing order for nurse driven removal protocol throughout our facility. We utilize external products for both men and women. We have multiple sizes of condom catheters and male incontinence pads. We also use the Purewick system for females. We also discourage the insertion of catheters in the ED.

We use CHG cloths for bathing and ReadyCleanse wipes for BID pericare/cath care. I round daily to do visual observations on all patients with indwelling catheters and central lines to ensure bundle compliance. We do yearly competencies on catheter insertion as well as catheter care.

We educated providers also on the correct ordering of urine cultures and implemented hard stops in the EMR if there is not a valid reason for the order.

We conduct a Root Cause Analysis on every infection with the staff involved that cared for the patient the days leading up to the infection to discover how we can improve our processes.

The hardest part was changing the culture that every patient in the ICU did not need an indwelling urinary catheter.

FALLS

Falls Improvement: Persistence Pays Off!

Jackie Conrad | HRET HIIN Hospital Wide Topics Listserv | 12/17/19

A large academic medical center analyzed their implementation of 12 fall prevention interventions over an 11-year period to evaluate whether they were associated with sustained decline in falls and fall related injuries. This study is unique because most studies evaluating fall reduction interventions lasted two years or less.

There was a meaningful reduction in falls and falls with injury. Fall rates reduced 27.7% and Injury rates declined 15.6% over the 11.5-year time period. Access the full text article [here](#) to review their 12 steps which include changes at the bedside and in leadership structure and support systems for improvement. This study reminds us that implementing incremental changes with persistence and perseverance can be an effective strategy.

“The effectiveness of fall programs, a context-sensitive patient safety practice, depends upon nursing behavior as well as organizational leadership, teamwork and culture—none of which can be changed quickly or easily.” (Shekelle, Provonost, Wachter, 2010)

The research team’s analysis found that one significant decline occurred after the nurses began incorporating fall risk reduction into hourly rounding. They transformed the 4P model (**p**ain; **p**ersonal need, including toileting; **p**osition and **p**lacement) to 5P with the addition of **p**revent falls. Checklists were used as an aid but discontinued because nurses could sign off without critically thinking about each patient’s individual risk factor for fall as they rounded. The last intervention implemented was teaching critical thinking to nurses via problem-based learning modules. In mini root cause analysis, in many instances, bedside nurses had not identified or adequately addressed the patient’s risk factors even though they were common and well established.

The HRET HIIN resource library includes the [Critical Thinking Fall Prevention Case Studies](#) referenced in this article. The case studies are short scenarios that can be used as self-learning modules or a facilitated group discussion.

Please share this article with your falls and leadership teams as reminder that fall prevention not only requires nursing vigilance, but also leadership, teamwork, culture, and persistence.

Two questions for our peer hospitals:

- How are you shifting your approach for fall prevention from a nurse-centric approach to a “whole-house” approach with leadership and non-nursing staff on board?
- Is there a bedside intervention that has been a game changer?

Feel free to share your responses on the listserv, or by email to nmedalen@qualityhealthnd.org, and Nikki will share responses in the next newsletter.

READMISSIONS

What is the Role of Malnutrition in Readmissions?

HRET HIIN Hospital Wide List Serv | 12/12/19

In a recent [systematic review and meta-analysis](#) of 27 trials including 6803 patients, nutritional support provided during hospitalization was associated with significantly lower rates of mortality and avoidable readmissions. The review noted that approximately 30% of hospital inpatients share a comorbid condition of malnutrition. The implementation of a proactive, screening-based approach for initiating nutritional support during the hospital stay for patients identified with malnutrition is highly supported by the review and meta-analysis. One caveat found in the review is that patients identified as “at nutritional risk” as opposed to “malnutrition” did not see the same benefit to readmissions but still saw decreases in mortality.

As you work toward identifying proactive methods to both identify and care for patients at higher risk for readmissions, nutritional assessments

and protocols may be another key to prevention. Moving forward, consider:

- **How has your organization implemented nutritional support for patients at risk?**
- **Have you identified a correlation between nutritional support and reduced readmissions rates?**

The Surprising Way to Reduce Readmissions in Rural Hospitals

Hospital readmission is a big problem in the United States. It is estimated that one in five Medicare patients discharged from the hospital is readmitted within 30 days. That's 20% of patients—and that figure doesn't account for what happens after the first month.

The readmission problem is especially prevalent in rural hospitals. It's no secret that the location of a hospital has a significant effect on readmission rates. A study published in *Medical Care* found that patients discharged from hospitals in large rural settings had a 32% higher risk of unplanned readmissions as compared to those discharged from urban hospitals. Additionally, patients who were discharged from small rural settings had a [42% higher risk](#) of unplanned readmissions. North Carolina is no exception. A study from the Duke Endowment Center found the total readmission rate in rural hospitals was 14.8%. Of those readmissions, [47% were found to be potentially preventable](#).

Read [more](#).

PFE/HEALTH EQUITY

It's Time to Connect Rural Health Equity with Community and Economic Development

Posted by Katharine Ferguson, Katrina Badger | 11/14/19



It's time to think differently about investing in rural America and the way we approach health and equity across its diverse communities. New research and resources show the critical connection between health, rural community and economic development.

Thursday, November 21, was National Rural Health Day. You might expect the paragraphs that follow to be about hospital closures or opioids, struggling dairy farmers and falling life expectancy among rural women. These phenomena are true, so we could do just that. However, we want to challenge conventional wisdom and prompt fresh thinking about rural

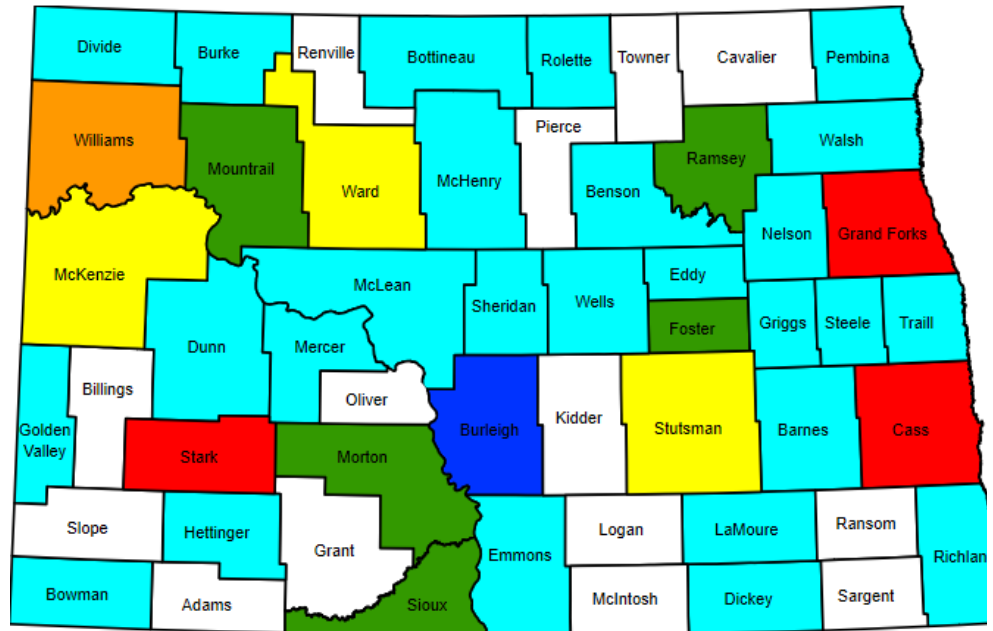
America, the drivers of health, and the role of community and economic development in both. From what we are learning, this broader lens is central to realizing health equity and a better rural futures.

There is more to health than health care. Read [more](#).

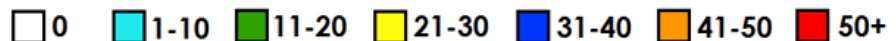
MISCELLANEOUS

Influenza Activity by County

Updated 12/17/19 with data through 12/14/19



Legend



New 16-minute Film about Dr. Maurice Hilleman Released by the Vaccine Makers Project at VEC

A new 16-minute film about Dr. Maurice Hilleman titled *Maurice Hilleman: The Man Behind the Science*, presents the personal background of Dr. Hilleman through memories shared by those who were close to him. It has been released on the Hillemanfilm.com website, which is sponsored by the Vaccine Education Center at Children's Hospital of Philadelphia.



Dr. Hilleman is considered by many to be the "father of modern vaccines" because of his work in preventing pandemic flu, combining the measles, mumps, and rubella vaccines, and other achievements. His work has been estimated to save about 8 million lives every year.

Read about Dr. Hilleman's life and accomplishments and access a link to watch the film on the [About Dr. Hilleman](#) webpage of Hillemanfilm.com.

Access the film directly: [Maurice Hilleman: The Man behind the Science](#).

If you haven't already seen Hilleman: A Perilous Quest to Save the World's Children, released in 2017, consider accessing it here:

<https://vimeo.com/ondemand/hilleman/225433613>

Fun Fact: The Remarkable True Story of Rudolf the Red-Nosed Reindeer



Eighty years ago this year, advertising copywriter Robert L. May published Rudolph the Red-Nosed Reindeer as part of a 1939 holiday promotion sponsored by the Montgomery Ward department store headquartered in Chicago, IL.

In the decades since its publication, Rudolph has become an iconic holiday character featured in books, music, and television specials, recognized by millions of children (and adults) worldwide.