

# North Dakota Hospital Association Innovate-ND

## HRET Hospital Improvement Innovation Network

March 22, 2019

### EDUCATIONAL EVENTS

#### HRET HIIN

**Readmissions MVP Webinar #7**  
03/22/19 | 11:00 a.m.–12:00 p.m. CT

**Antibiotic Stewardship:  
Conquering Measurement**  
03/22/19 | 12:30-1:30 p.m. CT

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](http://www.hret-hiin.org).

#### Partner Educational Events

**Quality Health  
Associates/NDHIN  
Regional Optimization of  
Electronic Health Information  
Exchange**  
03/26/19 | 2:00-5:00 p.m. CT  
CHI St. Alexius | Dickinson, ND  
Register [here](#).

**Great Plains QIN  
Digging into the Data: A  
Webinar Series for North  
Dakota Healthcare  
Professionals and Staff at all  
Levels**  
**Data Readiness**  
03/27/19 | 12:00-12:45 p.m. CT  
Register [here](#).  
**Data and Clinicians**  
04/10/19 | 12:00-12:45 p.m. CT  
Register [here](#).  
**Quality Improvement and How  
Data Can Help Drive Change**  
04/24/19 | 12:00-12:45 p.m. CT

### IMPORTANT DATES TO REMEMBER

**Remember to report your HIIN data in CDS every month!**

Deadline	Reporting Period
03/21/19	PFE/HEOA Survey (Operational Items)
03/31/19	Performance Data for February 2019 Discharges



Congratulations to **Jacobson Memorial Hospital Care Center** in Elgin, ND, on earning the PLATINUM Milestone!

**CHI Mercy Health** has accomplished the Gold Milestone; but, has inadvertently been left in the Silver category for several newsletters. **Congratulations** on your progression through the Milestones!



**CONGRATULATIONS** to Brittney Koch, RN, Assistant Director of Nursing and Charge Nurse, Jacobson Memorial Hospital Care Center, on the birth of her first child, a son, Kage Bo Koepplin, born on March 10, 2019!

### AHA HRET HIIN Recognized for Leadership in Safety



AHA HRET HIIN recently received the 2019 Robert L. Wears Patient Safety Leadership Award at an event at the QSEN (Quality and Safety Education for Nurses) Institute Regional Center in Jacksonville, Florida. Jay Bhatt, D.O, Senior Vice President and Chief Medical Officer of the AHA, accepted the award on behalf of AHA HRET HIIN. The Wears Award honors individuals and organizations that significantly impact the field of patient safety through critical analysis, research, education or knowledge dissemination. *AHA HRET HIIN would like to thank state partners and hospitals for their significant contribution toward this award through continued dedication to reducing patient harms and increasing patient safety and quality of care.*

Register [here](#).

### Special Topics in Data and Peer-to-Peer Sharing

05/08/19 | 12:00-12:45 p.m. CT

Register [here](#).

### New England QIN QIO | How the Trauma Informed Approach can help treat Substance Abuse Disorder

3/28/19 | 10:00-11:00 a.m. CT

Click [here](#) to register.

### Sepsis Alliance

#### Sepsis: Across the Continuum of Care | Fluid Resuscitation & Sepsis

3/28/19 | 1:00-2:00 p.m. CT

Click [here](#) to register.

### Wound Care Education Institute | Skin & Wound Management Certification Courses

March 25-29, 2019 [Lake Geneva, WI](#)

April 8-12, 2019 [Bloomington, MN](#)

April 15-19, 2019 [Des Plaines, IL](#)

June 10-14, 2019 [Kansas City, MO](#)

June 24-28, 2019 [Manitowac, WI](#)

Prefer to stay home? [Take the course online](#)

### AHA

#### Creating a Culture of Safety in Four [not so easy] Steps

04/10/19 | 12:00-1:00 p.m. CT

Click [here](#) to register.

### NATIONAL PATIENT SAFETY FOUNDATION WEBCASTS

The National Patient Safety Foundation (NPSF) now offers complimentary access to past NPSF webcasts. Check back often to see what is available.

[Visit the NPSF Webcast Archive](#) website and follow the instructions on your screen.

### 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

## QUALITY MILESTONES RECOGNITION

<b>COPPER Milestone:</b>	<b>COPPER, BRONZE &amp; SILVER Milestone:</b> Heart of America Medical Center – Rugby Unity Medical Center – Grafton
<b>COPPER &amp; BRONZE Milestone:</b> Ashley Medical Center Cooperstown Medical Center Kenmare Community Hospital Linton 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	<b>COPPER, BRONZE, SILVER &amp; GOLD Milestone:</b> CHI Community Memorial Hospital – Turtle Lake CHI Mercy Health – Valley City Northwood Deaconess Health Center Pembina County Memorial Hospital – Cavalier Presentation Medical Center – Rolla Sanford Hillsboro Medical Center Wishek Community Hospital
<b>COPPER, BRONZE, SILVER, GOLD &amp; PLATINUM Milestone:</b> 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 St. Aloisius Medical Center – Harvey St. Andrew's Health Center – Bottineau	

Congratulations to the **Wishek Community Hospital** on achieving the **Gold Milestone!** Make sure to read their success story, Simple Changes Reduce Readmissions, in this newsletter!

Congratulations to all ND HIIN Hospitals on your diligent work to reduce CAUTI! Recall that CAUTI was identified as one of the top 3 challenges for our ND hospitals and was therefore included in the Zero Harm Award program, along with Falls and Readmissions. Collectively, for the quarter July-September of 2018, ND hospitals reported zero CAUTI events and are among only two states in the HRET HIIN to accomplish this.

## FEATURED RESOURCES

### Key Points in Answering the Operational Items PFE/HEOA Survey

1. Answering “Not Applicable” is not acceptable.  
In our work with the Innovate-ND | HRET HIIN hospitals we are aware of examples in each assessment category where hospitals are meeting the metrics, and most of the time at the intermediate or advanced levels.
2. TAKE THE LENS OFF OF REAL  
It is necessary to collect race, ethnicity and language (REAL data) for every patient; however, these are not necessarily the health

FREE ONLY in North Dakota by funding through the ND Department of Human Services, Aging Services Division.

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.



north dakota  
department of  
human services

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 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](http://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

equity concerns of most of our participating hospitals. Why? Because many of our communities don't have broad diversity in these areas. It's not that these aren't an important consideration, it's just not something we encounter frequently. DO NOT hastily answer NA to those assessment categories that include REAL data in the Basic category; instead, consider the activity in the Intermediate and Advance level. Diversity in ND is likely more complex. That is, what is more meaningful in our attention to health equity may be age, gender, insurance status or payor, veteran status, marital status or other social determinants of health.

3. Work backwards through the levels in each assessment category.  
In some cases it may be helpful to answer the question by considering the advanced level first, asking yourself whether or not your hospital meets that level and work backwards. Broadly consider how your hospital actually does meet the metric rather than assuming your hospital does not meet the metric.
4. Convene a team to complete the survey.  
It's unlikely one person has the knowledge to best answer all of the assessment categories. Activity in a single assessment category may be conducted in one or multiple areas of the hospital by one or more staff. For instance, data stratification may be conducted in a patient care unit when a falls risk assessment is completed or when discharge planning is conducted and the patient's risk for readmission and discharge disposition is considered. In another area of the hospital the CFO may stratify safety information by payor group or HR may stratify worker safety measures by gender, age, or other social determinant of health. Check on this in the instructions
5. Consider whether or not you already have a start, and with a few modifications could fulfill each metric at a more advanced level.  
Could a simple revision to a form, or the addition of a person to a committee, or simply designating a person to take on the responsibility be accomplished quickly and move you to the next level of the metric?
6. Complete the survey each time it is administered.  
The HEAO & PFE survey will be administered several times in 2019. This gives national leads an opportunity to gauge progression in terms of engagement in each assessment category. Refer back to your answers on previous surveys to jog your memory!
7. Convene the same team to complete each survey.  
Increase the likelihood of consistency and progression across the metrics by reconvening the team to complete the next survey.
8. If in doubt, give us a call.  
Don't assume that you don't do it! Contact either Jean or Nikki to ask questions and bounce considerations around!

### HIIN Scholarship for Team Training Conference

The AHA Team Training National Conference is the meeting point where different interdisciplinary groups from diverse health care backgrounds come together to fundamentally change the future of team-based health care. 100 scholarships for free registration are available exclusively for HRET HIIN hospitals, so you and your team can join us June 12-14 in San Antonio. Please note, the scholarship covers the main conference registration fee, and does not include optional pre-conference sessions. Attendees are responsible for their own travel and hotel costs.



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](http://www.hret-hiin.org))

#### **INNOVATE-ND SUPPORT TEAM**

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To apply for one of the 100 scholarships, please fill out this survey: <https://www.surveymonkey.com/r/5MYVNZ5>.

Once your completed survey has been verified, the discount code and a registration link will be emailed to you.

#### **Accurate Use of the National Healthcare Safety Network (NHSN) for Healthcare-Associated Infection Surveillance 2019**

NHSN is inviting NHSN users to virtually attend the NHSN training course “Accurate Use of the National Healthcare Safety Network (NHSN) for Healthcare-Associated Infection Surveillance 2019” to be held March 25-29, 2019, at the CDC Global Communications Center in Atlanta, GA, and via Live Webstream for those unable to attend in-person.

This course is intended for infection preventionists and hospital epidemiologists using the Patient Safety Component and Outpatient Procedure Component, as well as staff from Health Innovation and Improvement Networks, Health Departments, and others interested in learning more about NHSN HAI surveillance. The training will feature presentations on the general changes for NHSN Patient Safety Component surveillance and provide participants the information and tools necessary to identify, report, and analyze Ventilator-associated Events (VAE), Pediatric Ventilator-associated Events (PedVAE), Catheter-associated Urinary Tract Infections (CAUTI), Central Line-associated Blood Stream Infections (CLABSI), Secondary Bloodstream Infection (BSI) and Site-Specific Infections, Surgical Site Infections (SSI), MRSA Bacteremia and C. difficile LabID events. Additionally, the course will feature presentations on validation of healthcare-associated infection data and data quality, reporting and analysis of antibiotic use and resistance data, the Outpatient Procedure Component (OPC), and information on the upcoming NHSN Neonatal Component.

Live webstreaming begins Monday, March 25 at 8:00 a.m. EDT. The agenda and instructions on how to view the webstream are posted here: <https://www.cdc.gov/nhsn/training/annualtraining.html>. No registration is required for webstream viewing.

New for 2019 – Webstream attendees will be able to remotely participate in the presentation knowledge checks via Poll Everywhere! Instructions on how to participate online or on your phone will be posted prior to the week of training.

During the week of training, webstream attendees can also submit questions for each presentation using the web form available here: <https://www.cdc.gov/nhsn/training/annualtraining.html>

If you are unable to view the sessions live, they will be archived and posted on the NHSN website for future viewing.

#### **ADEs**

#### **Did You Know? | Successfully managing diabetes**

*CDC Did You Know? | 3/15/19*

More than 30 million people in the US have [diabetes](#), a complex and costly health condition.

[Diabetes self-management education and support](#) (DSMES) services provide the knowledge and skills people need to successfully manage their diabetes, but less than 7% of people with diabetes attend a program in the first year after diagnosis.

Health professionals can help increase participation in DSMES by referring patients to a program or providing them with this [nationwide directory](#) of diabetes educators.

## HAIs

### **Did You Know?**

*Reprinted from CDC | Did You Know? | 03/08/19*

More than 119,000 people had bloodstream staph infections in 2017, and almost 20,000 died, according to the [latest Vital Signs report](#).

Hospital infection control efforts successfully reduced rates of serious staph infections until 2013, when [progress began to slow](#).

Many hospitals have prevented staph infections and the spread of staph by following [CDC recommendations](#), including Contact Precautions; additional prevention steps, like decolonization, might also help.

## SEPSIS

### **Pre-Hospital Sepsis Screening & Notification**

*HRET HIIN Hospital Wide Listserv | 03/14/19*

The creation of systems that link ED with pre-hospital care has improved the standards of care for trauma, STEMI and stroke patients. A recent study examined the idea of spreading this concept to the sepsis patient and evaluating if a pre-hospital sepsis alert would improve compliance with the bundle elements and patient outcomes. The full article can be found [here](#).

The findings from this retrospective cohort study showed decreased times for implementation of the bundle elements of fluids, lactate, blood cultures and antibiotics in the cohort group who had pre hospitals arrival notification. They also found a larger percentage of patients in the pre-hospital notification cohort were admitted to the hospital but a lower proportion to the ICU setting. Additionally, this study did not find a statistically significant difference in mortality in the two groups; 11% in the pre-notification group and 14% in the control group.

Consider the value of pre-hospital sepsis screening conversations with your EMS system leaders.

## READMISSIONS

### **Lessons Learned from the Readmissions Improvement Cohort**

*HRET HIIN Hospital Wide Listserv*

For the past six months, 21 hospitals within the HRET HIIN have been focusing their readmissions reduction efforts on a segment of their population admitted 4 or more times in a 12-month timeframe.

Hospitals participating in the improvement cohort have taken the following steps:

- Built real time systems to identify patients with 4 or more admissions in the past 12 months upon their arrival to the hospital using such methods as: flags, banners, alerts and lists.
- Elevated patient engagement by determining what matters to these patients and interviewing them with a goal of understanding why they are using the hospital so frequently when others with similar conditions aren't. In other words, the organizations are interviewing to learn the drivers of utilization (DOUs) for these patients. They have found a variety of DOUs including unmet basic needs, instability, isolation, anxiety, sent to the hospital by other clinicians, and inadequate advance care planning.
- Done something different with the understanding of the DOU. For example, if the DOU is anxiety or isolation then a different approach that includes reassurance, building trust, frequent high touch contact was used.
- Planned for the return of the patient and developed cross-continuum care plans with a goal of increasing stability over time.
- Identified and strengthened the referral relationships with their community partners, particularly with non-clinical partners.
- Monitored the success of their implementation over time.

### **Having the Conversation: Basic Skills for Conversations About End-of-Life Care**

*The Conversation Project Newsletter | 02/26/19*

In conjunction with the Boston University School of Medicine and The Conversation Project, the IHI Open School offers a course to introduce students and health professionals to basic skills for having conversations with patients and their families about end-of-life care wishes.

This course also helps participants develop skills to have conversations with patients and their families about their preferences for care at the end of life. As part of developing these skills, the course invites you to "have the conversation" yourself, with a family member or other loved one.

Click [here](#) to access the course!

## **MISCELLANEOUS**

### **Injection Safety**

Patient Safety Awareness Week is a great time to revisit the goals of the One & Only Campaign ("One Needle, One Syringe, Only One Time") whether you're having a training or "in-service" or just speaking one-on-one with a healthcare colleague about infection control.

Patients' safety is the reason the One & Only Campaign was established in the first place. Here are some great links with suggested questions patients can ask to empower them to ensure that each injection they receive in healthcare is a safe one.

<http://www.oneandonlycampaign.org/content/what-ask-healthcare-providers>

## **National Healthcare Decisions Day**

*The Conversation Project Newsletter | 02/26/19*

National Healthcare Decisions Day (NHDD) is right around the corner! NHDD is an initiative to encourage people to express their wishes regarding healthcare and for providers and facilities to respect those wishes, whatever they may be. It's important to understand that NHDD is not only about end-of-life care but is meant to reach a much broader spectrum of individuals so that every individual may have their healthcare wishes met.

Interested in joining the movement? Visit the [NHDD blog page](#) to get inspired, [listen to TCP's most recent community call](#) where we discussed how individuals have participated in NHDD in the past and click here to access the [NHDD promotional toolkit](#)!