

North Dakota Hospital Association Innovate-ND

HRET Hospital Improvement Innovation Network

April 9, 2019

EDUCATIONAL EVENTS

HRET HIIN

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

Texas Medical Foundation Antibiotic Stewardship Developing an Outpatient Antibiogram

04/09/19 | 12:00–12:30 p.m. CT
Register [here](#).

IHI

Board's Role in Governing Quality Information Call

04/10/19 | 12:00–1:00 p.m. CT
Register [here](#).

Great Plains QIN

Digging into the Data: A Webinar Series for North Dakota Healthcare Professionals and Staff at all Levels

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
Register [here](#).

Special Topics in Data and Peer-to-Peer Sharing

05/08/19 | 12:00-12:45 p.m. CT
Register [here](#).

IMPORTANT DATES TO REMEMBER

Remember to report your HIIN data in CDS every month!

Deadline	Reporting Period
04/30/19	Performance Data for March 2019 Discharges



We are anxious to see you all at the CAH Quality Network meeting on April 18 in Bismarck! Innovate-ND's portion of the agenda will include presentations from some of your peers from **Linton Hospital and St. Andrew's Health Center** (Bottineau) highlighting their readmission reduction efforts and success.

Thank you to all of the hospitals who participated in the HEOA/PFE Coaching calls on March 6, 11, or 14, or who responded to our one-to-one requests for your time including tracking down several of you at the Infection Prevention Conference! We sincerely appreciate everyone who completed the PFE/HEOA Quarterly survey, and the significant improvement made in our state. This same survey will be repeated in May, and we will be working very hard to assure that everyone understands the intentions of the metrics in order to be answering the survey as accurately as possible. As usual you can reach out to Jean or Nikki at any time with questions and we will offer another coaching call when the survey is released.

If you didn't see the tips for completing the survey in our last newsletter, please go back and check it out!

QUALITY MILESTONES RECOGNITION

COPPER Milestone:	COPPER, BRONZE & SILVER Milestone: Heart of America Medical Center – Rugby Unity Medical Center – Grafton
COPPER & BRONZE Milestone: Ashley Medical Center Cooperstown Medical Center Kenmare Community Hospital Linton Hospital Mountrail County Medical Center – Stanley	COPPER, BRONZE, SILVER & GOLD Milestone: CHI Community Memorial Hospital – Turtle Lake CHI Mercy Health – Valley City Northwood Deaconess Health Center

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.

PFE Learning Event
The Impact of Patient and Family Advisor Rounding on Hospital Quality and Safety

04/11/19 | 12:00-1:00 p.m. CT
Register [here](#).

AHA
Community Collaborations and Medical Integration: Effectively Addressing Substance Use Disorders

04/16/19 | 12:00-1:00 p.m. CT
Register [here](#).

Great Plains QIN

Get a Leg Up on Preventing Lower Extremity Amputation

04/17/19 | 11:00 a.m.-12:00 p.m. CT
Register [here](#).

TMIT High Performer Webinar
5 Rights of Pain Care, Opioids and Diversion Update

04/18/19 | 12:00-1:30 p.m. CT
Register [here](#).

NCD Pacing Event
Care Transitions

04/18/19 | 12:00-1:00 p.m. CT
Register [here](#).

UP Network Webinar
Engaging Caregivers as Partners

04/18/19 | 1:00-2:00 p.m. CT
[PRINT FLYER](#) | [REGISTER NOW](#)

SAMSHA
National Prevention Week: Becoming Prevention Champions in Your Workplaces and Communities

04/23/19 | 1:00-2:30 p.m. CT
Register [here](#).

QIN National Coordinating Center
Antibiotic Stewardship: National Updates, Progress, and Next Steps

05/08/19 | 2:00-3:30 p.m. CT

Nelson County Health System – McVille
Southwest Healthcare Services – Bowman
St. Luke's Hospital – Crosby
Tioga Medical Center
Towner County Medical Center – Cando

Pembina County Memorial Hospital – Cavalier
Presentation Medical Center – Rolla
Sanford Hillsboro Medical Center
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
St. Aloisius Medical Center – Harvey
St. Andrew's Health Center – Bottineau

FEATURED RESOURCES

Social Determinants of Health

The AHA has a wealth of [resources](#) to help clinical and administrative leaders better understand and address social determinants of health.

Did you know there are proposed new billing codes to identify social determinants of health? If passed they would be really helpful in identifying those needs! Click [here](#) to learn more.

New TeamSTEPPS Guide Now Available!

AHA Team Training wants help you use TeamSTEPPS to improve quality, patient safety and staff satisfaction at your institution. Our new guide, ***Understanding TeamSTEPPS***, outlines what TeamSTEPPS is as well as various implementation methodologies based on different goals and resources. We offer a variety of services to help with your TeamSTEPPS implementation needs, and this guide will help you better understand your options.

Visit our [Resources](#) webpage to download this guide along with other great materials to help you on your TeamSTEPPS journey!

SEPSIS

Recognizing Sepsis; Saving Lives

By Luann Dart, ND Living Magazine, April 2019



Britney Geving and Derek Lyson know firsthand the devastating effects of sepsis, which is a life-threatening complication of an infection. They nearly lost their daughter, Kennedy, to sepsis in 2017 following a horse-riding accident which led to multiple surgeries and hospital stays. Click [here](#) to read more.

Registration required!
Register [here](#).

2019 Minnesota Antibiotic Stewardship Conference
05/13/19 | St. Paul, MN
More information to come!

Wound Care Education Institute | Skin & Wound Management Certification Courses
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](#)

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.org 24/7 Helpline: 1.800.272.3900

RESOURCES

LISTSERV®

[Sign up](#) and help meet our goal of approximately 1,000 subscribers per

Note: This article was developed by Lisa Thorp and Nikki Medalen, who work with the Great Plains QIN Sepsis Special Innovation Project. If your hospital, clinic or other healthcare organization is willing to provide education and messaging about sepsis through your website, newsletters, or social media to help patients and families understand the early signs of sepsis, please contact Nikki, nmedalen@qualityhealthnd.org.

ADEs

Another Reason to Switch Inpatient Diabetics from Oral Agents to Insulin

HRET HIIN Hospital Wide Listserv | 03/30/19

A [study](#) in the Clinical Pharmacology and Therapeutics published last June confirmed suspicions that warfarin when given in combination with either a commonly used sulfonylurea (glimepiride, glipizide, or glyburide) or with metformin increased the risk of serious hypoglycemia. This was even more common when the patient had been taking warfarin for greater than 120 days.

Hypoglycemia occurs commonly in inpatients, and oral agents provide less dynamic glycemic control. The American Diabetes Association's 2019 Standards of Care in the Hospitalized Diabetic, found [here](#), states that: "In most instances in the hospital setting, insulin is the preferred treatment for hyperglycemia. However, in certain circumstances, it may be appropriate to continue home regimens including oral antihyperglycemic medications."

Patients who are concomitantly taking both warfarin and an oral hypoglycemic agent appear to be at higher risk than other inpatient diabetics, so strong consideration should be made to move these patients from the oral hypoglycemic agent to insulin.

Moving forward stratify your data to see if some of the hypoglycemic events in your hospital have been due to oral agents, maybe coupled with warfarin and consider the value of transitioning diabetic patients temporarily to insulin while hospitalized in order to facilitate better glycemic control.

Partnering with Patients and Families to Reduce Medication Errors

HRET HIIN Newsletter | 03/29/19

In March 2017, UAB Medical Center West in Alabama started to look for meaningful ways to engage and educate patients and family members who misunderstand medication dosage information. The hospital reached out to their Patient- and Family-Centered Care (PFCC) Advisory Council for guidance on how to address this issue and the members enthusiastically embraced it as a committee project.

Medical West's first step was to orient the patient and family partners on their PFCC Advisory Council to relevant background information. They did this by providing education regarding the information included on medication labels, as well as inviting one of their advisors, Ms. Daisy Washington, to share her personal experience. Ms. Washington shared that she had undergone several surgeries and had consequently been

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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prescribed a number of medications. As part of her perspective-sharing, Ms. Washington discussed how easily medications and dosage instructions can be misinterpreted, and noted that this can be an issue for both the patient and any family members or caregivers assisting the patient during recovery. This "storytelling" provided the other advisors with a better understanding regarding how to effectively communicate with patients when educating them on medication dosage information.

Following their orientation to the challenges surrounding medication labels, advisors were then asked to be partners in patient/family education through patient and family rounding. As part of these rounds, advisors provided patients and family members with a copy of a tool called "Understanding Prescription Medication Labels". During each patient/family encounter, advisors walked through the tool and addressed any questions the patient and/or family members had. Feedback from patients and family members who participated in this project indicated increased awareness and engagement related to prescription and over-the-counter medication labels. As a result of this project, the medication label tool has been added to the Medical West Patient Services Guide, which is provided to each patient upon admission.

To learn more about UAB Medical Center West's patient and family engagement strategies, please reach out to Alabama state lead, [Rosemary Blackmon](#).

ANTIBIOTIC STEWARDSHIP

Antibiotic Stewardship: Managing Demand

During the [Antibiotic Stewardship: Managing Demand](#) webinar, HRET discussed the role of patient and family engagement in Antibiotic Stewardship, why providers may "give in", and how we can address the issue of over-prescribing with small tests of change. There was also an opportunity for participants to create Antibiotic Stewardship slogans to bring awareness. Some of the slogans were:

- Resisting antibiotics prevents antibiotic resistance!
- Reverse the tide and reserve our antibiotics!
- Who doesn't want a prescribed nap vs. paying for a Rx?
- Be a super hero, fight back against super bugs!

5 Priorities in Fight Against Superbugs in 2019

The Pew Charitable Trusts Antibiotic Resistance Project | 02/22/19

While progress was made last year to improve antibiotic stewardship and spur discovery, more work remains. "2019 must be a year of action," Pew's Kathy Talkington writes. Here are some key areas to keep an eye on: [The Fight Against Superbugs: 5 Priorities for 2019](#).

HAIs

CDC Report Links Increases in MSSA and MRSA Bloodstream Infections to Opioid Crisis

HRET HIIN Infections Listserv | 03/25/19

The CDC Vital Signs [summary](#) released March 5, 2018, as well as the full MMWR [report](#) included troubling statistics related to S. aureus bloodstream infections:

- During 2005-2012 the rates of hospital-onset MRSA bacteremia decreased by 17.1% annually, but the decline slowed in 2013-2016.
- More than 119,000 bloodstream staph infections occurred in 2017 (including both Methicillin-resistant and Methicillin-susceptible Staphylococcus aureus).
- Nearly 20,000 people died with bloodstream staph infections in 2017.
- 9% of serious staph infections in 2016 occurred in people who inject drugs such as opioids – rising from 4% in 2011.

Moving forward, consider exploring your systems data for a correlation in MRSA and MSSA bacteremia cases in the known population of patients who inject drugs. And, take steps to integrate work to address the opioid crisis in your communities with your infection prevention efforts in your hospital.

CDC Publishes Annual HAI Progress Report

CDC published the 2017 National and State HAI Progress Report. Nationally, among acute care hospitals between 2016 and 2017, key findings include:

- About 9% decrease in CLABSI
- About 5% decrease in CAUTIs
- About 3% decrease in VAEs
- No significant changes in abdominal hysterectomy SSIs
- No significant changes in colon surgery SSIs
- About 8% decrease in MRSA bacteremia
- About 13% decrease in C. diff infections

National and state-specific reports can be found in the [CDC Patient Safety Atlas](#).

Preventing Spread of MDROs Between Long Term Care and Hospitals

HRET HIIN Infections Listserv | 04/04/19

A Kaiser Health News (KHN) [report](#) featured recently on NPR describes initiatives in hospitals, nursing homes, and long term acute care (LTAC) facilities in California and Illinois. These CDC-supported [projects](#), SHIELD Orange County and Chicago PROTECT, aim to prevent methicillin-resistant Staphylococcus aureus (MRSA) and carbapenem-resistant Enterobacteriaceae (CRE) transmission and infection in vulnerable long term care residents.

SHIELD Orange County (Shared Healthcare Intervention to Eliminate Life-threatening Disease) involves 36 health care facilities with transfer patterns that make MDRO more likely to spread between them. The intervention targets MRSA and CRE and includes decolonization with a chlorhexidine antiseptic wash and an iodine-based nasal swab. According to the KHN news report, “preliminary results show a 25% reduction in drug-resistant organisms in nursing home residents, 34% reduction in LTAC patients, and 9% reduction in traditional hospital patients.”



Chicago PROTECT (Providing Regional Organizations with Techniques to ConTrol MDROs) focuses on reducing the spread of CRE. This initiative utilizes a multi-facility patient registry with an alert system between hospitals and 14 nursing homes and LTACs. Target interventions include chlorhexidine treatments, contact precautions, healthcare worker education, and hand hygiene. Results from this project are pending.

Moving forward, consider how your hospital collaborates with nursing homes and LTACs to prevent MDRO transmission and subsequent infections.

FALLS

When Safety Trumps Privacy: A Win for Patients and Hospitals

HRET HIIN Hospital Wide Listserv | 03/27/19

Recently HRET HIIN teams gathered best practices from hospitals achieving a greater than 20% reduction in falls with injury. From this exercise they learned that the practice of supervising certain patients during toileting was consistently applied.

Toileting is high risk! Hospitals that have taken the stand that “safety trumps privacy” are making gains in reducing injuries from falls. Successful hospitals identify certain patients who should not be left unattended in the bathroom. This is a strategy that is spreading.

Moving forward consider:

- How your hospital has or can overcome “safety versus privacy” concerns with staff and patients.
- Patient criteria for toileting supervision.
- What supervision means (e.g., arm’s length, foot in the door)?

An additional resource to help make the toileting environment safer is available in the HIIN library. Check out the resource [here](#).

No Pass Zone: A Piece of the Safety and Satisfaction Puzzle?

HRET HIIN Hospital Wide Listserv | 04/02/19

The HIIN Falls team asked hospitals that have achieved a greater than 20% reduction in falls with injury open ended questions about strategies and interventions that contributed to their success.

Last week we shared toileting supervision for specific high risk patients as a common intervention. Another common intervention is the implementation of a No Pass Zone.

The No Pass Zone is listed as a best practice in the Stratis Health Study of HCAHPS [Best Practices in High Performing Critical Access Hospitals](#) published in 2017. Comments on the no pass zone: “We implemented No Pass Zone for call lights and also alarms to tackle alarm fatigue. If you’re on the floor, no matter what you do, when a call light goes off, no

one walks by. At first some staff were nervous, but it's getting better with practice."

The No Pass Zone not only improves patient satisfaction, it also improves patient safety. When this intervention is adopted, all employees are reminded that care of the patient is the focus of everyone's attention and therefore no one will walk past a room with an alarm or a call light ringing.

The No Pass Zone creates teamwork across disciplines while building patient trust that staff will promptly respond to their requests for assistance. When patients watch staff walk past their call light, it sends an inconsistent message which can lead to the patient getting up unassisted and lead to a fall with injury.

New Falls Delirium Fishbowl Lessons Learned Resource

HRET HIIN ICU Listserv | 03/25/19

HRET HIIN has released a new resource, the Falls Delirium Fishbowl Lessons Learned Report. Access the report [here](#).

Between October 2018 and January 2019, the fall delirium fishbowl series followed six hospitals across the HRET HIIN in their reduction journey. Review this resource to gather key takeaways from each hospital in the series and identify change ideas that were tested and implemented to reduce falls with injury. Some learnings include conduct tests of change with a small population to drive results, identify a champion to test delirium interventions with a patient, and involve leadership in daily rounds.

The full fishbowl series can be found on the [HRET HIIN Falls Page](#).

READMISSIONS

Honoring Our Patients and Their Stories

HRET HIIN Hospital Wide Listserv | 03/27/19

The [Living History Program](#) at Yale is an innovative initiative that provides an opportunity for caregivers to learn about and honor patients' lives. The program harnesses the power of two key drivers for improvement in reducing readmissions: (1) Teach-back and (2) Engaging our patients to elicit their perspective on their own care.

The initiative uses trained undergraduates to conduct open-ended interviews with patients while sitting at the bedside. During the interviews, the students listen to the patients' stories about their lives, and what is important to each individual patient. Patients are given an opportunity to share what is vitally important about their own history, something that might not be captured in the course of caring for the patient otherwise.

Following the interview, a written record of that story is given to the patient and reviewed with them to ensure accuracy; teaching the students the power of a teach-back. Once the story has been reviewed and approved by the patient, it gets uploaded into the hospital's electronic medical record, and made available to the care team. The

patient stories give caregivers an opportunity to understand their patients in a much richer fashion. The process is used as a way of connecting the patient's story to understand their own goals of care and is a way to find out what really matters to each patient.

My Easy Drug System (MEDS) Chart

HRET HIIN Hospital Wide Listserv | 12/05/18

One of the contributors to readmissions is medication trauma, a combination of medication complexity and the lack of coordination that overwhelms patients, caregivers, and providers. The traditional approach has been to track all patients' medications and perform medication therapy management (MTM) and medication reconciliation, which is a very defined process. Although this process is a very good start, Care Oregon found it to be insufficient. They dispelled what they knew and through a series of active listening sessions that were designed to meet people 'where they are at,' and let them identify their own needs, they found it was more powerful to connect with patients and find out what matters to them now.

Using person-centered design, a [MEDS Chart](#) was developed that goes above and beyond the usual medication list to include the patient's feelings about each medication. The chart allows patients to identify medications that they are unhappy with and encourages them to discuss these medications with their physician or pharmacist.

3 Tips for Preventing Hospital Readmissions

QIO News | 04/04/19

An overwhelming number of senior patients released from the hospital return within 30 days. Here's a look at proactive measures to promote smooth care transitions. Click [here](#) to read more.

Care Transitions Week

CMS will host National Care Transitions Awareness Day on April 16th. Plan to join in these activities throughout the week of April 15-19:

- HRET HIIN will partner with AHA's Population Health Team to share HRET HIIN hospital success stories from the [Huddle for Care](#) initiative through the HRET HIIN LISTSERV and on Twitter.
- HRET HIIN will host a webinar during this week focused on empowering patients and caregivers to take an active role in co-creating their care transitions plans. More details to come on this event.
- During the week of April 15, hospitals can join the conversation and share successes on Twitter using the #CMSNCTA19 hashtag.

To receive future communications from CMS about upcoming care transitions activities, join the CMS Care Transitions LISTSERV [here](#).

Rewards of Becoming "Conversation Ready"

This Week at IHI | 04/01/19

In a recent interview, Lauge Sokol-Hessner, co-author of the newly updated "Conversation Ready" white paper, described a handful of reasons why organizations should devote themselves to improving end-

of-life care. Not least of which: It can be incredibly rewarding for the professionals involved. It's deep, meaningful work, he says. Read [more](#).

VTE

Stop the Clot, Spread the Word About Blood Clots

CDC Did You Know? | 03/01/19

- Venous thromboembolism, commonly known as a [blood clot](#), is an underdiagnosed yet preventable medical condition that can cause disability and death.
- Anyone can develop a blood clot, but women who are pregnant or who recently had a baby are [five times](#) more likely to experience one.
- Public health professionals can help prevent blood clots by sharing information from the [Stop the Clot, Spread the Word](#)™ campaign and related infographics, fact sheets, and videos.

PFE

Practices Take Steps to Address Food Insecurity Among Patients

Some physician practices are starting to take steps to address social determinants of health, particularly food insecurity, among low-income patients. Doctors are forging partnerships with community stakeholders who can help address food insecurity, and one clinic is setting up a small farmers market outside the facility to connect patients with nutritious food. Click [here](#) to read more.

WORKER SAFETY

Patient Violence Against Healthcare Workers – Are You Prepared?

HRET HIIN Hospital Wide Listserv | 03/26/19

On March 9, 2019, an emergency room nurse in Smithfield, NC [reportedly](#) suffered life-threatening injuries after being stabbed by a 25-year old patient awaiting treatment in the emergency department.

According to the National Institute of Occupational Health and Safety (NIOHS) classification, this was a Type 2 workplace violence event involving violence “directed at employees by patients, customers, clients, students, inmates, or others to whom the employer provides a service.” Data from the [Bureau of Labor Statistics](#) indicate that violent events accounted for 12.2 percent of all injuries to registered nurses in 2016. The incidence rate of 12.7 cases per 10,000 full-time workers, was approximately 3 times greater than the rate of violent events for all occupations (3.8 cases per 10,000 workers).

Here are some resources that may be helpful in assessing and mitigating the risks of Type 2 violence involving patients:

- OSHA Workplace Violence in Healthcare: [Understanding the Challenge](#) (2015)
- OSHA Preventing Workplace Violence: [Road Map](#) for Healthcare Facilities (2015)

- American Organization of Nurse Executives (AONE) and Emergency Nurses Association (ENA) [Toolkit](#) for Mitigating Violence in the Workplace

Moving forward, consider conducting a risk assessment to identify possible vulnerabilities in high risk areas and assess what preparation strategies has your organization employed to protect nurses and other healthcare workers from workplace violence.

DIVERSITY/DISPARITIES

2019 County Health Rankings

The [2019 County Health Rankings](#) are now available. This year's release includes updated community health information for your county, summary reports that explore health differences across the nation, and new guidance to help you understand and use the rankings where you live. There are even new measures on severe housing cost burden, homeownership, and life expectancy. Consider how you can use this information in your HEOA efforts!

MISCELLANEOUS

A Trustee's Guide to Population Health: Building New Foundations Linking Care with Community

Hospitals and health systems are adopting population health strategies to transform their approach to caring for patients and improving health outcomes. The videos included in this resource are designed to provide trustees with an overview of population health strategies, the foundational capabilities that health care leaders are using to redesign care, the importance of developing new partnerships, as well as specific actions for how trustees can participate with their organization's leadership team to advance health within their community. Six new video modules are available for boards to view along with a [discussion guide](#) designed to prompt discussion conversation and reflection. Click [here](#) to access the videos.

CMS Podcast

This message is being shared on behalf of CMS: 04/03/19

The Centers for Medicare & Medicaid Services (CMS) released the latest episode of their podcast, CMS: Beyond the Policy. This episode brings highlights from the 2019 CMS Quality Conference, an annual event attracting over 3,000 participants. This year's conference had a strong focus on reducing clinician burden so that clinicians can focus on patients, promote health care choice, and drive value-based care. You will find highlights from CMS Administrator Seema Verma's keynote speech where she discussed the vision for Medicare and the agency this year, as well as audience reaction. We know that it's not always possible to attend in person, so we hope you enjoy this condensed version of the conference. You can listen to the [podcast](#) on the CMS website.