

# North Dakota Hospital Association Innovate-ND

## HRET Hospital Improvement Innovation Network

June 13, 2019

### EDUCATIONAL EVENTS

#### HRET HIIN

**HRET HHIN – QIN QIO  
How Improving Sleep in Health  
Care Settings Can Improve  
Patient Safety**  
6/18/2019 | 12:00-1:00 p.m. CT

**Opioid Safety: Alternatives to  
Opioids Webinar Series #3**  
07/08/19 | 10:00-11:00 a.m. CT

**Opioid Safety: Alternatives to  
Opioids Webinar Series #4**  
08/12/19 | 10:00-11:00 a.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

**Mental Health First Aid National  
Council | Connecting the Dots:  
Addiction, Trauma and Tobacco  
Use**  
6/17/19 | 11:00 a.m.-12:00 p.m. CT  
Register [here](#).

**QIN Quality Improvement  
Organizations | QIN-tastic HRET  
Collaborative Webinar  
How Improving Sleep in Health  
Care Settings Can Improve  
Patient Safety**  
06/18/19 | 12:00-1:00 p.m. CT  
Register [here](#).

**Great Plains QIN**

### IMPORTANT DATES TO REMEMBER

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

Deadline	Reporting Period
06/21/19	Operational Items – PFE/HEOA Survey
06/30/19	Performance Data for May 2019 Discharges

#### **PFE/HEOA Survey | Tips and Guidance**

So far 48% of our HRET HIIN participating hospitals have completed the current PFE/HEOA Survey. For those of you who haven't yet completed the survey, the final date for completion is June 21. Following are tips and guidance to reference as you complete the survey.

- 1. Answering “Not Applicable” is not acceptable.**
- 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 equity concerns of most of our participating hospitals. **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.
- 3. Work backward 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 backward.
- 4. Convene a team to complete the survey.**  
It's unlikely one person has the knowledge to best answer all of the assessment categories. Consider engaging the CFO (or other executive) and a member of HR on the team.
- 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. *Refer back to your answers on previous surveys to jog your memory!*
- 7. Convene the same team to complete each survey.**

## Integrating Antibiotic Stewardship into Electronic Health Records

06/18/19 | 1:00-2:00 p.m. CT  
Register [here](#).

## American Association of Diabetes Educators

### The Ins and Outs of Starting a Continuous Glucose Monitoring (CGM) Program

06/19/19 | 12:00-1:30 p.m. CT  
Register [here](#).

## AHA Physician Alliance | Imaging Data Science in Action

06/19/19 | 12:00-1:00 p.m. CT  
Register [here](#).

## truth initiative - INSPIRING TOBACCO-FREE LIVES Quitting in the Age of Vaping: A Special Warner Series Webinar

06/19/19 | 2:00-3:30 p.m. CT  
Register [here](#).

## Anticoagulation FORUM | Lunch & Learn

### Reversal of Direct Oral Anticoagulants: Guidance from the Anticoagulation Forum

06/20/19 | 11:00 a.m.-12:00 p.m. CT  
Register [here](#).

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

June 24-28, 2019 [Manitowac, WI](#)  
Prefer to stay home? [Take the course online](#)

## NDHIN Health Information Exchange Touchpoint

06/26/19 | Grand Forks  
07/17/19 | Fargo  
07/31/19 | Bismarck/Dickinson  
Time for all events is 11:30 a.m.-12:30 p.m. CT  
Register [here](#).

## Alzheimer's Association – ND Chapter

If you, your staff, your residents or their families ARE STRUGGLING

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!

## 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 – McVie 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 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. Alexis – Devils Lake First Care Health Center – Park River Jacobson Memorial Hospital – Elgin McKenzie County Healthcare System – Watford City Sakakawea Medical Center – Hazen Sanford Mayville Medical Center Sanford Hillsboro Medical Center St. Aloisius Medical Center – Harvey St. Andrew's Health Center – Bottineau	

## FEATURED RESOURCES

### Resources for Critical Illness, Brain Dysfunction and Survivorship Available

Check out the *Critical Illness, Brain Dysfunction, and Survivorship (CIBS) Center's* plethora of information and resources available for professionals, patient and families. Most resources can be adapted for use outside of the ICU. <https://www.icudelirium.org/>

## FALLS

### Targeting Tethers to Prevent Falls and CAUTI

HRET HIIN Rural CAH Listserv | 06/04/19

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.



The flyer features the Alzheimer's Association logo at the top. Below it, the title "CARE CONSULTATION" is prominently displayed. A photograph shows a healthcare professional sitting at a table with an elderly woman and her caregiver, engaged in a discussion. The text describes the program as a support system for professionals working with memory loss, offering education, support, and care planning. It also mentions that participants receive individualized assistance for their clients and families. At the bottom, there is a logo for the North Dakota Department of Human Services and contact information: alz.org and 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

An indwelling urinary catheter is a one point restraint that limits mobility and creates a tripping hazard, leading to falls in the hospital. The Falls Sprint Team has reviewed the [Falls Process Improvement Discovery Tool](#) findings for our sprinting hospitals and finding that the majority of patients who fell and were injured had a tether, an IV or an Indwelling Urinary Catheter, in place at the time of the fall. IVs may not be avoidable, but I wonder how many of the patients who were injured from a fall could have had their urinary catheter discontinued sooner, or not inserted at all?

*Conversely, the CAH hospitals that have had success in reducing injury from falls and immobility report that their patients get up for meals, mobilize to their highest capacity three times a day and they have nearly zero urinary catheter utilization. You can access the recording of [Fall Sprint CAH Office Hours](#) for inspiration and ideas from three CAH hospitals that all implemented [Get UP](#) (progressive mobility) and interdisciplinary collaboration to keep their patients safe from falls and unnecessary catheters.*

This is an example of how mobility can impact CAUTI. Teams that optimize mobility remove catheters promptly because they are a barrier to safe mobilization. By implementing the [UP Campaign](#) with Wake UP (sedation minimization) Get UP (Progressive mobility) and Soap UP (hand hygiene) you can target your harm reduction on your organization's problematic areas and reduce patient harm across the board. Try it. Begin waking your patients up, getting them up and watch your harms AND your burden reduce.

Sample bedside mobility tracking tools are available to help you drive mobilization to the highest capacity in your organization. Contact Jean or Nikki for copies.

Questions to ponder:

- Who would benefit the most from mobilization as you get started? Patients over a certain age – 65, 70?
- What would be your criteria?

## READMISSIONS

### Documentation of Care Wishes Linked with Fewer Hospitalizations

A do-not-resuscitate order added to a patient's chart before the last 30 days of life was associated with reduced rates of hospitalization, and notes about end-of-life care planning also were associated with lower admission rates when added six months before death, according to a [study](#) in the American Journal of Hospice and Palliative Medicine. Physicians have responsibilities to improve documentation of end-of-life planning, the researchers said.

## DIVERSITY/DISPARITIES

### AHA's Guide Helps Screening for Social Needs

AHA's *The Value Initiative's* [Screening for Social Needs: Guiding Care Teams to Engage Patients](#), is a new tool to help hospitals and health systems facilitate sensitive conversations with patients about their

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

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

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nonmedical needs. It offers strategic considerations and principles for employing patient-centered strategies that lead to meaningful and empathic discussions about social needs. The tool also provides case studies of organizations at the front edge of this work and highlights how this work can promote value by lowering cost and improving outcomes.

## **MISCELLANEOUS**

### **AHA Playbook on Addressing Burnout**

The AHA Physician Alliance released a "Well-being Playbook" resource to help hospital and health system leaders address burnout in their organizations. The resource highlights seven key steps for success and provides real-world examples of successful interventions deployed in hospital and health system settings, as well as studies and tools others have found effective. To view the Well-being Playbook, click [here](#). For more information on the AHA Physician Alliance, click [here](#).