

North Dakota Hospital Association

Innovate-ND

HRET Hospital Improvement Innovation Network

July 3, 2019

EDUCATIONAL EVENTS

HRET HIIN

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.

Event Recordings

HRET/QIN HIIN Collaborative | How Improving Sleep in Health Care Settings Can Improve Patient Safety

Click [here](#) to view the recording.

All event recordings are/will be available on-demand on the HRET HIIN website www.hret-hiin.org. Select the desired topic and scroll down to "Watch a Recent Data Event."

Partner Educational Events

AHA Team Training Leave a Lasting Legacy: Make TeamSTEPPS Stick

07/10/19 | 12:00-1:00 p.m. CT
Register [here](#).

Great Plains QIN-QIO

IMPORTANT DATES TO REMEMBER

Remember to report your HIIN data in CDS every month!

Deadline	Reporting Period
07/31/19	Performance Data for June 2019 Discharges

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 Nelson County Health System – McVille Southwest Healthcare Services – Bowman 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 Northwood Deaconess Health Center Pembina County Memorial Hospital – Cavalier Presentation Medical Center – Rolla 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 Sanford Hillsboro Medical Center St. Aloisius Medical Center – Harvey St. Andrew's Health Center – Bottineau	

Patient and Family Advisory Council in a Collaborative Medical Neighborhood

07/11/19 | 12:00-1:00 p.m. CT
Register [here](#).

Attend this WebEx to learn from a team at **Sakakawea Medical Center** about how they have implemented a Patient and Family Advisory Council (PFAC) using a community collaborative model. This approach has enabled them to address topics from the entire medical continuum. Plan to attend to learn more about this innovative, successful PFAC model.

AHA HAV | Promoting Prevention, Improving Health, and Maximizing Safety Outcomes for Patients Affected by Human Trafficking and Intimate Partner Violence

07/11/19 | 1:00-2:00 p.m. CT
Register [here](#).

NDHIN Health Information Exchange Touchpoint

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](#).

2019 APIC Applied Learning Conference

10/26/19-10/27/19 | St. Louis, MO
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.

FEATURED RESOURCES

CDC/STRIVE Announce Free Infection Control Training Courses



We are pleased to announce the launch of the first 2 of 11 new infection control training courses, **Hand Hygiene** and **Competency-Based Training**. These courses are part of the new [States Targeting Reduction in Infections via Engagement \(STRIVE\)](#)

curriculum intended for the infection prevention team, hospital leaders, clinical educators, nurse and physician managers, environmental services managers, all patient care staff, and patient/family advisors. Additional courses will be launched over the summer.

These training courses were developed by national infection prevention experts led by the Health Research & Educational Trust (HRET) for the Centers for Disease Control and Prevention (CDC).

All courses are free and offer continuing education (CE).

Access the new courses at the [STRIVE training page](#).

The STRIVE curriculum will include over forty individual training modules grouped into 11 courses that focus on Foundational and Targeted infection prevention strategies.

Foundational Infection Prevention Strategies

- [Competency-Based Training](#) (available now)
- [Hand Hygiene](#) (available now)
- Strategies for Preventing HAIs
- Environmental Cleaning
- Personal Protective Equipment
- Patient and Family Engagement

Targeted Infection Prevention Strategies

- Catheter-Associated Urinary Tract Infection (CAUTI)
- Methicillin-Resistant *Staphylococcus aureus* (MRSA) Bacteremia
- *Clostridioides difficile* Infection (CDI)
- Central Line-Associated Bloodstream Infection (CLABSI)

ADEs

Medication-Assisted Treatment (MAT) for Opioid Use Disorder (OUD): A Pocket Guide

HRET HIIN Rural CAH Listserv | 06/17/19

Thanks to the gracious permission of Adrienne Lindsey, MA, DBH, and the Center for Applied Behavioral Health Policy of Arizona State University, we are excited to share with you "MAT: Pocket Guide." The Pocket Guide is attached to this post, and you can find it here: https://cabhp.asu.edu/sites/default/files/mat_printable_guide.pdf

This guide covers:

- The evidence to support the use of MAT
- Evidence-based practices

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

- MAT medications: mechanism of action, route and frequency of administration, prescriber requirements, pros, cons, and patient considerations of each
- Opioid withdrawal symptoms
- Patients at risk for overdose
- Overdose reversal
- Frequently asked questions such as:
 - How do I know if my patient needs MAT?
 - Isn't treating my patient's opioid use disorder with medication just replacing one addiction for another?
 - How long should my patient remain on MAT?
 - My patient is currently abstaining from opioids, do they really need MAT?
 - Aren't methadone overdoses common?
 - Would I be putting my patient at risk?
 - Is one form of medication better than another?
 - I work with pregnant women, what are the standards of care for this population?

Note that it also includes Arizona-specific OUD assistance, referral, and hotline numbers. Following are options for North Dakota:

- FirstLink – 211 or <https://myfirstlink.org/>
- Free through recovery - <https://www.behavioralhealth.nd.gov/addiction/free-through-recovery>
- ND service locator - <https://www.behavioralhealth.nd.gov/addiction/service-locator>
- Addiction Resource Center - <https://www.addictionresourcecenter.org/>

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.

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

ANTIBIOTIC STEWARDSHIP

More Than 80 Percent of Antibiotics Prescribed Before Dental Procedures Are Unnecessary, Analysis Concludes

AHRQ News Now | 06/11/19

An AHRQ-funded study found that about 81 percent of nearly 169,000 antibiotic prescriptions given to patients before a dental procedure to prevent cardiac infections were considered unnecessary by current guidelines. Preventive antibiotics are recommended for dental patients with a number of serious conditions to prevent secondary infections, such as infective endocarditis. Researchers reviewed dental procedure records between 2011 and 2015 using a national health claims database to find patients who had been given antibiotics. Of those who had received a prescription, more than 80 percent did not have a qualifying, high-risk cardiac diagnosis and no risk of further infection, making those prescriptions unnecessary. The researchers noted that orthopedic implants, tooth implant procedures and procedures completed in the western United States were significantly associated with antibiotic overuse. The risk of overuse was also higher for female patients. Researchers recommended using antibiotic stewardship in dental offices to reduce misuse. Access the [abstract](#) of the article published in *JAMA Network Open*.

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

Jean Roland
jroland@qualityhealthnd.org
701/989-6227

Nikki Medalen
nmedalen@qualityhealthnd.org
701/989-6236

Jon Gardner
jgardner@qualityhealthnd.org
701/989-6237

HAIs

Transmission of Antibiotic-Resistant Bugs

Researchers have found that plant-foods may act as transmitters for antibiotic-resistant bugs to the human gut biome. Click [here](#) to read more.

SEPSIS

Sepsis Awareness Month Toolkit

Are you ready to raise sepsis awareness this September? A [toolkit](#) is available with all the tools you need to educate your family, friends, and community about sepsis. Together we can raise awareness and help save lives.



The [toolkit](#) includes:

- Printable handouts/posters
- Social media flyers and infographics
- Tips for hosting your own event
- Links to resources
- And more

FALLS

Annual Deaths from Falls Have Tripled Since 2000

HRET HIIN Hospital Wide Listserv | 06/19/19

On June 4, JAMA published [Mortality from Falls Among US Adults Aged 75 years or older, 2000-2016](#) with the following key findings

- Deaths from falls increased from 8,613 a year in 2000 to 25,184 a year in 2016
- Danger rose with age
 - 75 – 79 year old death rate was 42 per 100,000
 - 95 and > death rate rose to 591 per 100,000
- Traumatic brain injury and hip fractures were among the causes of death
- Contributing factors to the increase:
 - Older people are living longer, independently, with chronic conditions
 - Medications that affect balance or cause drowsiness, especially psychiatric meds
 - Vision Problems

What to do about this dramatic increase in mortality with elders related to falls? In the same issue, JAMA also published a randomized clinical trial that shows the benefit of a home based, strength and balance re-training exercise program in preventing subsequent falls in older adults who experienced a fall. Many communities have these programs.

- Are you referring a patient who is admitted with injuries from a fall to strength and balance training after discharge?
- If these resources exist in your community, can you refer patients who experience a fall in your organization to community strength and balance classes?

The National Council on Aging has [Evidence Based Fall Prevention Programs](#) designed for community dwelling seniors, including various activity levels:

- “[A Matter of Balance](#)” an eight-week structured group intervention that emphasizes strategies to prevent falls
- [Otago Exercise Program](#) a set of 17 strength or balance exercises delivered by a physical therapist or physical therapy assistant, in the home
- [Tai Ji Quan: Moving for Better Balance](#) a twice a week, 24 week program focusing of warm up, core, therapeutic movements and cool down
- [YMCA Moving for Better Balance](#) 12-week, instructor-led group program is based upon the principles of Tai chi, teaching eight movements modified for fall prevention

Check out what is available in your community and share with your ED physicians, case managers, care coordinators, home care team members.

READMISSIONS

North Dakota 66th Legislative Assembly Wrap-Up Includes Hospital Discharge Policy

INSIGHT Affecting Hospitals Today, Volume 4 , Issue 2, Spring 2019

SB 2154. Hospital Discharge Policies. Hospitals must maintain written discharge planning policies, identify patients who are likely to suffer adverse health consequences without adequate discharge planning, and involve the patient and, as appropriate, informal caregiver or legal

representative. As appropriate, the hospital shall communicate the plan to the patient, informal caregiver, or the patient's representative, document the discharge planning arrangements in the medical record, and educate or train a patient, informal caregiver, or the patient's representative for post-hospital care.

Care Redesign Survey: The Power of Palliative Care

NEJM Catalyst | 06/12/19

Many people who would benefit from palliative/end-of-life care do not receive it.

Click [here](#) to read more.

VENTILATOR-ASSOCIATED EVENTS

Is 93% O₂ saturation too low? Perhaps not.

HRET HIIN ICU Listserv | 06/15/19

A recent article published in the Lancet, conducted a meta-analysis of the use of liberal oxygen versus conservative oxygen in acutely ill adults. The summary can be found [here](#).

Supplemental oxygen is often administered liberally to acutely ill adults, but the credibility of the evidence for this practice is unclear. We systematically reviewed the efficacy and safety of liberal versus conservative oxygen therapy in acutely ill adults.

The finding showed that in “acutely ill adults, high-quality evidence shows that liberal oxygen therapy increases mortality without improving other patient-important outcomes and these results support the conservative administration of oxygen therapy.” Liberal oxygen therapy was described as an O₂ saturation from 94%-99%. One of the elements that determines a VAE during surveillance is an increase in FiO₂ after 2 days of stability factors. Titrating FiO₂ to a lower saturation may decrease the number of VAEs that occur in your ICU.

MISCELLANEOUS

The June 18 HRET HIIN Qin-tastic Webinar Recording is Now Available!

The HRET/QIN HIIN collaborative webinar, “How Improving Sleep in Health Care Settings can Improve Patient Safety” recording and slides are now available [here](#).

The shift from “What’s the Matter?” to “What Matters to You?” can help caregivers move away from task driven, depersonalized care to care and delivery systems focused on the individual’s needs, while seeking input and direction from the individual. When personalizing care around the sleep experience, consider these questions:

- What are the beliefs associated with the delivery of care that interrupts sleep?
- What is the importance of sleep hygiene for physical and mental well-being?
- Would you be comfortable sleeping here? With this bed and this pillow?

- What could be improved related to lighting, noise, bed comfort, privacy and clinical care?

Through the use of a polling question, the majority of participants reported that two hours is typically the longest interval of uninterrupted sleep for the patient in their ICU. The benefits of each stage of sleep were defined and explained in terms of when restoration and regeneration occur. Stage 3, the deepest sleep, begins 60-90 minutes after falling asleep and is the stage in which the greatest amount of healing occurs. If the facility implements patient-turns every two hours, patients cannot reach Stage 3 sleep. Additionally, it takes patients more time to fall back to sleep, often right when the next patient-turn is scheduled.

Gardenside Long Term Care Facility in Nebraska presented their sleep improvement intervention, which aligned with the practices in their facility, such as lighting, incontinence management, med passes, rehabilitation services hours and routine, and housekeeping. Because of the intervention, they celebrated reductions in infections, falls, and pressure injuries.

Concord Hospital in New Hampshire presented their sleep program that includes three components:

- A safe sleep protocol
- Sleep preparation (environmental management, bedtime routine and grouped tasks to minimize interruptions)
- Non-pharmacological interventions: eye mask, ear plugs, lavender, decaf tea, reference to music channel, noise reduction tips, sleep well tips
- Pharmacological (Ambien removed, melatonin implemented, plus a stage two medication)
- Noise reduction
- Alarm reduction
- Noise machines on each unit
- Sleep Well Kit (eye mask, earplugs, lavender, decaf tea, reference to music channel, noise reduction tips, and sleep well tips)

The webinar wrapped up with a conversation about how to engage patients and families in this work. Some of the tangible ways patients and families can be part of these efforts:

- Provide [How to Improve Sleep During Your Hospital Stay](#)
- Discuss bedtime routines and the family's role during bedside rounds
- Discuss sleep quality during leadership rounds
- Engage a PFAC to create sleep kits, or round on patients about sleep quality
- Ask board members to lay on a mattress/pillow to feel the level of comfort or ask patients and families to share their sleep experience with board members

Hospitals are encouraged to begin a conversation with their affiliated long-term care facilities to start improving the sleep experience for our patients and residents.

Reminder: Sprint Hospital Post Assessments

HRET HIIN thanks Allied Associations and their hospitals for participating in the Spring 2019 Sprints and for their continued dedication in decreasing harm and improving patient safety. HRET HIIN encourages Allied Associations to reach out to their Sprint participants to remind them to complete their Sprint post-assessments (links below). Completion of the assessments will assist HRET in evaluating impact and alignment with HIIN outcomes. Please check the HRET HIIN Collaborative Tracking Tool to see the progress of each hospital Sprint participant.

- [Falls](#)
- [HAPI](#)
- [VAE](#)
- [VTE](#)