# North Dakota Hospital Association Innovate-ND

HRET Hospital Improvement Innovation Network

July 17, 2019

## Educational Events

### HRET HIIN

**Hospital Acquired Pressure Injury (HAPI)**
*This event is designed to identify and address barriers to HAPI prevention.*
07/17/19 | 11:00 a.m.–12:00 p.m. CT

**Venous Thromboembolism (VTE)**
*This event is designed to identify and address barriers to VTE prevention.*
07/22/19 | 11:00 a.m.–12:00 p.m. CT

**Ventilator Associated Events (VAE)**
*This event is designed to identify and address barriers to VAE prevention*.
07/24/19 | 11:00 a.m.–12:00 p.m. CT

**Patient and Family Engagement (PFE)**
*This event is designed to identify and address barriers to PFE.*
07/30/19 | 11:00 a.m.–12:00 p.m. CT

**Falls**
*This event is designed to identify and address barriers to Falls prevention.*
07/31/19 | 11:00 a.m.–12:00 p.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.

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### Event Recordings/Online Education Opportunities

## 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 |
| 08/21/19 | HEOA/PFE Survey (Operational Metrics Survey) Available in CDS 7/22/19; please complete by 08/21/19. |

## 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

**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."

**Patient and Family Advisory Council in a Collaborative Medical Neighborhood**
The recording and materials will be available on the Great Plains QIN website by July 18.

**Know Diabetes by Heart | Professional Education Podcast Series**
Click here to access the series.

**Diabetes Prevention, Self-Management, Co-Morbid Disease Education**
Click here to access current educational offerings.

**Poison Prevention Online Training**
Click here to access the training.

**North Dakota Community Clinical Collaborative**
Be on the look-out for future mini-video trainings on how you and your partners can use the new North Dakota Community Clinical Collaborative at www.ndc3.org to refer patients to community evidence-based programs, sign patients/clients up for the programs most convenient to them AND if you are a program leader, you can increase your recruitment and enrollment! Videos will be available soon! Or you can contact Janna Pastir at jlpastir@nd.gov or 701-328-2315 if you have questions!

Classes currently available for referral and registration include Better Choices Better Health curriculums, Diabetes Prevention Program, Powerful Tools for Caregivers, and Stepping On for Falls Prevention!

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## Partner Educational Events

St. Andrew's Health Center – Bottineau


Thank you to Marcie Schulz, Sienna Sailer and Courtney Dean of Sakakawea Medical Center and Coal Country Community Health Center, for presenting on the Great Plains QIN webinar on July 11. Patient and Family Advisory Council in a Collaborative Medical Neighborhood. They did a fabulous job presenting the perspectives of the hospital, clinic and governing board. The recording will be available early this week here.

## Featured Resources

### Supporting Caregivers on Crucial Conversations

*AHA Today | 07/08/19*

As caregivers, we often rely on patients to provide us with the critical information we need to deliver the right care and meet their health needs. And yet, a patient who talks openly about her medical issues may be reluctant to admit she doesn't have enough food for her family or even a safe place to sleep.

Trained, empathetic listening can make a world of difference in our patients' lives. But even the best-intentioned caregivers can find it challenging to have meaningful conversations about sensitive non-medical needs, commonly called the **social determinants of health**.

AHA resources can help care teams — and their patients — move beyond the awkwardness to engage in honest communication that can transform lives. AHA's The Value Initiative recently released "Screening for Social Needs: Guiding Care Teams to Engage Patients" — a new tool to help caregivers and patients work together to **overcome barriers to good health**.

The tool includes case studies and strategies for implementing screening programs tailored to hospitals' unique communities, along with a roster of national organizations that connect patients with local resources. It complements AHA's existing resources and videos, which help caregivers determine how factors such as income, social support, access to services and physical environment can impact patient care.

Learning to effectively broach delicate subjects helps build the trust we need to move beyond treating a patient to **healing the whole person** seeking our care. These conversations are an essential component to achieving our vision of a society of healthy communities, where all individuals reach their highest potential for health.

## ADEs

### National Organization of State Offices of Rural Health (NOSORH) | Opioid Resources for Providers Fact Sheet

This factsheet provides information and education including examples of tools and potential mentoring opportunities for those rural healthcare providers beginning to provide or providing substance use disorder treatment services.

**American Hospital Association**
**Creating Age-Friendly Health Systems – An Invitation to Join AHA's Action Community**
*The AHA is bringing you webinars highlighting hospitals' work in advancing the best possible patient-centric care, by integrating the patient voice in care design and delivery. Click below to register!*
07/17/19 | 1:00–2:00 p.m. CT
Register here,
08/01/19 | 12:00–1:00 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.

**NCD Pacing Event**
**A Comprehensive Redesign to Improve Surgical Safety: Impacting Multiple Outcomes**
07/18/19 | 12:00–1:00 p.m. CT
Register here.

**American Hospital Association**
**Enhancing Trauma-Informed Care**
07/23/19 | 11:00 a.m.–12:00 p.m. CT
Register here.

**PFE Affinity Group**
**Processes for Onboarding New Patient and Family Advisors**
07/23/19 | 1:00–2:00 p.m. CT
Register here.

**Sepsis Alliance**
**Sepsis Across the Continuum of Care**
07/25/19 | 1:00–2:00 p.m. CT
Register here.

**American Hospital Association**
**Integrating the Community Voice in Care Delivery**
08/15/19 | 11:00 a.m.–12:00 p.m. CT

This resource is designed to be used "at your fingertips." Let it live on the home screen of your desktop, laptop, tablet or phone for easy access to these user-friendly resources.

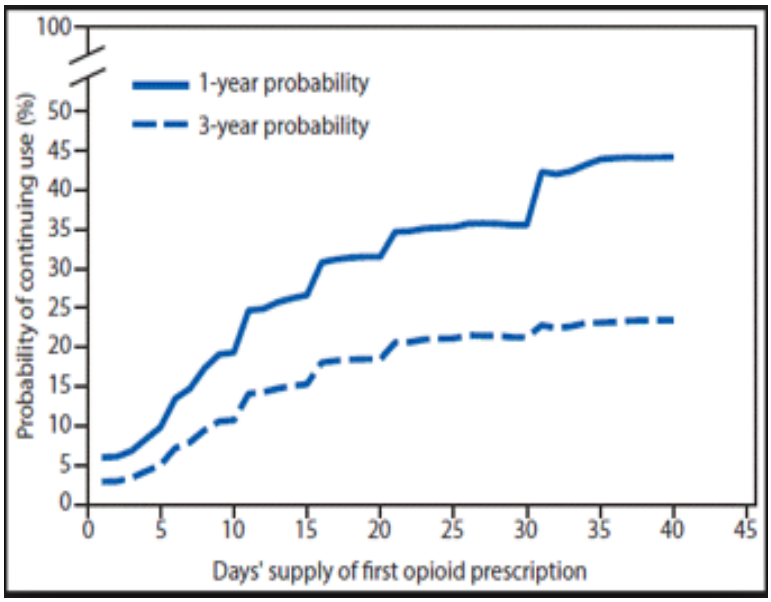
## Opioids Are "Sticky": Once Received the Risk of Chronic Use Increases Significantly

*HRET HIIN Hospital Wide Listserv | 07/13/19*

Last month the Annals of Internal Medicine published an article and an accompanying editorial analyzing the risk of long-term opioid use in opioid-naïve patients given inpatient opioids. The findings showed:

- 5.9% of patients who received opioid analgesics were taking opioids at 90 days compared to only 3.0% who received non-opioid analgesics
- Similar patterns were presents at 1 year
- Patients who received opioids less than 12 hours before discharge were almost twice as likely to use opioids at 90 days as those who received their last dose of opioids more than 24 hours before discharge (7.5% vs. 3.9%)

A couple of years ago we posted "Is it the first opioid that gets you hooked?" about this concern based on the CDC data, shown below. The answer again appears to be "yes."




Moving forward consider:

- What are you doing to avoid unnecessary opioid starts?
- Do your practices make it easy to use alternative medications and modalities first?

## A Young Patient's Perspective on Prescribing Opioids

*IHI Weekly Newsletter | 07/08/19*

Teens who get a prescription for opioids have a risk of opioid misuse that is 33 percent higher than teens who don't. A young patient shares how she may have "dodged a bullet."

## The Binge Drinking/Opioid Misuse Connection

Register here.

**Become a Certified Lay Leader for Better Choices Better Health**
**Better Choices, Better Health Leader Training**
Bismarck Senior Center
315 N 20th St., Bismarck, ND
September 17, 18, 24, and 25
9:00 a.m.–4:30 p.m. each day

**Better Choices, Better Health Cross-Training**
Bismarck Public Library
515 N 5th St Bismarck, ND
October 8 and 9
9:30 a.m.–5:00 p.m.

To register, please call 701-323-2911 by September 2.

**2019 APIC Applied Learning Conference**
10/26/19-10/27/19 | St. Louis, MO
Register here.

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**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.

*CDC's Did You Know? | 07/05/19*

- More than half of the 4.2 million Americans who misused prescription opioids during 2012–2014 were binge drinkers.
- Drinking alcohol while using opioids increases the risk of overdose and death.
- Widespread use of effective community-based strategies for preventing binge drinking—such as regulating the number of places that sell alcohol in any given neighborhood—could reduce opioid misuse and overdoses involving alcohol.

## Quote of Note

*The Pew Charitable Trusts | 07/03/19*

"A person dies every 11 minutes of opioid addiction. They're not dying in alleys – they're dying in homes, bathrooms, in kitchens." Listen to the full webcast.

## Are Blood Glucose Levels Less than 90 mg/dL During the Last 24 Hours before Discharge Associated with Post-Discharge Harm?

*HRET HIIN Hospital Wide Listserv | 07/01/19*

A study posted online in May, found here, reminded us that, not only are normal glucose levels (70-110 mg/dl) associated with inpatient harm, but can be associated with post-discharge harm.

The authors looked at the lowest glucose levels in diabetic patients during the 24-hour period prior to discharge and found the following:

| | Relative Risk | | | |
|---|---|---|---|---|
| Glucose value (mg/dl) | 30 day Readmit | 30 Day Mortality | 90 Day Mortality | 180 Day Mortality |
| 80-89 | 1.04 | 1.03 | 1.06 | 1.06 |
| 70-79 | 1.09 | 1.11 | 1.09 | 1.08 |
| 60-69 | 1.15 | 1.19 | 1.17 | 1.15 |
| 50-59 | 1.24 | 1.46 | 1.30 | 1.26 |
| 40-49 | 1.32 | 1.57 | 1.48 | 1.44 |
| 30-39 | 1.34 | 1.98 | 1.70 | 1.60 |

Of course, these relationships are not necessarily causal, but nevertheless, once again we are reminded that the target glucose for an inpatient is NOT the same as for an outpatient.

***The target glucose for an inpatient is 140-180 mg/dl.***

***And hypoglycemia (glucose < 70 mg/dl) should be avoided at all cost!***

Is your organization following best practices for glycemic control? For help, check out the ADE Change Package.

# ANTIBIOTIC STEWARDSHIP

## Team Approach Helps Hospital Cut Antibiotic Use in Sepsis Case Study

*McKnight's Long-Term Care News | 06/28/19*


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## 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

A team approach to antimicrobial stewardship resulted in decreased broad spectrum antibiotic use. Click here to read more.

## HAIs

### Consumer Resources

*APIC eNews | 07/01/19*

This is a great patient education resource! Staphylococcus aureus or "staph" is a type of bacteria found on human skin, in the nose, armpit, groin, and other areas. While these germs don't always cause harm, they can make you sick under the right circumstances. S. aureus is spread by touching infected blood or body fluids, most often by contaminated hands. Click here to access the resource.

### Nursing Home Infection Preventionist Training Available

CDC, in collaboration with the Centers for Medicare & Medicaid Services (CMS), just launched a new Nursing Home Infection Preventionist Training course. This specialized nursing home training is designed for individuals responsible for infection prevention and control (IPC) programs in nursing homes. The course covers:

- Core activities of effective IPC programs,
- Recommended IPC practices to reduce:
  - Pathogen transmission
  - Healthcare-associated infections
  - Antibiotic resistance

The course introduces and describes how to use IPC program implementation resources including policy and procedure templates, audit tools, and outbreak investigation tools.

The course is made up of 23 modules and sub-modules that can be completed in any order and over multiple sessions. Free CME, CNE or CEUs available upon completion of the course. Click here to access the training course.

### Two New Infection Control Training Resources for Healthcare Professionals

Healthcare professionals are the first line of defense against healthcare-associated infections (HAIs) and the spread of germs in healthcare settings. CDC now offers a new online interactive infection control training, "Let's Talk Patient Safety: Reducing HAI Transmission Risk," to help healthcare professionals identify infection risks and prevent the spread of HAIs. The training provides free continuing education for healthcare professionals, including nurses, physician assistants, medical assistants, health educators, and other clinicians. (0.1 CEU and 0.6 CNE).

The free online training can be completed anywhere. It has two modules and takes approximately 30 minutes to complete the entire training.

- **Module 1: "What's the Risk?"**
  This interactive module transports healthcare professionals into a scenario where they must identify infection risks and take action to protect patients, colleagues and visitors.

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)

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- **Module 2: "Chain of Infection"**
  This story-based interactive module challenges professionals to break the chain of infection in a busy healthcare environment and educates them on the consequences of not following infection prevention and control recommendations.

## New Interactive Graphic Novel for Environmental Services (EVS) Personnel

"EVS and the Battle Against Infection" is an interactive graphic novel illustrating the important role of EVS personnel in the prevention of healthcare-associated infections. The online version of the training tool features real-world infection prevention and control scenarios and allows participants to choose options that affect the outcome of the story. "EVS and the Battle Against Infection" is also available as a downloadable PDF.

Handouts are also available from CDC. Use these materials to:
- Encourage the use of the EVS training tool
- Spark infection prevention and control (IPC) conversations among EVS personnel
- Engage EVS personnel and promote IPC best practices

Access these and other infection control training resources at the CDC Infection Control website.

## Surgical Safety Checklist Reduces Post-Op Deaths

*Medscape Medical News | 06/28/19*

Implementation of the World Health Organization (WHO) Surgical Safety Checklist at surgical centers in England led to a 37.2% relative reduction (from 1.21 to 0.76) in inpatient postoperative mortality during the years after implementation, a study has found.

"The checklist has been demonstrated to reduce postoperative mortality rates (POMR) at an individual patient level, but this is the first evidence for its potential to improve outcomes at a national level," the researchers write.

The study, by Dmitri Nepogodiev, MBChB, from the National Institute for Health Research Global Health Research Unit on Global Surgery, University of Birmingham, United Kingdom, and colleagues was published online June 25 in a research letter in the *British Journal of Surgery.*

"With an estimated 4.2 million people worldwide dying within 30 days of surgery each year, identification of strategies to reduce postoperative mortality has been identified as a global research priority," they explain.

Previous population research in Scotland found that use of the checklist resulted in a 39% relative reduction in inpatient POMRs from 2000 to 2014. The checklist was phased in from 2008 to 2010 as part of the Scottish Patient Safety Programme. In the Birmingham study, investigators sought to replicate those findings.

"Most of the estimated 4.2 million postoperative deaths each year occur in low- and middle-income countries, where the WHO checklist is often inconsistently used," Nepogodiev told *Medscape Medical News.*

The 16 years from 1998 to 2014 saw a general downward trend in postoperative deaths, with a more than 30% relative reduction in POMR across all specialties except otorhinolaryngology, cardiology, colorectal oncology, and plastic surgery. In England, which already had low baseline POMRs, the greatest decrease was observed in the 2 years preceding checklist implementation in 2008. During that period, there was an absolute POMR reduction of 0.71% per year, after which the annual pace of decrease fell.

The greatest reductions occurred in esophagogastric (68.8%) and breast surgery (69.3%). During the implementation and postimplementation periods, 10 of 14 specialties had a better than 5% relative reduction in POMRs; POMRs remained stable in plastic and cardiac surgery and increased in obstetrics and otorhinolaryngology.

The study data cannot explain why some specialties saw no decline in POMRs. "One key factor that may contribute to this is changes in case mix, such as age of patients, how many other medical conditions patients have, how frail they are, what type of surgery they are having. We have not controlled for in this study," Nepogodiev explained.

The greatest benefit has been seen in patients undergoing emergency surgery in low- and middle-income countries. Earlier this year, Nepogodiev's group reported data on 12,296 patients who underwent major abdominal surgery in 76 countries. "We found that in high-income countries, the checklist was used in 85%, but this dropped to 59% of cases in middle-income countries and to 47% of cases in low-income countries," he said. "Across all settings, the patients for whom the checklist was used had a lower likelihood of dying postoperatively than those patients for whom the checklist was not used."

Multiple factors likely contribute to the nonuse of the checklist — lack of staff training, limited resources, and time constraints in filling out the list, for example. To shed light on these, Nepogodiev's unit has funded collaborating surgeons in Rwanda and Malawi to study use of the current WHO checklist in their countries, as well as barriers to use and solutions.

"The improvements in postoperative mortality rates in Scotland and England could be replicated across low- and middle-income countries, but investment is urgently needed to identify and roll out successful strategies that improve surgical safety, including the WHO checklist, which is an important adjunct to making surgery safer," Nepogodiev said.

## VENOUS THROMBOEMBOLISM

### Venous Thromboembolism Clinical Practice Guidelines (2019)

Click here to access a quick summary of the *Venous Thromboembolism Clinical Practice Guidelines (2019)* from the American Society of Hematology and download the complete practice guidelines.

### Should Graduated Compression Stockings (GCSs) be Used to Prevent DVT in a Hospitalized Patient?

*HRET HIIN Hospital Wide Listserv | 07/10/19*

Sometimes small hospitals do not have easy access to Sequential Compression Devices (SCDs). The question occasionally comes up as to whether GCSs are an acceptable substitute. Here is what the experts say.

A Cochrane review published in Nov, 2018 found here concluded:

- There is high-quality evidence that *thigh-high* GCS are effective in reducing the risk of DVT in hospitalized patients who have undergone general and orthopedic surgery, with or without other methods of background thromboprophylaxis, where clinically appropriate.
- There is moderate-quality evidence that *thigh-high* GCS probably reduce the risk of proximal DVT, and *low-quality evidence that GCS may reduce the risk of PE*.
- However, there remains a *paucity of evidence to assess the effectiveness of thigh-high GCS in diminishing the risk of DVT in medical patients."*
- There appears to be no role for VTE prevention with calf-high GCS.

Given all of the above, GCSs appear to be an inferior option as compared to SCDs, the key issue being their lower likelihood to prevent PE…which is of course the VTE that kills. In addition, there is little evidence of their efficacy in medical patients. Furthermore, there are many ways GCSs can go wrong:

- Not thigh high
- Not enough pressure
- Skin issues

Most experts see little or no role for GCSs. If you want to prevent VTE, especially PE, then SCDs, chemoprophylaxis, or both are your best bet.

## READMISSIONS

### Are Your Sepsis Survivors at Risk for Readmission?

*HRET HIIN Hospital Wide Listserv | 06/26/19*

Patients with sepsis, severe sepsis and septic shock who survive to discharge are at a higher risk of 30-day readmission than other diagnoses. The majority of these patients are readmitted within 2 weeks post discharge and close to 50% are admitted with an infectious process.

A recent abstract found here examines the epidemiology and predictors of readmissions after sepsis. Also, of interest is a question and answer session with Dr Hallie Prescott, found here. Dr Prescott is on the Sepsis Alliance Advisory Board and a sepsis readmission researcher.

**Do you consider the following clinical issues prior to discharge?**

- Has the lactate normalized?
- Did the patient develop delirium during admission?
- Did organ dysfunction resolve or is it trending toward normalization (creatinine, BUN, liver enzymes, etc)?
- Is patient being discharged on antibiotics? If so, are they narrow spectrum?
- Is patient being discharged with drains, wounds, indwelling lines or catheters?
- Has the patient's functional status changed as compared to their baseline prior to admission?

**Do you have a specific teaching tool or discharge checklist for sepsis patient?**

**Do you have any additional resources for your sepsis patients upon discharge?**

### Preventing Readmissions in the Behavioral Health Population

*HRET HIIN Hospital Wide Listserv | 06/25/19*

According to the CDC, mental illnesses are among the most common health conditions in the United States. 1 in 5 Americans will experience a mental illness in any given year, and 1 in 25 Americans live with a serious mental illness. A recent report further clarifies that 29% of adults with a medical condition also have some type of mental health disorder, and close to 70% of behavioral health patients have a medical co-morbidity. Between 15 and 25% of patients with a cancer diagnosis suffer from co-morbid depression, and between 15 and 30% of patients with diabetes also have depression.

As healthcare organizations refine their processes for addressing readmissions and identify patients for which enhanced care transitions are needed, the behavioral health population remains a clear priority. Patients treated in our hospitals for medical conditions that also have a comorbid behavioral health diagnosis can benefit from enhanced services and improved care transitions strategies to prevent avoidable readmissions.

In response to the need for identification of practical solutions, the New York State Office of Mental Health has developed a guide with key strategies for addressing readmissions in the behavioral health population. Health Services Advisory Group has also developed a Behavioral Health Readmission Audit Tool to be used as part of the patient interview at the time of readmission to further refine collaborative partnerships with patients and families.

***How is your organization partnering with patients, families, behavioral health providers and social services to meet the needs of patients with both medical and behavioral health conditions?***

***How are these actions connected to your organization's approach to preventing readmissions?***

## DIVERSITY/DISPARITIES

## 5 Ways to Ethically Use Social Determinants of Health Data

To ethically leverage patients' social determinants of health data, organizations will need to employ care coordination plans, analytics tools and other strategies.

- Address clinical and non-clinical needs
- Use data analytics tools to determine patient risk
- Identify available community resources
- Track health outcomes
- Involve patients and caregivers in care intervention plans

Click here to read more.

## Leveraging Information Technology to Address Health Disparities

Disparities in health care delivery and health outcomes present distressing challenges to underserved populations, who often experience a greater burden of chronic diseases and are more likely to show signs of poor disease management. Health information technology (IT) tools may serve a vital role in reducing such disparities in the clinical care setting. In the Medical Care June supplement, "Addressing Health Disparities Through the Utilization of Health Information Technology," authors discuss the potential application of health IT in reducing disparities by increasing access to care, improving quality of healthcare and by promoting better patient-clinician communication. Health IT may help underserved populations by enhancing patient engagement, improving implementation of clinical guidelines, promoting patient safety, and reducing adverse outcomes. Additionally, individuals with limited English proficiency and/or limited health literacy may benefit where health IT can enhance patient-clinician communication through language and literacy specific materials and visual aids.

## Implicit Bias Resource Guide

Not everyone in the U.S. has a fair and just opportunity to be healthy. These inequities form the foundation for significant health disparities. And while achieving health equity will require systemic and structural changes, every one of us can do something to support that shift. In this resource guide you'll find:

- Seven steps we can all take to minimize implicit bias.
- A Q&A with health experts about how to recognize and address implicit bias. All questions were raised by participants in a recent webinar on bias and reflect the real concerns of public health professionals and stakeholders.
- A selection of stories shared with NICHQ about the many ways bias has affected individuals. Together, these stories illustrate the pervasive effects of implicit biases, and how every individual has a responsibility to recognize and address their biases.

# WORKER SAFETY

## Health-Related Workplace Absenteeism Among Full-Time Workers | 2017–18 Influenza Season

*MMWR, Vol. 68 | 07/05/19*

The most effective ways to prevent influenza transmission in the workplace include vaccination and nonpharmaceutical interventions,

such as staying home when sick, covering coughs and sneezes, washing hands frequently, and routinely cleaning frequently touched surfaces. Read more here.

## MISCELLANEOUS

### Getting Rid of Fax Machines by 2020

A recent article from Fierce Healthcare focused on Direct Secure Messaging and eliminating the use of fax machines. CMS Administrator, Seema Verma, has called on providers to cease using fax machines by 2020. If you are currently a Participant of the NDHIN, it is part of the services provided.

### Join the Age-Friendly Health Systems Action Community

Join the AHA's Age-Friendly Health Systems Action Community, coming this Fall, to learn how to implement the 4Ms Framework and become an Age-Friendly health system. The John A. Hartford Foundation and the Institute for Healthcare Improvement, in partnership with the AHA and the Catholic Health Association of the United States, developed the 4Ms Framework for Age-Friendly Care, an evidence-based model to support the needs of the aging community in a clinical setting. The 4Ms are: What Matters, Medications, Mentation, and Mobility. Join the AHA's informational webinars to learn about the 4Ms Framework, how to integrate it into health systems and the benefits of joining AHA's Action Community. To register click on the links below. For more information on Age-Friendly Health Systems click here.

**July 17:** Creating Age-Friendly Health Systems: An Invitation to Join AHA's Action Community, featuring Christiana Care Health System. Click here to register.
**August 1:** Creating Age-Friendly Health Systems: An Invitation to Join AHA's Action Community, featuring Providence St. Joseph Health. Click here to register.

### Identifying Patients with Post Intensive Care Syndrome (PICS)

Post-intensive care syndrome (PICS) is made up of health problems that remain after survival of a critical illness. The problems associated with PICS: ICU-acquired weakness (ICUAW), delirium and other mental health problems, such as anxiety and Post Traumatic Stress Disorder (PTSD), can be present in the ICU but can also extend long after discharge.

Prevention of and treatment for PICS include:

- Implementation of the ABCDEF Bundle (For help on this bundle find the VAE CP here)
- Avoidance hypoglycemia and hypoxemia
- Maintenance of ICU diary prospectively by the family members, health care providers, or both during the patient's ICU stay has shown to decrease symptoms of PTSD
- Creation of post-ICU clinics to provide follow-up counseling and support to the patients and family

PICS can be present in the majority of our ICU discharges, yet properly identifying affected patients and best methods for fostering recovery in survivors is still be developed. A recent publication in the American Journal of Critical Care Nursing has validated a self-report version of the Healthy Aging Brain Care Monitor.

This clinical tool for assessing symptoms of post–intensive care syndrome can be found here.

## Tobacco Users in Medicaid Expansion States More Likely To Get Help To Quit

*AHRQ News Now | 07/09/19*

Tobacco users in states that expanded Medicaid had a one-third higher chance of quitting tobacco and a one-half greater chance of getting the medication they needed compared with tobacco users in states that didn't expand Medicaid, according to an AHRQ-funded study. Using electronic health record data from more than 300 community health centers (CHCs) in 10 states that expanded Medicaid in January 2014 and six states that did not, researchers found patients in expansion states were 35 percent more likely to quit, had a 53 percent greater chance of having a tobacco cessation medication ordered, and had 34 percent higher odds of having six or more follow-up CHC visits compared with patients in nonexpansion states. Increased access to insurance through the Medicaid expansion likely led to higher tobacco quit rates among patients who get their care through CHCs, according to the article. Access an abstract of the article, published in *Nicotine & Tobacco Research*.