North Dakota Hospital Association Innovate-ND

HRET Hospital Improvement Innovation Network

January 9, 2020

Educational Events

HRET HIIN

PI Collaborative Sessions
02/10/20 | 12:00-1:00 p.m. CT
Register here.
03/09/20 | 12:00-1:00 p.m. CT
Register here.

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

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

Partner Educational Events

AHRQ
Understanding CAHPS Surveys: A Primer for New Users
01/22/20 | 12:00-1:00 p.m. CT
Register here.

2020: Q1 Just Ask ASHE
01/27/20 | 12:00-1:00 p.m. CT
Register here.

North Dakota Brain Injury Network
Powerful Tools for Caregivers Classes
01/08/20-02/12/20 | 1:30-3:00 p.m. CT
Grand Forks County Ext. Office

Excel. Lead. Innovate.

The World Health Assembly, the governing body of the World Health Organization (WHO), designated 2020 as the Year of the Nurse and Midwife to advance nurses' vital position in transforming healthcare around the world. It also is in honor of the 200th anniversary of Florence Nightingale's birth.

Many of us know her as "the lady with the lamp," but did you also know that Florence Nightingale is also known as the lady with the pie chart? Actually, she used a "coxcomb," a more complex version. She was a passionate statistician, and used her skills to save lives of soldiers during the Crimean war and to determine root causes of death in hospitals, making a case for environmental interventions.

May her lamp continue to guide us forward in education, research, patient safety and quality improvement.

Important Dates to Remember

Remember to report your HIIN data in CDS every month!

Deadline	Reporting Period
01/31/20	Performance Data for December 2019 Discharges

Shout Outs!

Congratulations to **all of YOU!** This slide was shared on the HRET HIIN Allied Association call on 01/08/2020. Your hard work is being recognized!

Contact Carly Endres, Outreach Coordinator | carly.endres@und.edu| 701-777-8004, to register.

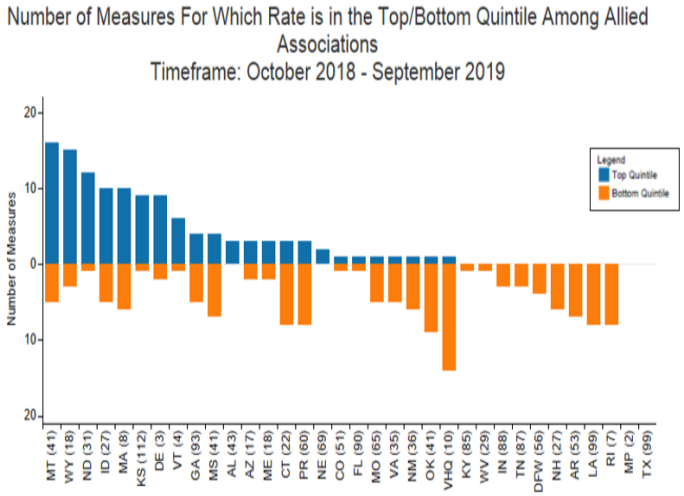
SAVE THE DATE!
Center for Rural Health North Dakota Critical Access Hospital Board Boot Camp
04/17/20 | 8:00 a.m.-5:00 p.m. CT
More information coming soon!

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.

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.

All Allied, All Measure: Rates



- Data as of January 2, 2020
- All Measures
- Only measures meeting 70% submission counted
- NOTE: All measures meeting 70% submission in TX fall between the 21st and 79th percentile; no measures in MF met the 70% submission requirement

AHA CENTER FOR HEALTH INNOVATION

American Hos Association
Advancing Health in Ame

While this slide does not specifically identify which measure is displayed in orange, other data sources indicate that 30-day, all-cause readmissions is the culprit.

Peer Sharing!
Greene County Hospital in Indiana found great success in reducing readmissions by calling all patients in the 1-3 day post-acute window. If they initially refused the home healthcare at the time of discharge, they often were more willing to accept when they returned home and experienced their needs. They reduced readmits by 57% and doubled the number of discharge planners (from one to two) to accomplish this goal. Despite the fact that their readmission percentages were below the peer benchmark at the beginning, they surged on to meet and exceed the 20% improvement goal!

QUALITY MILESTONES RECOGNITION

COPPER Milestone:	**COPPER, BRONZE & SILVER Milestone:** Cooperstown Medical Center Heart of America Medical Center – Rugby Southwest Healthcare Services – Bowman St. Luke's Hospital – Crosby Unity Medical Center – Grafton
COPPER & BRONZE Milestone: Ashley Medical Center Kenmare Community Hospital Mountrail County Medical Center – Stanley Nelson County Health System – McVille St. Luke's Hospital – Crosby Tioga Medical Center	**COPPER, BRONZE, SILVER & GOLD Milestone:** CHI Community Memorial Hospital – Turtle Lake CHI Mercy Health – Valley City Linton Hospital Northwood Deaconess Health Center

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)

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Towner County Medical Center – Cando	

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

FEATURED RESOURCE

2020 Standards of Medical Care in Diabetes

The ADA has released the 2020 Standards of Medical Care in Diabetes. Find the 2020 Standards of Medical Care in Diabetes, Abridged Standards of Care for Primary Care Providers, a webcast of the 2020 highlights with CEs and, a downloadable Standards of Care App here.

ADES

Opioid Stewardship and HIIN Data Reporting

Modified from HIIN Hospital Wide Listserv | 1/6/2020

Q: For opioid ADE HIIN reporting purposes, do you filter out surgical patients who receive Narcan?

A: Count those incidents. The routine use of naloxone as a reversal agent in the perioperative area is not best practice according to the American Society of Anesthesiologists.

The argument against the practice of routine use of reversal with naloxone is due to several factors:

- It may mean that the patient has been sedated more rapidly than desirable.
- It may mean that the patient may be more deeply sedated than desirable or necessary.
- Some patients metabolize even short acting opioids (like fentanyl) more slowly than naloxone, so the naloxone wears off first and the patient becomes re-sedated due to the continued presence of unmetabolized fentanyl....in a floor bed....on the way home...or some other dangerous place.
- If a patient has more pain after naloxone and receives more opioids, then they will go into deeper sedation when the naloxone wears off.

The 2013 Practice Guidelines for Post Anesthetic Care from the American Society of Anesthesiologists states specifically that the

"Consultants and ASA members disagree that the routine use of naloxone reduces adverse outcomes or improves patient comfort and satisfaction," so the routine use of naloxone in post anesthetic care is not endorsed.

Note: The ADE Fact Sheet can be found here.

A Quick Review of the 2019 ADA Guidelines for Prevention of Inpatient Hypoglycemia

Maryanne Whitney | HIIN Hospital Wide Listserv | 1/6/2020

1. A hypoglycemia management protocol should be adopted and implemented.
    a. A plan for preventing and treating hypoglycemia should be established for each patient.
    b. Episodes of hypoglycemia in the hospital should be documented in the medical record and tracked.
2. Glucose targets should be 140-180mg/dL (except in specific populations).
3. Basal insulin or a basal plus bolus correction insulin regimen is the recommended treatment for noncritically ill hospitalized patients with poor oral intake or those who are taking nothing by mouth.
4. Insulin regimen with basal, prandial, and correction components is the recommended treatment for noncritically ill hospitalized patients with good nutritional intake.
5. Sole use of sliding scale insulin in the inpatient hospital setting is strongly discouraged.
6. The insulin regimen should be reviewed and changed as necessary to prevent further hypoglycemia when a patient has blood glucose value of <70 mg/dL.
7. Prevention strategies should be implemented for the most common causes of iatrogenic hypoglycemic events:
    a. Improper prescribing (use protocols & order sets)
    b. Failure to adjust insulin regimen after initial hypoglycemic event
    c. Nutrition-insulin mismatch
        1) Unexpected interruption of nutrition
        2) Coordination of meals and insulin

Antibiotic Stewardship

AHA Podcast: Antibiotic Stewardship for Acute Care Hospitals

In this podcast, Dr. Arjun Srinivasan, Associate Director for health care-associated infection prevention programs in the Division of Healthcare Quality Promotion at the CDC, discusses key takeaways and changes in the CDC's update to its antibiotic stewardship program and how its seven core principles hold promise for fighting next-gen superbugs. Click here to listen!

HAIs

Resident Physicians as CAUTI Champions

Jackie Conrad | HRET HIIN Infections Listserv | 12/30/19

AHRQ has developed a resource to engage resident physicians in preventing device-associated infections. The resource includes evidence-

based practices to prevent infections from ventilators, urinary catheters (UC) and venous catheters.

An important aspect of CAUTI reduction that physicians can impact is urine culture stewardship. Organizations are encouraged to do the following to reduce unnecessary urine cultures:

1. Discourage automatic or reflex culturing. Ordering cultures should be based on the clinical evaluation of the patients for potential sources of sepsis.
2. Provide education about when it is appropriate to obtain urine cultures in patients with an indwelling UC to physicians, midlevel providers and nurses (see suggestions in table below).
3. Have periodic audits on urine culture use in the ICUs to look for trends, especially if CAUTI rates are not dropping with interventions focused on improving insertion and maintenance. Do you have an audit tool to share?
4. Promote appropriate UC use to reduce risk of bacteriuria and symptomatic CAUTI (no catheter, no CAUTI).
5. Use UCs only based on appropriate indications (with prompt removal when they are no longer needed). The absence of the catheter reduces the risk of bacteriuria and the likelihood of obtaining a urine culture without an appropriate reason.

Below is an excerpt from the resource which also includes pocket guides and checklists.

Table 1. When To Obtain or Not Obtain a Urine Culture in a Patient With an Indwelling Urinary Catheter

Discourage Urine Culture Use	Appropriate Urine Culture Use
Urine quality: color, smell, sediments, turbidity (these characteristics *do not* constitute signs of infection)	Urine quality: color, smell, sediments, turbidity (these characteristics *do not* constitute signs of infection)
Urine quality: color, smell, sediments, turbidity (these characteristics *do not* constitute signs of infection)	Based on local findings suggestive of CAUTI (example, pelvic discomfort or flank pain)
Standing orders for urinalysis or urine cultures without an appropriate indication	Prior to urologic surgeries where mucosal bleeding anticipated or transurethral resection of prostate
Automatic or reflex culturing (mindfulness in evaluating source is key)	Early pregnancy (avoid urinary catheters if possible)
Obtaining urine cultures based on pyuria in an *asymptomatic* patient	
Asymptomatic elderly and diabetics (high prevalence of asymptomatic bacteriuria)	

Repeat urine culture to document clearing of bacteriuria (no clinical benefit to patients)	

Study Provides Recommendations for Detecting and Removing Unnecessary Catheters

Reprinted from AHRQ News Now | 1/7/2020, Issue #694

An AHRQ-funded study identified potential actions medical facilities can take to ensure the timely removal of urinary and vascular catheters, including providing clinicians with ready access to accurate catheter data, clearly defining staff responsibilities, utilizing effective tools to facilitate discussions and establishing standardized removal protocols. Observations and in-person interviews with physicians and nurses at a large, academically affiliated tertiary-care hospital provided a deeper understanding of the current challenges to timely catheter removal, allowing for recommendations to address barriers. Access the abstract of the article, published in the Joint Commission Journal on Quality and Patient Safety.

How Clean are the Exam Tables in Clinics?

HRET-HIIN Infections Listserv | 12/26/19

The HRET HIIN CDI Team recently issued an "ask" for how to get physician offices to "care about what we care about." Thanks to Patti Taylor, MHA, RRT, LSSYB, from DFW Hospital Council Foundation for granting us permission to share their published study that showcased the prevalence of *C. difficile* on environmental surfaces in hospitals and clinic settings. The study shined a light on the fact that these bacteria/spores grow and survive on surfaces such as exam tables.

FALLS

Falls Prevention for CNAs

Jackie Conrad | Hospital Wide Listserv, 1/3/2020

The HRET HIIN resource library has a Teach-Back Tool for Falls Prevention that covers the patient's individual risk factors, what could happen if they experience a fall and what they can do to stay safe. It includes a knowledge test and return demonstration to document the patient's understanding (or lack of).

Another tool that may help "over-confident" patients understand their fall risks in the hospital is to engage them in assessing their personal risk factors using a tool like the Lutheran Patient Falls Education & Questionnaire. Page 2 is a patient questionnaire about risk for falling and why it matters.

The Power of Self-Directed Learning in Fall Prevention with Older Patients

Jackie Conrad | Hospital Wide Listserv | 1/7/2020

A research team in Australia sought to determine how individualized fall prevention education facilitated adoption of safe mobility practices in a study of 757 older patients admitted to one of eight rehabilitation units.

Eligible patients were provided a Safe Recovery Video via DVD player and a Safe Recovery Workbook, followed by visits from a trained educator who asked structured, opened-ended questions to promote the patient developing their personal plan.

- What are your top three strategies for keeping safe while mobilizing?
- Which of these would you nominate as the most effective strategy for you?
- Is there anything that would stop you from using this strategy?

Quantitative Results:

- Falls were reduced by 40%, and injuries reduced by 35% on the participating units.
- The reductions impacted all patients on the participating units, including those with mental status limitations that excluded them from the study.

Qualitative Results:

- Participants reported that the program built awareness, knowledge motivation and confidence, and facilitated the adoption of new behaviors.
- Participants reported that their desire for independence and feeling overconfident were the main barriers to engaging in fall safety behaviors.
- The most common risk taking behaviors were related to toileting. Not wanting to bother staff or staff being too busy to help was more of a barrier than the task of toileting.
- The two most common strategies independent patients chose to adopt were:
  - Using their prescribed walking aid when walking; and
  - Getting up slowly to check for dizziness.
- The two most common strategies patients requiring assistance chose were:
  - Keeping the call bell in reach at all times; and
  - Ask for help to get out of bed.

The educators felt that the program's success was based upon the fact that they allowed the learners to be self-directed in their learning and assuring the content is personally relevant.

We know ***call don't fall*** is not enough!

PRESSURE ULCERS

PFE Highlighted in the New Guidelines for HAPI Prevention

HRET HIIN Hospital Wide Listserv | 12/30/2019

The Prevention of Pressure Ulcers/Injuries: Clinical Practice Guidelines have been updated in 2019. These guidelines were developed by the European Pressure Ulcer Advisory Panel (EPUP), the National Pressure Injury Advisory Panel (NPIAP) and the Pan Pacific Pressure Injury Alliance (PPPIA). This edition is based upon an updated literature search through August of 2018 and provides evidence-based recommendations from a critical review of current research.

Engagement of patients and families was extensive in this review and responses from over 1000 patients and their families from around the world were incorporated in the development of the guidelines.

One of the document's recommendations is: Provide pressure injury education, skills training and psychosocial support to individuals with or at risk of pressure injuries.

How well are you teaching "at-risk" patients and their family about pressure injury prevention so that they can partner with staff in optimizing nutrition and hydration, performing basic skin care, repositioning and reporting of pain over bony prominences or under medical devices?

To explore pressure injury prevention from the patient's perspective, read The role of patients in pressure injury prevention: a survey of acute care patients and learn that patients want to participate in pressure injury prevention when they are able, AND they fear getting a pressure injury which they associate with nursing home placement.

Below are pressure injury prevention educational materials designed for patients and families:

- Preventing Pressure Ulcers: A Patient's Guide – 4-page booklet from AHRQ
- Nutrition for Preventing and Treating Pressure Ulcers – 1-page handout from University of Michigan

Please pass this information on to your skin champions and patient family advocates.

READMISSIONS

Understand Root Causes of Readmissions from a Human Perspective

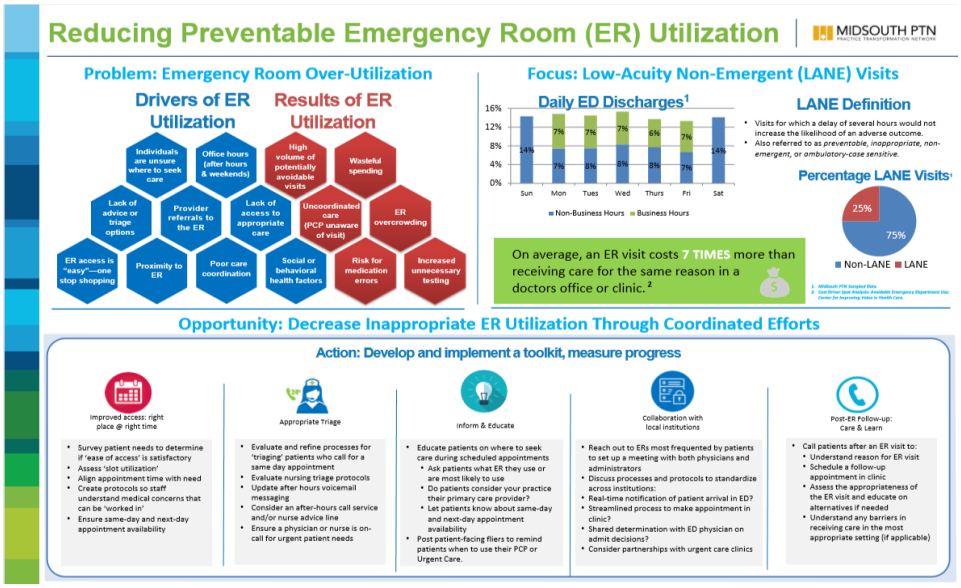
1. Talk: The readmission interview should only take 5-10 minutes but may be the most important intervention you perform in terms of preventing future readmissions. Don't know what to ask? The Aspire Tool 2 is a great guide!
2. All Factor: A readmission is always multifactorial. If you only focus on the disease process, you will never get to the root cause of the readmission.
3. Human Factors: Social determinants of health greatly impact the ability of a person to maintain health and can complicate the recovery process. Consider logistics, home environment, social isolation, communication skills and relationships within families.

Watch Dr. Amy Boutwell's Whiteboard Video (13:58 minutes) on Understanding the Root Causes here.

PFE

Reducing Preventable Emergency Room (ER) Utilization Toolkit

Toolkit available here.



Design of a Safety Dashboard for Patients

Gibson B, Butler J, Schnock K, Bates D, Classen D. Design of a safety dashboard for patients. Patient Educ Couns. 11/09/19.

Patients and caregivers should be actively engaged in identifying and preventing patient safety events. This article describes the process of designing an app to engage patients and their caregivers in decision making that might impact safety. The authors note important themes arising from this process, including appropriate messaging for patients, creating an app promotes actions (such as suggesting questions), and presenting information accessible for a lay audience.

DIVERSITY/DISPARITIES

January Reading Club: Substance Misuse Awareness

Get the conversation started in support of health and wellness for people challenged with substance misuse or addiction. Choose one of the three NNLM Reading club books, download the discussion guide, and share health information and programming or apply for a free NNLM Reading Club Book Kit!

MISCELLANEOUS

Just Culture Tip

Janis Brown, Patient Safety Facilitator, CoxHealth, Missouri | Hospital Wide Listserv | 12/31/19

I previously worked at a privately owned Ambulatory Surgery Center. Knowing that education on Just Culture was imperative, the QAPI Committee met with both the Surgery Center Director and Medical Director to address a “stop the line” phrase. Too many phrases seemed unnatural or scripted. We came up with the phrase…”let me clarify.” Key to the success of this being implemented was the buy-in of our Medical Director/Surgeon. Staff understood its importance and found it to not be alarming to a patient. It had high impact without being confrontational.

Making Mental Health a Priority

Mental health includes our **emotional, psychological, and social** well-being. It affects how we think, feel, and act as we cope with life. It also helps determine how we handle stress, relate to others and make choices. Learn more about making mental health a priority this year.

DATA

Integrating Adverse Event Reporting into a Free-Text Mobile Application

Am J Med Qual. 2019 Dec

Compared to other healthcare workers and hospital employees, physicians have low rates of adverse event (AE) reporting. This intervention integrated mobile AE reporting via text messaging into the daily physician workflow, which resulted in a significant increase in AE reporting, likely due to decreased reporting burden.

World Population Expected at 7,621,018,958 on Jan. 1

America Counts Staff | 12/31/2019

As the nation rings in the new year, the U.S. Census Bureau projects the U.S. population will be 330,222,422 on 01/20/2020.

The nation starts the new decade with an increase of 1,991,085 people, or 0.61%, from New Year’s Day 2019. Since Census Day (April 1) 2010, the population has grown by 21,476,884 or 6.96%.