North Dakota Hospital Association Innovate-ND

HRET Hospital Improvement Innovation Network

February 12, 2020

Educational Events

HRET HIIN

Collaboratively Creating Social Value Alongside Economic Development through a Paramedicine Program
02/26/20 | 1:30-2:30 p.m. CT
Register here.

Working with Super-utilizer Patients to Save Money and Improve Outcomes
03/03/20 | 12:00-1:00 p.m. CT
Register here.

PI Collaborative Sessions
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

Important Dates to Remember

Remember to report your HIIN data in CDS every month!

Deadline	Reporting Period
02/29/20	Performance Data for January 2020 Discharges
02/22/20	PFE/HEOA Operational Items

Shout Outs!

North Dakota was well represented at the AHA Rural Leadership Conference, February 2-5, in Phoenix, AZ. Kudos to those hospitals whose CEOs attended, and most especially to those who brought staff and board members!

- Heart of America Medical Center
- Unity Medical Center
- Sanford Hillsboro Medical Center
- Sanford Mayville Medical Center
- McKenzie County Healthcare System
- Sakakawea Medical Center

(Please let me know if I missed anyone!)

Congratulations to **Unity Medical Center** on achieving the Gold Milestone and the Platinum Milestone since our last newsletter by sharing a success story on addressing the opioid crisis (see the article below) and completing the education requirements for the Platinum Milestone!

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
COPPER & BRONZE Milestone: Ashley Medical Center Kenmare Community Hospital Mountrail County Medical Center – Stanley	**COPPER, BRONZE, SILVER & GOLD Milestone:** CHI Community Memorial Hospital – Turtle Lake CHI Mercy Health – Valley City Linton Hospital

10 Warning Signs of Alzheimer's
02/18/20 | 2:00-3:00 p.m. CT
2 locations: Grand Forks | Maddock
Registration is preferred but not required. Phone 1-800-272-3900 to register.

Understanding & Responding to Dementia-related Behavior
02/19/20 | 1:00-2:00 p.m. CT
Registration is preferred but not required. Phone 1-800-272-3900 to register.

Blood Pressure Protocol Training
03/19/20 | 10:30-11:30 a.m. CT
Holiday Inn | Fargo, ND
Register here.
Limited to the first 25 registrants!

5th Annual Hypertension Summit
03/19/20 | 12:30-5:30 p.m. CT
Holiday Inn | Fargo, ND
Register here.

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.

Nelson County Health System – McVille St. Luke's Hospital – Crosby Tioga Medical Center Towner County Medical Center – Cando	Northwood Deaconess Health Center

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
Unity Medical Center – Grafton
Wishek Community Hospital

FEATURED RESOURCES

CLOUD: Curated Library about Opioid Use for Decision-Makers

CLOUD is a newly launched, searchable library of curated, evidence-based resources on opioids and the opioid crisis. Their goal is to provide everyone working on this important issue with a centralized source to find actionable, evidence-based resources. CLOUD engages in a thorough inclusion review process to ensure the highest quality of materials are selected for the site. Information is categorized by Policymakers & Community Leaders, Payers & Providers, and Patients & Caregivers. Find CLOUD at https://www.opioidlibrary.org/.

Here is just one example of the kinds of resources you will find:
Tips for Talking about Opioids and Pain with Patients.

ADEs

Grafton Family Clinic and Unity Medical Center Partner to Address Opioid Prescribing

By Amy Burianek, RN, BSN | ER Manager

The Grafton Family Clinic has been part of the Grafton community for many years. Patients have sought care for various illnesses and preventive health. In 2013, the opioid crisis was taking shape, and Kari Novak, LPN, took on her role as Clinic Manager that year. Kari quickly discovered a significant issue existed. Numerous patients sought care in the clinic and were on many different prescriptions requiring refills, including benzodiazepines and various opioids. Calls came in daily from patients needing refills for numerous reasons. Patients would say they lost their bottle, or accidently spilled the pills down the sink. She would be called to the lobby up to 20 times a day by angry patients demanding refills or else! Patients would threaten, show anger, raise their voices and repeatedly call to get what they wanted.

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.

By 2014 it was very evident that something needed to change. Kari created contracts for every patient on any controlled substance, including benzodiazepines and opioids. Once that task was complete, Kari estimates the clinic had over 300 patients on contracts. The contracts included a number of requirements for patients, including random drug testing, and monthly visits for refills. Kari went over the contract with every patient, and they signed if they agreed. Copies of the contract were provided to the patient, the patient's medical record and to the pharmacy of the patient's choice. If the patient broke the contract, he or she would no longer be able to receive the medications at the clinic.

The excuses continued, but the providers and nurses pressed on and continued to remain firm with plans. The providers started only providing half the patient supply at a time, or even weekly to prevent the patient from "losing" the meds.

In 2016 the drug screen utilized for patients on opiates or benzos switched to a much more sensitive test through Med Tox. The urine sent in was able to be tested to ensure it was human urine as patients often brought in animal urine for testing. It also could detect male vs. female urine, so spouses/friends or partners of the opposite sex could not provide the urine sample. It had a highly sensitive drug testing capability that could report other drug use and give levels to determine if the patient was compliant.

The patients on contracts dwindled, but the problem still existed. It was evident that over the years, the patient population of the clinic had changed from family-focused due to the highly addicted patients that flooded the clinic daily. The staff pressed on, and in 2017 the providers agreed to a limited no-opioid prescribing policy. The providers discussed alternative medications, physical therapy, and counseling with patients. Staff offered education regarding the addictive properties of opioids, including the fact that short-term use is the intent, but patients can quickly become addicted.

The ER echoed the same stance. Narcotics were utilized for acute pain as needed, but limited take-home prescriptions sent.

The results have been outstanding. The clinic population has started to return to more family-focused care. Only a few contracts exist, and the patients with the contracts are very compliant. We have heard from patients, and they are happy to have their lives back. The patients that have spoken up admit they were in the throes of addiction but had no idea. There is less stress on staff not having to deal with angry, demanding patients daily.

Advice to facilities with an existing opioid problem would be to reach out to other successful facilities. Develop a plan and designate someone to head up the program as it will be time-intense and take a strong backbone. Providers and all involved need to buy in and agree with the plan.

What Happens When You Flip the Script?

Source: Minnesota Department of Human Services

This four-minute video from Minnesota's Flip the Script campaign features interviews with a physician and patient about how the decision to change the patient's opioid prescription improved the patient's quality of life and the

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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provider's relationship to his patients and his practice. The Flip the Script campaign includes opioid prescribing guidelines and resources for providers to have difficult conversations around pain, opioid prescribing, and opioid dependence or addiction. Click here to view the video and here to access the opioid library.

2020 Guidelines for Prevention of Hypoglycemia for Inpatients

Maryanne Whitney | Hospital-Wide Listserv | 02/02/2020

The 2020 American Diabetic Association Standards of Care for Diabetes Care in the Hospital were recently released and found here. The standards remain similar to the 2019 recommendations and include:

- Insulin should be administered using validated written or computerized protocols that allow for predefined adjustments in the insulin dosage based on glycemic fluctuations.
- Insulin therapy should be initiated for treatment of persistent hyperglycemia starting at a threshold 180 mg/dL.
- Once insulin therapy is started, a target glucose range of 140–180mg/dL is recommended for the majority of critically ill patients and noncritically ill patients.
    - More stringent goals, such as 110–140 mg/dL may be appropriate for selected patients if they can be achieved without significant hypoglycemia
- A basal plus bolus correction insulin regimen is the preferred treatment for noncritically ill hospitalized patients with poor oral intake or those who are taking nothing by mouth.
- A basal, prandial and bolus correction regimen is the preferred treatment for noncritically ill hospitalized patients with good nutritional intake.
- Use of sliding scale insulin as the only means of glycemic control in the inpatient hospital setting is strongly discouraged.
- The treatment regimen should be reviewed and changed as necessary to prevent further hypoglycemia when a blood glucose value of 70 mg/dL is documented.
- Support of the use of closed-loop insulin delivery with linked pump/sensor devices to control blood glucose in selected groups of hospitalized patients with Type 1 Diabetes, especially during the transition of insulin regimens.

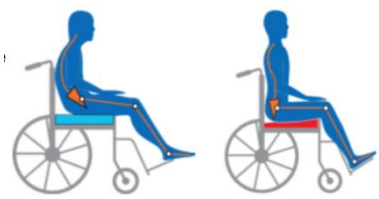
These recommendations can also be found in the ADE change package found here along with implementation strategies.

PRESSURE ULCERS

HAPU Prevention – Extended Sitting

Jackie Conrad | Hospital-Wide Listserv | 01/24/2020

Here are a few extra tips on seating since we are promoting patients be out of bed, especially for meals.



It is important to provide support for good posture to prevent sliding down in the chair because of the damage that is caused by friction and shearing forces. Sliding down also puts pressure on the sacrum, a region

that already has excessive pressure from sitting in bed.

Good sitting posture can be achieved by supporting the feet, keeping knees and hips flexed at a 90-degree angle and providing an appropriate cushion. Pillows should never be used. Many hospitals are using an inflatable waffle chair cushion with good results.

If the patient cannot tolerate an upright position or when pressure relief is needed, a chair with tilting abilities will allow reclining without the risk of sliding. Rehab team members should be consulted when a patient cannot maintain good sitting posture with the bedside chairs available. As an alternative, here is an article about use of an ICU bed that can provide an upright sitting position: Beach Chair Positioning Article.

Proper seating will create pressure in the coccyx and will require the patient to perform pressure relief every 15-30 minutes or sitting may need to be limited based upon tissue tolerance. If a patient can stand, 30-90 seconds will be adequate to relieve pressure and restore circulation.

Here is a link to an excellent article on seating positioning to prevent pressure injury. The recommendations are very patient specific.

FALLS

A Tale of Two Patients; Be a Wanda, not a Betty

Jackie Conrad | Hospital-Wide Listserv | 02/06/2020

Elliot Health System in New Hampshire shared a teaching tool intended for building motivation for patients and staff to mobilize as part of their Hospital Acquired-Functional Decline Program.

A Tale of Two Patients is a one-page handout describing two patients and their different courses of stay.

- Betty Bedbound was feeling very ill so she snuggled in bed while she recovered from pneumonia. She wasn't encouraged to mobilize. By the fourth day, she could not walk. She was unable to return home and had to give up her dog.
- Wanda Walksalot was also feeling very ill. Staff assisted her to mobilize with her walker and a gait belt a little farther every day and she sat up in a chair for meals. When physical therapy checked her on day 4, she was moving well and was discharged to home with her beloved cats.

What an excellent way to use storytelling to help staff and patients understand the consequences of bedrest and see the benefits of safe mobility. One hospitalization without mobility can change the trajectory of an individual's life.

The UP Campaign Resource Page includes audience-specific posters for staff and patients, including the Patient Facing Get UP Poster which focuses on early, progressive mobility: "If they came in walking, let's keep them walking."

Check out the CAPTURE Falls Resource from the University of Nebraska Medical Center.

READMISSIONS

Readmissions for Patients with Comorbid Behavioral Health Conditions

Kim Werkmeister | Hospital-Wide Listserv | 01/23/2020

Patients with comorbid psychiatric conditions are at higher risk for 30-day hospital readmissions than those without. According to the CDC, mental illnesses are among the most common health conditions in the United States. One in five Americans will experience a mental illness in any given year, and 1 in 25 Americans live with a serious mental illness. 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.

Two resources may be helpful for hospitals interested in implementing readmission prevention strategies for patients with comorbid behavioral health conditions:

- The New York State Department of Mental Health Strategy Guide – A compilation of key strategies for addressing readmissions in the behavioral health population
- The Behavioral Health Readmission Audit Tool – Useful during patient interview process at the time of readmission to better inform efforts to collaborate with patients and their family members

PFE

What Matters to You Recordings Available

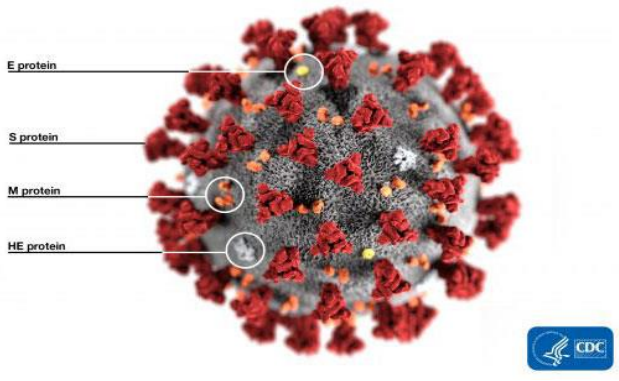
The “What Matters to You” series has been uploaded to the HRET website. If you were unable to attend this interactive and innovative series, it is not too late to listen to it. Here are the links for each session:

- Session 1, RECEIVE
- Session 2, RECORD
- Session 3, RESPECT
- Session 4, TELL THE STORY

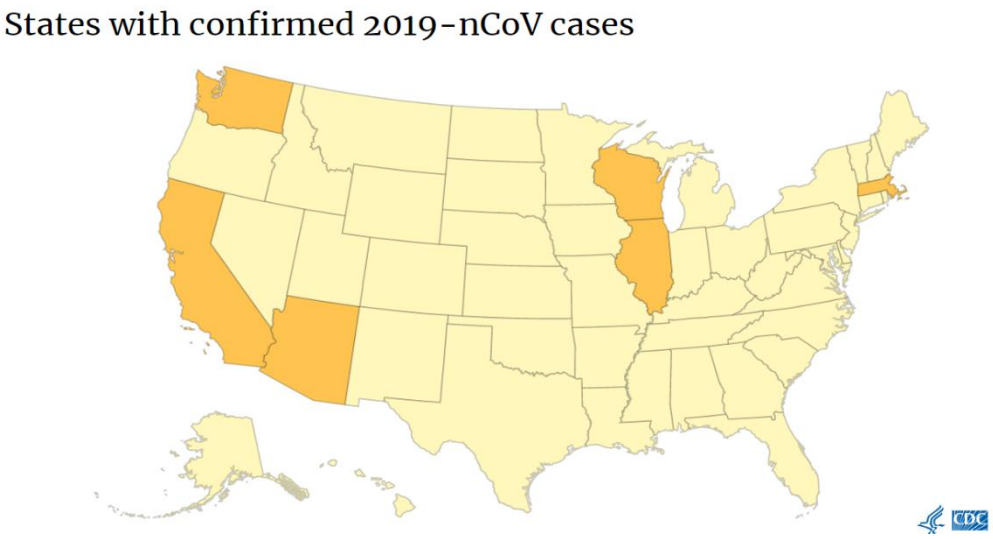
MISCELLANEOUS

2019 Novel Coronavirus

2019 Novel Coronavirus (2019-nCoV) is a virus (more specifically, a coronavirus) identified as the cause of an outbreak of respiratory illness first detected in Wuhan, China. Early on, many of the patients in the outbreak in Wuhan, China, reportedly had some link to a large seafood and animal market, suggesting animal-to-person spread. However, a growing number of patients reportedly have not had exposure



to animal markets, indicating person-to-person spread is occurring. At this time, it's unclear how easily or sustainably this virus is spreading between people. The latest situation summary updates are available on CDC's web page 2019 Novel Coronavirus, Wuhan, China.



Not-to-Miss Immunization Articles in the News

Five articles that appeared in the media recently are particularly compelling in conveying the potential risks of vaccine-preventable diseases and the importance of vaccination.

- Shot of Prevention: Families Fighting Flu Executive Reflects on What She Has Learned Since Losing Her Son to the Flu (01/23/20)
- RTV6 Indianapolis: Central Indiana Teen Recovering from Near-Death Experience with Flu (01/17/20)
- Minnesota Department of Health Press Release: MDH Reports Pertussis-Related Death of Infant: Health Officials Stress Importance of Vaccination, Especially during Pregnancy (01/08/20)
- American Academy of Family Physicians: Survey Reveals Common Misconceptions about Flu, Vaccination (01/22/20)
- Health Affairs: Vaccine Infrastructure and Education Is the Best Medical Investment Our Country Can Make (01/21/20)

Sepsis Alerts Improve Care

Maryanne Whitney | Hospital Wide Listserv | 02/05/2020

A study released in January 2020 examined sepsis care before and after "Sepsis Alert" implementation. The emergency department staff were provided sepsis education prior to the new model of care. The new process ensured that patients who had vital signs indicating sepsis were triaged for a rapid evaluation including review by an infectious disease specialist. The abstract can be found here.

Their findings included 1,066 patients who presented with risk of having severe sepsis and triaged according to Sepsis Alert:

- 89.3% received antibiotic treatment within 1 hour after arrival to the emergency department (median time to antibiotics, 26 min) which was significantly better than before the start of the new triage: 67.9% (median time to antibiotics, 37 min) ($p < 0.001$)
- Number of blood cultures and lactate measurements taken were significantly improved

- Percentage of patients receiving IV fluids, and appropriate initial antibiotic treatment also significantly improved
- No differences were found in either 28- or 90-day mortality rates

Do you have a "Sepsis Alert" activation process in your facility? What triggers a "Sepsis Alert"? How is it communicated? Who attends an alert?

LRG Healthcare Shares Trigger List for Peer Review

Sandra J Van Gundy, Director of Quality & Population Health | Hospital Wide Listserv | 02/05/2020

Trigger list for peer review:

- General Incidents
- Referrals from Medical Staff/Nursing Staff Committees/Quality Department
- Referrals from Legal/Risk Management
- Serious Safety Events requiring Root Cause Analysis—AUTOMATICALLY
- Unexpected mortality within 48 after transfer or discharge
- Anesthesia
- Perioperative death—AUTOMATICALLY
- Unplanned ICU admission following same day surgery procedure
- Aspiration during anesthesia event
- Injury to teeth or cornea
- Stroke or Myocardial Infarction within 24 hours of anesthesia
- Negative pressure pulmonary edema
- Medicine
- Acute Myocardial Infarction after non-cardiac admission
- In-hospital stroke after admission for non-neurological issue
- Readmission within seven days of hospital discharge related to the previous admission
- Unplanned admission/return to ICU
- Surgery
- Operative/invasive procedure complications
- Unexpected returns to the OR within 30 days of surgery
- Unplanned admission after ambulatory surgery
- Readmission following procedure/surgery
- Intraoperative CPR
- Perioperative mortality
- Infection Control
- Nosocomial infections/outbreaks
- Post-operative wound infection

Any Serious Safety Event Level 4 or greater on the SSER list is considered urgent as far as safety events go.

DATA

Parents Encouraged to Participate in Census to Help Fund Children's Health Programs

On January 7, AAP News published an article titled Chapters Making Sure All Kids Count in 2020 Census. This article, from the AAP Department of Community and Chapter Affairs and Quality Improvement, describes AAP's multipronged efforts to encourage pediatricians nationwide to educate parents about the importance of responding to the U.S. census this spring. Stating that 1 million children under age 5 were not counted in the 2010

census, the article stresses that a full count is necessary because census data are used to apportion funding for many programs, including Medicaid and SNAP, that provide critical benefits to children.

Related Link
2020 Census: Why It Matters for Kids a 2-minute video for sharing on social media from Texas Educators in Advocacy and Community Health Network (mentioned in the AAP News article)