

# North Dakota Hospital Association Innovate-ND

## HRET Hospital Improvement Innovation Network

April 21, 2020

### EDUCATIONAL EVENTS

#### HRET HIIN

##### Event Recordings

##### **Addressing Stress & Anxiety Resulting from the COVID-19 Pandemic** (04/01/20)

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

##### **Modifying Therapeutic Activity and Psychosocial Services To Meet Individual Resident Needs** (04/08/20)

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

##### **Trauma-Informed Care: Recognizing and Responding to Residents with Special Needs** (04/15/20)

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

(Access Password: L6#6M6\*\*)

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

##### **COVID-19 in Indian Country: Considerations and Resources for LTSS**

04/22/20 | 1:00-2:00 p.m. CT

Click [here](#) to register.

### DATA SUBMISSION REMINDER

Data collection during the gap period is now available in REDCap! While this is not mandatory, we encourage you to report on all patient safety measures applicable to your hospital every month.

### SHOUT OUTS!



We deeply appreciate the tireless efforts of the physicians, nurses, first responders, local public health and other professionals on the front lines of the COVID-19 crisis. Your ongoing heroism in communities across North Dakota to protect and care for community members, patients and staff has been an inspirational reminder of North Dakota resilience and capacity for coming together in times of crisis.

### AHA Debuts New Thank You Video to Healthcare Heroes

The AHA debuted a new video thanking the women and men of America's hospitals and health systems for their heroic efforts to care for patients and communities during the COVID-19 pandemic. The video, which is [posted online](#), will be promoted on social media over the coming weeks. The video features heartfelt tributes from across the country, as Americans are taking a pause from their lives to show gratitude to the front-line caregivers who are investing long hours to provide care to people in need. The AHA stands with all Americans as we thank the nurses, doctors and health care workers across the nation who are working to keep our patients and communities safe. Please share the video with your teams, hospitals and communities to say thank you.



**University of Nebraska Medical Center**  
**COVID\_19 Surge Response: Preparation for Critical Access & Rural Regional Hospitals**  
04/24/20 | 3:00-4:00 p.m. CT  
Click [here](#) to register.

**Caring for the Caregiver During a Pandemic**  
04/28/20 | 2:00-2:30 p.m. CT  
Click [here](#) to register.

**POLST Conversations and Implementation ZOOM Events**

- 04/23/20
- 05/20/20
- 06/24/20
- 07/22/20
- 08/13/20
- 09/09/20

Select to attend either the 10:00-11:00 a.m. or 2:00-3:00 p.m. CT event.

Click [here](#) to register for one of the events.

**Census Has Business Data? An Update on the Economic Census for the Health Care and Social Assistance Sector**

05/07/20 | 2:00-2:30 p.m. CT  
Dial-in: 800-475-4948  
Participant Passcode: 8062239  
Event Password (if required): Econ

**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.

## PEER SHARING

### What's Your Secret?

During this period of challenging times, it is more important than ever to share the secrets of success with our peers. If you have a new idea, workflow, a policy or even a new question that you have been asking your patients that has helped to improve the care your hospital provides, please contact Nikki at [nmedalen@qualityhealthnd.org](mailto:nmedalen@qualityhealthnd.org), to share it here in the Innovate-ND newsletter. The best advice we can get is from each other!

## CONTINUED DATA COLLECTION AVAILABLE VIA REDCAP

### *Recommended but not required*

Many Innovate-ND Hospitals have called or emailed requesting a mechanism to continue data collection. This is great foresight, as we know that when a new HIIN-like program becomes available again, we are going to want continuity in the data and may need it for baseline information—if not now, in the future.

Moving forward, we will use REDCap as our data repository, as HRET has made CDS much less accessible to us. The good news is plenty:

- Existing CDS data has been imported into REDCap.
- QHA will be able to make the data collected in REDCap available to the next HIIN or HIIN-like contractor, thereby reducing burden, as you will not be required to learn a new system.
- Nearly everyone has used REDCap for some reporting project previously, therefore, it should be fairly simple to learn this system.

To access the system, there are a couple of easy steps:

- 1) Access REDCap: <https://redcap.qualityhealthnd.org>
- 2) If you have a REDCap account, use those credentials to login
- 3) If you do not have a REDCap Account, contact Jon or Nathan to set up an account  
Jon Gardner: [jgardner@qualityhealthnd.org](mailto:jgardner@qualityhealthnd.org)  
Nathan Britnell: [nbrintnell@qualityhealthnd.org](mailto:nbrintnell@qualityhealthnd.org)
- 4) REDCap Navigation Instructions  
link: <https://www.qualityhealthnd.org/wp-content/uploads/Using-REDCap-for-HIIN-data-collection.pdf>
- 5) Complete the Data use agreement provided in REDCap
- 6) Enter data on a monthly basis

Contact Nikki at [nmedalen@qualityhealthnd.org](mailto:nmedalen@qualityhealthnd.org) or 701-989-6236 if you need additional assistance. As data is not required, Nikki will not be sending reminders. However, she will be reviewing the data and making contact regarding on data that appears questionable in an effort to maintain accuracy.

## FEATURED RESOURCES

### Brilliant Idea for Storing N-95 Masks

This video explains how to use an ordinary plastic storage container to store an N-95 mask for reuse. As indicated on the label, ideally the N-95 mask is supposed to be used and discarded after one patient use, but during the COVID-19 pandemic of 2020, a global shortage has forced reuse of these masks to try to offer healthcare workers more protection

## 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.

NORTH  
**Dakota** | Human Services  
Be Legendary.™

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

## RESOURCES

### LISTSERV®

[Sign up](#) and help meet our goal of approximately 1,000 subscribers per LISTSERV® topic. These platforms enable peer-sharing and are used to promote virtual events and highlight innovative topic-specific strategies to reduce harm. New subscribers are added on the first day of each week. [Send your questions](#) on your work with hospital-acquired conditions through the LISTSERV.

### On the Web

The HRET HIIN website is a one-stop-shop for all HRET HIIN information and events! Check it out at [www.hret-hiin.org](http://www.hret-hiin.org).

### Social Media

Follow the HRET HIIN on Twitter [@HRETtweets](#)! Here they'll be promoting virtual events, highlighting 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

than using a regular surgical mask or no mask at all. Click [here](#) to view the video.

## North Dakota Launches Care19 App to Combat COVID-19

Gov. Doug Burgum and the North Dakota Department of Health (NDDoH), in partnership with ProudCrowd, creators of the popular Bison Tracker app, launched a free mobile app, Care19, to help slow the spread of COVID-19 in North Dakota.

This app will help the NDDoH reduce the spread of COVID-19 by more efficiently and effectively identifying individuals who may have had contact with people who have tested positive. Once the app is downloaded, individuals will be given a random ID number and the app will anonymously cache the individual's locations throughout the day. Individuals are then encouraged to categorize their movement into different groups such as work or grocery. The app will only store the location of any place a person visits for 10 minutes or more, and the ID number of each individual contains no personal information besides location data.

If an individual tests positive for COVID-19, they will be given the opportunity to consent to provide their information to the NDDoH to help in contact tracing and forecasting the pandemic's progression with accurate, real-time data.

"This is an opportunity for North Dakotans to be leaders in the worldwide response to COVID-19," said Burgum. "Our goal is for at least 50,000 North Dakotans to download the app. The more people who participate, the more helpful the data will be. The aggregated information this app is gathering can save lives. Embracing this technology is one more way we can show that we're all in this together."

The NDDoH has worked tirelessly to track COVID-19 cases, and about 250 people have jumped in to help ramp up efforts. Despite all the cooperation, this manual process is very time-consuming and not 100 percent accurate. Through a public-private partnership, the Care19 app will dramatically improve the state's contact tracing abilities.

If individuals are categorizing movements, the NDDoH will be able to get a more accurate understanding of how COVID-19 is spreading—whether due to traveling, community spread or close contact spread—and where potential clusters are located.

"We are extremely excited that our work on the Bison Tracker could be reshaped to quickly support the fight against COVID-19," said ProudCrowd CEO Tim Brookins. "Big thanks to Governor Burgum and his team, as well as my Microsoft co-workers who helped me bring Care19 to life."

The first roll-out of the app is now available at the Apple App store and coming soon for Android users.

For more information about the Care19 app, go to the NDResponse website at <https://ndresponse.gov/covid-19-resources/care19>.



instructions for joining by clicking on the correlating icon on the right-hand side of the page when you log onto the HRET HIIN website ([www.hret-hiin.org](http://www.hret-hiin.org))

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

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## **NIOSH Ventilated Headboard Provides Solution to Patient Isolation During an Epidemic**

To protect healthcare workers, other patients and visitors from exposure to airborne infectious diseases, patients in hospital settings sometimes need to be placed in airborne infection isolation rooms (AIIRs). AIIRs contain specific engineered features to isolate and more-quickly remove potentially infectious patient aerosols so that they do not infect others. Isolation rooms are expensive, costing about \$30,000 more to construct than a typical patient room. As a result, not all facilities have isolation rooms or have enough isolation rooms to handle an epidemic/pandemic.

To address the need for multiple isolation rooms, the National Institute for Occupational Safety and Health (NIOSH) developed the Ventilated Headboard to isolate patients while protecting healthcare personnel from airborne infectious diseases. The ventilated headboard is inexpensive, easy to erect, safe, and scientifically proven. Read [more](#).

## **Caregiver Resources**

You may be finding that family members caring for an aging parent or other family member are struggling with new challenges during this time. Consider sharing the caregiver resources available on the [MedlinePlus website](#).

## **PATIENT SAFETY**

### **Medicare Costs Higher Among Hospitals With High Rates of Adverse Safety Events**

Hospitals with higher than average rates of adverse events, such as falls or medication events, are more likely to have higher costs for treatment of certain cardiac conditions and pneumonia, according to an AHRQ-funded study published in *JAMA Network Open*. The study examined 2011-2016 Medicare data from about 2,200 hospitals and nearly 45,000 patients with conditions common among older adults. Every 1 percent increase in hospitals' adverse event rates was associated with an average cost increase of \$103 for heart attack, \$100 for heart failure and \$152 for pneumonia per discharge, for all discharges in these three patient groups. For example, for every 1,000 heart attack patients in the higher adverse event rate hospitals, the average cost increase would be approximately \$103,000. Authors said the findings support assumptions that higher adverse event rates add costs to patient care and may reflect the quality of hospital care, and that investment in reducing adverse events may provide substantial savings in Medicare costs. Access the [abstract](#).

### **New Reports Examine Effectiveness, Risks of Pain Treatments**

Three new [AHRQ-funded reports](#) examine the effectiveness and risks of different kinds of chronic pain treatments. The reports, prepared by the Oregon Health & Science University Evidence-based Practice Center, can be used by researchers, policymakers, and clinical teams to gain a deeper understanding of the impact of different pain treatments. Each report examines a separate approach: 1) opioids; 2) non-opioid drugs; and 3) non-drug treatments (e.g., exercise, acupuncture, cognitive behavioral therapy). They found there was, for the most part, small

benefit of opioids, but accompanied by serious risks at higher doses; small to moderate improvements with use of non-opioid painkillers; and limited benefit of most non-drug options. Access [the report on opioid treatments](#), [the report on non-opioid drug treatments](#), and the [report on non-drug treatments](#).

## **PFE/AGE FRIENDLY**

### **4Ms in Telehealth Visits**

IHI held a Scale-up Webinar defining the “how to” of using telehealth with older adults. As many of you are embarking on using telehealth in many new ways during the pandemic, and which may alter how healthcare is provided in the future, I will share some of the tips from the presentation:

- Think about who you are meeting with before engaging in the visit. Consider their special needs.
- Use a Lights-Camera-Action approach. This means assuring the patient has the equipment and apps you are going to use available to them before your first telehealth appointment and providing instruction on using those. It may require getting an IT person involved from your facility to assure connectivity, and utilizing a nurse or other staff to test the use of equipment with the patient. Make sure to have a back-up plan in case of loss of picture or sound, or other technical difficulty, such as a call-in number, or a plan to reschedule within a certain time frame.
- Wear solid colored clothing in front of the camera. Busy prints require more bandwidth which can increase buffering and decrease the picture and even sound quality.
- Look directly into the camera so that the patient will feel like you have eye contact with them. If the provider is facing a separate screen with the camera coming from an angle, it is basically the equivalent of having their back turned to the patient, or facing away from the patient.
- Make sure everyone in both locations is identified and that the patient consents to their presence.
- Witnessed phone consent is now available (need to find out more about this).
- When doing medication review or reconciliation assure that the patient has their medications directly in front of them, and where there may be questions, hold the pill bottle to the camera so that the provider can see exactly what the patient sees.
- When completing a patient assessment, consider the information you can find out about a patient by being in their home. Consider clues to their health that you can see in their environment such as assistive aids, exercise equipment, or fresh fruit on the table.

## **SOCIAL DETERMINANTS OF HEALTH**

### **COVID-19 Health Literacy Project**

The COVID-19 Health Literacy Project was started by Pooja Chandrashekar, a first-year medical student at Harvard Medical School, and quickly expanded into a national coalition of over 150 medical students representing over 35 institutions and 34 languages. In an effort to help patients from vulnerable communities know when and how to seek care, they set out to create and translate accessible COVID-19 information into different languages. All materials are carefully reviewed

and vetted by faculty members at Harvard Medical School, and are created in collaboration with Harvard Health Publishing. Find the resources at <https://covid19healthliteracyproject.com/#>.

## DATA

### **COVID-19 NHSN Module**

At this time, the request by Vice President Pence to submit COVID-19 data to NHSN remains optional. The buzz on the AHA listservs is that in many cases this information is also requested by state health departments, and so entering it in NHSN is duplicative; others say the data they are able to retrieve is worth it. If your facility is willing to participate, the information you need can be found here:

<https://www.cdc.gov/nhsn/acute-care-hospital/covid19/index.html>. It is possible to upload and download data. Below is an excerpt from the NHSN manual.

**Data can be entered manually or uploaded using a CSV file. Use the 'Upload CSV' tab (A) to upload your daily counts of data. Use the 'Download CSV Template' tab (B) to download a sample CSV file to upload your data. The headers in the CSV file represent the data fields on the 'Add' screen, which will be described subsequently. Once you have entered data, you can manually view the data by double clicking on the calendar date(s) or using the 'Export CSV' (C) tab to export the data in a table form. Details on Uploading and Exporting are provided on page 4.**