North Dakota Hospital Association Innovate-ND

HRET Hospital Improvement Innovation Network

March 31, 2020

Educational Events

HRET HIIN

American College of Radiology and Respiratory Health Association | Counsel to Quit
04/02/20 | 1:00-2:00 p.m. CT
Register here.

AHA | Addressing Disruptive Behaviors in Health Care
04/08/20 | 1:00-2:00 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."

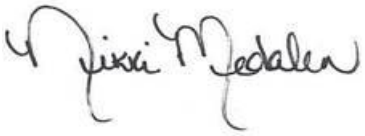
Partner Educational Events

American Nurses Association
Be Confident Protecting Yourself and Providing the Best Care to Your Patients during this COVID-19 Pandemic
You will be able to review this on-demand, 68-minute webinar immediately upon registration Attendance is **FREE**. Registration is required. Click here to register.

Sincerest Thanks…

March 31, 2020, marks the official end of the HRET Hospital Improvement Innovation Network Contract. It has been a joy working with each and every participating hospital over the last 3 years. Thank you for the warm reception of Jean and I throughout our work with you and the incredible commitment that your staff have to patient safety. I am extremely proud to share my confidence in ND CAH hospitals across our state.

As we await the announcement of a new HIIN or HIIN-like program, the North Dakota Hospital Association has committed to assuring that our lines of communication with participating hospitals and access to resources and education are maintained. We will continue to share a newsletter on a monthly basis; provide technical support as requested per hospital; provide a repository for continued data collection and continue to assure data accuracy; and analyze data to identify trends, educational needs and to comb for opportunities for peer-to-peer sharing. Please reach out to me at nmedalen@qualityhealthnd.org with any questions, concerns or needs that you have.



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.

POLST Conversations and Implementation ZOOM Events
Register for one of 14 monthly events to be held beginning 03/18/20 through 09/09/20.
Register here.

Alzheimer's Association – ND Chapter
If you, your staff, your residents or their families ARE STRUGGLING WITH THE IMPACTS OF DEMENTIA, PLEASE CHECK OUT CARE CONSULTATION, provided FREE ONLY in North Dakota by funding through the ND Department of Human Services, Aging Services Division.

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.

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
   Nathan Britnell: 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 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.

Shout Outs!

Kudos to the **Towner County Medical Center, Cando,** on holding a recent Scrubs Camp! Found this gem of Chantel Parker, DON, in the Turtle Mountain Star.

Take a Deep Breath and Reflect

Healthcare staff – THANK YOU! You are AMAZING human beings! You can move mountains. There's a difference between working hard and working smart – YOU ARE DOING BOTH!

In the midst of a crisis, great leaders:
- Know the way, show the way and go the way
- Instill confidence/put fear into perspective – Change what we can, mitigate what we can't, know the difference
- Put the people first – It's never about you
- Protect/direct and grow your people – Make them better
- Get the facts/gain perspective/provide wisdom and guidance
- Are flexible/adaptable – During a crisis, things can change in an instant
- Leverage the team – Get multiple perspectives/skill sets/delegate

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)

INNOVATE-ND SUPPORT TEAM
Nikki Medalen
nmedalen@qualityhealthnd.org
701/989-6236

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

- Communicate judiciously – Give the right information to the right people at the right time – Don't overload them – Help them focus
- Are available – Listen/care/help/encourage
- Are authentic – See the big picture, manage yourself, tell the truth
- Be the light keeper – Provide realistic hope for the future (the sky has never actually fallen)
- Evaluate when we are done so we do better during the next one

Excerpts from https://www.caltcm.org/covid-19 weekly rounds webinar series

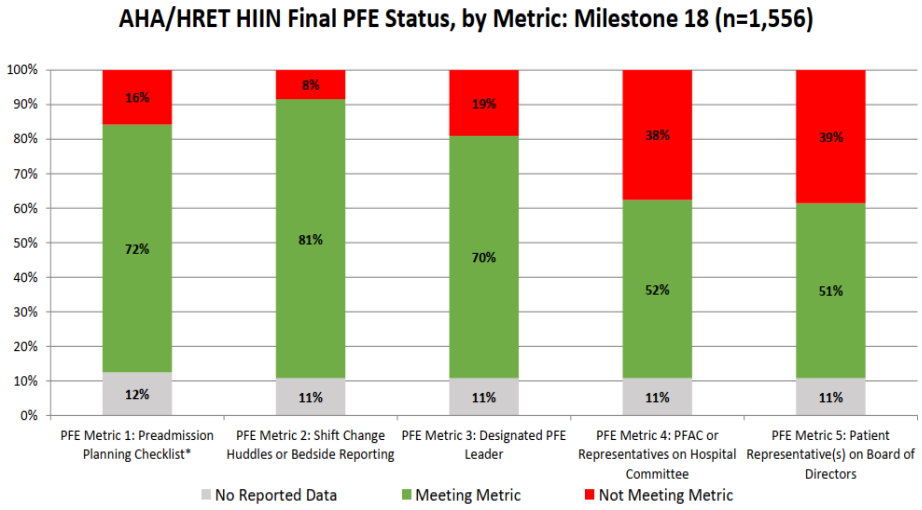
HIIN CELEBRATION OF RESULTS

(The results and messaging below are confidential. Please do not share externally.)

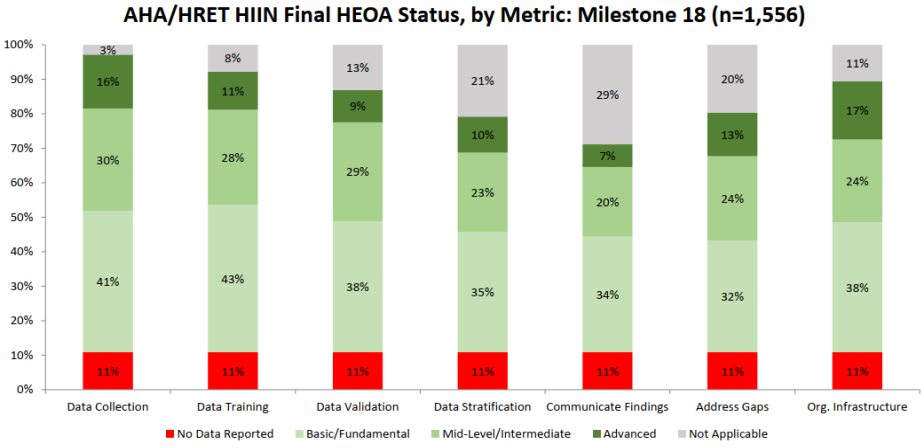
The AHA/HRET HIIN team would like to thank all our hospitals, Allied Associations, and QIN-QIOs for their incredible work to increase patient safety and the quality of care during the HIIN project. Together, we saved 16,075 lives, prevented 151,734 patient harms, and saved $1.23 billion in costs! In addition, we succeeded in meeting CMS's bold aim of 20 percent improvement for eight measures. This success was achieved through collaboration, continuous relationship-building, the dissemination of education, coaching and quality improvement efforts, as well as peer-to-peer networking and sharing. Our hospitals and partners are truly on the forefront, pushing boundaries, and always working toward delivering reliable, safe, and high-quality health care to patients. Thank you for doing all that you do to save patient lives. Please celebrate the HIIN journey with us by clicking here to view some of our favorite AHA/HRET HIIN moments over the course of the project.

Measure ID	Measure Name	Applicable Hospitals	Overall HIIN Results	AA Meeting 20/12 Goal	Hospitals (#) Meeting Goal	Hospitals (%) Meeting Goal
HIIN-ADE-1a	ADE Anticoagulant Safety	1567	-28.6%	15	613	39.1%
HIIN-ADE-1b	ADE Glycemic Management	1567	-14.2%	17	546	34.8%
HIIN-ADE-1c	ADE Opioid Safety	1567	-35.9%	22	647	41.3%
HIIN-CAUTI-2a	CAUTI Rate - All Settings	1567	-17.6%	14	995	63.5%
HIIN-CAUTI-2b	CAUTI Rate - ICUs excl NICU	949	-26.8%	20	607	64.0%
HIIN-CAUTI-3a	Catheter Utilization - All Settings	1567	-19.2%	15	645	41.2%
HIIN-CAUTI-3b	Catheter Utilization - ICUs excl NICU	949	-12.7%	14	296	31.2%
HIIN-CDI-1b	Clostridioides difficile rate	1567	-44.6%	29	974	62.2%
HIIN-CLABSI-2a	CLABSI Rate - All Settings	1306	-25.0%	22	872	66.8%
HIIN-CLABSI-2b	CLABSI Rate – ICUs	947	-28.5%	21	624	65.9%
HIIN-CLABSI-3a	Central Line Utilization - All Settings	1306	-11.5%	4	478	36.6%
HIIN-CLABSI-3b	Central Line Utilization – ICUs	947	-9.5%	5	303	32.0%
HIIN-Falls-1	Falls with Injury	1567	-13.7%	7	615	39.2%
HIIN-PrU-1	PrU Rate, Stage 3+	1567	-46.5%	15	767	48.9%
HIIN-PrU-2	PrU Prevalence, Stage 2+	1567	-25.3%	12	661	42.2%
HIIN-READ-1	Readmission Rate 30-Day All Cause	1567	1.9%	1	484	30.9%
HIIN-SEPSIS-1a	Post-Op Sepsis Rate	1212	-12.3%	14	415	34.2%
HIIN-SEPSIS-1c	Hospital Onset Sepsis Mortality	1567	108.0%	6	367	23.4%
HIIN-SEPSIS-1d	Overall Sepsis Mortality	1567	-16.6%	9	507	32.4%
HIIN-SSI-2a	SSI Rate, Colon	1021	-14.8%	13	588	57.6%
HIIN-SSI-2b	SSI Rate, Abd	1063	-10.0%	15	633	59.5%
HIIN-VAE-1	VAC	854	15.0%	10	410	48.0%
HIIN-VAE-2	IVAC	854	5.6%	10	452	52.9%
HIIN-VAE-3	PVAP	854	16.1%	7	412	48.2%
HIIN-VTE-1	VTE/DVT	1212	-8.0%	10	441	36.4%

Patient and Family Engagement:



Health Equity:



AHA/HRET HIIN ListServs

All HRET HIIN ListServs will undergo changes after Tuesday, March 31, 2020, as the Hospital Improvement Innovation Network (HIIN) contract with CMS comes to an end. Below is a description of the plan for each of the LISTSERVs.

The three LISTSERVs below are being renamed and will continue. Subscribers to these LISTESRVs do not have to take any action, they will be automatically included in the renamed LISTSERV.

- HRET HIIN Hospital Wide Topics LISTSERV will become the AHA PI Hospital Wide Topics LISTSERV.
- HRET HIIN Rural CAH LISTSERV will become the AHA PI Rural CAH LISTSERV.
- HRET HIIN Infections LISTSERV will be AHA PI Infections LISTESRV.

The four LISTSERVs below are being merged into the new AHA PI Hospital Wide Topics LISTSERV.

- HRET HIIN Data Analytics LISTSERV
- HRET HIIN Health Disparities LISTSERV
- HRET HIIN ICU LISTSERV
- HRET HIIN PFE LISTSERV

COVID-19

COVID-19 Update: CMS Grants Blanket Exceptions and Extensions Across Its Quality Measurement Programs

In response to the novel coronavirus (COVID-19) outbreak, the Centers for Medicare & Medicaid Services (CMS) announced on March 22 that it is granting a range of data reporting exceptions and extensions across its quality reporting and value-based payment programs for hospitals, post-acute care facilities, and clinicians. Specifically:

- CMS is making it optional to submit data from the fourth quarter of 2019 (October through December), as well as the first two quarters of 2020 (January through March and April through June); and
- CMS will not use data from January 1, 2020, through June 30, 2020, to calculate performance in its quality reporting and value-based purchasing programs.

CMS indicates these policy changes are intended to relieve provider data reporting burden during this emergency, and to ensure it does not tie provider performance or payment to a time period that does not represent their true quality performance. CMS says it will continue to monitor the impact of the situation and assess additional options for providing relief.

Please download the AHA Advisory for more information, including CMS's specific quality measurement program exception and extension policies. For more COVID-19 updates and resources, visit AHA's COVID-19 webpage here.

Taking Care of Behavioral Health through the COVID-19 Pandemic

The outbreak of the coronavirus (COVID-19) can be stressful for people. Fear and anxiety about a disease can be overwhelming and cause strong emotions. Finding ways to cope with the stress will help make you, the people you care about, and your community stronger.

The Behavioral Health Division of the ND Department of Human Services has developed a web page that includes resources for adults, providers, and talking with kids as well as other services and support. Click here to access the resources.

Four Lessons for Hospitals Implementing COVID-19 Drive-Through Testing

To rapidly test for COVID-19, Katherine Shaw Bethea Hospital in Dixon, IL, used its ambulance garage as its drive-through testing site. Click here for key takeaways.

Featured Resources

Million Hearts® Offers New Resources, Ways to Stay Engaged

Laurence Sperling, the new executive Director of Million Hearts®, reminded CMS Quality Conference-goers of the Million Hearts® in Municipalities Tool to help health departments and municipal organizations implement these strategies at a local level. Sperling also recommended two other venues for engagement with Million Hearts®:

the Cardiac Rehabilitation Collaborative, a quarterly forum with representatives from 150+ organizations sharing best practices and challenges, and the Self-Measured Blood Pressure Monitoring (SMBP) forum, which host quarterly calls to exchange best practices, tools and resources for cardiac health. Join the Cardiac Rehabilitation Collaborative by emailing MillionHeartsCRC@cdc.gov. Join the SMBP forum through its website or by emailing MillionHeartsSMBP@nachc.org.

CMS Expands Medicare Telehealth Services to Fight COVID-19

Medicare will pay health care providers for a broad range of telehealth services on a temporary basis, effective March 6. The program will pay for office and hospital telehealth visits and will be reimbursed for the same amount as in-person visits. Some HIPAA requirements will also be temporarily relaxed so telehealth services can be provided with personal phones, although apps such as Facebook Live, Twitch and TikTok shouldn't be used because they're most likely to compromise patient privacy. The Medicare Telemedicine Health Care Provider Fact Sheet has more information.

ADEs

AHRQ Toolkit Updates Address Opioid Treatment for Chronic Pain

The Agency for Healthcare Research and Quality (AHRQ) updated its Six Building Blocks opioid treatment toolkit to help primary care providers better care for patients on opioid therapy for chronic pain. The toolkit offers guidance on six priorities: leadership and consensus; policies and workflows; tracking and monitoring; patient visits; behavioral health identification and referral; and measurement.

Pressure Ulcers

Saving Skin while Proning the Patient with ARDS

Jackie Conrad | 03/20/20 HRET-HIIN Hospital Wide Listserv

Proning has been used for many years to improve oxygenation for patients who are mechanically ventilated and experiencing acute respiratory distress syndrome (ARDS).

Patients are placed in a completely prone position for at least 16 consecutive hours. This places the patient at risk for pressure injuries on bony prominences of the face, pelvis, chest, wrist, knees, and feet.

Practical tips shared from the field on the LIST-SERV® in the past include:

- Patients are still repositioned every two hours while prone, including turning the head
- Soft foam multi-layer dressings are applied to bony prominences
- Specialty beds are used to rotate the patient
- Specially designed face-positioning devices

Additional resources:

- Safe prone checklist: construction and implementation of a tool for performing the prone maneuver
- Prone Positioning of Patients with Acute Respiratory Distress Syndrome (includes a padding guide, training materials and competency checklists)
- Original research on prone positioning: Prone Positioning in Severe Acute Respiratory Distress Syndrome (instructional video on the proning procedure is included—5 minutes)

Repositioning the Seated Individual to Prevent HAPI

Jackie Conrad | 03/18/20 HRET-HIIN Hospital Wide Listserv

Repositioning the seated individual who is at risk for pressure injury can be a challenge. Complicating factors include lack of sensation that tell the body when to move, lack of ability to perform pressure relief independently and whether the individual understands to importance of repositioning.

Wounds International just published a clinical practice update in February 2020, Repositioning for Pressure Ulcer Prevention in the Seated Individual, which summarized evidence on the topic and provides the following recommendations:

- A good cushion that provides immersion and envelopment can help prevent pressure injuries but only for a short period of time if not accompanied by pressure relief.
- Reposition twice per hour for a couple of minutes to allow blood flow and reduce tissue deformation.
- The following repositioning techniques are NOT recommended:
  - Wheelchair push-ups are not recommended due to the strain it puts on the shoulders.
  - Leaning over to one side is not recommended because of the deformation of tissue that occurs when the individual leans to one side.
  - Reclining the backrest is a popular method of increasing comfort for the seated individual but it is not recommended due to the friction and shear caused by sliding down in the chair.
- These repositioning techniques are recommended:
  - Leaning forward with elbows on a table or the back of a chair provides good offloading of the buttocks. Patients with arthritis, hip replacement or obesity may not tolerate this method.
  - Tilting wheelchairs with tilts over 30 degrees provide good pressure relief. Tilt at least 5 minutes twice an hour.
  - Tilting over 35 degrees combined with a 30 degree recline showed the most significant load reduction and reclining.
  - Standing is a very good way to offload the buttocks and has many other advantages. Some manual and powered wheelchairs have a standing option that raises the seat until the individual is upright.
  - Transferring to a lying position is another good way to provide pressure relief but this can be a challenging

What can you do?

- Evaluate your seating cushions and availability of tilting wheelchairs. Do you have upgraded cushions for patients without sensation who cannot move independently? Are rehab consults available for proper wheelchair seating and cushions?

- Review your practices for patients who are up in a chair for extended periods of time. Are they skin friendly?

FALLS

Keeping Isolation Patients Free of Injury from Falls and Immobility

Jackie Conrad | 03/19/20 HRET HIIN Hospital-wide Listserv

What strategies do you use to keep patients safe from falls and immobility while under airborne isolation practices?

Some strategies are already being implemented in the general population and should be a priority for the patient under airborne isolation since they are socially isolated and at risk for delirium.

- Use video monitoring as a non-obtrusive mechanism for preventing falls, especially with cognitively impaired patients.
  - Monitor tech must monitor the live, non-recorded video, and can speak to the patient to remind them to wait for help and call for staff to assist a patient getting up. Multiple patients can be monitored by one tech. Video cameras are mobile and can be moved to where the patient needs it. See this free full text article for an implementation case study and a 2020 Systematic Review of Sitters as a Fall Strategy that concludes that video monitoring is more effective than sitters in reducing falls.
- When staff enter the isolation room, plan to provide routine mobilization as part of daily care. Ambulate to bathroom in am for toileting, wash hands and face, up in chair for breakfast, lunch dinner. Do not let this patient experience functional decline and delirium. This will increase the burden of care. Be proactive!
  - Do you have enough bedside chairs for patients to sit up for meals?
  - Are suitable cleanable or disposable gait belts available?
  - Are chair cushions available for those patients with limited sensation or mobility?
  - Are staff equipped with the skills to assess a patient's mobility status? See the BMAT Tool and the BMAT Instructional Video

Please pass this information on to your nurse leaders, physical therapists and physicians so that your organization can keep isolation patients free from harm from falls and immobility.

Did You Know

CDC | 03/20/20

- Falls are the most common cause of traumatic brain injuries (TBI).
- According to a newly released CDC study, fall-related TBI deaths in the United States increased by 17% from 2008 to 2017—with older adults age 75 and up most at risk for a fall.
- Healthcare providers can help prevent falls among older adults by implementing CDC's STEADI initiative with their patients.

PFE

National Healthcare Decisions Day is April 16

Michelle Lauckner, RN, BA, Quality Health Associates of North Dakota

April 16 is National Healthcare Decisions Day and it calls to mind the need to not only support our patients in the formulating and following of advance care planning (ACP), it also reminds us of the need to make our own wishes known. There are many tools and resources available to document care preferences should an individual be unable to communicate their desires themselves. The Conversation Project and Five Wishes are internationally recognized, effective toolkits available to aid individuals as they start to think and talk about what they truly want for their care experience and to get those desires down in writing. As nursing home care partners, who see elderly residents nearing death, we may often think that we have "all the time in the world" to have these conversations and document our wishes, but the current Coronavirus pandemic should help us all recognize that no one knows when their time may come and there is no better time that now to get your preferences known. Statewide resources, Honoring Choices North Dakota and Advance Care Planning South Dakota, also offer guidance and resources and learn how to become Advance Care Planning Facilitators to better those conversations.

As we reflect on what we want to be the "final chapter of our own story" (borrowed from our wonderful former colleague, Sally May), let's also consider how we can provide for the best care to meet the values, goals and preferences of our nursing home residents.

The CMS State Operations Manual requires a facility to have a policy to:

- Determine on admission whether the resident has an advance directive and, if not, offer an opportunity for the resident to formulate an advance directive; and
- Identify the primary decision-maker.

These appear easy and you assume your facility adequately addresses these; however, does your staff feel comfortable starting this conversation with individuals and family members that have recently had major changes to their lives, health and plans for the future? This is often the case when someone is moving into a nursing home.

Following are additional requirements within the CMS State Operations Manual:

- Periodically assess the resident for decision-making capacity and invoke health care agent or representative if the resident is determined not to have decision-making capacity
- Define and clarify medical issues and present the information regarding relevant health care issues to the resident or his or her representative, as appropriate
- Identify, clarify, and periodically review, as part of the comprehensive care planning process, the existing care instructions and whether the resident wishes to change or continue these instructions
- Identify situations where health care decision-making is needed, such as a significant decline or improvement in the resident's condition
- Establish mechanisms for documenting and communicating the resident's choices to the interdisciplinary team and to staff responsible for the resident's care

- Identify the process (as provided by State law) for handling situations in which the facility staff and/or physician do not believe that they can provide care in accordance with the resident's advance directives or other wishes on the basis of conscience

Does your facility have a process for assessing decision-making capacity? Do all staff have a clear understanding of resident's desires for care in the event they are unable to clearly express when health declines? Do all staff understand what declining health means to each individual resident? If they do not intimately know all your residents to the extent above, do all staff, know where to find each resident's advance plan wishes? Are they willing to follow those wishes? The following are resources that can help make sure you and your staff can answer to these questions:

- Advanced Care Planning South Dakota
- Honoring Choices North Dakota
- The Conversation Project
- Five Wishes
- IHI Open School – Having the Conversation: Basic Skills for Conversations about End-of-Life Care
- CDC Advance Care Planning

Additional resources specific to appropriate advance care planning and discussions during the COVID-19 crisis:

- Center to Advance Palliative Care – COVID-19 Response Resources
- Massachusetts Coalition for Serious Illness Care – COVID-19 and Advance Care Planning

MISCELLANEOUS

New Federal Rules Put Patients in Control of Their Health Data

Two landmark regulations from CMS and the Office of the National Coordinator for Health IT (ONC) now require providers and health plans - including Medicare and Medicaid - to provide consumers with digital access to their health information through applications or devices they choose.