

North Dakota Hospital Association Innovate-ND

June 11, 2020

UPCOMING EDUCATIONAL EVENTS

Dakota Geriatrics Dementia Friendly Healthcare and Community

06/24/20 | 12:00-5:00 p.m. CT
Click [here](#) to register

AHA's Age-Friendly Health Systems Action Community Creating Value with Age-Friendly Health Systems (featuring Hartford Hospital)

06/24/20 | 11:00-12:00 a.m. CT
Click [here](#) to register.

Creating Age-Friendly Health Systems (featuring Cedars Sinai Medical Center)

07/15/20 | 11:00-12:00 a.m. CT
Click [here](#) to register.

Creating Age-Friendly Health Systems (featuring Stanford Health Care)

08/19/20 | 11:00-12:00 a.m. CT
Click [here](#) to register.

POLST Conversations and Implementation ZOOM Events

- 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.

Diabetes Care TeleECHO

05/15/20 | Diabetes in the Hospital
(Recording available [here](#))

06/19/20 | Diabetes Technology

07/17/20 | Behavioral Issues in
Diabetes

08/21/20 | Weight Management in
Diabetes and Prediabetes (lifestyle)

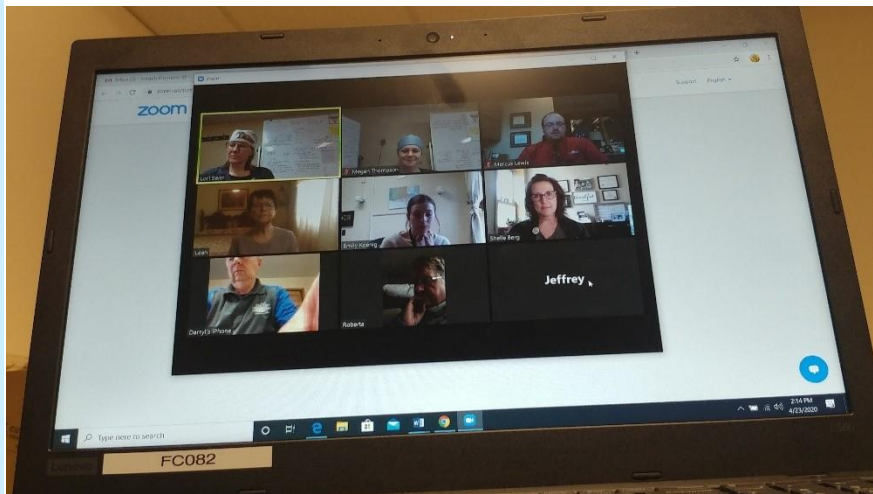
SHOUT OUTS



You never know how strong you are until being strong is all you have. THANK YOU for all that you do to maintain and continually positively evolve health care in ND.

PFAC Meeting Successful via Zoom

First Care Health Center, Park River, held their April PFAC meeting over Zoom.



Megan Thompson reports that their advisors all really appreciated participating this way! Their agenda included updating the PFAC on the

To join, contact:

Julie.a.reiten@und.edu

ND Geriatric and Age-Friendly TeleECHO

Sessions are offered the second Tuesday of each month from 12:00-1:00 p.m. CT

Register [here](#).

07/14/20 | Beyond POLST

08/11/20 | Prescription for Physical Activity


08/09/20 | Medication Update

10/13/20 | Depression in Older Adults


11/10/20 | Decisional Making Capacity

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.



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®

COVID preparedness work and the safeguards in place, including educating them about the option of tele-visits and the visitor policy. To prepare for the meeting, Megan called each advisor to assess their comfort with using Zoom. Only one was not interested in using it but was comfortable using a conference call line so was still able to participate in the audio portion of the meeting. Most of them had used Zoom on their own previously so it worked very well.

FEATURED RESOURCE

AHA Digital Pulse

Technology solutions such as chatbots, teleconferencing tools like Zoom and others have flooded our hospitals during this COVID pandemic. We heard from many of you that you have to do research in a day, make a decision on a solution in a matter of hours, implement it yesterday and do it all on a shoe-string budget. To help you make these decisions quickly and at no cost, we have launched the [AHA Digital Pulse](#)—a member benefit—that helps American Hospital Association members like you quickly address their digital needs and connect with solutions.

In the AHA Digital Pulse, you can:

- Review [relevant content](#) on digital strategies to address COVID-19
- Communicate with other hospitals and health systems facing similar challenges, such as [adapting operations and clinical care for COVID-19](#)
- Identify digital solution vendors from a curated database
- Visually benchmark your capabilities against your peers in 20 minutes or less

[Hear from members](#) like Leslie Marsh, president and CEO of Lexington Regional Health Center, and David Schreiner, president and CEO of Katherine Shaw Bethea Hospital—who already have successfully utilized the AHA Digital Pulse, or [read a testimonial](#) covered by Fierce Healthcare.

For additional details and insights please reach out to Alex Rozenbaum (arozenbaum@aha.org), Director of Product Development at American Hospital Association.

COVID-19 NEWS AND RESOURCES

COVID-19 Pathways to Recovery

AHA has released an updated resource, [COVID-19 Pathways to Recovery](#), which includes considerations, questions and checklists for hospitals and health systems to consider as they work toward a safe, orderly return to providing comprehensive health care services to their communities. This updated resource focuses on financial management and governance, support and ancillary services, and plant operations/environment of care. The first part of the resource covers workforce, testing and contact tracing, internal and external communications, and the supply chain. Development of the compendium was led by a recently formed AHA Board Task Force with input from many association members.

[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](https://twitter.com/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

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Universal and Serial Laboratory Testing for SARS-CoV-2 at a Long-Term Care Skilled Nursing Facility for Veterans

LESSONS LEARNED FROM A SKILLED NURSING FACILITY THAT STOPPED A COVID-19 OUTBREAK

After 2 symptomatic residents tested positive...
CDC.GOV

All staff and residents were tested
• 8 staff tested positive
• 19 residents tested positive
bit.ly/MMWR52220

Serial testing of residents performed until all were negative
All infected residents were transferred to isolation
MMWR

Click [here](#) to read more.

PATIENT SAFETY

IAC Launches Repository of Resources for Maintaining Immunization During COVID-19 Pandemic

IAC launched a [repository of guidance documents and other materials](#) to assist in maintaining routine immunization rates during the COVID-19 pandemic. Located on the National Network of Immunization Coalitions [website](#), a project of IAC, this repository includes links to both national and state-level policies and guidance; advocacy materials, including talking points, webinars, press releases, articles, social media posts; and telehealth resources. These resources are intended for healthcare settings, state and local health departments, professional societies, immunization coalitions, advocacy groups, and the community to use in their efforts to sustain immunizations during the COVID-19 pandemic.

At launch, more than 50 resources appear in the COVID-19 repository and more will be added as they become available. Resources and guidance documents come from the federal government, nationally recognized healthcare organizations, state health departments, state immunization coalitions, and other organizations devoted to accurate immunization information and advocacy.

These resources can be sorted and searched by date, title, geographic area, source, type, category, or setting.

If you have a resource that you would like to see in the repository, please send a message to info@immunizationcoalitions.org.

Access the [repository](#) to view and to search through the range of valuable resources available to support the patients, families, and communities you serve.

Considering Rehab Performance Measures

AHA PI Hospital Wide Listserv | 06/04/20

Considering updating your performance measures for your Rehab Department, PT and OT? Here are some ideas shared by Wayne H. Barth, PT, Union General Health System:

- Satisfaction scores based on discharge calls - OP
- No show/cancellation recovery rates - OP
- Fall screening provided (rehab plays a role in screening and evaluating all falls in the organization) - NH, IP, all other locations
- % capture of 24-hr window from inpatient order time to completion of evaluations - IP
- Outpatient turnaround from order receipt to evaluation
- % Improvement in functional outcomes - OP

AHRQ Final Recommendation Statement: Screening for Unhealthy Drug Use

The U.S. Preventive Services Task Force released today a final recommendation statement on screening for unhealthy drug use. That Task Force found that clinicians should ask adults about their drug use and connect people who have a problem to care. More research is needed to make a recommendation for teens. To view the recommendation, the evidence on which it is based, and a summary for clinicians, please go [here](#). The [final recommendation statement](#) can also be found in the June 9, 2020, online issue of JAMA.

FINAL RECOMMENDATION SUMMARY

Population	Recommendation	Grade
Adults age 18 years or older	The USPSTF recommends screening by asking questions about unhealthy drug use in adults age 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. (Screening refers to asking questions about unhealthy drug use, not testing biological specimens.)	B
Adolescents	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for unhealthy drug use in adolescents. See the "Practice Considerations" section for suggestions for practice regarding the I statement.	I

AHA Infection Prevention and Rural LISTSERV

In April of 2020, the AHA Performance Improvement team launched two new listservs: the Infection Prevention LISTSERV and the Rural/Critical Access Hospitals listserv. Both provide hospitals and health systems a national platform to encourage best practice sharing and promote peer-to-peer networking to support your work on the front lines. Since April, we have witnessed how this platform has been leveraged to support one another in response to COVID-19. From the sharing of national and local guidelines/resources to generating conversations about innovative practices to enhance quality improvement initiatives, every request and post has been beneficial to the field. We thank you for all that you do!

Please continue to utilize your connection to over 1600 hospitals and AHA through this platform to answer your pressing questions and share

resources, tools, and lessons learned. Let us continue to support one another as we work toward improving patient safety and the quality of health care. Join [here](#).

For more information about the AHA Performance Improvement Team and resources, visit the [website](#).

READMISSIONS

Peer Sharing: Occurrence Reporting/Investigation System from Marcus Daly Memorial Hospital, Hamilton, MT

AHA PI Hospital Wide Listserv | Shared 6/10/20 by Alida E. Merritt, MSN, RN, CPHQ

We have an in-house built Occurrence Reporting/Investigation system. This has allowed us to modify our investigation tools based on elements that rise to the surface as needing to be tracked. Below are screen shots to show what we investigate for Readmissions. The Readmission Investigation tab does not “turn on” unless the Type of Event is identified as a Readmission. All of the boxes with drop down arrows have pre-filled information to select from so that it helps standardize the information and avoids free text responses (except in designated spots). We run reports which export into Excel or PPT to use for discussion at committee meetings. Please feel free to call me (406.375.4472) if you would like additional details. Stay safe!! ~Alida Merritt | amerritt@mdmh.org

Occurrence Follow-up Serv. Rec. Readmission

Date/Time of Event: 5/ 1/2020 8:00:00 AM

Location of Event: Inpatient

Reported By: Merritt, Alida (Alida Merritt)

Type of Pat./Cust.: Inpatient

Type of Event: Readmission

Event Sub-Group: Medical

Description: Admitted 4/15-4/18 for CHF. Readmitted 5/1-5/4 with CHF. UTI.

Physician: Phy. Notified: Yes? No? N/A? 1/ 1/1900 12:00:00 AM

Supervisor: Sup. Notified: Yes? No? N/A? 1/ 1/1900 12:00:00 AM

Patient Outcome: Discharged to SNF.

Dept. Head #1: 1/ 1/1900 Compl.? Flag?

Dept. Head #2: 1/ 1/1900 Compl.? Flag?

Dept. Head #3: 1/ 1/1900 Compl.? Flag?

Occurrence Follow-up Serv. Rec. Readmission

Same Princ. Diagnosis? Follow-Up Phone Call: 1/ 1/1900 FLU/PN? LACE 1st Admit: LACE 2nd Admit:

Same Reason Readmit:

Same Diagnosis? >= 10 of Routine Med?

1st Discharge Date: 1/ 1/1900 2nd Admit Date: 1/ 1/1900 High Risk Medications:

Hx. of Sepsis? Did patient see primary after 1st admission within 7 days? Unknown?

Referred to Peer Review? Primary Provider:

Admission Avoidable? Psychological:

Background/History: Patient Limitation:

Discharge Review: Was Pt. on HH at time of Readmission? TCM/CCM: 1/ 1/1900

Root Cause: Prior Living Status: Payor Source:

PFE//HEOA/AGE FRIENDLY

How COVID-19 Impacts People with Disabilities

Research shows people with disabilities are at risk for mental health problems.

Emerging research on COVID-19 shows that the coronavirus pandemic has increased psychological distress both in the general population and among high-risk groups. Behaviors such as physical distancing, as well as their social and economic impacts, are worsening mental health consequences. Research on the psychological impact of mass trauma (e.g., natural disasters, flu outbreaks) suggests that the pandemic might particularly harm the mental health of marginalized populations who have less access to socioeconomic resources and supportive social networks (e.g., Goldmann & Galea, 2014). Read [more](#).

SOCIAL DETERMINANTS OF HEALTH

5 Actions to Promote Health Equity During the COVID-19 Pandemic

Institute for Diversity and Health Equity | AHA Today, 05/22/20

Recent reports indicate how diverse and vulnerable populations are disproportionately suffering from COVID-19. Hospitals and health systems are working to address the health equity challenges highlighted by this crisis in different ways. Below are five areas where you are making a difference in your community.

1. Educating in Ways that Resonate with Every Patient in Your Community

We applaud hospitals and health systems continuing to educate their patient base and surrounding communities on prevention, social distancing and deterring the spread of COVID-19. Some hospitals, such as UW Madison and University of Chicago, have created public service announcements educating on COVID-19 symptoms, guiding the public to test sites and sharing care options if symptoms progress. Some are reaching diverse communities by using trusted sources of information including faith community leaders. Above all, hospitals are reassuring the public that they care and continue to provide medical expertise for all persons in need of care.

2. Leveraging Community Partnerships

SoHum Health in Garbersville, Calif., Henry Ford Health System in Detroit and Loyola University Medical Center in Chicago are using their existing community partnerships to strengthen prevention efforts. Hospitals and health systems are leveraging communications channels to not only keep communities safe, but also expand their reach into underserved areas. For example, faith leaders are reinforcing the importance of staying home, despite the desire of members to congregate, food pantries can help amplify critical health and prevention information while still serving vulnerable populations, and community health workers can distribute educational materials as well as medicine, food, and other essentials to those who need them.

3. Continuing to Collect Patient Data

Pandemics are all-hands-on-deck situations. Some things fall through the cracks in favor of more pressing needs; data collection cannot be among these things that are left behind. Hospitals that stay the course on collecting Race, Ethnicity and Language (REaL); Sexual Orientation and Gender Identity (SOGI); and Social Determinants of Health (SDOH)

data for all seeking care position their clinical care teams to make better-informed decisions. It's these hospitals that are able to connect patients with resources to address social needs and improve equity. Without these data, diverse communities might be undercounted in reporting of COVID-19's impact. For additional information and action items addressing social needs and mitigating health inequities, see AHA's new resource.

4. Advocating on Efforts to Address COVID-19 Disparities

The AHA, the American Medical Association and the American Nurses Association April 16 urged the Department of Health and Human Services to mobilize its agencies to identify and address disparities in the federal response to COVID-19, including increasing the availability of testing, ensuring access to equitable treatment and disseminating timely, relevant, culturally appropriate and culturally sensitive public health information. You can share the issues covered in this letter with your federal lawmakers and urge the federal government to identify areas where disparities exist and help us immediately address these gaps.

5. Sharing What You Learn

Equity comes from lessons being shared with every community, regardless of size, demographics or geographic location. Share your pearls of wisdom, the pitfalls you experience and everything in between with your peers. AHA is helping compile these bright spots, best practices and stories of resilience. Together, we can amplify great ideas for the greater good.

DATA SUBMISSION REMINDER

Remember during the gap period data is being collected in REDCap. While this is not mandatory, we encourage you to report on all patient safety measures applicable to your hospital every month. Thank you to the 19 hospitals who are already entering data in this system. We do need to have a new data use agreement with each hospital. It is **not** necessary for your CEO to have a REDCap account **in order to submit the agreement**, only the link: <https://redcap.link/ndhiindua>.

To access the REDCap 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 data that appears questionable in an effort to maintain accuracy.