

North Dakota Hospital Association Innovate-ND

July 21, 2020

UPCOMING EDUCATIONAL EVENTS

IHI Age-Friendly Events

4Ms Deep Dive: Mobility

07/22/20 | 1:00-2:00 p.m. CT

Click [here](#) to join the WebEx.

Password: agefriendly

By phone: 1-866-469-3239,

Access Code: 623 951 923

Peer Coaching Call

08/04/20 | 10:00-11:00 a.m. CT

Click [here](#) to join the WebEx.

Password: agefriendly

By phone: 1-866-469-3239,

Access Code: 627 059 634

Reigniting Colorectal Cancer Screening as Communities Face and Respond to the COVID-19 Pandemic

07/23/20 | 1:00-2:00 p.m. CT

Click [here](#) to register.

Ensuring Safe Healthcare Delivery: Implementing CDC's Core Elements of Infection Prevention and Control

07/24/20 | 12:00-1:30 p.m. CT

Click [here](#) to register.

(1.5 CEs for nurses)

AHA's Age-Friendly Health 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

- 07/22/20
- 08/13/20
- 09/09/20

SHOUT OUTS



Welcome to two new leaders in quality improvement! **Julie Sundby** is the new Infection Control Coordinator at **Unity Medical Center** in Grafton. **Andriena Costello** is the new DON at **Cooperstown Medical Center**. Please help me welcome them and support them in their work of continuous quality improvement!

I encourage you to keep in mind any of your new nursing staff in infection control, quality improvement, and management positions to join the Process Improvement Listserv. Some of the items shared just last week include Remdisivir protocols, discussion on allowing visitors for end of life COVID positive patients, and QAPI self-assessment tools (for CAHs). Don't reinvent the wheel if you don't have to! Subscribe [here](#).

FEATURED RESOURCE

Preparedness Tool: Ten Ways Healthcare Systems Can Operate Effectively during the COVID-19 Pandemic

In the [Ten Ways Healthcare Systems Can Operate Effectively during the COVID-19 Pandemic](#), the Centers for Disease Control and Prevention (CDC) provides healthcare systems and healthcare facilities practical approaches that can be used to protect healthcare personnel (HCP), patients and communities.

The 10 practical examples within the tool are categorized into 5 areas, which include:

- **Worker Safety and Support**
 - *Approach:* Establish a plan for providing additional [support for HCP](#), considering aspects such as [mental health](#), [parenting](#), [meals](#) and [non-punitive sick policies](#).
- **Patient Service Delivery**
 - *Approach:* Understand the guidance for discharging a patient with suspected or confirmed COVID-19 [from the hospital to](#) home or to a [long-term care facility](#).

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

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

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](#).

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.

- **Data Streams for Situational Awareness**
 - *Approach:* Maintain awareness of the [COVID-19 situation](#) in the state, city, and facility. Provide access to evidence-based [guidance](#) for caring for patients with COVID-19.
- **Facility Practices**
 - *Approach:* Strengthen your facility's response mechanisms by becoming familiar with [pandemic, COVID-19 specific](#) and [crisis standards of care](#).
- **Communications**
 - *Approach:* Develop and maintain a [communication plan](#) for your HCP, patients, and the community. Consider including virtual town halls, daily huddles with local leadership, calls with partners, emails and phone conferences for staff, media briefs, and others.



Looking to update your disaster plan? The [ASPR Tracie website](#) may be good resource!

COVID-19 NEWS AND RESOURCES

Five Recommended COVID-19 Resources

AHA PI Rural/CAH Listserv | 07/08/20

Here are five recommended resources we have found useful and hope you will too!

1. [COVID-19 Burden Index](#)
This resource, created by Levitt Partners, helps hospitals rapidly identify resources and capacity-increasing interventions to enhance their operational response to COVID-19. This index provides a breakdown by hospital, as well as state and national levels.
2. [COVIDsearch](#)
Created by the National COVID Cohort Collaborative (N3C), an initiative under the National Institutes of Health (NIH), this search engine aims to provide pre-prints, research publication and clinical trial information on the COVID-19 pandemic into one search engine.
3. [National Academies of Sciences, Engineering, and Medicine COVID-19 Data Guide for Decision Makers](#)
This tool provides insight into the strengths and weaknesses of COVID-19 data by applying five criteria to seven types of data available to support decision-making. It was produced through the Societal Experts Action Network (SEAN), an activity of the National Academies of Sciences, Engineering, and Medicine that is sponsored by the National Science Foundation. SEAN links researchers in the social, behavioral, and economic sciences with decision makers to respond to policy questions arising from COVID-19.
4. [Rural Response to Coronavirus Disease 2019 \(COVID-19\)](#)
This guide from the Rural Health Information Hub provides data and trends on COVID-19 at the rural level. Federal and state agencies, along with national organizations, are sharing resources and guidelines to help all communities and healthcare facilities, including rural areas, respond to this issue.

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.



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.

Social Media

Follow the HRET HIIN on Twitter [@HRETtweets](#)! Here they'll be promoting virtual events, highlighting recruitment numbers, state partners and hospitals! Retweet, reply or like their posts and

5. [The COVID-19 High Performance Computing Consortium](#)

This consortium brings together the Federal government, industry, and academic leaders to provide access to the world's most powerful high-performance computing resources in support of COVID-19 research. On this site, users will be able to see active COVID-19 projects.

[Remdesivir Ordering](#)

Recently a new system has been established by the federal government for hospitals to order and receive Remdesivir. The manufacturer no longer has free product available. The new process involves the federal government assessing the risk for each state and making an allocation for the amount that will be made available. State Health Departments will then allocate the available drug to the hospitals in their state. Shipment will be made directly from the manufacturer to the hospitals. Hospitals will need to register online with the manufacturer to place an order and make payment. Please contact the ND Department of Health at 701 328-0707 if you have any immediate concerns or questions.

Additional information has been requested from the federal government about this process. Additional details will be provided when they become available.

[CDC: Studies Support Prevention Value of Cloth Face Coverings](#)

Published 07/15/20

Two new case studies affirm that cloth face coverings “are a critical tool in the fight against COVID-19 that could reduce the spread of the disease, particularly when used universally within communities,” the Centers for Disease Control and Prevention (CDC) [said](#) yesterday. One [study](#), reported in JAMA, found that adherence to universal masking policies for health care workers and patients reduced SARS-CoV-2 transmission within a Boston hospital system. Another [study](#), released by CDC, found that wearing a mask prevented the spread of infection from two hair stylists to their customers in Missouri. According to a [CDC survey](#) released yesterday, the share of Americans who reported wearing a cloth face covering when outside their home rose from 62% in April to 76% in May.

“Cloth face coverings are one of the most powerful weapons we have to slow and stop the spread of the virus – particularly when used universally within a community setting,” said CDC Director Robert Redfield, MD.

The AHA, American Medical Association, and American Nurses Association have [urged](#) the public to help stop the spread of COVID-19 by wearing a face mask, maintaining physical distancing and washing hands.

PATIENT SAFETY

[AHA's New Living Learning Network](#)

Published 07/01/20

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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Health care has been tested by the pandemic: combatting the virus and tackling its unimaginable fallout, such as employee safety, disrupted patient services and financial losses. Hospital leaders and frontline workers are looking for a pathway to relief, recovery and rebuilding.

The AHA Center for Health Innovation's new **Living Learning Network** (LLN) is an invite-only opportunity to discuss, ideate and reform health care in response to COVID-19 with other health care leaders from across the field. **As a subscriber of the AHA PI LISTSERV, you can apply to participate in this critical work.**

Funded by the Centers for Disease Control and Prevention, selected hospitals and health systems will have access to a curated network of respected subject matter experts and distinguished colleagues to participate in real-world discussions, expand perspectives and problem-solve together.

Benefits to participation includes:

- Co-create tools and resources
- Share stories and experiences
- Examine issues and opportunities

To join the LLN, please complete the [Interest Form](#).

For more information, please contact Kristin Preihs at KPreihs@aha.org.

Study: Nearly 10 Percent of Patients Still Use Opioids More Than 90 Days After Heart Surgery

Nearly 10 percent of patients who are prescribed opioid medications following heart surgery will continue to use opioids more than 90 days after the procedure, according to a new study led by researchers in the Perelman School of Medicine at the University of Pennsylvania. The study, published in [JAMA Cardiology](#), also revealed a direct link between the dosage of opioids first prescribed following discharge and the likelihood of persistent opioid use 90 to 180 days after the procedure. Recent research suggests that overprescribing opioid medications for short-term pain may be widespread in the United States. The excessive prescribing can increase the risk of drug diversion, new long-term opioid use and the development of opioid use disorder.

New CDC Program Uses Lifestyle Coach, Group Support to Prevent Type 2 Diabetes

People can prevent or delay type 2 diabetes when they join the Centers for Disease Control and Prevention's (CDC's) National Diabetes Prevention Program (National DPP) lifestyle change program. While lowering risk for type 2 diabetes, people can also improve their health and build healthy habits that last a lifetime. What is the best part of joining the National DPP? People won't be on their own to make these changes. They'll receive a full year of support from a lifestyle coach and a group of people with similar goals and challenges. Virtual classes are available for extra convenience. Click [here](#) to learn more.

Deprescribing in the Elderly Materials Available

Want to test your knowledge about medications that are potentially inappropriate in older adults and learn more about polypharmacy and associated risks?

Check out the resources below from a July 8 webinar given by Allison Hursman, PharmD, Assistant Professor of Pharmacy at North Dakota State University.

[Access the Presentation and Recording.](#)

This webinar focused on the impact of overprescribing and resources available to assist with deprescribing. Evidence-based research and data were shared to aid in the understanding of the issue, the impact as well as what the healthcare community can do to improve.

Deprescribing Resources

[American Geriatrics Society Beers List](#)

[Deprescribing.org](#)

IESA: Indication, Efficacy, Safety, Adherence – [assessing a patient's medication therapy]

[DeprescribingResearch.org](#)

CDC: Drug Overdose Deaths Up 4.6% in 2019

Drug overdose deaths in the United States rose 4.6% in 2019 to 70,980, including 50,042 involving opioids, according to [preliminary data](#) released yesterday by the Centers for Disease Control and Prevention. The data shows changes in overdose deaths by drug category and state.

According to a separate [CDC report](#) released today, 6.6% of women reported using a prescription opioid pain reliever during pregnancy in 2019, and one in five of these women reported misusing opioids. The authors recommend obstetric providers discuss the risks and benefits of opioid therapy for chronic pain, screen all pregnant women for substance use disorders, and provide referral and treatment as appropriate.

PFE/AGE-FRIENDLY

Towards an Age-Friendly World

A key strategy to facilitate the inclusion of older persons is to make our world more age-friendly. An age-friendly world enables people of all ages to actively participate in community activities and treats everyone with respect, regardless of their age. It is a place that makes it easy for older people to stay connected to people that are important to them. And it helps people stay healthy and active even at the oldest ages and provides appropriate support to those who can no longer look after themselves.

Many cities and communities are already taking active steps towards becoming more age-friendly. A dedicated website, [Age-friendly World](#), supports them in this endeavor by providing a one-stop-shop on age-friendly action at the local level: guides and tools, age-friendly practices and information on hundreds of city and community initiatives around the world. Browse the web site to learn more about what can be done to make your city or community more age-friendly.

A global database featuring concrete actions to make communities better places to grow old.

Increasing numbers of cities and communities world-wide make commitments to become age-friendly, that is to better adapt their structures and services to the needs of their aging populations. But what are they actually doing?

Browse the [database](#) to find out. The WHO Global Database of Age-friendly Practices provides a platform for experience exchange – by local communities, for local communities. It can be searched by country, community size, and domain of intervention. Click [here](#) to contribute your own age-friendly practice.

MISCELLANEOUS

FCC Designates 988 for Suicide Prevention Hotline

The Federal Communications Commission recently adopted rules [establishing 988](#) as the nationwide phone number to connect people experiencing mental health crises to the National Suicide Prevention Lifeline, a network of 163 crisis centers that last year answered more than 2.2 million calls and 100,000 online chats. Under the new rules, telecommunications carriers and one-way Voice over Internet Protocol service providers must direct 988 calls to the existing hotline, 1-800-273-TALK (8255), by July 16, 2022. The current lifeline and online chats will stay available during and after the transition.

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.