

# North Dakota Hospital Association Innovate-ND

August 19, 2020

## UPCOMING EDUCATIONAL EVENTS

### CDC | 2020-2021 Influenza Vaccination Recommendations and Clinical Guidance during the COVID-19 Pandemic

08/20/20 | 1:00-2:00 p.m. CT  
Click [here](#) to register.

### Mental Health First Aid

08/20/20 | 7:00 a.m.-12:30 p.m. CT  
08/22/20 | 9:00 a.m.-2:30 p.m. CT  
08/25/20 | 1:00-6:30 p.m. CT  
08/27/20 | 4:00-9:30 p.m. CT  
Contact [Michelle Lauckner](#) at QHA for more information.

### Diabetes Care TeleECHO

08/21/20 | Weight Management in Diabetes and Prediabetes (lifestyle)  
To join, contact:  
[Julie.a.reiten@und.edu](mailto:Julie.a.reiten@und.edu)

### Effectively Assessing and Improving Patient Mobility | Improving Patient and Caregiver Safety

08/27/20 | 1:00-2:00 p.m. CT  
Click [here](#) to register.

### Environmental Services: A Vital Role in Infection Prevention

08/27/20 | 1:00-3:00 p.m. CT  
Click [here](#) to register.

### Class Leader Training | Powerful Tools for Caregivers

09/01/20 & 09/02/20 | Fargo  
Click [here](#) to register.

### POLST Conversations and Implementation ZOOM Events

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.

## SHOUT OUTS



Congratulations to **McKenzie County Health System** on the addition of a Pediatrician to their services. Way to respond to a community need!  
Read [more](#).

## FEATURED RESOURCE

### CDC Clinician Call-In Center

## CDC Clinician Call Center

A service of the CDC COVID-19 Response

CDC developed the Clinician Call Center as a resource available to healthcare personnel working to prevent, detect, and respond to COVID-19. The Clinician Call Center is a hotline with CDC clinicians standing by to answer questions about COVID-19.



### To access the Clinician Call Center

Call the main CDC information line at 800-CDC-INFO (800-232-4636) and, an agent will then route you to this service.

### Who is it for?

The Clinician Call Center is available to provide support to healthcare personnel in a variety of settings, including:

- Clinics, hospitals, and other healthcare facilities
- Health departments
- Community organizations
- Long-term care facilities
- Laboratories
- Correctional facilities
- Occupational health clinics

### What support is available?

Clinicians are available daily to discuss a wide range of COVID-19 topics, including:

- Clinical diagnosis, testing, and management
- Worker safety
- Infection prevention and control
- Home isolation and return-to-work
- Personal Protective Equipment (PPE)
- Pregnancy and breastfeeding
- Vulnerable populations
- Contact tracing and epidemiology
- Postmortem care



© 2020 HHS. All rights reserved.

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

## 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](#).

10/13/20 | Depression in Older Adults

11/10/20 | Decisional Making Capacity

---

## EVENT RECORDINGS

### Fall Prevention for Older Adults – Best Practices to Reduce Fall Risk

Click [here](#) to watch.

### Fall and Injury Prevention

1.0 CE credit available

Note: Will need to register with Stryker Focus RN and wait a short time for username/password to be generated before viewing.

Click [here](#) to watch.

---

### 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.

## COVID-19 NEWS AND RESOURCES

### Lessons from a Peer: How is Your Small Facility Accomplishing Out-patient COVID Testing?

*PI Hospital Wide Listserv | 08/12/20*

#### From Karma G. Wilson, MSN, RN, Southeast Colorado Hospital District:

We are a CAH with an attached nursing home, and we trained the CNOs and some other admin nurses to do the testing. So far this is how it has worked out for us. Lab orders the testing supplies from State (decreasing our cost). Provide ice cooler with ice bags for the samples we collect. Lab also preps tests and arranges for the State courier to pick up the samples. Lab also uploads the Excel spreadsheet into the State portal. Payroll prints the labels to State's specifications, along with a matching paper sheet. The paper sheet is returned to payroll who then loads the tested staff information into an Excel file so information can be uploaded into the State lab portable. After the Excel sheet is completed, it is then emailed to lab. One person (nurse, volunteer, payroll clerk) checks in the staff, puts the label on the vial, gives the bag and the vial to the staff person to go get the test done. The trained nurses select the day for testing, set up the area for testing, collect supplies and paperwork, put on PPE, and do the testing. Then the staff breaks down the station, takes test samples to lab, and the paper sheet with staff names back to payroll.

#### From Kimberly Montejano, RN, DNS-CT, Arkansas Valley Regional Medical Center:

We do five-day a week (M-F) testing from 0830-0930. We mix our pre-op, symptomatics with a doctor's order and the community testing (no doctor's order or visit necessary) in a drive-thru format. When this first started, we were doing outpatient testing all hours of the day and night every day and wasting PPE and staff time to run out behind the hospital and swab in a car whenever a provider sent an order. This works much better. It is organized, productive, PPE preserving and the entire community (including providers) seem to be on board. We still do testing in the ED 24/7 as warranted. We have a mix of different departments on the team doing the swabbing – infection control, respiratory therapists and the education nurse. Lab does the data entry (all ours are still going to the State lab) once we get the swabs.

#### From Amy Pickren, MSN/MBA, Harrison County Community Hospital, Bethany, MO:

We opened a COVID testing clinic at our CAH; we hired a nurse to swab and a registrar to expedite the process.

### North Dakota Selected by CDC as Pilot Project for COVID-19 Vaccine Planning

The North Dakota Department of Health (NDDoH) announced that North Dakota has been selected by the Centers for Disease Control and Prevention (CDC) as one of four states to be part of a pilot project to plan for a COVID-19 vaccination program. This is not a vaccine trial.

"North Dakota was selected because of the strength of our immunization program," said NDDoH Immunization Program Manager Molly Howell. "Our teams have been working for weeks on a plan, and we're thrilled to

## 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.

### INNOVATE-ND SUPPORT TEAM

Nikki Medalen

[nmedalen@qualityhealthnd.org](mailto:nmedalen@qualityhealthnd.org)

701/989-6236

Jon Gardner

[jgardner@qualityhealthnd.org](mailto:jgardner@qualityhealthnd.org)

701/989-6237

supplement that work with this partnership with the CDC and the Department of Defense to plan and prepare for the COVID-19 vaccination response in North Dakota."

In addition, the CDC is interested in exploring strategies to reach American Indian populations and help determine opportunities as they relate to vaccine planning and distribution.

When a vaccine becomes available, the federal government will provide general guidance on how to prioritize and distribute the vaccine. Howell said her team and other partners will take that broad guidance and implement it in North Dakota.

"Planning with North Dakota and other pilot sites will inform and support other states planning for coronavirus vaccine," Howell said.

Meetings kick off this week in Bismarck. For more information on COVID-19, visit [health.nd.gov/coronavirus](http://health.nd.gov/coronavirus).

### **Action Requested: COVID Impact on CRC Screening Survey [North Dakota]**

**North Dakota Healthcare Community: You are invited to complete a brief survey regarding the impact of COVID-19 on colorectal cancer (CRC) screening in North Dakota.**

The purpose of this survey is to understand the impact of COVID-19 on CRC screening in North Dakota and identify partner needs for technical assistance, training or other resources. The survey does not require you to submit any data, and it should be easy to complete in 5-10 minutes. Deadline to complete survey: August 21, 2020. Click [here](#) to access the survey.

Responses will be shared in aggregated form at the virtual Roundtable meeting on October 14 and will also inform the focus of that meeting and broader strategy. (If you choose to share your contact information, this will only be used to help Roundtable leadership follow up with you directly with potential technical assistance and/or support, which is optional).

Thank you for helping better understand and respond to partner needs in the state!

*The North Dakota Colorectal Cancer Roundtable (NDCCRT), co-lead by the American Cancer Society and the North Dakota Department of Health, is a statewide coalition of organizations dedicated to reducing the incidence of and mortality from colorectal cancer in our state, through coordinated leadership and strategic planning. The ultimate goal of the state's Roundtable is to increase the use of proven colorectal cancer screening tests among the entire population for whom screening is appropriate.*

## PATIENT SAFETY

### **Recommendations for Mandatory Influenza Vaccinations for Health Care Personnel from AMDA's Infection Advisory Subcommittee**

*Elizabeth Frentzel, MPH; Robin L.P. Jump, MD, PHD; Laurie Archbald-Pannone, MD, MPH; David A. Nace, MD, MPH, CMD; Steven J. Jchweon, RN, MPH, MSN; Swati Gaur, MD, MBA, CMD, AGSF; Fatima Naqvi, MD, CMD; Naushira Pandya, MD, CMD; William Mercer, MD, CMD; on behalf of the Infection Advisory Subcommittee of AMDA, The Society for Post-Acute and Long-Term Care Medicine*

Preventing influenza infections is a national health priority, particularly among geriatric and adults with frailty who reside in post-acute and long-term care (PALTC) settings. Older adults account for more than 70% of deaths from influenza, a reflection of decreased vaccine effectiveness in that age group. Annually vaccinating health care personnel (HCP) working with these patients against influenza is critical to reducing influenza morbidity and mortality among patients. PALTC HCP have the lowest influenza vaccination rate when compared to HCP in other settings. The Advisory Committee on Immunization Practices recommends that all HCP receive an annual influenza vaccination, including those who do not have direct patient care responsibilities. Here, we discuss the importance of influenza vaccination for HCP, detail recommendations for influenza vaccination practice and procedures for PALTC settings, and offer support to PALTC settings and their staff on influenza vaccinations. Click [here](#) to read the full article.

### **5 Ways Hospitals can Boost Clinician Engagement in Quality Improvement**

*Gabrielle Masson | 08/07/20*

Dedicated time, mentorship and participation in a professional quality improvement network are the most significant factors to nurture clinicians' self-efficacy and effectiveness in QI, according to a study published in International Journal for Quality in Health Care.

Researchers at Sacramento, CA-based UC Davis Health analyzed survey responses from 212 clinicians who are members and fellows of the International Society for Quality in Healthcare. They measured self-efficacy and effectiveness of clinicians in conducting and leading QI activities.

Five main factors that increased clinicians' effectiveness in QI:

1. Dedicated time for quality improvement
2. Working within multidisciplinary improvement teams
3. Professional development in QI, including formal training inside and outside the organization and QI organizational memberships
4. Ability to select areas for improvement that the clinician views as high priority or that interests them
5. Organizational values and culture that supports QI

The study also found that some of the most successful clinical QI initiatives focused on improving patient safety and reduction in medical errors; reducing waits and delays in care; reducing overuse of

unnecessary services; improving patient- and family-centered care; and/or reducing health disparities.

## READMISSIONS

### **Primary Care: the New Frontier for Reducing Readmissions**

*Saluja S, Hochman M, Bourgoin A, Maxwell J. Primary Care: the New Frontier for Reducing Readmissions. J Gen Intern Med. 2019;34(12):2894-2897.*

*doi:10.1007/s11606-019-05428-2*

To date, efforts to reduce hospital readmissions have centered largely on hospitals. In a recently published environmental scan, we examined the literature focusing on primary care-based efforts to reduce readmissions. While rigorous studies on interventions arising from primary care are limited, we found that multi-component care transitions programs that are initiated early in the hospitalization and are part of broader primary care practice transformation appear most promising. However, policy changes are necessary to spur innovation and support effective primary care-led transitions interventions. Though more rigorous research is needed, our findings suggest that primary care can and should lead future efforts for reducing hospital readmissions.

## PFE/AGE FRIENDLY

### **Key Strategies in Caring for Older Adults During a Pandemic**

*Parag Bharadwaj, MD FAAHPM, Medical Director of Palliative Care at Memorial Care Medical Group; Katherine T. Ward, MD, Chief, General Internal Medicine at Harbor-UCLA Medical Center, Jay Bhatt, DO, Former Chief Medical Officer of the American Hospital Assn. – 05/07/20*

Excerpt: As we all are dealing with the unprecedented COVID-19 pandemic health crisis, it has raised an alarm: can we meet the demands of patient care in a way that we have never had to before at scale? This stems from the increasing number of individuals testing positive and rising mortality due to the same. In this unique time, it continues to be vital to guarantee a clear plan of engagement by ensuring the care that is received by patients is in line with their values and achievable from a medical standpoint ultimately consistent with the notion of “what matters” to them. Particular focus needs to be paid to the elderly and susceptible.

There are 5 key actions to take so that we consider the best approach of caring for patients who are highly susceptible, serious and advanced illness in time of this pandemic.

1. Move triage to the curb so older adults who are not acutely ill can be scheduled on the spot for appropriate testing and care
2. Create capacity for telemedicine for routine care and non-urgent visits. This may be very new for most clinicians and patients. Clinicians may require support in the form of a brief training to identify simple and effective tips to make these virtual visits more effective.
3. Social Distancing doesn't have to mean social isolation. Social and physical distancing has become the norm. This can have challenges for older adults given the impact that social isolation can have. Clinicians should encourage their patients to use technology, consider engaging their family and friends via phone video.
4. Continue to focus on the 4Ms

- What Matters: Include the ACP completed by the provider after discussion and send to patient.
  - Medication: Hold up each bottle and ask them to tell you about it and how they take it.
  - Mentation: Evaluate cognition and depression.
  - Mobility: Ask them to stand up and observe a TUG. This is essential to do as there might be seniors living in isolation and are self-dependent on their mobility to care for themselves.
5. Have a post-acute care plan

Read [full text](#).

### **Preparing Patients for a Knee or Hip Replacement Surgery**

Before your patient has surgery, have you assured they have prepared their home for recovery in a way that makes it as easy and safe as possible? Consider where they will sleep, the bathroom setup, and any stairs they may need to use. Click [here](#) for a great resource for helping get their home ready.

## **SOCIAL DETERMINANTS OF HEALTH**

### **Addressing the Patient Financial Experience in Today's Challenging Healthcare Environment**

*Becker's Hospital Review In Collaboration with CareCredit – 05/29/20*

The global Coronavirus (COVID-19) pandemic has transformed nearly every facet of our daily lives, from how we live and work to how we seek and receive healthcare. Within the U.S. health system, Coronavirus has driven rapid innovation and agility as providers and healthcare organizations seek new ways to meet the needs of patients and ensure continuity of care. Meanwhile, some hospitals and health systems are managing difficult and rapidly evolving situations involving an influx of Coronavirus patients and facing financial constraints as elective procedures have been cancelled or postponed.

While the pandemic has highlighted areas for improvement within the U.S. healthcare system, it has also been a catalyst for innovation and resourcefulness that will reshape the future of healthcare. Coronavirus has rapidly propelled healthcare consumerism forward, and as we enter the next chapter, providers and hospitals will need to balance patient concerns about the timing of non-emergent procedures with the desire for access to and more convenient interactions with their providers. About 44 percent of Americans cancelled or postponed medical appointments due to the Coronavirus<sup>1</sup>, with 5 percent of American consumers reporting that they or a family member used telehealth for the first time during the pandemic. Among those new to telehealth, 88 percent reported they would use it again.<sup>2</sup> Convenience features, including remote consults and touchless payments, are likely to become a crucial way for patients to access the care they need, while providing a positive patient experience that will help support and sustain a provider's practice. Read [full text](#).

## MISCELLANEOUS

### **Back on Track with FluFIT 2020**

As health experts warn of a “Flu-COVID Collision” expected this Fall, widespread influenza vaccination is more important than ever. The CDC is planning a large public awareness campaign to increase the number of individuals receiving flu shots, a critical step in preserving limited medical resources during the pandemic.

At the same time, we must address another COVID-related trend – historic declines in colorectal cancer (CRC) screening. According to the NCCRT, one practical and widely available strategy to overcome delays and barriers to screening resulting from the COVID-19 pandemic is to offer and implement stool-based screening tests. The NCCRT’s [Clinicians Reference](#) provides guidance on high-quality stool testing. Given these circumstances, the FluFIT intervention is an ideal approach for simultaneously increasing flu vaccination and CRC screening in Fall 2020. Click [here](#) to learn more.

### **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](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 data that appears questionable in an effort to maintain accuracy.