

North Dakota Hospital Association Innovate-ND

September 17, 2020

UPCOMING EDUCATIONAL EVENTS

North Dakota Health Information Network (NDHIN) Overview and Clinic Portal User Training

09/17/20 | 12:00-1:30 p.m. CT
Click [here](#) to register.

Best Practices in Dementia Care

09/22/20 | 9:00 a.m.-12:00 p.m. CT
Registration required: Email
nfensom@alz.org to register

Pathways to Preventing Falls Among Older Adults

09/23/20 | 12:00-1:00 p.m. CT

Presenters:

Elizabeth S. Bauer, MS, RN, AGCNS-
BC;

Leacey E. Brown, M.S

Nicki Louckes, PT (Note: Nicki Louckes
is the Director of PT at St. Luke's Medical
Center in Crosby, ND!)

Click [here](#) to register.

How the Home Hospital Model Improves Value during COVID-19 and Beyond

09/23/20 | 11:00 a.m.-12:00 p.m. CT

Click [here](#) to register.

AHA LLN Micro-Learning Session: Effective Strategies to Coordinate a Rural Community Response during Covid-19

09/24/20 | 12:00-12:45 p.m. CT

Click [here](#) to register.

Introducing the Rural Community Paramedicine Toolkit

09/24/20 | 12:00-1:00 p.m. CT

Click [here](#) to register.

Embrace the Change v2.0 NDHA's Virtual Education Event

09/30/20-10/01/20

Click [here](#) to register.

(Registration due by 09/18/20)

SHOUT OUTS

Coal Country Community Health Center Receives Planning Grant

09/09/20 | Reprinted from Centers for Rural Health News



[Coal Country
Community Health
Center](#) (CCCHC) and its
local collaborative
healthcare providers are
planning for the future!
CCCHC recently
received a \$100,000
[Rural Health Network
Development Planning](#)

[Program](#) grant funded by the [Federal Office of Rural Health Policy](#)
(FORHP). This one-year grant supports projects that expand access to,
coordinate and improve the quality of essential healthcare services and
enhance the delivery of healthcare in rural areas.

Based out of Beulah, ND, CCCHC, a Federally Qualified Health Center,
has a unique and informal collaboration with [Sakakawea Medical Center](#)
(SMC), a Critical Access Hospital (CAH) located a few miles away in
Hazen, ND. The two entities have developed a management and
integrated governance model that encourages communication and
transparency between the two agencies, while simultaneously meeting
the programmatic and regulatory requirements under which each
organization must operate.

Collaboration Not Competition



"We believe that cooperation and collaboration,
rather than competition, are vital," said Darrold
Bertsch, CEO of both CCCHC and SMC,
"especially if service enhancement and
sustainability is to succeed."

The Network Planning program supports the
planning and development of a formal healthcare
network to improve healthcare delivery in rural
areas. This program allows applicants to develop a
business or strategic plan, conduct a needs assessment, conduct health
information technology readiness and ultimately form a network. Funds
cannot be used for direct delivery of healthcare services.

**UND Geriatric and Age Friendly
TeleEcho – Depression in Older
Adults**

10/13/20 | 12:00-1:00 p.m. CT
Click [here](#) to register.

**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

**Great Plains QIN Huddle:
Depression in Older Adults**

10/20/20 | 12:00-12:45 p.m. CT
Click [here](#) to register.

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.

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

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to register.

**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.

Strategic Planning for the Future

CCCHC is using the \$100,000 FORHP grant to conduct formal strategic planning with SMC. This will include bringing in a healthcare management consultant to help develop the plan for moving forward, looking at ways to enhance what they currently do and ensure they are maximizing the resources of both facilities. They also work collaboratively with [Knife River Care Center](#), a skilled nursing facility; [Custer Health](#), a public health department; and Mercer County Ambulance, so that work will likely be part of the planning work, as well.

"We have an innovative model because the collaborative structure we have between the community health center and hospital doesn't exist in a lot of places across the country," said Bertsch. "So what was a very competitive relationship changed when we started collaborating by having a shared CEO and implemented integrated governance, which means we have board members from the hospital who sit on the health center board and vice versa. This makes sure there is no conflict or competition and the focus is what is best for the community. Both are separate organizations, so we have had this networking collaboration, not a formal structure. This grant allows us the opportunity to take a look at our current collaborative structure and see if we can expand upon it to achieve additional benefits and efficiencies."

FEATURED RESOURCE

Addressing the Stigma Surrounding Opioid Use Disorders

The healthcare community has an opportunity to take better care of patients who struggle with an opioid use disorder. The Dell Medical School at the University of Texas at Austin created a tool to help.

The [Reducing Stigma Educational Tools](#) (ReSET). ReSET consists of two interactive online modules developed to help healthcare providers confidently identify and address stigma surrounding opioid use disorder, to ensure the delivery of equitable and compassionate health care for all patients living with opioid addiction.

Module 1 provides a background on how stigma towards patients with opioid use disorder manifests in health care settings and provides a better understanding of negative health outcome consequences for these patients. The medical model of addiction is explored by comparing OUD to other chronic diseases and the impact of opioid use disorder stigma on special patient populations is addressed. Practical skills in addressing OUD stigma are introduced, including identifying and responding to stigmatizing language.

Module 2 builds upon the knowledge and skills from Module 1 with an emphasis on developing practical tools for addressing stigma and delivering compassionate, recovery-oriented care to patients with opioid use disorder. After examining one’s own implicit biases, we explore skills for promoting patient-centered communication to improve care for patients with opioid use disorder. This module also addresses stigma towards pharmacologic treatment for OUD, such as methadone and buprenorphine, and dispels many common myths that create barriers to patients accessing these evidence-based treatments.

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

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701/989-6237

The project was grant-supported so it is available at no cost; also free continuing education credits for physicians, nurses, social workers and pharmacists are available.

Great Plains Quality Innovation Network is working to raise awareness and assist with medication safety and reduction of adverse drug events. For more information or to access resources, visit the [website](#).

PATIENT SAFETY

Chair File: Uniting Against the Flu

Reprinted from AHA Today, 09/14/20

Flu season soon will be upon us. And this year, it will take place in the middle of our ongoing battle against COVID-19. The good news is the same essential safety precautions are prescribed for both threats: wear a mask, wash your hands, and keep your distance.

For the most part, safeguarding against the flu isn't asking people to change what they have already been doing in 2020. But there is one huge caveat. Unlike COVID-19 (as of now), flu vaccine shots are widely available. So it's important that we get immunized now.

That message is front and center in the AHA's annual [United Against the Flu Campaign](#), getting underway now and culminating early next year. It's a collaborative effort by several national health care organizations to encourage communities to stay healthy and protect themselves against the flu by getting vaccinated. The campaign will share new digital tools and resources to promote the importance of getting an annual flu shot. It also will share information on AHA's [Wear a Mask](#) initiative.

The bottom line is that we all should take whatever steps are appropriate to help steer people toward a vaccination site. These may include schools, the workplace, public health clinics or even grocery stores. Many times, flu shots are free.

Last year, 56 million Americans presented with flu symptoms, resulting in as many as 740,000 hospitalizations and 62,000 deaths, according to data from the Centers for Disease Control and Prevention. Although the majority of these deaths occurred in people over age 65, many could have been prevented.

Vaccination is vital. Although not foolproof, it offers important protection, not just for patients, but for hospital employees and their loved ones. The CDC estimates that flu vaccination prevents millions of flu illnesses each year, tens of thousands of flu-related hospitalizations and thousands of deaths. The responsibility to keep our patients healthy lies in the hands of every member of our hospital and health system family. Now is the time for all of us to step up, get vaccinated, and set the good example that we want all our patients to follow.

Melinda L. Estes, M.D.
AHA Chair

Trump Administration Releases COVID-19 Vaccine

Distribution Strategy

The U.S. Department of Health and Human Services (HHS) and Department of Defense (DoD) today released two documents outlining the Trump Administration's detailed strategy to deliver safe and effective COVID-19 vaccine doses to the American people as quickly and reliably as possible.

The documents, developed by HHS in coordination with DoD and the Centers for Disease Control and Prevention (CDC), provide a strategic distribution overview along with an interim playbook for state, tribal, territorial, and local public health programs and their partners on how to plan and operationalize a vaccination response to COVID-19 within their respective jurisdictions. Read [more](#).

A National Action Plan to Advance Patient Safety

Institute for Healthcare Improvement | 09/20

This National Action Plan developed by the National Steering Committee for Patient Safety – a group of 27 national organizations convened by the Institute for Healthcare Improvement – provides direction for healthcare leaders and organizations to implement and adapt effective tactics and supportive actions to establish the recommendations laid out in the plan. Its four areas of focus include culture, leadership, and governance, patient and family engagement, workforce safety and learning systems.

The plan includes 17 recommendations to advance patient safety on the following topics:

- Culture, Leadership, and Governance
- Patient and Family Engagement
- Workforce Safety
- Learning System

Find more details about the plan and additional resources [here](#).

Emergency Triage, Treat, and Transport (ET3) Model

Emergency Triage, Treat, and Transport (ET3) is a voluntary, five-year payment model that will provide greater flexibility to ambulance care teams to address emergency health care needs of Medicare Fee-for-Service (FFS) beneficiaries following a 911 call. Under the ET3 model, the Centers for Medicare & Medicaid Services (CMS) will pay participating ambulance suppliers and providers to: 1) Transport an individual to a hospital emergency department (ED) or other destination covered under the regulations; 2) Transport to an alternative destination partner (such as a primary care doctor's office or an urgent care clinic); or 3) Provide treatment in place with a qualified health care partner, either on the scene or connected using telehealth. The model will allow beneficiaries to access the most appropriate emergency services at the right time and place. The model will also encourage local governments, their designees, or other entities that operate or have authority over one or more 911 dispatches to promote successful model implementation by establishing a medical triage line for low-acuity 911 calls. As a result, the ET3 model aims to improve quality and lower costs by reducing avoidable transports to the ED and unnecessary hospitalizations following those transports.

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More details are available [here](#). Stay up to date on the latest ET3 Model news and updates by subscribing to the ET3 Model [listserv](#).

READMISSIONS

Prevalence and Characterization of Diagnostic Error Among 7-day All-cause Hospital Medicine Readmissions: A Retrospective Cohort Study

Raffel KE, Kantor MA, Barish P, et al. BMJ Qual Saf. 2020

This retrospective cohort [study](#) characterized diagnostic errors among adult patients readmitted to the hospital within 7 days of hospital discharge. Over a 12-month period, 5.6% of admissions were found to contain at least one diagnostic error during the index admissions. These diagnostic errors were primarily related to clinician diagnostic reasoning, including failure to order needed tests, erroneous interpretation of tests, and failure to consider the correct diagnosis. The majority of the diagnostic errors resulted in some form of clinical impact, including short-term morbidity and readmissions.

Achieving Post-Acute Interoperability to Improve Care Outcomes

In this [issues brief](#), learn how one health system achieved post-acute interoperability with their preferred network and improved clinical performance through Interventional Analytics to reduce avoidable hospital readmissions, manage care coordination efforts, and minimize length of stay.

One of the riskiest times for misinformation to occur is when a patient is discharged from the hospital and placed into another care setting. This is especially true for patients age 60 or older who are at high risk for infections, present more complex health needs, and have proven to be at higher risk of re-hospitalization.

With 66% of post-acute providers still using fax machines to share patient data with referring hospitals, and over 83% of hospitals receiving readmission penalties resulting in \$563M, over 1,000+ healthcare organizations have turned to Interventional Analytics to improve their care coordination efforts.

Offered Free by: Real Time Medical Systems

PFE/AGE FRIENDLY

New Age-friendly Resources from the AHA

Check out these new resources:

- [The Value Initiative Issue Brief: Creating Value with Age-Friendly Health Systems](#)
- [Case Study: Kent Hospital](#)
- [Case Study: Rush University Medical Center](#)

SOCIAL DETERMINANTS OF HEALTH

5 Population Health Statistics Bound To Change Because Of COVID-19

Forbes | Rita Numerof, Healthcare Contributor

COVID-19 has opened Americans' eyes to a number of oft overlooked healthcare issues. It showed us how vulnerable our pharmaceutical supply chain is. It reminded us why we must start taking behavioral health seriously. It reemphasized the importance of addressing social determinants of health. And, perhaps most importantly, it forced healthcare leaders to see that there's substantial risk within fee-for-service.

From a population health standpoint, the latter realization is hugely important. For five years, my firm's annual State of Population Health survey of approximately 500 healthcare executives has found that providers are making very little progress toward improving population health – and in recent iterations, that that progress has altogether stalled.

Now, COVID-19 has brought us to a tipping point; soon after which we will begin to see different results. Read [more](#).

MISCELLANEOUS

Call for Presentations: 2021 Dakota Conference

*Dakota Conference on Rural and Public Health | June 2-4, 2021
Bismarck Event Center | Bismarck, North Dakota*



Rural and public health professionals are encouraged to submit abstracts for the 2021 Dakota Conference on Rural and Public Health. Oral and poster presentations should feature community or research projects that can be replicated.

They should implement creative strategies that facilitate the collaboration between rural and public health entities with an emphasis on education and developing partnerships.

To learn more about presenting, visit the Dakota Conference [website](#) for detailed information.

- Submit an [oral presentation abstract](#)
- Submit a [poster presentation abstract](#)

National Rural Health Day



Rural communities are wonderful places to live and work, which is why approximately 57 million people – one in five Americans – call them home. These rural communities also have unique healthcare needs. [National Rural Health Day](#) is an opportunity to celebrate the “Power of Rural”, bringing to light the unique healthcare challenges that rural citizens face and showcasing the efforts of rural healthcare providers, State Offices of Rural Health and other rural stakeholders to address those challenges.

The National Organization of State Offices of Rural Health sets aside the third Thursday of every November to celebrate National Rural Health Day. This year’s celebration will take place on Thursday, November 19, 2020.

Community Engagement Toolkit Now Available!

The [2020 Community Engagement Toolkit](#) is full of free, downloadable, customizable tools, such as posters, coloring books, postcards, graphics, PowerPoint templates, and more! These tools can help enhance your community outreach efforts to schools, media, businesses, etc. Stay tuned for the rollout of some new NRHD swag for purchase and additional announcements and resources.

Joint Commission Prep

Excerpt from the AHA PI Hospital Wide Listserv | 9/10/2020 | Jennifer Barnes, BSN, RN, Chief Quality Officer, Stonewall Jackson Memorial Hospital, Weston, WV

Our team took notes during the four-day survey process at our facility, a small rural community hospital. We have a wide range of specialties including ICU, Surgery, Labor & Delivery and many ambulatory clinics. I have arranged the following summary according to Joint Commission Chapter and/or hospital location. I hope this information is helpful as others are preparing for their upcoming surveys.

Performance Improvement Questions are listed here:

- Evidence of data collected on the following:
 - Operative or other procedures that place patient at risk of disability or death
 - Significant discrepancies between pre-op and post-op diagnosis
 - Adverse events related to moderate or deep sedation
 - Use of blood and blood components
 - Results of resuscitation
 - Significant medication errors
 - Significant adverse drug reactions

- Patient perception of safety and quality of care, treatment, services
- Thermal injuries during MRI exams
- Injuries caused by ferrous metals in the MRI scanner room
- Assessment of pain and pain management including types of interventions and effectiveness
- Incidents of radiation doses index exceeds expected dose
- Organ procurement conversion rate
- Monitoring of opioid safety
- Annual review of incidents and relationship to staffing patterns.
- How are Performance Improvement activities communicated to leadership? To the board of directors?
- What Performance Improvement model do you use?
- How do frontline staff know what the hospital is working on?
- How are priorities for PI set?

Contact [Nikki](#) for the full 11-page list!

DATA/TECHNOLOGY

Apple Steps Up Its Focus on Health with New Blood Oxygen Sensor and Population Health Initiative

By Heather Landi | Reprinted from Fierce Healthcare Listserv 09/16/20

As wearables companies continue to add new health and wellness capabilities, Apple showed off its latest smartwatch Tuesday with an ability to measure users' blood oxygen. Apple also plans to work with Singapore on a health initiative using the Apple Watch to help users sleep better, move more, eat well and live more mindfully. Read [more](#).

Fitbit's ECG App Gets FDA Nod to Track Heart Rhythm Irregularities

By Heather Landi | Reprinted from Fierce Healthcare Listserv 09/25/20

Getting up to speed with competitor Apple, Fitbit has gained medical device clearances in the US and Europe for its smartwatch electrocardiogram app. The regulatory approval opens up the capability for its ECG app to track users' heart rhythm for signs of atrial fibrillation. Read [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

Nathan Brintnell: 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.