MHA: Strategic Quality
What’s Up Wednesday|Lunch and Learn
Your clinical quality, process improvement resource

Jaclyn Gatz, Vice President of Grant Management and Safety
September 6, 2017
September 2017

- S.A.F.E.R. Initiative
  - Emergency Preparedness
  - Safety-Related Programming
  - Interactive Session
  - Open Forum
- Strategic Quality Initiatives Updates
- Resources and Upcoming Events
S.A.F.E.R. Initiative
S.A.F.E.R. Aims to Provide Resources Under Five Pillars

- Safety Programs
- Approaches to Safe Care
- Facts to Inform Decision-Making
- Educational Programming
- Regulatory Requirements
S.A.F.E.R.

- Focused on resiliency
- Support and services for personal, organizational, community and patient safety
- Education, training, tools and technical assistance
  - Workplace and community violence
  - Emergency preparedness
  - Quality of care
  - Population/community health
  - Opioid crisis
Emergency Preparedness

• Subcontractor with DHSS since 2002
• Received/administered $50 million in grant funds to-date
• Facilitate equipment, training, education and plan development
• Influence statewide system development
• Implement grant requirements based on The Joint Commission standards
• Developed strong partnerships
• Demonstrated effective response capability
New and Emerging Threats

- Opportunities to demonstrate strong all-hazards systems of response
  - Highly infectious disease
    - Ebola
    - Zika
    - Mumps
    - MERS-CoV
  - Civil unrest
  - Cybersecurity
  - Workplace violence
- Preparedness initiatives are a proven component of effective operations
## Safety-Related Programming

<table>
<thead>
<tr>
<th>HPP-Funded Programs</th>
<th>Years Offered</th>
<th>Total Offerings</th>
<th>Total Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armed Violent Intruder Response Training</td>
<td>2010 - 2012</td>
<td>8</td>
<td>409</td>
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<tr>
<td>AVIR – Web-based</td>
<td>2010 - 2016</td>
<td>On demand</td>
<td>500 (estimate)</td>
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<tr>
<td>Lessons Learned: Ferguson</td>
<td>2015</td>
<td>1</td>
<td>118</td>
</tr>
<tr>
<td>ICART – AVIR</td>
<td>2010 - 2017</td>
<td>28</td>
<td>714</td>
</tr>
<tr>
<td>ICART 2.0 – Civil Unrest</td>
<td>2015 - 2017</td>
<td>11</td>
<td>209</td>
</tr>
<tr>
<td>Safety and Resiliency</td>
<td></td>
<td>2</td>
<td>153</td>
</tr>
<tr>
<td>STARR</td>
<td>2016 - 2017</td>
<td>4 – ongoing</td>
<td>268</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>54</strong></td>
<td><strong>2,371</strong></td>
</tr>
</tbody>
</table>
Align Quality, Safety and Emergency Preparedness

- **Triple Aim — Communities**
  - Healthy
  - Safe
  - Resilient

- **S.A.F.E.R. Initiative** — MHA initiative to organize available safety and resiliency resources for providers
Safety Initiatives

**Patient**
- Patient Safety Organization — Vizient Partnership
- Transitions of Care — Emergency Medical Services

**Worker**
- Immersion Project: Improving worker and patient safety — verbal de-escalation and responsible restraints

**Life**
Recent Inquiries

- Controlled substances
- Patients under warrant or in custody
- Undocumented immigrants
- Weapons
Central Theme

Intersection of rights and responsibilities between hospital, staff, patients and law enforcement officials in regulated environment
MHA Board of Trustees

Approved the formation of a task force at the June 2017 board meeting to identify issues arising from law enforcement activity on hospital premises and guide the development of S.A.F.E.R. resources to assist members
Patient Encounters

Staff Responsibility

- Behavioral Health 96-Hour Holds
- Warrants/ Blood Draws
- Law Enforcement
- Violence/ Assaults
- Immigration Status
- Narcotics/ Firearms
- EMTALA
- HI PAA

Patient Rights
Listening Tour Objectives

- **Rank Issues**
  - Impact to operations
  - Greatest threat to maintain safe patient care environment

- **Identify Gaps**
  - Confidence level in understanding/implementing applicable hospital policies
  - Relationship with law enforcement

- **Demographics**
  - Community
  - Hospital size
  - Executive, managerial or front-line staff
  - Clinical or operational, as defined by current role
Demographics
Question #1:

Select the most appropriate description of your community.

• Metropolitan
• Rural
  ➢ Defined as a county not part of a metropolitan statistical area
  ➢ Or having a population less than 60,000
Question #2:

Select your hospital size.

- 25 beds or less
- 26 – 100 beds
- 101 – 300 beds
- 301 beds+
Question #3:
Select your position by organizational structure.
• Executive
• Managerial
• Front-line staff
Question #4:

Select your position by function.

- Clinical
- Operational
Priority Issues Facing Providers
Question #5:

Select the issue that you deem as the greatest threat to maintain a safe patient care environment.

- Boarding of behavioral health/substance abuse patients in non-psychiatric facilities
- Search and confiscation of weapons and/or narcotics
- Law enforcement presence to execute warrants of patients/visitors on site
- Law enforcement drop-offs that create holding and/or elopement concerns
- Violent patient encounters (not resulting from one of the above triggers)

* Opportunity to rank second and third threat
Question #6:

Select the issue that you deem as the second greatest threat to maintain a safe patient care environment.

- Boarding of behavioral health/substance abuse patients in non-psychiatric facilities
- Search and confiscation of weapons and/or narcotics
- Law enforcement presence to execute warrants of patients/visitors on site
- Law enforcement drop-offs that create holding and/or elopement concerns
- Violent patient encounters (not resulting from one of the above triggers)
Question #7:

Select the issue that you deem as the third greatest threat to maintain a safe patient care environment.

- Boarding of behavioral health/substance abuse patients in non-psychiatric facilities
- Search and confiscation of weapons and/or narcotics
- Law enforcement presence to execute warrants of patients/visitors on site
- Law enforcement drop-offs that create holding and/or elopement concerns
- Violent patient encounters (not resulting from one of the above triggers)
Question #8:

Considering search and confiscation of weapons and/or narcotics, which poses the greater risk?

- Weapons
- Narcotics
Policy Awareness
Question #9:

Provide your confidence level in understanding your hospital’s policy related to behavioral health/substance abuse patients presenting for triage and treatment.

- Very confident
- Somewhat confident
- Not confident
- No policy
Question #10:

Provide your confidence level in understanding your hospital’s policy related to the search and confiscation of weapons.

- Very confident
- Somewhat confident
- Not confident
- No policy
Question #11:

Provide your confidence level in understanding your hospital’s policy related to the search, confiscation and appropriate disposal of narcotics.

- Very confident
- Somewhat confident
- Not confident
- No policy
Question #12:

Provide your confidence level in understanding your hospital’s policy related to law enforcement presence to execute warrants to patients/visitors on site.

- Very confident
- Somewhat confident
- Not confident
- No policy
Question #13:

Provide your confidence level in understanding your hospital’s policy related to law enforcement drop-offs that create holding and/or elopement concerns.

- Very confident
- Somewhat confident
- Not confident
- No policy
Question #14:

Provide your confidence level in understanding your hospital’s policy related to the appropriate response to violent patient encounters.

- Very confident
- Somewhat confident
- Not confident
- No policy
Question #15:

To your knowledge, please rank the working relationship among your hospital and local law enforcement agencies, related to these topics.

- Strong
- Neutral
- Weak
- Tense
Question #16:

Does your hospital report patients to law enforcement for assault to staff members?

- Yes
- No
- I do not know
Task Force Observations and Next Steps

- Recognition that these issues contribute to violent patient incidents
- Identified need for validation of policies to support hospitals
- Provide education to local law enforcement on hospital regulations and requirements
- Explore the role and influence of the county prosecutor
- Data repository for benchmarking
Listening Tour Audiences

• Strategic Quality Advisory Committee
• What’s Up Wednesday Quality Briefing
• Psychiatric Network
• MSHHRA (HR Professionals)
• Physician’s Executive Group
• Workplace Violence Reduction Immersion Project Huddle (Security)
• Emergency Preparedness and Safety Conference
• Fall District Council Meetings
Open Forum
Upcoming Educational Opportunity


**Featuring:**
Brian Uridge, MPA, CPP
Promoting Safe Environments of Care

October 11-13
The Lodge of Four Seasons
2017 Key Strategies and Initiatives Update
MHA Project Timelines

HIIN PROGRAM
- ASP Immersion Project
- MHA SafeCulture Accelerator Project
- HLQAT Leadership Culture Survey
- Readmissions Immersion Project
- Sepsis Immersion Project
- LEAN/Six Sigma Immersion Project
- STRIVE
- FLEX

TO BE DETERMINED
Readmissions Reduction/ Care Transitions Immersion Project – Cohort 2

- Project timeline — August 15, 2017–September 7, 2018
- Hospitals committed — 12

<table>
<thead>
<tr>
<th>Hospital Name</th>
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<tbody>
<tr>
<td>Cooper County Memorial Hospital</td>
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<tr>
<td>Golden Valley Memorial Healthcare</td>
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<tr>
<td>Hannibal Regional Hospital</td>
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<tr>
<td>Mercy Hospital Washington</td>
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<tr>
<td>Poplar Bluff Regional Medical Center</td>
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<tr>
<td>Samaritan Hospital</td>
</tr>
<tr>
<td>Southeast Hospital</td>
</tr>
<tr>
<td>Scotland County Hospital</td>
</tr>
<tr>
<td>Mercy Hospital St. Louis</td>
</tr>
<tr>
<td>Citizens Memorial Hospital</td>
</tr>
<tr>
<td>CoxHealth</td>
</tr>
<tr>
<td>Perry County Memorial Hospital</td>
</tr>
</tbody>
</table>
Sepsis Immersion Project - Cohort 2

• Registration — October 2–October 31
• Project timeline — November 29, 2017–September 7, 2018
• Limited to 20 Missouri hospital participants
• HIIN-participating hospitals receive complimentary registration
• Non-HIIN-participating hospitals can contract through Quality Works® to participate according to the fee schedule
LEAN Six Sigma Green Belt Project

• Available exclusively to HIIN-participating hospitals
• Informational webinar — Tuesday, October 3
• Application process beginning November 2017
• Topic focused
  ➢ Patient throughput
  ➢ ICU harm reduction
  ➢ Unused medical supplies/eliminating waste
  ➢ Errors in medication reconciliation
Qualaris Audit Tool Projects

- **Hand Hygiene**
- **Culture of Safety Rounding**
- **Sepsis**
- **Readmissions/Care Transitions**
National Health Observances
National Health Observances

Sepsis

- Every two minutes someone dies from sepsis in the U.S.
- On August 31, CDC released *Get Ahead of Sepsis*, a national effort to encourage health care professionals, patients and caregivers to prevent infections, be alert to the signs of sepsis and act fast if sepsis is suspected. Sepsis is the body’s extreme response to an infection. It is life-threatening, and without timely treatment, sepsis can rapidly lead to tissue damage, organ failure and death. Plan for these six ways you can help your organization *Get Ahead of Sepsis* during September.

http://www.sepsis.org/sepsisawarenessmonth/
Sepsis Awareness Month

1. Download and distribute new *Get Ahead of Sepsis* educational materials, which include fact sheets and brochures for patients, caregivers and health care professionals.

2. Watch and share “The Domino Effect” video public service announcement and “Four Ways to Get Ahead of Sepsis” video.

3. Add the *Get Ahead of Sepsis* Twibbon to your social media profile picture.

4. Using #GetAheadofSepsis in all social media messages.

5. Post the new *Get Ahead of Sepsis* web buttons to your organization’s website or blog.

6. Each Wednesday throughout the month, we will highlight and share EBP resources, tools, as well as the sepsis change package, and checklist.
Sepsis Awareness Month

Be sure to sign up for these virtual events. Do not miss out on these learning opportunities!

- September 6 — CDC’s Learn How to Get Ahead of Sepsis virtual event to get an overview of resources and plans
- September 7 — The Sepsis Continuum: Overcome Barriers and Create Momentum virtual event, featuring Emergency Care Research Institute, Dr. Sean Townsend and Patient and Family Engagement fellows
- September 11 — Sepsis SNAP kickoff webinar to hear how to optimize the transfer of sepsis patients from rural/CAHs to receiving hospitals
- September 12 — Save the date for and join CDC’s #SepsisChat Twitter chat at 1 p.m. Tuesday, September 12
- September 13 — Sepsis Awareness Day — MHA is asking member hospitals to send pictures of themselves actively preventing sepsis; e.g., washing hands, sharing tools, etc., to jstultz@mhanet.com. Stories of survivorship and stewardship also are welcome and encouraged! Photos will be tweeted with #whyimhiin #sepsisawareness.
National Health Observances

- Falls
  - September 22 is **Falls Prevention Awareness Day**
  - The first day of “Fall”
- Share photos and/or campaign strategies
- Check out **Show Me Falls Free Missouri Coalition** to find out about an event in your community
Resources
Blood Draws for Alcohol and Drug Testing

Recent media coverage of an altercation between a Salt Lake City nurse and police officer over a warrantless blood draw has drawn attention to the tension between patient rights, caregiver responsibilities and law enforcement powers. The following guidance is designed to help hospitals understand the state and federal law pertaining to blood alcohol and drug tests.

Missouri is among the states with an “implied consent” law with respect to alcohol and drug tests; however, the statutes are not easily applied and have different implications for different hospitals. Missouri law also must be read in conjunction with decisions on this subject from the United State Supreme Court.

Section 577.020, RSMo states that a person operating a vehicle, vessel or aircraft is deemed to have given consent to tests of his or her breath, blood, saliva or urine to determine alcohol or drug content in certain circumstances. Section 577.029, RSMo directs that a physician, registered nurse, phlebotomist or trained medical technician “shall” withdraw blood at the request and direction of a law enforcement officer to determine the individual’s blood alcohol level, unless the medical personnel believes, in the exercise of good faith medical judgment, that to do so would endanger the life or health of the patient. Section 577.031, RSMo provides that an individual or facility performing such tests at the behest of law enforcement shall be liable only for gross negligence, willful or wanton acts, or omission.

However, the U.S. Supreme Court has held that submission to blood tests may violate Fourth Amendment protections against unreasonable searches. *Birchfield v. North Dakota*, 136 S. Ct. 2160 (2016); see also Missouri v. McNeely, 133 S. Ct. 1552 (2013). In the former, the court distinguished between breath tests, which did not raise significant privacy concerns, and blood draws, the invasive nature that raised constitutional concerns. Those constitutional prohibitions apply to state actors — which includes not only law enforcement, but governmental hospitals, as well.
Blood Draws for Alcohol and Drug Testing Cont.

Nongovernmental hospitals also should be aware of the implications of performing blood draws without patient consent. Missouri’s implied consent statutes do not prevent an individual from bringing a claim for battery against a medical provider or facility for drawing blood without consent. Since collecting the specimen is a willful act, it is not clear that the protections of Section 577.031 would shield the provider from liability.

The issue of warrantless blood draws and patient consent is complex. Hospitals must choose between following the statutory scheme and risking liability to their patients, or refusing to perform blood draws without a warrant or consent and risking an obstruction of justice charge. Hospitals should have a clear policy as to whether they will comply with Section 577.029, RSMo, or require patient consent or a warrant in order to perform such tests. Members are encouraged to engage in a dialogue with local law enforcement so that law enforcement is aware of and clearly understands the hospital’s articulated policy to avoid the type of escalation that occurred in Utah.

MHA previously issued more detailed guidance on this topic following the Supreme Court’s 2013 *McNeely* decision, which reflects the law today. If you have questions regarding this, please do not hesitate to contact Jane Drummond at 573/893-3700, ext. 1328 or email at jdrummond@mhanet.com.
MHA has made available a **new resource** for hospitals that provides guidance necessary to implement their CHNAs. Additional **resources** also are available.
Community Health Needs Assessment and Implementation Plan

We Can Help!

From assessment to implementation, Missouri Hospital Association staff can work in partnership with your staff to complete all, or parts of, a community health needs assessment that complies with Internal Revenue Service requirements.

Basic services include:
- guidance
- consultation
- toolkits
- determination of baseline status

Resources are available on MHA’s website at www.mhanet.com/chna.aspx.

COMING SOON!
- new guide on community health implementation strategy
- ZIP-code level data for assessment and intervention

For hospitals needing additional services, such as primary and secondary data collection and analysis, facilitation of community input, survey design, writing the assessment and development of an implementation plan, customized services are available through Quality Works, a subsidiary of MHA. CHNA support services are affordable, flexible and adapted to your needs. Prices range from hourly rates to package pricing.

For More Information
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Governor’s Regulatory Reform Initiative

You can submit items that are a regulatory burden, let your voices be heard.

- Executive Order
- NX MO Red Tape
- MHA Regulatory
Monthly Newsletter

Quality News

July/August 2017

Join the Conversation
Find us on LinkedIn.

In This Issue
- Announcements
- Resources
- Quality Reporting News

Upcoming Events
HIIN Regional Bootcamps
Thursday, Aug. 24
Oasis Hotel and Convention Center
Springfield, Mo.
Click here to register

Spotlight
MHA’s Statewide Patient and Family Advisory Council Launches
The Missouri Hospital Association has formed a statewide Patient and Family Advisory Council. A PFAC partners patients and families with members of the health care team to provide guidance on how to improve the patient and family experience. At the state level, the PFAC will serve to inform health care initiatives and policy, while applying the unique feedback and insight of the patient and family to improve care delivery. The consumer voice is critical in achieving the Triple Aim of better health and better care at lower costs.
In the July issue we feature a short video of Dr. Sam Page, anesthesiologist, discussing the benefits of a PDMP in a practice setting. This video is a joint effort among many Missouri health care provider associations and will be the first in an ongoing series of physician-to-physician videos about various opioid reduction strategies.
The Opioid Crisis | Interactive Toolkit

Strategies to Reduce Opioid Misuse

PREVENTION
- Missouri Prevention Resources
- Prescribing Guidelines: Emergency Department
- Managing Pain

ASSESSMENT & TREATMENT
- Assessment
- Treatment

PATIENT EDUCATION
- Addiction
- Pain Management
- Understanding Use and Disposal of Narcotics

POLICY CHANGES
- Prescription Drug Monitoring Database
- Payers
- Access to Treatment

Understanding the Issue

BACKGROUND

RESEARCH

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Additional Opioid Resources

- **Unemployment and Opioids, an Unexpected Connection**
- **Overdose Deaths, Hospital Visits and Unfilled Jobs: The Opioid Crisis in Missouri and Kansas**
Additional Opioid Resources

- Opioid Patient Education Flyer #1: Disposal (View Spanish Version)
- Opioid Patient Education Flyer #2: Prescribing (View Spanish Version)
- Opioid Patient Education Flyer #3: Pain Management (View Spanish Version)
Antibiotic Stewardship Program Resources for Small/ Critical Access Hospitals

• The Centers for Disease Control and Prevention published a special implementation guide — Antibiotic Stewardship for Small and Critical Access Hospitals

• On May 15, HRET HIIN presented a webinar focused on antibiotic stewardship in rural hospitals and CAHs. The recording and slides can be found here.
Upcoming Events

Excellence in Clinical Care Series – Patient Safety, Quality Improvement, Infection Prevention

• Camden on the Lake, Lake Ozark
• September 26-29
• Register for the entire series or individual days
Excellence in Clinical Care Series

- Tuesday, September 26 | Patient Safety
- Objectives
  - Discuss the legal implications and protection offered by the Patient Safety and Quality Improvement Act of 2005
  - Identify how to collaborate and create leading practices for patient safety through working with a PSO
  - Identify commonly reported patient safety events to the PSO and determine safety project priorities for 2018
  - Identify risks and potential solutions to reliable communication in a complex electronic environment
Excellence in Clinical Care Series

- Wednesday, September 27 | Quality Improvement

- Objectives
  - Identify the key components for developing an organization-wide approach to improving patient safety culture
  - Discuss how quality reporting and improvement efforts will impact the Medicare pay-for-performance systems
  - Discuss the importance of quality reporting, whether required, strongly encouraged or voluntary
  - Discuss population health perspectives and activities
  - Identify federal and state regulatory and legislative changes that will impact quality assurance and improvement in hospitals
Excellence in Clinical Care Series

- Thursday, September 28–Friday, September 29 | Infection Prevention

- Objectives
  - Identify the regulatory and legislative changes impacting infection control in hospitals
  - Discuss how to create advanced analytic reports using NHSN to verify and troubleshoot CMS required HIA measures
  - Discuss the value-based purchasing, hospital readmissions reduction program and hospital-acquired conditions
  - Review and discuss the appropriate methods for sterile technique, environmental disinfection and equipment sterilization
  - Discuss multidrug resistant organisms, prevention and control
  - Discuss assessing for risk and setting infection prevention goals based on risks
  - Review tools, protocols and interventions that can be implemented to achieve infection control goals
FLEX MBQIP Regional Meetings

- **Wednesday, Oct. 5**
  - Hampton Inn
  - Clinton, Mo.
  - Click [here](#) to register

- **Wednesday, Oct. 11**
  - Comfort Inn
  - Chillicothe, Mo.
  - Click [here](#) to register

- **Wednesday, Oct. 18**
  - Holiday Inn Express & Suites
  - Festus, Mo.
  - Click [here](#) to register
Upcoming Events


- Lodge of Four Seasons, Lake Ozark
- October 11-13
- Register here
Save the Date

95th Annual Missouri Hospital Association Convention & Trade Show

• Tan-Tar-A Resort, Osage Beach
• November 1-3
• Register here
Upcoming Virtual Events

- **Unifying Improvement: Finding a Clear Route to Integrated Improvement**
  (Presented by Beterra Health, Inc.)
  - Wednesday, September 13
  - 1 p.m.

- **Third Quarter Emergency Preparedness Update Webinar**
  - Thursday, September 14
  - 11 a.m.

- **HIIN Huddle**
  - Tuesday, September 28
  - 2 p.m.
Upcoming Virtual Events

- **PSO Operations: Defining & Operationalizing PSES**
  (Vizient™ PSO members only)
  - Tuesday, October 3
  - 1:30 p.m.

- **What’s Up Wednesday**
  - Wednesday, October 4
  - Noon

- **Culture in Action: Developing Meaningful Action Plans with Safety Culture Survey Results**
  (Presented by Beterra Health, Inc.)
  - Thursday, October 26
  - 1 p.m.
Educational Resources Provided by MHA Health Institute

For additional webinar/seminar opportunities click here
Thank You for Joining Us!

• Questions?
• See you at noon Wednesday, October 4
  ➢ Community Health Needs Assessment and the Use of Data
  ➢ Presented by Stephen Njenga, Director of Performance Measurement Compliance, and Mat Reidhead, Vice President of Research and Analytics
  ➢ Click here to register
Contact Information

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