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

Jessica Rowden, MHA, BSN, R.N., CPHQ
Director of Clinical Quality
SQI Website
March 2017

- Aim For Excellence
- Opioid Update
- Immersion Project Update
- Quality Initiatives
- HIIN Update
- STRIVE Update
- Resources and Upcoming Events
Aim for Excellence
Aim for Excellence

- Compendium
- Mark your calendars:
  - Aim for Excellence Conference April 6-7, 2017
  - Courtyard by Marriott, Columbia, MO
Agenda

- Thursday, April 6
  - 8:30 Registration Opens/Breakfast
  - 9:45 Opening
  - 10:00 Keynote speaker on quality/finance/pop health
  - 11:30 Lunch – provided
  - 1:00 Keynote speaker on data and quality
  - 2:30 break
  - 2:45 AFE panel
  - 4:15 Wrap Up
  - 4:30 – 6:00 Social
Agenda

- Friday, April 7
  - 7:30 Breakfast
  - 8:00 Opening
  - 8:45 Keynote speaker on HRO
  - 9:45 Break
  - 10:00 Reducing Opioid misuse: panel
  - 11:30 Wrap up
  - 11:45 Adjourn
Join the Missouri Hospital Association at the inaugural Aim for Excellence Conference, designed to both highlight the achievements of Missouri hospitals and inform on trending topics leading to the Triple Aim – better health, better care, lower costs.

The winners of the inaugural 2016 Aim for Excellence awards will present their work and the conference will also include a special session and open discussion on Missouri initiatives to combat opioid misuse.

Thursday, April 6 and Friday, April 7, 2017
Columbia Courtyard by Marriott
David Nash, M.D., MBA
Peter Almenoff, M.D., FCCP
Kerry Johnson

Register Now
Registration deadline: Thursday, March 30
Call for Applications

The Missouri Hospital Association is again pleased to announce the Aim for Excellence Award — an annual, prestigious award to recognize Missouri hospitals’ innovation and outcomes. The award will recognize up to six member organization- or team-based projects that address at least two of the three Triple Aim principles. Awards will be presented at MHA’s 95th Annual Convention & Trade Show.

Applications must be received by 5 p.m. Monday, May 1. Visit http://web.mhanet.com/aim-for-excellence.aspx for more information and to apply online.

Should you have questions or need additional guidance, please contact Leslie Porth, Senior Vice President of Strategic Quality Initiatives, at 573/893-3700, ext. 1305.

Sincerely,

Herb B. Kuhn
President and CEO
Addressing the Opioid Epidemic

Research — Practice — Policy
National Opioid Crisis

• Since 1999
  - Consumption, prescriptions, overdoses and deaths all have increased approximately 400 percent

• 2013
  - 46,000 overdose deaths
    - More than motor vehicle accidents
    - 50 percent from opioids and heroin

• Touches every community, every population

Source: Opioids: A Strategy to Reduce Misuse and Abuse, December 1, 2015, MHA
Figure 1. Number of Injury Deaths by Drug Poisoning, Suicide, Homicide, Firearms, and Motor Vehicle Crashes in the United States, 1999-2014

Source: Centers for Disease Control Prevention

- The suicide and homicide data includes deaths by drug poisoning or firearms.
- Not all drug poisoning deaths specify the drug(s) involved, and a death may involve more than one specific substance.

Drug Poisoning Death Rate per 100,000, by County, 2010-2014

Source: CDC NVSS Multiple Cause of Death File, 2010-2014

https://www.whitehouse.gov/factsheets-prescription-opioid-abuse-and-heroin-use
Hospital Utilization for Analgesic Opioid Overuse: Alarming Trends

RATE OF HOSPITAL INPATIENT AND EMERGENCY DEPARTMENT VISITS FOR ANALGESIC OPIOID OVERUSE AND CUMULATIVE PERCENT CHANGE IN MISSOURI, 2006-2015

Source: Hospital Industry Data Institute.
Alarming Trends in Missouri Hospital Utilization for Opioid Overuse

Panel 1: Rates of Hospital Inpatient and ED Visits for Opioid Overuse by Region, 2005 Compared to 2014 and Cumulative Percent Change

<table>
<thead>
<tr>
<th>Region</th>
<th>2005 Rate Per 100,000</th>
<th>2014 Rate Per 100,000</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northwest</td>
<td>109.8</td>
<td>246.3</td>
<td>124.3%</td>
</tr>
<tr>
<td>Kansas City</td>
<td>155.2</td>
<td>299.3</td>
<td>92.8%</td>
</tr>
<tr>
<td>West Central</td>
<td>137.2</td>
<td>283.9</td>
<td>106.9%</td>
</tr>
<tr>
<td>Central</td>
<td>153.9</td>
<td>338.9</td>
<td>120.2%</td>
</tr>
<tr>
<td>Ozark</td>
<td>248</td>
<td>446.8</td>
<td>155.2%</td>
</tr>
<tr>
<td>Southwest</td>
<td>193</td>
<td>337</td>
<td>105.1%</td>
</tr>
<tr>
<td>St. Louis</td>
<td>227.1</td>
<td>579.5</td>
<td>177.2%</td>
</tr>
<tr>
<td>Southeast</td>
<td>171.4</td>
<td>383.1</td>
<td>161.8%</td>
</tr>
</tbody>
</table>

Sources: Hospital Industry Data Institute FY 2005 and FY 2014 Missouri Inpatient and Outpatient Hospital Discharge Databases and U.S. Census Bureau 2005 and 2014 Population Estimates Program. The regions depicted in these maps are Missouri Workforce Investment Areas.
Hospital Inpatient and Emergency Department Visits for Opioid Overuse

Missouri rate per 100,000 by Senate District, FY2015

Source: Hospital Industry Data Institute.
Infants Born with Neonatal Abstinence Syndrome

MISSOURI INFANTS BORN WITH NAS AND CUMULATIVE PERCENT CHANGE 2006-2016

+495 Cases
538 Percent Increase

Missouri Infants Born with NAS: Rate per 1,000 Births by County, 2012-2016

- NAS rates calculated at the county-level for all births occurring during the most recent five-year period to increase reliability.
- Rates highest in rural, south-central Missouri and St. Louis City.
- The five-year statewide rate was 6.16 NAS births per 1,000.
- At 26.37 NAS births per 1,000, Iron County more than quadrupled the statewide rate during the same period.

Rate of NAS Births per 1,000 by Payer

- Statewide, the NAS rate was 1.2 per 1,000 births in 2006 and 7.9 in 2016.

- The NAS rate for Medicaid newborns was more than double the statewide rate in 2016.

- Average charges for a Medicaid NAS birth are $63,000 vs. $14,500 for other births.

- This implies $23,800,000 in additional hospital charges for 493 Medicaid NAS births in FY2016, at a cost to Medicaid of nearly $10 million.

Opioid Reduction Initiative: Practice and Policy
The Opioid Crisis | Interactive Toolkit

Understanding the Issue

Strategies to Reduce Opioid Misuse

- Prevention
- Assessment & Treatment

- Prescribing Guidelines
- Managing Pain
- Patient Education

Overdose Interventions

- Prescription Drug Monitoring Database
- Payors
- Access to Treatment
Guidelines for Chronic Pain

• Determine When
  ➢ Non-pharmacological
  ➢ Non-opioid
  ➢ Opioid treatment goals and education about risks

• Opioid Selection
  ➢ Start low, go slow — for both acute and chronic pain
  ➢ Begin with immediate release
  ➢ Evaluate within 1-4 weeks

• Assessing Risk
  ➢ Evaluate risk factors before starting and throughout
  ➢ Consider Naloxone
  ➢ Utilize Prescription Drug Monitoring Program
  ➢ Consider urine drug testing
  ➢ Avoid opioids and benzodiazepines
  ➢ Offer or arrange evidence-based treatment for misuse
OPIOID USE IN MISSOURI:
Strategy for Reduced Misuse and Abuse

EMERGENCY DEPARTMENT POLICY RECOMMENDATION
— Effective December 2015

- A focused pain assessment prior to determination of treatment plan; if the patient’s pain prohibits a comprehensive assessment, then judicious use of opioids to alleviate pain is suggested. While the pain assessment should include risk factors for addiction and the incorporation of non-narcotic analgesics, a specific written, comprehensive assessment is not required.\(^i\), \(^ii\), \(^iv\)
- Diagnoses based on evidence-based guidelines and appropriate diagnostics whenever possible.\(^ii\)
- Non-narcotic treatment of symptomatic, non-traumatic tooth pain should be utilized when possible.\(^ii\)
- Treatment of patients with acute exacerbation of existing chronic pain should begin with an attempt to contact the primary opioid prescriber or primary care provider, if circumstances are conducive.\(^i\), \(^ii\), \(^iii\)
- Opioid analgesic prescriptions for chronic conditions, including acute exacerbation of existing chronic pain management, should be limited to no more than 72 hours, if clinically appropriate and assessing the feasibility of timely access for follow-up care.\(^i\), \(^ii\), \(^iii\)
- For new conditions requiring narcotics, the length of the opioid prescription should be at the provider’s discretion. The provider should limit the prescription to the shortest duration needed that effectively controls the patient’s pain. Outpatient access to follow-up care should be taken into consideration regarding the length of the prescription.\(^ii\), \(^iv\)
- Emergency department physicians and providers should not provide prescriptions for controlled substances that are claimed to be lost or destroyed.\(^i\), \(^iii\)
- Unless otherwise clinically indicated, emergency department physicians and providers should not prescribe long-acting or controlled release opioids. If indicated, prescribers should provide tamper-resistant, or abuse deterrent, forms of opioids.\(^i\), \(^ii\), \(^iii\), \(^iv\)
- When narcotics are prescribed, emergency department staff should counsel patients on proper use, storage, and disposal of narcotic medications.\(^iii\), \(^iv\)
- Beyond the emergency department, health care providers should encourage policies that allow providers to prescribe and dispense naloxone to public health, law enforcement and family as an antidote for opioid overdoses.\(^i\), \(^iii\)
Practice: Emergency Department Opioid Prescribing Guidelines

Adoption of ED Prescribing Guidelines January 2017 (n=74)

<table>
<thead>
<tr>
<th>Prescribing Guidelines</th>
<th>Yes (%)</th>
<th>No (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoid Long-Acting</td>
<td>72</td>
<td>1</td>
</tr>
<tr>
<td>Shortest Duration</td>
<td>70</td>
<td>1</td>
</tr>
<tr>
<td>Refuse &quot;Lost&quot;</td>
<td>70</td>
<td>4</td>
</tr>
<tr>
<td>72 Hour Limit</td>
<td>70</td>
<td>2</td>
</tr>
<tr>
<td>Tooth Pain</td>
<td>65</td>
<td>9</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>54</td>
<td>19</td>
</tr>
<tr>
<td>Counsel Handling</td>
<td>50</td>
<td>23</td>
</tr>
<tr>
<td>Comm w PCP</td>
<td>47</td>
<td>26</td>
</tr>
<tr>
<td>ED Policy</td>
<td>4</td>
<td>70</td>
</tr>
<tr>
<td>Encourage Naloxone</td>
<td>4</td>
<td>70</td>
</tr>
</tbody>
</table>

Percent Adoption
Managing Your Pain

Our emergency department has changed the way we prescribe opioids.

If you came to the emergency department today for help with your pain, we are happy to help!

We might suggest that you take medicine that is either an opioid or a non-opioid. Non-opioids are medicines like aspirin or Tylenol®. Most non-opioids do not need a prescription. Opioids are strong pain medicines that require a prescription and are taken for a very short time. Opioids work well to reduce certain types of pain. We want to keep you safe if you take them. There are risks of taking opioids that can lead to drug addiction, drug overdose and possibly death.

What do you need to know?

If you take too many opioids or for too long, you might misuse or even abuse them. To avoid this, we will talk about the following questions that patients usually have.

1. How will we decide if you need an opioid or not?
   - First, we will try to learn how bad your pain is. If we know your level of pain, we can use what we know about pain management to pick the best way to help.
   - Some pain (such as a tooth ache) is often best helped through non-opioid medicine.

2. What if you’ve had the pain for more than one day?
   - We may contact your other health care provider(s) to decide the best way to help.

3. How long will we tell you to take the opioid?
   - If we prescribe you an opioid, you will take it for a short time. Usually, three days or less. A doctor will decide how long you take the opioid.
   - You might have pain when the opioid runs out. If you do, please tell your primary care provider or doctor. If you don’t have a doctor, we would be glad to help you find one that is right for you!

4. How will you know how to take the opioid correctly?
   - We can show you how to take your medicine the right way at the right time. Plus, we will show you how to store it and how to get rid of it when it is no longer needed.

Visit an authorized collection site. Sites where you live might include a:

- pharmacy
- hospital
- clinic
- police station

If you can’t do any of these things, drop the medicine off at your local pharmacy or pill bottle or package. Please be sure to take the label, so others can’t see your personal information.

Visit http://www.fda.gov/ForConsumers to learn more.

Your health care team
Prescription Drug Monitoring Program Update
Policy — Prescription Drug Monitoring Program

- Policy objectives
  - Support House Bill 90 and Rep. Rehder for a statewide prescription drug monitoring program
  - As an interim system, facilitate county- and municipal-ordinances to connect to the St. Louis County PDMP
St. Louis County PDMP System

• PDMP Administration
  - St. Louis County Department of Public Health holds license and administration for access, onboarding and dissemination
  - County/city public health agencies
    - Limited access and responsibilities
    - Avoid adding FTEs
    - Responsible for proportionate annual APPRISS license fees

• St. Louis and Kansas City jurisdictions — signed
  - 50 percent of Missouri providers and pharmacies
  - Scheduled launch April-May
  - Subsequent quarterly cohorts for signed jurisdictions
Resources

- Passed Missouri ordinances
- Agreement to participate
- Letter to pharmacists
- Guidance for pharmacists
- Frequently Asked Questions

**PDMP Timeline**

<table>
<thead>
<tr>
<th>Action</th>
<th>Effective Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Dispenser Communication</td>
<td>1/17/2017</td>
</tr>
<tr>
<td>Data Submission Guide Release</td>
<td>1/17/2017</td>
</tr>
<tr>
<td>Second Dispenser Communication</td>
<td>2/1/2017</td>
</tr>
<tr>
<td>Third Dispenser Communication</td>
<td>3/1/2017</td>
</tr>
<tr>
<td>Dispenser Registration Opens</td>
<td>3/1/2017</td>
</tr>
<tr>
<td>User Communication Begins</td>
<td>3/1/2017</td>
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<tr>
<td>Dispenser Registration Approval</td>
<td>3/27/2017</td>
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<tr>
<td>Test Data Submission</td>
<td>3/27/2017</td>
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<tr>
<td>User Registration Opens</td>
<td>4/4/2017</td>
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<tr>
<td>Data Submission Begins</td>
<td>4/10/2017</td>
</tr>
<tr>
<td>PDMP Go-Live for Users</td>
<td>4/25/2017</td>
</tr>
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</table>

**Table 1. Onboarding Timeline.**

<table>
<thead>
<tr>
<th>Quarter A</th>
<th>Quarter B</th>
<th>Quarter C</th>
</tr>
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<tbody>
<tr>
<td>Jurisdiction Legislation &amp; User Agreement signed</td>
<td>Data Submitter Registration</td>
<td>Clearinghouse Testing → Production  PDMP (PMP AWARxE) live on 1st business day</td>
</tr>
</tbody>
</table>
Open Discussion — Q&A
Contact Information

Leslie Porth, Ph.D., MPH, R.N.
Senior Vice President of Strategic Quality Initiatives
Missouri Hospital Association
lporth@mhanet.com
573/893-3700, ext. 1305
Immersion Project Updates
## ASP Immersion Project Cohort

<table>
<thead>
<tr>
<th>Barton County</th>
<th>Mercy Rehabilitation Hospital St. Louis</th>
</tr>
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<tbody>
<tr>
<td>Bates County Memorial Hospital</td>
<td>Missouri Baptist Medical Center</td>
</tr>
<tr>
<td>Bothwell Regional Health Center</td>
<td>Moberly Regional Medical Center</td>
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<tr>
<td>Capital Region Medical Center</td>
<td>Nevada Regional Medical Center</td>
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<tr>
<td>Carroll County Memorial Hospital</td>
<td>North Kansas City Hospital</td>
</tr>
<tr>
<td>Cass Regional Medical Center</td>
<td>Northwest Medical Center</td>
</tr>
<tr>
<td>Citizens Memorial Hospital</td>
<td>Ozarks Medical Center</td>
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<tr>
<td>Community Hospital-Fairfax</td>
<td>Perry County Memorial Hospital</td>
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<tr>
<td>Cooper County Memorial Hospital</td>
<td>Phelps County Regional Medical Center</td>
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<tr>
<td>Fitzgibbon Hospital</td>
<td>Ranken Jordan Pediatric Bridge Hospital</td>
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<tr>
<td>Fulton Medical Center</td>
<td>Salem Memorial District Hospital</td>
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<tr>
<td>Golden Valley Memorial Healthcare</td>
<td>Scotland County Hospital</td>
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<tr>
<td>Hermann Area District Hospital</td>
<td>Southeast Health Center of Stoddard County</td>
</tr>
<tr>
<td>Lafayette Regional Health Center</td>
<td>St. Anthony's Medical Center</td>
</tr>
<tr>
<td>Landmark Hospital of Joplin</td>
<td>St. Luke's Rehabilitation Hospital</td>
</tr>
<tr>
<td>Liberty Hospital</td>
<td>Ste. Genevieve County Memorial Hospital</td>
</tr>
<tr>
<td>Madison Medical Center</td>
<td>Texas County Memorial Hospital</td>
</tr>
<tr>
<td></td>
<td>Washington County Memorial Hospital</td>
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</tbody>
</table>
Immersion Projects

• In Progress
  ➢ Antibiotic Stewardship Program
  ➢ Workplace Violence
• Coming CY 2017
  ➢ Sepsis
  ➢ Readmissions
• Brainstorming – late 2017 or 2018
  ➢ Lean/SS
  ➢ Leadership
  ➢ HAI
Be part of the HIIN CROWD


HIIN Update

WEBSITE

HEALTH RESEARCH & EDUCATIONAL TRUST
Mission:

- 20 percent harm reduction
- 12 percent readmission reduction
HIIN Stats

- 86 Participating Hospitals
  - 73 A/C/C
    - 26 CAH and 43 Rural
  - 13 Rehab/Psych/LTAC
- Needs Assessments: 100% of A/C/C
- Baseline data submission: 100% of A/C/C
- Site Visits: 75% completed
  - All but 3 remaining are scheduled
Networking and Educational Support

- **Quality Improvement**
  - Basic/Foundational = 38
  - Advanced/Accelerated Improvement = 25
- **Patient and Family Engagement** = 20
- **ListServ**
  - Missouri HIIN Participants = 105
Additional HIIN Opportunities

- Adaptive leadership workshop
  - Adaptive leadership – building resilience, leadership and a cross-cutting strategy to ZERO incidents
  - Walk through real-world challenges and develop leadership skills through
    - Practical strategies
    - Cutting edge tools
    - Mentoring
    - Peer-to-peer learning
  - Workshop is designed for
    - Physician leaders
    - Administrators
    - Allied clinical staff
- A Physician opportunity to participate in hospital HIIN activities to receive MOC Part IV credit for their board certification
Up Campaign

Two foundational questions:

1. Is my patient awake enough to get up?

2. Have I protected my patient against infections?
Up Campaign

• **Slides** from Up Campaign webinar that was held on February 16
• March, May and July HIIN Huddles will highlight an Up bucket

<table>
<thead>
<tr>
<th>MUST DO’s</th>
<th>WAKE UP</th>
<th>GET UP</th>
<th>SOAP UP</th>
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<tbody>
<tr>
<td></td>
<td>• Establish expectations</td>
<td>• Walk in, walk during, walk</td>
<td>• Prompt peer performance</td>
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<tr>
<td></td>
<td>• Pair POSS and pain</td>
<td>out</td>
<td>• Track quietly and trend</td>
</tr>
<tr>
<td></td>
<td>• Manage with multiple</td>
<td>• Belt and bolt</td>
<td>loudly</td>
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<tr>
<td></td>
<td>modalities</td>
<td>• Three laps a day keep the</td>
<td>• Drive drift down</td>
</tr>
<tr>
<td></td>
<td></td>
<td>nursing home at bay</td>
<td></td>
</tr>
</tbody>
</table>
Missouri HIIN Team

Jessica Rowden
- Jessica Rowden, RN, BSN, MHA, CPHQ
- Director of Clinical Quality
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- HIIN Program Manager
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Mary Shackelford
- Mary Shackelford, RN, BSN
- Improvement Advisor
- mshackelford@mhanet.com
STRIVE
States Targeting Reduction in Infections via Engagement
## STRIVE Participants

<table>
<thead>
<tr>
<th>Hospital Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Medical Center</td>
</tr>
<tr>
<td>North Kansas City Hospital</td>
</tr>
<tr>
<td>Pemiscot Memorial Health System</td>
</tr>
<tr>
<td>Scotland County Hospital</td>
</tr>
<tr>
<td>Mosaic Life Care at St. Joseph</td>
</tr>
<tr>
<td>Saint Francis Medical Center</td>
</tr>
<tr>
<td>Cox Medical Centers</td>
</tr>
<tr>
<td>Cox Medical Center Branson</td>
</tr>
<tr>
<td>Citizens Memorial Hospital</td>
</tr>
<tr>
<td>Saint Luke's Hospital of Kansas City</td>
</tr>
<tr>
<td>Southeast Hospital</td>
</tr>
<tr>
<td>Landmark Hospital of Joplin</td>
</tr>
<tr>
<td>Texas County Memorial Hospital</td>
</tr>
</tbody>
</table>
STRIVE Status Update

- Data extracted through NHSN
- Practice Change Assessment/ICAR due January 6 – couple more outstanding
- Quarterly meeting with Primaris and Dept of Health

**Webinars**
- Visit the STRIVE Sharepoint site to hear the recording of previous webinars.
- Monthly Learning Action Forums (LAFs) occur on the first Tuesday every month beginning in **February 2017**. Mark your calendars and be watching for the email invitations!
  - February 7 at 1:00 pm
  - March 7 at 1:00 pm
  - April 4 at 1:00 pm
STRIVE
On-Demand eLearning Platform

• On-Demand content can be accessed through the curriculum link. Program participants can login to view onboarding webinars, educational modules, and complete quiz/evaluations. Partners and their hospitals have the ability to self-enroll into the curriculum. It is important for program participants to consistently login with the same email address for tracking purposes.

• Enrollment Form

• Curriculum
  http://hret.adobeconnect.com/strive2/
Confer your NHSN Data to HIDI

• Why?
  ➢ To provide you the most robust data portfolio
  ➢ To better assist you with more improvement opportunities

• See the Instructional Guide
Upcoming Events
2017 Aim for Excellence Conference

Join the Missouri Hospital Association at the inaugural Aim for Excellence Conference, designed to both highlight the achievements of Missouri hospitals and inform on trending topics leading to the Triple Aim – better health, better care, lower costs.

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Sincerely,

Herb B. Kuhn
President and CEO
MHA SQI Webinars

• What’s Up Wednesdays
  ➢ First Wednesday of the month at noon
  ➢ Register

• HIIN Huddles
  ➢ Fourth Tuesday of the month at 2:00 p.m.
  ➢ Register
Upcoming Events

- **FLEX MBQIP Regional Meeting** – Clinton, Mo.
  - 10 a.m. Wednesday, March 8
- **FLEX MBQIP Regional Meeting** – Festus, Mo.
  - 10 a.m. Wednesday, March 15
- **FLEX MBQIP Regional Meeting** – Chillicothe, Mo.
  - 10 a.m. Wednesday, March 22
- **South Central HIINergy Partners Regional Bi-Monthly Call**
  - 10 a.m. Wednesday, March 22
Upcoming Events

- **HIIN Huddle Webinar**
  - 2 p.m. Tuesday, March 28

- **Aim for Excellence Conference** – Columbia, Mo.
  - April 6-7

- **Orientation for New Infection Prevention Professionals** – Jefferson City, Mo.
  - April 11-12
Save the Date

• HIIN Annual Meeting – Columbia, Mo.
  ➢ June 6-7
  ➢ Reimbursements available for mileage and hotel for HIIN hospitals actively participating in HIIN project

• Excellence in Clinical Care Series – Lake Ozark, Mo.
  ➢ September 26-29

  ➢ October 11-13
• **AHRQ TeamSTEPPS and HRO**
  - March 8
  - High Reliability Organizational (HRO) Culture using Standardized Patient Simulation and TeamSTEPPS®
  - 1 to 2 p.m. ET on lessons learned from a multi-center collaborative which resulted in over 20 rapid cycle innovation projects to model, practice, and teach TeamSTEPPS® key principles using standardized patients in a health care simulation lab. Click [here](#) to register.

• **HRET Partnering for Progress in Quality and Safety: AONE and HRET HIIN**
  - March 14 from 12 – 12:45 p.m.
  - Collaboration and innovation are two of the key strategies for organizations to improve safety and quality. This webinar will discuss the Health Research and Educational Trust (HRET) Hospital Improvement Innovation Network (HIIN) project. Participants will hear from two hospital nurse leaders that have utilized the HIIN work to improve quality and patient safety in their organizations. [Register](#)
Register and view the agenda.
View the agenda and register today.
National Patient Safety Week

• NPSF Patient Safety Awareness Week Is March 12-18, 2017
  Patient Safety Awareness Week, a highlight of the United for Patient Safety Campaign, is time dedicated to raising awareness about patient safety among health professionals and the public.
  • Please let us know how you plan to highlight Patient Safety Week at your hospital!!
  • We want to make you famous!
    ➢ Mercy Hospital St. Louis: For patient safety week we have ordered pens and treats to hand out. There is a ‘Call to Action’ theme to encourage coworkers to call the SAFE line or report events in SAFE. We have ordered phone-shaped cookies. There will be administrators going around with a cart of goodies to all of the units of the hospital to raise awareness. There will also be clings and posters hung in elevators around the hospital.
Orientation for New Infection Prevention Professionals

Registered Nurses — Nursing contact hours will be awarded for this program.

This conference will prepare new infection prevention health care professionals to be facilitators and resources for surveillance, prevention and control of infections. It will aid professionals new to the responsibilities of infection prevention in managing the everyday duties of infection surveillance, analysis of disease data, problem identification and resolution. This program will benefit acute, long-term, residential, ambulatory care, public health, rehabilitation, home health and mental health disciplines. It will enhance existing programs through a presentation of current guidelines and evidence-based practices applicable to infection control programs, product selection and evaluation. This conference allows participants to engage in hands-on case study group review activities and applications of user-friendly tools to enhance their infection prevention programs and goals. Learn more.

Tuesday, April 11, and Wednesday, April 12, 2017

Missouri Hospital Association
4712 Country Club Drive
Jefferson City, Mo.
573/893-3700

Register Now
on or before Wednesday, April 5
NHSN Training Course

- Hosted by NHSN
- “Applying the 2017 Changes to Accurately Report HAI’s”
- This training is intended for infection preventionists or hospital epidemiologists from acute and long term care facilities March 20-24, 2017
- Speakers will discuss topics to include CMS reporting and definition and protocol clarification for catheter-associated urinary tract infections (CAUTI), central line-associated bloodstream infections (CLABSI), surgical site infections (SSI), ventilator-associated events (VAE), and laboratory-identified (LabID) event reporting for Clostridium difficile (CDI) and methicillin-resistant Staphylococcus aureus (MRSA) bacteremia, and Antibiotic Stewardship. Subject matter experts will provide interactive case studies for each infection/event type.
- Live webstreaming begins March 20 at 9:00am EST. The agenda and instructions on how to view the webstream are posted here: https://www.cdc.gov/nhsn/training/annualtraining.html
Resources
Monthly Newsletter

Quality News
March 2017

Join the Conversation
Find us on LinkedIn.

In This Issue
- MHA Initiatives and Programming Update
- Population Health News
- Quality Reporting News
- Safety and Resiliency News
- Announcements

Upcoming Events

Spotlight

Link to past issues
Updated Change Packages!

Preventing Adverse Drug Events (ADE)  

Sepsis Mortality Reduction

HRET 2017 Update
### Drivers in This Change Package

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<th>IMPLEMENT A SEPSIS SCREENING TOOL</th>
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<tr>
<td>ADOPT SEPSIS SCREENING ON ALL POTENTIALLY INFECTED PATIENTS</td>
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<tr>
<td>SUPPORT PROMPT ESCALATION AND TIMELY INTERVENTION FOR AT-RISK PATIENTS</td>
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<td>MEASURE LACTATE</td>
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<td>OBTAIN BLOOD CULTURES PRIOR TO THE ADMINISTRATION OF ANTIBIOTICS</td>
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<td>ADMINISTER BROAD-SPECTRUM ANTIBIOTICS</td>
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<tr>
<td>ADMINISTER 30ML/KG CRYSTALLOID FOR HYPOTENSION OR LACTATE LEVELS &gt;4MMOL/L</td>
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<td>PROMOTE PROMPT IMAGING TO CONFIRM POTENTIAL SOURCES OF INFECTION</td>
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<tr>
<td>IMPLEMENTATION OF 6-HOUR BUNDLE FOR PATIENTS WITH SEPTIC SHOCK</td>
<td>ADMINISTER VASOPRESSORS</td>
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<td>REASSESS VOLUME STATUS AND TISSUE PERFUSION TO ENSURE ADEQUATE RESUSCITATION</td>
<td>Change Idea</td>
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<tr>
<td>REMEASURE LACTATE</td>
<td>Change Idea</td>
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<tr>
<td>PROVISION OF OTHER SUPPORTIVE THERAPIES</td>
<td>IMPLEMENT THE OTHER SUPPORTIVE THERAPIES AS INDICATED BY INDIVIDUAL PATIENTS USING ALGORITHMS AND/OR PROTOCOLS</td>
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## Implement Small Tests of Change
### Implement the Sepsis Bundle

**Plan**
Begin by promoting early detection and recognition of sepsis and septic shock via screening. If you are already screening for sepsis in the emergency department, begin screening at-risk inpatients in a medical or surgical unit. Don’t reinvent the wheel; adopt and revise a proven screening tool.

**Do**
Enlist a receptive, early-adopter physician on your improvement committee to test these changes with his/her next few patients in the emergency department or in the inpatient unit. Ask a receptive nurse and/or ED technician on your sepsis committee to test the screening tool as well. Test small: coordinate with the physician champion to test the screening tool on one patient, with one nurse, and/or one ED technician.

**Study**
Ask the physician and/or nurse the following questions:
- What happened?
- What went well?
- What didn’t go well?
- What do we need to revise for next time?

**Act**
Do not wait for the next committee meeting to make necessary changes. Revise the protocols and retest the revisions with the same physician, the same nurse, and/or the same ED technician. Monitor quality improvement by collection and analysis of data from sepsis screening and bundle compliance in the care of patients with sepsis and septic shock. Use variance/risk reports and coded data to identify missed sepsis cases and opportunities for improvement. Providing timely feedback for all members of the sepsis team care promotes immediate change and understanding.

Also included are mitigation of barriers, checklists, tools, etc.
Recaps

• **VTE - Reliability and Teamwork: Assess It, Order It, Do It**
  - During the 2/7 virtual event, participants discussed the value of quantitative verses qualitative physician risk scoring tools and strategies to engage physicians, pharmacists and nurses in to prevent VTE.
  - Click [here](#) to view the recording and download slides.

• **ADE- Adjuncts and Alternatives to Opioids for Pain: It's All About Love**
  - Speakers discussed patient and family engagement as a key strategy for opioid safety and inpatient comfort menus for non-palliative care pain management.
  - Click [here](#) to view the recording and download slides.
Thank You for Joining Us

- See you Wednesday, April 12, 2017 at noon!
  - This is the second Wednesday of April!
  - Opioids
- Scheduling hospital speakers. If you want to showcase your work, let me know!

- Wed, Apr 12, 2017 12:00 PM - 1:00 PM CDT
- Wed, May 3, 2017 12:00 PM - 1:00 PM CDT
- Wed, Jun 14, 2017 12:00 PM - 1:00 PM CDT
- Wed, Jul 12, 2017 12:00 PM - 1:00 PM CDT
- Wed, Aug 2, 2017 12:00 PM - 1:00 PM CDT
- Wed, Sep 6, 2017 12:00 PM - 1:00 PM CDT
- Wed, Oct 4, 2017 12:00 PM - 1:00 PM CDT
Contact Information

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