



January 2019 e-Newsletter

Welcome Friend,

Welcome to your Quality Matters newsletter! Please take advantage of the educational opportunities made available by the HIIN during the month. These are also available to all staff at your facility.

Introducing the NHA QI Residency Program

The new NHA Quality Improvement (QI) Residency Program's objective is to provide a collaborative learning environment focused on mentoring and networking for hospital quality personnel to develop empowered statewide leaders.

This program training consists of 5, 2-day modules every other month (March to November) for 9 months. One-hour touch base with mentor to follow-up on assignments during opposite months.

Intended audience includes those new to the responsibility or interest in:

- Quality and Performance Improvement
- Accreditation and Survey Compliance
- Medical Staff Quality Initiatives
- Data Reporting
- Risk Management
- Infection Control
- Patient Safety
- Board Governance

REGISTER NOW!

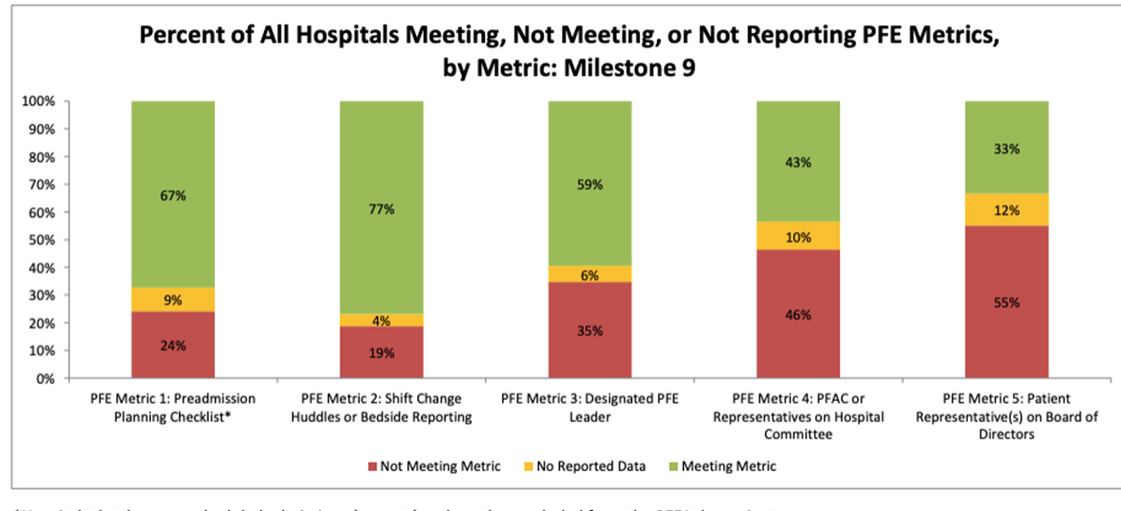
Enrollment now open

[Download the brochure and enrollment form.](#) Space is limited. Enroll today!

Questions? Contact Margaret Woeppel at mwoeppe@nebraskahospitals.org.

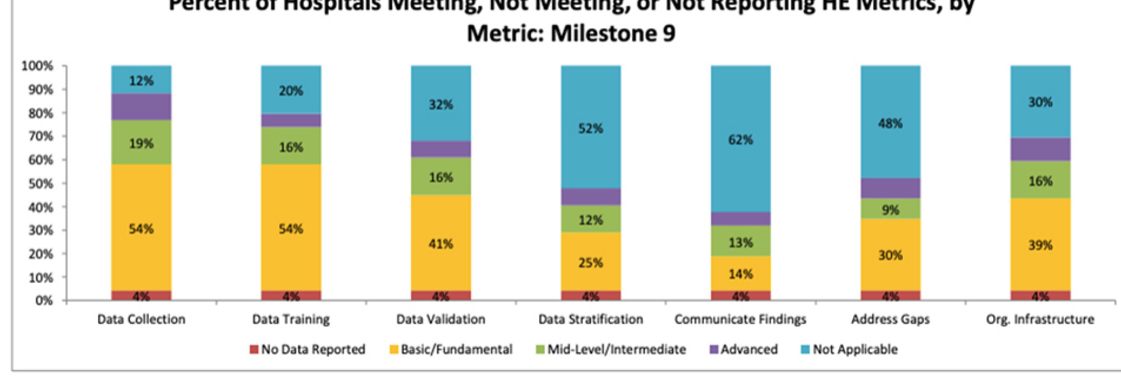
Equitable Care

In November, all HIIN hospitals completed a Health Equity Organizational Assessment to evaluate the level to which interventions aimed at providing equitable care is being provided across our state.



[Patient and family engagement](#), or the active partnership with health care consumers, was the first topic and measured on five, evidence-based strategies that promote and sustain the co-design of the health care delivery system (see results below). Many are using [AHRQ resources](#) to take their hospital to the next level. By March 2019, the HIIN goal is to have all hospitals reporting "Yes" to 4 out of the 5 metrics.

The second factor instrumental to the pursuit of achieving high-quality care is identifying which types of patient safety problems exist for different sub-groups of patients. The U.S. health care statistics indicate that there are differences in quality outcomes based on race, ethnicity, age and language (REAL) categories. Seven questions assessed the level of hospital implementation of [disparity-focused interventions](#) to reduce this gap (see table below). By March 2019, the HIIN goal is to have all hospitals reporting "Basic" for all measures, with two at intermediate or above.



Improvement examples:

- 32% of Nebraska HIIN hospitals do not validate the accuracy of patient self-reported information. To move from "NA" to "Basic", a hospital must develop a standardized process to evaluate the accuracy and completeness (percent of fields completed) for REAL data and compare to local community data.
- 52% of Nebraska HIIN hospitals do not examine patient safety or quality data with an equity lens to determine if differences in patient outcomes exist. To move from "NA" to "Basic", a hospital would need to stratify one outcome measure by REAL (i.e. Hospital stratifies All-Cause Readmissions by age).

HIIN Program Manager

While we have known this day was coming for a while now, it is with mixed emotions that we announce the retirement of our beloved and much appreciated, Linda Bontrager. She will also be remembered as hardworking and committed to driving hospital quality.

Beginning January 3, 2019, we welcome new HIIN team member, Dana Steiner. Dana brings a wealth of quality experience and expertise to us. She will be working out of Lexington, Nebraska and focus on being a readily accessible resource to our central and western hospitals.

Dana can be reached at dsteiner@nebraskahospitals.org.

New Resources

This month the American Society of Hematology (ASH) released [new guidelines](#) for Venous Thromboembolism (VTE) prophylaxis in [medical](#) inpatients. Remember, guidelines produced by differing expert groups often vary due to the specific focus and [tools](#) used to assess risk.

Key recommendations:

- Risk assessment tools for VTE and for bleeding help inform decisions.
- For [medical](#) inpatients at high bleeding risk who require prophylaxis, mechanical prophylaxis is preferred.
- For medical inpatients with high VTE risk and acceptable bleeding risk, chemoprophylaxis is preferred.
- For medical inpatients receiving chemoprophylaxis, Low Molecular Weight Heparin is preferred over Unfractionated Heparin or Direct Oral Anticoagulant.
- The use of combined chemoprophylaxis and mechanical prophylaxis in medical inpatients is unnecessary. (Note: Other risk models disagree and would use combined prophylaxis in the highest risk patients.)

Again, we underscore that these recommendations are for [medical](#) inpatients. Surgical patients differ in their risks and often require post-discharge chemical or mechanical prophylaxis.

Creating Culture

How does your hospital handle suggestions? Do you provide training for your leadership team on how to effectively respond to employee suggestions? If you do not have a leadership team set up to [address, manage and utilize employee improvement ideas](#), this could be hurting your improvement culture.

Cheryl Jekiel of the Lean Enterprise Institute provides guidance on soliciting suggestions in ways that don't backfire.

Upcoming Events

HRET HIIN Readmissions | MVP Webinar #4

January 4, 2019 | 11:00 a.m. – 12:00 p.m. CT | [Register here.](#)

AHA | Framework for Disruptive Innovation

January 16, 2019 | 12:00 – 1:00 p.m. CT | [Register here.](#)

HRET HIIN | Falls Fishbowl #4

January 17, 2019 | 11:00 a.m. – 12:00 p.m. CT | [Register here.](#)

HRET HIIN | CAUTI Fishbowl #2

January 22, 2019 | 11:00 a.m. – 12:00 p.m. CT | [Register here.](#)

NHA | Bringing in the New Year, NHSN 2019

January 30, 2019 | 12:00 – 1:00 p.m. CT

Every year the National Healthcare Safety Network (NHSN) updates their system as the gold standard for infection prevention measurement. To accurately report or use NHSN definitions the updated version must be used. This webinar will share the changes in definitions and reporting for 2019 plus the process to set up your system for the new year.

One phone/web line per hospital. Steps to join:

1. Dial-in number: (888) 437-3179 (ask the operator to be placed into the "NHA Event.")
2. Web instructions: <https://join.onstreammedia.com/go/45624136/013019> (When the onstream screen appears, enter your full name, email address and hospital name in the boxes on the "Guest" tab.

Save the Dates!

CMS Quality Conference

January 29-31, 2019 | Baltimore, MD | [Register here.](#)

AHA Rural Health Conference

February 3-6, 2019 | Phoenix, AZ | [Register here.](#)

2019 IHI Summit on Improving Patient Care

April 11-13, 2019 | San Francisco, CA | [Register here.](#)

Nebraska Infection Control Network (NICN) Infection Control Prevention Course

May 2-3, 2019 | Omaha, NE | [Register here.](#)

[Register for HRET HIIN events at](#)
<http://www.hret-hiin.org/events/index.dhtml>

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