Improvement examples:

- Staff at one hospital noticed that patients with COVID-19 were being admitted to the ICU more frequently than other patients. The hospital developed a new protocol for screening and treating these patients, which resulted in a significant reduction in the number of ICU admissions.

Questions?

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Enrollment now open

Equitable Care

The second factor instrumental to the pursuit of achieving high-quality care is identifying differences in patient safety problems across subgroups of patients. The U.S. Health Care Quality Alliance recommends using disparity-focused interventions to move from "NA" to "Basic" on the metric. However, only 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 must develop a standardized process to evaluate the accuracy and completeness (percent of fields completed) for REAL data and compare to local community data.

Key recommendations:

- 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 and data inputs, it is important to implement NHSN resources.

NHA Quality Matters is published monthly by the Nebraska Hospital Association

March 2019, the HIIN goal is to have all hospitals reporting "Basic" for all measures, with two hospitals reporting "Yes" to 4 out of the 5 metrics.

This month the American Society of Hematology (ASH) released new guidelines for venous thromboembolism (VTE) prevention.

New Resources

- Risk assessment tools for VTE and for bleeding help inform decisions.
- Education and implementation of best practices for routine chemoprophylaxis is preferred.
- For inpatients is unnecessary. (Note: Other risk models disagree and would use combined medical and surgical prophylaxis in the highest risk patients.)
- Medical prophylaxis is preferred over Unfractionated Heparin or Direct Oral Anticoagulant.

Got this as a forward? To ensure that you continue receiving our emails, please add us to your address book or safe list.

Register today for the following events:

- Nebraska Infection Control Network (NICN) Infection Control Prevention Course: May 2-3, 2019 | Omaha, NE
- AHA Rural Health Conference: May 14-16, 2019 | Albuquerque, NM
- AHA | Framework for Disruptive Innovation: January 16, 2019 | 12:00 – 1:00 p.m. CT
- HRET HIIN | Falls Fishbowl #4: January 17, 2019 | 11:00 a.m. – 12:00 p.m. CT
- HRET HIIN | CAUTI Fishbowl #2: January 22, 2019 | 11:00 a.m. – 12:00 p.m. CT
- HRET HIIN | Readmissions: January 30, 2019 | 12:00 – 1:00 p.m. CT
- AHA | Patient Safety: February 13, 2019 | 1:00 – 2:00 p.m. CT
- AHA | Value: February 27, 2019 | 1:00 – 2:00 p.m. CT
- AHA | Quantum Leap: January 28, 2019 | 1:00 – 2:00 p.m. CT
- AHA | Health Systems Evolution: February 9, 2019 | 1:00 – 2:00 p.m. CT

Creating Culture

This year the focus is on leadership. To improve your leadership on key topics such as quality, safety, and patient satisfaction, the HIIN provides education and resources.

HRET HIIN | Readmissions | MVP Webinar #4: January 30, 2019 | 12:00 – 1:00 p.m. CT
- HRET HIIN | Education and Resources: January 30, 2019 | 12:00 – 1:00 p.m. CT
- AHA | Quality Improvement: February 13, 2019 | 1:00 – 2:00 p.m. CT
- AHA | Quality: February 27, 2019 | 1:00 – 2:00 p.m. CT
- AHA | Quality: March 6, 2019 | 1:00 – 2:00 p.m. CT
- AHA | Quality: March 13, 2019 | 1:00 – 2:00 p.m. CT

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Register here.

Space is limited. Enroll today!