

South Central HIINergy Partners

Six states partnering for quality and patient safety through the Hospital Improvement Innovation Network

UP Your Game with HIIN!

March 22, 2017



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Purpose

South Central HIINergy Partners is a group of six geographically proximal state hospital associations (SHA) that have partnered together to create synergy and an enriched virtual learning experience for participating HIIN hospitals as we work together with shared aims in achieving a 20% reduction in all-cause harms and a 12% reduction in all-cause readmissions.



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Bi-monthly regional webinars hosted by a different state each month

Hear from hospital peers in nearby states.

Cynosure Health improvement advisors will join us.

Kansas • Oklahoma • Texas
Missouri • Arkansas • Louisiana

Host State	Webinar Date	Topic
AR	Jan. 25	Getting Started in HIIN Recording available!
OK	March 22	UP Campaign
LA	May 24	Patient and Family Engagement
TX	July 26	Transforming Care at the Bedside
KS	Sept. 27	Diversity
MO	Nov. 15	Sepsis



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Creating HIINergy together!

State	Number of Hospitals in HIIN
Arkansas	56
Kansas	117
Louisiana	99
Missouri	73
Oklahoma	47
Texas	134
TOTAL	526

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Webinar features

- We encourage everyone to dial in on the phone line to engage in verbal collaboration with others on the call:

Participant Dial In & Passcode: Dial In 1-800-398-8616

Passcode: HIIN

- Use the chat box to give your input or to ask a question
- Download slides from the box below titled “Files”. Highlight the file and then click download.

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Welcome and opening remarks

- Agenda
- Introductions
- Announcements



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South Central HIINergy Partners Agenda

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- Welcome and overview
- UP Your Game with HIIN!
 - Overview of the 3 Cross-Cutting Strategies: Wake UP, Get UP, Soap UP
 - The 3 critical elements for Get UP
- Discussion and next steps
- Upcoming events and opportunities
- Contact Us

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**Let's hear
from you**



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We are glad you have joined us.
Which is your state?

- Arkansas
- Kansas
- Louisiana
- Missouri
- Oklahoma
- Texas

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A Recap: “Getting Started in HIIN” What you told us was helpful.....

Hospital presentation by Joel Anderson- will retell the his story

Fellowships How HIIN work is disseminated in the hospital
Collaborative efforts Tracking Tools and polling questions
Organizing for success Information on networking
 Getting team leaders involved in a small CAH
Incorporating HIIN into the PI Plan The Contacts
Resources Encouraging front-line staff to engage
 Hearing from the state leads General overview
 How-to's and links available Examples of successes
 Knowing the representatives from the other States

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Let's hear from you



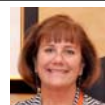
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One new action I took after participating in "Getting Started in HIIN"

- Created a team
- Joined a fellowship
- Contacted my State Hospital Association HIIN lead
- Created a shared drive for hospital teams
- Signed up for a listserv
- Shared data responsibilities
- Implemented a PI Tracking Tool
- Participated in a HIIN webinar
- Other (chat in what you did!)

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Introductions



Patrice Greenawalt, RN, MS
Clinical Initiatives Manager
Oklahoma Hospital Association



Maryanne Whitney RN, CNS, MSN
Improvement Advisor
Cynosure Health



Pamela Brown, RN, BSN, CPHQ
Vice President of Quality and Patient Safety
Arkansas Hospital Association



Lauri Tanner, RN, MSN, FACHE
President and CEO
Ranken Jordan Pediatric Bridge Hospital
St. Louis, MO

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UP Your Game with HIIN!

- Discussion and Sharing
- Resources
- Next steps



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Discussion and Sharing



Maryanne Whitney, RN, CNS, MSN
Improvement Advisor
Cynosure Health

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What do you think?

Can we streamline and simplify to make it easier for front-line staff and still improve safety?



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Why the UP Campaign?

- Increases impact on harm reduction
- Generates momentum in your organization
- Focuses support from leadership
- Engages front-line staff
 - **Connects the dots**
 - **Creates a vision**
- Applies throughout organization
- Simplifies patient safety implementation
- Helps patients recover **faster** and with **fewer** complications

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#1 Opioid & Sedation Management

WAKE UP

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#2 Early Progressive Mobility

GET UP

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#3 Hand Hygiene

CDI CAUTI SSI VAE CLABSI Sepsis MDRO

SOAP UP

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FOUNDATIONAL QUESTIONS:

1. Is my patient awake enough to get up?
2. Have I protected my patient from infections?

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Care Beyond the Bedside

Lauri Tanner, RN, MSN, FACHE
President and CEO

Ranken Jordan Pediatric Bridge Hospital
St. Louis, MO



Facilitator:
Maryanne Whitney, RN, CNS, MSN
Improvement Advisor
Cynosure Health

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Ranken Jordan Pediatric Bridge Hospital

Care Beyond the Bedside



**Lauri Tanner, RN,
MSN**
President and Chief
Executive Officer



Translating data from hospital to home

Therapeutic Fishing



RankenJordan.
PEDIATRIC BRIDGE HOSPITAL

Transitioning kids from hospital to home



Golf Program




RankenJordan.
PEDIATRIC BRIDGE HOSPITAL

Transitioning kids from hospital to home



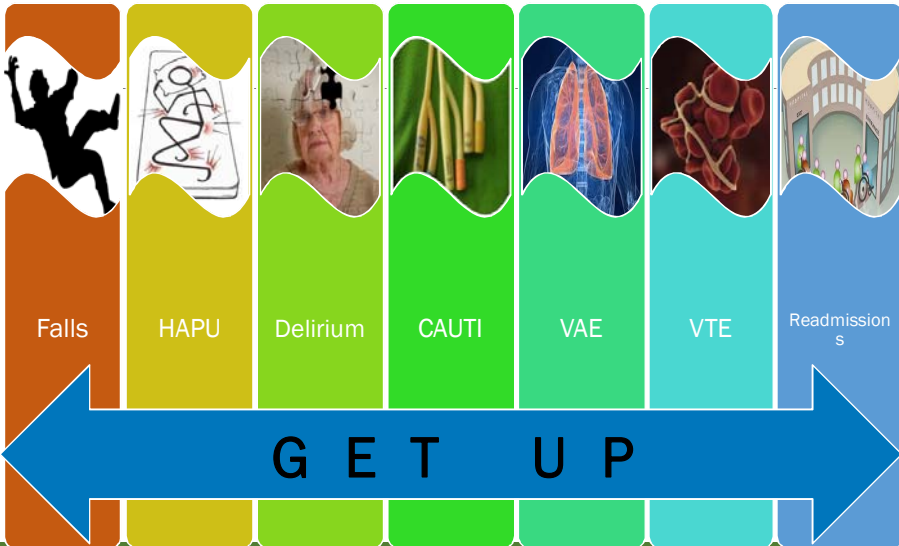
Dive HIIN!



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#2 Early Progressive Mobility



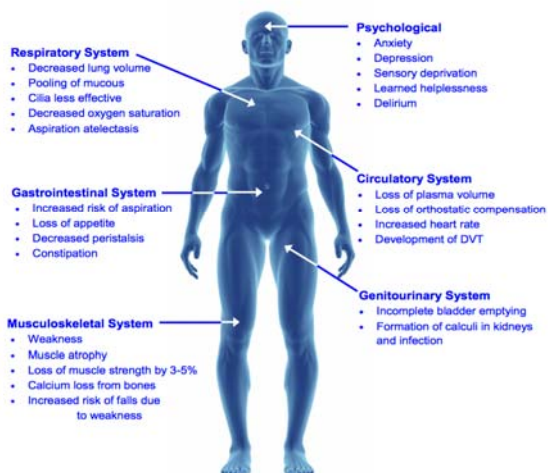
Falls HAPU Delirium CAUTI VAE VTE Readmissions

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Pathophysiological Changes Within 24 Hours of Bed Rest

Onset of complications—
Pathophysiological changes within 24 hours of bed rest:



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Cumulative Impact on Quality of Life

“New Walking Dependence” occurs in 16-59 percent in older hospitalized patients (Hirsh 1990, Lazarus 1991, Mahoney 1998)

65 percent of patients had a significant functional mobility decline by day two (Hirsh 1990)

27 percent still dependent in walking three months post discharge (Mahoney 1998)



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It's Simple

If they came in walking, keep them walking.



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Avoid Ageism



Do not assume all elders need a bed alarm, even if they appear frail.

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Use Mobility to Accelerate Progress



*"When am I going to walk?
I walked yesterday.
It's better than just being
in the chair. I feel better
when I am walking."*

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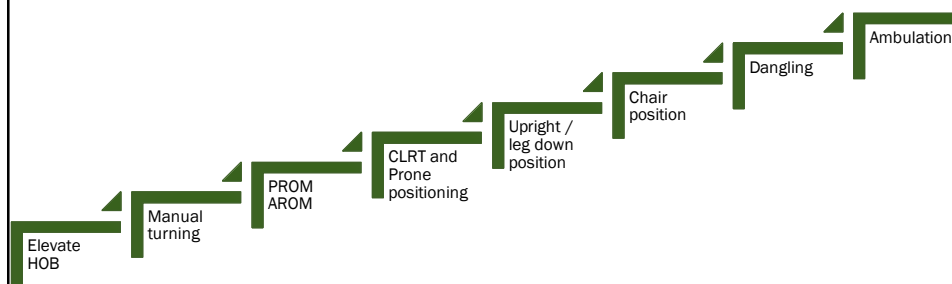
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What is Progressive Mobility?

Progressive mobility is defined as a series of planned movements in a sequential matter, beginning at a patient's current mobility status, with a goal of returning to his or her baseline

(Vollman 2010)



Vollman, KM. Introduction to Progressive Mobility. Crit Care Nurs. 2010;30(2):53-55.

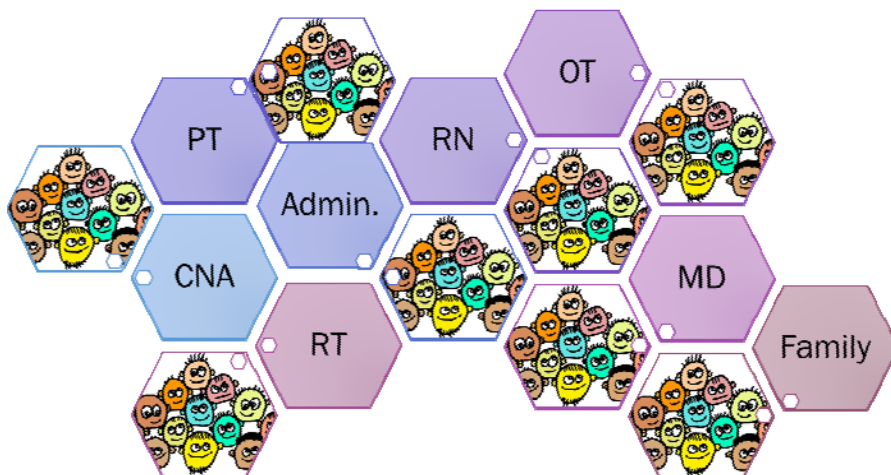
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Teaming Up To Mobilize



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MUST DO's



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Get Up Must Do's

1. Walk in, walk during, walk out!
2. Belt and bolt!
3. Three laps a day keeps the nursing home at bay!

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Must Do #1 Walk In, Walk During, Walk Out!



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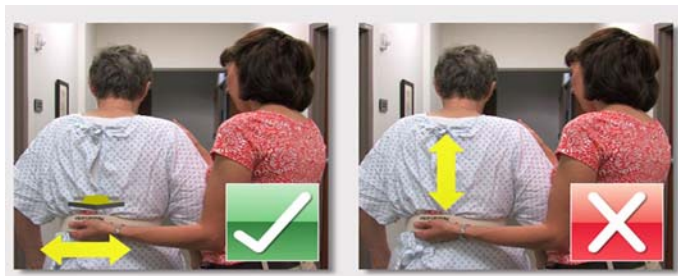
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Must Do #2 Belt & Bolt!

- ◆ Gait belts in every room
- ◆ Safe mobilization and patient handling training for nursing staff



Gait belts are used to help control the patient's center of balance.
Gait belts are not intended to hold a patient up

See CAPTURE Falls Project Website for guidance: <http://www.unmc.edu/patient-safety/capturefalls/learningmodules/index.html>

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Must Do #3 Three Laps a Day, Keeps the Nursing Home Away



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Mobility Begins on Admission

Tier Level	Defining Characteristics	Intervention ^a
Tier 1: Nonambulatory	Patients who <ul style="list-style-type: none"> • require more than a one-person assist for ambulation/transfers • are unable to maintain weight on their lower extremities • require any form of lift equipment 	Active range-of-motion exercises: <ul style="list-style-type: none"> • ankle pumps • heel slides • hip abduction • quad sets • shoulder flexion Passive range-of-motion exercises: <ul style="list-style-type: none"> • ankle dorsiflexion • hip flexion • hip abduction • shoulder flexion Sit on side of bed Get out of bed and into a chair with appropriate equipment
Tier 2: Ambulatory	Patients who <ul style="list-style-type: none"> • are able to ambulate independently • require a one-person assist with ambulation 	Ambulate with or without assistance in the hallway as tolerated Get out of bed and into a chair for all meals

^aTo be performed three times a day (in accordance with a patient's ability).

Wood W, et al.(2014) A Mobility Program for an Inpatient Acute Care Medical Unit.

http://www.nursingcenter.com/pdfjournal/AID=2591440&an=00000446-201410000-00023&Journal_ID=54030&Issue_ID=2591321

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Tips for Promoting Mobility

Order modifications

- **Delete orders for**
 - ▶ Bedrest
 - ▶ Ad lib
- **Replace with specific orders**
 - ▶ Times, activities, distance

Promote team mobility management

- **Delegation of patient mobility**
 - ▶ Replace sitters with a mobility aide
- **Rehab and nursing face-to-face bedside handoffs**
 - ▶ Document plans and progress on white boards

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Why I'm HIIN the UP Campaign

Pam Brown, Arkansas



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Polling Question

Let's hear from you!



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Which of the 3 "Must Do's" described for GET UP will you begin with?

1. Walk in, walk during, walk out
2. Belt & Bolt
3. Three laps a day keeps the nursing home at bay!

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Polling Question

Who in your organization will be a partner in implementing the GET UP strategies?

1. Rehab specialists
2. Nursing
3. Physicians
4. Environmental service personnel
5. Patient care technicians
6. Respiratory practitioners
7. Transporters
8. Volunteers

Chat in
other
partners

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Up Campaign Resources

UP Campaign

Front-line staff are implementing multiple worthy approaches to reduce harm and improve care, which can make it difficult to prioritize and execute interventions. With ever-increasing numbers of safe practices to implement, clinicians may become overwhelmed with new tasks and responsibilities. Clinician burnout levels are increasing due to greater demands and rapid changes in workflow. Mistakes could be made simply trying to comply with new practices, demands and expectations.

The HRET HIIN UP Campaign is designed to simplify safe care and streamline interventions, reduce multiple forms of harm with simple easy-to-accomplish activities, and consolidate basic interventions that cut across several topics to decrease harm. The UP Campaign is made up of 3 components:

- **WAKE-UP** — Reducing unnecessary sleepiness and sedation.
- **GET-UP** — Mobilizing patients to return to function more quickly.
- **SOAP-UP** — Implementing appropriate hand hygiene to reduce the spread of infection.

Please join us by spreading the word on the UP Campaign using the following tools and resources:
www.hret-hiin.org/topics/up_campaign/index.shtml

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Resources

www.hret-hiin.org/topics/up_campaign/index.shtml

Position paper: Advancing the Science and Technology of Progressive Mobility
<http://www.nursingworld.org/MainMenuCategories/WorkplaceSafety/Healthy-Work-Environment/SafePatient/Advancing-the-Science-and-Technology-of-Progressive-Mobility.PDF>

Article: Morris P (2008). Early intensive care unit mobility therapy in the treatment of acute respiratory failure. http://www.socatl.org.br/aulas/fisioterapia_em_uti.pdf

Article: Vollman K.(2010) Introduction to Progressive Mobility
<http://ccn.aacnjournals.org/content/30/2/S3.full.pdf>

Article: Doherty-King B (2011) How nurses decide to ambulate hospitalized older adults <http://gerontologist.oxfordjournals.org/content/51/6/786.long>

John Hopkins Early Mobility Toolkit
https://cdn.community360.net/app/lh/VAP/resources_e/Early_Mobility_Toolkit%206.10.14nr.docx

Case study: Duke Raleigh Hospital: Early Progressive Mobility in the Medical-Surgical ICU
<http://www.aacn.org/wd/csl/docs/FinalProjects/EarlyProgressiveMobilityinICU-DukeRaleighHosp-Raleigh-Presentation.pdf>

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Upcoming Fellowship Webinars

Foundational PFE	March 29, 2017 11am – 12 pm <i>Empower Teams to Engage in Improvement</i>	April 12, 2017 11am – 12 pm <i>Working Styles, Know Yourself, Know Others</i>
Accelerating Change PFE		April 12, 2017 11am – 12 pm <i>Diving Deep into Data and Measurement</i>
Patient & Family Engagement PFE	March 22, 2017 11 am- 12 pm <i>Making the Connection: PFE Strategies Part 2</i>	April 5, 2017 11am-12 pm <i>When the Rubber Hits the Road: Action Planning</i>

<http://www.hret-hiin.org/fellowships/qifellowship/index.shtml>

http://www.hret-hiin.org/Resources/fellowship/qi_fellowships/17/fellowships-date-and_topics_table.pdf

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Upcoming Events



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Register Online at
www.hret-hiin.org/events

Title	Date	Time	Where to Register
HRET HIIN MDRO- The Basics	March 28, 2017	11 am – 12 pm	Register Today
HRET HIIN ICU Virtual Event	April 11, 2017	11 am – 12 pm	Register Today
HRET HIIN ADE Fishbowl Series 1	May 2, 2017	11 am – 12 pm	Register Today

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What's due next?

HRET HIIN Data Milestone

March 22, 2017

Monitoring data:

- all applicable measures
- October 2016 - February 2016
- submit by first week of May

*** Please continue to submit data monthly!**

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Past Events



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In case you missed it...

Visit topic-specific pages at www.hret-hiin.org

Iatrogenic Delirium and VAE Change Packages:

The updated iatrogenic delirium and VAE change packages are now available on the [delirium](#) and [VAE](#) topic-specific pages on the HRET HIIN website.

Each change package includes a menu of strategies, change concepts and specific action items that any hospital can implement based on need or for purposes of improving patient quality of life and care.

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Creating HIINergy together!

Mark your calendars!

Bi-monthly HIINergy webinars will take place on 4th Wednesdays from 10 to 11 a.m. CT.
Links to pre-register for each webinar will be provided by your state lead.

2017 Schedule	Tentative HIIN Topics	State Lead
January 25	Getting Started	Arkansas
March 22	Up Campaign	Oklahoma
May 24	Patient and Family Engagement	Louisiana
July 26	Transforming Care at the Bedside	Texas
September 27	Equity and Diversity	Kansas
November 15	Sepsis	Missouri

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workingdifferentlyworking
together



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Evaluation

Your feedback is very important to us! Please take 2-3 minutes to evaluate this webinar:

<https://www.surveymonkey.com/r/HIINergy-03-22-17>

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State Contacts

Arkansas Hospital Association Pam Brown pbrown@arkhospitals.org 501-224-7878	Missouri Hospital Association Alison Williams awilliams@mhanet.com (573) 893-3700, ext. 1326
Kansas Healthcare Collaborative Michele Clark mclark@khconline.org (785) 235-0763 x1321	Oklahoma Hospital Association Patrice Greenawalt pgreenawalt@okoha.com (405) 427-9537
Louisiana Hospital Association Michelle Smith msmith@lhaonline.org (225)928-0026	Texas Hospital Association Karen Kendrick kkendrick@tha.org (512)465-1091

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