

Welcome to the Illinois Health and Hospital Association (IHA) Institute for Innovations in Care and Quality member update. It is designed to keep you informed of IHA, state and national quality and safety events, projects and happenings to assist you in providing the best and safest quality of care to your patients. The Institute is committed to informing and empowering IHA members in advancing Illinois as a person-centered, national model for high-value health care.

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IHA INSTITUTE INITIATIVES

WE HAVE A DEDICATED EMAIL ACCOUNT FOR ANY INQUIRY ON ANY CARE OR QUALITY ISSUE: IHAInstitute@team-iha.org

IHA Patient and Family Advisory Committee (PFAC)

The IHA PFAC met on August 24 to begin exploring the use of quality metrics to measure Patient and Family Advisory Council outcomes and successes. The [CMS Partnership for Patients \(PfP\) Patient-and-Family Engagement \(PFE\) metrics](#) were used as a basis for this discussion, with the intent of using them as a framework for the future development of a PFAC quality dashboard for use by IHA members. During this meeting, additional emphasis was placed on guidance and tools to foster a shared understanding of the magnitude of change required for a committed and meaningful partnership with patients and families. Guest speakers offered insights for ensuring the overall readiness of the organization, including leadership, clinicians, and staff for a patient-centered cultural change.

The next IHA PFAC meeting will take place on November 2 at the IHA Naperville and Springfield offices.

IHA's Patient and Family Advisory Committee supports IHA's improvement and advocacy agendas for facilitating stronger patient and family partnerships as a preferred means for optimizing care coordination and impacting positive health outcomes. The premise of this diverse committee, comprised of IHA members with and without Patient and Family Advisory Councils, is to surface information from our collective experiences to foster a shared understanding of foundational aspects of Patient and Family Engagement, which includes PFACs. Working with the committee, IHA has developed and has posted on IHA's website a resource document, *IHA Patient and Family Advisory Council Core Principles*, designed to share consensus-based PFAC tenets and implementation strategies across the membership.

To access IHA's dedicated PFE page, [click here](#). If your organization desires to join IHA's PFAC or for additional information, please contact [Cathy Grossi](#).

Staff Contact: [Christina Boyd](#)

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MAPS (Midwest Alliance for Patient Safety) Patient Safety Organization Update

A Pathway to High Reliability Webinar

Healthcare is being impacted by several internal and external factors. High Reliability and a Culture of Safety are taking a front row seat to the ever changing list of challenges for healthcare leadership and staff. This webinar will introduce attendees to concepts for evaluating systems, improving communications and engaging leadership. The healthcare organization's goal should be to focus on

removing barriers and engaging leadership and staff to make positive changes that result in safer patient care. **Open to MAPS PSO members only.**

Save the Date: Monday, October 2, 2017

Time: 1:00 pm to 2:00 pm

Content Expert: **Michael Leonard**, MD, Adjunct Professor of Medicine, Duke University School of Medicine; Managing Partner, Safe & Reliable Healthcare LLC

Medication Events and Safe Insulin Use Webinar

Insulin is a high-alert medication that has long been a focus area of the Institute for Safe Medication Practices and the CMS Partnership for Patients Initiative. Errors with insulin are substantially more likely to result in an adverse event than almost any other medication class. Join us to learn about the patient safety issues arising from medication errors involving insulin and strategies to resolve them

Data from MAPS PSO insulin related errors, and across 8 PSOs that collaborated to review over 400 concentrated insulin medication events will be discussed, as well as safety practices that mitigate ordering, dispensing, and administration errors.

Open to MAPS PSO members only.

Save the Date: Friday, October 20, 2017

Time: 9:00 am to 11:05 am

Content Expert: **Steve Meisel**, PharmD, CPPS, System Director of Patient Safety, Fairview Health Services

Reducing Unplanned Readmissions Safety Session

Readmissions are common in healthcare, and as many as 20% of Medicare patients discharged are readmitted to the hospital within 20 days. Evidence from the literature suggests a link between readmission rates and quality of care. Attend the safety session to discuss the latest tools and tactics in the war on reducing unnecessary readmissions.

Join expert Dr. Matthew J. Schreiber, Chief Clinical Officer, Newark Beth Israel Medical Center, who will share his perspectives and learnings on how to reduce preventable hospital readmissions and learn from IHA member organizations safety practices and strategies to resolve unplanned readmissions.

Open to IHA HIIN and MAPS PSO members only.

Save the Date: Friday, October 27, 2017

Locations: Naperville, Springfield and Mt. Vernon, IL

Time: 9:00 am to 1:00 pm

Staff Contact: [Mary Stankos](#)

To discuss the advantages of MAPS PSO membership, please contact [Carrie Pinasco](#). Also, visit the MAPS website at www.alliance4ptsafety.org.

Staff contact: [Carrie Pinasco](#)

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Clinical Services

Active Threats Workshop: How to Prepare Your Hospital

On August 23, over 70 security directors, emergency management professionals, and clinicians participated in a day-long workshop focused on creating a protective security strategy that mitigates threats and manages violent incidents. Guided by expert faculty, the following topics were addressed:

- Stopping An Active Threat
- Risk Factors for Violence
- Leveraging Technical Security
- Virtual Demonstration

- Personal Safety
- Intimate Violence Warning Signs

The program also featured a presentation from Eric Alberts, CEM, CHS V, FPEM, CHEP, FABCHS, Regional Manager with Orlando Health. Mr. Alberts provided a first receivers perspective on Pulse Night Club shooting of 2016. Orlando’s response provided lessons on the challenges, large and small, of dealing with mass shootings, as well as what went right and what went wrong, what can be anticipated and what cannot.

Staff Contact: [Keneatha Johnson](#)

2017 Clinical Services Emergency Preparedness Exercise

Save the date for the Clinical Services Emergency Preparedness Exercise on November 15.

This year’s exercise will focus on cybersecurity and ransomware. A March 2017 survey conducted by healthcare communications company Spok of over 100 hospital CIOs, members of the College of Healthcare Information Management Executives (CHIME), found that 95 percent are concerned with the security of their patients’ data. According to Verizon 2017 Data Breach Investigations Report, of all the 2016 malware attacks on the healthcare industry, 72 percent were caused by ransomware. Participate in the exercise to ensure the continuity of your operations.

Staff Contact: [Keneatha Johnson](#)

Integrated Behavioral Health Learning Network

This learning network, comprised of behavioral health and other multidisciplinary thought leaders from across Illinois, aims to enhance organizational awareness of strategies and best practices to better integrate and coordinate behavioral healthcare in the ED and across the care continuum. **The next meeting of the IHA Clinical Services Integrated Behavioral Health Learning Network will take place on September 21 with a focus on care transition interventions across the continuum.** Innovative models aimed at improving transition interventions to improve care coordination and reduce avoidable readmissions will be explored.

Additional meetings will be held:

- **December 13, 2017:** Alternatives to the Current State of Behavioral Health Care: Aligning Service Delivery
- **March 15, 2017:** Alternatives to the Current State of Behavioral Health Care: Improving Care Delivery for Special Populations

Clinical Services members may now register for future Integrated Behavioral Health Learning Network meetings by [clicking here](#).

Please note that, unless otherwise specified, participation in Clinical Services activities is part of a paid subscription. Please contact any one of us for information on how to join.

Staff Contact: [Christina Boyd](#)

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Hospital Improvement Innovation Network (HIIN) Update

Simulation Workshops – Sign Up Today!

Looking for a new way to stimulate improvement in your hospital? Look no further!

The Jump Trading Simulation and Education Center in Peoria is holding HIIN simulation train-the-trainer offerings on CAUTI, C. diff and Readmissions. Events emphasize the use of simulation-based strategies to facilitate improvement and will provide attendees with tools and techniques to replicate the training in your hospital. **These sessions are capped, so register while spots still remain.**

[Register for a Simulation Session in Peoria:](#)

C. diff

- Monday, October 9: 10:00 am – 4:15 pm

Readmissions

- Monday, November 6: 10:00 am – 4:15 pm
- Friday, December 1: 10:00 am – 4:15 pm
- Friday, December 8: 10:00 am – 4:15 pm

Save the Date – HIIN Annual Meeting

The IHA HIIN team will be hosting two in-person events to celebrate the engagement we had in 2017 and look forward to the calendar of programming we are planning for 2018. These half-day events will take place on **November 16 in Springfield and November 17 in Naperville**. Agendas and exact locations will be announced in upcoming weeks.

Reserve Your Spot: Quality Improvement Fundamentals

IHA has the unique opportunity to collaborate with William Peters, IHI Improvement Advisor during the Great Lakes Partners for Patients HIIN! William is an Institute for Healthcare Improvement trained "Improvement Advisor" and serves as IHI Faculty on both domestic and international projects. William will be kicking off our Springfield-based Wave 2 of his Quality Improvement Fundamentals course.

Dates:

- **Kick off Webinar:** Monday, October 2 from 12:00 - 1:30 pm
- **QIF Session #1 – Dove Center, Springfield:** Tuesday & Wednesday, October 10 & 11 from 8:00 am - 4:30 pm
- **Coaching Webinar:** Monday, November 13 from 12:00 - 2:30 pm
- **QIF Session #2 – Dove Center, Springfield:** Tuesday & Wednesday, November 28 & 29 from 8:00 am - 4:30 pm
- **Closing Webinar:** Thursday, December 21 from 12:00 – 1:00 pm

Information:

- Participants will need to bring an “applied learning project” (APL) to facilitate learning. This real-time work will not only result in sustainable improvement for your organization, but will also serve as “proof of concept” in the use of formal improvement methods as a way to meet the increasing demands for enhancing value within all the domains of healthcare: quality, financial, operational, service and people.
- Each 12-week course will be capped at 60 individuals.
- Hospitals must send two individuals in order to be able to attend the course. This dyad team from the hospital will come to the training with one APL per dyad team/hospital and both individuals who go through the training will work jointly on the APL.
- If you are not seeing the improvement in a non-IAN topic area, this is an excellent venue to get personalized feedback and coaching.

Request a Site Visit from William Peters

IHA is dedicated to offering Improvement Advisor site visits to HIIN hospitals that [request assistance](#). William Peters will be offering 10 different 1-2 day site visits which your organization can take advantage of free of charge. These visits can cover anything from improvement sciences 101, to using data for improvement, to assisting with struggling projects, to providing an improvement science primer for your executive teams, it’s up to you!

Data Submission to the KDS

We are disappointed to report that Illinois is falling behind our Wisconsin and Michigan partners in data submission for several key data elements.

Please submit your data MONTHLY for the three adverse drug events and falls and submit your PFE data ASAP!

Metric	Report Data Back To...
Falls	October 2016
ADE – Hypoglycemic Events	Returning HEN 2.0 hospitals – January 2016; New GLPP HIIN hospitals – October 2016
ADE – Excessive Anticoagulation	Returning HEN 2.0 hospitals – January 2017; New GLPP HIIN hospitals – October 2016
ADE – Opioid Events	October 2016
PFE Data	All hospitals must submit this data and update as progress is made!

If you have a question about your point total, please email [Brigette DeMarzo](#).

Staff Contact: [Adam Kohlrus](#) or [Brigette DeMarzo](#)

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STATE SCENE

HCPPro Medicare Boot Camp - Utilization Review Version

IHA's Patient Financial Services department will be hosting sessions on effectively managing patient status and securing correct reimbursement while ensuring compliance with Medicare's utilization review requirements by attending the nationally recognized *HCPPro Medicare Boot Camp® – Utilization Review Version*. Designed specifically for hospital UR coordinators and committee members, physician advisors, and case and nurse managers, this multi-faceted, two-day class will address: outpatient observation; inpatient order and certification requirements; the two-midnight presumption and benchmark; inpatient beneficiary notices; self-denials and rebilling under Part B; and payment for inpatient and outpatient services.

Two sessions are offered for Illinois: September 25-26 in Springfield & September 27-28 in Chicago

Please [click here](#) for a complete program brochure, which includes a detailed agenda and list of available Continuing Education Units. **Space is limited to 30 students; [click here](#) to register today!**

Staff Contact: [Helena Lefkow](#)

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Opioid Update: Barriers Rural Physicians Face Prescribing Buprenorphine for Opioid Use Disorder

Due to the opioid epidemic (both prescription and illicit abuse) in the United States, an increasing need for effective treatment interventions has been identified. Buprenorphine has emerged as a critical component of the treatment of opioid use disorder, and there has been an increased emphasis on expanding access to medication assisted treatment (MAT) with this therapy. The adoption by outpatient primary care however has been slower than anticipated.

A [recent article in the Annals of Family Medicine](#) provides some insight as to the barriers experienced by rural physicians who have obtained a waiver from the DEA to prescribe buprenorphine. The authors had survey responses from over 1,100 rural providers who had obtained the x-waiver necessary to prescribe buprenorphine and found the following barriers based on having an x-waiver and prescribing status at time of survey:

	Never a prescriber	Former Prescriber	Current Prescriber, not accepting new patients	Current Prescriber, accepting new patients	P-value
Time Constraints	46%	52%	44%	36%	.008
Financial – Reimbursement Concerns	19%	32%	17%	32%	.007
Resistance from Practice Partners	22%	30%	8.8%	10%	<.001
Lack of specialty back up for complex problems	40%	45%	35%	26%	<.001
Lack of confidence in ability to manage OUD	38%	11%	9%	6%	<.001
Attraction for Drug Users to practice	39%	52%	35%	23%	,.001
Concerns for diversion or misuse of medication	43%	53%	56%	46%	.185
Lack of available mental health or psychosocial support services	48%	50%	49%	41%	.192

The barriers to providing buprenorphine in the rural health care setting are varied but significant. Reducing these barriers will take a multidisciplinary and departmental approach; however; successfully overcoming them may provide for expanded access to MAT in the rural setting.

Staff Contact: [Cathy Grossi](#)

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AHRQ Seeks Applications for Healthcare-Associated Infections and Antibiotic Resistance Projects

AHRQ has funding available for large research projects in two areas: preventing healthcare-associated infections (HAI) and efforts for Combating Antibiotic-Resistant Bacteria (CARB). The application deadline for both of these funding opportunities is October 5, 2017. The [HAI research projects](#) should advance the knowledge of HAI detection, prevention, and reduction of HAIs. AHRQ is also awarding funding for [CARB research projects](#) to help mitigate the public health threat of antibiotic resistance. CARB research project proposals should address ways to promote appropriate antibiotic use, reduce the transmission of resistant bacteria, or prevent HAIs in the first place.

These funding opportunities are open to researchers in all healthcare settings: long-term care, ambulatory care, acute care hospitals, and those focusing on transitions between care settings. Companion funding opportunities are also available for demonstration and dissemination projects for both [HAI](#) and [CARB](#).

For more details about AHRQ's HAI program, [click here](#).

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CMS Emergency Preparedness Training Online Course Now Available

The Centers for Medicare & Medicaid Services (CMS) has developed the new [Emergency Preparedness Training Online Course](#), which is available on demand; learners may access it at their convenience: 24 hours a day, 7 days a week, and 365 days a year. This course is required for all State Survey Agency (SA) and Regional Office (RO) surveyors and reviewers who conduct or review health and safety or LSC surveys for emergency preparedness requirements. Non-survey professionals and other SA or RO support staff responsible for ensuring compliance with regulations are also encouraged to take the course. **How to Self-Enroll:** Learners may self-register and self-launch the course on the Integrated Surveyor Training Website at <https://surveyortraining.cms.hhs.gov>

When you navigate to the Integrated Surveyor Training Website (ISTW), click on "I am a Provider." Next, click on the course catalog and search for the Emergency Preparedness course. You do not need a username and password when accessing the course through the provider link. If you need technical assistance, please contact the CMS ISTW Help Desk at 1-855-791-8900 or cmstraininghelp@hendall.com.

The [final CMS Emergency Preparedness Rule](#) was designed to establish consistent emergency preparedness requirements for health care providers participating in Medicare and Medicaid, increase patient safety during emergencies, and establish a more coordinated response to natural and man-made disasters. Additional information is available in the [CMS EP Rule Interpretive Guidance](#) and on the [CMS EP Rule page](#). ASPR TRACIE has developed a dedicated [CMS EP Rule landing page on our website](#) and the [ASPR TRACIE CMS EP Rule: Resources at Your Fingertips](#), which includes key planning considerations and links to relevant additional resources.

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Please share the IHA Institute Insights member update with your staff to spur engagement in our collective effort to improve health care quality and patient safety in Illinois. To add individuals to our email list, please contact [Tammy De Leonardis](#) with your request.