IAQH 2017 Spring Conference Just Around the Corner

This conference stands to be the must-go-to meeting for quality professionals in 2017! Mark your calendars! Don’t forget to register, there is still time!

**WHEN:** April 18, 2017

**WHERE:** Holiday Inn Jordan Creek, West Des Moines

Donna Wright, Creative Health Care Management, highlights the day. Donna brings a global perspective to staff development competency assessment. She is well known for her irreverent wit and uses humor therapeutically. Her two books, *The Ultimate Guide to Competency Assessment* and *Relationship-Based Care* will be the focus for our day. With her background as an oncology nurse and extensive experience working with health care executives, she understands health care organizations and caregivers.

Rounding out the day is motivational speaker Steve Siemens who will present on “If Excellence Isn’t Enough? What Is?”

The Iowa Association of Healthcare Quality (IAHQ) provides networking opportunities to all who are interested in promoting patient safety and quality improvement activities. Learn more about IAHQ here.

*See you soon!!*
Transformation in Health Care

This conference will equip attendees with the right skills to manage an ever-changing environment....

Transformation in health care presents a multi-faceted challenge for today’s providers. Health care settings must learn to be agile when adapting to adjusting payment environments, more educated patient populations, increased reporting burdens and an expectation for improved quality outcomes. In addition, there are regulatory pressures to provide value-based care that could potentially impact reimbursement. This conference will equip attendees with the right skills to manage an ever-changing environment, offer tactics to keep up on projects and provide strategies for engaging quality professionals on patient-centric quality outcomes.

Join with other quality professionals from throughout the state on April 18, 2017, at the Holiday Inn Jordan Creek in West Des Moines. The day promises to engage quality management and performance improvement professionals, utilization management professionals, case management/discharge planners, risk management/safety officers, nurse executives/registered nurses and compliance officers with information to assist in day-to-day work settings. IHA will provide an up-to-the-minute legislative update on all things state and federal.

Speakers include Donna Wright, well-known for her energy, humor and refreshing approach to education and learning. Ms. Wright will provide a path to “Our Place, Our Purpose, Our Vision: Leading with Clarity.” This session will explore what it takes to bring clarity and alignment to daily culture. Ms. Wright also rounds out the early afternoon session with “Responsibility, Authority and Accountability” where she will share the best tools to promote accountability and clarity in our daily work. Also back by popular demand, Steve Siemens will lead attendees through “If Excellence Isn’t Enough, What Is”? While excellence may not be enough in today’s world and a often a moving target, it is attainable. Find the five requirements to exceed excellence and become distinct!

Look forward to seeing you on April 18!

Kathy Trytten

Senior Director, Information and Quality Management

District Meetings

**District A**: April—IAHQ, May 3rd, August 2nd, November 1st and February 7th—Cherokee

**District B & C**: April—IAHQ, June 9 10:30 – 2:00 PM in Cedar Falls and Nov 3 10:30-2:00 at Hansen Family or Franklin Co. (TBD)

**District D**: Jennifer Arp—April—IAHQ, June 16th, August 18th, October 20th, and December 15th—Atlantic

**District E**: April—IAHQ, May 11, 2017 10-11am CT

**District F**: April—IAHQ, June 2—Pella Regional Hospital

**District G**: Open

District F and G met at Lucas County Health Center in Chariton on March 9th. Twilla Kruzic gave the group a tour of the facilities. Telligen and HIIN updates. IHC patient safety award winner presentation.

**District Representatives**

District A: Heather Gann
District B: Sarah Pavelka
District C: Megan Mollenbeck
District D: Jennifer Arp
District E: Ellyn Cowan
District F: Angela Freeman
District G: Open
Join the Telligen Antibiotic Stewardship Initiative for Outpatient Healthcare

The Situation

The headlines are meant to be scary: Superbugs. Crisis. The End of Antibiotics. Concerns about the rise of antibiotic resistance cross federal, state, academic and industry lines. But how do outpatient healthcare providers translate this grave concern into action? And what resources are available to outpatient providers to help face this threat?

Antibiotic stewardship programs harness multidisciplinary teams and a strategic approach to monitor, reduce and prevent misuse and overuse of antibiotics. Core Elements of Outpatient Antibiotic Stewardship (Facility Guidelines Checklist: http://www.cdc.gov/getsmart/community/improving-prescribing/core-elements/core-outpatient-stewardship.html) from the Centers for Disease Control and Prevention (CDC) identify four areas of focus in outpatient settings: Commitment, Action for Policy and Practice, Tracking and Reporting and Education and Expertise. Specific activities within each focus area will help you integrate antibiotic stewardship standards and principles into your practice.

Join Us

As a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for the Centers for Medicare & Medicaid Services (CMS), Telligen can help your outpatient healthcare facility implement its own antibiotic stewardship program.

Participation in the Telligen outpatient antibiotic stewardship initiative not only improves patient care, but it also helps your facility comply with federal quality improvement program requirements—such as the Merit-Based Incentive Payment System (MIPS) offered through CMS and the Improving Communications and Readmissions (iCARE) program supported through the Federal Health Resources and Services Administration Medicare Rural Hospital Flexibility Grant Program.

Other Benefits

- **Tailored assistance.** Whether you’re securing buy-in from leadership or refining antibiotic tracking and reporting methods, Telligen can help.
- **On-point resources.** Telligen has evaluated the best educational resources for providers and patients and brings them to you.
- **Ongoing education.** Telligen keeps you informed with continuing education and access to subject-matter experts.
- **No-cost quality improvement expertise.** As a QIN-QIO for CMS, Telligen services are provided at no cost to outpatient healthcare providers.
- **Focused on solutions.** In response to the alarming rise of antibiotic-resistant infections, the U.S. White House has called for a 50 percent reduction in inappropriate antibiotic use in outpatient settings by 2020. Telligen offers practical, evidence-based guidance to help get you there.

The Goal

To measurably improve patient outcomes and reduce microbial resistance in outpatient settings through the adoption of the CDC core elements of outpatient antibiotic stewardship.
IMPLEMENT Antibiotic Stewardship

The Core Elements of Antibiotic Stewardship

Commitment: Demonstrate dedication and accountability to optimize antibiotic prescribing and patient safety.

Action for Policy and Practice: Implement at least one policy or practice to improve antibiotic prescribing, assess effectiveness and modify as needed.

Tracking and Reporting: Monitor antibiotic prescribing practices and offer regular clinician feedback or self-assessment opportunities.

Education and expertise: Provide educational resources to clinicians and patients about antibiotic prescribing and ensure access to needed expertise to optimize antibiotic prescribing.

About the Telligen QIN-QIO

The Telligen Quality Innovation Network-Quality Improvement Organization (QIN-QIO), in collaboration with the Centers for Medicare & Medicaid Services (CMS), supports the U.S. Department of Health and Human Services (HHS) National Quality Strategy to accomplish better care, smarter spending and better health for people and communities.

Working together within a three-state network, teams in Iowa, Illinois and Colorado work side by side with providers in all settings of care on quality improvement initiatives, while pooling resources and common elements to best serve the needs of beneficiaries, families, caregivers and healthcare providers across the region.

Colorado | Deanna Curry | deanna.curry@area-d.hcqis.org | 720-554-1479
Illinois | Jenny Winkler | jennifer.winkler@area-d.hcqis.org | 630-928-5822
Iowa | Sheryl Marshall | sheryl.marshall@area-d.hcqis.org | 515-273-8844
Pharmacy team | Katy Brown | katy.brown@area-d.hcqis.org | 515-453-8124
Dalavia Edmon | dalavia.edmon@area-d.hcqis.org | 630-928-5827

www.telligenqinqio.com


This material was prepared by Telligen, Medicare Quality Innovation Network Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.
### Instructions for Staff Leading the Review
1. **ASK** – Are you ok? Provide care, as needed
2. House Supervisor or Employee Health will conduct a fall huddle
3. Involve department director and any witnesses
4. Complete the Fall Huddle form and route a copy to Employee Health along with the injury packet
5. Complete Employee Injury packet (green folder)
6. Complete Variance
7. Route Employee Injury packet to Employee Health Nurse, include this form in the injury packet

### Employee:

#### Complete Variance within 24 hours

#### Fall Summary:
- Witnessed? □ Unwitnessed
- Witness Name __________

#### Location of Fall:
- **Department:** ______________________
  - Patient room
  - Hallway
  - Bathroom
  - Other: ______________________

#### Is there a camera in the area of the fall? ____ No ____ Yes

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### Risk Factors: Check all that apply

- Medical Condition
- Gait/Balance
- Environmental (wet floor, cords, tubing, clutter, etc.)
- Recent Injury
- Recent Surgery
- Sensory Function (vision, hearing, confusion)
- Other: ______________________

### EMPLOYEE ACCOUNT OF THE FALL

- What were you doing or trying to do just before you fell?

- What was different this time?

- Distance of Fall?
Why do you think you fell? (Drill down using the “5 Whys” approach, refer to page 3)

Perception of person completing form?

ROOT CAUSE OF THE FALL (CHECK ALL THAT APPLY)

<table>
<thead>
<tr>
<th>Medical Condition</th>
<th>Gait/balance</th>
<th>Sensory/Mental</th>
<th>Environmental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vital Signs – abnormal or</td>
<td>Amount of Assistance</td>
<td>Vision</td>
<td>Floor wet</td>
</tr>
<tr>
<td>significant change</td>
<td></td>
<td>Hearing</td>
<td>Cords</td>
</tr>
<tr>
<td>Medical Condition Change</td>
<td></td>
<td>Chemical Withdrawal</td>
<td>Tubing</td>
</tr>
<tr>
<td>Medication</td>
<td></td>
<td>Impaired Cognition</td>
<td>Glitter</td>
</tr>
<tr>
<td>Declining Condition</td>
<td></td>
<td>Confusion</td>
<td>Equipment not locked</td>
</tr>
<tr>
<td>Frequent Falls</td>
<td></td>
<td></td>
<td>Furniture</td>
</tr>
<tr>
<td>Altered Elimination—Incontinence, frequency,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>urgency</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

EXPLAIN/OTHER:

WHAT IS THE FOLLOW-UP PLAN

Participants:

INTERVENTIONS:
What interventions need implemented or adjusted to rectify the identified root cause of the fall?

5 Whys Approach

Definition: 5 Why is a process of asking WHY at least 5 times in a row to detect the root cause or meaning of a particular problem or situation.

1. Identify the problem, situation or concept to studied
   Problem: Patient fell in the bathroom.

2. Ask why the particular situation exists. Why did you fall in the bathroom?

3. After each response continue to ask “Why.”

4. Continue asking why until everyone is satisfied they have arrives at the root cause.

EXAMPLE:

Why did you fall in the bathroom?
   Answer: I was trying to get up off the stool?

Why were you trying to get up off the stool by yourself?
   Answer: I thought I would do it by myself

Why did you think you would do it by yourself?
   Answer: I want to do this by myself so I can go back home.

Contributing factors indicated she had fallen at home 2 times in the last year. She has a history of CHF and received high doses of Lasix since in the hospital resulting in increasing weakness.

Root Cause: Patient trying to do things herself so she can go back home, thus the root cause was behavioral in nature attempting to do things she was not ready to do on her own.

Interventions: Teaching – explain your concern about her failing which will possibly delay her ability to go home. To help her gain better strength have PT come and show her some leg strengthening exercises. So she does not fall while regaining her strength, would you agree to let staff supervisor her getting up.
# Post Fall Huddle Form

The goal of conducting this huddle is to determine cause of fall, create patient-centered interventions, and prevent future falls.

## Situation

**Date of Fall:** __________ / __________ / __________  
**Time of Fall:** ________________  
**Location of Fall:**  
☐ Patient Room  
☐ Bathroom  
☐ Hallway  
☐ Other: ________  
**Activity prior to Fall:**  
☐ In bed  
☐ Transferring  
☐ Toilet  
☐ Ambulating  
☐ Chair  
☐ Bedside commode  
☐ Reaching  
☐ Other: ________  
**Assisted Devices Used:**  
☐ Cane  
☐ Walker  
☐ Gait Belt  
☐ Wheelchair  
☐ Other: ________  
**Was the patient able to get up independently?**  
☐ Yes  
☐ No  
**Last time patient was rounded on:** ________________  
**Last time patient toileted:** ________________

## Assessment

### Type of Fall

- ☐ Accidental fall (e.g., slip/tip)
- ☐ Assisted to floor/lowering
- ☐ Unanticipated physiological fall
- ☐ Anticipated physiological fall

### Injuries

- ☐ None (No signs or symptoms of injury)
- ☐ Minor (bruise, abrasion, persistent pain, requiring ice, limb evaluation, wound cleaning)
- ☐ Moderate (resulted in muscle/joint strain, or requiring sutures, 1st-degree skin glue, or splinting)
- ☐ Major (fracture, and/or resulted in casting, traction, surgery, required consultation for neuro)

### Vital Signs

- BP: ________________  
- Pulse: ________________  
- RR: ________________  
- O2 Stat: ________________  

**Patient able to get up independently?**  
☐ Yes  
☐ No

## Questions

- **Patient’s account of fall?**
- **Your account of patient fall?**
- **Was the patient at correct Morse Fall Score level? Were appropriate interventions in place?**

## Follow-Up Plan:

- ☐ Assistance when out of bed
- ☐ Frequent rounding
- ☐ ‘Slow down’ or ‘stop signs’
- ☐ Bed alarm
- ☐ Decrease medications that might increase fall risk
- ☐ Fix environmental problems
- ☐ Floor pads
- ☐ Decrease extraneous noise
- ☐ Home evaluation prior to discharge
- ☐ Gait Belt
- ☐ Individualized toileting schedule
- ☐ Fix robe/pajama bottom length
- ☐ Hip protectors
- ☐ Lighted room
- ☐ Have patient wear proper footwear
- ☐ Mobilize patient
- ☐ 1:1 Surveillance
- ☐ Encourage use of glasses/hearing aid
- ☐ Rehab assessment
- ☐ Speech assessment
- ☐ Other: ________

### Comments:

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**Post Fall Checklist**

- ☐ Patient/Family Education
- ☐ Communicated at Huddle
- ☐ Medication Review
- ☐ Appropriate personnel notified
- ☐ Root Cause Analysis
- ☐ Update record with date of fall and time

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*Iowa Healthcare Collaborative Compass Hospital Improvement Innovation Network (HIN) | Post Fall Huddle Form*
<table>
<thead>
<tr>
<th>CAUSE OF FALL</th>
<th>CONSIDER THE FOLLOWING INTERVENTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobility/Gait</td>
<td>Assistive device</td>
</tr>
<tr>
<td>Musculoskeletal, weakness</td>
<td>Rehab assessment</td>
</tr>
<tr>
<td>Balance</td>
<td>Mobilize patient</td>
</tr>
<tr>
<td>Neurological deficit</td>
<td>Bed alarm, Hip protectors</td>
</tr>
<tr>
<td></td>
<td>Floor pads, Assistance when out of bed</td>
</tr>
<tr>
<td>Elimination/toileting issues</td>
<td>Frequent, prompted toileting</td>
</tr>
<tr>
<td></td>
<td>Bed alarm, Call light instruction and reminders</td>
</tr>
<tr>
<td>Cognitive impairment, agitation</td>
<td>Bed alarm, Frequent rounding, Distraction, use of activities</td>
</tr>
<tr>
<td></td>
<td>Speech assessment, 1:1 Surveillance</td>
</tr>
<tr>
<td>Sensory deficit, vision, hearing</td>
<td>Encourage use of glasses, hearing aid, Lighted room, Decrease extraneous noise</td>
</tr>
<tr>
<td>Impulsivity</td>
<td>Frequent rounding, Bed alarm, ‘Slow down’ or ‘Stop’ signs</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>Frequent rounding, Bed alarm</td>
</tr>
<tr>
<td>Medication</td>
<td>Decrease or eliminate meds that might increase fall risk with provider/pharmacist</td>
</tr>
<tr>
<td>Cardiac, orthostatic hypotension</td>
<td>‘Slow Down’ or ‘Stop’ signs, Assistance when out of bed</td>
</tr>
<tr>
<td>Slip/trip, environmental factors</td>
<td>Fix environmental problem ASAP, Have patient wear proper footwear, Fix robe/pajama bottom length,</td>
</tr>
<tr>
<td></td>
<td>Home evaluation prior to discharge</td>
</tr>
<tr>
<td>No non-slip footwear</td>
<td>Have patient wear proper footwear</td>
</tr>
</tbody>
</table>

**Education for Patients and Families:**
Brochures available for Patients and Families provided by Centers for Disease Control and Prevention:

- [Stay Independent. Prevent Falls](#)
- [Family Caregivers: Protect Your Loved Ones from Falling](#)
- [Check for Safety brochure (English)](#)
- [Check for Safety brochure (Spanish)](#)
President’s Message

Iris Vering

The calendar tells us that spring is officially here, and this time of the year always makes me feel energized. Maybe it’s the longer days (more sunlight makes such a difference), the singing birds (they sound louder, really), or that unmistakable smell of fresh dirt (and emerging night crawlers) right after a rain shower. As the trees morph from skeletal to fully-coated with leaves, and the flowers appear (I swear it all happens in a couple days), it almost seems as if we all of a sudden wake up from a months-long hibernation of sorts. And with that awakening comes a brighter view of the world.

So maybe that’s why literally all healthcare-related seminars happen in April… I’m kidding when I say that of course, but I do ponder that a spring meeting takes advantage of the extra energy that renewal brings. So we at the Iowa Association for Healthcare Quality (IAHQ) and the Iowa Hospital Association (IHA) are very proud to offer the annual IAHQ Spring Conference on April 18th at the Holiday Inn Hotel & Suites at Jordan Creek in Des Moines. Donna Wright with Creative Health Care Management will share her insights on leadership, and Steve Siemens with Siemens People Builders will talk about excellence. We will also hear from IHA’s Maureen Keehnle on the latest advocacy updates. Aside from the great information, it’s also an opportunity to network and catch up with our quality colleagues in the healthcare world.

Know that work continues on the IAHQ strategic plan:

Promote CPHQ Credentialing:

Increase awareness of IAHQ membership and CPHQ review course.

Outcome measure: Add 2 or more members achieving the Certified Professional in Healthcare Quality (CPHQ) by 07/01/17.

Provide Scholarship for Professional Growth:

Clarify scholarship parameters and increase awareness of this opportunity.

Outcome measure: Increase scholarship applications (compared to previous year) and stay within budget.

Enhance the IHA – IAHQ Partnership

Clarify and enrich the IHA-IAHQ working relationship.

Outcome measure: Increase number of IAHQ members by 07/01/18.

Members should start to see some outcomes of this work over the next several months. For example, we are happy to announce two recently-approved webinars as part of our partnership with IHA, one on MACRA (“Unlocking the Door to MACRA Quality Payment Program”) and the other on reducing readmissions (“Lost in Translation: Bridge the Gap Between Post-Acute Care and Reduce Your Readmissions”). Watch for information on these and other resources, to be coming your way soon.

Your IAHQ district representatives are also hard at work planning for the 2017 district meetings. Stay tuned for more information – Remember, these sessions are great ways to learn and connect.

I send wishes for a season filled with new energy that drives the pursuit of information and creativity. We at IAHQ remain committed as a resource for you, and hope you’ll take time out of your busy schedules to join us in April.

Best Wishes,
Iris Vering
IAHQ Board President
Director of Quality Services, Waverly Health Center
Professional Development

HQ Principles: Build Your Quality Toolkit
HQ Principles is an interactive online certificate program that introduces quality and patient safety fundamentals, methodologies, and concepts for healthcare professionals.

The program provides a clear understanding of healthcare quality through six learning modules:

- The Evolution of Healthcare Quality
- Principles of Quality Improvement
- Quality Improvement Processes and Methods
- Using Data to Make Decisions
- Teamwork at All Levels of the Organization
- Putting It All Together: Driving Healthcare Quality into the Future

Upon completing the modules and passing the post-test, you’ll earn an HQ Principles certificate. This certificate validates your knowledge and demonstrates your value as a healthcare quality professional, leading to improved health outcomes and increased contributions to the profession.

Who Can Benefit from HQ Principles

- Individuals new to healthcare quality
- Individuals who have been given added responsibilities or who are looking to refresh their knowledge
- Healthcare quality leaders with teams that need to be trained

For group pricing, contact us at info@nahq.org or 800.966.9392.

This program is approved for 5.75 nursing contact hours.