MHA: Strategic Quality
What’s Up Wednesday|Lunch and Learn
Your clinical quality, process improvement resource

Toi Wilde, Program Manager
July 12, 2017
July 2017

• Healthcare-Associated Infections
  ➢ Driving sustainable change in hand hygiene — the problem we only THINK we solved
  ➢ Shaping the culture of HAI prevention
• Strategic Quality Initiatives Updates
• Upcoming Events and Resources
Healthcare-Associated Infections
Healthcare-Associated Infections

More than 1 million infections occur across health care every year.

Cost an estimated $30 billion per year.

About 1 in 25 patients gets an infection each year while receiving medical care in U.S. hospitals.

Six urgent or serious antibiotic-resistant threats, plus C. difficile, can cause HAIs.

National Center for Emerging and Zoonotic Infectious Diseases
Cost to Hospitals from HAIs

$10 Billion
Cost per Episode

- **Central Line Infection**: $45,000
- **Ventilator-Related Pneumonia**: $40,000
- **Surgical Site Infection**: $21,000
- **C. diff. Infection**: $11,000
- **Catheter-Related Urinary Tract Infection**: $9,000
HAIs Cost Much More ...

- A baby was born prematurely

She was progressing in the neonatal intensive care unit until she developed a bloodstream infection related to her umbilical catheter.
HAIs Cost Much More ...

- A father has heart surgery

The surgery goes well, but he later dies in a nursing home of a MRSA wound infection that developed after surgery.
HAIs Cost Much More ...

- A sister contracts C. diff after giving birth

She has lived with this unbearable infection through six months of relapses.
32,479 people died in traffic accidents

75,000 hospital patients died from a healthcare-associated infections
Number of Deaths from HAIs

- Each year — 75,000
- Each month — 6,250
- Each day — 206
- Each hour — 8
Infection Control Challenges
Germ Survival

- Rotavirus: 60 days
- VRE: 4 months
- Acinetobacterspp: 5 months
- C.diffspores: 5 months
- MRSA: 7 months
- E. coli: 16 months
- S. typhimurium: 4.2 years

Surfaces Re-Contaminate Quickly After Cleaning

Policy and Procedure Compliance

- Hand hygiene compliance
- Surgical site infection challenges
- Room cleaning issues
- Medical equipment cross contamination
- IT device cross contamination
Driving Sustainable Change in Hand Hygiene — The Problem We Only THINK We Solved
accurate

“Without data you’re just another person with an opinion.”

- W. Edwards Deming,
  Data Scientist
The Limitations of Direct Human Observation for Measurement of Hand Hygiene Compliance

Srigley et al demonstrated, in 2014, that HCWs were 3x more likely to clean hands when in the line of sight of a direct observer! A 300% Hawthorne Effect

**COMPLIANCE MYTH:**

Direct Observation (DO) is the best way to measure compliance. **Fact:** Small sample size with DO *(only 1.2–3.5% of all events are captured)* and the Hawthorne Effect leads to hand hygiene compliance rates **overstated by up to 300%**.
Juxtaposed Roles – Direct Observation + E Monitoring => the New Gold Standard?

• The new paradigm will likely be to de-couple DO from measurement and use it for what it is best for.
  ➢ Real-time coaching and feedback
  ➢ Obstacle and barrier identification — as the basis for action planning to remove them
  ➢ Technique assessment
  ➢ Discipline specific behavior

• Enhancing DO with E Monitoring as was presented at SHEA 2016 by Kelly and Steed et al.
The current issue of AJIC reinforces this new paradigm with an article by John Boyce
Electronic HHC Measurement Can Make a Critical Difference

• The first major/disruptive change in HH since alcohol-based hand rubs were introduced
• Electronic data collection captures 100 percent of hand hygiene events and eliminates the Hawthorne Effect
• Visibility to compliance rates 24/7/365
• Accurate and reliable data provides insight for targeted intervention and continuous improvement — complacency when rates are artificially overstated is eliminated; instead a sense of urgency to improve spurs culture and behavior change
The Improvement Imperative with Hospital-Acquired Condition Penalty Changes for 2017

- MRSA and C. diff rates become part of the penalty calculation

MANDATORY IMPROVEMENT:

With significant cuts to reimbursement fees ($94B by 2022) and penalties for poor quality (CMS Penalties), continuous improvement is mandatory. When 100% of hand hygiene events are captured, **compliance can improve, risk of infections and penalties are reduced and costs are avoided.**
The E Monitoring Technology Universe – Three Categories

1. Group Monitoring – Non Badge Based
2. Individual or Group Monitoring – Badge Based (Stand Alone)
3. Individual or Group Monitoring – Badge Based Enabled with a Real Time Locating System (RTLS) Infrastructure

‘Generic’ Example of How E Monitoring Works

- 100% of Hand Hygiene Events Captured 24/7/365
- Eliminating Bias, Hawthorne Effect and Unreliability of Direct Observation
Example E Monitoring Technologies
MRSA Reduction/Penalty Elimination – APIC, 2016

• Example of success and results at Riverside Medical Center

• Following implementation of an E Monitoring System
  ➢ Hospital HHC increased from 57 percent in Dec. 2013 to 79 percent in Sept. 2015 — a 39 percent increase.
  ➢ Hospital onset MRSA rate dropped from 3.94 to 1.98 per 10,000 patient days — a 50 percent reduction.
  ➢ The facility paid no readmissions penalties in 2015 and was one of only seven hospitals in Illinois that paid no ACA related penalties in 2015. They had paid a 0.24 percent of CMS Revenue penalty in 2013.
Best Practice Seven-Point Checklist

1. Foster psychological safety and promote a just culture
2. Ensure leadership engagement is authentic and known by all
3. Use direct observation for unit-based feedback and real time barrier identification — then develop and agree on an action plans to remove them
4. Agree on unit specific improvement goals and celebrate small successes — the goal is progress versus perfection
5. Give frequent feedback on performance — share the data daily at first
6. Designate unit based hand hygiene champions (front line staff NOT unit leadership) and adopt a one-minute huddle and handoff practice with hand hygiene champions
7. Make HHC improvement part of performance evaluation with routine reporting of results to senior leadership
Shaping the Culture of HAI Prevention
Prevention Collaboratives

• Experience is showing that multi-facility collaborative projects are the gold standard in HAI prevention

• Many “change methods” that have demonstrated success
  ➢ TeamSTEPPS
  ➢ Comprehensive Unit-Based Patient Safety Program (CUSP)
  ➢ Six-Sigma
  ➢ STRIVE
TeamSTEPPS Tools

- Huddle
- CUS
- Check-Back
- Feedback
- Collaboration
- Handoff

- Prevention of HAIs and C. Diff
- Improved Patient Safety
Up Campaign!

• Soap Up
  ➢ Prompt peer performance
  ➢ Track quietly and trend loudly
  ➢ Drive drift down

WHY SOAP UP?

➢ Hand-washing is the single most effective way to reduce the transmission of health care-acquired infections.
➢ Effective hand-washing cuts across all infection related topics.
Infection Control Resources

- **Qualaris Hand Hygiene Audit Tool**
  - Data-driven, collaboratively connected improvement made easy for MHA members through free improvement software tools.

- **Change Packages**
  - Catheter-Associated Urinary Tract Infection
  - *C. difficile* Infection
  - Central Line-Associated Bloodstream Infection
  - Surgical Site Infection
  - Ventilator-Associated Event

- **MHA Infection Control Resources**
  - Quality/Regulatory Orientation Guide
  - Survey and Certification Manual
Sustainability

- Supportive team environment
- Transparency/share data
- Feedback
- Coaching
- Engaged staff/refresher training
- Apply new learning and skills
Take Aways

• HAI’s are a preventable infection
• Requires collaboration, communication and teamwork
• All teams have the same shared mental model — same goal
• Accurate data driven direction
• Follow evidence-based practice
2017 Key Strategies and Initiatives Update
HIIN Update

• HIIN 2Q 2017 operational items assessment due date
  ➢ Monday, July 24 — end of business day
  ➢ Completed through Survey Monkey
• HIIN monthly monitoring data due date
  ➢ Oct. 16–June 17 — due Friday, July 21
HIIN Regional Bootcamps

- Attend an upcoming FREE regional bootcamp in your area
- Open to all MHA member hospitals
- HAI/Hand Hygiene/ASP
- Operational-Focused
- $500 Innovation Stipend to use toward HAI Reduction Project
  - Minimum of three attendees
  - Two front-line staff
HIIN Regional Bootcamps

Missouri HIIN Regional Boot camps are designed to offer a more interactive and hands-on learning environment. The boot camps will highlight hospital or health care-acquired infections and different evidence-based practices and techniques for prevention.

8:30 a.m.
Registration

9 a.m.
Welcome and HIIN Project Update
Jessica Stultz

9:15 a.m.
Ice Breaker Activity

10 a.m.
Hand Hygiene Case Study

10:30 a.m.
HAI: Proven Tools and Methods to Achieve and Sustain Reductions in Patient Harm – Part I
Betsy Lee and Barb Debaun, Cynosure Health

11:30 a.m.
Lunch

1 p.m.
HAI: Proven Tools and Methods to Achieve and Sustain Reductions in Patient Harm – Part 2
Betsy Lee and Barb Debaun, Cynosure Health

2 p.m.
Antibiotic Stewardship Program Immersion Project Case Study

2:30 p.m.
HAI — Action items and synthesis for sustainability
Betsy Lee and Barb Debaun, Cynosure Health

3 p.m.
Wrap-Up
Amanda Keilholz, Jessica Stultz and Toi Wilde

3:30 p.m.
Adjournment
HIIN Regional Bootcamp Registration

- **Cape Girardeau**
  - July 18
  - Ray’s Banquet Center
  - Register [here](#)
  - Agenda [here](#)

- **Chesterfield**
  - July 19
  - Hampton Inn & Suites
  - Register [here](#)
  - Agenda [here](#)

- **Springfield**
  - Aug. 24
  - Oasis Hotel Convention Center
  - Register [here](#)
  - Agenda [here](#)

- **Independence**
  - Aug. 25
  - Hilton Garden Inn
  - Register [here](#)
  - Agenda [here](#)

*Registration for Cape Girardeau and Chesterfield closes on Friday, July 14th EOBD.*
Do Your Physicians Participate in Quality Improvement?

**PHYSICIAN INCLUSION OPPORTUNITIES**

- **ABMS MOC Part IV**
  - Final touches are putting put on the ABMS MOC Part IV communication that will go out on soon. We are excited to be able to offer this opportunity to many physicians that work on QI projects on HIIN!

- **Adaptive Leadership**
  - Adaptive Leadership in Medicine Workshop
  - Physicians and hospital executives to attend
  - Provide the insight and resilience needed to lead change when facing complex systemic problems
  - Chicago, Aug. 2-3
  - Register here
  - Registration deadline — Friday, July 14
  - [Register here!](#)
HLQAT

- Hospital Leadership And Quality Assessment Tool
- Measures board members, C-Suite executives and management/supervisors for how well they are implementing evidence-based practices shown to support a culture of safety and high performance in clinical quality measures
- No frontline staff survey component
- **Survey content**
- **FAQ**
HLQAT Survey

- MHA is providing this complimentary opportunity for all HIIN hospitals to access and utilize this survey.
- Two phase options
  - Phase I — June – Dec. 2017
  - Phase II — April – Aug. 2018
  - One or both (comparison option)
Immersion Projects

• Antibiotic Stewardship Program — in month seven of the project

• Readmissions Reduction/Care Transitions
  ➢ Registration — June 12 – July 14
  ➢ Project launches Aug. 15, 2017 – Sept. 7, 2018

• Sepsis
  ➢ Registration — Oct. 2 – Oct. 31
  ➢ Project launches Nov. 29, 2017 – Sept. 2018

• HIIN participating hospitals receive complimentary fee coverage

• Non-HIIN participating hospitals will be charged the project fee based on MSC fee schedule
Readmissions Reduction/Care Transitions Immersion Project – Cohort 2

Readiness Assessment Checklist
Readmission Whiteboard Video Series

• The readmissions whiteboard video series is designed to focus and align with the material in the HRET HIIN Preventable Readmissions Change Package and top ten checklist.

• The goal is to facilitate an improved understanding of best practices to test and implement, in order to support efforts in reducing all cause 30-day readmissions.

• 11 videos in this series for strategies focused on the development and sustainability of readmissions reduction plans and programs.
Qualaris Audit Tool Projects

New MHA Collaborative Learning
To complement members’ improvement project work, MHA is partnering with Qualaris Healthcare Solutions to offer members access to four Evidence-Based Practice audit tools: Sepsis, Hand Hygiene, Culture of Safety Rounding, and Readmissions/Care Transitions.

Improve Outcomes
These tools support rapid process improvement by simplifying EBP observational data collection and providing real-time information to identify gaps and focus on areas for improvement.

MHA Audit Tool Demo

Simplify and Save Time
Replace paper-based work with secure, web-based digital collection on any workstation or mobile device and easily share real-time data and reports.

Qualaris Audit Tool Projects

Intent to Participate
MHA is pleased to announce the opportunity for Missouri hospitals to join the Qualaris Healthcare Solutions audit tool projects to promote real-time review and improvement. The tools will help hospitals easily automate observation-based workflows to improve clinical practices and care processes through web and mobile tools that do not require IT staff to set up.

To complement members’ improvement project work, MHA is partnering with Qualaris to offer members access to up to four evidence-based practice audit tools: Sepsis, Hand Hygiene, Culture of Safety (COS) Rounding and Readmissions/Care Transitions.

By completing this form, you will get:
• Complimentary MHA-sponsored software for auditing and improving care at the bedside
• User-friendly tools that will have you up and running in minutes
• Sharing of best practices via MHA’s collaborative reports and check-ins

As certain immersion projects “go live,” use of these tools will be required for data collection.

Please select the audit tool projects your organization will use to improve care.

- Hand Hygiene
- Culture of Safety Rounding
- Sepsis
- Readmissions/Care Transitions

Primary Contact Name: ____________________________ Title: ____________________________
Organization: ____________________________ Phone: ____________________________
Email: ____________________________ Date: ____________________________

Thank you for your interest in the Qualaris audit tool projects. If you have questions, please contact Jessica Smiley at 573-893-3700, ext. 1391.

Submit 1
Resources
Monthly Newsletter

Quality News

June 2017

In This Issue
- MHA Initiatives and Programming Update
- Announcements
- Resources
- Quality Reporting News
- Quality and Population Health News

Join the Conversation
Find us on LinkedIn.

Upcoming Events
- Missouri Preceptor Academy
  - Tuesday, July 11
  - BJCC Learning Institute
  - St. Louis, Mo.
  - Click here to register

- Tuesday, July 18
  - Hilton Garden Inn
  - Independence
  - Click here to register

Spotlight
- Readmissions Reduction/Care Transitions Immersion Project – Cohort 2
  - The Missouri Hospital Association is pleased to announce the opportunity for Missouri hospitals to join the Quality Works' Readmissions Reduction/Care Transitions Immersion Project – Cohort 2 launching Tuesday, Aug. 15.
  - Immersion projects are topic-focused, time-limited and provide structure to implement evidence-based practices and achieve improved outcomes. Each project engages the Triple Aim framework of better health, better care and lower costs, to improve population health.
  - This project focuses on decreasing readmissions and improving care transitions for hospital-based patients and uses a recommended four-

Click here for past issues
MHA Trajectories

“Opioid Use Disorder: Assessing and Treating a Chronic Illness”

In the July issue we feature a short video of Dr. Sam Page, anesthesiologist, discussing the benefits of a PDMP in a practice setting. This video is a joint effort among many Missouri health care provider associations and will be the first in an ongoing series of physician-to-physician videos about various opioid reduction strategies.
The Opioid Crisis | Interactive Toolkit

Strategies to Reduce Opioid Misuse

- Prevention
  - Missouri Prevention Resources
  - Prescribing Guidelines: Emergency Department
  - Managing Pain

- Assessment & Treatment
  - Assessment
  - Treatment

Understanding the Issue

- Background
- Research

- Patient Education
  - Addiction
  - Pain Management
  - Understanding Use and Disposal of Narcotics

- Policy Changes
  - Prescription Drug Monitoring Database
  - Payers
  - Access to Treatment

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Additional Opioid Resources

• Opioid Patient Education Flyer #1: Disposal (View Spanish Version)
• Opioid Patient Education Flyer #2: Prescribing (View Spanish Version)
• Opioid Patient Education Flyer #3: Pain Management (View Spanish Version)
Change packages have been recently created or updated. Change packages for Malnutrition, Diagnostic Error and Antibiotic Stewardship are in development and scheduled to be released in July.

- Adverse Drug Events
- Airway Safety
- Catheter-Associated Urinary Tract Infection
- *C. difficile* Infection
- Central Line-Associated Bloodstream Infection
- Culture of Safety
- Delirium
- Exposure to Radiation
- Falls
- Multi-Drug Resistant Organisms
- Pressure Ulcers
- Readmissions
- Sepsis
- Surgical Site Infection
- Ventilator-Associated Event
- VTE Change Package
Trustee Video

• AHA/HRET designed a video guide to illustrate the important role that leaders and trustees can play in the journey to improve patient care. It serves as a tool for all trustees to use as they work towards the goal of eliminating all patient harm within their organizations.

• To accompany the videos, a workbook has been designed to be used as a tracking tool as viewers prepare for each module, view the videos and then discuss key take-away’s.
Podcasts

• **Sepsis Snippets for Success** — Discusses regulatory requirements, quality improvement and science information. This podcast can support hospital teams with understanding and use of the sepsis predefinition.

• **ADE Prevention Hypoglycemia** — Provides an overview of hypoglycemia and adverse drug prevention.
Upcoming Events

• **Making Sense of the PSO Privilege Post HHS Guidance** (Vizient™ PSO members only)
  ➢ Courtyard by Marriott, Columbia
  ➢ July 13

• **Missouri Preceptor Academy**
  ➢ Hilton Garden Inn, Independence
  ➢ July 18

• **Engaging Physicians: The Art and Science of Building Trust and Partnership – Studer Group**
  ➢ Tan-Tar-A Resort, Osage Beach
  ➢ July 20
Upcoming Events

- **Credentialing Boot Camp**
  - Holiday Inn Executive Center, Columbia
  - July 27-28

- **Missouri Rural Health Conference**
  - The Lodge at Old Kinderhook
  - August 15-17

- **The Nurse Resilience Academy**
  - SSM Health St. Mary’s Hospital – Jefferson City
  - August 25

- **2017 Missouri Preceptor Academy**
  - St. Mary’s Medical Center – Blue Springs
  - September 7
Upcoming Events

- **15th Annual Health Care Leadership Series 2017-2018**
  - The Health Care Leadership Series consists of eight, one-day training sessions that will be held monthly on Fridays, September through May. There will be no session in December.
  - Sessions will be held at Courtyard by Marriott in Columbia, Mo.

- **Dates**
  - Session 1 — Sept. 8, 2017
  - Session 2 — Oct. 6, 2017
  - Session 3 — Nov. 10, 2017
  - Session 4 — Jan. 12, 2018
  - Session 5 — Feb. 9, 2018
  - Session 6 — March 9, 2018
  - Session 7 — April 13, 2018
  - Session 8 — May 11, 2018
Upcoming Virtual Events

- **Compliant Utilization and Billing**
  - 10 a.m. Thursday, July 13

- **HIIN Huddle**
  - 2 p.m. Tuesday, July 25

- **Medical Staff Bylaws Update**
  - 9 a.m. Thursday, August 3

- **South Central HIInergy Group Webinar – Transforming Culture for Safety**
  - 10 a.m. Wednesday, August 2

- **Managing Conflict — Controlling Unwanted Behaviors**
  - 10 a.m. Friday, August 4

- **FLEX MBQIP and Pop Health Update**
  - 10 a.m. Tuesday, August 8

- **Quality, Value and Payment for Health Care Providers**
  - 10 a.m. Thursday, August 10
Upcoming Virtual Events

- **Infection Prevention and Control – Challenging Standards**
  - 10 a.m. Tuesday, August 15

- **Holding the CEO Accountable: Best Practices for Evaluating and Improving Performance**
  - 10 a.m. Wednesday, August 16

- **Coaching and Mentoring**
  - 9 a.m. Tuesday, August 22
Save the Date

- Population Health Webinar for CAHs
  - 10 a.m. Tuesday, August 22
  - More information coming soon
- Excellence in Clinical Care Series
  - Camden on the Lake – Lake Ozark
  - September 26-29
- 2017 Annual Emergency Preparedness & Safety Conference
  - Lodge of Four Seasons – Lake Ozark
  - October 11–13
Thank You for Joining Us!

• Questions?
• See you at 12 noon Wednesday, August 2
  ➢ Statewide PFAC Council Overview and Update — presented by Alison Williams
  ➢ Click here to register!
Sources

- Anderson, A. M. (2017). *Preventing HAIs, HACs, and Medication Errors Using TeamSTEPPS [PowerPoint slides]*.
Contact Information

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