



Quality News

September 2017

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Upcoming Events

Excellence in Clinical Care Series — Patient Safety, Quality Improvement, Infection Prevention

Sept. 26-29

Camden on the Lake
Lake Ozark, Mo.

Click [here](#) to register

FLEX MBQIP Regional Meetings

Wednesday, Oct. 5

Hampton Inn
Clinton, Mo.

Click [here](#) to register

Wednesday, Oct. 11

Comfort Inn
Chillicothe, Mo.

Click [here](#) to register

Wednesday, Oct. 18

Holiday Inn Express & Suites
Festus, Mo.

Click [here](#) to register

2017 Annual Emergency Preparedness & Safety Conference

Oct. 11-13

Lodge of Four Seasons
Lake Ozark, Mo.

Click [here](#) to register

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Spotlight

Health Care-Acquired Infections – Focus on Urine Culture Practices

Urinary tract infections are one of the most common infections, accounting for nearly 10 million health care visits and 100,000 hospitalizations annually. A subset of UTIs — catheter-associated UTIs — account for up to 25 percent of health care-acquired infections, with more than 35,600 events reported by acute care hospitals to the National Healthcare Safety Network in 2013. Three factors often lead to adverse health care events — urinalysis without medical indication, improper urine collection technique for urinalysis and/or culture, and misinterpretation of positive results. Adverse health care events often lead to increased financial burden, over-reporting of mandated CAUTI events, over-treatment of patients with antimicrobial agents, and increased *C. difficile* infections. Moreover, national evidence-based guidelines that support the basis for clinical therapy decisions or surveillance interpretations are not widely known and/or lack adherence.

Improving urine culture management will require hospitals to impose a culture change in culturing — a collaborative effort involving the infection preventionist, hospital management, clinicians and microbiologists. The article "[Promoting Appropriate Urine Culture Management to Improve Healthcare Outcomes and the Accuracy of Catheter-Associated Urinary Tract Infections](#)" includes a review of important findings to assist system and staff behavior analysis, leading to formation of a performance improvement plan. A strong improvement plan should include appropriate indications for urine culture collection, modification of clinical practices for urine specimen ordering, proper methods of collection and preservation and coordination with antibiotic stewardship programs.

Recommendations for Urinary Culture Performance Improvement:

- establish a pre-culture strategy that directs efforts toward a culture ordering algorithm or criteria rather than solely addressing issues after a urine analysis or urine culture test is finalized
- modify the electronic medical record to include appropriate and inappropriate indications for UAs/UCs that include presence of

95th Annual Missouri Hospital Association Convention & Trade Show

Nov. 1-3
Tan-Tar-A Resort
Osage Beach, Mo.
Click [here](#) to register

Virtual Events

Unifying Improvement: Finding a Clear Route to Integrated Improvement

Presented by Beterra
Wednesday, Sept. 13
1 p.m.
Click [here](#) to register

Third Quarter Emergency Preparedness Update Webinar

Thursday, Sept. 14
11 a.m.
Click [here](#) to register

HIIN Huddle

Tuesday, Sept. 28
2 p.m.
Click [here](#) to register

PSO Operations: Defining & Operationalizing PSES

Vizient™ PSO members only
Tuesday, Oct. 3
1:30 p.m.
Click [here](#) to register

What's Up Wednesday

Wednesday, Oct. 4
Noon
Click [here](#) to register

Culture in Action: Developing Meaningful Action Plans with Safety Culture Survey Results

Presented by Beterra
Thursday, Oct. 26
1 p.m.
Click [here](#) to register

For additional MHA

patient symptomology

- provide education for all clinicians who order urine cultures with emphasis on appropriate indications for urine cultures and urinary tract infection symptoms in catheterized and non-catheterized patients
- carefully evaluate patients with fever and order urine cultures as appropriate; reflex urine testing should be considered only if used in conjunction with careful clinical evaluation for signs and symptoms of UTI
- ensure proper collection and handling of urine specimens
 - delineate policies and procedures and educate personnel on the proper methods to collect urine cultures, particularly for catheterized patients, emphasizing disinfection of the sampling port and limiting collection of specimens from the port and never from the collection bag
 - standardize the use of refrigeration or preservative tubes in all health care settings, including ambulatory clinics and emergency departments
- incorporate into the facility's quality monitoring process adherence to urinary culture ordering and collection policies

September is Sepsis Awareness Month

The Centers for Disease Control and Prevention has created a webpage, [Get Ahead of Sepsis](#), which is a national effort to encourage health care professionals, patients and caregivers to prevent infections, be alert to the signs of sepsis and act fast if sepsis is suspected. Sepsis is the body's extreme response to an infection. It is life-threatening, and without timely treatment, sepsis can rapidly lead to tissue damage, organ failure and death. Six ways you can help your organization "get ahead of sepsis" during September follow.

1. [Download and distribute new educational materials](#), which include fact sheets and brochures for patients, caregivers and health care professionals.
2. Watch and share "[The Domino Effect](#)" video public service announcement and "Four Ways to *Get Ahead of Sepsis*" [video](#).
3. Add a [Twibbon](#) to your social media profile picture.
4. Using #GetAheadofSepsis in all social media messages.
5. Post the new [web buttons](#) to your organization's website or blog.
6. Each Wednesday throughout the month, the will CDC highlight and share EBP resources, tools, as well as the sepsis change package and checklist.
7. Sept. 13 – [World Sepsis Day](#) – MHA is asking member hospitals to send pictures of themselves actively preventing sepsis; e.g., washing hands, sharing tools, etc., to jstultz@mhanet.com. Stories of survivorship and stewardship also are welcome and encouraged! Photos will be tweeted with #whyimhiin #sepsisawareness

September 22 is [Falls Prevention Awareness Day](#) — check out [Show Me Falls Free Missouri Coalition](#) to find out about an event in your community.

MHA Initiatives and Programming Update

Strategic Quality Advisory Committee

events, click [here](#)

MHA is pleased to announce Thomas Keim, CEO of Ste. Genevieve County Memorial Hospital in Ste. Genevieve, Mo., has assumed the position of Chair of MHA's Strategic Quality Advisory Committee. Keim brings several decades of hospital administration



Thomas Keim, CEO of Ste. Genevieve County Memorial Hospital, presides over a recent meeting of the Strategic Quality Advisory Committee

experience to the group to advance the quality and safety improvement agenda in Missouri. Keim takes over for Stephen J. Bhelich, retired CEO of Saint Francis Health System, Cape Girardeau, Mo.

MHA Hospital Improvement Innovation Network

The 2017 regional bootcamps recently concluded with great success. Missouri hospitals sent 116 attendees, many of which are front-line staff, to learn more about their critical role in reducing HAIs.



Springfield Regional Bootcamp

Fourteen hospitals will be receiving the \$500 stipend for bringing teams with front-line staff to the meeting. Barb DeBaun and Betsy Lee, quality improvement advisors from Cynosure and keynote speakers, discussed making HAI prevention a team sport and the culture of culturing. Attendees worked through developing next steps to accomplish within their organizations and heard excellent hospital case study presentations covering HAI prevention, hand hygiene and antibiotic stewardship program implementation, project successes and lessons learned were heard as well. Thank you to Gayla Tripp, Saint Francis Medical Center; Katie Godsey, Perry County Memorial Hospital; Meagan Gray and Rebecca Gordon, Mercy Hospital St. Louis; Brenda Huddleston, Mercy Hospital Springfield; Jennifer Walker and Jodie Sapaugh, Phelps County Regional Medical Center; Becky Smith, North Kansas City Hospital; Gina Glisson, Fitzgibbon Hospital; and Lori Bishop, Northwest Medical Center, for sharing your stories!



Kansas City Regional Bootcamp

A great foundation has been established to launch the 2018 improvement year. Planning for the second round of site visits is underway with a focus on tailoring actions to HIIN-participating hospitals' needs based on data and year one project results. HIIN-participating hospitals can look forward to a future strategy that highlights a roadmap to high reliability organizations, instituting a culture of safety, patient and family engagement, the UP Campaign and the LEAN Six Sigma Green Belt project. Additional support will continue to help make this project a success.

The [Health Research & Educational Trust Adaptive Leadership for Medicine](#) training will be held in Nashville, Tenn., Oct. 26-27. This opportunity allows a physician and administrator from the same organization to join together and gain valuable leadership tools. Adaptive leadership assists in providing leaders with the insight and resilience needed to lead change when facing complex systemic problems in uncertain times. HRET will be offering scholarships for HRET HIIN and non-HIIN-participating hospital physicians and administrators to attend.

The scholarship includes:

- HIIN-participating hospitals — complimentary training, hotel and airfare
- Non-HIIN-participating hospitals — complimentary training

[Register](#) online. Please note that all individuals interested in applying must identify their joining team member on the registration form. The joining team member also must register separately. The deadline to register for this training is **5 p.m. Friday, Sept. 15.**

MHA Zero Heroes Club

MHA congratulates the following HIIN-participating hospitals with the most zero harm measures reported. These organizations have either achieved and/or sustained a zero rate of harm and are in the top-10 percent of HIIN-participating hospitals in MHA's HIIN project. Congratulations to the "Zero Heroes" for the month of August! Click [here](#) to view the "Zero Heroes."

The Journey Ahead

MHA was joined by five hospital representatives to attend the AHA/HRET's Journey Ahead: Advancing Health in America conference in San Diego on July 25-27.

- Brenda Huddleston from Mercy Hospital Springfield
- Rebecca Gordon and Meagan Gray from Mercy Hospital St. Louis
- Julie Fraser-Young and Jana Limbaugh from Missouri Delta Medical Center

Brenda, Rebecca and Meagan shared storyboards on their hospitals' quality improvement projects. More than 500 attendees networked and shared their stories of success.

The Missouri team acted as part of a large "think-tank" to assist the American Hospital Association in developing strategies for future improvement work.

"The varying backgrounds of the individuals at our table encouraged rich dialogue and helped us to look at the challenges we face every day in



Rebecca Gordon, Meagan Gary, Jessica Stultz, Julie Fraser-Young and Jana Limbaugh attend the Journey Ahead: Advancing Health in America conference

a new way. ... We left the conference feeling inspired and empowered. We plan to use several ideas that were shared with us regarding readmission reduction methodologies (and in particular how we are looking at our data) as we start our work with the immersion project. It was a very good use of my time, and I am so glad I went. Thank you!" ~ Meagan Gray



Meagan Gray and Rebecca Gordon share a storyboard on their hospitals' quality improvement projects

New Reporting Requirements for CCHD Effective Nov. 30

According to the American Academy of Pediatrics, roughly 18 out of every 10,000 babies are born with a critical congenital heart defect. CCHD can be difficult to detect prenatally and even during the newborn assessment period. Realizing treatment is often required during infancy, the Secretary of the U.S. Department of Health & Human Services recommends screening be added to the universal newborn screening panel. Some states have taken the secretary's recommendation a step further and are passing laws surrounding the screening and reporting initiative. Missouri is one of those states, passing [Chloe's Law](#) in 2013. Since Jan. 1, 2014, hospitals have been asked to report voluntary, aggregate CCHD screening results to the Missouri Department of Health and Senior Services as an electronic reporting mechanism was being developed. Effective Thursday, Nov. 30, [19 CSR 40-12.010](#) requires hospitals to submit patient-specific data using the Missouri Electronic Vital Records (MoEVR) system similarly to how they currently report hearing screening results. Mandatory reporting includes time and date of screening, pulse oximetry results for both hand and foot; screening outcome (pass, fail, repeat); reasons for not screening, if an echo was completed; and status/diagnosis if known. Additional resources include the following.

- [American Academy of Pediatrics](#)
- [American Heart Association](#)
- [March of Dimes](#)
- MHA is hosting a free [webinar](#) to member hospitals on Thursday, Nov. 9.

Patient and Family Advisory Council

The MHA Statewide PFAC is actively moving forward. A virtual meeting was held Aug. 3. The council reviewed member feedback on the mission, vision and action steps, and made additional revisions to those items. Members were asked to provide feedback from a patient/family perspective on an emergency department transition of care document, as well as a council member manual. The council will come together for an in-person meeting on Friday, Dec. 1, to finalize 2018 action plans.

Announcements

[Excellence in Clinical Care Series — Patient Safety, Quality Improvement, Infection Prevention](#)

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[Qualaris Audit Tool Projects](#)

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. The tools create an opportunity to complete observational-based audits with real-time data compilation and reports. Real-time data can drive real-time results. Access to the tools menu is open to all MHA members through September 2018.

[The University of Missouri Sinclair School of Nursing 3rd Annual Conference Perinatal Nursing](#)

Resources

[Opioid Toolkit](#) — MHA's interactive opioid toolkit provides access to current national and Missouri research, and practice and policy guidance to address the opioid epidemic.

[2017 Aim For Excellence Annual Report](#) — This year's Aim for Excellence report summarizes the progress and trends of specific quality measures related to infections, patient safety and readmissions.

[August 2017 What's Up Wednesday slides](#) — Development of Statewide PFAC

[Population Health Program and Strategy](#) (10-minute podcast)

[Community Health Needs Assessment Resources](#) — From assessment to implementation, MHA can work in partnership with your staff to complete all, or parts of, a CHNA that complies with Internal Revenue Service requirements.

Additional resources can be found on the [MHA Hospital Improvement Innovation Network](#) website

Quality Reporting News

[CMS Announces Dry Run Of Hospital Visits After Outpatient Surgery Measure](#)

[TJC Releases Specifications Manual Version 2017B](#)

[CMS Releases Hospital-Specific Reports For Clinical EBP Measures](#)

[CMS Provides eCOM Submission Status Report Update](#)

[TJC Modifies 2017 ORYX Requirements, Releases 2018 ORYX Reporting](#)

[CMS Posts Summary Of SEP-1 Changes To QualityNet](#)

[CMS Revises CEBP HSRs](#)

[CMS Announces IQR and EHR Education Session](#)

[CMS Accepts Comments On Star Ratings Methodology](#)

[Deadline Approaches For Second Quarter 2017 HCAHPS Data Submission](#)

Regulatory News

[IRS Revokes Hospital's Tax Exempt Status](#)

Quality and Population Health News

[CMS Announces State Surveyors EP Training Online](#)

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