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

Alison Williams, Vice President of Clinical Quality Improvement
June 14, 2017
June 2017

• Antibiotic Stewardship
  ➢ Regulatory and legislative update
  ➢ Program implementation components
• Strategic Quality Initiatives Updates
• Resources and Upcoming Events
Infection Control and ASP Update

Sarah Willson, Vice President of Clinical and Regulatory Affairs
Senate Bill 579

**Infection Reporting**
- Added CRE to list of communicable diseases
- ICAP-NHSN
- Report minimum of four SSI

**Antibiotic Stewardship**
- Every hospital, except psychiatric hospitals, and ASC to establish an ASP
- Requires hospitals (except psychiatric hospitals) to report AU or AR to CDC NHSN AUR Module when stage 3 MU regulations to allow reporting are in effect
Senate Bill 579 Update

- DHSS working on proposed rules for infection control reporting
- No progress to date on rules for ASP survey guidelines
  - Hospitals still must have an ASP by August 28, 2017
- DHSS may be considering tiered system for ASP program requirements
  - Eg. California, Georgia
Are We Ready? Survey says... NO
MHA Infection Control Resources

- Self Assessment Checklists: Acute, CAH
- Survey and Certification Manual
- Quality/Regulatory Orientation Guide
- Inside Track Publications on ASP
  - August 2016
  - November 2016
  - May 2017
- Hospital Annual Survey: IT Readiness for AUR Reporting
State Infection Control and ASP Resources

- Missouri Code of State Regulations: Title 19
- Missouri Code of State Regulations: Chapter 20
- DHSS - Bureau of Hospital Standards
  - Kathie Thomas or Melodie White, 573/751-6303
  - Richard Grindstaff, Bureau Chief, 573/751-6303
- DHSS Antibiotic Resistance website
  - Kate Henschel, 573/441-6235
Federal Infection Control and ASP Resources

- CMS Conditions of Participation: Appendices
- CMS website
- CDC website
- OSHA website
- Alliance for the Prudent Use of Antibiotics
- Alliance Working for Antibiotic Resistance Education (AWARE)
- Centers for Disease Control and Prevention. Get Smart. Know When Antibiotics Work
- United States Food and Drug Administration. Consumer Education: Antibiotics and Antibiotic Resistance
# On The Horizon

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<td>• Newborn Screening</td>
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Questions and Comments
Antibiotic Stewardship Program — Background
ASP to Combat Antibiotic Resistance

**Antibiotic discovery and resistance timeline**

- **Antibiotic class**
  - Penicillins
  - Macrolides
  - Carbapenems
  - Tetracyclines
  - Fluoroquinolones

**Date of resistance identified**
- 1940
- 1953
- 1985
- 1993

**Date of discovery**
- 1928
- 1948
- 1985

**Year**
- 1920
- 1930
- 1940
- 1950
- 1960
- 1970
- 1980
- 1990
- 2000
- 2010
- 2020

30 years since a new class of antibiotics was last introduced.
Community Antibiotic Prescribing Rates by State (2013/2014)*

50% of all antibiotics prescribed in U.S. health provider offices are either unnecessary or inappropriate

*Antibiotic prescriptions per 1000 persons
Prescribing data from 2014; population data from 2013
Source: IMS Health
The Call for Antimicrobial Stewardship Programs in Every Hospital by Every Provider
MHA’s Approach - ASP and the Triple Aim

- Infection Control Practices
- Conservative Prescribing Practices
- Population Health Through ASP
- Community Education
- Research and Development of Diagnostics and Treatments
Core Elements of Performance in Hospitals

- Leadership Support
- Accountability
- Drug Expertise
- Action
- Tracking
- Reporting
- Education

www.cdc.gov
www.jointcommission.org
The Joint Commission on Antibiotic Stewardship

- **Standard MM.09.01.01**
  - Leadership
  - Education - Staff/LIP
  - Education - Patients/families
  - Multidisciplinary team
  - Core elements
  - Protocols, policies and procedures
  - Collects, analyses and reports data
  - Act on improvement opportunities

**New Antimicrobial Stewardship Standard**

**Applicable to Hospitals and Critical Access Hospitals**

**Effective January 1, 2017**

**Medication Management (MM)**

**Standard MM.09.01.01**
The [critical access] hospital has an antimicrobial stewardship program based on current scientific literature.

**Elements of Performance for MM.09.01.01**

1. Leaders establish antimicrobial stewardship as an organizational priority. *(See also LD.01.03.01, EP 5)*
   - Examples of leadership commitment to an antimicrobial stewardship program are as follows:
     - Accountability documents
     - Budget plans

2. The [critical access] hospital educates staff and licensed independent practitioners involved in antimicrobial ordering, dispensing, administration, and monitoring about antimicrobial resistance and antimicrobial stewardship practices. Education occurs upon hire or granting of initial privileges and periodically thereafter, based on organizational need.

3. The [critical access] hospital educates patients, and their families as needed, regarding the appropriate use of antimicrobial medications, including antibiotics. *(For more information on patient education, refer to Standard...)*

Continued on page 4
Barriers to ASP Implementation

- Prescriber engagement, adherence to guidelines
- Leadership support – resources, accountability
- Data abstraction and reporting logistics
- Lack of high reliability functionality built into “the system”
- Lack of EHR functionality
- Lack of hospital-level expertise, human resources issues

*Quality Works ASP Immersion Project, Cohort 1, Nov. 2016-Aug. 2017 Survey*
Optimization
Actions

• Develop disease-specific treatment guidelines
  ➢ Pneumonia, SSTI, IAI, UTI, sepsis, *C. diff*
  ➢ If don’t have, follow IDSA guidelines
    – Johns Hopkins Antibiotic Guide and others on internet

• Develop criteria for use for certain antibiotics

• Patient review
  ➢ Positive blood cultures/other cultures, list of patients on certain antibiotics

Source: Antibiotic Stewardship - Strategies for Community Hospitals by Helen Newland, Pharm.D., BCPS
Actions

- Assess for empiric appropriateness based on guidelines
- Screen for safety, drug interactions, etc.
  - QTc-prolonging drug interactions common
    - Levofloxacin, azithromycin, fluconazole
    - Example: recommended ceftriaxone + doxy for CAP

Source: Antibiotic Stewardship - Strategies for Community Hospitals by Helen Newland, Pharm.D., BCPS
**Actions**

- Renal dose adjustment
  - Includes therapeutic drug monitoring AGs, vanco
- IV to PO
- Redundant therapy
  - Develop guide with ID MD
  - Automatic d/c by pharm of post-op abx if on therapeutic abx
- Approve by governing committee and put in ASP policy

**APPENDIX A**

**Redundant Antimicrobial Combinations**

It is estimated that eliminating redundant antimicrobial therapy in all US hospitals has the potential for saving $163 million in drug costs alone over a 5-year period. In addition to cost savings, discontinuing unnecessary antibiotics may lower the risk of adverse drug events as well as the risks that come with injectable medications such as bloodstream infections.

Redundant therapy is considered a combination of antibiotics from multiple columns or within the same column. This list includes the most common redundant combinations and is not intended to be exhaustive.

| Anti-gNRs | Ceftazidime, Aztreonam, Amoxicillin/clavulanate, Ticarcillin/clavulanate, Piperacillin/tazobactam, Ticarcillin, Metronidazole, Amoxicillin, Cefazolin, Cefuroxime, Ceftriaxone, Ceftazidime, Pefloxacin, Ciprofloxacin, Gentamicin, Tobramycin, Amikacin, Vancomycin, Linezolid, Ceftaroline, Imipenem, Meropenem, Tigecycline |
|-----------|
| Anti-MRSA | Daptomycin, Vancomycin, Linezolid, Ceftaroline |
| Dual B-lactams | Penicillins, Cephalosporins, Carbapenems |
| Dual B-lactams | Penicillin, Amoxicillin, Amoxicillin/subactam, Nafcillin, Aztreonam, Piperacillin/tazobactam, Cefazolin, Cefotetan, Cefuroxime, Ceftriaxone, Ceftazidime, Cefepime, Imipenem, Meropenem |
| Anti-tylids | Doxycycline, Azithromycin, Levofloxacin |

**REFERENCE**


Source: Antibiotic Stewardship - Strategies for Community Hospitals by Helen Newland, Pharm.D., BCPS
Actions

- Bug-drug mismatches, narrowing, de-escalation
  - Recommend *Pseudomonas*-sparing whenever indicated
  - D/C MRSA coverage if not recovered in culture or if MSSA grows
  - Avoid fluoroquinolones when possible
  - If no cultures, consider de-escalation if improving
  - Uncomplicated UTIs: 1st line tmp/smx, nitrofurantoin, fosfomycin
    - Watch out for renal function or if on warfarin (tmp/smx)

Source: Antibiotic Stewardship - Strategies for Community Hospitals by Helen Newland, Pharm.D., BCPS
Actions

- Infection ruled out
  - CHF vs. pneumonia
  - Asymptomatic bacteriuria
    - Do not treat even with pyuria (exceptions: pregnant or undergoing prostate procedure)

Source: Antibiotic Stewardship - Strategies for Community Hospitals by Helen Newland, Pharm.D., BCPS
Actions

• Duration of therapy

➢ Examples from IDSA guidelines
  – IAI 4 days if good source control
  – CAP 5-7 days
  – HAP/VAP– 7 days
  – SSTI 5-10 days

➢ At discharge - area of great need for antibiotic stewardship

Source: Antibiotic Stewardship - Strategies for Community Hospitals by Helen Newland, Pharm.D., BCPS
Actions

• Know when to recommend ID consult
  ➢ Possible examples: *S. aureus* bacteremia, endocarditis, bone/joint infection, meningitis, fungemia, MDR pathogens, >10-14 days duration and no defined endpoint, not improving with no explanation
  ➢ Put in policy so scope of ASP is clear and to have support if push-back

Source: Antibiotic Stewardship - Strategies for Community Hospitals by Helen Newland, Pharm.D., BCPS
Potential Metrics

• Project Process Measures
  ➢ Antibiotic consumption measures
    – Days of therapy (DOT) – by location versus by 1,000 patient days
    – Defined daily dose (DDD)
  ➢ Antibiotic stewardship compliance measures
  ➢ Infection control and prevention measures

• Project Outcome Measure
  ➢ *C. difficile* rate or
  ➢ *C. difficile* standardized infection ratio (for NHSN reporting hospitals)
Tracking/Reporting — Process Measures

ASP Workload

- Number of patients reviewed
- Number of patients with ASP actions
- Total number of ASP actions
- % of ASP actions implemented

IV to PO

Dose Optimization

- Doses increased and decreased

Source: Antibiotic Stewardship - Strategies for Community Hospitals by Helen Newland, Pharm.D., BCPS
Tracking/Reporting — Process Measures

Discontinue or Narrow Antibiotics

- Narrow spectrum/de-escalated
- Completed course
- Infection ruled out
- Redundant therapy

Initiation of Effective Antibiotics or Optimal Empiric Antibiotics

- Bug-drug mismatch or absent therapy
- Bug-drug mismatch or absent therapy – bloodstream
- Optimal empiric therapy

Safety

- Contraindication
- Drug interaction
- ADR

Source: Antibiotic Stewardship - Strategies for Community Hospitals by Helen Newland, Pharm.D., BCPS
Getting Started
Baseline Assessment

- CDC Assessment
- SHARP Intake Survey
  - Survey will be sent to members to gauge progress on ASP implementation
Developing Organizational Knowledge

Prescriber and Clinical Staff Education Resource

http://www.ahaphysicianforum.org/resources/appropriate-use/antimicrobial/content%20files%20pdf/CDC-Infographic.pdf
Developing Organizational Knowledge

Assessment of Appropriateness of Inpatient Antibiotics

1. Date: __________________________
   Gender: Male   Female
   Age: __________________________
   Service: _______________________
   Antibiotic: _____________________

2. Was an indication for antibiotic use documented? Yes  No
   A. If Yes, please document the indication below:

3. Were cultures collected? Yes  No
   A. If Yes, please document what site(s) or body fluid(s) was cultured.

4. If no organism was isolated within 72 hours of the first dose of antibiotics, were antibiotics stopped? Yes  No
   A. If No, was a reason for continuation documented? (Please document reason below)

5. If an organism was isolated by culture, was it susceptible to the prescribed antibiotic? (PRINT ANTIBIOTIC SUSCEPTIBILITY REPORT) Yes  No

6. If an organism was isolated by culture, were antibiotics changed or stopped after culture results were available? Yes  No
   A. If Yes, please document antibiotic change or check box below if stopped.
   __________ Antibiotics Stopped

7. Was the patient initially prescribed an intravenous (IV) antibiotic with good oral bioavailability? (See Appendix A) Yes  No
   A. If YES, was the antibiotic changed to an oral formulation (PO), within 24 hours of being eligible for oral medications? (See Appendix B for criteria) Yes  No

8. Total duration of antibiotic therapy while an inpatient for the above indication? _____ Days

Brief Summary of ASP programming, associated regulatory/legislative issues and rationale to share with executives, prescribers and staff.

Appendix A:
- Amoxicillin
- Amoxicillin/Clavulanate
- Azithromycin
- Cefpodoxime
- Ciprofloxacin
- Clindamycin
- Doxycycline
- Levofloxacin
- Linezolid
- Moxifloxacin
- Trimethoprim/Sulfamethoxazole

Appendix B:
1. Patients must meet the following criteria:
   A. Receiving oral or gastric tube intake.
   B. Tolerating other oral medications.

2. Patients are considered inappropriate for IV to PO conversion if any of the following are present:
   A. Mucositis.
   B. Malabsorption syndrome or gastrointestinal motility disorder.
   C. Severe nausea, vomiting or diarrhea.
   D. Continuous nasogastric suctioning.
   E. Continuous enteral feeds are contraindicated with oral ciprofloxacin, levofloxacin or moxifloxacin.
Protocols

University of Nebraska

Dosing Protocols

- Alternate Dosing Protocol Justification and Education
- Antimicrobial Desensitization
- Cefepime Dosing Protocol
- Colistin
- Dose Rounding Policy
- Renal Dose Adjustment Guidance for Antimicrobial CRRT Dosing
- Renal Dosage Adjustment Protocol for Antimicrobials
- Zosyn Dosing Protocol

Antimicrobial Restrictions

Anti-infective restriction process and use criteria summary

- Ceftolozane/tazobactam (Zyrbaxa)
- Colistin
- Cytomegalovirus immune globulin (CMV-IG, Cytogam)
- Daptomycin (Cubicin)
- Fosfomycin (Monurol)
- Peramivir
- Posaconazole (Noxafil)
- Tigecycline (Tygacil)
- Oral Ribavirin for RSV

Surgical Prophylaxis Protocol

The antimicrobial surgical prophylaxis protocol establishes evidence-based standards for surgical prophylaxis at The Nebraska Medical Center. The protocol was adapted from the recently published consensus guidelines from the American Society of Health-System Pharmacists (ASHP), Society for Healthcare Epidemiology of America (SHEA), Infectious Disease Society of America (IDSA), and the Surgical Infection Society (SIS) and customized to TNMC with the input of the Antimicrobial Stewardship Program in concert with the various surgical groups at the institution. The protocol established here-in will be implemented via standard order sets utilized within One Chart. Routine surgical prophylaxis and current and future surgical order sets are expected to conform to this guidance.

- ASHP Clinical Practice Guideline for Antimicrobial Prophylaxis in Surgery
- Open Fracture Prophylaxis Protocol
- Antimicrobial Guidance for Surgical Procedures
- Adult Solid Organ Transplant Antimicrobial Surgical Prophylaxis
- Intra-operative Redosing Reminders Introduced
- Pediatric Solid Organ Transplant Antimicrobial Surgical Prophylaxis

Antibiograms

- Antibiograms (restricted)
- TNMC Gram-negative Combination Antiobiogram
- Candida sp. Antiobiogram
- TNMC Urinary Antiobiogram 2012-2013

UCLA Health: ADULT ANTI-INFECTIVE DOSING GUIDELINES
Tools/ Forms

APRIL 2019 - Best Practices from the GNYHA/UHF Antimicrobial Stewardship Collaborative

ANTIMICROBIAL STEWARDSHIP TOOLKIT

Electronic Versions of Appendices are available at http://www.gnyha.org/antimicrobial/toolkit.

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<th>Appendix</th>
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<td>Assessment of Current Practices Survey</td>
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<td>A2 (Long Term Care)</td>
<td>Assessment of Current Practices Survey</td>
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<tr>
<td>B</td>
<td>Clinician Pre-/Post-Perception Survey</td>
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<td>C</td>
<td>Antibiotic Tracking Sheet</td>
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<td>D1 (i-Hospital)</td>
<td>Sample Models</td>
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<td>D2 (Long Term Care)</td>
<td>Sample Models</td>
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<td>Clinician-Oriented PowerPoint Presentation with Teaching Guide</td>
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<td>Pre-/Post-Assessment (Clinician Specific)</td>
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<td>Sample Recommendation Chart Stickers – IV:PO</td>
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<td>Sample Recommendation Chart Stickers – No Infection</td>
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<td>Sample Antimicrobial Stewardship Program Initial Request</td>
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<td>Theoretical Monthly Savings of an Antimicrobial Stewardship Program</td>
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<td>Administrator-Oriented PowerPoint Presentation with Teaching Guide</td>
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P & P

- **Iowa Pharmacy Association**
- **ASHP**
- **WSHA**

### Hospital Antibiotic Stewardship Programs

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<tr>
<td>Barnes-Jewish Hospital</td>
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<tr>
<td>The Cleveland Clinic Foundation</td>
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<tr>
<td>Stanford Antimicrobial Safety and Sustainability</td>
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<td>Columbia University Medical Center</td>
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<td>The Johns Hopkins Hospital</td>
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<td>The Nebraska Medical Center</td>
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<td>University of California, San Francisco</td>
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<td>University of Kentucky Hospital</td>
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<td>University of Miami and Jackson Memorial Hospital</td>
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<td>University of Pennsylvania Health System</td>
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<tr>
<td>University of Wisconsin Hospital and Clinics Antimicrobial Stewardship Program</td>
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<td>Wake Forest University</td>
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2017 Key Strategies and Initiatives Update
Launch of Statewide PFAC
Launch of Statewide PFAC

- Initial meeting on June 8-9
- Team of patient advocates, patient/family members, hospital staff
- Looking to add physician, risk manager, more patient and family members
- Initial charter and mission under refinement
- BHAGs
  - Inform MHA initiatives and advocacy needs
  - Support hospital-based development of PFE and PFAC
Focus on Hospitals - Transparency Initiative

- July 1 — mandate requiring transparent reporting of pricing data for top 100 DRGs
- MHA’s Focus on Hospitals transparency site participation requires both pricing and quality data
  - All but one Missouri hospital and the bi-state Kansas/Missouri hospitals are participating
  - Children’s hospital data will be on the website as of Nov.
HIIN Update

• Successful meeting last week
  ➢ Post-event survey was emailed – please complete and we appreciate your feedback!
• HIIN Monthly Monitoring Data Due Date
  ➢ Oct. 16 – May 17 — due Thursday, June 22
Regional Bootcamps

• Attend an upcoming FREE regional bootcamp in your area
• Open to all MHA member hospitals
• HIIN participating hospitals who send a minimum of three hospital staff (two frontline staff members must be included) will receive a $500 innovation stipend to use toward reducing HAI s
• MHA staff will follow-up with those receiving stipends to learn about your improvement efforts
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](#)
Physician/Leadership Opportunity

• 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
HIIN Change Package Update

- **VTE Change Package** has been released
- Change packages for Diagnostic Error and Antibiotic Stewardship are in development and scheduled to be released in July
- View other HRET change packages and resources [here](#)
New HRET HIIN Listservs

- Children's Hospital LISTSERV®
- Level 1 Trauma Center LISTSERV®
- To subscribe to these, or any of the HRET HIIN LISTSERV®, visit the website here
- Only applicable to HIIN hospitals
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
Qualarasis Audit Tool Projects

New MHA Collaborative Learning
To complement members’ improvement project work, MHA is partnering with Qualarisis 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.

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.

Share Best Practices

MHA Audit Tool Demo

Qualarisis Audit Tool Projects

Intent to Participate

MHA is pleased to announce the opportunity for Missouri hospitals to join the Qualarisis 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 Qualarisis 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
- Readmission/Care Transitions

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

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

Quality News

May 2017

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

Spotlight

Join the Conversation
Find us on LinkedIn.

Upcoming Events
- Hospital Case Management Boot Camp: Advanced
  May 2, 2017

Click here for past issues
The Opioid Crisis | Interactive Toolkit

Understanding the Issue

- Background
- Research

Strategies to Reduce Opioid Misuse

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

Assessment & Treatment
- Assessment
- Treatment

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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Opioid Resources

• MHA July 2017 Trajectories – Opioid Use Disorder: Assessing and Treating a Chronic Illness
• 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)
Updated MHA Quality Reporting Guides

- Acute Care Hospital Quality Reporting Guide
- Critical Access Hospital Quality Reporting Guide
- Specialty Services & Hospital Reporting Guide
Upcoming Events

- **Missouri Preceptor Academy**
  - BJ C Learning Institute, St. Louis
  - July 11

- **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
Upcoming Events

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

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

- **CMS 2017 Pharmacy and Medication: Complying With Hospital CoPs and Proposed Changes**
  - 9 a.m. Monday, June 19
- **Conducting a Root Cause Analysis**
  - 10 a.m. Tuesday, June 27
- **HIIN Huddle Webinar**
  - 1 p.m. Tuesday, June 27
- **Merit-Based Incentive Program for Physicians and Hospitals**
  - 10 a.m. Wednesday, July 12
- **Compliant Utilization and Billing**
  - 10 a.m. Thursday, July 13
Save the Date

• **Excellence in Clinical Care Series**
  - Lake Ozark, Mo.
  - September 26-29

• **2017 Annual Emergency Preparedness & Safety Conference**
  - Lake Ozark, Mo.
  - October 11-13
Thank You for Joining Us!

- See you at 12 noon Wednesday, July 12
  - Hospital Acquired Infections — presented by Toi Wilde
Contact Information

Alison Williams, MBA-HCM, BSN, R.N., CPHQ
Vice President of Clinical Quality Improvement
Missouri Hospital Association
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573/893-3700, ext. 1326