Alliant Quality HQIC Patient Safety Network

Welcome!

• All lines are muted on entry
• Please ask any questions in the chat
• Please actively participate in discussions via the chat

We will get started shortly!
Alliant Quality HQIC Patient Safety Network: Infection Prevention
Making Health Care Better Together

Hospital Quality Improvement

WELCOME!

Collaborators:
Alabama Hospital Association
Alliant Quality
Comagine Health
Georgia Hospital Association
KFMC Health Improvement Partners
Konza
Elizabeth “Libby” Bickers, LCSW

**CLINICAL SOCIAL WORKER**

I have been a social worker for over 20 years in multiple areas of healthcare, primarily hospice. I have also worked in dialysis, home health, long term care and inpatient hospital settings. I also worked in higher education as Director of Field Instruction at my alma mater, Valdosta State University. I have been a clinical reviewer, for over 5 years, with Alliant Health Solutions. I have been married for 23 years and have 2 children, a daughter and a son.

**Contact:** elizabeth.bickers@alliantaso.org

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Melody "Mel" Brown, MSM

**PATIENT SAFETY MANAGER**

Melody has over 40 years of healthcare experience including varied roles at Alliant Health Solutions working on the CMS contract for the Quality Innovation Network – Quality Improvement Organization (QIN –QIO). Coaching hospitals and nursing homes on all facets of healthcare quality improvement has been her focus as the Patient Safety Manager.

**Contact:** Melody.Brown@AlliantHealth.org

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Amy Ward, MS, BSN, RN, CIC

**INFECTION PREVENTION SPECIALIST**

Amy is a registered nurse with a diverse background in acute care nursing, microbiology, epidemiology and infection control. She is passionate about leading and mentoring new and future infection preventionists in their career paths.

**Contact:** Amy.Ward@Allianthealth.org

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Jennifer Massey, Pharm.D.

**PHARMACIST, ADVERSE DRUG EVENTS/OPIOID STEWARDSHIP**

Jennifer is a pharmacist with over 10 years of experience in the hospital setting as a clinical staff pharmacist; including ICU, emergency department, code response, and pediatrics.

**Contact:** Jennifer.Massey@Allianthealth.org
Learning Objectives

• Learn Today:
  • Learners will interact during the session in an all teach all learn environment.
  • Learners will share aspects of their completed fishbone diagram and SMART goal for improvement.

• Use Tomorrow:
  • Learners will begin to communicate their learning and root causes with their leadership before next session
Fishbone Diagram

- Used to identify the causes and effects of an event and get to the root cause
- The problem or effect is identified at the head or mouth of the fish
- Contributing causes listed under the larger cause categories (bones)
- Brainstorm to identify all the factors contributing to the problem or event
- Use the fishbone diagram to keep the team focused on the causes of the problem, rather than the symptoms or the solutions
Tips When Completing the Fishbone Diagram

• Consider drawing on a flip chart or large dry erase board
• Leave enough space between the major categories on the diagram so that you can add minor detailed causes later
• When you are brainstorming causes, consider having each team member write their ideas on a sticky note and place it on the diagram
• Note that the “five-whys” technique is often used in conjunction with the fishbone diagram
  • Keep asking why until you get to the root cause
• Another way to help identify the root causes from all the ideas generated is to consider a multi-voting technique
1. Select the event to be investigated
2. Select the team members for the project
3. Gather the facts and data
4. List all the contributing factors
5. Put all information together to complete your root cause analysis tool
Plan for Improvement

- Plan – Do – Study – Act
- A way to accomplish rapid cycle improvement
- Small tests of change rather than system wide until proven
- Cycles are intended to be short in duration, evaluated then adopted, adapted or abandoned
- Many times, you will need multiple PDSA cycles to effectively improve a system
SMART Goal Checklist

• Specific:
  • Is the intervention(s) focused and well defined?
  • Does the intervention include details like; who, what, when, and who is accountable?

• Measurable:
  • Does the intervention(s) include a way to measure progress (measurement/metrics) so the facility can assess effectiveness and course correct, if needed?

• Achievable:
  • Does the intervention(s) look attainable?
  • Does the facility have the capacity to do this or should they be looking for a more achievable intervention?

• Realistic:
  • Does the intervention(s) seem to make sense and align with the goal?

• Timely:
  • Does the intervention(s) include target dates, deadlines or progression timelines, for achievement?
Resources

Alliant Quality HQIC Website
Quality Improvement tools available to download
• Fishbone Diagram
• PDSA Worksheet

https://www.alliantquality.org/topic/hospital-quality-improvement/
Key Takeaways

• Learn Today:
  • Learners will understand the intention of the 5-part interactive series
  • Learners will leave prepared to complete a fishbone diagram and identify root causes for their own data trends

• Use Tomorrow:
  • Learners will develop a SMART goal to guide their process improvement work during this series
  • Learners will arrive to the next session prepared with their fishbone diagram and SMART goals

How will this change what you do?
Please tell us in the poll…
Questions?

EMAIL US AT HOSPITALQUALITY@ALLIANTQUALITY.ORG OR CALL US AT 678-527-3681
<table>
<thead>
<tr>
<th>HQIC Patient Safety Network Goals</th>
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<tbody>
<tr>
<td><strong>Adverse Drug Event Network</strong></td>
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<tr>
<td>✓ Decrease high dose opioid prescribing</td>
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<tr>
<td>✓ Reduce adverse drug events related to anticoagulants, glycemic agents, and opioids</td>
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<tr>
<td><strong>Infection Prevention Network</strong></td>
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<tr>
<td>✓ Reduce <em>C. diff</em> in all settings</td>
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<tr>
<td>✓ Reduce device associated infections - CAUTI and CLABSI</td>
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<tr>
<td>✓ Reduce Post – Op Sepsis and Sepsis Mortality</td>
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<tr>
<td><strong>Readmission Network</strong></td>
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<tr>
<td>✓ Reduce Hospital Readmissions</td>
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HQIC Goals

**Behavioral Health Outcomes & Opioid Misuse**
- Promote opioid best practices
- Decrease high dose opioid prescribing and opioid adverse events in all settings
- Increase access to behavioral health services

**Patient Safety**
- Reduce risky medication combinations
- Reduce adverse drug events
- Reduce *C. diff* in all settings

**Quality of Care Transitions**
- Convene community coalitions
- Identify and promote optical care for super utilizers
- Reduce community-based adverse drug events
# Upcoming Events

Please register for all five (5) sessions today to reserve your space.

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<tr>
<th>Readmissions</th>
<th>CAUTI &amp; CLABSI</th>
<th>Opioid ADE &amp; Opioid Stewardship</th>
<th>ADE: Anticoagulants &amp; Glycemic Agents</th>
<th>Sepsis &amp; Sepsis Mortality</th>
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<td><strong>Session 1</strong>&lt;br&gt;July 28</td>
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Thank you for joining us!
How did we do today?
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