Welcome!

- All lines are muted, so please ask your questions in Q&A
- For technical issues, chat to the ‘Technical Support’ Panelist
- Please actively participate in polling questions that pop up on the lower right-hand side of your screen

We will get started shortly!
Making Health Care Better Together

Hospital Quality Improvement

Welcome from all of us!

COLLABORATORS:
- Alabama Hospital Association
- Alliant Health Solutions
- Comagine Health
- Georgia Hospital Association
- KFMC Health Improvement Partners
- Konza
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.
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Rhonda Bowen, BSHS, CIC, CPPS, CPHQ, CPHRM
SENIOR IMPROVEMENT ADVISOR, PATIENT SAFETY
Rhonda has worked in rural and critical access hospitals for over 30 years, and directed patient safety, quality and infection prevention and control for the past 14 years. She is passionate about all aspects of patient safety and infection prevention and control, especially the effects of health literacy and organizational safety culture on patient outcomes.
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Learning Objectives

• Learn Today:
  • Review practice guidelines for CAUTI and CLABSI prevention.
  • Review gap assessment tool for CAUTI and CLABSI prevention.
  • Discuss gap analysis and how it can be used to target prevention efforts.

• Use Tomorrow:
  • Perform Gap analysis of current CAUTI and CLABSI practices.
  • Identify gaps in practice and develop action plan to bring practice up to standard.
A gap analysis is a way to assess the differences between actual practice and expected performance.

- Where we are versus where we aim to be.
- Can be completed in preparation for a regulatory survey.
  - Example: Comparing regulations to current practices to prevent non-conformities/deficiencies/citations.
- Can be used to compare best practice guidelines to current practice.
  - Example: Higher than expected CAUTI rates (or a single event if it is higher than expected) with no apparent root cause.
    - If there is identified gap and there is high quality of evidence for that recommended practice, then that is an area to focus in on.
Best Practice Guidelines

• CDC/HICPAC
  • CAUTI Guidelines | Guidelines Library | Infection Control | CDC
  • BSI | Guidelines Library | Infection Control | CDC

• SHEA Compendium
  • Strategies to Prevent Catheter-Associated Urinary Tract Infections in Acute Care Hospitals: 2014 Update on JSTOR
  • Strategies to Prevent Central Line–Associated Bloodstream Infections in Acute Care Hospitals: 2014 Update on JSTOR

• APIC
  • Guide to Preventing Catheter-Associated Urinary Tract Infections (2014) – APIC
  • Central Line-associated Bloodstream Infections (CLABSI) - APIC
What if the Best Practice Guidelines Differ?

• Often, if the guidelines are “cross-walked,” there will be slight variations or differences in the recommendation.

• Use this as an opportunity to meet with the IP medical director and/or physician champion.
  • Review the guidelines and provide them in print.
  • Ask them which, if any, they would recommend implementing at your hospital.
  • Follow up with another meeting to review their recommendation and rationale.

• Determine if a working group needs to be formed to implement the change in practice.
CAUTI Gap Assessment

An in-depth review of current practices versus the evidence-based guidelines.

- Patient and Family Education
- Appropriate Catheter Use
- Catheter Insertion Practices
- Catheter Maintenance Practices
- Urine Culturing Practices
- Indwelling Catheter Removal
- Documentation
- Staff Education
- Monitoring and Evaluation
- Infrastructure

Any ‘No’ answers should have action plans developed with timeline and person responsible.
CLABSI Gap Assessment

The CLABSI Gap Assessment is an in-depth review of current practices versus the recommended prevention guidelines.

- Patient and Family Education
- Insertion
- Access/Maintenance
- Documentation
- Monitoring and Evaluation
- Staff Education
- Infrastructure

Any ‘No’ answers should have action plans developed that include person responsible and timeline to completion.
PSN: Healthcare Associated Infection Series

Session 1: Guidelines for Prevention and Gap Assessment
Session 2: Surveillance and Data Analysis
Session 3: Back to Basics: Hand Hygiene
Session 4: Back to Basics: Cleaning/Disinfection/Sterilization
Session 5: Process Audit and Continual Improvement

Our plan will be to alternate the focus each month. Odd months will have a CAUTI/CLABSI emphasis, and even months will focus on C. diff/MRSA.
Resources

CAUTI
- HQIC Coaching Package – CAUTI
- HQIC CAUTI Gap Assessment Tool

CLABSI
- HQIC Coaching Package- CLABSI
- HQIC CLABSI Gap Assessment Tool
Key Takeaways

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  • Review gap assessment tool for CAUTI and CLABSI prevention.
  • Discuss gap analysis and how it can be used to target prevention efforts.

• Use Tomorrow:
  • Perform Gap analysis of current CAUTI and CLABSI practices.
  • Identify gaps in practice and develop action plan to bring practice up to standard.
Questions?

Email us at hospitalquality@allianthealth.org or call us at 678-527-3681.
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

December 9, 2021

(Occurring the 2nd Thursday of each month)

HQIC Patient Safety Network
Infection Prevention – CAUTI, CLABSI, C. diff, and MRSA

Amy Ward and Rhonda Bowen

quality.allianthealth.org
Thank you for joining us!
How did we do today?