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
Facilitator

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.

Amy loves to ride bikes and be outdoors!

Contact: Amy.Ward@Allianthealth.org
Learning Objectives

• Learn Today:
  • Introduction to CAUTI and CLABSI Cohort structure
  • Understanding of expectations
    • From subject matter experts
    • From QI coach
    • From hospitals

• Use Tomorrow:
  • Access available tools and resources to implement targeted interventions
Cohort Structure

• Targeted cohort members have been identified based on data
• Alliant supplies quantitative data
• Hospital supplies qualitative data – make it your program
  • What is happening in your building
  • What are your pain points around these topics
• Use quantitative and qualitative data to identify interventions
• Apply interventions in 1:1 dialogue, discussing barriers to implementation
• 30-day focus plans – rapid cycle process improvement
Expectations of QI Coach/Alliant SMEs

- Monthly 1:1 focus call with a QI coach for cohort intervention only
  - SME will attend as invited
- Monthly review of data – portal access
- PDSA review and implementation with each coaching call
- Provide timely resources for specified interventions
- Drop into Chat what you expect or need from the QI Coach/SME
Expectations for Hospitals

• Attend monthly 1:1 coaching calls for specific cohort topics
• Access portal data during coaching calls
• Assess root cause or contributing factors of events based on available data (fishbone)
• With QI coach – use root cause analysis to determine a potentially successful intervention
• Implement intervention using the rapid cycle (30-day) PDSA
• Continue rapid cycle improvement until a change is embedded and implement additional interventions to amplify success
What’s in our Toolbox?

• Fishbone diagram
• PDSA template/examples/recordings
• QI Boot Camp series
• Coaching packages
  • Top 5
• HQIC website resources
• Portal access
• Monthly newsletter
• 1:1 coaching
• Access to subject matter experts
Fishbone Diagram

- Problem = Head of the fish
  - Determined based on quantitative data
- Bones = major categories of contributors to the problem
  - Determined based on qualitative data
# PDSA Template

## HQIC Small Test of Change PDSA Worksheet

### Description of the Test of Change

<table>
<thead>
<tr>
<th>Person Responsible</th>
<th>Time to be Done</th>
<th>Where to be Done</th>
</tr>
</thead>
</table>

### List the Tasks Needed to Set up the Test of Change

<table>
<thead>
<tr>
<th>Person Responsible</th>
<th>Time to be Done</th>
<th>Where to be Done</th>
</tr>
</thead>
</table>

### Predict what will happen when the test is carried out.

<table>
<thead>
<tr>
<th>Predictions (as many as you need)</th>
<th>Measures for Predictions</th>
</tr>
</thead>
</table>

### What will happen when the test is carried out.

<table>
<thead>
<tr>
<th>Measures for Predictions (include a measure for each prediction)</th>
</tr>
</thead>
</table>

### 4. Do:

- Implement the change
- Try out the test in a small scale
- Carry out the test
- Document problems and unexpected observations
- Begin analysis of the data

### Study:

- Complete the analysis of the data
- Compare the data to your predictions
- Summarize and reflect on what was learned. Look for unintended consequences, surprises, successes, failures.

### Act:

- Adapt - modify the changes and repeat PDSA cycle
- Adapt - consider expanding the changes in your organization to additional residents, staff, units
- Abandon - change your approach and repeat PDSA cycle

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**Making Health Care Better Together**

**PDSA Template**

**HQIC**

<table>
<thead>
<tr>
<th>COLLABORATORS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alliant Health Association</td>
</tr>
<tr>
<td>Alliant Health Solutions</td>
</tr>
<tr>
<td>Coral Group Health</td>
</tr>
<tr>
<td>Georgia's Hospital Association (GHA)</td>
</tr>
<tr>
<td>Honor Health Improvement Partners (HorH)</td>
</tr>
</tbody>
</table>

**PDSA Cycle Template**

Model for Improvement: Three questions for improvement:
1. What are we trying to accomplish (aim)?
2. How will we know that change is an improvement (measures)?
3. What change can we make that will result in an improvement (ideas, hypotheses, theories)?

<table>
<thead>
<tr>
<th>ACT</th>
<th>PLAN</th>
<th>DO</th>
<th>STUDY</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are we trying to accomplish (aim)?</td>
<td>What will happen when the test is carried out?</td>
<td>What measures will you use to determine if the prediction is a success?</td>
<td>What measures will you use to determine if the prediction is a success?</td>
</tr>
</tbody>
</table>

**DO**:

- Implement the change
- Try out the test in a small scale
- Carry out the test
- Document problems and unexpected observations
- Begin analysis of the data

**Study**:

- Complete the analysis of the data
- Compare the data to your predictions
- Summarize and reflect on what was learned. Look for unintended consequences, surprises, successes, failures.

**Act**:

- Adapt - modify the changes and repeat PDSA cycle
- Adapt - consider expanding the changes in your organization to additional residents, staff, units
- Abandon - change your approach and repeat PDSA cycle
PDSA Example: Excess CLABSI Events

- AIM: To prevent five CLABSI events in the ICU by December 31, 2022.
- Plan: To promptly remove any intravascular catheter that is no longer essential.
- Do: Complete daily audits for necessity in the ICU and get removal orders for any catheter that is no longer necessary.
- Study: Review NHSN Standardized Utilization Ratio for the ICU prior to intervention implementation and after implementation.
- Act: If intervention is effective in SUR reduction, consider dissemination to other units with excess SUR or excess CLABSI events.
- REPEAT
Quality Improvement Basics Boot Camp

• Three-part series
• Tools/recordings available on the Alliant HQIC website
• Series focus:
  • Quality improvement models and tools
  • Process improvement
  • Developing a quality improvement team/who should be at the table
  • Resources to be shared
### Coaching Packages

#### Making Health Care Better Together

**CLABSI**

**Purpose:** Use the evidence-based best practices and resources to create quality improvement action plans.

<table>
<thead>
<tr>
<th>Category</th>
<th>Best Practice/Intervention</th>
<th>Links to Resources, Tools, Workshops, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>Comprehensive care for patients to minimize risk of central venous catheter-associated bloodstream infection</td>
<td>Education, training and staffing</td>
</tr>
<tr>
<td>Process Optimization</td>
<td>Subcutaneous injection site infection</td>
<td>Selection of catheters and sites</td>
</tr>
<tr>
<td>Policy/Protocol</td>
<td>Strict adherence to insertion site care and aseptic technique</td>
<td>Minimal sterile barrier precautions</td>
</tr>
<tr>
<td>Policy/Protocol</td>
<td>Use sterile barrier precautions for insertion of central venous catheters</td>
<td>Skin preparation</td>
</tr>
</tbody>
</table>

**CAUTI**

**Purpose:** Use the evidence-based best practices and resources to create quality improvement action plans.

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<thead>
<tr>
<th>Category</th>
<th>Best Practice/Intervention</th>
<th>Links to Resources, Tools, Workshops, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Coordination</td>
<td>Comprehensive care for patients to minimize risk of catheter-associated urinary tract infection</td>
<td>Antimicrobial Catheter Use</td>
</tr>
<tr>
<td>Device Management</td>
<td>Alternatives to Foley Catheter</td>
<td>Technical Innovations To Prevent CAUTI and ARBS</td>
</tr>
<tr>
<td>Device Management</td>
<td>Daily assessment of device necessity</td>
<td>Technical Innovations To Prevent CAUTI and ARBS</td>
</tr>
<tr>
<td>Device Management</td>
<td>Hand hygiene and prompt cleaning of the urinary tract</td>
<td>Technical Innovations To Prevent CAUTI and ARBS</td>
</tr>
<tr>
<td>Device Management</td>
<td>Infection control practices for cystoscopy</td>
<td>Technical Innovations To Prevent CAUTI and ARBS</td>
</tr>
<tr>
<td>Education</td>
<td>Staff and patient education on catheter insertion and care</td>
<td>Administrative infrastructure, Training and Education Resources (CDH)</td>
</tr>
<tr>
<td>Hygiene/Cleanliness</td>
<td>Compliance with bladder catheter bundle</td>
<td>Appendices, K, Infographic: Proper on CAUTI Prevention I ARBS</td>
</tr>
<tr>
<td>Hygiene/Cleanliness</td>
<td>Adherence to insertion criteria</td>
<td>Appendices, K, Infographic: Proper on CAUTI Prevention I ARBS</td>
</tr>
<tr>
<td>Leadership/Culture</td>
<td>Identified Infection Control Nurse Champion</td>
<td>Checklists for Assessing Executive and Physician, Champion Engagement</td>
</tr>
<tr>
<td>Metrics</td>
<td>Site-specific feedback on catheter insertion and care</td>
<td>Measurement</td>
</tr>
<tr>
<td>Metrics</td>
<td>Complete CAUTI event reporting forms</td>
<td>Appendices, D, CAUTI Event Report Template</td>
</tr>
</tbody>
</table>

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Targeted Interventions: Top Five CLABSI

• Competence for insertion and maintenance.
• Use sterile barrier precautions to insert CVCs, PICCs or guidewire exchange.
• Avoid using the femoral vein for central venous access in adult patients (The subclavian vein is the preferred site for CVC insertion in the ICU to reduce infectious complications).
• Educate health care staff regarding the indications for intravascular catheter use.
• Promptly remove any intravascular catheter that is no longer essential.
Targeted Interventions: Top Five CAUTI

- Nurse-driven removal protocol in place
- Alternatives to Foley available and in use
- Physician and nurse champions identified, leading the charge
- Ongoing assessment for device necessity reviewed and documented daily
- IP rounding, conducting direct observations and providing education as needed
HQIC Website Resources/Tools

HQIC Resources

COVID-19
Health Equity
Hospital Acquired Pressure Injuries

Infection Prevention
Medication Safety/Adverse Drug Event (ADE)
National COVID-19 Resiliency Network (NCRN)

Opioid Stewardship
Patient and Family Engagement
Readmissions
HQIC Infection Prevention Website Resources/Tools

Infection Prevention (HQIC) Resources

Catheter Associated Urinary Tract Infection (CAUTI)
- CAUTI Gap Assessment Tool
- Urinary Catheter Quick Observation Tool
- CDC-HICPAC Guidelines for Prevention of CAUTI 2000
- AHRO Toolkit for Reducing CAUTI in Hospitals
- CDC TAP CAUTI Implementation Guide
- SHEA Strategies to Prevent CAUTI in Acute Care Hospitals, 2014
- Tests and Treatments for UTIs

Central Line Associated Blood Stream Infection (CLABSI)
- HQIC Fishbone Diagram – CLABSI and MRSA
- CLABSI Gap Assessment Tool
- Central Line Quick Observation Tool
- CDC-HICPAC Guidelines for Prevention of Intravascular Catheter-Related Infections, 2011
- AHRO Toolkit for Reducing CLABSI
- CDC TAP CLABSI Implementation Guide
- SHEA Strategies to Prevent CLABSI in Acute Care Hospitals

Clostridioides Difficile Infection (C. difficile)
- HQIC C. diff Process Discovery Tool
- Transmission Based Precautions Quick Observation Tool
- The Progression of a C. Diff Infection
- CDC Strategies to Prevent C. diff in Acute Care Facilities
- CDC TAP CDI Implementation Guide

Sepsis
- HQIC Sepsis Gap Assessment and Action Steps
- HQIC Sepsis: Spot the Signs Magnet
- HQIC Sepsis Provider Engagement
- AQ Sepsis Zone Tool
- Recognition and Management of Severe Sepsis and Septic Shock

Antibiotic Stewardship
- Assessment of the Appropriateness of Antimicrobial Use in US Hospitals
- Antibiotic Stewardship Core Elements at Small and Critical Access Hospitals
- 5 Tips to Improve Antibiotic Stewardship in Your Emergency Department

COVID-19/Other
- CDC Project Frontline
- COVID-19 Self Management Zone Tool
- Inter-Facility Infection Control Transfer Form – Hospitals

SHOW MORE
Portal Access
Monthly HQIC Newsletter

- Timely journal articles on HQIC topics
- Links to registration for all of our educational events
- Success stories from top-performing hospitals
- Latest news from CMS
- Linked on HQIC website
Month Six Sharing

• Which Top 5 intervention was implemented at your hospital?
• PDSA examples
• Barriers faced
• How barriers were overcome
• Lessons learned
• Best practices
Resource Links

• QI Tools:
  • PDSA Template
  • Fishbone Template

• Coaching Packages
  • CLABSI
  • CAUTI

• HQIC Website:
  • Infection Prevention
    • CAUTI
    • CLABSI

• Portal:
  • Portal Instructions
  • Portal Registration and Multifactor Authentication
  • Portal Navigation and Feature Overview

• QI Boot Camp Series:
  • Session 1
  • Session 2
  • Session 3
Key Takeaways

• Learn Today:
  • Understand new HQIC cohort structure
  • Understand expectations for SMEs, QI coaches and hospitals

• Use Tomorrow:
  • Use available resources to implement positive change in your hospital for adverse drug events

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

Email us at HospitalQuality@allianthealth.org or call us 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 optimal care for super utilizers
- Reduce community-based adverse drug events
Upcoming Events

QI Coaches will be scheduling 1:1 calls soon!

Infection Prevention SME:
Amy Ward
Amy.Ward@AlliantHealth.org
Thank you for joining us!
How did we do today?

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