Sepsis Cohort Framework

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SME – Infection Prevention

June 9, 2022

ALLIANT HEALTH SOLUTIONS

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Hospital Quality Improvement Contractors
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Hospital Quality Improvement

Welcome from all of us!

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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!

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Learning Objectives

- Learn Today:
  - Introduction to sepsis cohort structure
  - Understanding of expectations
    - From subject matter experts (SMEs)
    - 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 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 QI Coach/SME

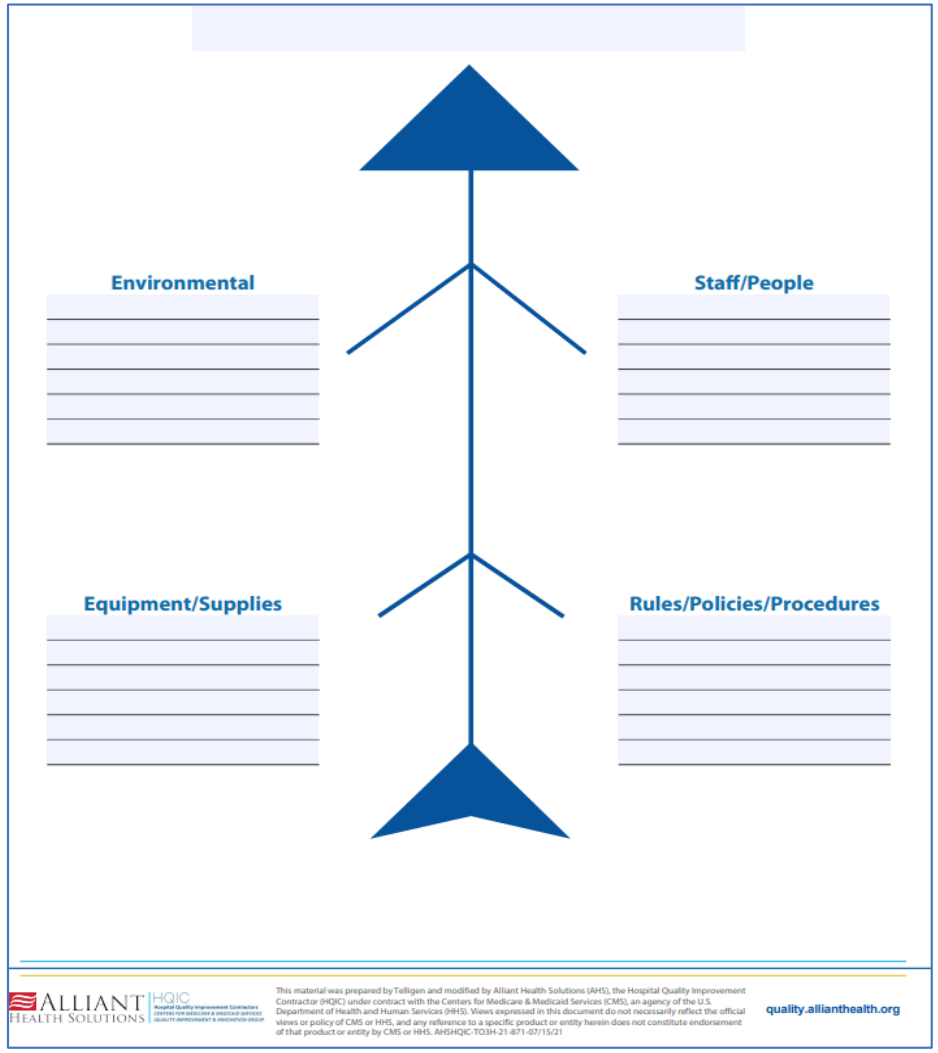
Expectations for Hospitals

- 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 a rapid cycle (30-day) PDSA
- Continue rapid cycle improvement until the 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 SMEs

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

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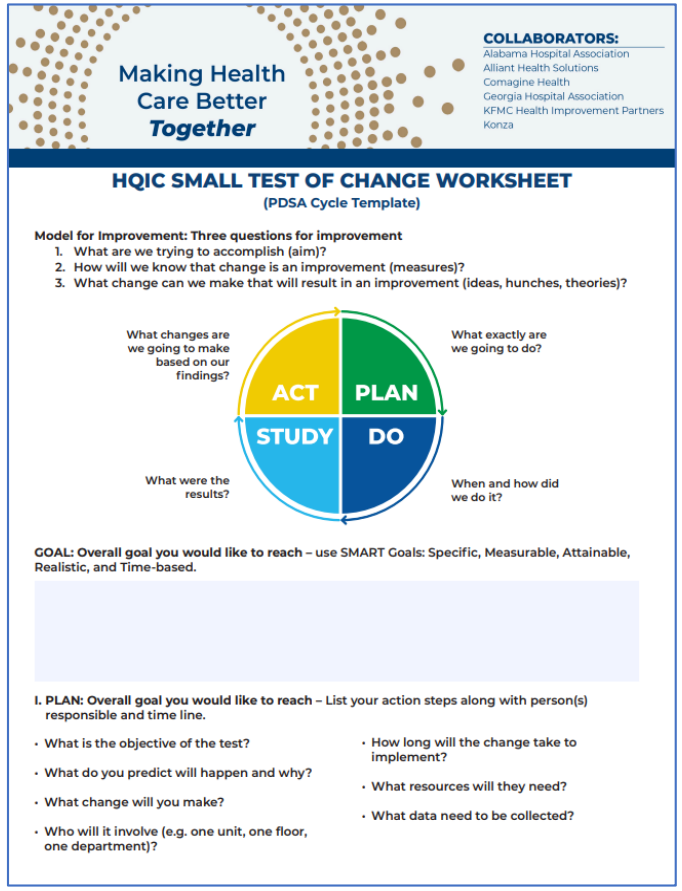
PDSA Template



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HQIC SMALL TEST OF CHANGE WORKSHEET

(PDSA Cycle Template)

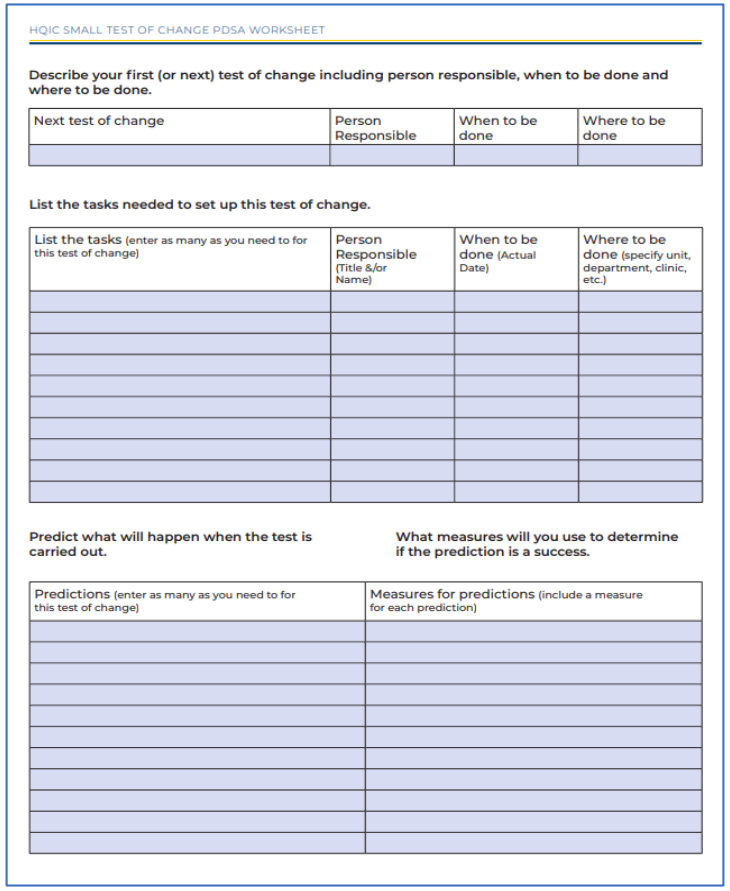
Model for Improvement: Three questions for improvement

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, hunches, theories)?

GOAL: Overall goal you would like to reach – use SMART Goals: Specific, Measurable, Attainable, Realistic, and Time-based.

I. PLAN: Overall goal you would like to reach – List your action steps along with person(s) responsible and time line.

- What is the objective of the test?
- What do you predict will happen and why?
- What change will you make?
- Who will it involve (e.g. one unit, one floor, one department)?
- How long will the change take to implement?
- What resources will they need?
- What data need to be collected?



HQIC SMALL TEST OF CHANGE PDSA WORKSHEET

Describe your first (or next) test of change including person responsible, when to be done and where to be done.

Next test of change	Person Responsible	When to be done	Where to be done

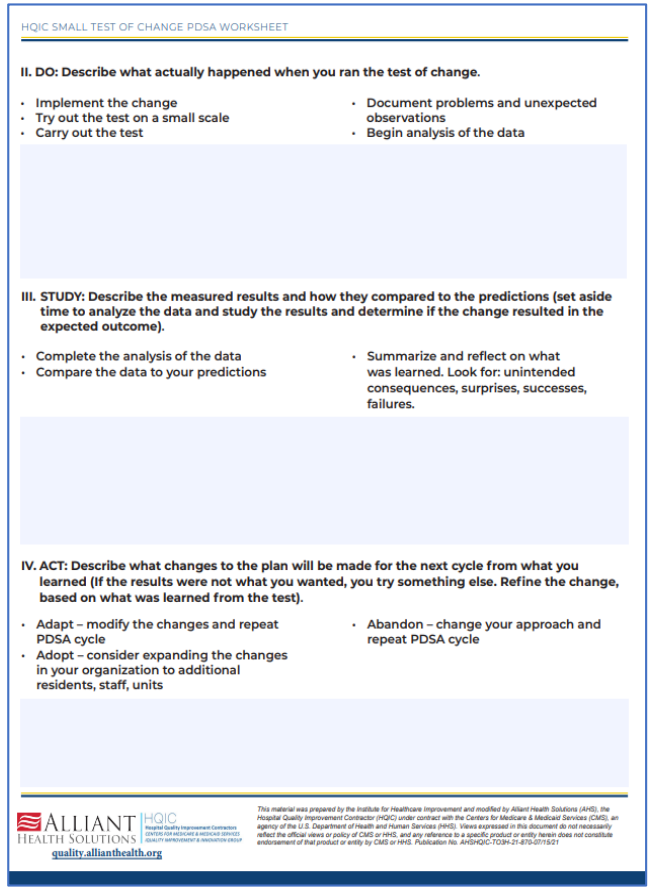
List the tasks needed to set up this test of change.

List the tasks (enter as many as you need to for this test of change)	Person Responsible (Title &/or Name)	When to be done (Actual Date)	Where to be done (specify unit, department, clinic, etc.)

Predict what will happen when the test is carried out.

What measures will you use to determine if the prediction is a success.

Predictions (enter as many as you need to for this test of change)	Measures for predictions (include a measure for each prediction)



HQIC SMALL TEST OF CHANGE PDSA WORKSHEET

II. DO: Describe what actually happened when you ran the test of change.

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

III. STUDY: Describe the measured results and how they compared to the predictions (set aside time to analyze the data and study the results and determine if the change resulted in the expected outcome).

- 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.

IV. ACT: Describe what changes to the plan will be made for the next cycle from what you learned (If the results were not what you wanted, you try something else. Refine the change, based on what was learned from the test).

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

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PDSA Example: Excess Sepsis Events

- AIM: To prevent one sepsis event by December 3, 2022.
- Plan: Conduct real-time chart review of patients with sepsis diagnosis.
- Do: Create the audit tool and audit desired number of charts as determined in the plan (e.g., 10 charts).
- Study: Analyze data collected from audits. Did performing the audits identify any trends? Did performing audits lead to increased awareness among staff?
- Act: If intervention is effective in identifying trends, continue to collect daily audits and consider creating a secondary PDSA cycle to address identified barriers or issues.

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

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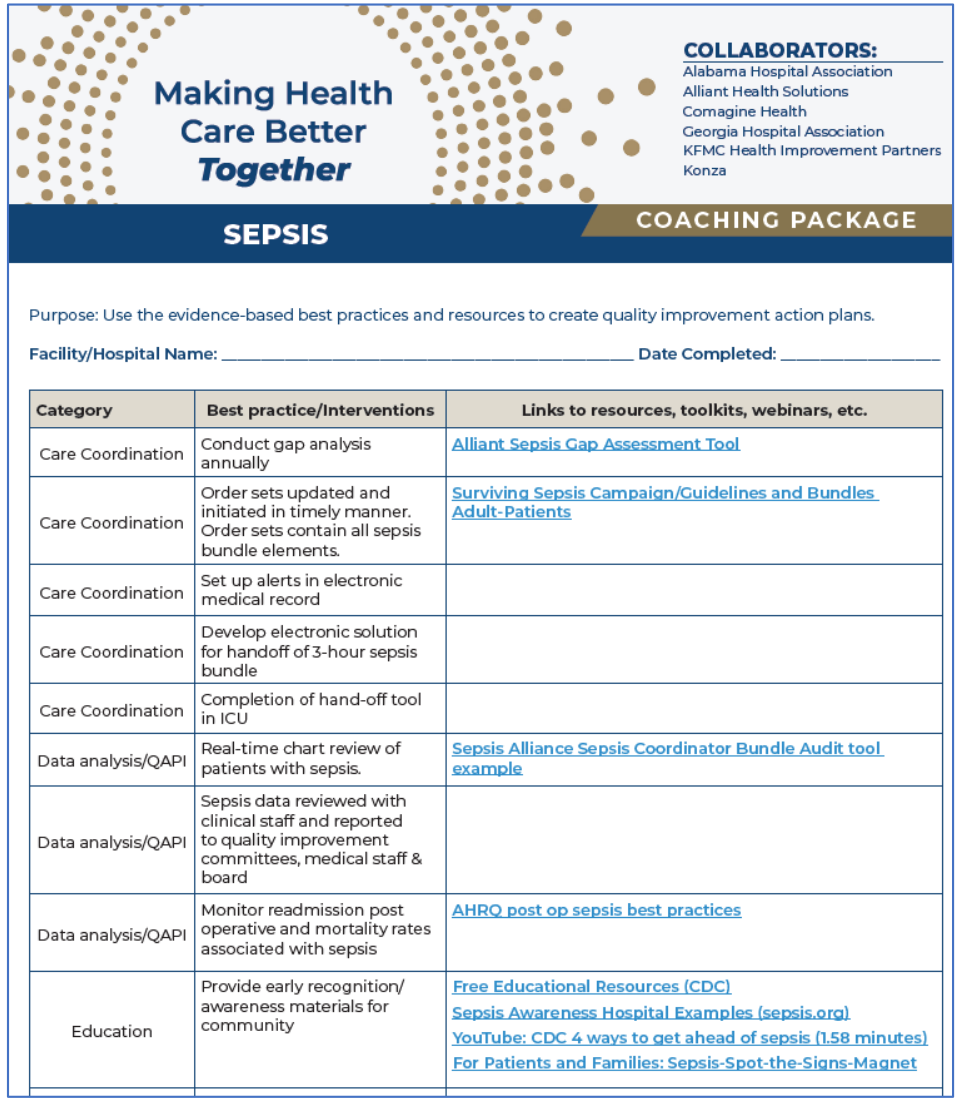
Coaching Package



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SEPSIS COACHING PACKAGE

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

Facility/Hospital Name: _____ **Date Completed:** _____

Category	Best practice/Interventions	Links to resources, toolkits, webinars, etc.
Care Coordination	Conduct gap analysis annually	Alliant Sepsis Gap Assessment Tool
Care Coordination	Order sets updated and initiated in timely manner. Order sets contain all sepsis bundle elements.	Surviving Sepsis Campaign/Guidelines and Bundles Adult-Patients
Care Coordination	Set up alerts in electronic medical record	
Care Coordination	Develop electronic solution for handoff of 3-hour sepsis bundle	
Care Coordination	Completion of hand-off tool in ICU	
Data analysis/QAPI	Real-time chart review of patients with sepsis.	Sepsis Alliance Sepsis Coordinator Bundle Audit tool example
Data analysis/QAPI	Sepsis data reviewed with clinical staff and reported to quality improvement committees, medical staff & board	
Data analysis/QAPI	Monitor readmission post operative and mortality rates associated with sepsis	AHRQ post op sepsis best practices
Education	Provide early recognition/ awareness materials for community	Free Educational Resources (CDC) Sepsis Awareness Hospital Examples (sepsis.org) YouTube: CDC 4 ways to get ahead of sepsis (1.58 minutes) For Patients and Families: Sepsis-Spot-the-Signs-Magnet

[Coaching Package: Sepsis - NQIIC (allianthealth.org)]

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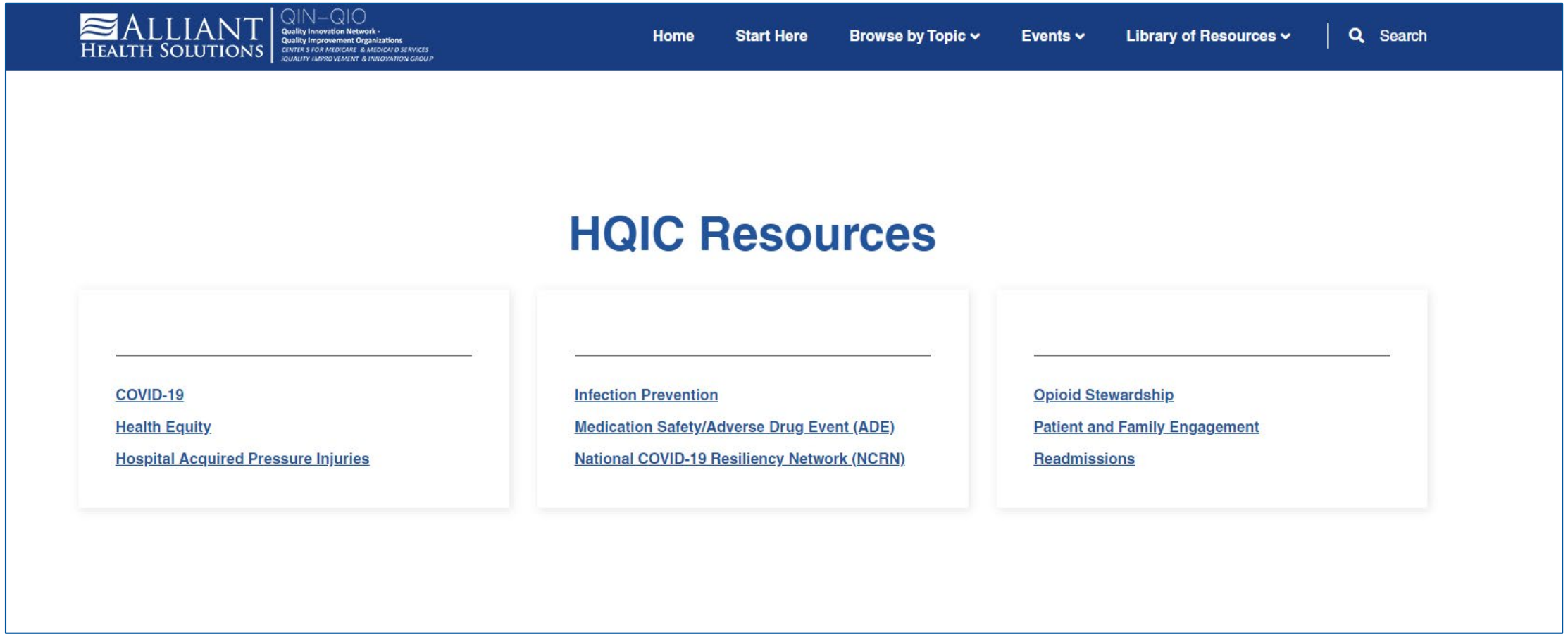
Targeted Interventions: Top 5 Sepsis

- Conduct real-time chart review of patients with sepsis.
- Order sets are updated and initiated in a timely manner. Orders sets contain all sepsis bundle elements.
- Suspected sepsis/policy or protocol developed and initiated.
- Distribute pocket cards and laminated badge cards.
- SEP-1 bundle compliance (for whole house).

HQIC Website Resources/Tools



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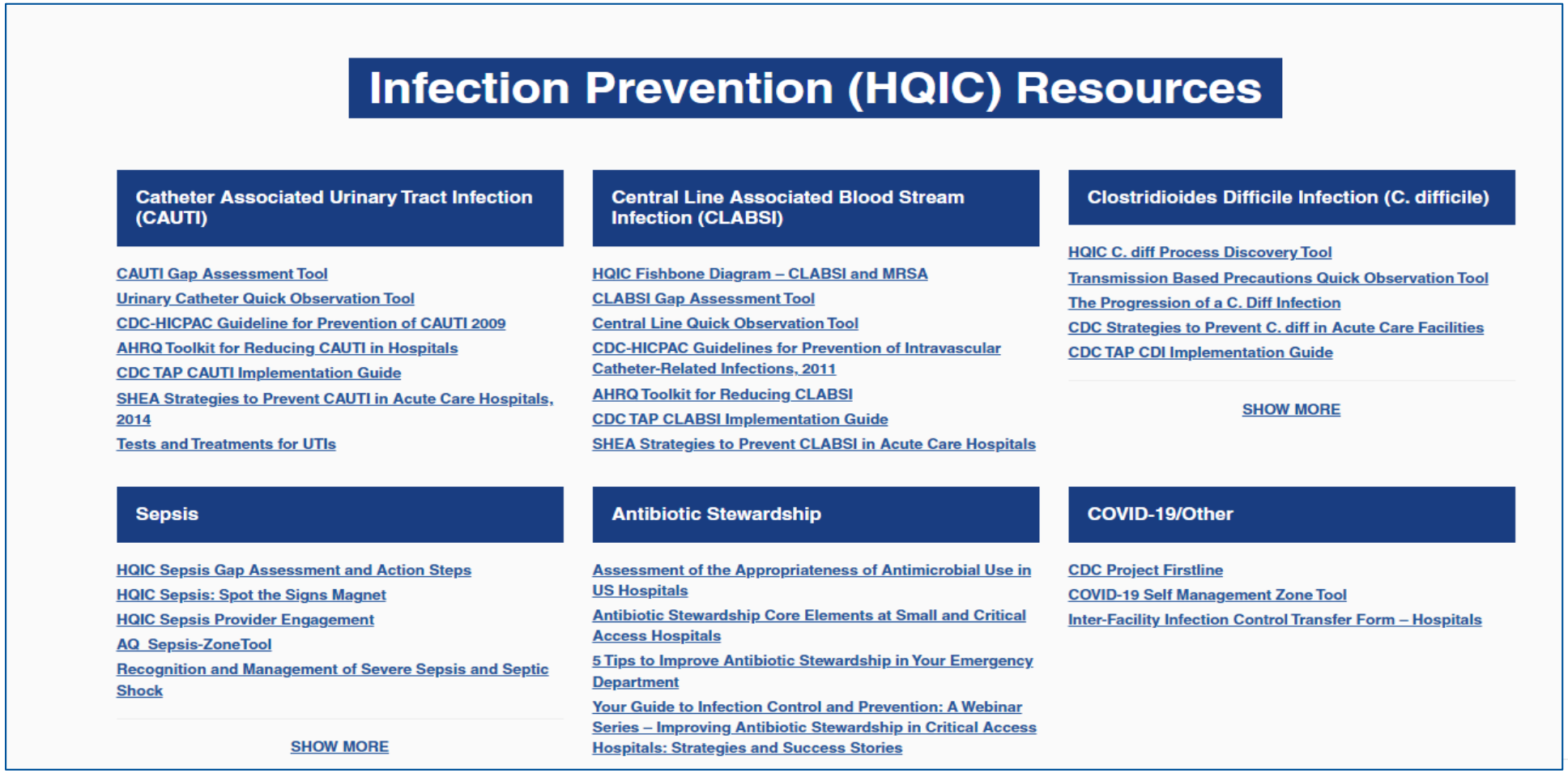
HQIC Infection Prevention Website Resources/Tools



Infection Prevention (HQIC) Resources

Catheter Associated Urinary Tract Infection (CAUTI)

- CAUTI Gap Assessment Tool
- Urinary Catheter Quick Observation Tool
- CDC-HICPAC Guideline for Prevention of CAUTI 2009
- AHRQ 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
- AHRQ 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

SHOW MORE

Sepsis

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

SHOW MORE

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
- Your Guide to Infection Control and Prevention: A Webinar Series – Improving Antibiotic Stewardship in Critical Access Hospitals: Strategies and Success Stories

COVID-19/Other

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

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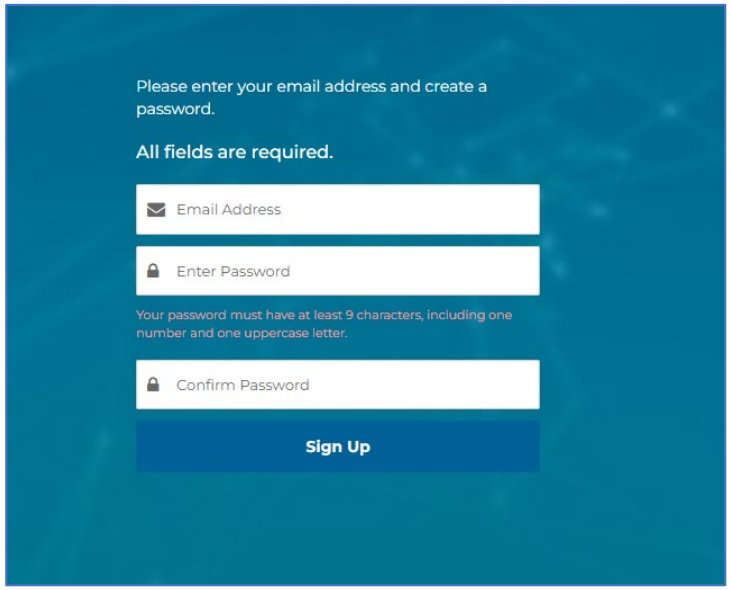
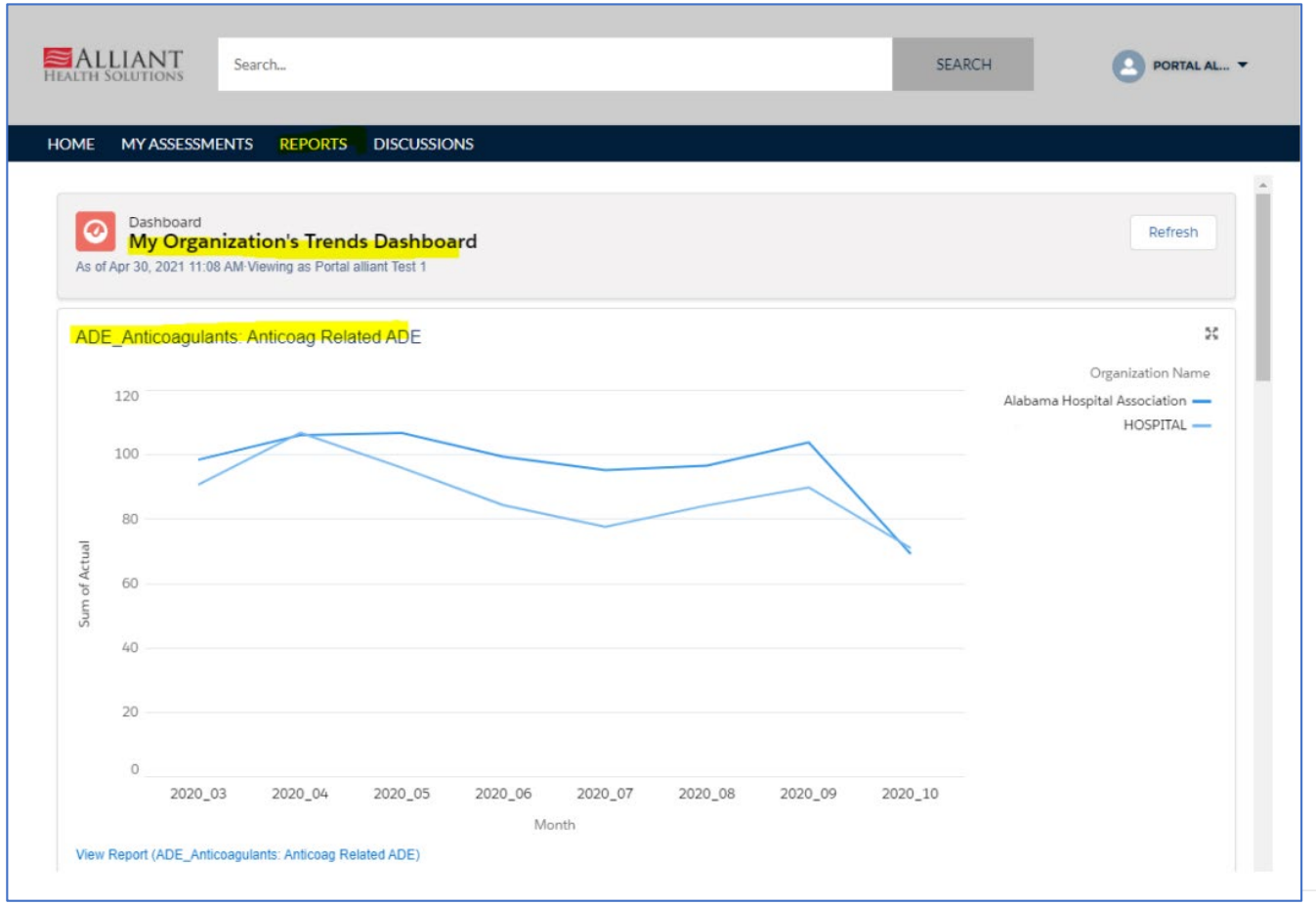
Portal Access





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Monthly HQIC Newsletter

Expert Insights & Resources

Alliant HQIC Online Portal
Access the Alliant HQIC portal to view your assessments and measurement data, and chat with other HQIC-enrolled hospitals to share best practices, barriers and solutions. Download Portal Instructions to Get Started

Check In: How Are We Doing?
Alliant HQIC wants to hear from you! Please click here to share feedback with us.

Behavioral Health/Opioid Stewardship

Risk Factors for Opioid-Related Adverse Drug Events Among Older Adults After Hospital Discharge
The Journal of the American Geriatrics Society published a retrospective cohort study of a national sample of Medicare beneficiaries aged 65 years and older, hospitalized for a medical reason, with at least one claim for an opioid within two days of hospital discharge. Hospice care and patients admitted from or discharged to a facility were excluded. Researchers used administrative billing codes and medication claims to define potential opioid-related ADEs within 30 days of hospital discharge and competing risks regression to identify risk factors for these events. Read the Study

Patient Safety

All-Cause Harm

All-Cause Harm Trigger Tool
We know that positive safety culture, engaged employees, and satisfying patient experiences reduce all-cause harm. We also know that harm is underreported and under-detected. The 2012 Office of Inspector General report noted hospital staff did not report 86% of events to incident reporting systems, partly because of staff misperceptions about what constitutes patient harm. How does your facility's safety plan define harm? What education does your staff receive on what constitutes an event that should be reported? How does your facility detect harm? Consider the use of a trigger tool. Triggers are screening tools that signal the need for a more intense record review to determine if harm occurred.
Resources:
Institute for Healthcare Improvement, Trigger Tools
AHRQ: Triggers and Trigger Tools
OIG report: Hospital Incident Reporting Systems Do Not Capture Most Patient Harm
Developing and Evaluating an Automated All-Cause Harm Trigger System

Adverse Drug Events

Early Prescribing Outcomes After Exporting the Equipped Medication Safety Improvement Program
Prescribing potentially inappropriate medications (such as antihistamines, benzodiazepines, and muscle relaxants) can lead to adverse health outcomes. The Enhancing Quality of Prescribing Practices for Older Adults in the Emergency Department (EQUIPPED) program is a multicomponent intervention intended to reduce potentially inappropriate prescribing among older adults who are discharged from the emergency department. Twelve months after implementation at three academic health systems, the EQUIPPED program significantly reduced overall potentially inappropriate prescribing at one site; the proportion of benzodiazepine prescriptions decreased across all sites. Read More

- Timely journal articles on all 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

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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
  - Sepsis
- HQIC Website:
  - Infection Prevention
- 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…

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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

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Upcoming Events

QI Coaches will be scheduling 1:1 calls soon!

Infection Prevention SME:

Amy Ward

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Readmissions Twitter Chat
SAVE THE DATE!
TUESDAY, JUNE 28, 2022 | 11 A.M. - 3 P.M. ET
PARTICIPATE AND FOLLOW THE CHAT USING #ChatWithAlliant ON TWITTER.

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Thank you for joining us!
How did we do today?

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