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
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 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
PDSA Template
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.
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 Package

## Cochrane Package: Sepsis - NQIC (allianthealth.org)

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

## Facility/Hospital Name: ___________________________ Date Completed: __________

<table>
<thead>
<tr>
<th>Category</th>
<th>Best practice/Interventions</th>
<th>Links to resources, toolkits, webinars, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Coordination</td>
<td>Conduct gap analysis annually</td>
<td>Alliant Sepsis Gap Assessment Tool</td>
</tr>
<tr>
<td>Care Coordination</td>
<td>Order sets updated and initiated in timely manner. Order sets contain all sepsis bundle</td>
<td>Surviving Sepsis Campaign/Guidelines and Bundles: Adult-Patients</td>
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<tr>
<td>Care Coordination</td>
<td>Set up alerts in electronic medical record</td>
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<tr>
<td>Care Coordination</td>
<td>Develop electronic solution for handoff of 5-hour sepsis bundle</td>
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<tr>
<td>Care Coordination</td>
<td>Completion of hand-off tool ICU</td>
<td></td>
</tr>
<tr>
<td>Data analysis/QAP</td>
<td>Real-time chart review of patients with sepsis</td>
<td>Sepsis Alliance Sepsis Coordinator Bundle Audit tool example</td>
</tr>
<tr>
<td>Data analysis/QAP</td>
<td>Sepsis data reviewed with clinical staff and reported to quality improvement committees,</td>
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<td>medical staff &amp; board</td>
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<tr>
<td>Data analysis/QAP</td>
<td>Monitor readmission post operative and mortality rates associated with sepsis</td>
<td>AHRO post op sepsis best practices</td>
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<tr>
<td>Education</td>
<td>Provide early recognition/ awareness materials for community</td>
<td>Free Educational Resources (CDC)</td>
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<td>Sepsis Awareness Hospital Examples (sepsis.org)</td>
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<td></td>
<td>YouTube: CDC 4 ways to get ahead of sepsis (158 minutes)</td>
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<td></td>
<td></td>
<td>For Patients and Families: Sepsis Spot the Signs Magnet</td>
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- Carver Health
- Georgia Hospital Association
- KPM Health Improvement Partners
- Kirby

## Making Health Care Better Together
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 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
- 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 Fishbones 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 Sepsic 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 Firstline
- COVID-19 Self Management Zone Tool
- Inter-Facility Infection Control Transfer Form – Hospitals

**SHOW MORE**
Portal Access

- Please enter your email address and create a password.
- All fields are required.
- Use a password that has at least 8 characters, including one number and one uppercase letter.
- Confirm Password
- Sign Up

Dashboard
My Organization’s Trends Dashboard
As of April 26, 2021 11:46 AM viewing on PORTAL: Test 1

View Report (ADE_Anticoagulants: Anticoag Related ADE)
Monthly HQIC Newsletter

Expert Insights & Resources

- 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
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…
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

QI Coaches will be scheduling 1:1 calls soon!

Infection Prevention SME:
Amy Ward
Amy.Ward@AlliantHealth.org
PARTICIPATE AND FOLLOW THE CHAT USING #ChatWithAlliant ON TWITTER.
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Hospital Quality Improvement

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

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