

# HQIC Cohort Celebration



November 30, 2022

**Making Health  
Care Better  
*Together***

**COLLABORATORS:**

Alabama Hospital Association  
Alliant Health Solutions  
Comagine Health  
Georgia Hospital Association  
KFMC Health Improvement Partners  
Konza

**Hospital Quality Improvement**

**Welcome from all of us!**



# Agenda

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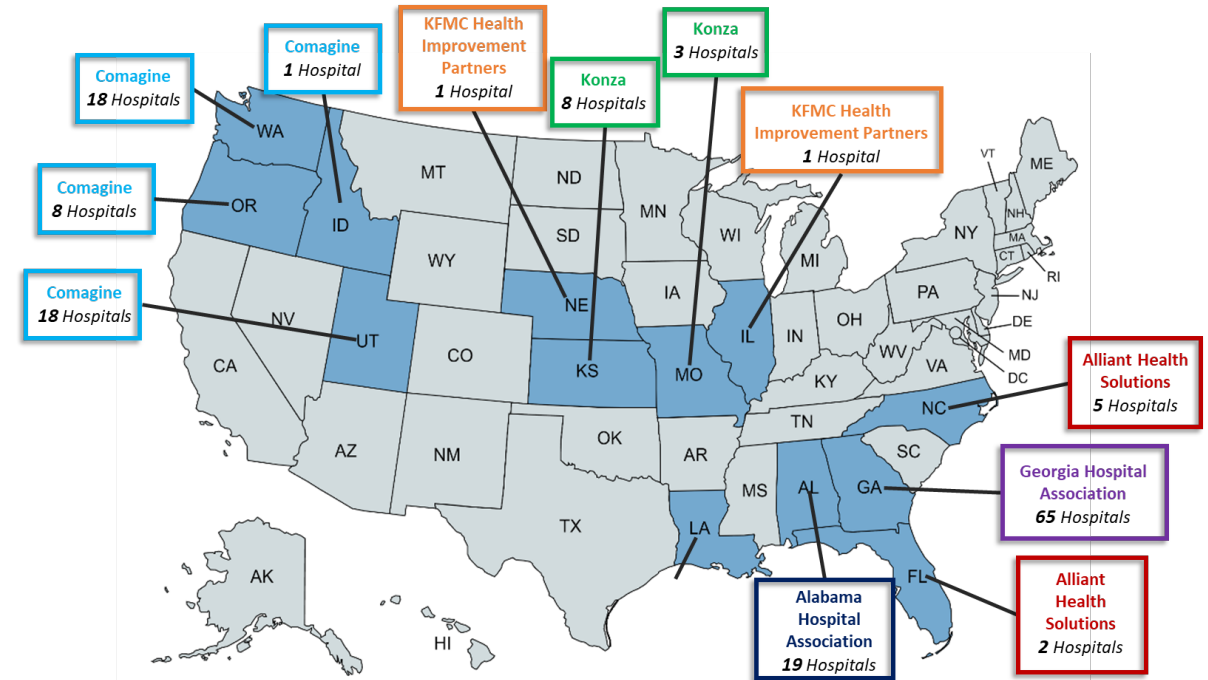
- Welcome and introductions
- HQIC overview and cohort structure
- Success Stories
  - ADE Opioids
  - ADE Hypoglycemics
  - CAUTI
  - MRSA
  - Sepsis
  - Readmissions and Health Equity
- Q & A



**Karen Holtz, MT (ASCP), MS, CPHQ**  
Alliant Health Solutions

# HQIC Overview

- Four-year program active until October 2024
- Supports small, rural and critical access hospitals and facilities that care for vulnerable and underserved patients
- Enrolled hospitals = 150
  - 13 states
  - 41% rural hospitals
  - 48% critical access hospitals (CAHs)





# HQIC Evaluation Metrics and Goals By 2024\*

## Behavioral Health Decreased Opioid Misuse

- Decrease opioid-related ADEs by 7% including deaths
- Decrease opioid prescribing (>90MME) by 12%

## Patient Safety Reduction of Harm

- Reduce ADEs by 13%
- Reduce all-cause harm by 9%
- Reduce *Clostridioides difficile* rates

## Care Transitions Focus on High Utilizers

- Reduce readmissions by 5%

\*For the nine Hospital Quality Improvement Contractors (HQICs)

# Technical Assistance

## Educational Events

- Learning and Action Networks (LANs)
- QI Boot Camp
- Community of Practice Calls hosted by CMS
- On-demand webinar recordings

## 1:1 Coaching

- Quality Advisors
- Subject Matter Experts
- Office Hours - IP Chats (quarterly)
- Coaching Packages
- Data analysis (portal)

## Cohorts

- Patient Safety Topic Areas
- Coaching calls with action periods
- QI Tools such as fishbone diagram and PDSA worksheet

## Communications

- Monthly newsletter
- [HQIC website](#)
- Resources, articles and success stories

# Cohort Structure

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- Hospitals participating in seven patient safety areas
- Kick off calls held in May and June
- Review data and identify improvement opportunities
- Top five interventions from coaching packages
- Subject matter experts and 1:1 coaching
- Advisors led PDSA cycles of improvement
- Hospitals share success in November

# Patient Safety Topics

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ADE Hypoglycemics  
5 Hospitals

ADE Opioids  
4 Hospitals

CAUTI  
4 Hospitals

CLABSI  
4 Hospitals

MRSA  
4 Hospitals

Sepsis  
3 Hospitals

Readmissions/Health  
Equity  
10 Hospitals

Note: Pressure Injuries not included due to low volume



# UNC Johnston Health - ADE Opioids



- UNC Health Johnston has campuses in Smithfield, NC and Clayton, NC
- Licensed for 179 medical/surgical beds and 20 behavioral health beds
- Inpatient and outpatient Pharmacy team and Quality director
- SME Pharmacist, Jennifer Massey, provided assistance

## Top Five Interventions

1. Formation of an opioid stewardship committee
2. Prescribe naloxone at discharge for patients with prescription for opioids
3. **Patient not concurrently prescribed opioids and benzodiazepines**
  - **Physician education in newsletter**
  - **Patient education**
4. Patient offered non-opioid or non-pharmacologic comfort measures
5. Opioid committee reviews 100% of cases with reversal agents and audit documentation

# Performance Data Analysis

ADE Opioids per 1,000 Medicare Discharges

- CMS changed codes

ADE Opioids (internal data)

- Trending downward ↓

Pain Management Audits

- Was non-pharmacological methods used? 100% all units ★
- Reassessed in one hour after non-pharmacological? 100% all units ★

# Top Interventions and Lessons Learned

## Lessons Learned:

- Opportunity to co-brand materials with Alliant HQIC
- Meetings continue with Pharmacy leadership and Alliant resources (zone tools) for outpatient use

### Co-prescribing Opioids and Benzodiazepines

CONSIDERATIONS FOR PHYSICIANS

**Co-prescribing benzodiazepines with opioids increases the risk of life-threatening overdose.**

**Recommendations:**

- Consider an alternative approach if possible, non-pharmacologic and non-opioid therapies are preferred.
- Prescribe the lowest possible effective dose.
- Check the PDMP for patient history.
- Co-prescribe naloxone.
- Single prescriber management is preferred.

**Did you know?**

- A cohort study in North Carolina found that the overdose death rate among patients receiving opioids and benzodiazepines was 10 times higher than among those only receiving opioids.
- In 2020, 16% of overdose deaths involving opioids also involved benzodiazepines.
- Research shows that people who use opioids and benzodiazepines in combination are at increased risk of visiting the emergency department and dying of drug overdose.
- Patients prescribed benzodiazepines and opioids by different providers are 20% more likely to overdose.

**References:**

- Dasgupta N, Funk MJ, Proescholdbell S, Hirsch A, Ribisl KM, Marshall S. Cohort study of the impact of high-dose opioid analgesics on overdose mortality. *Pain Med*. 2016;17(1):85-98. doi:10.1111/pme.12907
- Dowell D, Haegerich TM, Chou R. CDC guideline for prescribing opioids for chronic pain—United States, 2016. *JAMA*. 2016;315(15):1624-1645. doi:10.1001/jama.2016.1464
- <https://www.cdc.gov/niosh/docs/2021-116/pdfs/2021-116.pdf>
- Association Between Receipt of Overlapping Opioid and Benzodiazepine Prescriptions From Multiple Prescribers and Overdose Risk - PMC (nih.gov)

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**ALLIANT** HEALTH SOLUTIONS **HQIC** Hospital Quality Improvement Contractors CENTERS FOR MEDICARE & MEDICAID SERVICES QUALITY IMPROVEMENT & INNOVATION GROUP **UNC** HEALTH Johnston

### Medication Risk Alert: OPIOIDS & BENZODIAZEPINES

**Opioids & Benzodiazepines: A Deadly Combination.**  
Opioid overdose deaths often involve benzodiazepines.

**What is a benzo?** Benzodiazepines are central nervous system depressants used to sedate, induce sleep, prevent seizures, and relieve anxiety. Examples include alprazolam (Xanax®), diazepam (Valium®), and lorazepam (Ativan®).

**What is an opioid?** Opioids are a class of drugs that include synthetic opioids such as fentanyl and pain relievers; examples include oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine, and the illegal drug, heroin.

**Watch for opioid-benzodiazepine side effects:**

- Falls
- Sleepiness and dizziness
- Confusion
- Constipation
- Nausea, vomiting, and dry mouth
- Depression
- Increased sensitivity to pain
- Physical dependence

**Non-pharmacological ways to reduce anxiety:**

- Deep breathing exercises
- Relaxation: music, meditation and praying
- Visualizing a favorite place
- Exercise such as walking or jogging

**Naloxone:**

- To decrease your risk of an adverse event from opioids, consider a prescription for Narcan (naloxone). Naloxone is a safe and non-abusable medication that is FDA approved to rapidly reverse the effects of opioids.
- If you are interested in obtaining naloxone, please ask your pharmacist. A prescription from your doctor is not necessary.

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**UNC** HEALTH Johnston

- Flyer created for physician communication and newsletter

- Flyer created for patient education at discharge and outpatient pharmacy

# Habersham Medical Center (HMC) - ADE Hypoglycemics



HMC is a 53-bed acute care facility located in Demorest, GA. This facility was identified for the work done in Adverse Drug Event: Glycemic Management of the Hospitalized Patient.

Rachel Lewallen, RN is the quality coordinator at HMC. She has worked in quality for four years and was acute care services manager prior to quality.

[rachel.lewallen@hcmcmcd.org](mailto:rachel.lewallen@hcmcmcd.org)



Priscilla Adams, RN is the quality manager at HMC, she has worked in quality for ten years and was the case management manager prior to quality.

[priscilla.adams@hcmcmcd.org](mailto:priscilla.adams@hcmcmcd.org)

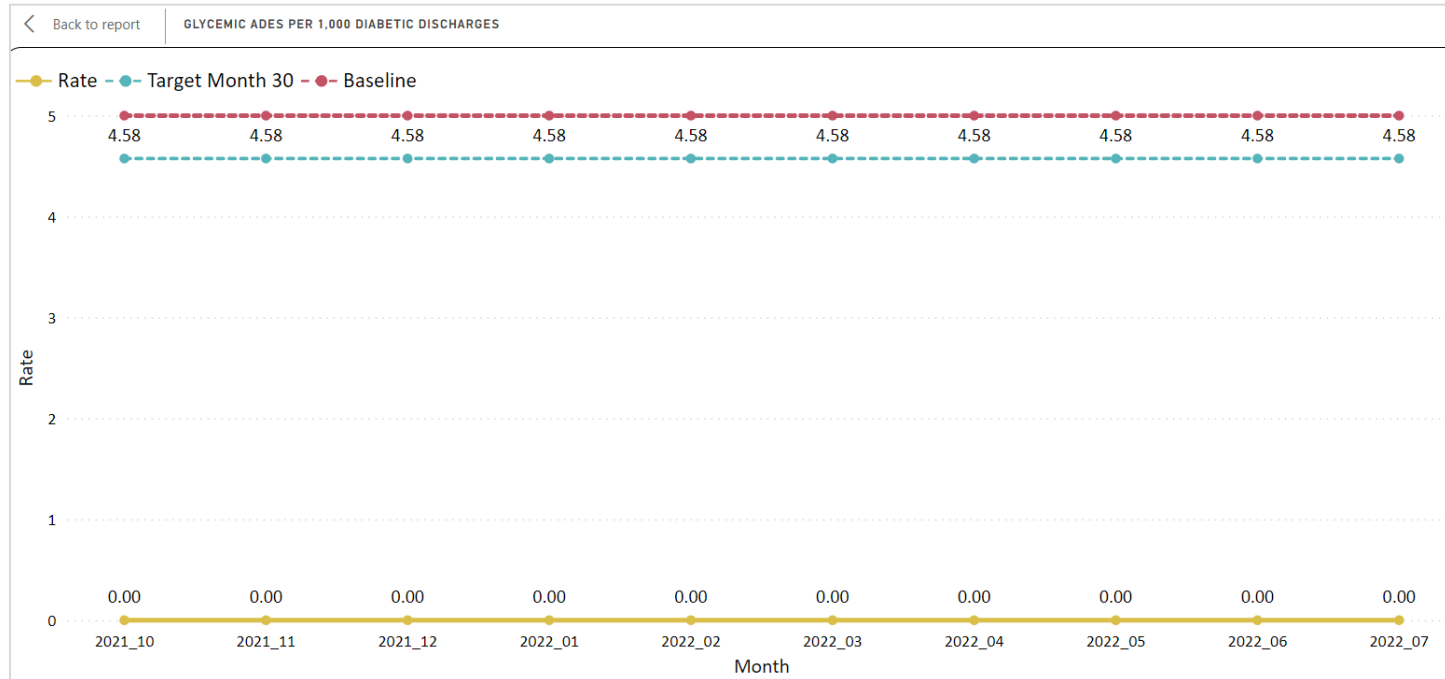
# Goals of the Project

- Avoid hypoglycemia
- Avoid severe hyperglycemia, volume depletion, and electrolyte losses
- Ensure adequate nutrition
- Assess patient educational needs and address informational deficiencies
- Ensure appropriate glucose management upon discharge





# Performance Data Analysis



- Current zero rate since Oct 2021
- Note: CMS recently changed ADE hypoglycemic codes and trending line is different than identification/start of cohort

Source: CMS claims



# Interventions and Lessons Learned

## Top Interventions

- Identified a physician champion who works with the Hospitalist Group
- Completed a policy/protocol/order set review and revised to best practice
- Monitor results daily and share results with providers and staff

## Lessons Learned

- Education is key for all providers
- Educated staff on revisions

# Cheyenne County Hospital - CAUTI Prevention



Katie Bunker, RN  
Chief Nursing Officer/ Infection Prevention



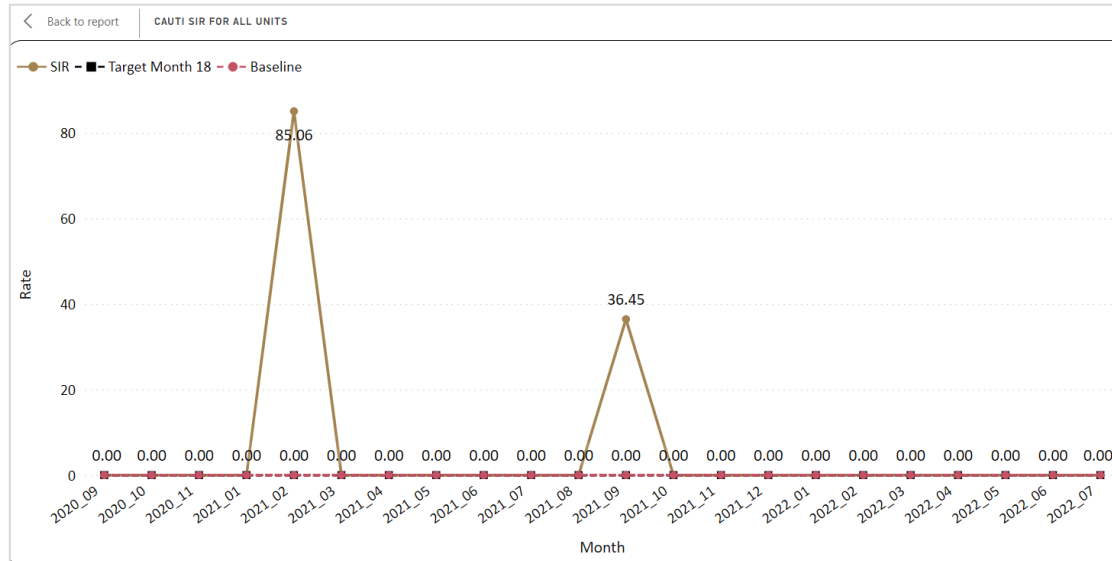
- This facility was identified for the CAUTI cohort due to two CAUTIs in 2021
- Through review of current practices and analysis, team identified increasing inappropriate catheter use

Cheyenne County Hospital is a 16-bed critical access hospital in the northwestern corner of Kansas.

Cheyenne County is in a "four corner" area that is 180 miles from the population centers of Hays, KS or Denver, CO.

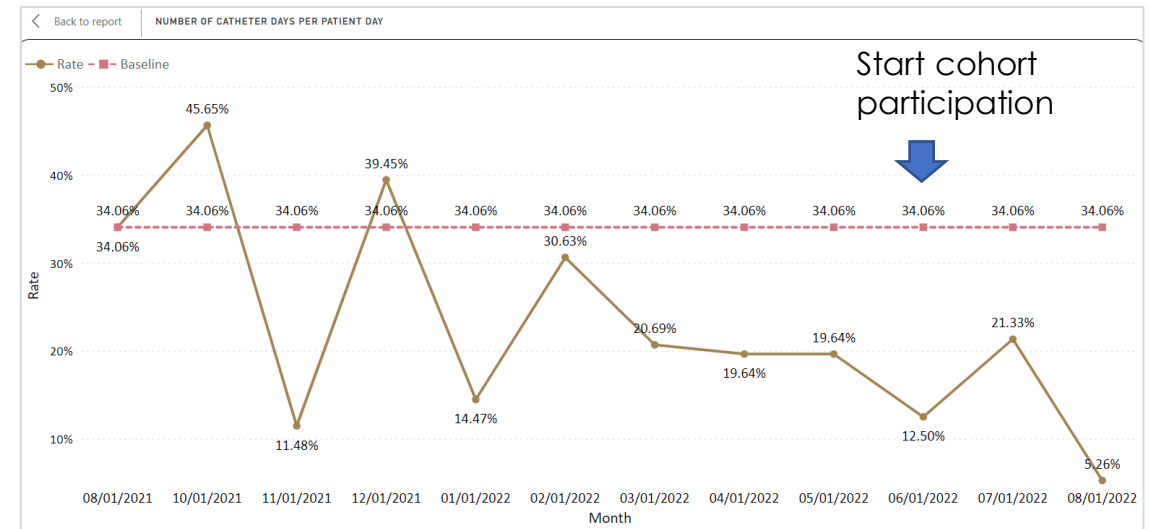
# Performance Data Analysis

## CAUTI SIR All Units



- Currently maintaining zero rate in 2022

## Number of Catheter Days per Patient Day



- Current downward trend
- Lowest data point in August 2022

Source: NHSN

# Top Interventions

## Top Interventions

- Identified a physician champion who works with Infection Preventionist to promote appropriate catheter use, increase staff awareness and provide education.
- Completed a policy review, all staff who insert catheters will complete an annual competency for catheter insertion by the end of 2022
- Standard protocol was approved by the CMO that includes a nursing assessment/action flow sheet and guides the nurse through diagnosis, correct insertion, and alternatives to foley use
- Alternative methods implemented such as external female catheters and more scheduled toileting

# Moving Forward and Lessons Learned

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- Identifying end of life catheters and OB catheters compared to inpatient numbers
- Allowed us to recognize exactly what our catheter days and uses are without including these two
- Taken our number down to four catheter days in June as compared to 27 in January

## Lesson Learned:

- Catheters are not for nurse conveniences, by following the protocol the treatment for our patients has improved

# MRSA



Atrium Health Navicent Peach is a Critical Access Hospital and has served residents of Peach and the surrounding counties for almost 70 years.

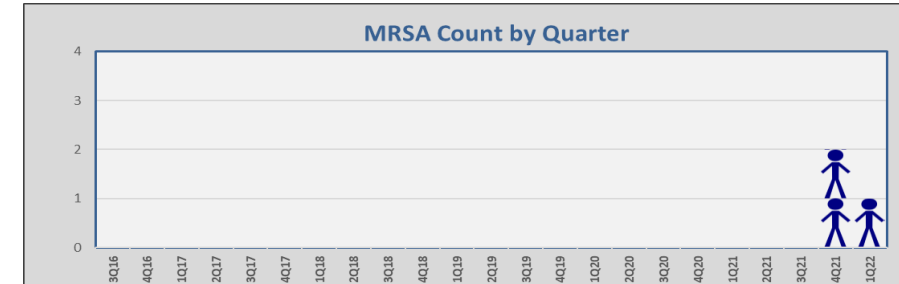
Our new 67,500 square foot healthcare facility is a “right-size” hospital with 25 spacious private rooms, 14 emergency room beds, two trauma rooms and more.



(L) Ashley Taylor, RN  
Infection Preventionist

(R) Cheryl Trice, RN, CIC  
Infection Preventionist

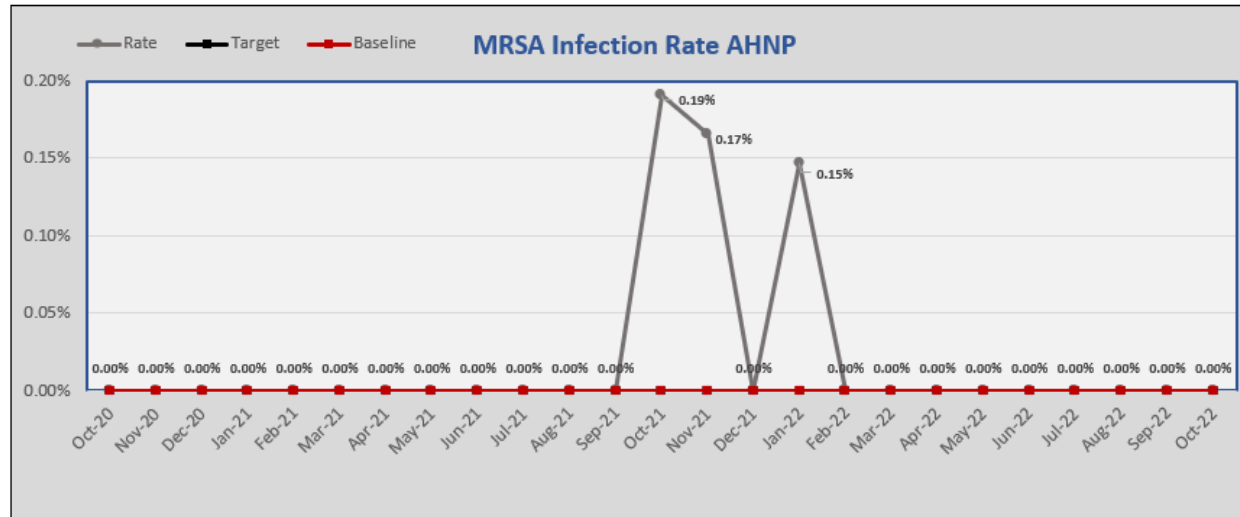
## Why We Participated



- After more than five years without an MRSA Bacteremia, we encountered three over the course of three months.
- Review of these cases (along with many other charts and direct observation of technique) revealed deviations from our standards, particularly:
  - Extended dwell times for peripheral IVs
  - Inconsistent and inefficient CHG bathing for central line patients
  - Inconsistent and inefficient MRSA decolonization when indicated

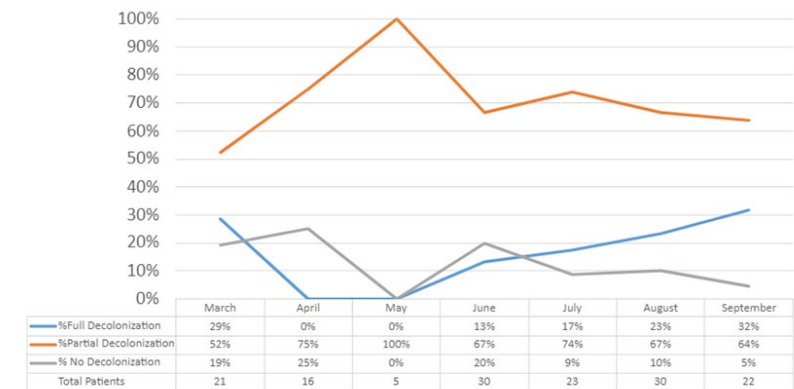


# Performance data/analysis



MRSA Bacteremia free  
since January 7, 2022!

## MRSA Decolonization 2022 (Facilities included in data: Peach, Navicent)



Decolonization Audits  
(includes all Navicent facilities)

- Blue line = Full Decolonization
- Orange line = Partial Decolonization
- Gray line = No Decolonization

# Interventions and Lessons Learned

## Top Interventions

### Education

- Dwell time policy for peripheral IVs
- Correct CHG bathing technique for pts with central lines
- MRSA screening and decolonization process
- Orienting new contract staff weekly

### Rounding

- Isolation caddy rounds
- Environmental rounding
- Hand Hygiene monitoring
- CL dressing rounds

### Auditing

- MRSA screening compliance
- MRSA decolonization compliance
- Dwell times for PIVs

## Lessons Learned

### Never Forget the Basics, even during COVID

- Lost ground on the basics of best practice during pandemic
- Orientation of contract employees was fast-tracked during pandemic for faster onboarding (at system level). Infection prevention training was eliminated without the knowledge of IP. Communication is always important. Moreso in a pandemic.
- Stopped providing CDC-designed education for patients and families



Karyn Mirante RN, BSN



Jason Halstead MBA, CHC

# Grays Harbor County and Sepsis



- This facility was identified for the sepsis cohort due to SEP-1 compliance
- Through review of current practices and analysis, our team identified a need for a new process to streamline sepsis treatment
- Harbor Regional Health is a 150-bed rural health hospital in Aberdeen Washington which serves all of Grays Harbor County
- Grays Harbor County is located on Washington's coast in the Southwest corner of the Olympic Peninsula.

# Top Interventions and Lessons Learned




## Top Interventions

- Collaborated with a local regional hospital
- Revamped sepsis order sets
- Implemented a Code Sepsis within in the ED
- Provided shoulder to shoulder as well as online and printed education materials
- Met with EMS crews and provided sepsis education

## Lessons Learned

- Education needs to be ongoing and occur at onboarding for staff and providers
- EHR templates can be instrumental in helping staff become compliant with needed documentation
- Physician champion is necessary for success

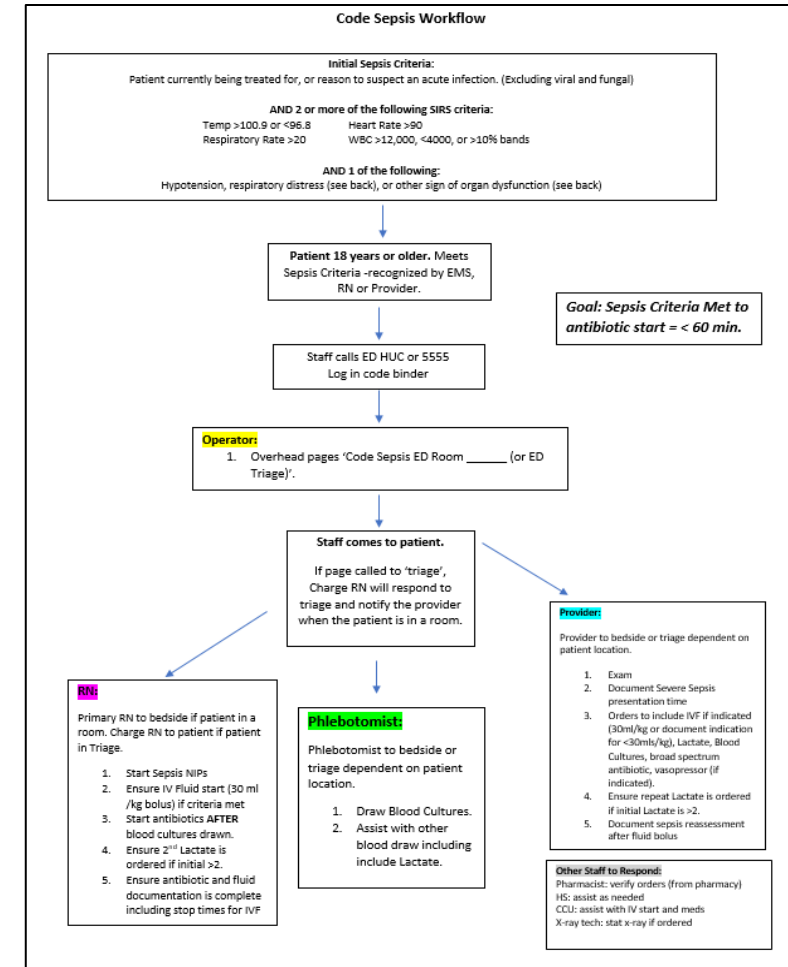
# Resources

Code Sepsis Checklist		Time Zero _____	Date _____
Possible Infection + SIRS + Organ Dysfunction OR SpO2 <88% = <b>CODE SEPSIS</b>			
<b>Suspected Infection</b> +	<b>SIRS Criteria: any 2 of the following:</b> • Temp >100.9F or <96.8F (38.3C or 36.0C) • HR >90 • RR >20 • WBC >12K or <4K or Bands >10%	<b>Signs of Organ Dysfunction: any 1 of the following:</b> • SBP <90 (or MAP <65) or drop of 40 pts • Lactic acid >2 • Creatinine >2 • Urine output <0.5 mL/kg/h for 2hrs • Bilirubin >2 • Platelets <100K • INR >1.5 or PTT >60 (not on anticoagulants) • Acute Respiratory failure (NEW need for BiPAP or vent)	
		Time	RN Int.
Within <b>5 mins.</b> 	• <b>Activate a code sepsis</b> and room patient as soon as possible if in triage		
Within <b>15 mins.</b> 	• Initiate Sepsis Nurse Initiated Protocol or Sepsis order bundle if ordered by Provider • Lab draw for <b>STAT Lactate level</b> and <b>Blood Cultures</b> (x2)		
Within <b>60 mins.</b> 	• <b>Start broad Spectrum IV antibiotics</b> after the cultures are drawn • In the presence of SBP <90, MAP <65 or drop in SBP >40 pts from last normal, <b>or</b> Lactate ≥4, <b>give a RAPID infusion bolus of 30ml/kg</b> (normal saline or lactate ringers) apply cardiac monitor, and BP Q15 min • Weight in kg _____ x 30 = _____ ml of fluids (chart both start and stop times) If less than 30mls/kg is ordered, physician must document indication. • If initial lactate level is >2, draw a <b>repeat lactate</b> level <b>within 4 hours</b> of positive sepsis screen. • If <b>hypotension persists</b> after 30ml/kg bolus, or lactate ≥4 = <b>Septic Shock Time</b> _____ • <b>Document BP q 15 minutes if hypotensive or lactic &gt;4</b> • <b>Remind physician to document sepsis reassessment within 6hrs of Septic Shock Time</b> • <b>Start IV vasopressors</b> for persistent hypotension.		

PATIENT STICKER:

Not a permanent part of the medical record.

Please turn in to ED Manager.





# Strategic Alignment

- Organization maintained a Sepsis Committee since the SEP-1 measure was introduced
- Focused on providing fallout education to medical staff
- Results were not significant:
  - Competing priorities
  - Low participation
  - Disinterest or lack of concern
  - Seemed to sit on the back burner
  - Processes seemed monotonous
- How do we draw attention to Sepsis?
- 2022 Sepsis was included in the QAPI Plan
- Included a thorough overview of the measure:
  - Rationale
  - Measure
  - 2021 Retrospective Review w/ graph
  - Goal
  - Plan
- Presentation to Quality Management System every month

# Readmissions and Health Disparities

Kelly Benson, Director of Community Care

Tiffany Chaney, Chief Diversity Officer

Shannon Dietz, AVP Quality Management

Karen Disch, Director of Care Management

November 30, 2022

# Our Team

Kelly Benson serves as the director of community care management. She works closely with hospitals, ambulatory practices, advocacy groups, the faith community, and post-acute providers to continue care coordination beyond the hospital's walls. With 20 years of nursing experience, Kelly is an active member of the American Nurses Association and was honored with the Worldwide Leaders in Healthcare Award from the International Nurses Association in 2015. She serves on the Board of Directors for the IMPACT River Region Coalition as Chair of the Safe Coordinated Care Committee.



**Kelly Benson, RN**  
Director, Community Care

Tiffany Chaney leads strategic development, promotion, and implementation of Baptist Health's diversity, equity, and inclusion initiatives. With nearly 25 years of health administration experience, Tiffany previously served in a health care consulting firm, academic health system, public hospital, and physician practice. She is a graduate of the University of Alabama at Birmingham where she received the Bachelor of Science in finance, the Master of Business Administration, and the Master of Science in Health Administration degrees. She is a graduate of the Lutheran Theological Seminary at Philadelphia, where she received the Master of Divinity degree.



**Tiffany Chaney, FACHE**  
Chief Diversity Officer

# Our Team

Shannon Dietz is the associate vice president for quality and patient safety at Baptist Medical Center South in Montgomery, AL. She has been in healthcare for 25 years and specialized in quality and patient safety for the past 11 years. She is a graduate of the University of New England in Biddeford, Maine where she obtained an Associate of Science in Nursing degree followed by a Bachelor of Science in Nursing. Ms. Dietz went on to graduate Magna Cum Laude with a Master's in Healthcare Administration from Perdue University Global. She is a Certified Professional in Patient Safety and a Certified Professional in Healthcare Quality.



**Shannon Dietz, RN, BSN, MHA**  
AVP, Quality Management

Karen Disch is the director of case management for Baptist Medical Center South in Montgomery, AL. She has been a nurse for over 35 years and received her Bachelor's of Science Degree in Nursing from the University of Wisconsin Milwaukee. She also has her Master's in Nursing Leadership and Administration and is an Accredited Case Manager. Karen has been a case management leader in both the inpatient and ambulatory care settings for the past 17 years. She is responsible for care coordination and utilization management needs of all hospital service lines. The department implemented an alternative care transitions staffing model to assist in decreasing preventable hospital readmissions by utilizing virtual case managers and case management specialists.



**Karen Disch, MSN, BSN, RN, ACM-RN**  
Director, Care Management

# History



Since its founding in 1963, Baptist Medical Center South has grown to become Montgomery's largest medical facility and Baptist Health's tertiary care center, offering unsurpassed specialty services and treatments.

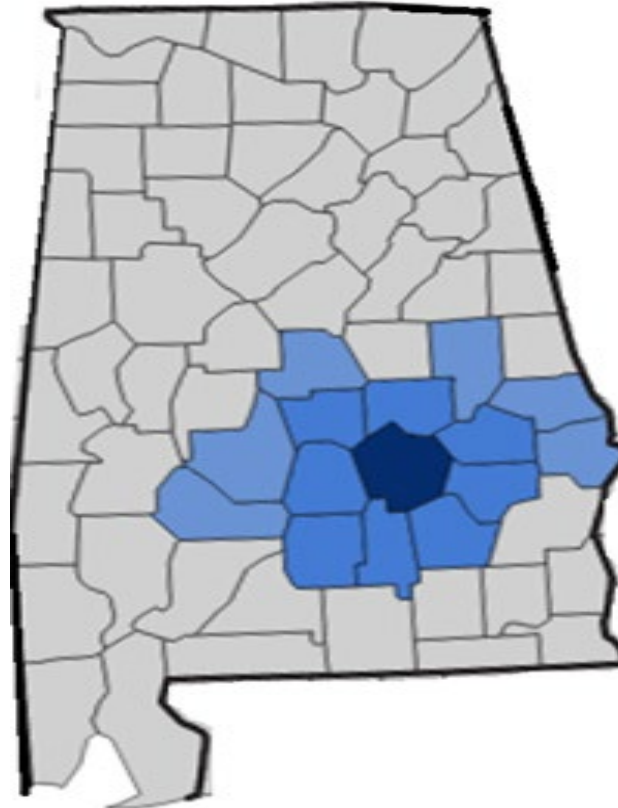
Through advanced technology, professional expertise and personalized care, Baptist Medical Center South is the comprehensive resource for family healthcare in central Alabama.



# Service Area

We are THE tertiary care and teaching facility for a service area of 17 counties in Central Alabama. The approximate population is 767,000, and all of these counties are within a 100 mile radius.

- Chilton
- Autauga
- Dallas
- Lowndes
- Elmore
- Montgomery
- Tallapoosa
- Macon
- Bullock
- Pike
- Crenshaw
- Butler
- Wilcox
- Lee
- Russell
- Coffee
- Coosa



*Baptist Medical Center South is a licensed  
**492-bed**, not-for-profit, faith-based  
Acute care regional referral center*

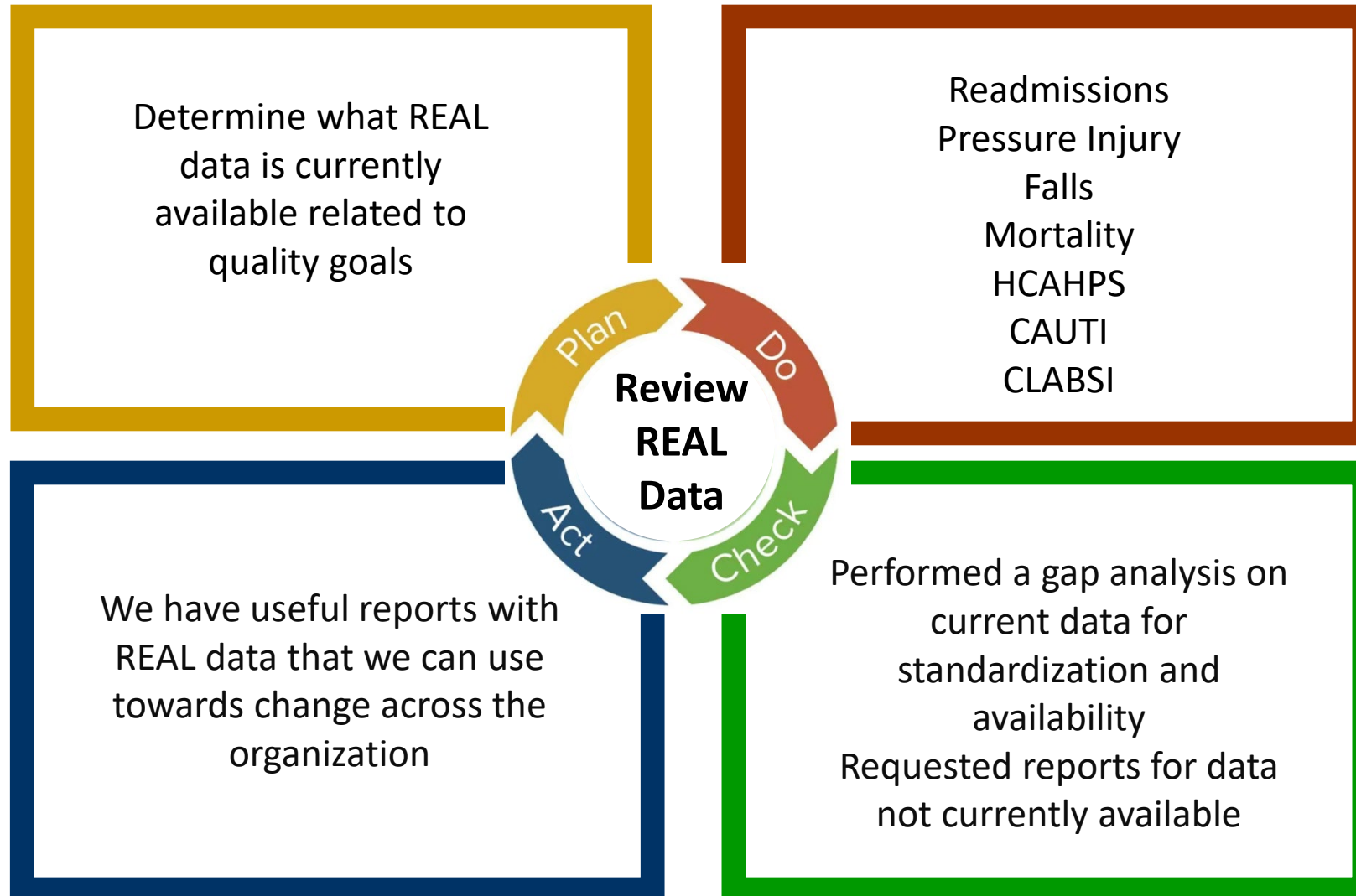


# Overall Goal

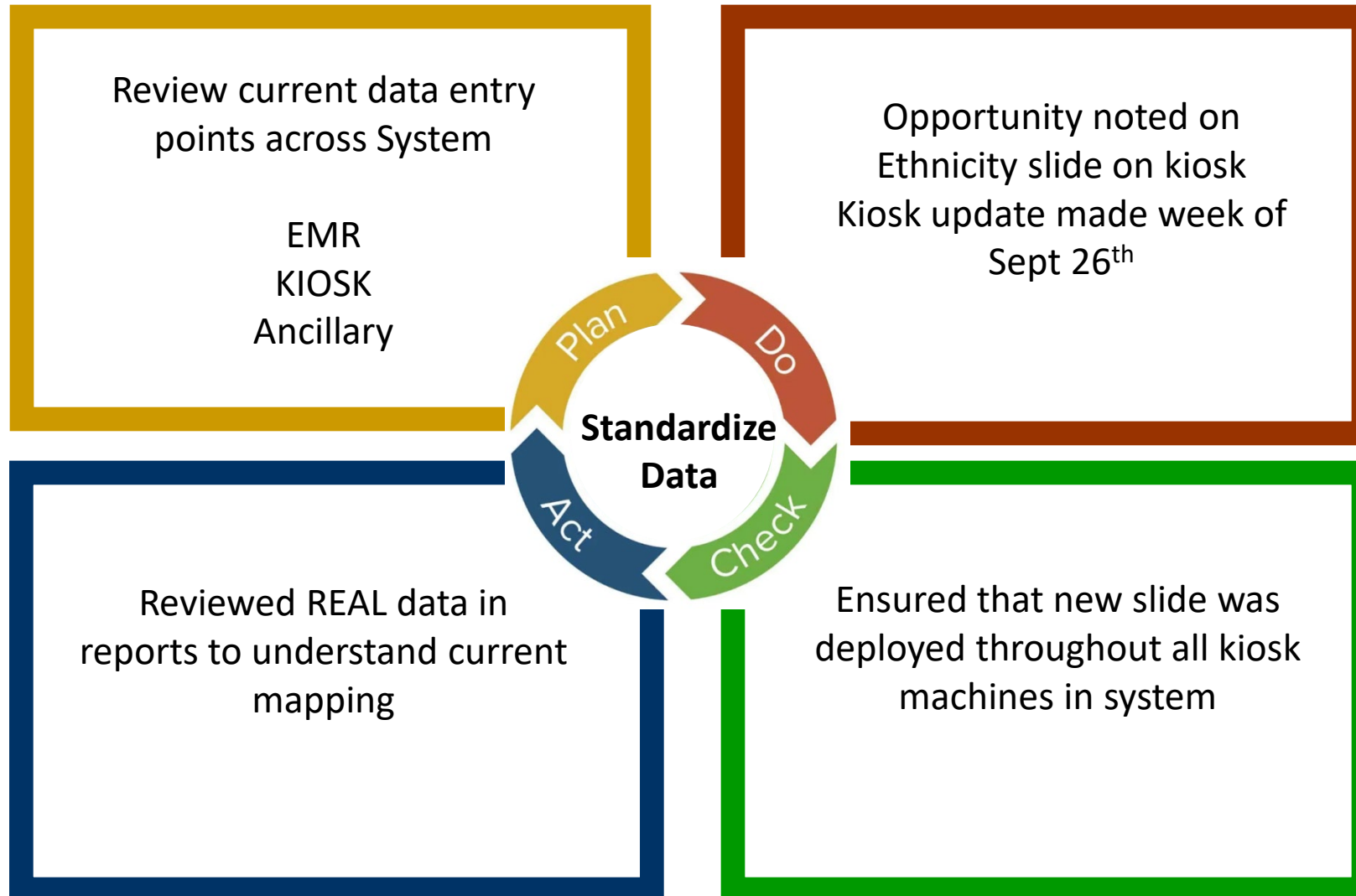


**To understand and set baselines for our FY23 Quality Goals as it relates to our REAL data and identify any areas of disparity and gaps in data that we need to refine and re-educate our data sources by December 2022.**

# Review REAL Data



# Standardize Data



# Standardize Data

Select the patient's race  
Choose One

Alabama Creek	American Indian or Alaskan Native	Asian
Black	Hispanic	Indian (India)
Korean		White
Pacific Island	Poarch Band	South American
Unknown	Vietnamese	Other

← Previous Page

Select the patient's race  
Choose One

American Indian or Alaskan Native	Asian	Black or African American
White	Native Hawaiian or Other Pacific Islander	Other Not Listed
More Than One Race		

Touch here if **SAMPLE PATIENT** is NOT the patient. **EXIT**

Is the patient Hispanic or Latino?  
Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Hispanic	Non-Hispanic or Latino
Unknown	

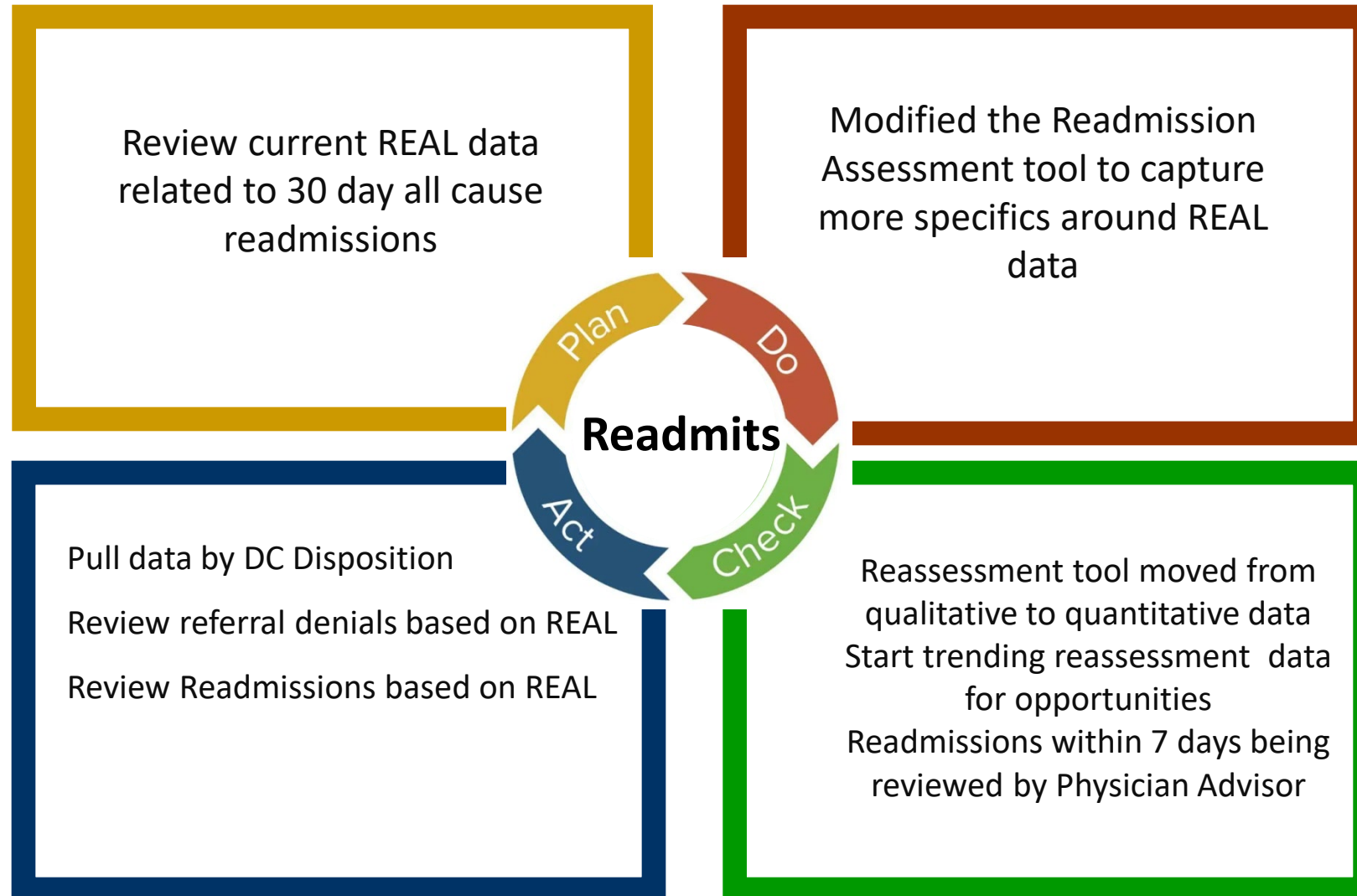
Touch here if **SAMPLE TEST** is NOT the patient. **EXIT**

Is the patient Hispanic or Latino?  
Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

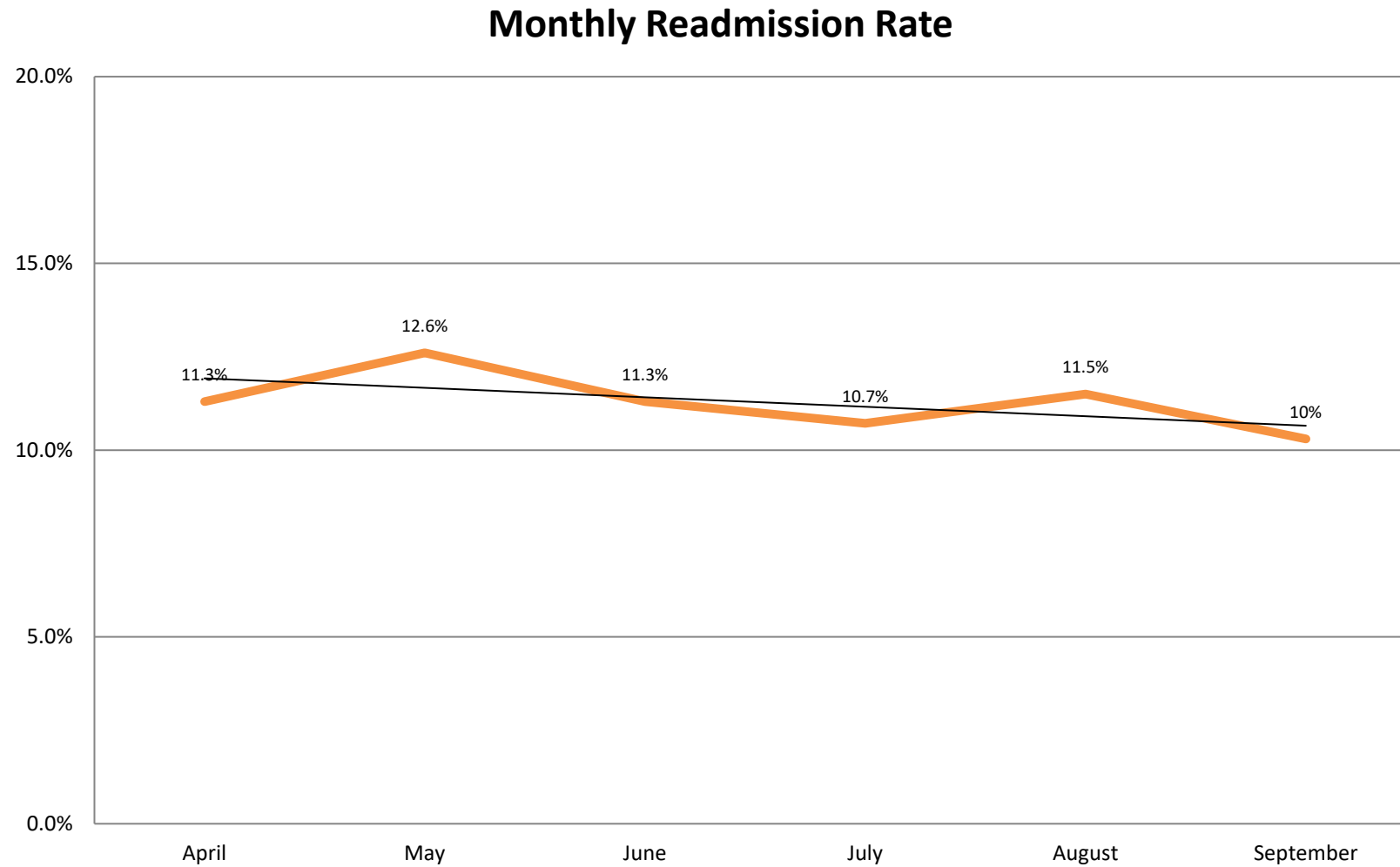
Hispanic or Latino	Not Hispanic or Latino
Not Reported	Other

**PREVIOUS** **I prefer not to answer**

# Readmission Review

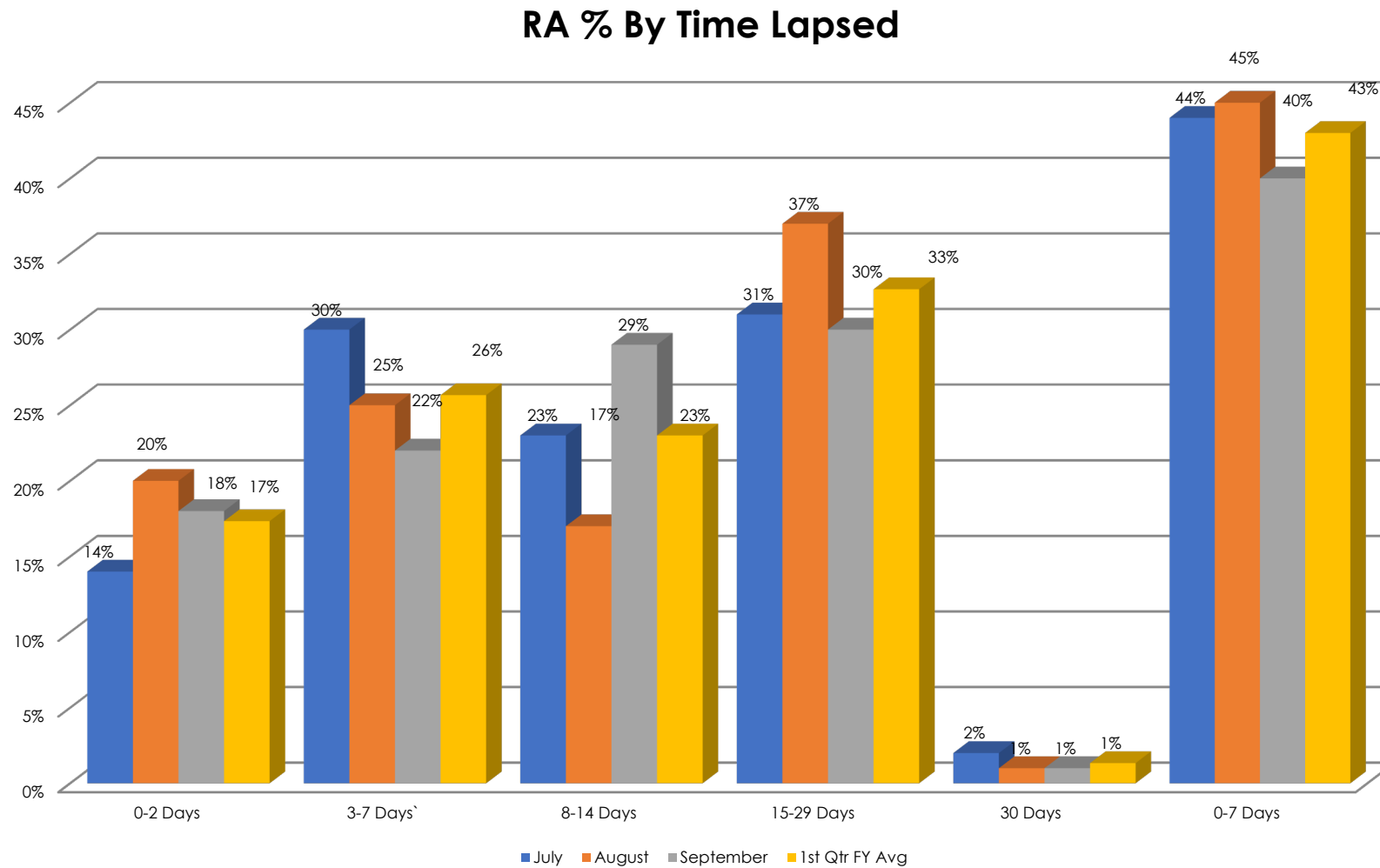


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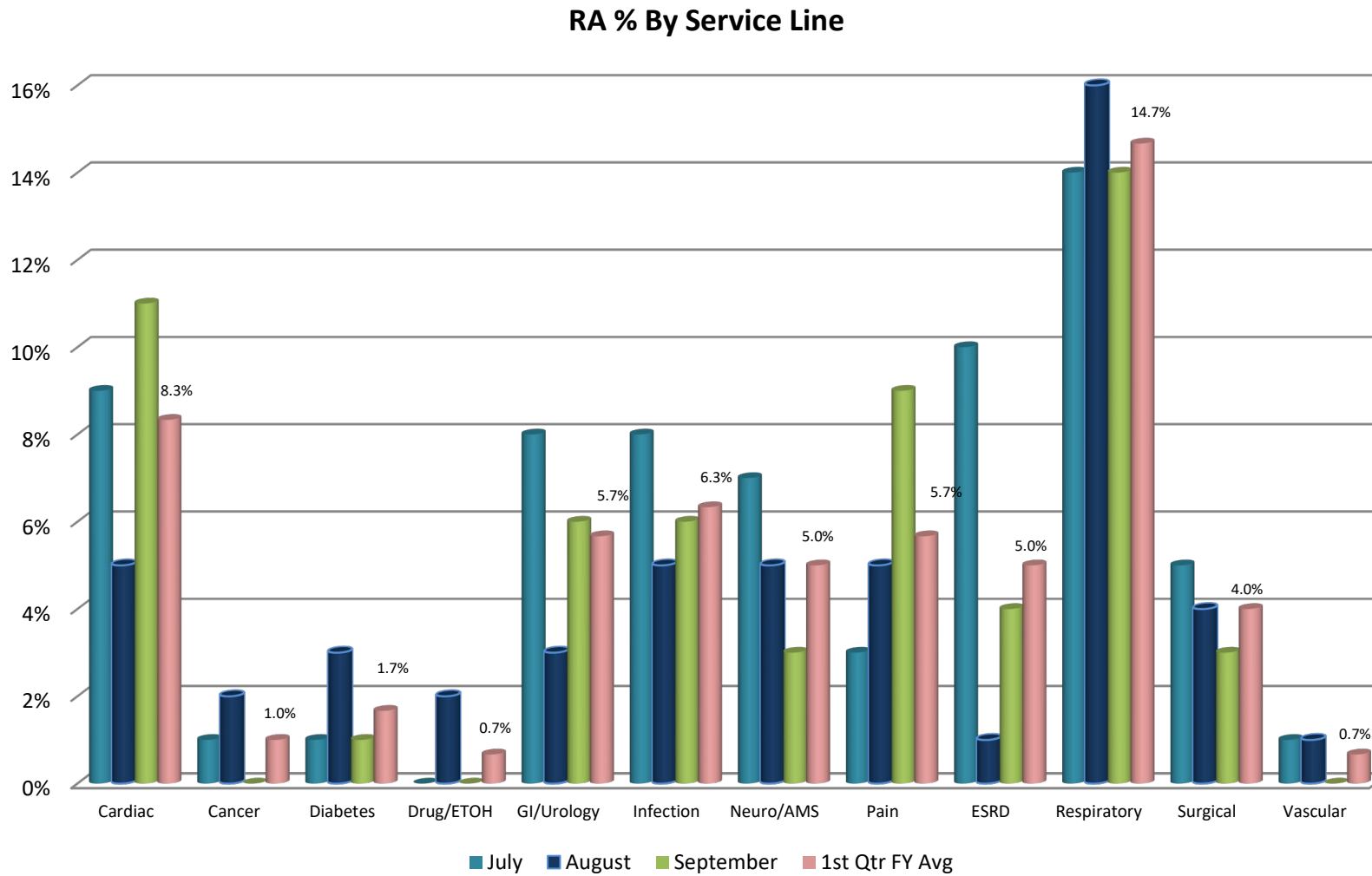




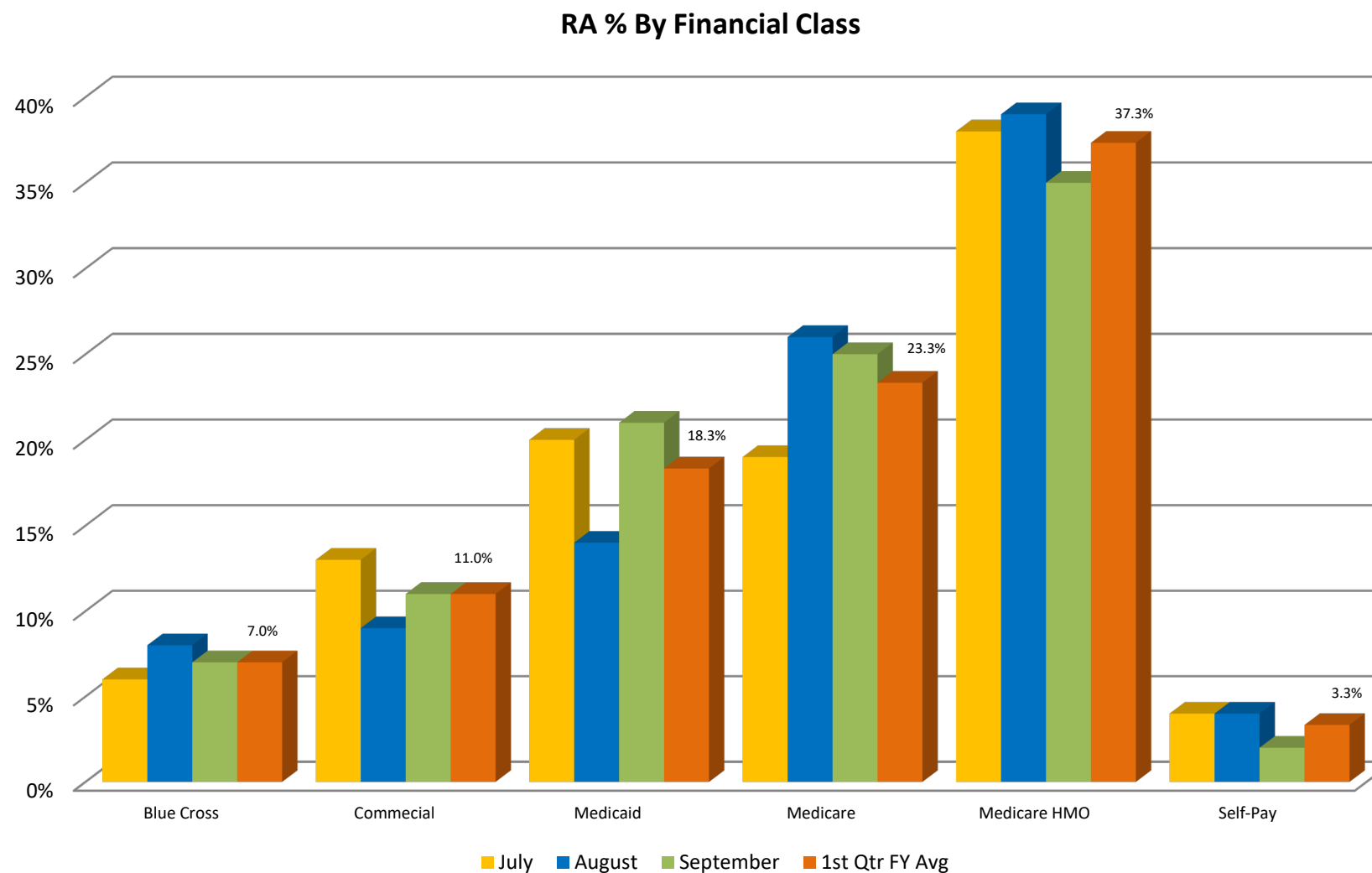
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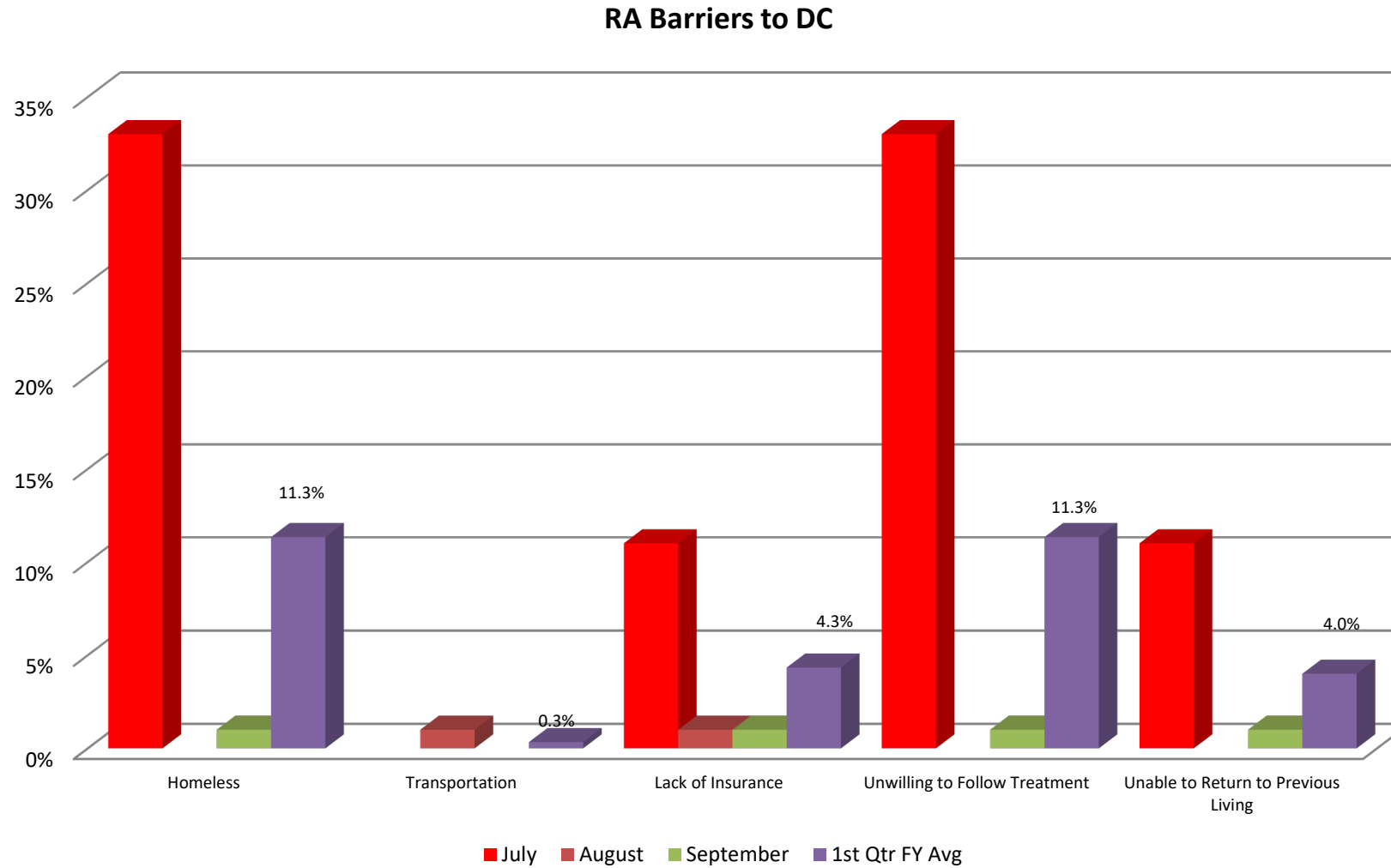
# Readmission Data



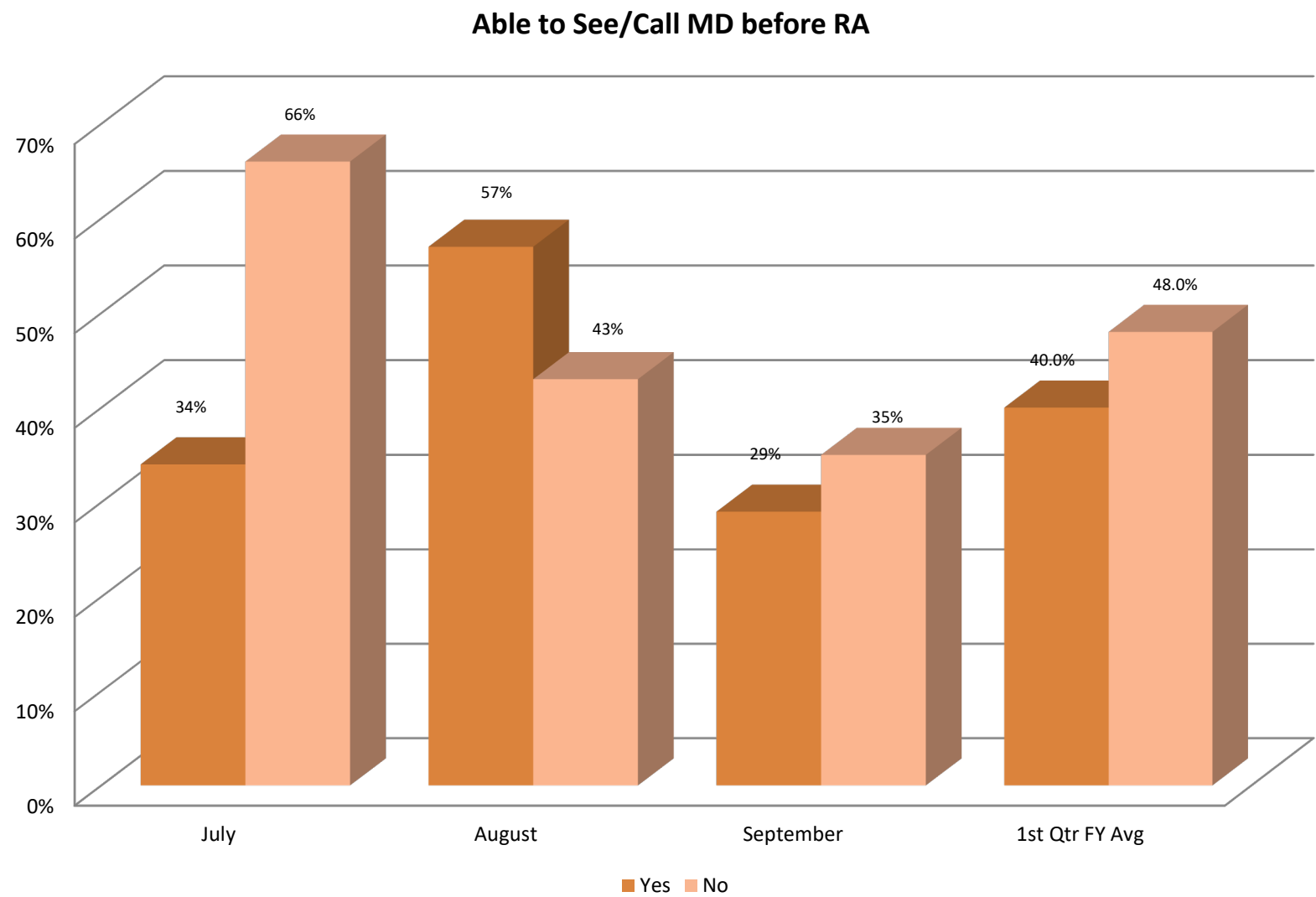
# Readmission Data



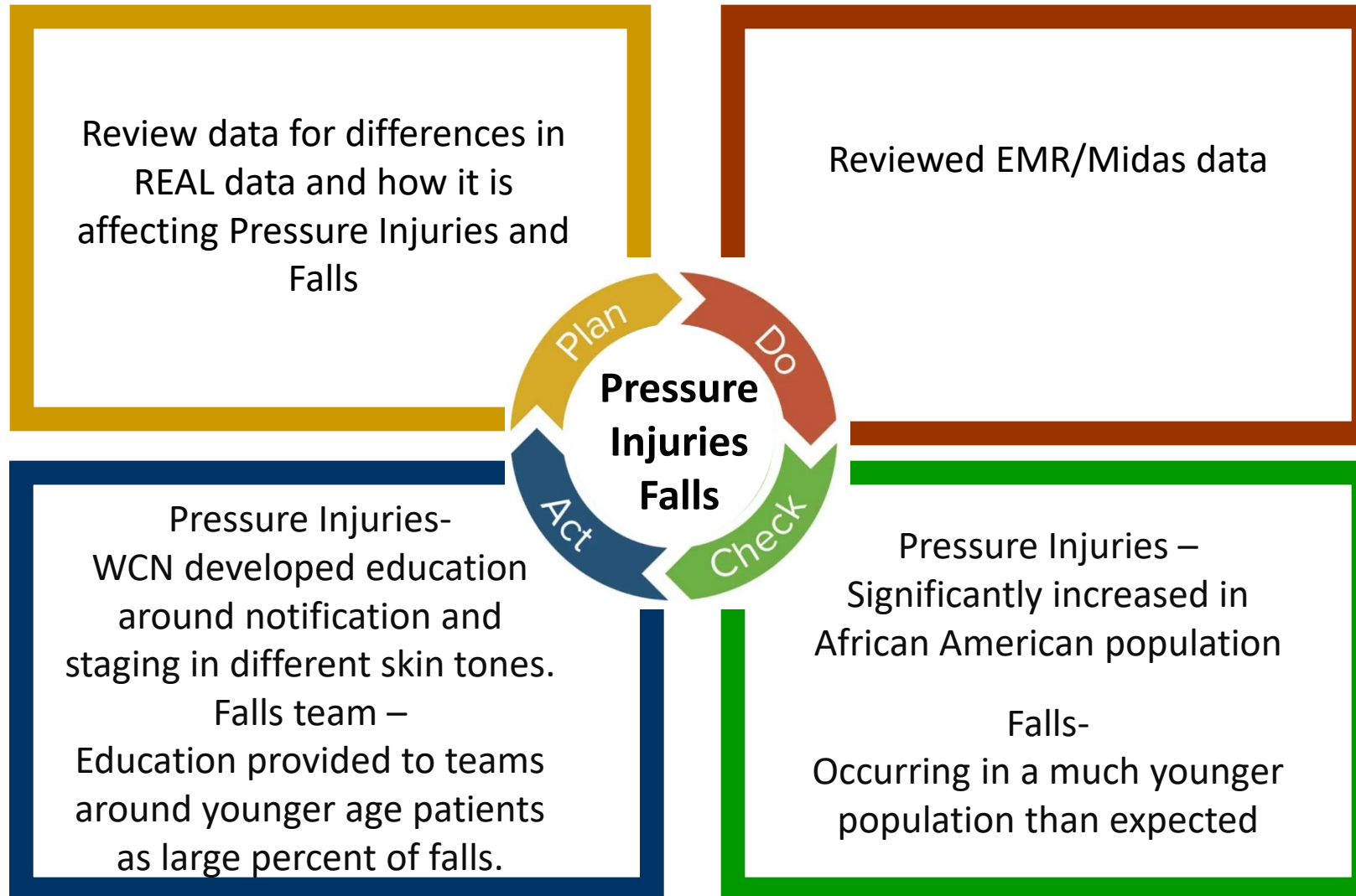
# Readmission Data



# Readmission Data



# Pressure Injuries and Falls





# Pressure Injuries: Race



Race Classifications	Pressure Injury Discharges	% of Total Pressure Injury Discharges	Total Discharges	% of Total Discharges
American Indian or Alaska Native	1	1%	4	0%
Asian	0	0%	66	0%
Black or African American	58	71%	8,871	57%
Hispanic	0	0%	354	2%
Native Hawaiian or Other Pacific Islander	0	0%	6	0%
White	23	28%	6,216	40%
Other	0	0%	44	0%
Empty	0	0%	17	0%
Unknown	0	0%	92	1%
Total	82	100%	15,670	100%

Race Classifications	Pressure Injury Diagnoses	Pressure Injury Discharges	Pressure Injury Diagnoses/Discharge
American Indian or Alaska Native	1	1	1.00
Black or African American	83	58	1.43
White	25	23	1.09
Total	109	82	1.33

- Black or African American patients make up 57% of Baptist South's total discharges but 71% of discharges with a pressure injury.
- Black or African American patients are also more likely to have more than one pressure injury diagnosis.

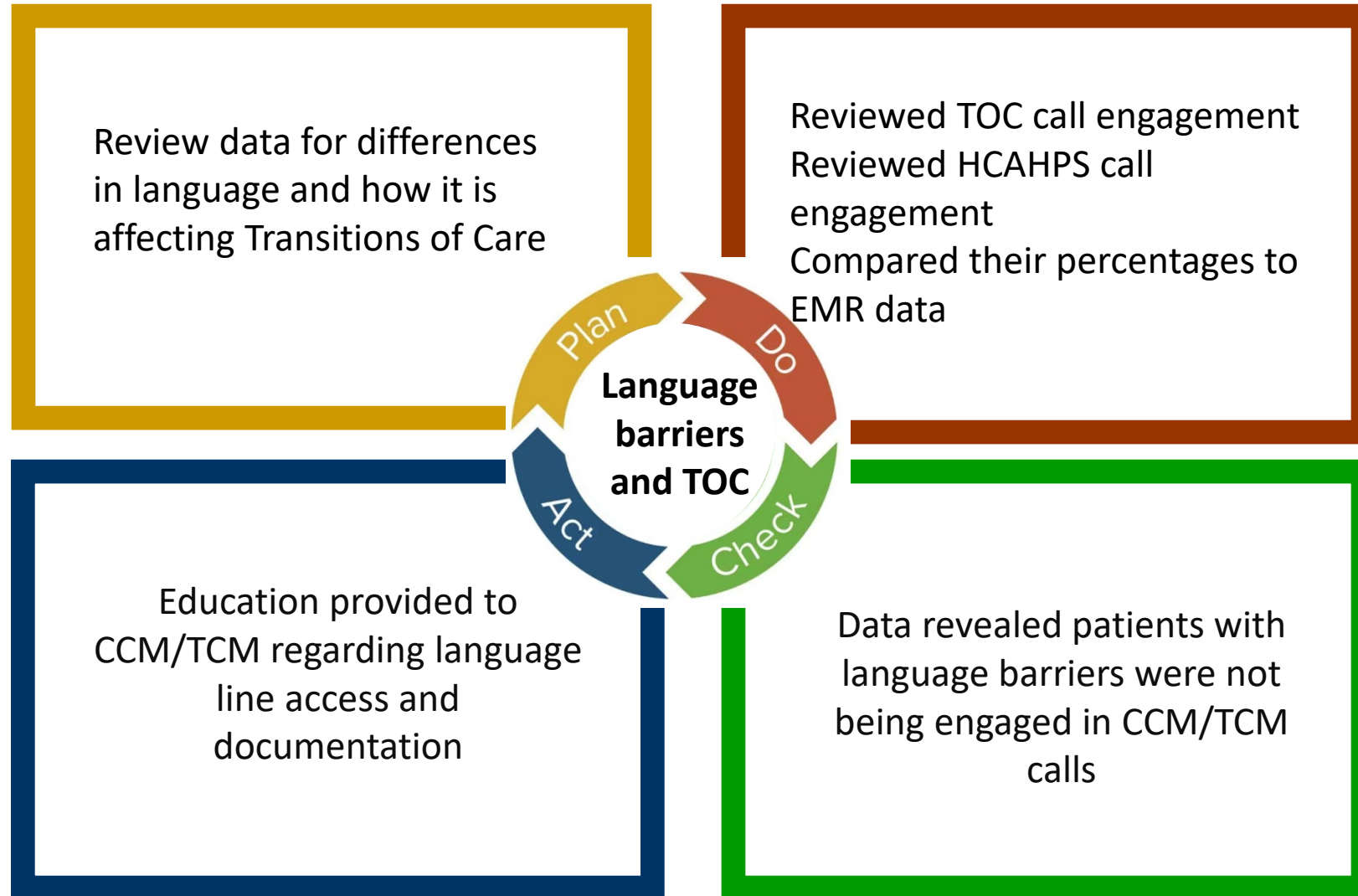
# Falls with Injury: Age



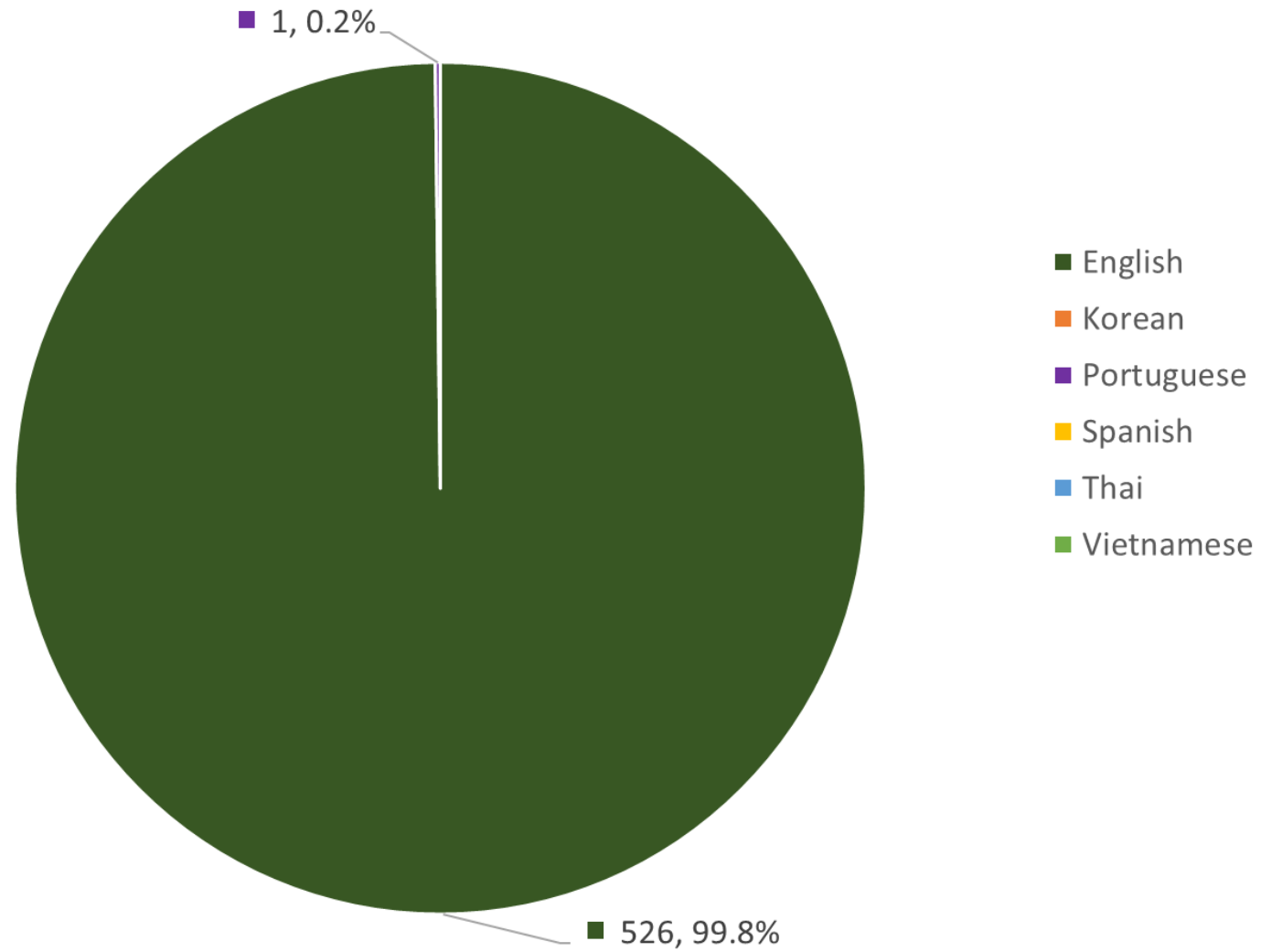
Age Groups (Average Age = 60 years old)	Falls with Injury Discharges	% of Total Falls with Injury Discharges
0-18	0	0%
19-35	4	7%
36-64	28	49%
65-85	25	44%
85+	0	0%
Total	57	100%

- 56% of Falls with Injury were for patients under age 65.

# Language Barriers and Transitions of Care



## High Risk Patient Interventions by Language



# A Special Thank You to All Speakers



Please type questions and comments in chat.



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

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