

Connecting Your Hospital Culture of Safety to Patient Harm Reduction

Alliant, Compass, IPRO and Telligen

Joint Hospital Quality Improvement Contract (HQIC) Learning and Action Network

January 17, 2023

We will get started shortly!



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Collaborating to Support your Quality Improvement Efforts



MHA HEALTH, RESEARCH AND EDUCATIONAL FOUNDATION, INC.



- Healthcentric Advisors
- Qlarant
- Kentucky Hospital Association
- Q3 Health Innovation Partners
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ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION



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Housekeeping

- Who's in the room today? (Name, facility, role)
- Your audio has been muted upon entry to eliminate any background noise during today's presentation.
 - You still have control of your audio and video.
 - A reminder that if you have dialed in, please do not place the call on hold as we may hear your "hold" music.
- We encourage questions and open discussion.
 - You can unmute and engage verbally or utilize the Chat box to type in your questions or comments throughout today's event.
- This event is being recorded.



Agenda

- Welcome and Introductions
- Connecting Your Hospital Culture of Safety to Patient Harm Reduction
- Breakout Sessions
- Leaving in Action
- Upcoming Events



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Presenter



Marie Cleary-Fishman, BSN, MS, MBA
Vice President, Clinical Quality
American Hospital Association

Connecting Your Hospital Culture of Safety to Patient Harm Reduction

January 17, 2023

AHA Funded Partnerships & Performance Improvement

Agenda

- **What is CULTURE?**
- **What is a culture of patient safety and why do errors occur?**
- **2022 - Current Pulse of Patient Safety**
- **Improving Patient Safety and the Quality of Health Care**
- **Role of Leadership**
- **Role of Patients and Families**
- **Role of Teams**

Supplemental Materials

- **Patient Safety Tools**
- **COVID-19 and Patient Safety**
- **Health Equity and Patient Safety**
- **Technology and Patient Safety**

What is CULTURE?

- a word for the 'way of life' of groups of people, meaning the way they do things

<https://simple.wikipedia.org>





**Think about
an example of
your personal
Culture**

<https://peachyessay.com/author/peachyessay/>



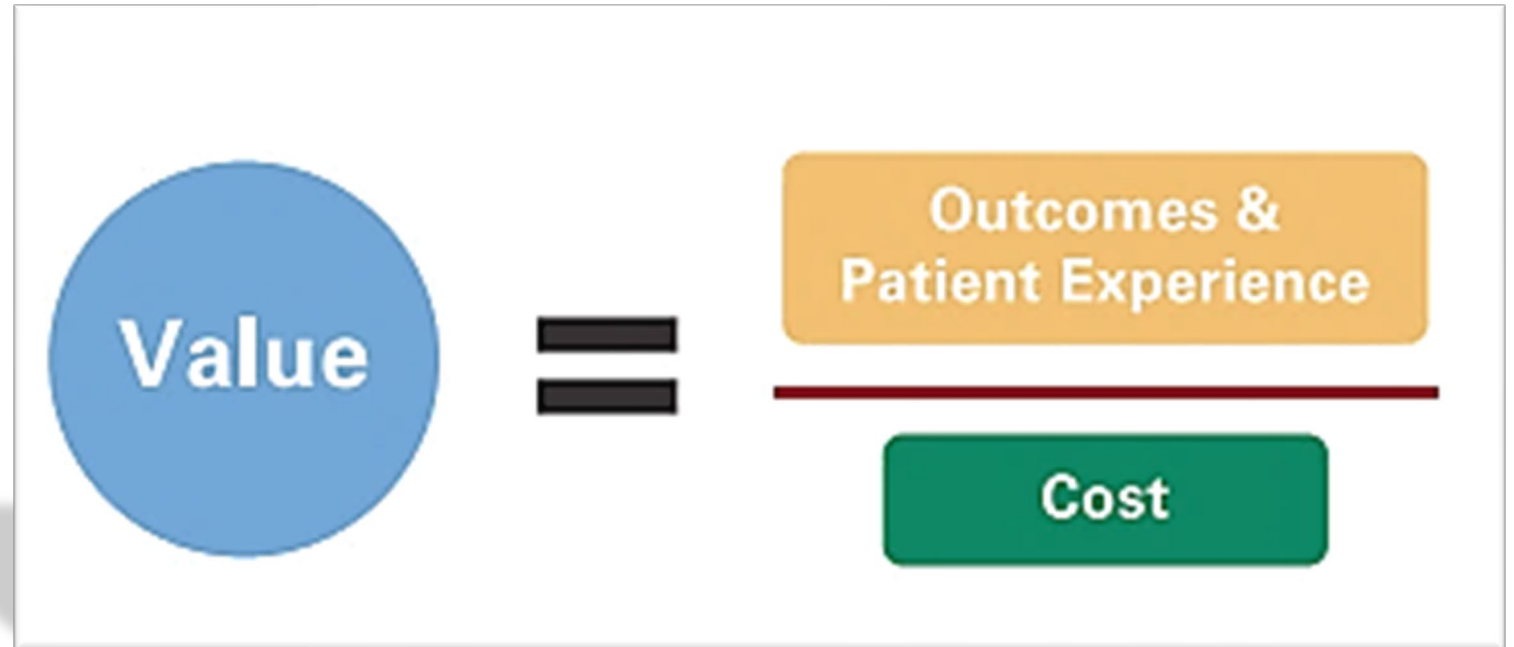
My Culture



Elements of an Organizational Culture

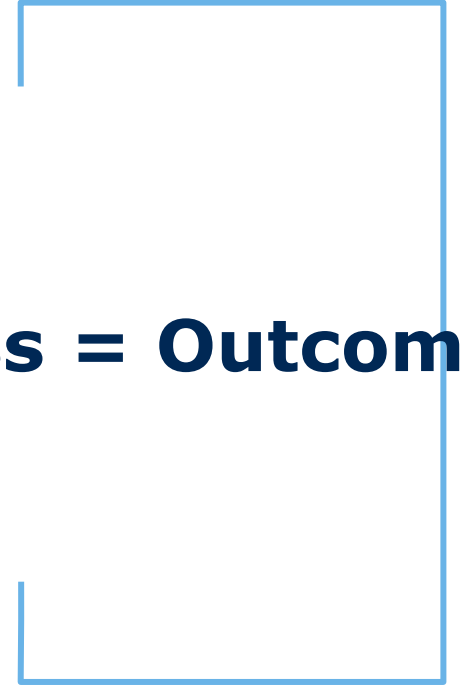
What is a Culture of Patient Safety?

- To Err is Human
- Connecting to Value





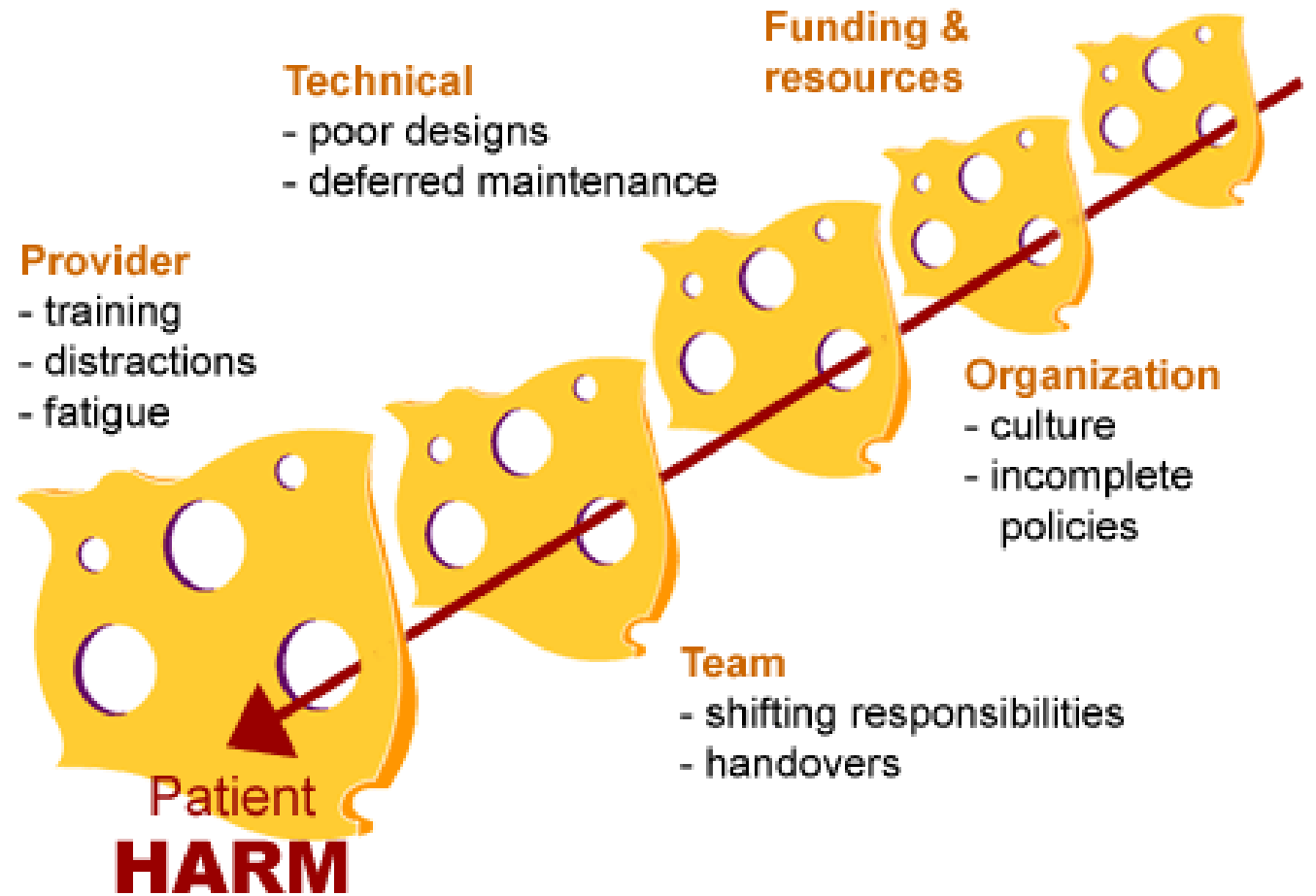
Structure + Process = Outcome



Donabedian, A., *An Introduction to Quality Assurance in Health Care*, Oxford University Press, 2003.

Why Errors Occur

- The impact of human factors and system failures on patient safety



Source: Image adapted from Reason J. Human error: models and management. *BMJ*. 2000;320:768–70. doi: 10.1136/bmj.320.7237.768.

Current Pulse on Patient Safety

TOP 10 PATIENT SAFETY CONCERNS: 2022

1. Staffing shortages
2. COVID-19 effects on health care workers 'mental health
3. Bias and racism in addressing patient safety
4. Vaccine coverage gaps and errors
5. Cognitive biases and diagnostic error
6. Non-ventilator health care-associated pneumonia
7. Human factors in operationalizing telehealth
8. International supply chain disruptions
9. Products subject to emergency use authorization
10. Telemetry monitoring

IMPROVING THE QUALITY OF HEALTH CARE: LESSONS LEARNED DURING THE PANDEMIC

Improving Patient Safety and the Quality of Healthcare

- ✓ A hospital-wide commitment to providing STEEEP
- ✓ Embed quality into the care journey
- ✓ Foster engagement
- ✓ Promote patient safety
- ✓ Leadership involvement in quality
- ✓ Advance health equity.
- ✓ Community partnerships
- ✓ Strengthen resiliency
- ✓ Embrace the digital age



Source

- IOM STEEEP: dimensions of quality
- Image from IHI, "<https://www.ihl.org/communities/blogs/what-boards-must-do-to-achieve-better-quality-health-care>"

Role of Leadership

- Strategies health care leaders can use to improve patient safety

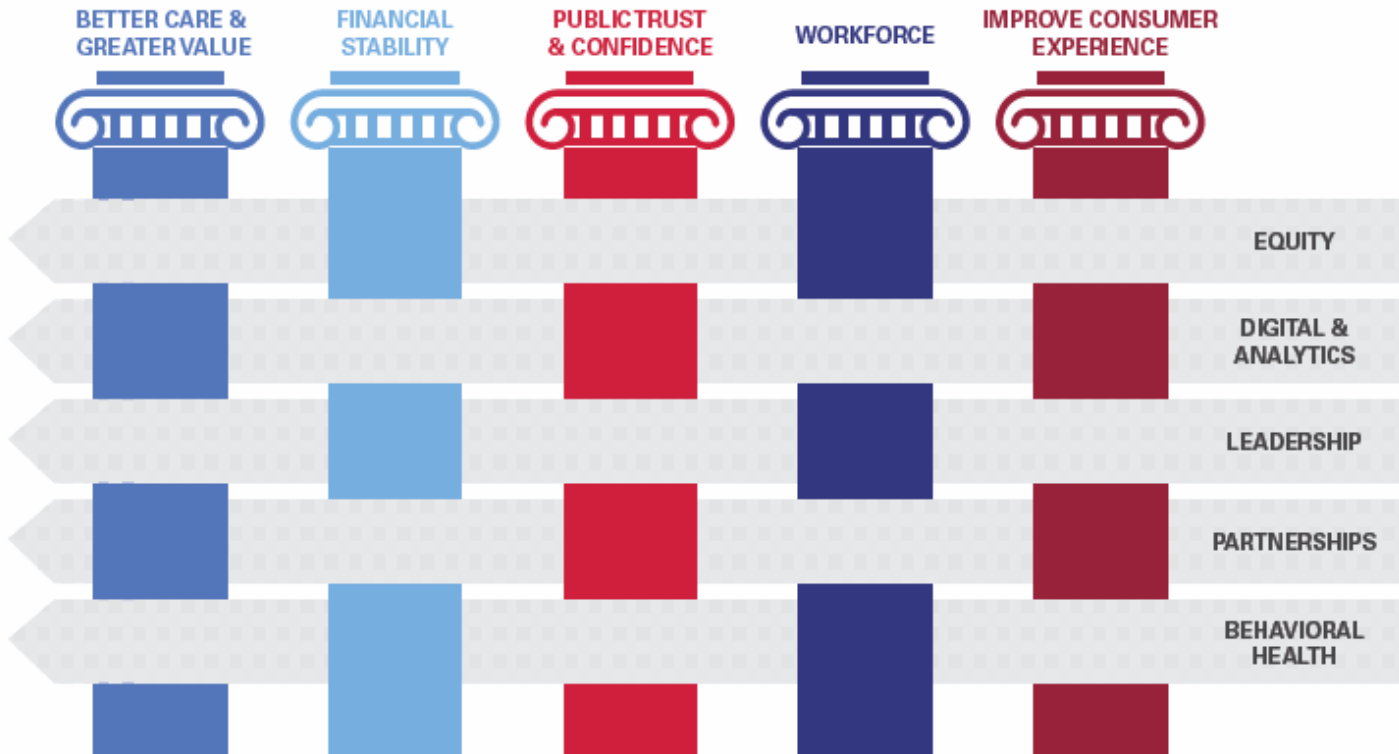
- Organization strategic priorities, culture, and infrastructure
- Engage stakeholders
- Communication
- Aims/goals for improvement
- Align system-wide activities

- Track/measure Performance
- Support staff and patients/families
- Redesign systems/ improve reliability





2022-2024 AHA Strategic Plan



Role of Patients and Families

- Engaging patients and their families in all aspects of their care



Role of Teams

- Teamwork and communication is key!



Supplemental Materials

- **Patient Safety Tools (18-22)**
- **COVID-19 and Patient Safety (23-27)**
- **Health Equity and Patient Safety (28)**
- **Technology and Patient Safety (29-30)**



Patient Safety Tools

- Patient Safety Assessments

Hospital Survey on Patient Safety Culture

In 2004, the Agency for Healthcare Research and Quality (AHRQ) released the **Surveys on Patient Safety Culture™ (SOPS®) Hospital Survey** for providers and other staff to assess patient safety culture in their hospitals. An updated version was released in 2019.

Topics Covered by the SOPS Hospital Survey 2.0	
Composite Measures: A composite measure is a grouping of two or more survey items that assess the same area of culture. The 10 composite measures and 32 survey items assessed in the SOPS Hospital Survey 2.0 are:	
	<ul style="list-style-type: none"> • Teamwork (3 items) • Staffing and Work Pace (4 items) • Organizational Learning – Continuous Improvement (3 items) • Response to Error (4 items) • Supervisor, Manager, or Clinical Leader Support for Patient Safety (3 items) • Communication About Error (3 items) • Communication Openness (4 items) • Reporting Patient Safety Events (2 items) • Hospital Management Support for Patient Safety (3 items) • Handoffs and Information Exchange (3 items)
Additional Measures: In addition to the composite measures, single item measures included assess:	
	<ul style="list-style-type: none"> • Number of events reported (1 item) • Patient safety rating (1 item) • Background questions (4 items)

Patient Safety Tools

- Patient Safety Assessments (continued)

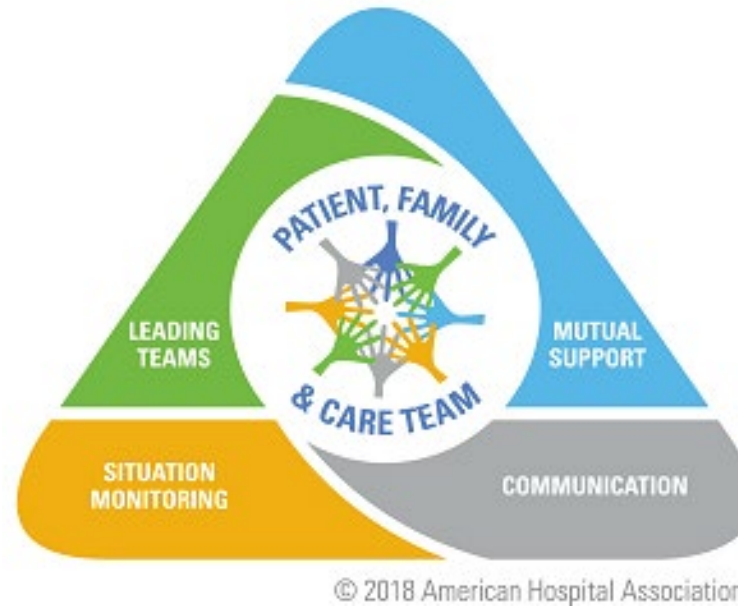
Other Assessments Compiled by AHRQ

- Medical Office Survey on Patient Safety Culture
- Nursing Home Survey on Patient Safety Culture
- Pharmacy Survey on Patient Safety Culture

Patient Safety Tools

- TeamSTEPPs
- CUSP

TeamSTEPPs



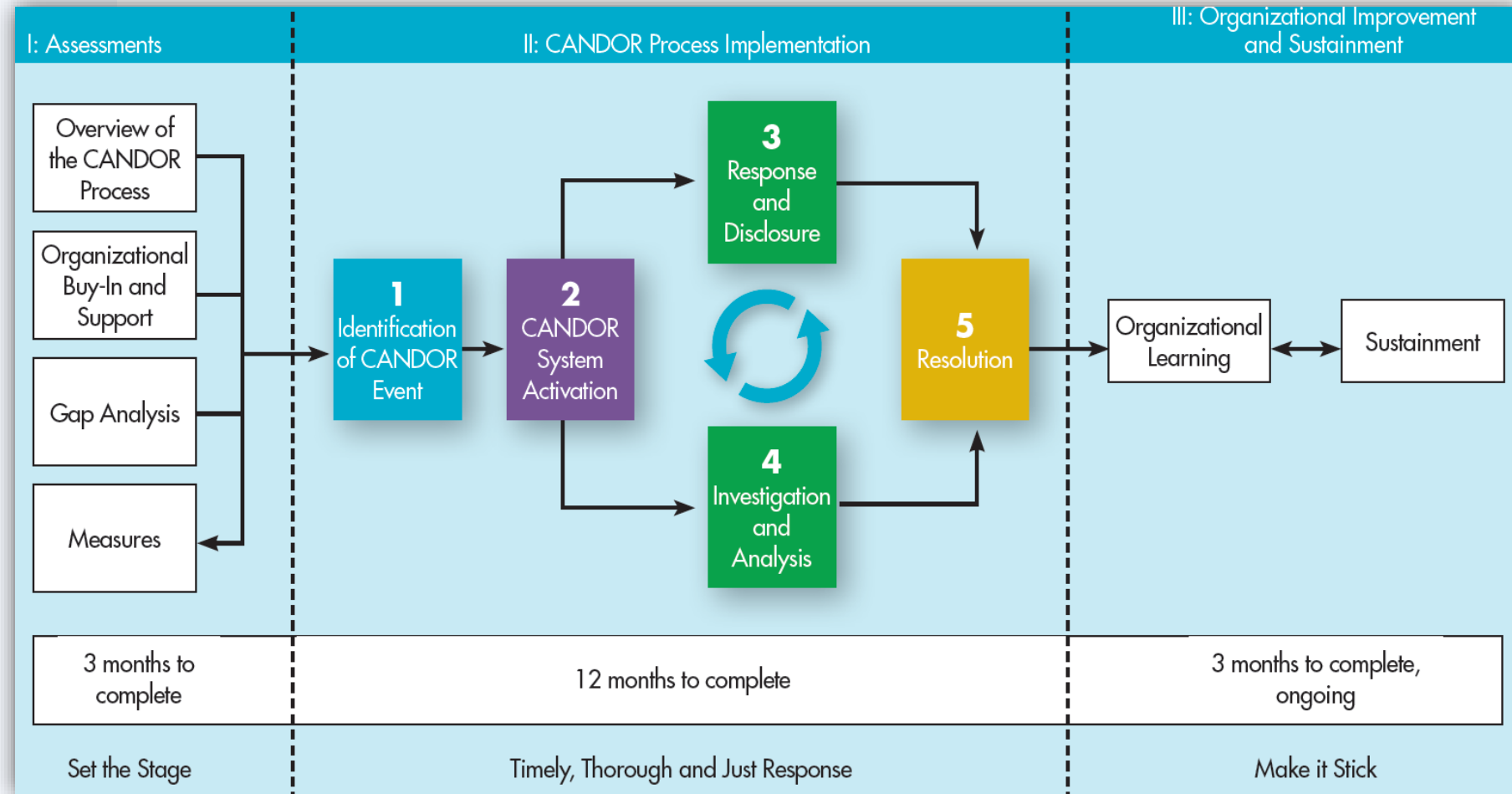
CUSP



Agency for Healthcare Research and Quality
Advancing Excellence in Health Care • www.ahrq.gov

Patient Safety Culture

- **CANDOR - Communication and Optimal Resolution**



Source: *Communication and Optimal Resolution (CANDOR) Toolkit*. Content last reviewed September 2017. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/patient-safety/capacity/candor/modules.html>

CANDOR Toolkit

- Module 1: An Overview of the CANDOR Process
- Module 2: Obtaining Organizational Buy-in and Support
- Module 3: Preparing for Implementation: Gap Analysis
- Module 4: Event Reporting, Event Investigation and Analysis
- Module 5: Response and Disclosure
- Module 6: Care for the Caregiver
- Module 7: Resolution
 - Adverse Event—Reasonable Care
 - Adverse Event—Unreasonable Care
- Module 8: Organizational Learning and Sustainability



COVID-19 and Patient Safety

Examples of AHA patient safety support during the pandemic and beyond:

- Project Firstline
- Living Learning Network
- Vaccinate with Confidence
- Strengthening the Workforce





COVID-19 and Patient Safety

- **Project Firstline** – Infection Prevention and Control resources and training

ENHANCING TEAMWORK

Clinical and non-clinical staff training on communications and teamwork.

ENVIRONMENTAL SERVICES

IPC interactive tools and guidance for EVS workers.

HEALTH CARE FACILITIES

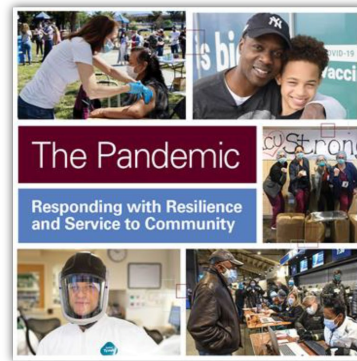
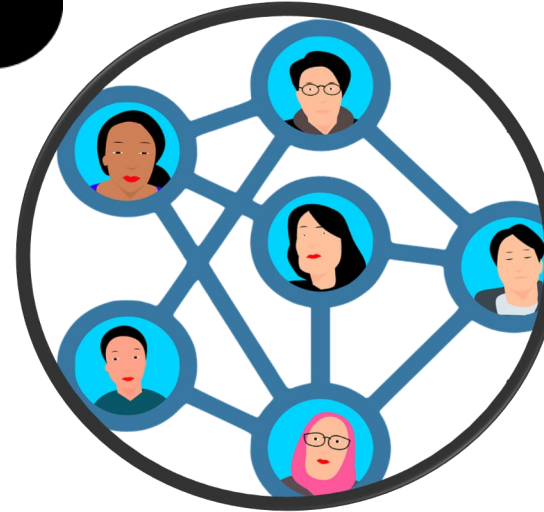
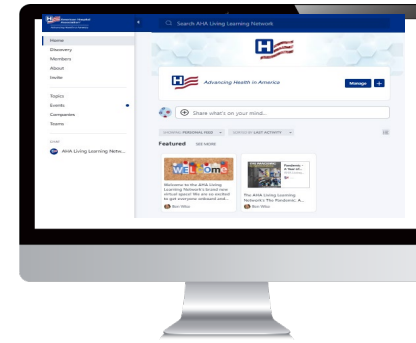
Risk assessment checklists and training on proper ventilation and safety for building engineers.

INFECTION CONTROL TRAINING

Strategies & methods toolkit for IPC facilitators
Education resources for front-line workers






COVID-19 and Patient Safety

- Living Learning Network— virtual network of health care professionals across the nation



What We Learned About Palliative Care During the Pandemic – And Why These Lessons Matter for Patients and Workforce as We Rebuild

PRESENTERS

 Michelle Hood American Hospital Association	 Brynn Bowman Center to Advance Palliative Care	 Marie Cleary-Fishman American Hospital Association	 Dr. Danielle Noreika Virginia Commonwealth University	 Dr. Sean Morrison Icahn School of Medicine at Mount Sinai
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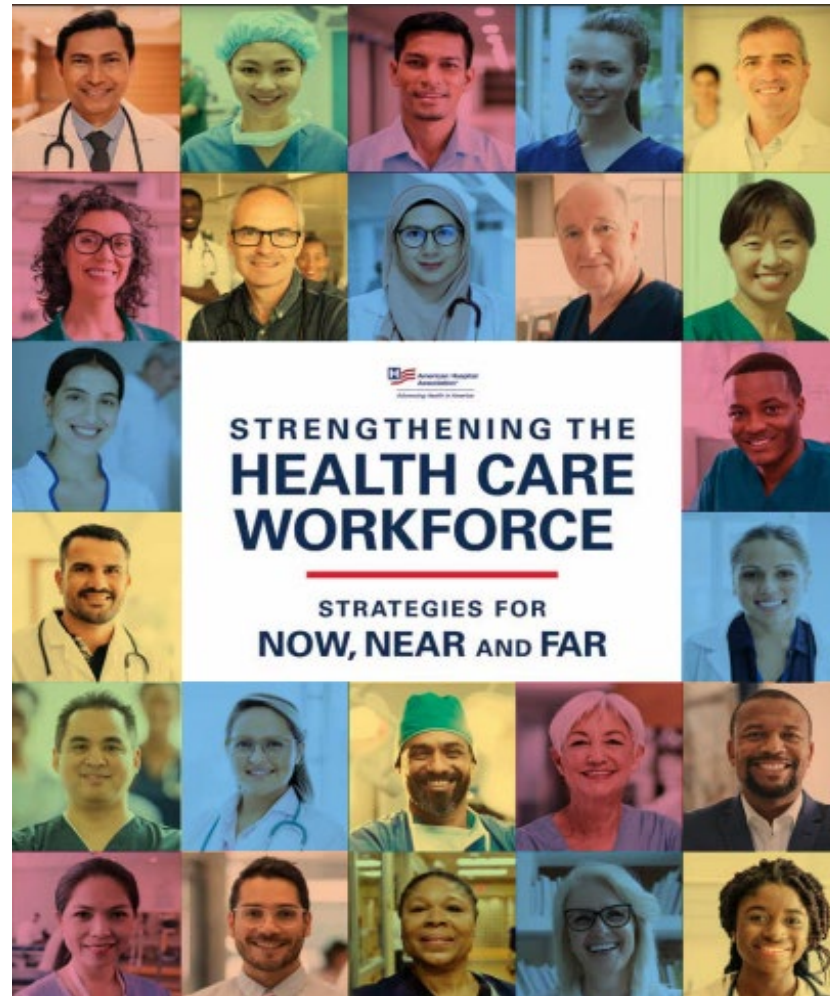
COVID-19 and Patient Safety

- Vaccinate with **Confidence** – resources to help the health care field support COVID-19 vaccinations



COVID-19 and Patient Safety

- Caring and strengthening the health care workforce is a vital component to patient safety!



SUPPORTING THE TEAM

- Addressing Well-Being
- Supporting Behavioral Health
- Workplace Violence Prevention

DATA AND TECHNOLOGY TO SUPPORT THE WORKFORCE

- Data and Analytics
- Technological Supports

BUILDING THE TEAM

- Recruitment and Retention Strategies
- Diversity and Inclusion
- Creative Staffing Models

Health Equity and Patient Safety

- Addressing health care disparities to improve health outcomes



VALUE OF DIGITAL TRANSFORMATION TO HEALTH CARE QUALITY INITIATIVES

Value propositions include:

- ✓ **Improving upon human intelligence.**
- ✓ **Increasing the speed and quality of decision-making.**
- ✓ **Improving transparency, traceability and auditability.**

Technology and Patient Safety

- Applying proven quality disciplines to new, digital and disruptive technologies.
- New technology should always be introduced with a clear articulation of the desired benefits it will deliver.



Patient Safety Tools and Resources

- [AHA Team Training](#)
- [AHRQ Hospital Survey on Patient Safety Culture](#)
- [AHRQ The CUSP Method](#)
- [AHRQ CANDOR Toolkit](#)
- [AHA Health Equity Roadmap](#)



COVID-19 and Patient Safety Resources

- [AHA Project Firstline](#)
- [AHA Living Learning Network](#)
- [AHA Vaccinate with Confidence](#)
- [AHA Workforce](#)



Thank You for Helping Us To Achieve Our Highest Potential for Health



Breakout Sessions



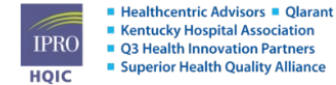
Opioid related Adverse Drug Events: Strategies to Prevent Patient Harm

Lauren Woller, PharmD, BCP
Director of Pharmacy Services
Athens-Limestone Hospital



Eliminating Hospital Acquired Pressure Injuries

Amanda Lass, MSN, RN, NE-BC
Director of Telemetry
Mary Greeley Medical Center



Culture and Collaboration: Key Contributors to Improving Sepsis Care

Jodi Kierstead, RN
Performance Improvement Specialist/Sepsis Lead
Northern Light AR Gould Hospital



Forming the Antibiotic Stewardship Multi-Disciplinary Team

Rhonda Theiler, BSN, RN
QI Nurse Manager
Perkins County Health Services



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Opioid Related Adverse Drug Events

Implementing Strategies to Prevent Patient Harm

Lauren Woller, PharmD, BCPS

Director of Pharmacy Services

Athens-Limestone Hospital



Disclosure Statement

- I have nothing to disclose.

Objectives

- Implement steps to reduce chance of patient harm from opioids
- Identify education gaps
- Targeting meaningful interventions

Athens-Limestone Hospital

- Located in Athens, AL
 - Limestone County
- 71 Bed Acute Care Hospital
- Outpatient Surgery Tower
- 18 Physician Clinics

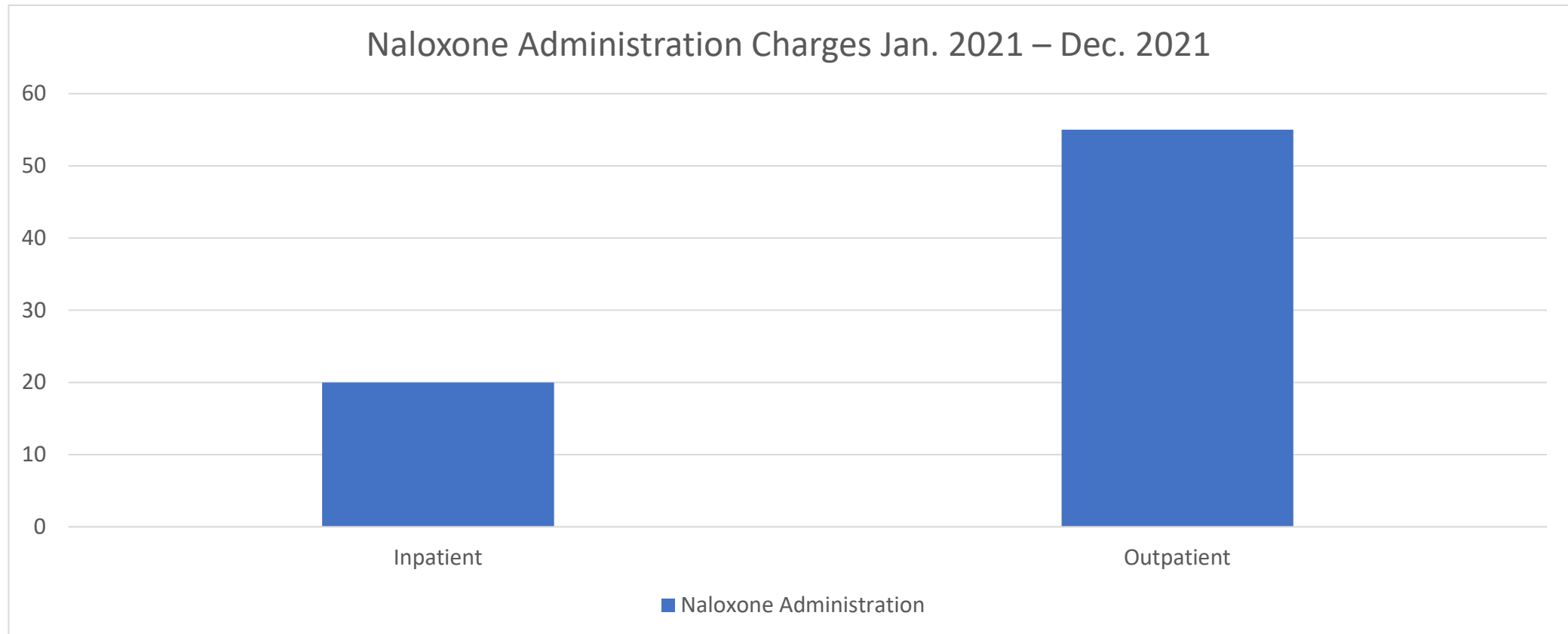


Where Do We Start From Here

Opioid Related Adverse Events from Medicare Claims



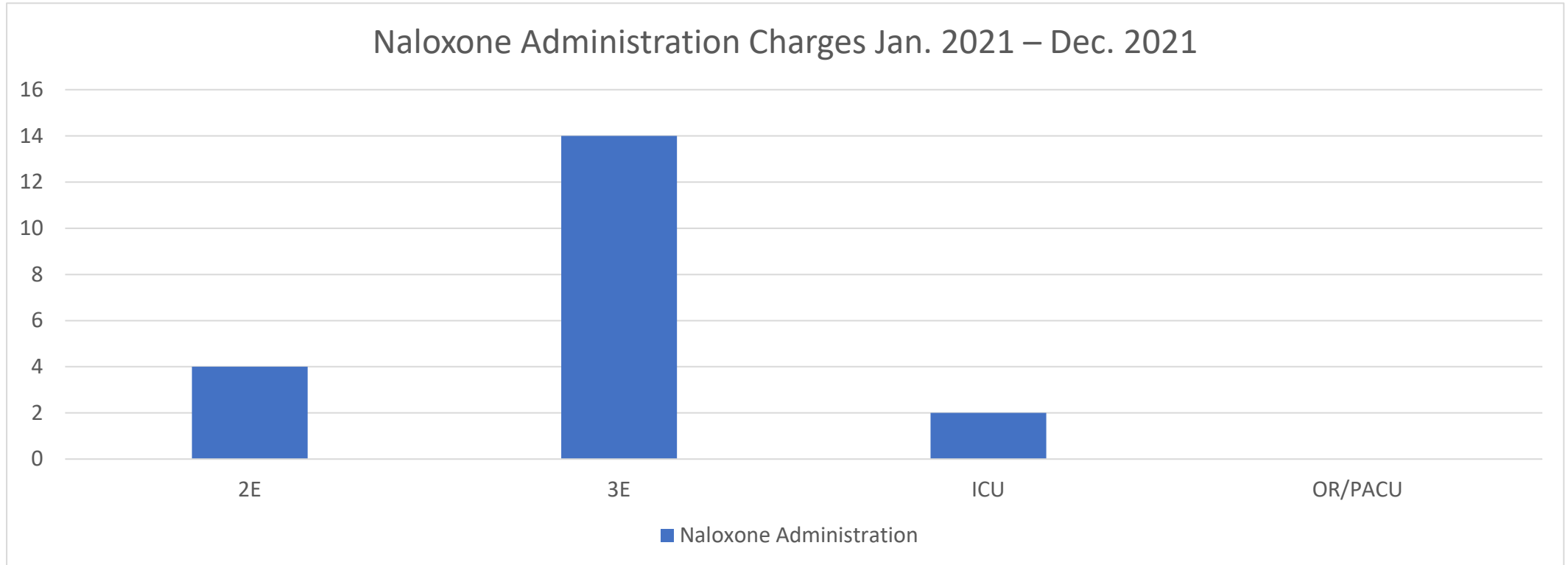
Naloxone Administration



Targeting Quick Interventions

- Identify Order Sets Containing Opioids
- Educate Prescribers on recommendations for Safe Opioid Prescribing
- Standing Order for Naloxone at Discharge

Where do we focus first?

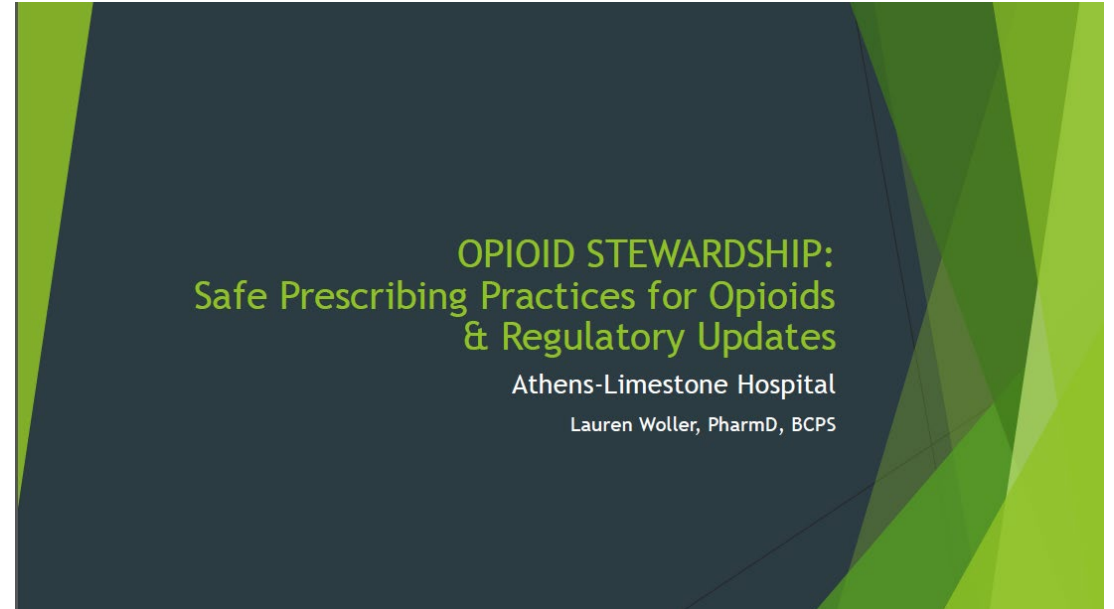


Identifying High Risk Order Sets

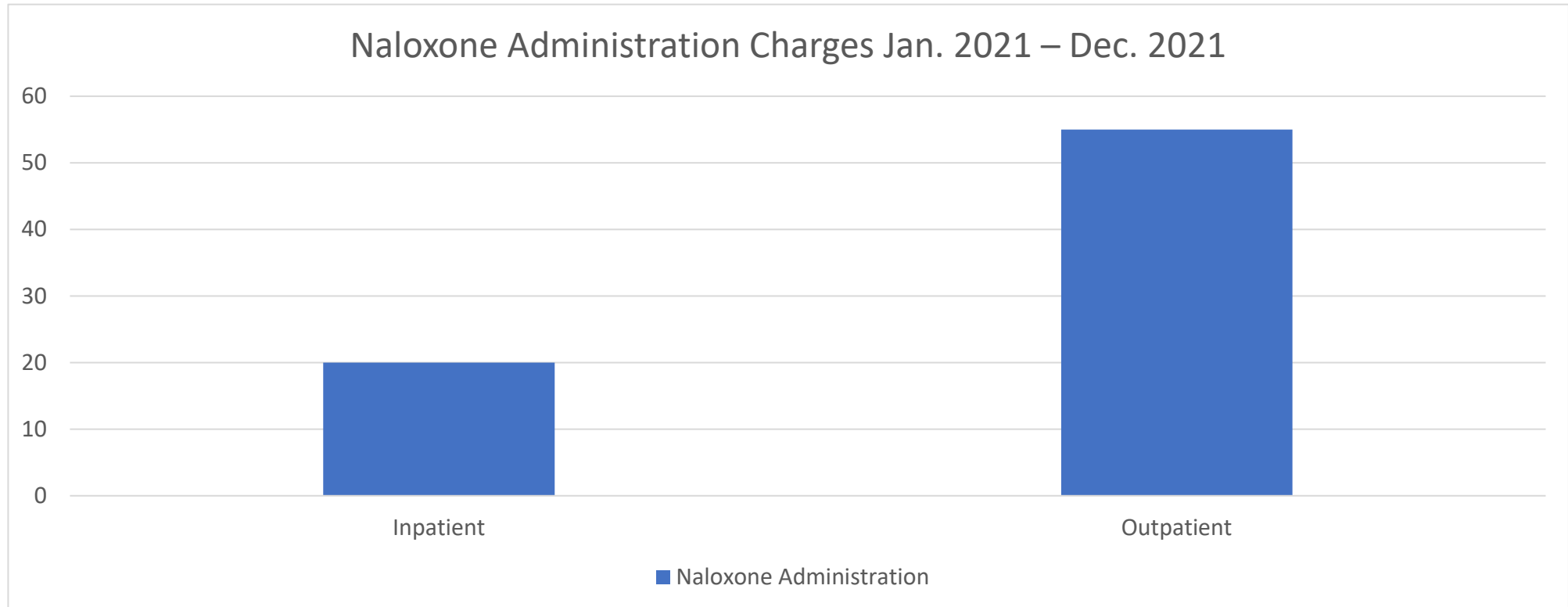
- Reviewed Post-Op Order Orthopedic Order sets
 - Recommended dropping opioid ranges and lower total MME options
 - Approved Orders Sets through appropriate committees
 - Pharmacy & Therapeutics
 - Medical Executive Committees
- Challenges
 - Reaching physician consensus on order sets
 - Have a physician champion!
 - Removing old order sets from circulation

Educating Prescribers on Safe Opioid Prescribing

- Provided category 1 CME credit covering safe opioid prescribing
 - Requirement for Physicians in AL
- CE targeted towards safe opioid prescribing in outpatient setting



Naloxone Administration

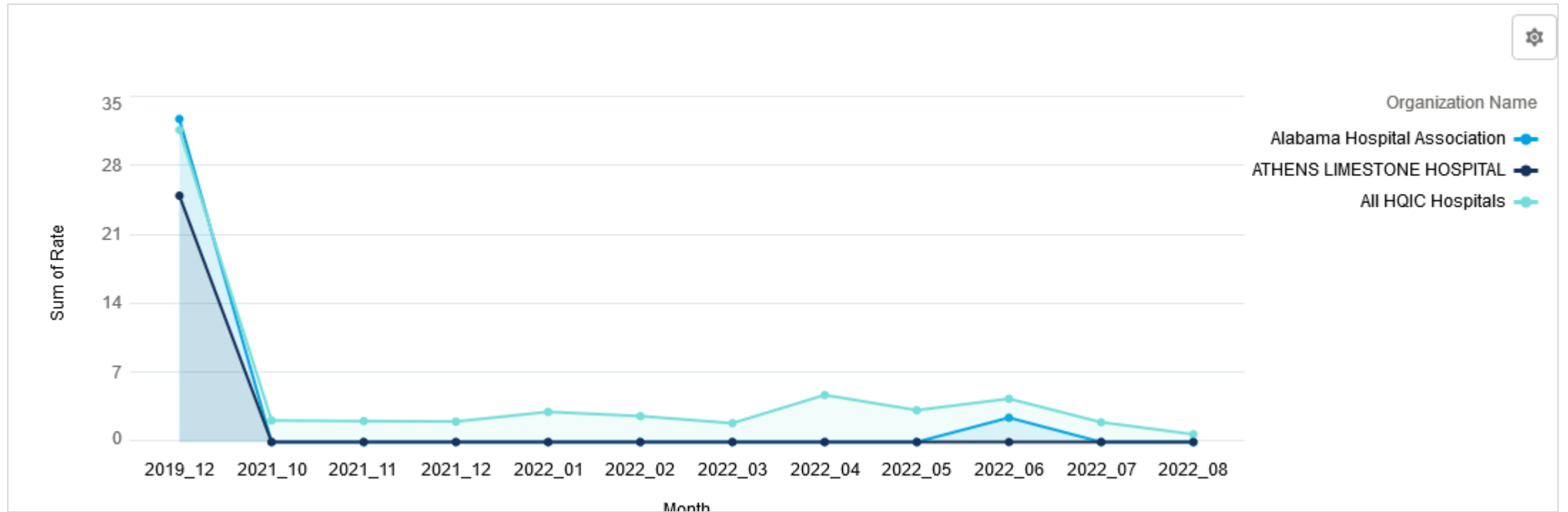


Naloxone Prescription at Discharge

- Goal to include prescription for Naloxone on all post-op orthopedic opioid discharge prescriptions
- Challenges:
 - Physician Agreement
 - Did not want “pushed” on patient
 - Perceived cost to patient
 - Compromise
 - Standing order for naloxone available to patients at our retail location
 - Final stages of standing order in development

Post Intervention Data

Opioid Related Adverse Events from Medicare Claims



Where are we going now?

- ALH Board voted to make Opioid Stewardship a priority for the 2022-2023 fiscal year
- Initiation of Opioid Stewardship Committee
 - Creation of Diversion Task-Force Sub-Committee

Initiation of Opioid Stewardship Committee

Identifying the Players

- Representative from areas with higher opioid use:
 - OR/PACU
 - One Day Admission
 - Emergency Department
 - Anesthesia
 - Pharmacy Representative
 - Nursing
 - Physician Representative

Achievable Data Points

- Review Naloxone Administrations
 - Percentage from outpatient
 - Percentage from Inpatient
 - Trend in data points?

Sub-Committee Development

- Diversion Task Force
 - Identified as an area of improvement in Opioid Stewardship Meetings
 - Formal committee to standardize process for diversion prevention across departments
- Responsibility to our patients for safe use of opioids
- Responsibility to our community for safe storage of opioids

Next Steps

- Sharing Data from Opioid Stewardship with Providers at ALH
 - Naloxone administration data
- Reviewing Opioid Prescribing discharge practices
 - Continue discussion on Safe Opioid Prescribing
 - Policy on discharge limits for opioids for opioid naïve patients
 - Create report for providers to share MME prescribing comparison
- Multimodal Pain Protocol Discussion

Questions?

A HAPI PREVENTION PROGRAM: ELIMINATING HOSPITAL ACQUIRED PRESSURE INJURIES

AMANDA LASS MSN, RN, NE-BC

AMY DAGESTAD MBA, MSN, NE-BC, RNC-OB

MARY GREELEY MEDICAL CENTER

AMES, IA



What's the big deal on HAPIs

There is an estimated 60,000 deaths and 17,000 lawsuits annually related to HAPIs.

A 50% reduction in pressure injuries can save organizations an average of \$5 million

Where we started...

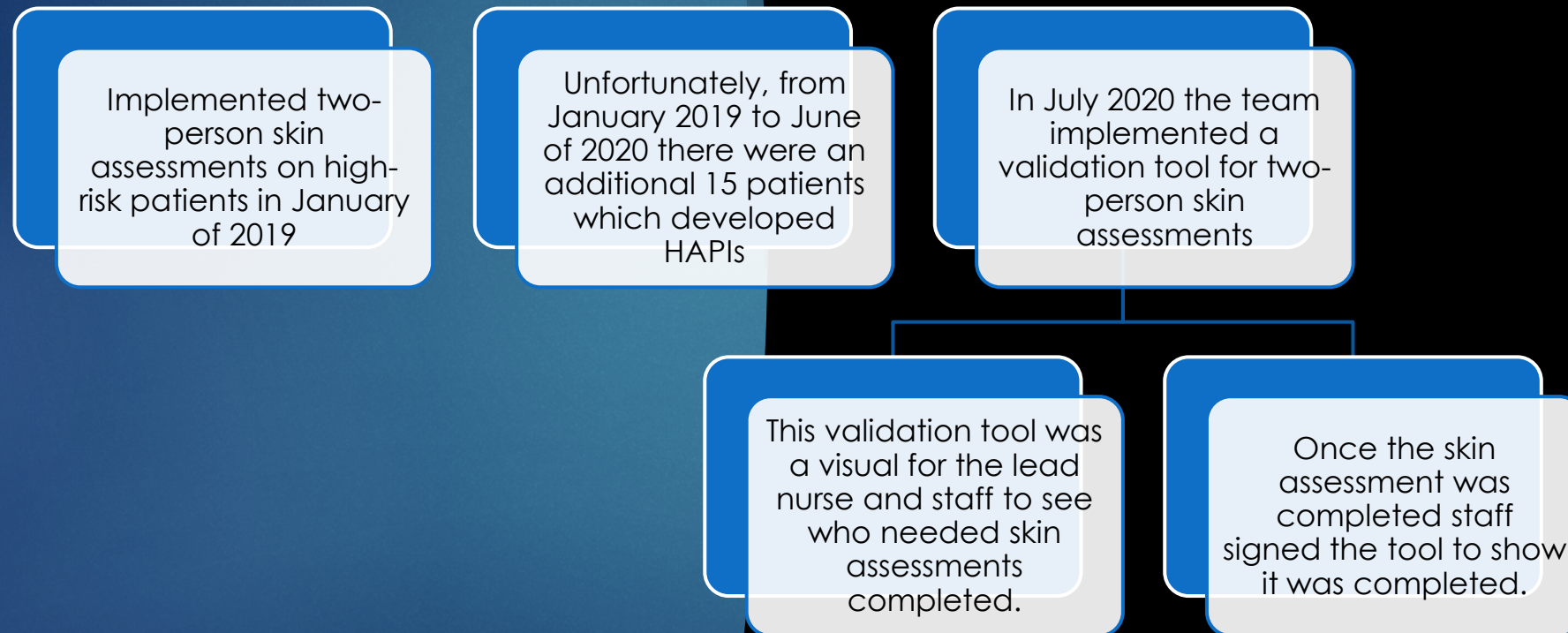
- We implemented many new and expensive tools
- 2016, we implemented two-person skin assessments organization wide
- Pressure injuries didn't get better

PURPOSE OF THE PROJECT

Back to the basics...
SKIN ASSESSMENTS

The Medical Telemetry Department in our organization in 2018, had seven patients in seven months develop a HAPI. The department knew they needed to make changes in order to stop this trend.

PROJECT DESCRIPTION



EVALUATION/OUTCOMES

Since implementation of The HAPI Prevention Program, we have increased our assessment compliance from 50% to 90%.

We have had a reduction in HAPIs from 24 in three years to zero HAPIs from April 2021 to current date.

We have also created a skin assessment audit tool in the EMR that shows documentation in real-time to see if assessments are completed on time and appropriate interventions are in place.

Medical Telemetry days since last stage 1 or 2 HAPI

Over 650

Medical Telemetry days since last stage 3 or 4 HAPI

Over 3500

Mary Greeley Medical Center days since last stage 1 or 2 HAPI

Over 320 days

Mary Greeley Medical Center days since last stage 3 or 4 HAPI

Over 870 days

Questions?

Culture & Collaboration: Key Contributors to Improving Sepsis Care

Jodi Kierstead, RN, Performance Improvement Specialist
Northern Light Health, A.R. Gould Hospital



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Northern Light Health

- Northern Light Health is Maine's only integrated health care system.
- Ten member hospitals with 987 licensed beds,
- A single physician-led medical group,
- Home care and hospice,
- Eight nursing homes with 585 long-term beds,
- Five emergency transport members,
- 37 primary care locations, and
- Employ more than 12,000 people in Maine.



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Northern Light Health System

Mission:

Northern Light Health exists to make healthcare work for you.
We improve the health of the people and communities we serve.

That is our mission.
That is our purpose.

Vision

Our vision is that
Northern Light Health will be a leader in healthcare excellence.

To accomplish our mission and vision,
Northern Light Health embraces the values of
Integrity, Respect, Compassion, and Accountability.

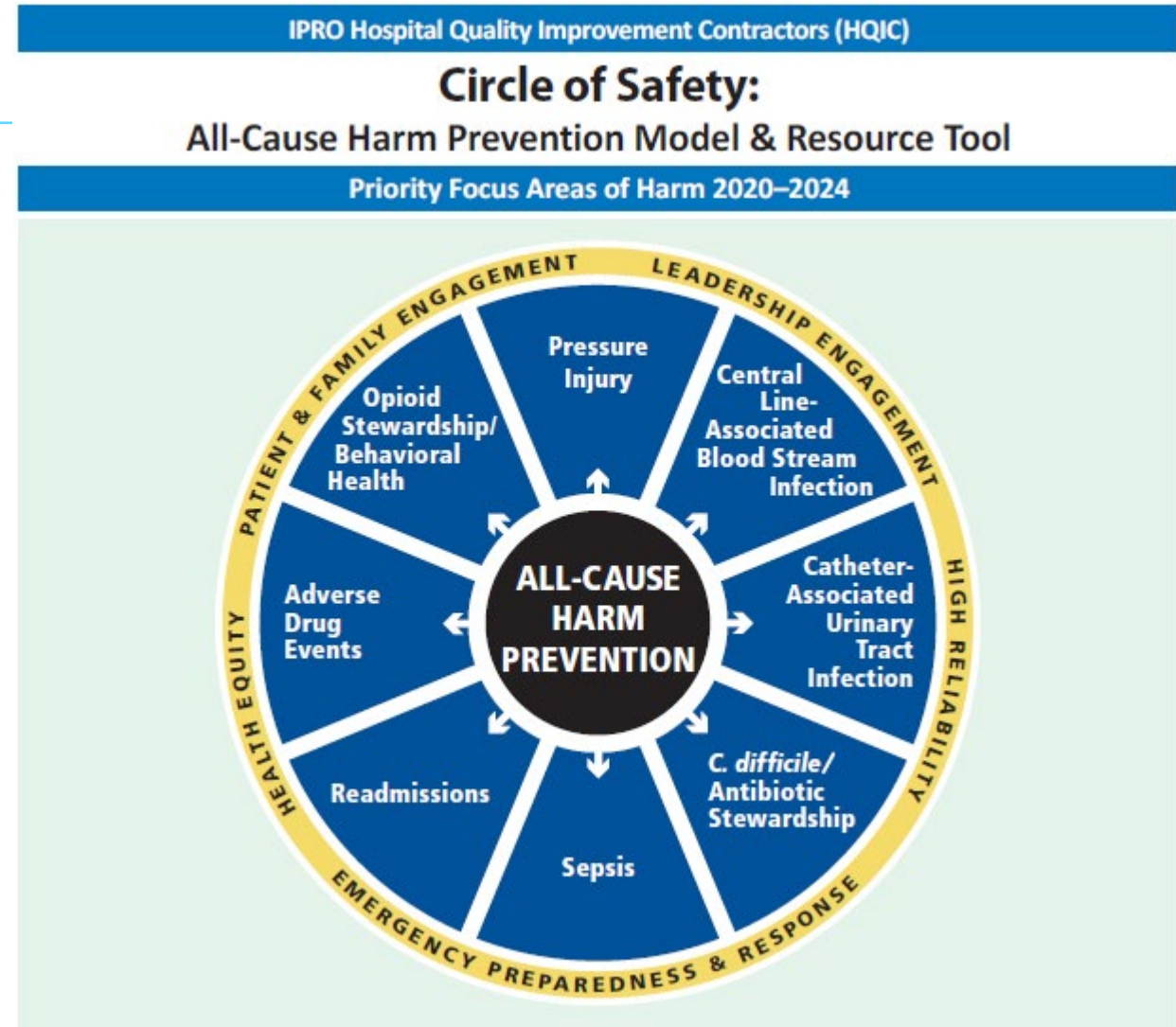


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Strategies

Partnership with
IPRO HQIC
All-Cause Harm
Prevention



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Northern Light Sepsis Team

- Northern Light Health System Sepsis Oversight Team
- A.R. Gould's Sepsis Workgroup
 - Started in February 2022
 - Quality and Hospitalist leads Sepsis Team
- Sepsis initiatives are driven and supported at both levels



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IPRO HQIC Sepsis Affinity Group

- IPRO HQIC initially started with small, rural hospitals in Maine expanded to include other small hospitals in New York and Delaware in 2022
- Meet on monthly basis

Advantage of working with Sepsis Affinity Group:

- Support and growth through resources and deference to expertise
- “I love the collaboration and the “many hands make light work” mentality of the group. I don’t like recreating the wheel”



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Sepsis Affinity Group: Sharing of “How to Meet Bundle Compliance”

- *Have a “stop” that patient cannot leave ED without antibiotic initiated*
- *Red band placed on patient by lab tech after blood culture draw so nurse can give antibiotic*
- *Use reminders-badge buddy*
- *Have template – automatic documentation/reminder to reassess the patient upon completion of fluids*
- *Informatic Solutions*

Sepsis Affinity Group: Most impactful resources

HQIC Sepsis Affinity Group							
Action Plan for <u> </u> Hospital Sepsis Teams <u> </u> Initiated <u> </u> / <u> </u> / <u> </u> – Updated <u> </u> / <u> </u> / <u> </u>							
Goal Statement:		By the end of 2022, the Sepsis Teams at hospitals using continuous quality improvement will incorporate the elements of the Hour-1 bundle upon recognition of sepsis.					
ITEM	ROOT CAUSE	PLAN	RESPONSIBILITY	DATE DUE/COMPLETED	MEASUREMENT PLAN	TARGET	RESULTS/LESSONS LEARNED
Develop & implement sepsis education program for clinical staff	New sepsis guideline for Hour-1 bundle	Develop & implement annual sepsis education for clinical staff	Sepsis Affinity Group Individual hospital quality teams or sepsis teams (as resources allow)	Completed education PowerPoint March 2022	Percentage of hospitals who have implemented an annual sepsis education program for clinical staff Percentage of clinical staff (new & current) who received education on sepsis hour-1 bundle	90% 75%	Sepsis education program developed Each hospital's sepsis team will individualize the Sepsis education program (add their zone tool) Will include education program in new staff training and ongoing as needed
Early Identification of sepsis	Signs and symptoms of sepsis are missed due to lack of awareness of signs/sxs.	Educate staff on all warning signs and symptoms of sepsis Educate hospital partners – SNF, HHA and EMTs – about sepsis signs and symptoms	Individual hospital quality teams or sepsis teams (as resources allow)		Percentage of patients who had sepsis diagnoses missed Percentage of hospitals who have implemented an annual sepsis education program for clinical staff	0% 90%	Need to include SNFs, HHAs, and EMTs in education



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Sepsis Affinity Group Created Annual Education for Frontline Staff & Providers

Sepsis Training for Frontline Staff

HQIC Sepsis Affinity Group

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Use of QR codes for staff screening and education tools

Sepsis

TIME ZERO

Suspected Time of Infection

Within 1 hour

- Lactate with reflex DRAWN
- Blood cultures DRAWN
- Antibiotics started AFTER cultures

Within 3 hours

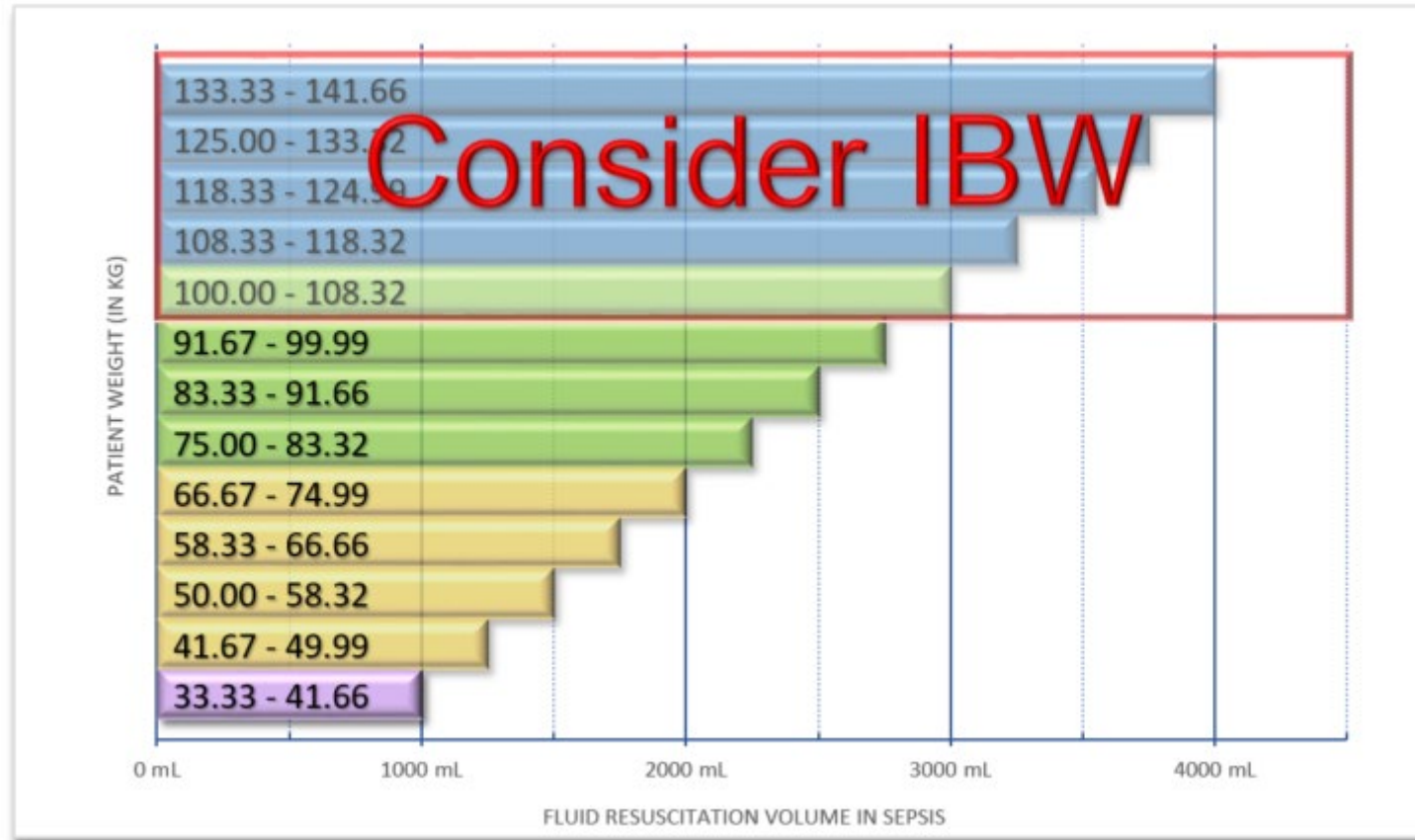
- Repeat lactate drawn if initial is >2.0
- Start 30 cc/kg crystalloids
 - Rate must be 126 ml/hr or higher
 - Does not need to be completed, **just started** (Example: if goal is 1800 ml, this task not considered done until the SECOND liter is signed off)
 - Want to give less than 30 cc/kg?
Use autotext: /sepsisIVFexclusion

Within 6 hours

- Document "sepsis reassessment completed"
- If there are two hypotensive BPs (SBP <90 or MAP <65) in the hour after fluids, start a vasopressor
- Document all that apply:
 - Refusal of care
 - Sepsis not suspected
 - Symptoms/SIRS/labs not suspected as due to infection
 - Pt a transfer from another facility
 - Difficulty obtaining IV access
 - Difficulty getting BC/labs
 - Decision to go comfort care



Sharing of Resources



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Sharing of Resources- Sepsis Zone Tool

Signs of infection and sepsis at home

Common infections can sometimes lead to sepsis. Sepsis is a deadly response to an infection.



Green Zone
No signs of infection.



Yellow Zone
Take action today.



Red Zone
Take action now!

Call: _____

Call: _____

Are there changes in my heartbeat or breathing?	<ul style="list-style-type: none"> • My heartbeat is as usual. • Breathing is normal for me. 	<ul style="list-style-type: none"> • Heartbeat is faster than usual. • Breathing is a bit more difficult and faster than usual. 	<ul style="list-style-type: none"> • Heartbeat is very fast. • Breathing is very fast.
Do I have a fever?	I have not had a fever in the past 24 hours and I am not taking medicine for a fever.	Fever between 100°F to 101.4°F.	Fever is 101.5°F or greater.
Do I feel cold?	I do not feel cold.	<ul style="list-style-type: none"> • I feel cold and cannot get warm • I am shivering or my teeth are chattering. 	<ul style="list-style-type: none"> • Temperature is below 96.8°F. • Skin or fingernails are pale or blue.
How is my energy?	My energy level is as usual.	I am too tired to do most of my usual activities.	<ul style="list-style-type: none"> • I am very tired. • I cannot do any of my usual activities.
How is my thinking?	Thinking is clear.	Thinking feels slow or not right.	My caregivers tell me I am not making sense.
Are there changes in how I feel after a hospitalization, procedure, infection or change in wound or IV site?	<ul style="list-style-type: none"> • I feel well. • I had pneumonia, a urinary tract infection (UTI) or another infection. • I had a wound or IV site. It is healing. 	<ul style="list-style-type: none"> • I do not feel well. • I have a bad cough. • My wound or IV site looks different. • I have not urinated (peed) for 5 or more hours. When I do urinate (pee), it burns, is cloudy or smells bad. 	<ul style="list-style-type: none"> • I feel sick. • My wound or IV site is painful, red, smells or has pus.



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Northern Light Sepsis Successes & Challenges

- Successes

- ARG are now leading the system (Northern Light) with sepsis bundle compliance percentage.
- Awareness and resources have helped make workflow smoother.

- Challenges

- Monitoring can be labor intensive **but** we are:
 - Building a culture where providers notify abstractor nurse when sepsis is suspected
 - Then, I can assist them with ensuring the terms they use meet CMS expectations for care.
 - It truly is collaborative.

- Spread success

- Spreading successes to other hospitals in Northern Light Health



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Social Determinants of Health

- Social Determinants of Health are a priority need for their community with a focus on health equity, especially for those who may be experiencing health disparities. Patients screened for SDOH on admission and during stay using EMR screening tool. Screened for housing, transportation, utilities, daily activities, and isolation.
- Patients with identified SDOH are connected to needed services such as transportation or heating assistance through follow-up case management program.
- Based upon patient screening-they are connected to services-for example patient screened positive for food insecurity will receive food bags.

Key Points

- The value of being a member of an Affinity Group, sharing best practices, collaborating, and breaking down barriers
- Utilizing resources that others have successfully used
- Spreading successes within Northern Light Health
- Value of Quality collaborating with frontline staff



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Thank you!

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PERKINS COUNTY
Health Services
TO PROVIDE EXCELLENCE IN CARE... FOR LIFE.

PCHS Antibiotic Stewardship Multidisciplinary Team

Dr. J M Byrd -Lead Physician, J J Geisert RP- Lead Pharmacist

*Dr. Banks, Neil Hilton, Dana McArtor, Amy Glinn, Nancy Cole, Chasity Knoles,
Amber Uehling, Dee Dee Dunlap, Barb Gartrell,
Josh Cunningham, Julie Kuskie, Rhonda Theiler*

Goal>Translating Best Practices to Improve Hospital Antimicrobial prescribing



GDC Core Elements

Antibiotic Stewardship



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Core Elements of Antibiotic Stewardship Implementation

Perkins County Health (NE)

Status	Pre-assessment 2021		Re-assessment 2022		
	Count	Percentage	Count	Percentage	
Fully implemented	16	64.0%	19	76.0%	
Partially implemented	5	20.0%	4	16.0%	
Not considered yet*	4	16.0%	2	8.0%	*decline equals improvement
Total # of Elements available for implementation:	25				

Working In Collaboration with UNMC Antimicrobial Stewardship Assessment and Promotion Program (2018)

- Adopt CDC guidelines for treatment of various infections(e.g. urinary track infection, pneumonia, soft tissue)

Pharmacist Team Leads JJ Geisert and Dr J M Byrd involved UNMC Pharmacist for adopting and establishing hospital protocols with committee approval

- Implement Antimicrobial review during hospitalizations

A daily review was conducted including baseline data was collected and reported to AS team -medical staff by JJ Geisert pharmacy lead

- Implement an IV to Oral Conversion Protocol

Daily conversions were made and tracked with reports- education was given to the AS Team and presented at the monthly medical staff meetings

❖ LESSONS LEARNED

Team Leadership with Team Leads>

Dr. J M Byrd, JJ Geisert Pharm D and Supporting AS Team

UNMC(University of Nebraska Medical College) One year AS Expertise Remote Coaching that Included: Antimicrobial Stewardship Assessment, Data Assessment, and Promotion Program(ASAP).

Improve Antibiotic Prescribing and Reduce Unnecessary Harm(Implemented Antibiotic Time Out)

Improve Communication Using SBAR

Developed Prescribing Policies and Procedures

Focused on Improving Outpatient and In Patient and Clinician Satisfaction

Tracking CDC Antimicrobial Stewardship Metrics

Specific Provider (Physicians, Pharmacist, Mid-Levels, Dentist)and Nursing Staff Education

Provided Community and Regional Professional Education on Antibiotic Awareness and Antibiotic Resistance

Handouts and Signs Placed in the Hospital lobby, Local Newspaper, Including Social Media (Byrd's Eye View)

Telligen Gap Assessment-Certificate of Achievement



Leaving in Action

Questions to Ponder:

- What did you learn today?
- How will this change what you do?
- What is one new thing you can implement at your hospital?

Let us know your answers in chat!



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Register for the Next HQIC Collaborative Event!

“I Want To, I Just Don’t Know How”

A Practical Guide for Advancing Health Equity

Tuesday, February 28, 2023, 1:00-1:30pm EST

Presented by: Rosa Abraha, MPH

Health Equity Lead

Alliant Health Solutions

[Register Here](#) (Link)



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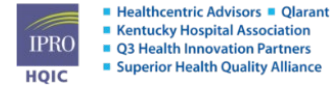


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Thank you for joining us today!

We value your input!

Please complete the brief evaluation after exiting the event

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