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!
Collaborating to Support your Quality Improvement Efforts
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
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?
- 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

Why Errors Occur

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

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

Source: “Medicare Shared Savings Program Saves Medicare More Than $1.6 Billion in 2021 and Continues to Deliver High-quality Care,” Department of Health and Human Services, Aug. 30, 2022
Improving Patient Safety and the Quality of Healthcare

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

✓ 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
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

- Better Care & Greater Value
- Financial Stability
- Public Trust & Confidence
- Workforce
- Improve Consumer Experience

- Advocacy/Representation
  - Advancing field priorities in Congress, with the Administration, in courts, in media, in public opinion and beyond

- Thought Leadership
  - Highlighting thoughts, data, insights and solutions that are now or do not yet have consensus. Participants can understand and apply it.

- Knowledge Exchange
  - Facilitating the exchange of information and best practices in a way that participants can understand and apply it.

- Agent of Change
  - Supplying tools and information to empower people to enact change in organizations, systems and communities.
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)
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:

- 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:

- 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
Patient Safety Culture

- CANDOR - Communication and Optimal Resolution

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
COVID-19 and Patient Safety

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

Your questions about COVID-19 and pregnancy answered.
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
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.

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.
Anticipating changes, reveal biases and adapt to new circumstances and knowledge.

Evolving relationships, organizational boundaries and concept of trust to reveal opportunities for continuous improvement and new business models.

Learning how to learn by cultivating self-awareness and other awareness as skills.
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
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

- **Inpatient**
- **Outpatient**

Data Source: [Provider Name]
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?


- 2E
- 3E
- ICU
- OR/PACU

Naloxone Administration
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


Inpatient  
Outpatient

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

- Alabama Hospital Association
- ATHENS LIMESTONE HOSPITAL
- All HQIC Hospitals

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<th>Sum of Rate</th>
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<td>7</td>
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<td>2022_08</td>
<td>7</td>
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Month
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
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.
Implemented two-person skin assessments on high-risk patients in January of 2019

Unfortunately, from January 2019 to June of 2020 there were an additional 15 patients which developed HAPIs.

In July 2020 the team implemented a validation tool for two-person skin assessments.

This validation tool was a visual for the lead nurse and staff to see who needed skin assessments completed.

Once the skin assessment was completed staff signed the tool to show it was completed.
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
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.
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.**
Strategies

Partnership with
IPRO HQIC
All-Cause Harm
Prevention
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
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”
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 impactfulful resources

<table>
<thead>
<tr>
<th>ITEM</th>
<th>ROOT CAUSE</th>
<th>PLAN</th>
<th>RESPONSIBILITY</th>
<th>DATE DUE/COMPLETED</th>
<th>MEASUREMENT PLAN</th>
<th>TARGET</th>
<th>RESULTS/LESSONS LEARNED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop &amp; implement sepsis education program for clinical staff</td>
<td>New sepsis guideline for Hour-1 bundle</td>
<td>Develop &amp; implement annual sepsis education for clinical staff</td>
<td>Sepsis Affinity Group</td>
<td>Completed education PowerPoint March 2022</td>
<td>Percentage of hospitals who have implemented an annual sepsis education program for clinical staff</td>
<td>90%</td>
<td>Sepsis education program developed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Individual hospital quality teams or sepsis teams (as resources allow)</td>
<td></td>
<td>Percentage of clinical staff (new &amp; current) who received education on sepsis hour-1 bundle</td>
<td>75%</td>
<td>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</td>
</tr>
<tr>
<td>Early identification of sepsis</td>
<td>Signs and symptoms of sepsis are missed due to lack of awareness of signs/sxxx</td>
<td>Educate staff on all warning signs and symptoms of sepsis Educate hospital partners – SNF, HHA and EMTs – about sepsis signs and symptoms</td>
<td>Individual hospital quality teams or sepsis teams (as resources allow)</td>
<td></td>
<td>Percentage of patients who had sepsis diagnoses missed</td>
<td>0%</td>
<td>Need to include SNFs, HHAs, and EMTs in education</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Percentage of hospitals who have implemented an annual sepsis education program for clinical staff</td>
<td>90%</td>
<td></td>
</tr>
</tbody>
</table>
Sepsis Affinity Group Created Annual Education for Frontline Staff & Providers

Sepsis Training for Frontline Staff

HQIC Sepsis Affinity Group
Use of QR codes for staff screening and education tools
Sharing of Resources

Consider IBW

Patient Weight (in kg):
- 133.33 - 141.66
- 125.00 - 133.22
- 118.33 - 124.99
- 108.33 - 118.32
- 100.00 - 108.32
- 91.67 - 99.99
- 83.33 - 91.66
- 75.00 - 83.32
- 66.67 - 74.99
- 58.33 - 66.66
- 50.00 - 58.32
- 41.67 - 49.99
- 33.33 - 41.66

Fluid Resuscitation Volume in Sepsis:
- 0 mL
- 1000 mL
- 2000 mL
- 3000 mL
- 4000 mL
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.**

<table>
<thead>
<tr>
<th>Green Zone</th>
<th>Yellow Zone</th>
<th>Red Zone</th>
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</thead>
<tbody>
<tr>
<td>No signs of infection.</td>
<td>Heartbeat is faster than usual. Breathing is a bit more difficult and faster than usual.</td>
<td>Heartbeat is very fast. Breathing is very fast.</td>
</tr>
<tr>
<td><strong>Call:</strong></td>
<td><strong>Call:</strong></td>
<td><strong>Call:</strong></td>
</tr>
</tbody>
</table>

#### Are there changes in my heartbeat or breathing?
- My heartbeat is as usual.
- Breathing is normal for me.
- Heartbeat is faster than usual.
- Breathing is a bit more difficult and faster than usual.
- 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 is 101.5°F or greater.

#### Do I feel cold?
- I do not feel cold.
- I feel cold and cannot get warm.
- I am shivering or my teeth are chattering.
- 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.
- 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?
- I feel well.
- I had pneumonia, a urinary tract infection (UTI) or another infection.
- I had a wound or IV site. It is healing.
- 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.
- I feel sick.
- My wound or IV site is painful, red, smells or has pus.
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
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
Questions
Thank you!

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Northern Light Health, A.R. Gould Hospital
jkierstead@northernlight.org

Gloria Thorington,
Quality Improvement Manager
gthorington@healthcentricadvisors.org
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
### Core Elements of Antibiotic Stewardship Implementation

**Perkins County Health (NE)**

<table>
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<tr>
<th>Status</th>
<th>Pre-assessment 2021</th>
<th>Re-assessment 2022</th>
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<tbody>
<tr>
<td>Fully implemented</td>
<td>16</td>
<td>19</td>
</tr>
<tr>
<td>Partially implemented</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Not considered yet*</td>
<td>4</td>
<td>2</td>
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*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)
- Implement Antimicrobial review during hospitalizations
- Implement an IV to Oral Conversion Protocol

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

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

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!
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)
Contact Us

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View our Website
View our Website
View our Website
Thank you for joining us today!

We value your input!

Please complete the brief evaluation after exiting the event