

HQIC Office Hours – Infection Prevention Chats

Welcome!

- Please ask any questions in the chat
- Please actively participate in discussions
- Lines will be muted upon entry

We will get started shortly!

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!



Facilitator



Amy Ward, MS, BSN, RN, CIC, FAPIC

Patient Safety Manager

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, run and be outdoors!

Contact: Amy.Ward@Allianthealth.org

Format for IP Chats

- Open forum networking events to:
 - Build knowledge
 - Share experience
 - Provide IP support

Hello, my name is...

- Drop into the chat box
 - Name
 - State
 - Years in IP
 - If you could stay the same age forever, what age would that be and why?



NHSN Hospital COVID-19 Data Reporting Updates

Example calendar view for reporting cadence:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
June 11	June 12	June 13	June 14	June 15	June 16	June 17
Implementation date						
June 18	June 19	June 20	June 21	June 22	June 23	June 24
		Weekly submission deadline (June 11-17)				
June 25	June 26	June 27	June 28	June 29	June 30	July 1
		Weekly submission deadline (June 18-24)				
July 2	July 3	July 4**	July 5	July 6	July 7	July 8
		Weekly submission deadline (June 25-July 1)				
July 9	July 10	July 11	July 12	July 13	July 14	July 15
		Weekly submission deadline (July -July 8)				

**For Tuesday deadlines falling on federal holidays, the reporting deadline will shift to Wednesday of the same week.

Data should NOT be aggregated to weekly values; values for each day in the reporting period should be reported separately.

- Beginning the reporting week of June 11-17, 2023, daily values can be submitted by the end of the day on Tuesday June 20th.
- Updates include:
 - Data elements reduced from 62 to 44
 - Reporting cadence to submit daily values on a weekly basis
 - Reporting weeks are Sunday-Saturday with a reporting deadline of the following Tuesday.
- Full reporting guidance for COVID-19 hospital data can be found [here](#)

NHSN – Patient Safety Component Ask the Expert Office Hours



Monthly education events to “Ask the Expert”



Email announcements sent monthly, 2 weeks in advance

Subject: “Register for: NHSN Protocol and Training – Ask the Experts”

Sender: no-reply@emailupdates.cdc.gov



Audience: all PSC users, targeted toward those who have been using NHSN less than 3 years

August 16th – BSI

September 20th – Secondary BIS

October 25th – SSI

November 17th – Chapter 17

December 13 – UTI/PNEU

NHSN Educational Roadmaps



- Guided tour of NHSN Training materials including:
 - Applying NHSN protocols
 - Data reporting and entry
 - Begins with basic resources
 - Topics advance as learners progress
- [PSC Roadmap](#) | [NHSN Roadmap](#) | [NHSN](#) | [CDC](#)

NHSN 2022 Rebaseline



NHSN will update the national baseline data that is used to calculate the standardized infection ratio (SIR) for healthcare associated infections (HAI).



Current number of predicted HAI's and device days are calculated using the 2015 baseline and associated risk models.



Rebaseline will be complete by the end of 2024



Phased approach to update risk models, SIR, and SUR reports for:

HAIs
Devices
Facility types



[Learn more at 2022 Rebaseline | NHSN | CDC](#)

CMS Quality Reporting Program Deadline

- August 15th for CMS IQR for 2023 Quarter 1
 - Device Associated
 - CAUTI
 - CLABSI
 - Procedure Associated
 - HYST inpatient
 - COLO inpatient
 - Lab ID
 - MRSA Blood Lab ID
 - C. diff Lab ID

Joint Commission Update

- A recent article in Becker's Hospital Review stated:
 - The Joint Commission identified the most challenging compliance standards — those most frequently listed as "not compliant" in hospitals — in 2022, according to surveys completed from Jan. 1 through Dec. 31, 2022.
 - Implementation of infection prevention protocols for disinfection and sterilization of medical equipment, devices and supplies was the number one challenge.
 - Making sure airborne contaminants are properly controlled in critical areas using appropriate ventilation systems was listed as number 5.

Power BI HQIC Data Review

Summary HQIC Level Performance | Based on Running RIR for Performance Period

Measures calculated as Ratio

Measure	RIR Goal Month 42	RIR Achieved
ADE_ANTICOAG	13.00%	27.06%
ADE_HYPOGLYCEMIA	13.00%	-60.47%
ADE_OPIOID_RATE	7.00%	5.97%
PU_STAGE3	9.00%	-37.30%
SEPSIS_MORT_2	9.00%	-5.23%
SEPSIS_SHOCK	9.00%	-21.91%

Measures calculated as Percentage

Measure	RIR Goal Month 42	RIR Achieved
CDIFF_RATE	9.00%	33.13%
MRSA_RATE	9.00%	30.65%
OPIOID_DOSE_DC	12.00%	1.25%
READM_30D_HW	5.00%	7.29%

Measures calculated as Standardized infection ratios

Measure	RIR Goal Month 42	RIR Achieved
CDC_CAUTI_ICU_I	9.00%	36.69%
CDC_CAUTI_ICU_P	9.00%	31.01%
CDC_CLABSI_ICU_I	9.00%	49.68%
CDC_CLABSI_ICU_P	9.00%	26.60%
CDIFF_SIR	9.00%	24.31%
MRSA_SIR	9.00%	32.47%

Monitoring Measures

Monitoring Measures reported as Percentage

Measure	RIR Achieved
CDC_CAUTI_UR	12.58%
CDC_CLABSI_UR	9.46%

Measure where Higher Rate is considered better

Measure	RIR Achieved
NARCAN_DC	-63.21%

Notes:

- Please review the Measures Definition tab and Notes tab to understand measures and calculations
- RIR Achieved is based on relative improvement from baseline compared to running rate from the start of performance period (10/2022) to closely match 12 month moving average for Evaluation Measure
- Monitoring Measures are measures that don't have a clear link with Evaluation Measures and thereby lacks an associated RIR Goal. However, RIR Achieved over baseline is calculated. A positive RIR indicates improvement over baseline and negative RIR indicates worsening over baseline. 0% RIR indicates no change.

Focus on Prevention – Sepsis

SEPSIS_MORT_2	30-day Sepsis Mortality rate	Number beneficiaries who died within 30 days of being diagnosed with sepsis	Number of beneficiaries who were admitted with a primary or secondary diagnosis of sepsis; including sepsis present on admission	Claims	CY 2019	Oct2021-Sep2022
SEPSIS_SHOCK	Post-operative sepsis and septic shock (PSI-13)	Post-operative Sepsis cases (secondary dx)	Elective surgical discharges over 18	Claims	CY 2019	Oct2021-Sep2022

Includes patients with COVID-19 diagnosis codes

September is Sepsis Awareness Month

4 TYPES OF INFECTIONS THAT ARE OFTEN LINKED WITH SEPSIS



Lung



Urinary Tract



Skin



GI Tract

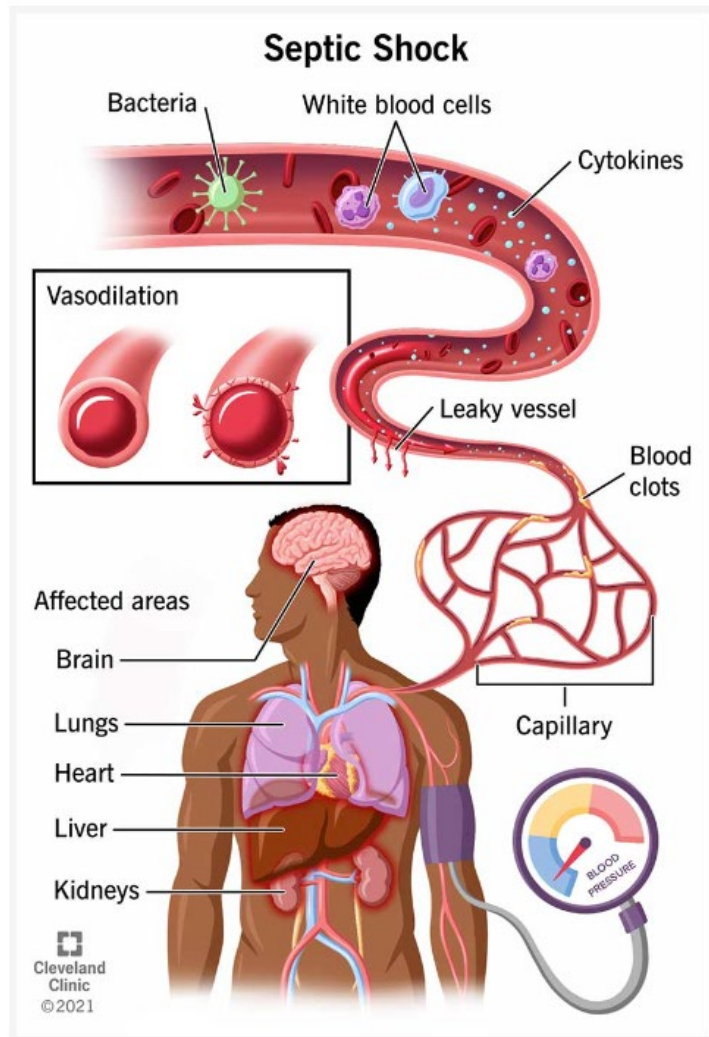
GET AHEAD
OF SEPSIS

Learn more at cdc.gov/sepsis.



- CDC [Sepsis sharable videos and graphics](#)
- CDC [Partner toolkit](#)
 - Customizable press releases and drop in articles
 - Sharable videos and graphics
 - Social media messages
- Sepsis Alliance – [Sepsis Awareness month toolkit](#)
 - Key messaging
 - Sepsis awareness month logo
 - Proclamations
 - Social media graphics and printables

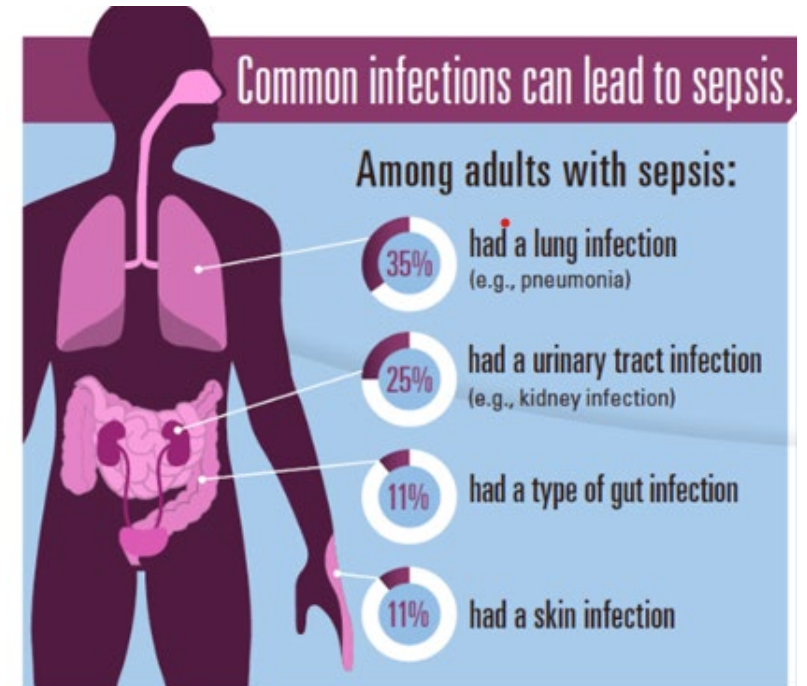
Sepsis



- Sepsis is the body's extreme response to an infection
 - Happens when an infection triggers a chain reaction throughout the body
 - Life-threatening medical emergency
 - Rapidly leads to tissue damage, organ failure, and death
 - **Severe sepsis**
 - **Septic shock**

Sepsis Facts

- At least **1.7 million** adults in America develop sepsis
- At least **350,000** adults who develop sepsis die during their hospitalization or are discharged to hospice
- **1 in 3** people who dies in a hospital had sepsis during that hospitalization
- Sepsis, or the infection causing sepsis, starts before a patient goes to the hospital in nearly **87%** of cases
- Risk factors:
 - Adults 65 or older
 - People with weakened immune systems
 - People with chronic medical conditions, such as diabetes, lung disease, cancer, and kidney disease
 - People with recent severe illness or hospitalization, including severe COVID-19
 - People who survived sepsis
 - Children younger than one



Sepsis Facts: Impact

~20% increase in sepsis cases from 2012-2018

~ \$23 billion annually for sepsis admissions

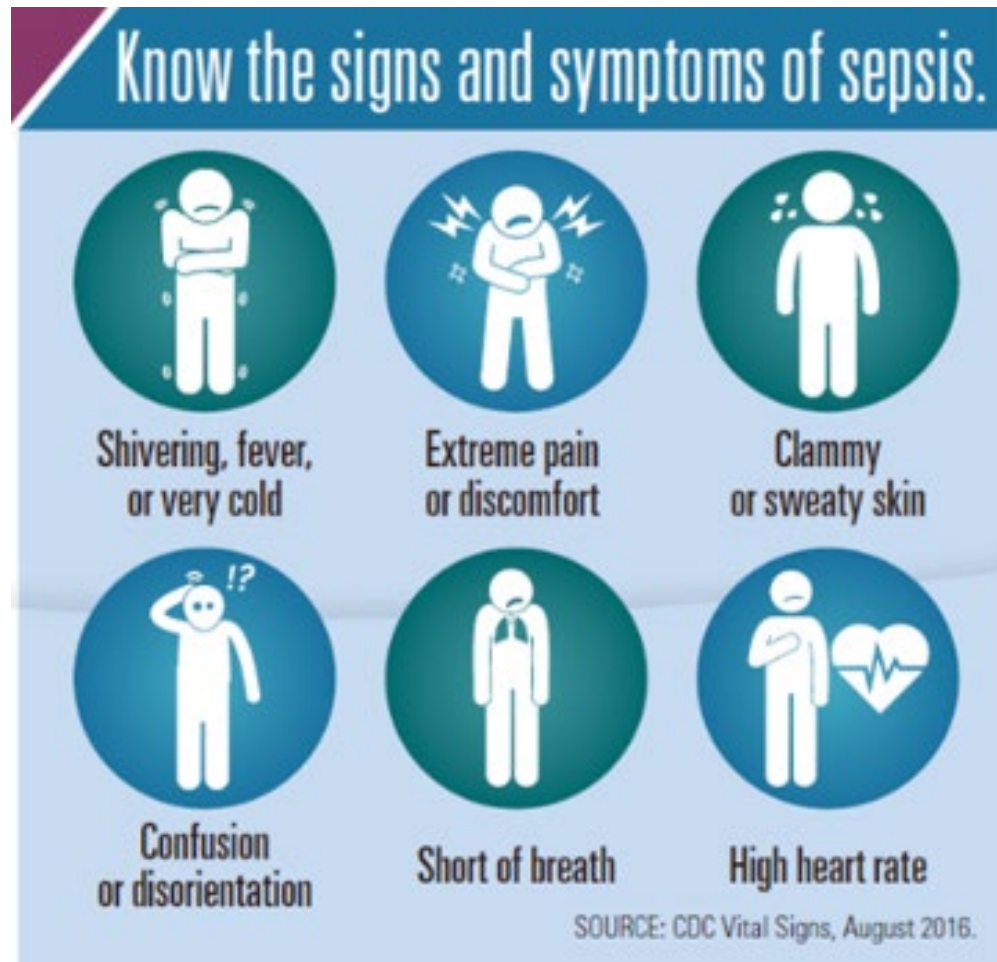
- \$13.4 billion attributed to Medicare beneficiaries

High 6-month mortality rates for Medicare fee-for-service

- 60% for septic shock
- 36% for severe sepsis
- 31% for sepsis attributed to a specific organism
- 27% for unspecified sepsis

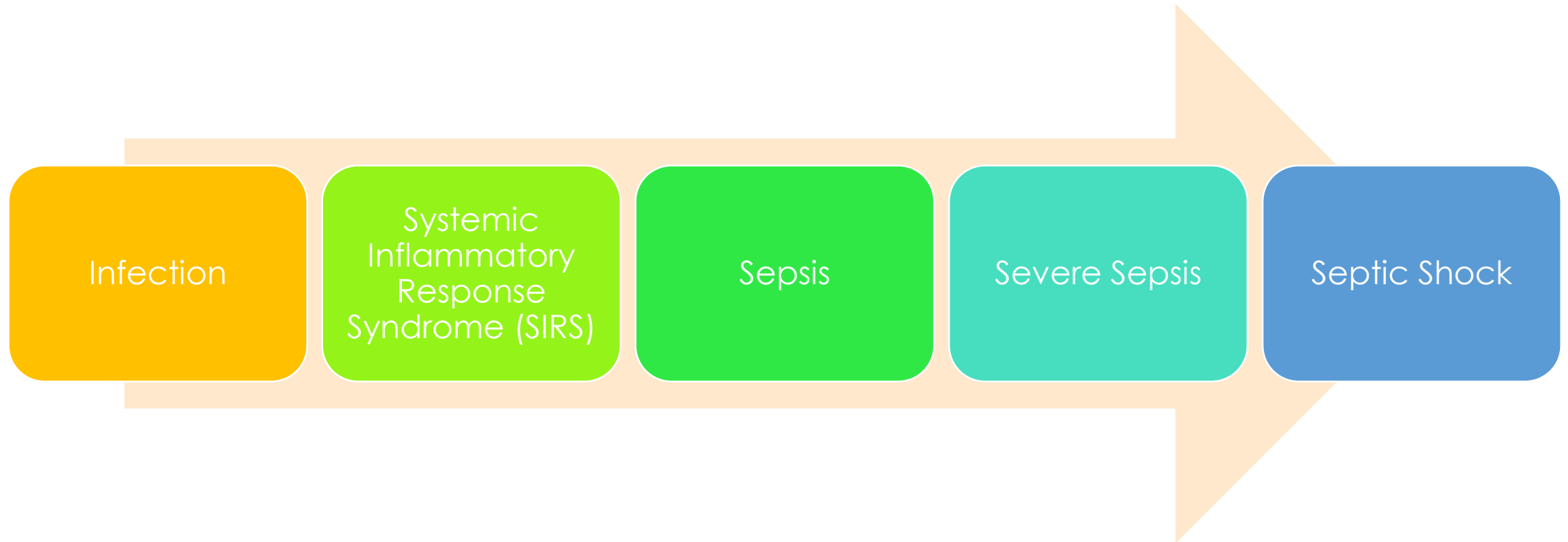


Sepsis: Signs & Symptoms



- High heart rate or weak pulse
- Fever, shivering, feeling very cold
- Confusion or disorientation
- Shortness of breath
- Extreme pain or discomfort
- Clammy or sweaty skin

Sepsis: Clinical Progression



What can healthcare professionals do?

- 1 Know the signs and symptoms of sepsis
- 2 Identify and treat sepsis early
- 3 ACT FAST if you suspect sepsis
- 4 Prevent infections via infection control practices
- 5 Educate your patients and families

ACT Fast

Sepsis is a medical emergency, and you play a critical roll in protecting your patients

- Know your facility's guidance for diagnosing and managing sepsis
- Immediately alert the healthcare provider overseeing the care of the patient
- Start antibiotics as soon as possible. If specific cause is known treatment should be targeted
- Start other therapies as appropriate for the patient
- Check patient progress frequently

Purpose: Provide recommendations for improving physician partnering and adherence to sepsis measures.

TOP INTERVENTIONS	ACTION PLAN (to be completed by hospital)
1. C-suite/administration and Medical Executive Committee (MEC) support for improvement and accountability <ul style="list-style-type: none"> Current data and strategies for improvement Impact of not improving (patient safety, financial, community reputation) 	
2. Administration and MEC to designate a formal physician and nursing leader for oversight such as: <ul style="list-style-type: none"> ER Medical Director Hospitalist Medical Director Chief of Staff Chief Medical Officer Chief of Medicine Department Chair ED, ICU or Acute Care nurse leader Chief Nursing Officer 	
3. Establish multidisciplinary improvement team that meets at least monthly to review data and monitor improvement work. <ul style="list-style-type: none"> Assigned leaders Quality expert, including abstractor Champions (a physician and nurse; early adopters, respected, interested) 	
4. Conduct timely chart audits of patients with sepsis <ul style="list-style-type: none"> Abstractor/quality expert to review records and summarize data weekly 	
5. Abstractor/quality expert to meet with physician and nurse leaders weekly to review audit results <ul style="list-style-type: none"> Focused meeting; summarized data # cases, measures met, measures failed and reason 	
6. Establish template to provide feedback to individual providers <ul style="list-style-type: none"> Physician leader to send to involved provider to provide education, information and offer assistance 	
7. Quality and Safety as first item of every medical staff and hospital quality improvement committee agenda. <ul style="list-style-type: none"> Consider sepsis measures as standing agenda topic with current data and summary findings to each meeting 	

LINKS TO RESOURCES

- [IHI Engaging Physicians in a Share Quality Agenda White Paper.aspx](#)
- [A New Way to Engage Physicians \(ihi.org\)](#)
- [Strategies for Increasing Physician Engagement | HealthLeaders Media](#)

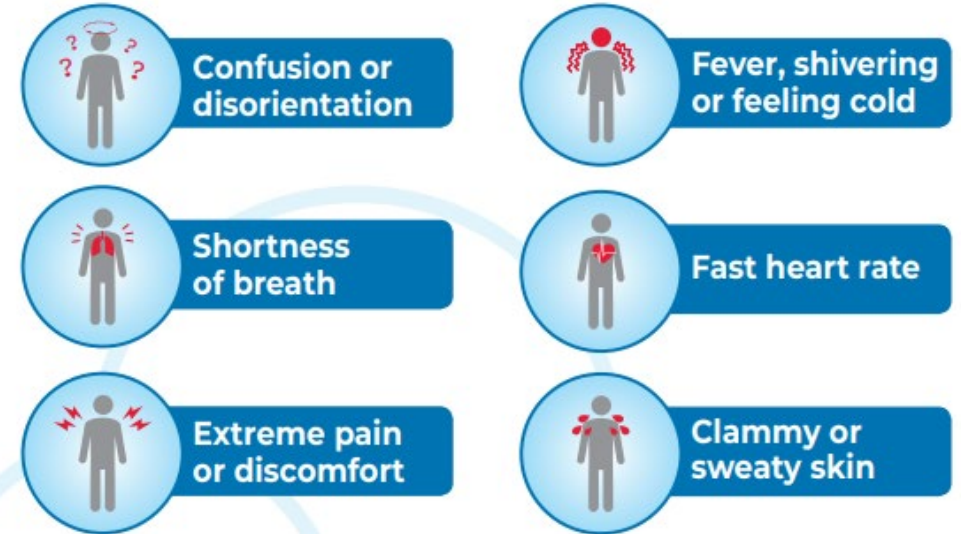
This material was prepared by the Comagine and modified by Alliant Quality, the quality improvement group of Alliant Health Solutions, a Hospital Quality Improvement Contractor (HQIC) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. AHSHQIC-TO3H-21-1053-08/31/21.

www.alliantquality.org

https://quality.allianthealth.org/wp-content/uploads/2021/09/HQIC-Sepsis-Provider-Engagement_AHSHQIC-TO3H-21-1053-08.31.21.pdf

Sepsis: SPOT THE SIGNS

An infection with any combination of the following symptoms could mean sepsis, a medical emergency:



Act fast if you suspect sepsis. Seek medical care immediately!

<https://quality.allianthealth.org/wp-content/uploads/2021/10/HQIC-Sepsis-Spot-the-Signs-Magnet-508-FINAL.pdf>

What can we help you find?

Catheter Associated Urinary Tract Infection (CAUTI)

- CAUTI Gap Assessment Tool [↔](#)
- Urinary Catheter Quick Observation Tool [↔](#)
- CDC-HICPAC Guideline for Prevention of CAUTI 2009 [↔](#)
- AHRQ Toolkit for Reducing CAUTI in Hospitals [↔](#)

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Central Line Associated Blood Stream Infection (CLABSI)

- HQIC Fishbone Diagram – CLABSI and MRSA [↔](#)
- CLABSI Gap Assessment Tool [↔](#)
- Central Line Quick Observation Tool [↔](#)
- CDC-HICPAC Guidelines for Prevention of Intravascular Catheter-Related Infections, 2011 [↔](#)

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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 [↔](#)

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Sepsis

- HQIC Sepsis Gap Assessment and Action Steps [↔](#)
- HQIC Sepsis: Spot the Signs Magnet [↔](#)
- HQIC Sepsis Provider Engagement [↔](#)
- AQ_Sepsis-ZoneTool [↔](#)
- Recognition and Management of Severe Sepsis and Septic Shock [↔](#)
- HQIC Process Improvement Discovery Tool – Post-Op Sepsis Prevention Process [↔](#)
- HQIC Process Improvement Discovery Tool – Sepsis [↔](#)
- Surviving Sepsis Campaign – 1 Hour Bundle [↔](#)
- 4 Ways to Get Ahead of Sepsis [↔](#)
- Protect Your Patients From Sepsis [↔](#)
- Hospital Toolkit for Adult Sepsis Surveillance [↔](#)
- Surviving Sepsis Campaign: International Guidelines for Management of Sepsis and Septic Shock: 2021 [↔](#)

Antibiotic Stewardship

- Actionable Patient Safety Solutions Antimicrobial 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 [↔](#)

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COVID-19/Other

- COVID-19 Self Management Zone Tool [↔](#)
- HQIC Inter-Facility Infection Control Transfer Form [↔](#)

Sepsis Education Tools, Resources, & Printables

- [Hospital Sepsis Surveillance Toolkit](#)
- [Sepsis: Check Your Knowledge](#)
- [Sepsis: Technical Resources & Guidelines](#)
- [Surviving Sepsis Campaign: Protocols and Checklists](#)

FOR LONG-TERM CARE NURSES

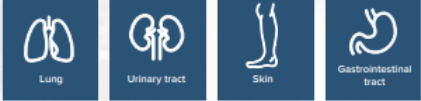
GET AHEAD
OF SEPSIS
KNOW THE RISKS. SPOT THE SIGNS. ACT FAST.

PROTECT YOUR RESIDENTS FROM SEPSIS.

Sepsis is a medical emergency. You play a critical role. Protect your residents by **ACTING FAST**. Infections put your residents at risk for sepsis. Anyone can get an infection, and **almost any infection, including COVID-19, can lead to sepsis.** With your fast recognition and treatment, most residents survive.


WHAT CAUSES SEPSIS?

Bacterial infections cause most cases of sepsis. Sepsis can also be a result of other infections, including viral infections, such as COVID-19 or influenza, or fungal infections. The most frequently identified pathogens that cause infections that can develop into sepsis include *Staphylococcus aureus* (staph), *Escherichia coli* (E. coli), and some types of *Streptococcus*. COVID-19 can have a similar presentation and a similar clinical course to some forms of sepsis. Many residents who require hospitalization for COVID-19 have signs or symptoms that meet the definition of sepsis. Infections that lead to sepsis most often start in the:



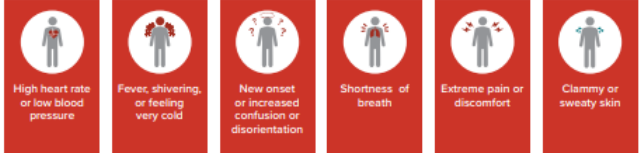
WHO IS AT RISK?

Anyone can develop sepsis, but some people are at higher risk for sepsis:



WHAT ARE THE SIGNS AND SYMPTOMS OF SEPSIS?

A resident with sepsis might have one or more of the following signs or symptoms:



Residents with sepsis should be urgently evaluated and treated by a healthcare professional.

APIC CAH Scholarship

- APIC Health Equity Fund
 - Scholarship for Critical Access Hospitals focus for 3 years
 - Intended to build capacity for under-resourced CAH's that offer vital services to individuals in rural areas
 - Each hospital selected will receive:
 - Up to 150 hours consulting services
 - 2 free APIC memberships including chapter memberships for 2 years
 - 2 free CIC prep courses
 - 2 free a-IPC or CIC certification exams
 - Access to APIC Policy and Procedures Library for 2 years
 - Membership in APIC's new CAH virtual network
 - 2 free APIC annual conference registrations for 2 years + travel
- Applications open August-September 2023
- [Application interest form](#)

Alliant HQIC is interested in learning more about specific topics related to your hospital safety operations.

Please take our five-minute survey.

Your responses will help us determine the best tools and resources.

The survey should be completed by only one (1) person per hospital.

The deadline is Friday, August 4, 2023.



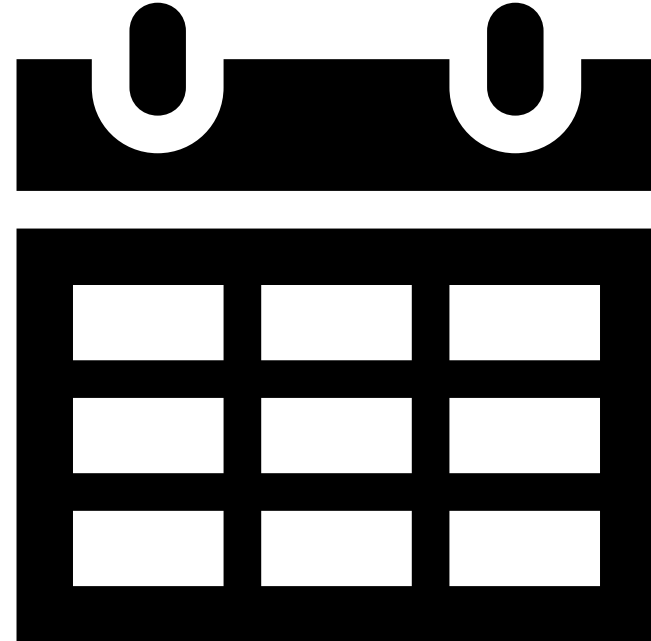
<https://bit.ly/HQICEnvironmentalSafetyAssessment>

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HEALTH SOLUTIONS

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Hospital Quality Improvement Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
QUALITY IMPROVEMENT & INNOVATION GROUP

Save the Date

- IP Chats will be held quarterly. Register now for upcoming sessions!
 - October 25, 2023
 - [Register here](#)



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 optimal care for super utilizers
- ✓ Reduce community-based adverse drug events

Making Health Care Better *Together*

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KFMC Health Improvement Partners
Konza

Hospital Quality Improvement



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

Alliant Health Solutions



Alliant Health Solutions



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