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!
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?
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](#).**

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**Example calendar view for reporting cadence:**

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

**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.
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
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

<table>
<thead>
<tr>
<th>Measure</th>
<th>RIR Goal Month 42</th>
<th>RIR Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADE_ANTICOAG</td>
<td>13.00%</td>
<td>27.06%</td>
</tr>
<tr>
<td>ADE_HYPOGLYCEMIA</td>
<td>13.00%</td>
<td>-00.47%</td>
</tr>
<tr>
<td>ADE_OPIOID_RATE</td>
<td>7.00%</td>
<td>5.07%</td>
</tr>
<tr>
<td>PU_STAGE3</td>
<td>9.00%</td>
<td>-37.30%</td>
</tr>
<tr>
<td>SEPSIS_MORT_2</td>
<td>9.00%</td>
<td>-5.23%</td>
</tr>
<tr>
<td>SEPSIS_SHOCK</td>
<td>9.00%</td>
<td>-21.91%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measure</th>
<th>RIR Goal Month 42</th>
<th>RIR Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDIFF_RATE</td>
<td>9.00%</td>
<td>33.13%</td>
</tr>
<tr>
<td>MRSA_RATE</td>
<td>9.00%</td>
<td>30.65%</td>
</tr>
<tr>
<td>OPIOID_DOSE_DC</td>
<td>12.00%</td>
<td>1.25%</td>
</tr>
<tr>
<td>READM_30D_HW</td>
<td>5.00%</td>
<td>7.29%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Measure</th>
<th>RIR Goal Month 42</th>
<th>RIR Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDC_CAU1_ICU_I</td>
<td>9.00%</td>
<td>36.65%</td>
</tr>
<tr>
<td>CDC_CAU1_ICU_P</td>
<td>9.00%</td>
<td>31.01%</td>
</tr>
<tr>
<td>CDC_CLABSI_ICU_I</td>
<td>9.00%</td>
<td>49.68%</td>
</tr>
<tr>
<td>CDC_CLABSI_ICU_P</td>
<td>9.00%</td>
<td>26.60%</td>
</tr>
<tr>
<td>CDiff_SR</td>
<td>9.00%</td>
<td>24.31%</td>
</tr>
<tr>
<td>MRSA_SR</td>
<td>9.00%</td>
<td>32.47%</td>
</tr>
</tbody>
</table>

Notes:
1. Please review the Measures Definition tab and Notes tab to understand measures and calculations.
2. 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 Measures.
3. 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.

Monitoring Measures reported as Percentage

<table>
<thead>
<tr>
<th>Measure</th>
<th>RIR Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDC_CAU1_ICU</td>
<td>12.28%</td>
</tr>
<tr>
<td>CDC_CLABSI_ICU</td>
<td>9.45%</td>
</tr>
</tbody>
</table>

Measure where Higher Rate is considered better

<table>
<thead>
<tr>
<th>Measure</th>
<th>RIR Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>NARCAN_DC</td>
<td>-63.21%</td>
</tr>
</tbody>
</table>
## Focus on Prevention – Sepsis

<table>
<thead>
<tr>
<th>Metric</th>
<th>Description</th>
<th>Number beneficiaries who were admitted with a primary or secondary diagnosis of sepsis; including sepsis present on admission</th>
<th>Claims</th>
<th>CY 2019</th>
<th>Oct 2021-Sep 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEPSIS_MORT_2</td>
<td>30-day Sepsis Mortality rate</td>
<td>Number of beneficiaries who died within 30 days of being diagnosed with sepsis</td>
<td>Claims</td>
<td>CY 2019</td>
<td>Oct 2021-Sep 2022</td>
</tr>
<tr>
<td>SEPSIS_SHOCK</td>
<td>Post-operative sepsis and septic shock (PSI-13)</td>
<td>Elective surgical discharges over 18</td>
<td>Claims</td>
<td>CY 2019</td>
<td>Oct 2021-Sep 2022</td>
</tr>
</tbody>
</table>

Includes patients with COVID-19 diagnosis codes
September is Sepsis Awareness Month

- 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

Learn more at cdc.gov/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**

https://my.clevelandclinic.org/health/diseases/23255-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

https://www.cdc.gov/vitalsigns/sepsis/index.html
Sepsis: Clinical Progression

Infection → Systemic Inflammatory Response Syndrome (SIRS) → Sepsis → Severe Sepsis → Septic Shock
What can healthcare professionals do?

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

[https://www.cdc.gov/sepsis/education/hcp-resources.html]
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
# Sepsis: Spot the Signs

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

- **Confusion or disorientation**
- **Fever, shivering or feeling cold**
- **Shortness of breath**
- **Fast heart rate**
- **Extreme pain or discomfort**
- **Clammy or sweaty skin**

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

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**TOP INTERVENTIONS**

1. C-Suite Administration and Medical Executive Committee (MEC) Support for improvement and accountability
   - Current data and strategies for improvement
   - Impact of risk: Improving patient safety, financial, community reputation

2. Administration and MEC to designate a formal physician and nursing leader for oversight such as:
   - 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
   - Assigned leaders
   - Quality expert, including abstractor
   - Champions (a physician and nurse, early adopters, respected, interested)

4. Conduct timely chart audits of patients with sepsis
   - Abstraction/quality expert to review records and summative data weekly

5. Abstractor/quality expert to meet with physician and nurse leaders weekly to review audit results:
   - Focused meetings: summarized data
   - # cases, measures met, measures failed and reason

6. Establish template to provide feedback to individual providers
   - Physician leader to send to involved provider to provide education, information and offer assistance

7. Quality and safety as first term of every medical staff and hospital quality improvement committee agenda.
   - Consider sepsis measures as standing agenda topic with current data and summary findings to each meeting

**ACTION PLAN (to be completed by hospital)**

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**LINKS TO RESOURCES**

1. A New Way to Engage Physicians (HTML)
2. A New Way to Engage Physicians (PDF)
3. Strategies for Increasing Physician Engagement (HTML)

### Sepsis

- HCIC Sepsis Gap Assessment and Action Steps
- HCIC Sepsis: Spot the Signs Momnet
- HCIC Sepsis Provider Engagement
- AQ: Septis-Zone Tool
- Recognition and Management of Severe Sepsis and Septic Shock
- HCIC Process Improvement Discovery Tool - Post Op Sepsis Prevention Process
- HCIC 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
Sepsis Education Tools, Resources, & Printables

- Hospital Sepsis Surveillance Toolkit
- Sepsis: Check Your Knowledge
- Sepsis: Technical Resources & Guidelines
- Surviving Sepsis Campaign: Protocols and Checklists
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.

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

Hospital Quality Improvement

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