

# Connecting Your Audio

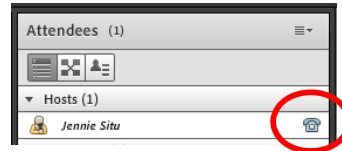
Want to ask a question over the audio?

Make sure you are dialed-in.


**Number: 1-877-280-9413**

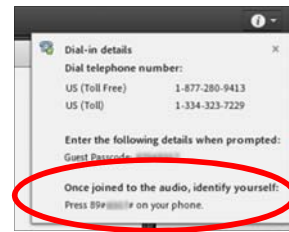
**Passcode: 54567205**

Dialed-in? Check if the phone icon is next to your name.



If not, connect your audio to your name

1. Click the information icon  in the top right corner of your screen.
2. Press 89# on your telephone keypad.
3. Wait for the prompt and then enter the rest of numbers.



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# States Targeting Reduction in Infections via Engagement: STRIVE Program Overview

Onboarding 1  
*June 8, 2017*



## Connecting Your Audio

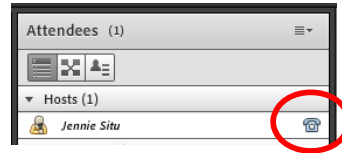
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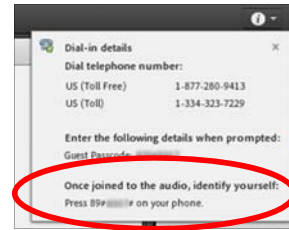
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If not, connect your audio to your name

1. Click the information icon  near the top right corner of your screen.
2. Press 89# on your telephone keypad.
3. Wait for the prompt and then enter the rest of numbers.



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## Asking Questions

Please use the “Chat Pod” or “raise hand” feature to ask a question during today’s onboarding



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## Objectives

- Describe the impetus for this program
- Outline the benefits of participating in the CDC funded *States Targeting Reduction in Infection via Engagement, STRIVE* program
- Illustrate a high-level overview of the program's education and data requirements
- Explain the collaboration of faculty partners and hospital teams to meet program goals

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## Presenters



**Marcia Cooke, DNP, RN-BC**  
Director, Clinical Quality  
AHA/HRET

**Shelby Lassiter, BSN, RN, CPHQ**  
Clinical Content Development Lead  
AHA/HRET



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# Welcome

## STRIVE Program Participants Cohort 4

Kansas

Nevada

Washington

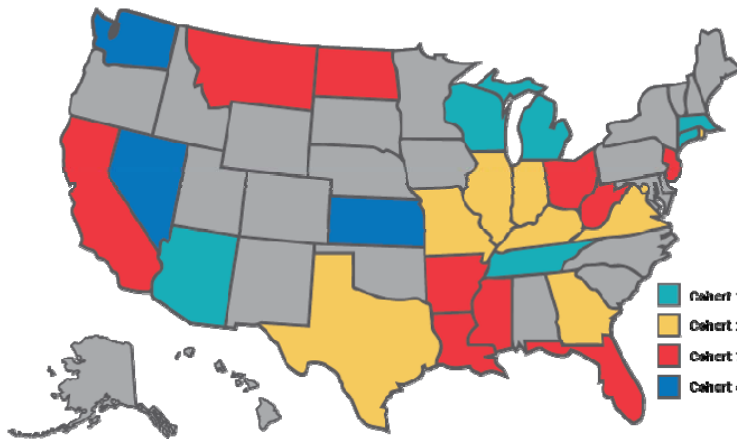
Promise Healthcare

Tenet Health

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# Program Reach To Date



Promise Healthcare and Tenet Healthcare are also participating in Cohort 4

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## Program Goals

To improve implementation of infection prevention and control efforts in acute care and long-term acute care hospitals across the United States.

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## What Are You Doing?



**Where are you focusing your infection prevention efforts within your facility?**

**What have been your barriers?**

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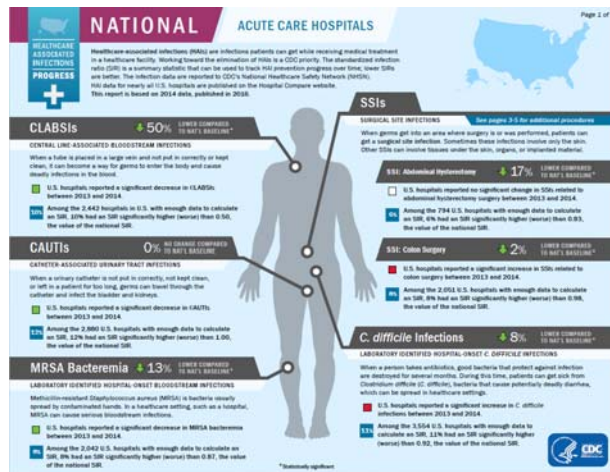
# Why This Project Matters

## CDC 2016 HAI Progress Report

- U.S. Ebola experience highlights the need to strengthen infection prevention practices throughout the country
- Healthcare-associated infections (HAIs) are a major, yet often preventable, threat to patient safety



# National Burden of HAIs



(National and State Healthcare-Associated Infections Progress Report, CDC, 2016; Interim Update on 2013 Annual Hospital-Acquired Condition Rate and Estimates of Cost Savings and Deaths Averted From 2010 to 2013, AHRQ, 2015; Liang SY, Ann Emerg Med, 2011)




## Cost Burden of HAIs

HAIs	Cost (per case)	Length of Stay (per case)
<b>CLABSI</b>	\$45,814	10.4 days
<i>CLABSI –MRSA</i>	<i>\$58,614</i>	<i>15.7 days</i>
<b>VAE</b>	\$40,144	13.1 days
<b>SSI</b>	\$20,785	11.2 days
<i>SSI –MRSA</i>	<i>\$42,300</i>	<i>23.0 days</i>
<b>CDI</b>	\$11,285	3.3 days
<b>CAUTI</b>	\$896	Not Recorded

**Total Annual Costs of the Top 5 HAIs is Estimated to be \$9.8 billion**

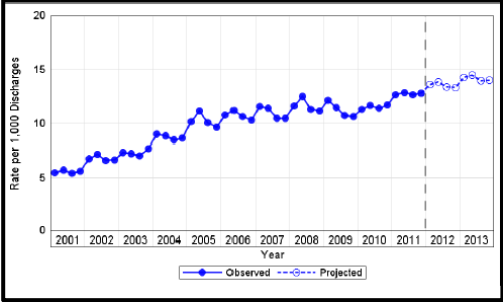
(Zimlichman E, JAMA Intern Med, 2013)

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## Clostridium difficile infection on the rise

HAI	# of Hospitals Reporting Data	2014 National SIR	2011 to 2014 (% change)	2013 to 2014 (% change)
CDI	3,994	0.92	↓ 8%	↑ 4%

- *C. difficile* is the most common pathogen causing HAIs
- CDI rates per 1,000 discharges, have risen through 2013



(Magil SS, N Engl J Med, 2014; Steiner C, AHRQ, 2014; National and State Healthcare-Associated Infections Progress Report, CDC, 2016)

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## Program Goals

To improve implementation of infection prevention and control efforts in acute care and long-term acute care hospitals across the United States.

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How will we achieve such a lofty goal?

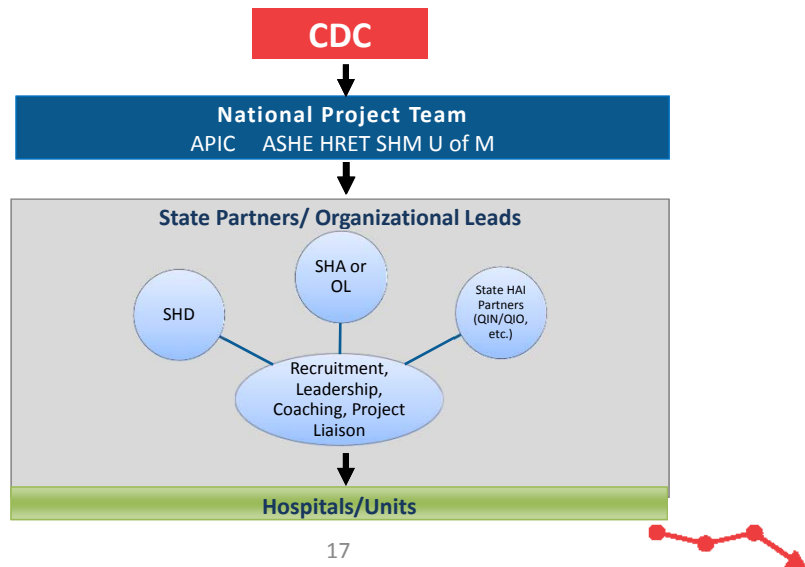
**STRATEGIES FOR IMPROVING  
INFECTION PREVENTION**

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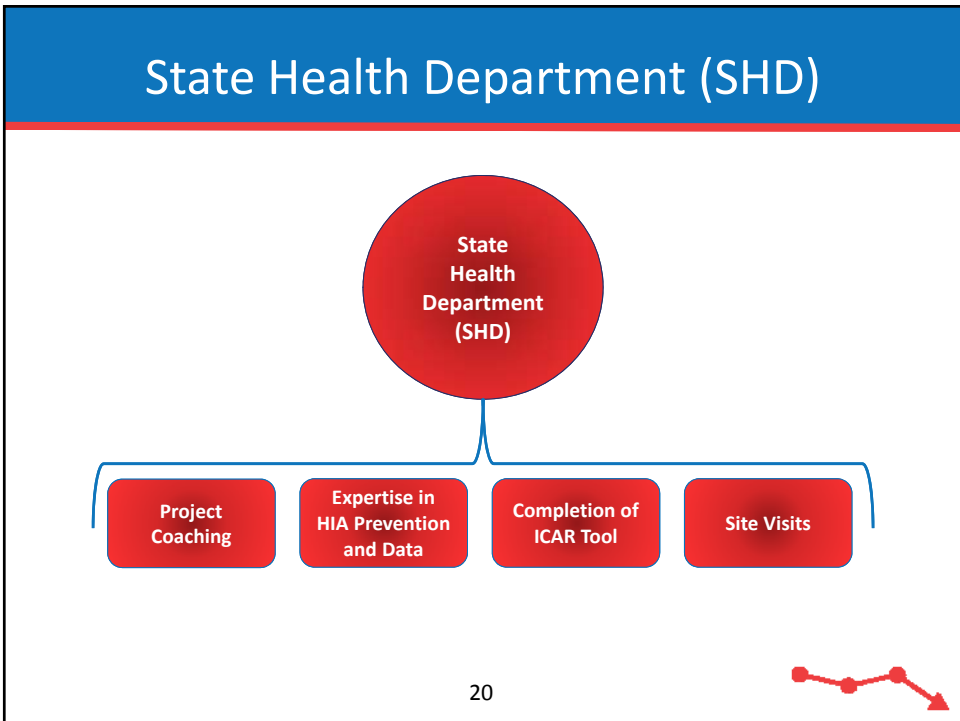
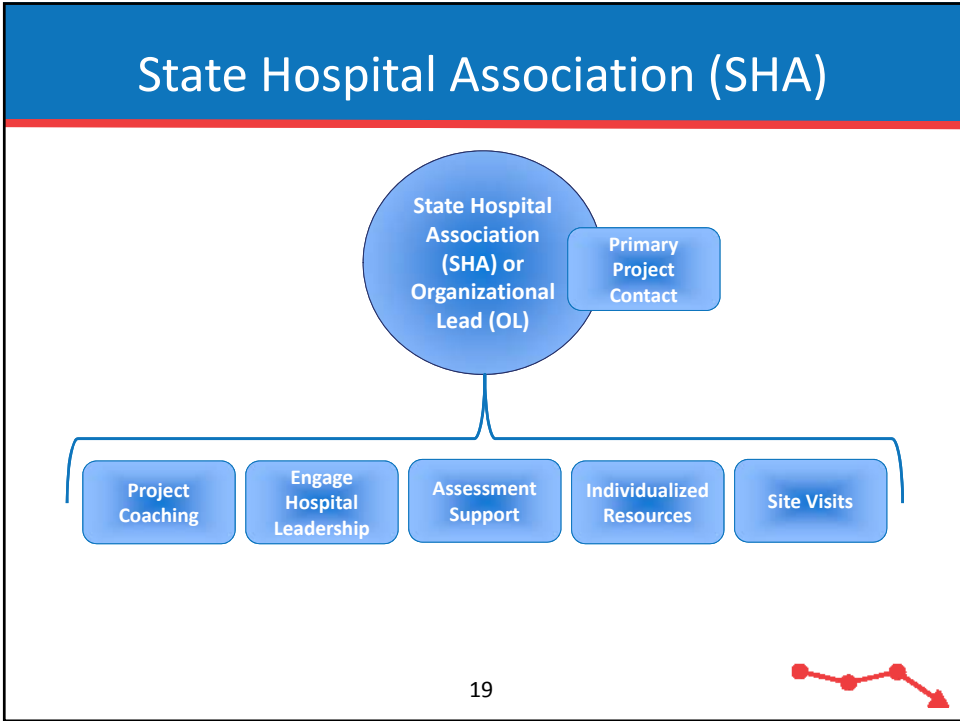
# 1. Leveraging Partnerships

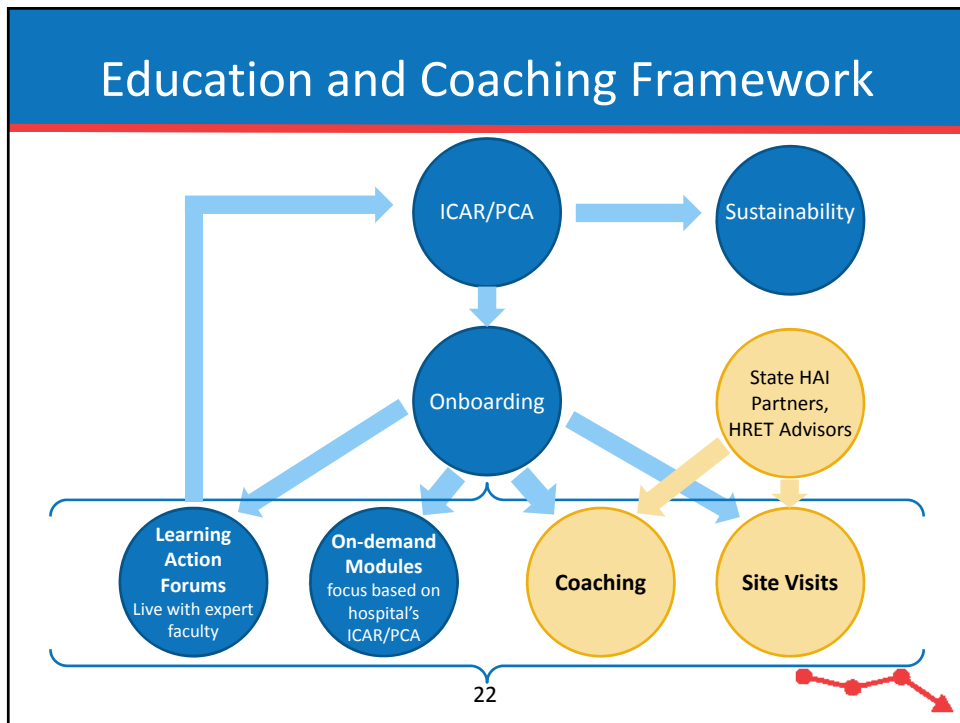
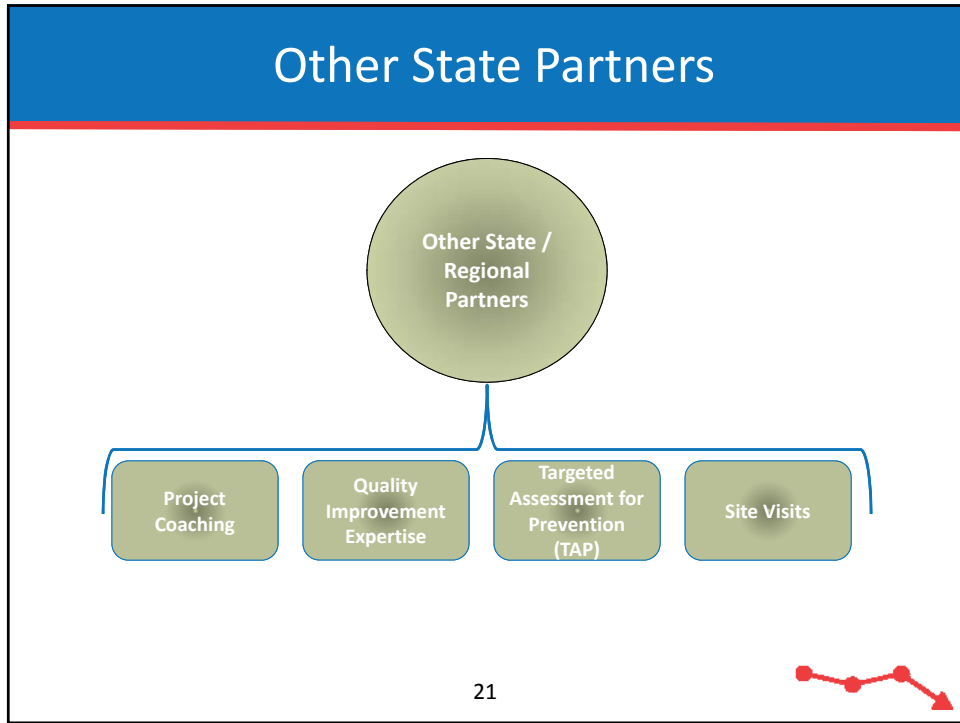


# Collaborating with Your State Triad



**How do you collaborate with your SHA, Organizational System, SHD and/or other state partners**





## Polling Question

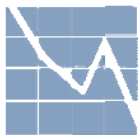
How do you assess gaps in infection prevention?

- TAP report
- State health department ICAR assessment
- QIN HAI assessments
- Routine auditing of practices
- Review of HAI rates

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## 2. Identify Opportunities for Improvement



- Infection Control Assessment and Response (ICAR)

- Practice Change Assessment (PCA)



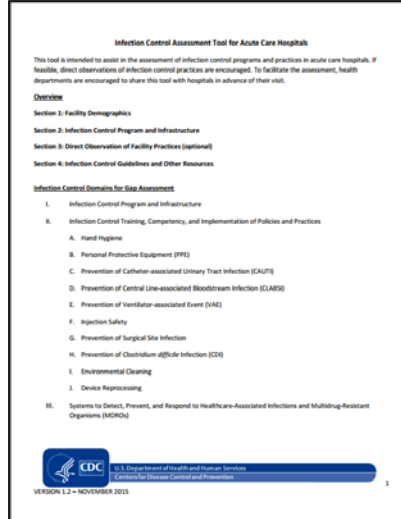
- Targeted Assessment for Prevention (TAP)

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# Introduction to ICAR

- Assists state HAI coordinators to help hospitals assess their infection prevention practices and quality improvement activities
- Provides systematic assessment of broad infection prevention practices within hospitals
- Addresses key infection prevention domains
- Assesses process and policy, competency-based training, audit and feedback processes



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# Introduction to PCA

**Competency-based training**

**Please answer the following questions related to Hand Hygiene:**

	Yes	No
Is training provided to all healthcare personnel, including all ancillary personnel not directly involved in patient care but potentially exposed to infectious agents (e.g., food tray handlers, housekeeping, volunteer personnel)?	<input type="radio"/>	<input type="radio"/>
Is training provided upon hire, prior to provision of care at this hospital?	<input type="radio"/>	<input type="radio"/>
Is training provided at least annually?	<input type="radio"/>	<input type="radio"/>
Are personnel required to demonstrate competency with hand hygiene following each training?	<input type="radio"/>	<input type="radio"/>
Does your hospital maintain current documentation of hand hygiene competency for all personnel?	<input type="radio"/>	<input type="radio"/>

**Please answer the following questions related to Personal Protective Equipment (PPE):**

	Yes	No
Is training provided to all personnel who use PPE?	<input type="radio"/>	<input type="radio"/>
Is training provided upon hire, prior to provision of care at this hospital?	<input type="radio"/>	<input type="radio"/>
Is training provided at least annually?	<input type="radio"/>	<input type="radio"/>
Is training provided when new equipment or protocols are introduced?	<input type="radio"/>	<input type="radio"/>
Does the training include appropriate indications for specific PPE components?	<input type="radio"/>	<input type="radio"/>
Does the training include proper donning, doffing, adjustment, and wear of PPE?	<input type="radio"/>	<input type="radio"/>
Does the training include proper care, maintenance, useful life, and disposal of PPE?	<input type="radio"/>	<input type="radio"/>
Are personnel required to demonstrate competency with selection and use of PPE (i.e., correct technique is observed by trainer) following each training?	<input type="radio"/>	<input type="radio"/>
Does your hospital maintain current documentation of PPE competency for all personnel who use PPE?	<input type="radio"/>	<input type="radio"/>

**Please answer the following questions related to Environmental Cleaning:**

	Yes	No
Is training provided to all personnel who clean and disinfect patient care areas? Personnel may include, but are not limited to, environmental services staff, nurses, nursing assistants, and technicians.	<input type="radio"/>	<input type="radio"/>
Is training provided upon hire, prior to being allowed to perform environmental cleaning?	<input type="radio"/>	<input type="radio"/>
Is training provided at least annually?	<input type="radio"/>	<input type="radio"/>
Is training provided when new equipment or protocols are introduced?	<input type="radio"/>	<input type="radio"/>
Are personnel required to demonstrate competency with environmental cleaning (i.e., correct technique is observed by trainer) following each training?	<input type="radio"/>	<input type="radio"/>
Does your hospital maintain current documentation of competency with environmental cleaning procedures for all personnel who clean and disinfect patient care areas?	<input type="radio"/>	<input type="radio"/>
If the hospital contracts environmental services, does the contractor have a comparable training program?	<input type="radio"/>	<input type="radio"/>

- Utilizes questions from CDC's ICAR
- Assesses current HAI Prevention practices, policies and procedures in your hospital
- If ICAR was completed with your SHD within 12 months, those results will be used as baseline

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## Introduction to TAP

**Have you heard of the TAP Strategy?**

**Have you ever run a TAP report?**



### Target

facilities and individual units

### Assess

gaps in infection prevention in targeted areas

### Prevent

Infections by implementing interventions to address the gaps

- CDC strategy used to engage hospitals in HAI specific quality improvement
- TAP reports can be generated in NHSN, using data hospitals are already required to submit
- TAP reports quantify the number of infections to prevent to achieve a specific HAI reduction goal
- HAI specific assessment tools assist in targeted infection prevention gaps

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## 3. Education and Resources to Support Your Efforts

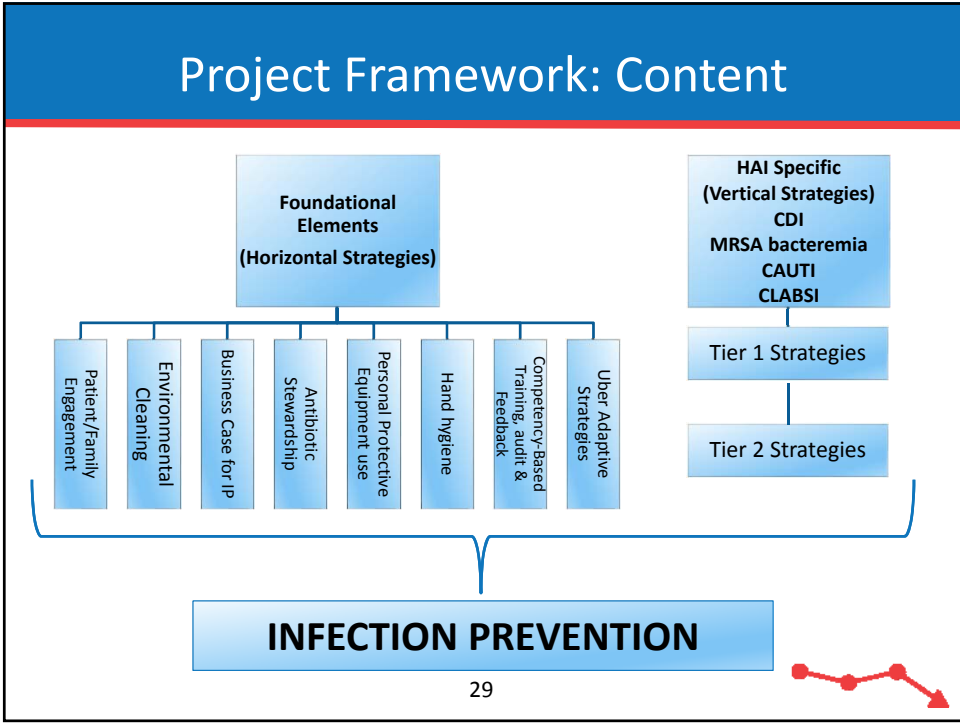
### **Education**

- Evidence-based practices to reduce HAIs
- Implementation strategies
- On-demand learning modules for self-directed education
- Live monthly Learning Action Forums (LAFs) to enhance the on-demand content and engage with national experts
- Infection prevention tools, resources and success stories



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# STRIVE Education Syllabus

**STRIVE Education Syllabus**

CDC HRET

**Foundational Infection Prevention Strategies**

The second educational phase is comprised of **foundational courses** that address both the technical and adaptive foundational elements of infection prevention. Each course is broken into two to four shorter modules, to allow teams and hospitals to tailor their education based on gaps highlighted by their CDI and/or Practice Change Assessment (PCA) results. These smaller modules may be appropriate to use for new employee or annual staff infection prevention training.

**Competency-Based Training, Audit and Feedback**

- **CBT30: Competency Based Training for Infection Prevention**
  - Module Length: 20 minutes
  - Recommended Audience: Infection Prevention Team/Committee, Clinical Educators
  - CBT30 defines competency based training and describes key components to consider when designing infection prevention training.
- **CBT50: Using Audit to Monitor Infection Prevention Practices**
  - Module Length: 14 minutes
  - Recommended Audience: Infection Prevention Team/Committee, Clinical Educators, Nurse Managers
  - CBT50 describes the importance of conducting infection prevention audits and how audits can be performed and implemented as part of an infection prevention surveillance program.
- **CBT55: Giving Infection Prevention Feedback**
  - Module Length: 12 minutes
  - Recommended Audience: Infection Prevention Team/Committee, Clinical Educators, Nurse Managers
  - CBT55 highlights essential components of effective feedback and discusses strategies to deliver feedback effectively.

**Uber Adaptive Strategies for Infection Prevention**

- **UA30: "Uber Adaptive" Strategies for Preventing Infection: An Introduction**
  - Module Length: 20 minutes
  - Recommended Audience: Infection Prevention Team/Committee, Hospital Leadership, Nursing Management, Medical Management, Environmental Services Management
  - UA30 describes the overarching uber-adaptive issues to consider when implementing quality improvement work.
- **UA32: Engaging Champions and Senior Leaders in Infection Prevention**
  - Module Length: 12 minutes
  - Recommended Audience: Infection Prevention Team/Committee, Hospital Leadership, Nursing Management, Medical Management, Environmental Services Management
  - UA32 discusses the importance of engaging senior leaders in quality improvement initiatives and shares strategies for how to get senior leaders and physicians involved.
- **UA33: Overcoming Common Barriers in Infection Prevention**
  - Module Length: 20 minutes
  - Recommended Audience: Infection Prevention Team/Committee, Hospital Leadership, Nursing Management, Medical Management, Environmental Services Management
  - UA33 highlights approaches for overcoming common barriers that arise during new initiatives and quality improvement work.

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# Centralized Project Website

Project Website: [www.hret.org/strive](http://www.hret.org/strive)

The screenshot shows the HRET website with the following elements:

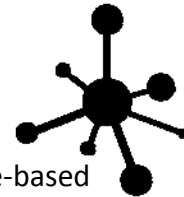
- Header:** HRET logo with tagline "Transforming health care through research and education" and "hospitals in pursuit of excellence".
- Navigation:** Home, Careers, Contact Us, My Information, Site Map.
- Research Areas:** Quality/Cost/Disparities, Care Coordination, Care Delivery Transformation, Leadership/Governance, Translational/Dissemination, Quantitative/Data Analysis.
- Quality/Cost/Disparities Section:** "Management research to provide operational advice on improving quality, reducing costs and eliminating disparities." A line graph shows a downward trend.
- STRIVE Section:** "States Targeting Reduction in Infections via Engagement". A line graph shows an upward trend.
- About HRET:** About Us, Board of Trustees, HRET Team, Career Fellows, AHA Leadership Fellowships, Careers, Connections & Partners, Guides & Reports, News & Press Releases, DREDF Award, Contact Us.
- AHA Research:** Committee on Research, Committee on Performance Improvement.
- Welcome to STRIVE:** About, Getting Started, Data, Education, Events, Community.
- STRIVE Description:** "The States Targeting Reduction in Infections via Engagement (STRIVE) initiative, led by HRET, through funding from the Centers for Disease Control and Prevention, is bringing together state-level organizations and acute care and long-term acute care hospitals across the country to improve infection prevention and control. The aims of the initiative are to:
  - Reduce HAIs
  - Strengthen infection control practices through CDC's Targeted Assessment for Prevention strategy
  - Strengthen relationships among state hospital associations, state health departments and other state HAI partners
  - Improve implementation of infection control practices in existing and newly constructed health care facilities
 Collaborating partners are improving general infection prevention and control practices in health care facilities and working to reduce health care-associated infections.
  - Central line-associated bloodstream infections (CLABSIs)

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# 4. Coaching

## Coaching

- Access to state partners
- Discussion on *how* to implement evidence-based practices and TAP strategy
- Support for data interpretation and technical assistance



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## 5. Measuring and Tracking Progress

- Hospital-level HAI metrics
- Using measures already submitted and tracked in NHSN
  - Outcome Measures/HAI Rates (*proxy*)
    - CDI
    - MRSA
    - CAUTI
    - CLABSI
  - Process Measures
    - Central line utilization
    - Indwelling-urinary catheter utilization
    - ICAR

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## 6. Team Support

- Teamwork reduces clinical errors and improves health outcomes
- Facility Leads will form a Core Team of staff to work together to implement this initiative
- The Core Teams should be
  - Multi-disciplinary
  - Responsible for learning and implementing clinical and cultural interventions



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## Start Forming Your Team

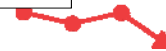
**STRIVE Core Team Roster and Responsibilities**

Instructions: Review the suggested responsibilities for each role listed on the team roster and use this matrix to build consensus and determine each role's responsibilities. Check each box when responsibilities are agreed upon for each role.

TEAM RESPONSIBILITIES	TEAM LEADER	EXECUTIVE PARTNER	PHYSICIAN CHAMPION	NURSE CHAMPION	FRONT-LINE NURSE	INFECTION PREVENTIONIST	OTHER
Advocate for project goals with peers							
Represent team to leadership and committees							
Prioritize safety defects							
Meet regularly to review progress							
Educate peers about infection prevention practices							
Identify and implement strategies to overcome barriers							
Empower nurses and other staff to stop procedures if protocols are not followed							
Review data							
Support implementation of recommendations							



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## 7. Strengthening Existing Infection Prevention Efforts



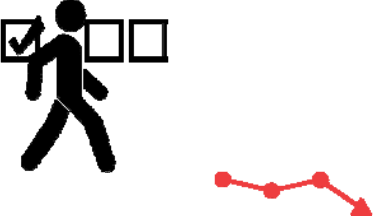
**What opportunities do you see to improve collaboration around infection prevention efforts with your state or system partners?**

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## Next Steps

- ✓ Confer NHSN Data Rights to HRET
  - Due June 29, 2017
  
- ✓ Data Use Agreement, DUA (if applicable)
  - Due June 29, 2017
  
- ✓ Begin working on the ICAR or PCA
  - Due July 21, 2017
  
- ✓ Attend Onboarding 2: Using an Infection Control Assessment and Response (ICAR) approach
  - Thursday, June 22 at 11:00 am CT



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## Contact Person

Main person to contact is from your **State Hospital Association or Organization**

	Organizational Lead	Contact
Kansas	Michele Clark	<a href="mailto:MClark@khconline.org">MClark@khconline.org</a>
Nevada	Marissa Brown	<a href="mailto:marissa@nvha.net">marissa@nvha.net</a>
Promise Healthcare	Theresa Hunkins	<a href="mailto:theresa.hunkins@promisehealthcare.com">theresa.hunkins@promisehealthcare.com</a>
	Lori Swope	<a href="mailto:Lori.Swope@promisehealthcare.com">Lori.Swope@promisehealthcare.com</a>
	Elizabeth Ring	<a href="mailto:Elizabeth.Ring@promisehealthcare.com">Elizabeth.Ring@promisehealthcare.com</a>
Tenet Health	Mary Oden	<a href="mailto:Mary.Oden@tenethealth.com">Mary.Oden@tenethealth.com</a>
	Lani Dickinson	<a href="mailto:Lani.Dickinson@tenethealth.com">Lani.Dickinson@tenethealth.com</a>
Washington	Jessica Symank	<a href="mailto:jessicas@wsha.org">jessicas@wsha.org</a>
Individual Hospitals	Shelby Lassiter	<a href="mailto:slassiter@aha.org">slassiter@aha.org</a>

If you're not sure who this is, then email [STRIVE@aha.org](mailto:STRIVE@aha.org)

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## Questions?

Email: [STRIVE@aha.org](mailto:STRIVE@aha.org)

## EVALUATION

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## References

- Agency for Healthcare Research and Quality. Interim Update on 2013 Annual Hospital-Acquired Condition Rate and Estimates of Cost Savings and Deaths Averted From 2010 to 2013. Accessed August 11, 2015. Available at <http://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/pfp/interimhacrate2013.pdf>.
- Healthcare-associated Infections Data and Statistics. Centers for Disease Control and Prevention, CDC. Updated March 2, 2016. Available at <http://www.cdc.gov/HAI/surveillance/>.
- Liang SY. Vital Signs: Central Line--Associated Blood Stream Infections --- United States, 2001, 2008, and 2009s. *Ann Emerg Med.* 2011; 58(5):447–450.
- National and State Healthcare-Associated Infections Progress Report. Centers for Disease Control and Prevention, CDC. Published in March, 2016. Available at <http://www.cdc.gov/HAI/pdfs/progress-report/hai-progress-report.pdf>.
- Magill SS, Edwards JR, Stat M, et al. Multistate Point-Prevalence Survey of Health Care-Associated Infections. *N Engl J Med.* 2014; 370(13): 1198-1208.
- Steiner C, Barrett M, Weiss A. HCUP Projections: Clostridium Difficile Hospitalizations 2001 to 2013. 2014. HCUP Projections Report # 2014-01. ONLINE April 9, 2014. U.S. Agency for Healthcare Research and Quality. Available: <http://www.hcupus.ahrq.gov/reports/projections/2014-01.pdf>.
- Zimlichman E, Henderson D, Tamir O, et al. Health Care-Associated Infections. A Meta-analysis of Costs and Financial Impact on the US Health Care System. *JAMA Intern Med.* 2013; 173(22): 2039-2046. doi:10.1001/jamainternmed.2013.9763.

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