

Connecting Your Audio

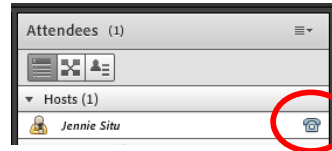
Want to ask a question over the audio?

Make sure you are dialed-in.


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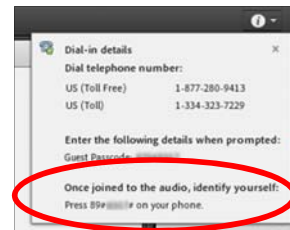
Passcode: 54567205

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



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1. Click the information icon  near the top right corner of your screen.
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Cohort 3 Learning Action Forum

Sharing Infection Prevention Strategies that Work



Connecting Your Audio

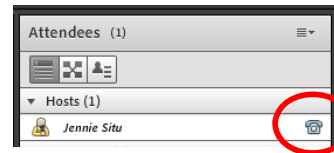
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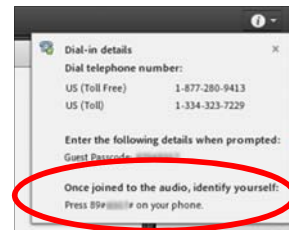
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Open Discussion

Please use the all chat or “raisehand” feature to ask a question to the subject matter experts or to start a discussion with your peers.



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Today's Agenda

- Project Updates
- Open Forum – Using Outcome Data to Drive Improvement
- Open Forum –Using Process and Audits to Drive Improvements
- Upcoming Events and Dates

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Today's Presenters



Shelby Lassiter, BSN, RN, CPHQ
Clinical Content Development Lead
American Hospital Association (AHA)/
Health Research and Educational Trust (HRET)



Vicki Brinsko, MSN, RN, CIC, FAPIC
Director of Infection Prevention
Vanderbilt University Medical Center

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USING DATA TO DRIVE IMPROVEMENT

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Let's Hear from Participants

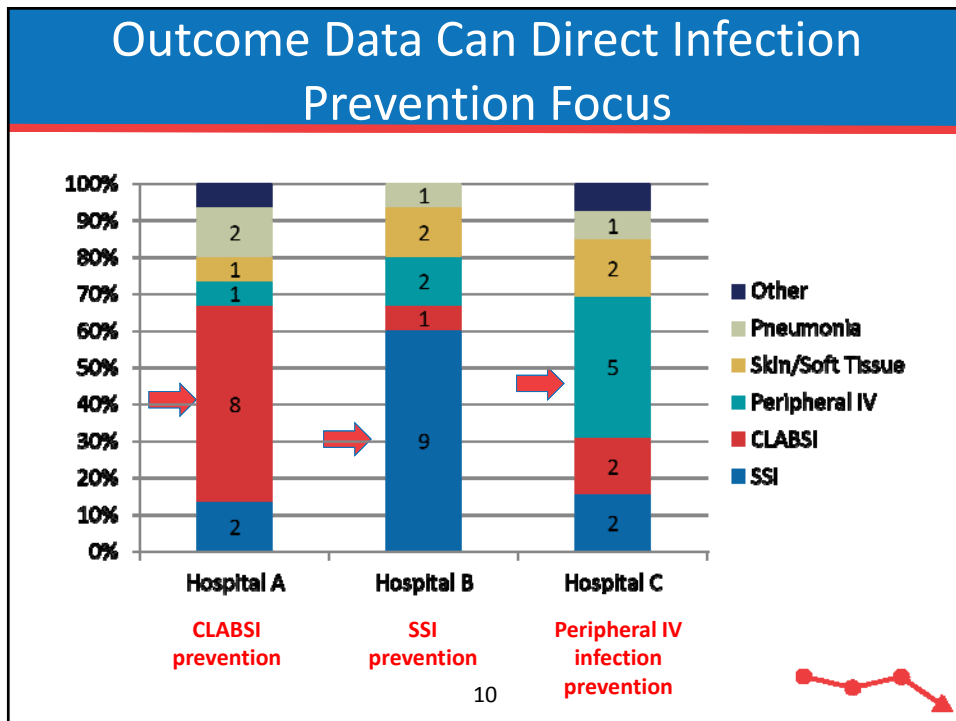
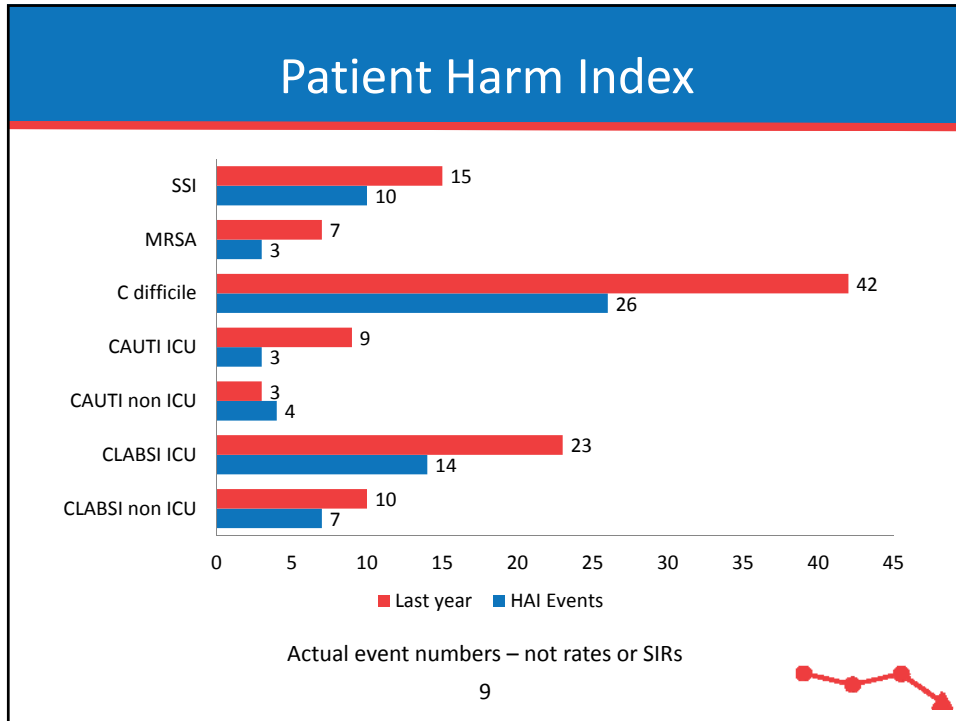
Question for Participants

(Please speak up or type your responses into the chat box – all share, all learn.)

**How are you using outcome data to direct your
infection prevention intervention focus?**

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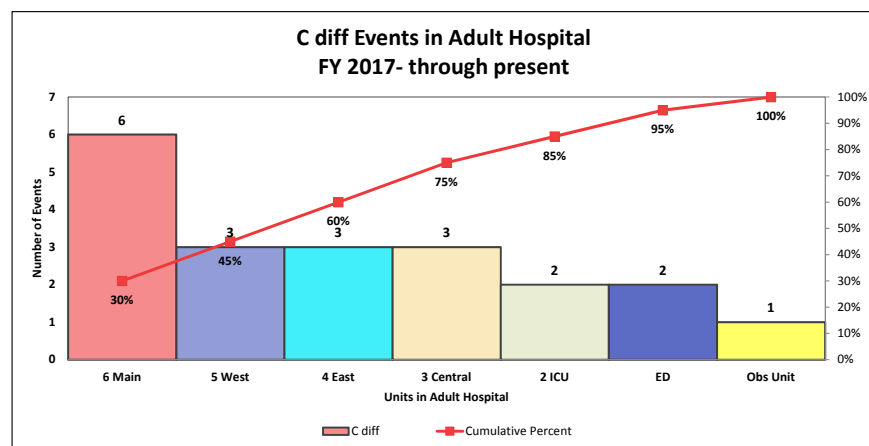
Line Lists Can Help Highlight Trends

patID	spcOrgTyp	location	outpatient	prevPos	onset	admitDate	locationAdm	specimenS	specimenDa
111	CDIF	ICU	N	N	HO	1/20/2016	ICU	STOOL	1/16/2016
222	CDIF	2ND	N	Y	HO	2/1/2016	2ND	STOOL	2/14/2016
333	CDIF	4TH	N	N	HO	2/10/2016	4TH	STOOL	2/14/2016
444	CDIF	4TH	N	N	HO	2/10/2016	ICU	STOOL	2/16/2016
555	CDIF	2ND	N	N	HO	3/1/2016	2ND	STOOL	3/8/2016
666	CDIF	ICU	N	N	HO	6/10/2016	4TH	STOOL	6/16/2016
777	CDIF	4TH	N	N	HO	2/18/2016	4TH	STOOL	2/23/2016
888	CDIF	ICU	N	N	HO	5/1/2016	ICU	STOOL	5/5/2016
999	CDIF	4TH	N	N	HO	2/1/2016	4TH	STOOL	2/14/2016
113	CDIF	3RD	N	Y	HO	4/2/2016	3RD	STOOL	4/7/2016
223	CDIF	4TH	N	N	HO	2/8/2016	4TH	STOOL	2/14/2016
334	CDIF	4TH	N	N	HO	2/8/2016	4TH	STOOL	2/23/2016
445	CDIF	ICU	N	N	HO	5/12/2016	4TH	STOOL	5/17/2016

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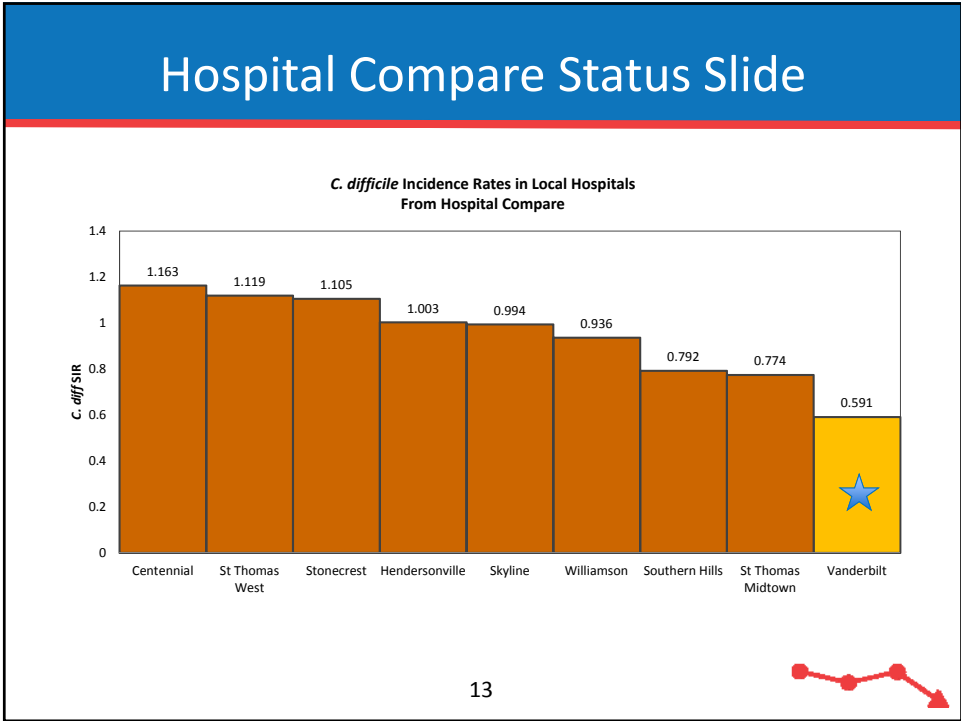
Unit Level Reporting



Pull *C. difficile* data by location and month from NHSN

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Let's Hear from Participants

Question for Participants

(Please speak up or type your responses into the chat box – all share, all learn.)

What outcome data are regularly shared with frontline staff? How is it shared?

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We All Agree –Data is Powerful!

- Powerful motivator
- Can't change what you don't know about
- Learn from data
- Monitor progress to reach goals
- Identify opportunities for improvement
- Celebrate and reward successes
- Demonstrate results to obtain support
- Provide opportunities to build on success
- Upcoming Events and Dates



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USING AUDITS AND PROCESS DATA TO DRIVE CHANGE



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Let's Hear from Participants

Question for Participants

(Please speak up or type your responses into the chat box – all share, all learn.)

How do you determine which infection prevention processes to audit?

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Let's Hear from Participants

Questions for Participants

(Please speak up or type your responses into the chat box – all share, all learn.)

What auditing processes and tools are you using for CAUTI? For CLABSI? For CDI? Hand hygiene?

What barriers or issues have you encountered with auditing?

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Use What's Already There

- Assess data already being collected in the organization
- Collaborate with other hospitals and facilities to learn tricks and tips for process auditing
- Seek out audit tool examples and templates from other departments and external colleagues

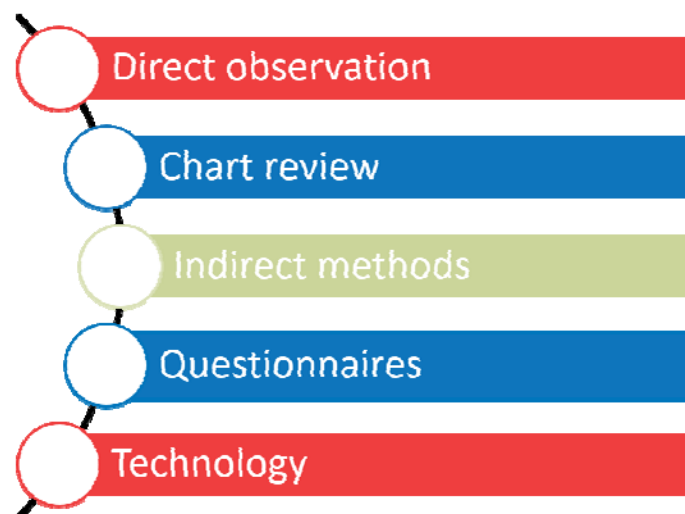
Don't reinvent the wheel, just realign it!!

–Anthony J. D'Angelo

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Methods to Consider to Conduct Audits



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Let's Hear from Participants

Question for Participants

(Participant Poll)

Are you using automated process data to help with audits? (i.e. iScrub, RedCap, etc.)

- YES
- NO
- Don't know

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Let's Hear from Participants

Question for Participants

(Please speak up or type your responses into the chat box – all share, all learn.)

How are you using your audit data?

(Hanskamp-Sebregts M, BMC Health Services Research, 2013; Bryce E, Am J Infect Control, 2007)

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Process Audit Plan Tip– Put it in Writing!

Process	Description	Audit Process and Population	Data Collector(s)	Frequency	How Reported
Compliance to CVC insertion bundle outside the operating room (OR)	Observe compliance to hospital central venous catheter (CVC) insertion bundle	All patients having a CVC inserted outside the OR will be observed for CVC insertion compliance using an insertion checklist	The third person in attendance for CVC insertions will record CVC insertion compliance	Every CVC inserted outside OR	Send tools to the quality department for aggregation and to infection control committee
Initial competency for indwelling urinary catheter insertion	Upon hire, a preceptor will observe all first urinary catheter insertions by new staff	Unit preceptor will use and complete a urinary catheter (UC) insertion checklist during observation of new staff's first insertion	Unit preceptor	First UC insertion for new employees and physicians whose role includes UC insertion.	Send insertion checklist to the quality department for aggregation and nursing for credentialing

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Learning from Defects (LFD)

- Reduces the likelihood of event reoccurring
- Helps identify high risk processes that may require ongoing monitoring
- Allows learning in two areas: system design and human behavior
- Allows learning from common cause variation
- Allows prevention further “upstream” from the harm to make care even safer
- Fosters mindfulness of staff related to risks and impact of behavioral drift
- Engages staff other strategies might not

[AHRQ CUSP. Identify Defects Through Sensemaking](#)

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Auditing Resources

- [AHRQ CAUTI Event Report Tool](#)
- [Pennsylvania Patient Safety Authority's CAUTI Prevention Practices](#)
- [Pennsylvania Central Line Outcomes and Process Measures Worksheet](#)
- [CDC's NHSN Central Line Practices Adherence \(CLIP\)](#)
- Consult with your STRIVE State Partners
- Please share tools and techniques with your colleagues!!

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QUESTIONS?
We Want To Hear From You!!!

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Project Next Steps

- Review your PCA/ICAR report with your team
- Review on-demand modules on audits
 - [Using Audits to Monitor Infection Prevention Practices](#) (CBT102)
 - [Hand Hygiene: Education, Monitoring and Feedback](#) (HH102)
 - [Auditing and Feedback of PPE Use](#) (PPE104)
 - [HAI Specific Auditing Strategies](#)
 - CDI, [Monitoring for Compliance and Improvement](#) (CDI104)
 - [MRSA Risk Assessment and Monitoring](#) (MRSA102)
 - CLABSI, [Maintenance and Removal of Central Venous Catheters](#) (CLABSI104)
 - CAUTI, [Indwelling Urinary Catheter Insertion and Maintenance](#) (CAUTI104)
- Reach out to your State Partners for help
- Mark your calendar for the next Learning Action Forum:
Tuesday August 22 at 11:00 am CT

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Thank You!

Event Evaluation



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