

Connecting Your Audio

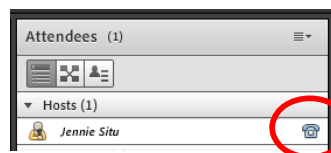
Want to ask a question over the audio?

Make sure you are dialed-in.


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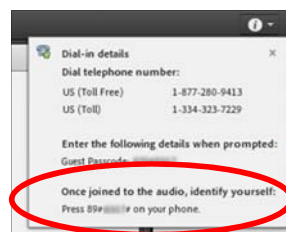
Passcode: 54567205

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



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.



States Targeting Reduction in Infections via Engagement: STRIVE Program Overview

Onboarding 1
April 11, 2017



Connecting Your Audio

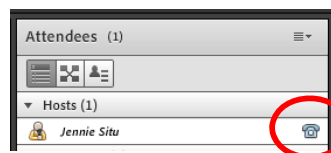
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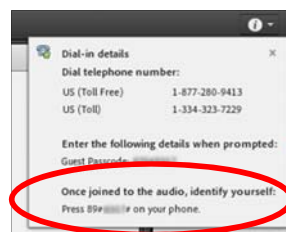
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3



Asking Questions

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



4



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

5



Presenters



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



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

6



Welcome

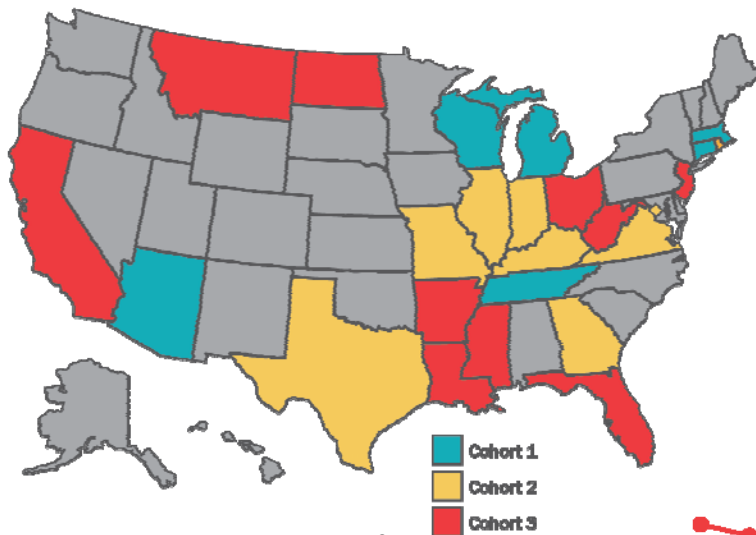
STRIVE Program Participants Cohort 3

- | | |
|-------------|---------------|
| Arkansas | Montana |
| California | New Jersey |
| Florida | North Dakota |
| Louisiana | Ohio |
| Mississippi | West Virginia |

7



Project Reach to Date



8



Program Goals

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

9



What Are You Doing?



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

What have been your barriers?

10



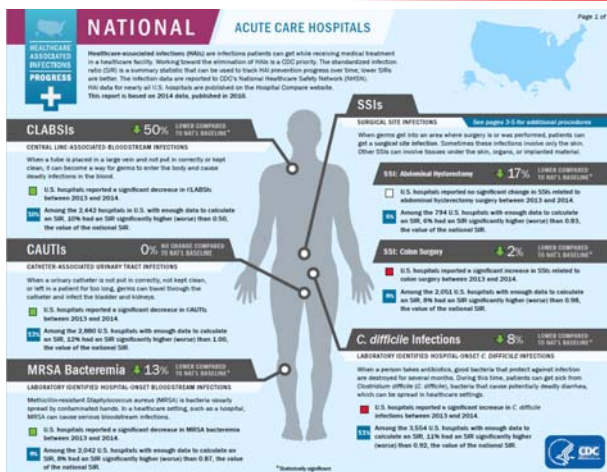
Why This Project Matters

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) |
|---------------------|-----------------|---------------------------|
| CLABSI | \$45,814 | 10.4 days |
| <i>CLABSI –MRSA</i> | \$58,614 | 15.7 days |
| VAE | \$40,144 | 13.1 days |
| SSI | \$20,785 | 11.2 days |
| <i>SSI –MRSA</i> | \$42,300 | 23.0 days |
| CDI | \$11,285 | 3.3 days |
| CAUTI | \$896 | Not Recorded |

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

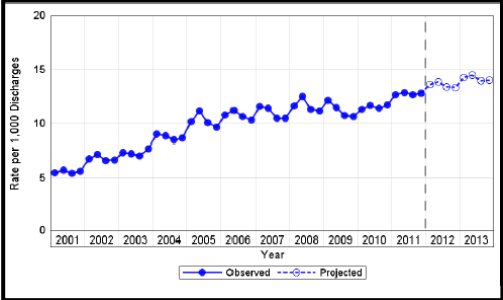
(Zimlichman E, JAMA Intern Med, 2013)

13

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)

14

Program Goals

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

15



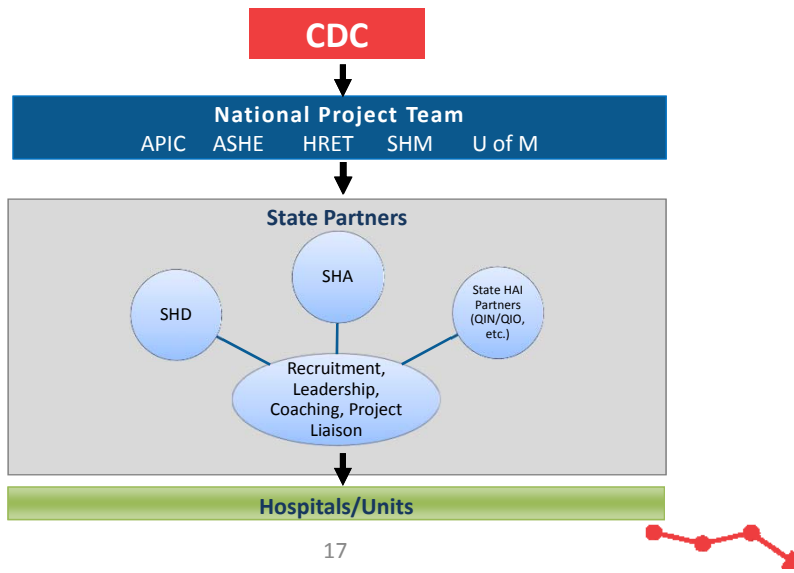
How will we achieve such a lofty goal?

**STRATEGIES FOR IMPROVING
INFECTION PREVENTION**

16



1. Leveraging Partnerships

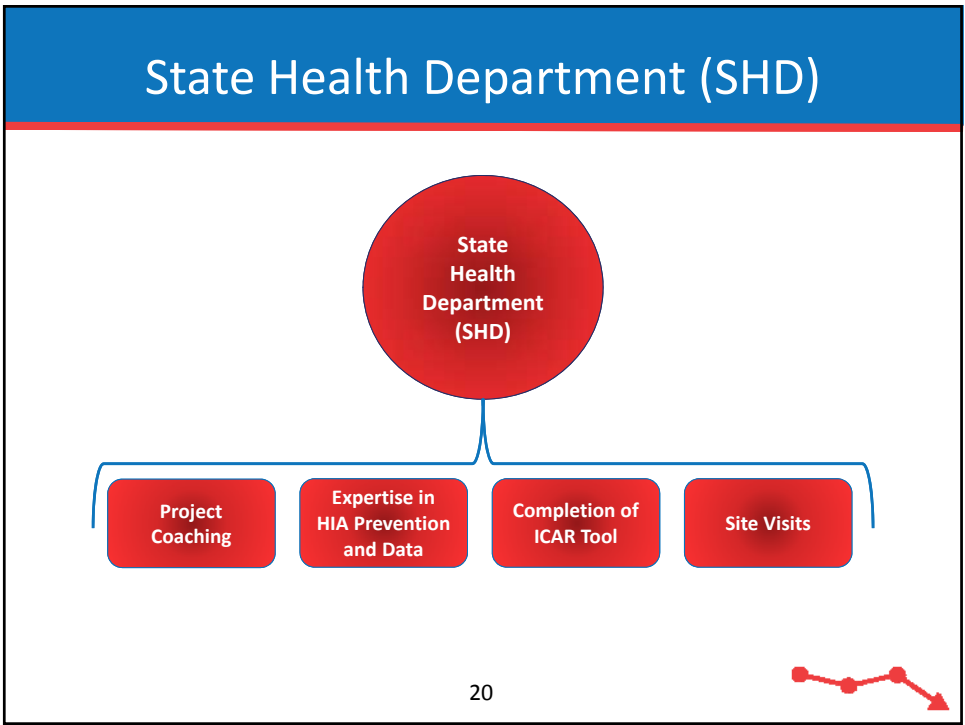
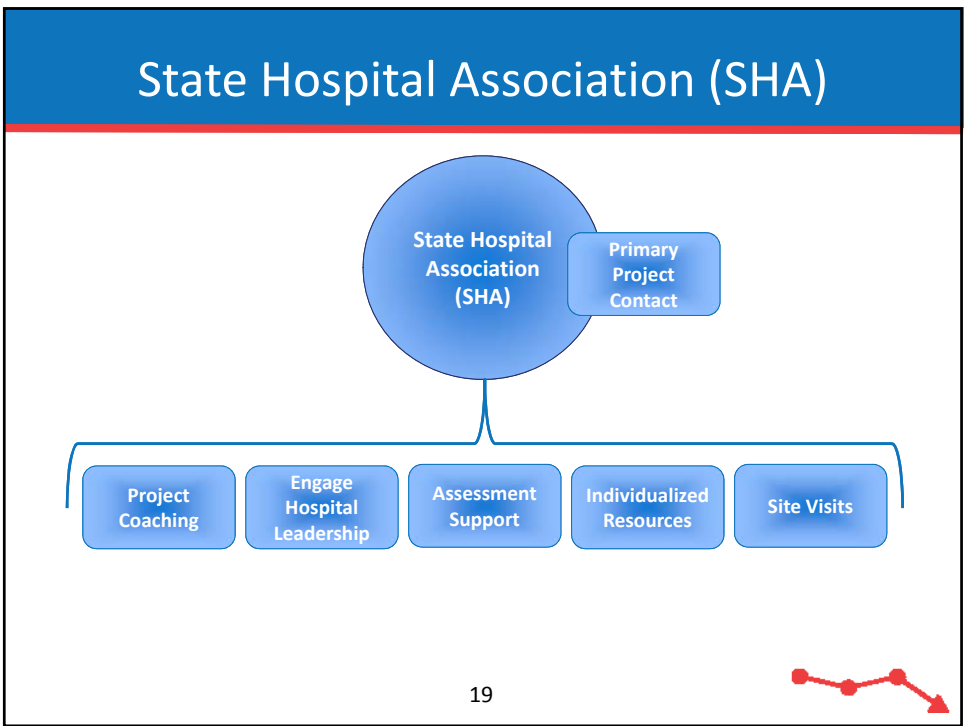


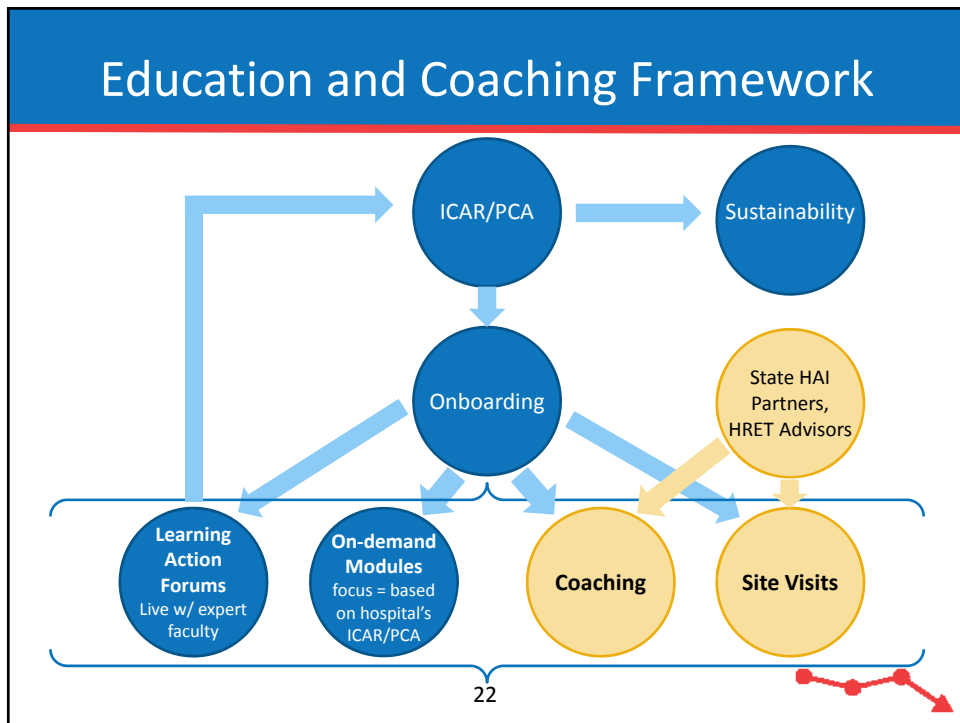
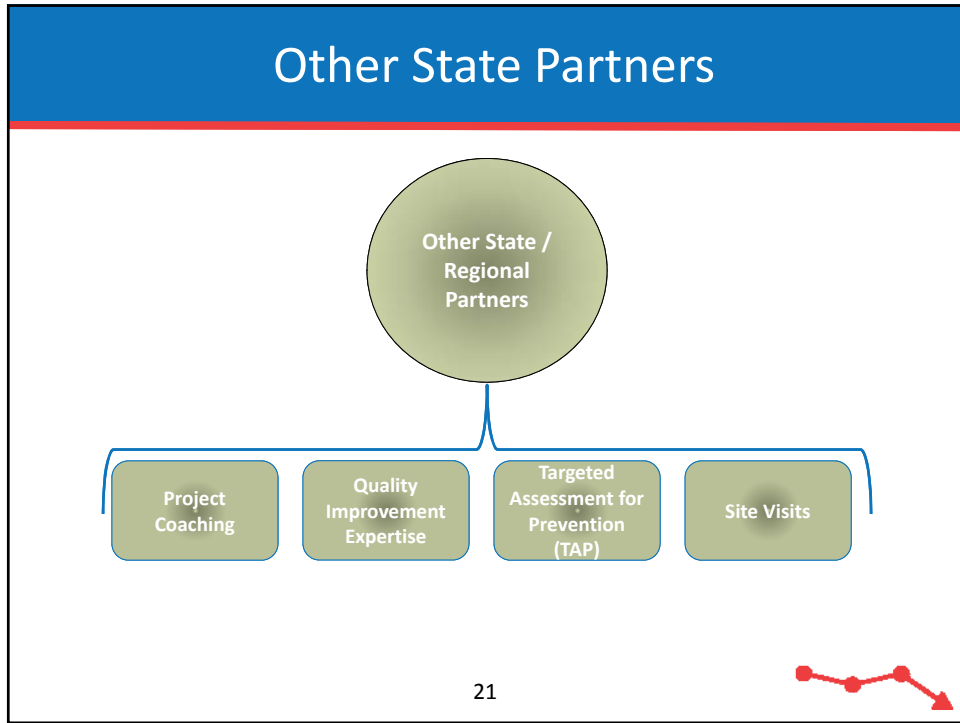
Collaborating with Your State Triad



How do you collaborate with your SHA, SHD and QIN/QIO?







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

23



2. Identify Opportunities for Improvement



- Infection Control Assessment and Response (ICAR)

- Practice Change Assessment (PCA)



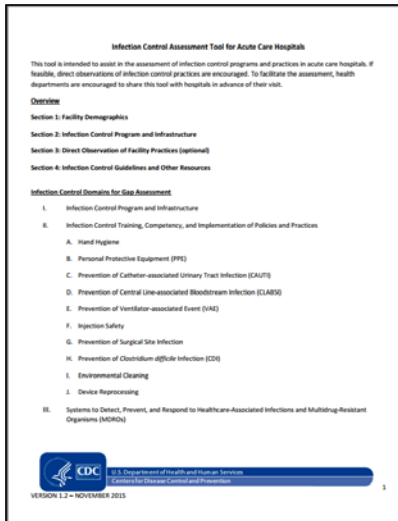
- Targeted Assessment for Prevention (TAP)

24

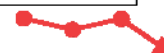


Introduction to ICAR

- 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



25



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
- Asses 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

26



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

27



3. Education and Resources to Support Your Efforts

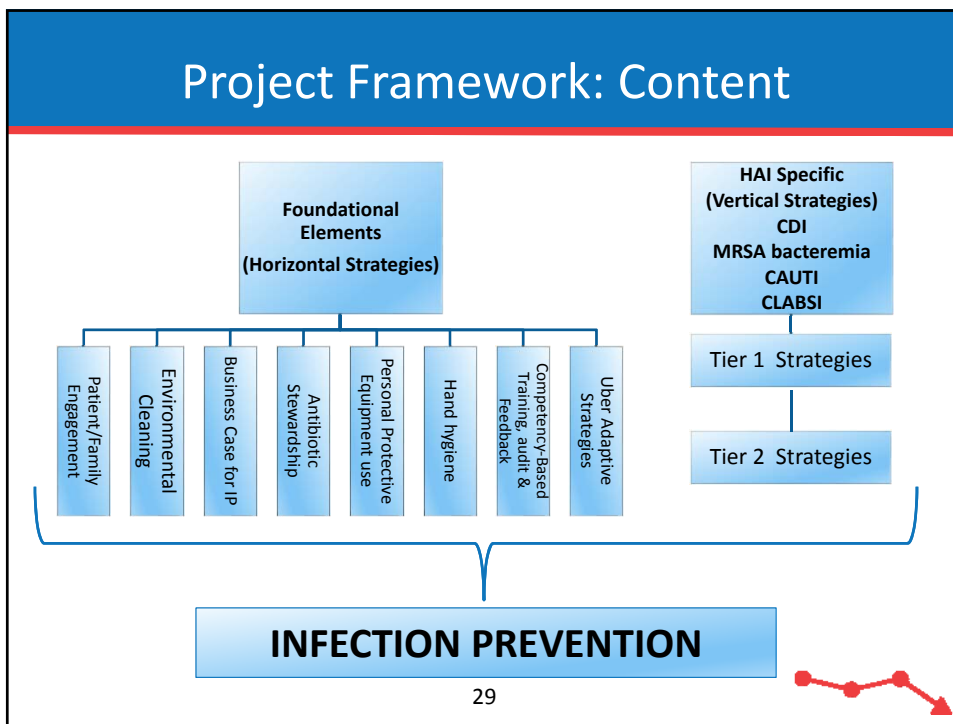
Education

- 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



28





STRIVE Education Syllabus

STRIVE Education Syllabus
 Cohort 3, April, 2017 to March, 2018

States Targeting Reduction in Infections via Engagement STRIVE

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.
- **CBT32: Using Audits to Monitor Infection Prevention Practices**
 - Module Length: 14 minutes
 - Recommended Audience: Infection Prevention Team/Committee, Clinical Educators, Nurse Managers
 - CBT32 describes the importance of conducting infection prevention audits and how audits can be performed and implemented as part of an infection prevention surveillance program.
- **CBT33: Giving Infection Prevention Feedback**
 - Module Length: 12 minutes
 - Recommended Audience: Infection Prevention Team/Committee, Clinical Educators, Nurse Managers
 - CBT33 highlights essential components of effective feedback and discusses strategies to deliver feedback effectively.

Uber Adaptive Strategies for Infection Prevention

- **UA301: "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
 - UA301 describes the overarching uber-adaptive issues to consider when implementing quality improvement work.
- **UA302: Engaging Clinicians 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
 - UA302 discusses the importance of engaging senior leaders in quality improvement initiatives and shares strategies for how to get senior leaders and physicians involved.
- **UA303: 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
 - UA303 highlights approaches for overcoming common barriers that arise during new initiatives and quality improvement work.

States Targeting Reduction in Infections via Engagement CDC HRET

28

Centralized Project Website

Project Website: <http://www.hret.org/quality/projects/strive.shtml>

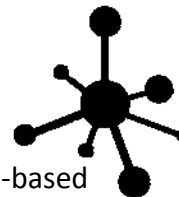
The screenshot shows the HRET website with the following elements:

- Header:** HRET logo with tagline "Transforming health care through research and education" and "hospitals in pursuit of excellence".
- Navigation:** Home, Careers, Contact Us, May 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." Includes a line graph showing a downward trend.
- STRIVE Section:** "States Targeting Reduction in Infections via Engagement". Includes a "Welcome to STRIVE" message and a navigation bar with buttons for About, Getting Started, Data, Education, Events, and Community.
- Left Sidebar:** "About HRET" with links for Board of Trustees, HRET Team, Fellowships, AHA Leadership, Fellowships, Careers, Connections & Partners, Guides & Reports, News & Press Releases, DREDF Award, Contact Us, and "AHA Research" with links for Committee on Research and Committee on Performance Improvement.
- Footer:** The number "31" is centered at the bottom.

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



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

33



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



34




Start Forming Your Team

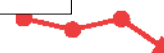
STRIVE Core Team Roster and Responsibilities

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 | | | | | | | |



35



7. Strengthening Existing Infection Prevention Efforts



What opportunities do you see to improve collaboration around infection prevention efforts with your state triad?

36



Next Steps

- ✓ Confer NHSN Data Rights to HRET
 - Due May 1, 2017
- ✓ Begin working on the ICAR or PCA
 - Due May 31, 2017
- ✓ Attend Onboarding 2: Using an Infection Control Assessment and Response (ICAR) approach
 - Tuesday, April 25 at 11:00 am CT



37



Contact Person

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

| | Organizational Lead | Contact |
|---------------|---|--|
| Arkansas | Nancy Godsey Pamela Brown Nikki Wallace | ngodsey@arkhospitals.org pbrown@arkhospitals.org nwallace@arkansashospitals.org |
| California | Alicia Munoz Beth Rowett | amunoz@hqinstitute.org browett@hqinstitute.org |
| Florida | Kim Streit Cheryl Love Luanne MacNeill | KimS@fha.org cheryll@fha.org luannem@fha.org |
| Louisiana | Lynn Barrett Michelle Smith | lbarrett@lhaonline.org msmith@lhaonline.org |
| Mississippi | LaNelle Weems | lweems@mhanet.org |
| Montana | Casey Driscoll Victoria Cech | casey.driscoll@mtha.org victoria.cech@mtha.org |
| New Jersey | Shannon Davila Pat Dimino | SDavila@NJHA.com PDimino@NJHA.com |
| North Dakota | Jean Roland | jroland@qualityhealthnd.org |
| Ohio | Rosalie Weakland | Rosalie.Weakland@ohiohospitals.org |
| West Virginia | Valerie Jividen | vjividen@wvha.org |

If you're not sure who this is, then email STRIVE@aha.org

Questions?

Email: STRIVE@aha.org

EVALUATION

38



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.
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- 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.

40

