

## Connecting Your Audio

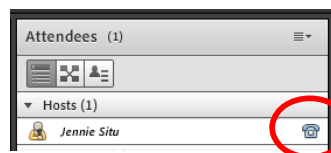
Want to ask a question over the audio?

Make sure you are dialed-in.


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

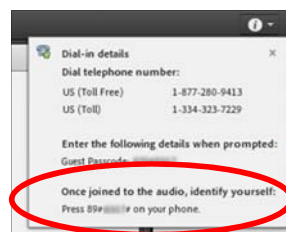
**Passcode: 54567205**

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  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.



1



## Building an Implementation Team

Onboarding 4

July 20, 2017



## Connecting Your Audio

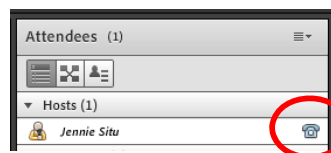
Want to ask a question over the audio?

Make sure you are dialed-in.


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

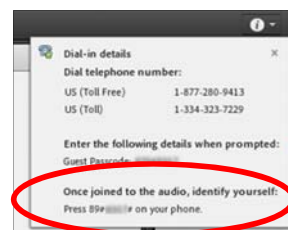
**Passcode: 54567205**

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  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.



3



## Asking Questions

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



4



## Presenters



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



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

5



## Why Are We Doing This?

**Reduce Healthcare Associated Infections (HAIs)**



*Requires a strong  
commitment at the  
organizational and  
unit level!*

**Improve safety culture and  
Infection Prevention Practices**



6



## Objectives

- Explain the importance of building a team to improve infection prevention.
- Cite the expectations and responsibilities of each core team member.
- Identify state organizations and partners to be team members for HAI prevention.
- Apply core team building principles to identify a team of leaders and staff members to drive successful implementation of the HAI reduction initiative.

7



## How Does a Team Achieve Their Goals?

- Knowing what needs to be done and how to do it effectively
- A shared mental model by all team members
- Collaborating to improve processes and patient care outcomes



*(Newhouse RP and Spring B, Nursing Outlook, 2010; McAlearney, AHRQ, 2015)*

8


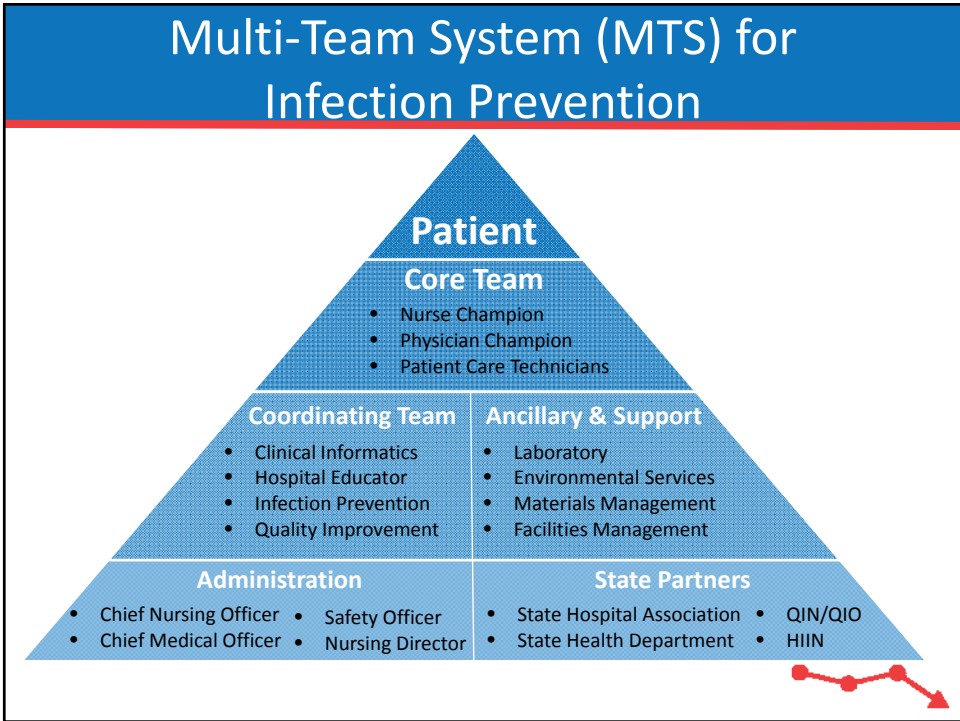


## Benefits of Teamwork

<p><b>Teamwork Reduces:</b></p> <ul style="list-style-type: none"> <li>Clinical errors</li> <li>Staff turnover</li> <li>Patient and family complaints</li> </ul>	<p><b>Teamwork Improves:</b></p> <ul style="list-style-type: none"> <li>Patient outcomes</li> <li>Patient and family experience</li> <li>Staff experience</li> <li>Process (measures)</li> </ul>
--	--

(TeamSTEPPS 2.0 AHRQ)

9

## Team Structure Supports Outcomes

Establishing a clear team structure helps:

- Improve efficiency in information sharing
- Focus everyone on the goals
- Anticipate needs and adjust to changes
- Improve performance over time



11

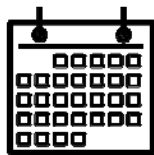


## Core Team Leader Expectations



**Facility team leader should:**

- Establish a multi-disciplinary team
- Regularly engage executive, physician and nurse champions



**Team should:**

- Learn and implement clinical and cultural interventions



12



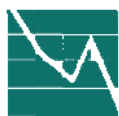
## Core Team Expectations



Confer rights for NHSN data transfer



Meet monthly to brainstorm and execute process improvements



Monitor HAI data and communicate progress



Ask for help!

13



## Assign Roles and Responsibilities

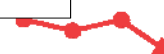
### STRIVE Core Team Roster and Responsibilities

**Instructions:** Review the suggested responsibilities for each role listed on the team roster and use this matrix to build consensus and determine each roles' 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							



14



## Engaging Senior Leaders

- Vice president level or higher when possible
- Actively engaged in progress of project
- Interested in clinical care, but not required to be a clinician
- Willing to learn from, listen to, and work with staff to improve patient safety on the unit

15



## Leaders and Influencers



16





## Start Identifying Champions



**Can you name individuals (their position!) in your hospital who have the leadership skills and influence to help start this work?**

17



## Engage an Existing Team for Support

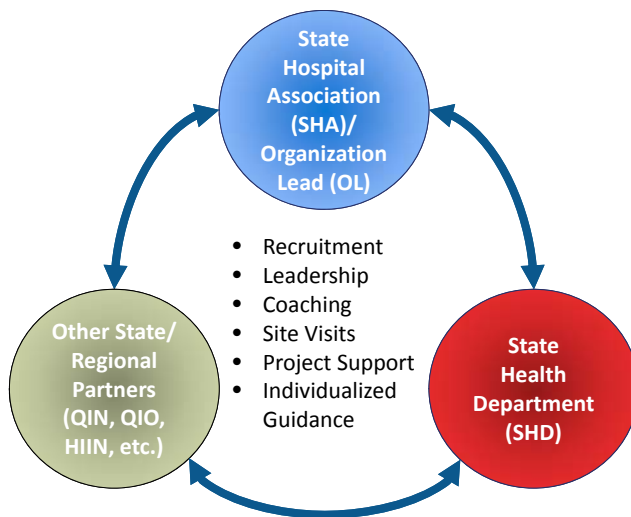


**Is there an existing team that could help support this project?**

18



## Teamwork Beyond the Hospital Walls



19

## Coordinated Responses Are More Effective

### Facilities work together to protect patients.

#### Common Approach *(Not enough)*

- Patients can be transferred back and forth from facilities for treatment without all the communication and necessary infection control actions in place.

#### Independent Efforts *(Still not enough)*

- Some facilities work independently to enhance infection control but are not often alerted to antibiotic-resistant or *C. difficile* germs coming from other facilities or outbreaks in the area.
- Lack of shared information from other facilities means that necessary infection control actions are not always taken and germs are spread to other patients.

#### Coordinated Approach *(Needed)*

- Public health departments track and **alert** health care facilities to antibiotic-resistant or *C. difficile* germs coming from other facilities and outbreaks in the area.
- Facilities and public health authorities share information and implement shared infection control actions to stop spread of germs from facility to facility.



(Slayton R.B. CDC MMW, 2015)

20

## Working Together is Vital

### More patients get infections when facilities do not work together.

(Example: 5 years after CRE enters 10 facilities in an area sharing patients)



SOURCE: CDC Vital Signs, August 2015.

- Infections and antibiotic use in one facility affect other facilities because of patient transfers
- When hospitals are aware, they can target specific prevention strategies based on outbreaks or infection risks
- Collaborative infection prevention efforts and improved antibiotic prescribing could prevent 619,000 antibiotic-resistant and CDI infections over 5 years

(Slayton R.B. CDC MMW, 2015)

21



## Teamwork Between Hospitals and State/System Partners

### State/System Partners

- Familiar with infection prevention activities in health care facilities throughout the state/system
- Have dedicated staff to improve connections and coordination
- Use data to drive action

### Hospitals

- Connect with the State/System Partners to share data about HAIs and infection prevention practices

22



## Strategies for Engaging State/System Partners as Team Members



**How can your hospital partner with state organizations or system leaders to improve infection prevention practices?**

23



## Learning From Past Successes



**Describe a successful infection prevention project in your hospital. What did you learn from the team?**

24



## Leading a Team

- Clinical
- Technical
- Day-to-day
- Sponsorship



Practice Facilitation Handbook.  
Module 14: Creating Quality Improvement Teams and QI Plans  
<https://www.ahrq.gov/professionals/prevention-chronic-care/improve/system/pfhandbook/mod14.html>

25



## Strategies for Success

- Create opportunities for transparent communication among team members
- Empower clinical staff to speak up and advocate for the patient
- Use structured handoffs that convey important information concerning prevention of HAIs
- Use tools to enhance situational awareness of patient care in your unit



[As seen in TeamSTEPPS](#)

26



## Working as a Team

- Create a safe space for discussions
- Assess gaps in infection prevention practices
- Provide competency based training
- Audit and analyze compliance with new processes
- Provide feedback regularly

27



## Learning as a Team

- Complete on-demand coursework
- Consider how you might use tools and resources
- Identify issues to share with your peers
- Share lessons learned and best practices



28



## Checklist for Success

- Do you have commitment from your leadership?
- Have you shared the project goals within your organization?
- Are you ready to build a multidisciplinary team?



29



## Next Steps

- ✓ Submit ICAR or PCA
  - Due tomorrow, July 21.
  - On-demand courses are now available! We recommend beginning with:
    - [Competency-Based Training, Audits and Feedback](#)
    - [Uber Adaptive Strategies for Infection Prevention](#)
- ✓ Attend the monthly Learning Action Forums (LAFs)
  - First LAF will be Thursday August 17 at 11:00 am CT

30



## References

1. Newhouse RP, Spring B. Interdisciplinary Evidence-based Practice: Moving from Silos to Synergy. *Nursing Outlook*. 2010; 58(6): 309–317. <http://doi.org/10.1016/j.outlook.2010.09.001>
2. McAlearney AS. Final Report. High-Performance Work Practices in CLABSI Prevention Interventions: Executive Summary. (Prepared under Contract No. #HSA2902010000221, Task Order No. 5.) Rockville, MD: Agency for Healthcare Research and Quality; May 2015. AHRQ Publication No. 15-0044-EF.
3. TeamSTEPS 2.0. Rockville, MD: Agency for Healthcare Research and Quality, AHRQ. Available at <http://www.ahrq.gov/professionals/education/curriculum-tools/teamsteps/index.html>
4. Slayton RB, Toth D, Lee BY, et al. Vital Signs: Estimated Effects of a Coordinated Approach for Action to Reduce Antibiotic-Resistant Infections in Health Care Facilities –United States. *Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report*. 2015; 64(30): 826-831.
5. Derek A. Haas AE. *The Mayo Clinic Model of Running a Value-Improvement Program*. Retrieved from Harvard Business Review. 2015, November 17. Available at <https://hbr.org/2015/10/the-mayo-clinic-model-for-running-a-value-improvement-program>

31



## 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>
Ohio	Rosalie Weakland	<a href="mailto:Rosalie.Weakland@ohiohospitals.org">Rosalie.Weakland@ohiohospitals.org</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>
Tenet Health	Elizabeth Ring	<a href="mailto:Elizabeth.Ring@promisehealthcare.com">Elizabeth.Ring@promisehealthcare.com</a>
	Mary Oden	<a href="mailto:Mary.Oden@tenethealth.com">Mary.Oden@tenethealth.com</a>
Washington	Lani Dickinson	<a href="mailto:Lani.Dickinson@tenethealth.com">Lani.Dickinson@tenethealth.com</a>
	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)





## Questions?

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

## EVALUATION

38

