

Reducing Healthcare- Associated Infections (HAIs) in the Tenth Scope of Work (10SOW)

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Today's Objectives

- ▶ Discuss the National Quality Strategy
- ▶ HAI focus
- ▶ What we can do together to reduce HAIs

Healthcare Quality Strategies, Inc. (HQSI)

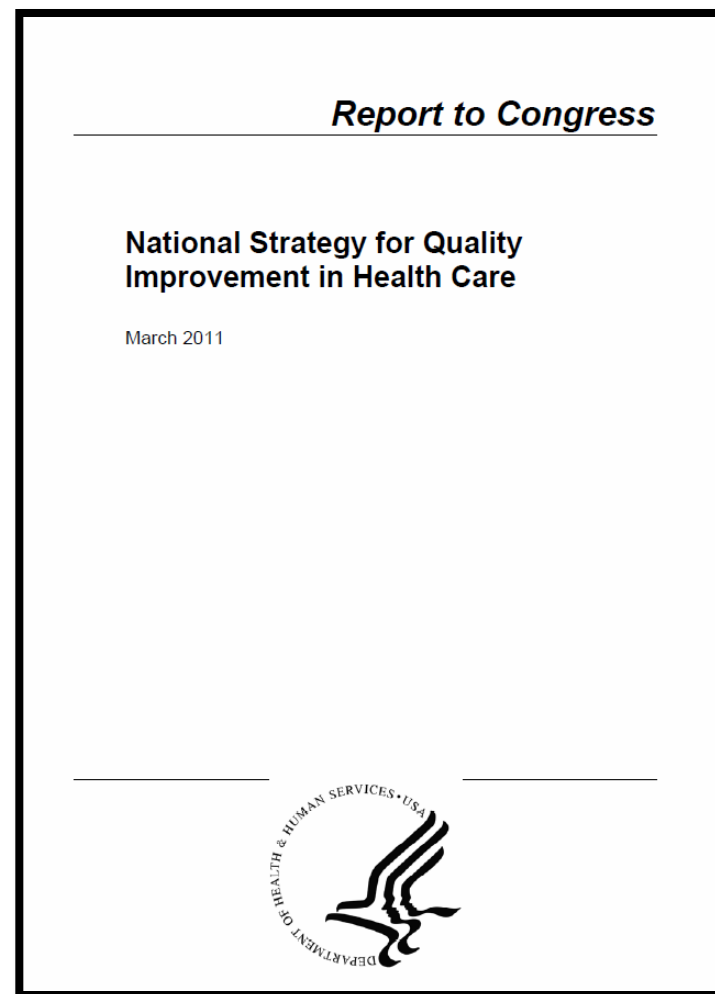
- ▶ Designated by the Centers for Medicare & Medicaid Services (CMS) as the Medicare quality improvement organization (QIO) for New Jersey
- ▶ Committed to:
 - Accelerating healthcare quality improvement (QI)
 - Making healthcare safer, more efficient, and more effective
 - Helping providers attain high-quality, patient-centered care with the best possible outcomes

Background

- ▶ Three key U.S. Department of Health and Human Services (DHHS) activities that shape the 10SOW:
 - National Quality Strategy
 - Partnership for Patients
 - Action plan to prevent HAIs

National Quality Strategy

- ▶ Three broad aims –
 1. Better healthcare
 2. Better health for people and communities
 3. Lower costs through improvement



Setting Priorities*

- ▶ Six priorities of the National Quality Strategy
 - Making care safer
 - Promoting effective coordination of care
 - Assuring care is person- and family-centered
 - Promoting the best possible prevention and treatment of the leading causes of mortality, starting with cardiovascular disease
 - Helping communities support better health
 - Making care more affordable for individuals, families, employers, and governments by reducing costs of care through continual improvement

*Available at: <http://www.healthcare.gov/center/reports/nationalqualitystrategy032011.pdf>

Partnership for Patients

The two goals of this new partnership are to:

- ▶ **Keep patients from getting injured or sicker.** By the end of 2013, preventable hospital-acquired conditions would *decrease by 40%* compared to 2010
- ▶ **Help patients heal without complication.** By the end of 2013, preventable complications during a transition from one care setting to another would be decreased so that all hospital readmissions would be *reduced by 20%* compared to 2010

Areas of Focus

- ▶ The Partnership has identified nine areas of focus:
 - Adverse Drug Events (ADE)
 - Catheter-Associated Urinary Tract Infections (CAUTI)
 - Central Line-Associated Bloodstream Infections (CLABSI)
 - Injuries from Falls and Immobility
 - Obstetrical Adverse Events
 - Pressure Ulcers (PrU)
 - Surgical Site Infections (SSI)
 - Venous thromboembolism (VTE)
 - Ventilator-Associated Pneumonia (VAP)

HAC Current List

- ▶ Foreign object retained after surgery
- ▶ Air embolism
- ▶ Blood incompatibility
- ▶ Stage III or IV PrUs
- ▶ Falls and trauma
- ▶ CAUTI
- ▶ Vascular catheter-associated infection
- ▶ Manifestations of poor glycemic control
- ▶ SSI, mediastinitis after coronary artery bypass graft (CABG)
- ▶ SSI following orthopedic operations
- ▶ SSI following bariatric surgery
- ▶ Deep vein thrombosis and pulmonary embolism (DVT/PE) after certain orthopedic operations

DHHS Action Plan to Prevent HAIs

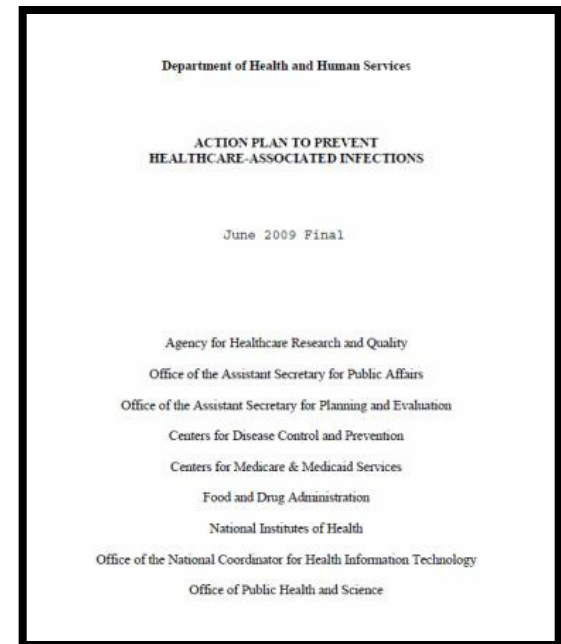
- ▶ **Tier One** focuses on six high priority HAI-related areas within the acute-care hospital setting
- ▶ **Tier Two** includes strategies to reduce HAIs in Ambulatory surgical centers and end stage renal disease facilities

<http://www.hhs.gov/ash/initiatives/hai/infection.html>

DHHS Action Plan to Prevent HAIs (cont'd)

- ▶ Infections that patients acquire while receiving treatment for medical or surgical conditions
 - Significant toll on human life
 - Estimated that HAIs incur an estimated \$28 to \$33 billion in excess healthcare costs each year

<http://www.hhs.gov/ash/initiatives/hai/infection.html>



10SOW “Aims”

- ▶ **Beneficiary and Family Centered Care**
 - Case Review
 - Patient and Family Engagement Activities
- ▶ **Improving Individual Patient Care**
 - Reducing HACs and HAIs
 - Reducing ADEs
 - Quality Reporting and Improvement
- ▶ **Integrate Care for Populations and Communities**
 - Improving Care Transitions Leading to a Reduction of Readmissions
- ▶ **Improve Health for Populations and Communities**
 - Promotion of Immunizations And Screenings
 - Cardiovascular Health Campaign

Improving Individual Patient Care

Goal:

Eliminate preventable healthcare acquired conditions (HACs)

► Opportunities for success:

- Eliminate hospital-associated infections
- Reduce the number of serious adverse medication events
- Reduce PrUs, the use of physical restraints, CAUTI, and falls in nursing homes

HAI Overview

APIC Statement on the Cost of Hospital-Associated Infections

- ▶ Two million patients per year
 - ~90,000 deaths
 - \$4.5-\$5.7 billion per year in patient care costs

SSI – 10SOW Measures

Measure	Project Target
<i>Procedure:</i> Relative improvement rate	Not known at this time
Data collection in the National Healthcare Safety Network (NHSN)	January 1, 2012

CLABSI – 10SOW Measures

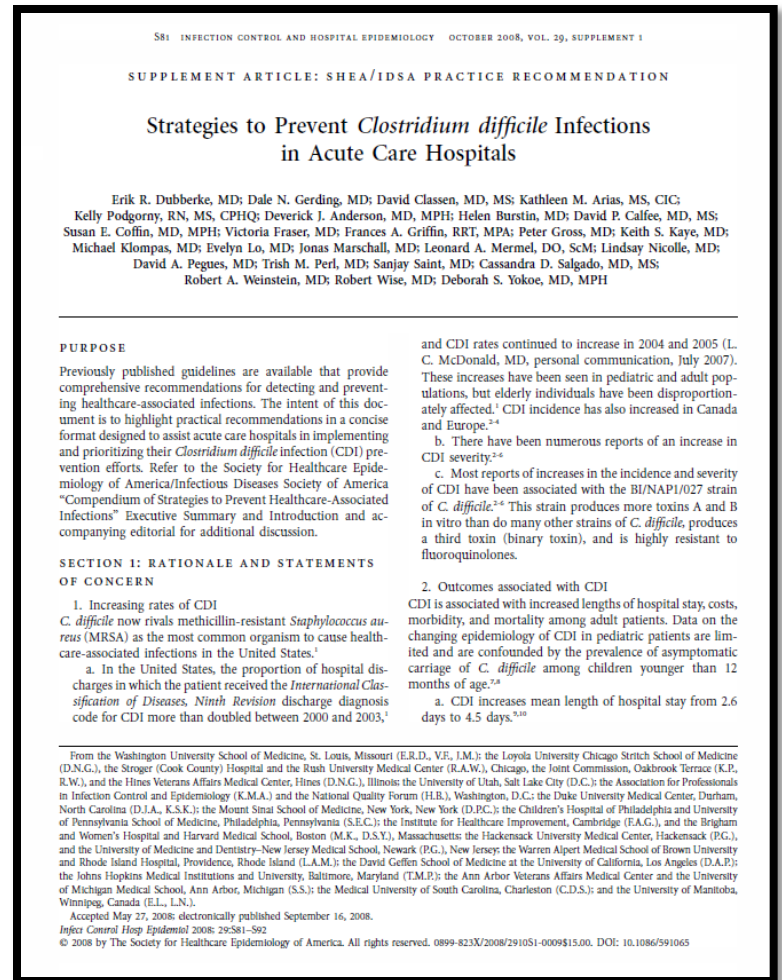
Measure	Project Target
CLABSI relative improvement	More than or equal to 50%
CLABSI SIR	Less than or equal to 1.0
CLABSI incident rate	Less than or equal to 1.0/1000 central line days
Central Line Insertion Practices (CLIP) adherence rate	100%

CAUTI – 10SOW Measures

Measure	Project Target
CAUTI	More than or equal to 25% reduction
Urinary catheter utilization rate	Relative improvement of 10% or greater

Clostridium difficile Infection

- ▶ Clostridium difficile infection (CDI) rates continue to increase in the United States
 - Elderly patients have been disproportionately affected
- ▶ Severity of illness has increased
- ▶ Infection increases length of stay, costs, morbidity, and mortality
- ▶ Two key issues:
 - Environmental cleaning and transmission person to person
 - Overuse of antibiotics



<http://www.jstor.org/stable/pdfplus/10.1086/591065.pdf?acceptTC=true>

Antibiotic Stewardship



It has been recognized for several decades that up to 50% of antimicrobial use is inappropriate.

- ▶ Given when they are not needed
- ▶ Continued when they are no longer necessary
- ▶ Given at the wrong dose
- ▶ Broad-spectrum agents are used to treat very susceptible bacteria
- ▶ The wrong antibiotic is given to treat an infection

<http://www.cdc.gov/getsmart/healthcare/inpatient-stewardship.html>

Clostridium difficile: 10SOW Measurements

Measure	Project Target
C. difficile relative improvement rate	More than or equal to 10%
Antimicrobial stewardship	Hospital will implement a program

How is New Jersey Going to Get There

- ▶ Form a Learning and Action Network (LAN)
- ▶ Identify champions to mentor lower-performing providers
- ▶ Work together

Aim-Specific LANs

- ▶ Mechanisms by which large-scale improvement around a given aim is fostered, studied, adapted, and rapidly spread
- ▶ Manage knowledge as a valuable resource. They engage leaders around an action-based agenda
- ▶ Create opportunities for in-depth learning and problem solving; they accept all offers of support seeking to catalyze interested parties and they are transparent, flexible, interchangeable, and purposeful

HAI-Specific LANs

- ▶ Partners sharing, learning, and working together
- ▶ Educational campaigns
- ▶ Specific community improvement
- ▶ Statewide improvement
- ▶ Patient engagement/stories
- ▶ Three meetings per year, one face-to-face

What Do We Need From You?

- ▶ Three-year commitment to work on all four conditions
- ▶ Leadership support
- ▶ Formation of a team
- ▶ Team commitment to attend learning sessions
- ▶ Data entry into NHSN
- ▶ Implementation of an Antimicrobial Stewardship Program

Benefits

- ▶ Align with reporting requirements for the New Jersey Department of Health and Senior Services, the Hospital Quality Alliance, and future value-based purchasing
- ▶ CMS requirement to report CLABSI as of January 1, 2011
- ▶ CMS requirement to report SSIs as of January 1, 2012
- ▶ Preparation for upcoming Inpatient Prospective Payment System (IPPS) rules

HAls are Preventable

Next Steps

- ▶ HQSI team available to answer questions regarding the 10SOW Aims
- ▶ Recruitment process for 10SOW will begin after August 1, 2011
- ▶ HQSI participation agreement must be signed by Chief Executive Officer, Infection Preventionist, and a Board member

Resources Offered to Participating Hospitals

- ▶ Foley removal reminder samples
- ▶ Stop order samples for urinary catheters
- ▶ Patient education material
- ▶ Poster samples
- ▶ Staff education
- ▶ Board education
- ▶ Site visits
- ▶ Coaching calls
- ▶ WebExes
- ▶ Data reports
- ▶ Doctor-to-doctor discussion (Grand Rounds)

Ongoing assistance – We are a resource for you.

Intervention Tools and Strategies

Intervention Tools and Strategies	CLABSI	CAUTI	C. difficile	SSI
Data Collection/Surveillance	CLABSI	CAUTI	C. difficile	SSI
CUSP	CLABSI	CAUTI		
Hand Hygiene Training Session	CLABSI	CAUTI	C. difficile	SSI
Healthcare Worker Education and Training	CLABSI	CAUTI	C. difficile	SSI
CLIP Practices	CLABSI			
Patient and Family Education Brochure	CLABSI	CAUTI	C. difficile	SSI
Technical Assistance	CLABSI	CAUTI	C. difficile	SSI
Learning Network Collaborative	CLABSI	CAUTI	C. difficile	SSI
Catheter Removal Reminder Sticker	CLABSI	CAUTI		SSI
Pre-printed Physician Orders with Documented Reasons for Maintaining Catheter	CLABSI	CAUTI		
Appropriate Urinary Catheter Use		CAUTI		
Surgical Care Improvement Project Performance				SSI
Antimicrobial Stewardship Program			C. difficile	

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**Questions,
Feedback,
Comments?**