**ALIGNING DATA AND INSIGHTS FOR ACTION**

Health Research and Educational Trust: Hospital Improvement Innovation Network (HIIN)

**HRET HIIN** is a contract funded by CMS that aims at continuing efforts to reduce all-cause inpatient harm by 20% and readmissions by 12%.

**Use the information below to identify potential interventions and best practices shared across the field to reduce the most pressing national harms.**

**STATUS OF MOST PRESSING NATIONAL HARMS:**

- **Adverse Drug Events** (ADE) - Hypoglycemia: Current Improvement - 17% Partnership for Patients Goal - 20%
- **Clostridium difficile Infection** (CDI): Current Improvement - 12% Partnership for Patients Goal - 20%
- **Catheter-Associated Urinary Tract Infection** (CAUTI): Current Improvement - 12% Partnership for Patients Goal - 20%
- **Central Line-Associated Bloodstream Infection** (CLABSI): Current Improvement - 18% Partnership for Patients Goal - 20%
- **Multi-Drug Resistant Organisms (MDRO) - methicillin-resistant Staphylococcus aureus (MRSA):** Current Improvement - 2% Partnership for Patients Goal - 10%
- **Sepsis:** Current Improvement - 12% Partnership for Patients Goal - 20%

This information is valid as of March 2018.

**PATH TO IMPROVEMENT**

1. **Review data for topics listed above**
2. **Prioritize topic areas with the highest rates**
3. **Stratify data and identify root cause**
4. **Develop strategy for intervention and test for improvement**
5. **If at first you don't succeed, try a new test of change**

Use the information below to identify potential interventions and best practices shared across the field to reduce the most pressing national harms.
### Lessons Learned from Your HRET HIIN Peers:

#### ADE: Hypoglycemia
- Educate patients and families regarding hypoglycemia rescue protocols
- Adjust the insulin regimen after a single episode of hypoglycemia (Glucose < 70 mg/dl)
- Use the assessment tool with hospitals that have high rates to help them understand what is driving ADE: Hypoglycemia in their hospital

#### CDI
- Focus on Diagnostic Stewardship to guide laboratory and clinical diagnosis of CDI
- Develop a process to minimize testing of patients at a low probability for CDI
- Establish cleaning protocols that are effective against CDI spores

#### CAUTI
- Stop inserting and/or leaving indwelling urinary catheters unless clinically indicated, particularly in the ED, ICU and PACU. Ask if there is a need for strict IO in critical care patients
- Stop culturing asymptomatic patients
- Consider utilizing alternatives such as the female external catheter

#### CLABSI
- Stop leaving central lines in place that are not clinically indicated
- Stop routinely drawing blood cultures from the central line
- Consider blood culture specimen diversion

#### MDRO-MRSA
- Engage all direct care staff and providers in peer-supported hand hygiene adherence efforts
- Involve and educate patients, families and the public about the risk of unnecessary antibiotic use and community resistance patterns
- Consider matching decolonization strategies to risk assessment and surveillance findings to target appropriate units and populations

#### Sepsis
- Focus on early identification and treatment, especially in the small/CAH subgroup
- Start sepsis screening in PACU with a focus on high-risk patients - post-op, immuno-compromised, those with devices
- Complete enhanced recovery after surgery (ERAS) protocol for each patient