Discovery and Direction Series: Organizational Risk Assessment

November 1, 2018
1:00PM – 2:00PM CT
To all who participated in the Discovery and Direction Series: Ask an Expert Survey
AGENDA

- Welcome
- Key Elements of Organizational Risk Assessment
- Peer Sharing and Expert Coaching
- HRET Tools and Resources
- Q & A
- What’s Next?
JOIN NOW!

HRET HIIN uses the LISTSERV® platform to encourage peer-to-peer networking, share HRET HIIN events and resources, and highlight innovative approaches to reduce harm.

HRET HIIN LISTSERV®
Up Next….  

Discovery and Direction Series:  
*Horizontal Practices*  
Thursday, November 15th  
(1:00PM – 2:00PM CT)  

Register [here](#)!
Speakers

Lydie Marc, MPH, CHES
Program Manager
AHA/HRET HIIN

Tom Talbot, MD, MPH
Chief Hospital Epidemiologist
Vanderbilt University Medical Center

Betsy Lee, MSPH, RN
Improvement Advisor
Cynosure Health

Barb DeBaun, RN, MSN, CIC
Improvement Advisor
Cynosure Health
Learning Objectives

- Review response from the Discovery and Direction Series: Ask an Expert survey

- Describe key elements of MRSA bacteremia organizational risk assessment in context of broader MDRO risk

- Share tools and ideas and gather tips to customize risk assessment to your setting

- Plan next steps to identify your organization’s risk for MRSA bacteremia transmission
Key Elements of Organizational Risk Assessment

Betsy Lee, MSPH, RN
Improvement Advisor, Cynosure

Tom Talbot, MD, MPH
Chief Hospital Epidemiologist, Vanderbilt University Medical Center
Ask an Expert Survey Response

Q3 Our most challenging issues in reducing MRSA bacteremia are (check all that apply):

- Adherence to horizontal... 49%
- Adding special precautions... 25%
- Contact Precautions/... 32%
- Completing organization... 17%
- Conducting RCA/case review 13%
- Other (please specify) 13%
Ask an Expert Survey Response

Q4 Do you currently use a MDRO/MRSA organizational risk assessment tool?

- Yes: 36%
- No: 64%
Polling Question

What is the status of your organizational MRSA risk assessment?

a) Complete and updated each year with relevant MRSA data

b) We have some MRSA data in our overall organizational infection risk assessment

c) Just getting started on integrating MRSA/MDRO elements

d) Our organizational infection risk assessment does not include MRSA

e) We do not have an organizational risk assessment

f) Not sure
MRSA Organizational Risk Assessment

• Context
  • Part of broader MDRO organizational risk assessment

• Magnitude of impact
  • Aggregate MRSA Lab ID event rate
  • Hospital-onset
  • Community-onset
  • Antibiogram

• Adherence with Process Measures
• Patient-level Data/RCA
• Common Cause Analysis
• Strengths and opportunities
CDC MDRO Resources

• Acute Care Facility Multidrug-resistant Organism Control Activity Assessment Tool
• HICPAC MDRO Management Guidelines and Summary Recommendations
• Guidance for Novel MDROs
Focus on MRSA Bacteremia

STRIVE MRSA Guide to Patient Safety* GPS Tool

- Qualitative assessment of organizational capacity
- Resources for key infrastructure areas


*Developed as part of the STRIVE collaboration. Funding was provided by the CDC, and project support was provided by the Department of Veterans Affairs and the University of Michigan.
Aggregate and Unit Level Data Over Time

- Total MRSA Bacteremia Burden:
  - MRSA Lab ID bacteremia rate
  - MRSA bacteremia SIR
  - Hospital-onset MRSA Lab ID bacteremia rate
  - Community-onset MRSA Lab ID bacteremia rate

- Antibiogram
  - Hospital level
  - Unit/department level, if collected and reported
  - Community/state level, if available
Polling Question

Our antibiogram reports:

- a) Only house-wide MRSA
- b) Critical care separated from house-wide
- c) Not sure
Surveillance

- MRSA Patient Line Lists – useful in creating “picture” of MRSA bacteremia cases by unit and patient population
- Other HAI surveillance data and any overlap:
  - CLABSI
  - CAUTI
  - SSI
  - VAE/PVAP
Adherence Rates with Process Measures

- Hand hygiene
- Environmental Cleaning
- Personal Protective Equipment
  - Adherence
  - Competency/Observation with donning/doffing
- Chlorhexidine Gluconate (CHG) Application – eligible patients
  - Reliability of application
  - Competency assessment/observation with technique
Polling Question

- Our assessment of infection prevention process measure adherence is:
  a) Hardwired and reliable
  b) Sporadic and questionable

For the CHAT:

- Please share your thoughts, successes and challenges!
- Do you audit CHG application in eligible patients?
Patient Level Data

Individual RCA/Case Review:

- Primary Source –
  - vascular, pulmonary, skin/soft tissue, surgical site, urinary tract, or bone/joint
- Patient characteristics –
  - diagnosis, demographics, socioeconomic factors (e.g., LTC, IDVA, zip code, etc.)
- Hospital unit or location
- Materials or supplies utilized
- Practices that may put patient at risk
- Compliance with prevention practices
Common Cause Analysis:

- Evaluate MRSA bacteremia cases over time
- Look for patterns and trends by primary source, pt. characteristics, unit/department/location, compliance results, etc.
- Consider aggregate data findings
- Obtain culture data and review MRSA cases
- Look for susceptibility patterns for each infection
Peer Sharing and Expert Coaching

Barb DeBaun, RN, MSN, CIC
Improvement Advisor, Cynosure

Tom Talbot, MD, MPH
Chief Hospital Epidemiologist, Vanderbilt University Medical Center
### Peer Shared Assessment Tool

**Catholic Medical Center - HOSPITAL**

**2018 INFECTION PREVENTION RISK ASSESSMENT**

Review Date: 1/2018 (Updated 7/10/18) Reviewed by: Infection Prevention Committee

Based on the score, determine the priority level. Scores: ≥20 = high; 10-19 medium; 0-9 low

<table>
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<th>Program Components</th>
<th>Probability</th>
<th>Risk Impact (Health, Financial, Legal, Regulatory)</th>
<th>Current Systems</th>
<th>Score</th>
<th>Policy/Action</th>
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**Failure of Prevention Activities**
- Lack of Hand Hygiene by Staff
- Lack of Respiratory Hygiene by Staff
- Lack of Hand Hygiene Use by Patients
- Lack of Personal Protective Equipment for use by Staff
- Lack of Staff Education
- Lack of Patient Education

**Isolation Activities**
- Lack of adherence to Precautions (contact, droplet, airborne, enhanced) by Staff
- Failure to use/lack of negative pressure room
- Risk of exposure to TB

**Procedures and Plans**
- Lack of current in policies or procedures
- Lack of water management plan
- Lack of Emergency Preparedness plan (exposure to infectious agents or disease)
Questions for Dr. Talbot?
Summary: APIC Tips for Success

- Establish baseline MRSA incidence rates
- Identify high risk populations and units
- Evaluate transmission in identified populations or units
- Identify clusters in MRSA transmission
- Determine if enhanced precautions are necessary
- Compare MRSA transmission data over time to look for trends
- Evaluate rate of compliance with hand hygiene and standard precautions
- Focus data-driven interventions on specific units or in specific patient populations
- Convene interprofessional improvement teams
- Identify gaps in staff knowledge for targeted educational interventions
- Finalize a plan in terms of time and interventions

Tools and Resources

Lydie Marc, MPH, CHES
Program Manager, HRET
HRET Tools and Resources

- **HRET HIIN website**
  - Change packages
  - Toolkits
  - Webinars
  - Case studies
  - Infographics
  - Guideline
  - Storyboard
  - Reports
MDRO Change Package

- Best Practices
- Case Studies
- Tools
Top Ten Checklist

- Tasks for the:
  - Health care system
  - Health care team
  - PFAC

Institute an antimicrobial stewardship program incorporating prospective review and transparent data feedback. Design a program that includes preauthorization and/or prospective audit and feedback regarding antimicrobial usage. Programs should decide whether to include one strategy or a combination of approaches, depending on organizational gap analysis and availability of resources.

Avoid inappropriate antimicrobial prescriptions. Involve physicians and pharmacists to design formulary controls and targeted ordering guidance based upon likely source of infection.

Approach MDRO transmission as a cross-cutting harm. Integrate MDRO prevention strategies into all HAI infection prevention approaches, focusing on institutional cultural changes to hardwire key strategies (e.g., antibiotic de-escalation, reducing unnecessary urine cultures and treatment for asymptomatic bacteriuria and instituting antibiotic “time outs” after a designated treatment period).

Engage community partners, physicians, patients and other health care facilities in developing a community action plan to reduce MDRO burden in your region.

Develop a surveillance plan based upon organizational risk assessment, focusing on rapid identification of MDRO and measures to control known risks. Include lab-identified event surveillance, plus clinical surveillance, implementing special approaches for identified risk areas or consistent with regulatory requirements (i.e., AST).

Formulate strategy for contact precautions to prevent MDRO transmission.

Consider organizational gap analysis, MDRO environmental and community burden and availability of staff and other resources (e.g., PPE and private rooms versus cohorting). Develop clear guidance and evidence-based protocols for instituting contact precautions (CP), with measurement of adherence to glove and gown use for patients in CR.

Focus on team-based strategies to ensure reliable cleaning of equipment and environment. Assess competencies for high-touch surface cleaning. Utilize technology to support communication regarding patient room assignments and discharges for timely terminal cleaning.

Consider universal decolonization through chlorhexidine bathing and nasal decolonization for ICU patients. Match decolonization strategies to risk assessment and surveillance findings to target appropriate units and populations.

Educate patients and families using teach-back regarding the risks of antimicrobial use, as well as infection prevention measures.
Questions?
Discovery and Direction Series

Future Dates:

- **Thursday, Nov. 15, 2018 1-2 pm CT**
  Horizontal Practices *(NEXT)*

- **Thursday, Nov. 29, 2018 1-2 pm CT**
  Special Approaches and Essential Questions

- **Tuesday, Dec. 18, 2018 1-2 pm CT**
  What’s Next…
Thank You!