Discovery and Direction Series: 
What’s Next…

December 18, 2018
1:00PM – 2:00PM CT
AGENDA

- Welcome
- Where are we?
- Tools and Resources
- What’s Happening in the Field?
- 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 ®
Speakers (cont.)

Karen Otero Falcón MD, MPH
Quality Improvement Coordinator
Puerto Rico Hospital Association
Learning Objectives

- Discuss HRET HIIN results for MRSA Lab ID bacteremia and patient and family engagement

- Review key highlights and remaining questions from prior events

- Learn from peers regarding successful strategies for reducing MRSA transmission and hospital-onset MRSA bacteremia

- Plan next steps to customize approaches based upon your organizational risk assessment and evidence-based recommendations
Where are we?

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

Lydie Marc, MPH, CHES
Program Manager, HRET

Martha Hayward
Patient and Family Engagement Project Consult, AHA/HRET
Why MDRO MRSA?

- MRSA Lab ID bacteremia - possible marker for transmission of resistant pathogens
- Captures infections not identified in other tracked HAIs
- Highlights importance of horizontal precautions
- Opportunity for meaningful engagement with patients and families regarding infection prevention
- “Deep dive” RCAs into all MRSA bacteremia cases reveal opportunities in overall infection prevention practices
- Risk assessment and infection control planning builds preparedness for identifying and controlling novel MDROs.
MRSA Rate for overall HRET HIIN

Data submitted to HRET as of: 11/27/2018
Vision for PFE

Hospitals and other health care providers achieving quality and safety goals by fully engaging patients and their families, determining what matters most to them in every situation, and partnering with them to make improvements to all aspects of care.
PFE Metrics

Point of Care
- Planning checklist for scheduled admissions (Metric 1)
- Shift change huddles / bedside reporting with patients and families (Metric 2)

Policy & Protocol
- PFE leader or function area exists in the hospital (Metric 3)
- PFEC or Representative on hospital committee (Metric 4)

Governance
- Patient and family on hospital governing and/or leadership board (Metric 5)
PFE Metrics

**Point of Care**
- Planning checklist for scheduled admissions (Metric 1)
- Shift change huddles / bedside reporting with patients and families (Metric 2)

**Policy & Protocol**
- PFE leader or function area exists in the hospital (Metric 3)
- PFEC or Representative on hospital committee (Metric 4)

**Governance**
- Patient and family on hospital governing and/or leadership board (Metric 5)

Front Line Staff ➔ Leadership ➔ Board/C-Suite
# Resources to Support PFE

## Working With Patient and Families as Advisors: Implementation Handbook

### What are the Working With Patients and Families as Advisors tools?

This section provides an overview of the tools included in this strategy.

<table>
<thead>
<tr>
<th>Use this tool to</th>
<th>Description and formatting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruit patient and family advisors</td>
<td><strong>Tool 1: Help Improve Our Hospital: Become a Patient and Family Advisor</strong></td>
</tr>
<tr>
<td></td>
<td>Recruit new patient and family advisors</td>
</tr>
<tr>
<td></td>
<td>This brochure provides information on how patient and family advisors are, how they help the hospital, and who can become an advisor.</td>
</tr>
<tr>
<td></td>
<td>Format: Tri-fold brochure. The electronic version of the document provides information about how to fold the brochure by indicating the front and back cover.</td>
</tr>
<tr>
<td></td>
<td><strong>Tool 2: Personal Invitation for Patient and Family Advisors</strong></td>
</tr>
<tr>
<td></td>
<td>Recruit new patient and family advisors</td>
</tr>
<tr>
<td></td>
<td>This postcard is for clinicians or hospital staff to give to potential patient and family advisors along with a verbal invitation to get involved. The postcard describes the role of an advisor and tells potential advisors how to get more information.</td>
</tr>
<tr>
<td></td>
<td>Format: Postcard</td>
</tr>
<tr>
<td></td>
<td><strong>Tool 3: Patient and Family Advisor Application Form</strong></td>
</tr>
<tr>
<td></td>
<td>Identify and screen potential patient and family advisors</td>
</tr>
<tr>
<td></td>
<td>Potential advisors complete this form that includes basic demographic information, questions on why the applicant wants to be an advisor, and questions on prior relevant experience as an advisor or volunteer.</td>
</tr>
<tr>
<td></td>
<td>Format: 5-page handout</td>
</tr>
<tr>
<td></td>
<td><strong>Tool 4: Sample Invitation and Log Rejection Letters for Advisory Council Applicants</strong></td>
</tr>
<tr>
<td></td>
<td>Notify advisory council applicants of their acceptance or rejection</td>
</tr>
<tr>
<td></td>
<td>These sample invitation and rejection letters are for patients and family members who have applied to be advisory council members. Hospitals may wish to combine these with a personal phone call.</td>
</tr>
<tr>
<td></td>
<td>Format: 5-page letters</td>
</tr>
</tbody>
</table>

## PfP Strategic Vision Roadmap for Person and Family Engagement—Metric Digest

### PFE Metric 4: PFAC or Representatives on Hospital Committee

Person and family engagement (PFE) helps hospitals address what matters most to patients and families and improves hospitals’ ability to achieve long-term improvements in quality and safety. Five PFE metrics guide the implementation of PFE within the Partnership for Patients (PfP).

The purpose of the five PFE metrics is to ensure that hospitals have, at a minimum, structures and practices that enable active patient and family partnership at three levels of the hospital setting: point of care, policy and protocol, and governance (see Exhibit 1).

#### Exhibit 1: Partnership for Patients PFE Metrics, by Level of Hospital Setting

<table>
<thead>
<tr>
<th>Point of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preadmission Planning Checklist (PFE Metric 1)</td>
</tr>
<tr>
<td>Shift Change Huddles OR Bedside Reporting (PFE Metric 2)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Policy &amp; Protocol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designated PFE Leader (PFE Metric 3)</td>
</tr>
<tr>
<td>PFAC or Representatives on Hospital Committee (PFE Metric 4)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Governance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Representative(s) on Board of Directors (PFE Metric 5)</td>
</tr>
</tbody>
</table>

This document provides guidance on the purpose and implementation of PFE Metric 4 (PFAC or representatives on hospital committee), including how to apply six PFE strategies to meet the metric in meaningful and equitable ways. The Person and Family Engagement Contractor for PfP has developed a metric digest for each PFE metric that draws from the PfP Strategic Vision Roadmap for Person and Family Engagement. Please refer to the full Roadmap for further information on definitions and core principles of PFE, the role of PFE in patient safety, the intersection of PFE and health equity, and six PFE strategies to meet the five PFE metrics.
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

Welcome to the HRET Hospital Improvement Innovation Network (HIIN)

The Centers for Medicare & Medicaid Services awarded the Health Research & Educational Trust (HRET) a two-year HIIN contract (with an optional third year based on performance), to continue efforts to reduce all-cause inpatient harm by 20 percent and readmissions by 12 percent by 2018. An American Journal of Medical Quality article, written by HRET staff, explores the relationship between engagement in improvement activities and affected quality measures.

According to [JAMA], an estimated 126,000 fewer patients died in the hospital and approximately $30 billion in health care costs were saved as a result of reductions in Hospital Acquired Conditions. Although the precise causes of the decline in patient harm are not fully understood, the increase in safety occurred during a period of concerted attention by hospitals throughout the country to reduce adverse events, including the work of hospitals that participated the Hospital Engagement Network (HEN) and HIIN 3.0.

Get MOIC: Maintenance of Certification Part I: Credit

The American Board of Medical Specialties (ABMS) has announced that the American Hospital Association (AHA) has joined the ABMS Multi-Specialty Portfolio Program™ (Portfolio Program), Hospital and health systems participating in the AHA’s Health Research & Educational Trust (HRET) Hospital Improvement Innovation Network (HIIN) can now facilitate Maintenance of Certification (MOIC).
HRET HIIN UP Campaign resources: [http://www.hret-hiin.org/engage/up-campaign.shtml](http://www.hret-hiin.org/engage/up-campaign.shtml)
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 culture changes to hardware 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 (e.g., AST).

Hand hygiene. Engage all direct care staff and providers in peer-supported hand hygiene adherence effort, incorporating direct observation measurement strategy and individual accountability with strong peer support model.

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.
What’s Happening in Field?

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

Tom Talbot, MD, MPH
Chief Hospital Epidemiologist, Vanderbilt University Medical Center
Preventive Strategies for MDRO’s in Acute Care Settings

Karen Otero Falcón MD, MPH
Puerto Rico Hospital Association
Overview

- All healthcare related facilities require multifactorial protocols and strategies for the prevention and management of MDRO’s.
  
  - Disinfection & Sterilization
  - Environmental Infection Control
  - Hand Hygiene
  - Isolation Protocol
  - Antimicrobial Stewardship
Methodology

- Strategized site visits
  - Baseline data
  - Protocols regarding MDRO
  - Protocols regarding patients from SNF or other Long Term Care Facilities
  - Laboratory screening protocol
  - House keeping guidelines
  - Handwashing standards
Hospital Onset MRSA Bacteremia
Hospital Practices

- Trained personal & Ensure Compliance
  - HAI bundles & Surgical bundles
  - Isolation protocols
  - MRSA Screening of high risk patients
  - Hospital laboratory monitoring & alert
  - Hand hygiene campaign / PPE
  - Antimicrobial stewardship
  - PFE
Key Takeaways

- Continuous education of all hospital staff
- Involvement of patient and family
- Review and update of HAI protocols
- Antimicrobial stewardship program
Key Resources


- Selected EPA-registered Disinfectants https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants

- Centers for Disease Control and Prevention, Atlanta, Georgia Healthcare-associated Infections (HAI) https://www.cdc.gov/HAI/index.html

- University of North Carolina, Chapel Hill, North Carolina Disinfection and Sterilization http://www.disinfectionandsterilization.org
Thank You!

Questions? Please contact:
Karen Otero Falcón MD, MPH
(787) – 764 - 0290
kotero@hospitalespr.org
What are you doing in your organization?
happy holidays