Safety Network to Accelerate Performance (SNAP)

HRET HIIN Post Op Sepsis SNAP Session 4 – Wrap-up Summary

March 6, 2019
11:00 A.M. – 12:00 NOON CT
Welcome and Announcements
Jessica T. Claudio, MBA
Program Manager, AHA Center for Health Innovation
Agenda

- Welcome and Announcements
- Post Op Sepsis SNAP
- Common Themes
- Tests of Change
- Questions and Answers
ANNOUNCEMENTS

▪ We want your feedback!
Your HRET HIIN Post Op Sepsis SNAP Support Team

Jessica T. Claudio, MBA
Program Manager
AHA Center for Innovation

Maryanne Whitney, RN, CNS, MSN
Improvement Advisor
Cynosure

Tara Bristol Rouse, MA
Patient and Family Engagement Project Consultant
AHA Center for Innovation

Steve Tremain, MD, FACPE
Physician Improvement Advisor
Cynosure
Attendance Verification

- Name
- Hospital/State Hospital Association
- City, State
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 [AMHIS], an estimated 128,000 fewer patients died in the hospital and approximately $26 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 in the Hospital Engagement Network (HEN) and HIIN 2.0.

**Get, MOCI, Maintenance of Certification Part 1 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), hospitals and health systems participating in the AHA’s Health Research & Educational Trust (HRET) Hospital Improvement Innovation Network (HIIN) can now facilitate Maintenance of Certification (MOC).
Post Op Sepsis SNAP
Maryanne Whitney, RN, CNS, MSN
Steve Tremain, MD, FACPE
Tara Bristol Rouse, MA
Purpose and Intervention Methodology

- To test and implement emerging best practices related to improving Post Op Sepsis focusing on identifying patients at higher risk for sepsis, in order to provide targeted clinical interventions and patient and family engagement strategies, which will assist in prevention and reduction of Post Op Sepsis.

- Assessments
- Webinars
- One-on-One Coaching
- High Risk Patient ID for Post Op Sepsis Screening Tool
- Discovery Tracking Tool
- Multi-Level Patient and Family Engagement Change Ideas
- HRET/Peer Resources
Who participated in this activity?

- Infection Preventionists
- Nurse Managers
- Quality Improvement staff
- Provider
- Critical Care Clinical Nurse Specialist
- Sepsis Navigators
- Risk Management
- Epidemiology
What did HRET learn?

- Post Op Sepsis efforts are shifting to prevention in addition to early identification and treatment
- Identifying gaps in processes using the Discovery tool in individual organizations focuses improvement efforts
- Upstream care coordination with pre op settings is important in ensuring optimal Post Op care
What did HRET learn?

WORK
SMARTER
NOT
HARDER
Common Themes
Maryanne Whitney, RN, CNS, MSN
Steve Tremain, MD, FACPE
Improvement Advisors, Cynosure
Tara Bristol Rouse, MA
Patient and Family Engagement Project Consultant,
AHA Center for Health Innovation
Common Themes: Leading Procedure

▪ CV, GI, GU, Ortho
  ▪ Segment to specialty
  ▪ Look for themes within specialty
    ▪ “dirty cases” vs clean

▪ Post op sepsis screening
  ▪ Early identification
    ▪ Screen in the PACU
    ▪ RRT Screening in Post op areas for these cases
  ▪ Early treatment
Common Theme: Leading Source

SSI
- Back to basics
- SSI top ten checklist

Pneumonia
- Pre op instructions
- PFE engagement
- Aspiration Pneumonia
  - Swallow screens
  - Pt positioning
  - Intra op airway management
  - Over sedation
- HAP
  - Mobility
  - Pulmonary toilet

UTI
- CAUTI bundle

All
- ERAS
Hospital Acquired Pneumonia

Germs in mouth
- Dental plaque provides microhabitat
- Replicates 5x/24 hours

Aspirated
- Most common route
- 45% of healthy adults micro-aspirate in their sleep

Weakened Host
- Poor Cough
- Immunosuppressed
- Multiple comorbidities

HAP Prevention Strategies

Germs in mouth
- Provide comprehensive oral care for all patients

Aspirated
- Use aspiration prevention strategies
- Recognize micro-aspiration and the need for oral hygiene

Weakened Host
- Strengthen host defenses, promote early mobility and encourage deep breathing and coughing (IS)
- Regulate glucose adequate nutrition and monitor use of histamine blockers and PPI

Common Themes (Opportunities) Emerged

- Pre op teaching
- Oral care
- Incentive spirometer, training and adherence
- Integration of pulmonary hygiene with hourly rounding
- Mobility as a priority
- Documentation
Common Themes
Tests of Change
Post Op Sepsis SNAP Participants
Hospitals and State Hospital Associations

AHA CENTER FOR HEALTH
INNOVATION
Questions?

WHO?  WHAT?  WHERE?  HOW?  WHY?
www.hret-hiin.org

Sepsis

Importance
Sepsis is diagnosed in over one million patients each year in the United States (Hall et al., 2011). Furthermore, sepsis treatment resulted in an estimated $20.3 billion or 5.2 percent of the total cost for all hospitalizations and was the most expensive condition treated in the year 2011 (Hall et al., 2011). Not only is sepsis expensive and prevalent, patients diagnosed with sepsis are estimated to have a mortality rate of 28 to 50 percent (Angus, 2001). Learn more from Carl Flatley who founded the Sepsis Alliance after the death of his daughter, Erin.

The risk of mortality and urgency when treating all stages of sepsis, from sepsis to septic shock, drove the development of the three and six hour bundles, which are approved by the National Quality Forum as the first scientifically sound, valid and reliable elements for the care of the septic patient (Dellinger, 2013). These bundles prompt the completion of the indicated tasks within the first three to six hours after the identification of septic symptoms – 100 percent of the time.

20 percent reduction in Sepsis by 2019.
— Partnership for Patients (P4P) Goal

Sepsis Resources

Documents
- Download the Sepsis and Septic Shock Change Package
- Download the Sepsis and Septic Shock Top Ten Checklist
- Download the Date of Last Sepsis Event Checklist Poster
- Download the Post Op Sepsis Prevention Process Improvement Discovery Tool
- Download the Post Op Sepsis Process Improvement Discovery Tool

Webinars & Videos
- Register for Upcoming Sepsis Webinars
- Watch Past Sepsis Webinars
**PFE Resources**

**CDC Consumer Fact Sheet**

**Sutter Stoplight Tool**

**Post-Op Sepsis Information for Patients and Families**
HRET Resources

Sepsis Change Package

Sepsis Top 10 Checklist

PFE Resource Compendium
DON’T FORGET!

- We want your feedback!
THANK YOU!