VBP Improvement Series: Healthcare Associated Infections & CDC

Maggie Dudeck, MPH, CPH
Epidemiologist, Division of Healthcare Quality Promotion
CDC
Dan Sabourin, RN, MBA
Director Education Resource Center/Occupational Health and Safety
Lake Regional Health System

Lori Ellingson, MSN,RN, CNS,NEA-BC, AOCN
Division Director
OHSU Hospital

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Understanding the CLABSI and CAUTI SIRs

Maggie Dudeck, MPH, CPH

Epidemiologist

Division of Healthcare Quality Promotion

CDC

Standardized Infection Ratio

$$SIR = \frac{\text{Observed \# of HAIs}}{\text{Expected (Predicted) \# of HAIs}}$$

- **Observed # of HAIs – the number of events that you enter into NHSN**
- **Expected or predicted # of HAIs – comes from national baseline data**
  - Calculating the # of expected HAIs can differ depending on the measure

Expected # of HAIs
CLABSI & CAUTI

- **For CLABSI and CAUTI SIRs, the expected # is calculated for each individual location as:**

  # device days *(NHSN pooled mean/1000)

Where the pooled mean originates from a defined baseline report.

- **CAUTI Baseline:**
  - **Acute care hospitals: 2009 data (published in 2011)**
  - LTACHs and IRFs: 2013 data (published in 2015)
- **CLABSI Baseline:**
  - **Acute care hospitals: 2006-2008 data (published in 2009)**
  - LTACHs: 2013 data (published in 2015)
- **Baseline data have remained consistent due in part to alignment with the HHS Action Plan to Prevent HAIs.**

Example: Expected # of CAUTIs

Type of location	No. of Locations†	No. of CAUTIs	Urinary catheter days	Pooled mean
Critical care units				
Burn	18	92	20,921	4.4

- Screenshot above from the 2009 NHSN Data Summary for DA Module
- Pooled mean of "4.4" is read as 4.4 CAUTIs per 1,000 urinary catheter days
- This is what is used as the baseline for the CAUTI SIR – we predict that for every 1,000 catheter days, we will see 4.4 infections (if things are the same as they were in 2009)

Calculating the Number Expected for DA HAIs

Number expected = # device days * (NHSN pooled mean/1000)

Location	infcount	Number Expected	Urinary Catheter Days	NHSN Baseline Pooled Mean	SIR	SIR p-value	95% Confidence Interval
MICU	**6**	**7.55**	**3284**	**2.3**	**0.795**	**0.6074**	**0.322, 1.653**
SICU	6	6.16	2369	2.6	0.974	1.0000	0.395, 2.026
MSICU	5	6.29	2735	2.3	0.795	0.6484	0.291, 1.762
CT ICU	7	4.96	2916	1.7	1.411	0.3612	0.617, 2.792

3284 urinary catheter days in the MICU * (2.3/1000)

= 7.55 expected CAUTIs in the MICU

Calculating the SIR - Overall

Location	infcount	Number Expected	Urinary Catheter Days	NHSN Baseline Pooled Mean	SIR	SIR p-value	95% Confidence Interval
MICU	6	7.55	3284	2.3	0.795	0.6074	0.322, 1.653
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TOTAL	**24**	**24.96**	**11304**	**----**	**0.962**	**0.8735**	**0.630, 1.409**

- **Although we have the total # of CAUTIs and the total # urinary catheter days, an overall rate should not be calculated.**

Calculating the SIR - Overall

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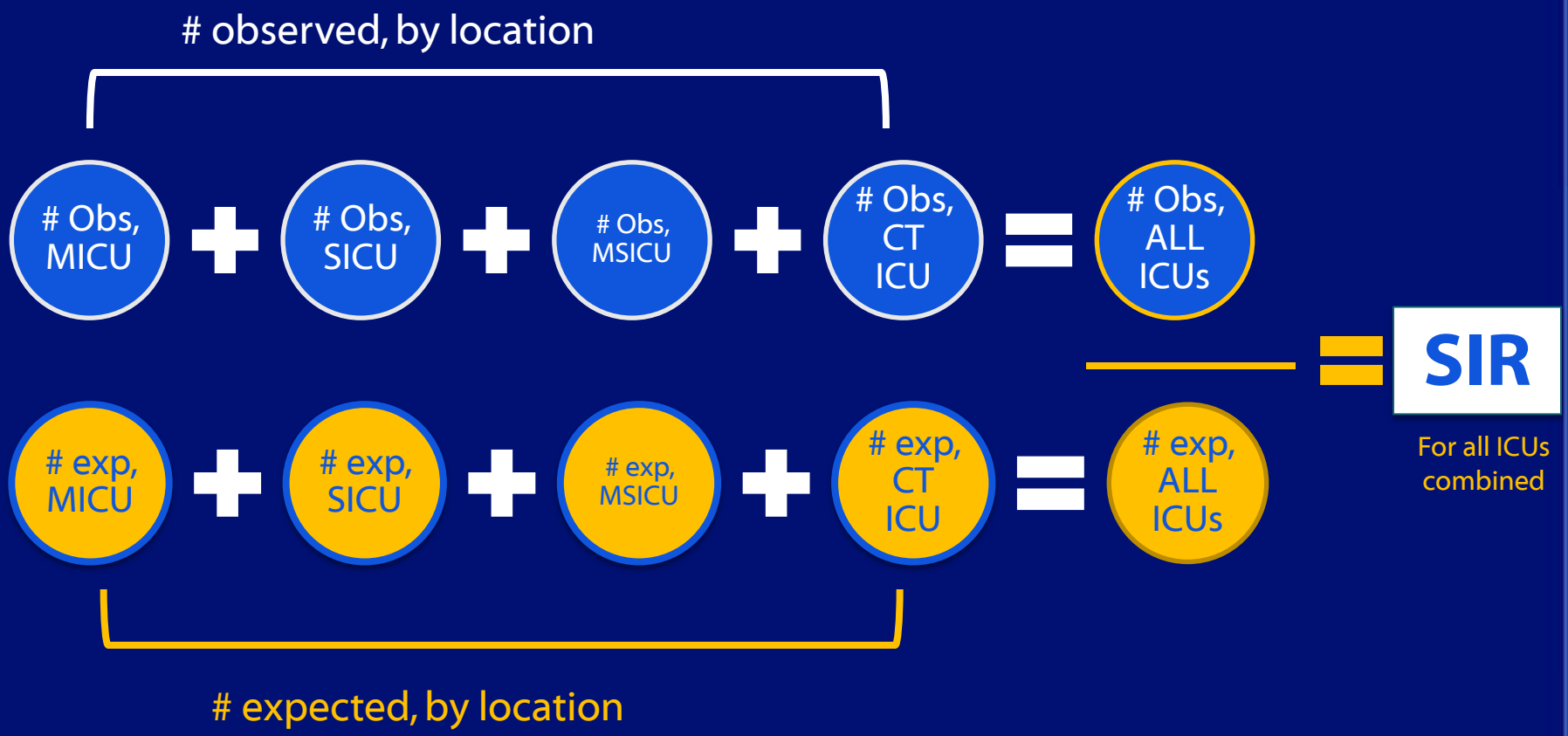
TOTAL	**24**	**24.96**	**11304**	**----**	**0.962**	**0.8735**	**0.630, 1.409**

The infection count and number of expected infections are summed.

Org ID	Summary Yr	infCount	Number Expected	Urinary Catheter Days	SIR	SIR p-value	95% Confidence Interval
10018	2013	24	24.960	11304	0.962	0.8735	0.630, 1.409

Calculating the SIR - Overall



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TOTAL	**24**	**24.96**	**11304**	**----**	**0.962**	**0.8735**	**0.630, 1.409**

The overall SIR is not a sum of the individual SIRs, but rather is calculated by:

Total infection count/ total expected count

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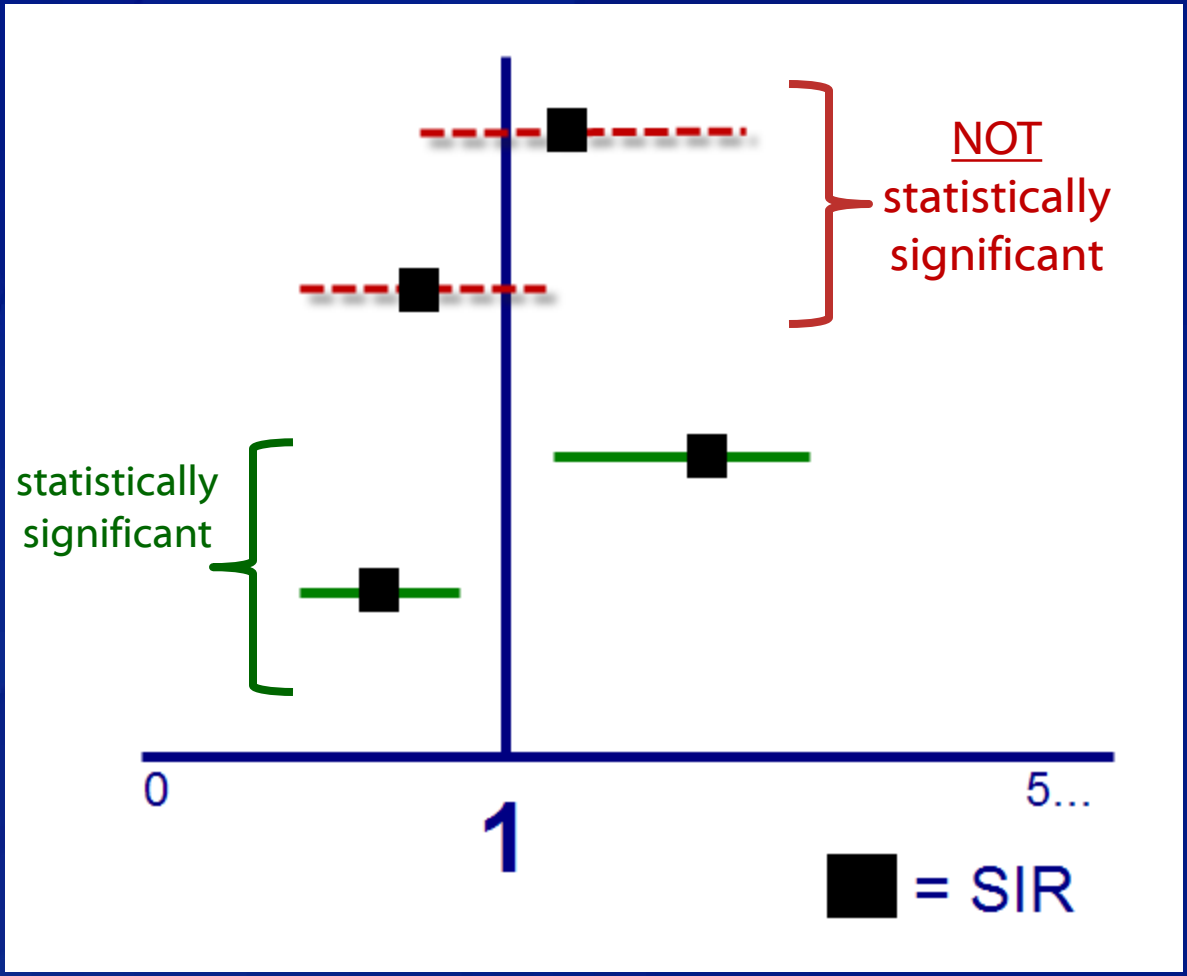
10018	2013	24	24.960	11304	0.962	0.8735	0.630, 1.409

95% Confidence Interval

- **NHSN produces a p-value and 95% confidence interval with each SIR – both can be used to assess significance of the SIR**
- **A 95% CI is an interval for which we have a high degree of confidence that it contains the true SIR**
  - The upper and lower limits are used to determine the significance and accuracy (or precision) of the SIR
- **Allows you to assess variability of an estimated SIR**
- **If the confidence interval includes the value of 1, then the SIR is not significant**
  - i.e., if the lower bound is ≤ 1 and the upper bound is ≥ 1, then the SIR is not significant.

95% CI for SIRs



SIR as a Summary Measure

- **Standardized Infection Ratio, SIR, is a summary measure used to compare the HAI experience among one or more groups of patients to that of a standard population's (e.g. NHSN)**
- **Each SIR can be calculated as a summarized measure at various levels; for example:**
  - one CAUTI SIR for all ICUs combined
  - one SSI SIR for all inpatient procedures
  - one CDI SIR for all facilities in the state

About the Number Expected…

- **If the number of expected events is less than 1, the SIR is not calculated!**
- **Why not????**
  - To enforce a minimum precision criterion.
  - To aid in interpretation of the results
- **Imagine a facility observed 2 CAUTIs during a time period but NHSN estimates that 0.5 CAUTIs were expected.**
  - If calculated, the SIR would be 4 – indicating that the facility observed 4 times the number of infections expected. Yet, only 2 were identified

Interpreting a SIR

$$\text{SIR} = \frac{\text{Observed \# of HAIs}}{\text{Expected \# of HAIs}}$$

- **The SIR is a ratio – if its value is 1 then the number of observed events and number of expected events is equal**
- **If the SIR is greater than 1, then there are more infections reported than what would be expected given the baseline experience**
  - SIR of 1.25 = 25% more infections than expected
- **If the SIR is less than 1, then there are fewer infections reported than what would be expected given the baseline experience**
  - SIR of 0.50 = 50% fewer infections than expected

SIR as a Summary Measure

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  - one CDI SIR for all facilities in the state

Baseline Reports

- **CLABSI (ACHs), 2006-2008 Data:**

  NHSN Annual Report: data summary for 2006-2008, issued December 2009

  Am J Infect Control 2009;37:783-805

  - www.cdc.gov/nhsn/PDFs/dataStat/2009NHSNReport.PDF

- **CAUTI (ACHs), 2009 Data:**

  NHSN Annual Report: data summary for 2009

  Am J Infect Control 2011;39:349-67

  www.cdc.gov/nhsn/PDFs/NHSNReport_DataSummaryfor2009.pdf

Additional resources

- **CMS Resources for NHSN Users:**
  www.cdc.gov/nhsn/cms/index.html
- **SIR Newsletter:**
  www.cdc.gov/nhsn/PDFs/Newsletters/NHSN_NL_OCT_2010SE_final.pdf
- **Analysis Resource page:**
  www.cdc.gov/nhsn/PS-Analysis-resources/index.html
- **More Analysis training:**
  www.cdc.gov/nhsn/Training/analysis/index.html
- **NHSN Helpdesk: nhsn@cdc.gov**

Lake Regional Health System

Dan Sabourin, RN, MBA
Director Education Resource Center/Occupational Health and Safety
Lake Regional Health System

LAKE REGIONAL® HEALTH SYSTEM

About Lake Regional Hospital

- Licensed 100 bed acute care facility – plus 16 SNF beds
- Average daily census is 66
- Accredited by The Joint Commission
- Three-time recipient of the Missouri Quality Award
- Provides Inpatient and Outpatient services
- 35-bed Level III Trauma Center/Emergency Department with nearly 34,000 visits annually
- The hospital also features an 18-bed Medical/Surgical Intensive Care/Cardiac Care Unit and a 22-bed Stepdown Unit
- Surgical services include: General, CardioVascular, ENT, Orthopedics, Gynecology and Urology

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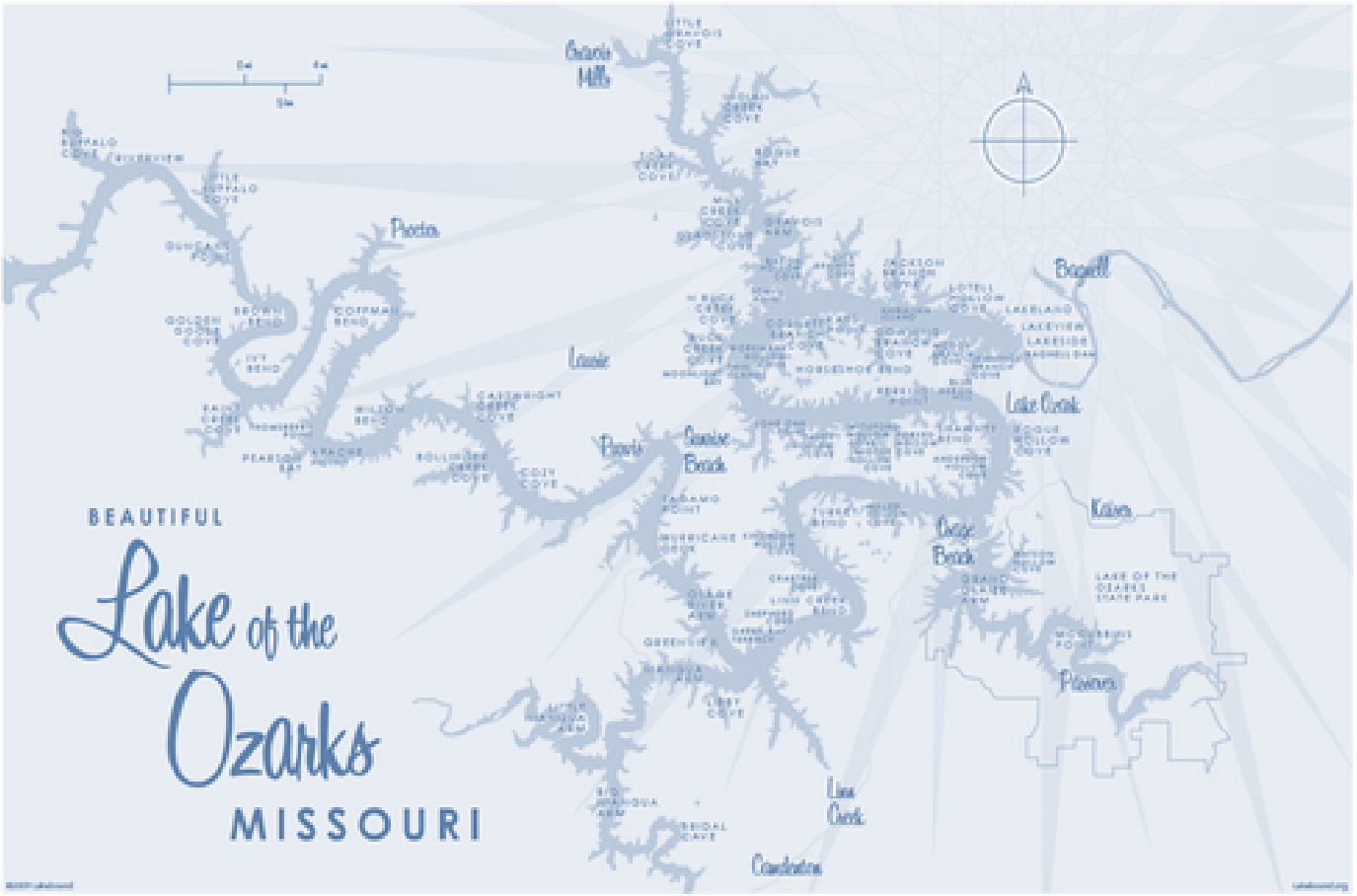

The Lake of the Ozarks is a vacation and retirement destination for people from many Midwest cities, resulting in seasonal variations in hospital census.

LAKE REGIONAL® HEALTH SYSTEM

Some Basics About Our ICU CLABSI Data 2009 - 2014

- The greatest # of CLABSI we encountered was two in one month.
- That happened one time in June 2009.
- Every other data spike represents only one CLABSI in one month.
- Central line days range from 83 to 252 per month.

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Implementation Steps to Reduce CLABSI Over Time

- ✓ July 2009 upgraded CVC Dressing Change Kits **$**.
- ✓ Feb 2010 CVC Checklist introduced with education.
- ✓ Mar 2010 CVC Checklist used for the first time.
- ✓ Oct 2010 CVC Checklist usage **reinforced** annually and as needed.
- ✓ Jan 2011 mandatory CLABSI Prevention PowerPoint education.
- ✓ May 2011 CLABSI Prevention Timeline presented to IC Committee.
- ✓ July 2011 introduced CLABSI Prevention Champion in ICU.
- ✓ June 2012 considered purchase of CVC Start Carts **$$**.
- ✓ Oct 2012 upgraded CVC Start Kits **$$**.
- ✓ Aug 2013 checked progress of previous implementation steps.
- ✓ Aug 2014 mandatory CLABSI prevention education goes “online.”
- ✓ Sept 2014 approved and purchased CVC Start Carts arrived!

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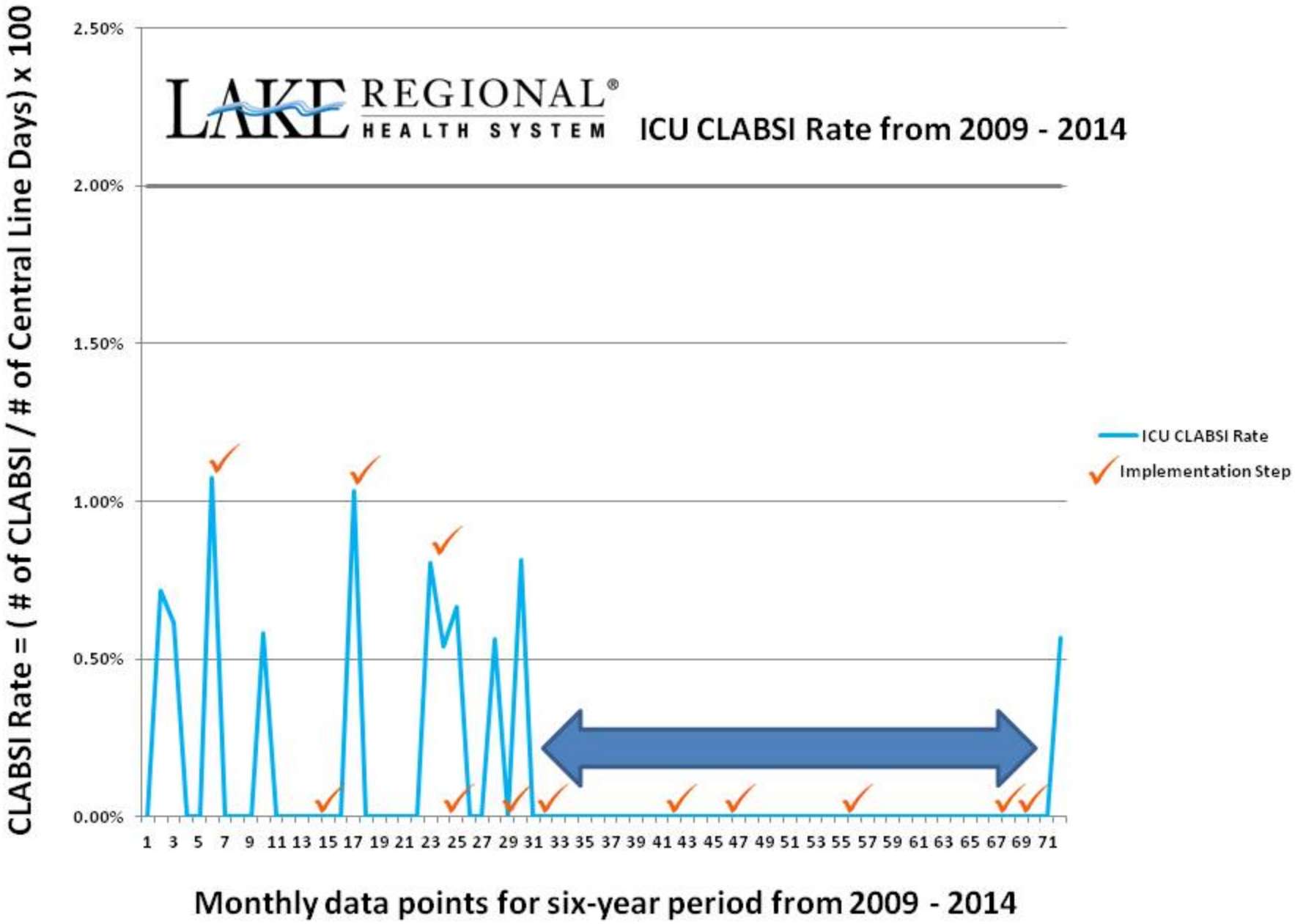
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ICU CLABSI Rate from 2009 - 2014
CLABSI Rate = (# of CLABSI / # of Central Line Days) x 100
2.50%
2.00%
1.50%
1.00%
0.50%
0.00%
1 3 5 7 9 11 13 15 17 19 21 23 25 27 29 31 33 35 37 39 41 43 45 47 49 51 53 55 57 59 61 63 65 67 69 71
ICU CLABSI Rate
Implementation Step
Monthly data points for six-year period from 2009 - 2014

LAKE REGIONAL HEALTH SYSTEM
Osage Beach, Missouri

CENTRAL VENOUS CATHETER (CVC) INSERTION CHECKLIST

Rvw. 3/14
Rev. 7/14

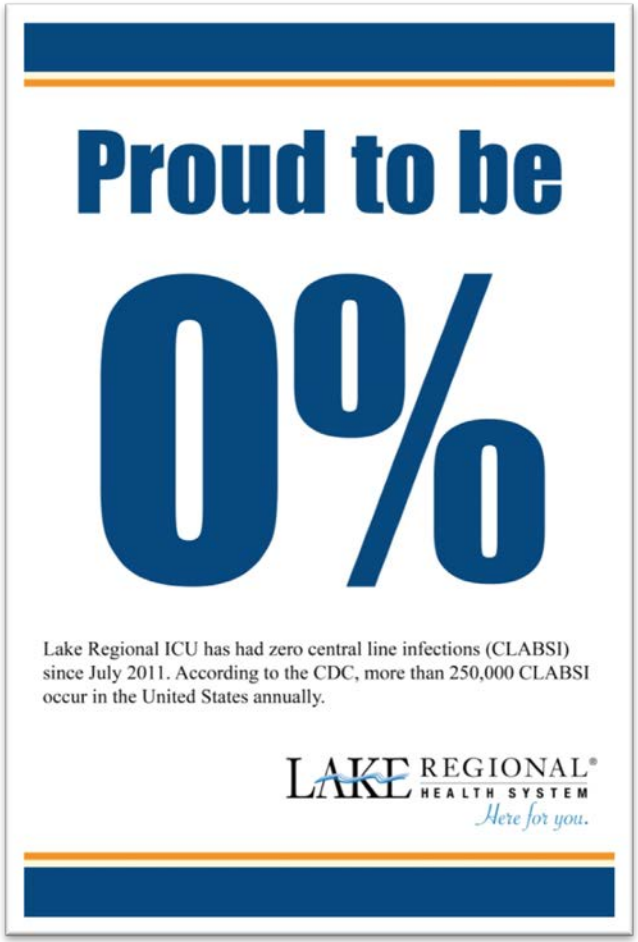
CVC = central venous introducer (w/ or w/o SG), central venous triple lumen, implanted ports, PICC, Hickman, etc. **Not** included: temporary dialysis catheters (like Quinton)

* This checklist should be completed after every central venous catheter insertion at LRHS.
* All "no" or "other" responses require an explaining note.
* Please complete all fields.

☐ Emergent ☐ Elective ☐ Date:_____

- Operator (Physician or LIP):_____
- Assistant (to sterile field):_____
- Patient Monitor (RN):_____
- Hands sanitized prior to start of procedure: yes ☐ no ☐
  Note: _____
- Hat, gown, mask, and gloves worn by operator: yes ☐ no ☐
  Note: _____
- Hat, mask worn by Patient Monitor and Assistant: yes ☐ no ☐
- Patient skin at insertion site prepped with CHG: yes ☐ no ☐
  Note:_____
- Sterile field draped to cover entire patient: yes ☐ no ☐
  Note: _____
- CVC secured: suture ☐ adhesive device ☐ other ☐
  Note: _____
- Occlusive dressing applied: yes ☐ no ☐
  Note: _____
- CVC placed at groin: yes ☐ no ☐ (Groin placement is discouraged.)
  Note (if "yes" is selected): _____
- CVC will be removed when it is no longer medically necessary: yes ☐ no ☐
  Note: _____

CLABSI Prevention Champion



- Acts as mentor and educator
- Monitors for consistent practice
- Provides progress reports
- Spearheads implementation steps

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Future Implementation Steps "Wish List"

- Introduce CVC port caps with alcohol inside **$$**
- Data mining software to improve efficiency **$$$**

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Oregon Health & Science University (OHSU) Hospital

Lori Ellingson, MSN,RN, CNS,NEA-BC, AOCN
Division Director
Brenda Quint Gaebel, RHIT,MPA
HH Quality Specialist, Quality Management
Ellen Adrian, RN
Nurse Manager of IV Therapy and Apheresis
Robin Roach, MS,RN,CIC
Infection Prevention & Control Manager

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Central Line Associated Bloodstream Infection Prevention

Ellen Adrian, RN, Nurse Manager IV/PCC Team/Apheresis

Lori Ellingson, MSN, RN,CNS, NEA-BC, AOCN,
Division Director Surgical and Oncological Nursing

Brenda Quint Gaebel, RHIT, MPA-HA
Quality Specialist, Quality Management

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Manager, Infection Prevention and Control

CLABSI Rate 2014
NHSN Comparative Performance

Adult ICU CLABSI: 2014				
Adult ICUs	**# of CLABSIs**	**Rate (per 1000 catheter days)**	**SIR**	**OHSU performance compared to nationally expected value**
Medical ICU	3	0.93	0.358	●
Cardiovascular ICU	2	0.46	0.213	●
Trauma/Surgical ICU	0	0.00	0.000	●
Neurosurgical ICU	2	0.84	0.334	▼
Overall	**7**	**0.59**	**0.236**	●

◆ Worse than national experience (statistically significant)
◀ No different than national experience (not statistically significant)
● Better than national experience (statistically significant)

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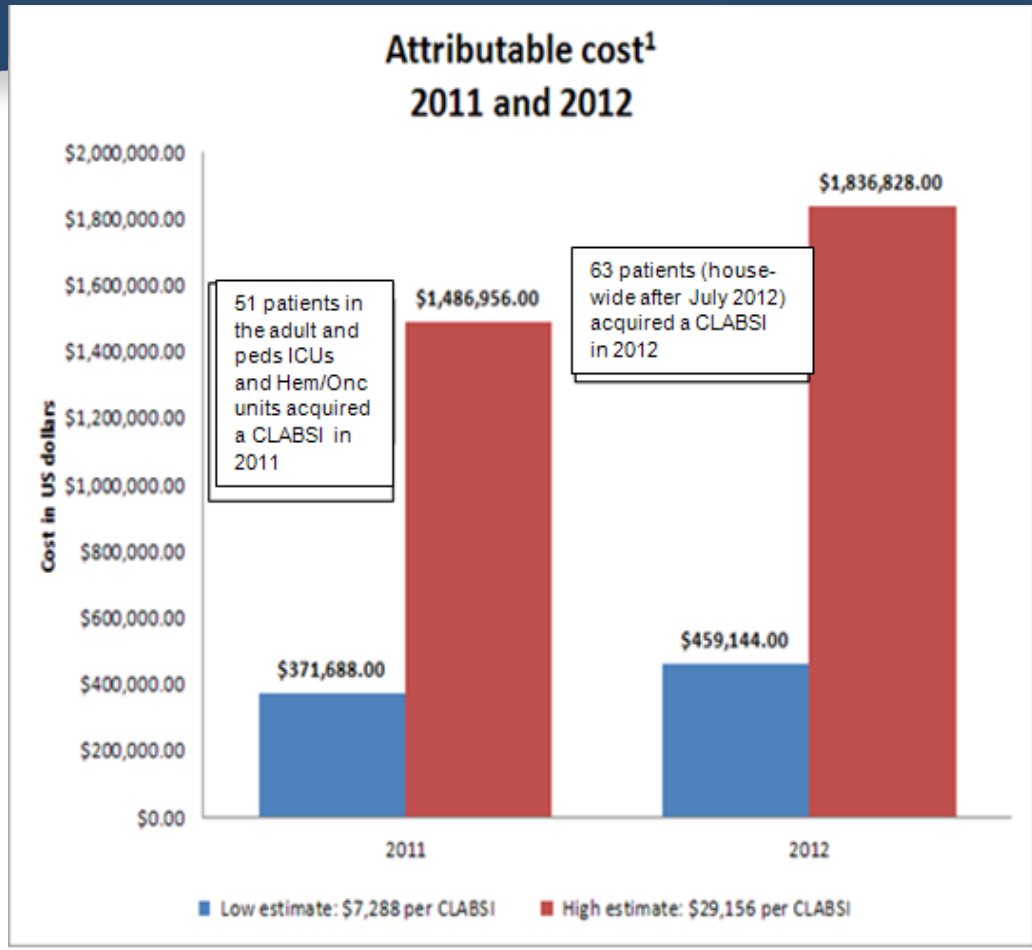
Central Line Associated Bloodstream Infection (CLABSI)

In the United States[1]	•Approximately 250,000 CLABSIs occur per year •Approximately 31,000 deaths per year are attributable to CLABSIs
At OHSU	•In **2010** we had 47 ICU and Hematology Oncology unit CLABSI cases (22 were specifically ICU) •In **2011** the number had increased to 51cases. •By **July 2012** we had increased CLABSI monitoring house wide with a total of 63 cases.
Financial cost[3]	•$7,288- $29,156 estimated attributable cost range per infection (2007 US dollars)
Other costs[1,2,3]	•Increases patient length of stay •Increases antibiotic use •Increases patient discomfort •Change in patient's social functioning/daily activities •Time spent by family/friends for hospital visits, travel costs, home care •Associated mortality: 12% - 25% of all CLABSIs contribute to a patient's death



1. Scott II, RD, et al. The direct medical costs of healthcare-associated infections in U.S. hospitals and the benefits of prevention. Med Care. 2010 Nov;48(11):1026-35.

1. Umscheid, CA, et al. Estimating the proportion of reasonably preventable hospital-acquired infections and associated mortality and costs.
2. Stone, PW, et al. Systematic review of economic analyses of health care-associated infections.
3. Scott II, RD, et al. The direct medical costs of healthcare-associated infections in U.S. hospitals and the benefits of prevention.

Revised 05/2013, AW

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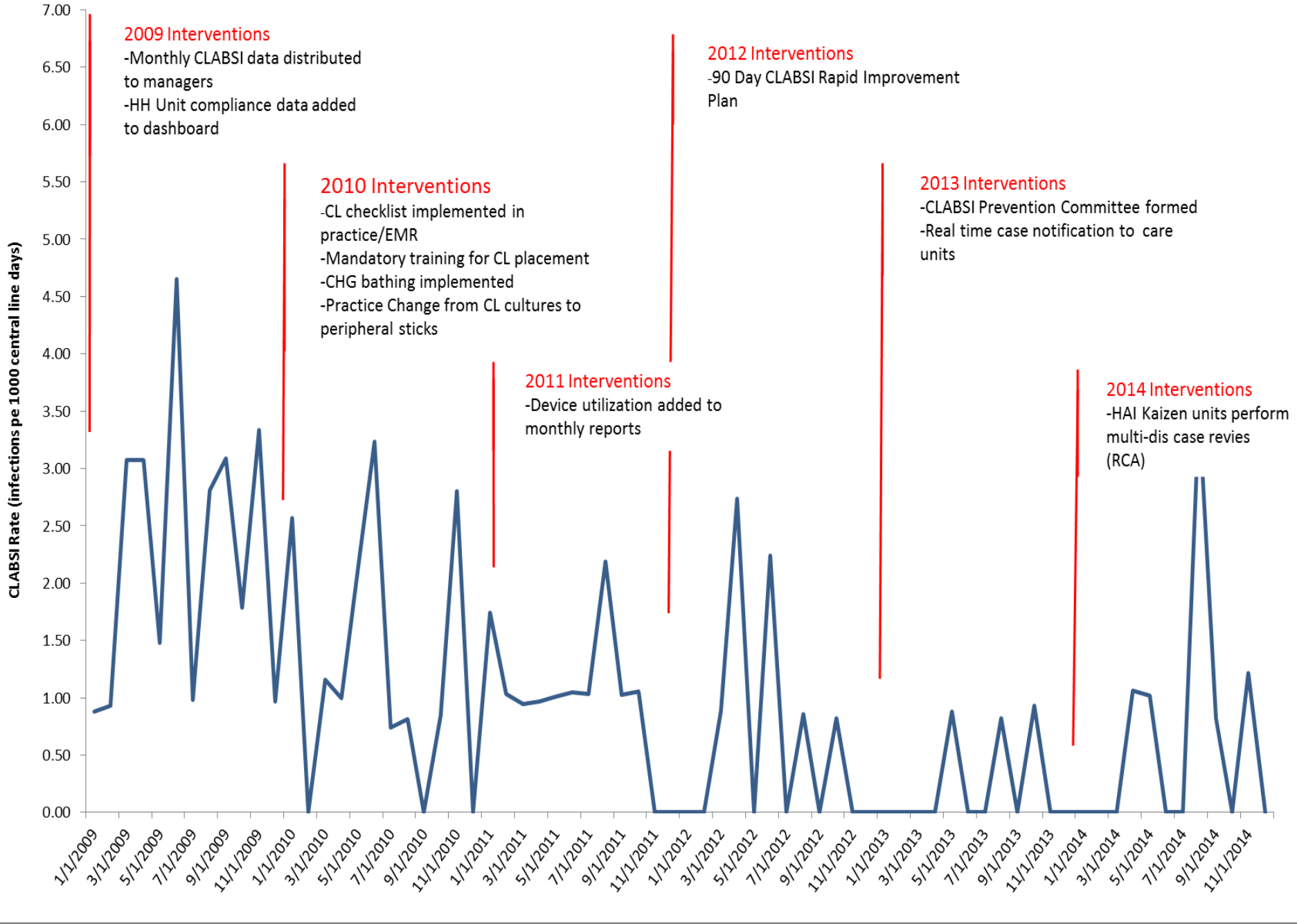
OHSU Adult ICU CLABSI Rate and Intervention Timeline: 2009-2014



Analysis of CLABSI by Line Type and Days from Placement to Infection

July 2012–June 2013

Associated Line	# MBI included	# of CLABSI cases	Total # of lines	% W/ CLABSI	# of Line Days	Rate (# CLABSI per 1000 line days)	≤ 5 Days	6-7 days	8-14 days	>14 days
PICC	11	58	2,772	2.1%	57,082	1.02	7	5	15	31
Umbilical		1	140	0.7%	654	1.53	1			
Saphenous		0	4	0.0%	2	0.00				
Femoral		3	295	1.0%	1,020	2.94	2			1
Translumbar		1	17		1,159		1			
I-Jugular	6	19	3,247	0.6%	22,542	0.84	4		6	9
Subclavian	2	10	525	1.9%	4,961	2.02			1	9
total	19	92	7,000	6.3%	87,420	1.05	15	5	22	50

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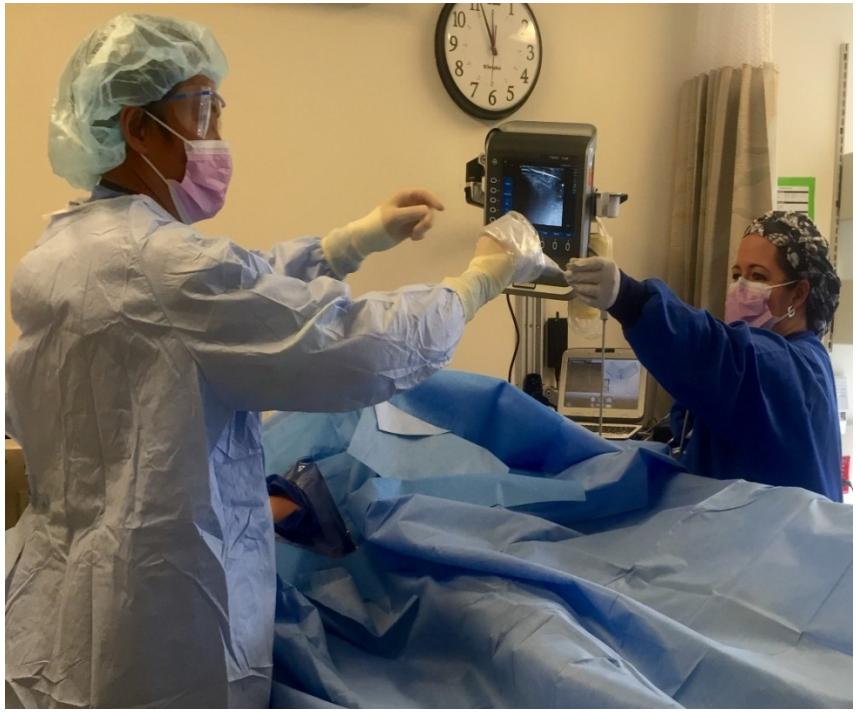
CLABSI Prevention Strategies-OHSU Vascular Access Team

- Dedicated Vascular Access Team
- Ultrasound Guidance
- Full Max-Barrier Precautions
- Insertion Checklist
- Standardized Documentation
- Assisted PICC Insertions



3/25/2015

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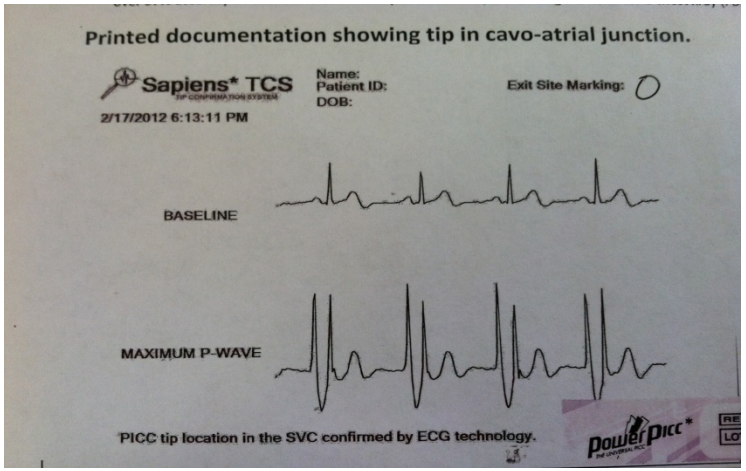
CLABSI Prevention Strategies

- Reporting of insertional related CLABSIs
- Tip navigation system
- Chlorhexidine wipes prior to insertion
- Standardized CVC/PICC dressing change kit



Novel Strategies for CLABSI Prevention

- Stat Seal placed on insertion
- Chest groshong placement vs PICC for BMT patients
- New Midline Catheter Trial

Educational Strategies

- Quarterly IV/CVC care and maintenance class taught by the Vascular Access Team
- Independent CVC dressing Point Prevalence Survey conducted every 6 months
- Tip of the Month

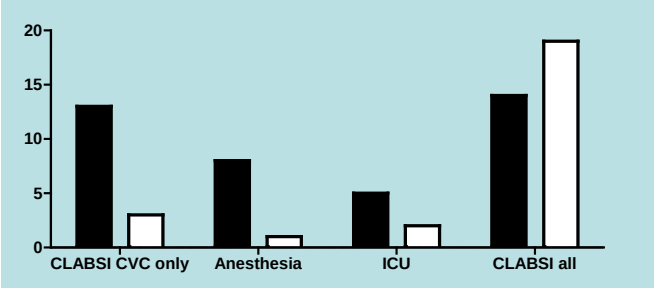
L.C.A.R.E

Five Easy Steps for Best Care of Patients with Central Lines

- **L**imit the number of times the line is accessed
- **C**heck the line necessity daily, check patency per procedure, notify IV Therapy if sluggish
- **A**septic technique – always. Hand hygiene, scrub the hub for 15 seconds
- **R**eplacement of line equipment per procedure
- **E**liminate contaminated blood cultures

Anesthesiology Intervention

- Standardized approach implemented in the OR (CLABSI bundle, CVC kits updated)
  - Proper hand hygiene
  - Maximal barrier precaution
    - Cap, mask, sterile gown, full body drape, gloves
  - Chlorohexidine skin antisepsis
    - For ages > 2 months
  - Optimal catheter site selection
    - IJ/SC versus femoral vein
  - Daily review of line necessity (ICU providers)
- Separating CVC & Foley placement
- Added hand sanitizer to anesthesia carts
- Revised Anesthesiology's central line policy to include bundle
- Notification to placing provider team if CLABSI occurs
- Audits of bundle compliance in OR
- Tracking placement times (EHR)



CLABSI Prevention Committee

Chartered 3/1/2013

Membership: Nursing Division Director, Oncology Nurse Managers, Pediatric Professional Practice Leader, Infection Preventionist, Acute Care Staff Nurse, Quality Specialist and MD Critical Care Director ad hoc

Purpose: Review all CLABSI cases and make recommendations for improvements in practice related to case review findings

Recommendations

Interdisciplinary

- Central line checklist compliance
- Patient education completion and documentation of central lines
- Creation of a policy and procedure for management of patients that use lines for illicit injection

Nursing

- Nursing education on care and maintenance of central lines
- CHG bathing for patients with CL
- Standardization of practice related to flushing, TPA use, BIOPATCH application and valve changes
- Regular BIOPATCH Point Prevalence Study
- RN peer to peer audit of CL maintenance

CLABSI PREVENTION: CENTRAL LINE MAINTENANCE

MET (GREEN)	DATE: _____ PATIENT ID: _____	NOT MET (RED)
	SHIFT: ☐ DAY ☐ NIGHT	
	CATHETER TYPE: ☐ PICC ☐ GROSH ☐ PAC ☐ NEOSTAR ☐ OTHER	
☐ YES	THE NEED FOR THIS PATIENT'S INTRAVASCULAR ACCESS WAS ASSESSED TODAY.	☐ NOT DONE
☐ YES	IS THE PATIENT RECEIVING DAILY CHG CLEANSING?	☐ NOT DONE
☐ YES	EXTERNAL DRESSING ASSESSED FOR: ☐ DRESSING CLEAN/DRY/INTACT ☐ BIOPATCH DRY/INTACT ☐ DRESSING DATE/INITIALS LABELED ☐ CONNECTORS CLEAR/NO BLOOD	☐ NOT DONE
IF YES, CHOOSE ONE BELOW: ☐ 7 DAYS SINCE TRANSPARENT DRESSING CHANGED ☐ 2 DAYS SINCE GAUZE DRESSING CHANGED ☐ DRESSING WAS SOILED, LOOSE, DAMP ☐ ANOTHER REASON, EXPLAIN IN COMMENTS BELOW	WAS DRESSING CHANGED IF APPROPRIATE? ☐ YES ☐ DID NOT MEET CRITERIA	☐ NOT DONE
☐ W/O PROMPTING ☐ W/ PROMPTING	DID STAFF PERFORM HAND HYGIENE BEFORE GLOVING?	☐ NOT DONE
☐ W/O PROMPTING ☐ W/ PROMPTING	DID STAFF GLOVE BEFORE ACCESSING?	☐ NOT DONE
☐ W/O PROMPTING ☐ W/ PROMPTING	DID STAFF PERFORM HAND HYGIENE AFTER REMOVING GLOVES?	☐ NOT DONE
☐ W/O PROMPTING ☐ W/ PROMPTING	WAS THE HUB/CONNECTOR CLEANED FOR AT LEAST 15 SECONDS?	☐ NOT DONE
☐ W/O PROMPTING ☐ W/ PROMPTING	IF YES, WAS SOLUTION ALLOWED TO AIR DRY COMPLETELY?	☐ NOT DONE
☐ W/O PROMPTING ☐ W/ PROMPTING	WAS EACH LUMEN CHECKED FOR BLOOD RETURN?	☐ NOT DONE
☐ W/O PROMPTING ☐ W/ PROMPTING	WAS EACH LUMEN FLUSHED WITH 10ML NS WITH PUSH-PAUSE METHOD?	☐ NOT DONE
	IS INFUSION TUBING DATE CURRENT? ☐ PRIMARY TUBING WITHIN 96 HOURS ☐ YES ☐ NO ☐ SECONDARY TUBING WITHIN 24 HOURS ☐ YES ☐ NO	
☐ W/O PROMPTING ☐ W/ PROMPTING	IF CHANGING, DID STAFF PERFORM PROPER HAND HYGIENE WHILE CHANGING THE TUBING?	☐ NOT DONE

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CASE REVIEW FORM

Central Line-Associated Bloodstream Infection (CLABSI) Case Review

Background/Instructions for Use

- The CLABSI case definition is for surveillance of healthcare-associated infections and is not based on clinical decision-making practices. The infection is *associated* with a central venous catheter (CVC) and may not be *caused by* the CVC.
- A unit-based, interdisciplinary root cause analysis (RCA) of each CLABSI is recommended; this Case Review form will aid in this process.
- For more information on this recommendation, please see the following PowerPoint presentation:

Patient Name:	MRN:	Date of Admission:

Infection Data

Type of CLABSI: ☐ Pathogen ☐ Common Skin Commensal ☐ Mucosal Barrier Injury

Organism(s): Date patient met CLABSI criteria: Unit:

CVC Data

Type and site of CVC #1:
Date of insertion: Unit of insertion:
Date of removal: # days CVC present prior to positive blood culture:

Type and site of CVC #2:
Date of insertion: Unit of insertion:
Date of removal: # days CVC present prior to positive blood culture:

Risk Factors for Infection

Immunocompromised Yes ☐ No ☐
Compromised skin integrity Yes ☐ No ☐
Endotracheal tube present Yes ☐ No ☐
NCPAP/Nasal cannula present Yes ☐ No ☐
Feeding tube present Yes ☐ No ☐
Continuous indwelling Yes ☐ No ☐ N/A ☐
Infusates in past 72 hours (select all that apply):
☐ TPN ☐ Lipids ☐ Blood products ☐ Steroids (3 x physiologic doses)

Could the CVC have been discontinued sooner? Yes ☐ No ☐ N/A ☐
Infection at another site within 7 days of CLABSI determination? Yes ☐ No ☐
If so, where?

Other risk factors:

Revised April 2014

Central Line-Associated Bloodstream Infection (CLABSI) Case Review

Considering all blood cultures drawn for this sepsis workup:

peripheral blood cultures drawn: ____ # peripheral positive: ____
CVC cultures drawn: ____ # CVC positive: ____

Were peripheral blood cultures drawn per policy?

Line Care and Maintenance

days PIV present (if multiple sites, note only longest): ____
Estimate # IV start attemps in last 72 hours: ____
Estimate total # times all lines accessed during the last 72 hours (meds/blood draws/tubing changes, etc): ____
Last date of CVC tubing changed: ___/___/___
Last date of CVC dressing change: ___/___/___
Line-related phlebitis Yes ☐ No ☐
Compromised dressing Yes ☐ No ☐
Stool/Urine onto line dressing Yes ☐ No ☐
Line repaired/exchanged in past 48 hours Yes ☐ No ☐
Line leaking events in past 48 hours Yes ☐ No ☐
Care by temporary staff in past 48 hours Yes ☐ No ☐
Care by non-unit-based staff in past 48 hours Yes ☐ No ☐

Tubing/infusate NOT changed appropriately (method/time): _____

Other issues noted:

CLABSI Prevention Measures

Patient received CHG bath/shower in 48 hours prior to CLABSI (ICU and 14K) Yes ☐ No ☐ N/A ☐
If not, why not? ____
Port protector on needless connectors in place if used in your unit Yes ☐ No ☐ N/A ☐
Antibacterial patch in use Yes ☐ No ☐
If yes, type: ☐ Biopatch ☐ Other (please specify): _____
If no, why not? _____

Other prevention measures:

Outcome (mark all that apply): ☐ CVC Removal ☐ CVC Replaced ☐ Therapy on Unit ☐ Death ☐ Transfer to ICU ☐ Antibiotic(s) used: _____

Revised April 2014

Central Line-Associated Bloodstream Infection (CLABSI) Case Review

Interdisciplinary Review of Case

Date of Review: ___/___/___ Facilitator: _____

Additional comments and lessons learned:	Action Plan:

Revised April 2014

Sustaining Our Gains

HAI Kaizen Event – October 2013

- Patient and 21 multi-discipline participants
- Patients' stories and feedback significantly influenced vision
- Spread to cohorts, 3-4 units at a time, over the next 20 months
- Address local needs; think and spread horizontally and globally

Kaizen Definition

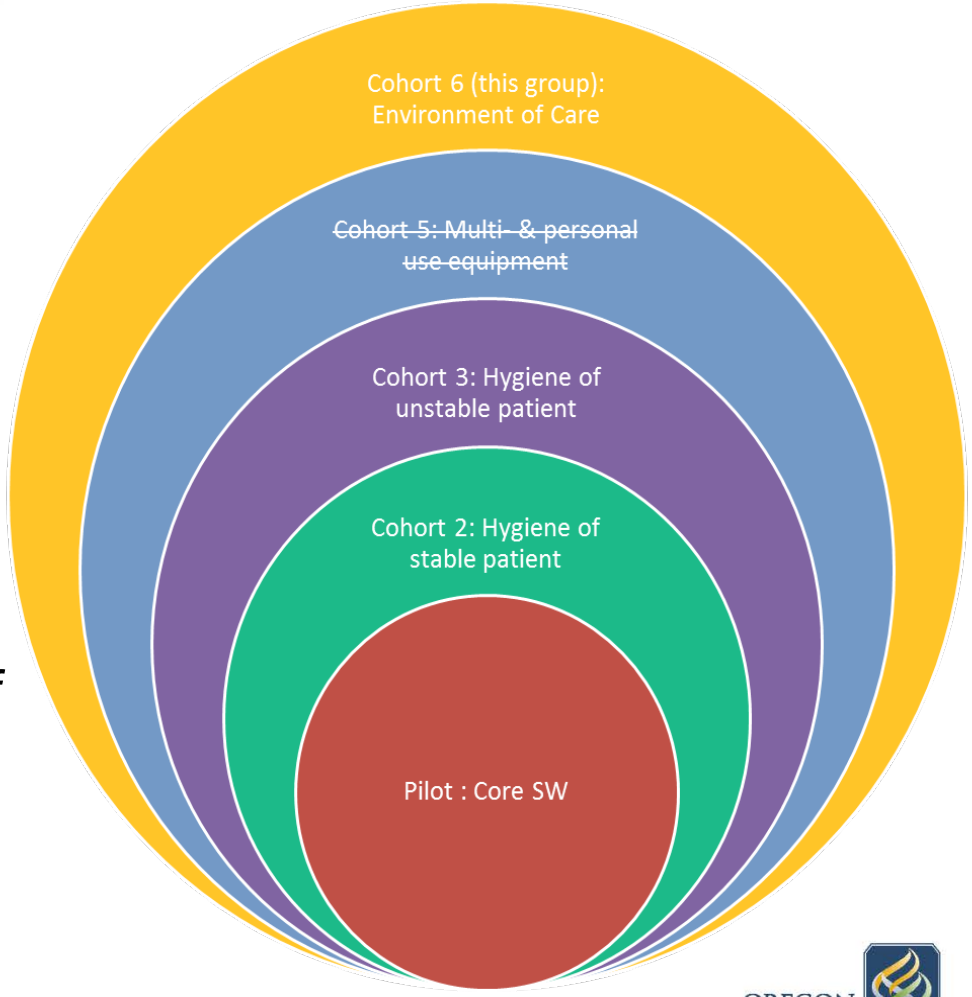
kai·zenˈ or kīzən/

- noun: a Japanese business philosophy of continuous improvement of working practices, personal efficiency, etc.

Defining Standard Work

"There is no more vulnerable population than the hospital patient, who is terrified of acquiring a hospital infection, yet powerless to avoid it. Making us aware of your concerns, and letting us know that you follow clear, consistent hygiene procedures, shows us you care. It helps make us a part of the team. It lets us know you acknowledge there is a serious issue, and you are working to fix it."

--HAI Kaizen Event Patient



OREGON HEALTH & SCIENCE UNIVERSITY

Improvement Projects

- Weekly Interdisciplinary Improvement Huddles
- Speaking up: *"I've Got Your Back"*
- Established Standard Work
- Healthcare Infection Prevention (HIP) Champions
- Real Time, Interdisciplinary Case Reviews

"I've Got Your Back"

Ask a question
Make a **R**equest
Express **C**oncern
Chain of Resolution

Impact: OHSU House-Wide CLABSI SIR

OHSU House-wide CLABSI SIR: 2014					
Number of CLABSIs	Number of Central line days	Number Expected	SIR	P-value	OHSU Target
92*	60,632	142.21	0.647	0.00	SIR < 1.0; p<0.05

*Includes 33 Mucosal Barrier Injury (MBI) cases

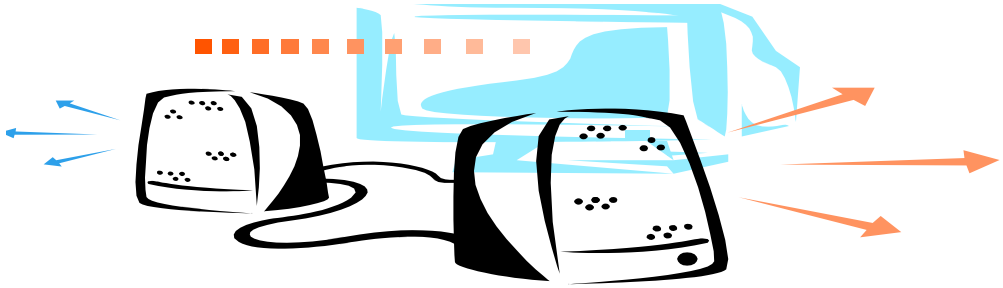
Summary

- CLABSI (and all HAI) prevention is a multi-year journey
- Approach was vertical, then horizontal
- Sustaining gains requires steady focus on patient safety and engaging the entire “Village”

Questions?

Overview of *QualityNet* Hospital IQR Program Feedback Reports & 30-Day Risk-Adjusted Mortality Measures in the FY 2015 Hospital VBP Program

- ***Audio for this event is available via INTERNET STREAMING.***
- ***No telephone line is required.***
- ***<u>Computer speakers or headphones are necessary to listen to streaming audio</u>.***



Resources

Technical questions or issues related to accessing reports

- *QualityNet* Help Desk email address: qnetsupport@HCQIS.org or call 866.288.8912.

More information on the FY 2017 Baseline Measures Report

- "How to Read Your FY 2017 Percentage Payment Summary Report" guide will be made available on *QualityNet* in the Hospital VBP section on the Hospital Value-Based Purchasing (VBP) page once the reports are released. The direct link to the page is: https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228772237202.

Frequently Asked Questions (FAQs) related to Hospital VBP

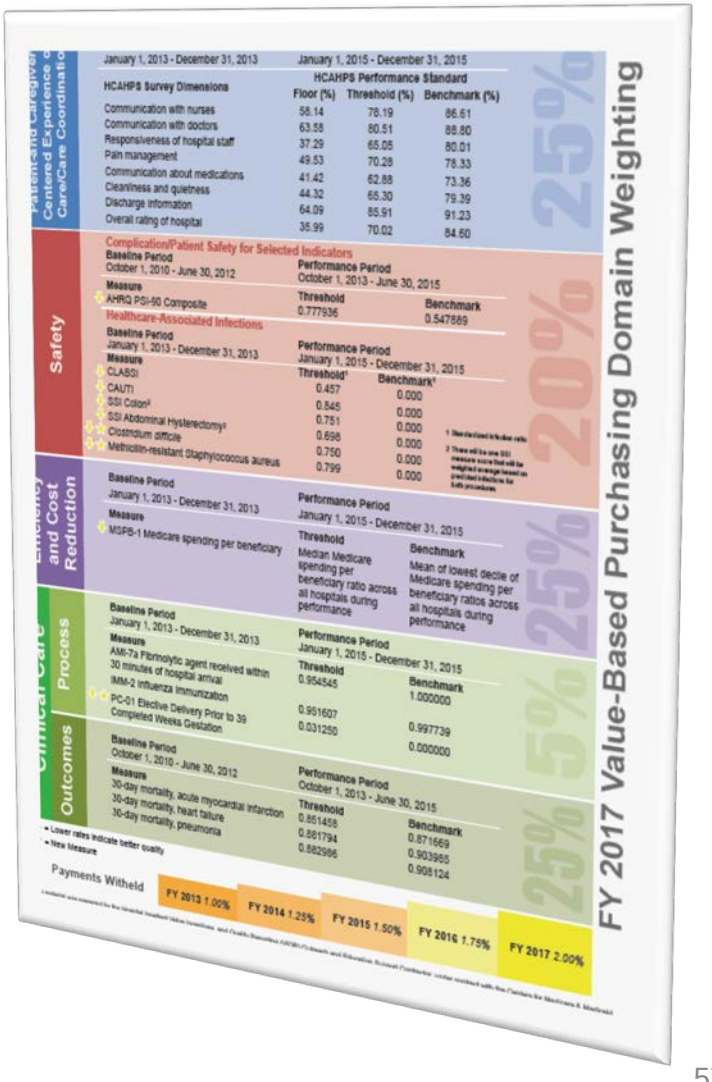
- FAQs are available via the Hospital-Inpatient Questions and Answers tool at the following link: https://cms-ip.custhelp.com.

Ask Questions related to Hospital VBP

- Submit questions using the Hospital-Inpatient Questions and Answers tool at the following link: https://cms-ip.custhelp.com.

Resources

- Quick Reference Guide for the FY 2017 Program is available on www.qualityreportingcenter.com
- Direct link: http://www.qualityreportingcenter.com/wp-content/uploads/2015/02/IQR-FY2017_VBP-Domain-Weighting-Infographic.pdf



Contact Us

Q & A Tool
https://cms-ip.custhelp.com

Email Support
InpatientSupport@viqrc1.HCQIS.org

Phone Support
844.472.4477 or
866.800.8765

Inpatient Live Chat
www.qualityreportingcenter.com/inpatient

Monthly Web Conferences
www.QualityReportingCenter.com

Secure Fax
877.789.4443

ListServes
Sign up on
www.QualityNet.org

Website
www.QualityReportingCenter.com

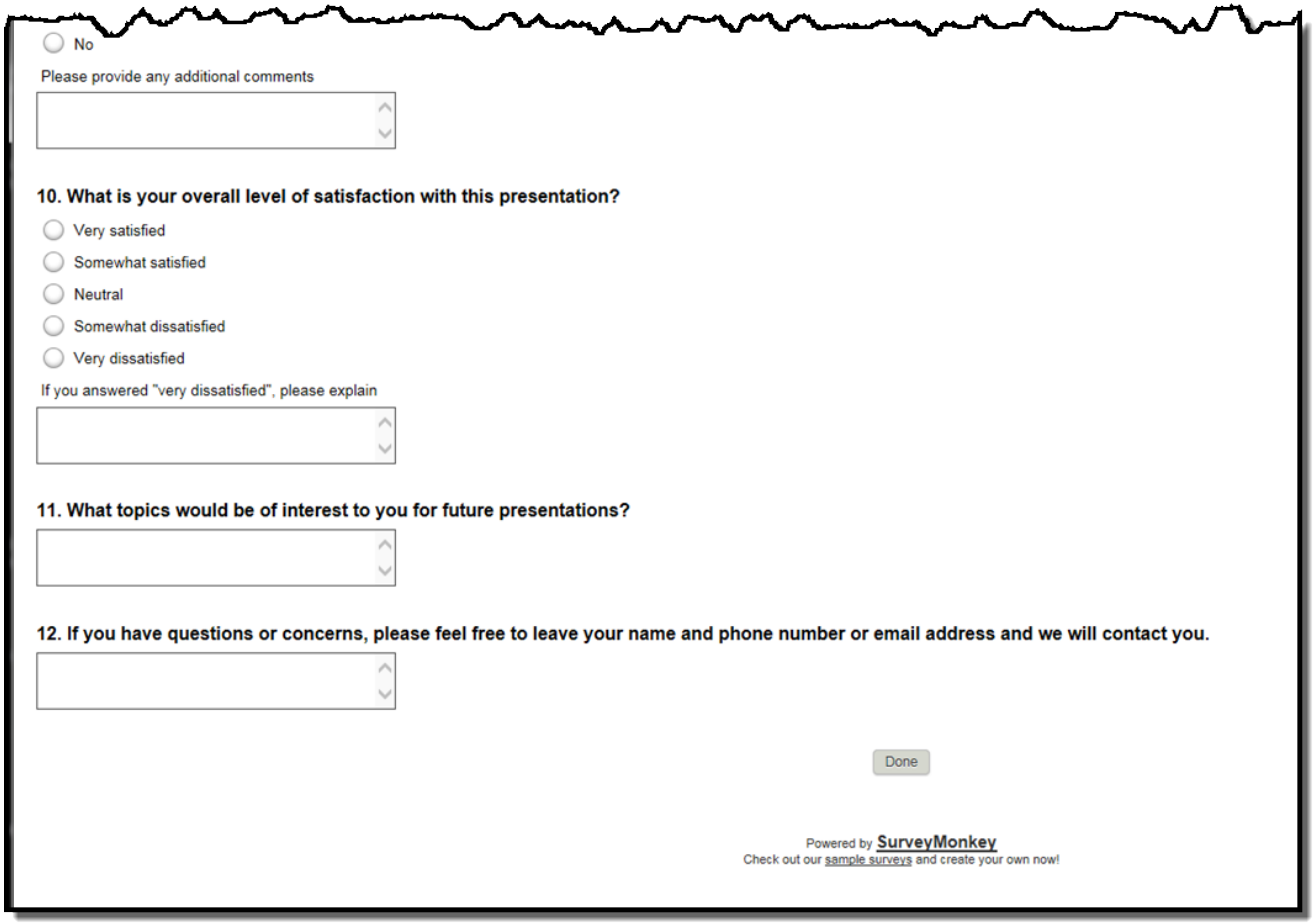
Continuing Education Approval

- This program has been approved for 1.0 continuing education (CE) unit given by CE Provider #50-747 for the following professional boards:
  - Florida Board of Nursing
  - Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
  - Florida Board of Nursing Home Administrators
  - Florida Council of Dietetics
  - Florida Board of Pharmacy
- Professionals licensed in other states will receive a Certificate of Completion to submit to their licensing boards.

CE Credit Process

- Complete the ReadyTalk® survey you will receive by email within the next 48 hours or the one that will pop up after the webinar.
- The survey will ask you to log in or register to access your personal account in the Learning Management Center.
  - A one-time registration process is required.

CE Credit Process: Survey



No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied

If you answered "very dissatisfied", please explain

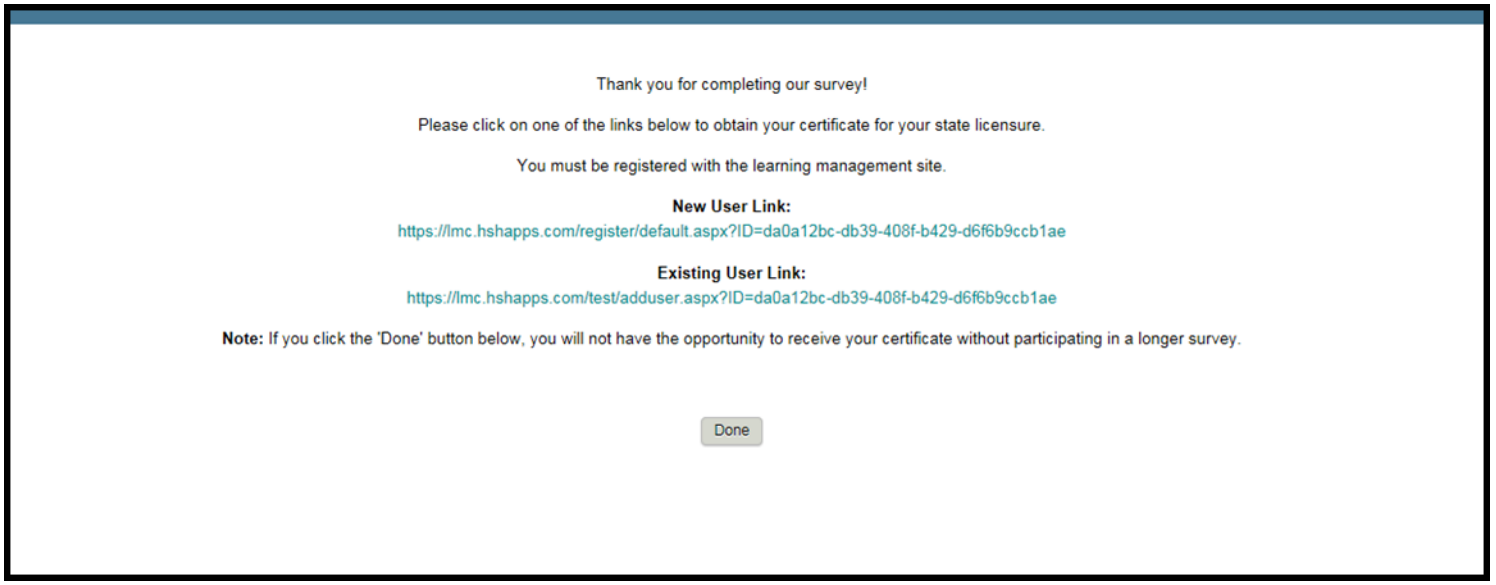
11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

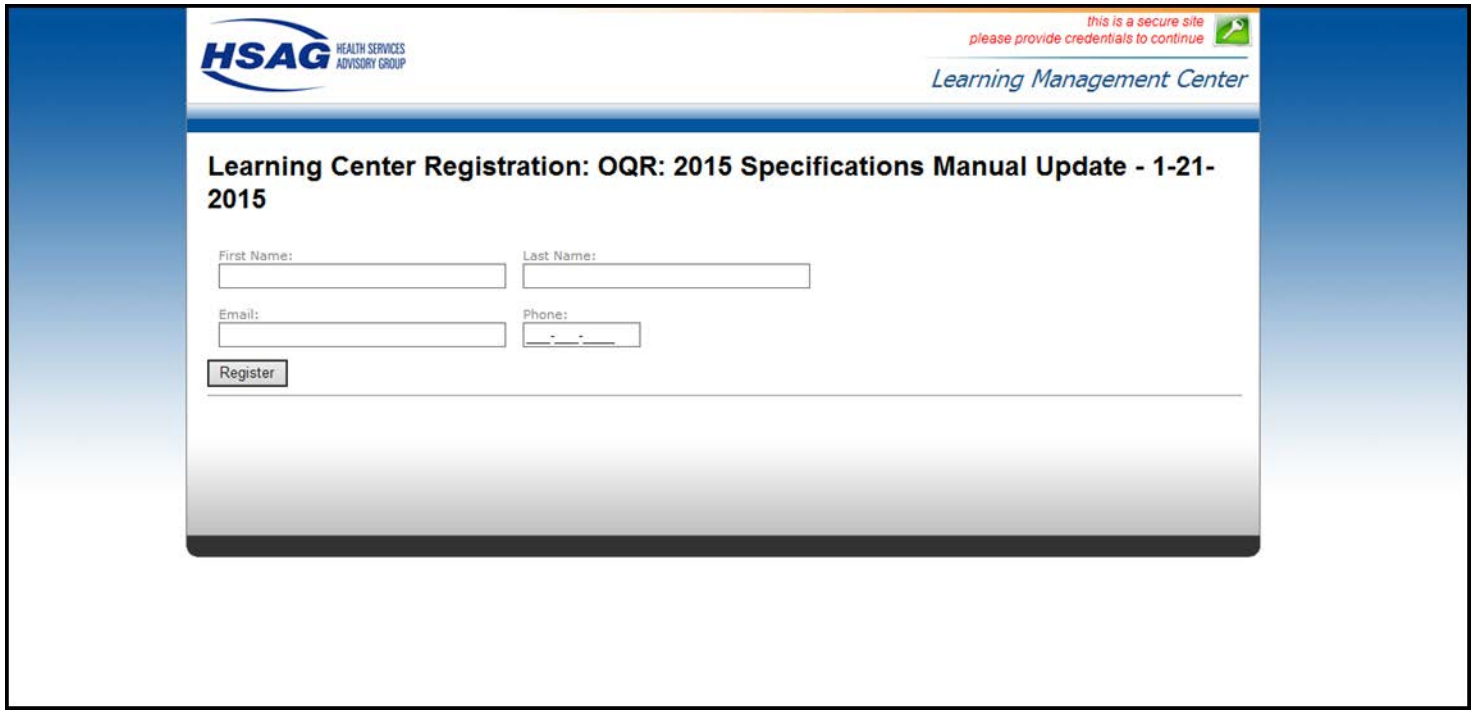
Done

Powered by SurveyMonkey
Check out our sample surveys and create your own now!

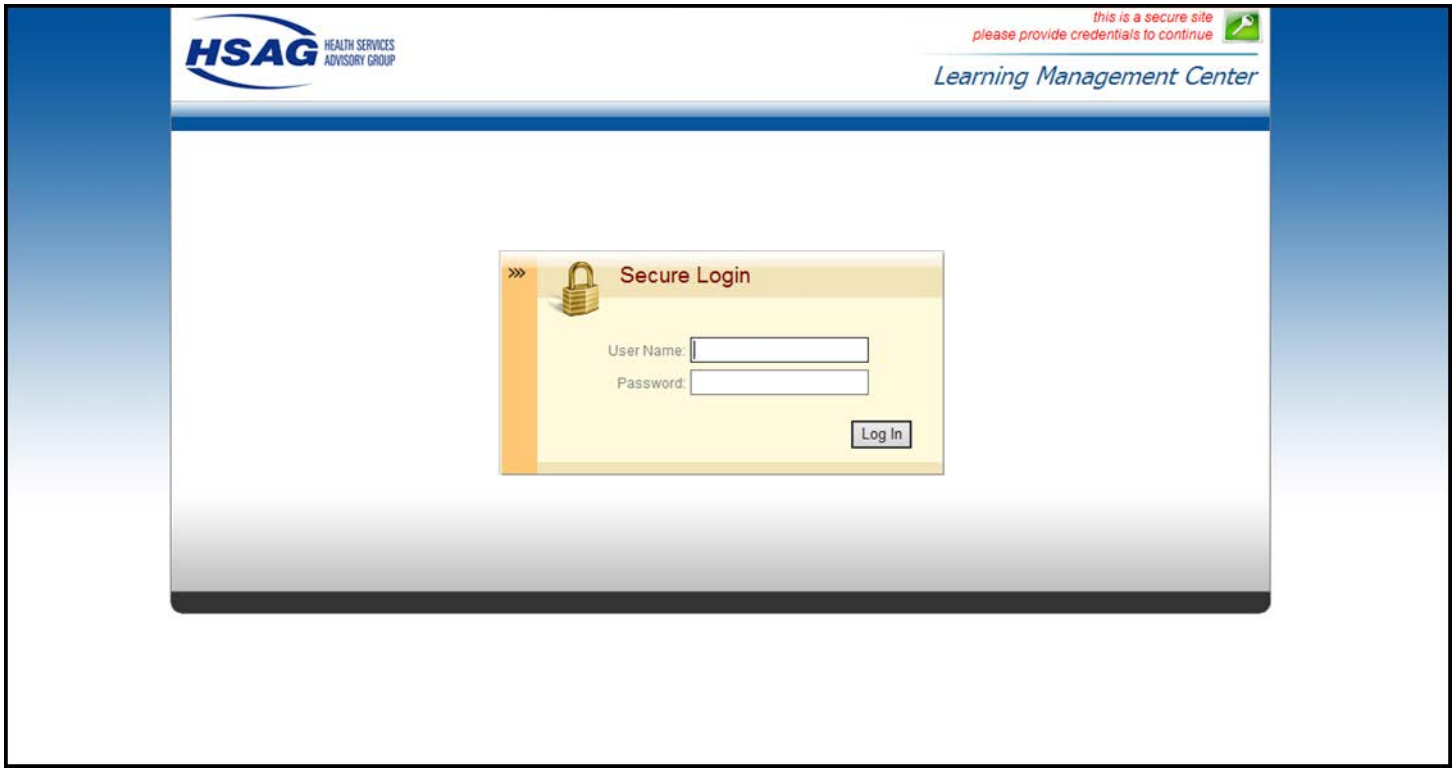
CE Credit Process



CE Credit Process: New User



CE Credit Process: Existing User



QUESTIONS?

This material was prepared by the Inpatient Value, Incentives, and Quality Reporting Outreach and Education Support Contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. HHSM-500-2013-13007I, FL-IQR-Ch8-03132015-03