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# Troubleshooting Audio

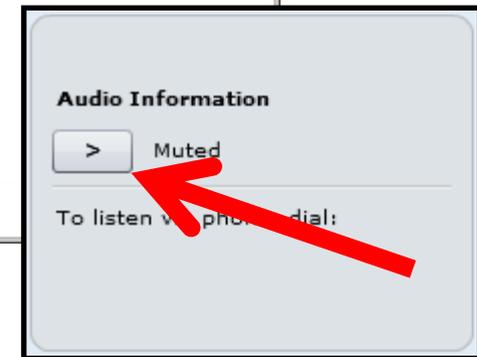**Audio from computer speakers breaking up? Audio suddenly stop?**

- **Click <u>Pause</u> button**

- **Wait 5 seconds**

- **Click <u>Play</u> button**
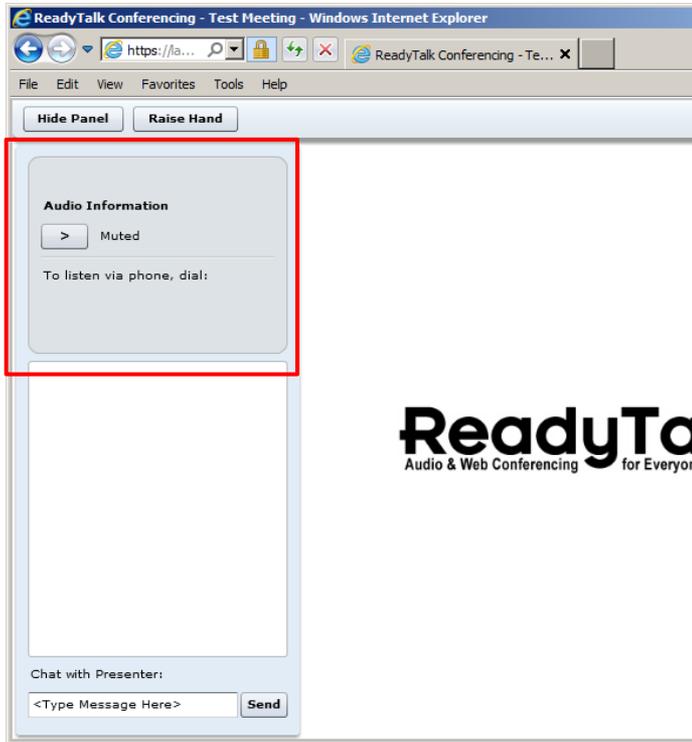


**Location of Audio Controls**
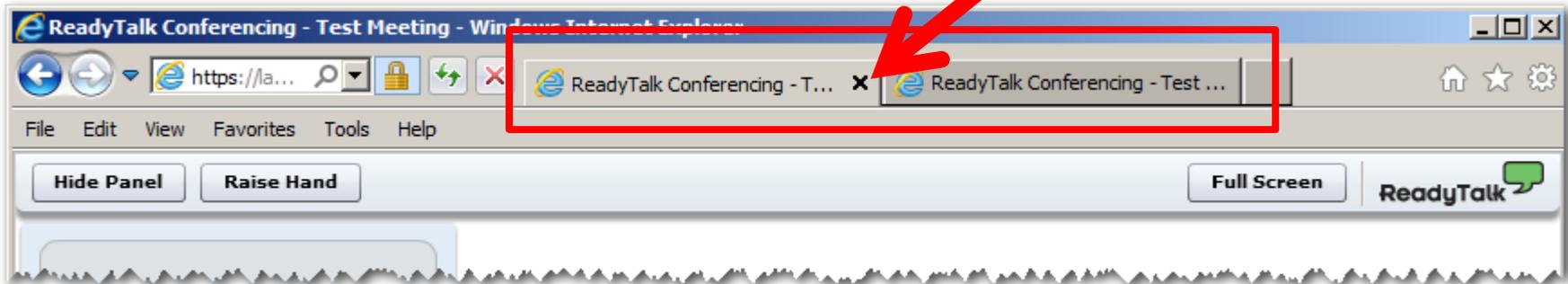
**Step 1**

**Step 2**

# Troubleshooting Echo

- **Hear a bad echo on the call?**

- **Echo is caused by multiple browsers/tabs open to a single event – multiple audio feeds.**

- **Close all but one browser/tab and the echo will clear up.**



*Example of Two Browsers Tabs open in Same Event*

# Submitting Questions

Type questions in the "Chat with Presenter" section, located in the bottom-left corner of your screen.

# Hospital Value-Based Purchasing (VBP) Program Patient Safety Series:
# SSI Colon Surgery and SSI Abdominal Hysterectomy

**Inpatient Hospital Value, Incentives, and Quality Reporting (VIQR) Support Contractor (SC)**

Bethany Wheeler, BS, Team Lead, Hospital VBP Program

**Carolinas HealthCare System Pineville**

Ellen Crabtree, BSN, RN, CSPAN-CAPA, Pre-op Clinical Supervisor

Laura Schuetz, BSN, RN, CPAN, Nurse Manager, Pre-Anesthesia Testing

Tammie Stahl, MHS, CRNA, Anesthesia Clinical Coordinator

Heather Gore, BSN, RN, Clinical Supervisor

Allison Paysour, BSN, RN, Clinical Supervisor

Amanda Iannello, BSN, RN Clinical Supervisor, Surgical Unit

**Robert Packer Hospital**

Andrew Klee, MS, MPH, CIC, Infection Preventionist

**December 14, 2015**

# Purpose

Provide Hospitals with an understanding of colon surgery and abdominal hysterectomy Surgical Site Infection (SSI) rates within the Hospital VBP Program, including:

- Healthcare-Associated Infection (HAI) standard population updates from the Centers for Disease control and Prevention (CDC)
- Methods to improve SSI Standardized Infection Ratios (SIRs)
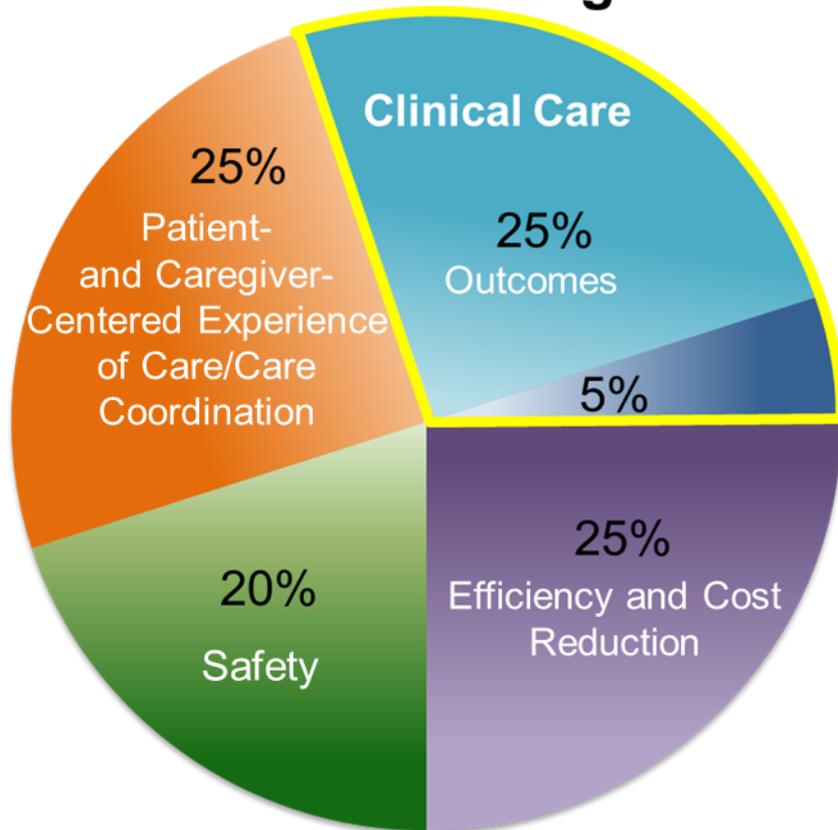
# Objectives

Participants will be able to:

- Identify how colon surgery and abdominal hysterectomy SSIs are utilized in the Hospital VBP Program
- Discuss improvement plans and best practices with other hospital providers
- Identify interventions to improve SSI infection rates

# Hospital VBP Program
# FY 2017 Domains & Measures

## Domain Weights



Pie chart showing Domain Weights:
- Clinical Care — 25% Outcomes, 5% (Process)
- Patient- and Caregiver-Centered Experience of Care/Care Coordination — 25%
- Efficiency and Cost Reduction — 25%
- Safety — 20%

**Patient- and Caregiver-Centered Experience of Care/Care Coordination**

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey

**Clinical Care**

| Outcomes | Process |
|---|---|
| MORT-30-AMI | AMI-7a |
| MORT-30-HF | IMM-2 |
| MORT-30-PN | PC-01* |

**Efficiency and Cost Reduction**

MSPB-1

**Safety**

CLABSI
CAUTI
SSI: Colon & Abdominal Hysterectomy
MRSA Infections*
C-difficile Infections*
AHRQ PSI-90

An asterisk (*) indicates a newly adopted measure for the Hospital VBP Program.

# Hospital VBP Program
# FY 2018 Domains & Measures

## Domain Weights



**Patient- and Caregiver-Centered Experience of Care/Care Coordination (PCCEC/CC)**

HCAHPS Survey

**Clinical Care**

MORT-30-AMI
MORT-30-HF
MORT-30-PN

**Safety**

Central Line-Associated Bloodstream Infections (CLABSI)
Catheter-Associated Urinary Tract Infections (CAUTI)
Surgical Site Infections (SSI) (Colon & Abdominal Hysterectomy)
Methicillin-resistant *Staphylococcus aureus* (*MRSA*) Infections
*C. difficile* Infections (CDI)
AHRQ PSI-90
PC-01

**Efficiency and Cost Reduction**

MSPB-1

# National Healthcare Safety Network (NHSN) Measures Standard Population Data

## Routine Maintenance

- CDC is updating the "standard population data" (also known as "national baseline") to ensure the NHSN measures' number of predicted infections reflect the current state of HAIs in the United States.
  - CAUTI standard population data is CY 2009
  - **SSI** and CLABSI **standard population data is CY 2006–2008**
  - CDI and MRSA standard population data is CY 2010–2011

- Beginning in 2015, CDC will collect data in order to update the standard population for all measures listed above.

| Data Period | FY 2017 Program Year | FY 2018 Program Year | FY 2019 Program Year | FY 2020 Program Year |
|---|---|---|---|---|
| NHSN Measures **Baseline** Period | Current standard population data | Current standard population data | New standard population data | New standard population data |
| NHSN Measures **Performance** Period | Current standard population data | Current standard population data | New standard population data | New standard population data |

# Resources

- Quick Reference Guide for the FY 2017& FY 2018 Programs are available at www.qualityreportingcenter.com

- FY 2017 Direct Link: http://www.qualityreportingcenter.com/wp-content/uploads/2015/02/IQR-FY2017_VBP-Domain-Weighting-Infographic.pdf

- FY 2018 Direct Link:

  http://www.qualityreportingcenter.com/wp-content/uploads/2015/10/FY-2018-Infographic-VBP-Domain-Weighting_FINAL_508.pdf
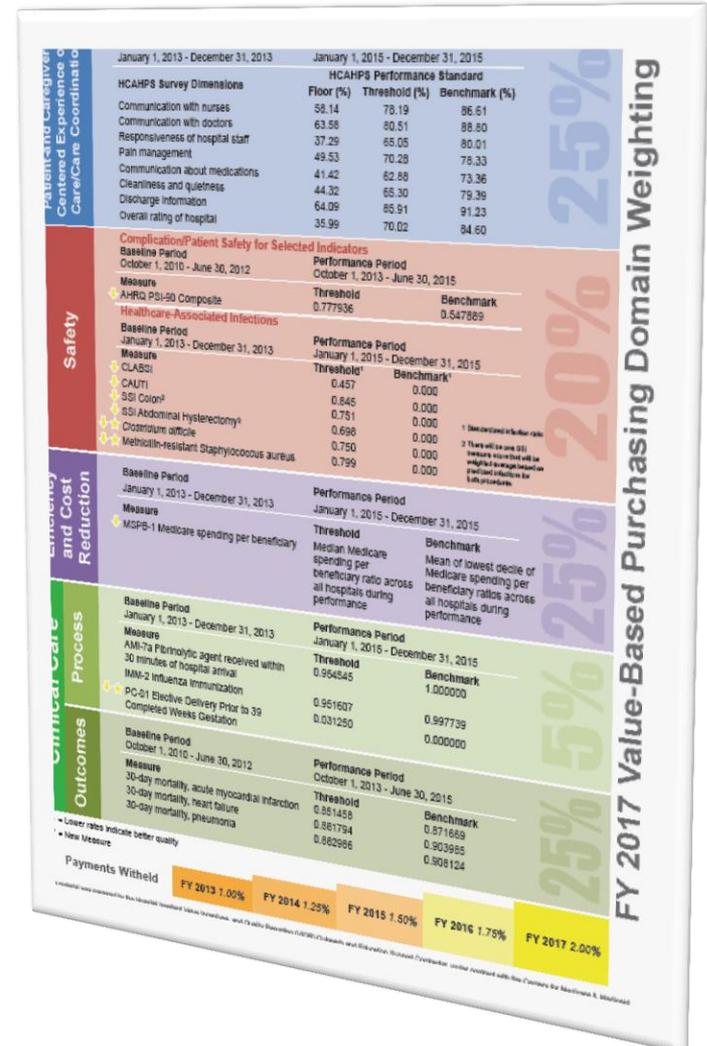
# Resources
# Contact Us

**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

HOSPITAL VALUE-BASED PURCHASING (VBP) PROGRAM PATIENT SAFETY SERIES: SSI COLON SURGERY AND SSI ABDOMINAL HYSTERECTOMY

# Reducing Surgical Site Infections: A Team Approach

Carolinas HealthCare System Pineville

Charlotte, NC

# The Team

- Tammie Stahl, MHS, CRNA, Anesthesia Clinical Coordinator
- Laura Schuetz, BSN, RN, CPAN, Nurse Manager PAT/Day Surgery/PACU
- Ellen Crabtree, BSN, RN, CPAN-CAPA, Clinical Supervisor, Day Surgery
- Tonya LeNoir, BSN, RN, CMSRN, CIC Infection Prevention
- Kristi Clutts, MSN, RN, CIC, Infection Prevention
- Heather Gore, BSN, RN, CNOR, Clinical Supervisor OR
- Allison Paysour, BSN, RN, Clinical Supervisor OR
- Kathleen Ferris-Dowis, RN, Quality Assessment
- Steven Thies, MD, F.A.C.S., Surgeon
- Jane Firth, MSN, RN, Nursing Administration
- Amanda Iannello, BSN, RN, Clinical Surgical Unit

# The Process

- **Goal:**  Decrease Surgical Site infections in Hysterectomy and Colon Surgeries

- **Methodology:**  PDSA (Plan Do Study Act)

- **Framework:**  The Surgical Care Improvement Project (SCIP) protocol

# Pre-Anesthesia Testing/Pre-op

**Ellen Crabtree, Clinical Supervisor and Laura Schuetz, Nurse Manager**

## <u>Pre-Anesthesia Testing:</u>

- Infection prevention begins with the initial contact with the patient
- Each patient receives a Surgical Site Infection Prevention patient education sheet
- SCIP sheets are placed on inpatient charts

## <u>Pre-op</u>:

- Chlorhexidine Gluconate 2% (CHG) bath wipes are provided
- Antibiotics are selected according to the "Antimicrobial Prophylaxis Pre-Op" standing order set

# Anesthesia
**Tammie Stahl, Anesthesia, Clinical Coordinator**

## Communication is the key!

## Areas of focus:
- Antibiotic Selection
- Antibiotic Timing
    - Communication between the Surgeon, Certified Registered Nurse Anesthetist, and Preoperative Registered Nurse is essential for Vancomycin timing within 2 hours of incision
    - 'To-follow cases' are a challenge
- Patient temperature control

# Surgical Safety Check List
**A system wide tool to improve patient care**

- Developed by the Carolinas HealthCare System Surgical Quality and Safety Operations Council (QSOC).

- Followed the World Health Organization (WHO) guidelines.

- Adjusted to meet the unique needs of our operating rooms

- Used consistently as a standard of practice

# Surgical Safety Check List

## Surgical Safety Checklist
### CMC-Pineville

### Before Induction of Anesthesia

**Nurse and Anesthesia Provider review:**
- ❑ Patient identification (name and DOB)
- ❑ Surgical site
- ❑ Surgical Procedure to be performed matches the consent
- ❑ The site has been marked
- ❑ Known Allergies
- ❑ The anesthesia safety check has been completed

**Has appropriate antibiotic prophylaxis been given within the last 60 minutes?**
- ❑ Yes
- ❑ No - If No, plan for redosing discussed
- ❑ N/A & Reason Documented

**Has Beta Blocker been given?**
- ❑ Yes
- ❑ No & Reason Documented
- ❑ N/A

**Anesthesia Provider discusses patient risk assessment with team:**

**Anticipated airway or aspiration risk**
- ❑ Yes
- ❑ No

**Risk of >500ml Blood Loss**
- ❑ No
- ❑ Yes, If Yes:
  - Adequate IV access and fluids planned
    - ❑ Yes
    - ❑ No
  - Type and crossmatch/screen
    - ❑ Yes
    - ❑ No
  - Blood availability
    - ❑ Yes
    - ❑ No

**Risk of hypothermia – operation > 1 hour**
- ❑ Yes & Warmer in place
- ❑ No

**Risk of venous thromboembolism**
- ❑ Yes & SCD's (on & activated) and/or anticoagulants in place
- ❑ No

**Signature:** _____

### Before Skin Incision

**Surgical Team Performs the Time Out**
(Surgeon, Nurse, Scrub Tech and Anesthesia Provider)

- ❑ All present "freeze" & "agree" to Time Out
- ❑ Team Introduction – "Everyone please state your name and role."
- ❑ Patient's name and DOB
- ❑ Surgical procedure to be performed
- ❑ Surgical site
- ❑ Patient Positioning
- ❑ Expected Duration/Blood Loss
- ❑ Known Allergies
- ❑ Antibiotic - Final Confirmation
- ❑ Equipment, Implants, & Sterility Verified
- ❑ Essential imaging available
- ❑ Safe Pass Zone established

**Type Surgical Prep Used**
- ❑ Chloraprep
- ❑ Duraprep
- ❑ Other _____

**Appropriate drying time observed for the surgical prep being used before the patient was draped**
- ❑ Yes
- ❑ No

**Anesthesia Team Reviews:**
**Are there any patient-specific concerns?**
- ❑ Yes
- ❑ No

**Surgeon discusses:**
Surgical plan & any anticipated difficulties or potential need for additional equipment
- ❑ Yes
- ❑ No

**Attending Surgeon states:**

"Does anybody have any concerns? If any team member notices something that concerns you during this case, please speak up."

- ❑ Second procedure requires second checklist & timeout

**Signature:** _____

### Before Patient Leaves Room

**Nurse reviews with team:**

**All Instrument, sponge and needle counts are correct**
- ❑ Yes
- ❑ No

**All Trial implants, guides & instruments accounted for**
- ❑ Yes
- ❑ No

**Are there any equipment, patient safety or PACU issues to discuss**
- ❑ Yes
- ❑ No

**Specimen labeling**
- ❑ Yes, Read back specimen labeling including patient's name & sent for appropriate testing
- ❑ No

**Foley Catheter removed**
- ❑ Yes
- ❑ No
- ❑ N/A

### Debriefing

**Surgical Team Discusses:**
**Is there anything that could have been done to make this case safer or more efficient?**
- ❑ Yes, If Yes, describe
  _____
- ❑ No

**Final Counts verbally verified with the Surgeon-in-Charge**
- ❑ Yes
- ❑ No, If No, describe
  _____

**Checklist Verification Signature**

_____

Based on the Safe Surgery 2015 South Carolina Surgical Safety Checklist template, which is based on the WHO Surgical Safety Checklist, URL http://www.who.int/patientsafety/safesurgery/en, © World Health Organization 2008 All rights reserved.

# Surgical Safety Check List

**Successes:**

- Standardization

- Excellent staff and physician engagement

- Ability to address concerns in real time

**Challenges:**

- Staff education

- Determining the most effective presentation method

# Intra Operative

**Heather Gore, Clinical Supervisor and Allison Paysour, Clinical Supervisor**

## Areas of focus:

- Standardized prep selection
- Prep drying time 3 minutes
- Hard stop

## Challenges:

- Staff education
- Team buy-in

# Post Operative
## Amanda Iannello, Clinical Supervisor

**Successes:**

- Antibiotics discontinued within 24 hours
  - SCIP checklist
- Real time monitoring and communication

**Challenges:**

- Antibiotic timing
  - Coordination with the Post Anesthesia Care Unit and Pharmacy
- Patient compliance

# Results

| SSI Colon | Colon Predicted | Colon Observed | SIR |
|---|---|---|---|
| Baseline Period (1/1/2012 – 12/31/2012) | 7.288 | 9 | 1.235 |
| Performance Period (1/1/2014 – 12/31/2014) | 6.317 | 2 | 0.317 |
| SSI Hysterectomy | Hysterectomy Predicted | Hysterectomy Observed | SIR |
| Baseline Period (1/1/2012 – 12/31/2012) | 3.181 | 1 | 0.314 |
| Performance Period (1/1/2014 – 12/31/2014) | 2.525 | 0 | 0.000 |

# **Conclusion**

Together, as a team, we can make the surgical process safer for all patients

HOSPITAL VALUE-BASED PURCHASING (VBP) PROGRAM PATIENT SAFETY SERIES: SSI COLON SURGERY AND SSI ABDOMINAL HYSTERECTOMY

# Reducing Surgical Site Infections

Robert Packer Hospital
Sayre, PA

# Robert Packer Hospital



- 258-bed regional tertiary medical center and teaching hospital
- ~15,000 inpatient admissions
- ~5,000 inpatient surgical procedures
- ~10,000 outpatient surgical procedures

# Reducing Surgical Site Infections
## Robert Packer Hospital
## Infrastructure for Quality Improvement

Data Sources for SSI
- NHSN
- American College of Surgeons National Surgical Quality Improvement Program (ACoS-NSQIP)

Dedicated Data Manager for Quality Improvement

Data Review/Infection Reports
- Andrew Klee, Infection Preventionist
- Dr. Thomas VanderMeer, Vice-Chair, Quality, Education & Research
- Dr. Brian Fillipo, Chief Medical Officer & Chief Quality Officer
- Surgical Quality Committee
- Infection Control Committee
- Medical Executive Committee
- Hospital and System Boards of Directors

Project Teams
- Lean/Six Sigma
- Surgical Unit-based Safety Program (SUSP)

Epic Electronic Health Record, including OpTime

# Reducing Surgical Site Infections
**Robert Packer Hospital**
**ACS-NSQIP**

- Includes general and vascular surgery cases as well as subspecialties and targeted procedures
- Uses <u>clinical</u> data, not administrative data
- Assesses outcomes at 30 days after index surgery (inpatient or outpatient)
- Uses highly standardized and validated data definitions
- Collects data by a trained and certified data collector
- Ensures data quality through advanced data analytics and hospital audits
- Provides data-driven tools for clinical decision making

# Reducing Surgical Site Infections
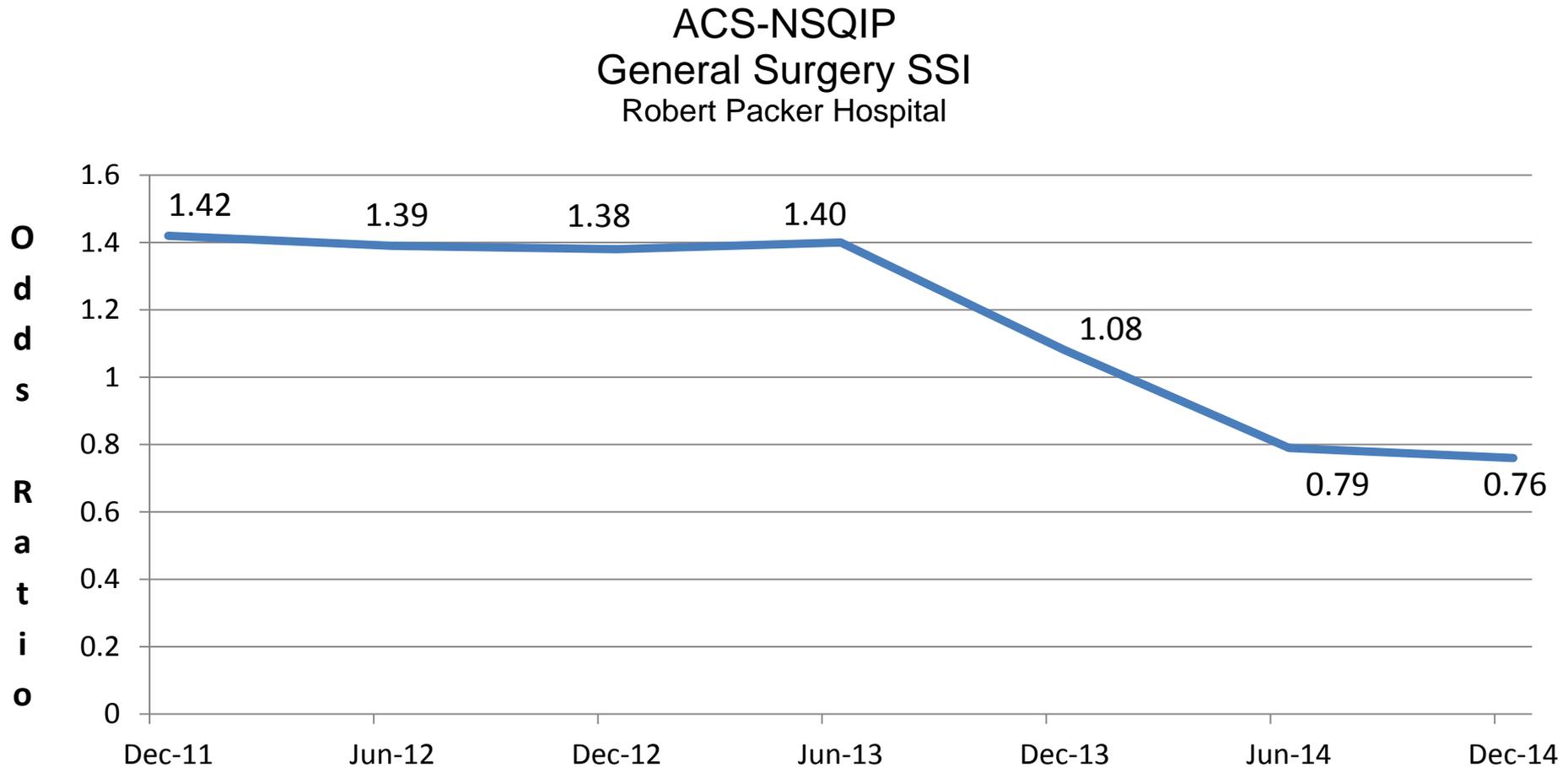
**Robert Packer Hospital**

ACS-NSQIP
General Surgery SSI
Robert Packer Hospital

# Reducing Surgical Site Infections

**Robert Packer Hospital**

ACS-NSQIP
Colorectal SSI
Robert Packer Hospital
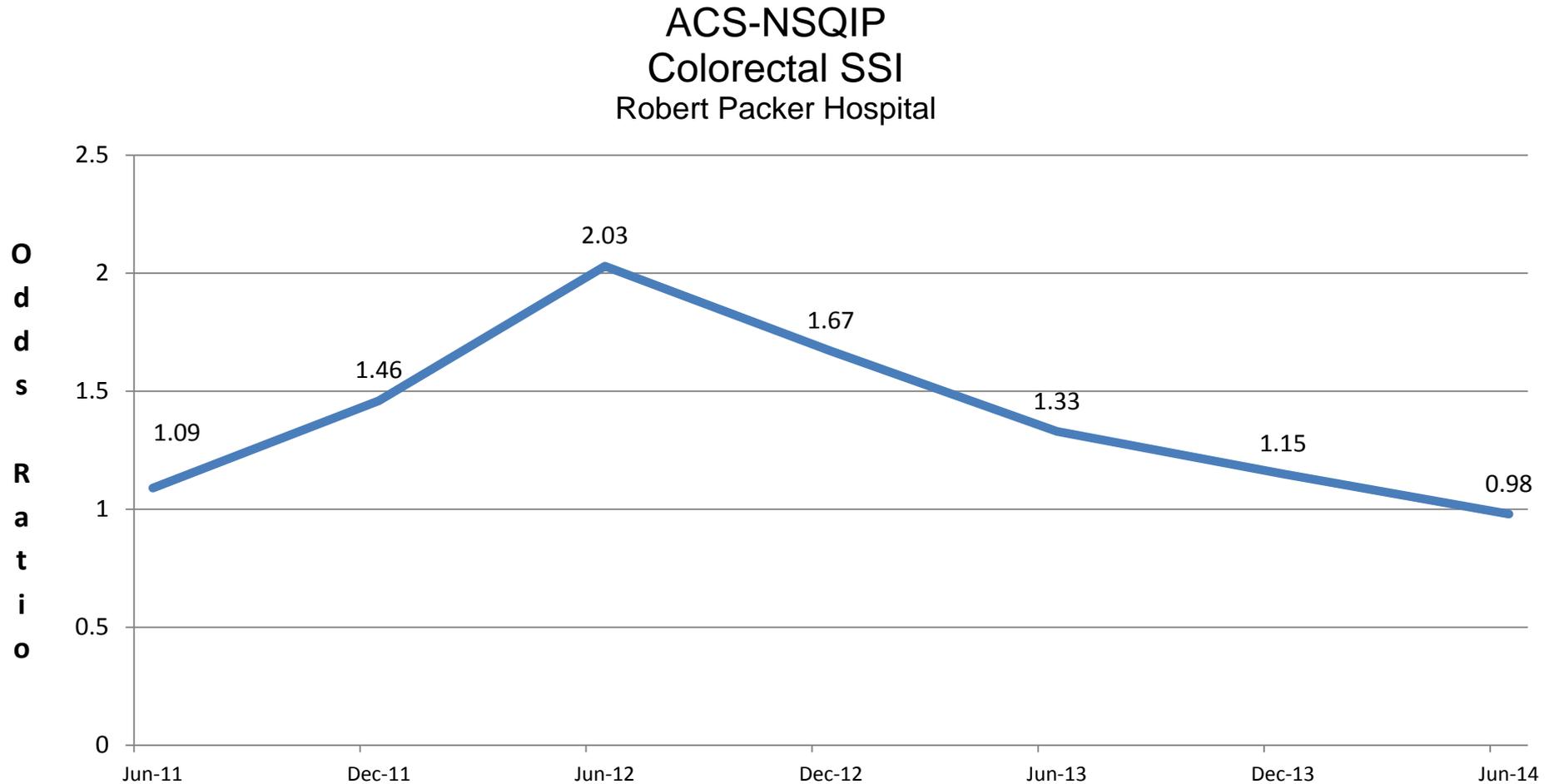
# Reducing Surgical Site Infections
## Robert Packer Hospital

| Procedure Code | Summary Yr/Qtr | Procedure Count | All SSI Model Infection Count | All SSI Model Number Expected | All SSI Model SIR | All SSI Model SIR p-value | All SSI Model 95% Confidence Interval |
|---|---|---|---|---|---|---|---|
| COLO | 2012Q1 | 39 | 0 | 2.086 | 0.000 | 0.1242 | , 1.436 |
| COLO | 2012Q2 | 46 | 1 | 2.285 | 0.438 | 0.4363 | 0.022, 2.159 |
| COLO | 2012Q3 | 42 | 3 | 2.301 | 1.304 | 0.6052 | 0.332, 3.548 |
| COLO | 2012Q4 | 40 | 1 | 2.328 | 0.430 | 0.4219 | 0.021, 2.119 |
| COLO | 2013Q1 | 46 | 0 | 2.433 | 0.000 | 0.0878 | , 1.231 |
| COLO | 2013Q2 | 45 | 0 | 2.394 | 0.000 | 0.0913 | , 1.251 |
| COLO | 2013Q3 | 39 | 3 | 2.161 | 1.389 | 0.5396 | 0.353, 3.779 |
| COLO | 2013Q4 | 33 | 0 | 1.825 | 0.000 | 0.1613 | , 1.642 |
| COLO | 2014Q1 | 29 | 0 | 1.516 | 0.000 | 0.2196 | , 1.976 |
| COLO | 2014Q2 | 46 | 0 | 2.494 | 0.000 | 0.0826 | , 1.201 |
| COLO | 2014Q3 | 37 | 0 | 2.156 | 0.000 | 0.1158 | , 1.390 |
| COLO | 2014Q4 | 37 | 1 | 2.051 | 0.488 | 0.5210 | 0.024, 2.405 |
| HYST | 2012Q1 | 62 | 0 | 1.288 | 0.000 | 0.2757 | , 2.325 |
| HYST | 2012Q2 | 66 | 0 | 1.538 | 0.000 | 0.2148 | , 1.948 |
| HYST | 2012Q3 | 55 | 2 | 1.289 | 1.551 | 0.5099 | 0.260, 5.125 |
| HYST | 2012Q4 | 51 | 0 | 1.043 | 0.000 | 0.3525 | , 2.873 |
| HYST | 2013Q1 | 50 | 0 | 1.026 | 0.000 | 0.3583 | , 2.919 |
| HYST | 2013Q2 | 48 | 0 | 1.181 | 0.000 | 0.3071 | , 2.537 |
| HYST | 2013Q3 | 32 | 0 | 0.792 | . | . | |
| HYST | 2013Q4 | 48 | 1 | 1.100 | 0.909 | 1.0000 | 0.045, 4.484 |
| HYST | 2014Q1 | 44 | 0 | 0.890 | . | . | |
| HYST | 2014Q2 | 41 | 0 | 0.771 | . | . | |
| HYST | 2014Q3 | 33 | 0 | 0.827 | . | . | |
| HYST | 2014Q4 | 33 | 0 | 0.671 | . | . | |

# Reducing Surgical Site Infections

**Robert Packer Hospital**

Efforts to reduce SSIs began in earnest 8 years ago. The focus has been on:

- Implementation of practices known to reduce SSI
- Improvement of colorectal SSI and processes that impact patients broadly

Discussion will be divided into 4 categories

- Preoperative Phase
- Intraoperative Management
- Cultural
- Ongoing Efforts

# Reducing Surgical Site Infections

**Robert Packer Hospital**
**Preoperative Care**

## Preoperative Optimization
- Glycemic Management
  - Routine HbA1c for all inpatient procedures
  - Surgeon notified if >8.0% (process under review to change to >6.5%)
- Chlorhexidine Body Wash provided to patients for preoperative shower
- Preoperative Warming using BairHugger in prep area

## Antibiotics
- Antibiotic Choices in Epic Order Sets based on institutional antibiogram
- 2g dose of Ancef standard
- Vancomycin use discouraged in Epic and through provider education
- Antibiotic timing optimized using Lean methodology
- Oral antibiotics added to preoperative bowel prep

# Reducing Surgical Site Infections

**Robert Packer Hospital**
**Intraoperative Management**

- Redosing Antibiotics
    - Ancef 2 hours
    - Zosyn 4 hours

- Wound Protector

- Separate closing table

- Regloving at the time of fascial closure

- Collaboration within the Department of Surgery to improve technique and increase use of laparoscopic and robotic techniques

# Improving Timeliness of Preoperative Antibiotic Administration
## Daily Reporting
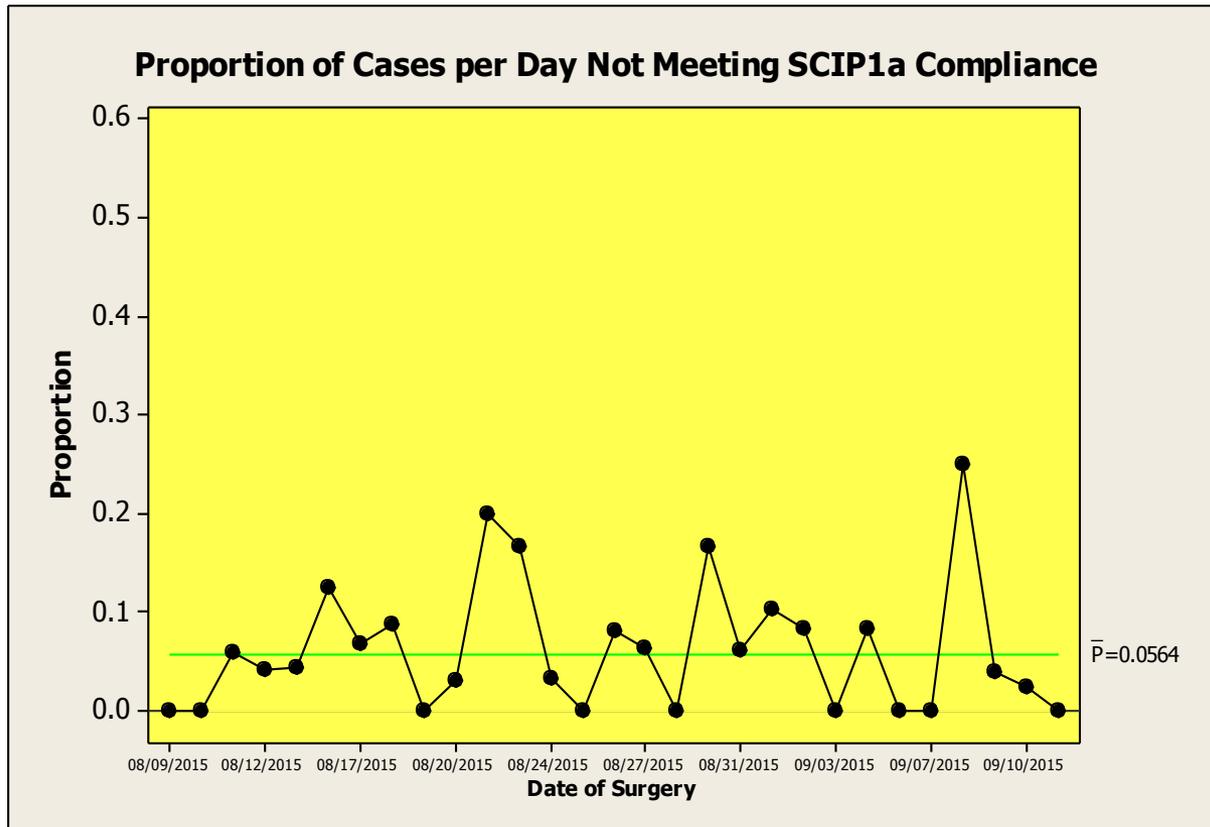
# Reducing Surgical Site Infections
**Robert Packer Hospital**
**Cultural**

## CHANGE MANAGEMENT 101

- Clinical-Administrative Dyad
  - o Dr. VanderMeer – Vice Chair, Quality, Education & Research
  - o Barb Pennypacker – SVP, Surgical Services

- Carefully prioritize change initiatives

- Broad engagement of frontline workers
  - o Seek feedback on plans for change
  - o Communicate successes and challenges through a variety of venues

- Make it easy to do the right thing

- Support discussions about change initiatives with data

- Monitor new processes to maintain gains

# Improving Timeliness of Preoperative Antibiotic Administration

**Anesthesia Documentation**

# Reducing Surgical Site Infections

**Robert Packer Hospital**
**Cultural**

## COMMUNICATION

- Have quarterly Surgical Services Meeting that include:
  - All Surgeons, Anesthesiologists, Operating Room (OR) staff, Prep area staff, Post Anesthesia Care Unit (PACU) staff
  - Discussion of infection at least every 6 months
    - Results
    - Opportunities
    - Plans
    - Feedback

- Leverage strengths in education to develop effective training tools

- Have Physician Section Meetings
  - Honest, convincing data is key to engagement (ACS-NSQIP has been critical)

- Conduct Board Meetings

- Organize monthly Meetings between Surgical Quality Leadership and Hospital Chief Medical Officer (CMO)

# Reducing Surgical Site Infections

**Robert Packer Hospital**
**Ongoing Efforts**

- Surgical Unit-Based Safety Program
  - Asked OR staff what they see as causes for infection
  - Identified 5 focus areas around OR environment
- Lean Project to optimize tissue levels of antibiotics at the time of incision
- Project to improve Preoperative Optimization Process that includes Enhanced Recovery Pathways
- Hospital-wide implementation of nGage system to improve hand hygiene
- Implementation of ultraviolet disinfection on inpatient units and OR suites
- Implementation of DAZO® auditing of high-touch areas on inpatient units and OR suites

# Reducing Surgical Site Infections

**Robert Packer Hospital**
**Summary**

- Focus on implementation of evidence-based practices that have been shown to reduce Surgical Site Infections

- Heavy reliance on high-quality data and respectful communication to spread change

- Clinical-Administrative dyads

- Engage frontline workers in identifying and implementing solutions

- Make it easy to do the right thing

# Continuing Education Approval

- This program has been approved for 1.0 continuing education (CE) unit for the following professional boards:
  - 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
  - Board of Registered Nursing (Provider #16578)
    - It is your responsibility to submit this form to your accrediting body for credit.

# CE Credit Process

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- After completion of the survey, click "done" at the bottom of the screen.

- Another page will open that asks you to register in HSAG's Learning Management Center.
    - This is a separate registration from ReadyTalk
    - Please use your PERSONAL email so you can receive your certificate
    - Healthcare facilities have firewalls up that block our certificates

# CE Certificate Problems?

- If you do not <u>immediately</u> receive a response to the email that you signed up with in the Learning Management Center, you have a firewall up that is blocking the link that is sent out

- Please go back to the **New User** link and register your personal email account
  - Personal emails do not have firewalls

# 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

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

**New User Link:**
https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae

**Existing User Link:**
https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae

**Note:** If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

# CE Credit Process: New User

# CE Credit Process: Existing User

# QUESTIONS?