

LEADERSHIP/PLANNING

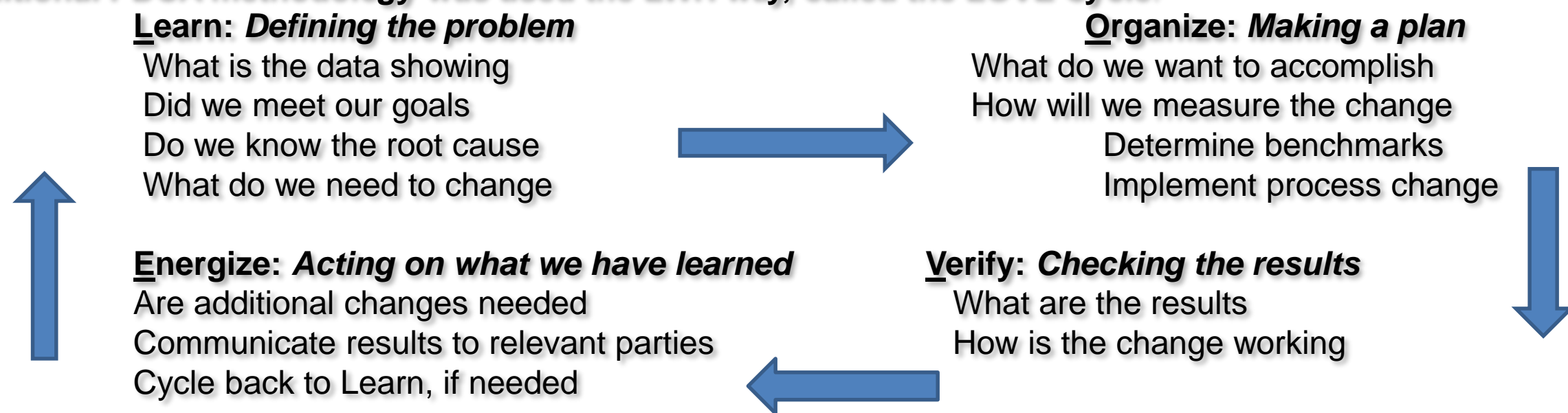
Lovelace Women's Hospital's (LWH) leadership developed a Strategic Plan to include a focus on Quality in order to achieve the best healthcare outcomes for our patients. One of the goals under this strategy is to Reduce Hospital Acquired Infections : C-Diff, MRSA, SSI Abd Hyst, SSI Colon, CLABSI, & CAUTI. Goals are established year-over-year to achieve our ultimate goal of zero. Leadership engaged Governing Board, Medical Staff, Nursing, Environmental Services and Quality to oversee the processes that would drive the organization to its goal. As a place to begin, goals were established in 2017 to meet or surpass the CMS Value Based Purchasing Thresholds.

PROCESS OF IDENTIFYING NEED

Infection Control Data in 2017 showed that LWH missed the Value Based Purchasing thresholds in four of the six areas: C-Diff, MRSA, and SSI Abd Hys, and CLABSI. While thresholds were exceeded for SSI Colon and CAUTI's were not missed, they were not at zero. This did not meet our mission of delivering exceptional care with heartfelt compassion, every time. And, it did not meet our strategic objective of providing the best healthcare outcome for our patients. Priority was given to this strategy as we know infections can lead to repeat surgeries, sepsis and even death.

PROCESS IMPROVEMENT METHODS

The traditional PDCA methodology was used the LWH way, called the LOVE Cycle:

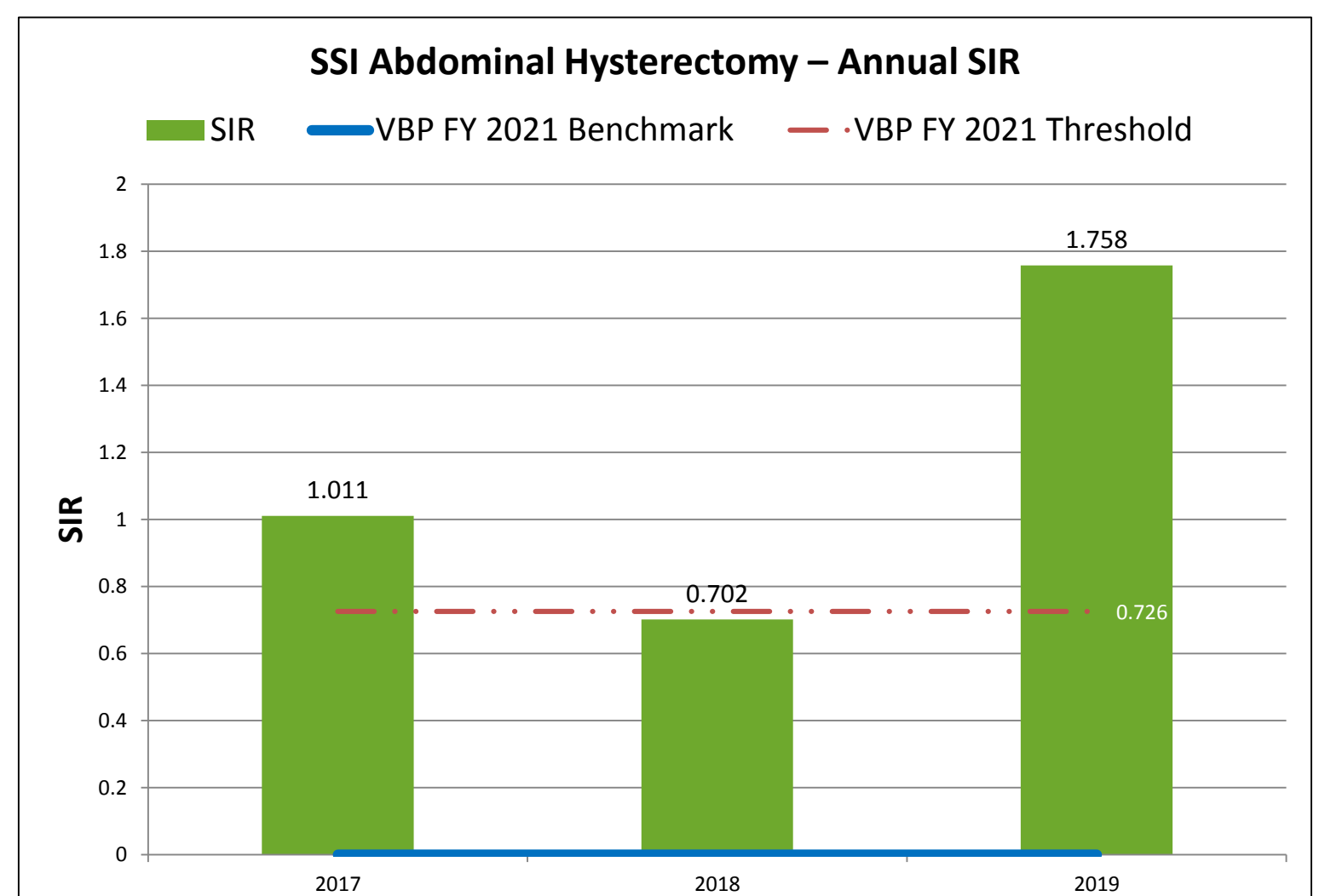
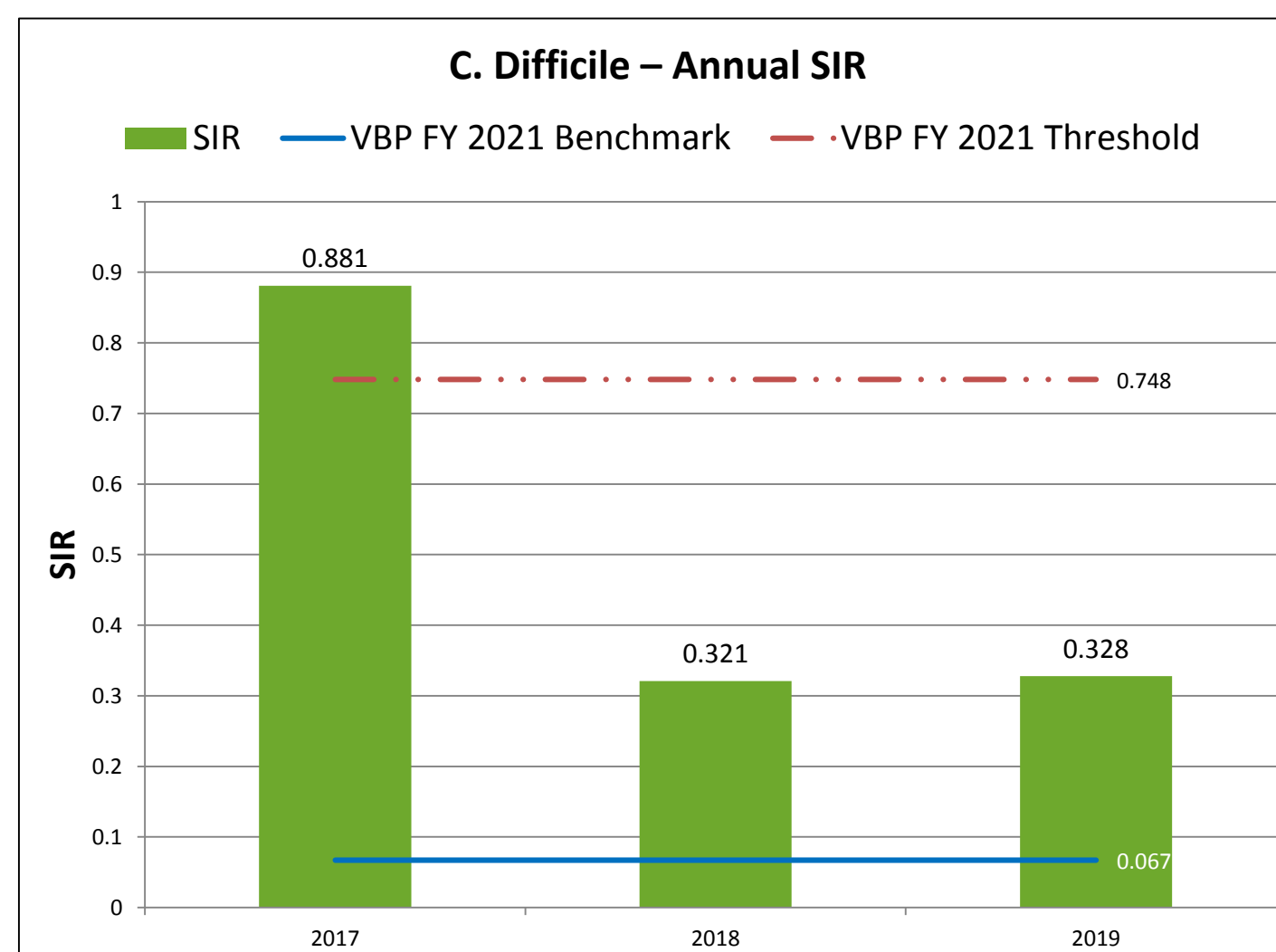
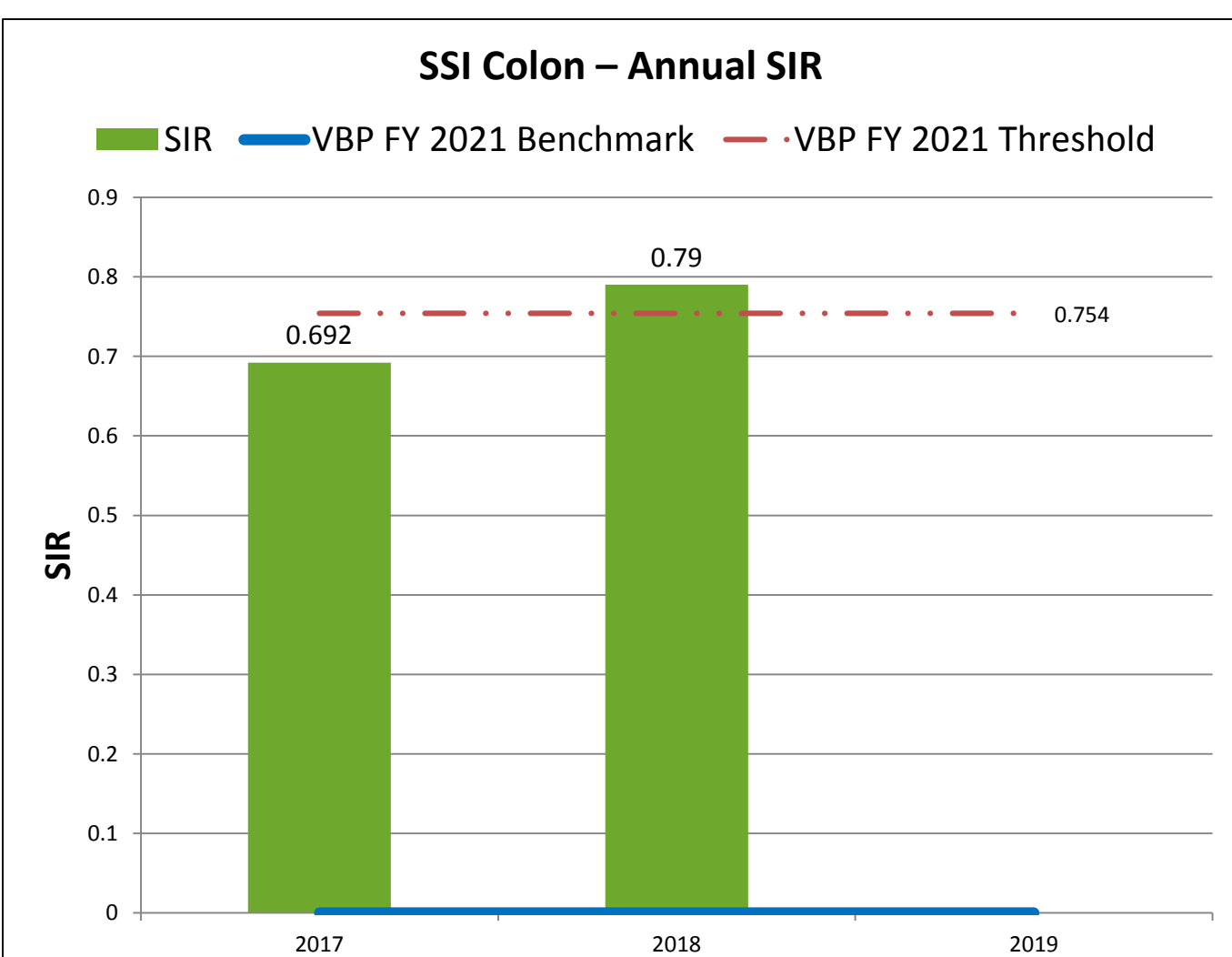
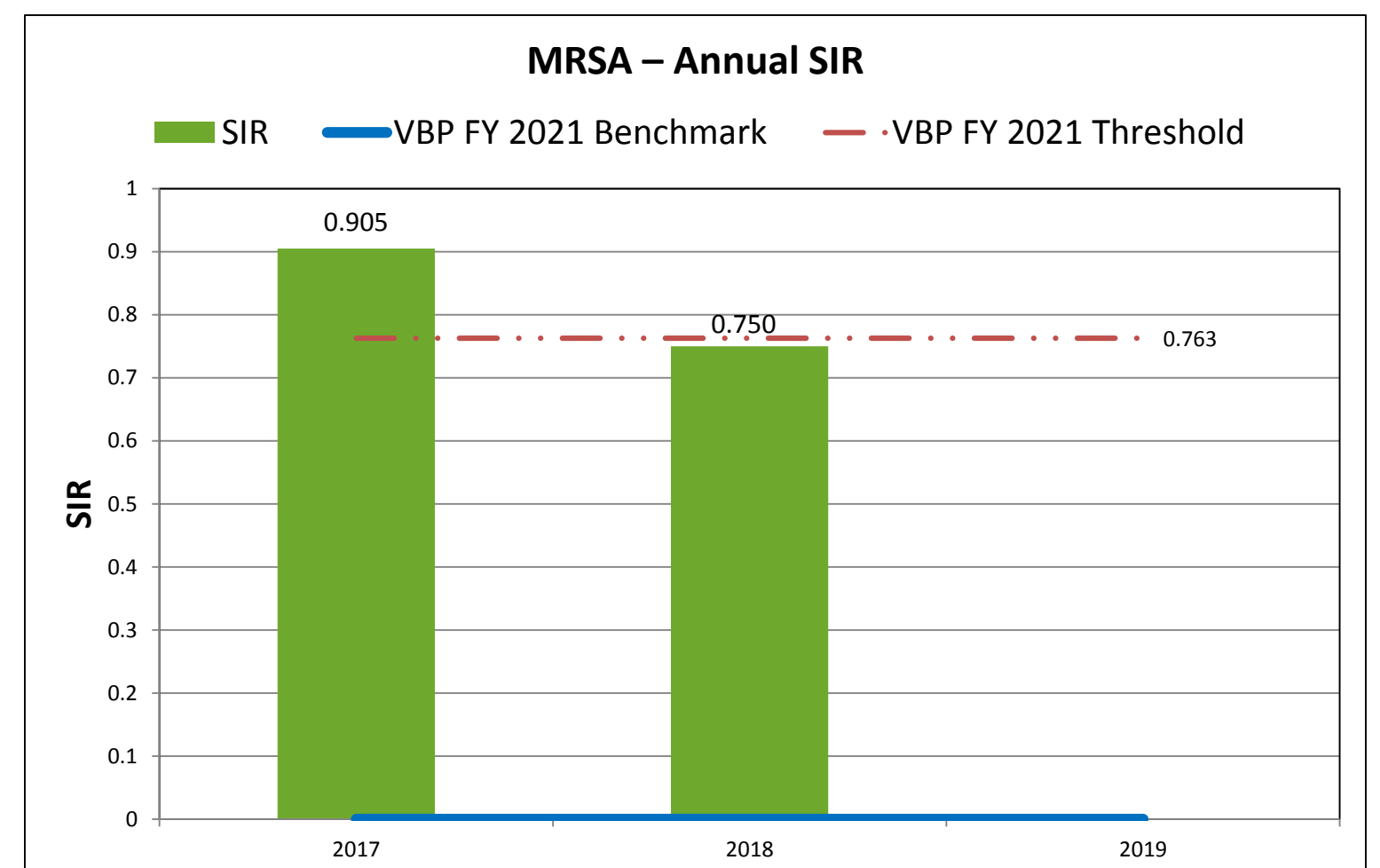
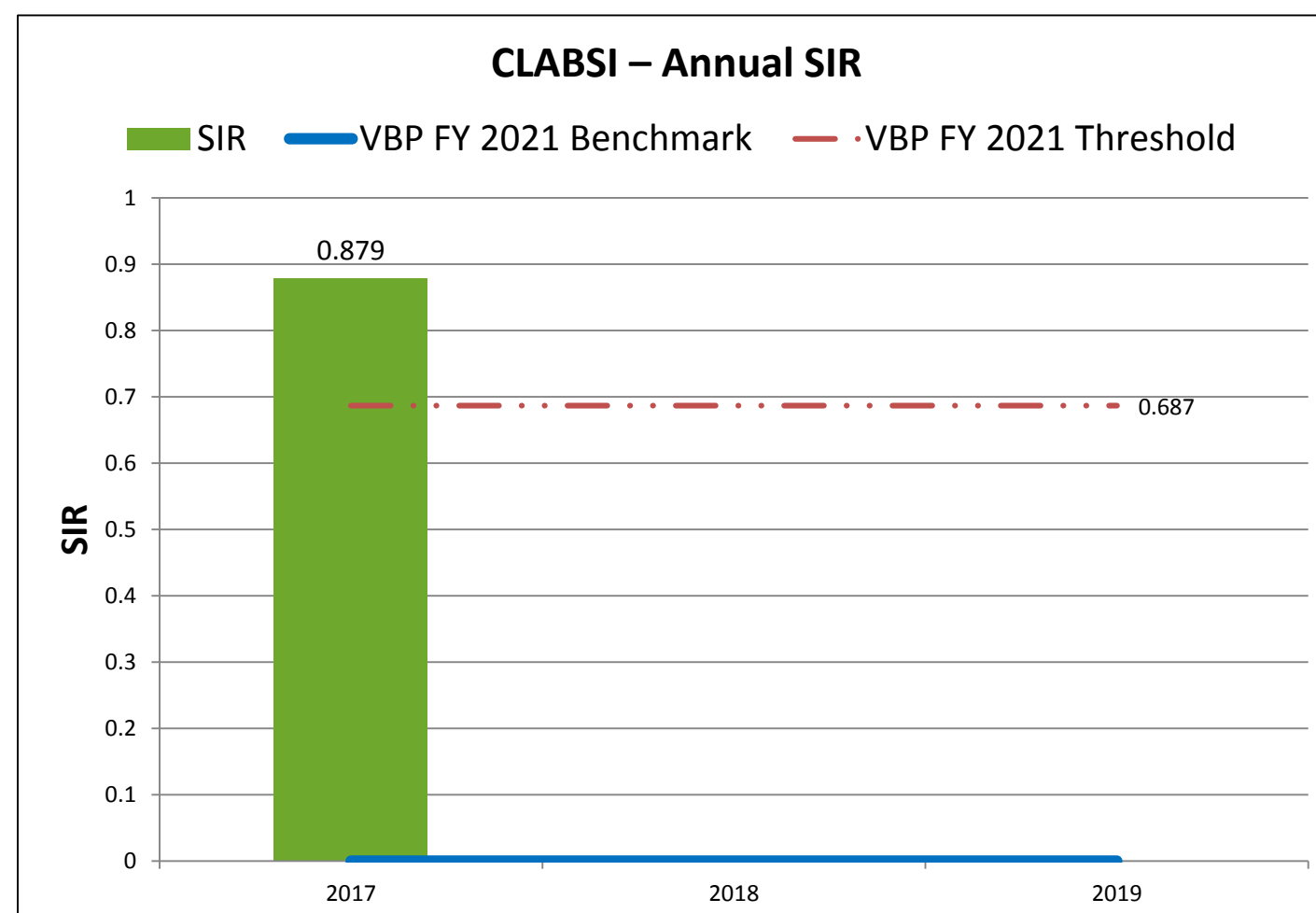
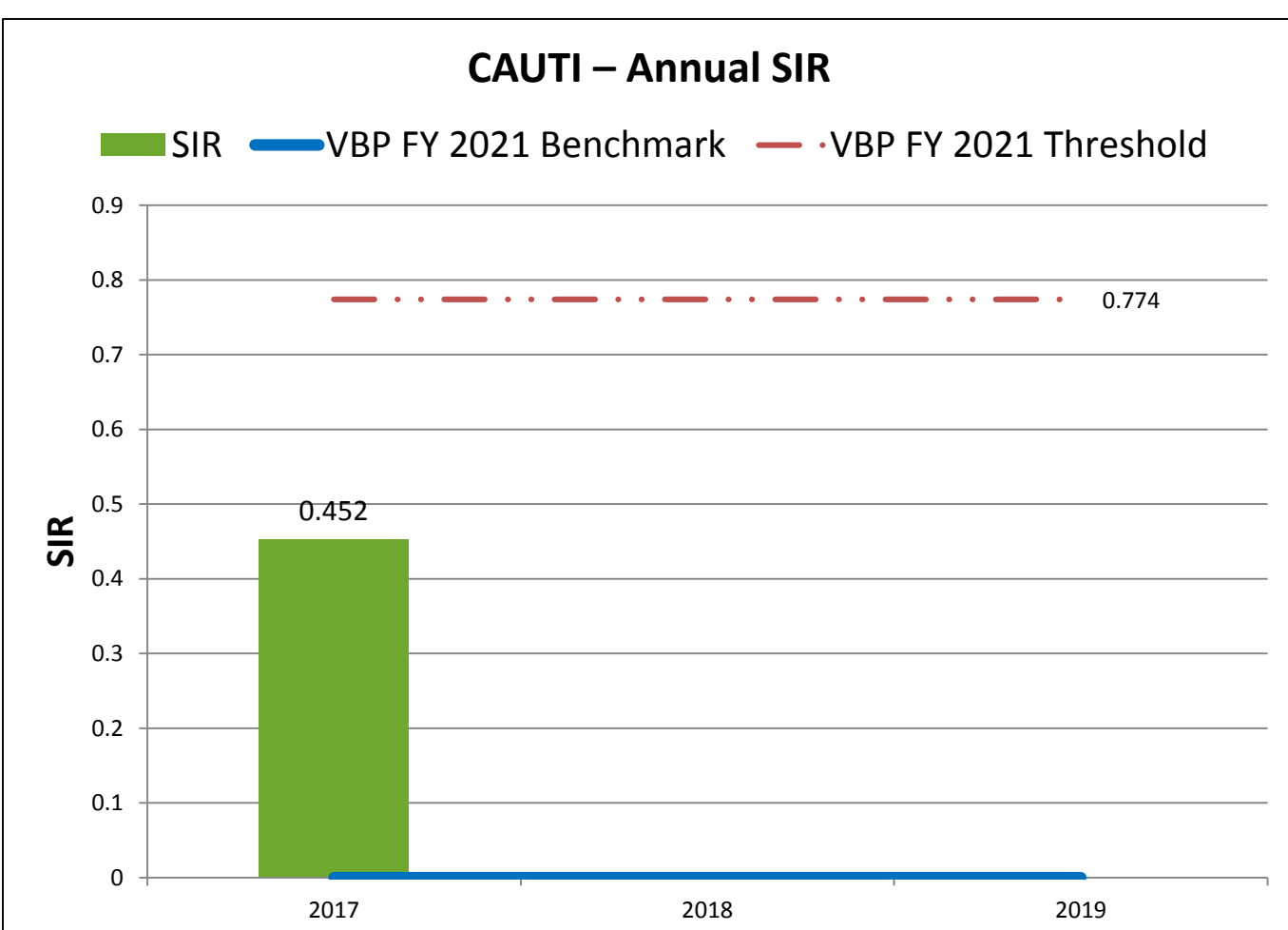


A twice daily safety huddle was implemented to include all departments including but not limited to house supervisors, charge nurses, Quality, Environmental Services, Pharmacy, and leadership. One of the focus' of this safety huddle is to review every patient with a foley catheter, central or PICC line, or isolation needs. The huddle team reports on reasons for catheters and central/PICC lines, maintenance and, time line for discontinuation. For MRSA and C-Diff, the huddle team reports on whether specimens have been collected and sent to lab. If not, the house supervisor checks with the charge nurse during rounds to ensure this happens within 72 hours of admission. The verbal report also includes type of isolation that has been implemented. Infection Control ensures it is the correct isolation procedures for the patient and helps determine when and if the isolation can be discontinued. Pharmacy works closely with providers to ensure the correct antibiotics are being administered and to encourage oral over IV use as soon as possible, when appropriate. A report is generated from the safety huddle and sent to the entire management team twice a day (between 930 am and 1230 pm and between 3 am and 6 am). Infection Control practitioner rounds on the units verifying staff and visitors are following isolation precautions. The house supervisors perform this function during the night and weekends. The data is collected monthly by the Infection Control Practitioner through hospital surveillance and reviewing all positive cultures. Celebrations are held for departments when milestones are met such as 6 months or 1 year without specific hospital acquired infections.



RESULTS

Data is through June 2019



LESSONS LEARNED/SUSTAINABILITY

It's a team effort. One person or one department cannot achieve zero. A cycle of improvement brought about an RCA for each event which was completed by a multidisciplinary team. This helped identify specific areas that needed further focused work including the need for CHG baths the night before surgery for all patients undergoing an abdominal hysterectomy as we do for total joints as well as glucose monitoring pre-, intra- and post-operative. While C-Diff is now within the threshold it is not meeting the Value Based Purchasing Benchmark. We initiated, as part of our hospital surveillance, the ICP working with physicians and staff to discontinue orders if symptoms for C-diff have subsided. "Last Day Since..."boards were created and posted in ICU, Med Surg, NICU, and the safety huddle room, so all involved staff know when the last infection occurred in their unit.

Other facilities could replicate the simple process of hospital wide huddles including:

- A standardized report template that directs the information that is shared
- Ensuring the report is disseminated to all leaders within the organization
- Identifying opportunities for surveillance from roles that may not typically be involved such as house supervisors

A very detailed RCA with a multidisciplinary team assessing each non conformity was critical to identifying gaps in processes. This too, can be replicated in other facilities.

LWH has integrated the twice daily safety huddles as a standard operating procedure.