WORKING TOGETHER TO IMPROVE HEALTH

MONTHLY UPDATE

May 2017

PARTNERSHIP FOR PATIENTS-NJHIIN UPDATES

More than 170 hospital leaders attended the May 22 launch of the New Jersey High Reliability Collaborative. The work, which will continue with the support of NJHA staff and partners, Connecticut Hospital Association and Press Ganey's HPI, is an intense learning collaborative designed to shift the culture of safety in acute care hospitals. High reliability organizations are defined as complex, high-risk organizations that deliver the right outcome each and every time, despite human error and potentially unsafe systems and processes. The science, strategies and tools of high reliability have been used by numerous organizations that need to manage high levels of risk, including those in the aviation and nuclear power industries. What healthcare has in common with these organizations is the possibility that a single human error, such as wrong-site surgery, blood transfusion incompatibility or medication error, could have tragic human consequences.

NJHA hosted two webinars to introduce high reliability organizations to members:

Dec. 14, 2016: "Improving Safety Culture through a High Reliability Approach"

Jan. 30, 2017: "Launching the New Jersey High Reliability Collaborative: Learning From the Journey of Others"

HENtrack DATA REMINDER

Please remember to enter your April 2017 data for the following areas of harm:

- Adverse Drug Events - Warfarin Events
- Falls and Pressure Ulcers *(for those hospitals that do not submit to NDNQI)*

Link to HENtrack data portal:

https://hentrack.njha.com/Account/Logon

(Please enter data going back to January 2015 so we may have a continuous trend of your progress.)

SPOTLIGHT ON SAFETY

Capital Health CAUTI Reduction Project

By: April Lang, Simone Brisson, Nancy Szilagyi and Gail Johnson

The journey at Capital Health (Regional Medical Center, Trenton and Medical Center – Hopewell, Pennington) to reduce catheter-acquired urinary tract infections (CAUTIs) began in 2013. The emergency department (ED) staff from both locations attended the *On the CUSP: Emergency Department Intervention Collaborative in New Jersey* kick-off conference, an initiative spearheaded by NJHA to develop a plan to sustain efforts to eliminate hospital-acquired CAUTIs in healthcare settings. As part of this collaborative, ED staff were educated and deployed the CUSP methodology, including the implementation of evidence-based interventions to reduce or eliminate CAUTIs.

Prior to kickoff, baseline data did not exist in either Capital Health ED. Interventions included an educational needs assessment of ED staff and development of a Foley catheter template in the electronic health record. Adjustments were made to the nurse documentation template and the physician order set to record the appropriate reason for insertion. By the end of 2014, both EDs saw a decrease in their Foley insertion rate (Hopewell - 9.09 percent to 6.75 percent; and Regional Campus - 6.54 percent to 4.88 percent, respectively).

CAPITAL HEALTH CAUTI REDUCTION PROJECT

(Left to Right: Barbara Flood, Cheryl Lang, April Lang, Gail Johnson, Simone Brisson, Dan Marino, Melissa Chichilitti, JoAnn Wolfson, Pat Michael.)

In early 2015, excluding yeast as a uropathogen under new National Healthcare Safety Network surveillance criteria, instantly reduced CAUTIs. During this time, Capital Health's critical care team joined NJHA's *On*

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the CUSP: Stop CAUTI Collaborative. The team included nursing administration, infection prevention nurses, managers and educators, as well as physician champions for each campus. Over several months, the workgroup introduced an electronic Foley catheter flowsheet. Nurses were required to evaluate each Foley on the night shift based on a nurse driven protocol. If specific criteria was not met, the catheter was discontinued at 6 a.m. and an algorithm was followed to identify retention.

As a result of Foleys often ordered for measuring intake and output, critical care areas researched and trialed the use of Medline Ultrasorb pads and scales to measure the pads for urine output. After great success, the rollout of the pads and scales were instituted house-wide. Late summer of 2015 included educational initiatives such as *Stop CAUTI Grand Rounds* and mandatory education via the hospital's learning management system.

CAPITAL HEALTH CAUTI REDUCTION PROJECT

(Left to Right: Ruthann Tobolski, Dr. Salem, Christina Allen, Colleen Price, Dr. Vypritskaya, Nancy Szilagyi, Monette Navallo)

Although the collaborative ended in August 2015, the hospital continues monthly meetings to address strategies to reduce CAUTIs. Huddles are instituted on all nursing care units to address device assessment. A standardized tool is used to provide managers with a systematic method to analyze any CAUTI that develops and gather feedback from direct care providers to determine opportunities for practice improvement and prevent future CAUTIs.

The CAUTI group, in conjunction with the house-wide Nursing Practice Council, evaluated various Foley catheter trays and converted to the Bard Sure Step system. In conjunction with catheter insertion training, the hospital mandated a two-person insertion practice as well as a checklist be completed with each catheter insertion. As the CAUTI project continued, it was identified that only using one wipe could actually promote the development of CAUTI and subsequently trialed Bard Peri-Wipes. Following positive evaluations, these wipes were instituted house-wide. Foley care using the periwipes is required at a minimum of twice daily and is documented in the patient health record.

In October 2016, the Nursing Quality Council conducted a point prevalence study focusing on Foley care and maintenance. Feedback was shared with the CAUTI committee and communicated back to staff. Each unit is required to report the number of Foleys in their unit, particularly noting those that have been in place for greater than 48 hours, during the hospital's daily safety call each morning. All staff including LIP's completed mandatory CAUTI prevention education.

Capital Health has celebrated tremendous success as a result of the CAUTI team. The CAUTI rate at the Regional Medical Center went from a high 6.68 infections per 1,000 catheter days to a low of 0. At the Capital Health Medical Center – Hopewell, CAUTI rate went from a high quarterly rate of 6.18 infections per 1,000 catheter days to 0. Although the multidisciplinary team is successful in reducing CAUTIs, they also recognize that their work is not done. The goal to sustain zero infections is ongoing. The group continues to meet monthly, recognizing the key to ongoing success is ongoing surveillance and follow-up. A second prevalence study is planned in conjunction with Bard. After reviewing the results, the team will then identify and focus on targeted areas for improvement.

MEET YOUR NJHA HIINnovators!

Kimberly Hewitson

Kimberly Hewitson is the office manager and research technical assistant for NJHA's Health Research and Educational Trust of New Jersey, where she has worked for 16 years. She earned her degree in executive assistance and has many years of experience in administrative and managerial roles.

Kimberly's varied responsibilities at NJHA/HRET include tasks associated with project development and implementation, coordination of activities and management of the day-to-day operations of the department and assigned projects. She participates in the development of grant proposals as well as budget

oversight. Kimberly provides support and technical assistance in research and data activities, including design of instruments, collection verification and analysis of data, and writing reports. Kimberly also is instrumental in the creation and development of educational materials, including resources and tools on health-related issues designed to improve the health status of communities. Kimberly is the primary contact for the annual HRET Community Outreach Awards as well as coordinator of the HRET Interpreter Training for Bilingual Staff in Healthcare that is held several times throughout the year.

Under the NJHIIN, Kimberly is an integral piece of the infrastructure that keeps the team aligned with its duties and provides support on all areas of focus related to the project. She coordinates meetings with partners, hospitals and others associated with this and parallel initiatives; conducts and summarizes the Organizational Readiness and Needs Assessment Survey and miscellaneous surveys; develops resources and tools to address educational gaps, including collection of data on race, ethnicity and language; manages listservs and contact lists; configures the monthly NJHIIN newsletter; coordinates educational trainings; and provides assistance to all members of the team.

Prior to joining NJHA, Kimberly worked as lead secretary and assistant to administration at a major N.J. insurance company, handling homeowners and auto insurance policies.

In Case You Missed It

To access the select previously recorded webinars, click on the links below:

- May 4 – Patient and Family Engagement Collaborative: Overview of the Five CMS PFE Metrics – *PLAY RECORDING*
- May 9 – The Power of Zero: HAI Kills – High Level Disinfection – *PLAY RECORDING*
- May 11 – NJHA Antimicrobial Stewardship Collaborative Webinar: Broad/Pharmacy-specific interventions – *PLAY RECORDING*
- May 24 – Pressure Injury Prevention Learning Action Collaborative: Changes in the Pressure Injury Staging System – *PLAY RECORDING*
- May 26 – Opioid Misuse Series: Responding to the Prescription Opioid & Heroin Crisis – *PLAY RECORDING*

UPCOMING NJHIIN OFFERINGS

All face-to-face learning session brochures can be accessed by visiting our website at http://www.njha.com/education/education-calendar/

Webinars

*** To register for webinars, visit njha.webex.com and go to "Institute for Quality and Patient Safety" ***

Call-in numbers for all webinars:
1-877-668-4490 / 1-408-792-6300

NJHA Antimicrobial Stewardship Collaborative

- June 8, 12 noon EST
  - *"The Role of Nursing in Stewardship"*
    Presenter: Rita Olans, DNP, CPNP, APRN-BC

The Power of Zero: HAI Kills

- June 9, 1 p.m. EST
  - *"Construction and Environmental Concerns for Infection Prevention"*

Opioid Misuse Series

- June 14, 12 noon EST
  - *"Physical and Mental Effects of Opioid Addiction"*
    Presenter: Ramon Solhkhah, M.D., Jersey Shore University Medical Center Psychiatry
- June 23, 12 noon EST
  - *"Overdose Death, Narcan Administration Data and Changing Trends with N.J. State Police"*
    Presenter: Juan Colon, N.J. State Police

New Jersey Sepsis Learning-Action Collaborative

- June 29, 1 p.m. EST
  - *"Preventing Sepsis-Related Readmissions"*
    Presenter: Giana Davidson, MD, MPH; Medical Director, Post-Acute Care, University of Washington

NJHA Patient and Family Engagement Collaborative

- July 6, 12 noon EST
  - *"Deep Dive Into Metric 4 - PFAC or Patient Representative on QI Team"*
    Presenter: American Institutes for Research (AIR)

Pressure Injury Prevention Learning Action Collaborative

- July 17, 12 noon EST
  - *"The International Buzz on Pressure Injuries"*
    Presenter: TBD