



CMPQI Quarterly Progress Report (Jan – Mar 2019)

CMP Request No. 2018-04-TN-0423

WashSense HAI Reduction and Training Pilot at Spring Gate

The major objective and goals of this project are to reduce nosocomial infections and related hospital readmission rates by reducing the spread of infection through the use of the WashSense System and staff & resident training at Spring Gate Rehabilitation and Healthcare Center.

Activities & Deliverables

Q1 2019:

Badge distribution for more than 200 clinical, administrative and contractors began in March 2019. The WashSense badges are attached to the back of the staff nametags. WashSense is explicitly designed to track infections, not users, and therefore reinforces desired staff behavior rather than punishing non-compliance. The System will assist infection prevention to identify patterns of spread and rule out the role of a badged staff member who performs proper hand hygiene. Spring Gate chose to assign badges to recognize individual users and the expectation from corporate and facility leadership is that nametags are part of the uniform and should be worn.

Met with Spring Gate Physician to introduce ArsanaMD for clinical engagement and care coordination for patient chart audits, remote monitoring and chronic care management. The physician is excited to begin using the Portal in April 2019.

Results Measurement

Healthcare –Associated Infection Metrics & Quarterly Review

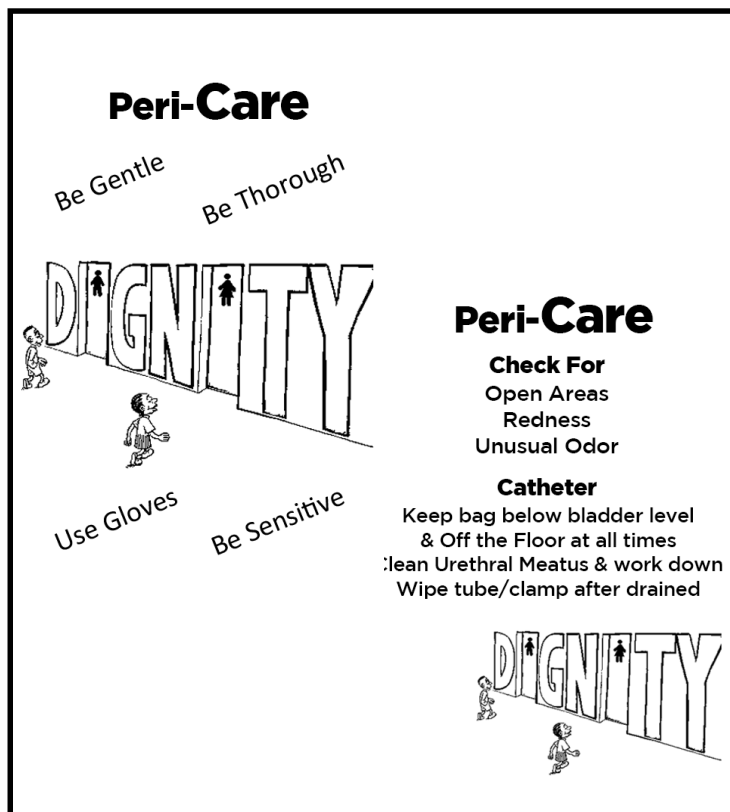
Infection Comparison Compared to Same Period Last Year		
% compared to previous year	Dec 2018 <i>(vs Dec 2017)</i>	Q1 2019 <i>(vs Q1 2018)</i>
Wound/Skin/Dental/Other	↓27%	↓32%
Urinary Tract Infection	↓14%	↓23%
Respiratory	↑67%	↑65%

Trends, Clusters & Interventions:

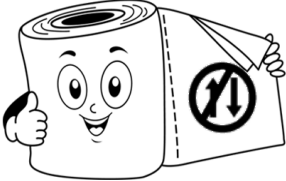
75% of the Conjunctivitis infections were located in Unit 300 and all diagnosed on same day in March. The following day, the Infection Preventionist addressed the CNA caring for all three patients and reminded her that she could not clear her as washing properly if she did not wear her name badge because it recognized her performance. The Nurse assigned to the Unit was not approached, as she did not return to her employment at Spring Gate. The infection ceased to cluster or trend.

Nosocomial Urinary Tract Infections (UTI) trended up slightly in February compared to Q1 2018. As a result, DSD and IP selected the “staff training messaging theme” for March and April to be Peri-Care as a follow up to staff in-services.

Below are the messages displayed at the beginning and then end of each hand wash on the WashSense Performance Devices in all staff dedicated sink areas.



Peri-Care
To Prevent
the Spread of Bacteria
For Women




**Wipe
Front to Back**

**Peri-Care
Women**
*Keep Resident
clean, comfortable
& prevent infection*

Provide Privacy
*Wash Perineum
front to back
in one motion*
Use clean part
of cloth each time
*Rinse Well
& Pat Dry*

Peri-Care
Special care required
to keep Resident
clean & comfortable &
prevent infection




**Peri-Care
Men**

- Provide Privacy
- Clean the Tip using circular motion
- Begin at Urethra and work outward
- Use clean part of cloth each time
- Clean the Scrotum. Rinse well & Dry
- Wash Scrotum to Anus - 1 Stroke
- Pat dry

For Men

don't forget
the under
carriage



The Ventilator Unit at Spring Gate provides complex care for many long-term stay patients with families unwilling to create a plan for palliative care. In addition to those with extended stays, the census is increasing with higher acuity patients. In Q1 2019, the majority of the unit population required isolation protocols and had recurring infections from chronic conditions that resulted in hospital visits for advanced care.

The following actions were taken by Spring Gate to address the increasing needs of the patients in the Ventilator Unit:

Clinical Leadership met with on-site Housekeeping Contractors to review the Tennessee Department of Health Report for observations. Discussion included required protocols, additional staff training, established schedules, expectations for oversight and supervision.

March 22nd – 24th: Building-wide terminal cleaning performed by Healthcare Services Group

Week of March 24th: In-service and training for all Ventilator Unit staff “Care for Residents with Tubes & Attachments” (See Addendum A).

Beginning in April 2019, Spring Gate is contracting with Progressive for a Nurse Practitioner dedicated to patient care in the Ventilator Unit.

Through March, the Infection Preventionist was the primary user of the WashSense Portal. As a result of the benefits, ease of use and added value, beginning in April, the WashSense Portal will be available for care coordination with Medical Director, Primary Physician, Nurse Practitioners, Pulmonologist, Respiratory Therapist, Vent Unit Nurse and Infection Preventionist. Early feedback is positive and users are excited to have a tool that increases effectiveness of care and coordination. The Portal creates a single view of lab results, medications and patient changes of condition in addition to clinical notes. It enables providers and facility leadership to implement early intervention and prevention strategies more efficiently.

Month-by-Month Comparison of Infections:

Includes Average Daily Census (ADC), active infections admitted from the community, nosocomial infections listed by category and chronic, recurring respiratory infections.

	Jan 2018	Jan 2019	Feb 2018	Feb 2019	Mar 2018	Mar 2019
AVG Daily Census	155	179	170	176	166	177
	Community Acquired					
Admitted	20	11	16	6	7	8
<u>Site of Infection:</u>	Nosocomial					
Eye/Conjunctivitis	0	1	2	2	1	4
Other: dental, skin, etc	9	3	9	1	5	7
Wound	0	0	2	0	0	1
GI Tract / C-Diff	0	0	0	1	0	0
UTI	10	4	6	8	10	8
Respiratory	7	9	3	5	7	14
<i>Recurring Respiratory</i>		(2)		(2)		(4)
Total Infections:	27	17	15	17	27	34

*2018 Historical data obtained from CareWATCH
Results for all payer types*

Readmission

The readmission totals below use CareWATCH criteria: Date Range by quarter. Entry must be from acute care (hospital)/ unplanned discharge/ all payer excluding Medicaid or Medicaid pending/ facility entry in date range.

Q3 2018 ADC – 179

Q4 2018 ADC – 73

Q1 2019 ADC – 177

RTH Q3 2018 All Payer excluding Medicaid or Medicaid pending	RTH Q3 2018 Hospitalizations 2/2 infection	RTH Q4 2018 All Payer excluding Medicaid or Medicaid pending	RTH Q4 2018 Hospitalizations 2/2 infection	RTH Q1 All Payer excluding Medicaid or Medicaid pending	RTH Q1 2019 Hospitalizations 2/2 infection
25 total (48%)	Pneumonia 8 total (32% of total)	23 total (28%)	Pneumonia 1 total (4% of total)	22 total (40%)	Pneumonia 3 total (13% of total)

Results for all payer excluding Medicaid or Medicaid pending

WashSense Hygiene Events Review

Dedicated Staff Areas:

- Highest performing department – CNAs
- Highest performance area - 100 Hall
- Highest # of hand washes events / department – CNAs
- Highest # of hand washing events / area - 300 Hall

Below is a breakdown of collected hygiene events by area/access:

Q1 2019	Total # of Events	% of Full Engagement
<i>Hand Washing Events</i>		
Dedicated Nursing/Staff Areas	9167	82%
Contractor Bathrooms	1286	55%
Public Bathrooms	2225	94%
Total Patient Rooms	71,952	62%
<i>Sanitizer Events</i>		
Resident Rooms	12,721	-
Public Area / Hallways	34,651	-

Staff Training & Education

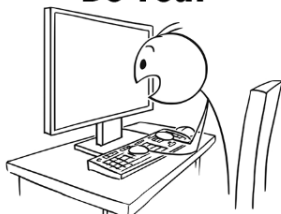
Staff Development Coordinator continues to use the WashSense device in service with all new employees during orientation as well as during clinical in-service check-offs for hand washing compliance. March is peri-care month and all staff in the facility completed training. The Staff dedicated wash devices were populated with peri-care training / summary content (page 2-3). Public education included Wash or Sanitizer Trivia Messages (below).

Public Education Messaging on WashSense Performance Devices (Public & Patient Rooms)

Wash or Sanitize?

You are stuck at your desk, tapping away at the keyboard, all afternoon...

Do You?

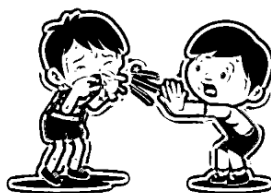


SANITIZE

Wash or Sanitize?

Everyone at home is sniffing, coughing, and sneezing, but you feel fine...

Do You?



WASH

Wash or Sanitize?

Tonight's recipe calls for you to cut up raw chicken

Do You?



WASH

Wash or Sanitize?

After a quick trip to the grocery store, you climb into your car to drive home

Do You?



SANITIZE

Conclusion

Staff use the WashSense Portal each morning to review patient changes in condition and to update Care Plans. Discuss trending and clustering of infection and create interventions, i.e.: re-training, care coordination strategies or targeted device messaging. Performance scores indicate, as expected, CNA's have highest level of patient room badged events. Scores in dedicated staff areas and public bathrooms show high engagement with time and vigor. Contracted staff (i.e.: housekeeping) continues to show room for improvement. Staff requires reminders to wear their name badges and as leadership approach staff about infection spread and not hygiene compliance, they are slowly being educated and beginning to understand that the WashSense badges are not "tracking their every move".

Methodist North is our closest hospital partner, located just steps from the facility. Not only do we receive many referrals from this hospital, but many of our acute RTH are transferred there first due to proximity to our facility. The Wash Sense System and grant project inspired and enabled us to open a dialogue regarding how Spring Gate is working to improve infection control as well as our RTH rate and we were eager to share this information with Methodist North Department of Case Management as well as Infection Control. Our initial meeting was to introduce the Wash Sense System and the goals of the project. The follow up meeting was at Methodist North and included several of our clinical leadership and Infection Control, as well as their Infection Control team and Practitioner. We are taking care of the same residents essentially, at different levels of care. One of the results from the meetings was improved communication and sharing of best practices. Our next goal is to obtain a meeting with Select Specialty, an LTACH in Memphis who refer many of our vent / trach referrals. We believe a collaborative multi system effort to work together as a community to improve infection control and improve rehospitalization can result from our efforts to communicate more effectively and share best practices. We have attempted to secure a meeting with Select and we are confident we will secure a meeting with them in the next quarter. We plan to have continued regular meetings with these partners to share best practice to improve outcomes.

Tracheostomy Care Audit Tool

Frequency of Review:						Reviewed by:						
	Date of Review											Place a 0 in the box if N/A. Place a 1 in appropriate Yes or No box. Add totals – Focus on addressing all “No’s”
	MR Number											
	Unit											
Item #	Criteria:	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Comments:
1	Wash hands and put on gloves											
2	Assess site is clean, dry and without dryness											
3	Suction equipment is cleaned and covered											
4	Sterile technique is used for suctioning trach.											
5	All catheters maintain sterility.											
6	Normal saline is dated and disposed of in 24 hours											
7	Obturator is clean and stored properly											
8	Staff are aware of procedure if trach accidentally come out.											
9	Spare trach kept at bedside same size and make.											
10	Ties are clean and dry											
11	O2 tubing is changed per policy											
12	Nurse removes gloves and washes hand when care is completed.											
	Totals											

Comments/Follow-Up

Confidential: This document has been prepared under the direction of the QA & A Committee for review and evaluation by the Quality Assessment and Assurance Committee and is entitled to the protection of the peer review, medical review, quality assurance, or other similar privileges provided for by state law. This document may also be privileged under attorney-client privilege. It is not to be copied or distributed without the express, written consent of the legal department.

Tube Care Audit Tool

Frequency of Review:						Reviewed by:						
	Date of Review											Place a 0 in the box if N/A. Place a 1 in appropriate Yes or No box. Add totals – Focus on addressing all “No’s”
	MR Number											
	Unit											
Item #	Criteria:	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Comments:
1	Physician's orders specific: tube, amount, rate etc.											
2	Tube placement checked per auscultation of air bolus and aspiration/resident checked for nausea/vomiting tenderness or drainage at tube insertion site.											
3	Tubing appropriately anchored/affixed.											
4	Flushes appropriate using correct room temperature fluid.											
5	Protector cap used when disconnected.											
6	Medication administered properly (separately, flush between, in by gravity, handwashing before and after handling system, gloves if risk for contact with body fluids.											
7	Dietitian assessed adequacy of enteral nutrition											
8	Dietician assesses amount of free water required											
9	Physician and nursing aware of RD recommendations.											
10	Care Plan and care being provided corresponds with recommendations.											
11	Intake accurate and totaled Q24 hours											
12	Head of bed raised above 30-45 degrees during bolus feeding and for 1 hour after.											
13	Tubing is marked and dated.											
14	Tubing and equipment changed every 24 hours											
15	Syringe is clean, labeled, dated and stored safely.											
	Totals											

Comments/Follow-Up

Confidential: This document has been prepared under the direction of the QA & A Committee for review and evaluation by the Quality Assessment and Assurance Committee and is entitled to the protection of the peer review, medical review, quality assurance, or other similar privileges provided for by state law. This document may also be privileged under attorney-client privilege. It is not to be copied or distributed without the express, written consent of the legal department.

18b	For Males: Grasp penis with non dominant hand and retract foreskin if present Cleanse meatus and foreskin using new clean area of cloth with each stroke Cleans catheter from insertion point downward 3 inches – avoid pulling on catheter Releases foreskin Removes gloves and washes hands											
19	Cover resident											
20	Dispose of supplies.											
	Totals											

Comments/Follow-Up:

Confidential: This document has been prepared under the direction of the QA & A Committee for review and evaluation by the Quality Assessment and Assurance Committee and is entitled to the protection of the peer review, medical review, quality assurance, or other similar privileges provided for by state law. This document may also be privileged under attorney-client privilege. It is not to be copied or distributed without the express, written consent of the legal department.

IV Care Audit Tool

Frequency of Review: Monthly					Reviewed by:							
	Date of Review											Place a 0 in the box if N/A. Place a 1 in appropriate Yes or No box. Add totals – Focus on addressing all “No’s”
	MR Number											
	Unit											
Item #	Criteria:	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Comments:
1	Handwashing before and after											
2	IV tubing dated and not over 72 hours.											
3	Site free from signs and symptoms of inflammation, drainage or tenderness											
4	Dressing initialed and dated											
5	Tubing not contaminated during infusion											
6	Tubing disposed of correctly											
7	IV solution per MD order											
8	Piggy back tubing dated and not over 24 hours											
	Totals											
Comments/Follow-Up												
<p>Confidential: This document has been prepared under the direction of the QA & A Committee for review and evaluation by the Quality Assessment and Assurance Committee and is entitled to the protection of the peer review, medical review, quality assurance, or other similar privileges provided for by state law. This document may also be privileged under attorney-client privilege. It is not to be copied or distributed without the express, written consent of the legal department.</p>												