

# Welcome and Instructions

- For audio, join by telephone at **877-594-8353**, **participant code 56350822#**
- Your line is OPEN. Please do not use the hold feature on your phone but do ***mute your line by dialing \*6.***
- If you are having technical difficulties, email [mmoch@kyha.com](mailto:mmoch@kyha.com)
- Please ask questions through the chat box or wait to the end of each section to ask the presenter





Welcome to the  
Kentucky Hospital Improvement  
Innovation Network -  
May Update



Kentucky  
Hospital  
Association

# Agenda

1. Data and Info Nuggets – CAUTI, CLABSI, SSI, & VAE
2. Ky. Quality Counts Update
3. Kentucky Milestone Program
4. Survey re: Evaluation for HEN 2.0
5. Hospital Highlight – Ephraim McDowell Regional Medical Center – Regina Rice
6. Upcoming HRET Events
7. Upcoming K-HIIN Events
  1. Webinars
  2. Wound Care Education Institute Training
8. Timeline and Next Steps





*THE RACE CONTINUES*

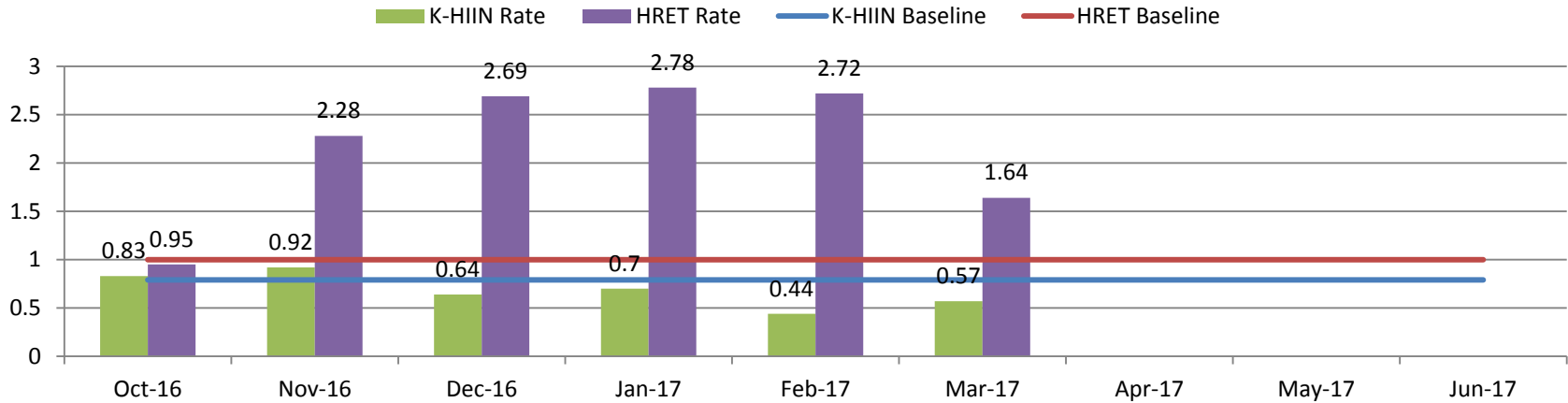
Kentucky Hospital [Improvement Innovation](#) Network

# DATA UPDATE

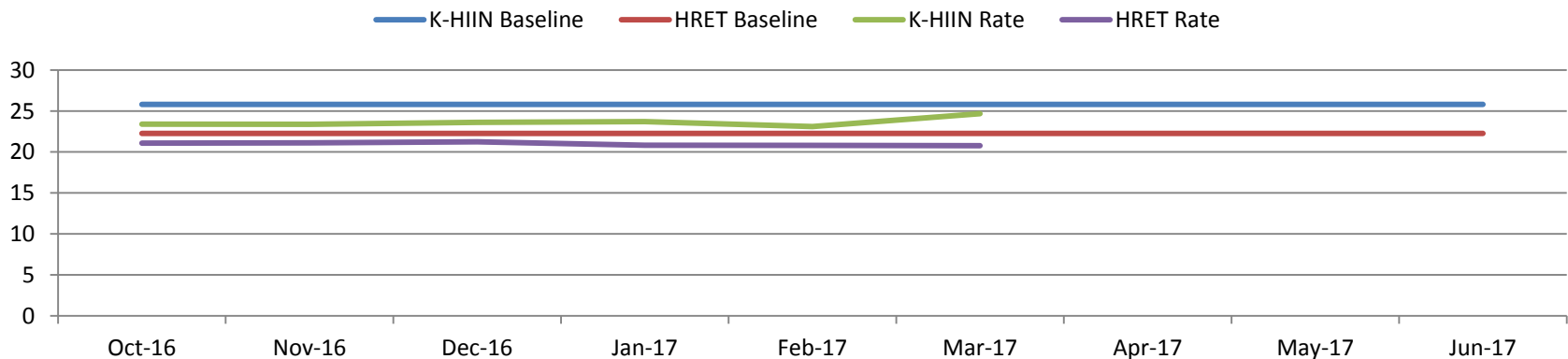


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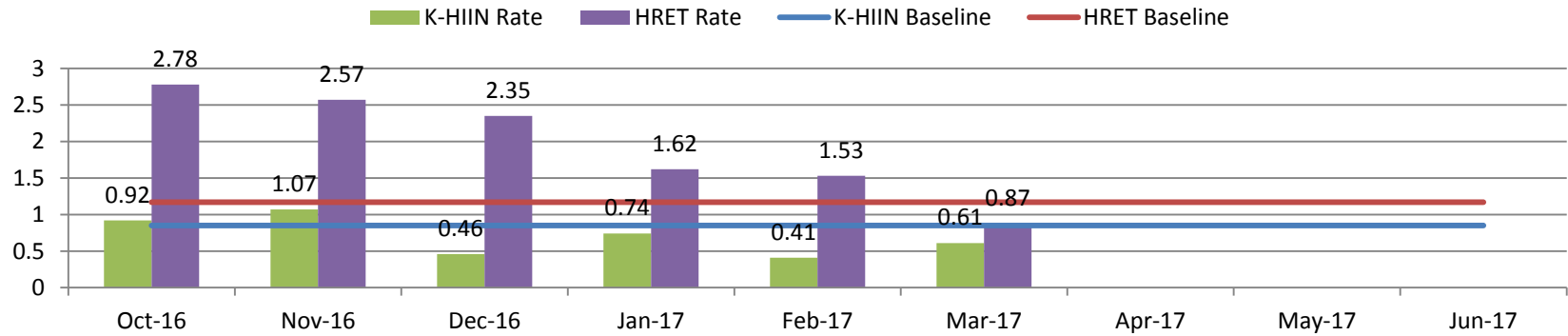
**CAUTI-2a Rate - All Tracked Units**



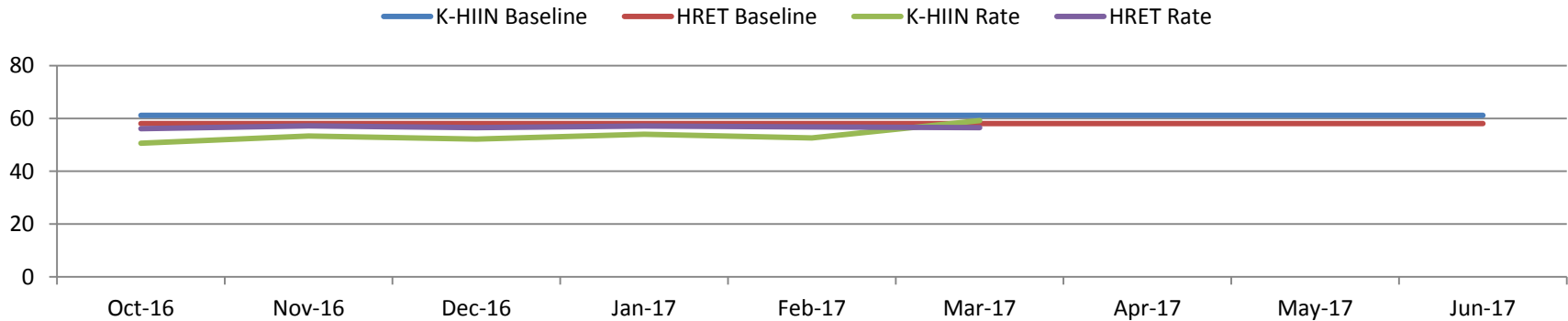
**Catheter Utilization Ratio - All Tracked Units**

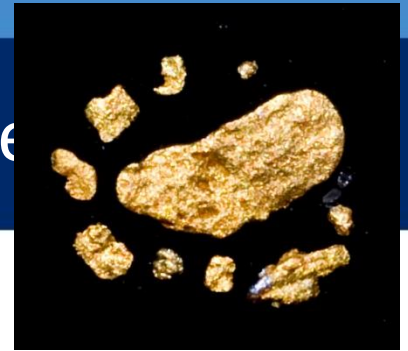


### CAUTI-2b Rate - ICU



### Catheter Utilization Ratio - ICU Only

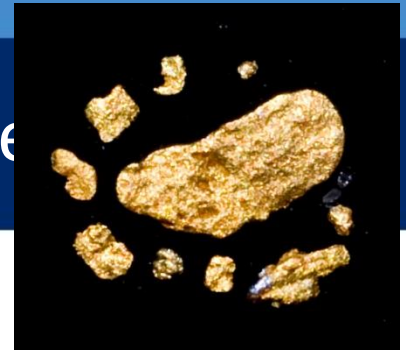




Kentucky Hospital Improvement Innovation Network

- The Culture of Culturing –
  - Dr. Fakih
  - ✓ More unnecessary cultures=more unnecessary antibiotics=more C diff and MDRO development AND other side effects, allergic reactions, GI upset, etc.
  - 1) Discontinue screening cultures
    - ✓ Why would we document **Foley** POA?
  - 2) Educate NO urine cx unless patient is symptomatic (exceptions: pregnancy, very sick and NON-historians)





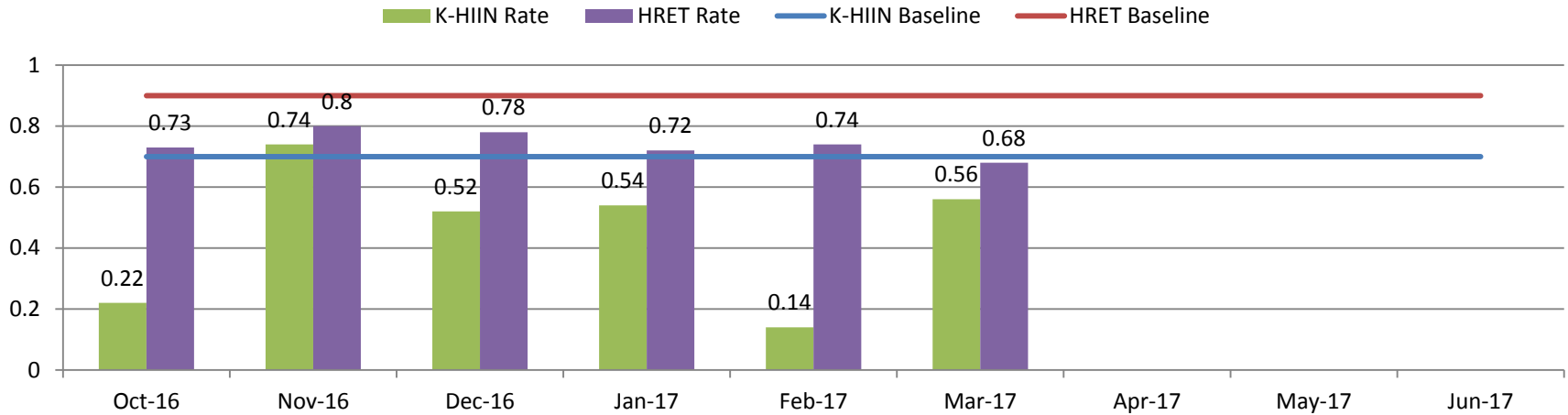
- \*\*NO culture for foul odor  
cloudy appearance, sediment, hematuria, change in color
- Technique matters
  - Collection
    - Mid-stream clean catch
    - Foley pts-sampling port and transfer device
  - Timely transport and processing
    - 2 hours **MAX** from collection to processing

**\*\*Studies have shown contamination rates of 27-48%, half received ABX.**

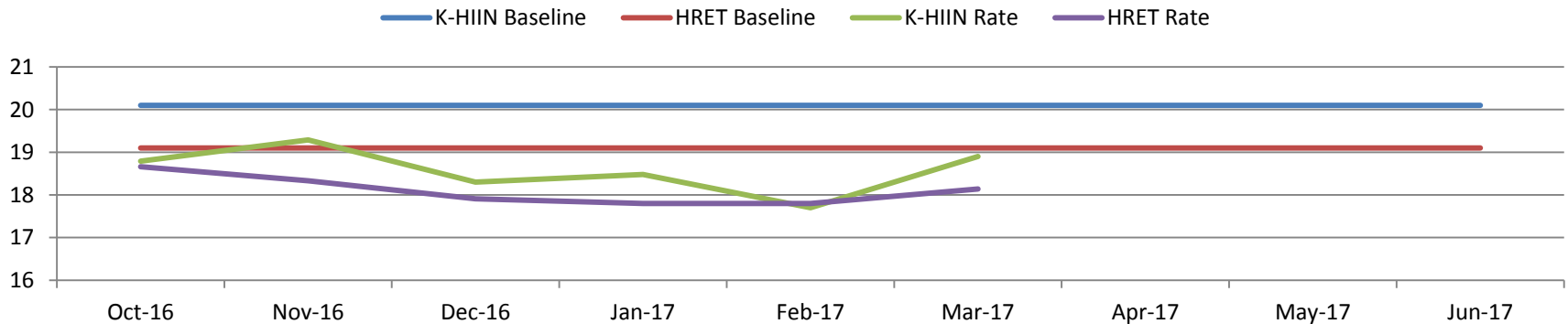




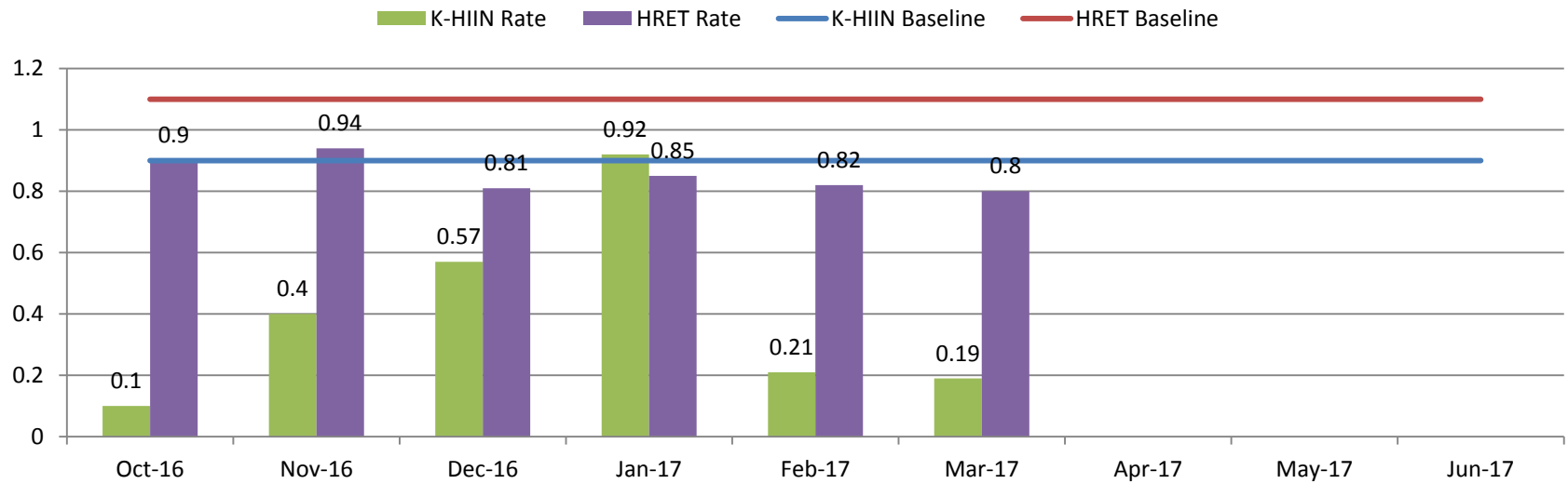
## CLABSI Rate - All Tracked Units



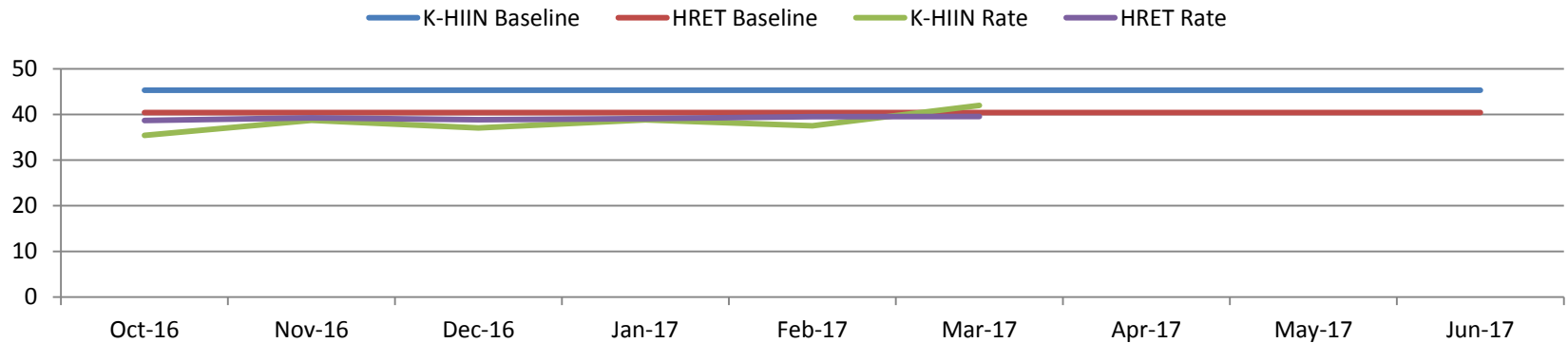
## Central Line Utilization Ratio



## CLABSI-2b Rate - ICU



## Central Line Utilization Ratio - ICU Only

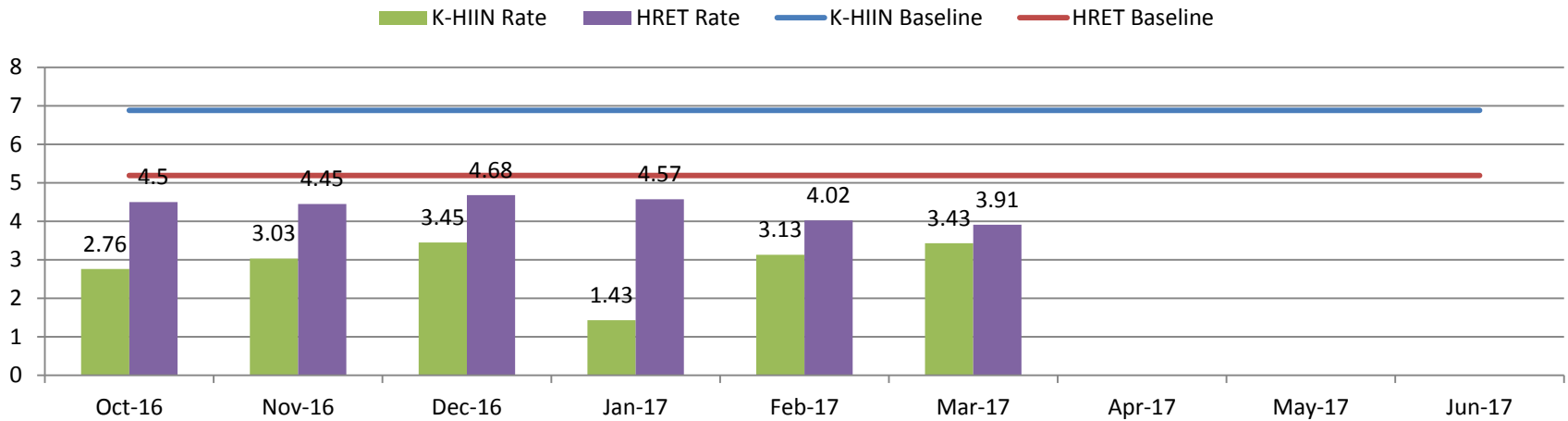




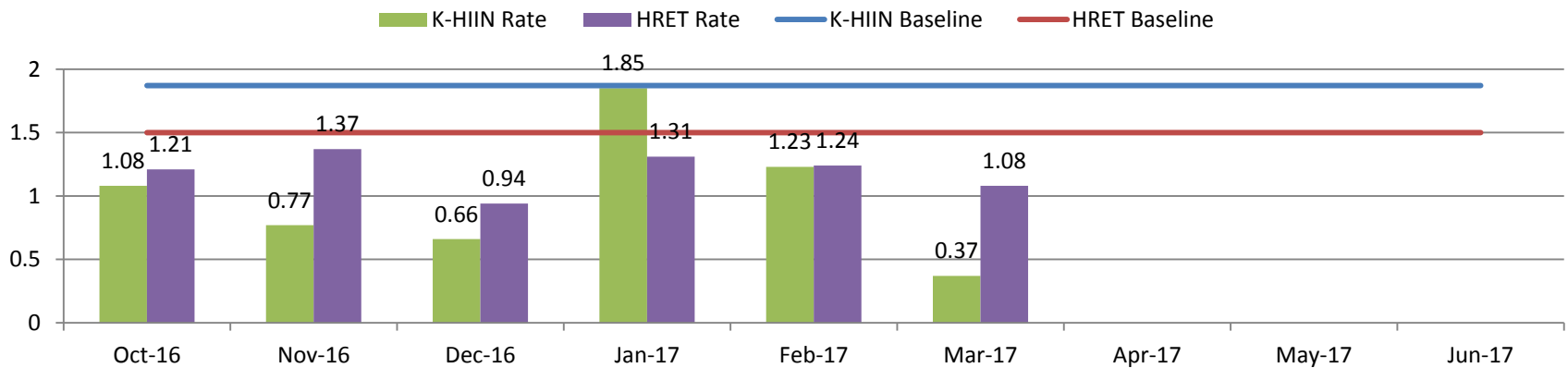
- Not perfect, but successful initiatives around insertion bundle compliance and decreasing line days
- Where are we with decreasing unnecessary line entries?
  - Unnecessary lab draws
    - No longer needed or so close together we don't have results communicated before getting another set
  - Meds IV that could be PO
  - Observations of line entries, bag and tubing changes



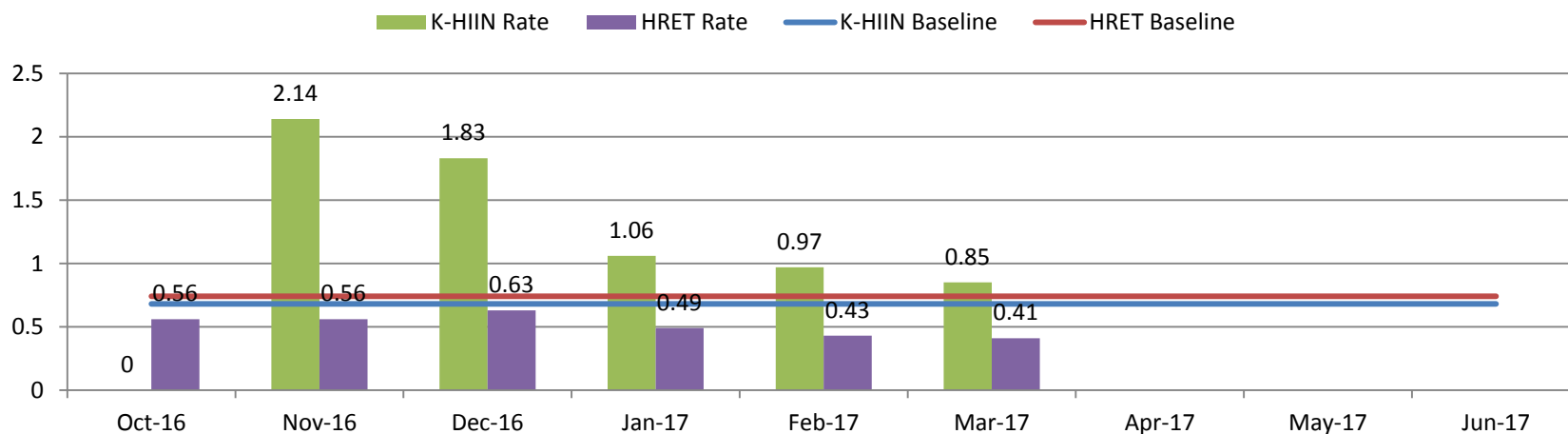
## SSI-2a Rate - Colon Surgeries



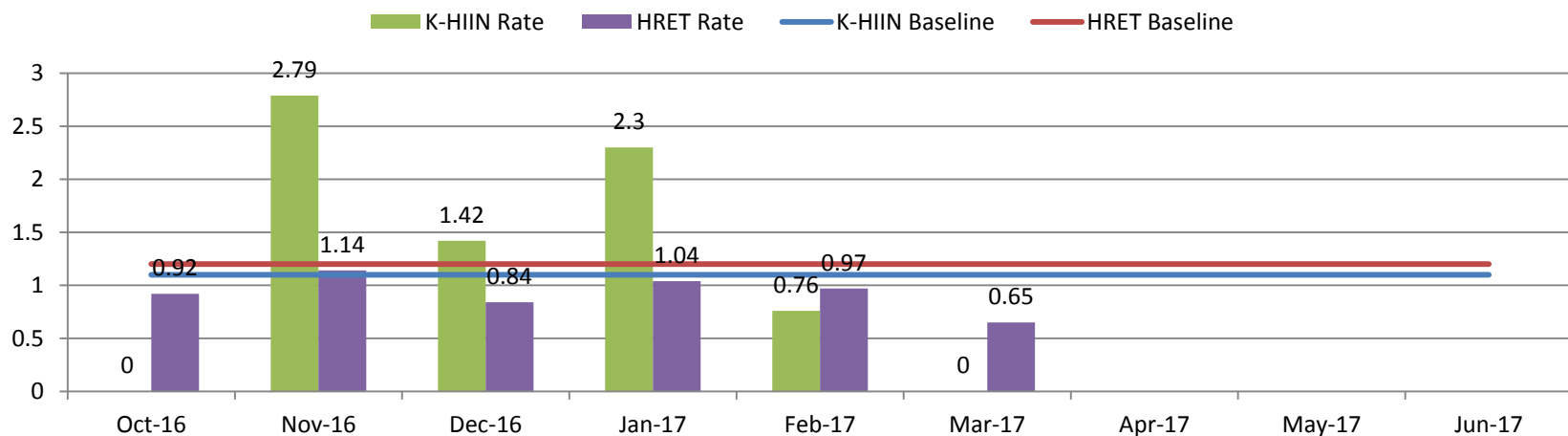
## SSI-2b Rate - Abdominal Hysterectomies



## SSI-2c Rate - Total Knee Replacement



## SSI-2d Rate - Total Hip Replacement

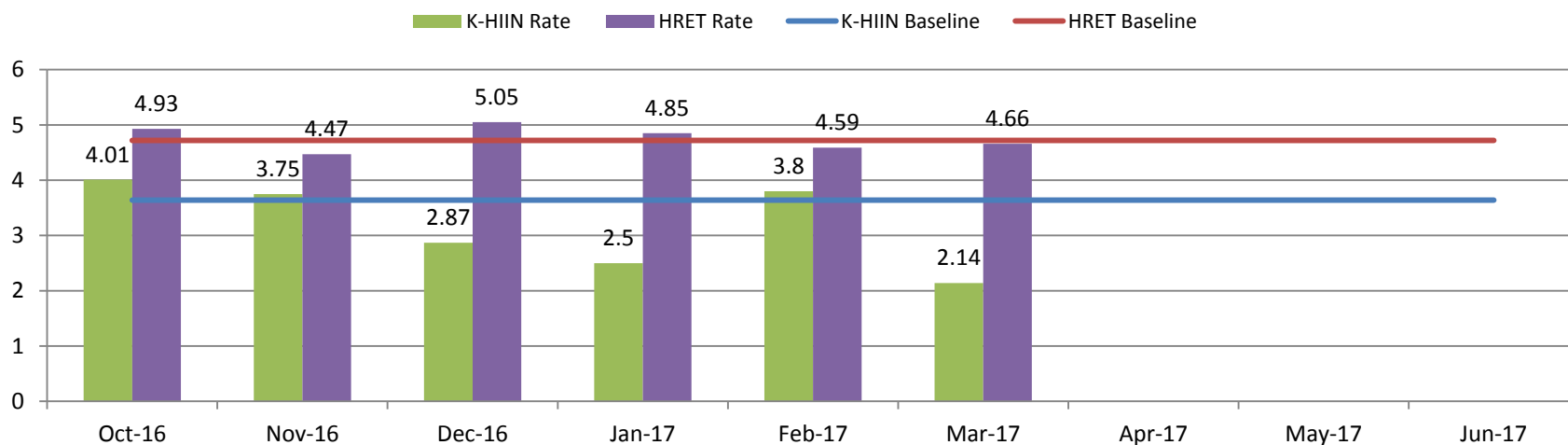




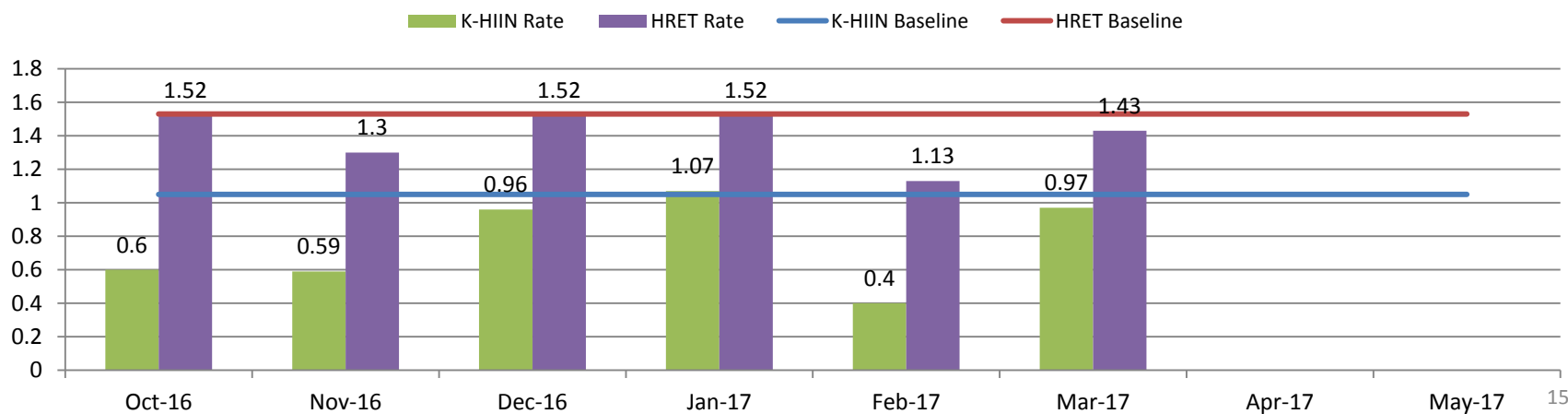
- Peri-operative practices
  - Observations- Is the fox watching the hen house??
    - Time-outs
    - Preps
    - Intra-operative sterile technique
    - OR room entries, etc.
    - Attire
    - Room cleaning for turnover and at end of schedule
- Innovative Solution- Remote Monitoring with Real Time Feedback

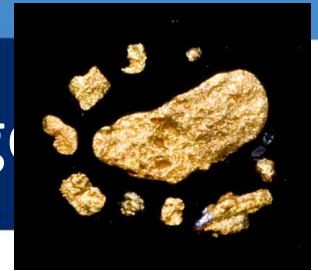


## VAE-1 Ventilator-Associated Condition



## VAE-2 Infection-Related Ventilator-Associated Complication

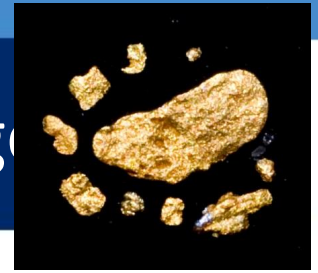




- **Not required at this time, but...**
  - New measure
  - In the validation process
- **Why should I collect it then? I haven't had a VAP in a long time!**
  - Helps with validation process
  - Allows you to provide input on revisions
- **Provides information you probably didn't have before**
- **Remember-VAE > VAP**





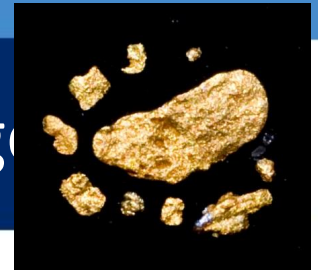


## • From Cindy Gross at CDC

- “Remember VAC stands for vent-associated conditions rather than complications. Research on definitions similar to the VAC definition shows that most VACs represent pneumonia, ARDS, atelectasis, and pulmonary edema. These are all significant clinical conditions that may be preventable. If you are interested in learning more, see Klompas M et al., PLoS ONE 2011

<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0018062>).





- Why do we include it for HIIN?
- One of the main purposes of VAE surveillance is to identify areas for improvement of care and management of patients receiving ventilator support. Infections are not the only potentially preventable complications of mechanical ventilation.





***You all hitting your “milestone” goals helps us hit our milestone goals a***



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- Milestone 1 – Commitment Letter/Participation to us by 12/31/16
- Milestone 2 – Baseline data by 1/31/17
- Milestone 3 – Monthly Monitoring data thru February 2017 in to KQC by 4/28/17
- Milestone 4 – Monthly Monitoring data thru May 2017 in to KQC by 9/1/17



- The Partnership for Patients Evaluation Contractor will be surveying hospitals who participated in HEN 2.0 to:
- Assess the impact the program had on reducing hospital-acquired conditions by 40% and readmissions by 20% from 2010 to the end of 2016;
  - Identify changes in hospital safety practices that occurred as a result of program participation.

Hospitals will receive an online survey that needs to be filled out – this information is essential for evaluation of the success of the program.

- Survey was sent to hospital CEO's on 5/24/17
- Hospitals have 3 weeks to complete the survey



# Hospital Highlight

## Ephraim McDowell Regional Medical Center Danville, KY



# Upcoming Events - HRET

HRET HIIN Physician Inclusion Virtual Event ,  
May 31, from 12 – 1 p.m. EST

HRET HIIN Antibiotic Stewardship Program– The Secret of  
Getting Ahead is Getting Started, June 1, from 12 –  
1 p.m. EST

HRET HIIN ICU Care Virtual Event – A Team Sport,  
June 6, from 12- 1 p.m. EST

HRET HIIN Readmissions Event: Reduce Readmissions  
Fishbowl Series 2,  
June 15, from 12 – 1 p.m. EST

<http://www.hret-hiin.org>



# Upcoming Events - HRET

## Adaptive Leadership in Medicine Training – August 2-3, Chicago, IL

- Opportunity for physician and administrator from the same organization to join together and gain valuable leadership tools
- HIIN Hospitals eligible to receive a scholarship that includes training, hotel, and airfare
- Details forthcoming – but at time of registration will be required to identify the physician/leader dyad
- *\* this is an HRET-sponsored event, not an HRET HIIN event*



# Upcoming Events – K-HIIN

K-HIIN Care of the Hospitalized Elderly Patient/Delirium  
webinar series Part V – Progressive Early Mobility

June 22, from 1 – 2 p.m. EST

K-HIIN Monthly Webinar for June,

June 28, from 11 – 12 p.m. EST

[www.k-hen.com](http://www.k-hen.com)





# Timeline and Next Steps

- **Continue entering Monitoring Data into KQC**



**KEEP  
CALM  
AND  
HIIN  
ON**



# Questions?

