

2022

STRONGER

vizient. CONNECTIONS SUMMIT

Sept. 19–21, 2022

#vizientsummit



THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER



SSMHealth
Saint Louis University Hospital

Northwestern
Medicine®

Technology and Changing Culture Intensify Focus On Hospital-Acquired Conditions



THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER



Justin F. Smyer, MBA, MPH, MLS(ASCP)CM, CIC, FAPIC

Director, Clinical Epidemiology

The Ohio State University Wexner Medical Center, Columbus, OH

~~~~~

**Emily Hazelton, RN, MSN**

Administrative Director of Nursing Operations

SSM Health Saint Louis University Hospital, Saint Louis, MO

~~~~~

Mechelle Krause, MSN, APRN, AG-CNS, WCC, OMS

Clinical Practice Specialist Wound/Ostomy

Lindsay Werth, MSN RN CMSRN CPPS, Patient Safety Program Manager

Northwestern Medicine Lake Forest Hospital, Lake Forest, IL

Disclosure of Financial Relationships

Vizient, Inc., Jointly Accredited for Interprofessional Continuing Education, defines companies to be ineligible as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

An individual is considered to have a relevant financial relationship if the educational content an individual can control is related to the business lines or products of the ineligible company.

No one in a position to control the content of this educational activity have relevant financial relationships with ineligible companies.

Learning Objectives

- Discuss how to create a culture of ownership where patient harm is unacceptable.
- Identify three benefits and three challenges of implementing an electronic hand hygiene monitoring system.
- Describe how to develop a thermal imaging protocol in your organization.



THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER



SSMHealth
Saint Louis University Hospital

Northwestern
Medicine®

Technology and Changing Culture Intensify Focus On Hospital-Acquired Conditions

The Ohio State University Wexner Medical Center

2022

VIZIENT CONNECTIONS SUMMIT



vizient.



THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

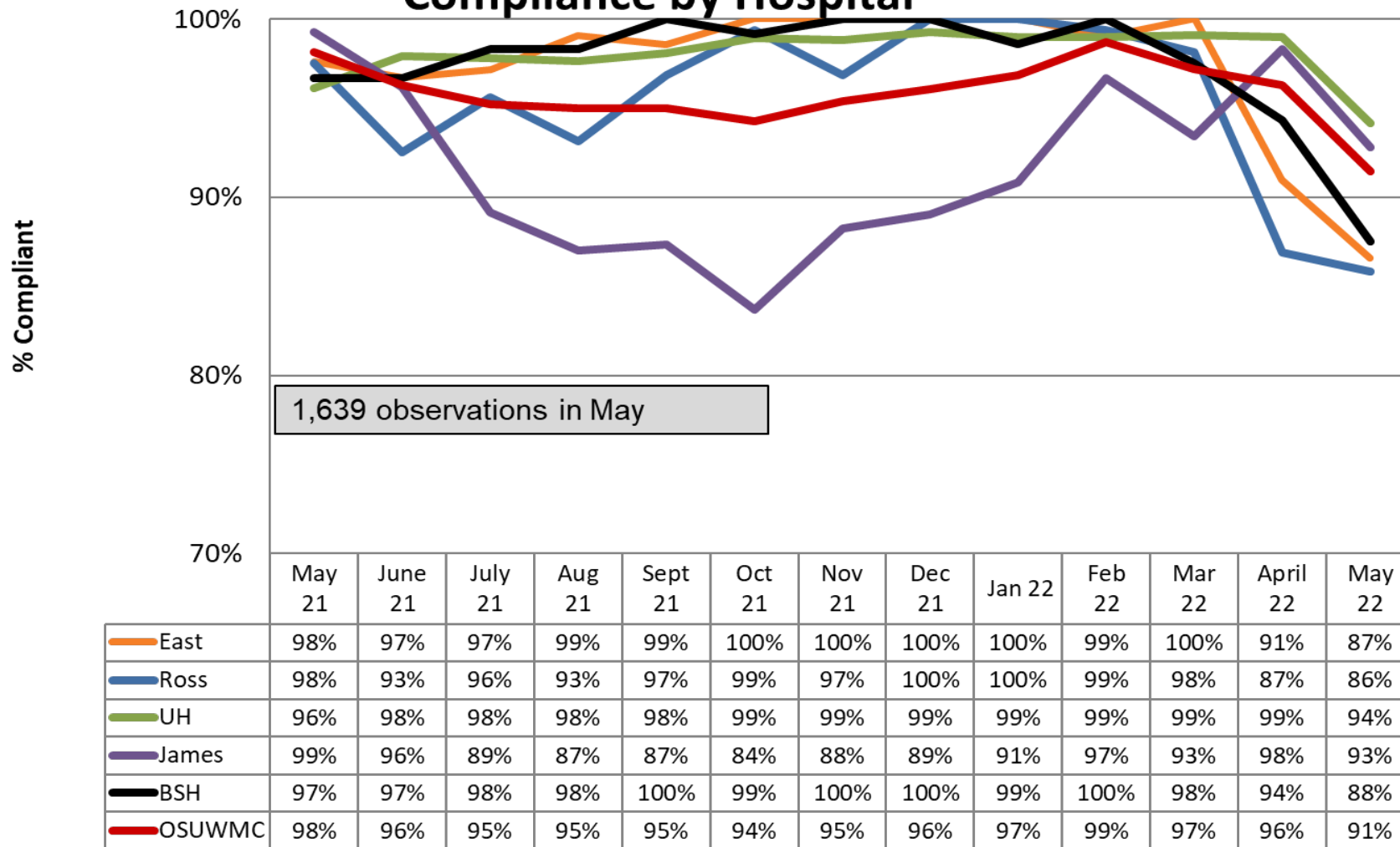
Implementation of an Electronic Hand Hygiene Monitoring System

Justin F. Smyer, MBA, MPH, MLS(ASCP)^{CM}, CIC, FAPIC

Director, Clinical Epidemiology

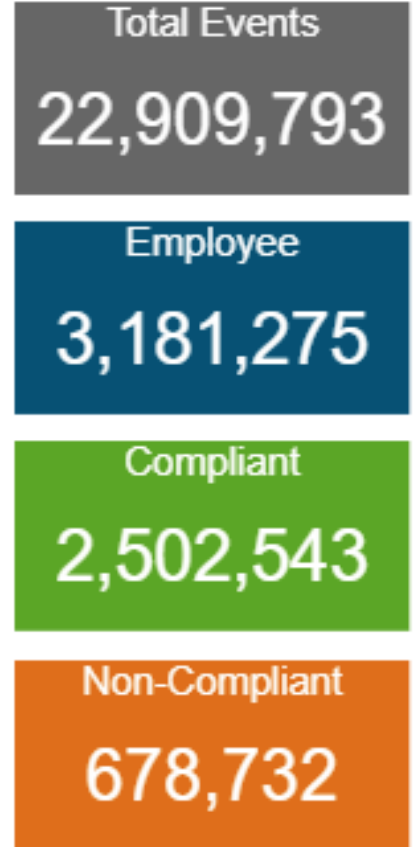
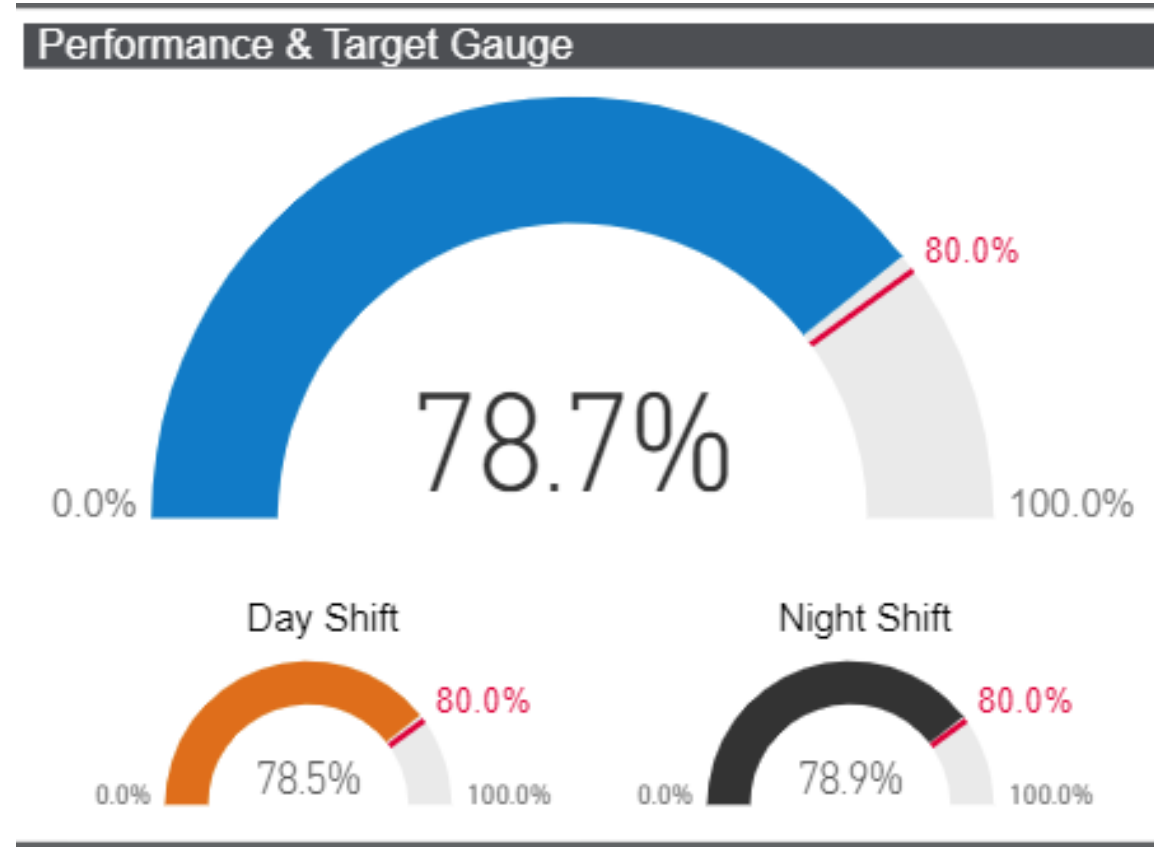
The Ohio State University Wexner Medical Center, Columbus, OH

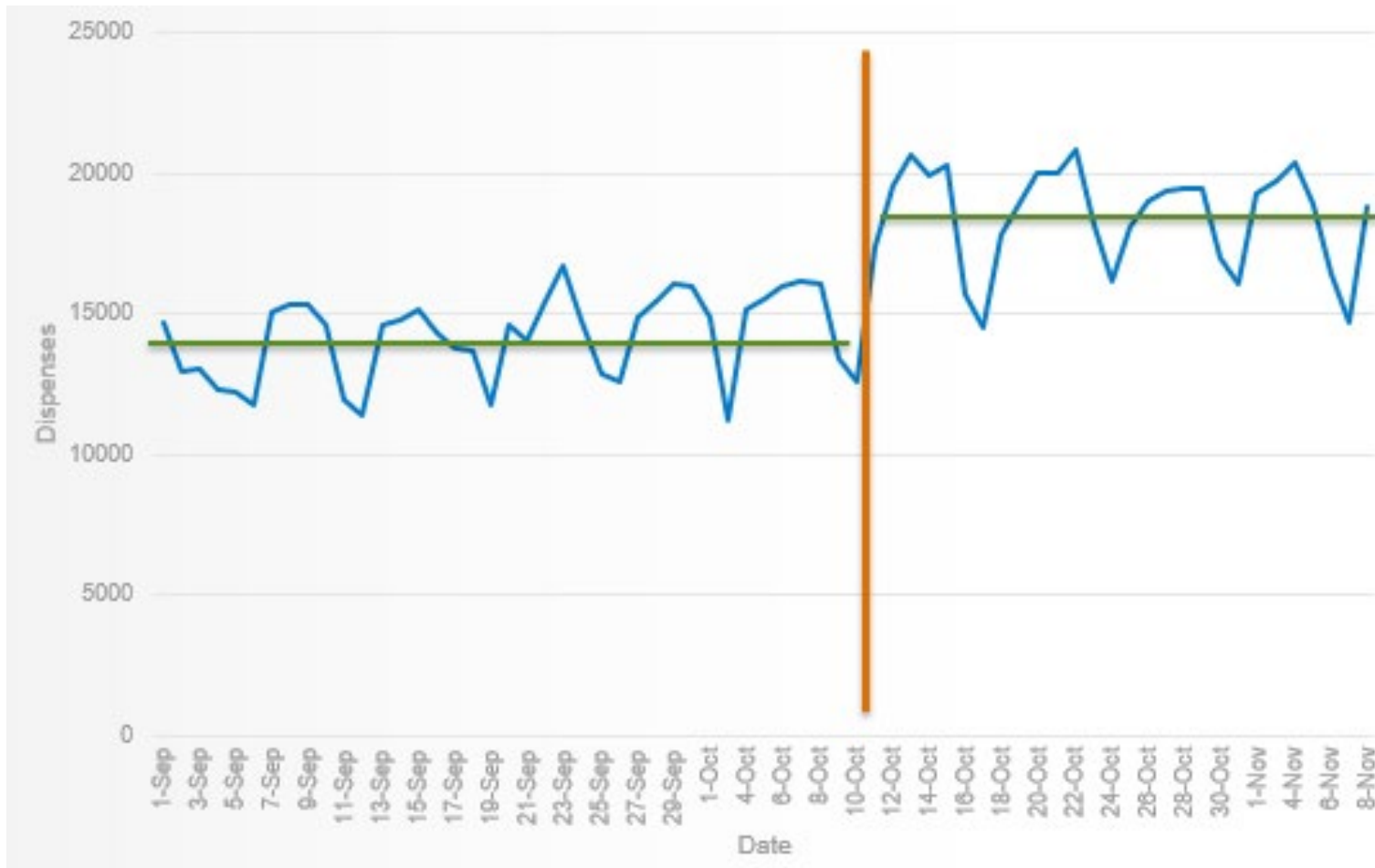
OSUWMC Percent Hand Hygiene Compliance by Hospital



Benefits

- More data
- Includes all staff involved in the chain of transmission
- Real time feedback
- Data accessibility
- Impact on patient & staff safety

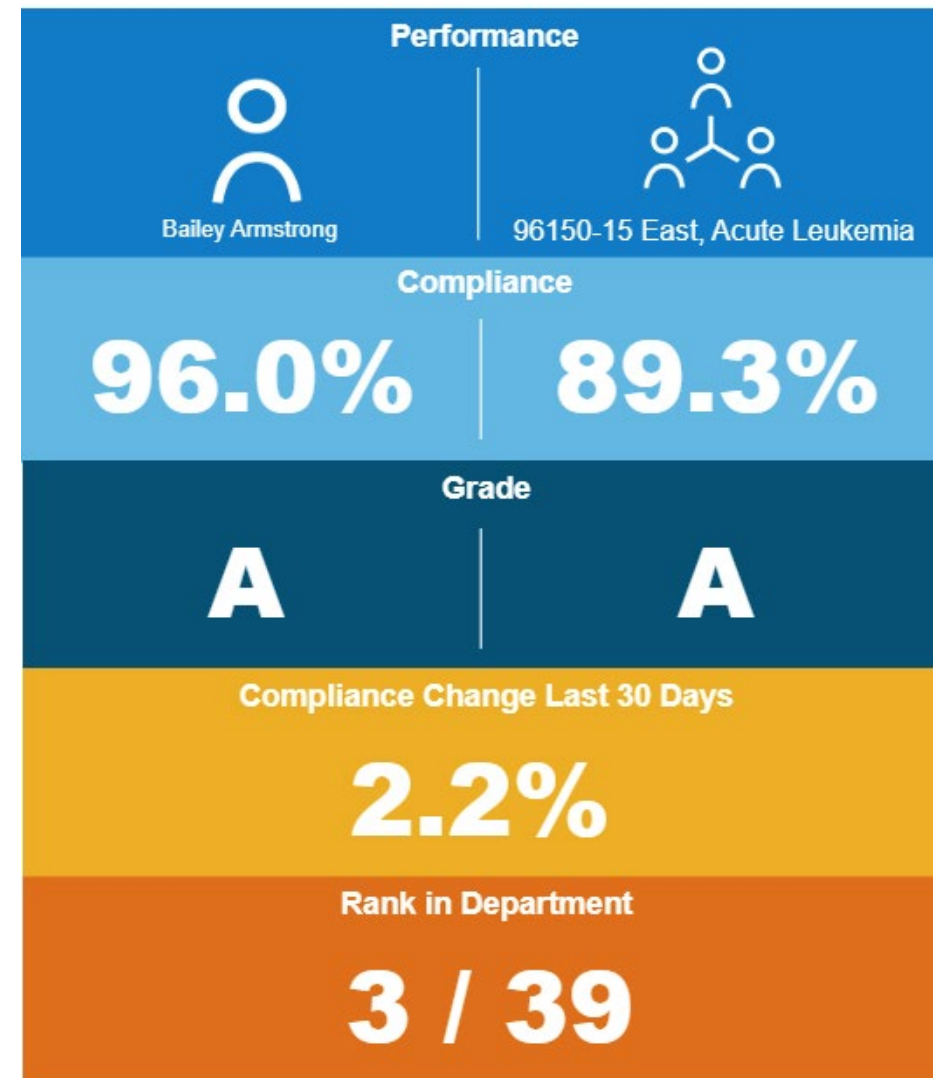




- Badge Distribution Date: 10/11/2021
- Baseline Dispenses: 14174 Dispenses per Day
- Post Install Dispenses: 18448 Dispenses per day
- Post Install Compliance: 83%
- **Baseline Compliance: 63%**

Challenges

- Building trust
- Not all workflows are the same
- Ongoing maintenance
- Alarm fatigue
- Accountability



SSM Health Saint Louis University Hospital

2022

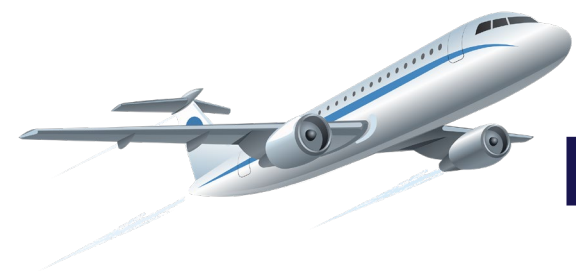
VIZIENT CONNECTIONS SUMMIT



vizient.

Reducing Catheter Associated Urinary Tract Infections (CAUTI): Changing a Mindset, Changing a Culture

Emily Hazelton, RN, MSN,
Administrative Director of Nursing Operations
SSM Health Saint Louis University Hospital, Saint Louis, MO



Plane Crash v. Car Accident – Preventable v. Inevitable Mindset



- How do we create a culture where patient harm is unacceptable? Not “just the cost of doing business.”
- This culture starts with leadership presence and commitment, let’s make our own pilot’s checklist for CAUTI!

SSM Health Saint Louis University Hospital

“Pilots Checklist”

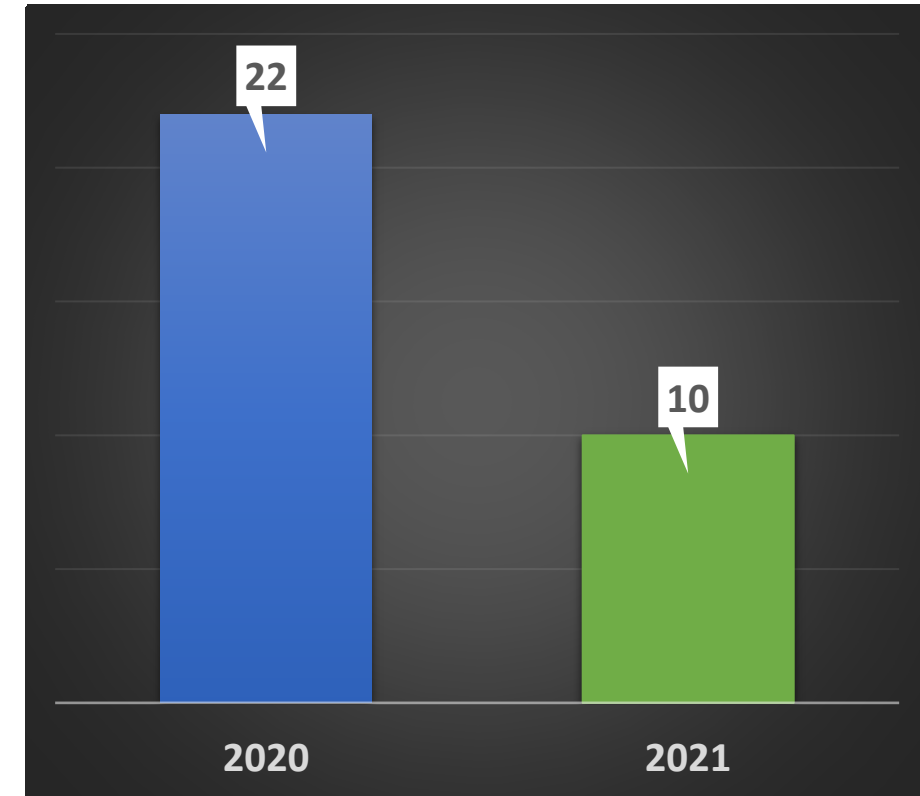
CAUTI & CLABSI Bundle Validation Leader Checklist

Plan	Date:	Day of Week:	Shift:
<u>Foley Catheters:</u> Rm Numbers & Days in Place			
<u>Central Lines:</u> Rm Numbers & Type of Line			
Roles	Who is Rounding?		
Director Manager			
Current Status Update	What do we already know?		
Foleys at risk (BM, > 48 hrs, etc.)	Do we know the initial reason for the order?		
Central Lines at risk	Is the utilization of the line the best option today, and does it match the order?		
Other:	Are there any alternatives for the line?		
Unit Environment	Physical Environment Considerations		
Unit Staffing: Charge Nurse in assignment? Other	Staffing Ratio:	Agency #:	Orienteer #:

Nurse to Nurse Communication	Bedside Shift Report Leader Observation (Mgr/Director observes all elements reviewed)
<u>Foley Catheter Bundle Validation:</u> Nurse to Nurse Bundle Validation to occur during shift report	Discuss and Verify in EHR ____ Reason for Foley (Can another method be used?) ____ Catheter care performed Observe at Bedside: ____ No dependent loops or kinks in catheter tubing ____ Urinary catheter secured to patient ____ Drainage bag hung on bed and not touching floor ____ Red seal present and intact (If not why?)
<u>Central Line Bundle Validation:</u> Nurse to Nurse Bundle Validation to occur during shift report	Discuss and Verify in EHR: ____ Shift assessment of necessity of CVC (Can we use a Midline? Peripheral lines out?) ____ CHG treatment performed daily. Observe at Bedside: ____ Scrub the hub for at least 5 seconds before accessing catheter hubs ____ Check central line dressing changed within the last 7 days ____ Dressing dated & initialed ____ Curore Cap present on all ports.

CAUTIs at SSM Health Saint Louis University Hospital

- Reduced CAUTIs by 12 events (2020 compared to 2021)
- 54.4% reduction in 1 year
- Hospital estimated savings of \$165,516 (\$13,793/case)
- Reduced Length of Stay by an estimated 36 days
- Reduced excess mortality from 0.79 (2020) to 0.36 (2021)



Northwestern Medicine

2022

VIZIENT CONNECTIONS SUMMIT



vizient.



Under Pressure: Utilizing Technology to Accurately Identify Deep Tissue Injuries

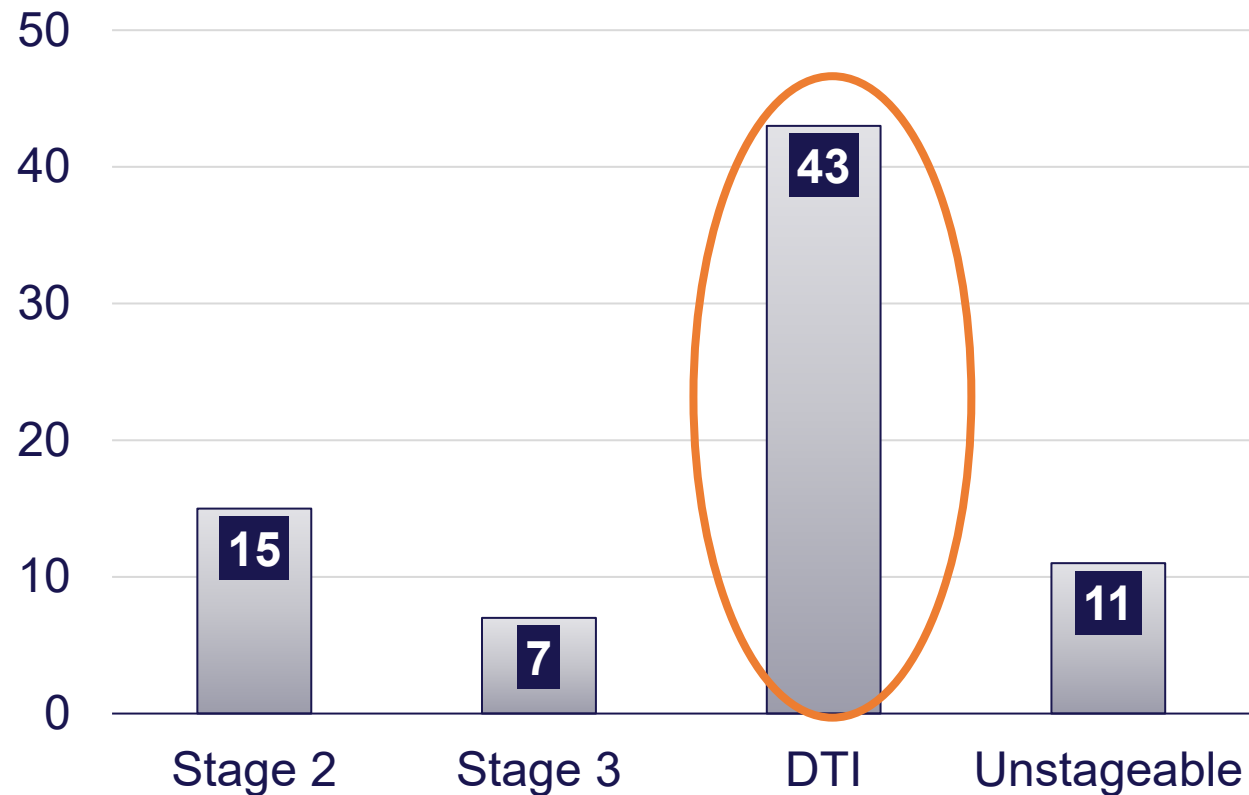
Mechelle Krause, MSN, APRN, AG-CNS, WCC, OMS
Clinical Practice Specialist Wound/Ostomy

Lindsay Werth, MSN RN CMSRN CPPS
Patient Safety Program Manager

Northwestern Medicine Lake Forest Hospital, Lake Forest, IL

Deep Tissue Injuries (DTIs) Accounted for 57% of Total Pressure Injuries

Total HAPIs for 2020



- Team committed to reducing pressure injuries in 2018
- Started to see a shift towards DTIs
- Difficult to identify and diagnose

Thermal Imaging is an Evidence Based Way of Identifying Skin Changes

Thermal imaging may show

1. Evidence of cyanosis or erythema that can be used to diagnose deep tissue pressure injuries (DTPI) and/or
2. Lack of evidence to support the diagnosis of DTPI

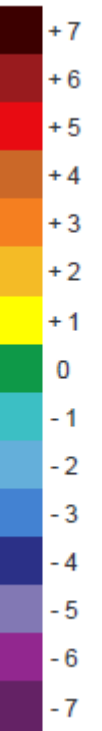
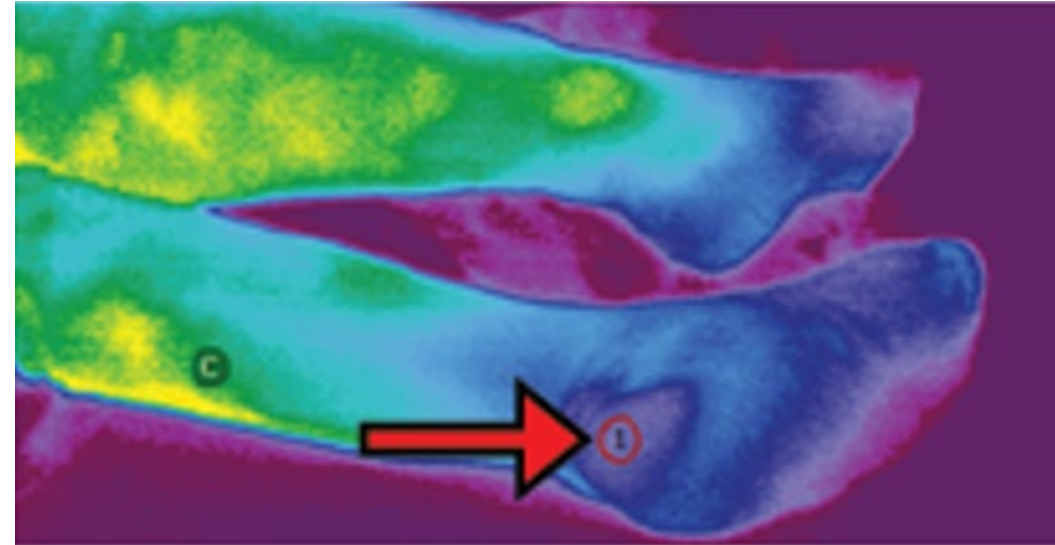
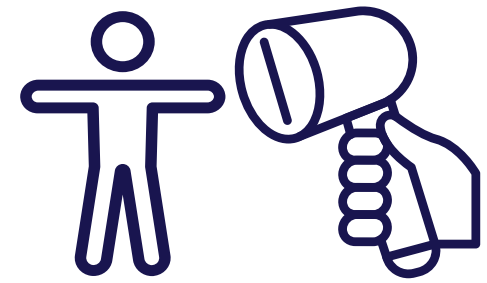


Photo used with permission

Thermal Imaging Process



- Protocol based on two opportunities for better identification of skin breakdown
 - Admission scanning on high-risk ICU patients
 - Evaluation of skin breakdown by wound experts to determine if actual deep tissue injury or some other condition was present (Rule In vs. Rule Out)

50 “Saves” to Date!

Conclusion: Challenge was not an increase in DTIs but accurately identifying DTIs

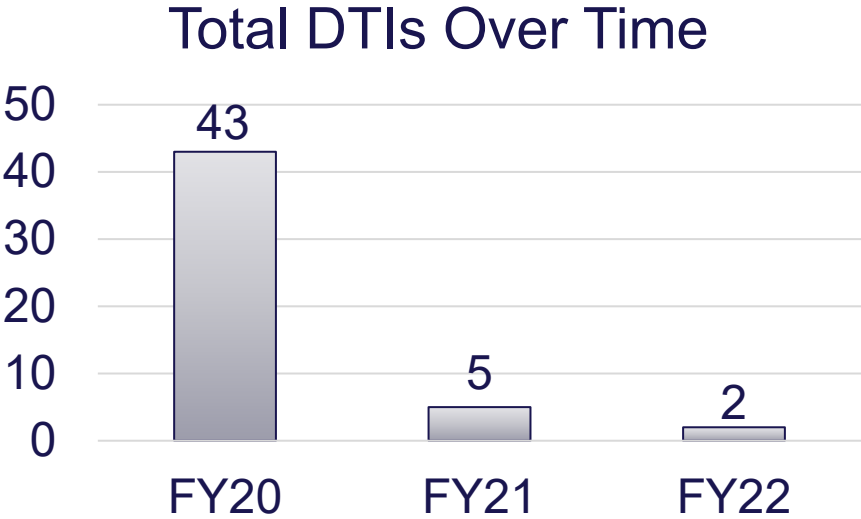


Photo used with permission

Panel Discussion

2022

VIZIENT CONNECTIONS SUMMIT



vizient.

Lessons Learned

- Trust but validate
- Use the principal of 5 whys to identify root cause
- Apply a sense of urgency to hospital acquired conditions
- Anticipate and plan for additional workload
- Gain buy-in from key stakeholders prior to implementation
- Create a single source of truth, track and celebrate improvements
- Over communicate, provide a consistent message

Key Takeaways

- Use technology to reinvest in basic patient safety and patient care measures
- Culture change and driving improvement involves a whole team approach
- Creating a culture of ownership is the foundation of sustainable change and improvement

Questions?

Contact:

Justin Smyer, Justin.smyer@osum.edu

Lillian Ayana, Lillian.ayana@osumc.edu

Emily Hazelton, Emily.Hazelton@ssmhealth.com

Rita Fowler, Rita.Fowler@ssmhealth.com

David Chilicki, dchilicki@nm.org

Lindsay Werth, listolle@nm.org

Mechelle Krause, MKRAUSE@nm.org



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER



SSMHealth | Saint Louis University Hospital

