



AHRQ Safety Program for ICUs: Preventing CLABSI and CAUTI

Transcript

Senior Leadership Podcast—Implementing Strategies and Tools

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[Opening music]

TJ: Welcome back to the podcast. I'm TJ Lewis, again joined by Louella Hung and our group of senior leaders, Michael Vaccaro, Susan DeCamp-Freeze, Jennifer LaRosa, and Joan Wynn. In this segment, we're going to talk about some strategies and tools that our senior leaders are using with great success in their facilities. Michael, I think when we start talking about strategies and tools, I think it might first be helpful to talk about the behaviors and some of the attitudes that we want our senior leaders to model.

Michael: I think it goes beyond just having positive attitude towards it. You have to talk about it in your day-to-day work, because if individuals hear you talking about, hear that it's important to you, it'll be important to them. If it's never talked about, it's not going to translate to the team members who are taking care of those patients every day.



TJ: Sue, what's your take on some of the attitudes and behaviors that senior leaders should be modeling?

Susan: First and foremost, that this is an important goal. That the measures and the best practices are important to implement. That they are there and out. They're modeling. Hand hygiene is something that's easy for a senior leader to model. And modeling that they're there to support their team to ensure that their team is successful.

Michael: From a leadership perspective, it's making sure that you're using what you learn while you're out on the units, to talk about in meetings, and to create context for folks.

TJ: Joan, let's start talking strategies. What are some of the strategies that you use to help illustrate the importance of your HAI prevention efforts to your staff?

Joan: I guess one thing I would say is sharing stories. I think sharing stories is a transformational way that health systems can put a face on a number and really tie back to the hearts and minds for their staff about why we're doing this work. We sometimes have written word that we are sharing—"Here's what happened to Mrs. Smith." Then sometimes we have actual patients, real patients and families, who come forth and share their story. The first that shared their story with our board back in 2010 was an individual in an ICU who did have a CAUTI and did have a central line infection. I remember you could've heard a pin drop when that person said, "You know that score card you look at every month? I'm one of those central line infections. I'm one of those CAUTIs, and here I am, and here's what it did to me and my family to go through that."

Louella: How do you do that regularly? What does that look like?

Joan: For us, we share stories now at all levels of the organization, at department manager meetings, at our board meetings, in team meetings that are performance improvement team meetings. We also have stories that we collect and post on our shared drive, and every month, as we have regular medical staff meetings or committee meetings, we start every one of those with a patient story.

TJ: Jennifer, I know you've mentioned that you use stories. How do you use stories in your facility?

Jennifer: We use stories for everything. We use it in good ways. Well, they're all good ways, so I'm not going to say, and in bad ways. We have a celebration every March. The effort behind that is to have a week-long patient safety celebration to talk to patients, to talk to families, to talk to peers, to talk to every member of the medical team, dietary, housekeeping staff, to make them feel involved. Everybody comes to this. It's a big deal. We have families come in and tell us about their experience. We also do something called "case records." We take a case that is a recent case, wherein somehow our

process failed. It's not about witch-hunting any one person. It's about looking at our processes and understanding how our processes failed to keep a patient safe. That's how we use our examples to be very transparent and to say, "We are a great place, but we're not perfect." And when we're not perfect, we take that, and we take it apart, and we dissect it so thoroughly that that thing won't happen again. We feel very confident saying that.

TJ: Joan, what's some of the other ways that you keep everyone informed of what's going on?

Joan: All across our health system we have what we call a daily check-in where we look back over the last 24 hours, what's coming up in the day ahead, any unusual volumes of patients or different procedures on our unit, and then are there any safety catches or near-misses that we want to share and spread throughout the team. That's happening in our individual departments like our ICUs, and then all the managers come together, and it happens with the senior leaders of the hospital and all the managers. That's a great way to build the culture, because you're talking about the things that are important.

Jennifer: It's an opportunity for the staff to actually lead the rounds. For the bedside person, you're going to know way before I am if something's going wrong. So, when you speak up, I'm going to listen. My mother's a nurse, and she said, "If you don't listen when the nurse tells you something's wrong, you're going to miss a lot of stuff." She was right. I think if you listen, and you really look them in the eye and listen, you're going to get all the information you need to have the safest unit in the hospital.

Michael: Our safety call includes all of our departments in the hospital, and we're talking about lines and Foleys every day. So that creates a situational awareness, and when the number goes up, it raises, "Gosh. We got a lot of lines. We've got to do something about that."

TJ: One thing our group here are all very good at is celebrating successes, celebrating the successes of different teams and different departments within their facilities. Joan, what are some of the different things you do to celebrate those successes?

Joan: One thing that we implemented is a Board Quality Leadership Award. That is an annual award that recognizes frontline teams for the improvement work they're doing. That team came to the board meeting, was recognized by a proclamation in the board meeting, and then one of the team members was sent to an Annual Quality Meeting in Orlando to bring back information to the team and reinvest in what we're trying to do and what we're trying to focus on in terms of the zero goal. We have a small group of board members that then visit the unit and can have a conversation with a broader complement of staff about the work they're doing, and about how important it is, and

how engaged in the board is in the work, and how much it means to the board that the team is doing the work.

One of the things we do is we call it a "Zero Hero Award," and we, again, recognize units or teams that have gone a certain amount of time with zero infections or zero serious events and those kinds of things. I send that out on my weekly quality update. Those teams are recognized at big department manager meetings. I think it is just that constant going back to the teams and highlighting their work.

Jennifer: We celebrate real successes. So, if we had a CLABSI rate, for example, 10 times the national average one year, and the next year it was five times the national average, I would certainly laud the team for reducing the rate, but it's not where we want to be. This is not where we have a pizza lunch every Friday. I would say, "It's great that you've achieved that much of a success. Let's half it again, and then let's half it again." I think lauding true successes is really important.

Michael: One of the things that our infection preventionists help us with is the number of days since last infection. We keep up with that. I think that's important. We've got a lot of units for various infections that have gone over a year for certain hospital-associated infections. Recently, I had a leader that invited me to one of their celebrations that they had on a unit to celebrate that win. They had cake, and they had a little party on the unit. I went, and I try to make a point of going to those celebrations, because it reinforces the importance of the work that they are doing.

TJ: We talked about some specific tools and strategies that you all use. Sue, can talk about the importance of finding your own way, figuring out what's going to work in your facility?

Susan: I think that's crucial. The one caution that I would say to that is there are established best practices for all of these efforts, and they have been established for a long time. We had to do this, and I think every facility has to do this. You have to let go of, "It's not going to work for me." If this is an established best practice, and many, many facilities have implemented this, you can do it. How you do it may not be able to be prescriptive, but you can do it. I think once you've let that go, and we had to do that on some things, I think then you can successfully make it fit.

Michael: Our teams really work to vet what is going to be the initiatives that we think are going to have the greatest impact for our teams. Where are our greatest opportunities? Then we expect them to be adopted. We do have 13 acute-care facilities across our system, and they all range in bed size—up to 900-plus beds, under 100 beds. Who's in those organization and the team's makeup at those facilities are different. One of the leaders I work with referenced "freedom within the framework." That's kind of the approach that

we tend to take is, here are the non-negotiables. Here are the strategies that have to be done. These things have to be done this way. These things maybe there's some variability in that, and then leave it to those teams to figure out how they put in place.

You give a little bit of flexibility to those facilities in adopting the strategy, and it helps with the buy-in, because if you're so prescriptive down to the nth degree, sometimes you lose the ability to get the engagement you need in those facilities when things roll out across the systems.

TJ: Joan, what's another thing that you think has worked really well in your facility?

Joan: Definitely for us, transparency of the data. I think for us that really has been something that was really important, especially in the beginning when we developed a method to be able to report that consistently every month—here's the performance against the annual target.

Louella: Do you share that data back to frontline staff?

Joan: Absolutely. We have what we call our "Quality Score Card," and it's a standard method that we use to report quality data around many different indicators, two of which are the central line infections and the catheter UTI infections. That standard tool is used from the bedside to the boardroom, so everyone sees the same report the same way. Several years ago, when we really started getting serious about infection prevention, probably 10 years ago, we moved away from reporting rates of infections internally and started reporting just raw numbers. So, how many central line bloodstream infections have we had? How many catheter UTIs have we had? That made it very easy for everybody—patients, families, environmental services, nurses, physicians, everybody—to understand how many we were having.

Sometimes when things are put in a rate, it's a little bit easy to lull yourself into thinking, "Oh, well we're doing better than average, so we're OK." But if we know, "Wow, last month we had seven of these. Seven people were harmed," it's really more about putting a face to those numbers and helps you to really focus in on individual patients and families who experienced these things.

TJ: Jennifer, one of the things that you've told me works really well for you is that you keep a rolling estimate of your Leapfrog score. Why is that important to you?

Jennifer: You really do have to be the full package. You have to greet people courteously, you have to give them a pleasant experience. It does matter if the food's cold. It does matter if your bed's not comfortable. It does matter if your roommate is interfering with your ability to heal. All of these aspects are the patient experience. The whole kit and

caboodle matters. So, when we look at our Leapfrog scores, anything that's an outlier is considered a catastrophic immediate problem for us. If we find it out on Friday at 6 p.m. that we, again I'm making it up, that we have an SSI [surgical site infection] problem, the chairman of surgery and I are on the phone and in the units all weekend—that's it—until we have a plan in place. That plan doesn't work, we come back 5 to 7 days later and we revise it.

TJ: We've talked a lot about ways in which we engage staff. How do you go about engaging patients and their family members, and maybe some of the other visitors to your facility in your efforts to reduce HAIs? Joan?

Joan: We try to do that orientation to the facility, to the room, to the environment when patients and families are admitted. We have a handbook that lays out in lay language some of those practices around washing your hands and your family members' hands. If you see a clinician come in the room, please remind them if they don't remember to wash their hands. We have developed that handbook with patient and family advisers to help us write the content such that it is easy to understand and makes sense.

Michael: I think we have opportunities as a system, and we're having conversations about, how do we better engage our families, and how do we make it OK for families to really call out anything that they don't see and lessen the anxiety for a patient who might experience not stellar hand hygiene or not stellar PPE [personal protective equipment], you call it out? That's a tough place to be as a patient.

[Closing music]

Jennifer: It's about empowering patients and families the same way we are trying to empower frontline staff. I don't think that you can't do them simultaneously, but I think we're doing a much better job at empowering frontline staff than we are at empowering patients and families.

Louella: Sometimes it's hard to know what to do or where to start, but as a senior leader, you know your role is important in this journey. You've heard some very specific examples on this podcast from senior leaders who've been successful in leading change and what they've done to inspire and promote improvement. We encourage you to access resources that are available in this program and begin your journey as a senior leader committed to reducing CLABSI and CAUTI in your organization.

TJ: Once again, thanks to our senior leaders, Michael Vaccaro, Susan DeCamp-Freeze, Jennifer LaRosa, and Joan Wynn, for joining us on the podcast and for providing us with a wealth of information. Thank you for your commitment to reducing HAIs within your

facility. This podcast was produced by the Agency for Healthcare Research and Quality, part of the U.S. Department of Health & Human Services.

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