

# Using What You've Got to Improve Processes

## Webinar Transcript

Krista Davis:

Good afternoon, everyone. Welcome to today's webinar, Using What You've Got to Improve Processes. My name is Krista Davis and I am a Communication Specialist at Quality Insights. And your host for today's presentation. We'll get started with today's presentation in just a few moments, but first, a few housekeeping items.

All participants entered today's webinar in a listen-only mode. Should you have a question or a comment during today's call, we ask that you please type it into either the chat or the Q&A to the right of your screen. If you are unable to locate your chat box, hover over the bottom of your screen and click the circle with the speech bubble.

At the end of today's program, you'll be asked to complete a short evaluation. This evaluation will help tell us how we did during this program and how we can help you during this challenging time.

Now I'd like to turn the program over to Quality Insights' Nursing Home Quality Improvement Specialist, Patty Austin. Patty.

Patty Austin:

Thanks Krista. Hi everybody. As Krista said, I'm Patty Austin, a Project Specialist with Quality Insights, and thanks so much for giving us some of your valuable time today. We also have with us on the lines, Penny Imes and Cristen Carson, both Project Specialists with Quality Insights, and they're here today to help address any questions that you might have as we move through the session.

We wanted to take 30 minutes today to try to help you organize some of the information we've all been so bombarded with over the last couple of months. We'll look at some of the key tools we've been provided with and discuss how we can put them into practical use. We'll continue to use the format of having very few slides and showing the actual tool on my screen so that we can focus on the tool's functionality.

As we move through the next 30 minutes, please do use the chat feature to let us know your thoughts related to what we're discussing. What are you using that works well and what isn't working as well as you hoped? What questions do you have? As we did during our last session, we'll address as many questions as we can at the end of the presentation, and then forward our responses to any unanswered questions to everyone in attendance today. The 30 minutes moves pretty quick. Let's jump in and get started.

With everything we do in our professional lives, we strive to bring value to the table, don't we? So why is enhancing our infection control program a value added activity for us now more than ever? The COVID pandemic has changed the landscape of our country, our healthcare system, and particularly the nursing home environment.

We've always understood the cost of infections, both monetarily and the toll that they take on our residents and our staff. We know that infection control surveys are the current focus for us, for the Department of Health and for the media and community at large. Most likely, that trend's going to continue for the foreseeable future. We know that we're in the spotlight more so now than ever before. We know that the headlines that generate clicks and make people tune in are seldom the positive stories that we could all share. But they're more often that hint of a negative outcome that's then cast in the worst possible light by the media. Kind of that, if it bleeds, it leads mentality.

In many cases, the community at large is left only with what they read in the papers and see on the news to attempt to make informed decisions with. No one wants that negative publicity or to be considered an underachieving facility. For those reasons along with many others, infection control performance improvement teams are coming together in new ways to enhance their programs.

As these teams are being developed, it is strongly recommended that they include a full-time employee dedicated to infection prevention. Eight hours a week is no longer going to be able to support the attention that infection prevention requires. Your team will absolutely benefit from a dedicated, full time infection preventionist. Perspective of the front line workers, dietary staff, even activities, will also prove to be a great value on your team. After all, as we open up our group gatherings post pandemic, are we really sure that we have a good process in place to clean the bingo chips after they're used? That unique viewpoint of other disciplines can be invaluable. So once we have the team that we need, as always we need to make sure that we're grounding our work in the QAPI process, and that begins and ends with data collection.

In addition to the data sources we're already familiar with, we now have new tools to add to our arsenal. Things like, the focus survey that was reviewed in detail two weeks ago. And if you did miss that WebEx or you need a refresher, the recording is now on our website. Please, if you have any trouble locating that, reach out to us and we'll be happy to help you find it.

So we use these tools to assess our current state because we can't decide where we want to go until we determine where we are. They also help us decide where we would like to be in the future and then plot a course to get there. We plot that course using techniques that we're already pretty familiar with. Root cause analysis and Plan-Do-Study-Act cycles to test change. If you do find that

your team needs to hone those techniques, please reach out again to your project coordinator and we'll be happy to help.

So let's take a look at some of the tools that can help us navigate the process of assessing our current state, defining our desired future state, informing plans on how we think we can get there. I'm going to share my screen with you now.

Okay. There's usually a short delay, but you should be seeing a screen that shows the Toolkit on State Actions to Mitigate COVID-19. This was actually just released this month, and its purpose is to showcase some of the specific interventions and resources that were developed across the country. That's done by providing links as well as brief summaries of some of the actions taken. I'll just point out that Arizona has a creative intervention of using baby cam monitors in COVID positive resident rooms, so that they can remotely monitor what's going on in those rooms. So it's kind of a cool place to go to find some maybe unique interventions you hadn't considered before, as well as to access some of the sites developed in individual States.

The second tool that I would like to briefly mention is, the COVID Focused Survey that Penny presented a couple of weeks ago. It kind of reminds me of those longterm care survey pathways that the survey teams use when they [inaudible 00:07:42]. So you're probably pretty familiar with the format, but it does provide a really great high level overview of where you need to focus your effort, in infection control, And kind of a partner form to it, is then the ICAR. And it has a lot of the same information, but it's going to be very helpful in determining where to focus your efforts in infection prevention. The ICAR is designed to be more of a working tool. And the focus survey is more like a checklist. And you'll note that ICAR is actually very COVID focused currently. Prior to the pandemic, a more generalized version was available, and as we move forward to post pandemic, it's very possible, even likely that new iterations of this tool are going to be available.

You'll see that one of the nice things about the ICAR, is it provides this information in Italics, and then there's information bolded. So your answering as you complete ICAR, the information that is bolded, does your facility restrict all visitation except for in certain compassionate care situations? But what you're really looking for is what is the current policy for visitors? That's the question you would ask if you were going to ask your DON, if you were going to ask your infection preventionist, "What's the current policy for visitors?"

So before I move on, I want to stress that you remember how frequently guidance has changed as it relates to infection control on COVID. Because of these changes, please be sure to stay up to date with newly issued guidance, because it's changing so quickly, at any time the information on any of the forms that we're using could change. So one way to initiate an in depth review of your infection control practice is to begin to collect data using one or both of these tools. A second step might then be, to review the last three years of

survey results and identify any infection control related areas of noncompliance. Any area identified by either the surveying agencies or through your completion of the two tools we just talked about, would then be moved forward to your prioritization sheet for correction. Because we remember that prioritizing areas for improvement is again, mandated by regulation. While all infection control areas are vital, those that present the most risk during the current pandemic will most likely take precedence in your current efforts.

So once you've identified your big ticket items, then it's going to be time to plan for improvement using root cause analysis and Plan-Do-Study-Act cycles. One of the areas that might require a root cause analysis, is the availability of personal protective equipment. And we now have a tool that can help us to track our use and anticipate our needs. It's called the Burn Rate Calculator, and I'm about to put it on the screen for us.

Okay. After a short delay, you should be seeing it now. This might be your first step in determining the root cause of a PPE problem. It's going to help you to identify issues that relate to supply, and allow you to create Plan-Do-Study-Act cycles that will anticipate needs, so that supply matches demand. If you look at the red highlighted items on the instruction sheet, these are some areas that have generated questions for us over the last few weeks, so I wanted to point them out.

The question comes, "Does this calculator need to be completed at the beginning of every day?" And the answer to that is, no. If, that beginning start up of the daytime is not convenient in your facility, it's not the beginning of the day that's important, it's that you choose a specific time throughout the day that remains consistent throughout your use of the calculator. So if you pick noon, you stay pretty close to noon every day in your calculation.

Another thing that I wanted to point out, is that you make sure when you're completing the calculator, and we'll look at its functionality in just the second, you're making sure that the units you're counting contain the same number of items. So that if one box holds 200 gowns and the other box holds 100 gowns, you're counting them separately, or you won't have an accurate count. And then another thing, and this has caused some issues for a number of people, if in the middle of using your calculator, you get a new shipment of PPE in, don't add it to the current calculator that you're using, it's going to skew the numbers. So with a new delivery, you'll need to start a new calculator. And you can see that it's actually very easy to use. The only box that you will document in, is blocks A. This is the only space that you'll need to add numbers to. You add your dates, your COVID cases, and then the number of units that you're counting within the facility.

The other thing that I will point out that has been a stumbling block for some, is determine what you're counting. Are you counting only the things that remain in central supply, or are you counting all of the supplies in the resident rooms as

well? So consistency is the key to having accurate data on this calculator. Once you've entered the data into box A, the calculator itself takes over and will tell you the number of units you're using each day, for each individual type of PPE. It's going to tell you, the number of days you have left of your current supply. It's going to tell you, how many boxes you're using per patient, per day. And that can help when you're looking at a census that fluctuates greatly. And the final two bits of information, are your average consumption, and that will tell you per PPE type, and then a cumulative type. So if you have small, medium and large gowns, you're going to know what you're using for each size. And then how many boxes of gowns combined you're using.

And over here is the average consumption of... Move it over a little bit, boxes per day, per patient. Again, will be helpful as you're looking at census. What I'll point out about the graph, if you look at the graph for the fake data that I put in, you'll see this big spike here. The graphs are a real quick way to take a look, to just make sure that everything is going as you anticipated. So we didn't have a spike in COVID cases, what might be the cause of a spike such as that? Maybe we lent four cases [inaudible 00:15:22] or gowns to a sister facility causing the spike. But it's just a real nice, quick visual to help me keep track of those PPE issues.

What happens then, if you've looked at your PPE, and you determined that supply isn't the issue. You might find that staff is not utilizing their PPE appropriately. Many times the cause of that, is simply going to be a lack of knowledge on how to do so correctly. On the screen right now is a poster that you can find on the CDC website. Us people find that break rooms and bathrooms are great places to put this because people read it without intending to in many circumstances. On the CDC website, you can find many different variations of this, comes as a brochure, comes as a flyer, comes as this larger poster. The other thing that they have that I wanted to highlight, are very short, five minute video links, that demonstrate the use of various infection control topics, including the donning and doffing of PPE.

They're all under five minutes. They're really well done, easy to access. So they might be something you want to use. An education related to the proper use of PPE, should again be given upon hire and at least annually thereafter. And it's an area that's going to require competencies to be performed by your staff, and then ongoing monitoring via direct observation. Next, we're going to take a look at, maybe the most likely area with the largest potential impact, and that's hand hygiene. We know that's been an ongoing issue in our setting for a very long time, mostly likely due to the sheer number of times that hand-washing is required. However, we also know that failure in this area, has the potential to be catastrophic in our efforts to prevent the spread of any pathogen, including COVID. My advice is going to be that, even if after completion of the ICAR, and the Infection Control Focus Survey, you find you don't have any hand hygiene issues to contend with, that you consider it one anyway.

Without vigorous and continuous education, monitoring for a technique and observation for compliance, the potential during any given day, to have hundreds of noncompliant missed opportunities exist.

When you consider that there are most likely thousands of episodes of hand-washing that should occur in an average facility during the course of a routine day, but the potential for that process to fail, is exponential. So on the screen right now is a CDC resource called, Your 5 Moments for Hand Hygiene. Hand hygiene is both traditional hand-washing, as well as the use of alcohol based hand rub. Hand sanitizer is actually the preferred method, as it's felt that it leads to greater compliance due to its ease of use. Unless your hands are visibly dirty, or you're dealing with C. diff, hand sanitizer is the preferred method of hand hygiene. It's recommended that ABHR be located in every resident care area, and consider that the recommendation is to wash before and after touching a resident, and after touching any residents surroundings.

In an average 120 bed facility, let's say that a staff member enters each room a minimum of 20 times a day, and that each resident is touched an average of 20 times a day, that equates to 7,200 hand-washing opportunities in any given day. 7,200 opportunities to stop the spread of infection. The magnitude of hand hygiene when looked at from that global perspective is mind boggling. However, bringing that area to the forefront is key to managing the task. Hand hygiene requires constant vigilance, it can benefit from a creative touch as well. I'll share a couple of stories. I know of a facility that gives spot check stickers, when staff has observed hand washing in those less than obvious circumstances, such as using hand sanitizer after greeting a resident with a touch to the shoulder. And then when they reach a specific number of stickers, they're given a free lunch.

I know of another facility, in which the DON and the ADON, teamed up to show the impact of not washing your hands. The DON mimics coming in contact with an infectious pathogen, by putting a water soluble dye on her hands, and then she didn't wash. For 30 minutes she moved throughout the facility in a routine way, into the break room, other resident rooms, the nurses station, and she allowed the dye on her hands to contaminate other surfaces. The ADON was her co-conspirator, and picked up the contagion from the surfaces that they shared contact with, using a different colored dye. Things like the handle to the employee break room, a computer screen, and then she spread her contagion using the different color dye.

In an hour's time, their staff was amazed at how many contaminated areas they found. So let's look at two tools that can form the basis of a hand hygiene initiative. The first is a hand hygiene competency. This should be done on hire, and then multiple times throughout the year. It's designed to ensure that your staff is performing hand hygiene correctly, and it's focused on technique. Very simple to use again, again available on the CDC website. The second is a hand hygiene checklist. This can be used during official observation period.

Scroll back to the beginning.

Its purpose is to ensure that hand hygiene is happening at the right time, and addresses the availability of supplies along with requirements needed in specific circumstances, such as wound care and med administration. The first section is made to document the observation, and the second section provides guidance on what to look for during specific points in that observation. For example, I'll point out that during your observation for wound care, infection control, you're looking for a clean surface. As you scroll through the document, you'll come to the instruction section for wound care, and you'll see that what you're really looking for is, was the work surface cleaned and draped. So it just provides a little bit further guidance, but neither of these should be your only tactic.

Remember that it's not just staff that can spread germs. Do you have a plan in place for resident hand washing and visitor education related to hand-washing? Posters and fact sheets can be found on the CDC website. And finally hand washing should be monitored by everyone, including residents and frontline staff, as often as possible. This is an example of a, Speak Up for Hand Hygiene flyer, that you might want to use to help educate your residents and staff.

Next, we have an example of a inter facility transfer sheet. We're pretty good at communicating our residents infectious processes to hospitals and to home health agencies upon discharge from our facility. Maybe not quite as good when they're going into places like dialysis centers. A transfer form such as this, is us doing our due diligence, knowing that all of those places that our residents are being transferred to, are owed as much information we have on their infectious processes, as we have. We can't assume that just because they go to dialysis three times a week, that dialysis center knows they have C. diff, same way as we do. So transfer forms such as this, are made to be modifiable and are strongly recommended.

The next tool I have for us to look at, is a line list, and it will help you keep track of not only COVID positive patients because it's positive staff as well. So with that, I'm going to take us back to our PowerPoint and we are going to move.

So those are just a small sample of the tools that are available to you. Knowing when to use which tools is only half of the process, though. We all know from experience that once you find a process that's going to work for you, the hard part is ensuring that the new process is sustainable, as you move on to new projects. The most basic way to ensure this, can often be the easiest to become corrupted, and that's direct observation. When we simply say, "We're going to keep an eye on things to make sure they continue to perform as expected", we are unintentionally setting ourselves up to fail. As you implement new processes, great care has to be taken to ensuring that it's done as expected, every time. I say that, but in reality, we know it's not going to be done as expected every time.

Those situations where it's not done correctly, are invaluable to ensuring the sustainability of your improvement. Changing your culture to one in which everyone, not just the DON or the Housekeeping Director is invested in monitoring infection control routinely, is going to ensure that the culture change you're looking for, actually takes root. We all understand what active listening is. We also have to practice active looking. Going on rounds, can't be the only time we're aware of our surroundings and take action on something, isn't performing to expectation. Every employee, every family member, every resident, can and should take responsibility for what happens in their surroundings on a daily basis. Doing this changes the expectation. We move from survey mode, to just simply having a strong infection control practice. We've already mentioned that a strong quality improvement process begins and ends with data. Those same tools that you use to identify areas that needed improvement, can and should be revisited to ensure that your plans are performing as expected, and that new areas for improvement haven't developed.

Adaptability. This pandemic has really driven home the point of us needing to be adaptable to change. Long ago we moved away from the mindset of being strictly regimented. In today's climate, we need to be able to be adaptable at a moment's notice, sometimes doing complete U-turns unexpectedly. Hand washing might be regimented, but guidance changes on a much more frequent basis, sometimes daily. So we need to create an atmosphere in which changes could be made quickly with minimal stress and maximal carry through. And part of what will make that sustainability and adaptability possible, is feedback, and what you do with it. Feedback is defined as the reaction to a thing or person performance that is used as a basis for improvement, and that can take many different forms. Gather feedback, every chance you get, and then act on the feedback that you've gathered.

The feedback that you gather, is vital to your continued success. Much like the feedback that we ask you for, is vital to our continued success. With that being said, I am going to move on to a brief resource slide, and you will see some of the tools that we have spoken about, listed on the resource slide, and you'll be able to access this on our website over the next few days. And before we move to look at what questions we have in chat, I do want to point out, the 'join us' tab.

Of course, you can access this on the WebEx, but Krista's going to slip it into chat, in case you just want to click on it there. Aside from that, you will be able to access that link, if you go to the recordings on the website. Now I would like to open it up and ask Penny, if there are any questions in the chat.

Penny Imes:

No Patty, I don't have any questions in chat. I don't know if any questions went through to Krista, in the Q&A.

Krista Davis:

I do not have any questions currently in the queue.

Penny Imes: Okay.

Well then Patty, I think we are almost at the end of the half hour.

Patty Austin: Yes. Since I am long-winded as always, if you do have any questions, please feel free to forward them to myself or your personal project coordinator, and we will be happy to address them. I wish all of you a great day and thank you, Penny, Krista and Cristen, for your help.

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