

PROJECT OVERVIEW: What are the major goals and objectives of the project?

Goals and Objectives

1. SNF-based coordinator focused on infection prevention, education and surveillance
 - To conduct intensive observations and assessments to identify contributing factors and engage SNF leaders to remedy those factors
 - Education to raise awareness and knowhow related to early identification and goal-directed therapy for healthcare associated infections
 2. SNF-based pharmacist to assist SNF providers with antimicrobial stewardship
 - Monitor antibiotics prescribed for residents on admission and at least weekly
 - Communicate with providers and facility pharmacists regarding antibiotic management
 3. Deploy a novel rapid response team (RRT) via virtual technology to assist local SNF caregivers assess and manage patients' deterioration
 - SNF alerts the RRT of patient concern, prompting virtual assessment followed by protocol-driven therapy
- *New Goal/Objective**
Improve Communication between Maury Regional and PACN during discharge.
4.
 - Reframing discharge practices and process
 - Introduce virtual warm hand-offs to SNFs to replace phone call reporting. Utilize multi-conference function in order to relay discharge / continuum of care instructions to multiple participants at once (floor nurse, SNF nurse, EMS, pharmacy, patient and patient caregiver)

GOAL STATUS SUMMARY: What has been accomplished in relations to those goals?

Task related to Goal

1. Education course covering Infection Prevention and Sepsis has been provided at 4 SNF sites
2. Protocol drafts have been developed from Gap Analysis assessment
3. Creation of transfer forms for Hospital to SNF and SNF to Hospital (will be vetted manually first, then incorporated in EMR)
4. Quotes requested for the purchase of iPads to be used for virtual components of project
5. Based on readmission diagnosis list, proceeded to develop VRRRT workflows
6. Created a draft A3 for a mini pilot to improve communication between MRH to SNF and SNF to MRH, two sites have confirmed participation. EMS, unit nurse, ED, pharmacy have agreed to participate and have assisted in transfer forms

MEASURES OVERVIEW: What are the specific measures for the project? Any collected data during this reporting period?

Measures

Status

- | | |
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| <ol style="list-style-type: none"> 1. All-cause 30 day unplanned readmissions from SNF | <p>Readmission data has been documented during this period. Please see attached documentation (Readmissions 20190801-20190910 and TownhallFinal20190909)</p> |
| <ol style="list-style-type: none"> 2. Return on investment analysis to demonstrate intervention effectiveness | <p>No data has been collected during this reporting period.</p> |
| <ol style="list-style-type: none"> 3. In-process measures <ol style="list-style-type: none"> 1. Review/monitor antibiotics prescribed 2. Antimicrobial surveillance monitoring data to further guide infection prevention and management, including usage, sensitivity, prevalence of multi-drug resistant organisms 3. Timeliness of discharge summaries on transition including antimicrobial medication and expected completion date 4. Debriefing tool evaluations 5. INTERACT standard safety tool use 6. RRT alert response times; RRT and Caregiver debriefing evaluations for each activation using adapted debriefing tools 7. Training program participation and completion records 8. Test/retest knowledge/learning assessments before and after education 9. Virtual equipment downtime or failure | <p>#1. The clinical pharmacist will monitor antibiotics prescribed for residents on admission & at least weekly and communicate with providers and facility pharmacists regarding antibiotic management.</p> <p>#2. Vigilanz Summary
Mid-August through September 26:</p> <ul style="list-style-type: none"> • 178 Discharges reviewed • 12 Interventions made |
| <ol style="list-style-type: none"> 4. Monthly Scorecard, compares PACN site performance to average | <p>#7 & 8. Data for 4 sites for pre and post knowledge on IP & Sepsis has been tabulated to include attendance and number of classes per site provided. Please see attached documentation (Education Metrics)</p> <p>No data has been collected during this reporting period for #3-6 and 9</p> <p>Data for PACN discharges was published in un-blinded</p> |

<ul style="list-style-type: none"> group results and established thresholds <ul style="list-style-type: none"> 1. Number of encounters per month 2. Number of virtual visits per day/week/month by facility 3. Declines of patient for a virtual visit 4. Percent of visits with prescription 5. Percent of visits with a transport and readmit to Hospital 6. Potential cost savings and revenue 7. Technology error 8. Satisfaction ratings 5. Site-specific Scorecard, monitoring unique site-chosen interventions to track and trend compliance 6. Training <ul style="list-style-type: none"> 1. Periodic test visits to monitor efficacy of practice workflow and equipment use. 2. System familiarity and proficiency 3. Annual Competency evaluations Professionalism 7. <ul style="list-style-type: none"> 1. Interpersonal skills 2. Interviewing skills 3. Professional work environment 	<p>fashion using Tableau data visualization for all PACN members.</p> <p>No virtual visit data has been collected during this reporting period</p> <p>No data has been collected during this reporting period.</p> <p>No data has been collected during this reporting period</p> <p>Gap Analysis of several sites (attached) provides some data on work environment and communication.</p>
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CONTRIBUTIONS SUMMARY: What individual(s) or organization(s) have made significant contributions?

Name	Actions	Role
Theresa Harris	Brought in an interactive Sepsis tool to be used for education	PAC Education Coordinator
Lewis County	Sent staff off campus to attain additional sepsis courses offered at MRH	SNF site

PROJECT EFFECTIVENESS: What evidence is there of the project’s effectiveness?

Through education, thus far, there are noticeable differences in staff knowledge in infection prevention and sepsis and practice changes like the following;

- Wearing the CNA badge cards
- Using the Sepsis screening tool.
- NHC Maury has changed the types of catheters they carry
- NHC Oakwood has purchased IV port protectors.

PARTNERSHIPS: What partnerships have been utilized or developed in the implementation of the project?

Stakeholders/Partners

1. Post-Acute Care Network (11 participating sites)
 1. Lewis County Nursing & Rehabilitation Center
 2. LifeCare Center of Columbia
 3. Mt. Pleasant Healthcare & Rehabilitation
 4. NHC Healthcare Columbia*
 5. NHC Healthcare Lawrenceburg
 6. NHC Healthcare Lewisburg
 7. NHC Healthcare Oakwood
 8. NHC Healthcare Pulaski
 9. NHC Healthcare Scott
 10. NHC-Maury Regional Transitional Care Center
 11. Signature Healthcare of Columbia
2. NHC Columbia has actively petitioned to become the project pilot site
3. NHC Maury and LifeCare have accepted to participate in the mini pilot – virtual warm hand offs (transfers from MRH to SNF)
4. EMS will partner to improve transport of patients to and from MRH/SNF, also will collaborate on virtual warm transfer conference calls.
5. MRH unit pharmacists will provide consultations as needed during the virtual warm transfer conference call
6. MRH ED has help with developing the transfer forms to be utilized by staff
7. MRH unit nurses have helped with developing the transfer forms to be utilized by staff.

DELIVERABLE SUMMARY: What progress has been made in developing deliverables identified in the project application?

Deliverable Description	Function
1. Education Metrics	To show baseline and improvement of Education courses
2. Analytics – Viven Health Sepsis QR code	Data that shows utilization of QR code for Sepsis
3. CMP Grant IP Sepsis Education Timeline	Schedule for Education course per site
4. CNA IP&Sepsis training	Power point module used for education
5. CNA badge card (pocket card)	Quick reference card for CNA staff to carry at all times
6. COPD antibiotic algorithm (draft)	Antibiotic algorithm
7. Facility Readiness Evaluation	Evaluation tool to assess if the SNFs are compliant with education
8. Final Amendment	Amendment to confirm participation and accountability (roles)
9. Issues Management Log	Identifies any issues in the development/execution of the project

10. Travel Mileage Log	Tracking mechanism for mileage to SNFs for education
11. MRH Nurse Transfer Report	Form to be utilized for discharge/transfer to SNF
12. MRH PACN website template (final draft)	Method of communication for all participants and community
13. MRH to SNF virtual warm handoff (draft)	Workflow draft for virtual warm handoff discharge
14. Nurse IP&Sepsis Training	Power point module used for education
15. Oral Care Policy (draft)	Based on Gap Analysis-how to provide better oral care
16. PACDashDesktop	Accrual of data of the post-acute care network
17. PACDashLaptop	Accrual of data of the post-acute care network
18. PICC Policy (draft)	Based on Gap Analysis-PICC protocol
19. QR code Sepsis Summary	Inclusion of outside material to be used in education of Sepsis
20. Readmissions20190801-20190910	Accrual of data of the post-acute care network
21. Renal Dose Adjustment (draft)	Pharm algorithm
22. Sepsis VRRRT workflow (draft)	Workflow draft specific to Sepsis response utilizing VRRRT
23. Sepsis Screening Tool	Screening tool for Sepsis
24. SNF Transfer to Hospital (draft)	Form to be utilized for patients that will be transported to the Hospital
25. Urinary Catheter Insertion and Care (draft)	Based on Gap Analysis-Catheter protocol
26. Vancomycin Adult Protocol (draft)	Pharm algorithm
27. Warfarin Dosing Protocol (draft)	Pharm algorithm
28. iPad Quote	To initiate purchase for tablets to be used for virtual components of the project
29. Skybox (mdm) software quote	Software utilized to secure devices Vigilanz is the intelligence platform that brings your data full circle—and identifies meaningful patterns and trends
30. Quarterly reporting Vigilanz	

PROJECT COMMUNICATION: How will results be communicated to communities of interest?

<i>Method</i>	<i>Recipient or Intended Party</i>
1. Weekly project meetings	Core Grant Project Team and PACN participating site lead
2. Quarterly Town Hall meetings	PACN network
3. Senior Leadership Team (SLT) meetings	MRH Senior Leadership
4. Egnyte (share point site)	Core Grant Project Team and PACN(whole)
5. Quality Committee	MRH clinical department leads
6. Steering Committee	MRH department leads
7. Website	Community at large, PACN and MRH
8. SNF Shift Huddles	PACN staff
9. Quarterly CMPQI report	CMS/TN Department of Health
10. Social Media	Community at large

ISSUES SUMMARY: Has there been any encountered problems or delays? What actions have been taken to resolve them?

<i>Priority</i>	<i>Issue Description</i>	<i>Impact Summary</i>	<i>Action Steps</i>
1. Critical	NHC Maury - low participation in education courses	Education is a key component in the parameters of the project. Site has extremely low participation to the course materials and has not established core staffing with IP/Sepsis knowledge and competency. 28% total attendance, 8 courses scheduled for Nurses, 9 courses scheduled for CNA-Average class attendance per scheduled course: Nurse-2.66%, CNA-.875%	Added additional courses-more than other sites. Emailed and asked for assistance from site administration 3 times (9.25, 9.27, 9.30), spoke with admin in person few times (9.10, 9.24) on subject-requested for a mandatory sign-up sheet and was denied. Still working on resolution as of 9.30.19.
2. Critical	3 SNF sites (NHC Lawrenceburg, NHC Lewisburg and Magnolia) are still unconfirmed in their participation in grant objectives.	Not all site visits have been completed due to unresponsiveness of sites. Gap Analysis still needs to be completed to have a full scope of needs for the SNF sites.	Several emails and phone calls were placed by the PAC Education Coordinator and PAC liaison to the SNF administrative staff (DON & ADON), participation requests were made at the PACN town hall and amendment for the CMPQI was sent to all sites for signature.
3. Critical	1 SNF site (Mt Pleasant) - no response to request for scheduling education courses for staff.	Education is a key component in the parameters of the project. The PAC Education Coordinator has not been able to schedule education courses with staff.	No resolution as of 9.30.19. PAC Education Coordinator sent sites (that had completed Gap Analysis) a class calendar to schedule each site. Additional emails were sent to request a staffing list to create a class roster. Emails and phone calls made requesting site to provide times that would accommodate them in order to provide classes for their staff.

4	Medium	1 SNF site (NHC Scott)-would like to be excluded from participating in project	Due to high turnover, SNF has requested to be taken out of the project, grant proposal included 11 sites. Not sure if State and CMS would allow such changes. Data can be gathered on 10 which would still yield sufficient data but would like to proceed with intended original number.	No resolution as of 9.30.19. In speaking with the administration of the SNF, we have asked that they not drop from the project but be delayed in establishing education/VRRT. Temporary hold status
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PROJECT SUCCESS SUMMARY: What success have you had in the project? How can they be built upon?

Successes	Potential Building Blocks
1. SNF purchasing more appropriate supplies	Shows site willingness to learn and make changes for the betterment of patient care. Practices/protocols are being updated to be in compliance with evidence based methodology.

PROJECT DEVIATIONS: Will there be any anticipated changes to evaluation methods, expected outcomes, or timelines for the next reporting period?

We will be introducing a mini virtual warm hand-off pilot at two sites to improve the discharge from hospital to SNF process. Originally the intent for virtual tools were to be used only for the VRRT but after evaluating other aspect of the gap analysis we have determined that other areas may benefit from utilizing the same virtual tools. We will evaluate for 60 days if there are improvements to communication and care plan management, if so, we can transition all reporting discharge phone calls to virtual conference calls.

PROFESSIONAL DEVELOPMENT: What opportunities for training and professional development did the project provide?

Opportunities	Development
1. Sepsis courses provided MRH wide (Sepsis: Silent but Deadly Killer), offered to SNFs as additional training	Provides additional resource in Sepsis education increasing the ability to catch early warning signs
2. QR code – Sepsis Simulation module	Provides additional resource in Sepsis education increasing overall knowledge of how infections may spread.