

CMPQI Quarterly Progress Report (1)

CMP Request No. 2018-04-TN-0423

WashSense HAI Reduction and Training Pilot at Spring Gate

The major objective and goals of this project are to reduce nosocomial infections and related hospital readmission rates by reducing the spread of infection through the use of the WashSense System and staff & resident education at Spring Gate Rehabilitation and Healthcare Center. At the time of this report, the timeline for achieving the objectives in the pre-implementation period has been delayed, however several of the deliverables have been accomplished or are currently in progress. An extension amendment is in process and the timeline is revised accordingly.

Final approval of the grant was sent on 5/23/18. The contract between WashSense and Spring Gate was signed on 6/28/18. The contract between State of Tennessee and Spring Gate was signed on 7/2/18. Payment from State of Tennessee was received on 8/24/18. Payment to WashSense was 8/27/18 which activated the contract. These initial delays, as well as a change in administrative leadership at the beginning of October, have caused the timeline to be altered and we have requested an amendment to the timeline and contract which has been approved. We are currently waiting for the finalized amended timeline and contract to be completed, however are actively working to ensure smooth transition and avoid delays. Many of the deliverables have been completed to date of this report and going forward the State of TN CMPQI office, Spring Gate and WashSense will have monthly calls.

**Deliverables**

Initial visit was scheduled for the week of 6/12/18, however the date was postponed due to a Federal State Survey at the facility that week. Facility walk through occurred 6/26/18 with Louis Milite, Administrator, Raven Walker, LPN, ICP, Jackie Brown, DON, Lavetta Lopez, MSN, RN, SDC and the Wash Sense Team. WashSense demonstrated and presented the program to the team at Spring Gate. Metrics for facility dashboard and protocol initiatives were chosen. Although WashSense System has ability to measure multiple QA metrics, for the scope and duration of the pilot, the System will do only infection surveillance, which is what the grant project seeks to measure.

Set up of automated E.H.R. data exchange has been completed on 7/16/2018 and fully completed to include Gamma for access to labs on 9/10/2018.

System introduction and public installation of WS performance devices are scheduled for November. Formal Staff kickoff meeting was conducted via webinar on 8/29/18 and staff participating had opportunity to ask questions.

Staff Training and badge handout is scheduled for December. Wash Sense Demonstration device was sent to Lavetta Lopez, MSN, RN, SDC on 9/4/18. In-services with staff have been conducted on 9/10/18 as well as 10/19/18. SDC has also incorporated the Wash Sense System and use of badge devices into orientation process. Actual badge handout has not occurred as we are still in the pre-implementation phase. Installation is currently planned and scheduled for Nov 26th through Nov 29th. System will be active Dec 1.

Resident Council Meeting to introduce System as well as Q&A occurred on 10/26/18. Fourteen members of Spring Gate Resident Council attended and expressed interest about the system. Spring Gate Resident Council consists of 16 members. Two members who were unable to attend met with Social Services Director one on one and have been informed with opportunity for questions as well. Letters explaining the upcoming project & potential benefits will be sent to families of our long term care residents this month prior to installation.

October Infection & Readmission Evaluation – report has not been generated from EHR and WS Portal as we are still in pre-implementation phase. Quarterly reports will be shared with TN Dept. of Health.

**Part VIII: Results Measurement**

**Healthcare –Associated Infection Metrics & Quarterly Review**

1. Total number of HAI’s differentiated by type, i.e.: UTI, Sepsis, Pneumonia, C. Diff, MDRO etc.

The nosocomial infections for July – September 2018 are used for baseline and are reflected in table below. Currently this information is tracked on infection control logs by IC at Spring Gate. Nosocomial and present on admission infections are differentiated on this report as well. Total number of infections in table below does not differentiate by payer.

|  |  |  |
| --- | --- | --- |
| Type of Infection | Number of Nosocomial Infections for July – September 2018 | MDRO identified in culture |
| Urinary Tract Infection | 27 | ESBL (5) |
| Pneumonia | 21 | MRSA (1) |
| Upper Respiratory Infection | 12 |  |
| Conjunctivitis | 7 |  |
| Cellulitis | 6 |  |
| Abscess | 3 |  |
| Ear | 3 |  |
| Colitis (CDIF) | 1 |  |
| Colitis (other) | 1 |  |
| Pyelonephritis | 1 |  |
| Osteomyelitis | 1 |  |
| Skin (other) | 1 |  |
| Leukocytosis | 1 |  |
| Total | 85 | 6 |

Most prevalent nosocomial infections according to this log are UTI, Pneumonia, URI, Conjunctivitis and Cellulitis.

1. Staff Training Effectiveness Survey

A survey monkey will be created and conducted with front line staff every six months to measure effectiveness of the Wash Sense System and identifying training modules staff perceive to be most effective. This tool has not been developed at this point, but will work with SDC and Administrator as well as Wash Sense partners to develop questions for survey. First survey to be conducted 6 months post implementation.

1. HAI’s that result in a 30 day return to hospital as well as trend overall.

Metric measure of nosocomial HAI’s that result in 30 day return to hospital as well as overall RTH rate for both Medicare and Managed Care residents. The project seeks to demonstrate a reduction in both nosocomial HAI’s and 30 day return to hospital rate because of HAI’s. We will again use data obtained from CareWATCH as our baseline of comparison. Specific infections that result in a <= 30 day return to the hospital will be reflected in future reports.

CareWATCH criteria: Date Range 7/1/18- 9/30/18/ Entry must be from acute care (hospital)/ unplanned discharge/ all payer excluding Medicaid or Medicaid pending/ facility entry in date range.

<= 30 Day Readmissions Total: 25 (48%)

<= 30 Day Readmissions Pneumonia: 8 (32% of total)

Specific infections that result in a <= 30 day return to the hospital will be reflected in future reports.

**Conclusion**

Meeting with Medical Directors for Spring Gate to review project prior to implementation set for Nov 15.

Setting up discussion with our contact at TN Dept of Health Epidemiology to share project goals and next quarter results. Contacts are Memphis: Dr. Tamal Chakraverty, MD, MPH, CPH, Epidemiologist and Nashville: Dr. Pam Tally. We will also be implementing any feedback they may contribute to the project.

After data is available, plan to set up a meeting with VA, Methodist, Baptist and St. Francis health systems to discuss the goals of the project and meet with them periodically to share results. Intend to invite them to tour and view the system.

Annual infection control training is taking place in December at Spring Gate including hand washing education. Staff orientation will continue to include WashSense training for all new employees. Results of the project will be shared at quarterly All-Staff meetings.