



CMPQI Follow-Up Monitoring Report (Q1-Q3 2019)
CMP Request No. 2018-04-TN-0423
WashSense HAI Reduction and Training Pilot at Spring Gate

1. *Total approximate number of nursing home residents impacted through the project.*

Spring Gate is a 188-bed facility caring for >600 residents annually with complex medical needs and a high acuity ventilator unit. In 2019, there were 686 admissions and 627 discharges, averaging 109 transfers per month. The average daily census for 2019 is 177 (76% occupancy). This is higher than the average nursing home in TN with occupancy numbers running approximately 60% according to a recent THCA 2019 report.

2. *Total number of staff trained/nursing homes served.*

Spring Gate employed approximately 220 staff in all departments in 2019 and approximately 210 new staff joined the Spring Gate team over the last year. All new staff complete orientation and Clinical Leadership and the Staff Development Coordinator (SDC) conduct annual skills training including infection prevention and hand washing/sanitizing.

3. *What success stories have resulted from the project and how you plan to showcase successes with stakeholders?*

Despite the challenges Spring Gate experienced in 2018-2019, including higher than average turnover of both clinical floor and housekeeping contracted staff, Director of Nursing, Housekeeping Manager, Administrator and an extended leave of absence for the Infection Preventionist (IP), the Pilot was a success. Spring Gate had a new administrator at the beginning and for the duration of the project, Felicia Speaks.

- Respiratory infections trended down every quarter from Q1 through Q3, resulting in 42% overall reduction (11% in Q2 and 36% in Q3)
- Total UTI infections were reduced by 28% compared to the same period last year.
- Staff hygiene events continually increased quarterly with an overall engagement of 80%.
- For the first time in three years, the facility received no F880 deficiencies or concerns cited for failure of proper hygiene during their annual surveys.
- In 2018, Spring Gate was a one-star rated facility and was just recently increased to three-stars. (*Spring Gate was considered a candidate for the Special Focus Program due to Health Inspection rating. The health inspection star rating has improved from 1 to 3 and Spring Gate is no longer a candidate for CMS Special Focus List as of 10/31/19.*)

4. Please provide any feedback that has been received from staff, family, or residents as a result of the project.

Lavetta Lopez, MSN, RN, SDC states she believes the staff have a higher level of conscientiousness about hand hygiene due to the WashSense System. More than 900,000 hygiene events were recorded and include guests, residents, contractors and staff. Internal surveys were conducted and the results showed that 75% of staff surveyed believed the WashSense System increases awareness & improves thoroughness of hand hygiene. Survey respondents identified that the most common way infection is spread at Spring Gate is by facility staff and residents. Staff overwhelmingly agreed that the most effective way to prevent the spread of infection is “thorough and complete hand washing every time.” Followed by “washing hands more often than sanitizing” and then “proper and regular use of sanitizer.”

Spring Gate conducts skills training that include infection prevention and hand washing/sanitizing both annually and at new hire orientation. The WashSense Performance Devices are utilized as a teaching tool during orientation and annual skills training providing engagement and feedback, as well as clear and simple W.H.O. (World Health Organization) graphics for proper hand washing. Feedback from the staff includes statements that the devices prompt them to wash their hands more thoroughly than they normally would. Leadership expressed appreciation for the messages and reminders offering ongoing education and public health messages that are positives for the staff, residents and guests.

5. Please include any materials, meeting minutes, or attendee lists that have resulted from the project.

WashSense Interactive Performance Device Screens Provide Feedback, Reminders and Education.

Resident and Public Device Trivia Messages

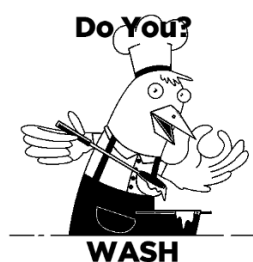
Wash or Sanitize?
You are stuck at your desk, tapping away at the keyboard, all afternoon...



Wash or Sanitize?
Everyone at home is sniffing, coughing, and sneezing, but you feel fine...



Wash or Sanitize?
Tonight's recipe calls for you to cut up raw chicken



Wash or Sanitize?
After a quick trip to the grocery store, you climb into your car to drive home




Resident and Public Device Flu Season Messages

Stay Hydrated




WASH! WASH! WASH!
Soap and Water are
Your Best Protection

Stay Hydrated
It's Flu & Norovirus Season




ASK
How are you feeling?
Any Nausea or Abdominal Cramps?
Verify before going to public areas

Stay Healthy...
It's Flu & Norovirus Season



STOP!
In the event of vomiting...
Put on gloves and mask
Bleach all contaminated surfaces

Stay Healthy...
It's Flu & Norovirus Season



WASH! WASH! WASH!
Soap and Water are
Your Best Protection

Staff Dedicated Area Device Training Messages

Peri-Care

Check For
Open Areas
Redness
Unusual Odor

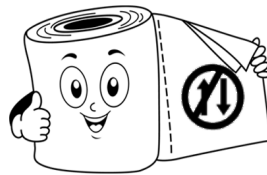
Catheter

Keep bag below bladder level
& Off the Floor at all times
Clean Urethral Meatus & work down
Wipe tube/clamp after drained



Peri-Care

To Prevent
the Spread of Bacteria
For Women



**Wipe
Front to Back**

Peri-Care

Men

- Provide Privacy
- Clean the Tip using circular motion
- Begin at Urethra and work outward
- Use clean part of cloth each time
- Clean the Scrotum. Rinse well & Dry
- Wash Scrotum to Anus - 1 Stroke
- Pat dry



Fall Risk Prevention Resident Room Messaging



RESIDENT COUNCIL MINUTES

New Business: Wash Sense:

Issue	Action Taken	Person Responsible
<p>New program that will be implemented potentially mid November, a hand washing device will be added to every residents room which will monitor how long staff are washing their hands. This is done in an attempt to assist w/ eliminating infections and cross contamination. Each staff member providing care to residents will be issued specialized name badges which hand washing device will monitor and track staff to monitor just how long handwashing is occurring to eliminating germs/bacteria. The Emergency Resident Council Meeting was held to inform residents of the new device that will be added to their rooms and make them aware of its purpose. Vice President (Deborah Burriss) and Former President (Eugenia Smith) were not able to attend scheduled meeting. Staff members met w/ both residents in their rooms and explain about the new program + device that will be added to each room and its purpose.</p>		<p>- Lavelita Lopez, MSN, SDC - Jennifer Chillis, BSW - Sharon Paylor, BSW</p>

Compliments/Notes of Appreciation: n/a

Resident Right(s) Reviewed: n/a

Facility Policies or Procedures Developed/Revised/Updated in Past 30 Days: n/a

Selicia Sea Allen

Next Meeting

Day: Friday Date: 11 / 16 / 2018 Time: 10⁰⁰ AM PM

Signature of Resident Council Secretary or Representative: _____ Signature and Title of Staff Liaison (if applicable): Jennifer Chillis, BSW

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Facility Name:

Spring Gate Rehab

RESIDENT COUNCIL MINUTES

Date:

10/26/18

Time Started:

10:00 AM

Time Adjourned:

10:15 AM

Officers in Attendance:

Larry Black

Residents in Attendance:

Larry Black

Willie Mae Jackson

Mary Nix

Lula Cooper

Charlie Bean

Rhyné Freeman

James Scott

Frankie Miller

Robertta Gatwood

Louis Crook

Wallace Jones

Jessie Garrett

Frederick Jackson

Betty Christian

*Deborah Burriss (met in room)

*Eugenia Smith (met in room)

Staff Members Invited by Resident Council and in Attendance:

Jennifer Chillis, BSW

Bessie Myles, AA

Sharon Paylor, BSW

Lavetta Lopez, MEN, SDC

Minutes of Previous Council Meeting:

Read and approved as read.

Council concerns from previous meeting were reviewed and accepted.

Read and approved as corrected.

Old Business (List follow-up from last month's minutes and identify staff person responsible):

Information, Communication and Training (continued):

Nov

Letter to Resident Families mailed announcing the WashSense Installation (below)



Dear Family Member,

November 15, 2018

Spring Gate Rehabilitation and Health Care Center is dedicated to providing compassionate, comprehensive care. This letter is to inform you of an exciting new program that Spring Gate is putting in place in our building to help reduce the risk of infections. The program is called Wash Sense, and has to do with washing hands properly and tracking infections in the building. We are excited about this program and wanted to share with you to keep you informed.

A Performance Device is installed at every sink in the building and will monitor the employee, guests and residents hand washing performance. It also provides education and training tips. It will ensure proper hygiene for incidental and in between contacts with residents. Medicare and the State of Tennessee has funded this program through a grant. The grant is awarded each year to help make nursing homes a healthy and more rewarding place to live for our residents. We believe that reducing the risk of infections is an important part of protecting community, residents and staff.

Please feel free to ask any questions or request more information regarding our exciting new program. And as always, thank you for the privilege of caring for your family member.

Sincerely,

Felicia Nicks-Speaks, LNHA, Administrator

Jackie Brown, RN, DON, Director of Nursing

Hand Hygiene/Washing
Clinical Performance Evaluation Checklist

WashSense is an early detection system that will assist us with monitoring infections (hand washing) and providing intervention that can be used to assist with preventing and reducing infections caused by lack of proper and effective hand washing. This will assist the organization with reducing costs to treat infections related to poor hand washing, increase our efficiency (effectiveness) and improve our quality outcomes (patient care).

Hand Hygiene/Washing
Clinical Performance Evaluation Checklist

Action	Met	Unmet	Comments
Turned on and adjusted water flow	✓		
Wet hands	✓		
Applied skin cleanser or soap to hands	✓		
Vigorously rubbed hands together in a circular motion for at least 15-20 seconds	✓		
Washed all surfaces of the hands and fingers	✓		
Cleaned under nails (if needed)	✓		
Rinsed hands thoroughly from wrist to fingertips, keeping fingertips down	✓		
Dried hands on paper towel	✓		
Discarded towel	✓		
Turned off faucet with a clean paper towel	✓		
Did not lean against sink or faucet handles with clean hands	✓		
Responded to examiner's questions concerning hand washing (as appropriate)	✓		
Wash Sense	✓		

Employee Bryant Bates B. Bates
(Print Name) (Signature)

Nurse Observing Heath Bonnell Heath Bonnell 12-12-14
(Print Name) (Signature) (Date)

COMPETENCY CHECKLIST

Name: _____
 Title: _____ Unit: _____

Nurses Competency List				Date: / /
Emergency Code Standardization Process	Met	Unmet	Nurse Trainee	Proctor
Nurse Assessment Skills/Equipment				
Wash Hands				
Sterile/Inline suctioning				
Suction Portable/Wall				
Trach care				
Trach Change				
State Requirements				
Use of Ambu Bag/Rescue Breathing				
Alarm Response				
Patient Positioning and Transfers				
Head of the Bed at/above 30 degrees				
Scope of Practice				
Miscellaneous				
SGR Emergency Preparedness Plan				

Name of Person Validating the Skills: _____

Signature of Skills Validator: _____ Date: _____

I have received a copy of the Spring Gate Policy, Procedures and Protocols.
 I understand the Emergency Preparedness procedures for Spring Gate and my role in patient safety
 have been checked off on the above and I agree with this competency assessment.

Employee Signature: _____

Tracheostomy Care Audit Tool

Frequency of Review:						Reviewed by:						Place a 0 in the box if N/A. Place a 1 in appropriate Yes or No box. Add totals – Focus on addressing all “No’s”
Date of Review												
MR Number												
Unit												
Item #	Criteria:	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Comments:
1	Wash hands and put on gloves											
2	Assess site is clean, dry and without dryness											
3	Suction equipment is cleaned and covered											
4	Sterile technique is used for suctioning trach.											
5	All catheters maintain sterility.											
6	Normal saline is dated and disposed of in 24 hours											
7	Obturator is clean and stored properly											
8	Staff are aware of procedure if trach accidentally come out.											
9	Spare trach kept at bedside same size and make.											
10	Ties are clean and dry											
11	O2 tubing is changed per policy											
12	Nurse removes gloves and washes hand when care is completed.											
	Totals											

Comments/Follow-Up

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Tube Care Audit Tool

Frequency of Review:						Reviewed by:						
	Date of Review											Place a 0 in the box if N/A. Place a 1 in appropriate Yes or No box. Add totals – Focus on addressing all “No’s”
	MR Number											
	Unit											
Item #	Criteria:	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Comments:
1	Physician's orders specific: tube, amount, rate etc.											
2	Tube placement checked per auscultation of air bolus and aspiration/resident checked for nausea/vomiting tenderness or drainage at tube insertion site.											
3	Tubing appropriately anchored/affixed.											
4	Flushes appropriate using correct room temperature fluid.											
5	Protector cap used when disconnected.											
6	Medication administered properly (separately, flush between, in by gravity, handwashing before and after handling system, gloves if risk for contact with body fluids.											
7	Dietitian assessed adequacy of enteral nutrition											
8	Dietician assesses amount of free water required											
9	Physician and nursing aware of RD recommendations.											
10	Care Plan and care being provided corresponds with recommendations.											
11	Intake accurate and totaled Q24 hours											
12	Head of bed raised above 30-45 degrees during bolus feeding and for 1 hour after.											
13	Tubing is marked and dated.											
14	Tubing and equipment changed every 24 hours											
15	Syringe is clean, labeled, dated and stored safely.											
	Totals											

Comments/Follow-Up

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18b	For Males: Grasp penis with non dominant hand and retract foreskin if present Cleanse meatus and foreskin using new clean area of cloth with each stroke Cleans catheter from insertion point downward 3 inches – avoid pulling on catheter Releases foreskin Removes gloves and washes hands											
19	Cover resident											
20	Dispose of supplies.											
	Totals											

Comments/Follow-Up:

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IV Care Audit Tool

Frequency of Review: Monthly					Reviewed by:							
	Date of Review											Place a 0 in the box if N/A. Place a 1 in appropriate Yes or No box. Add totals – Focus on addressing all “No’s”
	MR Number											
	Unit											
Item #	Criteria:	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Comments:
1	Handwashing before and after											
2	IV tubing dated and not over 72 hours.											
3	Site free from signs and symptoms of inflammation, drainage or tenderness											
4	Dressing initialed and dated											
5	Tubing not contaminated during infusion											
6	Tubing disposed of correctly											
7	IV solution per MD order											
8	Piggy back tubing dated and not over 24 hours											
	Totals											
Comments/Follow-Up												
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6. *What do you consider to be the greatest impact(s) of the work performed utilizing CMP funds?*

The greatest impact of the WashSense HAI Reduction and Training Pilot at Spring Gate is the change in culture including early detection for rapid response to changes in condition, with public health & care directive messaging at the point of care. The program significantly impacts quality of life in many ways through reduction of unnecessary infections. Using WashSense technology, over the duration of this pilot, staff at Spring Gate were able to create a healthier building with better informed staff, resulting in improved outcomes for our residents including safety, dignity and increased confidence.

Staff training and resident awareness of improved hand hygiene performance contributed to the overall wellness of the community. There are more than 400 device units (Performance Devices/ Soap Companions/ Sanitizer Companions/ Mapping Devices) installed in the Spring Gate facility. In addition to other staff, the barber and hairdresser worked individually with residents during their time in the beauty/barbershop, demonstrating the WS Performance Devices. Residents had the opportunity to engage with the devices located in the resident bathrooms and learn all 9 of the hand transitions in the 20-second wash. The Infection Preventionist used the WashSense Portal each morning to review patient changes in condition and to update Care Plans and discuss trending and clustering of infection to create interventions, i.e.: re- training, care coordination strategies or targeted device messaging.

7. *What best practices resulted from the project and how can other facilities or other organizations duplicate the project?*

In the beginning of 2019, Spring Gate decided to focus on the ventilator unit due to the increasing census of higher acuity patients, the complexity of care and long-term stay patients with families unwilling to create a plan for palliative care. In April 2019, Spring Gate began contracting with Progressive for a Nurse Practitioner dedicated to patient care in the Ventilator Unit. Clinical Leadership met with on-site housekeeping contractors to review required protocols, additional staff training, established schedules, expectations for oversight and supervision. Spring Gate clinical teams met periodically with acute care and referral partners in an effort to facilitate a collaborative multi-system effort to work together as a community to improve infection control and improve re-hospitalization as a result of our efforts to communicate more effectively and share best practices. Multiple meetings and discussions were held with Infection Prevention, Emergency Room and Case Management Leadership and Clinical Directors from Methodist System and the Spring Gate Infection Preventionist as well as other Clinical Department Heads. The goals and results of the WashSense Pilot were shared as well as best practices in infection control and prevention between both parties. Additional discussions included strategies to

improve handoff communication and transitions of care.

Best practices include not only tracking and trending but also proactively making a plan for intervention in real time that supports the staff, residents and visitors. Spring Gate identified two areas of focus: Respiratory, due to the increased complexity of care and Peri-Care because of the high staff turnover. The Staff Development Coordinator appreciated the fact that the peri-care messaging was ongoing and reinforcing the training from orientation with new hires and existing staff. Spring Gate has been sharing positive results with many members of the healthcare community and also presented the WashSense System, the impact on culture and the results at the CMP Parade of Grants in Nashville in July.

8. *Describe any plans for moving forward.*

Continue best practices with ongoing education for hand washing and sanitizing. The facility will continue to use the knowledge they have gained through the Pilot. Staff Development Coordinator will continue to use the WashSense device to train new staff in orientation and for annual skills training. Administrator states will continue to track and trend infections and utilize identification of clusters to focus housekeeping efforts and hand hygiene in that particular area. Spring Gate will continue to work on strengthening transitions of care communication and collaborating more closely with acute hospitals such as Methodist and Baptist. Currently one of the two-physician care teams at Spring Gate uses the WS Portal. Spring Gate is in the process of recruiting a new Administrator and Director of Nursing and more strategies and goals will be defined once new leadership is in place.

9. *Please list the major goals and objectives of the project.*

Program Goal: Reduce Total Building HAI rate by >25% and reduce HAI related readmission rate by half. Establish point of care training modules to deliver sustainable infection prevention and hygiene practices for both new and tenured staff.

Did you meet the outlined goal or objective? Please provide a detailed response.

- Respiratory infections trended down every quarter from Q1 through Q3, resulting in 42% overall reduction (11% in Q2 and 36% in Q3)
- Total UTI infections were reduced by 28% compared to the same period last year (and in October & November reduced by 38% compared to the same period last year).
- Total other infections were reduced by 17% compared to the same period last year.
- Total GI Tract infections reduced by 86% compared to the same period last year.
- Staff hygiene events continually increased quarterly with an overall engagement of 80%

Both Conjunctivitis and Respiratory infection totals increased compared to last year, however, the overall reduction of infections (observed rate, not risk adjusted) from Q1 - Q3 2019 compared to 2018 totaled 13%. Data collection for HAI related readmissions to

the hospital was inconsistent and Spring Gate leadership chose to measure compliance and performance by location instead of individuals or staffing groups due to higher than average turnover. To ensure the most reliable and consistent training / reporting, point of care messages for patients with high fall risk, public messaging and trivia were delivered to resident room Performance Devices but staff training for Peri-Care were limited to devices in dedicated staff areas.

10. *Please list any project deliverables that are outlined in the project description. Please provide a detailed response.*

An amendment for the project extension was granted due to a change in facility leadership after the grant was funded. The pre-implementation deliverables, installation and staff training were executed by November 2018. Each month infection evaluations were completed to determine protocol initiatives. As stated above, in addition to monitoring the performance and engagement of hand washing, Spring Gate leadership identified areas of focus to be Respiratory and Peri-Care (UTI's). Throughout the year, Spring Gate hosted and showcased WashSense and the Pilot to community leaders, healthcare partners and business leaders. Spring Gate hosted a Business and Breakfast event that was attended by about 100 representatives from the healthcare community in July.

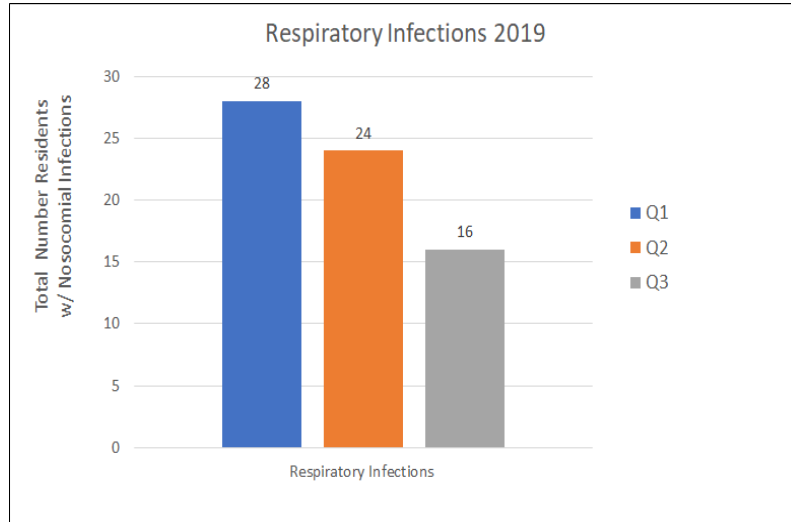
-What impact did your activities targeted at achieving the project deliverable have on nursing home residents in the facility or facilities?

The intent of any Infection Control Program is to protect residents and prevent the transmission of avoidable infection. The Director of Nursing used to say, "you can have the best patient care plans and none of it will matter if the staff and residents are throwing up." Avoidance is difficult to quantify however the Pilot allowed Spring Gate to proactively address infection trends, train staff, target quality program initiatives and evaluate and adjust best practices.

Overall, by using the WashSense technology, continuous process improvement was achieved in collaboration with the additional corporate resources and programs implemented by Spring Gate throughout the duration of this Pilot. The overall impact of the pilot on culture change affected residents, families and training of staff in both measurable and immeasurable ways.

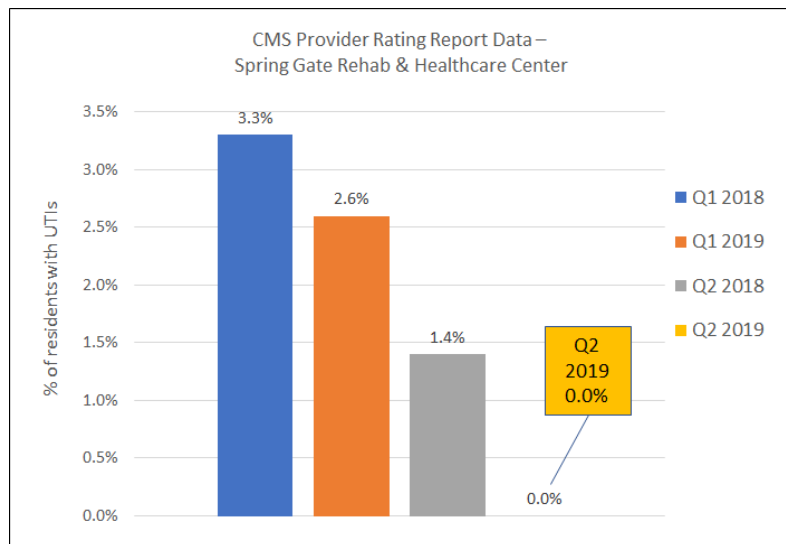
11. *Results Measurement(s): Healthcare-Associated Infection Metrics & Quarterly Review*

**Spring Gate Respiratory Infections:
Reduced Quarter over Quarter in 2019**



Spring Gate UTI Infections:

Data from Nursing Home Compare Five-Star Ratings of Nursing Homes Provider Rating Report Jan 2019 - Oct 31, 2019. Results shown are risk adjusted from the Long-Stay Quality Measures that are Included in the QM Rating.



Spring Gate Nosocomial Infections by type:
 Quarterly comparison of total number of HAI's as well as each type
 rate of reduction of each from baseline totals

	Quarter 1		Quarter 2		Quarter 3	
	2018	2019	2018	2019	2018	2019
Average Census	491	532	531	522	537	533
Site of Infection:						
Eye/Conjunctivitis	3	7	5	8	7	7
Other: dental, skin, etc	23	12	26	17	8	14
GI Tract / C-Diff	0	1	4	0	3	0
UTI	26	20	32	18	25	22
Respiratory	17	28	11	25	34	16
	69	68	78	68	77	59

Also of interest is the 2-year look back for Q1-Q3.

The incidence rate per 1,000 resident days in 2017 was 43.59 compared to 42.66 in 2018.
 In 2019, the incidence rate per 1,000 residents is reduced to 36.39.

	Quarter 1			Quarter 2			Quarter 3		
	2017	2018	2019	2017	2018	2019	2017	2018	2019
Average Census	474	491	532	497	531	522	487	537	533
Site of Infection:									
Eye/Conjunctivitis	6	3	7	2	5	8	6	7	7
Other: dental, skin, etc	32	23	12	17	26	17	19	8	14
GI Tract / C-Diff	0	0	1	0	4	0	1	3	0
UTI	12	26	20	23	32	18	20	25	22
Respiratory	43	17	28	18	11	25	13	34	16
	93	69	68	60	78	68	59	77	59

Number of participating residents each quarter
 (does not include residents who expired during that time frame)

2019	ADC	All admissions vs All discharges
Q1	178	A- 178 D- 163
Q2	175	A- 159 D- 149
Q3	177	A- 167 D- 149

The readmission totals below use CareWATCH criteria for Q1 - Q3.
Entry must be from acute care (hospital)/ unplanned discharge/ all payer excluding Medicaid or Medicaid pending/ facility entry in date range.

RTH Q1 2019	RTH Q1 2019	RTH Q2 2019	RTH Q2 2019	RTH Q3 2019	RTH Q3 2019
Exclude pending Medicaid or Medicaid	Hospitalizations 2/2 infection	Exclude pending Medicaid or Medicaid	Hospitalizations 2/2 infection	Exclude pending Medicaid or Medicaid	Hospitalizations 2/2 infection
22 Total	3 Total Pneumonia <i>(13% of total)</i>	25 Total	6 Total Pneumonia <i>(24% of total)</i>	20 Total	1 Total Pneumonia <i>(5% of total)</i>

As discussed above, cost avoidance and on-going training is difficult to assign a specific value. Cost savings calculated from direct infection supply costs totaled more than \$50,000 between Q1-Q3. The impact on staff to implement the Pilot was minimal, as the Pilot did not require any new FTEs. Also of significance, the WS Portal facilitated the required trending and tracking for the Infection Preventionist to meet the CMS 483.80 Infection Control Program regulations.