

The IPRO Hospital Quality Improvement Contract (HQIC)

Learning & Action Network (LAN)

Launch: All-Cause Harm

March 29th, 2021
11am -12pm ET



This Session is Being Recorded

Welcome: IPRO HQIC

Today's Regional Patient Safety Team Moderators



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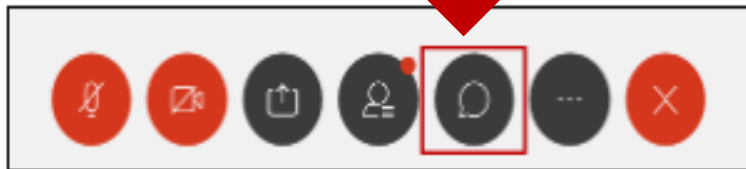


Melanie Williams,
MSN, RN, IP

Chat Feature Highly Encouraged

To send a chat message:

- 1 Open the Chat panel:



- 2 In the **Send to** or **To** drop-down list, select the recipient of the message.
- 3 Enter your message in the chat text box, then press **Enter** on your keyboard.

*Send Chat
Message to
“Everyone/All”*

Agenda



- Welcome to IPRO Hospital Quality Improvement Contract (HQIC)
- HQIC All-Cause Harm Focus Areas (What & Why)
- Processes it Takes to Prevent All-Cause Harm (New: All-Cause Harm Resource)
- **Chat with Hospitals** on Most Pressing Needs

IPRO Hospital Quality Improvement Contract (HQIC)

Welcome: Program Goals



Improve Behavioral Health Outcomes



Enhance Patient Safety



Increase Quality of Care Transitions



Response to Public Health Emergencies

All-Cause Harm

The IPRO HQIC - Who We Are



The federally funded Medicare Hospital Quality Improvement Contractor (HQIC) in 12 states

IPRO (joined by)

- Healthcentric Advisors
- Kentucky Hospital Association
- Qlarant
- Q3 Health Innovation Partners
- Superior Health Quality Alliance
- American Institutes for Research (AIR)
- QSource

States

- | | |
|------|------|
| • MA | • PA |
| • ME | • DE |
| • NY | • MD |
| • OH | • MI |
| • KY | • MN |
| • NJ | • WI |

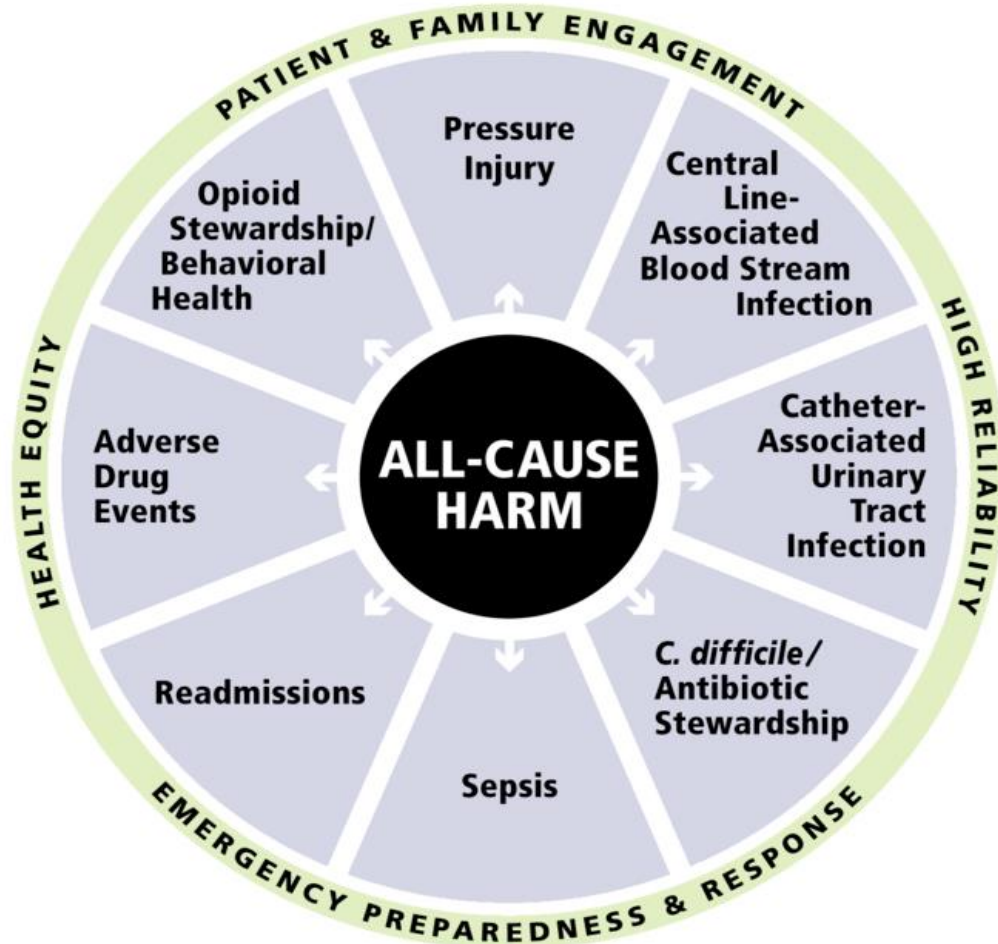
- Data Analytics/Reports/Benchmarking
- AHRQ Culture of Safety Survey
- Learning Collaborative
- Learning and Action Networks (LANs)
- Peer-to-Peer Networking
- IPRO HQIC On-line Community
- Quality Improvement Training
- 1:1 Technical Assistance with All-Cause Harm Reduction and/or Pandemic/Emergency Response
- Resources (tools, content, etc.)
- Subject Matter Experts
 - Patient Safety
 - Quality/Performance Improvement
 - Dedicated Patient & Family Engagement Experts
 - Dedicated Health Equity Experts
 - Data Analysts
 - Pharmacists, Nurses, Physicians
 - Health Informatics Professionals
 - Healthcare Administrators
 - Social Workers & Dietitians

All-Cause Harm

What?

Why?

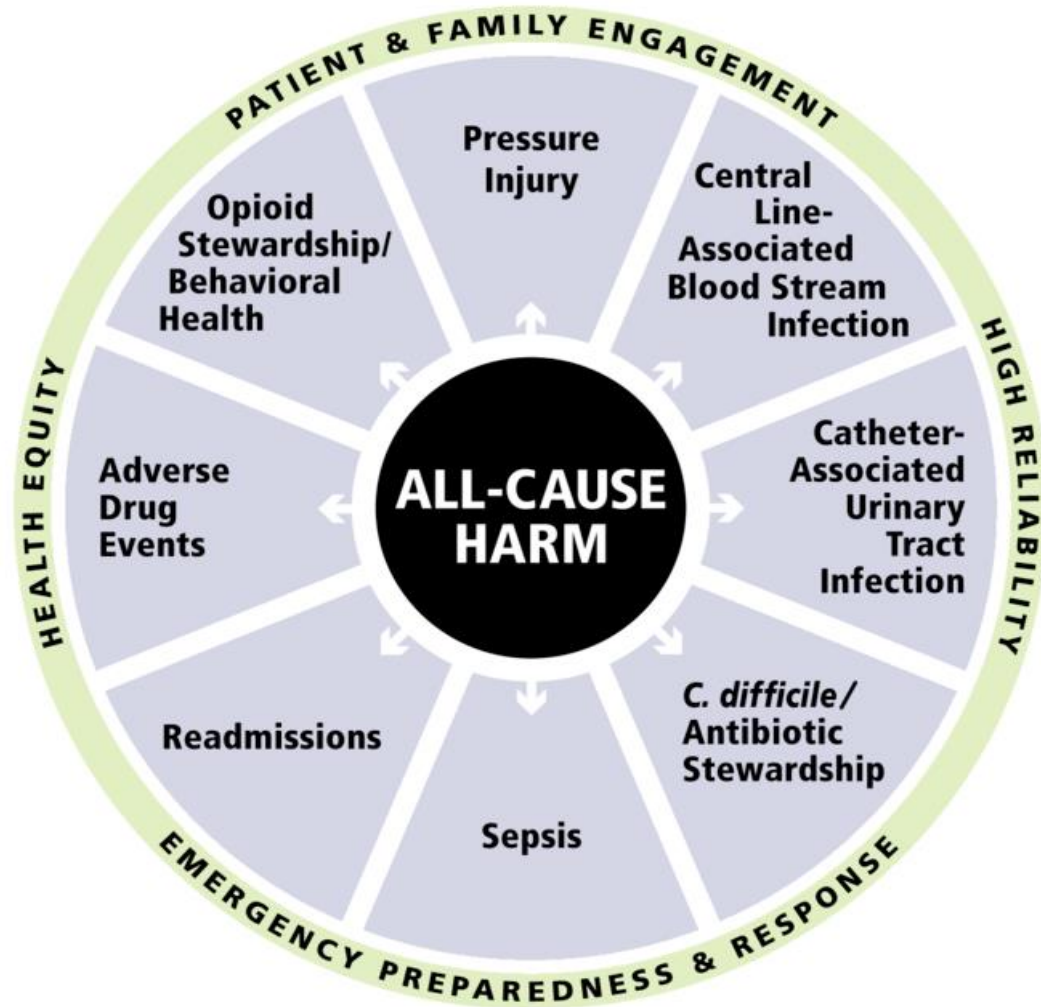
 CMS HQIC, Priority Focus Areas 2020-2024



- Causes Patients Undue **Harm**
- Increases **Length of Stay**
- Can Lead to **Mortality**
- Causes Healthcare **Financial Burden**

All-Cause Harm

Priority Areas of Focus



Additional Areas of Focus

- Surgical Site Infection (SSI)
- Venous thromboembolism (VTE)
- Ventilator-Associated Events (VAE); IVAC, VAC, PVAP
- Falls/Immobility Injuries
- Airway Safety
- Diagnostic Error (Timeliness)

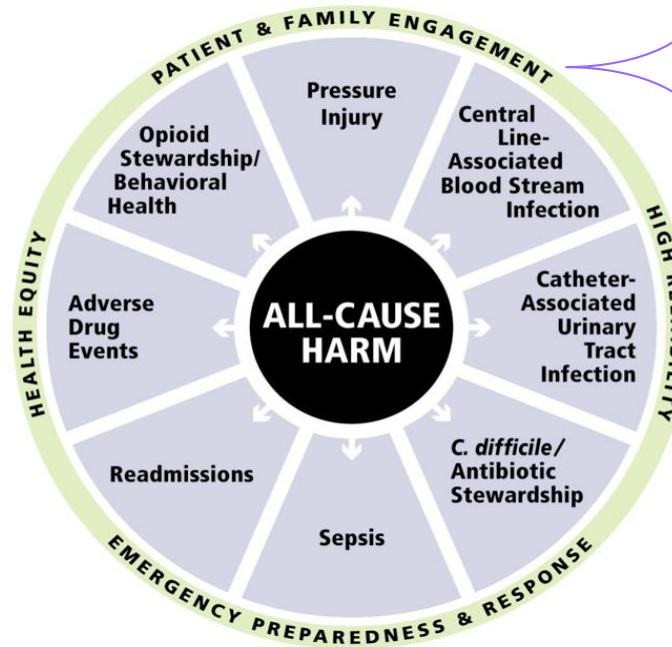
All-Cause Harm

Health Equity

Patient & Family Engagement (PFE)




- **Collect** Race, Ethnicity and Language (REAL) Data (socioeconomic data)
- **Stratify** quality and safety outcomes data, by REAL (socioeconomic data)
- **Identify** disparate gaps in care
- **Take action** to close those gaps with targeted solutions



- Planning Checklists (**Admission**)
- Planning Checklists (**Discharge**)
- Shift Change **Huddles**
- Accountable **PFE leader**
- Active **PFE Committee**

First Page of Resource



■ Healthcentric Advisors

■ Kentucky Hospital Association

■ Qlarant

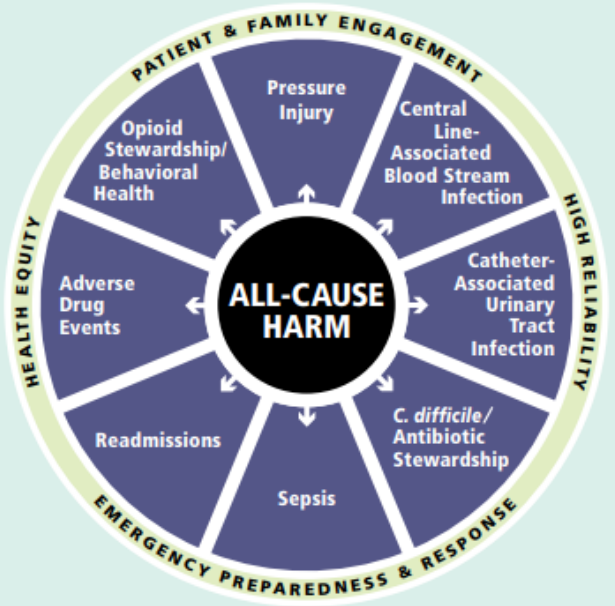
■ Q3 Innovation Health Partners

■ Superior Health Quality Alliance

IPRO, Hospital Quality Improvement Contract (HQIC)

**All-Cause Harm:
Priority Focus Areas 2020–2024**

Centers for Medicare & Medicaid Services (CMS)



ALL-CAUSE HARM

PATIENT & FAMILY ENGAGEMENT

Pressure Injury

Central Line-Associated Blood Stream Infection

Catheter-Associated Urinary Tract Infection

HIGH RELIABILITY

C. difficile/Antibiotic Stewardship

Sepsis

EMERGENCY PREPAREDNESS & RESPONSE

Readmissions

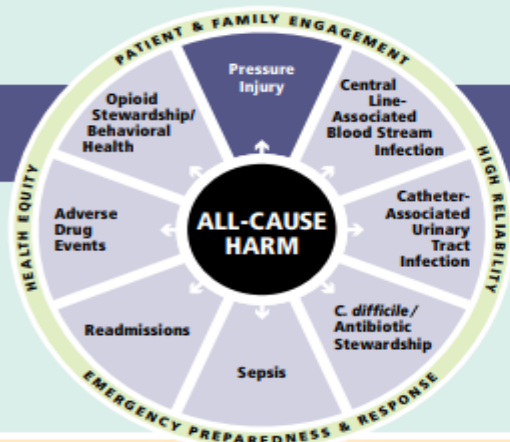
Adverse Drug Events

Opioid Stewardship/Behavioral Health

HEALTH EQUITY

These Patient Safety Focus Areas

- Cause patients undue harm,
- Increase length of stay,
- Can lead to mortality, and
- Cause healthcare financial burden.



Pressure Injury

EVIDENCE-BASED PROCESSES TO PREVENT THIS HARM

RISK IDENTIFICATION

- Perform total body skin and risk assessment within 4 hours of admission and at least daily
- Risk assessment score should be tied to prompt prevention interventions
- Examine the skin under and surrounding medical devices (tubing, trach, orthotics, etc.) at least once a shift. Readjust as able, and discontinue as soon as possible
- Complete a perioperative skin assessment for surgical patients

BEST PRACTICES

- Create a multidisciplinary skin care team, led by a certified wound care nurse
- Appoint unit-based skin care champions
- Utilize appropriate support surfaces for bed and chair
- Encourage mobility, as able
- Provide easy access to specialty beds, positioning devices, and barrier creams
- Keep head of bed less than 30 degrees to avoid skin shear
- Provide a balanced diet with adequate protein; consult dietitian for high risk patients
- Encourage adequate hydration
- Adhere to turning and positioning schedules
- Keep skin free from moisture (urine, feces, sweat)
- Utilize positioning devices in the OR to avoid skin breakdown during surgery
- Educate the patient and family, and involve them in prevention efforts
- Provide routine skin care education to direct care staff and nurses (upon hiring, annual competencies)
- Prompt reporting of any areas of concern to wound care nurse

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Pressure Injury (continued)

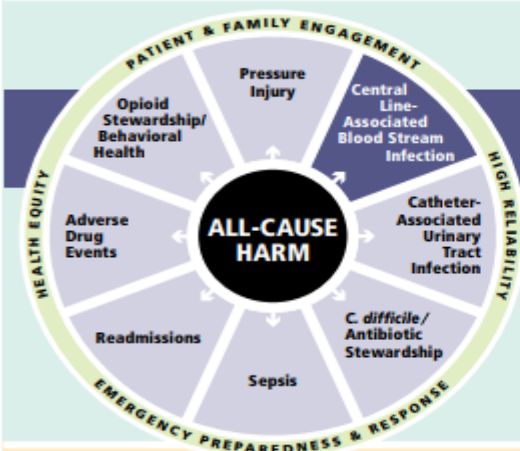
REGULARLY MONITOR COMPLIANCE (strategies include)

- Development of policies, procedures, and practices of pressure injury prevention which are hardwired into the hospital-wide culture
- Compliance to pressure injury prevention processes
- Creation of care plans and appropriate documentation
- Monthly outcome measurement with routine reporting to staff

CITATIONS AND LINKED RESOURCES

- [Preventing Pressure Ulcers in Hospitals. Content last reviewed October 2014. Agency for Healthcare Research and Quality, Rockville, MD.](https://www.ahrq.gov/patient-safety/settings/hospital/resource/pressureulcer/tool/index.html)
<https://www.ahrq.gov/patient-safety/settings/hospital/resource/pressureulcer/tool/index.html>
- [Hospital Acquired Pressure Ulcers \(HAPU\) Change Package PREVENTING HOSPITAL ACQUIRED PRESSURE ULCERS. HRET, Updated 2016.](https://www.wha.org/Quality-Patient-Safety/Partners-for-Patients/Shared-Resources/Pressure-Injuries/PU-Change-Package_2016-HRET)
https://www.wha.org/Quality-Patient-Safety/Partners-for-Patients/Shared-Resources/Pressure-Injuries/PU-Change-Package_2016-HRET
- [National Pressure Injury Advisory Panel \(NPIAP\): Numerous Pressure Injury Resources.](https://npiap.com/page/Resources)
<https://npiap.com/page/Resources>
- [PRESSURE INJURY PREVENTION PIP Tips for Prone Positioning \(NPIAP\).](https://cdn.ymaws.com/npiap.com/resource/resmgr/online_store/posters/npiap_pip_tips_-_proning_202.pdf)
https://cdn.ymaws.com/npiap.com/resource/resmgr/online_store/posters/npiap_pip_tips_-_proning_202.pdf
- [Skin Manifestations with COVID-19 \(NPIAP\).](https://cdn.ymaws.com/npiap.com/resource/resmgr/white_papers/COVID_Skin_Manifestations_An.pdf)
https://cdn.ymaws.com/npiap.com/resource/resmgr/white_papers/COVID_Skin_Manifestations_An.pdf
- [Unavoidable Pressure Injury during COVID-19 Pandemic \(NPIAP\).](https://cdn.ymaws.com/npiap.com/resource/resmgr/white_papers/Unavoidable_in_COVID_Pandemi.pdf)
https://cdn.ymaws.com/npiap.com/resource/resmgr/white_papers/Unavoidable_in_COVID_Pandemi.pdf
- [NPIAP Nutrition and Immunity Podcast series: A review of the SCCM/Aspen COVID-19 Recommendations.](https://anhi.org/resources/podcasts-and-videos/nutrition-and-immunity-podcast-series)
<https://anhi.org/resources/podcasts-and-videos/nutrition-and-immunity-podcast-series>
- [Leadership Support in Highly Reliable Pressure Injury Prevention \(Patient Safety Movement\).](https://www.youtube.com/watch?v=7jlofK8LY-g&list=PL1t1eQbvK0QdiM3GAzRJ2zj3KzvD9Pg0H&index=1&mc_cid=c4971ebbcf&mc_eid=c4ccdf92)
https://www.youtube.com/watch?v=7jlofK8LY-g&list=PL1t1eQbvK0QdiM3GAzRJ2zj3KzvD9Pg0H&index=1&mc_cid=c4971ebbcf&mc_eid=c4ccdf92

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Central Line-Associated Blood Stream Infection

EVIDENCE-BASED PROCESSES TO PREVENT THIS HARM

APPROPRIATE INDICATIONS FOR INSERTION

- Approved indication for insertion

STERILE INSERTION

- Sterile technique and supplies used during insertion. Best practices include
 - Hand hygiene
 - Optimal site selection (subclavian>jugular>femoral)
 - Use of a chlorhexidine (CHG) prep
 - Allow skin prep to dry
 - Use of ultrasound over a Doppler, when possible
 - Use of dedicated CLABSI/IV team, when possible
 - Use of an impregnated CHG sponge or dressing
 - Use of a securement device (not sutures)
 - Use of a line with as few lumens as possible

PROPER MAINTENANCE

- Sterile technique used during dressing changes
- Chlorhexidine used during dressing changes (and daily bathing)
- Sterile technique used when accessing line/hubs
- Hubs connected or capped and scrubbed prior to accessing (scrub hub for at least 15 seconds—use alcohol-impregnated caps, when available)
- Flushing protocols to prevent access issues
- IV primary and secondary tubing dated
- Change gauze dressings at least every two days or semipermeable dressings at least every seven days (and more frequently if soiled, damp, or loose).
- For patients 18 years of age or older, use a chlorhexidine impregnated dressing or patch with an FDA cleared label that specifies a clinical indication for reducing CLABSI for short term non-tunneled catheters unless the facility is demonstrating success at preventing CLABSI with baseline prevention practices.

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Central Line-Associated Blood Stream Infection (continued)

PROPER MAINTENANCE (continued)

- Change administrations sets (including secondary sets) for continuous infusions no more frequently than every four days (96 hours), but at least every seven days
- If blood or blood products or fat emulsions are administered change tubing every 24 hours
- If propofol is administered, change tubing every 6–12 hours or when the vial is changed

TIMELY REMOVAL

- Policy includes daily necessity assessment (de-escalation to a less invasive line)

PERFORMANCE IMPROVEMENT

- Unit level CLABSI nurse champion, medical staff and senior leadership champion
- Routine feedback of CLABSI rates and/or standardized infection ratio (SIR) to front-line, medical staff and leadership
- Routine feedback on central line device utilization ratio (DUR) or standardized utilization ratio (SUR) to front-line, medical staff and leadership.
- Huddles twice a day

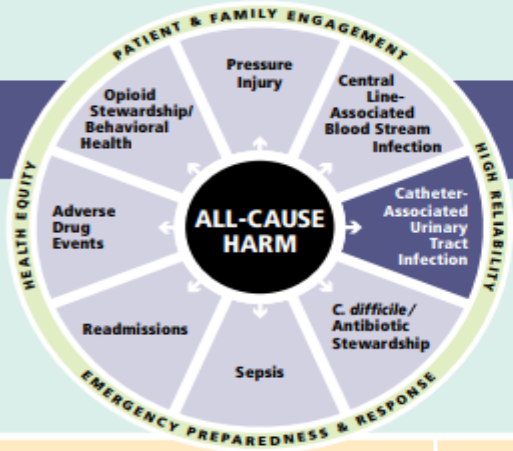
REGULARLY MONITOR COMPLIANCE (STRATEGIES INCLUDE)

- Routine audits of insertion practices
- Routine audits of maintenance practices and necessity
- Rotate responsibility among staff.
- Post results on your quality board.
- Have RNs who have bundle fall outs (when a CLABSI is identified) do chart reviews on their own documentation and identify what they missed.

CITATIONS AND LINKED RESOURCES

- [Toolkit for Reducing Central Line-Associated Blood Stream Infections. Content last reviewed March 2018. Agency for Healthcare Research and Quality, Rockville, MD.](https://www.ahrq.gov/hai/clabsi-tools/index.html)
- [Guide to Preventing CLABSI, APIC](https://apic.org/clabsi-implementation-guide-download-available/)
- [TAP Central Line-Associated Bloodstream Infections \(CLABSI\) Implementation Guide:](https://www.cdc.gov/hai/prevent/tap/clabsi.html)
- [Bloodstream Infection Event \(Central Line-Associated Bloodstream Infection and Non-central Line Associated Bloodstream Infection\): NHSN, CDC](https://www.cdc.gov/nhsn/pdfs/pscmanual/4psc_clabscurrent.pdf)
- [Intravascular Catheter-related Infection \(BSI\) CDC](https://www.cdc.gov/infectioncontrol/guidelines/bsi/index.html)

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Catheter-Associated Urinary Tract Infection

EVIDENCE-BASED PROCESSES TO PREVENT THIS HARM

APPROPRIATE INDICATIONS FOR INSERTION

- Approved indication for insertion, with provider order
- Can an external device be used instead?

ASEPTIC INSERTION

- Aseptic technique used upon insertion
- Smallest size catheter is used
- Two-person insertion (has been shown to decrease CAUTI)

PROPER MAINTENANCE

- Catheter secured to leg, free of tubing kinks, drainage bag below bladder and not touching floor, clean collection container, no broken seals, aseptic port access
- Ensure foley and peri care are being done per facility policy (educate on difference between the two)

TIMELY REMOVAL

- Stop orders for indwelling urinary catheters placed prior to surgery/procedure
- Nurse-driven protocol for daily necessity assessments and removal (or alerts to providers to question daily necessity)
- Discontinuation is inclusive of spontaneous voiding assessment within six hours, >200 ml

APPROPRIATE CULTURE PRACTICES

- Only culture when signs and symptoms of infection are present, not just for appearance of urine. Does fever have another source?
- Avoid broad use of pan culturing

PERFORMANCE IMPROVEMENT

- Unit level CAUTI nurse champion, medical staff and senior leadership champion
- Routine feedback of CAUTI rates and/or standardized infection ratio (SIR) to front-line, medical staff and leadership
- Routine feedback on urinary catheter device utilization ratio (DUR) or standardized utilization ratio (SUR) to front-line, medical staff and leadership.

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Catheter-Associated Urinary Tract Infection (continued)

REGULARLY MONITOR COMPLIANCE (strategies include)

- Routine audits of maintenance practices and necessity
- Rotate responsibility among staff
- Post results on your quality board

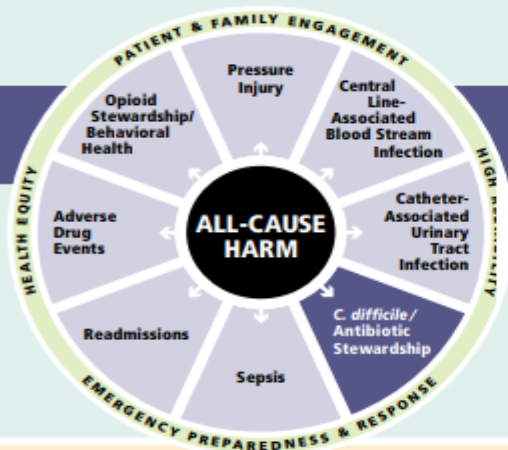
NOTES

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CITATIONS AND LINKED RESOURCES

- [Toolkit for Reducing CAUTI in Hospitals. Content last reviewed March 2018.](https://www.ahrq.gov/hai/tools/cauti-hospitals/index.html)
[Agency for Healthcare Research and Quality, Rockville, MD.](https://www.ahrq.gov/hai/tools/cauti-hospitals/index.html)
<https://www.ahrq.gov/hai/tools/cauti-hospitals/index.html>
- [How-to Guide: Prevent Catheter-Associated Urinary Tract Infection. IHI.](http://www.ihl.org/resources/pages/tools/howtguidepreventcatheterassociatedurinarytractinfection.aspx)
<http://www.ihl.org/resources/pages/tools/howtguidepreventcatheterassociatedurinarytractinfection.aspx>
- [Guide to Preventing Catheter-Associated Urinary Tract Infections, APIC](https://apic.org/newly-revised-guide-to-preventing-catheter-associated-urinary-tract-infections-free-download/)
<https://apic.org/newly-revised-guide-to-preventing-catheter-associated-urinary-tract-infections-free-download/>
- [TAP Catheter-Associated Urinary Tract Infection \(CAUTI\) Implementation Guide: Links to Example Resources](https://www.cdc.gov/hai/prevent/tap/cauti.html)
<https://www.cdc.gov/hai/prevent/tap/cauti.html>
- [Catheter-Associated Urinary Tract Infections \(CAUTI\)](https://www.cdc.gov/infectioncontrol/guidelines/cauti/index.html)
<https://www.cdc.gov/infectioncontrol/guidelines/cauti/index.html>

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C. difficile/ Antibiotic Stewardship

EVIDENCE-BASED PROCESSES TO PREVENT THIS HARM

IDENTIFICATION

- Nurse-driven protocol to rapidly identify, test, and isolate patients that meet the criteria of three or more loose stools per day with no other reason for the diarrhea, such as use of laxatives, bowel preps, new antibiotics, etc.
- Documentation of Bristol Stool Scale (BSS) and appropriate specimen to test (diarrhea algorithm)

MANAGEMENT

- Appropriate isolation precautions
- Hand hygiene (soap and water) before and after entering the patient room
- Use of gloves and gowns in patient rooms
- Dedicated medical equipment in each room
- Environmental cleaning of high-touch surfaces with approved sporicidal agents
- Cohorting of *C. diff* patients when single rooms are not available

PREVENTION

- Antibiotic Stewardship: Get executive support, identify a leader, pull together a multidisciplinary team
- Monitoring days of therapy (DOT) of fluoroquinolones and carbapenems per one thousand patient days per month
- Monitoring of daily defined doses (DDD) for fluoroquinolones and carbapenems per one thousand patient days if unable to collect DOT

PERFORMANCE IMPROVEMENT

- Unit level nurse champion, medical staff (i.e., infectious disease provider and pharm.D) and senior leadership champion
- Routine feedback of *C. diff* rates and antibiotic stewardship efforts (DOT/DDD) to front-line, pharmacy, medical staff and leadership

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C.difficile/Antibiotic Stewardship (continued)

REGULARLY MONITOR COMPLIANCE
(strategies include)

- At least ten observations of patients on *C. diff* precautions monthly. May proceed to quarterly if compliance is good. If less than 80%, process measure audits should continue monthly.
- Environmental testing of high touch areas should be done on at least ten patient discharge rooms monthly. May proceed to quarterly if compliance is greater than 80%. Rotate high-touch areas that are tested quarterly.

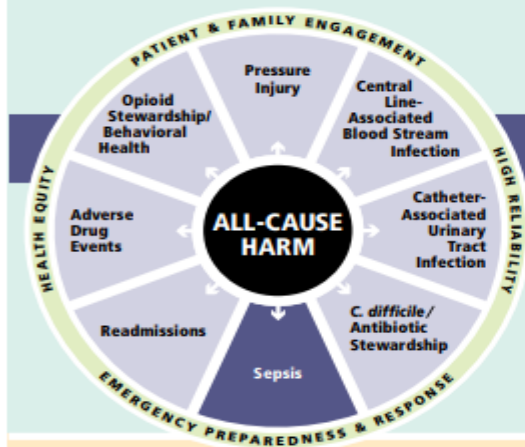
CITATIONS AND LINKED RESOURCES

- **U.S. National Action Plan for Combating Antibiotic-Resistant Bacteria (National Action Plan)**
<https://www.cdc.gov/drugresistance/us-activities/national-action-plan.html>
- **Toolkit for Reduction of Clostridium difficile Infections Through Antimicrobial Stewardship.** Content last reviewed November 2014. Agency for Healthcare Research and Quality, Rockville, MD.
<https://www.ahrq.gov/hai/patient-safety-resources/cdiff-toolkit/index.html>
- **Guide to Preventing Clostridium difficile Infections.** APIC
<https://apic.org/news/download-new-guide-to-preventing-clostridium-difficile-infections/>
- **Core Elements of Hospital Antibiotic Stewardship Programs.** CDC
https://www.cdc.gov/antibiotic-use/core-elements/hospital.html#anchor_1573765130706
- **The Targeted Assessment for Prevention (TAP) Strategy (CDC): CDI Implementation Guide.**
<https://www.cdc.gov/hai/prevent/tap.html>

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Sepsis

EVIDENCE-BASED PROCESSES TO PREVENT THIS HARM

EARLY IDENTIFICATION

- Protocols that alerts staff to criteria for sepsis, with specific actions for timely intervention (tachycardia, hypotension, tachypnea, hyper/hypothermia, mental status, etc.)

MANAGEMENT (one-hour bundle)

- Standing orders for sepsis bundle if patient screens positive
- Measure lactate
- Blood cultures obtained prior to starting antibiotics
- Start broad spectrum antibiotics
- Rapid fluid administration of crystalloid 30ml/kg for hypotension or lactate equal to or greater than 4mmol/L
- Apply vasopressors if hypotension during or after fluid resuscitation to keep mean arterial pressure at or above 65mm Hg
- Hand-off communication of completed and non-completed bundle elements

PERFORMANCE IMPROVEMENT

- Unit-level sepsis nurse champion, medical staff and senior leadership champion
- Routine feedback of sepsis rates, timely identification of sepsis and adherence to one-hour bundle elements to front-line, medical staff and leadership

REGULARLY MONITOR COMPLIANCE (strategies include)

- Time from presentation to sepsis screen performed
- Time from positive screen (Time 0) to huddle/ orders in place
- Time 0 to IV bolus completed (30ml/kg crystalloid for hypotension or lactate ≥ 4)
- Time 0 to antibiotics (broad spectrum)
- Time 0 to lactate result available
- Blood cultures obtained prior to antibiotics Y/N
- Blood pressure managed with vasopressors if MAP less than 65 Y/N

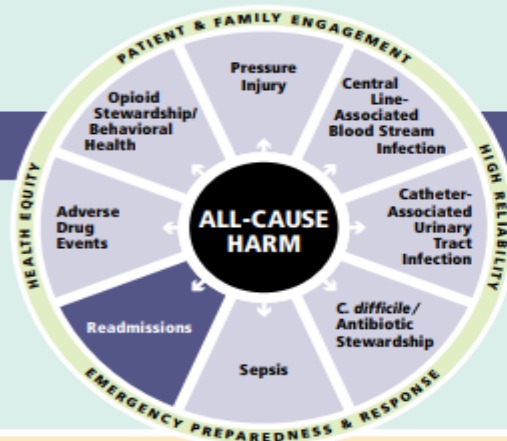
Sepsis (continued)

CITATIONS AND LINKED RESOURCES

- [Best Practices in the Diagnosis and Treatment of Sepsis. Content last reviewed November 2019. Agency for Healthcare Research and Quality, Rockville, MD.](https://www.ahrq.gov/antibiotic-use/acute-care/diagnosis/sepsis.html)
- [Hospital Toolkit for Adult Sepsis Surveillance. CDC, 2018](https://www.cdc.gov/sepsis/pdfs/Sepsis-Surveillance-Toolkit-Aug-2018_508.pdf)
- [Early Identification of Sepsis on the Hospital Floor: Insights for Implementation of the Hour-1 Bundle \(SCCM\)](https://www.sccm.org/SurvivingSepsisCampaign/Resources/Implementation-Guide)
- [Society Critical Care Medicine, Surviving Sepsis Resource Library](https://www.sccm.org/SurvivingSepsisCampaign/Resources/Resource-Library)
- [Sepsis Alliance Resources](https://www.sepsis.org/education/resources/)
- [Hospital Toolkit for Adult Sepsis Surveillance. CDC, 2018](https://www.cdc.gov/sepsis/pdfs/Sepsis-Surveillance-Toolkit-Aug-2018_508.pdf)
- [Sepsis and Equity Fact Sheet \(Sepsis Alliance\)](https://www.sepsis.org/wp-content/uploads/2021/01/Sepsis-and-Equity-Fact-Sheet-2021-1-25.pdf)
- [CDC Sepsis Webpage](https://www.cdc.gov/sepsis/index.html)

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Readmissions

EVIDENCE-BASED PROCESSES TO PREVENT THIS HARM

PROCESSES

- Monitoring Readmission rates as part of daily workflow.
- Performing RCA on seven-day and 30-day readmissions.
- Utilizing a Readmissions Risk Assessment (L.A.C.E. etc.)
- Standardized discharge checklist
- Providing post-acute care discharge support (schedule PCP appointment, etc.)
- Standard discharge and hand-off process from acute care to post-acute care
- Established communication processes for high-risk drug use upon discharge (anticoagulants, diabetes, opioids)
- Actively building relationships with post-acute care providers (SNF, home health, rehabs, hospice, etc.)

REGULARLY MONITOR COMPLIANCE (strategies include)

- Monitor readmission rates as part of daily workflow
- Perform RCA on seven-day and 30-day readmissions
- Evaluate staff adherence to discharge procedures, checklists
- Assess post-acute goal achievement (e.g., PCP appointment completion rate, etc.)
- Sample discharge communication records of high-risk drug users experiencing readmission

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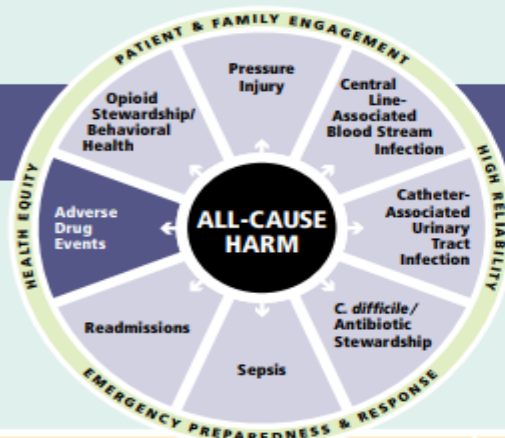
Readmissions (continued)

CITATIONS AND LINKED RESOURCES

- [Re-Engineered Discharge \(RED\) Toolkit](https://www.ahrq.gov/patient-safety/settings/hospital/red/toolkit/index.html). Content last reviewed February 2020. Agency for Healthcare Research and Quality, Rockville, MD.
- [Designing and Delivering Whole-Person Transitional Care](https://www.ahrq.gov/patient-safety/settings/hospital/resource/guide/index.html). Content last reviewed June 2017. Agency for Healthcare Research and Quality, Rockville, MD.
- [Taking Care of Myself: A Guide for When I Leave the Hospital](https://www.ahrq.gov/questions/resources/going-home/index.html). Content last reviewed November 2020. Agency for Healthcare Research and Quality, Rockville, MD.
- [Guide to Reducing Disparities in Readmissions](http://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/OMH_Readmissions_Guide.pdf). CMS, Office of Minority Health.
- [Hospital Guide to Reducing Medicaid Readmissions Toolbox \(AHRQ\)](https://www.ahrq.gov/sites/default/files/publications/files/medread-tools.pdf)
- [ASPIRE Designing and Delivering Whole Person Transitional Care The Hospital Guide to Reducing Medicaid Readmissions \(AHRQ\)](https://www.ahrq.gov/patient-safety/settings/hospital/resource/guide/index.html)
- [National Association of Community Health Centers Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences \(PRAPARE\)](http://www.nachc.org/research-and-data/prapare/)
- [Care Transitions From Hospital to Home: IDEAL Discharge Planning \(AHRQ\)](https://www.ahrq.gov/patient-safety/patients-families/engagingfamilies/strategy4/index.html)

NOTES

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Adverse Drug Events

EVIDENCE-BASED PROCESSES TO PREVENT THIS HARM

GLYCEMIC SAFETY

- Implement policies for safe and effective diabetes management that
 - Effectively coordinate glucose testing, meals, and medication administration;
 - Proactively evaluate and adjust monitoring and treatment for changes in clinical status, procedures, and glucose-altering medications; and
 - Prioritize a basal/bolus protocol for insulin.
- Establish standard order sets or protocols for the timely and appropriate management of hypoglycemia including
 - Pre-determined triggers to initiate immediate hypoglycemia response (e.g., glucose value, signs/symptoms)
 - Hypoglycemia “rescue” agents (dextrose, glucagon) readily accessible throughout the facility
 - Standing orders allowing nurses to immediately administer hypoglycemia “rescue” agents
- Implement controls to minimize insulin administration errors, such as
 - Minimization of floor stocks of insulin
 - Utilization of individual patient insulin devices (i.e., pens) rather than syringes
 - Limit the number of available insulin infusion concentrations to one
 - Pharmacy preparation of individual patient-scheduled doses of intermediate or long-acting insulins
- Real-time rules/alerts to flag low blood glucose triggers and changes in patient condition predisposing patient to hypoglycemia
 - Change in nutrition and/or fluid status – admission, acute illness, NPO for surgery, start/stop PN/EN, inconsistent nutrition in hospital.
 - Addition or discontinuation of medication(s) that affect blood glucose.
 - Disease state – acute renal failure (ARF), acute hepatic failure, severe sepsis/shock.
 - Transitions in care/handoffs.
- Education for staff, prescribers and patients and families
- Programmable infusion pumps

continued on next page

Adverse Drug Events (continued)

ANTICOAGULANT SAFETY

- Anticoagulant Stewardship:
 - Get executive support, identify a leader, pull together a multidisciplinary team
- Anticoagulation Protocols (Warfarin, Heparin, DOACs)
 - Dosing algorithms, guidelines to manage high INR levels,
 - Guidelines (bridge protocols) to manage anticoagulation therapy in patients requiring procedures or surgery
- Education for staff, prescribers and patients and families on the anti-coagulation process
- Programmable infusion pumps

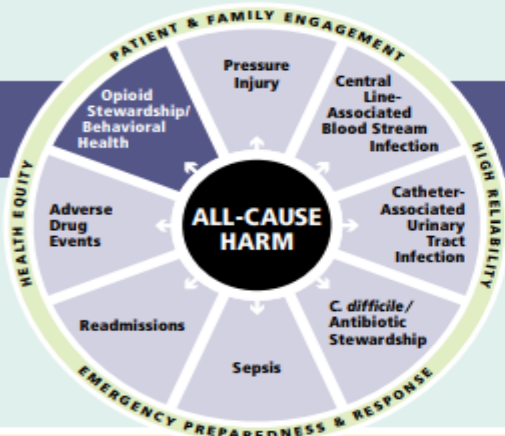
OPIOID SAFETY

- For more on Opioid related ADEs, see separate sheet titled *Opioid Stewardship/Behavioral Health*

CITATIONS AND LINKED RESOURCES

- National Action Plan for ADE Prevention. Office of Disease Prevention and Health Promotion. <https://health.gov/our-work/health-care-quality/adverse-drug-events/national-ade-action-plan>
- CDC Guideline for Prescribing Opioids for Chronic Pain. <https://www.cdc.gov/drugoverdose/prescribing/guideline.html>
- Colorado ALTO Project. <https://cha.com/opioid-safety/colorado-alto-project/>
- E-QUAL Opioids Toolkits, ACEP. <https://www.acep.org/administration/quality/equal/emergency-quality-network-e-equal-opioid-initiative/e-equal-opioid-toolkit/>
- Improving Pain Management for Hospitalized Medical Patients, Society Hospitalist Medicine. https://www.hospitalmedicine.org/globalassets/clinical-topics/clinical-pdf/shm_painmanagement_guide.pdf
- Reducing Adverse Drug Events Related to Opioids (RADEO) Implementation Guide, Society Hospitalist Medicine. https://www.hospitalmedicine.org/globalassets/clinical-topics/clinical-pdf/shm_reducingopiodevents_guide.pdf
- The Glycemic Control Implementation Guide: Improving Glycemic Control, Preventing Hypoglycemia And Optimizing Care Of The Inpatient With Hyperglycemia And Diabetes. Society Hospitalist Medicine. http://tools.hospitalmedicine.org/resource_rooms/imp_guides/GC/GC_Workbook.pdf
- Anticoagulation Forum. <https://acforum.org/web/>
- National Blood Clot Alliance, Stop the Clot. <https://www.stopthecлот.org/health-professionals/curriculum>
- Managing the risks of direct oral anticoagulants (The Joint Commission Sentinel Event Alert). <https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/sentinel-event/sea-61-doacs-final.pdf>
- MAPPP app, Management of Anticoagulation in the Peri-procedural Period SMART on FHIR mobile application. <http://mappp.ipro.org>
- MAPPP app is a resource for The Joint Commission's National Patient Safety Goal for Anticoagulant Therapy. “EP 3: The hospital uses approved protocols and evidence-based practice guidelines for perioperative management of all patients on oral anticoagulants.” https://www.jointcommission.org/-/media/tjc/documents/standards/r3-reports/r3_19_anticoagulant_therapy_rev_final1.pdf

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Opioid Stewardship/ Behavioral Health

EVIDENCE-BASED PROCESSES TO PREVENT HARM

OPIOID STEWARDSHIP

- Get executive support, identify a leader, pull together a multidisciplinary team
- Designated leader or team responsible for pain management and safe opioid prescribing
- Maximize appropriate use of non-opioid analgesics, non-pharmacologic therapies and multimodal pain therapy
- Process that allows for the use of the lowest effective dosage to be attempted first (with the intent of avoiding a dosage of greater than or equal to 90 MME per day)
- Process for management of acute pain and chronic pain which ensures that acute pain management opioid prescribing is targeted to three days or less with no refills until a follow-up visit
- Align standardized pain and vital sign assessments with patient-centered pain treatment plans and monitoring
- Use of a validated, standardized sedation scale to guide assessment and early detection of unintended sedation or respiratory depression
- Provider and patient and family education and engagement on impact/risks and expectation of opioid therapy to include signs of respiratory depression, potential for fall, etc.
- Prescribe naloxone with opioids and educate patient and family on use
- System that monitors the rate at which naloxone is given for opioid related adverse events that occur in the hospital setting
- System that allows for the monitoring of morphine milligram equivalent tiers and the prevention of co-prescribing with benzodiazepines and muscle relaxants.
- System that encourages prescribers to use state prescription drug monitoring programs (PDMPs)
- Established process to identify and offer/referral to access to medication assisted treatment (MAT) for opioid use disorder

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Opioid Stewardship/Behavioral Health (continued)

REGULARLY MONITOR COMPLIANCE (strategies include)

- Monitor compliance to non-opioid or multi-modal attempts for initial pain control
- Monitor if naloxone was prescribed with opioids
- Use a dashboard to show clinicians percent or number of patients on high doses or MMEs
- Monitor co-prescribing, with clinician feedback

CITATIONS AND LINKED RESOURCES

- [CDC Guideline for Prescribing Opioids for Chronic Pain](https://www.cdc.gov/drugoverdose/prescribing/guideline.html)
- [Colorado ALTO Project](https://cha.com/opioid-safety/colorado-alto-project/)
- [E-QUAL Opioids Toolkits, ACEP](https://www.acep.org/administration/quality/equal/emergency-quality-network-e-qual/e-qual-opioid-initiative/e-qual-opioid-toolkit/)
- [Improving Pain Management for Hospitalized Medical Patients, Society Hospitalist Medicine](https://www.hospitalmedicine.org/globalassets/clinical-topics/clinical-pdf/shm_painmanagement_guide.pdf)
- [Reducing Adverse Drug Events Related to Opioids \(RADEO\) Implementation Guide, Society Hospitalist Medicine](https://www.hospitalmedicine.org/globalassets/clinical-topics/clinical-pdf/shm_reducingopiodevents_guide.pdf)
- [Quality Improvement and Care Coordination: Implementing the CDC Guideline for Prescribing Opioids for Chronic Pain Centers for Disease Control and Prevention National Center for Injury Prevention and Control](https://www.cdc.gov/drugoverdose/prescribing/qi-cc.html)
- [The Role of Nonpharmacological Approaches to Pain Management: Proceedings of a Workshop \(2019\)](https://www.nap.edu/catalog/25406/the-role-of-nonpharmacological-approaches-to-pain-management-proceedings-of)
- [Addressing the Opioid Epidemic in Minority Communities \(CMS OMH\)](https://www.cms.gov/About-CMS/Agency-Information/OMH/resource-center/hcps-and-researchers/Opioid-Resources-Page)
- [Joint Commission: Establishing an Opioid Stewardship Program in Your Health System](https://www.jointcommission.org/resources/patient-safety-topics/pain-management-standards-for-accredited-organizations/webinar-establishing-an-opioid-stewardship-program-in-your-health-system--october-10-2018-11-12-pm/)
- [Opioid Overdose Prevention TOOLKIT \(SAMHSA\)](https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742)

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MEANINGFUL MONITORING & AUDITING: PROCESS MEASURES

MONITORING

- Performing observations, noting issues
- Real-time (just-in-time) education, teaching, coaching

AUDITING

- Data collection purposes, feedback for quality improvement
- 100% Chart review is ideal (not always realistic)
- Gather at least 20 points of data monthly
- If population is <20/month, every sample should be audited
- Continue audits until leaders feel sustainment has occurred (or reduce frequency of audit)
- **Strategies to Avoid Selection Bias:**
 - ▶ Audit every 5th admission or every 10th admission, etc.
 - ▶ Audit all patients with a device on a specific day of the week (rotate days, shifts weekends, units)
 - ▶ All care team members can audit—not just nursing

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All-Cause Harm must be inclusive of Patient and Family Engagement (PFE) and Health Equity.

PFE

- Planning Checklists (Admission)
- Planning Checklists (Discharge)
- Shift Change Huddles
- Accountable PFE leader
- Active PFE Committee

HEALTH EQUITY


- Collect Race, Ethnicity and Language (REAL) data (socioeconomic data).
- Stratify quality and safety outcomes data, by REAL (socioeconomic data).
- Identify disparate gaps in care.
- Take action to close those gaps with targeted solutions.

IPRO HQIC Resource Library has many resources to support your
All-Cause Harm, PFE and Health Equity, and
Emergency Preparedness and Response efforts.

<https://hqic-library.ipro.org>

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Last Page of Resource



■ Healthcentric Advisors
 ■ Kentucky Hospital Association
 ■ Qlarant
 ■ Q3 Innovation Health Partners
 ■ Superior Health Quality Alliance

Does your hospital need additional resources to reduce all-cause harm?
Contact your state-designated IPRO Hospital Quality Improvement Contract (HQIC)

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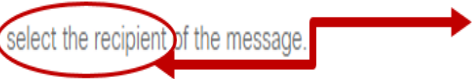
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What is Your Most Pressing Need.....


In Preventing All-Cause Harm?

- ☐ Utilize the Chat, or
- ☐ Raise hand to verbally explain your most pressing needs, to unmute

To send a chat message:

- 1 Open the Chat panel:

- 2 In the Send to or To drop-down list, select the recipient of the message.

- 3 Enter your message in the chat text box, then press Enter on your keyboard.

Send Chat Message to "Everyone/All"



Upcoming Learnings, Events & Resources



Upcoming IPRO HQIC Learning and Action Networks (LANs):

- **March 31st:** *Partnering with Patients and Families During the COVID-19 Pandemic*
Register Here:
<https://attendee.gotowebinar.com/register/4225506062487904524>
- **April 26th:** *Opioid Stewardship* (stay tuned for registration details)
- IPRO HQIC Resource Library <https://hqic-library.ipro.org/>
- Contact IPRO HQIC info@ipro.org

National Minority Health Month (April)

- Disproportionate impact the COVID-19 pandemic is having on racial and ethnic minority and American Indian and Alaska Native communities.
- Underscore the need for these vulnerable communities to get vaccinated.
- Free downloadable posters.
- Information, [here](#).



#VaccineReady | April 2021

IPRO HQIC: On-Line Community & Reminders

Join in Conversation with other Patient Safety/Quality Leaders



- Join the IPRO HQIC **On-Line Community** to **engage with other quality leaders** in the IPRO HQIC region. Reach out to your state contact to join.

Reminders to Complete:

- Hospital Baseline Assessment
- Antimicrobial Stewardship Assessment

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