

Cross-Cutting Strategies to Improve Infection Prevention & Control

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1

1

Objectives

- Understand how to use the performance tracking tool in your auditing/surveillance program
- Describe how to improve your competency and observation activities in your healthcare organization
- Develop an auditing/surveillance action plan
- Review the GPQIN Website to understand how to navigate for resources/tools

2

2

Auditing/Surveillance

- Auditing consists of measuring clinical outcomes and processes against standards set on policy, procedure or evidence-based medicine. Auditing is part of the continuous quality improvement process.
- Surveillance is defined as the ongoing systematic collection, collation, analysis and interpretation of data essential to the planning, implementation and evaluation of health practice.
 - Monitoring infection incidence rates
 - Monitoring trends, including the detection of outbreaks
 - Provide early warning and investigation of infection problems and planning/intervention to control

3

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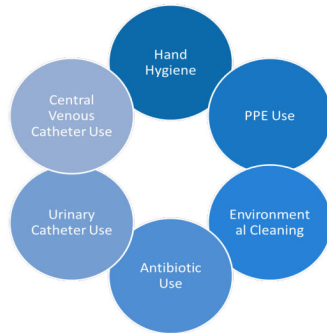
Role of Audits

- Process of conducting an objective review of specific practices/procedures
- Measure healthcare personnel's adherence with policies, procedures and standards designed to improve care for the patient/resident
- Effectively implemented, audits provide valuable information for improvement

4

4

Benefits of Audits

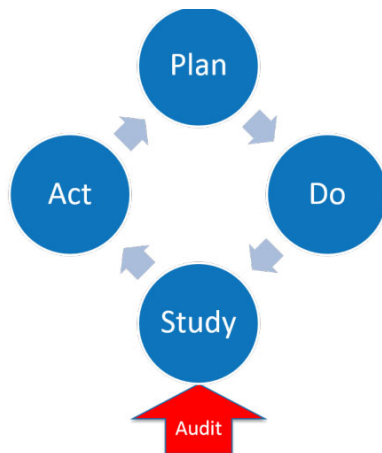


- Combined with infection surveillance, can identify gaps and strengths in practice
- Monitor adherence to standards in high-risk settings
- Opportunity for improvement, not punishment

5

5

Preparing



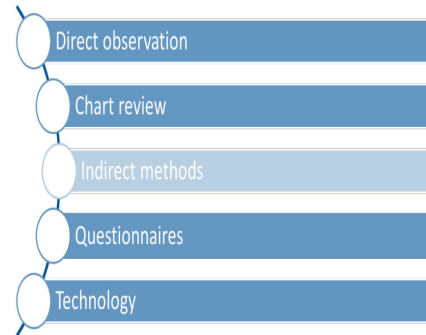
- Choose an audit tool
- Train the observer (not just leaders in organization)
- Choose sample size
- Define frequency of audits
- Create your improvement plan
- Implement Interventions
- Audit processes to study impact
- Modify or re-educate if needed

6

6

Planning & Methods

- What resources are available?
- What audits will you share?
- What do you want to assess?
 - Have you completed a risk assessment?



7

7

Important to Use a Systems Approach

- Use data to identify quality problems but also opportunities for improvement
- Set priorities for action
- Perform Risk Assessments to identify gaps in processes
 - Look at areas of high risk & high volume
- Root Cause Analysis to understand the heart of the problem
- Develop Performance Improvement Teams
- Plan Do Study Act
- Systemic change to eliminate problems at the source or root
- Develop a feedback and monitoring system

8

8

Data & Monitoring

- Use performance indicators (audits/checklist tools) to monitor processes that need quality improvement
- Review findings against targets/goals the facility has established for performance (goal setting)
- Tracking, auditing and investigating (pulling it all together)

9

9

Systematic Analysis & Action (RCA & PDSA)

- Systematic approach to determine cause of problems in care and services delivered
- Demonstrate proficiency in use of RCA
- Systemic actions look across systems to prevent future events and promote sustained improvement
- Continual learning = continuous improvement

10

10

Action

- Make changes that result in lasting and widespread improvement
- Use of checklists/audits to ensure compliance standards are met
- Should not fall on one person (with clipboard in hall)
 - Have auditing “helpers”
 - Create a culture that sets the tone of “doing the right thing even when others are not looking”

11

11

Best Practices

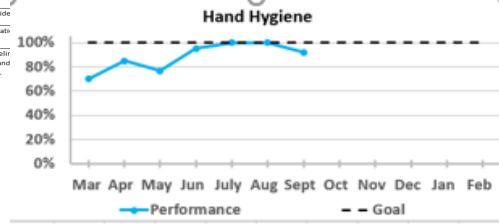
- Make auditing a part of your program (not only part of a plan of correction)
- Set performance goal/s
- Aggregate your results
- Mitigation tactics (interventions) are IMPORTANT
- Remember ‘just in time’ education is important however, consider if it could be a system-wide issue
- Use mitigation tactics (interventions) that will ensure compliance for all

12

12

And Now.....Performance Tracking Tool Tutorial

Indicator	Identified Goal (enter # between 90 and 100)	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Hand Hygiene Performance	100%	70%	85%	77%	95%	100%	100%	92%	#N/A	#N/A	#N/A	#N/A	#N/A
# of Audits Passed		14	17	23	19	30	20	23					
# of Audits Completed		20	20	30	20	30	30	25					
If your auditing results fall below your set monthly goal, document what mitigation tactics were done to ensure goal will be met the following m													
Food Temperatures for room trays	90%	80%											
# of Audits Passed		12											
# of Audits Completed		15											
Protocol followed for hypoglycemia	100%	83%											
# of Audits Passed		5											
# of Audits Completed		6											
Hand Hygiene	Indicator	Month Below Goal	Mitigation Tactic	Date Completed									
Hand Hygiene	March		Review done at staff inservice	April 10, 2020									
Hand Hygiene	April		1:1 just in time education when	During month of April									
Hand Hygiene	May		RCA done-results ABHS was not properly located-individual ABHS bottles provided to staff.	June 6, 2020									
Hand Hygiene	June		The two staff that didn't pass did not have their bottle ABHS on their person.	at time of observation									
Food Temps	March		Temperatures increased in the tray cart	April 5, 2020									
Food Temps	April		Found										
Protocol followed for	March		Provide										
Protocol followed for	April		Educate										
Protocol followed for	May		Travelle her and staff.										



13

Practice

- Tutorial on performance tracker utilization

14

GPQIN Website Tutorial



15

Questions?



16

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