GET UP to Get Better!

Using Early Progressive Mobility to Decrease the Incidence of IVAC

HEAR ORLANDO HEALTH’S STORY

FHA Call to Action: Eliminating Infection-Related Ventilator-Associated Complications
IVAC Bi-Monthly Webinar #1
March 1, 2018
Agenda

• Review IVAC Call to Action / Outcomes Data / UP Campaign—GET UP Strategies

• Introduce Orlando Health Presenters:
  – Greta Rucks, OTR/L
    Acute Care Rehabilitation Supervisor
    Acute Care Rehab
    Orlando Regional Medical Center
  – Laura (Williams) Arkin, MSN, CNS, ONC, CCNS
    Orthopedic Clinical Nurse Specialist
    Center for Nursing Research and Advanced Practice Nursing
    Orlando Regional Medical Center
  – Christine Swartzman, MSN, CNS, CCRN, ACCNS-AG
    Clinical Nurse Specialist
    Critical Care & Rapid Response
    South Seminole Hospital

• Resources / Coming Events / Next Steps
CALL TO ACTION

• FHA Quality Committee
• FHA Annual Meeting
• CEO Call to Action

Florida Hospital Association

TO: FHA Member Hospital CEOs
FROM: Bruce Rueben, President
SUBJECT: Call to Action: Ventilator Associated Infections
DATE: November 20, 2017

Based on recent data, the number of infection-related ventilator associated events (VAC) have increased in Florida hospitals. These events create serious complications and in many cases, result in death. They are preventable and it is our responsibility to reverse this trend.

Strategies to effectively prevent the risk of ventilated patients developing complications have been known for many years. Specific strategies include:

- Elevate the head of the patient’s bed 30 to 45 degrees
- Administer oral care with chlorhexidine 0.12 percent
- Utilize gastric ulcer and deep vein thrombosis prophylaxis
- Initiate spontaneous waking and breathing trials

The following steps are essential to ensure IVAC is prevented:

- Know your data. Track your data monthly and review your rates.
- Conduct a root cause analysis on every IVAC. Download our online tool to assist with this.
- Review the FHA Top 10 Checklist for IVAC, available online.
- Ask staff to use the IVAC Resource Guide, which includes evidence-based strategies, web-based resources and case studies from hospitals successfully maintaining zero IVAC.
- Participate in an FHA member webinar: Call to Action on Eliminating Infection-Related Ventilator-Associated Complications (VAC) on December 7, 2017 at 2 p.m. Register online.
- Share your success stories via email to mhr@floridahealth.org to be featured as an FHA member case study.

To assist in this ongoing effort, FHA staff will:

- Monitor monthly progress on reducing IVAC and report back on how we are doing as a state.
- Provide one-on-one coaching and support to hospitals that are struggling with reducing their IVAC rates.
- Highlight successful hospitals and their strategies.

Reversing the increase in ventilator associated conditions is a critical goal that is well within our collective ability to accomplish. Our success will demonstrate yet again that FHA member hospitals are strongly committed to providing patients with the safest and best care possible.

Please do not hesitate to contact me at 850-222-8000 with any questions. Thank you.
Why the Call to Action

Florida HEN 2.0 Baseline: 2.56 (69 hospitals)

Florida HEN 2.0 Apr-June 2016: 1.68 (64 hospitals)

<table>
<thead>
<tr>
<th>FL Rate</th>
<th>HRET HIIN Rate</th>
<th># FL Reporting</th>
<th># HRET HIIN Reporting</th>
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<tr>
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<tr>
<td>S-17</td>
<td>2.57</td>
<td>66</td>
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</table>

Source: Comprehensive Data System as of December 4, 2017
Call to Action HIIN Plan

• HIIN team evaluated data/interviewed hospitals/raised awareness with CEOs
• Webinar in January with Linda Greene focused on IVAC and IP interventions
• Aligning Interventions
  – all three UP campaign strategies are critical
Infection-Related Ventilator-Associated Condition Rate

Source: Comprehensive Data System, February 26, 2018
Raise your game: The UP Campaign

Cross cutting set of practices to better engage front-line staff without creating additional burdens
FHA SOAP UP Campaign
October 1 – December 31, 2017

- Handwashing is the single most effective way to reduce healthcare-acquired infections
- Handwashing is not new, but is a critical strategy
- Effective handwashing can prevent several harm events

http://www.fha.org/soapup
Minimizing sedation allows for early mobilization, reducing delirium and respiratory compromise.

Over-sedation increases the chance of harm and results in longer length of stay.

Monitoring reversal agents and emphasis on minimal sedation assists in the prevention of seven harm events.

http://www.fha.org/wakeup
FHA GET UP Campaign
January 1 – March 31, 2018

- Progressive mobility preserves muscle strength, improves lower limb circulation and lung capacity, reduces length of stay and reduces delirium
- Lack of mobility is most dangerous in the elderly but healthier patients are at risk as well
- Improves multi-disciplinary collaboration and focus on preventing patient harm
- Involves patients and families in the care plan
- Impacts seven harm topics, saves lives and avoids costs
- Key Message: Walk in, Walk during, Walk out!

http://www.fha.org/getup
Cumulative Impact on Quality of Life

• “New Walking Dependence” occurs in 16-59% in older hospitalized patients (Hirsh 1990, Lazarus 1991, Mahoney 1998)

• 65% of patients had a significant functional mobility decline by day 2 (Hirsh 1990)

• 27% still dependent in walking 3 months post discharge (Mahoney 1998)
Orlando Health Speakers

• Greta Rucks
• Laura Arkin
• Christy Swartzman

• Questions for Dialogue
  – What was the motivation for starting early mobilization in your ICUs?
  – When did you start the early mobilization program in your ICUs?
  – Who made up the team who supported the program?
  – How long did it take to get a solid structure (hardwired)? Or, are there gaps?
  – What were/are the obstacles and barriers?
• How did you tackle the barriers?
  – Resistance to change, staffing, attitude, equipment, cost, physician support
• What was the impact on IVAC and LOS?
• What was the most positive outcome of the program? (Lessons learned)
Mobility Protocol for Critical Care Patients

**Critical Checks for Beginning Mobility**
- Appropriate activity orders
- PT screen or evaluation order
- Cardiopulmonary stability
- Hemodynamically stable
- Spine stable
- Orthopedically stable
- Not currently undergoing continuous renal replacement therapy
- Neurologically stable
- Not undergone any procedures where mobility is contraindicated (i.e., immediately status post cardiac catheterization or lumbar puncture)
- ICP stable and if patient has external ventricular drain in place the patient is able to tolerate having external ventricular drain clamped during entire mobility session
- Additional vasoactive drug added or increased dose of vasoactive drug within previous two hours
- Not appropriate if meets both of these conditions: PEEP >12 and FiO2 >60%

If patient does not meet all critical checks, assess patient appropriateness for phases 0 through IB:

- Patient is inappropriate for ROM, exercise, or mobility due to medical instability or poor short term prognosis

If patient does meet all critical checks, assess patient appropriateness for phases III through V:

- Sitting edge of bed
  - ROM (passive, active assisted, active) to upper and lower extremities in sitting
  - ADL training

Criteria Indicating If Progression to Next Phase Not Appropriate
- Mean arterial pressure <65 mm Hg or systolic blood pressure <90 mm Hg
- Sustained heart rate 40 beats per minute or >130 beats per minute
- Sustained respiratory rate <5 breaths per minute or >10 breaths per minute
- Concern for security of airway device

- Hyoxia with frequent desaturations that maintained <88%, SpO2
- Necessity to change to assist control mode from a weaning mode
- New arrhythmia
- Agitation requiring increase in sedation
- Ventilator asynchrony

**If patient does not meet all critical checks, assess patient appropriateness for phases 0 through IB:**

- Patient remains chemically paralyzed or patient was totally dependent with functional mobility prior to admission
- Patient will have PROM and mobility/transfers performed by nursing
- Patient not appropriate for physical therapy at this time
- If patient is able to have chemical paralytic discontinued, may progress to phase IB

**Phase I B**
- If on sedation, patient is able to tolerate sedation interruptions per protocol to allow patient to be conscious during rehabilitation treatments
  - ROM (passive, active assisted, active) to upper and lower extremities in supine
  - Rolling in bed
  - Supported sitting in bed (head of bed elevated to 65 degrees)
  - Activities of Daily Living (ADL) training

**Phase II**
- Transferring to chair
  - Upright sitting in chair for minimum of 20 minutes
  - ADL training

**Phase III**
- Standing activities at bedside
  - Pre-gait activities
  - ADL training

**Phase IV**
- Ambulation activities
  - Progression of standing exercises and ADL training
Nursing documentation of phasing

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### Early Ambulation/Activity by PT/O.T.
- Ambulated outside of room by P.T.
- Ambulated outside of room by O.T.
- Out of bed by P.T.
- Out of bed by O.T.

### Phase 0
- Pt inappropriate for ROM, exercise, or mobility
- Pt will have PROM & mobility/transfers performed by nursing
- Pt not appropriate for physical therapy at this time
- If chemical paralytic discontinued, may progress to Phase II

### Phase I
- Pt able to tolerate sedation interruption for rehab treatment
- ROM to upper & lower extremities in supine
- Rolling in bed
- Supported sitting in bed (HOB elevated to +/- 65 degrees)
- Activities of daily living (ADL) training

### Phase II
- Sitting on edge of bed
- ROM to upper and lower extremities
- ADL training

### Phase III
- Transferring to chair
- Upright sitting in chair for minimum of 20 minutes
- ADL training

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**Review selected items below.**

- Transferring to chair
- Upright sitting in chair for minimum of 20 minutes
- ADL training
## Activity Orders

<table>
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<th>Activity</th>
<th>Order</th>
<th>Select Activity</th>
<th>Schedule</th>
<th>Order Information</th>
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<tr>
<td>Activity - per early mobility guidelines, &lt;Continuous&gt;</td>
<td>06-Feb-2018</td>
<td>06-Feb-2018</td>
<td>06-Feb-2018</td>
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<tr>
<td>Activity - Elevate HOB 30 degrees: Up Ad Lib, Ad Lib 06-Feb-2018: Patient may sit up to 30 degrees or greater. No need to c-spine or log-roll. C-collar must be in place at all times.</td>
<td>06-Feb-2018</td>
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<tr>
<td>Shift Report/Transfer Report</td>
<td>06-Feb-2018</td>
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<tr>
<td>Turn</td>
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<td>Discontinued</td>
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<td>Weight Bearing: None</td>
<td>R/L, Start Date 09-Feb-2018</td>
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</table>
UP Campaign Resource Page on HRET HIIN Web site:
www.hret-hiin.org
GET UP Campaign Tools: [http://www.fha.org/getup](http://www.fha.org/getup)
Posters – Harm Prevention Flyer – Badge Cards – Email Banner
What is Progressive Mobility?

- Progressive mobility is defined as a series of planned movements in a sequential matter beginning at a patient's current mobility status with goal of returning to his/her baseline (Vollman 2010)
Infection-Related Ventilator-Associated Complications

FHA issued a Call to Action on Nov. 20, 2017, for Florida hospitals to focus their efforts on preventing ventilator-associated infections. Patients developing infection-related ventilator-associated complications (IVAC) are at high risk for outcomes such as pneumonia, peptic ulcer disease, gastrointestinal bleeding, aspiration, venous thromboembolic events and sepsis that can lead to death.

The FHA Quality Team has put together resources, education and trainings to help hospitals implement strategies to prevent IVAC.

Resources

FHA:
- IVAC Checklist Top 10 Process Changes
- FHA UP Campaign - Cross-cutting harm reduction strategies
  - STOP IT - Hand Hygiene
  - GET UP - Mobilization
  - WAKE UP - Prevent Over-Sedation

Health Resource & Educational Trust (HRET):
- Ventilator-Associated Events (VAE) Change Package
- VAE Top 10 Checklist / Date of Last VAE Poster
- VAE Resource Library
- Case Study
- Journal Articles
  - High-flow oxygen through nasal cannula in acute hypoxemic respiratory failure
  - Does noninvasive positive pressure ventilation improve outcome in acute hypoxemic respiratory failure? A systematic review
  - Potential strategies to prevent ventilator-associated events
  - Effect of daily chlorhexidine bathing on hospital-acquired infection

Agency for Healthcare Research and Quality (AHRQ):
- Toolkit To Improve Safety for Mechanically Ventilated Patients

Centers for Disease Control and Prevention:
- VAE Calculator, v6.0

Johns Hopkins Medicine:
- CUSP for Mechanically Ventilated Patients - Ventilator Associated Pneumonia
- CUSP & MVP/VAE Web site

Coaching Calls: For hospitals struggling with IVAC, the FHA Quality Team is available for one-on-one coaching calls.

Training and Education

Florida's hospitals are working together to ensure our patients receive the safest and best care possible.

Learn more about our work to eliminate Infections related to Ventilator Associated Conditions (IVAC).

Infection-Related Ventilator-Associated Complications Checklist
Top 10 Process Changes

<table>
<thead>
<tr>
<th>Process Change</th>
<th>In Place</th>
<th>Not Done</th>
<th>Will Adopt</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Tracking Data: It is important to collect and analyze data to identify priorities in practice process.</td>
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</tr>
<tr>
<td>a. As a participating FHA NNH hospital, you may enter your data in NHSN and confer rights for submission of the data to CDS.</td>
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<tr>
<td>b. For FHA member hospitals that are not participating in the FHA NNH, IVAC data is being submitted monthly to FHA via electronic survey response.</td>
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2. Teamwork and Communication: Ensure a multidisciplinary approach to ensure bundle compliance and maintain a culture focused on providing the best possible care for mechanically ventilated patients. Nurses, physicians and respiratory therapists are key participants.
IP Boot Camp

- Date: March 22-23, 2018
- Location: FHA Corporate Office, Orlando
- Program:
  - Led by Linda Greene, RN, MPS, CIC, FAPIC
  - Professional development of novice infection preventionists new to their role (less than 2 years)
  - Focus on fundamental knowledge
  - Core competencies
    - surveillance and epidemiology
    - antibiotic stewardship
    - regulatory and accreditation compliance
    - development, implementation and evaluation of an IP Program
- For more event details and to Register Online, visit http://www.cvent.com/d/stqrf4
Education and Training

IVAC Bi-Monthly Webinars, 12 - 1 pm ET

- **May 3** – Register Online: [https://cc.readytalk.com/r/mmvoaif58e9q&eom](https://cc.readytalk.com/r/mmvoaif58e9q&eom)
- **Jul. 5** – Register Online: [https://cc.readytalk.com/r/edqq2ie567np&eom](https://cc.readytalk.com/r/edqq2ie567np&eom)
- **Sep. 6** – Register Online: [https://cc.readytalk.com/r/ygvusf9lga1e&eom](https://cc.readytalk.com/r/ygvusf9lga1e&eom)

GET UP Campaign: Coaching Call Webinars

- **Apr. 5** – 11 am - 12 pm ET (Hollywood regional meeting check-in)
  Register Online: [https://cc.readytalk.com/r/m0l4syaj1o3&eom](https://cc.readytalk.com/r/m0l4syaj1o3&eom)
- **Apr. 6** – 12:30 – 1:30 pm ET (Orlando regional meeting check-in)
  Register Online: [https://cc.readytalk.com/r/3ttlbkuqlqwe&eom](https://cc.readytalk.com/r/3ttlbkuqlqwe&eom)
- **Apr. 9** – 12 – 1 pm ET (Pensacola regional meeting check-in)
  Register Online: [https://cc.readytalk.com/r/pmnof8ek1ii1&eom](https://cc.readytalk.com/r/pmnof8ek1ii1&eom)

In-Person Meetings:

- **Mar. 22-23** – Infection Prevention Boot Camp (Orlando)
  Register Online: [http://www.cvent.com/d/stqrf4](http://www.cvent.com/d/stqrf4)
- **Apr. 17 (Jacksonville) / Apr. 19 (Weston)** – WAKE UP / Hospital-Onset Sepsis Regional Meetings - Register Online: [http://www.cvent.com/d/6tq55q](http://www.cvent.com/d/6tq55q)
• Coaching calls
• Site visits
• Partner with mentor hospital
• Coming Soon - Hear Memorial Healthcare System’s story, “Early Mobility and the Mobility Team”
  – Leslie A. Pollart  
    Director of Nursing  
    Memorial Regional Hospital  
    Hollywood, FL

What other needs?
We are here to help!

HIIN@fha.org
407-841-6230