HRET/FHA Hospital Improvement Innovation Network (HIIN)
UP Campaign Kickoff, Oct. 2, 2017
Florida Hospital Association
• Problem
  – Multiple initiatives are difficult to prioritize and execute interventions
    • Initiatives not consistently spread to physicians, advanced-practice professionals, ancillary services and non-clinical staff
  – Clinicians are overwhelmed
  – New practices, demands and expectations can lead to an increase in errors
• Desired Outcomes
  – Faster recovery with fewer complications
    • Patients transitioning home sooner, stronger and better able to adapt
    • Fewer falls and pressure injuries
    • Reductions in hospital-acquired infections
  – Safer medication use
  – Partnerships with patients and families to prevent harm
Falls  PrU  Delirium  CAUTI  VAE  VTE  Readmissions

GET UP
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 who are not mobilized are at risk as well.

This strategy provides an opportunity for all disciplines to collaborate and participate in decreasing harm to patients. Patients and families should be included in the care plan.

The GET UP strategy impacts seven harm topics, saves lives and avoids costs.

Key Message-Walk in, Walk during, Walk out!
ADE  FTR  Delirium  Falls  AS  VTE  VAE

W A K E - U P
Minimizing sedation allows for early mobilization, reduction of delirium, decreased risk of respiratory compromise and shortened length of stay.

Oversedation is a common adverse drug event that can increase harm and prolong length of stay due to respiratory atelectasis, weakness and immobility.

Monitoring reversal agents and maintaining a continued emphasis on minimal sedation can assist in the prevention of several harm events:

- Adverse drug events
- Failure to rescue
- Delirium
- Falls
- Ventilator associated events
- Venous thromboembolism
- Airway safety
CDI | CAUTI | SSI | VAE | CLABSI | Sepsis

**SOUP**
WHY SOAP UP?

- Handwashing is the single most effective way to reduce the transmission of healthcare-acquired infections.
- Handwashing is not a new strategy, but it is a critical one.
- Effective handwashing can assist in the prevention of several harm events:
  - CAUTI
  - CLABSI
  - CDI
  - VAE
  - Sepsis
• How are you collecting hand hygiene data?
  • Manual observations using “secret shoppers”
  • Manual observations using identified staff?
  • Technology that provides staff level data?
  • Technology that identifies product usage only

• If you are using manual observations, are your observers trained?
  • Yes
  • No
  • N/A

• Do you feel that your data is reliable?
  • Yes
  • No

• Are you currently using resources/tools from the HRET UP Campaign?
  • Yes
  • No

• If yes, please identify what resources/tools you are using in the chat box
• October 24, 2017
  Mission to Care FHA HIIN Chasing Zero Infections
  Didactic Webinar – Hand Hygiene
  Register: https://cc.readytalk.com/r/igs8x5dl3p8e&eom

• November 16, 2017
  Mission to Care FHA HIIN Chasing Zero Infections In-Person Meeting
  Connecting the Dots to Reduce Patient Harm:
  Hot Topics in Infection Prevention
  Location: Signature Grand, Davie, FL
  Register: http://www.cvent.com/d/55qyv9/4W
• The Plan
  – Each upcoming quarter will focus on one UP category, starting with **SOAP UP**
  
  – There will be brief pre and post anonymous surveys
    • The results will be shared with you
  
  – We will communicate monthly, bringing you information on the “must do’s” for each category
  
  – We will provide access to various resources, including posters, badge card templates, and social media language
PREPARING THE UP CAMPAIGN:
SET UP TOOL

USE THIS TOOL TO ASSESS YOUR ORGANIZATION’S READINESS TO IMPLEMENT THE UP CAMPAIGN. DOES YOUR ORGANIZATION HAVE THESE PRACTICES IN PLACE? If not, click on the links for more information.

SOAP UP

To reduce: CAUTI, CDI, CLABSI, sepsis, SSI and VAE

☐ Are the harms associated with inadequate hand hygiene known?
☐ Is there a strong desire to improve hand hygiene?
☐ Do you have a hand hygiene policy and procedure?
☐ Have the staff been educated regarding performance expectations and the policy and procedure specifics?
☐ Do you have adequate supplies available to perform hand hygiene?
SOAP Up Virtual Event- Time to SOAP UP Your Hand Hygiene Game!
• Discussion
  – What ideas would you like to share?
  – What else can FHA provide to assist you?
THE UP CAMPAIGN

- Simplify
- Streamline
- Consolidate
What is Transforming Care at the Bedside?

- TCAB is an international quality improvement and innovation initiative to engage the bedside staff in improving patient outcomes and nurse vitality on a nursing unit.
- FHA HIIN TCAB led by national expert Betsy Lee RN.
- TCAB focuses on improving the effectiveness of the entire bedside care team to improve quality, patient safety and engage the patient and family in their care.
- TCAB Collaborative is **free** to FHA HIIN hospitals, and provides one-on-one coaching, monthly webinars and 2 meetings.
- **TCAB Nursing Unit Launch Meeting** is Oct 25 in Orlando.
- For more information or to join TCAB, contact Sally Forsberg RN at [sally@fha.org](mailto:sally@fha.org) or call 407-841-6230.
## Updated TCAB Model

### Transformational Leadership at all Levels of the Organization

<table>
<thead>
<tr>
<th>LEADERSHIP</th>
<th>SAFE &amp; RELIABLE CARE</th>
<th>VITALITY AND TEAMWORK</th>
<th>PATIENT-CENTERED CARE</th>
<th>VALUE-ADDED CARE PROCESSES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COMMUNICATE SYSTEM LEVEL AIMS FOR IMPROVEMENT</strong></td>
<td>Falls with injury on the unit are reduced to zero.</td>
<td>Increase vitality and reduce voluntary turnover by 50%</td>
<td>95% of patients satisfied with Nurse Communication</td>
<td>Increase nursing direct patient care time at the bedside to 60%</td>
</tr>
<tr>
<td><strong>ALIGN SYSTEM MEASURES, STRATEGY, PROJECTS,</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CHANNEL LEADERSHIP TO SYSTEM-LEVEL IMPROVEMENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GET THE RIGHT TEAM ON THE BUS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ENGAGE PHYSICIANS &amp; LEADERS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BUILD CAPABILITY TO IMPROVE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### EFFECTIVE CHANGE

<table>
<thead>
<tr>
<th>TCAB PILLARS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Institute Hourly Rounding</strong></td>
</tr>
<tr>
<td><strong>Consistent falls risk assessment &amp; teaching</strong></td>
</tr>
<tr>
<td><strong>Adopt bedside report</strong></td>
</tr>
<tr>
<td><strong>Improve handovers</strong></td>
</tr>
<tr>
<td><strong>Implement shift change huddles/briefs</strong></td>
</tr>
<tr>
<td><strong>Organize transitions to other health care facilities</strong></td>
</tr>
<tr>
<td><strong>Involve patients and families on QI teams</strong></td>
</tr>
<tr>
<td><strong>Utilize Lean Six Sigma discipline</strong></td>
</tr>
<tr>
<td><strong>Reduce “hunting and gathering “ on the unit</strong></td>
</tr>
</tbody>
</table>
Our Successes: The Journey, Lessons Learned and Celebration
Tuesday, October 3, 2017
12:00 – 1:30 p.m. ET

Registration Link (required to receive access details):
http://hret.adobeconnect.com/yearone20171003/event/registration.html

Dennis Wagner, Dr. Paul McGann and Shelly Coyle from the Centers for Medicare & Medicaid Services (CMS) will share insights on the year one accomplishments of the HIIN project

HRET leadership team will share the results of the year one HRET HIIN work

Hospital teams and fellows that have made significant strides during year one of the project will also present on their successes