

WEBVTT

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00:35:28.770 --> 00:35:40.020

Gina Anderson: thank everybody for joining here today. I see a lot of familiar names popping up in the chat box. Thank you so much for entering your organization, name the state you're in, and those who are attending with you.

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00:35:40.560 --> 00:35:44.370

Gina Anderson: We're so excited. You can join and we will get started here in just a couple more minutes.

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00:37:20.130 --> 00:37:28.260

Gina Anderson: Again, thank you for everyone joining today, just want to do a quick sound check Christian. Can you hear me okay and see my slides.

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00:37:29.430 --> 00:37:30.450

Gina Anderson: One more time to let

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00:37:31.140 --> 00:37:32.070

Kristen Ives: Everything goes good

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00:37:32.610 --> 00:37:39.510

Gina Anderson: Okay, well, we'll get started here at the bottom of the hour. And that's just a little bit away. So thank you everybody again for joining.

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00:38:08.940 --> 00:38:19.260

Gina Anderson: I'd like to welcome everybody to today's webinar sepsis prevention three part series part one. My name is Gina Anderson. I'm a senior quality improvement facilitator for intelligent

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00:38:19.740 --> 00:38:31.080

Gina Anderson: This webinar is sponsored by intelligent, the quality innovation network quality improvement organization for Iowa Illinois Colorado and Oklahoma the recording of this webinar will be posted on our intelligent

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00:38:32.130 --> 00:38:48.930

Gina Anderson: Com website in about one week we will be sending out the slides from the presentation out to everyone attending today after this presentation and along with the evaluation, I would appreciate it if you would just take a moment to complete that as you receive it in the email as well.

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00:38:50.910 --> 00:38:59.850

Gina Anderson: Now, during this presentation, we have muted all lines to avoid distractions. We have a chat monitor Kristen, who is standing by to answer your questions in the chat.

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00:39:00.180 --> 00:39:05.400

Gina Anderson: And any questions that we are unable to answer. During this time, we will follow up with you after the presentation.

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00:39:05.940 --> 00:39:11.820

Gina Anderson: In case you are unfamiliar with the chat function and zoom, you'll see the red arrow, where you can find the chat icon.

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00:39:12.120 --> 00:39:19.290

Gina Anderson: And you want to hover over the bottom on the meeting screen and you should see a bar of options come up that include the chat icon.

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00:39:19.800 --> 00:39:23.040

Gina Anderson: Click on the icon and you'll be able to use the chat function.

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00:39:23.610 --> 00:39:32.610

Gina Anderson: In addition to any questions you may have. We also encourage you to use the chat function. If you experience any technical difficulties and Kristin will chat with you privately.

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00:39:33.060 --> 00:39:45.840

Gina Anderson: And she'll assist you with that as time allows. At the end, you can verbally ask questions by pressing star six on your keypad to open the phone line once done speaking please mute your line again by pressing your mute button on your phone.

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00:39:47.520 --> 00:39:55.200

Gina Anderson: Now in the chat. We've asked that you enter your organization, name the state reads you recite in and who's attending with you today.

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00:39:55.530 --> 00:40:02.250

Gina Anderson: We just want to get an idea of who's attending who's listening to us. And thank you so much for doing that for us.

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00:40:03.090 --> 00:40:13.470

Gina Anderson: For the three parts. In this series we ask that you be engaged you limit multitasking. So we ask that you close emails. Put away your cell phones if that's not the avenue of listening for this hour.

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00:40:14.100 --> 00:40:22.740

Gina Anderson: Come prepared will be discussing the tools you'll be using during the action periods so gather the feedback and be ready to share your progress as we meet again.

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00:40:24.630 --> 00:40:33.240

Gina Anderson: TV. Q I connect is an exclusive Regional Health Care Quality improvement collaborative built to help you improve care and navigate the constantly evolving healthcare landscape.

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00:40:33.690 --> 00:40:41.160

Gina Anderson: As TV works with CMS to help healthcare communities improve, we will be focusing on numerous topics that include areas of Nursing Home Quality

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Gina Anderson: adverse drug events prevention infection prevention, care transitions chronic disease management and patient safety.

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Gina Anderson: TV has been bringing together healthcare providers for more than 45 years to provide no cost. Health Care Quality Improvement expertise to people living and working with Medicare

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Gina Anderson: Our goal is to harness the collective power of healthcare providers communities and individuals to drive improvement and change.

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Gina Anderson: So as I am the presentation, you will learn more on how you can be a part of TV QA connect. Additionally, there's a link posted in the chat. So you can have that to navigate more

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00:41:19.050 --> 00:41:30.030

Gina Anderson: Here's our agenda for the next hour. I started off here with the introduction and then I will provide you with information for sepsis overview and hand hygiene as your first steps in the prevention of sepsis.

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00:41:30.630 --> 00:41:40.440

Gina Anderson: We'll have a discussion and questions time and we will open this up to you to share with each other. We want to hear from all of you on your thoughts, questions or issues that you may be experiencing.

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Gina Anderson: And we encourage open communication as we respect every voice as valuable. We want to build an all teach all learn environment. So feel free to speak up if you have ideas on how to mitigate challenges for others or sharing success with others may try something different in their organization.

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00:42:00.150 --> 00:42:09.300

Gina Anderson: So here are our objectives for this presentation, we want to help you understand the impacts of sepsis identify measures to prevent sepsis.

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Gina Anderson: Recognize hand hygiene as the number one prevention strategy implement a program to improve hand hygiene compliance and provide tools to utilize during the action period.

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Gina Anderson: Now this is the regulation from CMS in the state operations manual for nursing homes, I recognize we have different types of organizations attending

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Gina Anderson: So I encourage you to research what your specific regulation is surrounding infection control.

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Gina Anderson: Having said this, the words in this manual can be used as a guideline for you to follow in your organization as another level of strength in your processes.

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Gina Anderson: You can also see through the presentation. I do reference nursing homes on occasion, but so you know the information, the tools, the resources can be transformed to fit your organization.

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Gina Anderson: Additionally, beyond the Federal rule. Everyone needs to review their state regulations that applies to them to assure you have addressed that detail as well.

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Gina Anderson: So to start off, green is where our focus is going to be a part is going to be in this part of the series. This is the first step in preventing sepsis.

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Gina Anderson: And that is in the word prevention. So our primary goal here is to help prevent the development and transmission of communicable diseases and infections.

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Gina Anderson: So, with this we need a system in place and this is a system for preventing and controlling infections and communicable diseases.

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Gina Anderson: For all residents staff, volunteers visitors and other individuals, providing services under a contract agreement based upon the facility assessment.

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Gina Anderson: So essentially, it's everyone who enters your facility is a part of the system. So we need to be working with all of them as we build our processes and improvements.

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Gina Anderson: So as we continue with prevention techniques in the regulation, again, our wording is in the green here. We want to make sure we have written standards policies and procedures in place.

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Gina Anderson: And they must include all of these areas that are listed on the slide, but my focus will be here on number three standard and transmission based precautions to be followed to prevent the spread of infections.

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Gina Anderson: And the hand hygiene procedures to be followed by staff involved in direct resident contact. So if we can prevent an infection or the spreading of one we can help prevent sepsis from occurring.

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Gina Anderson: Starting with the basics. Sepsis is the body's systemic inflammatory response to an infection. This can be bacterial, viral, or fungal

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Gina Anderson: Sepsis happens when an infection. You already have triggers a chain reaction throughout your body sepsis, a serious overwhelming and sometimes life threatening.

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Gina Anderson: Without timely treatment sepsis can rapidly lead to tissue damage organ failure and death sepsis can be very sneaky and can progress quickly it can be very difficult to diagnose and I will give you more details on that as we go into part two of the series.

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Gina Anderson: Now sepsis is a toxic response to an infection. This is the body's defense or response. It's to have a severe reaction to an infection that is circulating throughout the body.

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Gina Anderson: The response, your body has is by sending infection fighting chemicals throughout your body rather than just to the infection.

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Gina Anderson: These chemicals cause inflammation and your body starts to a panic attack itself causes tissue damage and organ failure.

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Gina Anderson: You must have an infection to have sepsis, but the infection is not always identified, especially in the elderly with common lower temperatures and difficulty with communication, for example.

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Gina Anderson: Infections can occur on the outside of the body or within the body. It's when it's occurring within the body is when it's harder to detect making sepsis, even a higher possibility of for occurring.

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Gina Anderson: Now, here are some devastating facts relating to sepsis and infection that causes this

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Gina Anderson: When a resident as hospitalized with the primary diagnosis of infection. The mortality rate can reach as high as 40%

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Gina Anderson: Infections account for up to half a nursing home resident transfers to the hospital and cost between 670 million to \$2 billion each year.

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Gina Anderson: Sepsis begins outside of the hospital for nearly 80% of the patients and sets. This is the leading cause of hospital death.

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Gina Anderson: Anyone can get an infection and almost any infection can lead to sepsis, you can see with the majority of these facts that many types of organizations have touch points into helping improve these

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Gina Anderson: We have hospitals, nursing home. Home Health many community settings even EMF can be involved with the improvement efforts to prevent sepsis. So we're all in this together and it really takes a village.

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Gina Anderson: A CDC evaluation found seven out of 10 patients with sepsis had recently used healthcare services or had chronic diseases, requiring frequent medical care.

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Gina Anderson: There are four types of infection that are most often associated with sepsis. These are lung urinary tract gastrointestinal and skin infections.

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Gina Anderson: You can use this information to center your prevention work around these diagnosis is consider what practices you have in place to help prevent these

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Gina Anderson: Sepsis occurs most often, and people 65 years or older or those younger than one years of age as they often have weakened immune systems or have chronic medical conditions.

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Gina Anderson: Many people who survived sepsis recover completely and their lives returned to normal.

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Gina Anderson: But there are sepsis survivors who frequently incur a dramatic decline in functional capacity and quality of life that can persist for years.

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Gina Anderson: And carry a higher long term risk of subsequent morbidity and mortality compared to age match controls.

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Gina Anderson: Those who have had sepsis may be at risk for increased rates of cardiovascular events new infections muscular dysfunction organ dysfunction and potentially loss of limb and even their self esteem.

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Gina Anderson: It's suggested that sustained inflammation is the driving force behind these metabolic and functional changes during the recovery from sepsis. Knowing these devastating effects. This gives us even more reason to help prevent sepsis.

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Gina Anderson: Our goal is to catch any changes in the early stages to help eliminate some of the devastating effects. This may cause hopefully preventing a transfer

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Gina Anderson: Of course, that depends on the homes capability and the type of infection that's occurring.

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Gina Anderson: We will talk a little bit more on that topic of early identification and part two, so you can understand more on this part.

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Gina Anderson: Well, early identification of sepsis is key. Our focus for this part one series will be on what you do. Prior to the symptoms of detected sepsis.

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Gina Anderson: This is to prevent an infection itself. The only way to prevent sepsis. Its Riva infections from occurring in the first place. This is the primary focus, we should all have when you build on your strategies to prevent sepsis from occurring.

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Gina Anderson: Now back to the regulations again any healthcare organization can look at the regulations that apply to them or use this to build a stronger program.

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Gina Anderson: It's important to understand them, because these are your foundational components to your program you build your processes around these components.

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Gina Anderson: Sepsis prevention or an infection prevention is linked to many critical element pathways in long term care. And you can see here with this list.

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Gina Anderson: Many systems are involved as well as linking directly to some specific quality measures use these critical element pathways as a checklist identify gaps in your processes for preventing sepsis and to build your infection prevention policies and procedures.

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Gina Anderson: This slide is linked to the CDC strategies for prevention of sepsis. So you have many ideas on prevention specific practices, education and screening the resident or your patient.

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Gina Anderson: Use this as a resource to learn more on the many types of prevention strategies.

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Gina Anderson: So this helps you understand those hand hygiene strategies, the catheter removal reasons why we do remove those ensuring the patient or even your staff receive recommended vaccines.

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Gina Anderson: We always encourage you to educate your patients and families. They are in this right along with you.

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Gina Anderson: And they are a part of this entire system and this prevention process. So we need to make sure that we have something in place for them.

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Gina Anderson: And the initial screening of the resident or patient as they enter your facility is extremely important.

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Gina Anderson: I worked with a nursing home, a while back during their survey process and it was discovered one of their past residents had a pressure ulcer with an infection that was not assessed upon admission.

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Gina Anderson: It was in the hospital record, but it was not on the transfer orders and it and not shown in any of the communication reports given to the nursing home from the hospital prior to admission.

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Gina Anderson: But the facility fell to do a skin assessment to look for signs of infection and this led to survey deficiencies and devastating effects to the resident. So, even with this example you can see our transition and cares is a big factor in our prevention strategies.

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Gina Anderson: From the link on the previous slide, there are great visual tools to help you promote your prevention program.

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Gina Anderson: Most of us are visual learners. So utilize these tools to aid in this process. You can hang them up to display so even your patients and family can see them and understand what will really help prevent the spread of infections.

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Gina Anderson: Now on to the focus for today's prevention strategy, the single most important practice to reduce the transmission of infectious agents is in the healthcare setting is proper hand hygiene.

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Gina Anderson: This includes both hand washing with soap and water and the use of alcohol based products that do not require the use of water.

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Gina Anderson: Now, here's some uncomfortable news full adherence to hand hygiene standard is performed less than 40% of the time.

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Gina Anderson: So greater than half of your staff are most likely not performing hand hygiene at the correct timing or not at all.

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Gina Anderson: I want to point out here that acknowledging this is good because we can't fix a problem until we admit it's a problem. We need to open our minds.

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00:52:35.460 --> 00:52:40.860

Gina Anderson: And accept the reality of this you may think that it's going really well in your facility.

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00:52:41.190 --> 00:52:55.080

Gina Anderson: But once you dig down deep, you may see some gaps in there. So it's really good to understand your problem. You do this by looking at the data and the processes that are being carried out so you know what to improve on. And what you can measure for your improvements.

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Gina Anderson: Now here are two points that are confirmed as the surveyors are in your nursing home, and this is taken straight from the critical element pathway. I showed a few slides ago on infection prevention and control.

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Gina Anderson: They want to ask this question, did the staff implement appropriate hand hygiene.

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Gina Anderson: So they will they will confirm that staff have access to hand hygiene standards of practice or access to the hand hygiene products, even

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Gina Anderson: And confer hand hygiene is performed appropriately these pathways are for you to use as a part of your proactive approaches before the surveyor enters your building.

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Gina Anderson: And looks at your hand hygiene program CMS gave you a way to help mitigate challenges prior to your survey process. So you can prevent these deficiencies.

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Gina Anderson: And this can be true for other organizations as you look at your infection control regulation know that's what this is saying and act on it before it's too late.

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Gina Anderson: Now, when are the right times to to cleanse your hands. Now I have been asked this question many times while I was a director of nursing

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Gina Anderson: And this slide really helps you to rebuild those slot those times. So you want to make sure you're washing your hands before and after contact with a patient or resident

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Gina Anderson: Or before your donning gloves. Even performing and a septic technique before Mills is extremely important after contact with blood bodily fluids physically visibly contaminated surfaces.

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00:54:23.160 --> 00:54:32.940

Gina Anderson: And after removing personal protective equipment. This is not wearing p p is not an alternative to washing your hands that needs to be in addition to the pee pee.

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00:54:33.810 --> 00:54:38.940

Gina Anderson: So you also wash your hands after using the restroom when hands are visibly dirty, dirty.

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Gina Anderson: This includes using either alcohol based hand rubs or soap and water, whatever your hand hygiene is at the moment that you have available to you.

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Gina Anderson: And the World Health Organization has the tool five moments for hand hygiene. You can use this educate your staff or know when you can perform audit checks on your staff and when those should be occurring.

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00:55:01.950 --> 00:55:09.180

Gina Anderson: So a quick review of handwashing and I'm sure you all know that it's rubbing of hands together of all surfaces for at least 15 to 20 seconds.

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Gina Anderson: with soap and water, followed by rinsing under a stream of water. The CDC guidelines for hand hygiene and healthcare setting has recommendations for your hand hygiene details that you can use.

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Gina Anderson: As a guideline and you can place that in your policies. So your staff understand what that you expect of them and are held accountable to follow through on these recommendations.

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Gina Anderson: So I want to take a moment for fingernail care just for a second here. Germs can live under fingernails, especially those artificial fingernails, both before and after hand hygiene is performed

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Gina Anderson: It is recommended that health care providers do not wear artificial fingernails or extensions when having direct contact with patients at high risk.

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Gina Anderson: Do you want to keep your nails tips. Less than a quarter inch long. And when washing your hands. You want to make sure you're focusing your cleansing.

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Gina Anderson: Under the nails. So you want to make sure that you're rubbing under the nail area even around your jewelry as your wear that to make sure that all those little crevices. I have gotten taken care of.

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Gina Anderson: So with alcohol based hand rubs, that is the preferred method of hand hygiene when hands are not to visibly soiled are contaminated with blood or bodily fluids.

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Gina Anderson: The CDC recommends that all long term health care facilities incorporate alcohol based hand rubs into their hand hygiene programs.

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Gina Anderson: Do to improve adherence effectiveness and accessibility, except in situations where soap and water handwashing is specifically recommended

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Gina Anderson: CMS states that facilities may install alcohol based hand rub dispensers if they are installed in a manner that adequately protects against inappropriate access

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Gina Anderson: Placement of the dispensers can impact compliance and have that visualization of the product, which can serve as a reminder for them to cleanse their hands.

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Gina Anderson: It is recommended that you place the dispenser throughout the building, but you also need to look at your fire safety regulations. There are stipulations on where these can be placed throughout your building.

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Gina Anderson: Here's the suggestions of when to wash with soap and water and when it's preferred over the alcohol based hand rubs

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Gina Anderson: So use soap and water when hands are visibly dirty before eating before using the restroom and without breaks and certain exposures and alcohol based hand rub is the preferred method for hand hygiene and all other situations.

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Gina Anderson: A good example of what keeps us from at adherence and I know has occurred in the nursing home often is a time when my colleague, went to the dentist.

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Gina Anderson: The hygienists came into the room and did not wash your hands prior to putting on the gloves. So, my colleague spoke up explained she's an infection prevention.

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Gina Anderson: And asked if she would wash your hands. Prior to her dental cleaning the comment that came back from the hygienists was well then I have to wait for my hands to dry prior to putting on the gloves.

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Gina Anderson: She admittedly thought that this excuse was okay, then this is what I've experienced with the nursing home with the staff.

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00:58:08.940 --> 00:58:15.390

Gina Anderson: And this should not be an acceptable excuse in our minds, we need to push aside these thoughts and these reasons here on the slide.

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Gina Anderson: And accept that we need to just do this as a priority and a safety, not only for our patients, but also for ourselves to

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Gina Anderson: Think about it. How often are you really watching the staff, they do it correctly. Maybe when you watch them. But what do they do when you're not watching them.

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Gina Anderson: Or do they really know when or how often to wash their hands. We're all guilty of not washing our hands at some point or some moment in our lives.

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00:58:42.480 --> 00:58:48.810

Gina Anderson: In our childhood, we may have been taught to wash your hands. Only when they're visibly soiled or we feel we touch something dirty.

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00:58:49.230 --> 00:58:58.440

Gina Anderson: And we carry this way of thinking into to our adult years and we need to work on changing our brain in this way of thinking. Nothing really exempt us in our excuses.

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00:58:58.950 --> 00:59:07.440

Gina Anderson: So as I in my soapbox that our lack of height hand hygiene. I really challenge you to take a look at this program and your facility and dig deep to really understand

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Gina Anderson: If this preventative measure is being carried out the way it needs to be. And then you can help mitigate some of these challenges for what keeps us from adherence

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Gina Anderson: So as you discover what keeps us from adherence. She wants to act on it. So here's some mitigation steps that you can take.

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Gina Anderson: We start off at the top with the blue circle and we always encourage you to do a root cause analysis at the start of this process.

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Gina Anderson: So you can determine where you want to start when you focus on improving hand hygiene.

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00:59:36.930 --> 00:59:43.170

Gina Anderson: We do a root cause analysis to determine the underlying cause. And this is a must. So you can understand what to fix.

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Gina Anderson: For this example, we determined that the accessibility of hand hygiene was the reason that kept staff from adherence. So this is what we placed in the blue circle.

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Gina Anderson: Then you move on to what does your facility policy have to say about your process and how do you assure staff training and competency is completed, as well as confirming performance and feedback that you provide

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Gina Anderson: These steps are in a continuous circle because this is an ongoing process to sustain your efforts, you need to continue the monitoring and assure the staff continue to do as you expect them to carry out

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Gina Anderson: So all that you can ensure that all the areas that you've addressed. Do not black slide over time.

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Gina Anderson: What we want to strongly point out here is that this will not work unless you actually implement

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Gina Anderson: I don't know how many times I myself or others have said, we can't give something to improve but we what we were actually admitting is

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01:00:38.250 --> 01:00:42.480

Gina Anderson: We are not implementing what we really need to do to improve the process.

146

01:00:43.020 --> 01:00:57.900

Gina Anderson: So I strongly urge you to commit to implement with what the evidence based strategies are telling us, and a lot of that's based on a root cause cause analysis. It's all kind of like dieting. This is really not going to work unless we commit and implement some changes.

147

01:01:00.720 --> 01:01:08.520

Gina Anderson: So step one of your process. The in our example, we want that you, we want you to assess the accessibility of hand hygiene.

148

01:01:08.820 --> 01:01:13.830

Gina Anderson: So we do this by gaining the feedback from your staff. What have they experience related to the slides.

149

01:01:14.250 --> 01:01:26.220

Gina Anderson: The supplies being filled. Do they need more stations to wash hands and work areas that are not available. You need to go out and check areas for yourself and assess these areas and the availability of supplies.

150

01:01:26.850 --> 01:01:37.800

Gina Anderson: In my experience some claim they don't have the keys to the supply clauses, so they can't restock or it's housekeeping the job and they do that fingerpointing thing that I'm sure a lot of you have seen in your facilities.

151

01:01:38.460 --> 01:01:53.850

Gina Anderson: So we, we need to look for ways to overcome these challenges with your availability, make it easy for them to have a reason to why the supplies are not available and performance is lacking. So we need to really help mitigate a lot of these challenges.

152

01:01:56.340 --> 01:02:04.830

Gina Anderson: In step two policy is an important part of this process. This is sure everyone clearly knows what is expected of them and provides accountability.

153

01:02:05.220 --> 01:02:19.380

Gina Anderson: Make improved hand hygiene and institutional priority use policies to promote the use of alcohol based hand rubs over soap and policy should follow evidence based guidance so you can reference those CDC hand hygiene guidelines in your policy here.

154

01:02:21.030 --> 01:02:30.060

Gina Anderson: Step three. Assess staff training and competency evaluation is your program effective is it strong. What are you actually doing.

155

01:02:30.420 --> 01:02:36.390

Gina Anderson: This is a part of the phase three requirement in nursing homes to assure infection prevention is included in your trainings.

156

01:02:36.870 --> 01:02:43.110

Gina Anderson: So make this a part of your new hire orientation training express the reasons why this is so important to them.

157

01:02:43.620 --> 01:02:51.420

Gina Anderson: You also need to do this at least yearly. Do you have a person assigned to do this consistently you can identify a champion on your affection.

158

01:02:51.750 --> 01:03:00.900

Gina Anderson: Or or your infection prevention is so that they can follow up on this step by monitoring to assure training and understand understanding is received and sustained.

159

01:03:02.760 --> 01:03:09.540

Gina Anderson: Now, here are some hand hygiene training resources there is a training course your staff can take from the CDC.

160

01:03:10.020 --> 01:03:22.470

Gina Anderson: And the short videos really puts cross contamination into perspective, you can show them to your staff so they understand the importance of hand hygiene and these give a great visual on the spread of infection.

161

01:03:24.390 --> 01:03:33.090

Gina Anderson: The tool on the right is used for visual observations. This gives a physical a valid validation that your staff have understood what you've educated them on.

162

01:03:33.450 --> 01:03:38.820

Gina Anderson: It provides document and patient that you are assessing the competency of your hand hygiene program.

163

01:03:39.480 --> 01:03:53.910

Gina Anderson: And you want to go beyond the visual and the test and test staff knowledge with the tool similar on the left. If you get an answer incorrect or they get an answer and correct. This is an opportunity for you to help your staff grow in their knowledge and their understanding

164

01:03:56.340 --> 01:04:04.800

Gina Anderson: Now, and step for this asks us to physically check on a staff performance. In this step we encourage you to do routine audit checks.

165

01:04:05.220 --> 01:04:12.210

Gina Anderson: You record the performance by observing many types of circumstances, then you share to bring these reports the data.

166

01:04:12.510 --> 01:04:20.670

Gina Anderson: Back to your improvement and leadership committees to look for areas of concern which may lead to overcoming challenges and supporting your improvement processes.

167

01:04:21.360 --> 01:04:27.510

Gina Anderson: This step also helps your staff to be comfortable performing the tasks under the observation of an authority figure

168

01:04:27.990 --> 01:04:36.240

Gina Anderson: In turn it report reinforces the commitment to hand hygiene. You can be a mentor and provide coaching to improve adherence at the time of observation.

169

01:04:36.780 --> 01:04:44.220

Gina Anderson: And this prepares them for the survey process performing in front of a survey or could be caused great anxiety from staff.

170

01:04:44.520 --> 01:04:52.260

Gina Anderson: And I've seen staff do this before they skip steps they get shaky they touch areas that they shouldn't be causing cross contamination.

171

01:04:52.680 --> 01:05:07.830

Gina Anderson: Even if you know that they can perform it correctly. And they've demonstrated that in the past, they can get really nervous in front of the surveyors so if they are used to someone watching them. This could really help relieve that anxiety and perform there or improve their performance.

172

01:05:10.140 --> 01:05:19.290

Gina Anderson: Now, we encourage more than one approach to make our hand hygiene programs strong and most of you may say, yeah, we are auditing staff but I challenge you to look at your tools.

173

01:05:19.650 --> 01:05:24.390

Gina Anderson: That you're using to audit. Are they effective. Do you have more than one way to audit.

174

01:05:25.080 --> 01:05:31.920

Gina Anderson: So recognizing that we want to use a multi modal approach. There are three main methods for measuring hand hygiene performance.

175

01:05:32.670 --> 01:05:39.900

Gina Anderson: Observation involves directly watching and recording the hand hygiene behavior of healthcare workers and the physical environment.

176

01:05:40.470 --> 01:05:48.120

Gina Anderson: Product measurement indirectly assesses hand hygiene guideline adherence by allowing healthcare workers to calculate the amount of liquid soap.

177

01:05:48.570 --> 01:05:55.560

Gina Anderson: Alcohol based hand rubs and paper towels used in a given area of the organization over a determined timeframe.

178

01:05:56.460 --> 01:06:02.190

Gina Anderson: Surveys gather information on healthcare workers perceptions their attitudes and practices.

179

01:06:02.670 --> 01:06:12.090

Gina Anderson: And this can be the most difficult area to overcome because changing behavior is a very difficult task. You can center, some of your strategies to overcome these challenges.

180

01:06:12.810 --> 01:06:23.940

Gina Anderson: You can also survey your residents your patients and families on their attitudes and perceptions of hand hygiene practices. So you can take advantages of some great education opportunities with them.

181

01:06:24.930 --> 01:06:33.030

Gina Anderson: using more than one method to measure hand hygiene performance is likely to yield more reliable results than using a single method.

182

01:06:35.850 --> 01:06:42.570

Gina Anderson: Here are some examples of measurements and data that you can report to your QA and to API or leadership committees.

183

01:06:43.230 --> 01:06:50.670

Gina Anderson: And you collect the data through process measures what you put into place your changes or your interventions, they must be measured.

184

01:06:51.150 --> 01:06:55.980

Gina Anderson: And you have outcome measures. This is what you see as a result of the process being carried out.

185

01:06:56.970 --> 01:07:05.580

Gina Anderson: Measurement of rates allows an individual facility to gain to gauge the longitudinal impact of the implementation of prevention strategies.

186

01:07:06.210 --> 01:07:11.310

Gina Anderson: So on this slide, you have some process measure and outcome measure examples for you to gain some ideas.

187

01:07:12.030 --> 01:07:18.240

Gina Anderson: On the note of reporting data to your leadership teams. You want to make sure you don't forget to do this for your staff.

188

01:07:18.600 --> 01:07:28.890

Gina Anderson: This is not a secret. We want them to know how you are doing when they know that they are directly related to any improvement project. This helps with staff buy in and compliance.

189

01:07:29.370 --> 01:07:33.450

Gina Anderson: It shows them that we're all in this together and we need them to make this successful

190

01:07:34.020 --> 01:07:45.210

Gina Anderson: It helps them to receive the appreciation. They're looking for and proud that they are making a difference. As you see your improvements. So post this data somewhere. It's for it to be visible for all of them to see

191

01:07:47.340 --> 01:07:57.600

Gina Anderson: Now, this slide helps you see the equations on how to calculate some of your rates for your measures if need be. You can substitute the word resident for patient or client here.

192

01:07:58.110 --> 01:08:06.960

Gina Anderson: And these are just for your reference. As you work on your program rate should be analyzed to look for opportunities to improve make an action plan.

193

01:08:07.320 --> 01:08:16.050

Gina Anderson: Implement and then reevaluate to determine if you're making positive impacts communication is very important in this piece.

194

01:08:16.440 --> 01:08:21.900

Gina Anderson: You want to communicate this information to your staff. Look how it's disseminated to others.

195

01:08:22.260 --> 01:08:31.650

Gina Anderson: And you can do this through written reports are trending graphs trending graphs are really easy to understand, so they can see where where you were in the past and how you're going in the future.

196

01:08:32.040 --> 01:08:44.280

Gina Anderson: So it's a great way to show them that data in a type of form that's easy for them again. This really helps with buy in and engagement to move forward in your project.

197

01:08:44.700 --> 01:08:51.960

Gina Anderson: So you want to dig deep and look for look at those compliance rates on hand hygiene. So you can measure that progress over time.

198

01:08:52.560 --> 01:09:03.150

Gina Anderson: You can't tell how you're doing. Or if you're approving or declining unless you have a measurement. That's why we really focus so much on data in these types of presentations.

199

01:09:05.250 --> 01:09:11.550

Gina Anderson: Now this tool is didn't enhance your auditing efforts. So technology is incorporated into all aspects of our work.

200

01:09:11.970 --> 01:09:20.490

Gina Anderson: The I scrub app is a very easy to use tool for recording observations. It really helps to improve on time efficiency in that paper documentation.

201

01:09:20.850 --> 01:09:25.860

Gina Anderson: And this is a part of what I will encourage you to try out during our action period after this class.

202

01:09:26.370 --> 01:09:35.970

Gina Anderson: The I scrub app is easily customizable. There's a list of many hospitals already in there to select from. But to enter a nursing home or another type of organization.

203

01:09:36.270 --> 01:09:39.540

Gina Anderson: All you need to do is just type it in and then you add it to the list.

204

01:09:40.170 --> 01:09:48.990

Gina Anderson: Along with the list of staff roles that are in there. You can customize them so you could add a CNA or dietary assistance for the title of the person you are observing

205

01:09:49.560 --> 01:10:01.350

Gina Anderson: And you can also customize the observation areas that you have in your facility, such as a resident restroom, or the therapy room or the kitchen, whatever it is, the location of your observation place.

206

01:10:02.100 --> 01:10:10.260

Gina Anderson: Once the observation is recorded you email the data to yourself. So as you open the document within the email. It's an Excel document.

207

01:10:10.590 --> 01:10:16.620

Gina Anderson: This put your observations in a spreadsheet for you to have access to that data and then you can sort it from there.

208

01:10:17.040 --> 01:10:27.540

Gina Anderson: It's a very easy and a simple way to collect data and compile it all into one spreadsheet easy for you to use. So that you can have that. And you can trend it over time as well.

209

01:10:29.520 --> 01:10:36.900

Gina Anderson: Now here's a screenshot of the observation area within the app. You simply click on what applies. Did they wash with soap and water or use alcohol based hand rose

210

01:10:37.290 --> 01:10:43.560

Gina Anderson: If yes, then you click on the word that they that applies to that if know then you tap know at that moment.

211

01:10:44.130 --> 01:10:49.530

Gina Anderson: Now you can make notes within here. Maybe you provided feedback or they missed a step so you can note that there

212

01:10:50.070 --> 01:10:55.440

Gina Anderson: Is a resident or patient is under isolation, then you can click what applies in that area as well.

213

01:10:56.010 --> 01:11:00.630

Gina Anderson: So you go through each of the observation moments. And then all you need to do is slide the arrow.

214

01:11:01.170 --> 01:11:11.130

Gina Anderson: To confirm and that's all that's to it. It's ready to email off to yourself. Once you get all your observations done. So I encourage you to download this and try it out during our action period.

215

01:11:13.170 --> 01:11:17.880

Gina Anderson: Now going back to our process for improvement in Step five.

216

01:11:18.660 --> 01:11:25.950

Gina Anderson: We want to make sure we are providing feedback feedback is most likely to be effective when the individual is aware, being observed.

217

01:11:26.310 --> 01:11:31.710

Gina Anderson: Although you can secretly observe them to find out how they perform when they think no one is watching.

218

01:11:32.040 --> 01:11:38.970

Gina Anderson: And I do know some people who do have secret monitors in their facilities. So it's a great way to see if there's compliance in that area as well.

219

01:11:39.870 --> 01:11:47.790

Gina Anderson: So you want to provide just in time feedback that training for those who have problems in the performance or if you just want to reinforce the step.

220

01:11:48.270 --> 01:11:53.460

Gina Anderson: And this allows staff to ask questions right away and it brings in the essential communication piece.

221

01:11:54.150 --> 01:12:01.800

Gina Anderson: You do want to educate or you want those teachable moments so they can really understand how this process is expected to be carried out.

222

01:12:02.310 --> 01:12:09.120

Gina Anderson: If need be, you may have to go back to the tools you're using. And step three, to build on that competency competency aspect.

223

01:12:09.840 --> 01:12:18.000

Gina Anderson: And a reminder here in all of these steps one through five, they are in a continuous circle repeating itself over time. So it doesn't backslide

224

01:12:18.570 --> 01:12:35.490

Gina Anderson: And you do this and you find out a regular pattern of when you want to continue to monitor this program over time and you do the similar process for each concern that you've identified in your root cause analysis for infection prevention processes and your hand hygiene adherence

225

01:12:37.740 --> 01:12:45.390

Gina Anderson: Now just a final thought here here's evidence based study that shows strong efforts in hand hygiene and improvement processes.

226

01:12:45.870 --> 01:12:56.580

Gina Anderson: That they do make a difference. This facility almost doubled in their hand hygiene rates. You can see here as you follow the percentages for compliance up through the years they continue to improve

227

01:12:57.030 --> 01:13:02.790

Gina Anderson: Now this is done through a consistent auditing and monitoring system that they put into place to sustain their efforts.

228

01:13:03.420 --> 01:13:18.780

Gina Anderson: Additionally, they created their own hand hygiene auditing app back in 2012 to use ongoing so as I encourage you to download the ice grub app, which is free to use. You can see here in this campaign that using an app can be beneficial in your auditing process.

229

01:13:21.690 --> 01:13:29.850

Gina Anderson: It has been proven that hand hygiene saves lives. This is an important first step as you start working on your infection prevention strategies to prevent sepsis.

230

01:13:30.420 --> 01:13:37.920

Gina Anderson: The didactic presentations alone have little or no effect on attitudes and behaviors, unless it's a part of a more comprehensive intervention.

231

01:13:38.430 --> 01:13:48.030

Gina Anderson: Multiple approaches support and reinforce hand hygiene behavior. And this all starts with communication from leadership and the commitment of the team to follow through on the project.

232

01:13:48.720 --> 01:14:05.760

Gina Anderson: Over time you play several changes to make processes strong and you can do this through PDSA cycles that Q API is encouraging all of us to do. Finally, we encourage everyone to give a clean hand to the residents or patients that you serve to improve their safety and quality of life.

233

01:14:07.380 --> 01:14:25.350

Gina Anderson: And this is where I pause for a moment and I we go into the questions and discussion time. So first I'm going to start off with the chat. So I'm going to ask. Kristen. If there are any questions in the chat that we can address before we move on to anybody who might have something to share.

234

01:14:27.750 --> 01:14:28.260

Gina Anderson: Hi, Tina.

235

01:14:28.290 --> 01:14:34.860

Kristen Ives: It's Kristin, and we had just gotten one quick question about links for the hand washing audit tools.

236

01:14:35.160 --> 01:14:37.170

Gina Anderson: And I just let the

237

01:14:37.200 --> 01:14:42.540

Kristen Ives: person know that we will be sending the slides. So the slides will have this link.

238

01:14:43.650 --> 01:14:50.250

Gina Anderson: Wonderful. Yeah, we will be doing that, and they'll all be embedded in the slides. That's great. No other questions in Chapman.

239

01:14:51.420 --> 01:14:53.040

Kristen Ives: No other questions. Okay.

240

01:14:53.370 --> 01:15:02.760

Gina Anderson: So I'd like to open it up. If anybody has any questions, you can place them in chat and we can address them there or you can unmute your line by pressing star six on your phone.

241

01:15:03.150 --> 01:15:16.620

Gina Anderson: So if you'd like to verbally share with us a question or maybe even a success. You can do that and we can move and we'll move forward from there as well. So I do have some questions for the group as well. If we have time for those

242

01:15:18.720 --> 01:15:23.250

Kristen Ives: Gina. This is Christian and I just got a couple of questions in chat. Okay.

243

01:15:24.540 --> 01:15:25.770

Gina Anderson: One question is does

244

01:15:25.770 --> 01:15:30.840

Kristen Ives: Anyone know where we can get the UV reactive gel to determine the quality of hand cleansing.

245

01:15:33.420 --> 01:15:40.770

Gina Anderson: Well, here's my answer on that what I used to do. Way back in time. It's been a while since I've been in the nursing home.

246

01:15:42.090 --> 01:15:56.460

Gina Anderson: But I used to order it even from Amazon. I do believe they have it there. So that's one way. But if anybody wants to type in the chat, where they order. There's from that would be excellent. Or you can verbally, let us know by pressing star six on your phone.

247

01:16:00.660 --> 01:16:07.110

Kristen Ives: Okay, do you know we have another question. Is there an ice scrub app for Android, that is comparable to the Apple app.

248

01:16:08.700 --> 01:16:10.020

Kristen Ives: I do not know that

249

01:16:10.050 --> 01:16:17.220

Gina Anderson: But I can try to see if I can find out. I do know the ice Grove app was created in Iowa at the University of Iowa there.

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01:16:17.640 --> 01:16:28.620

Gina Anderson: So there potentially could be a contact that I can get ahold of to see if there's an Android version. I personally don't know that because I do have an iPhone. So that's where I downloaded it and played with it from there. So,

251

01:16:33.660 --> 01:16:39.060

Gina Anderson: Unless somebody else who has an Android has used it, then we're willing to listen to that experience so

252

01:16:40.140 --> 01:16:43.200

Kristen Ives: We're getting some great feedback and chat from some okay other

253

01:16:44.220 --> 01:16:45.360

Kristen Ives: Wonderful, wonderful.

254

01:16:55.830 --> 01:17:02.100

Kristen Ives: Okay, I have one more question in chat. Do you know which of the biomarkers is best for environmental cleaning

255

01:17:04.050 --> 01:17:05.910

Gina Anderson: Oh, that is an interesting one.

256

01:17:07.260 --> 01:17:13.740

Gina Anderson: I do not have that answer at this time, but we can certainly help research it and look it up for you.

257

01:17:14.430 --> 01:17:28.170

Gina Anderson: But does anybody on the call have any answers to that. It's an all teach all learn environment. So we're here to learn from each other. I don't know all the answers. And I'm willing to admit that. But if somebody else has an answer that I'm here to listen as well.

258

01:17:41.250 --> 01:17:45.510

Gina Anderson: Okay, I don't know. Is there any other questions in chat. Kristen before we

259

01:17:46.770 --> 01:17:50.970

Gina Anderson: I'm going to ask some questions as well. If we seem to be slowing down on what other people

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01:17:52.920 --> 01:17:54.240

Gina Anderson: I think it's a good time for that.

261

01:17:54.750 --> 01:17:55.200

Kristen Ives: Okay.

262

01:17:55.800 --> 01:18:04.980

Gina Anderson: So I have a question for everybody and feel free to unmute your lines with your voice is valuable. We like to hear from other people. And we don't always need to hear for me.

263

01:18:05.700 --> 01:18:17.310

Gina Anderson: So, but you can also chat it in if you want, I want to ask the question, Who remembers to promote washing of the residents hands or patients after they toilet

264

01:18:18.210 --> 01:18:29.160

Gina Anderson: It when they educate their staff do they, do they tell their staff that they need to make sure that the hands of the residents and patients are being washed. Do you do that within your education component

265

01:18:36.780 --> 01:18:40.920

Gina Anderson: So, Kristen. If you see any coming in, you can just go ahead and shout a few of those out.

266

01:18:42.900 --> 01:18:47.520

Kristen Ives: I'm getting a couple yeses Sarah says before and after eating as well.

267

01:18:59.100 --> 01:19:04.410

Gina Anderson: Okay, so I have a question here that kind of the before and after the eating that. Question is, is

268

01:19:05.310 --> 01:19:15.990

Gina Anderson: How do you if I know in my experience, a lot of residents in common areas or they see themselves in the dining room and maybe the patients, you know, even if you're not from a nursing home.

269

01:19:16.410 --> 01:19:22.710

Gina Anderson: You may have patients who are in their, in their beds, but how are you, assuring that they're washing their hands.

270

01:19:23.220 --> 01:19:34.770

Gina Anderson: Before they eat. And a lot of those common areas that you see in the nursing home. We don't have things available. And so what do you have available to them to make sure that this is getting done prior to their meal being served.

271

01:19:37.200 --> 01:19:48.900

Kristen Ives: To genome. We have some more responses in chat. Susan says that they have wet lights on the dining room tables and Sarah says that stuff goes around and offers hand sanitizer to people.

272

01:19:50.100 --> 01:20:01.620

Gina Anderson: Wonderful, wonderful. And that's an excellent idea to mitigate that challenge is putting them right on the table, especially those who sit themselves and if, even as a dietary person or an aide goes around of some type.

273

01:20:02.310 --> 01:20:07.950

Gina Anderson: They can just give them that quick reminder. Hey, wash your hands before you eat, so those are great examples of that.

274

01:20:09.390 --> 01:20:11.100

Gina Anderson: So who has a program

275

01:20:11.100 --> 01:20:17.100

Gina Anderson: already in place that educates residents and patients or their families on hand hygiene.

276

01:20:17.400 --> 01:20:25.320

Gina Anderson: So you'll see a lot of families that are helping their loved one performed cares on the on the resident or even the resident or patient are performing their own cares

277

01:20:25.710 --> 01:20:33.690

Gina Anderson: How do we educate them to make sure that they're performing their hand hygiene at the correct timing. Does anybody have a program in place for that.

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01:20:40.770 --> 01:20:46.170

Gina Anderson: You're all a quiet voice of voice Star six to unmute your line. So if you'd like to talk verbally.

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01:20:47.850 --> 01:20:52.830

Gina Anderson: And then again the chat. I know the chat is our go to place because it's the safest place there is right.

280

01:20:56.010 --> 01:20:59.880

Gina Anderson: So, Kristin. Are you seeing anything else in chat that needs to be shouted out

281

01:21:00.630 --> 01:21:02.220

Kristen Ives: I'm seeing a couple people saying that they

282

01:21:02.220 --> 01:21:06.450

Kristen Ives: Don't have a plan for that yet, but they're going to work on it.

283

01:21:07.050 --> 01:21:20.370

Gina Anderson: That's great. So, you at least recognizing that you don't. And maybe there's some tools throughout this presentation and I have a few more coming up here that you can use to help educate your patients and families as well. So that is excellent.

284

01:21:21.480 --> 01:21:25.800

Gina Anderson: So I'm looking through my questions here because you're also quiet.

285

01:21:27.420 --> 01:21:34.470

Gina Anderson: Otherwise, let's see. Do you have alcohol based hand rubs excessively readily available throughout your facility already

286

01:21:34.860 --> 01:21:41.700

Gina Anderson: I know the old way of thinking, used to be in my nursing home is specifically, maybe I was the only one out there is

287

01:21:42.030 --> 01:21:56.550

Gina Anderson: We can't put them in residence rooms and we can't let them be in the hallways, because the residents might use them, but does anybody now moving forward in time with the changes that we've all make have these alcohol based hand rub readily accessible for your staff.

288

01:22:02.400 --> 01:22:06.240

Gina Anderson: I'll give you a moment to answer that, or again Star six to unmute your line.

289

01:22:06.810 --> 01:22:18.150

Gina Anderson: And I'm hoping we can practice some talking out loud because next time we meet, I'm not going to try to scare you, but I really am going to want to know what happened during action period. So hopefully we can start sharing verbally to

290

01:22:21.720 --> 01:22:23.070

Gina Anderson: Anything in chat Kristin.

291

01:22:24.630 --> 01:22:26.370

Kristen Ives: Yes. We have a couple people who say

292

01:22:26.370 --> 01:22:35.910

Kristen Ives: That they have them in every room and then in some of the common spaces and then there's couple people who have also said that they have them on the walls in the hallway.

293

01:22:36.780 --> 01:22:41.250

Gina Anderson: Okay, wonderful and I can remind you of what that critical element pathway says

294

01:22:41.640 --> 01:22:54.360

Gina Anderson: It says that you may include them at entrances to resident rooms. The pocket size containers can be used staff workstations can be another area of for the alcohol based hand rub to be at

295

01:22:54.810 --> 01:23:03.960

Gina Anderson: And then again, I'm going to remind you to consider your fire safety code. What are the areas that they're allowing you to put them in because I do know there are stipulations to where

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01:23:04.680 --> 01:23:10.500

Gina Anderson: Those can be put throughout your facility. So you don't want to get a dean on your fire safety survey when that comes into

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01:23:13.260 --> 01:23:15.510

Gina Anderson: Any other comments before I move forward.

298

01:23:18.270 --> 01:23:20.280

Joyce Taylor: To Gina. This is Joyce Taylor.

299

01:23:20.700 --> 01:23:21.930

Gina Anderson: Yeah, I

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01:23:22.020 --> 01:23:35.910

Joyce Taylor: I noticed another question in zoom about the I scrub app. And if the facility name isn't in the list of facilities, how do they use it. I think you might have addressed that. Yeah, yeah.

301

01:23:36.180 --> 01:23:40.680

Gina Anderson: So all you need to do is when you're in the name of the list of facilities, there's a

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01:23:41.640 --> 01:23:47.550

Gina Anderson: I'd have to go back into it, but I believe there's a plus symbol or an add button and all you have to do is type it in.

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01:23:48.390 --> 01:23:57.720

Gina Anderson: Like you would you're texting as as if you're texting and you type it in and there should be a safe spot on there and actually the link that's in the slides.

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01:23:58.350 --> 01:24:07.530

Gina Anderson: That I gave on the I scrub link that has all the directions to it. So that really helps put that out there. But you can add your facility within that

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01:24:08.040 --> 01:24:13.680

Gina Anderson: Area, so it was initially created for hospitals, which I know we may have some on the phone today.

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01:24:13.980 --> 01:24:24.090

Gina Anderson: But you can add a nursing home a home health whatever organization you're from, you can add that name or if you have multiple facilities that you monitor maybe your infection prevention is that travels

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01:24:24.900 --> 01:24:30.480

Gina Anderson: You can add multiple facilities within the same app as well. So I do know that's available.

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01:24:33.540 --> 01:24:52.530

Joyce Taylor: Thanks, Gina and this is Joyce. Again, I was visiting with a Oklahoma nursing home this morning and they had asked about resources for sepsis. Specifically, and I had pointed them to the sepsis toolkit for the elderly on our TV website.

309

01:24:53.430 --> 01:24:54.480

Gina Anderson: But you've got some

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01:24:54.480 --> 01:25:03.390

Joyce Taylor: Really good resources in these slides. So if they weren't able to sign up for today's presentation.

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01:25:04.530 --> 01:25:08.520

Joyce Taylor: These slides will be posted in the recording as well. Correct.

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01:25:09.060 --> 01:25:20.340

Gina Anderson: Yes, yes, we will be posting the recording in about a week's time on our intelligent QA and CO websites. So it'll be there and then I gave what you're referring to.

313

01:25:20.340 --> 01:25:27.720

Gina Anderson: Is even on my following slides that are coming up here and more resources that are available. Yep. Yeah. Okay, thanks. Gina

314

01:25:32.490 --> 01:25:33.900

Gina Anderson: Okay, Kristin anything else.

315

01:25:36.210 --> 01:25:39.300

Kristen Ives: Yes. We have a couple more questions in chat.

316

01:25:40.590 --> 01:25:51.030

Kristen Ives: Lisa had wanted to ask whether any facilities require staff to clean the nurse's station with bleach bleach wipes or sanding master. So if people want to

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01:25:51.090 --> 01:25:53.070

Gina Anderson: Respond to Lisa on that.

318

01:25:53.970 --> 01:26:04.110

Kristen Ives: And then also, Tony had wanted to know whether the information she enters in is crap I scrub, will it be available to anyone to view or is it private.

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01:26:04.890 --> 01:26:15.030

Gina Anderson: Well, the ice cream app is going to be individualized to you specifically on your phone. So once you email yourself that absurd those observations, it puts it into the Excel spreadsheet.

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01:26:15.450 --> 01:26:17.490

Gina Anderson: That gets sent to your email and you can

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01:26:18.210 --> 01:26:30.420

Gina Anderson: Have any one view it once it's on your desktop it open in that Excel spreadsheet. So yes, anyone can view it after you email your observations to your computer basically is what it is and open it up in the excel sheet.

322

01:26:30.960 --> 01:26:44.010

Gina Anderson: So, and, but what you can do is if you have multiple people using Ice scrub apps on their phones, they can email that but all you need to do is copy and paste the information over to one excel sheet and then you can filter it from there.

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01:26:47.610 --> 01:26:50.940

Gina Anderson: So and regards to the first one that you had said.

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01:26:52.170 --> 01:26:55.440

Gina Anderson: What do the staff use to clean the nursing stations and again

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01:26:55.800 --> 01:27:05.220

Gina Anderson: I'm not going to answer what you use or not. I do think she's just asking what people are doing and what their suggestions are so again you can throw that in chat. What are your products that you use.

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01:27:05.940 --> 01:27:18.930

Gina Anderson: For those areas. And I do think that's an individualized preference of what you feel you need to do at your facility for trying to knock down those germs. So go ahead, if anybody has any answers to that. That'd be great.

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01:27:20.130 --> 01:27:31.230

Gina Anderson: So I'm going to do one little more shout out one last shout out. Any more questions or comments that you want to put in chat or open up your future phone line before I go on to the next few slides.

328

01:27:32.010 --> 01:27:44.430

Gina Anderson: I have some really important information at the end that I don't want you to go away on. I hope that you are still listening so that we can share this important information, you don't miss out.

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01:27:46.440 --> 01:27:49.980

Gina Anderson: Okay, I'm not hearing any more questions from anybody. So I'm going to move on.

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01:27:50.490 --> 01:27:57.900

Gina Anderson: Here's what I'm going to ask you to do over the next month for your action period. That's the four weeks of time so you have four weeks to do this work.

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01:27:58.380 --> 01:28:05.880

Gina Anderson: I encourage you to meet as a team over the next month meet one to two times per week for discussion, what tools are you going to test out

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01:28:06.180 --> 01:28:16.050

Gina Anderson: Who is going to carry out the tasks collect the data to determine a baseline for measurement and discuss what the data is telling you and the feedback you have learned. Each time you meet

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01:28:16.920 --> 01:28:26.850

Gina Anderson: Now, I encourage you to review steps one through five of these handouts. In addition to your root cause analysis to determine the areas that need mitigation in the gaps recognized

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01:28:27.570 --> 01:28:33.420

Gina Anderson: Download the I scrub app and use this to monitor staff performance and I set a goal for you to reach by our next meeting.

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01:28:33.810 --> 01:28:40.770

Gina Anderson: I encourage you to monitor at least 10 or more hand hygiene performances and determine who's going to do this monitoring ongoing

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01:28:41.130 --> 01:28:50.430

Gina Anderson: You can delegate a champion. To do this, or divide this auditing up by department. So if you have a couple department heads. You tell them to watch two to three different staff members.

337

01:28:50.790 --> 01:29:06.660

Gina Anderson: And in no time. You'll have those 10 performances done. We want you to seek new opportunities to promote hand hygiene to patients residents families clients volunteers and your staff using the resources provided in the slides and be prepared to share your actions.

338

01:29:07.680 --> 01:29:15.660

Gina Anderson: Your action items during the sepsis series Part two. We want to hear from you on how these tools and processes worked for you during that action time

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01:29:16.260 --> 01:29:27.120

Gina Anderson: And I want to, you want to gain feedback. I want to gain feedback from you as well. And you do this from your staff and you want to know what your successes and challenges are with implementing and using those tools.

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01:29:28.080 --> 01:29:38.160

Gina Anderson: Now, with that I give you some resources, I got some more important information coming up. So we have our hand hygiene resources, all kinds of new opportunities, you can use in your action period.

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01:29:38.880 --> 01:29:43.980

Gina Anderson: And more hand hygiene you resources, I put a lot of them in here because some tools work.

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01:29:44.460 --> 01:29:55.110

Gina Anderson: And for some facilities as where some tools work better, or not at all for other facilities. So you need to start with one at a time, choose what works for your facilities and what your needs are.

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01:29:55.650 --> 01:30:01.620

Gina Anderson: So here are sepsis resources that you can dig a little deeper into some more training and some more knowledge gaining on that.

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01:30:02.760 --> 01:30:11.670

Gina Anderson: And here is where I really want to promote TV. Q I connect, whether you're providing healthcare are receiving it. And today's environment.

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01:30:12.000 --> 01:30:23.370

Gina Anderson: It takes collective action to make healthcare better if you have joined us today, but not have not yet joined intelligent during our recruitment phase we intelligent are asking you to join.

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01:30:24.270 --> 01:30:32.280

Gina Anderson: Connect. This is a cost free exclusive Regional Health Care Quality improvement collaborative built to help you improve care and achieve success.

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01:30:32.790 --> 01:30:42.780

Gina Anderson: Unlike this sepsis series. It's open to everyone or future learning collaborative are exclusive to those who join us. So we don't want you to miss out on these great opportunities.

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01:30:43.320 --> 01:30:48.540

Gina Anderson: We are excited about our work moving forward. It is so relatable and I include any healthcare organization.

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01:30:49.080 --> 01:30:56.310

Gina Anderson: The benefits go beyond what's listed on this slide, I asked that you join us if your organization has not done so already.

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01:30:56.760 --> 01:31:03.750

Gina Anderson: We have four affinity groups for you to join one or join them all with patient and family engagement woven into each of the groups.

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01:31:04.260 --> 01:31:10.590

Gina Anderson: So I encourage you to go to the link on this slide to sign up, or we're placing a link in the chat so that you can go there right away and

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01:31:11.070 --> 01:31:19.440

Gina Anderson: Go to that signup form it is super easy to fill out. And if I had known that TV was here. Back when I was in a director of nursing

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01:31:19.740 --> 01:31:31.470

Gina Anderson: I would have certainly use their resources and their expertise to help my facility improve. So I encourage you strongly to do this with your facility and with your whatever healthcare setting, you're in

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01:31:33.660 --> 01:31:41.580

Gina Anderson: Now, here are some community kickoff events coming up. This will give you more information on intelligent. Q I connect. We have four events listed here.

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01:31:41.850 --> 01:31:47.130

Gina Anderson: You can join one of these 30 minute webinars to introduce the community aspect of intelligent. Q I connect

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01:31:47.580 --> 01:31:52.590

Gina Anderson: We're here to help create opportunities structure and collaborate around the healthcare issues that data shows

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01:31:53.220 --> 01:32:04.110

Gina Anderson: Are creating a living nightmares for our healthcare system. So you have those four different times listed here and pick what may fit your schedule and you can select one of those links to register.

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01:32:04.650 --> 01:32:11.160

Gina Anderson: And a big reminder here. Please join us for part two of the sepsis prevention series that's on February 4

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01:32:11.580 --> 01:32:16.710

Gina Anderson: I ask that you come back and share and learn more, I feel that we have a great presentation in store for you.

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01:32:17.220 --> 01:32:28.680

Gina Anderson: If you registered and join today, then you are registered for part two, and Part three and shouldn't have received that confirmation. It's the same link you receive to join this part one is the same for part two.

361

01:32:29.190 --> 01:32:39.570

Gina Anderson: If you know of others who would benefit and she they can you can share this information and they can register at the link provided as it's not too late to register for part two, and Part three of the series.

362

01:32:41.820 --> 01:32:55.530

Gina Anderson: Now, until next time, it's in your hands to get this process moving. You don't want to let what you've learned today fade away take action now by committing to implement and make your successful improvements very strong, and I hope that you have

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01:32:56.550 --> 01:33:01.470

Gina Anderson: A great next four weeks on really improving this prevention of infections.

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01:33:02.430 --> 01:33:13.290

Gina Anderson: I encourage you, please complete the evaluation that's coming to you by email after this presentation. If you have any questions about sepsis or intelligent UI connect our contacts are listed there.

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01:33:13.770 --> 01:33:25.110

Gina Anderson: Thank you so much for joining in. And I'm going to say we have five minutes left. I'm going to do one more. Shout out. Does anybody have any questions before we log off.

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01:33:26.700 --> 01:33:30.840

Gina Anderson: Anything else in chat Kristin that I've missed during this time of speaking

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01:33:33.450 --> 01:33:37.410

Gina Anderson: And Star six to unmute your line if you do have a quick comment or

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01:33:39.180 --> 01:33:42.030

Gina Anderson: Even a success that you can share with us that you've seen in the past.

369

01:33:49.380 --> 01:33:54.000

Kristen Ives: Do you know there's one question. Are there written directions for I scrub anywhere.

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01:33:54.990 --> 01:33:55.410

Gina Anderson: Yes.

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01:33:55.890 --> 01:34:12.570

Gina Anderson: So on my link where I first introduced the ice cream app, you'll see a link there. And that has all the directions to it and within the ice grub app to there is like a options or settings area that you can use and that should bring you straight to the instructions as well.

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01:34:14.790 --> 01:34:21.720

Kristen Ives: Okay. Another question is, has anyone seen any communication from CMS regarding the number of hours for IP each week.

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01:34:25.410 --> 01:34:40.080

Gina Anderson: I know that it's still considered a part time position, but I don't know the number of ours. But if anybody does have that answer on the call today, please speak up or you can email it to me and I can share it with the entire group as well if you if you find that out.

374

01:34:48.540 --> 01:34:49.380

Gina Anderson: Okay, so

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01:34:51.000 --> 01:35:07.890

Gina Anderson: Again, we will send out the presentation slides to you as we end this presentation and that evaluation link coming up here. And please fill that out and this recording will be available in about one week's time on the website.

376

01:35:09.360 --> 01:35:18.720

Gina Anderson: Com. Thank you so much, everybody for joining in and glad you stayed with me and hopefully some of these tools will help you in your future improvements.

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01:35:20.400 --> 01:35:21.180

Have a great day.