

Sepsis Webinar – Part 3

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00:01:17.010 --> 00:01:27.120

Gina Anderson: Well, we're at the bottom of the hour now. So I'll go ahead and get started. Thank you everybody for joining in on our final series part three of sepsis prevention.

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00:01:27.480 --> 00:01:35.400

Gina Anderson: So glad you can make it and we hope that all the parts in the series was beneficial to you, including the final one, as we end here today.

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00:01:36.120 --> 00:01:49.260

Gina Anderson: So I am a senior quality improvement facilitator from tell delegate. My name is Gina Anderson. I've been working with intelligent for over two years now and excited to continue the work here moving forward.

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00:01:50.250 --> 00:01:58.650

Gina Anderson: All of the slides and the presentation recordings will be given to you in an email after today's presentation to those who attended

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00:01:59.160 --> 00:02:07.710

Gina Anderson: And it also be a link at the end on a slide for the recording a location for you to have that information.

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00:02:08.580 --> 00:02:16.800

Gina Anderson: So moving on during the presentation. We have muted all lines to avoid distractions. We have a chat monitor and that's Kristen.

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00:02:17.130 --> 00:02:26.250

Gina Anderson: She's standing by to answer your questions in the chat. And any questions that we are unable to answer. During this time, we will be following up with you after the presentation.

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00:02:26.820 --> 00:02:35.520

Gina Anderson: In case you are unfamiliar with the chat function in, zoom, you'll see at the red arrow, where to find the chat icon and you'll want to hover over the bottom of the meeting screen.

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00:02:35.910 --> 00:02:43.080

Gina Anderson: And you should see a bar of options that come up that include that chat icon you click on the icon and you'll be able to use the chat function.

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00:02:43.650 --> 00:02:50.070

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.

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00:02:50.460 --> 00:03:04.590

Gina Anderson: And Christian will chat with you privately to assist you with that you can verbally ask questions by pressing star six on your keypad to open up your phone line. Once you're done speaking please mute your line again by pressing the mute button on your phone.

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00:03:06.180 --> 00:03:10.140

Gina Anderson: So if you have not done so already, please provide the following and chat.

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00:03:10.560 --> 00:03:20.160

Gina Anderson: And your organization, name the state you reside in and we want to know who is in the group with you. We just want an idea of who's listening today. So thank you so much for doing that.

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00:03:21.060 --> 00:03:31.710

Gina Anderson: For the three parts. In this series we asked you to be fully engaged limit multitasking. We asked you to close those emails put up those Do Not Disturb signs and be present during the

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00:03:32.220 --> 00:03:46.980

Gina Anderson: presentation today come prepared by collecting the data and information that you gained from the action period that over those action items that we gave you this past month. Then we ask that you be ready to share this information so we can all learn from each other.

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00:03:48.930 --> 00:03:57.750

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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00:03:58.350 --> 00:04:06.210

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

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00:04:06.570 --> 00:04:13.830

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

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00:04:14.430 --> 00:04:23.880

Gina Anderson: TV has been bringing together healthcare providers for more than 45 years to provide no cost health care quality and proven expertise to people living and working with Medicare

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00:04:24.330 --> 00:04:36.810

Gina Anderson: Our goal is to harness the collective power of healthcare providers communities and individuals to drive improvement and change. So as I end the presentation, you will learn more on how you can be a part of intelligent. Q I connect

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00:04:38.370 --> 00:04:47.040

Gina Anderson: Now here are our agenda items. We're going to start off with the introduction, which is what we're doing now and move on to that discussion and action time

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00:04:47.340 --> 00:04:52.140

Gina Anderson: So we'll be asking some questions about the specific action period that we had

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00:04:52.830 --> 00:04:58.770

Gina Anderson: In the previous month of since part two, and see how you've been doing with that information.

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00:04:59.190 --> 00:05:06.030

Gina Anderson: Then we're going to move into the presentation. And this is where I'm going to give you more detail on infection prevention and putting it all together as a team.

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00:05:06.630 --> 00:05:17.220

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

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00:05:17.820 --> 00:05:23.460

Gina Anderson: open communication is obvious encouraged and every voice is valuable during this time.

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00:05:23.910 --> 00:05:30.660

Gina Anderson: We want to build an all teach all learn environment. So feel free to speak up if you have ideas on how to make mitigate challenges for others.

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00:05:31.050 --> 00:05:46.590

Gina Anderson: Or share success so that we can try something different in our facilities and then finally we're going to do the next step. So moving forward, as you leave the final part three. I have some next steps. I would love for you to look at and encourage you to try them out in your facility.

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00:05:48.930 --> 00:05:54.750

Gina Anderson: Now for today's presentation. We want you to recognize the importance of preventing infections to prevent sepsis.

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00:05:55.200 --> 00:06:05.280

Gina Anderson: Review the key strategies to support your infection prevention program describe the role of the infection prevention us and to provide you with tools to help your team move forward.

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00:06:07.230 --> 00:06:18.060

Gina Anderson: Now we're on our discussion time of the action period is so if you were one of the people who joined us in the last presentation of part two February.

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00:06:18.780 --> 00:06:28.710

Gina Anderson: We gave you some action items to move forward with to try out and see if they would work in your organization. If you did not join in.

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00:06:29.310 --> 00:06:34.980

Gina Anderson: Potentially you receive some of those action items in an email and you tried them out. So we want to hear from all of you.

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00:06:35.490 --> 00:06:42.660

Gina Anderson: So to unmute your lines at star six and some of the questions that I have here. We're going to just chat in those answers.

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00:06:43.020 --> 00:06:51.630

Gina Anderson: So I'm going to start out with this first question that we have and I would love to hear from at least one person verbally or more than one would be great.

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00:06:52.380 --> 00:07:02.760

Gina Anderson: And I wanted to see if you seen any challenges with meeting as a team. So let me know what you've seen with challenges with meeting as a team in your facility.

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00:07:03.450 --> 00:07:14.280

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Gina Anderson: In this improvement project for your infection prevention. So do we have somebody who can Star six to unmute their line and let us know how your prevention processes going with your team.

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00:07:21.570 --> 00:07:34.860

Gina Anderson: So I'm not hearing anybody. The Christian. Do we have anybody in chat, yet you can answer in chat if you'd like. I know that's the safest environment, there is. So if you want to use that you can, but we love to hear your voice to

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00:07:35.910 --> 00:07:39.990

Gina Anderson: So take just a minute to see if anybody's having a challenge with meeting as a team.

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00:07:51.210 --> 00:07:55.230

Gina Anderson: So everybody's doing great. Wonderful, is what I'm taking it.

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00:07:58.470 --> 00:07:58.980

Okay.

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00:08:00.270 --> 00:08:04.740

Gina Anderson: I think I do see some things coming through Chat. So I'll just go ahead and shout them out for you. Kristen.

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00:08:05.310 --> 00:08:14.940

Gina Anderson: I see Jennifer says she's having problem with getting staff to utilize the tools that we have. So that is definitely a challenge with your team and utilizing tools.

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00:08:15.570 --> 00:08:20.790

Gina Anderson: So if anybody wants to help her mitigate that problem. You can through the chat.

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00:08:21.330 --> 00:08:38.640

Gina Anderson: Otherwise, I'm wondering why you're having challenges with utilizing the tools. Maybe they're having difficulty understanding them, they feel like there's a lack of time to use the tools. Maybe they don't see the Y or the importance of the tool and have that information there. So,

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00:08:41.910 --> 00:08:49.590

Gina Anderson: David, take a deeper look maybe go to those specific team members and ask them why do a root cause analysis is obviously a great answer.

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00:08:53.010 --> 00:09:02.790

Gina Anderson: So I see another one in chat getting pulled away during meetings. So you're having short staffing challenges staffing is always a challenge and all the facilities and it does cause us to

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00:09:03.150 --> 00:09:15.360

Gina Anderson: Put our priorities in different areas. So just like I said, today you almost have to put up those Do Not Disturb signs, just that you can get that 15 minutes to discuss these different improvement processes that you have

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00:09:18.750 --> 00:09:29.580

Gina Anderson: Mindy, it looks like you tried to speak and it wouldn't allow you to and Kristen. If I'm incorrect. I believe if you need to. You might have to unmute on the computer, as well as

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00:09:30.210 --> 00:09:45.150

Gina Anderson: Pushing star six or unmute your phone. I think there's a couple different options there so Mindy. We would love to hear from you. If you can get that to work, and maybe Kristen, can help you identity is it working. I can hear you. Oh, I

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00:09:45.180 --> 00:09:56.820

Mindee Knudson: Wasn't. It's like a super imperative thing to say, but we were meeting. We're trying to meet with our risk management meeting to discuss some of this stuff on the infection.

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00:09:57.360 --> 00:10:05.520

Mindee Knudson: Prevention stuff. So that's been going well I we have been having issues like getting people to do the S bars from the interact so

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00:10:06.600 --> 00:10:23.970

Mindee Knudson: Not that many people want to add another like the floor staff, they don't want to add another document to their daily routine. It's been my problem. So, because I'm like, Why aren't we filling this out and they're like, there's just so many other things to do progress notes and

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00:10:24.420 --> 00:10:26.010

Mindee Knudson: Observations and

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00:10:26.310 --> 00:10:33.300

Mindee Knudson: Event reports and all that. It's just another piece of paper for them to do is what the feedback I received

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00:10:34.680 --> 00:10:43.170

Gina Anderson: And that's good feedback to hear from your staff and to help understand the why, on your end wire. Why is it difficult, so that's that's

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00:10:43.740 --> 00:10:55.320

Gina Anderson: Thank you very much for being the first to speak up verbally and being that vulnerable person. First of all, and it's good to see what your staff have to do in that have to say in that feedback part of it.

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00:10:55.680 --> 00:11:03.600

Gina Anderson: And understand the why and maybe how we can mitigate this challenge, because we maybe you see a process and break down in that communication piece.

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00:11:04.080 --> 00:11:18.720

Gina Anderson: And how can we work together and find the right tool that will work for them. Maybe it's something within that computer system that you already have available to you that they can work on and not just the paper Escobar tool. If that's the case, too. So

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00:11:21.330 --> 00:11:27.150

Gina Anderson: Anybody else who wants to share verbally star six and then we're going to move on to the next couple questions here.

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00:11:28.560 --> 00:11:33.120

Gina Anderson: I see a net is having difficulty with getting the nurses to complete the communication forms.

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00:11:34.200 --> 00:11:44.640

Gina Anderson: Thank you so much for sharing that information. We're going to move on to number two. Well, with your teams in general if they're overwhelmed and I'm speaking more of the improvement team that team who's

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00:11:45.720 --> 00:11:54.720

Gina Anderson: Working on the different changes that are implemented through out your facility. So you're meeting together three to four of you are meeting together to work on this infection.

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00:11:55.080 --> 00:12:02.130

Gina Anderson: Program. This one was specifically on early identification to make sure the communication was so I encourage you

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00:12:02.730 --> 00:12:13.320

Gina Anderson: To test your tools on a small group or one Hall first before use it with all of your staff members, you want to start small and then do PDSA test cycles on them so

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00:12:13.590 --> 00:12:18.060

Gina Anderson: That is going to help you overcome some of these challenges is just try to test small and

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00:12:18.570 --> 00:12:25.410

Gina Anderson: PDSA cycles. So what did you learn from testing. And what are you going to change. What are you going to work on. What action are you going to take

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00:12:26.100 --> 00:12:33.210

Gina Anderson: And the primary reasons for these sessions is to really get you motivated and headed in that direction of improvement to make the resource.

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00:12:33.600 --> 00:12:38.340

Gina Anderson: And to make those resources and options available to you so that you can move forward after the series.

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00:12:38.790 --> 00:12:48.600

Gina Anderson: And that way you can finish tracking down this path. So those challenges with your teams or meeting as a team, hopefully you can start mitigating as you continue to track forward.

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00:12:49.320 --> 00:12:59.670

Gina Anderson: Now, the next one is on the staff communication tool. Some of you did share that you're using the S bar, but I wanted to know what type of communication. Are you using with your nurses

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00:13:00.090 --> 00:13:15.240

Gina Anderson: On that change and condition and you can name this title a tool or just comment in chat that you're using a tool. We just want to make sure that are you using some kind of communication form for your change a condition with your staff.

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00:13:17.520 --> 00:13:23.340

Gina Anderson: And I gave you a goal of doing the S bar with at least for nurses during the action period.

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00:13:25.560 --> 00:13:34.710

Gina Anderson: So did you trial that tool and that's answering yes they use the x bar. Thank you for sharing that. Then, excuse me.

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00:13:36.630 --> 00:13:37.650

Gina Anderson: So did anybody

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00:13:39.090 --> 00:13:52.830

Gina Anderson: Try to use the as far beyond what Mindy already shared and it's working well. Or maybe you're already using the tool is it working correctly, is it the process that you expect it to be carrying out go as well as you hope it does.

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00:13:56.940 --> 00:14:09.870

Gina Anderson: Crispy shared Escobar. They have a stop and watch has been generated, but not using a lot yet. Okay, so keep on that and try keep trying. Use those PDSA cycles, like I said,

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00:14:10.830 --> 00:14:28.470

Gina Anderson: To keep trialing them and figure out how we're going to do this. Maybe there's a place to make it accessible or put documents in each of the residents or patients rooms. So it's handy for them. Maybe it's on their iPad that you have them do charting and things like that.

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00:14:29.880 --> 00:14:39.120

Gina Anderson: So that so that stop and watch till we encourage you to do. Has anybody started using that with the frontline staff and please share verbally.

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00:14:39.600 --> 00:14:48.180

Gina Anderson: Star six. If you are using the stop and watch tool with the frontline staff. I like to know what you learned from that feedback by using that tool.

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00:14:50.880 --> 00:14:57.120

Gina Anderson: Jennifer says they have so far and stop and watch, but just not using it. So that's the challenge is getting people to use it.

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00:14:58.380 --> 00:15:09.960

Gina Anderson: If anybody has their staff using it currently is. Speak up please and let us know what you did, encourage them to do that. Maybe there's an award system that goes on and

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00:15:11.160 --> 00:15:20.850

Gina Anderson: You have so many stop and watch tools that are completed in a month timeframe and thank you. And we're going to celebrate that success, just getting them to use a tool.

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00:15:24.030 --> 00:15:33.420

Gina Anderson: Kathleen says it's on PCC and easily accessible not really consistent. Yes. So you got it on point. Click care. So that's good. It's a good start just

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00:15:33.870 --> 00:15:45.120

Gina Anderson: Help continue to educate them do those audit checks if you find a changing condition and they didn't complete a communication tool. This is where you can circle back and provide that feedback to them that

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00:15:45.540 --> 00:15:51.540

Gina Anderson: You would like it if they start doing that because you don't want to miss those opportunities of early identification. Right.

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00:15:53.040 --> 00:16:02.520

Gina Anderson: Michelle shares. Yes. They educate the stop and watch via in service and making sure staff include nurses and seen as utilize in clinical dashboard and on the

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00:16:03.240 --> 00:16:16.650

Gina Anderson: End or the PLC for CNS are using the PCC. Okay, so that's a good way. Thank you, Michelle. Nancy, the PCC. It works well. One staff understand and then it pushes and pulls in to the other areas, such as

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00:16:17.520 --> 00:16:27.330

Gina Anderson: The transfer form. So good. So automatically it's filling out your information, one less step for nurses to document potentially before they transfer amount to the facility.

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00:16:28.350 --> 00:16:39.270

Gina Anderson: Okay, we have one last question that I want to ask here. Any other tools reviewed and use. So did anybody look through the resources in our last

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00:16:40.440 --> 00:16:46.710

Gina Anderson: Presentation and find any other tools that they used maybe through those interact tools that you found was useful.

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00:16:49.980 --> 00:17:01.470

Gina Anderson: Love to know what they are. If you'd named them on the chat or you can unmute your line by pressing star six and tell us about the tool and how it works in your facility. If it's something other than those s bars or the stopwatch.

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00:17:04.200 --> 00:17:05.970

Gina Anderson: Do I hear somebody trying to unmute

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00:17:09.960 --> 00:17:12.570

Tim Nauslar: A little bit of crackling on my end anyway.

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00:17:15.420 --> 00:17:23.730

Tim Nauslar: Janet says that they review. They have clinical reviews and it helps them to identify how well as bars are being used. So thank you for that.

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00:17:24.600 --> 00:17:35.370

Tim Nauslar: mitigation strategy. Michelle is using he interact change of condition through PCC. Excellent. So it's already built into your system. So that's great. Those tools are readily available to you.

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00:17:36.300 --> 00:17:45.720

Tim Nauslar: Okay. Well, thank you so much for sharing. Thank you. Mindy. Mindy for being the only one who verbally shared this went really fast. Those 15 minutes

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00:17:46.830 --> 00:17:52.800

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Gina Anderson: Actually, you know what, I feel that we have a few more minutes left. I'm just looking at my time frame. So we have four minutes left.

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00:17:53.160 --> 00:18:00.480

Gina Anderson: I want to know if you already have a tool in place prior to my action period from last presentation.

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00:18:01.230 --> 00:18:07.410

Gina Anderson: On communication. How do you sure that staff are using them as they're expected. So we had that as a question.

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00:18:08.340 --> 00:18:15.390

Gina Anderson: How are you ensuring that the tools are in a convenient accessible location or if they have access to those iPads.

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00:18:15.960 --> 00:18:29.220

Gina Anderson: Are they remembering to use them. So that was the biggest challenge within the, within the chat here today is staff native. Remember to use them. So we need to come up with ways on how we can assure the staff use them as they are expected to use them.

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00:18:30.780 --> 00:18:35.460

Gina Anderson: So I have Nancy Hartman saying our infection prevention us are using modified and the Greer

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00:18:35.970 --> 00:18:44.850

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Gina Anderson: And really looking at her antibiotics in P labs and antibiotics and PCC. So the infection prevention is is doing some follow up there.

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00:18:45.120 --> 00:18:52.440

Gina Anderson: You can identify a champion and it could be part of the infection prevention is on this program because that's part part of the infection program.

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00:18:52.980 --> 00:19:03.030

Gina Anderson: To monitor these tools and to take them and just assure that they're catching all the information they can. So they're going to monitor that documentation over time.

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00:19:03.330 --> 00:19:17.100

Gina Anderson: Or even do audit checks to assure that they're using to. Does anybody else have any suggestions to assure chat staff are using the tools as you expect him to be using sound. So we'd love to hear more from you.

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00:19:20.730 --> 00:19:26.430

Gina Anderson: Star six to unmute your line. If you want to tell any amazing stories about your tools in your facility and what you're using

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00:19:27.870 --> 00:19:28.710

Gina Anderson: Or we got the chat.

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00:19:30.990 --> 00:19:41.280

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Gina Anderson: Okay, I do see that chat is starting to slow down a little bit. So we'll go on. Just, just remember that this is obviously something that you continuously monitor over time.

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00:19:41.610 --> 00:19:54.690

Gina Anderson: And you have someone who's looking at those tools and making sure that they're being used correctly and they're being done at the correct timing, so that we don't miss any opportunities in early identification of changing condition.

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00:19:56.340 --> 00:20:03.420

Gina Anderson: OK, so moving on here. I'm going to do a quick review of what we learned so far as we're heading into this final part of the series.

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00:20:03.900 --> 00:20:09.930

Gina Anderson: In part one, we learned that sepsis is the body's toxic systemic inflammatory response to an infection.

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00:20:10.410 --> 00:20:18.990

Gina Anderson: Sepsis a serious overwhelming and sometimes life threatening and infection may begin in one side of the body and then spread to the blood and possibly other sites.

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00:20:19.680 --> 00:20:27.030

Gina Anderson: Sepsis prevention in fact is infection prevention. So we encourage you to take a look at ways to prevent an infection.

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Gina Anderson: So you don't even have to consider sepsis sneaking past you. And now it's too late to intervene.

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Gina Anderson: The number one way to prevent infection is through hand hygiene. So using soap and water or alcohol based hand rubs

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00:20:39.480 --> 00:20:45.240

Gina Anderson: Making sure it's readily accessible and creating ways to improve compliance by looking at your process.

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00:20:45.660 --> 00:20:52.290

Gina Anderson: Assuring training and competency or effective throughout through your audit checks and I encourage you to try the ice scrub app.

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00:20:52.620 --> 00:21:01.590

Gina Anderson: If you have not done so I encourage you to give it a try. It's easy to use and a convenient way to automatically put your data into a spreadsheet for you to view from there.

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00:21:02.460 --> 00:21:12.030

Gina Anderson: In sepsis series Part two I shared several devastating effects as a result of sepsis. Additionally, the early identification of sepsis is very important.

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Gina Anderson: Assure you educate your staff to look for signs and symptoms of sepsis and to intervene quickly.

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00:21:17.610 --> 00:21:26.280

Gina Anderson: You also look on areas to increase communication between your staff we and we share those tools through the staff communications like the address bar.

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00:21:26.670 --> 00:21:36.030

Gina Anderson: And the change and condition tools such as a stopwatch. These tools are reminders to not only what to look for. But what to communicate to the nurse or the physician.

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00:21:36.390 --> 00:21:45.330

Gina Anderson: It reminds the staff having these tools in hand, that this is an important focus and it needs to be a priority and notifying others in a relatively quick timeframe.

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00:21:46.050 --> 00:21:59.550

Gina Anderson: These tools are focused communication process that emphasizes the most important points that a person you are communicating with needs to know and it is effective at bridging the differences and communication styles so anyone can use them.

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00:22:01.260 --> 00:22:11.730

Gina Anderson: And I want to remind you the four types of infections. They are that are most often associated with sepsis. This is your lung urinary tract, your skin and GI sections.

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Gina Anderson: So circling back to the steps of series part one, we discussed preventing the infection is to prevent sepsis.

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00:22:18.750 --> 00:22:24.480

Gina Anderson: In this part three of the series. I'm going to go back to the prevention of an infection as our focus today.

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00:22:25.230 --> 00:22:33.270

Gina Anderson: Just so that you are aware, I will do a high level overview in the coming slides on our focus areas, as you'll hear me mention at the end.

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Gina Anderson: We have more to bring you in our intelligence UI connect learning collaborative to help build your program. So I will encourage you to join intelligent for future opportunities on these topics.

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00:22:44.940 --> 00:22:58.140

Gina Anderson: You can see from this report to the top infections, causing significant harm in long term care facilities, as reported from the Office of Inspector General Li Jie reports in a study that was done on adverse events and skilled nursing facilities.

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00:22:59.010 --> 00:23:08.550

Gina Anderson: Now I will focus today on UTI some CDs, which are the greatest events that could have been prevented there at 71% that could have been prevented.

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00:23:09.180 --> 00:23:14.790

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Gina Anderson: And also shown on the previous slide. They are two of the infections that are most often associated with sepsis.

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Gina Anderson: 10 out of 14 UTI events could have been prevented. In fact, three of them did lead to sepsis during the study

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Gina Anderson: five out of seven C difficile events were determined to have them preventable.

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Gina Anderson: So the key words. I want to point out here is data in this data is the word preventable. So this shows that we have much room to make improvements in our processes and programs link at the bottom is the big report so you can take a little deeper look into this information.

138

00:23:45.000 --> 00:23:53.130

Gina Anderson: Now to start you off prior to going into focusing on the infections and prevention strategies, I will start here with a process for your improvement team.

139

00:23:53.520 --> 00:24:01.110

Gina Anderson: This set of circles may look familiar to some of you, in part one, I shared a process to mitigate steps in your hand hygiene program.

140

00:24:01.470 --> 00:24:13.410

Sepsis Webinar – Part 3

Gina Anderson: taking you through five steps which include assessing training and competency I remind you that you have the same process. Every time because this helps everyone to understand what they need to do next.

141

00:24:13.980 --> 00:24:19.050

Gina Anderson: So I encourage you to go back to use the steps for any of your mitigation needs in your affection program.

142

00:24:19.410 --> 00:24:34.320

Gina Anderson: Step one. In this process will be your concern. And that's placed at the top in that blue circle and then we move on to the next circle and address any of each of these areas. All are going to be related to the topic that you wanted to focus on in that blue circle at the top.

143

00:24:35.400 --> 00:24:44.040

Gina Anderson: Now for this session. I'm going to share these bullet points with you for prevention of all types of infections that have been proven to work in high performing nursing homes.

144

00:24:44.430 --> 00:24:50.100

Gina Anderson: On making their programs that successful so you can include these in your mitigation steps.

145

00:24:50.520 --> 00:25:00.660

Gina Anderson: Additionally, these bullet points are centered on the data, learn from the big report I showed you on the previous slide, and you'll find that referenced within the change package that's linked here.

146

Sepsis Webinar – Part 3

00:25:01.710 --> 00:25:11.310

Gina Anderson: So we start off with the foundational educational topics. This addresses precautions policies causes and risks specific infection topics are listed

147

00:25:11.670 --> 00:25:21.630

Gina Anderson: And resident family education is a part of that foundation. The pre admission practices address your current infections, the treatments. Your antibiotic use

148

00:25:21.960 --> 00:25:28.320

Gina Anderson: Your laboratory detail the room placement equipment that's needed and the importance of obtaining a detailed history.

149

00:25:28.950 --> 00:25:37.350

Gina Anderson: The admission practices discuss antibiotic appropriateness labs surveillance tracking logs communication and the plan of care development.

150

00:25:37.830 --> 00:25:48.060

Gina Anderson: Ongoing practices and monitoring uses care path decision tools huddles labs antibiotic stewardship program monitoring surveillance and provide you with prevention tools.

151

00:25:48.630 --> 00:25:59.850

Gina Anderson: And then the resources within this change package give you many areas that you can build on this strong program and provide you with additional resources to help you with that implementation.

152

Sepsis Webinar – Part 3

00:26:00.360 --> 00:26:14.430

Gina Anderson: So this is an excellent tool and its resources are for you to reference with several areas in your facility to share you are helping to prevent that harm. So I recommend you take a look into this change package to learn more on successful strategies.

153

00:26:16.650 --> 00:26:23.790

Gina Anderson: Urinary tract infections are the most common type of healthcare associated infections reported to the national health care. Safety Network NHS in

154

00:26:24.240 --> 00:26:32.190

Gina Anderson: Urinary tract infections have great burden effects yearly mortality rates estimate more than 13,000 deaths that are associated with UTIs

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00:26:32.700 --> 00:26:44.520

Gina Anderson: It's estimated that greater than 93,000 UTIs in acute care hospitals have morbidity rates that result in discomfort prolonged hospital stay, increase costs and mortality.

156

00:26:45.060 --> 00:26:52.350

Gina Anderson: Between 15 and 25% of hospitalized patients receive urinary catheters during their hospital stay.

157

00:26:52.890 --> 00:27:03.240

Gina Anderson: And approximately 75% of UTIs that occur in the hospital are associated with a urinary catheter and those are in there. I know we have some hospital people on as well as some

158

Sepsis Webinar – Part 3

00:27:03.660 --> 00:27:10.770

Gina Anderson: Nursing Home people but I put that in there. This data in there because we can see that working together will really help us.

159

00:27:11.130 --> 00:27:20.400

Gina Anderson: As a lot of people come from the hospital with those catheters and we need to work on ways to get them discontinued quickly or maybe understand

160

00:27:20.760 --> 00:27:32.340

Gina Anderson: Further on the history of why the catheter was placed from the hospital perspective. So you have these facts here listed on this slide that we're hoping to help improve as we move forward.

161

00:27:33.210 --> 00:27:38.490

Gina Anderson: Now, here are some prevention strategies to focus on as you make improvements for the prevention of UT is

162

00:27:38.760 --> 00:27:46.860

Gina Anderson: They may look pretty simple here but I encourage you to look deeper into these areas to see what you can improve and how the process is being carried out.

163

00:27:47.550 --> 00:27:57.240

Gina Anderson: So to bring you with an overview with UTI strategy. You want to look at the patients or residents hydration and nutritional needs and the staff providing the perinatal care.

164

00:27:57.630 --> 00:28:04.680

Sepsis Webinar – Part 3

Gina Anderson: Encourage Good boy, eating habits. This includes individualized toileting programs and may go as far as involving your therapist.

165

00:28:05.370 --> 00:28:14.730

Gina Anderson: The functional status does make a difference in how the resident or the patient assist you and or how they assist themselves. So that's an important factor to

166

00:28:15.300 --> 00:28:28.140

Gina Anderson: Consider you want to limit and dwelling catheter use the most important risk factor for developing a catheter associated UTI or Cati is prolonged use of the urinary catheter so catheter should be removed.

167

00:28:28.590 --> 00:28:41.010

Gina Anderson: As soon as they are no longer needed and used only for appropriate indications. So you have the link here with many resources available. So you can look into these strategies to make a strong prevention process.

168

00:28:42.570 --> 00:28:49.710

Gina Anderson: Now for any of your prevention processes within the infection program, you want to assure your staff have training and competency built into it.

169

00:28:50.340 --> 00:29:00.240

Gina Anderson: From arc Agency for Healthcare Research and Quality they use the acronym Cati ca UTI to help staff. Remember key factors related to catheter use

170

00:29:00.960 --> 00:29:12.690

Sepsis Webinar – Part 3

Gina Anderson: They look at catheter removal a septic insertion use of regular assessments training or catheter care and incontinence care planning so it covers many areas for a variety of staff members.

171

00:29:13.380 --> 00:29:19.380

Gina Anderson: And I'm sure many of you have a perennial care checklist or at least I hope you do, this is nothing new.

172

00:29:19.770 --> 00:29:30.750

Gina Anderson: You can get one from the courses CNA take for certification or in the limited COTS procedures manual or similar resources. And the reason I wanted to share this with to remind you that

173

00:29:31.320 --> 00:29:40.650

Gina Anderson: To assure you are using them to document your audits or even pass them off to your new hires instead of just relying your other staff who are training.

174

00:29:41.190 --> 00:29:49.260

Gina Anderson: To include these steps in order to perform during that orientation process. So you want them to have a tangible list there.

175

00:29:49.980 --> 00:29:56.850

Gina Anderson: The use of in dwelling catheter audit tool is used to perform monthly QA audits for residents or patients within dwelling catheters.

176

00:29:57.360 --> 00:30:00.510

Gina Anderson: We need to make sure you have a system in place to monitor this as well.

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177

00:30:00.930 --> 00:30:08.070

Gina Anderson: From my experience, I may have watched CNA perform catheter cares. But what I skipped was steps and other skills that the nurses performed

178

00:30:08.460 --> 00:30:13.920

Gina Anderson: We tend to keep most of our education and demonstrations on the skills more focused on CNN.

179

00:30:14.400 --> 00:30:25.200

Gina Anderson: And we can't forget to include those nurses and our audit checks as well, checking them for proper techniques during procedures, specifically with catheter insertion and other treatments is equally important.

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00:30:25.740 --> 00:30:34.320

Gina Anderson: Now you can even cross check nurses with their perinatal care as well as it's not only assures they are performing well because we know that they do help with this from time to time.

181

00:30:34.620 --> 00:30:39.840

Gina Anderson: But they can provide that in time feedback to others. You're seeing as as they perform

182

00:30:40.440 --> 00:30:49.440

Gina Anderson: So with all of these auditing tools. Keep them handy find ways to assure they get done on a regular basis and we recommend you start with orientation.

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183

00:30:49.890 --> 00:30:59.580

Gina Anderson: Conduct a skills fair or an audit at the time of their work anniversary what you'd want to do is just to make sure that you have a consistent process to help sustain your program.

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00:31:01.770 --> 00:31:11.880

Gina Anderson: Now, as we've seen in the previous slide from the big report another infection that we know is preventable is Clostridium difficile, or often called C Diff or CDI

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00:31:12.600 --> 00:31:18.600

Gina Anderson: See, this is a bacterium or a germ that causes diarrhea and colitis. It's an inflammation of the colon.

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00:31:19.050 --> 00:31:24.960

Gina Anderson: And most cases of C Diff occur while you're taking antibiotics or soon after you've finished taking antibiotics.

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00:31:25.530 --> 00:31:33.420

Gina Anderson: People on antibiotics or 70 times seven to 10 times more likely to get see death while on the drugs are during the month after

188

00:31:33.840 --> 00:31:44.490

Gina Anderson: Within a month of diagnosis one and 11 people older than 65 died of a healthcare associated C difficile infection, more than 80% of C Diff events deaths.

189

Sepsis Webinar – Part 3

00:31:45.180 --> 00:31:53.460

Gina Anderson: deaths occur in people 65 and older. And it's estimated to cause almost a half a million illnesses in the United States each year.

190

00:31:54.090 --> 00:32:04.470

Gina Anderson: About one in five patients who get sepsis will get it again. So all of these facts can be improved on if we commit to work on the prevention of strategies for CDI

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00:32:06.030 --> 00:32:14.340

Gina Anderson: So you have some strategies listed here. We want to work on improving our prescribing, so this is related to antibiotics in a strong antibiotic stewardship program.

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00:32:14.610 --> 00:32:18.420

Gina Anderson: Really comes into play here and I'm going to touch on that subject here in just a moment.

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00:32:19.050 --> 00:32:28.650

Gina Anderson: You want to use Standard Precautions during all resident cares. See, germs are carried from person to person and feces. So it's extremely important that you understand

194

00:32:29.220 --> 00:32:39.030

Gina Anderson: And to use those Standard Precautions in all circumstances, specifically hand hygiene handwashing with soap and water is the preferred if there's direct contact with feces.

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00:32:39.720 --> 00:32:49.590

Sepsis Webinar – Part 3

Gina Anderson: And or an area where fecal contamination is likely and you can find more details at the link provided on this slide. To learn more on hand hygiene practices for seed. If

196

00:32:50.490 --> 00:32:56.700

Gina Anderson: You want to report any signs and symptoms of C Diff immediately. This is something we need to train our staff on the signs and symptoms.

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00:32:57.600 --> 00:33:01.770

Gina Anderson: So again, you'll find more detail at that link provided about those symptoms.

198

00:33:02.220 --> 00:33:11.880

Gina Anderson: We report immediately so that we can rapidly identify and isolate you isolate even before the lab results her back just to side on the error of caution.

199

00:33:12.390 --> 00:33:17.880

Gina Anderson: If it is CDI then now we know we did what we needed to be done to stop the spread immediately.

200

00:33:18.660 --> 00:33:31.230

Gina Anderson: So you can come into contact with C Diff germs, or even carry them on or in your body and not get sick, but that doesn't mean that you can't affect others, which is a valuable reason why we need to implement these strategies.

201

00:33:33.630 --> 00:33:39.000

Gina Anderson: Antibiotic resistance is also a concern as it decreases the way we treat an infection.

202

00:33:39.540 --> 00:33:51.120

Gina Anderson: Antibiotics are highly involved in the occurrences of CDIs and antibiotics may be inappropriately prescribed for such suspected UTI. So this is a program that we need to strongly look at in our facilities.

203

00:33:51.930 --> 00:34:01.410

Gina Anderson: Each year in the United States, at least 2 million people get an antibiotic resistant infection at least 23,000 people die every year as a result.

204

00:34:02.010 --> 00:34:08.220

Gina Anderson: And up to 70% of nursing home residents receive one or more courses of systemic antibiotics in a year.

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00:34:08.760 --> 00:34:16.920

Gina Anderson: 40 to 70% of antibiotics prescribed in nursing homes, maybe unnecessary or inappropriate harm from antibiotic use.

206

00:34:17.490 --> 00:34:35.520

Gina Anderson: over you and harms from antibiotic overuse are significant for the frail and the older adults. So these harms include risk of serious diarrheal infections from C difficile increased adverse drug events and colonization or infection with that antibiotic resistant organism.

207

00:34:37.680 --> 00:34:44.580

Gina Anderson: No one can completely avoid getting an infection, including Antibiotic resistant infections, but some people are at greater risk than others.

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208

00:34:45.030 --> 00:34:52.710

Gina Anderson: When possible, we need to take action to avoid getting an infection in the first place to help protect you and your residents and patients from harmful germs.

209

00:34:53.220 --> 00:35:01.290

Gina Anderson: And about externship really shows how all of these systems are interconnected and this is a part of the infection control by treating the infection.

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00:35:01.860 --> 00:35:09.300

Gina Anderson: You can reduce adverse events by being a good steward of antibiotic use, as well as optimizing your treatment and response plan.

211

00:35:09.780 --> 00:35:15.630

Gina Anderson: With these prevention strategies in place, you can really slow down the negative effects in the overuse of antibiotics.

212

00:35:16.350 --> 00:35:25.710

Gina Anderson: every resident or patient gets optimal antibiotic treatment. You do this by relying on lab tests to help determine the sensitivity of the germ to the antibiotic.

213

00:35:26.340 --> 00:35:34.920

Gina Anderson: Communication is imperative, specifically with those transfers and cares. It's important that you have good relationships with your external partners and your medical providers.

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214

00:35:35.220 --> 00:35:46.890

Gina Anderson: So that you can share the history of infections or if somebody currently has an infection prevent infections by receiving vaccinations and antibiotics are only given when they are needed.

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00:35:47.550 --> 00:35:55.290

Gina Anderson: So ensure antibiotic stewardship policies and practices are in place to protect your residents are patients and improve that clinical care.

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00:35:57.030 --> 00:36:03.660

Gina Anderson: And you don't want to forget the training and competency that's needed for antibiotic stewardship, your nurses are at the point of care.

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00:36:04.170 --> 00:36:11.940

Gina Anderson: Are some of the main contributors to this program as they are first noting the orders and communicating with the doctors are looking at those labs.

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00:36:12.510 --> 00:36:18.480

Gina Anderson: Do they really understand or have the competency skills to be an antibiotic steward.

219

00:36:19.080 --> 00:36:32.970

Gina Anderson: The tool antibiotic timeout checklist for intelligent is an excellent tool to know when to not only when to train your nurses what areas to assess during a timeout. BUT TO ASSURE THEY ARE THREE assessing that antibiotic use.

220

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00:36:33.780 --> 00:36:45.090

Gina Anderson: CDC has an antibiotic stewardship training for you to build your skills as well as the core elements of antibiotic stewardship. To learn more on how to improve the use of antibiotics.

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00:36:47.520 --> 00:36:53.340

Gina Anderson: Now we're going to take a couple minutes to pull in the role of the infection prevention so into your sepsis program.

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00:36:53.790 --> 00:37:01.290

Gina Anderson: With only a little bit of time remaining. I'm just going to give you a preview to this topic because it's important to your sepsis prevention program.

223

00:37:01.890 --> 00:37:06.570

Gina Anderson: So here we have a list of the role of the infection prevention as has at the facility.

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00:37:07.380 --> 00:37:15.090

Gina Anderson: The role of the infection prevention is extends to collaborate with all departments in what is needed to make the sepsis program strong

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00:37:15.630 --> 00:37:25.410

Gina Anderson: Each department leader can assist in promoting good prevention practices teamwork is essential as everyone is accountable to promote and practice the skills of prevention.

226

00:37:25.950 --> 00:37:36.300

Sepsis Webinar – Part 3

Gina Anderson: The infection prevention nest works with teens to investigate barriers and discuss mitigation plans and incorporate Q API tools as they are proven to be successful.

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00:37:36.990 --> 00:37:44.220

Gina Anderson: Your residents are patients and their families are performing self cares and that plays a significant factor in how infection is spread

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00:37:44.670 --> 00:37:52.770

Gina Anderson: So we need to learn ways to teach them at their level learn what to say and how to say it. Sometimes this can be uncomfortable for certain situations.

229

00:37:53.100 --> 00:38:06.810

Gina Anderson: But we need to make sure that we include them in the training program. But most importantly, I encourage you to be open and respectful with helping your residents and families to learn more on how they can be a part of this prevention process.

230

00:38:08.880 --> 00:38:15.900

Gina Anderson: Now, in collaboration with the leadership team and the infection press prevention as per the regulations for nursing homes.

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00:38:16.260 --> 00:38:25.920

Gina Anderson: Again, if you're not a nursing home. You want to make sure to look up your regulations that apply to your organization, but I do feel this information will be valuable to anyone listening on the call.

232

00:38:26.550 --> 00:38:37.740

Sepsis Webinar – Part 3

Gina Anderson: The facility must establish a system for surveillance based upon the national standards of practice and the facility assessment, including the resident population and the services and care provided

233

00:38:38.430 --> 00:38:49.290

Gina Anderson: The facility must establish routine ongoing and systematic collection, analysis interpretation and dissemination of surveillance data to identify infections.

234

00:38:49.590 --> 00:38:56.820

Gina Anderson: Infection risks communicable diseases and outbreaks and to maintain or improve health status of your patients.

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00:38:57.450 --> 00:39:04.530

Gina Anderson: As part of the system of surveillance identification and prevention, the facility should determine how it's going to track staff.

236

00:39:05.070 --> 00:39:12.960

Gina Anderson: And how they're following the facilities infection prevention, control program policies and procedures and the facilities, one wants to address.

237

00:39:13.590 --> 00:39:20.700

Gina Anderson: Any areas that are related to a corrective action. So you must know when and to whom to report communicable diseases.

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00:39:21.150 --> 00:39:31.380

Sepsis Webinar – Part 3

Gina Anderson: healthcare associated infections and potential outbreaks and the facility must document follow up activity and response to important surveillance sightings, such as outbreaks.

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00:39:31.800 --> 00:39:39.120

Gina Anderson: So when you document this needs to include data collection tool and the use of a nationally recognized surveillance criteria.

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00:39:39.600 --> 00:39:48.120

Gina Anderson: Such as, but not limited to the CDC NHS in long term care criteria to define the infection or to a muggers criteria.

241

00:39:48.810 --> 00:39:56.190

Gina Anderson: You must have a system in place for early detection and the management of potentially infectious symptomatic residents at the time of admission.

242

00:39:56.790 --> 00:40:11.940

Gina Anderson: And a process for communication at the time of transfer when a resident has an infection or colonized here, intelligent, we have recognized the need to improve our transition into care and we hope to build on those resources moving forward in our news learning collaborative

243

00:40:14.100 --> 00:40:22.680

Gina Anderson: As a part of surveillance at the long term care facility, it's required per the regulations to have something in place to identify the risks in your community.

244

00:40:23.130 --> 00:40:33.810

Sepsis Webinar – Part 3

Gina Anderson: So this is something any organization can build on the infection risk assessment must be performed annually updated as needed and with new risks and hazards, as they are identified.

245

00:40:34.320 --> 00:40:40.110

Gina Anderson: The purpose is to provide a safe unsanitary environment and prevent the development and transition of an infection.

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00:40:40.770 --> 00:40:50.340

Gina Anderson: So this helps identify potential hazards sets priorities and helps determine infection prevention resources that are needed to prevent in your facility.

247

00:40:50.880 --> 00:41:03.210

Gina Anderson: A pic has an accessible data collection tool. You can choose to use for your risk assessment. This is a syllable document so you can enter all the details right on your computer, which makes tracking really easy for you to do.

248

00:41:05.400 --> 00:41:12.750

Gina Anderson: Now at the link CMS released a memo last November to give updates and initiatives to ensure safety and quality in nursing homes.

249

00:41:13.290 --> 00:41:25.200

Gina Anderson: Within this men both facilities are reminded of their responsibility for an effective infection prevention and control program to mitigate the onset and spread of infections and list the basic practices.

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00:41:25.800 --> 00:41:31.830

Sepsis Webinar – Part 3

Gina Anderson: So this also updated. They also updated the nursing home infection control worksheet for facilities.

251

00:41:32.340 --> 00:41:41.340

Gina Anderson: This is a voluntary of self assessment tool for facilities to use any organization here on the call can look into what type of assessment, they have available.

252

00:41:41.670 --> 00:41:46.830

Gina Anderson: And look at the areas that are lacking and the need to mitigate your gaps in this process to improve

253

00:41:47.220 --> 00:42:00.150

Gina Anderson: That infection control and prevention in your facility. So you go through the worksheets and you'll go through the list and you'll find out which areas you're seeing the most troubling and you'll look for those gaps to mitigate them.

254

00:42:02.040 --> 00:42:03.450

Gina Anderson: Now, working together.

255

00:42:04.560 --> 00:42:15.870

Gina Anderson: Is to prevent infections is just not all on the infection prevention is it takes everyone across all healthcare settings to prevent infections and promote good health for everyone.

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00:42:16.290 --> 00:42:24.960

Sepsis Webinar – Part 3

Gina Anderson: Your staff residents patients, families volunteers those contracted workers everyone who enters your building as a part of this work.

257

00:42:25.500 --> 00:42:32.400

Gina Anderson: They should be aware of that infection prevention practices and those are listed on the slide. So, these include washing their hands.

258

00:42:32.760 --> 00:42:42.720

Gina Anderson: Observing isolation protocols vaccinations. We're encouraging them to be updated on their vaccinations when and what signs to report for an infection.

259

00:42:43.170 --> 00:42:51.450

Gina Anderson: refraining from the facility when they're ill. So we encourage them. If it's a family member, give their loved one, a call instead of visiting if it's a staff member

260

00:42:51.900 --> 00:43:02.130

Gina Anderson: I know we have staffing challenges, but we don't want them in your facility when they're sick, so we need to encourage them to not come up those times to avoid spreading that infection.

261

00:43:02.520 --> 00:43:11.310

Gina Anderson: And we need to practice all infection prevention strategies to really help support this process while sepsis can affect anyone

262

00:43:11.820 --> 00:43:24.930

Sepsis Webinar – Part 3

Gina Anderson: People who are older, or who are already old are at higher risk and they are vulnerable population. So we really need to practice the strategies to protect our residents or protect our patients from getting

263

00:43:25.710 --> 00:43:35.610

Gina Anderson: Even more illnesses and infections infection prevention is the best way to reduce the risk of infections. And in the end, to prevent sepsis.

264

00:43:37.380 --> 00:43:44.970

Gina Anderson: So as I and in our series. I'm going to remind you, the only way to prevent sepsis is to prevent infections from occurring in the first place.

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00:43:45.420 --> 00:43:53.400

Gina Anderson: So we encourage everyone who has a role in the infection prevention process to take a pledge to practice all infection prevention skills.

266

00:43:53.940 --> 00:44:04.470

Gina Anderson: And with this option you can download and print a pledge sheet from arc on their website they have that you can use. And this is just a fun way to promote your infection control program.

267

00:44:04.890 --> 00:44:11.250

Gina Anderson: And you can use this tool to help encourage the commitment to carry forward after our time here today with improving your program.

268

00:44:14.430 --> 00:44:19.410

Sepsis Webinar – Part 3

Gina Anderson: So I have come to my question and answer time. So I'm going to ask

269

00:44:19.920 --> 00:44:26.790

Gina Anderson: People on the call to please open up your lines star six. If you would like to verbally ask a question or we can do that in chat.

270

00:44:27.150 --> 00:44:43.170

Gina Anderson: As well. So I will first turn to Kristen, to see if she has anything in chat that people are asking their first for questions. So we want to open this up to you and it's your time. So are there anything in chat Kristin.

271

00:44:44.700 --> 00:44:45.750

Kristen Ives: Hi, Gina, there is

272

00:44:45.810 --> 00:44:48.330

Kristen Ives: Nothing in chat that you haven't already addressed.

273

00:44:49.170 --> 00:45:00.090

Gina Anderson: Okay, so it's a it's a quiet group today so Star six to unmute your line will give you a moment to ask any questions about your infection prevention program.

274

00:45:00.510 --> 00:45:11.490

Gina Anderson: Hopefully more specifically around your sepsis practices to try to prevent sepsis from occurring. So we'll give it a moment here. Otherwise, I have some questions asked you guys again.

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275

00:45:18.270 --> 00:45:27.030

Gina Anderson: Okay, so nobody is asking any questions. And I'm going to pull my chat over so I can view it a little bit better here. I'll try to keep an eye on that one.

276

00:45:28.260 --> 00:45:38.820

Gina Anderson: So I have a question here. And you can do this in chat. First one. We'll start there. How much time per week do you spend on your infection prevention and control program.

277

00:45:39.270 --> 00:45:50.640

Gina Anderson: So I want to know if it's zero to five hours, five to 10 hours 10 to 20 or 20 or more. How much time per week. Are you trying to spend on your sepsis. Prevention and Control Program and it's

278

00:45:51.630 --> 00:46:01.500

Gina Anderson: The honest here. If it's low. That's okay. We just want to gauge how much time we're contributing to the infection prevention program. So you could do that and chat.

279

00:46:04.080 --> 00:46:12.030

Gina Anderson: Carla starting off with. Thank you. Carla for being the first 10 to 20 hours depending on what's going on the facility candy is zero to five hours.

280

00:46:12.570 --> 00:46:28.350

Gina Anderson: Mary has 24 hours per week. So thank you, Kathleen 10 to 20 hours Mindy, there's no wrong answer here Mindy's doing two to three hours. Julie says zero to five, thank you guys for answering Susan is doing 20 hours.

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00:46:30.840 --> 00:46:40.650

Gina Anderson: It's just important to know how much time we do spend on that infection prevention infection prevention really crosses over a lot of systems within your facility.

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00:46:41.100 --> 00:46:51.420

Gina Anderson: And if you have something in your infection prevention go wrong, or maybe even an outbreak occur or one entire wing is effect infected with some type of organism.

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00:46:52.380 --> 00:47:00.690

Gina Anderson: Things could go pretty awry. So you want to take a look at that and just see how much time you have contributed to your infection prevention.

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00:47:01.560 --> 00:47:08.340

Gina Anderson: galas saying that she has five to 10 hours they hope to do 20 to 30 and Heather is five to 10 so

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00:47:09.210 --> 00:47:17.670

Gina Anderson: Definitely something to think about. I know we have a lot of other areas that we're constantly working on staffing issues timing as an issue.

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00:47:18.060 --> 00:47:27.030

Gina Anderson: We were always trying to put out a fire somewhere maybe surveyors entered in your building. And that caused some lack of time so wanted to take a look at that.

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00:47:28.620 --> 00:47:36.690

Gina Anderson: Again, be, feel free to put any questions that you have in the chat box, or you can verbally unmute your line and share with us star six

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00:47:38.100 --> 00:47:40.980

Gina Anderson: I don't need to be the only one asking all the questions here.

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00:47:42.540 --> 00:47:45.090

Gina Anderson: So I would ask another question.

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00:47:46.980 --> 00:47:57.600

Gina Anderson: Do you have a treatment plan in place to prevent or improve urinary incontinence to minimize the risk or development of UTI. So does anybody have a

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00:47:59.160 --> 00:48:03.270

Gina Anderson: Treatment plan in place to prevent or improve urinary incontinence.

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00:48:05.820 --> 00:48:07.380

Gina Anderson: So are you even looking at this

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00:48:09.000 --> 00:48:16.860

Gina Anderson: In your facility those residents are patients with urinary incontinence. What, what kind of plans do you have moving forward.

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00:48:18.120 --> 00:48:19.860

Gina Anderson: Or have been using in the past.

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00:48:24.750 --> 00:48:26.790

Gina Anderson: So give me a second to put that into chat.

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00:48:30.000 --> 00:48:32.460

Gina Anderson: If you have a urinary incontinence plan.

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00:48:34.170 --> 00:48:35.070

Gina Anderson: I hope you do.

298

00:48:36.480 --> 00:48:44.940

Gina Anderson: I'm not seen anything come through Chat. So I'm just going to say, I hope you do. And if you're from a nursing home. I have actually it's a part of your regulation.

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00:48:45.570 --> 00:48:54.480

Gina Anderson: Oh, we have a couple coming in, Rhonda I'll answer your question in just a moment. Carla we says that they have a urinary incontinence program.

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00:48:54.780 --> 00:49:06.780

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Gina Anderson: Without therapy department that works on urinary with their I'm thinking you're saying with our therapy department and that says they do bladder training Julie says no set plan.

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00:49:07.860 --> 00:49:13.410

Gina Anderson: They try to toilet before and after Mills our facility protocol is to check at least every two hours.

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00:49:14.670 --> 00:49:21.090

Gina Anderson: And we refer residents to ot for incontinence and treatment and we do Perry care competencies every three months.

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00:49:21.720 --> 00:49:29.430

Gina Anderson: Okay. Well, thank you for sharing that. And where I was going with that is for the regulation for nursing homes is a resident who is incontinent of bladder.

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00:49:29.790 --> 00:49:38.610

Gina Anderson: They receive appropriate treatment and services to prevent UTI, and to restore continence, to the extent possible. So hopefully

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00:49:39.540 --> 00:49:50.550

Gina Anderson: That you guys are looking at those residents who can potentially be referred referred to and incontinence program because we need to try to do the best that we can to restore their economy.

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00:49:50.940 --> 00:50:03.600

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Gina Anderson: Which upper the regulations is linking it to help prevent UTI. So take a look. When you last reviewed that plan and make sure it's effectively functioning the way it should be. And it's up and running.

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00:50:04.890 --> 00:50:13.980

Gina Anderson: So I did get a question from Rhonda. She said, Do you have know if the I scrub app is available on Android, iPhone and we did have that question.

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00:50:14.430 --> 00:50:18.510

Gina Anderson: And I'm trying to think of the name of the Android app.

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00:50:19.260 --> 00:50:36.300

Gina Anderson: And it's not coming to me, but I do have the answer. So somebody doesn't come up with that answer through chat if you'd know what it is chatted and I will share that with you via email and let you know what that Android app is called because there is one. Yes, it's speedy audit.

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00:50:36.450 --> 00:50:41.700

Mindee Knudson: For Android. Yes, thank you so much for letting me know speedy audit.

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00:50:41.700 --> 00:50:56.340

Gina Anderson: So you Android users go to speedy audit. I do not have an Android is so I don't know exactly how it works, or what it looks like. But if it's anything like the ice grub app. I definitely think that it potentially is a great way to

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00:50:57.510 --> 00:51:07.890

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Gina Anderson: Collect all your data in one location and then you can sort it from there. Susan said they tried the I scrub app and did not think the data on the spreadsheet was very user friendly or useful.

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00:51:08.520 --> 00:51:17.550

Gina Anderson: I did notice that when you get the data on your spreadsheet you you kind of have to sort it the way that it's going to be useful for you moving forward.

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00:51:17.970 --> 00:51:31.440

Gina Anderson: But my thought was, is at least you have a way that several people in your facility can collect this information and then they just send it to this one set email and that email will compile it.

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00:51:32.010 --> 00:51:47.130

Gina Anderson: Put it into your spreadsheets and you can pile it together and then sort it from there is a possibility. Somebody else says the pearl has an app for Android, too. So there's a pearl audit check for your hand hygiene. So thank you for sharing that.

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00:51:48.930 --> 00:51:51.900

Gina Anderson: Any other questions you can unmute your phone verbally.

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00:51:52.920 --> 00:51:55.380

Gina Anderson: Ask questions star six to do that.

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00:51:59.130 --> 00:52:11.760

Sepsis Webinar – Part 3

Gina Anderson: Okay, I'm not hearing anybody. So I'm going to move on to my next question that I have what plan, do you have in place to remove a catheter as soon as possible. So if a person is in your hospital.

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00:52:13.170 --> 00:52:33.450

Gina Anderson: What's the plan for removing it as soon as you can and or if they admit with one in place. What's your plan for removing it. So I'd love to know what you have in your plan of action to removing a catheter. That's not necessary or doesn't have the proper diagnosis to keep it in

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00:52:35.970 --> 00:52:43.200

Gina Anderson: So in that says if they don't have the right diagnosis. Then they have no catheter so simple, put simply put, thank you. And that

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00:52:48.360 --> 00:52:54.270

Gina Anderson: So I'm going to share a little bit. I know when I was a deal in at the facility with a person admitted with a catheter.

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00:52:54.750 --> 00:53:05.250

Gina Anderson: Then we would allow it to be in place for a couple of days and then from there, start looking at data collection tool like how much output is going on.

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00:53:05.610 --> 00:53:24.270

Gina Anderson: And then we do a trial for us removal of the urinary catheter and then we monitor their output from the trial over the next three days. And if everything seemed well then we made sure we kept it out. Of course, if it didn't, then we would communicate that with the doctor.

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00:53:26.040 --> 00:53:34.590

Gina Anderson: So Michelle says that they do a bladder scan and they have monitoring for PBR once catheter is removed.

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00:53:36.150 --> 00:53:43.530

Gina Anderson: Wonderful bladder scan. I've noticed a lot of people are coming up with the bladder scan now and using that to see with a residual and retention there.

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00:53:44.010 --> 00:53:53.760

Gina Anderson: Murray says we remove on a mission. If there is no diagnosis for it. And the final one says, with the doctor's order we remove and we do avoiding trial. So, yes.

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00:53:54.840 --> 00:53:56.130

Gina Anderson: Thank you for sharing that.

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00:53:59.070 --> 00:54:07.530

Gina Anderson: Okay, so what I do want to share with the state operations manual. Again, for those nursing homes in the regulations that

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00:54:07.860 --> 00:54:17.190

Gina Anderson: It does say that the facility must ensure resident who enters the facility without in and dwelling catheter is not categorized again or at all.

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00:54:17.520 --> 00:54:26.730

Sepsis Webinar – Part 3

Gina Anderson: Unless the residents clinical condition demonstrates that catheterization is necessary. So if they enter without a catheter. We're hoping to not have a catheter moving forward.

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00:54:27.150 --> 00:54:43.650

Gina Anderson: And if a resident enters a facility with a catheter or received one soon after admission or, at any time, then the removal is done as soon as possible unless the residents clinical condition demonstrates that catheterization is necessary. Excellent.

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00:54:44.700 --> 00:54:47.700

Gina Anderson: Okay, so I have one last question for you.

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00:54:48.240 --> 00:55:01.050

Gina Anderson: And I want to know what your takeaways are from this series. If you participated in all three of love to know if you've had some good takeaways or missing some information. What would you like to learn more on was

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00:55:01.410 --> 00:55:08.130

Gina Anderson: What as well worked well with you. What can we improve on in these presentations, because I'm always doing PDSA on myself.

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00:55:08.460 --> 00:55:15.810

Gina Anderson: And I want to know what you're looking for, as we move forward and build more presentations surrounding our infection prevention processes.

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00:55:16.470 --> 00:55:29.190

Sepsis Webinar – Part 3

Gina Anderson: So what what was one of your most takeaways for this series presentation that you were involved in, and how can we improve on these presentations, moving forward, and it's okay if you share that in chat.

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00:55:29.580 --> 00:55:39.660

Gina Anderson: Or you can verbally unmute your line. If you want to share some something good news or bad news, whatever it may be. So we want to we want to take your concerns and address them.

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00:55:42.120 --> 00:55:56.490

Gina Anderson: Murray says there's more audit tools and ideas and tools. So I'm taking it that you, that's your takeaway that you've got more audit tools and more ideas to utilize on your infection prevention program. Thank you, Maria for sharing that.

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00:56:00.630 --> 00:56:07.440

Gina Anderson: OK, so moving forward. I do want you to stick with me through these next few slides, I got some good information to share

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00:56:08.190 --> 00:56:16.710

Gina Anderson: I'm going to read, Heather. Real quick, we increased our hand hygiene education and audits we implemented a resident hand hygiene program and equipment cleaning. Wonderful.

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00:56:16.980 --> 00:56:25.650

Gina Anderson: So you're really building strong on your program and placing more than one approach is great. That really helps build the stroke the program and make it successful.

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00:56:26.760 --> 00:56:33.120

Sepsis Webinar – Part 3

Gina Anderson: Thank you guys so much for sharing all that with me. I'm going to share with you a couple more things here and

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00:56:34.080 --> 00:56:42.990

Gina Anderson: I think that you're going to find some of this information very useful. So moving forward, you're going to be leaving us today, and indeed our series. So I'm going to encourage you to continue this work.

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00:56:43.470 --> 00:56:50.310

Gina Anderson: Don't let what you've learned in each part of the series and the tools that you've gained to fade away. So continue to meet as a team.

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00:56:50.730 --> 00:57:01.680

Gina Anderson: So if you haven't started meeting as an improvement team then do. So you want to study the data report surrounding sepsis infection prevention practices and readmission occurrences.

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00:57:02.070 --> 00:57:16.590

Gina Anderson: Create an improvement team specific to your infection program and you can use your cue API fundamentals to help guide this process review all the tools and resources that we provided you in the slides, you'll be getting an email on this part three.

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00:57:17.910 --> 00:57:24.300

Gina Anderson: And you'll receive the presentation slides that way. And those will have active links so you can click on those

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00:57:24.660 --> 00:57:34.170

Sepsis Webinar – Part 3

Gina Anderson: Pick what works for you and implement training and auditing and monitoring and tracking tools within your facility to make sure your staff are doing what you want them to do.

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00:57:34.830 --> 00:57:42.360

Gina Anderson: You want to commit to sustain your efforts to ensure safe care for each resident or patient so that it remains to improve their quality of life.

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00:57:42.660 --> 00:57:47.310

Gina Anderson: And then share your sepsis prevention improvement work. You want to display this for everyone to see.

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00:57:47.670 --> 00:57:56.370

Gina Anderson: Sharing really helps gain that staff buying it educates them and increases compliance and the appreciation as they helped you in this process.

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00:57:56.820 --> 00:58:07.140

Gina Anderson: And you can also share your successes with intelligent. We love to hear from you. What's working so that we can know what to share with others moving forward. We love to celebrate with each one of you so that

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00:58:07.650 --> 00:58:15.420

Gina Anderson: You can have that acknowledgement that something great is working in your facility so you can celebrate, even the little successes as well as the big ones.

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00:58:16.980 --> 00:58:19.860

Sepsis Webinar – Part 3

Gina Anderson: I'm going to leave you in our final session with many resources.

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00:58:20.310 --> 00:58:32.340

Gina Anderson: To CDC launched this training course strive curriculum so that states targeting reduction in infections via engagement. So you have lots of modules and different topics of learning accessible to you.

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00:58:33.240 --> 00:58:38.850

Gina Anderson: And then we have TV race horses, all kinds of them at the links here on the different topics that I've listed

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00:58:39.930 --> 00:58:49.440

Gina Anderson: As well as our external resources. So you'll have information from the CDC arc OSHA NHS in different areas that will be great for you to look at

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00:58:50.160 --> 00:58:58.680

Gina Anderson: And then finally the steps of resources. I encourage you to take a look at and utilize after each part in this series. So there's lots of tools start one at a time.

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00:58:58.950 --> 00:59:04.860

Gina Anderson: Choose what might work for your facility and the needs that you have to help mitigate those challenges and to make it really strong.

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00:59:06.030 --> 00:59:16.650

Sepsis Webinar – Part 3

Gina Anderson: And as I said, preventing sepsis and infections really takes a team. So whether you're providing healthcare receiving it in today's environment really takes collective action to make healthcare better

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00:59:17.070 --> 00:59:21.450

Gina Anderson: So if you joined us today in this presentation, but have not yet joined collagen

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00:59:21.870 --> 00:59:29.700

Gina Anderson: During our recruitment phase which is nearing the end we at TV are asking you to join intelligent UI connect its cost free

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00:59:30.090 --> 00:59:36.780

Gina Anderson: And it's exclusive. Regional Health Care Quality improvement collaborative built to help you improve care and achieve success.

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00:59:37.320 --> 00:59:45.270

Gina Anderson: For for future learning collaborative are exclusive to those who joined us. I only touched the surface of some of these topics in part three of this series.

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00:59:45.570 --> 00:59:50.850

Gina Anderson: And I hope to bring some of this information forward in our future educational sessions and build on them.

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00:59:51.270 --> 00:59:59.460

Sepsis Webinar – Part 3

Gina Anderson: We don't want you to miss out on these great opportunities. We are excited about our work moving forward. It's so relatable and it includes any healthcare organization.

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00:59:59.970 --> 01:00:06.600

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

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01:00:06.960 --> 01:00:13.440

Gina Anderson: We have our for affinity groups. You can join one or join them all with patient and family engagement woven into each one of them.

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01:00:14.010 --> 01:00:24.090

Gina Anderson: And I encourage you to go the link on the slide. When you receive the PowerPoint or you can go to the chat. We're placing the link there. You can go right away to the signup form, it's super easy to fill out.

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01:00:24.990 --> 01:00:28.200

Gina Anderson: Or you can even email me and let me know and I'll help you sign up

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01:00:28.890 --> 01:00:37.110

Gina Anderson: We have the steps of prevention series and all three part recordings will be at this link again that will be shared with you in the email to follow the presentation.

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01:00:37.680 --> 01:00:46.080

Sepsis Webinar – Part 3

Gina Anderson: And don't miss out on future telegenic events. So those are located on our events calendar, but I remind you, if you're not a part of intelligent QB connect

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01:00:46.320 --> 01:00:53.010

Gina Anderson: There's going to be a lot of events that you will not be a part of. Unless you're just have joined the intelligent UI connect initiatives.

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01:00:53.490 --> 01:01:03.210

Gina Anderson: So again, make sure you're looking out for those events so you don't miss out on better understanding of how this all works as well as those future learning sessions we have prepared ahead.

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01:01:04.290 --> 01:01:09.090

Gina Anderson: So I leave you in this final meeting saying it's in your hands to continue the work moving forward.

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01:01:09.420 --> 01:01:17.100

Gina Anderson: And to build your programs don't let what you've learned today fade away take action now by committing to implement for successful improvements.

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01:01:17.880 --> 01:01:25.860

Gina Anderson: And I thank you so much for joining us. Please take a moment to complete the evaluation that will be coming to you in that email. We want to hear from you.

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01:01:26.280 --> 01:01:40.260

Sepsis Webinar – Part 3

Gina Anderson: And you can contact me or any one of my intelligent. Q I connect team members at the links here and let me know if you have questions, thoughts, comments, and we'd be happy to assist you. Thank you so much again and you have a wonderful rest of your week