Management Practices for Leaders to Promote Infection Prevention

Ann Scheck McAlearney, ScD, MS
Associate Dean for Health Services Research
Distinguished Professor of Family & Community Medicine
Executive Director, CATALYST
College of Medicine, The Ohio State University

Hosted by Martin Kiernan
martin@webbertraining.com

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

CATALYST

Agenda

- Background
- High-Level Findings: Getting to Zero
- Practice #1: Goal Setting & Management Support
- The SMART Project
- Practice #2: Communicating HAI Data
- Practice #3: Rewards & Recognition
- Practice #4: Speaking Up
- Discussion and Conclusion

About me:
Ann Scheck McAlearney, ScD, MS

- Doctorate from Harvard University in Health Policy and Management; Master's and Bachelor's Degrees from Stanford University in Biological Sciences and English
- Prior to joining The Ohio State University (OSU), experience in health care industry
- Worked in the College of Public Health and taught management, leadership, and strategy for 14 years
- Now leading Health Services and Implementation Science Research in the OSU College of Medicine

The **C**enter for the **A**dvancement of **T**eam Science, **A**na**ly**tics, and **S**ystems **T**hinking in Health Services and Implementation Science Research

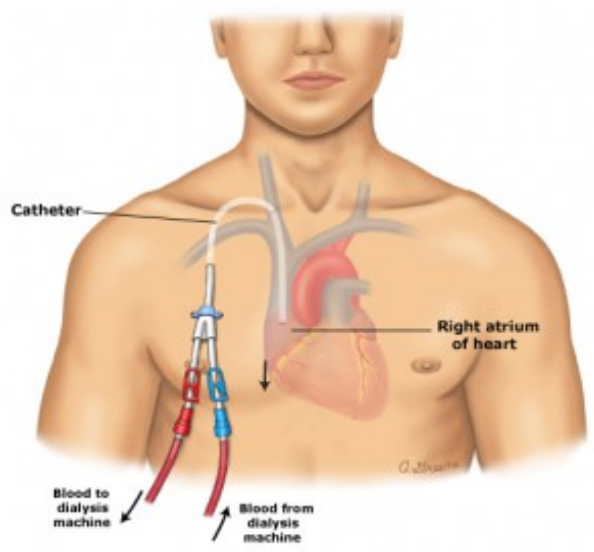
Innovative and independent center within the College of Medicine (COM) focused on providing a well-recognized hub for health services and implementation science research efforts.

Questions Health Services and Implementation Science Research Tries to Answer

- How social factors, health policy, financing systems, organizational structures and processes, medical technology, and personal behaviors affect access to health care, the quality and cost of health care, and quantity and quality of life.
- Examining what works, for whom and under what circumstances, and how interventions can be adapted and scaled up in ways that are accessible and equitable
- **How can leadership practices promote infection prevention**

CATALYST

High-Level Findings: **Getting to Zero with CLABSI Prevention**



Evidence supporting CLABSI prevention

- Specific Interventions for Intensive Care Units (ICU)
  - Protocols for line insertion and maintenance
  - Process standardization
  - Checklists
  - Provider education
- Change in practice culture
  - Role of bedside clinicians
  - Communication and collaboration
  - Empowering nurses to speak up and “stop the line”

But…

- Success has not been uniform
  - Some hospitals face challenges achieving results
  - Others challenged to sustain gains

- Research regarding factors that impact organizations' success at adopting evidence-based practices has been limited…

Research Design

- Eight site case study analysis
  - Qualitative methodology
  - Exploratory focus

- Case study sites selected from hospitals participating in CLABSI-prevention initiative
  - 4 “pairs” of hospitals
  - Similar organizational characteristics
  - Different CLABSI outcomes, e.g., “higher-performing” vs. “lower-performing”
- Opportunity to learn from contrasts

"Good" vs. "Less Good" Study Sites

"Good" Sites (n=5*)

- Baseline rates = CLABSIs at/above average
- Achieved "zero" (or close) CLABSIs in all participating ICUs
- Sustained "zero" during 18-month CUSP follow-up

"Less Good" Sites (n=3*)

- Baseline rates = CLABSIs at/ above average
- Decline in CLABSI, but inconsistent results
  - Regular "blips"
  - Variation across units

** One site originally identified as "less good" had made a turnaround and was therefore considered "good" for analyses*

Key Informants Interviewed

- In-person interviews
  - 14-38 per site
  - Total = 194 key informants
- Wide range of perspectives
  - Different organizational levels (i.e., frontline staff, management, executive)
  - Clinical vs. administrative
  - Variety of roles in CLABSI-prevention efforts

Key Informants, by Role

	Physician	Nurse	Non-Clinical	Total
Executive Leaders, e.g. CEO, CMO, CNO	12	12	9	33
Clinical Operations Management, e.g. nurse managers, medical directors	8	32	3	43
Frontline Clinicians, e.g. nurses, attending physicians	6	65	0	71
Quality/ Safety	1	14	7	22
Infection Control	4	15	2	21
Other	1	1	2	4
Total	32	139	23	194

Results: Getting to Zero

CATALYST

Practice #1:
Goal Setting and Management Support

Goal Characteristics

	Higher- performing sites	Lower-performing sites
Goal Importance	"You want your unit that doesn't have any CLABSIs. You want the best patient care."	" I think our medical staff in general really believes that you should do the right thing; they just believe that they're already doing it, and you know, 'You don't tell me how to practice medicine.' "
Goal Specificity	"So they all know now that there is no acceptable percent of hospital-acquired infection. That acceptable percent is zero percent."	More ambiguity at these lower-performing sites also rarely led to any specificity around goal-related tasks beyond paying attention to general "care practices."
Goal Difficulty	"You have to create relationships and create teams around what you want to achieve, because nobody has all the right answers."	"I don't want anyone to believe that we were terrible. We were always within the benchmark or around the benchmark and we thought that was good."

Getting to Zero: *Success Factors*

1. Strong leadership at all levels
2. Systematic training approaches
3. Aggressive goal setting
4. Monitoring and information sharing
5. Personal accountability

CATALYST

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

1. Strong leadership at all levels

- Organizational commitment
  - Broad commitment to quality and safety
  - Support important, even if CLABSI not top priority
- Strong unit-level leadership
  - Physician and nursing leaders "on the same page"
  - Leaders set clear expectations for changes in practice, hold staff accountable, "back up" staff
- Champions and other informal leaders mentor and lead by example

1. Illustrating strong leadership…

- *"My role evolved…and I loved the term when I first heard it, the physician champion. I would be the spearhead as far presenting these things to the medical staff. I went to all the conferences, the surgical grand rounds to try to outline how we are going to cut down on these infections." ~ Medical Director, Critical Care*
- *"If you have either formal or informal medical staff leaders who are supportive of the changes and will speak to their colleagues, or will stand up in promotion of a practice, that's pretty significant." ~Quality Resource Director*

2. Systematic training approaches

- Multi-faceted educational approaches
  - Unit-based trainings to introduce, reinforce changes
  - Targeted campaigns for specific practices, e.g., “scrub the hub,” “blue to the sky”
  - Changes reinforced by informal mentoring, role modeling
- Training emphasis links practice changes to patient safety outcomes
- On-going training and in-servicing, e.g., for new staff, introducing new technologies

2. Illustrating systematic training…

- *"We […] educate constantly. If we're called into a room for a problem, we'll go over the problem with the nurses. We'll educate them through... We'll tell them how to troubleshoot. If they have problems starting IVs we'll say, "show us what you're doing." We'll stand there. We'll kind of coach them and see if we can improve their technique at all. We talk to them about their dressings, how it could be better applied." ~ IV Nurse*
- *"[Our CNS'] presence in education. Always assisting us whenever we have questions. Our educational staff is also very informative in whatever questions we have. From my staff nurse perspective, from the top down, whoever is managing the BSI prevention, those people are educated and we just continue to be educated down the line." ~ Staff Nurse*

3. Aggressive goal setting

- The most successful sites set a clear goal of "zero"
  - Shift in culture – infections are preventable vs. inevitable
  - Focus on "zero" rather than comparisons with benchmarks
  - Notion of "believing is achieving"
- Clinicians stopped "arguing" with the data
  - Success at "like" hospitals was powerful (e.g., site visits were compelling)
  - Shift focus to improving, regardless of data issues

3. Illustrating aggressive goal setting…

- *"I think our doctors, like doctors around the country, have finally bought into the fact that you can get to zero. I think they didn't agree with that and we would hear, 'Our patients are sicker.' But as the data's shown around the country, it is possible to get to zero."~ Hospital CEO*
- *"I think for nursing, it's flipped. It used to be the expectation that you were going to care for a patient that had a line infection or had something going on. Now, the expectation is that you won't have that happen to your patient."~ NICU Nurse*
- *"A lot of people told us 'oh, there's no way Michigan has gotten their rates to zero. There's no way.' And, let me tell you something, I was like, 'we're getting to zero at one point!' And the ICU actually went 425 days without an infection."~ Quality Consultant*

4. Monitoring and information sharing

- CLABSI rates routinely monitored and widely shared
  - Part of unit or organizational "scorecard"
  - Multiple communication channels, e.g., bulletin boards, newsletters, screen savers
  - At one site, publicly displayed…
- Efforts to make data meaningful to staff, e.g., expressed as "days without infection" vs. actual rate per 1,000 line days

4. Illustrating monitoring and information sharing…

- *"We'll publish the data monthly for everybody to see. No secrets. We'll tell the truth." ~ Senior VP, Quality*
- *"Our division head made a bold suggestion that we followed, and that is to publicly post our days between infections, so families, visitors, staff can see it…That …has created a culture change because it's heightened awareness. There's a visceral effect that happens not only to me but other staff when the number falls back down, because you were used to seeing the [days without infection] number get into the 300s, and all of a sudden you're like 'aw, man.' It puts a reality to it." ~ Clinical Nurse Educator*

5. Personal accountability

- Clear "ownership" among frontline staff important to CLABSI success
  - Nobody wants to be "the one" to cause next infection
- Accountability fostered by linking rewards to outcomes
  - Routinely recognize collective success, individual efforts
  - Celebrations for big "milestones" (e.g., year w/o CLABSI)
- Empower staff to take ownership (e.g., to speak up and stop the line)

5. Illustrating personal accountability…

- *"Everybody has to go to what's called high reliability class. It was a four-hour session and scenarios were introduced (What could be done better? Etc.)...what the tools are out there? That we want everybody to be 200% accountable, starting from administration all the way down to the people who work in the loading dock."* ~ Coordinator, Staff Ed.
- *"I believe that the more we make people aware of the results and their accountability, then that will help in sustaining the results."* ~Director, Performance Improvement
- *"Everybody's accountable and it just, you feel it."* ~ CNO

CATALYST

Searching for Management Approaches to Reduce HAI Transmission (SMART): **The Research**

What is SMART?

- **SMART**:
  - 5-year project funded by the Agency for Health Research and Quality (AHRQ)
  - Goal has been to address healthcare-associated infection (HAI) prevention
- **Background**:
  - Emerged from prior research into prevention and reduction of central line-associated blood stream infections in U.S. hospitals
  - Found little management guidance to accompany clinical practice “bundles”
- **Study Aims:**
  - Examining how management factors contribute to HAI reduction success
  - Creating SMART Toolkit accessible on website

Methodology

Part 1: Site Visits

- 18 site visits to U.S. hospitals
  - Participation based on geography, size, teaching status, ownership status
- Onsite interviews with key informants representing different areas involved in infection prevention
- Site visit interview questions:
  - Topics included management practice areas such as communication strategies, data sharing related to HAI prevention, rewards and recognition for preventing infections, etc.

Methodology (continued)

Part 2: Findings Synthesis & Dissemination

- Management Toolkit Development
  - Informed by both surveys and interviews across the U.S.
  - Will enable hospitals to answer questions:
    - *How is my hospital doing?* (in both absolute and relative terms)
    - *What can I do to impact my outcomes?*
- SMART Tookit Components
  - Online Survey Platform
  - Visualization and Dashboarding
  - Implementation Training Program

Acknowledgements

- This work was supported by a grant from the Agency for Healthcare Research and Quality Grant #R01HS024958.
- We are grateful to the organizations and individuals who participated in this study.

CATALYST

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Research Team Members

SMART THE TOOLKIT THE RESEARCH SEARCH

THE RESEARCH

THE TEAM

PUBLICATIONS

BIBLIOGRAPHY

SMART Toolkit Research

The **Searching for Management Approaches to Reduce HAI Transmission (SMART)** study, funded by the Agency for Healthcare Research and Quality (AHRQ), a five-year project focused on central-line associated bloodstream infections (CLABSIs) and catheter-associated urinary tract infections (CAUTIs), created a generalizable management practice toolkit that can be leveraged in the improvement of other HAI outcomes. SMART developed, validated, and is now deploying a national HAI Management Practice Guideline Survey, first across Ohio hospitals, then with hospital partners nationwide.

CATALYST

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

SMART began with the observation that ...

Two types of healthcare-associated infections (HAIs) - central-line associated bloodstream infections (CLABSIs) and cathether-associated urinary tract infections (CAUTIs) - are considered to be among the most preventable types of HAIs. Although some hospitals have managed to virtually eliminate these HAIs in their intensive care units, others continue to struggle attaining zero infections.

As a result, SMART is intended to identify the management practices associated with better performance at reducing and preventing HAIs. SMART seeks to open the "black box" of management practices to better understand the specific strategies that can influence HAI prevention. Through our national research we identified the following strategies that can contribute to the successful reduction of HAIs:

- Goal Setting and Management Support
- Strategic Alignment/Communication and Information Sharing
- Systematic Education
- Interprofessional Collaboration
- Meaningful Use of Data
- Recognition for Success

You may reach the SMART Team by email at smart@osumc.edu.

If you would like to be notified of updates to the Toolkit, please provide your email address here.

SMART began with the observation that ...

Two types of healthcare-associated infections (HAIs) - central-line associated bloodstream infections (CLABSIs) and cathether-associated urinary tract infections (CAUTIs) - are considered to be among the most preventable types of HAIs. Although some hospitals have managed to virtually eliminate these HAIs in their intensive care units, others continue to struggle attaining zero infections.

As a result, SMART is intended to identify the management practices associated with better performance at reducing and preventing HAIs. SMART seeks to open the "black box" of management practices to better understand the specific strategies that can influence HAI prevention. Through our national research we identified the following strategies that can contribute to the successful reduction of HAIs:

- Goal Setting and Management Support
- Strategic Alignment/Communication and Information Sharing
- Systematic Education
- Interprofessional Collaboration
- Meaningful Use of Data
- Recognition for Success

You may reach the SMART Team by email at smart@osumc.edu.

If you would like to be notified of updates to the Toolkit, please provide your email address here.

We believe our toolkit of "best practices" can provide managers and clinical care teams with useful information and guidance to successfully implement these strategies to prevent HAIs and improve patient safety.

The SMART project was conducted by a research team at the Center for the Advancement of Team Science, Analytics, and Systems Thinking in Health Services and Implementation Science Research (CATALYST) within The Ohio State University College of Medicine. Led by CATALYST Executive director, Ann Scheck McAlearney, ScD, MS, this research team includes faculty across the departments of Family Medicine, Biomedical Informatics, and Health Services Management and Policy, as well as clinical collaborators in the division of Infectious Diseases.

CATALYST

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

THE RESEARCH
✓ THE TEAM
PUBLICATIONS
BIBLIOGRAPHY

The Team | SMART Toolkit Research

Principal Investigator:

Ann Scheck McAlearney, ScD, MS
Associate Dean for Health Services Research
Executive Director of the Center for the Advancement of Team Science, Analytics, and Systems Thinking in Health Services and Implementation Science Research (CATALYST)
Distinguished Professor in the Department of Family and Community Medicine

Co-Investigators:

- Naleef Fareed, PhD, MBA
- Megan Gregory, PhD
- Courtney Hebert, MD, MS
- Jennifer Hefner, PhD, MPH
- Timothy Huerta, PhD, MS
- Susan Moffatt-Bruce, MD, PhD, MBA
- Cynthia Sieck, PhD, MPH
- Daniel Walker, PhD, MPH

Team Members:

- Eliza Beal, MD, MS
- John Oliver DeLancey, MD, MPH
- Matthew DePuccio, PhD, MS
- Alice Gaughan, MS
- Tyler Griesenbrock, BA
- Sarah MacEwan, PhD
- Amanda Robinson, MS
- Laura Rush, DVM, PhD
- Lindsey Sova, MPH
- Robert Strouse, MFA
- Jaclyn Volney, MPH

THE RESEARCH

THE TEAM

✓ PUBLICATIONS

BIBLIOGRAPHY

Publications | SMART Toolkit Research

Please visit PubMed for a list of publications supported by AHRQ in SMART.
https://pubmed.ncbi.nlm.nih.gov/collections/61422942/

Prior Publications and Publications Supported by AHRQ in HAI Prevention

1. Robbins J, McAlearney AS. Encouraging Employees to Speak up to Prevent Infections: Opportunities to Leverage Quality Improvement and Care Management Processes. Am J Infect Control. 2016;44(11):1224-1230.
2. Editors. 2017; Health Administration Press: Chicago, IL. p. 114-126.
3. McAlearney AS, Hefner J, Robbins J, Garman AN. Toward a High-Performance Management System in Health Care, Part 4: Using High-Performance Work Practices to Prevent Central Line-Associated Blood Stream Infections-A Comparative Case Study. Health Care Manage Rev. 2016;41(3):233-243.
4. McAlearney AS, Hefner JL. Getting to Zero: Goal Commitment to Reduce Blood Stream Infections. Med Care Res Rev. 2015;73(4):458-477.
5. McAlearney AS, Hefner JL, Robbins J, Harrison MI, Garman A. Preventing Central Line-Associated Bloodstream Infections: A Qualitative Study of Management Practices. Infect Control Hosp Epidemiol. 2015;36(5):557-563.
6. McAlearney AS. High-Performance Work Practices Can Reduce Central Line Infections. MedicalResearch.com Interview. 2015; Available from: http://medicalresearch.com/infections/hospital-acquired/high-performance-work-practices-can-reduce-central-line-infections/15354/.
7. McAlearney AS, Hefner J. Getting to Zero: Goal Commitment to Reduce Blood Stream Infections. Seventy-fourth Annual Meeting of the Academy of Management. 2015.
8. McAlearney AS, Hefner JL. Facilitating Central Line-Associated Bloodstream Infection Prevention: A Qualitative Study Comparing Perspectives of Infection Control Professionals and Frontline Staff. Am J Infect Control. 2014;42(10 Suppl):S216-S222.
9. McAlearney AS, Robbins J. Studying HAI Prevention Efforts to Learn From Experience: Methodological Opportunities and Challenges. 2014; Agency for Healthcare and Quality. Available from: https://www.ahrq.gov/hai/patient-safety-resources/advances-in-hai/hai-article11.html.
10. McAlearney AS, Hefner J, Robbins J, Garman A. The Role of Leadership in Eliminating Healthcare-Associated Infections: A Qualitative Study of Nine Hospitals. Adv Health Care Manag. 2013;14:69-94.

THE RESEARCH

THE TEAM

PUBLICATIONS

✓ BIBLIOGRAPHY

Bibliography | SMART Toolkit Research

1. Hollnagel, Erik. (2005). Designing for joint cognitive systems. 47 - 51. 10.1049/ic:20050450. Cognitive systems engineering (CSE)
2. Woods, D. D. (1985). Cognitive Technologies: The Design of Joint Human-Machine Cognitive Systems. AI Magazine, 6(4), 86.
3. Merkert, Johannes; Mueller, Marcus; and Hubl, Marvin, "A Survey of the Application of Machine Learning in Decision Support Systems" (2015). ECIS 2015 Completed Research Papers. Paper 133.
4. Zerilli, J., Knott, A., Maclaurin, J. et al. Algorithmic Decision-Making and the Control Problem. Minds & Machines 29, 555-578 (2019). https://doi.org/10.1007/s11023-019-09513-7
5. Tversky A, Kahneman D. Judgment under uncertainty: Heuristics and biases. science. 1974 Sep 27;185(4157):1124-31.
6. Agency for Healthcare Research and Quality (AHRQ): AHRQ provides resources to support patient engagement in hospital quality and safety, including a PFAC implementation handbook https://www.ahrq.gov/patient-safety/patients-families/engagingfamilies/strategy1/index.html
7. Institute for Patient and Family Centered Care (IPFCC): IPFCC offers resources on the establishment and effective use of PFACs to improve patient-centered care https://www.ipfcc.org/
8. Beryl Institute: The Beryl Institute provides access to external resources and internal educational resources about how PFACs can positively impact patient experience with their healthcare https://www.theberylinstitute.org/page/PFAResources
9. Patient-Centered Outcomes Research Institute (PCORI): PCORI offers information and resources about how PFACs can impact patient-centered outcomes, including a toolkit for engaging PFACs in research https://www.pcori.org/research-results/2015/building-knowledge-how-patient-family-advisory-councils-pfacs-engage-patient
10. American Essential Hospitals: American Essential Hospitals provides a handbook with advice for creating and sustaining PFACS https://essentialhospitals.org/quality/a-blueprint-for-patient-advisory-boards/
11. The NHSN Standardized Infection Ratio (SIR) https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sir-guide.pdf
12. The NHSN Standardized Utilization Ratio (SUR) https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/nhsn-sur-guide-508.pdf
13. McAlearney AS, Hefner JL. Facilitating Central Line-Associated Bloodstream Infection Prevention: Qualitative Study Comparing Perspectives of Infection Control Professionals and Frontline Staff. Am J Infect Control. 2014;42:S216-S222.

Using the SMART Toolkit

Use the resources in this Toolkit to focus on management strategies that will help prevent and reduce hospital-associated infections (HAIs). Resources can be used by Frontline Staff, Managers, Clinical Leaders, and Administrative Leaders. The Facilitator Guides and Implementation Tools will assist you in exploring each topic in detail.

These topics can be explored in any order. You may already have some of these management strategies in place for some topics. For other topics, this may be new information. We hope you find this Toolkit valuable in your efforts to reduce HAIs at your institution.

If you would like to be notified of updates to the Toolkit, please provide your email address here.

CATALYST

Practice #2: **Communicating HAI Data**

Why Meaningful Communication of HAI Information to Frontline Staff Matters | SMART Toolkit

Sharing HAI information with those who provide direct patient care is critical to maintain focus on infection prevention practices and support adjustment of behaviors to prevent infections.

Effectively communicating information about HAIs can engage frontline staff in efforts to prevent infections, as described by a study interviewee:

> ***"...getting staff involved and showing them what the current metric is and what we're trying to achieve and getting their input on how we can help solve the problem because they're the ones that really do the work every day and they're the ones that gave us a lot of the solutions that we were then able to share data and track."***

However, not all HAI information is useful for frontline staff. It is important to focus on HAI metrics and measures that are meaningful to this audience.

> ***"... They might not have the CAUTI SIR ratio, but they have days since their last CAUTI, so that's more meaningful I think to the staff, rather than looking at a rate because you have to have like your goal, or whatever, so if the staff could look up and say, 'Oh my gosh, it's been 300 days since our last CAUTI.' That's pretty awesome."***

Improving communication of HAI information to frontline staff

- Choosing measures and metrics
- Selecting ways to communicate HAI information
- Determining the frequency and timing of communicating HAI information
- Maximizing the impact of communicating HAI information

Choosing Measures and Metrics

HAIs, and the infection prevention processes to prevent them, can be tracked in many ways. Measures and metrics created from HAI data can be used to understand successes and failures in reducing HAIs.

Common Measures And Metrics Include:

- Days since last infection
- Number of infections
- Infection rate
- Standardized infection ratio (SIR)
- Device days
- Utilization rate
- Standardized utilization ratio (SUR)
- Infection prevention process information
  (e.g., audit reports, number of Foley catheters removed with a nurse-driven protocol, etc.)

In our interviews, some measures and metrics were perceived as more meaningful to frontline staff than others. For example, measures and metrics such as days since last infection or numbers of infections were perceived as more meaningful to frontline staff than infection rates or standardized infection ratios.

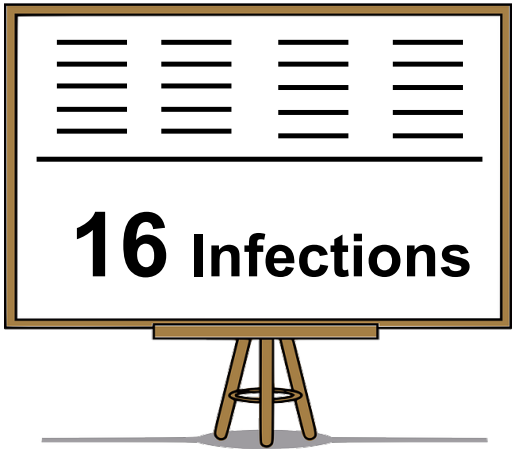
When considering which measures and metrics to share with your frontline staff, the most meaningful and motivational information are those that:

Days since last infection

"It has been 78 days since the last central line-associated bloodstream infection (CLABSI)."

- This type of measure can be linked to a motivational goal.
- *Example*: "The unit will celebrate together if it reaches 100 days without a CLABSI."

Number of infections



"There have been 16 catheter-associated urinary tract infections (CAUTIs) in this ICU this year."

- This measure can be used to keep staff aware of new infections as well as provide a reference to infection prevention goals.
- *Example*: "The unit needs to have fewer than 20 CAUTIs this year to meet their goal of improving from last year."

Selecting ways to communicate HAI information

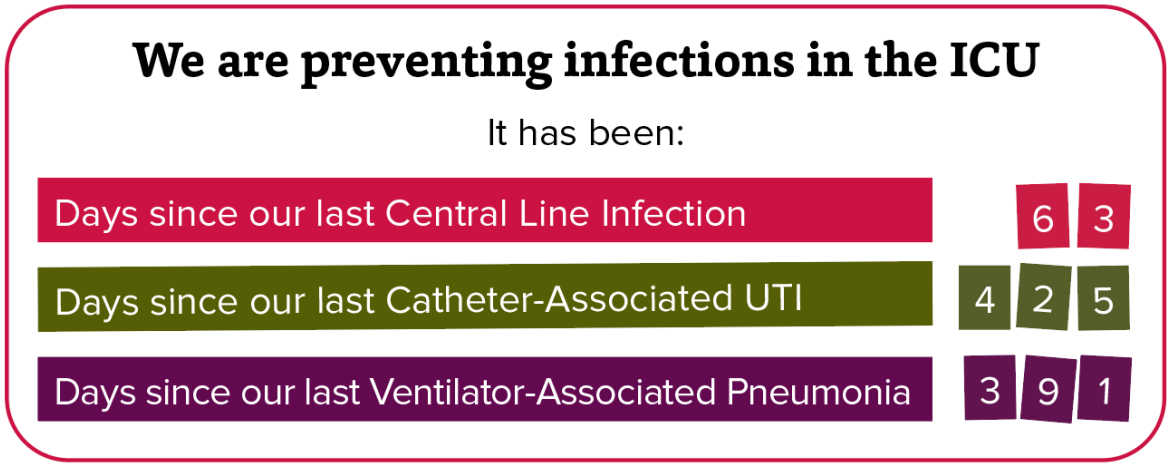
Choosing effective **means** of communicating HAI information can help to ensure this information reaches frontline staff.

Common **means** by which HAI information can be communicated to frontline staff include:

- Posting on hospital units
- Emails
- Scorecards
- Dashboards
- Huddles
- Discussions

Make information easy to find

- Post information prominently in well-trafficked staff areas (e.g., break rooms, nursing stations)
- Minimize "clicks" to navigate to electronic information



Example of a "days since" poster in an ICU

Make information easy to understand

- Present counts, percentages, or simple rates, rather than ratios or other complicated measures
- Use colors to denote high performance (e.g., green) vs. low performance (e.g., red) on scorecards, bulletin boards, or newsletters
- Use charts or graphs to show change in performance over time
- Use visuals to relate measures and metrics to goals

Nursing Quality Dashboard

Quality indicator	Unit	Target	YTD	J	F	M	A	M	J
Central Line-Associated Blood Stream Infections (CLABSIs)	ICU	0	1	0	0	0	0	1	0
	East	0	0	0	0	0	0	0	0
	West	0	1	1	0	0	0	0	0
	All Units	0	2	1	0	0	0	1	1
Catheter-Associated Urinary Tract Infections (CAUTIs)	ICU	0	1	1	0	0	0	0	0
	East	0	2	1	0	0	1	0	0
	West	0	0	0	0	0	0	0	0
	All Units	0	3	2	0	0	1	0	0

Example of infection counts presented in a quality dashboard

CATALYST

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

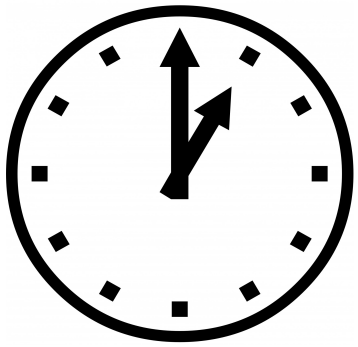
Determining the frequency and timing of communicating HAI information

The **frequency and timing** of communicating HAI information is important to keep frontline staff focused on infection prevention, to support timely reactions to infections, and to encourage real-time adjustment of infection prevention practices to prevent HAIs in the future.

Different approaches to sharing HAI information may be suited to different communication frequencies:

- Daily
- Weekly
- Monthly

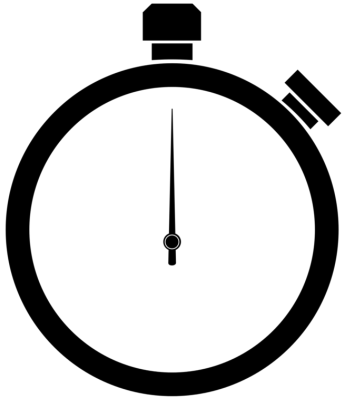
Update frontline staff daily with information to maintain engagement and motivation



- Sharing HAI information on a daily basis demonstrates that infection prevention is a priority.
- Consistently sharing HAI information at daily huddles or during rounds can help maintain focus on infection prevention practices.

No new infections to report today. Don't forget to assess your patients' Foley catheters and central lines for removal before the end of your shift.

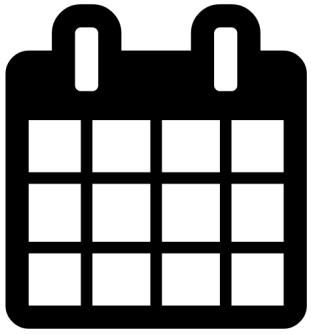
Notify frontline staff about new infections as soon as possible



- Promptly informing frontline staff about new infections is critical to support reflection and enable quick action to improve infection prevention practices.
- Identifying infections by recognizing the patient and their circumstances, rather than as a statistic, can help emphasize the importance of infection prevention efforts.

Yesterday, we received confirmation that Mr. Smith developed a CLABSI. This means his hospital stay will be extended as we treat his infection. We will be meeting later today to do a deep dive into his care to identify what may have contributed to this infection. We'll follow up later this week to review any identified gaps in clinical practice.

Provide timely feedback that can impact infection prevention practices in real time



- Regularly updated HAI information can inform adjustments to improve infection prevention efforts.
- Sharing this information frequently allows frontline staff to adjust their work practices when areas for improvement are identified.

This week's audit report shows a decrease in our adherence to Foley catheter maintenance. What challenges have people experienced completing their Foley care in the past week that we can address to improve Foley care in the next week?

Maximizing the impact of communicating HAI information

To maximize the positive **impact** of communicating HAI information to frontline staff on infection prevention efforts, practices should:

- Maintain focus on infection prevention efforts
- Identify areas for improvement in infection prevention practices
- Motivate staff and celebrate their successes
- Spread best practices identified through reporting of measures and metrics

Practice #3: **Rewards and Recognition**

Google Chrome

What Are Rewards And Recognition? | SMART Toolkit

Rewards are tangible incentives used to motivate high performance in individuals and may take the form of things like paid time off (i.e., monetary), gift cards (i.e., tokens of appreciation), or trophies and certificates (i.e., emblematic).

Recognition is an acknowledgement of high performance communicated to individuals, either publicly or privately. These are typically non-financial, like a temporary or permanent title, and sometimes occur in concert with rewards.

Leaders can provide rewards and recognition to staff to highlight their impact on infection prevention. Importantly, rewards and recognition can occur at both the individual and unit levels.

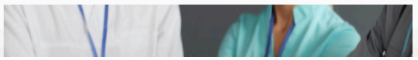
Why Are Rewards And Recognition Important?

Recognizing the essential contribution of team members is an important factor in any role. With all the demands facing healthcare workers, managers can miss the opportunity to appreciate the work

Rewards and recognition can increase staff engagement and can be a powerful tool in encouraging individuals' high performance.

When staff feel recognized and

When the importance of individuals is acknowledged, they are more confident in their ability to prevent avoidable HAIs.



Topics

- What are Rewards and Recognition?
- Why are Rewards and Recognition Important?
- Designing Meaningful Rewards and Recognition
- Role of and Considerations for Administrative Leaders

Why are Rewards and Recognition Important?

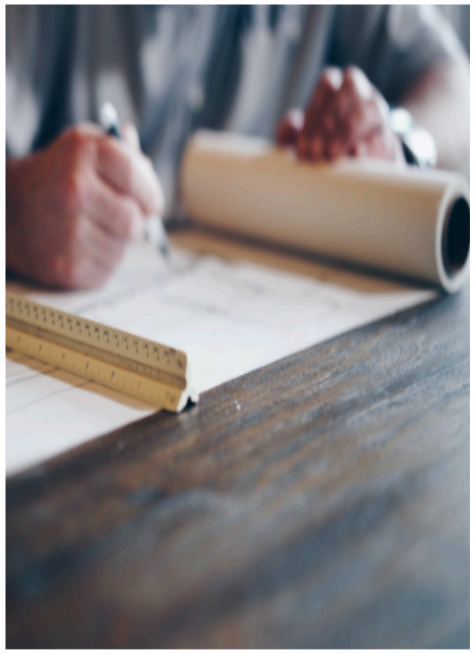
- When staff are <u>overlooked and feel underappreciated:</u>
  - A loss of interest and morale
  - Resistance to change
  - Decreased cooperation
  - Reduced productivity
  - Increased turnover

When staff <u>feel recognized and rewarded</u>:

- Motivation
- Morale and Excitement
- Job Satisfaction and retention
- Productivity
- Collaboration and teamwork
- Creativity and problem solving

Designing Meaningful and Effective Rewards and Recognition

Systems that reward and recognize the contributions of staff frequently occur at many levels of the organization. While some organizations have system-wide reward and recognition programs, high performing hospitals have also instituted programs within departments and units.



One hospital developed a "golden catheter" award for CAUTI prevention where one of their units was recognized for the actions of unit-level staff. In another hospital, a nurse manager detailed recognition for the most helpful member of the staff who was given "angel wings" - a title for the week - while someone who had a more difficult week was given a cape made out of unit supplies. Photos were posted in the unit with awards given to both.

In any institution, leaders can think about how they acknowledge the contributions of staff. Recognition and rewards do not have to come from the organization as a whole; rather, they can come from individual leaders. Here are some considerations for leaders developing these programs.

Designing Meaningful and Effective Rewards and Recognition

- Systems that reward and recognize the contributions of staff frequently occur at many levels of the organization
- Rewards and Recognition should consider:
  - Who approves?
  - Who delivers?
  - How often?
  - How visible?
  - How much?
  - Under what conditions?

Considerations for Frontline Managers in Delivering Rewards in Recognition:

Rewards and recognitions that embrace these considerations are going to reinforce excellence. When individuals don't know the actions that create rewards, they can't model the behavior required to receive them.

- ✓ WHO APPROVES?
- WHO DELIVERS?
- HOW OFTEN?
- HOW VISIBLE?
- HOW MUCH?
- UNDER WHAT CONDITIONS?

Who Approves?

Rewards and recognition can require signoff from various members of the organization. In some cases, organizations or departments establish a formal review process. In others, the award determination is more informal in nature.

Rewards For The Frontline

During our engagement across 2000 hours of interviews we heard lots of examples of how high performing hospitals had adopted approaches for recognizing their staff.

- ✓ SAFETY CHALLENGE
- EXCELLENCE
- GROUP APPRECIATIVE
- INDIVIDUAL APPRECIATIVE

Safety Challenge Award

An emblematic reward is offered to all units or departments that meet or exceed hospital goals for CAUTIs and CLABSIs. The challenge is usually in the form of some objective standard - 100 days without an infection.

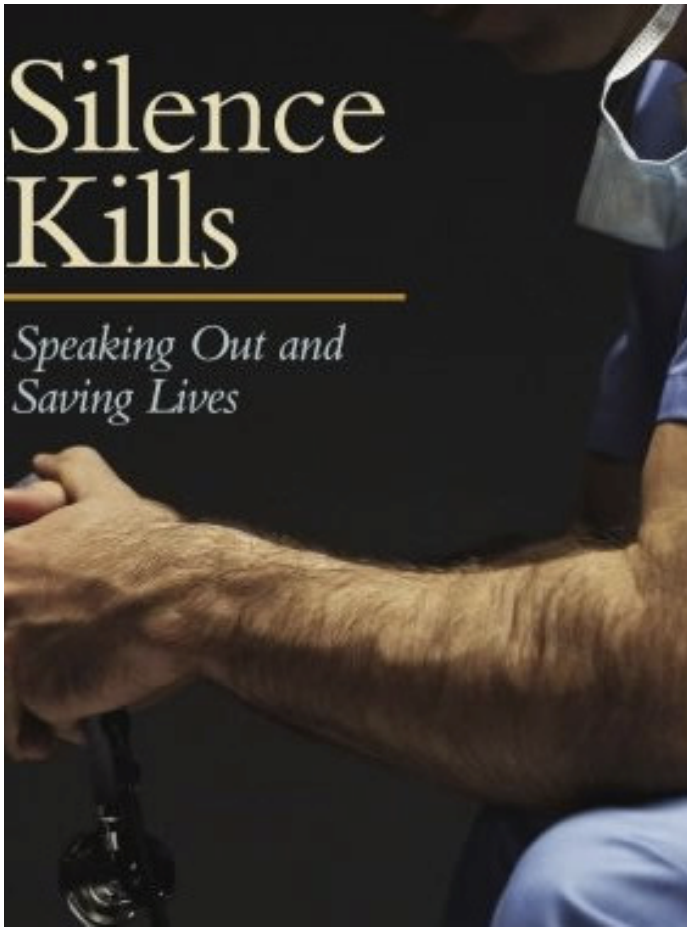
Considerations For The Use Of Reward And Recognition Programs:

- ✓ COMMUNICATE VALUE
- TALENT MANAGEMENT
- HOSPITAL GOALS
- BEHAVIOR SELECTION

How To Communicate The Importance Of A Reward And Recognition Program

Administrative Leaders can communicate to Frontline Managers and staff, in both word and deed, the value of rewards and recognition. Mention of reward and recognition programs can vary in type and extend beyond reminders of their availability and reference prior achievements in a way that shows that these programs are valued.

Further, messaging should remind individuals and staff members about the importance of the acknowledgement, why it was achieved, and what it means to the organization. Just as important, these efforts should be consistent.



Practice #4: **Speaking Up**

Practicing the Art of Speaking Up, Interprofessionally | SMART Toolkit

When you notice a team member has broken sterile technique, or when someone fails to practice hand hygiene, speaking up is important. Yet, speaking up in these situations can be difficult, especially when speaking up to a team member in another profession, due to differences in norms, status, and perceived hierarchy. Research shows not all members of an interprofessional team feel comfortable speaking up, even when another team member is doing something that puts a patient at risk.

John, you didn't wash your hands and are about to put in a central line?

VS.

Did everyone wash their hands? We are about to put in a central line.

Sometimes speaking up may feel like attacking someone's competence or professionalism. As a result, people grapple with whether to say something. Others worry about personal consequences to professional relationships when speaking up, even when they see behaviors that carry a risk of harm to the patient.

Interestingly, speaking up is a skill that can be learned.

Skill Building Exercises Include:

Building Confidence In Speaking Up

Practice speaking up when there is nothing on the line. Engaging in role-play exercises, or speaking up about small things outside of the work setting, can be a safe way to practice your skills.

Creating A Safe Environment To Speak Up

Leaders and others in positions of power can make team members feel safe to speak up by asking for feedback, making it clear that it is OK to disagree, and being receptive when a team member speaks up.

Depersonalization

Use language that makes it clear that this is about the issue, and not the person. This can make it easier for people to accept what you are suggesting.

Practicing these skills in simulated experiences can help support a culture where patient safety takes precedence. Perfecting these skills can contribute to confidence in an individual's ability to speak up, regardless of their role on the team, and can prepare team members to respond appropriately when someone does speak up.

Open Communication Is Key

Patients are almost five times more likely to experience major complications or death when their care team demonstrates poor communication.

Psychological safety is a belief that one will not experience negative consequences to self-image, status, or career for speaking up with ideas, questions, concerns or mistakes. In the context of clinical care, things like power differences between team members can interfere with these beliefs. Team members display different levels of assertiveness that depend in part on their training, experience, certification, and perceived role. In general, team members who believe themselves to have lower status are less likely to assert safety concerns.

Yet, we also know that poor communication is one of the top causes of adverse events.

It is possible to improve skills such as assertive communication through practice. Structured practice (training) has been associated with improvements in safety climate, reductions in medical errors, improved task performance, and reduced patient mortality.

Effectively communicating safety concerns is critical to preventing HAIs such as CAUTIs and CLABSIs.

Communication Crash Course

There are several situations in which speaking up is critical to patient safety and infection prevention, among them:

- Breaks in sterile technique during central line insertion
- Timely removal of Foley catheters
- Appropriate insertion point maintenance
- Failure to wear required PPE
- Non-compliance with hand hygiene
- Removing central lines when they are no longer medically indicated

Preventing HAIs requires every member of the team. Teams can work to empower individuals to both speak up and respond when patient safety concerns are identified. Preparing everyone on the team is critical to ensure communication about patient safety goes smoothly.

AHRQ's Team Strategies & Tools to Enhance Performance & Patient Safety (TeamSTEPPS®) is one of the most commonly used healthcare teamwork training programs. Among other knowledge, skills, and attitudes (KSAs), TeamSTEPPS® teaches learners various tools to increase their communication and conflict management skills - both areas that are crucial to the concept of speaking up. Additionally, AHRQ's Comprehensive Unit-based Safety Program (CUSP) provides information about developing a psychologically safe environment in which speaking up is supported. Both of these programs have tools and applications that can extend to teach learners to speak up within

Communication Overview and Techniques for Speaking Up

SBAR

SBAR is a structured communication technique used to highlight meaningful, relevant information about a patient. It is usually used to provide the context needed for clinical decision making and to ensure that the care team has a shared understanding of the patient treatment.

While many use this approach for handoffs, it can also be used to structure a request or recommendation. For instance, it can be used to initiate a discussion about Foley removal.

SBAR stands for:

S	**Situation:** What is going on with the patient?
B	**Background:** What is the clinical background or context?
A	**Assessment:** What do I think the problem is?
R	**Recommendation & Request:** What would I do to correct it?

Roles and Responsibilities

✓ FRONTLINE MANAGERS | INFECTION PREVENTIONISTS | CLINICAL LEADERSHIP | ADMINISTRATIVE LEADERSHIP

Frontline Managers can support the practice of speaking up to prevent HAIs by:

- Training frontline staff in the use of effective interprofessional communication strategies, and
- Empowering frontline staff to speak up (and respond) as they encounter patient safety concerns.

Frontline Managers can support appropriate training and empower staff to speak up.

Communication among the care team is critical to high quality patient care. Effective communication is crucial when team members need to speak up in response to safety issues. Speaking up can be uncomfortable and takes training to know how to do it right. Frontline Managers can support members of the care team by providing strategies for effective communication when speaking up for patient safety. When everyone is aware of these strategies, speaking up becomes a powerful tool to keep patients safe.

Discussion and Conclusion

Final Thoughts

- Preventing infections is difficult
- Management practices can help
- Successful hospitals are vigilant and continue to be vigilant
- Research continues…

COMMUNICATING HAI DATA

REWARDS & RECOGNITION

SPEAKING UP

PATIENT AND FAMILY EDUCATION

TIERED HUDDLES

EHR ALERTS

And there are additional Management Practices…

CATALYST

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Thank you for your interest!

Ann Scheck McAlearney, ScD, MS
Ann.McAlearney@osumc.edu

CATALYST

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

www.webbertraining.com/schedulep1.php

April 14, 2022	LIFECYCLE OF MOLECULAR MICROBIOLOGY DIAGNOSTIC TECHNOLOGY: COST VERSUS CLINICAL BENEFIT BEFORE BECOMING OBSOLETE Speaker: **Professor Colum Dunne**, School of Medicine, University of Limerick, Ireland
April 28, 2022	*(FREE Teleclass)* HOW DO WE IMAGINE OUR FUTURE? THE INFECTION PREVENTION "CRYSTAL BALL INITIATIVE" Speaker: **Dr. Hugo Sax**, HumanLabZ, Switzerland
May 5, 2022	*(FREE Teleclass)* SPECIAL LECTURE FOR WHO CLEAN HANDS DAY Speaker: **Prof. Didier Pittet**, University of Geneva Hospitals, Switzerland
May 12, 2022	PREVENTION AND MANAGEMENT OF POST-OPERATIVE SEPSIS Speaker: **Dr. Cindy Hou**, Jefferson Health, New Jersey
May 19, 2022	*C. DIFFICILE* ASYMPTOMATIC CARRIERS: SHOULD WE WORRY ABOUT THEM? Speaker: **Prof. Yves Longtin**, McGill University, Montreal
May 25, 2022	*(South Pacific Teleclass)* PATIENT-FOCUSED ANTIMICROBIAL RESISTANCE SURVEILLANCE: DATA FROM THE GROUND UP Speaker: **Dr. Paul Turner**, Cambodia Oxford Medical Research Unit, Angkor

Thanks to Teleclass Education

PATRON SPONSORS

diversey.com

virox.com

gamahealthcare.com

gojo.com

who.int/infection-prevention/en