READY4SURVEY

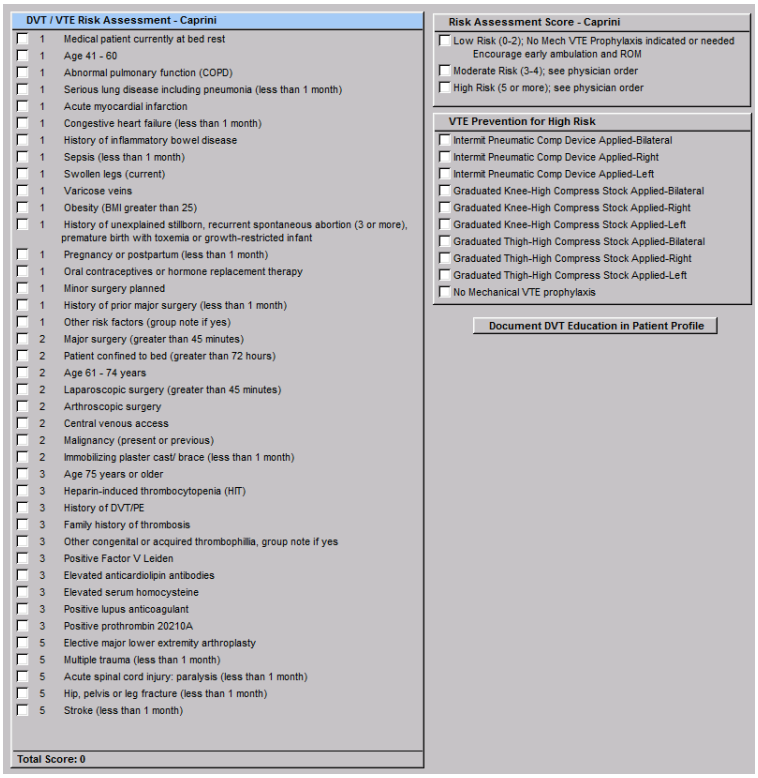
09/20/2017

What is PI?

As part of the ongoing effort to prepare staff for the upcoming Joint Commission accreditation survey, upcoming issues of *Ready4Survey* will focus on various department improvement projects, also referred to as Process Improvement (PI).

PI is the proactive task of identifying, analyzing and improving upon existing processes within an organization for optimization and to meet new standards of quality. When The Joint Commission (TJC) surveyors visit McLaren Lapeer Region Fall 2017, employees may be asked what PI projects their department and/or hospital are doing.

In this issue of Ready4Survey, the McLaren Lapeer Region (MLR) Venous Thromboembolism (VTE) and Anti-Microbial Stewardship (AMS) collaborative will be highlighted. These collaboratives are a part of the Michigan Hospital Medicine Safety Consortium (HMS) which is a quality improvement collaborative. The data driven collaborative is comprised of hospitals across the state of Michigan including MLR. The goal of the consortium is to improve the quality of care for hospitalized medical patients who are at risk for adverse events. The physician champions for these initiatives are Gary Salem, DO, VPMA and Carlos Ledezma, MD, Interventional Radiologist. Quality Data Specialist, Alicia Cummings, RN, is the data abstractor and project coordinator.



DVT / VTE Risk Assessment - Caprini

☐	1	Medical patient currently at bed rest
☐	1	Age 41 - 60
☐	1	Abnormal pulmonary function (COPD)
☐	1	Serious lung disease including pneumonia (less than 1 month)
☐	1	Acute myocardial infarction
☐	1	Congestive heart failure (less than 1 month)
☐	1	History of inflammatory bowel disease
☐	1	Sepsis (less than 1 month)
☐	1	Swollen legs (current)
☐	1	Varicose veins
☐	1	Obesity (BMI greater than 25)
☐	1	History of unexplained stillborn, recurrent spontaneous abortion (3 or more), premature birth with toxemia or growth-restricted infant
☐	1	Pregnancy or postpartum (less than 1 month)
☐	1	Oral contraceptives or hormone replacement therapy
☐	1	Minor surgery planned
☐	1	History of prior major surgery (less than 1 month)
☐	1	Other risk factors (group note if yes)
☐	2	Major surgery (greater than 45 minutes)
☐	2	Patient confined to bed (greater than 72 hours)
☐	2	Age 61 - 74 years
☐	2	Laparoscopic surgery (greater than 45 minutes)
☐	2	Arthroscopic surgery
☐	2	Central venous access
☐	2	Malignancy (present or previous)
☐	2	Immobilizing plaster cast/ brace (less than 1 month)
☐	3	Age 75 years or older
☐	3	Heparin-induced thrombocytopenia (HIT)
☐	3	History of DVT/PE
☐	3	Family history of thrombosis
☐	3	Other congenital or acquired thrombophilia, group note if yes
☐	3	Positive Factor V Leiden
☐	3	Elevated anticardiolipin antibodies
☐	3	Elevated serum homocysteine
☐	3	Positive lupus anticoagulant
☐	3	Positive prothrombin 20210A
☐	5	Elective major lower extremity arthroplasty
☐	5	Multiple trauma (less than 1 month)
☐	5	Acute spinal cord injury: paralysis (less than 1 month)
☐	5	Hip, pelvis or leg fracture (less than 1 month)
☐	5	Stroke (less than 1 month)

Total Score: 0

Risk Assessment Score - Caprini

- ☐ Low Risk (0-2); No Mech VTE Prophylaxis indicated or needed Encourage early ambulation and ROM
- ☐ Moderate Risk (3-4); see physician order
- ☐ High Risk (5 or more); see physician order

VTE Prevention for High Risk

- ☐ Intermit Pneumatic Comp Device Applied-Bilateral
- ☐ Intermit Pneumatic Comp Device Applied-Right
- ☐ Intermit Pneumatic Comp Device Applied-Left
- ☐ Graduated Knee-High Compress Stock Applied-Bilateral
- ☐ Graduated Knee-High Compress Stock Applied-Right
- ☐ Graduated Knee-High Compress Stock Applied-Left
- ☐ Graduated Thigh-High Compress Stock Applied-Bilateral
- ☐ Graduated Thigh-High Compress Stock Applied-Right
- ☐ Graduated Thigh-High Compress Stock Applied-Left
- ☐ No Mechanical VTE prophylaxis

Document DVT Education in Patient Profile

Venous Thromboembolism Prophylaxis Collaborative

The VTE initiative launched in January 2011 and data on well over 100,000 cases has been collected and analyzed. Through participation, member hospitals have successfully increased rates of VTE risk assessment, pharmacologic prophylaxis in patients at risk of developing a VTE and mechanical prophylaxis (Sequential Compression Devices-SCDs) in patients with contraindications to pharmacological prophylaxis.

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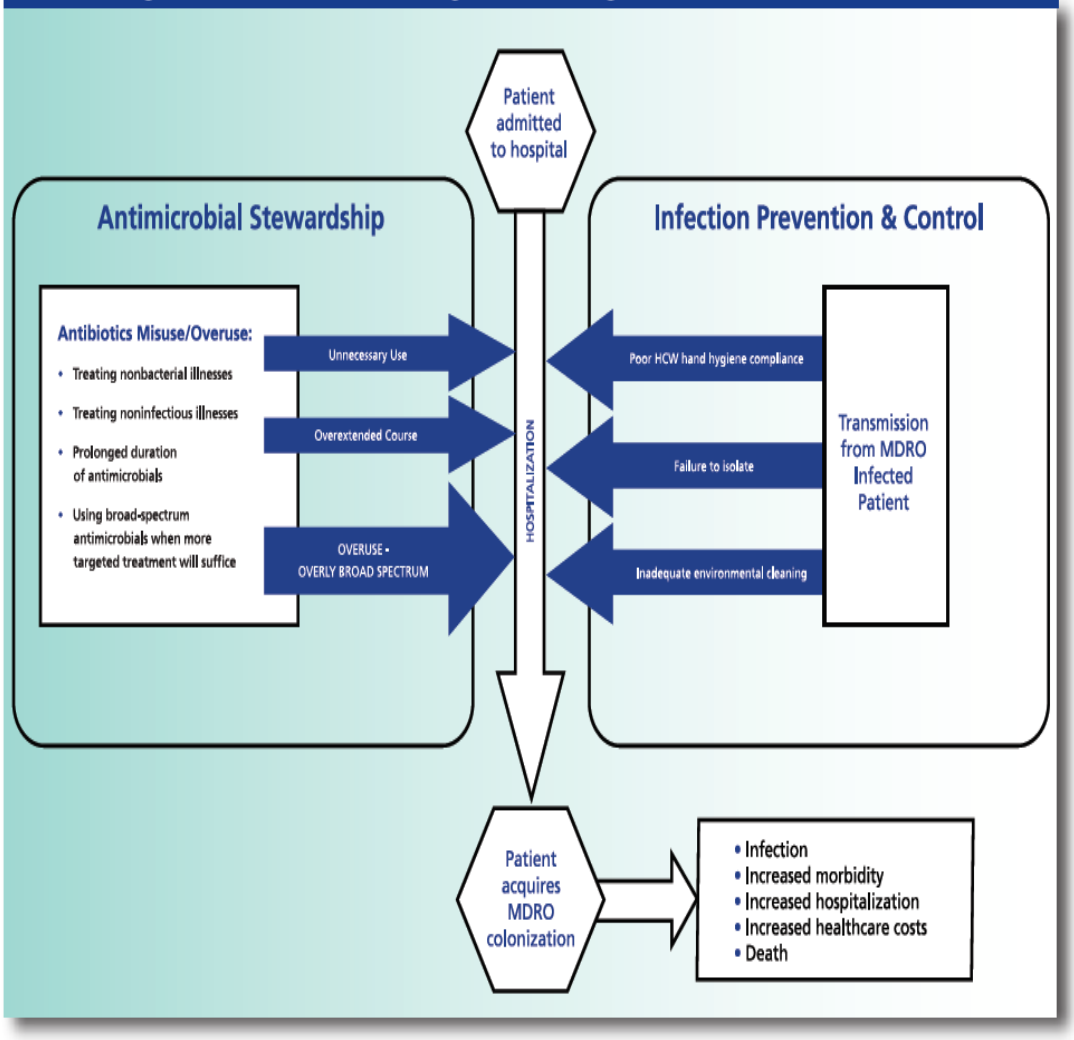
As a partner in this collaborative, MLR has created and met many PI goals-

- All hospitalized medicine patients have a VTE risk assessment completed on admission
- Medicine patients without a contraindication to prophylaxis with a Caprini score of 3 or greater should receive pharmacological treatment (subcutaneous Heparin)
- Medicine patients with a contraindication to prophylaxis who are at most risk of developing a VTE should receive mechanical prophylaxis (SCDs)

Figure 1-2. Partnership Between Antimicrobial Stewardship and Infection Prevention and Control Programs to Minimize Multidrug-Resistant Organism Transmission



At MLR, all ED physicians use a full Caprini risk assessment tool to perform a VTE risk assessment and have an electronic physician order set to identify patient populations which are considered low risk for VTE. This order set also contains recommendations for appropriate prophylaxis on admission. MLR nursing staff adopted the second check of VTE risk assessment on admission to verify admitting physician score. Nursing is given autonomy to hold pharmacological prophylaxis until the physician is contacted if they identify a low-risk patient.

Since the inception of this collaborative, member hospitals have had success avoiding prophylaxis in this low-risk population. Minimizing the use of drugs that have associated risks and costs has been valuable. Because of the progress which has been made on the initiative, is has been moved to maintenance mode and a smaller amount of data is being gathered although still maintaining a focus so progress will not be lost.

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Antimicrobial Use Collaborative

In late 2015, a pilot initiative related to the use of antimicrobials was launched in 10 pilot hospitals. McLaren Lapeer Region was one of the ten hospitals chosen for the pilot program. For this initiative, data is collected related to the antibiotics used in the treatment of hospitalized medical patients diagnosed with pneumonia or urinary tract infections. Along with many Michigan hospitals, HMS is also partnering with the Centers for Disease Control and Prevention (CDC) on this initiative. Because the pilot was successful in identifying opportunities for quality improvement, this initiative is being launched collaborative-wide. According to the HMS website, Antibiotic-resistant bacteria are a significant national threat and their control has become a national priority. With this intiative, the collaborative aims to formally assess appropriate use of antibiotics including selection of the right antibiotic for the right treatment duration, decrease antibiotic-related complications and decrease antimicrobial resistance on a population health basis.

At MLR, quarterly Antimicrobial Stewardship meetings are held. Antibiotic use data is reviewed by a multidisciplinary team consisting of doctors, nursing administration, pharmacy, education, infection control and quality to identify areas of improvement in our facility. Since its inception, the data collected for MLR has helped to identify high duration rates of antibiotics. Process improvements have occurred including daily progress notes for all inpatient Pneumonia and UTI patients by MLR clinical pharmacy manager, Linda Deitering PhD. Antibiotic orders sets have also been created for both Pneumonia and UTI and can also be located in the Sepsis order sets.

According to the CDC website, inpatient healthcare providers can contribute to the prevention of antibiotic resistance by knowing a few important facts.

- Know what types of drug-resistant infections are present in your facility and patients
- Request immediate alerts when the lab identifies drug-resistant infections in your patients
- Alert receiving facility when you transfer a patient with a drug-resistant infection
- Protect patients from drug –resistant infections by following guidelines and precautions at every patient encounter
- Prescribe antibiotics wisely
- Remove temporary medical devices such as catheters and ventilators as soon as they are no longer needed.

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