Today’s Host

**Morgen Palfrey**, Project Coordinator, Institute for Healthcare Improvement, is the current coordinator for web-based Expeditions. She also contributes to the IHI Leadership Alliance, the Always Project, and works with Strategic Partners in Singapore. Morgen is a member of Work-Life Wellness Team and Diversity and Inclusion Council at IHI, where she and fellow staff members develop strategies for improving the mind and body. Morgen graduated from the University of Florida in Gainesville, FL where she received her Bachelor of Arts degree in Political Science with a concentration in Public Administration.
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To join by phone:

1) Click the button on the right hand side of the screen.
2) A pop-up box will appear with call in information.
3) Please dial the phone number, the event number and your attendee ID to connect correctly.
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- If you are using the **phone connection** (through your telephone) you **will** be able to raise your hand, be unmuted, and ask questions during the session.

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WebEx Quick Reference

- Welcome to today’s session!
- Please use chat to “All Participants” for questions
- For technology issues only, please chat to “Host”
- WebEx Technical Support: 866-569-3239
- Dial-in Info: Communicate / Join Teleconference (in menu)
When Chatting…

Please send your message to
All Participants

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Expedition Director

Diane Jacobsen, MPH, CPHQ, Director, Institute for Healthcare Improvement (IHI) is currently directing the CDC/IHI Antibiotic Stewardship Initiative, NSLU/IHI Reducing Sepsis Mortality Collaborative. Ms. Jacobsen served as IHI content lead and improvement advisor for the California Healthcare-Associated Infection Prevention Initiative (CHAIP1) and directed Expeditions on Antibiotic Stewardship, Preventing CA-UTIs, Reducing C. difficile Infections, Sepsis, Stroke Care and Patient Flow. She served as faculty for IHI’s 100,000 Lives and 5 Million Lives Campaign and directed improvement collaboratives on Sépsis Mortality, Patient Flow, Surgical Complications, Reducing Hospital Mortality Rates (HSMR) and co-directed IHI’s Spread Initiative. She is an epidemiologist with experience in quality improvement, risk management, and infection control in specialty, academic, and community hospitals. A graduate of the University of Wisconsin, she earned her master’s degree in Public Health- Epidemiology.
Today’s Agenda

- Introductions
- Action Period Assignment
- Debrief
- The Role of Leadership
- Action Period Assignment

Expedition Objectives

At the end of this Expedition, participants will be able to:

- Explain the impact of the increasing incidence and severity of *C. difficile* on hospitals
- Discuss key approaches to preventing the spread of *C. difficile* in the hospital setting
- Identify and begin improving at least one key process for impacting *C. difficile* in their hospital
Schedule of Calls

Session 1 – Making the Case for Reducing Clostridium difficile Infections (CDI)
Date: Wednesday, June 25, 2:00 – 3:30 PM ET

Session 2 – Rapid Detection and Isolation
Date: Wednesday, July 9, 2:00 – 3:00 PM ET

Session 3 – Symptom Recognition, Precautions, and the Role of the Environment
Date: Wednesday, July 23, 2:00 – 3:00 PM ET

Session 4 – Antibiotic Stewardship
Date: Wednesday, August 6, 2:00 – 3:00 PM ET

Session 5 – The Role of Leadership
Date: Wednesday, August 20, 2:00 – 3:00 PM ET

Session 6 – Transitions and Long-term Care
Date: Wednesday, September 3, 2:00 – 3:00 PM ET

Action Period Assignment Debrief

Test a process to review antibiotic/medication use before and after C. difficile diagnosis:

- Identify the “last 5” patients diagnosed with C. difficile (one day/week/month, one unit/service, etc.)
- Convene a multidisciplinary review/huddle (to include Physicians and/or Pharmacy reps, Nursing, Infection Prevention, etc.)
- Review AB/PPI/medications before and after C. difficile diagnosis
- Identify any “opportunities” for:
  - Discontinuing
  - Narrowing or shortening the course

Come prepared to share what you learned
Faculty

Jeremy Boal, MD is the Executive Vice President for Clinical Operations and Chief Medical Officer of the Mount Sinai Health System. In these capacities he is responsible for ensuring the highest level of performance with regard to quality, safety, patient satisfaction, medical affairs, clinical excellence and accreditation. Prior to that he held the position of Chief Medical Officer for the North Shore LIJ Health System. In that capacity he had overall responsibility for quality and safety as well as the overall professional management of clinical, education, research and operational issues related to medical and clinical affairs. A board-certified internist with additional certification in geriatrics, Dr. Boal began his career at Mount Sinai Medical Center as a medical resident in 1994. He received his Medical degree from the Medical College of Wisconsin, Milwaukee, and a Bachelor of Science degree from McGill University, Montreal, Canada.

Faculty

Brian Koll, MD, FACP, FIDSA, Executive Director for Infection Prevention, the Mount Sinai Health System, New York, NY, is a nationally-renowned and award-winning infection prevention expert. He has been featured on CBC Evening News for successful efforts to reduce central line associated bloodstream infections, on World News Tonight for successful efforts to control C. difficile, and in a national public service announcement regarding this disease by the Peggy Lillis Memorial Foundation.
The Role of Leadership in Performance Improvement
Organizational Factors Associated with High Performance in Quality and Safety in Academic Medical Centers

Mark A. Keroack, MD, MPH, Barbara J. Youngberg, JD, MSW, Julie L. Cerese, MSN, Cathleen Krsek, MSN, MBA, Leslie W. Prellwitz, MBA, and Eoin W. Trevelyan, DBA

1. Shared sense of purpose:
   - Hospital leaders articulate that patient care comes first.
   - Leaders are dissatisfied with the current state of quality and safety.
   - Service excellence is added to the focus on quality and safety.
   - Service, quality, and safety are seen as a source of competitive advantage.

2. Leadership style:
   - The CEO is passionate about service, quality, and safety, and has an authentic, hands-on style.
   - Everyday events are connected to the larger purpose through stories and rituals.
   - Governance structures and practices minimize conflict between missions.
   - The institution is led as an alliance between the executive leadership team and the clinical department chairs.

3. Accountability system for service, quality, and safety:
   - Prioritizing, developing measures, and setting goals are centralized, and the tactics to improve are decentralized.
   - The chairs accept responsibility for quality and safety within their departments.
   - There is accountability, innovation, and redundancy at the unit level.

4. A focus on results:
   - There is a relentless effort to improve, employing performance against external standards as a measure of success.
   - Results outweigh the approach to performance improvement.
   - There is a focus on human behavior and work redesign as the keys to improvement.
   - Technology is employed as an accelerator and not as a substitute for work redesign.

5. Collaboration:
   - Collaboration characterizes the relationships between administration, physicians, nurses, and other staff.
   - Recognition of employee contributions at every level is frequent.
   - Employees value each other’s critical knowledge when problem solving.
Advancing Quality, Safety and Service across the Mount Sinai Health System

We intend to produce the safest care, the best outcomes, the highest satisfaction, and the best value of any health system or provider in the New York Metropolitan area

5-Year Goals

<table>
<thead>
<tr>
<th>Domain</th>
<th>Regional Performance</th>
<th>National Performance</th>
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<tbody>
<tr>
<td>Risk Adjusted Mortality</td>
<td>#1</td>
<td>Top Decile</td>
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<tr>
<td>Risk Adjusted Readmissions</td>
<td>#1</td>
<td>Top Decile</td>
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<tr>
<td>Safety</td>
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<td>Inpatient and Ambulatory Patient Satisfaction</td>
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2014 Priorities

• Avoidable Readmissions
• Inpatient Harm
  – All Hospital Central Line Associated Bacteremia
  – Catheter Associated UTI
  – Pressure Injury
  – C. diff
  – Surgical Site Infections
• Risk Adjusted Mortality
  – Sepsis
  – Moving palliative care upstream
  – Coding and documentation
• Inpatient Likelihood to Recommend

Board of Trustees
Board of Trustees Committee on Quality

Quality Leadership Council

Facility QCs
- Beth Israel - Brooklyn
- Beth Israel - Petrie
- Mount Sinai - Manhattan
- Mount Sinai - Queens
- NY Eye & Ear
- Roosevelt
- Saint Luke's

Institute QCs
- Cancer
- Critical Care
- Diabetes
- Heart
- HIV
- Mental Health
- Primary Care
- Other

QLC Subcommittees
- Accreditation & Regulatory Affairs
- Ambulatory Care
- Emergency Preparedness
- Infection Prevention
- Nursing Care
- Patient Safety & Reliability
- Peri-Operative Care
- Pharmacy & Therapeutics
- Post-Acute & Transitions of Care

Mount Sinai Health System
Quality Dashboard
August 15, 2014
Mount Sinai Health System
Clostridium difficile plan

2014
CLOSTRIDIUM DIFFICILE INFECTION: 5 KEY DRIVERS

- HANDWASHING
- ENVIRONMENTAL CLEANING
- PLACEMENT AND CONTACT PRECAUTIONS
- ANTIBIOTIC STEWARDSHIP
- PROTON PUMP INHIBITOR MANAGEMENT

Infection Prevention Subcommittee Gap Analysis

- More Infection Preventionists
- Infection Surveillance Software
- Highly Reliable Handwashing
- Highly Reliable Environmental Cleaning
- Antibiotic Stewardship Software and Program
Mount Sinai Health System

Hand Hygiene Project: Unit-level plan

2014

Hand Hygiene Project – Alignment with 2014 priorities

• Avoidable Readmissions

• Inpatient Harm
  – All Hospital Central Line Associated Bacteremia
  – Catheter Associated UTI
  – C. diff
  – Surgical Site Infections
  – Pressure Injury

• Risk Adjusted Mortality
  – Sepsis
  – Moving palliative care upstream
  – Coding and documentation

• Inpatient Likelihood to Recommend
Hand Hygiene Project Structure

Executive Leadership
- System CMO; System Infection Control Leadership
- Provide vision / scope and operational direction

Project Management / Performance Improvement
- Project Manager; Performance Improvement team
- Develop and manage project plan and robust process improvement (RPI) activities

Hospital Process Owners
- Facility-based C-suite executive or other Operations leader
- Operational lead; Accountable for data collection; Recruit / ID coaches and secret observers

Coaches
- Staff viewed as leaders and knowledgeable of process (i.e. Physicians, Unit managers, Charge nurses, Preceptors)
- Collect contributing factor data; provide real time feedback for non-compliance

Unit Leadership (Local Process Owners)
- Unit dyad leadership
- Recruitment of secret observers and coaches;
- Local accountability for data collection; Implementation of solutions

Secret Observers
- Any staff normative to unit + auditors
- Anonymous collection of hand hygiene compliance data

Unit-Level Timeline

<table>
<thead>
<tr>
<th>Step</th>
<th>Month</th>
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<tbody>
<tr>
<td>1</td>
<td>Identify Hospital Process Owner (HPO)</td>
</tr>
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<td>2</td>
<td>HPO and Project Manager / PI Team initial meeting</td>
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<td>3</td>
<td>Establish Communication Plan</td>
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<td>4</td>
<td>Establish Hospital “Hand Hygiene” team</td>
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<tr>
<td>5</td>
<td>Select Cohort Units</td>
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<tr>
<td>6</td>
<td>Identify unit-level process owners</td>
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<td>7</td>
<td>Orientation meeting for Cohort units</td>
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<td>8</td>
<td>Identify 4-5 secret observers per unit</td>
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<td>9</td>
<td>Train secret observers on TST data collection and TST data entry</td>
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<tr>
<td>10</td>
<td>Begin collection of hand hygiene data</td>
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<tr>
<td>11</td>
<td>Train Coaches on collecting compliance data &amp; providing “just in time” feedback</td>
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<tr>
<td>12</td>
<td>Begin collection of contributing factor data</td>
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<td>13</td>
<td>Monitor data collection</td>
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<tr>
<td>14</td>
<td>Identify root causes for non-compliance</td>
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<td>15</td>
<td>Design &amp; implement solutions to address each cause</td>
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Environmental Cleaning

- Partnership with Crothall
- New audit process to include
  - Revised checklists
  - Bioburden testing on 10-15% of rooms
- Routine escalation to Crothall and Health System leadership of all concerns and defects
- New curtain cleaning frequencies
- Accelerated remediation and, if necessary, replacement of cleaning staff
## Implementation Performance Tool

- Visual Management Tool for project tracking
- Applied in this context to process implementation

<table>
<thead>
<tr>
<th>Legend</th>
<th>Phase</th>
<th>Key milestones</th>
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</table>
| 🌟     | Preparation | • Leadership commitment  
• Workgroup / Roles established  
• Project plan developed |
| 🌟     | Initiation  | • Communication to relevant staff  
• Pilot / “Small test of change” initiated  
• Process redesign |
| 🌟     | Scale Up   | • Tailor process for scale up; Define local accountability  
• Implementation across units / settings  
• Validation of process via direct observation and process metrics |
| 🌟     | Sustain & Improve | • Actionable data/ reports in hands of local leadership  
• Routine QI monitoring  
• Sustainability strategies in place |

- CLABSI: 
  - Review of evidence base  
  - Gap analysis  
  - Workgroups established  
  - Committed process owners identified  
  - Clinical bundles in place (hand hygiene, barrier precautions, skin antisepsis, optimal catheter site selection, daily review of lines)  
  - Checklists in place  
  - Interventions in place at unit level  
  - Data reported and monitored at unit level  
  - Ongoing QI activities in place at unit level  
  - Unit-level dyad accountability for improved outcomes

- CAUTI: 
  - Clinical bundles in place (daily review of orders, hand hygiene, continuous connection to drainage, regular emptying of drainage bags as separate procedures)  
  - Checklists in place
### Mount Sinai Health System Infection Prevention Priorities Implementation and Performance

<table>
<thead>
<tr>
<th>Program</th>
<th>Hand Hygiene</th>
<th>SSI</th>
<th>CLABSI</th>
<th>CAUTI</th>
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One other thing...
*The Importance of Front Line Leadership*

**LEADERSHIP DYAD COMPETENCIES**

- Shared understanding of our system vision
- Shared sense of ownership for all aspects of unit performance
- Ability to role model our health system values
- Ability to lead others to excellence
- Ability to successfully lead data-driven performance improvement efforts
- Expertise in crew resource management and the principles of high reliability
Lastly...
Great works are performed not by strength, but by perseverance.
—Samuel Johnson 1709-1784

Questions?

Raise your hand

Use the Chat
Action Period Assignment

- Set up a time to meet with your Senior Leadership team to discuss what you learned during this session and why support from leadership is important to your efforts.
  - Share insights/learnings from today’s session
  - Discuss the impact of *C. difficile*
  - Discuss ways in which leaders can support elevating the focus and visibility of *C. difficile* and other HAI’s

Come prepared to share your experience

Expedition Communications

- Listserv for session communications: CdiffExpedition@ls.ihi.org
  - To add colleagues, email us at info@ihi.org
  - Pose questions, share resources, discuss barriers or successes
Next Session

Session 6: Transitions and Long-term Care

Wednesday, September 3, 2:00 PM – 3:00 PM ET

Faculty: Brian Koll, MD