



Vascular QIT 2020

Patient Care Steering Committee

November 17, 2020

Members

Name	Department	Role	Name	Department	Role
Ralph C. Darling, MD	Vascular Surgery Chief	Surgeon Administrator	Kate Keefe	Post Surgical Services	AVP
Jennifer Logan	M5/C5	Nurse Manager	Adriana Laser, MD	Vascular Surgery Attending	SSI Reduction Clinical Attending
Rebecca Vergare	M5/C5	Assistant Nurse Manager	Megan Keenan	Quality	NSQIP/Quality Representative
Patty Flanagan	C5/M5	Nurse Clinician	Danielle Deloughery	Epidemiology	Clinical Infection Reporter/ Preventionist
Bindu Passero	Pharmacy	Clinical Liaison	Mindy Dame	VICU	Nurse Manager
Theresa Swatling	C5	Nurse Practitioner	Stephanie Hanrahan	M5	Physician Assistant
Vascular Surgery Attendings, Fellows, Residents, and floor staff.	Vascular Surgery	Staff across the continuum with interest in care of the vascular patient population.	Glenda Palmer-Hosanna RN/CM BSN-M5 Karen Nixon LMSW C5 Todge Rogers MSW –M5	C5/M5 ** vacant case management	Case Management/Social Work team

RCA's and / or Patient Complaints

- No RCA's for 2020

Formal Complaint:

09/17/2020-Multiple complaints from son whose mother was admitted from downstate for TEVAR. Most issues stemmed from inclusion in 6 patient room, short PCA staffing, lack of equipment and late discharge.

Many of their complaints were found to have merit:

- Over-bed tables ordered in July have still not arrived (C514 was stripped during COVID)
- We hired 11 new PCA's over the summer, this patient likely did have a trainee at some point in her admission
- The patient discharged on a conference day for our residents and required a last-minute prescription change
- We offered our apologies

2020 Selected Clinical Improvement Goals

1. Achieve 75th Percentile Rank for the HCAHP Question
“During this hospital stay, how often was there good communication between the different doctors and nurses?”
2. No CAUTI’s for 2020
3. Reduce surgical site infections associated with lower extremity revascularization by 8.39 % by the end of 2020
(for an Observed rate of 10.53%)
4. Decrease average patient length of stay

Goal #1

Measure Name: Achieve 75th Percentile Rank for the HCAHP Question *“During this hospital stay, how often was there good communication between the different doctors and nurses?”*

Why is it important to patient? The course of care for the vascular patient is frequently perceived as unpredictable. Patient satisfaction with care will increase if each member of their care team is speaking the “same language” with regards to the patient’s location on the continuum of care.

Defined Goal and Source: *Catalyst NRC Picker*

...A work in progress

Picker Dimensions	Benchmarks	Calendar Year			Rolling Averages	_IP C5		
		Current YTD	Prior Year	3 Months		Qtr 3 2020	Qtr 2 2020	Qtr 1 2020
Overall	NRC 50th Percentile*							
Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?	74.5% (n=523,727)	59.1% μ PR=8 (n=22)	60.9% PR=8 (n=230)	43.8% μ PR=1 (n=16)	40.0% μ PR=1 (n=15)	100.0% μ PR=100 (n=7)	--	
Key Drivers	NRC 50th Percentile*							
How often were the different doctors and nurses consistent with each other in providing you information and care?	Coordination of Care 72.6% (n=190,868)	65.0% μ PR=15 (n=20)	64.1% PR=12 (n=206)	53.3% μ PR=1 (n=15)	53.3% μ PR=1 (n=15)	100.0% μ PR=100 (n=5)	--	

Picker Dimensions	Benchmarks	Calendar Year			Rolling Averages up to	_IP M5		
		Current YTD	Prior Year	3 Months		Qtr 3 2020	Qtr 2 2020	Qtr 1 2020
Overall	NRC 50th Percentile*							
Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?	74.5% (n=523,727)	62.5% μ PR=10 (n=8)	63.9% PR=12 (n=202)	62.5% μ PR=10 (n=8)	62.5% μ PR=10 (n=8)	--	--	

Picker Dimensions	Benchmarks	Calendar Year			Rolling Averages up to	_IP M5		
		Current YTD	Prior Year	3 Months		Qtr 3 2020	Qtr 2 2020	Qtr 1 2020
Key Drivers	NRC 50th Percentile*							
How often were the different doctors and nurses consistent with each other in providing you information and care?	72.6% (n=190,868)	42.9% μ PR=1 (n=7)	56.4% PR=2 (n=181)	42.9% μ PR=1 (n=7)	42.9% μ PR=1 (n=7)	--	--	

Goal #2

Measure Name: NO CAUTI's for 2020

Why is it important to patient?

- Urinary tract infections account for approximately 40 percent of all hospital-acquired infections annually.
- It is well established that the duration of catheterization is directly related to risk for developing a (UTI).
- Among the ten hospital-acquired conditions selected by the CMS, CAUTI received a high priority due to its high cost and high volume, and because it can be reasonably prevented through application of accepted evidence-based prevention guidelines. *(IHI, 2020)*

Catheter-associated urinary tract infection. (2020). IHI-Institute for Healthcare Improvement. Retrieved November 9, 2020, from <http://www.ihl.org/topics/CAUTI/Pages/default.aspx>

CAUTI-continued

Definition:

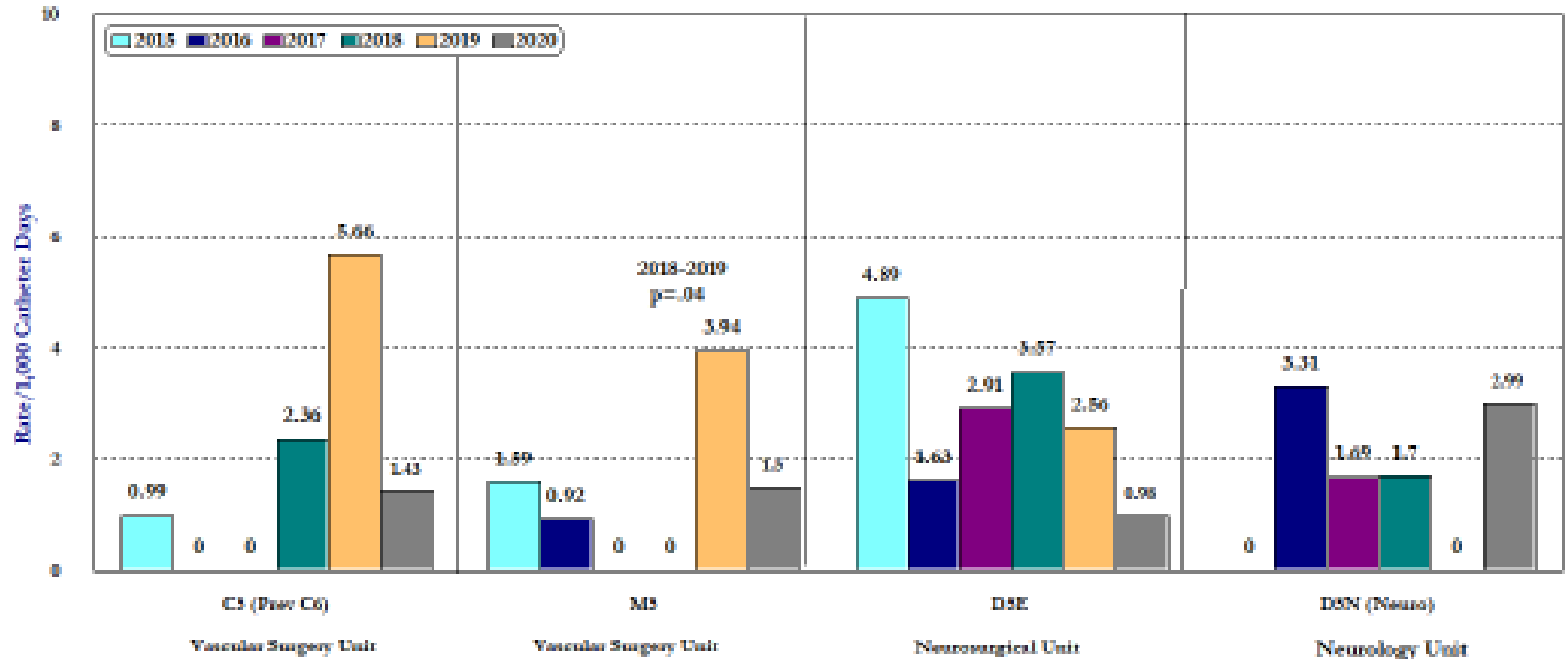
- “A urinary tract infection (UTI) is an infection involving any part of the urinary system, including urethra, bladder, ureters, and kidney... that is associated with urinary catheter use” (CDC, 2019)
- (Number of CAUTIs / Number of Catheter days)

Defined Goal and Source:

- Data is collected by the AMC Department of Epidemiology
- It is compared to the National Healthcare Safety Network’s (NHSN)/Standardized Infection Ratio (SIR).
- $SIR = \text{observed HAIs over predicted HAIs}$. Goal is $SIR < .71$

Catheter-associated urinary tract infections (cauti). (2019, October 1). Centers for Disease Control and Prevention. https://www.cdc.gov/hai/ca_uti/uti.html

Catheter-Associated Urinary Tract Infections (CA-UTIs) Specialty Population Units



Unit	2020 CAUTI _r /UC Days	2015 SIR	2016 SIR	2017 SIR	2018 SIR	2019 SIR	2020 SIR
C5 (Pre-C6)	1/697	0.85	0	0	N/A	4.86 (p=.01)	N/A
M5 (VAS)	1/665	1.57	0.79	0	0	3.38 (p=.04)	N/A
D5E	1/1022	2.58	0.79	1.42	1.74	1.24	0.48
D5N (Neuro)	2/868	0	1.61	0.82	0.83	0	1.46

NHSN (2015 ReBaseline) Risk Adjustment CDC location type, Facility type, Medical School affiliation and Facility Bedsize

AMC 2020 January-September

Plan

- Collaborating with Epidemiology
- No CAUTI's related to Vascular Surgery
 - Urology pt. with chronic foley catheter; sample sent from OR
 - Sample sent on patient who went on comfort care for bacteremia
- Continued topic at every huddle
- Possibly of removing foleys in the PACU explored. Unable to achieve due to PACU RN's use of anesthesia orders and not Soarian-based orders
- Default to foleys removed on arrival to unit
- Include CAUTI reduction as one of our KPI goals in the huddle board, and audit for progress.

Goal #3

Measure: Reduce surgical site infections associated with lower extremity revascularization by 8.39 % by the end of 2020 (for an Observed rate of 10.53%)

Why is it important to patient? The vascular patient population is at an increased risk for surgical site complications due to the presence of multiple co-morbidities, including type II DM and BMI >30.

- SSI's can increase patient costs due to additional diagnostic tests, additional surgeries, antibiotic therapy, and prolonged hospitalization

Definition: According to American College of Surgeons, SSI is a infection that involves only skin or subcutaneous tissue of the surgical incision.

Defined Goal and Source: Achieve a 10.53% SSI rate for 2020

Data

Target
= 8.39

Monthly Result: 21.05
2020 YTD Result: 13.59



NSQIP: Vascular Surgery Lower Extremity Bypass Surgical Site Infection Rate

Reasons for Tracking

NSQIP

Target Source: ACS NSQIP



Notes: Target based on most recent month of NSQIP comparison data.
Color is based on YTD Results

CURRENT REPORT MONTH DATA

The work continues...

- Vascular SSI Reduction work group
- Deployment of a Pre-op checklist
- Standardization of wound care/wider use of Aquacell Ag and Prevena, less wound interruption
- On-demand education video for Rehab facilities, long term care and VNA (regarding care of the post- lower extremity revascularization patients)
- Compression products that the patient can apply post-discharge (research project-now IRB approved, awaiting Farrow vendor training)

continued

- Revised discharge instructions to reflect standardized approach to post-op wound care and the importance of early recognition and intervention at signs and symptoms of infection
- Creation of standardized vascular surgery manual for patients to be used across inpatient and outpatient settings

Barrier: Funding, in-house publication resources have taken a pass at assisting.

Goal #4-Decrease LOS

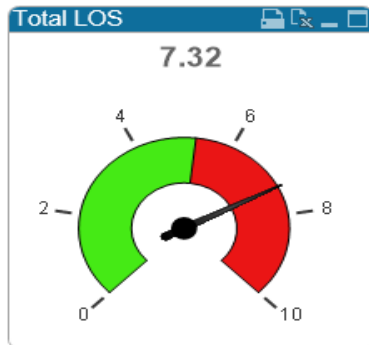
Current Selections

LinkDeptNM: C5[Vascular Surgery;M5[Vascular Surgery • AttendingProviderSpecialtyNM: Vascular Surgery • YearNBR: 2020

LOS Type

Financial LOS (days)

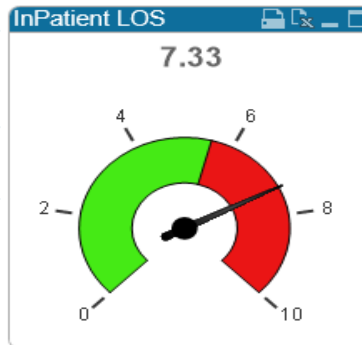
Physical LOS (days)



Total Cases
816

Total Patient Days
5,976

YTD LOS
7.32

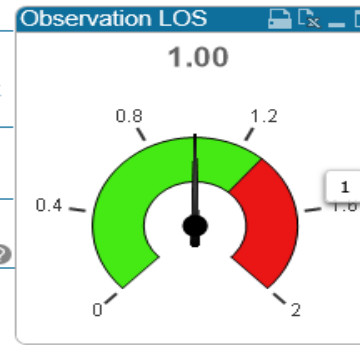


Total Cases
815

Total Patient Days
5,975

YTD LOS
7.33

ELOS
6.13



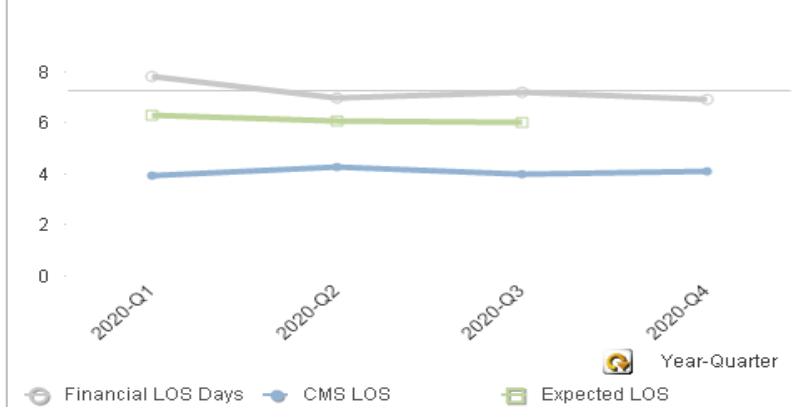
Total Cases
1

Total Patient Days
1

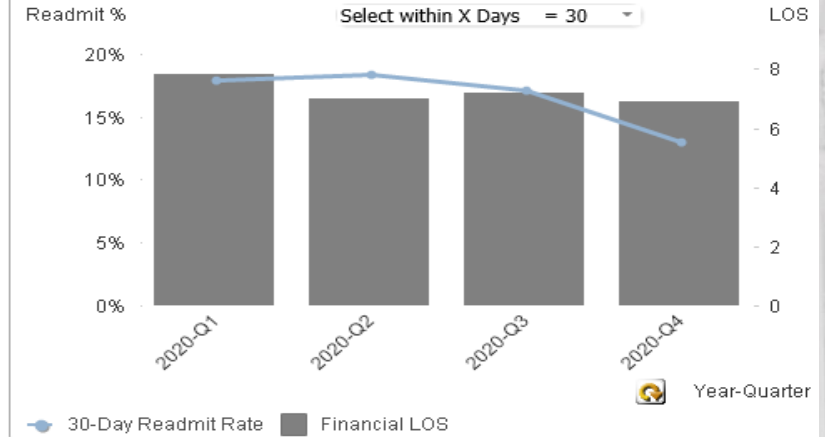
YTD LOS
1.00

Average Financial LOS (days)

Financial LOS (days): 7.33



30-Day Readmission Rate vs Financial LOS (days)



What's New?



New!

- Adoption of VQI (Vascular Quality Initiative) database
- Creation and implementation of Vascular Surgery Certification program

Thank you.