Strategies to Reduce Readmissions, Sepsis, and Health-Care Associated Infections

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1:30pm

Session Objectives

• Describe proven strategies for leveraging nurses to improve rates of readmission, sepsis, and healthcare-associated infections
• Understand the potential impact of direct-care nurse leadership
• Identify focus areas at your facility in which nurse-driven improvement could have a positive impact on clinical outcomes
Session Guide

- Four short presentations about improvement work led by direct-care staff.
  1. Readmission Reduction (Project RED)
  2. Transition Education
  3. Reducing Sepsis Mortality
  4. Reducing Healthcare-Associated Infections

- Time for questions between each presentation
- Lessons learned and advice to take with you
VA Palo Alto Health Care System

- Enrolled Veterans 84,432
- Veterans treated in FY 15: 67,640
- Outpatient visits: 829,990
- Inpatient Admissions: 6,144
- Catchment area: 13,500 Square miles
- Total Budget: $930 million
- Total FTE: +4,000
- Academic Affiliation

Characteristics for Nurse-Driven Improvements

- Patient-safety- or satisfaction-focused
- Evidence-based practice change
- Includes a range of environments
- Willingness to lead at the direct-care level
- Strong leadership commitment, support and coaching
- Change evident in patient outcomes
- Commitment to developing confident, competent, credible nursing staff
Leveraging the Expertise of Direct-Care Staff to Reduce Hospital Readmissions

Kelly Farnam, BSN, RN
Willie Payton Jr., MHSA
Nicole Briones

Identifying a Problem

• Lack of standardized discharge process
• Readmission rates rising
• 2011 rate of 13%
• Medication discrepancy rate of 38%
Choosing a Strategy

- Strategy options: BOOST, STAAR, TCM, Project RED
- Existing case management structure
- Nurse engagement for planning

The RED Model: 12 Elements

7. Review what to do in an emergency and who to contact
Empowering Direct Care Staff

Standardize Discharge Across the Board
- Multidisciplinary collaboration
- Focus on the whole transition of care
- Empower bedside nurse to ensure a safe discharge
- Discharge education documents are created by nurse to eliminate education gaps
A Strategy for Success

Direct actions for bedside nurses
• Voice concerns about readmission before discharge
  Transition Coordinators
• Access patient data for those readmitted within 30
days
• Facilitate communication between inpatient and
  outpatient providers
• Attend daily multidisciplinary meeting to identify
  patients with key diagnosis, and assess need for
  enrollment in Project RED

ICU Discharge
• All Intensive Care Unit patients being discharged
directly home have their care coordination
assessed by Project RED Transition Coordinators
Discharge Appointment Coordinator
• Works with each individual patient prior to
discharge to schedule follow up appointments at
the most convenient time and date for the patient
After Hospital Care Plan (AHCP)
Outcomes

- Decreased readmissions by >30%
- Established reliable nursing discharge process
- Increased nursing communication with interdisciplinary teams
- Created a culture focusing on process, not people
- Decreased medication discrepancies
Lessons Learned

**NOT EVERY READMISSION IS PREVENTABLE!**

- Daily review is necessary to identify gaps for early resolution
- Post-discharge calls by RN help bridge any gaps in care
Questions?

Improving Education Through Engaging Direct-Care Staff

Gloria Martinez, MS, RN, NEA-BC
Kelly Farnam, BSN, RN
Nicole Briones
State of Education

Call to Action:
• Only 40% of patients at discharge could state why they had been admitted
• Discharge Instructions confusing and hard to read

Solutions Implemented:
• Began discharge education process at admission
• Implemented a new teaching tool (After Hospital Care Plan)
• Educated the patient utilizing teach back
• Have direct-care nurses lead and coach the process
• Created teach back videos to train staff

Video - The Bad
Maintaining the Momentum

- Teach back as the only way to educate patients
- Taking ownership of the teaching process
- Teach back champions on each unit to address unit specific challenges (OR/PACU- how to make teach back relevant)
- Ensure all nurses get teach back education as part of their new hire orientation
- Incorporate teach back as a part of nursing documentation
**Educational Materials**

**Patient Care Plan**

- **Patient Name**: [Redacted]
- **Healthcare Providers**: [Redacted]
- **Care Team**: [Redacted]

**Limiting Fluids**

- **Weigh Twice the Tensile Strength**: [Redacted]
- **Important**: [Redacted]
- **Do’s**: [Redacted]
- **Do nots**: [Redacted]
- **Keep**: [Redacted]

**Patient Aligned Care Team**

- **Primary Care Physician**: [Redacted]
- **Nurse Coordinator for Primary Care Visit**: [Redacted]
- **Support Contact**: [Redacted]
Get Feedback from Patients!

- Veteran and family friendly information. No medical jargon
- Allows for sharing of pertinent information with family/caregivers
- Has a notes section for patient or family to write questions to ask PCP

Lessons Learned and Outcomes

Lessons Learned
- Staff development
- Investment
- Actively listen
- Patients learn better when you engage them

Outcomes
- Peer accountability
- Active partner in care
- Patients love the care plan!
Questions?

Sepsis Initiative: Developing Nurses as Leaders and Evidence-Based Practitioners

Denise Renfro, MS, RN
Goal

Develop emerging nurse leaders with the ability to be:
1. EBP Practitioners
2. Change Agents
3. Facilitators of learning
4. Consultants and initiative champions
5. Collaborators across disciplines
6. Confident communicators and presenters

While also improving a facility clinical practice

Strategy

Evidence-Based Practice Fellowship Program
• Rigorous application process
• Investment of 72 hours (9 learning sessions)
• Theory and Application
• Development of Leadership Skills

Regional goal to reduce sepsis mortality rate by 10%
Staff-Driven Improvements

- Johns Hopkins Model
- Sepsis Guidelines
- Pilot tests of change
- Screening Tool
- Order Set
- Simulation

Outcomes

- Leadership development of direct-care nurses
- Skill development and confidence
- Peer accountability and recognition

Decreased sepsis mortality by 12% and saved 14 lives!
Lessons Learned

- Team stability
- Just-in-time coaching
- Interdisciplinary champions
- Evolving learner milestones

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Jennifer Ellman, MSN, RN
Questions?

Developing Nurse-Led Teams to Reduce Hospital-Acquired Infections

Jennifer Elliman, MSN, RN, NE-BC, CEN
Call to Action

CLABSI

C. difficile

MRSA

Plan: Partner for Excellence
Develop Direct Care Staff

- Align units under common goal
- Support psychological safety
- Create a culture to “improve from within”

Strategy: Leverage the Workforce

- Discover common challenges
- Appreciate uniqueness of specific practice environments
- Develop an inclusive plan
- Collaborate to remove barriers
Create a Roadmap

1. Assemble the “right” team
2. Observe current state
3. Review best practices
4. Develop strategy and plan
5. Accountability

Root Cause Analysis

Why were we not meeting our goals?

- Education and Training
- Documentation and Communication
- Variability in Practice
Develop a Mindset for Continuous Improvement

Outcome

Hospital Onset Healthcare Facility Associated (HO-HCFA) CDI Rate
Acute Care Units

Quarter

Rate per 10,000 bed days of care

CDI rate
VA/PAVCS Acute Care rate goal
Linear (CDI rate)
Outcome

Catheter Associated Urinary Tract Infections (CAUTI)
Acute Care Units

Lessons Learned

Challenges

• Hardwire the process
• Resistance
• High-risk population

Keys to success:

• Focus on the patient
• Leverage direct-care staff and decentralize improvement teams
• Use evidence-based practice
Questions?

Lessons Learned

- Developing direct-care leadership is an investment
- Focus only on processes, and not on people
- Develop coaching relationships with your direct-care staff
- Encourage your nurses to showcase their capabilities
- Provide the time and resources to allow PDCA to work
- Listen to staff and to patients
- Empower and appreciate
Translating To Your Facility

• Take the time to plan
• Build a strong team and include opinion leaders, direct-care staff and patients
• Set ground rules for communication
• Assign champions and accountability

Translating To Your Facility

• “Chunk and check”
• Daily management
• Don’t take no for an answer. Challenge the status quo
• Bust the myth
• Take risks and celebrate wins!
Final Questions