DCHA
District of Columbia Hospital Association

DC Hospitals Improve State Rankings for Hospital Acquired Infection (HAI) Measures

DCHA Elevates Quality Programs and Improves Patient Safety by Leveraging Subject Matter Experts from Across Member Hospitals

District of Columbia Hospital Association
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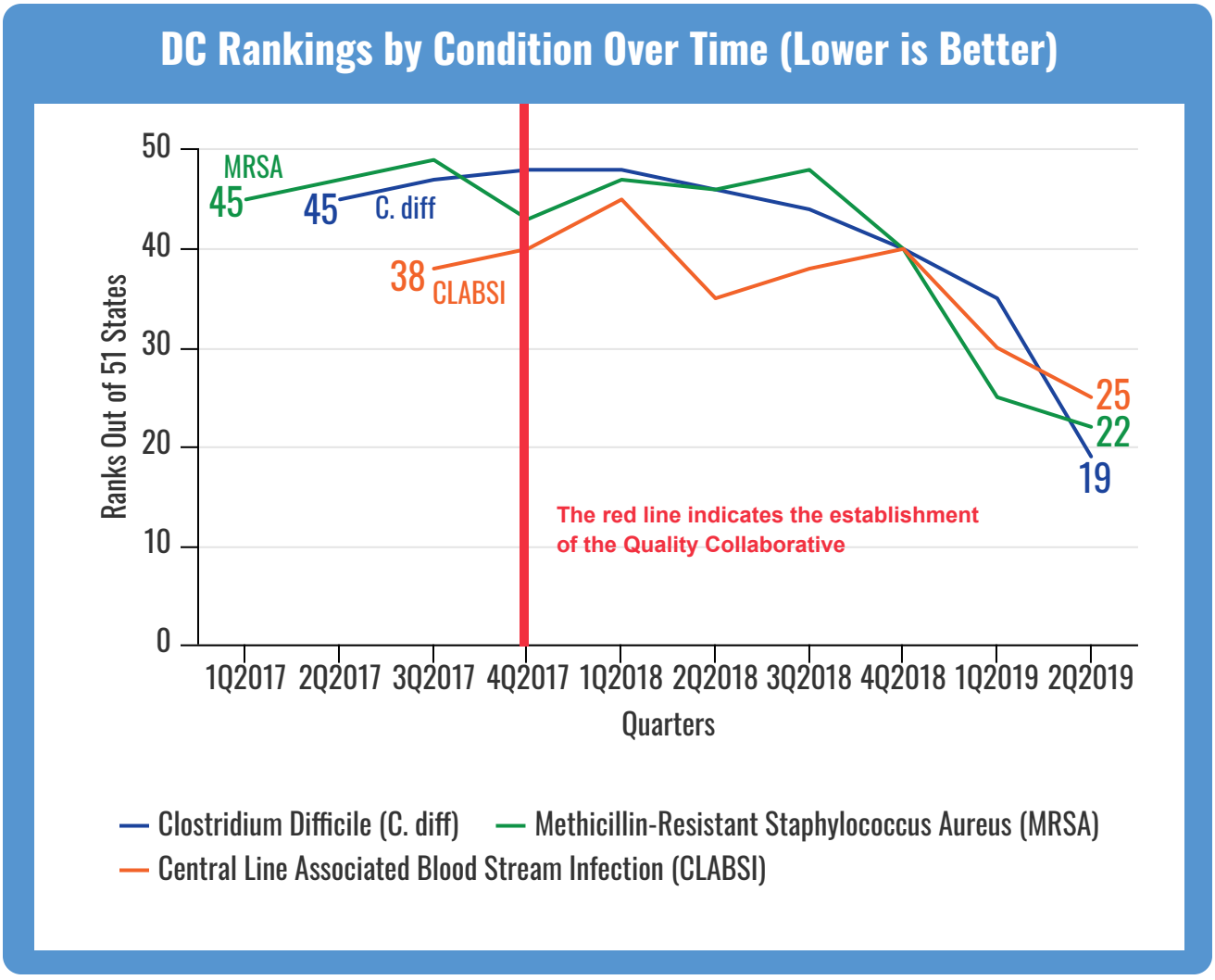
DCHA's Quality Collaborative Paves the Way to Improved State Rankings

DCHA members created the **Quality Collaborative** (QC) in the last quarter of 2017 to support District of Columbia (DC) hospitals in their collective pursuit to become a recognized leader in high quality, safe and innovative patient care. The QC includes a Core Committee and Workgroup structure to identify best practices and facilitate performance improvement activities. The workgroups include physician leaders, chief nursing officers, and subject matter experts on infectious disease/infection prevention, emergency management, and care coordination.

The QC is proud to announce that through the leadership and collaboration of the Infectious Disease/ Infection Prevention (IDIP) Committee, DC hospital state rankings have improved significantly for three healthcare-associated infection (HAI) measures.

According to the *Quality Program Measures Trend Analysis Report*, DC most recently received the following rankings out of 51 states: CLABSI: 25th in the nation; MRSA: 22nd in the nation; and, C. diff: 19th in the nation. The graph below depicts the significant progress made since 2017.



DC Hospitals are Committed to Improving Their Infection Measures

Before the inception of the QC, DC hospitals were not performing well on HAI measures, and DC ranked amongst the lowest performing states on HAI prevention. The IDIP Committee focused on the identification of best practices and opportunities to foster educational collaborations across member hospitals. Hospitals alternated lead roles based on the expertise and best practice initiatives occurring at each organization. In addition, several grant activities and partner initiatives were implemented with the goal of improving HAI measures. Over time, the relationships fostered through these efforts enabled the hospitals to share, learn and improve.

What is the secret to their success?

Leadership & Coordination

The QC serves a critical role advising the committees as they proceed on their quality journeys. The IDIP Committee co-chairs encouraged participation from the member hospitals and guided committee members in their identification and defintion of performance measures. This working group included representatives from acute care, long-term acute care, and specialty hospitals, with participation from external health care partners (e.g., DC Health, DC Health Care Association, Qlarant QIO, American Hospital Association) as needed. The commitment to shared decision-making and leveraging collective expertise encouraged the culture that fostered learning and adoption of effective practices.

Data Collection & Analysis

Embracing the QC philosophy that DC hospitals do not compete on quality, the Committee members unanimously agreed to regularly share HAI aggregated data as well as hospital-specific data. The Committee decided to focus on four HAIs: Central Line-Associated Blood Stream Infections (CLABSI); Catheter-Associated Urinary Tract Infections (CAUTI); Clostridium difficile (C. diff); and Methicillin-resistant Staphylococcus aureus (MRSA).

DCHA leveraged its access to the CDC National Healthcare Safety Network (NHSN) to collect the data for each facility. There were two advantages to this data collection process: 1. The process ensured access of timely data, as publicly reported data can be more than two years old. 2. Featuring hospital specific data strengthened the Committee's capability to identify leading organizational performance, progress toward goals, and successful improvement strategies.

Comparison with Publicly Available HAI & NHSN Data	Baseline SIR (2017 Data)	Q2 2019 SIR
Clostridium difficile Infections (CDI)	1.00	0.47
Central Line Associated Bloodstream Infections (CLABSI)	0.90	0.56
Catheter Associated Urinary Tract Infections (CAUTI)	0.81	0.72
Methicillin Resistant Staphylococcus aureus (MRSA) Bloodstream Infection	1.15	0.67

Note: Baseline data obtained from Hospital Compare standardized infection ratios (SIR) submitted through NHSN. Q2 2019 SIR obtained from NHSN.

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Collaboration & Promotion

QC and Core Committee members continue to cite the importance of the DCHA forum to convene hospital experts, connect peers driving the sharing of ideas and build relationships among key stakeholders in support of infection reduction. The IDIP Committee benefited from several multi-stakeholder activities that contributed to their significant improvement in the District's national rankings. These activities were both designed and led by the Committee as well as supported through national grant funded opportunities. Key projects included:

IDIP Committee Quality Initiative: Sharing Best Practices in Diagnostic Stewardship and Physician Engagement for the Reduction of C. diff

One hospital served as a champion facility showcasing a new framework to reduce hospital onset C. diff infection rates by facilitating clinically appropriate diagnostic stewardship. Through analysis of their data, they discovered that providers were often performing unnecessary C. diff testing and identifying a number of patients who were colonized, but not actually infected with C. diff. Infection rates were thus falsely elevated, and patients were receiving unnecessary treatment. Once the problem was identified, the hospital embedded an algorithm into their electronic health record to guide appropriate C. diff testing. In addition, the hospital infection prevention team began reviewing ordered C. diff tests and, when appropriate, discussing the cases with the ordering physicians. The IDIP Committee was able to learn about this strategy, compare it to their own, and modify/adapt their clinical workflows based on their needs.

DCHA + DC Health Implement the CDC Infection Control Assessment & Response Initiative

In partnership with DC Health, DCHA completed the CDC Infection Control Assessment and Response (ICAR) initiative with the eight acute care and two long-term acute care hospitals in DC. This effort was designed to assess critical components of infection prevention programs at hospitals and use the data to drive improvement strategies. All hospitals had a site visit, completed an evaluation of their programs, and provided after-action reports to highlight areas of improvement. The IDIP Committee wanted to enhance the learning opportunity. Leveraging their connections with the DC Health Healthcare-Associated Infection Advisory Committee, DCHA partnered with the Advisory Committee to hold a "show-and-tell" for participating hospitals to highlight lessons learned, share successful programs currently in place, and discuss other opportunities for networking, sharing, and promoting the efforts of all DC hospitals.

AHA Health Research & Education Trust (HRET): States Targeting Reduction of Infections Via Engagement (STRIVE) Program

The STRIVE Program was led by HRET, through funding from the Centers for Disease Control and Prevention, bringing together state-level organizations and acute care and long-term acute care hospitals across the country to improve infection prevention and control. The aims of the initiative were to:

- Reduce HAIs
- Strengthen infection control practices through CDC's Targeted Assessment for Prevention strategy
- Strengthen relationships among state hospital associations, state health departments and other state HAI partners
- Improve implementation of infection control practices in existing and newly constructed health care facilities

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Agency for Healthcare Research and Quality (AHRQ) Safety Program for ICUs to Prevent CLABSI & CAUTI

The purpose of this project was to reduce CLABSI and CAUTI rates in hospital intensive care units (ICUs) with elevated infection rates. The program utilized the Comprehensive Unit-Based Safety Program (CUSP) model, which has been a successful approach for driving improvements in healthcare challenges in hospitals. A key feature of this program was connecting hospitals with like units from across the country through virtual learning collaboratives, aligning subject matter expertise and frontline resources to expand infection prevention efforts.

Two hospitals participated in this program and each hospital then shared their quality stories with the DCHA IDIP Committee and at the DCHA Patient Safety & Quality Summit in June 2019.

Education & Training

The IDIP Committee is committed to identifying educational opportunities, and when possible, providing trainings or resources to build the skills, knowledge and efficacy of frontline staff. With the support of DCHA, the Committee was able to facilitate the following events and activities:

Annual National Healthcare Safety Network (NHSN) Workshop

DCHA teamed up with DC Health, DC Health Care Association and the Association for Professionals in Infection Control and Epidemiology to provide annual trainings on updates to NHSN.

DCHA Patient Safety & Quality Summit

DCHA's signature event! Save the date for the next summit to take place June 4, 2020.

American Hospital Association (AHA) Coaching Bootcamp

DCHA was able to send hospital staff to the training at AHA in Chicago, IL for the AHRQ Safety Program for ICUs.

Subject Matter Expertise

As part of the AHRQ Safety Program for ICUs to Prevent CLABSI & CAUTI, DCHA had the opportunity to provide a special presentation from lauded infection preventionists and providers, Dr. Sanjay Saint, Chief of Medicine and Dr. Payal Patel, Medical Director of Antimicrobial Stewardship, with the Veterans Affairs Ann Arbor Healthcare System. They presented to the IDIP Committee on *Reducing CAUTI & CLABSI: Practical Approached for Improvement*.

For more information about the Quality Collaborative and Core Committees, please email DCHA's Assistant Vice President of Patient Safety & Quality Operations Gayle Hurt at ghurt@dcha.org.

DCHA Member Hospitals

BRIDGE+POINT CAPITOL HILL

BRIDGE+POINT NATIONAL HARBOR

Children's National

THE GEORGE WASHINGTON UNIVERSITY HOSPITAL

HUH HOWARD UNIVERSITY HOSPITAL

MedStar Georgetown University Hospital

MedStar National Rehabilitation Network

MedStar Washington Hospital Center

PIW Psychiatric Institute of Washington

Saint Elizabeths SHINING THE LIGHT SINCE 1855

SIBLEY MEMORIAL HOSPITAL JOHNS HOPKINS MEDICINE

UMC UNITED MEDICAL CENTER

VA U.S. Department of Veterans Affairs
Veterans Health Administration
Washington DC VA Medical Center