



## Quad Cities Coalition Meeting

June 5, 2019

9am – 11am

# Welcome, Introductions, & Review

- What's new?
  - Survey results?
  - CMS Regulations Update?
- 2019 SMART Goals
  - **ED Transfer rate:** 1.2% (per 1,000 patients)
  - **Readmission rate:** 14% or below
- NNHQIC Data Review

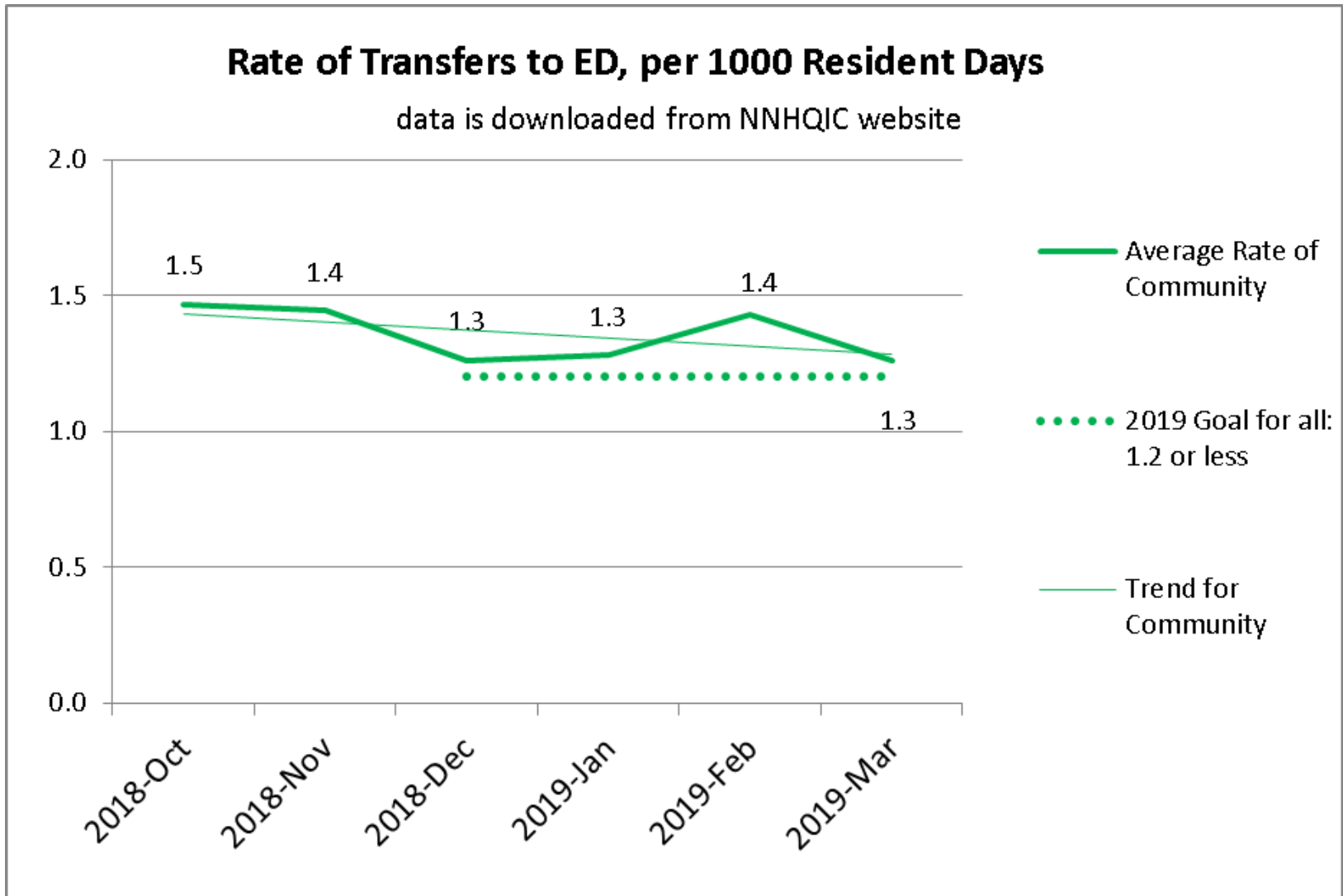
# Rate of Transfers to ED, per 1,000 Resident Days

Red # indicates PAC data (All stay data not available as of 05/13/19)

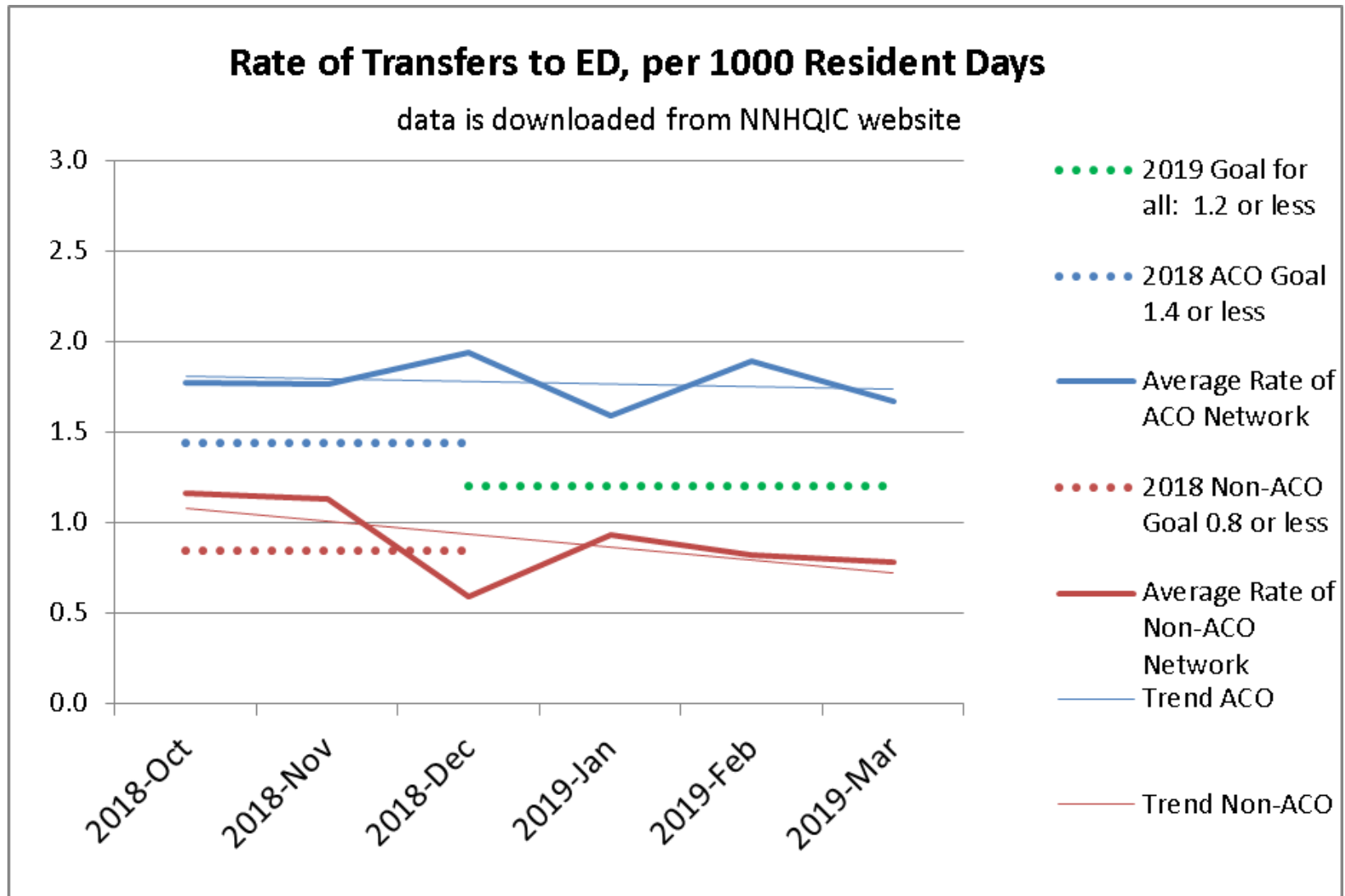
Red NH Name indicates Items Summaries tool not completed or not completed correctly

NH Name	2018-Oct	2018-Nov	2018-Dec	2019-Jan	2019-Feb	2019-Mar
2019 Goal for all: 1.2 or less			1.2	1.2	1.2	1.2
2018 Non-ACO Goal 0.8 or less	0.8	0.8	0.8			
<b>RIDGECREST VILLAGE</b>	1.3	2.2	0.4	1.5	0.8	1.2
Davenport Lutheran Home	0.4	0.8	1.2	0.7	0.9	1.8
<b>Iowa Masonic Health Facilities</b>	1.3	0.9	0.0	1.8	0.5	0.5
<b>Genesis Medical Center - DeWitt</b>	1.9	3.5	0.5	2.0		
<b>Hope Creek Care Center</b>	1.5	0.0	1.1	0.2	0.8	0.5
<b>St. Anthony Nursing and Rehabilitation Center</b>	0.0	0.7	0.3	0.0	0.4	0
<b>Hammond Henry Hospital</b>						
<b>Rosewood Care Center Of Moline</b>						
<b>Hillcrest Home</b>	2.0	0.0	0.3	0.3	1.5	0.7
<b>GENERATIONS AT ROCK ISLAND</b>						
<b>Aspen Rehab and Health Care</b>	0.9	0.9	0.9			
Average Rate of Non-ACO Network	1.2	1.1	0.6	0.9	0.8	0.8
2018 ACO Goal 1.4 or less	1.4	1.4	1.4			
<b>Kahl Home</b>				2.4	2.4	
Davenport Good Samaritan Center	1.5	1.0	0.3	0.6	0.9	0.0
Friendship Manor	3.6	2.4	1.9	1.2	1.3	1.6
<b>Lutheran Living Senior Campus</b>	1.0	1.0	1.0	0.2	0.7	0.2
<b>Manor Care - Utica Ridge</b>	2.9	4.5	4.3	3.7	5.3	4.3
Heartland Health Care Center - Moline	2.7	2.7	3.5	2.9	1.4	2.9
Trinity Medical Center - West	0.0	2.5	0.0	0.0	0.0	0.0
Illini Restorative Care	1.0	0.0	3.0	1.7	3.1	2.7
<b>Good Samaritan Society - Geneseo Village</b>	1.5	0.0	1.5			
Average Rate of ACO Network	1.8	1.8	1.9	1.6	1.9	1.7

# Rate of Transfers to ED, per 1,000 Resident Days



# Rate of Transfers to ED, per 1,000 Resident Days



# 30-Day Readmission Rate

% readmitted to hospital within 30 days of the date of discharge from hospital

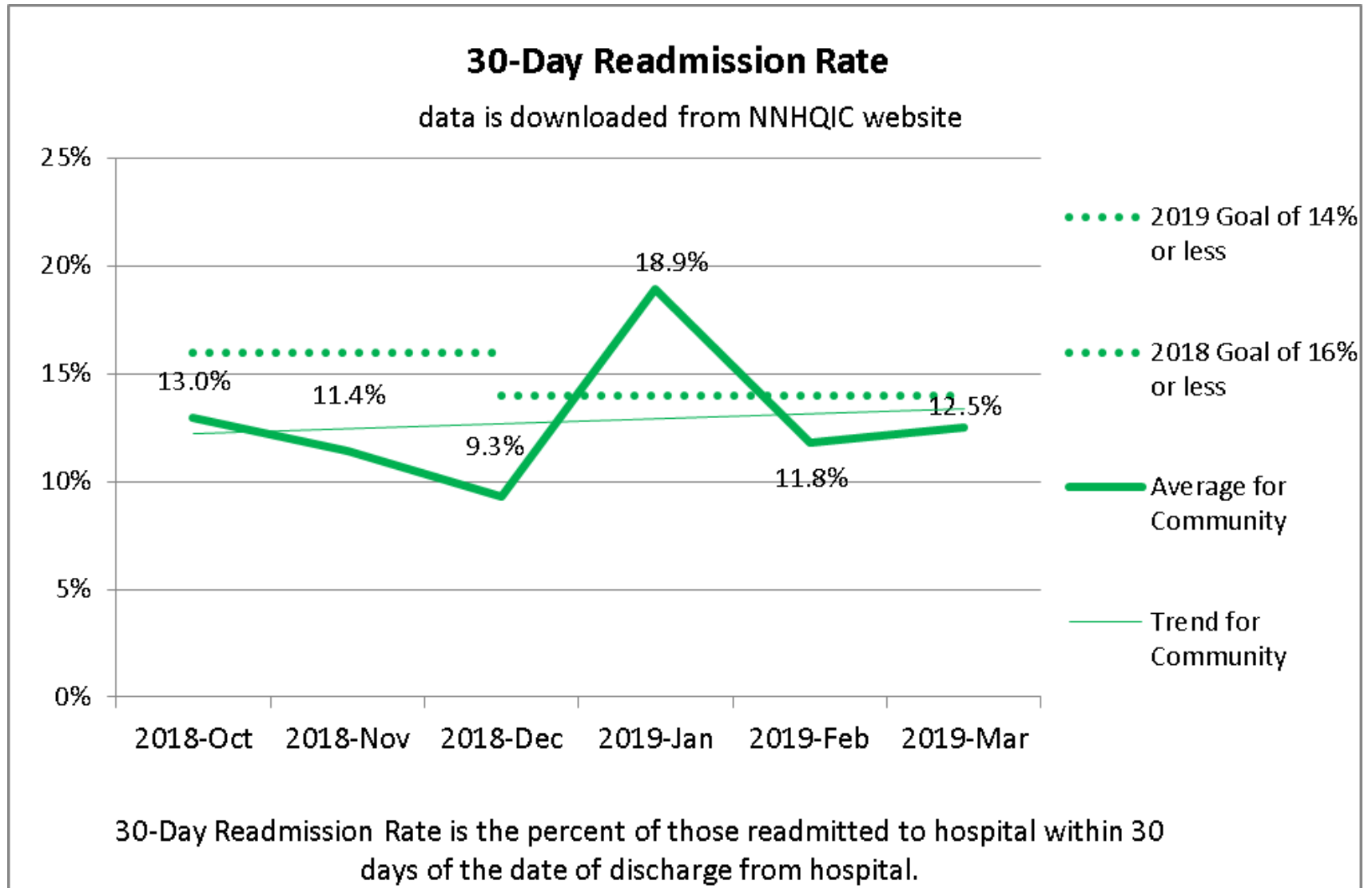
Red # indicates PAC data (All stay data not available as of 05/13/19)

Red NH Name indicates Items Summaries tool not completed or not completed correctly

NH Name	2018-Oct	2018-Nov	2018-Dec	2019-Jan	2019-Feb	2019-Mar
2019 Goal of 14% or less			14%	14%	14%	14%
2018 Goal of 16% or less	16%	16%	16%			
<b>RIDGECREST VILLAGE</b>	28.6	0.0	10.0	20.0	0.0	14.3
Davenport Lutheran Home	14.3	0.0	25.0	46.2	20.0	0.0
<b>Iowa Masonic Health Facilities</b>	16.7	25.0	0.0	10.0	0.0	16.7
<b>Genesis Medical Center - DeWitt</b>	0.0	33.3	0.0	40.0		
<b>Hope Creek Care Center</b>	0.0	9.1	9.1	10.0	14.3	10.0
<b>St. Anthony Nursing and Rehabilitation Center</b>	20.0	11.8	25.0	20.0	27.3	20.0
<b>Hammond Henry Hospital</b>						
<b>Rosewood Care Center Of Moline</b>						
<b>Hillcrest Home</b>	0.0	0.0	15.4	10.0	11.1	15.4
<b>GENERATIONS AT ROCK ISLAND</b>						
<b>Aspen Rehab and Health Care</b>	33.3	14.3	0.0			
Average for Non-ACO Network	14.1%	11.7%	10.6%	22.3%	12.1%	12.7%
<b>Kahl Home</b>				18.8	8.0	
Davenport Good Samaritan Center	0.0	10.5	5.3	11.8	4.3	0.0
Friendship Manor	23.5	20.0	7.7	11.8	20.0	4.3
<b>Lutheran Living Senior Campus</b>	19.0	15.0	12.2	29.0	11.1	25.8
<b>Manor Care - Utica Ridge</b>	16.2	13.8	11.6	19.2	11.9	12.6
Heartland Health Care Center - Moline	13.8	15.5	14.5	22.4	17.9	23.2
Trinity Medical Center - West	8.3	5.1	7.4	3.1	12.0	15.6
Illini Restorative Care	13.9	9.1	5.1	11.3	7.0	4.5
<b>Good Samaritan Society - Geneseo Village</b>	0.0	0.0	0.0			
Average Rate of ACO Network	11.8%	11.1%	8.0%	15.9%	11.5%	12.3%

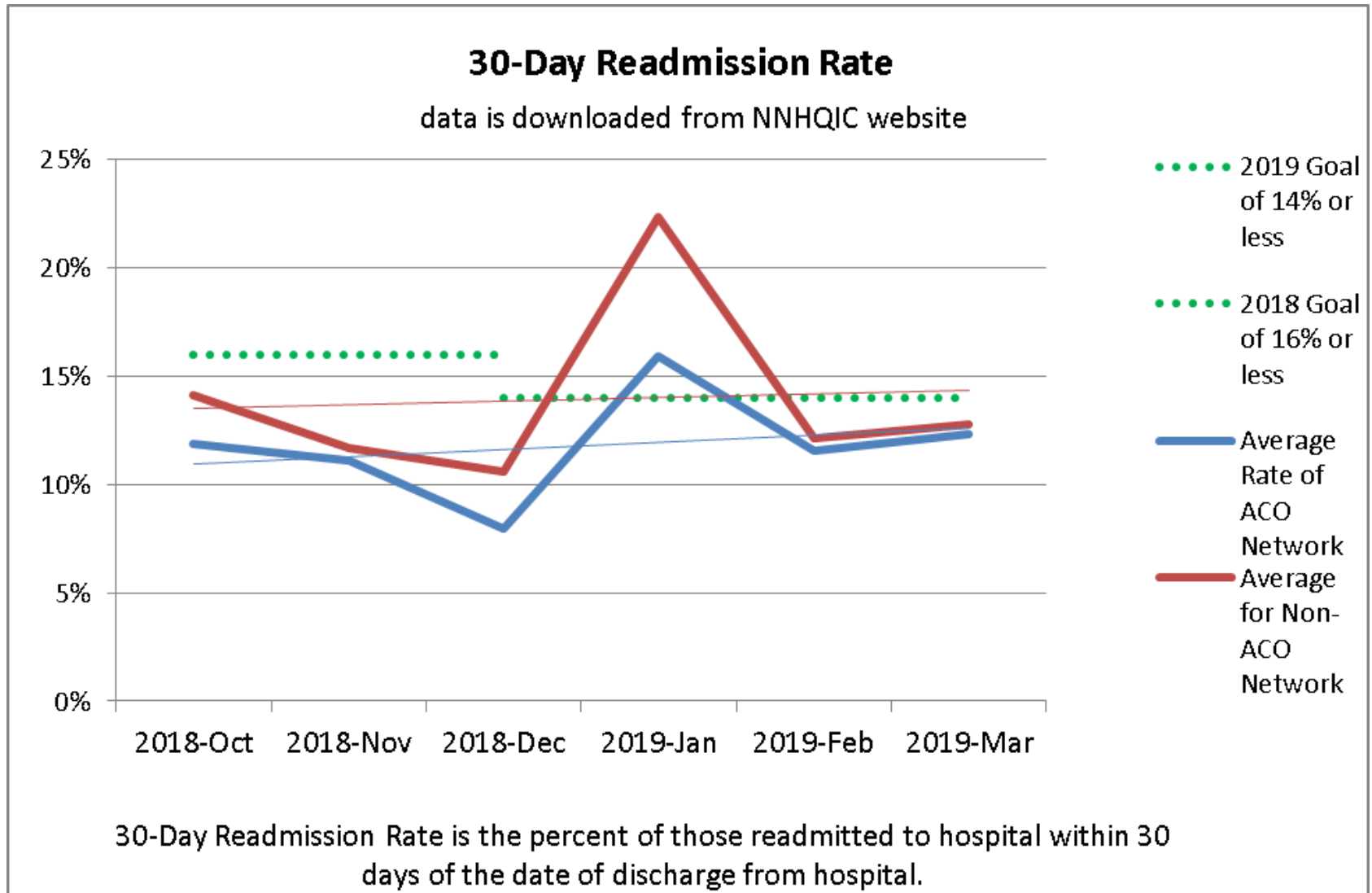
# 30-Day Readmission Rate

% readmitted to hospital within 30 days of the date of discharge from hospital



# 30-Day Readmission Rate

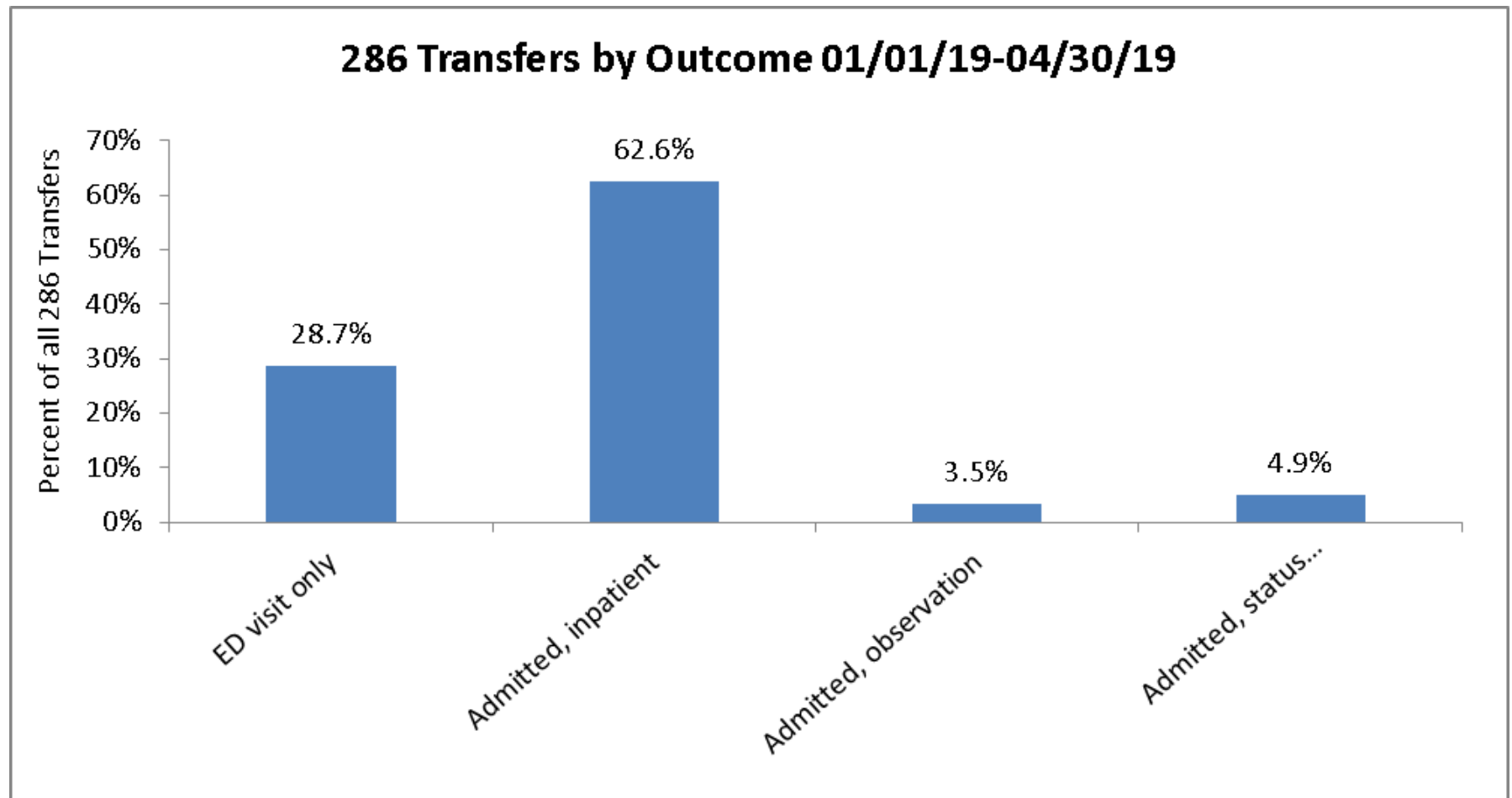
% readmitted to hospital within 30 days of the date of discharge from hospital





# All providers

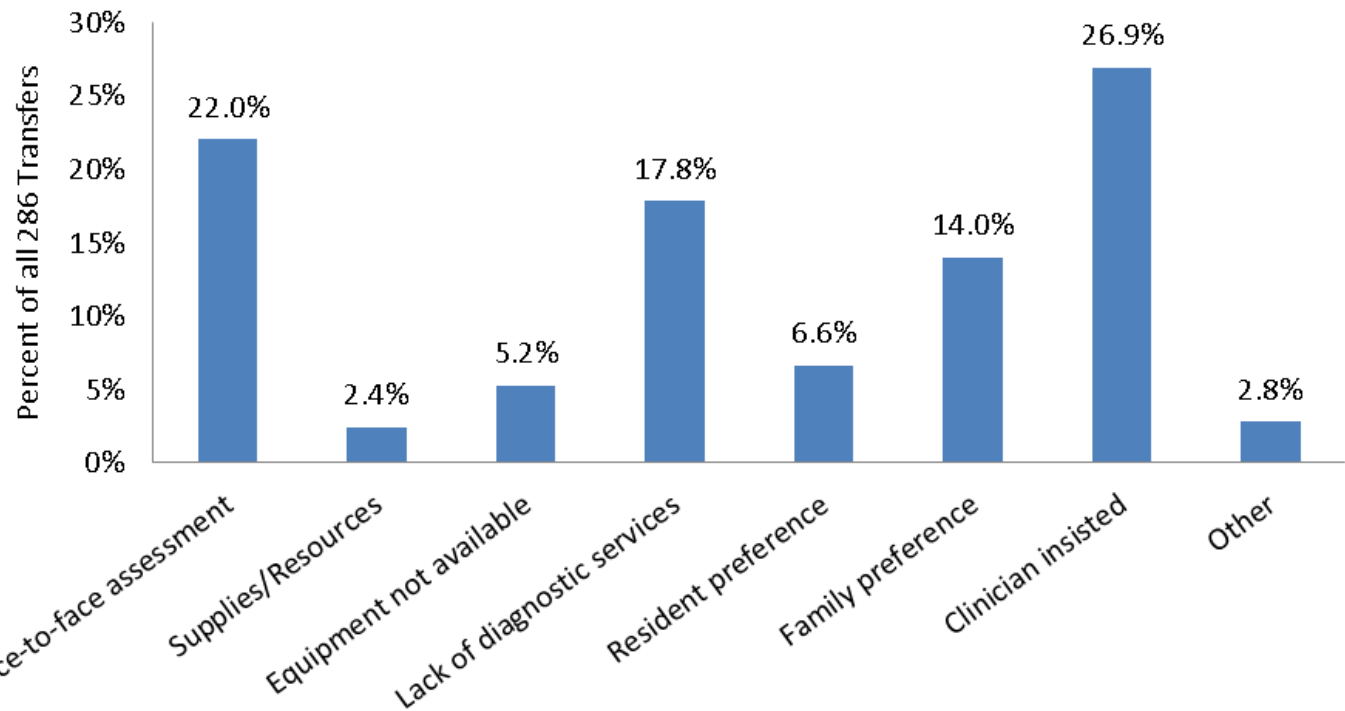
## Transfers by Outcome – Item Summary



# All Providers

## Reasons for Transfers – Item Summary

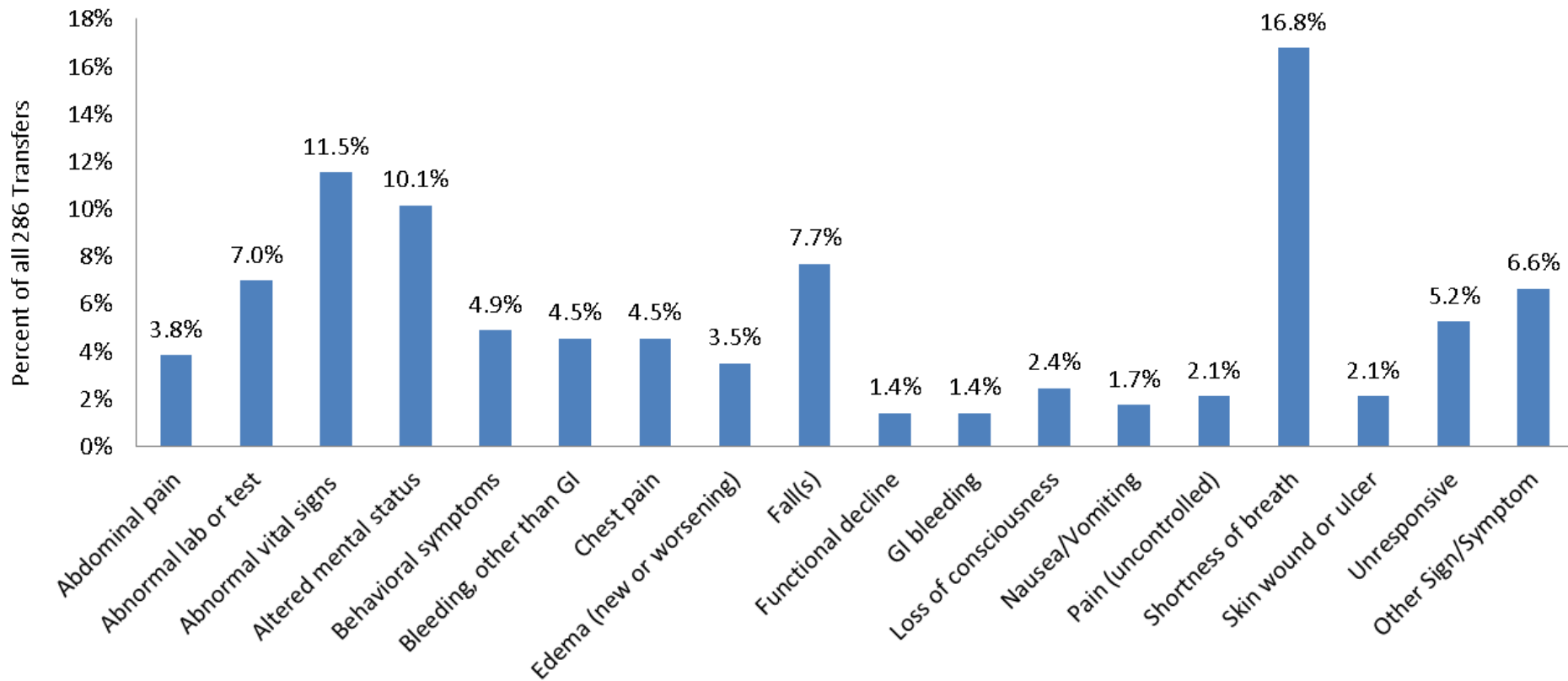
**Primary Contributing Reasons for 286 Transfers 01/01/19-04/30/19**



# All Providers

## Primary S/S leading to transfer – Item Summary

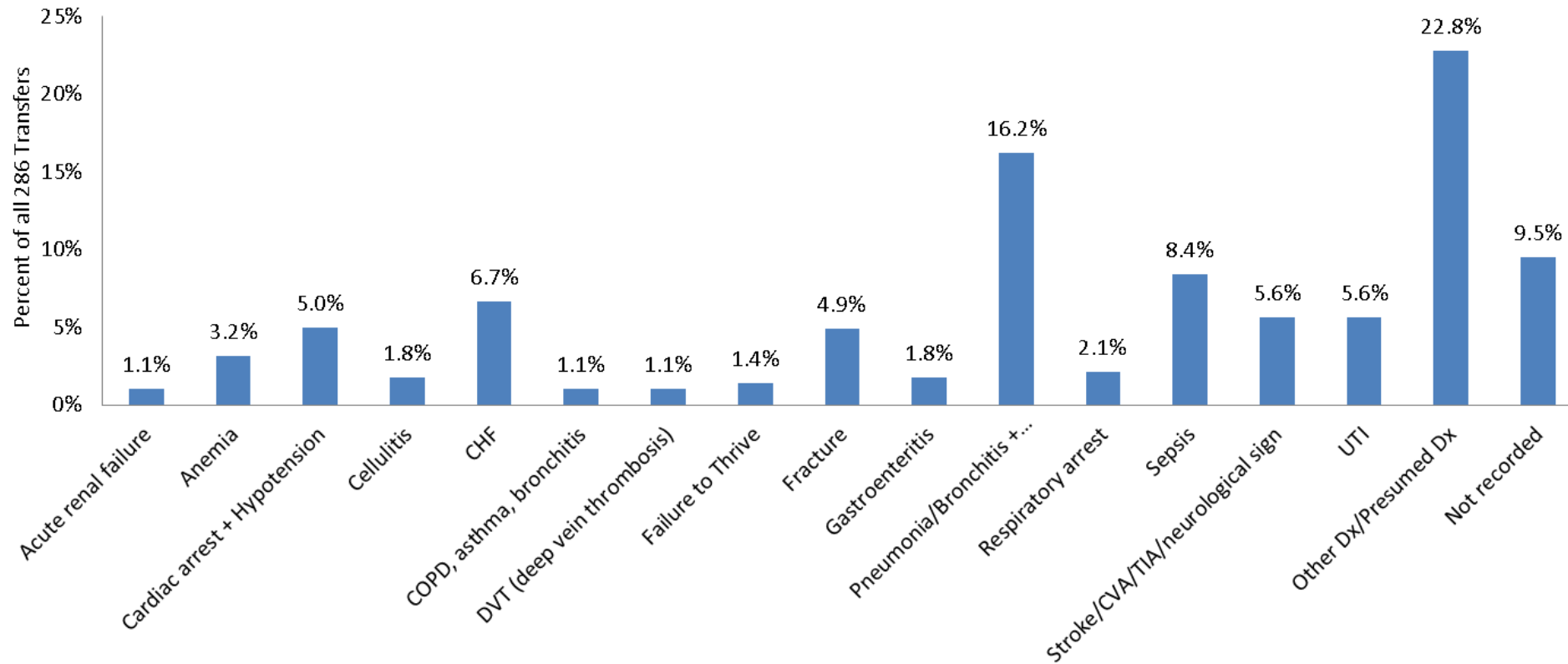
Primary Sign/Symptom Leading to 286 Transfers 01/01/19-04/30/19



# All Providers

## Presumed Diagnosis leading to transfer – Item Summary

Primary Diagnosis/Presumed Diagnosis Leading to 286 Transfers 01/01/19-04/30/19



# Reminder – “Other Diagnosis”

- When using the “other, not listed” column, please list the diagnosis in the “notes” section.
- Please do not leave it blank.
- We are tracking these for trends to see what may be need added to workbook in the future.

## QCA SNF Coalition: Sepsis Training and Education Tools

Action	Frequency	Key Participants
<b>EDUCATION</b>		
I. Staff Sepsis Training <ul style="list-style-type: none"> <li>Pre-test Sepsis Quiz</li> <li>Faces of Sepsis <a href="#">video</a></li> <li>911 <a href="#">PowerPoint</a></li> <li>Post-Test Sepsis Quiz</li> </ul> ★ Send quiz results to Dianna @ Telligen for tracking: <a href="mailto:Dianna.ranger@area-d.hcqs.org">Dianna.ranger@area-d.hcqs.org</a>	Upon hire & Annually	All staff members
II. Sepsis Stop Light Tool <ul style="list-style-type: none"> <li>Include copy of 'Signs of Infection and Sepsis at home' in each discharge packet.</li> <li>Put in protector sleeve (and facility magnet if applicable) for residents to post on home fridge.</li> </ul>	Upon admission, reviewed throughout stay, & upon discharge.	All residents
III. Staff Decision Tree <ul style="list-style-type: none"> <li>Print and laminate for nurses' stations.</li> </ul>	Available 24/7	All facility nurses' stations
<b>TOOLS/REFERENCES</b>		
IV. Infographics from Sepsis Alliance <a href="#">here</a> <i>-Includes Sepsis symptom cares (TIME), posters and infographics</i>	PRN, Available 24/7	All facilities, all staff
V. Sepsis Fact <a href="#">Sheet</a> by Sepsis Alliance		
VI. ACT Fast "The 3 100's"		
VII. Sepsis <a href="#">Quiz</a> website		

### Sepsis Stoptlight Tool

<https://healthinsight.org/tools-and-resources/send/367-sepsis/1392-signs-of-infection-and-sepsis-at-home-stoptlight-flier-tmf>

### Decision Tree

<https://www.mnhospitals.org/Portals/0/Documents/ptsafety/SeeingSepsisLTC/2.%20Seeing%20Sepsis%20algorithm%20for%20skilled%20nursing%20facility.pdf>

### ACT Fast: "The 3 100's"

<https://www.mnhospitals.org/Portals/0/Documents/ptsafety/SeeingSepsisLTC/5.%20Seeing%20Sepsis%20-%20ACT%20FAST%20-%20for%20LTC.pdf>

# Sepsis Quiz Review

- Pre/Post-Test results

- Paper quiz template ready for use (thanks Tracy!)
  - Any edits needed?
- When utilizing quiz for training, send results to Dianna.
- What facility data do we want to collect and track?

- Sepsis Quiz cards

- Only 10 people have taken the quiz so far. Be sure to use the LINK on the card
  - *For staff training purposes, use the paper handout*
- Please take more cards if needed.
- Add link to your facility FaceBook sites. Directions printed out for you today and Tracy emailed a few weeks ago.

# Sepsis Work F/U

- April Minutes f/u (outstanding)
  - Development of Sepsis “hub” to house all information for facilities to use (Marianne)
- May Minutes f/u
  - Summarize plan in tool to share at next meeting (Allison)
    - Completed; will discuss later.
  - Copies per facility of the stop light tool (Tracy)
    - Distributed today.
  - Contact Sepsis Alliance to see if we can individualize tools (Tracy)
    - Tracy contacted Sepsis Alliance and there is a fee associated with edited the tool.
  - Group 2 to meet again and work on standardization of paper transfer tool and tool in PCC (Jen and group).
    - To discuss later today.
- Parking Lot items:
  - TIME Card to utilize as badge cards? (Marianne to assist in distribution)
  - Flash drives for all facilities to utilize housing Sepsis information (Marianne – tabled for now)



# Hand-off Communication Update / Breakout Huddle

PCC work update by Jen and group.

## Verbal Report Hand-off Standardization

-EMS input on vital information needed for hand-off

- Standard Info
- Methodology
  - ✓ Point of Transfer to EMS
  - ✓ Warm hand-off call to ED

*What information needs to be reported out and by who?*

### Sepsis

Sepsis Box 1-Risk Factors for Sepsis	
	Nursing Home resident ( <i>If yes move on to box 2</i> )
	Recent influenza/Viral Illness
	Immunosuppression
	Splenectomy
	Recent Surgery/Invasive procedure
	Recent Hospitalization
	Productive cough
	Diarrhea
	Fever/Chills/Rigor
	Alteration of Mental Status

*If patient presents with a risk factor for sepsis proceed to Box #2; additional "history Questions"*

Sepsis Box #2-History Questions Suggestive of New Infection	
	Pneumonia
	UTI/Urinary Bladder Catheter?
	Acute Abdominal Infection?
	Skin/Soft Tissue/Wound Infection?
	Bone/Joint Infection?
	Peripheral IV/PICC Line Infection?
	Implantable Device Infection?

*If "yes to any of the above "history questions" proceed to Box #3, SIRS Criteria*

Sepsis Box #3-Systemic Inflammatory Response Syndrome (SIRS)	
	Temperature >100.9F or <96.8F
	HR >90
	RR>20
	B/P <90 Systolic or MAP <65
	End Tidal CO2 of < 32 mm Hg

### Special Considerations

Advise the responding EMS crew of a "Sepsis Alert" if the answer is "yes" to a least one question in each of the first 2 boxes, **AND** at least two questions in the third box

# Commitment Agreement

*Will you commit 100% to this work for our community benefit?*

- Signing of poster
  - ‘SAY CHEESE’
- Press release FYI



# Homework...

## ACTIVE ACTION ITEMS



No meeting in July.

August meeting-COME PREPARED to discuss the following:

- What education has been started?
  - *Will report out on Sepsis quiz data.*
- What successes have you had so far?
- What challenges have you experienced so far?
- Feedback on hand-off process.

# Upcoming Webinar Offerings



## **This Month at Telligen**

[Moving From MIPS to an APM: Sharing APM Success Stories](#)

6/18/19 | Webinar | 1 hour

[Collaboration Makes the Infection Program Stronger](#)

6/19/19 | Webinar | 1 hour

# A Few Reminders

- Please be sure to sign in at every meeting.
  - If new to group, please **print legibly** and include email address to be added to contact lists.
- NNHQIC date due by the 10<sup>th</sup> of each month to:
  - Tracy Pieters
    - [Tracy.pieters@area-d.hcqis.org](mailto:Tracy.pieters@area-d.hcqis.org)
    - \*Tracy will be out of the office from 5/28-6/17. Please contact Chloe Steffensmeier @ [Chloe.Steffensmeier@area-D.hcqis.org](mailto:Chloe.Steffensmeier@area-D.hcqis.org) or Dianna for any needs.
  - Dianna Ranger
    - [Dianna.ranger@area-d.hcqis.org](mailto:Dianna.ranger@area-d.hcqis.org)
- Do you have updates to your capability tool?

# Thank You

Tracy Pieters, RN

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