



Energizing CDI Prevention Efforts Workshop

Co-Presented by
DeAnn Richards (MetaStar)
Jill Hanson (WHA)





Welcome and Introductions

Share which hospital you are from and it's bed size

Workshop Objectives


- Hospitals will evaluate their current facility CDI prevention program using the NHSN Targeted Assessment for Prevention (TAP) Report and Tool
- Participating hospitals will identify five areas of CDI improvement to target within their organization
- Hospitals will develop a plan based on CDI prevention best practices to address their targeted improvement

Hospital-Specific Folder

- Hospital Specific TAP Report
- TAP Cheat Sheet
- TAP Assessment Tool
- Intervention Decision Matrix
- CDI Resource Guide
- PDSA Sheet (blank template)
- PDSA Sheet with CDI Example
- 2016 CDI Areas of Improvement Form
- To-Do List

Workshop Agenda

Topic	Presenter	Time
Welcome and Introductions	DeAnn/Jill	8:00 – 8:30 am
CDI Targeted Assessment for Prevention (TAP) Tool	DeAnn/Jill	8:50 – 9:50 am
Break		9:50 – 10:00 am
Tap Tool – Learn All, Share All	All	10:00 am – 11:40 pm
Hospital TAP Report	DeAnn	11:40 – 12:00 pm
Lunch – On Your Own		12:00 – 1:15 pm
Energizing Your CDI Prevention Efforts	DeAnn/Jill	1:15 – 2:45 pm
Area of Improvement Report Out	All	2:45 – 3:25 pm
Wrap-Up and Evaluation	DeAnn/Jill	3:25 – 3:45 pm



CDI Targeted Assessment for Prevention (TAP) Tool

TAP Tool Overview

- History of the tool
- Purpose of the tool
- Accessing the electronic version

Accessing the TAP Assessment Tool

<http://www.waqualitycenter.org/PartnersforPatients/CDIFF.aspx> → Click on Fillable TAP Response form on the left side CDI workshop section


<https://www.lsqin.org/initiatives/hai/wisconsin-cdi-workshop/> → Click on Fillable TAP Response Form

Now you have until 9:50 a.m. to work on this assessment tool.



Break

9:50 – 10:00 a.m.



TAP Tool – Learn All, Share All

- Capture best practices/barriers of the group
- CDI Resource Guide

Hospital TAP Report

- Overview of how to run and utilize your TAP Report from NHSN



Lunch

12:00 to 1:15 p.m.



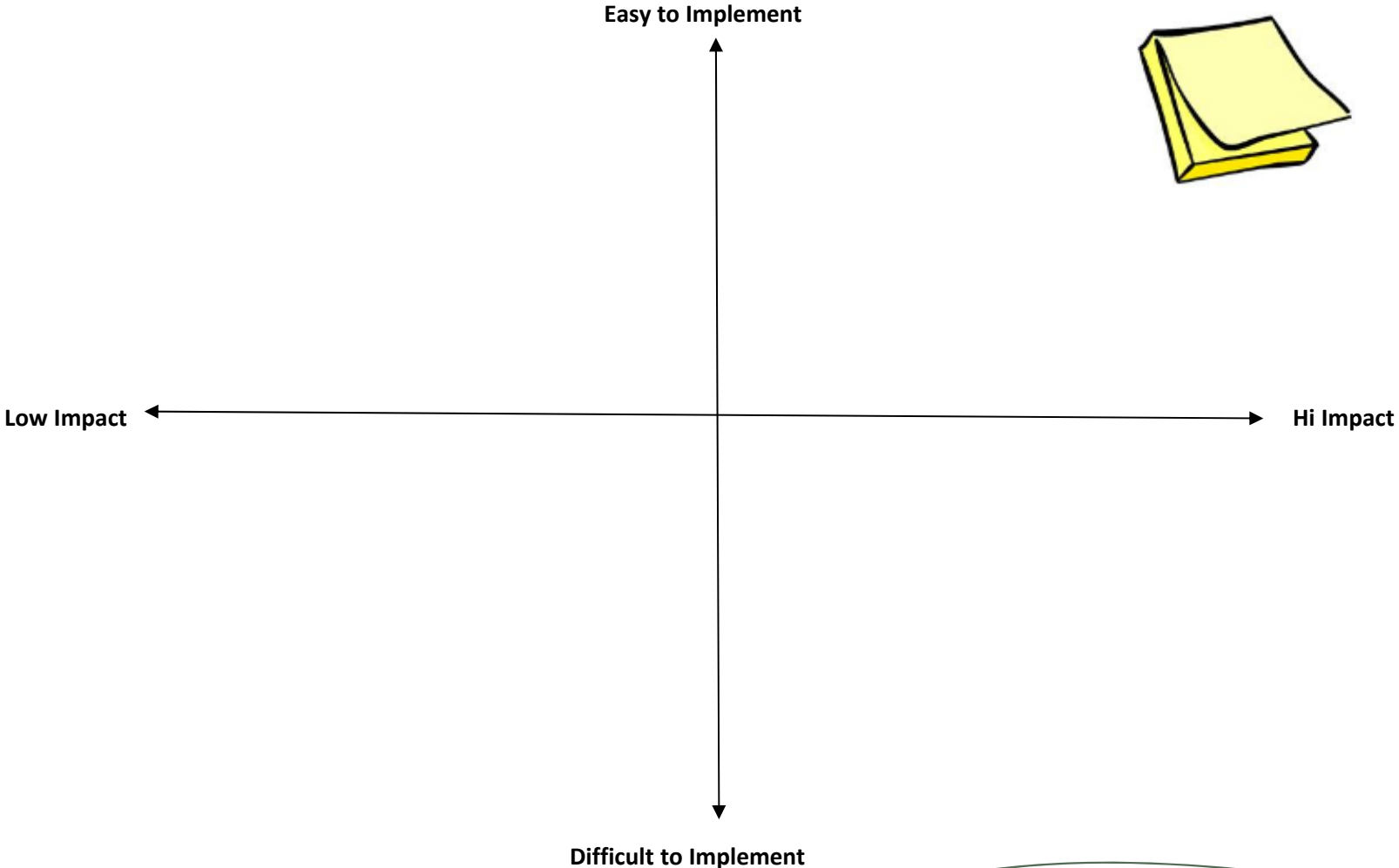
Energizing Your CDI Prevention Efforts

Brainstorming Your Focus Areas

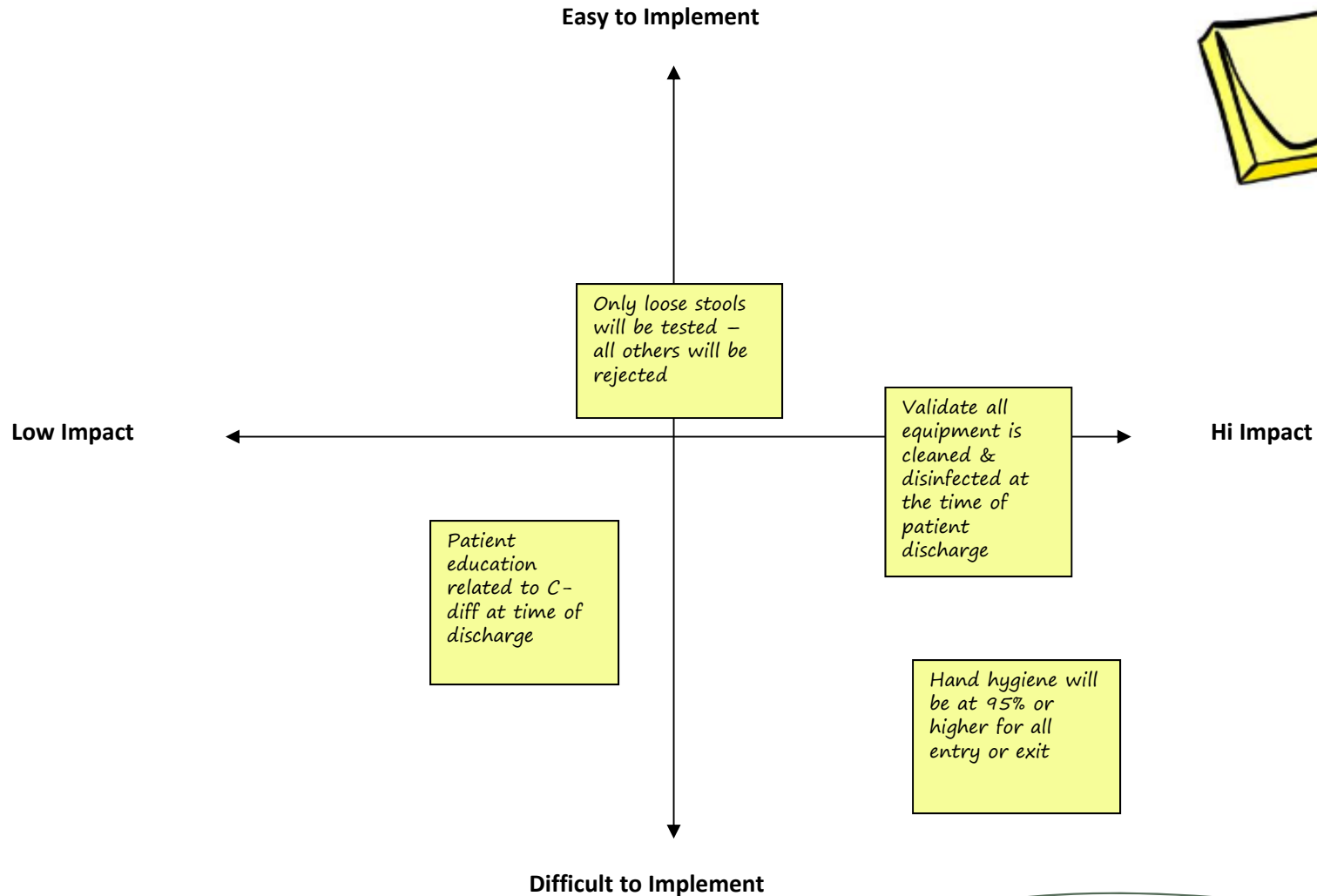
Brainstorming Instructions

- For each identified category, generate ideas as a team and record each idea on a separate post-it note.
- Sort post-it notes with similar strategies/suggestions.
- Draw a matrix on a white board or a flip chart easel.
- Use the matrix to assess the feasibility of the post-it notes.
- Alternately, you could evaluate other factors such as High Cost-Low Cost.
- A separate decision matrix would be completed for each identified category.

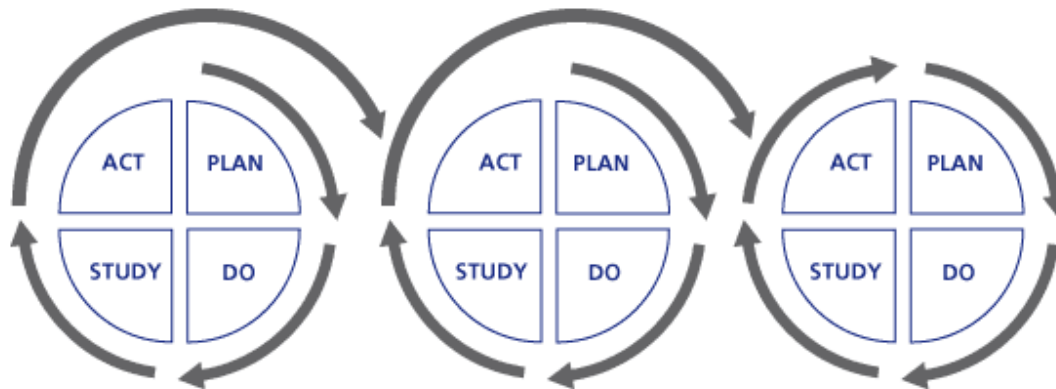
Decision Matrix



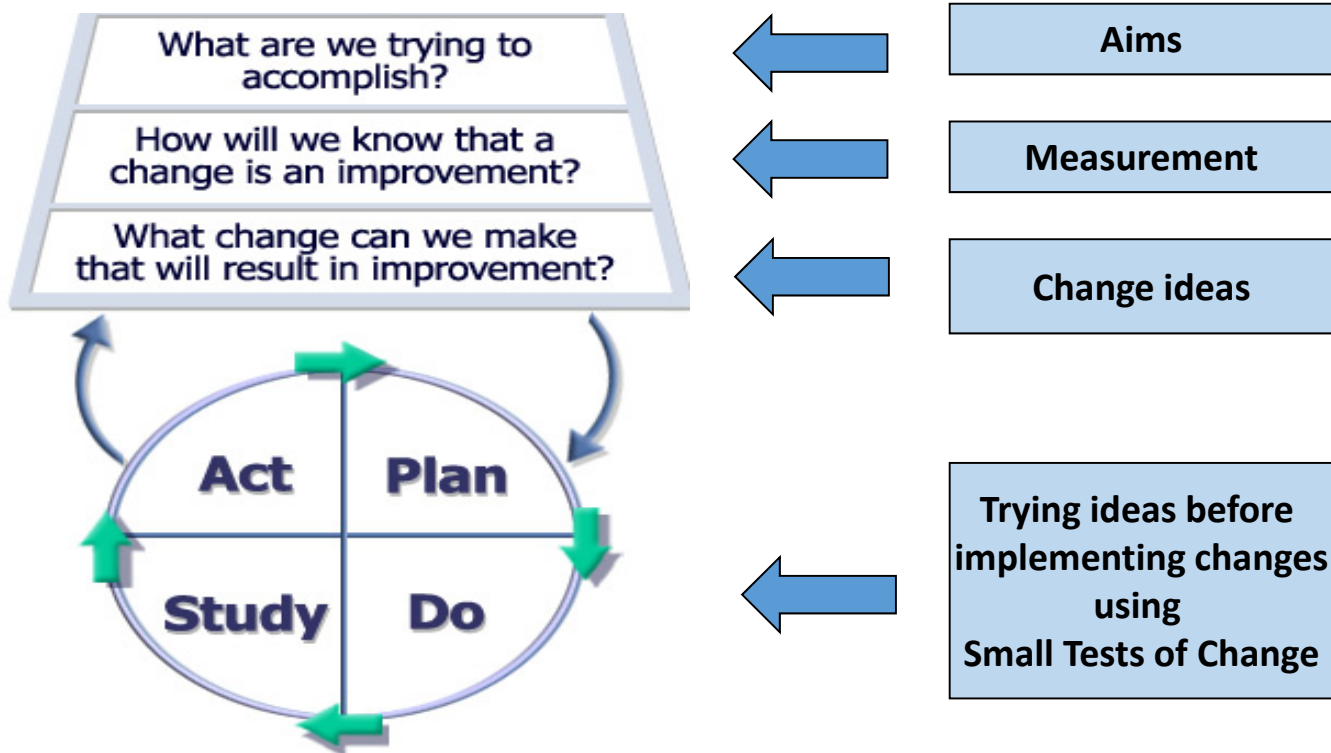
Decision Matrix – CDI Example



What change can we make that will result in improvement?



Model for Improvement



Reasons to Test Changes

- Increase belief that the change will result in improvement
- Decide whether the proposed change will work on the unit
- Evaluate how much improvement can be expected from the change
- Minimize resistance upon implementation
- Decide which of several proposed changes will lead to the desired improvement

PDSA Exercise



Simulation to Learning PDSA Studying Data

At your tables choose a person for each role:

1. Master clinician
2. Documenter
3. A timekeeper
4. An accuracy score inspector

Goal: Put Sam back together as efficiently and accurately as possible

On your PDSA Sheet identify one theory and one prediction:

Example:

PDSA Cycle #	Theory/Approach	Time Prediction	Errors/Defects
1	Start with L Arm	60 seconds	3

1st PDA Testing Cycle

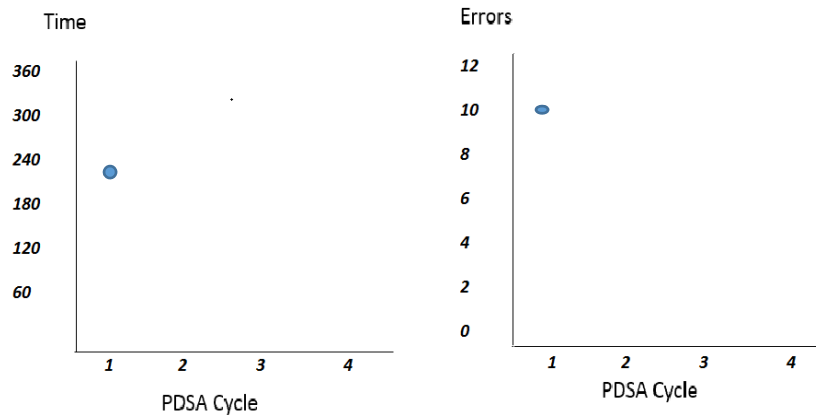
- **Master clinician** will put together Sam
- **Documenter** write down time and accuracy when done

5 Minutes

Do NOT Start the next Cycle

Document Your Data Over Time

First Cycle



Plan Next Test

PDSA	Theory	Prediction	Errors/Defects
2	Start with Left Arm	Time: 50 Sec.	Accuracy: 2

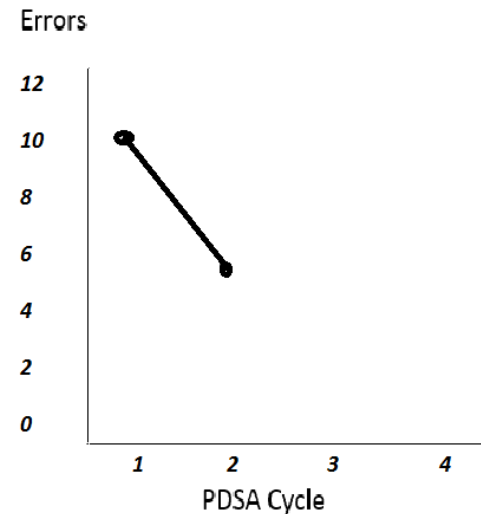
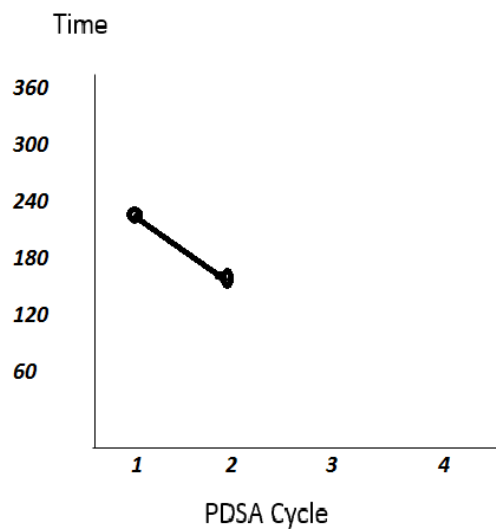
2nd PDSA Testing Cycle

- Document Best Practice and come up with prediction
- **Master clinician** will put together Sam (based on Best Practice)
- **Documenter** write down time and accuracy when done

5 Minutes
Do NOT Start next Cycle

Document Your Data Over Time

Second Cycle



Plan Next Test

PDSA	Theory	Prediction	Errors/Defects
3	Start with Mouth	Time: 30 Sec.	Accuracy: 1

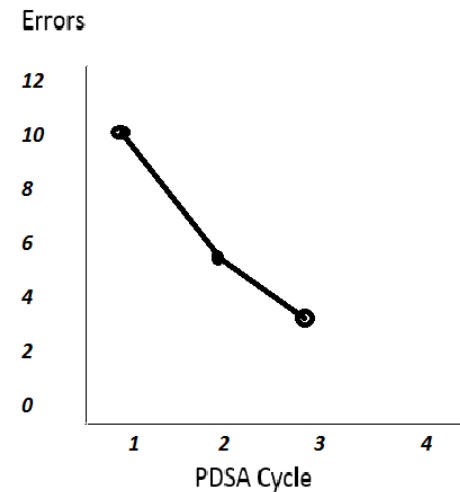
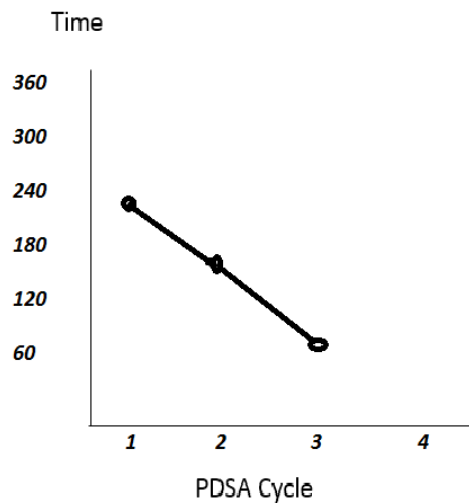
3rd PDsA Testing Cycle

- Document New Theory and come up with prediction
- **Master clinician** will put together Sam
- **Documenter** write down time and accuracy when done

5 Minutes

Do NOT Start next Cycle

Document Your Data Over Time Third Cycle



Plan Next Test

PDSA	Theory	Prediction	Errors/Defects
4	New Approach	Seconds	Accuracy Rate?

4th PDsA Testing Cycle

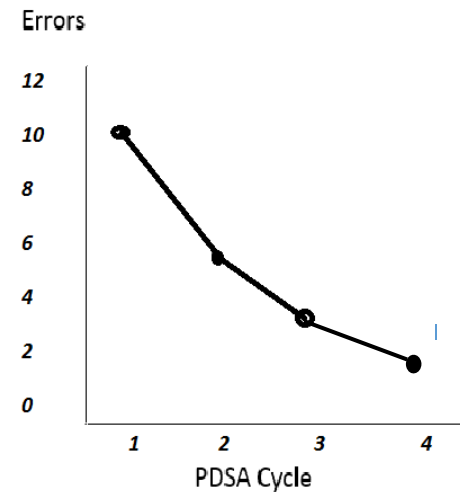
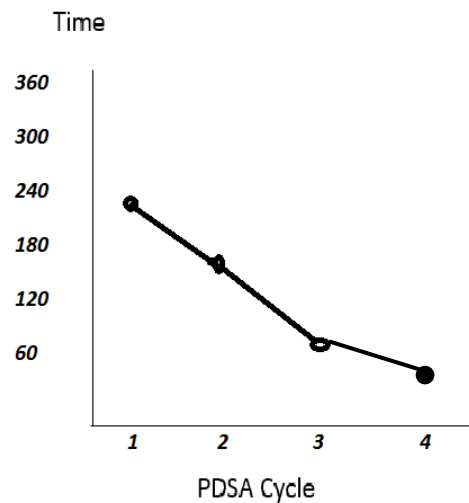
- Document New Theory and come up with prediction
- **Master clinician** will put together Sam (based on a new theory)
- **Documenter** write down time and accuracy when done

5 Minutes

Do NOT Start next Cycle

Document Your Data Over Time

Fourth Cycle



Plan Next Steps...

Debrief

Thoughts:

1. How can unwritten rules become obstacles?
2. What is the value of collaboration with team and across units?
3. Why is it important to document and measure?

Adapt – Adopt - Abandon

The basic decision point after each cycle of testing:

Adapt – the test shows improvement is needed OR the tipping point has not been reached yet

Adopt – the test show the process or tool is stable and is ready for use

Abandon – the test is a failure OR some aspect of change should be abandoned

DESIGN PLAN FOR SMALL TESTS OF CHANGE

Initiative: Overall Aim Intervention: Test of change team wants to try

Smallest Change: Minimum to be tested (e.g., 1 room) Scope: Who is involved / Unit Total # of Staff Impacted: # staff this will impact

Planned Testing Timeframe: Estimate how long the testing will take Total # of Staff to Test: Depends on staff experience with PDSA cycles

	Test Description	Test Plan	Testers	Lesson(s) Learned	Decision	Adaptation
1	What will the test be?	When & where will the testing occur? Feedback collection?	Who will test?	What happened when you did the test?	What is the decision based on the testing?	What changes will be made for the next test cycle
2	What will the test be based on the decision and adaptation?				<input type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	
3					<input type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	
4					<input type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	
5					<input type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	
6					<input type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	

Small Tests - CDI Example

Initiative: Reduce CDI's by 15% by December 31, 2016

Intervention: Isolation Precautions Signage

Smallest Change: One room **Scope:** All staff entering patient rooms on the Med/Surg Unit

Total # of Staff Impacted:

Planned Testing Timeframe: 5/30/2016

Total # of Staff to Test:

	Test Description	Test Plan	Testers	Lesson(s) Learned	Decision	Adaptation
1	Standardize precautions signage locations, test one room at a time	Testing to be completed May 26th.	Staff accessing patient rooms 101, 102, 103	Signage too large and didn't stick to the wall	<input checked="" type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	Reduce size of signage, place in same area.
2	Test newly sized signage	Testing to occur May 28th.	Staff accessing patient rooms 101, 102, 103	Signage size seems ok, but need better placement area	<input checked="" type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	Add magnet to signage and place on doorframe
3	Test new signage in new placement area	Testing to occur May 29th	Staff accessing patient rooms 101, 102, 103	Signage needs to be a little larger and posted in a plastic sign holder	<input checked="" type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	Modify size of signage, place in plastic holder
4	Testing the new signage in plastic holder	Testing to occur May 30th	Staff accessing patient rooms 101, 102, 103	Positive feedback from staff on new signage and placement location	<input checked="" type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	Create additional signage for patient rooms and test in all applicable rooms.

CDI Energizing Tests of Change

- Decision Matrix (paper version)
- Design for Small Test of Change Form**
- Design for Small Test of Change CDI Example

***Available on websites*



Area of Improvement Report Out

Determine who on your team is going to present.
Verbally share of one improvement area to target.

Wrap-Up and Evaluation

- Complete To-Do List
- Watch your email for post workshop evaluation

Thank You!

Jill Hanson, CSSGB
Certified Just Culture Champion
Improvement Advisor
Quality Improvement Manager
Wisconsin Hospital Association
P 608.268.1842
jhanson@wha.org

DeAnn E. Richards, RN, CIC
Infection Prevention Project
Specialist
MetaStar, Inc.
1-800-362-2320 ext. 8228
drichard@metastar.com

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