QUALITY HEALTH STRATEGIES

Moderator: Janet Robinson
May 23, 2013
12:00 pm CT

Operator: Ladies and gentlemen, thank you for standing by. Welcome to the Central Line Insertion Practice webinar. During the presentation, all participants will be in a listen-only mode. Afterwards we will conduct a question and answer session.

At that time if you have a question, please press star then the number 1 on your telephone. If you would like to withdraw your question, press the pound key.

As a reminder, this conference is being recorded Thursday, May 23. I would now like to turn the conference over to Janet Robinson Director Quality Improvement Programs with the Delmarva Foundation. Please go ahead ma'am.

Janet Robinson: Thank you (Suzette). Good afternoon and thank you for taking the time to join us today.

As (Suzette) said I'm Janet Robinson Director of Quality Improvement Programs here at Delmarva Foundation. And I'd like to welcome everyone to our webinar on central line insertion practices review. Also here today is (Carolyn Jackson) Project Manager for the hospital HAI work here in Maryland and DC for Delmarva and also (Christina Mister-Ward) our Quality Improvement Consultant.

Just a few housekeeping details before we get started. As a reminder - as (Suzette) said - to minimize background noise and insure that everyone can hear, we'll go through the presentation in a listen-only mode. At the end there will be adequate time to ask questions and we'll open up the lines then. We'll also be recording this session and encourage you to have any of your staff who would like to listen to do so. We'll be sending out the link for that recording.

The objectives for today are to explain the purpose of the clip review and the process for Delmarva assistance if it's needed in your entry and to identify for you the information that you'll have available following the review and how you'll be able to use that information in your facility.

Just as a reminder, we do have a state support team for both Maryland and DC. And we have pictures here of some of our team members and I'd like to just review. You've seen this slide many times - those of you in Maryland. But we have Dana Bonistalli, Jeanne DeCosmo, Beverly Miller and Karol Wicker from Maryland Hospital Association and (Carolyn Jackson) and myself from DFMC.

For those folks in the District of Columbia we also have (Rhonda Dixon) who is a little camera shy and did not provide a picture for our slide today but most of you know her well and also (Carolyn Jackson) and myself again for DFDC.

One of the things we're going to talk about today or actually the main topic is the bundles and what we've learned about the bundles. I'd like to acknowledge first (Denise Murphy) for this slide which we've used in a previous presentation back in January. But in a study that was published in 2011, bundle compliance in ICU's in 250 hospitals across the country was assessed.

Some of the results of that study show that only 49% of those units had a written central line bundle policy and also that among those that monitored compliance, only 38% reported a very high adherence rate. And only when an ICU had a policy, monitored compliance and had greater than 95% compliance did the CLIP rate decrease. The conclusion from the study was that hospitals must target improving bundle implementation and compliance as opposed to just instituting policies.

As we transition to (Carolyn) I'd like to take a moment of reflection here and let you read this slide. (Carolyn) I'll turn it over to you.

(Caroline Jackson): Thank you very much Janet.

So I'm going to talk a little bit about the purpose of the upcoming central line insertion practices commonly referred to as CLIP review. We're focusing now on sustainability and spread with the work that we've done in CLIP reduction. And participation in the CLIP surveillance will enable participating facilities as well as CDC to be able to monitor our central line insertion practices in individual patient care units and facilities and to be able to provide aggregate adherence data for all participating facilities.

We'll also be able to facilitate quality improvement because by implementing the process aforementioned, we'll be able to identify specific gaps in adherence to recommended prevention practices. And once these gaps have been identified, we'll be able to help the target intervention strategies for further reduction in our CLIP rates.

Now our current processes for CLIP adherence have identified some information that you might or might not be aware of. Earlier this year

Delmarva Foundation conducted a baseline CLIP survey and that was back in March. And we found that there are a number of hospitals that are using their own homegrown forms for collecting central line insertion practices information. And there's also a variance among the hospitals as noted for the observation of insertion practices.

And anecdotally we have some information that lets us know that hospitals are very inconsistent in terms of if they are using the insertion practices bundle and if they are noting the results of those bundles insertion practices. And because of the wide variance in the observation of line insertion, we request that hospitals perform a two month review of central line insertion practices using the correct applications of the NHSN definitions.

Now one question that has come up as we begin to talk with our colleagues about this review is, is this mandatory? Well it is not required through any regulatory agenda however - as I said previously - we are moving to the period of sustainability and support - sustainability and spread. And as we look at spreading the practices that we've learned for central line insertion reduction efforts, we need to spread them to additional units in our hospitals. We need to first sustain the progress that we have made and then we need to begin to spread that to other units in the hospital.

And I'm going to provide for your information from (Peter Tranivils) regarding his work and his review of central line insertion practices reduction. And that is when I see a continuous vigorous monitoring of compliance, low (clavecy) rates are sustained. Not only is monitoring needed for continuous high compliance but it's also critical to sustain those low (clavecy) rates.

Now facilities may use information from analysis of CLIP to identify association between insertion practices and outcomes such as (clavecy). And a

study by (Robert Weinstein) from Chicago indicates that it's a big problem. Most of our effort has been placed on ICU spending to date and as we've looked at reducing rates in ICU settings, his study lets us know that it's a big problem in non ICU settings.

So as we begin to look at our overall insertion practices, some of the units that we have in our project are ICU units. Some are not ICU units and we'll be able to garner from that review the magnitude of the problem and with our limited resources we can target where we're going to provide those resources for further reduction of (clavecy).

As report CLIP through NHSN hospitals will have the ability to compare insertion practice among disciplined and or units. And we'll also have an opportunity to facilitate quality improvement by identifying those gaps in adherence to recommend prevention practices.

We are unable to accomplish this when hospitals use their own forms as there's no standardized collection method or standardized way in which we can review those results. We will be able to link the gaps in recommended practices with clinical outcomes and you and we as well will have the opportunity to compare your hospital CLIP practices with other hospitals.

So the information that we get from the CLIP analysis as we look at NHSN will have line listings and this is available to you in your analysis output options. As you know, what you put into NHSN you can get out of NHSN. This is one option to review your data and this - as you can see - is a line listing for all central line insertion practices event. It identifies the patient ID, the location, insertion date, insertion site, the central line cast type, whether barriers are used and whether high end hygiene is performed.

And this data is taken directly from the CLIP insertion practice adherence monitoring form which is identified for you in your resource and it's also available on the NHSN Web site under CLIP.

This is only one option to review your data however there are many others. You can sort your line listing in many different ways. You can also identify insertion sites from this form - from this output data. And also that allows you to direct your staff education so that they - you can target areas in which avoidance of femoral lines can take place. This will allow you to see where central lines - femoral lines - excuse me - are being used and then you can target your education to hospital areas that are using the femoral lines in the hospital.

You can also look at the frequency tables so that you can identify the frequency with which these lines are implemented by pulling this data from the NHSN database online.

Other output options allow you to look at adherence rate tables and this also will allow you to target specific processes by location. And as I said earlier, you can sort the information from a line in any number of different ways. This example lets you look at hand hygiene compliance rates as well as the skin prep compliance rates. So by putting information into NHSN, you are able to get this information out that allows you to continue to target prevention efforts for spread and sustainability.

Now all participating hospitals are going to be asked to use the NHSN standardized process of CLIP data collection for the month of June and July. And you will be using and applying the NHSN definitions and you'll enter your hospital's CLIP data into NHSN. Additionally you'll need to add the CLIP locations to your monthly reporting plan and this is found under the file

and editing portion of the monthly reporting tab. So you'll need to assure that your CLIP locations are added there.

Additionally you can confer - you need to confer your rights to Delmarva Foundation and the NCC - National Coordinating Center. And most hospitals that are involved in the project have already done this and were quite - this works quite well. We can provide instructions or walk you through the process if you need help in that regard. You can just let me know and my email address is provided for you.

So it's essential that you confer rights - and here again I wanted to re-mention that - to Delmarva Foundation and the NCC so that we can be able to see your data and begin to help you target those areas for further improvement.

Additionally to implement the CLIP review we will need you to communicate the CLIP review with your unit managers and frontline staff and participating units as soon as possible. You've already received a list of participating units in prior communication that was sent to the IP's and QI personnel at the hospital. If however you continue to have questions about that, just give us a call and we'll be glad to help you identify those units.

Prior to the review we want to make sure that you compare your form to the NHSN form. If your form does not have all of the NHSN required areas on your form then we would prefer that you use the NHSN form for the data collection process. If any confirmation is needed around this issue, just call us and we will be glad to help walk you through that.

We also suggest that you attach the form to every central line insertion kit. Those of you who have this included in your EMR should be able to print this out quite easily when line has been inserted and then we like to ask that you

correct the CLIP form and either you enter those forms yourself within your facility or if you would put them in a separate place so that we can assist in that endeavor.

So you want to also make sure that there is an observer for every central line inserted. And most of you have worked with this bundle process. This is something that you already use and you already have in place now for a long period of time. However anecdotal inconsistencies have let us know that the enlistment of an observer is sometimes fragmented.

So from the IP or quality staff you want to insure that there is a process for receipt of the form for every central line inserted especially amongst the units that are targeted in the program. And we will again be able to assist you with the entry of the form in NHSN if needed.

So as I said earlier, Delmarva is prepared to offer technical assistance to your hospital to enter the CLIP data into NHSN. We'll ask that you pick a day that will be less demanding for your staff. We will be using your computer with your digital certificate. So we will need you to sign the Delmarva contact into your system and this is to be done after you have gathered all your NHSN forms for the CLIP element in preparation for the Delmarva site visit. Again, this process applies if in fact you need assistance with entering your data into NHSN.

Now we'd like to know if our technical assistance is required. And as I have listed my email address here, you can let me know if you need technical assistance with data submission so that we can assign a staff that will be available to provide that onsite assistance and it is jacksonc@dfmc.org. And we look forward to hearing from you as soon as possible once you have made that identification because we anticipate that we will need to make one or two

site visits to your facility to be able to include the information into NHSN. That depends upon the volume of forms that you usually have on site.

So prior to our visit we would need the number of forms for data entry. We will need to know the location of the computer that we're to be using to enter these forms and we'll need the contact information for the onsite person who will be helping us with this assistance and we'll need to know where we're to meet that person. So as we begin to roll out our technical assistance to you, having this information at hand prior to the onsite visit will be very, very helpful.

As previously mentioned, this will be the resource for your CLIP insertion form and this will enable you to double check to make sure that your form that you use at your facility contains all the elements on this form as well as additional information on the CLIP project is included in the top resources.

So to that we'll open the line for questions at this time and we would invite your participants to follow - you who are participating - to follow the instructions of the operator.

Operator: Thank you. Ladies and gentlemen, if you would like to register a question, please press star then the number 1 on your telephone. If your question has been answered and you would like to withdraw your registration, please press the pound key. If you are using a speakerphone, please lift your handset before entering your request. Again, to register for a question please press star one. One moment please for the first question.

And your first question comes from Mary McFadden.

Mary McFadden: Hi (Carolyn) this is Mary McFadden from Georgetown. My question is this - you're saying that this is starting on June 1 and we will have to educate our ICU staff on all of the elements of the NHSN form seeing that our form is a bit different than what you're asking for. That's going to be impossible for us to do by June 1 so we're asking if this can be maybe moved to July and August instead of June.

(Carolyn Jackson): We're targeting June and July Mary with all the hospitals. If you're not able to get it done in June are you able to get it done in July by July 1?

Mary McFadden: We would be able to get it done in July. We would need time - can you hear me?

(Carolyn Jackson): Yes, I can hear you.

Mary McFadden: Okay so we would be able to get it done in July. We just need time to educate the staff and the ICU's and that can never happen between now and June 1 and then be ready to start collecting the data.

(Carolyn Jackson): Okay well we can have an offline conversation regarding that Mary and I'll give you a call later on today.

Mary McFadden: Alright, thank you.

Operator: Thankyou. Your next question comes from (Jackie Daily).

(Jackie Daily): Hello (Carolyn). (Jackie Daily) from Sinai. I just had a couple of questions. Number one, we have an online tool that the staff completes. Are we expecting the staff to complete the online tool and do the paper form as well?

(Carolyn Jackson): No. We would expect that you would take the information from your online tool that contains the essential elements that as you know they're noted by a star on the CLIP form and you can enter that information into NHSN. And no, the expectation is not that you would use additional forms if your form contains all those elements.

((Crosstalk))

(Carolyn Jackson): Hold on a minute (Jackie). Janet wanted to read in on the first part.

(Jackie Daily): Oh, I'm sorry.

Janet Robinson: That's okay. Just as a clarification - if you have a form and you're entering the data into NHSN yourself then that's fine. Where the need for the NHSN form comes in is if you ask Delmarva for assistance because we don't know your process and each hospital is different. But if you're entering your own data then you have no need to change any form at all just as long as you can enter the required elements into NHSN.

(Jackie Daily): Okay and the second half of my question is, is this every day for the two months or one day for June and one day for July? I wasn't quite clear on that.

(Carolyn Jackson): It's every line in the enrolled units for June and July.

(Jackie Daily): Okay.

(Carolyn Jackson): Every line inserted. Janet asked me to clarify - every line inserted, not every line day.

(Jackie Daily): And it's not just ICU, it's everywhere?

(Carolyn Jackson): It's every unit that's in the project and you were sent that information through email. If you need further clarification, you know, we can talk offline regarding that.

(Jackie Daily): Okay, thank you.

Operator: Thank you. Your next question comes from Karen Kristner.

Karen Kristner: Hi. I just wanted - I have a question but I also want to echo the first sentiment that June is quickly upon us and I - we're going to have to change some of the ways that we do this and I've got some major concerns about being able to do that by June 1.

So my other question is the requirement that there's a witness. Our IV access team - when they put in a pick line for example - there's not usually a witness. They are asked to document the bundle information, not necessarily everything that the NHSN form requires but our bundle that we decided on. So are we now required to have a witness for all of these insertions?

(Carolyn Jackson): The recommendation for use of the bundle - is it Karen?

Karen Kristner: Yes.

(Carolyn Jackson): Okay. The recommendation for use of the bundle is that there be an observation observer so that the observer would identify breaches in infection practices. And that is what we're trying to correct in terms of the process here but that's also a recommendation from the joint commission and a recommendation with the IBSA Shay Compendium that there is an observer - so witness observer. Those terms are sometimes used interchangeably.

But in order for the process to be adhered to and identified and as laid out, there should be someone who's also observing the processes.

Karen Kristner: Okay.

Operator: Thank you. Your next question comes from (Daphne Morgan).

(Daphne Morgan): Yes. I wanted to find out how will we get access to the NHSN form that you are speaking about? We are already collecting this data and we've been uploading it into an Excel spreadsheet here but I would like to be able to compare our sheet with yours. So where can I get that?

(Carolyn Jackson): Hi (Daphne). I'll send you a copy of the form. It is on NHSN. If you Google - if you go on NHSN's Web site, there's a tab for CLIP and the form is there but I'll send it to you - not a problem.

(Daphne Morgan): Thank you.

Operator: Thank you and our next question comes from (Carmen) (unintelligible).

(Carmen): Mr. (Jackson) this is (Carmen). I would like to find out if you're going to offer this webinar again any time next week or at least before June so that some of the members of the (unintelligible) and the manager would at least attend.

(Carolyn Jackson): Hi (Carmen). The webinar is recorded and we will have a link available to the recording so that they can access the information online. And so we'll have your email address and we'll make sure that you do get access to that information. So there is a recording of the webinar and once they've listened to it, if they have additional questions they can contact me.

(Carmen): Okay, thank you.

Operator: Thank you. There are no further questions in queue.

(Carolyn Jackson): Well if there are no further questions, I echo Janet earlier welcome and thank you for your participation. I have a few little things on my to-do list following the call. We will have an evaluation of the call listed here and I see that someone has put the link for the CLIP form available onsite. So I appreciate you all's attendance and if there's no further questions (Suzette) we'll plan to adjourn. Have a good day.

Operator: We do have a question that came in through queue. Would you like to take that question?

(Carolyn Jackson): Of course.

Operator: Okay and that question comes from (Jennifer Foster).

(Jennifer Foster): Hi. Yes, I was curious if there's any way to do an Excel - a CVA file to upload once a month or if that capability does not exist with NHSN.

(Carolyn Jackson): Well (Jennifer) what I'm going to need you to do is to contact me and I'll turn you over to our technical expert here on site and she will be able to answer that question for you. (Jennifer) where are you from?

(Jennifer Foster): Meredith Medical Center.

(Carolyn Jackson): Okay. If it can be done, she'll know how to do it. So if you can contact me at my email address, we'll put you in touch with that individual.

(Jennifer Foster): Okay, thank you.

(Carolyn Jackson): Not a problem.

Operator: That was our last question.

(Carolyn Jackson): Okay. So as I said earlier, thank you for participating and have a good rest of your day. We look forward to all of your participation and then once we have been able to get the information in, we will be providing a follow-up phone call to let you know what we've uncovered. Thanks again.

Operator: Ladies and gentlemen, that does conclude the conference call for today. We thank you for your participation and ask that you please disconnect your lines.

END