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# Driving Sustainment: Quality Management Packages

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# Driving Sustainment: Quality Management Packages

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**Background:**

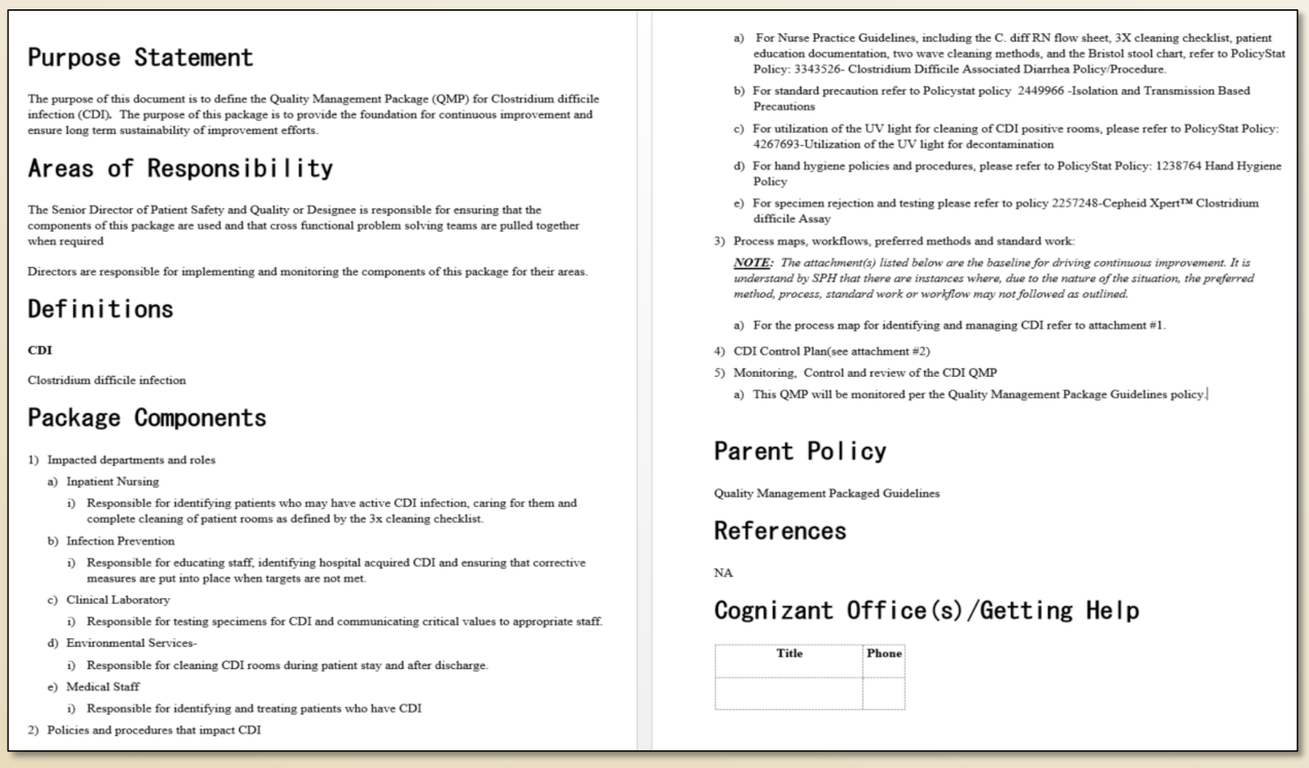
One of the biggest challenges within the healthcare industry is the ability to drive continuous improvement and sustain change around complex quality outcomes, such as hospital acquired infections or readmissions. Improving and sustaining these outcomes requires collaboration and decision making across multiple departments, each of which have their own internal processes and procedures. Improvements are made, but without structure to tie together all of the key processes that impact an outcome and identify when processes are failing, they cannot be sustained. A cross functional team working on reducing Hospital Acquired C. difficile Infection, determined the need to create a sustainment structure.

**Project Aim:**

Create a quality improvement structure that will drive long term sustainment and continuous improvement involving complex outcomes.

**Framework Developed:**

The team created the Quality Management Package (QMP) framework as the structure to drive sustainment and continuous improvement. This framework:



## Purpose Statement

The purpose of this document is to define the Quality Management Package (QMP) for Clostridium difficile infection (CDI). The purpose of this package is to provide the foundation for continuous improvement and ensure long term sustainability of improvement efforts.

## Areas of Responsibility

The Senior Director of Patient Safety and Quality or Designee is responsible for ensuring that the components of this package are used and that cross functional problem solving teams are pulled together when required

Directors are responsible for implementing and monitoring the components of this package for their areas.

## Definitions

**CDI**

Clostridium difficile infection

## Package Components

1) Impacted departments and roles
   a) Inpatient Nursing
      i) Responsible for identifying patients who may have active CDI infection, caring for them and complete cleaning of patient rooms as defined by the 3x cleaning checklist.
   b) Infection Prevention
      i) Responsible for educating staff, identifying hospital acquired CDI and ensuring that corrective measures are put into place when targets are not met.
   c) Clinical Laboratory
      i) Responsible for testing specimens for CDI and communicating critical values to appropriate staff.
   d) Environmental Services-
      i) Responsible for cleaning CDI rooms during patient stay and after discharge.
   e) Medical Staff
      i) Responsible for identifying and treating patients who have CDI
2) Policies and procedures that impact CDI
   a) For Nurse Practice Guidelines, including the C. diff RN flow sheet, 3X cleaning checklist, patient education documentation, two wave cleaning methods, and the Bristol stool chart, refer to PolicyStat Policy: 3343526- Clostridium Difficile Associated Diarrhea Policy/Procedure.
   b) For standard precaution refer to Policystat policy 2449966 -Isolation and Transmission Based Precautions
   c) For utilization of the UV light for cleaning of CDI positive rooms, please refer to PolicyStat Policy: 4267693-Utilization of the UV light for decontamination
   d) For hand hygiene policies and procedures, please refer to PolicyStat Policy: 1238764 Hand Hygiene Policy
   e) For specimen rejection and testing please refer to policy 2257248-Cepheid Xpert™ Clostridium difficile Assay
3) Process maps, workflows, preferred methods and standard work:

   ***NOTE:*** *The attachment(s) listed below are the baseline for driving continuous improvement. It is understand by SPH that there are instances where, due to the nature of the situation, the preferred method, process, standard work or workflow may not followed as outlined.*

   a) For the process map for identifying and managing CDI refer to attachment #1.
4) CDI Control Plan(see attachment #2)
5) Monitoring, Control and review of the CDI QMP
   a) This QMP will be monitored per the Quality Management Package Guidelines policy.

## Parent Policy

Quality Management Packaged Guidelines

## References

NA

## Cognizant Office(s)/Getting Help

| Title | Phone |
|---|---|
| | |

- Identifies stakeholders and their responsibilities
- Includes high level process maps and workflows
- Links together other policies and procedures that impact the outcome
- Contains a control plan with triggers that allow quick identification of process barriers and obstacles

Once the framework was defined, it was rapid cycle tested with the improvement work around Hospital Acquired C. difficile Infection.

**Examples/Applications:**

QMPs were successfully used to sustain the reduction in Hospital Acquired C. difficile Infections. Improvements have been sustained using this methodology for three years. Since the framework has proven successful, QMPs are being developed for outcomes such as Acute Myocardial Infractions , Sepsis and Stroke.

**Attachment #2-CDI Control Plan**

| Measure | Trigger | Trigger Action | Data Collection and Documentation | Reporting Frequency | Owner/Department |
|---|---|---|---|---|---|
| Hospital Acquired C. Diff Infection | Every positive C. diff | Review of chart and immediate follow up with associated caregivers and providers if deemed to be preventable | Chart Review/Infection prevention record | Every instance | Infection prevention |
| | 2 per unit or 3 facility wide | Implement Protocol #2 of 2 wave cleaning | Chart Review/ Infection prevention record | Rolling 2 week period | Infection Prevention |
| | >2 | Review by Infection Prevention and Follow up with associated caregivers | Chart Review/ System Control Monitoring Form | Collected daily Reported Monthly | Infection Prevention |
| UV light Compliance | <90% | Follow up on each miss, communication with Quality and Infection prevention, if not resolved by 3rd month, pull CDI workgroup together | Collected Daily Manual Log/System Control Monitoring Form | Monthly | EVS |
| Inappropriate specimens for C. Diff testing | Each rejected specimen | Follow up directly with each individual caregiver that sent the collected specimen | Visual inspection/Microbiology specimen log | Each rejected specimen | Lab |
| Rejected Stool from Inpatient units | >2 | Email nurse managers, If not resolved by 3rd month, pull CDI workgroup together | Collected Daily Microbiology specimen log /System Control Monitoring form | Monthly | Lab |
| Cleaning Checklist Compliance | < 70% | Cross functional workgroup initiation | Manual Audit of Forms/System Control Monitoring form | Monthly | Nursing |
| Inappropriate Testing of positive patients | Every Instance | Training for provider and Nurse involved | Chart Review/Infection prevention record | Each Hospital Acquired C.Diff | Infection Prevention |

| Measure | Target | Jan-19 | Feb-19 | Mar-19 | Apr-19 | May-19 | Jun-19 |
|---|---|---|---|---|---|---|---|
| Hops. Acq. CDI | < 2 | 1 | 0 | 0 | 0 | 0 | 0 |
| UV light compliance | 90% | 87% | 88% | 91% | 92% | 94% | 90% |
| Rejected stool | < 2 | 3 | 2 | 0 | 1 | 2 | 1 |
| Inappropriate testing | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

**Lessons Learned:**

- Structure is essential for driving sustainment and continuous improvement.
- Control plans allow for quick identification and remediation of problems before they impact the outcomes.
- Adjustments should be made as we learn more about our processes and how they impact outcomes.