

Getting it Done! Implementing Transformational Change to Improve Patient Outcomes

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Global Life Technologies Corp.

Molnlycke Health Care

Relias

Inception Xr inc.

Learning Objectives

1. Describe burnout and strategies to address.
2. Define transformational and sustainable change.
3. Discuss the need to Identify priorities and strategies
3. Describe barriers to change and strategies to mitigate.
4. Identify the steps to effective change management.

Infection Prevention and Control

Current State

- **Post-COVID-19:** CDC NHSN HAI SIRs slowly declining
- **Impact of Finance on operations**
e.g., cost of staffing, supply chain, throughput
- **Infection Prevention** challenges across **the continuum**
- **Regulatory environment**
e.g., penalties, improving infection prevention programs;
regulatory reform for skilled nursing facilities



Burnout

A state of mental exhaustion caused by one's professional life.

- **Burnout rates are well over 40% in most clinical groups.**
- **3 Categories of Symptoms:**
 - Emotional exhaustion
 - Depersonalization (treat people as objects, cynicism)
 - Sense of low personal accomplishment
- **Causes**
 - Qualities that help us handle the challenges of being a clinician: Self-deprivation, wanting to seem in control emotionally and in work outcomes
 - External factors: Workload, colleague relationships and level of autonomy.

Stress vs Burnout

Stress	Burnout
You put in too much effort	It's hard to put in any effort
You feel emotions more strongly	Your emotions feel blunted
You feel hyperactive and anxious	You feel drained and helpless
You have less energy	You have less motivation
It takes a physical toll	It takes an emotional toll

The Day- to -Day Life of the Infection Preventionist



What Causes Burnout?

External causes leading to burnout

- Larger patient panels
- Higher productivity requirements
- Decreasing resources
- The overall culture of medicine and nonalignment of organizational and individual values
- Lack of autonomy, flexibility, or control
- A sense of providing poor care
- Lack of fulfillment in one's work life
- Encountering too many difficult people, including patients, colleagues, supervisors, or staff
- Problems with balancing professional life with other parts of one's life (work-life "blend")
- Excessive administrative and bureaucratic tasks
- New expectations and demands
- Hostile workplace, including challenges that arise due to gender, race, or age
- Malpractice suits

Internal factors leading to burnout

- Specific character/personality traits, such as: [\[24\]](#)
 - Low "hardiness" (limited involvement in daily events, sense of no control over events, and unwillingness to change)
 - Diminished external locus of control (feeling as though chance or other people have more power to bring about change than oneself)
 - Tendency to be time-pressured, competitive, hostile, and controlling by nature
 - Perfectionism
 - Unrealistic expectations about patient outcomes
 - Passive coping styles. That is, you tend to withdraw when challenges arise, versus invest the energy needed to confront them.
- Lack of a sense of meaning
- A mentality of delayed gratification.
- Guilt and an exaggerated sense of personal responsibility

Which Burnout Factors Affect You?

Self awareness Moment

- Which factors are present in your life?
- How might you make changes to reduce how they factors can influence you?
- Consider asking someone you know well their opinion.
- Try not to make judgements about what you discover. Learn from it.

**“Self Awareness Allows
You to Self-correct. “** Bill Hybels

Effects of Burnout

- **Marital and family Discord**
- **Medical error and adverse patient events**
- **Poorer decision making**
- **Accidents**
- **Decreased attention and concentration**
- **Less empathy**
- **Personal health problems**
 (e.g. anxiety, substance misuse, fatigue, depression, heart disease)
- **Difficult co-worker relationships**
- **High job turnover**
- **Decreased Productivity**

How can Burnout be Prevented or Reversed?

Resilience

The process of adapting well in the face
Of adversity, trauma, tragedy, or significant
Sources of stress.

Circle of Resilience

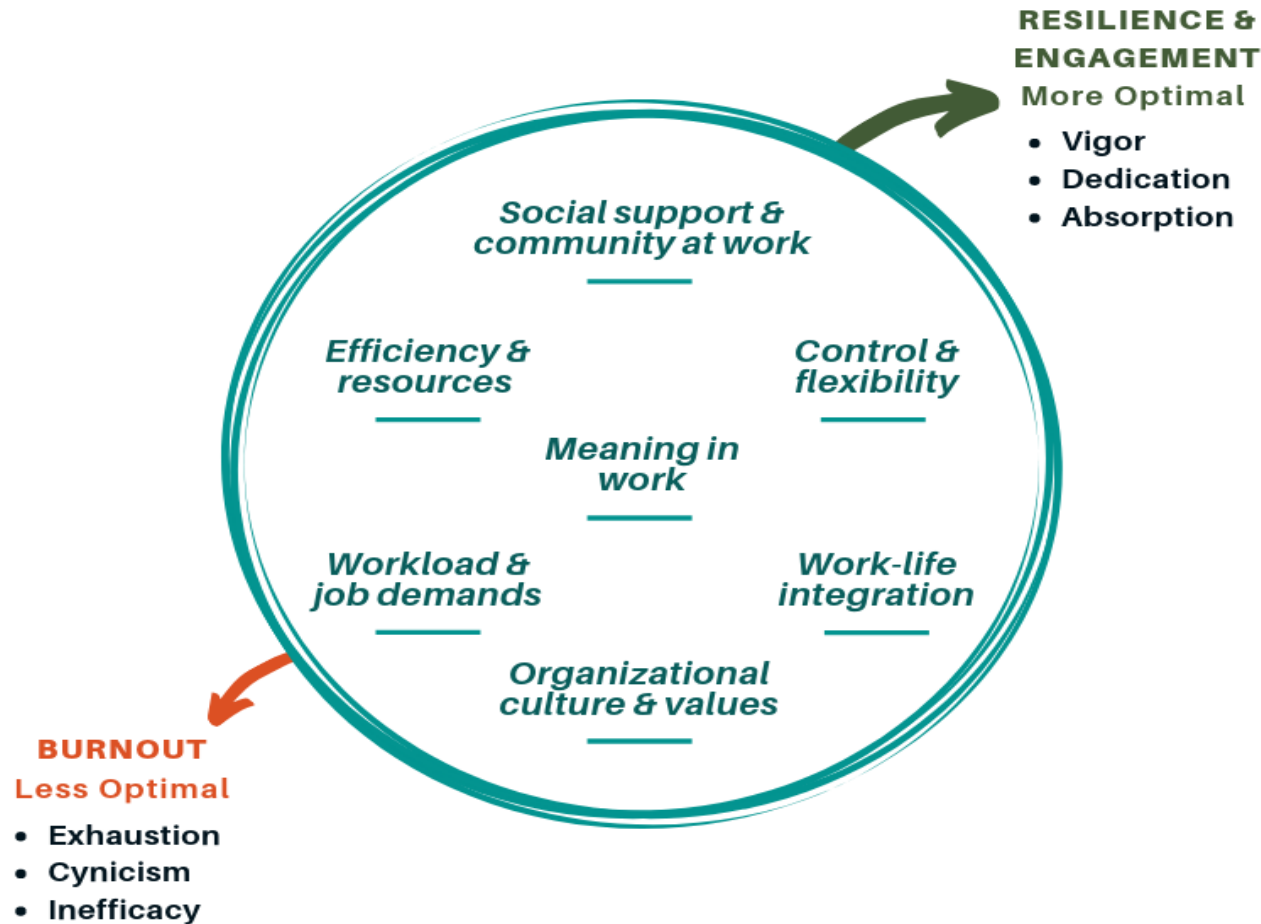


Resilience

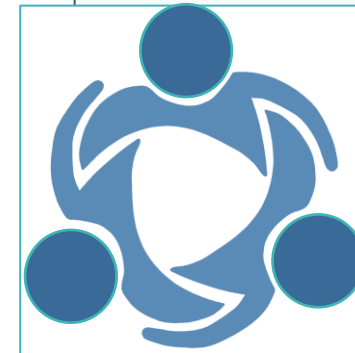
1. Being clear on what you need and value both personally and professionally
2. Cultivating insight (Self Awareness)
3. Taking care of yourself
(hygiene, nutrition, Lifestyle, environment, health, socioeconomic)
4. Receiving support of others—at both the local and organizational level



THE KEY DRIVERS OF BURNOUT



The Infection Preventionist has a broad organizational influence to impact change and pave the way of future success.





Our Present and Future: A Call To Action

Regain

- Wellness: Self-aware, Resilience, Work / Life Balance; Passion.

Facilitate Change

- HAI rates: Back to Basics; Embrace / facilitate new ideas

Create

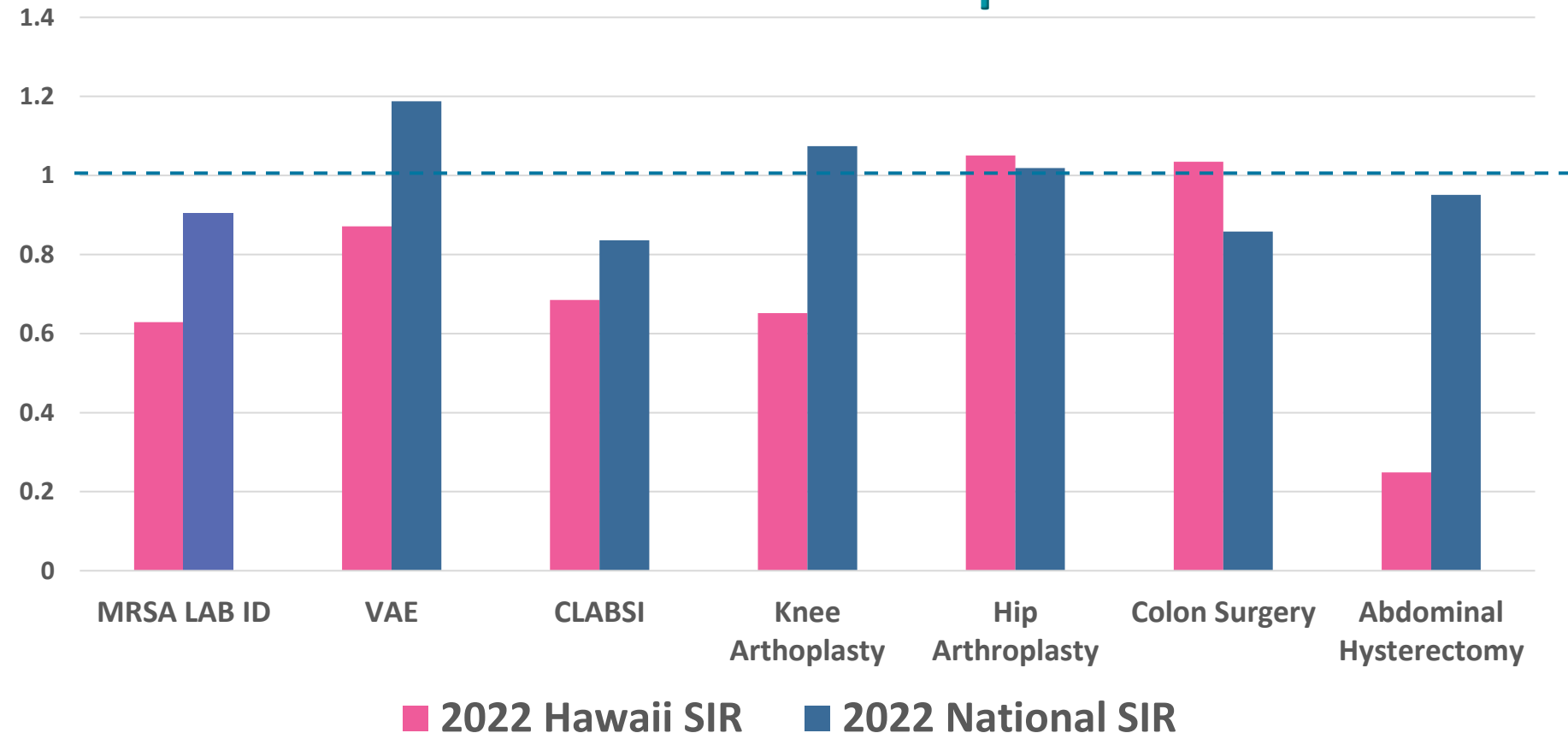
- The new normal: Establish personal and organizational priorities

Embrace

- Curiosity: Who, What When, Where to improvement using teams

2022 NHSN Hawaii SIR Comparison to National

Comparison Hawaii SIR to National SIR 2022 for Acute Care Hospitals



Comparing
Hawaii SIR to
National SIR
NHSN 2022

The Challenge of Change

Saving lives is worth the effort.

- 70% of change efforts fail
- 33% - Management behavior does not support change
- 39% - Employees are resistant to change
- 14% - Lack of resources

Focus on strategies and processes that will have a MEANINGFUL impact!

Change: Transform & Sustain

Transformational Change

Fundamental change in how the organization operates and is often triggered by changes in the environment:

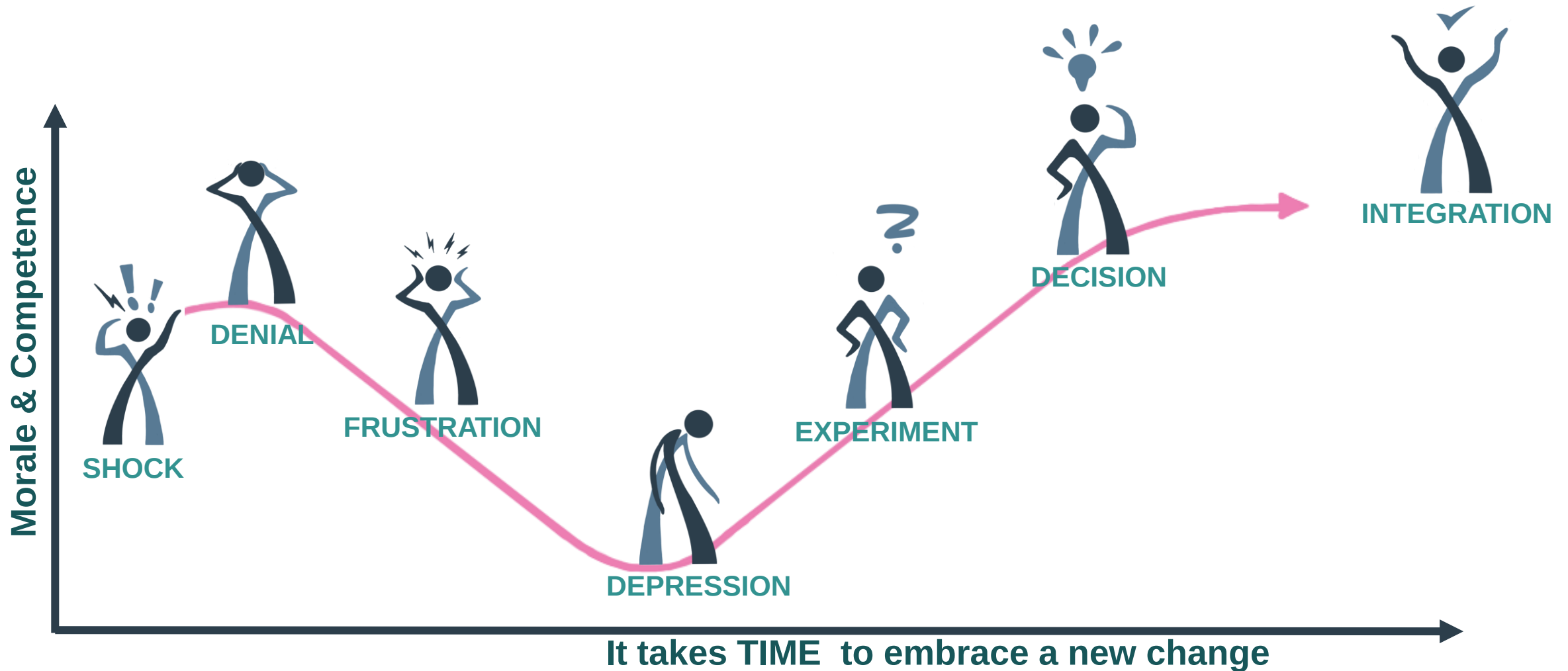
- **New vision**
- **New goals**
- **Culture change**
- **New ways of doing things**

Sustainable Change

The process of making sustainable improvements that will last over time:

- **Why change?** (need, readiness, scope)
- **Plan** (Approach, Stakeholders/ buy-in; transition & integration)
- **Implement** (Communicate, mobilize, process change)
- **Manage & Sustain** (ongoing measurement & communication)

Real Change Does Not Happen Overnight



The Key To Success = People

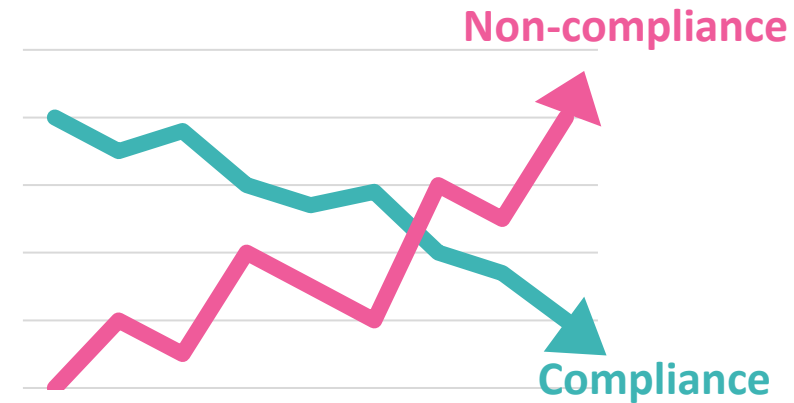
Quality
(Process)



People



Results
(Infection Rates)



Change Acceleration Process Model: "Go Slow to Go Fast"

LEADING CHANGE

Current State

Transition State

Improved State

Creating a Shared Need

Shaping a Vision

Mobilizing Commitment

Implementation

Making Change Last

Monitoring Progress

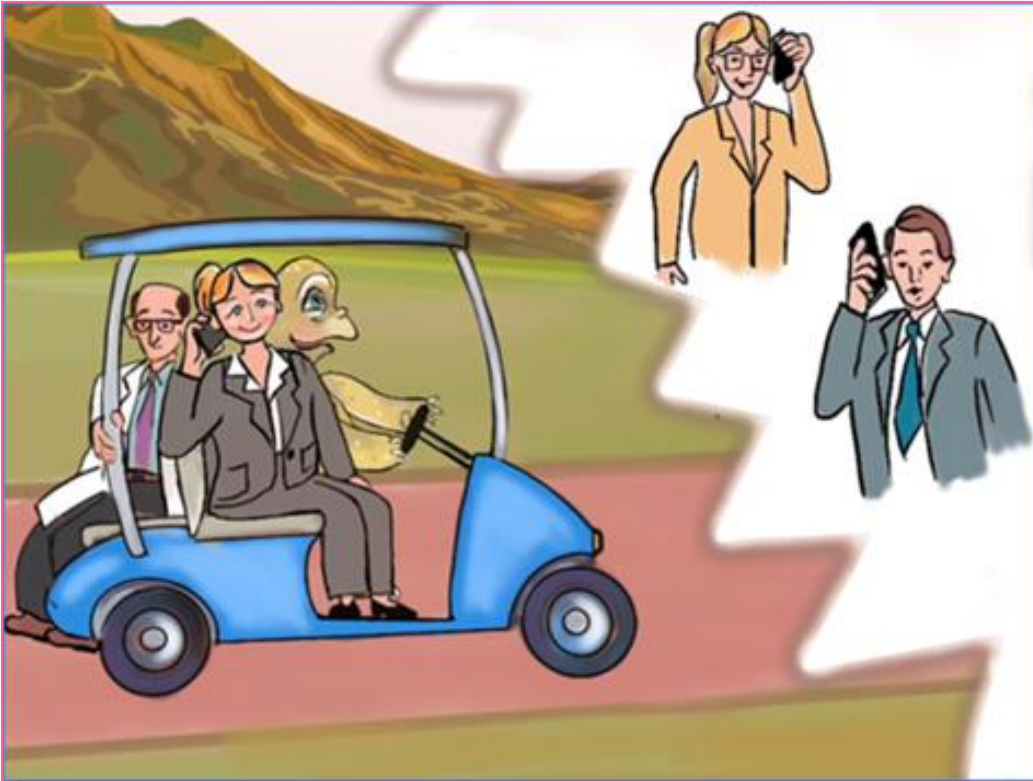
**SUSTAINABLE
CHANGE**



CHANGING SYSTEMS & STRUCTURES

Common Sense, Not Common Practice

LEADING CHANGE



ORGANIZATION

- Strong Commitment to Change
- Change Needs Structure & Planning
- Address the People Side of Change:
 - Acceptance
 - Accountability
 - Alignment

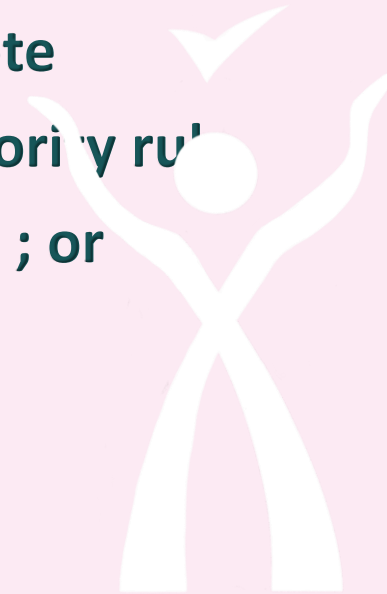
Team Consensus

Includes

- ✓ Pooling opinions
- ✓ Listening effectively
- ✓ Discussing ideas & differences
- ✓ Not getting all you want
- ✓ Coming to an agreement that everyone "can live with"

Consensus is not

- X A unanimous vote
- X Majority or minority rule
- X One person rule ; or
- X Bargaining



Team Consensus

Consensus Tool: Fist to Five



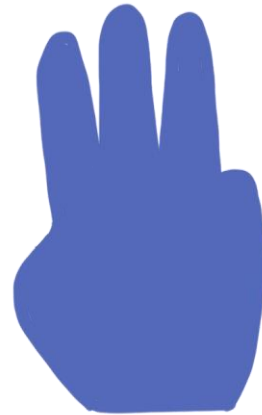
No Way!



**We need to
talk about this**



**I have
Reservations**



**I 'm OK
With it**



**Sounds
good**



**Total
Agreement**



Stakeholder Analysis

Stakeholders: People/ Groups that are Keys to Success

Stakeholder/ Group	Impact Level	Level of Support	Reason for Resistance or Support	Actions to Address	Contact
CNO	Decision Authority	Resister	• Lack of understanding rationale; • Political MD vs nursing	• Meeting: Include CLABSI MD leader • Meeting outcome: Plan of action	C. Steed
RN	Impact Outcome	Mixed: Some Resistance	• Concern about impact on time	• CNO meeting; • Staff meetings • Outcome: Next steps	C. Steed; Unit champions CLABSI Team
Value Analysis Chairman	Decision authority	Resister	• Lack of knowledge • Needs ROI	• Meeting Review ROI • Value A committee	ID MD/ IP lead

Collaboration



Implementation

W, W, W Timeline

Plan & Schedule

- People
- Gather information:
- Sensing sessions
- Evidence / best practice process

Supplies

IT (MAR; EMR)

Education & Training

Process & outcome monitoring

Subject	Action	Who is Responsible	Schedule/ Due Date
Sensing Sessions	Talk to staff on Med/surg	Connie & Bill	10-1-2024

Making Change Last

**INFECTION
REDUCTION:
100%
overall decrease**

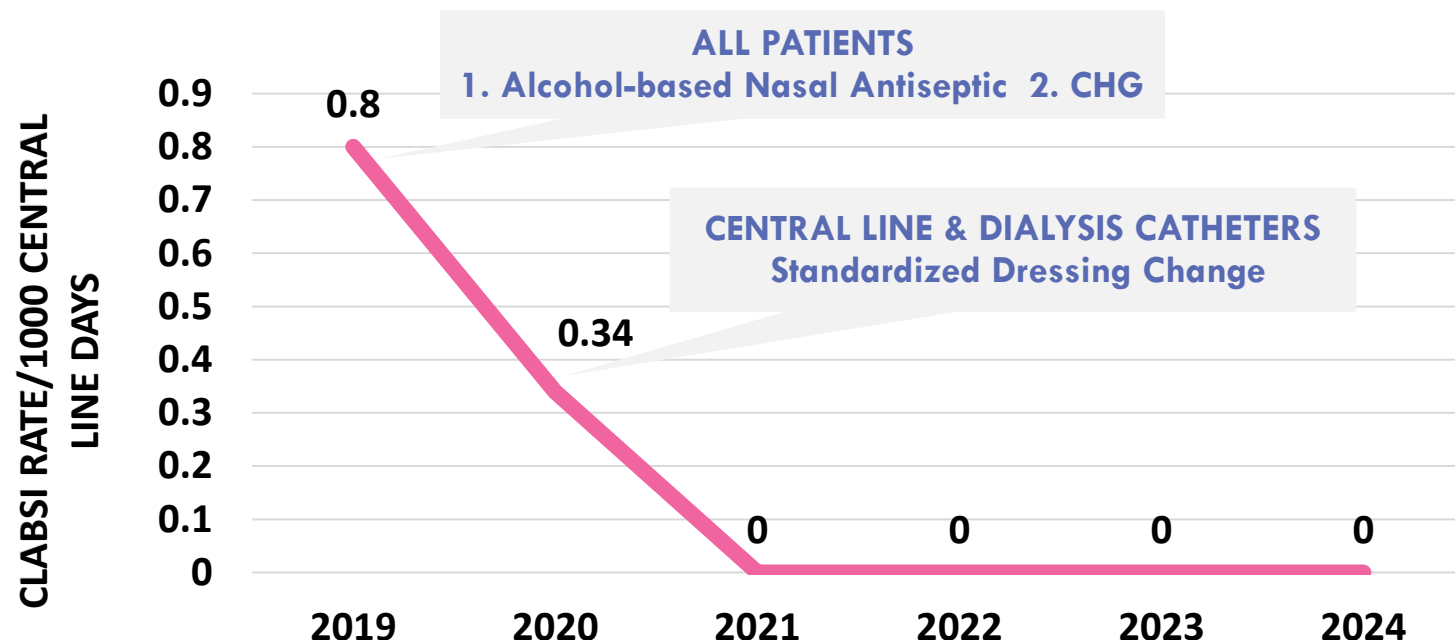
1st Intervention:

57.5 % decrease (0.8 to 0.34)

2nd Intervention:

42.5 % decrease (0.34 to 0)

The Role of Universal Decolonization and Standardized Dressing Changes in Preventing CLABSI



COMPLIANCE:

- Optimization Specialist sent compliance reports on CHG and Alcohol-based nasal antiseptic decolonization daily to unit leaders.
- Unit Leaders completed the audit tool the day after the dressing change was due.

The MH Rapid City Story*

300 Staffed beds, Community Hospital in Rapid City, South Dakota



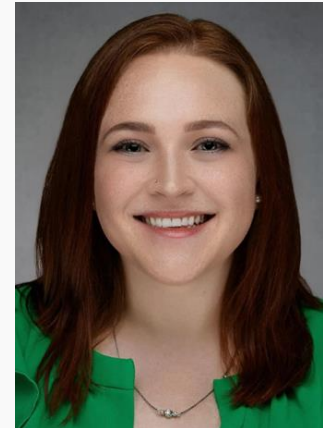
GO SLOW TO GO FAST
THE JOURNEY TO ZERO HARM



Lou, IP



Ty, IP Director



Kristyn IP

*MH Rapid City story content reviewed and approved by representatives of the organization.

MH Rapid City Hospital Background

- **Lou, Infection Preventionist's previous experience in another acute care hospital: Reduced CLABSI to Zero for 625 days.**
- **Targeted Screen & Isolate; Pilot to assess replacing Screen & isolate with nasal antiseptic**
- **Antimicrobial bathing of patients since 2016**
- **Existing Device related Prevention Bundles in place**
- **CLABSI, PVAP, and other HAI rate increases during 2021**
- **Strong Quality organization**

CHANGE MANAGEMENT PROCESS

Problem: Increased CLABSI, Other HAIs

Shared Need: Reduce HAIs

Shaping a Vision: Getting to Zero

IMPORTANCE



CHALLENGE

Finding your Way

Finding Excuses

Monitor Progress

Implementation

Mobilize Commitment

Shaping a Vision

Creating a Shared Need

Shaping a Vision

Reduce
CLABSI
Getting
to Zero

ACTION

- CLABSI Team Conducted Literature Review/
Root Causes

RECOMMENDATIONS

- Bundle compliance improvement
- Remove Midlines within 14 days
- Add nasal decolonization with broad-spectrum
nasal antiseptic

Shaping a vision continued

Why Nasal Decolonization

Infection Control Risk Assessment: Staph Aureus

S. aureus Colonization Risk	Baseline Estimates	Intervention Estimates*
Total S. aureus Colonized Patients	8,088	~0
Total S. aureus Colonized Patients Days	29,938	~0
Hospital Staff in Contact with a Colonized Patient	2,658,494	~0
Risk of S. aureus Infection-related Readmission	2,233	~0

*Dependent on compliance with nasal antiseptic decolonization protocol

The Why: The Role of the Nasal Vestibule in HAIs

Nasal vestibule colonization is a main risk factor for infection ^{1,2}



Staph aureus BSI



Staph aureus SSI



Staph aureus Pneumonia

80% of Staph aureus BSI^{1,2} and SSI³ and 94% of Staph aureus bronchial strains⁴ can be traced to the patient's own nasal vestibule flora.

¹ Von Eiff, *NEJM*. 2001; 4.344 (1): 11-6.

² Wertheim HF, *Lancet* 2004; 364: 703-05.

³ Kalmeijer, *ICHE*. 2000;21:319-323.

⁴ Corne P, et al. *J Clin Microbiol*. 2005;43(7):3491-3493.

The Flora of the Nasal Vestibule

Normal Flora

Propionibacterium spp. *Corynebacterium spp.*

Streptococcus spp. *Lactobacillus spp.*

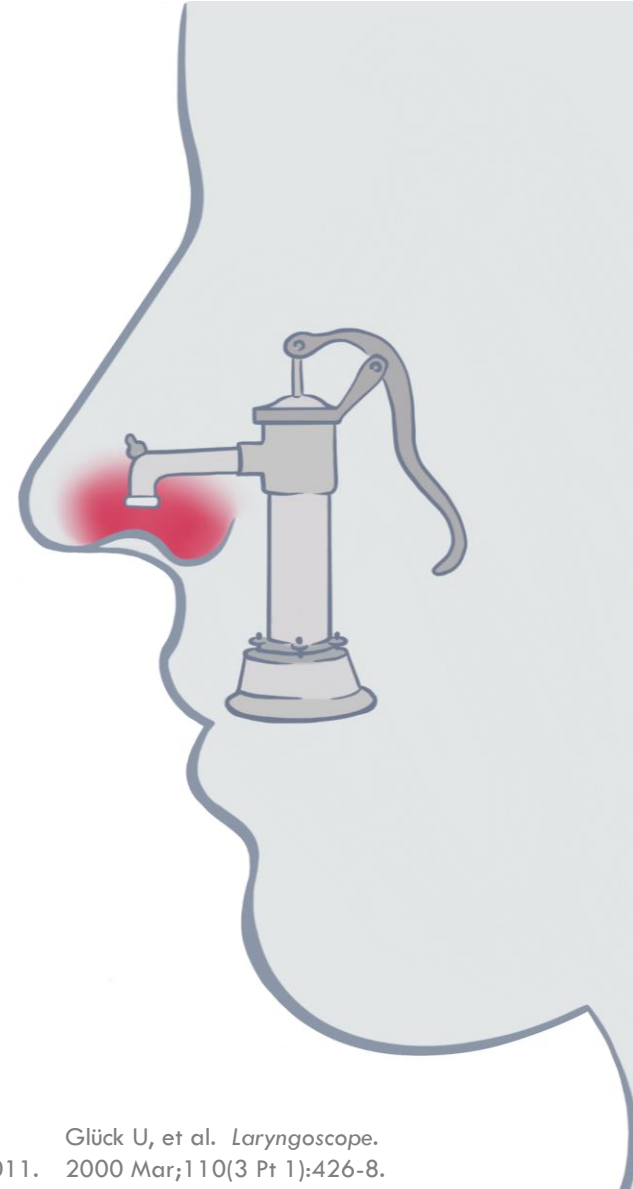
Staphylococcus spp.

Coag-negative staphylococci *Staphylococcus aureus*

Intermittent Low-Level

Enterobacteriaceae *Pseudomonadaceae*

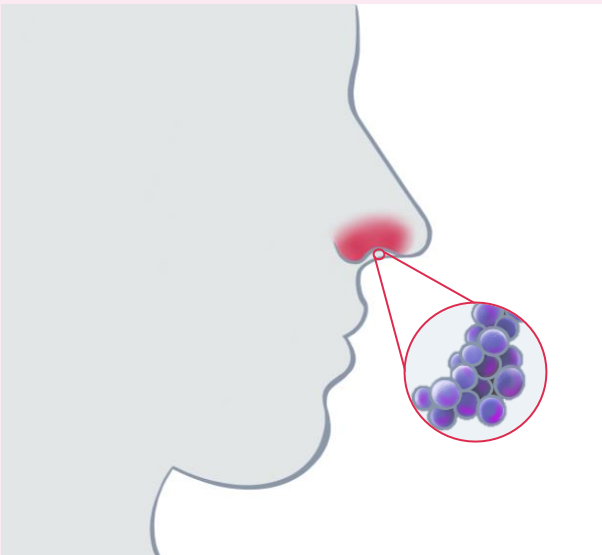
Moraxellaceae *Yeast*



The Chain of Infection

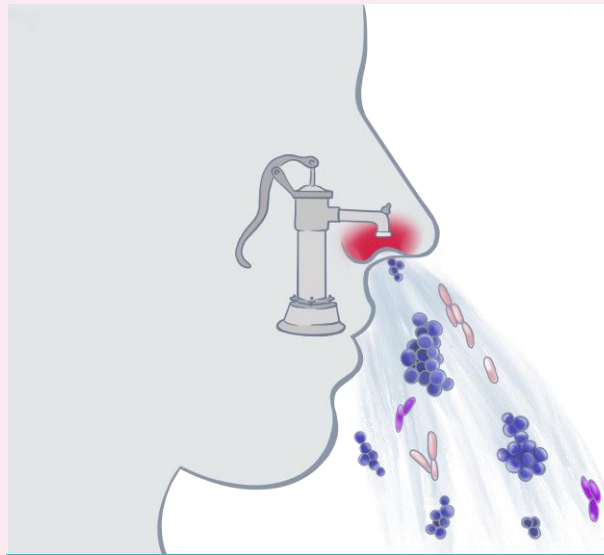
Nasal Vestibule as the main reservoir

THE MAIN RESERVOIR



Nasal Vestibule
Colonization

PORTAL OF EXIT



The Nasal Vestibule

TRANSMISSION

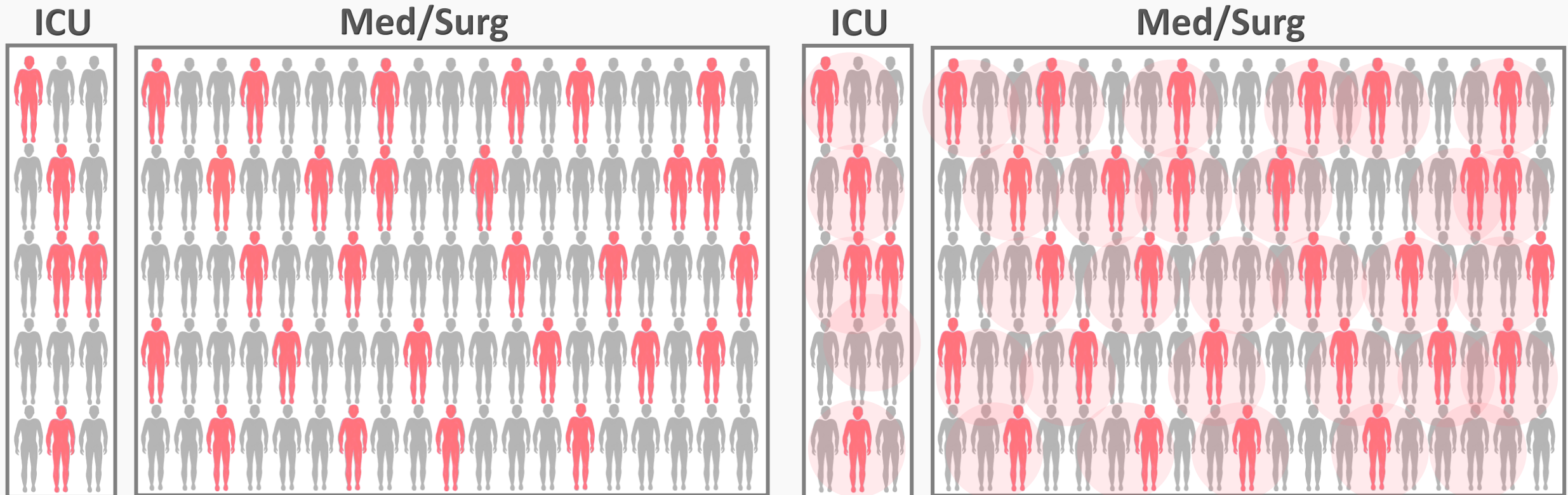
- **ENDOGENOUS SOURCE**
Self-Inoculation
- **EXOGENOUS SOURCE**
 - Direct Contact
Hands
 - Indirect Contact
Environment
 - Respiratory
Short Range

PORTAL OF ENTRY

- **EYES, NOSE, MOUTH**
- **NON-INTACT SKIN**
- **DEVICES**
 - Central lines
 - Drains
 - Tubings
 - Hubbs
 - Dressings
 - Tracheotomy Site
 - Surgical Incision
 - Wounds
 - Pressure Sores

Visualizing Colonization Pressure

Colonized Patients Increase Colonization Pressure
Through Transmission and Acquisition



* Illustrative example of admitted patients that are colonized and pose an ongoing transmission risk

Shaping a Vision
Literature Review: Nasal Decolonization?
Independent Studies

SSI Reduction					
AUTHOR	BASELINE		INTERVENTION	PATIENT POPULATION	OUTCOME Infection Reduction
	Nasal Product	CHG			
Bostian, 2023 Surgical Infections	none	✓	Pre-Op and Post-Op Daily Alcohol Nasal Antiseptic	All Total Joint Arthroplasty Patients	41% All cause SSI total joints (1.5 to .64)
Franklin, 2020 AJIC	none	✓	Pre-Op and Post-Op Daily Alcohol Nasal Antiseptic	All Total Joint Arthroplasty Patients	100% All-cause SSI total joints (Hip .91 to 0) (Knee .36 to 0)
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Arden, 2019 Open Forum Infec. Dis	Mupirocin	✓	Pre-Op and Post-Op Daily Alcohol Nasal Antiseptic	All Inpatients	100% All-cause SSI (.069 to 0)

MRSA Bacteremia Reduction

Impact of a Stepwise Intervention on HO MRSA Bacteremia SIR

Phase 1(Baseline) ICU PATIENTS

- Target, Screen, and Isolate detected MRSA (+)
- Universal daily CHG wipes.

Phase 2 ICU PATIENTS

- Continue Targeting, Screening, and Isolating for detected MRSA (+)
- **Add 5 BID course with mupirocin for all ICU patients**
- **Add Daily CHG bathing for all inpatients**

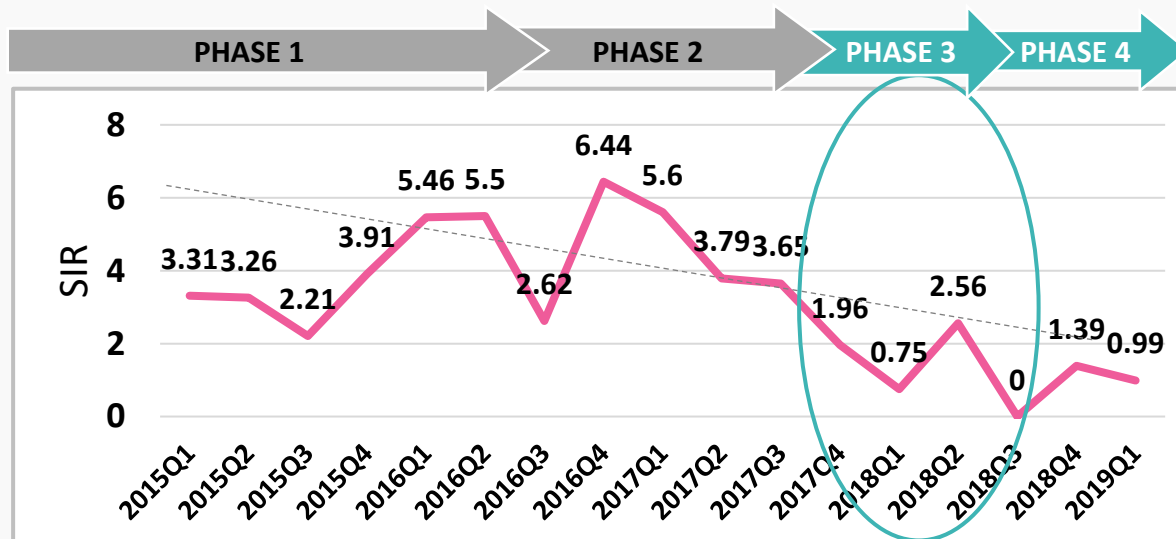
Phase 3 ADD ALL INPATIENTS

- **Stop** Targeting, Screening, Isolating, and Mupirocin
- **Add Universal Decolonization with Daily Nasal Antiseptic for LOS**
- Continue CHG bathing

Phase 4 CONTINUE ALL INPATIENTS

- Continue Universal Decolonization with Daily Nasal Antiseptic for LOS
- Continue CHG bathing
- **Add Hand-sanitizing wipes**

HO – MRSA Bacteremia SIR



**74% Reduction in
MRSA Bacteremia SIR**

**MRSA Bacteremia SIR
decreased significantly from
3.65 (Phase I baseline) to
0.96 (Phase 4)* p-value=
0.003**

The Efficacy of an Alcohol-based Nasal Antiseptic versus Mupirocin or Iodophor for Preventing Surgical Site Infections - A Meta-analysis

QUESTION:

Does an alcohol-based antiseptic (ABA) used for nasal decolonization work as well as mupirocin or iodophor to decrease surgical site infections?

METHODS: META-ANALYSIS AND SYSTEMATIC REVIEW

147 Nasal titles for decolonization prevention were identified 7 Cohort studies met criteria 16,212 Total patients

8129 Patients (50.14%)
Intervention group

7983 Patients (49.24%)
Control group

RESULTS:

ABA vs CONTROLS

OR = 3.178
z = 4.743
p < 0.001



ABA vs MUPIROCIN

OR = 4.110
z = 3.167
p < 0.01



ABA vs IODOPHOR

OR = 3.043
z = 3.155
p < 0.01



CONCLUSION:

Statistically significant positive effects were identified in all three meta-analyses.

An alcohol-based antiseptic (ABA) appears to be a superior alternative to mupirocin or iodophors to reduce SSIs.

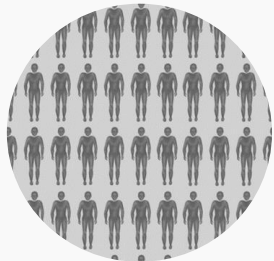


AORN Recommendation

Highlights for Nasal Decolonization



**Updated AORN
Guidelines on
Preoperative Skin
Antisepsis (2021)**



Interdisciplinary Risk Assessment

Section 1.2.1

Universal decolonization (vs. targeted) resulted in greater efficiency and lower cost due to SSIs prevented



Nasal Decolonization Agent

Section 1.3.1

An alternative to mupirocin is the use of an antiseptic



Implementation

Section 1.4

Postop decolonization: Surgical patients may benefit from relatively short-term decolonization or until the surgical incision has healed

Strategy Guidelines to Prevent Hospital-Onset methicillin-resistant *Staph Aureus* Transmission in Acute Care Facilities

CDC/SHEA/IDSA/APIC- Decolonization

ICU Patients

Decolonize all patients* with intranasal anti-staphylococcal.

Non-ICU Patients

Decolonize patients* with CVC or midline catheter.

Surgical Patients

Decolonize all patients* undergoing high-risk procedures.

* Decolonization agent varies according to guidelines, antibiotic and/or antiseptic

SHEA/ IDSA/ APIC

Considerations for facilities to modify contact precautions for all MRSA-colonized or MRSA-infected patients

- Conduct MRSA Risk Assessment
- Consider implementing an MRSA decolonization program for certain high-risk groups (e.g., ICUs. Burn unit)
- Monitor key metrics, e.g., decolonization compliance, care bundles

Universal decolonization benefits

- Avoids testing and provides treatment to the entire at-risk population.
- May also help reduce MSSA
- Help address concern that a single screening of limited body sites is insufficient to identify all MRSA carriers

Strategies to Address Resistance to change

Resistance is a normal human response to change

- **Plan for resistance**
- **Right from the start:** practice change management
- **Frontline:** engage & involve in the change from the beginning
- **Engage:** senior leaders as active sponsors
- **Recruit:** influencers and champions
- **Communicate:** the need for change and its impact on employees and patients



What is in it for me?

- **Listen:** work to address resistance and mitigate it.
- **Celebrate Success in Making a Difference:** positive feedback

Sensing Sessions

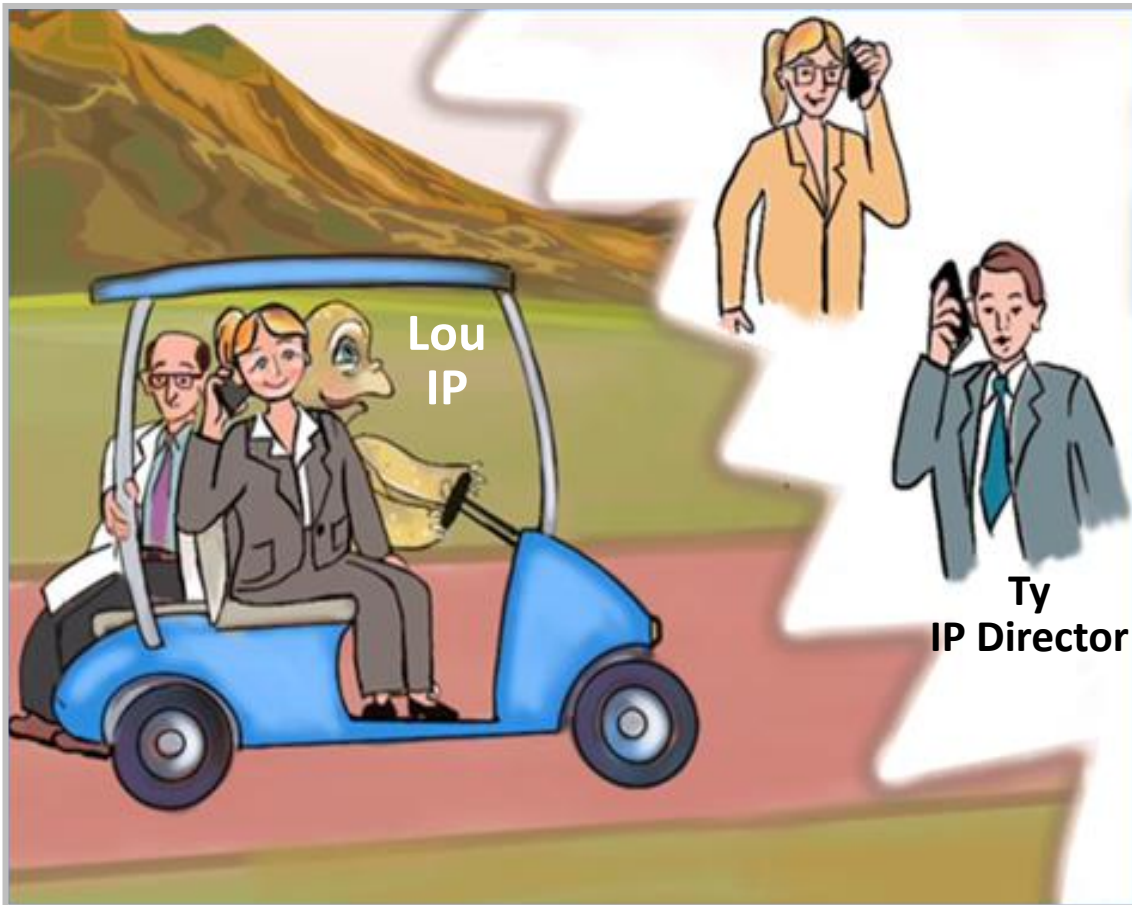
Informal Meetings with employees

- Speak Freely about change
- Listen
- Identify resistance/under-the-radar issues
- Address the "why change"



The Monument Health Story

Mobilize Commitment



OBJECTIVE:

- Team of committed supporters
Co-champions, Stakeholders
 - IP
 - Pharmacy
 - Medical Staff
 - CNO
 - C-Suite
 - Frontline Staff
- Identification of potential resistance
- Conversion of key influencers

The Success of Implementation

WE ARE BETTER TOGETHER

**Mobilize
Commitment**



Facilitator

Infection Preventionist
Nurse Leader
Industry Partner



Front Line
Representatives

Administrative
Sponsor

Nurse Manager
Representative

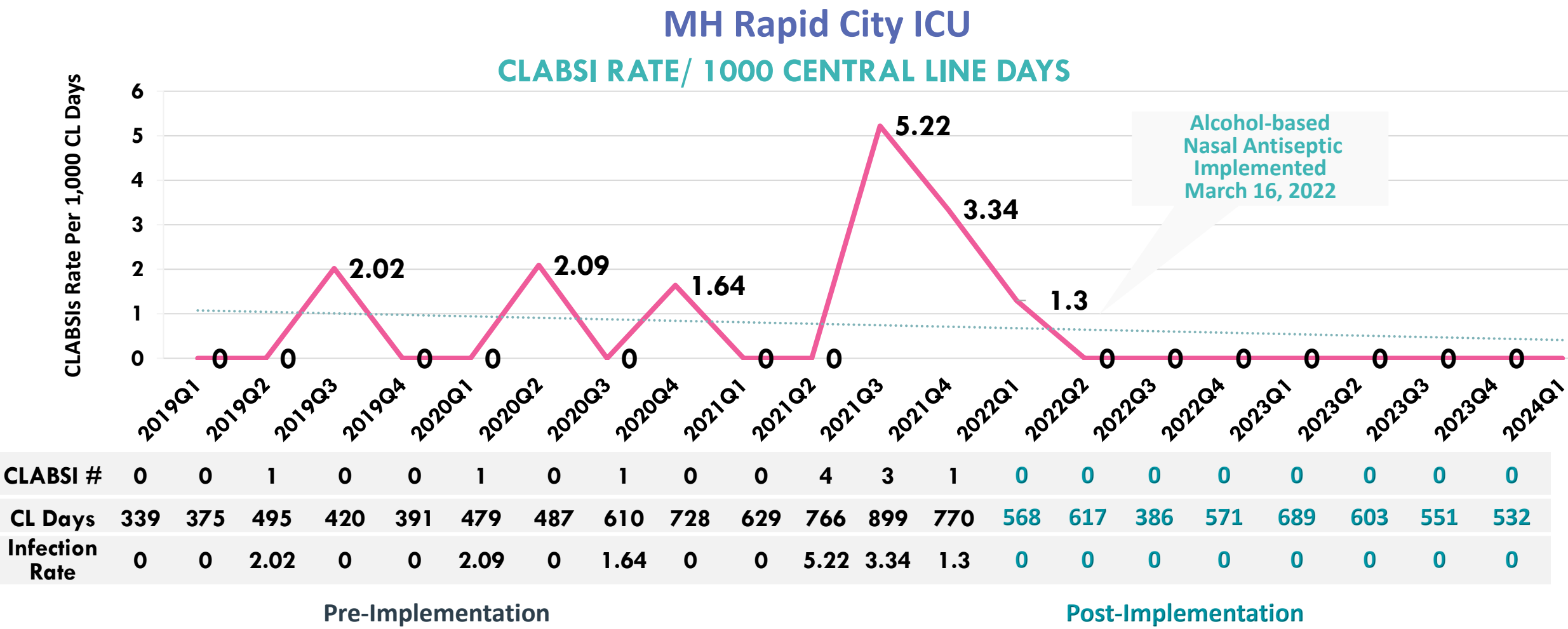
Supply Chain
Representative

Clinical
Educator

Pharmacy

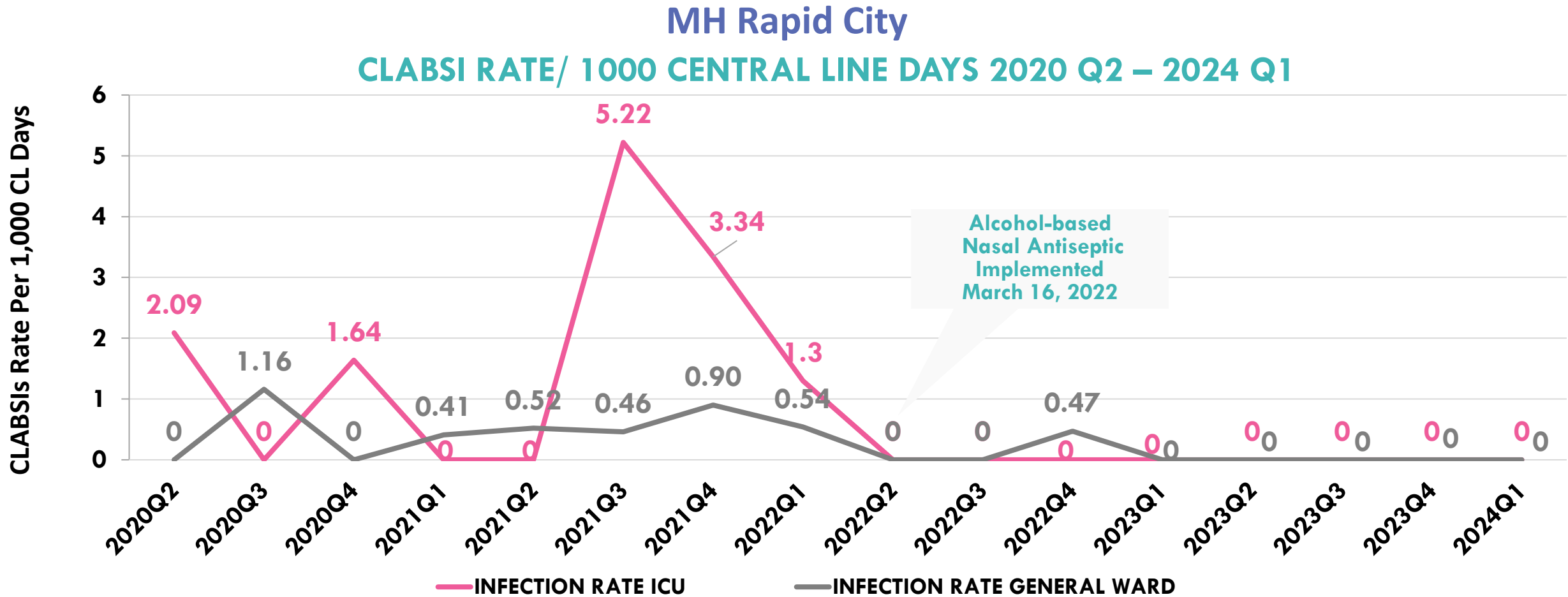
Information
Technology
Representative

APIC 2024 - The Addition of Nasal Antiseptic to Universal Decolonization Programs Reduces Central Line Associated Blood Stream Infections in Intensive Care Units



100% decrease in CLABSIs, 1.54 to 0 (p=.01) ICU

MH Rapid City ICU vs General Ward



100% decrease in CLABSIs in ICU, 90% decrease in General Ward

Impact of Reducing Colonization Pressure on CLABSI in the ICU and Non-ICU Units

~Cost of CLABSI Pre versus Post-Implementation

Q2 2020 - Q1 2022				Q2 2022 – Q2 2024			
Type of Infection	Avg cost/ infection*	Pre- Implementation		Post-Implementation		% Reduction	Total Estimated Treatment Cost Reduction
		No. of HAIs	~Cost of HAI	No. of HAIs	~Cost of HAI		
CLABSI	\$48,108 ¹	19	\$914,052	1	\$48,108	95%	\$865,944

Potential Gained Revenue through Excess LOS Days Avoided

Q2 2020 - Q1 2022				Q2 2022 – Q2 2024			
Type of Infection	Avg excess LOS for ¹ infection	Pre-Implementation		Post-Implementation		% Reduction	Potential Gained Revenue through Excess LOS Days Avoided ³
		No. of HAIs	Excess LOS	No. of HAIs	Excess LOS		
CLABSI	7.54 ²	19	143.26	1	7.54	95%	\$852,153

(Excess LOS avoided) x (census) x (est. daily net patient revenue)
 (136) x (96.3%) x (\$6,520/day Monument Health) = \$852,153

¹AHRQ. Estimating the additional hospital inpatient cost and @<https://www.ahrq.gov/hai/pfp/haccost2017-results.html>. mortality associated with selected hospital-acquired conditions . 2017, Retrieved, 3/1/2023

² O'Grady NP. Prevention of Central Line-Associated Bloodstream Infections. N Engl J Med. 2023 Sep 21;389(12):1121-1131.

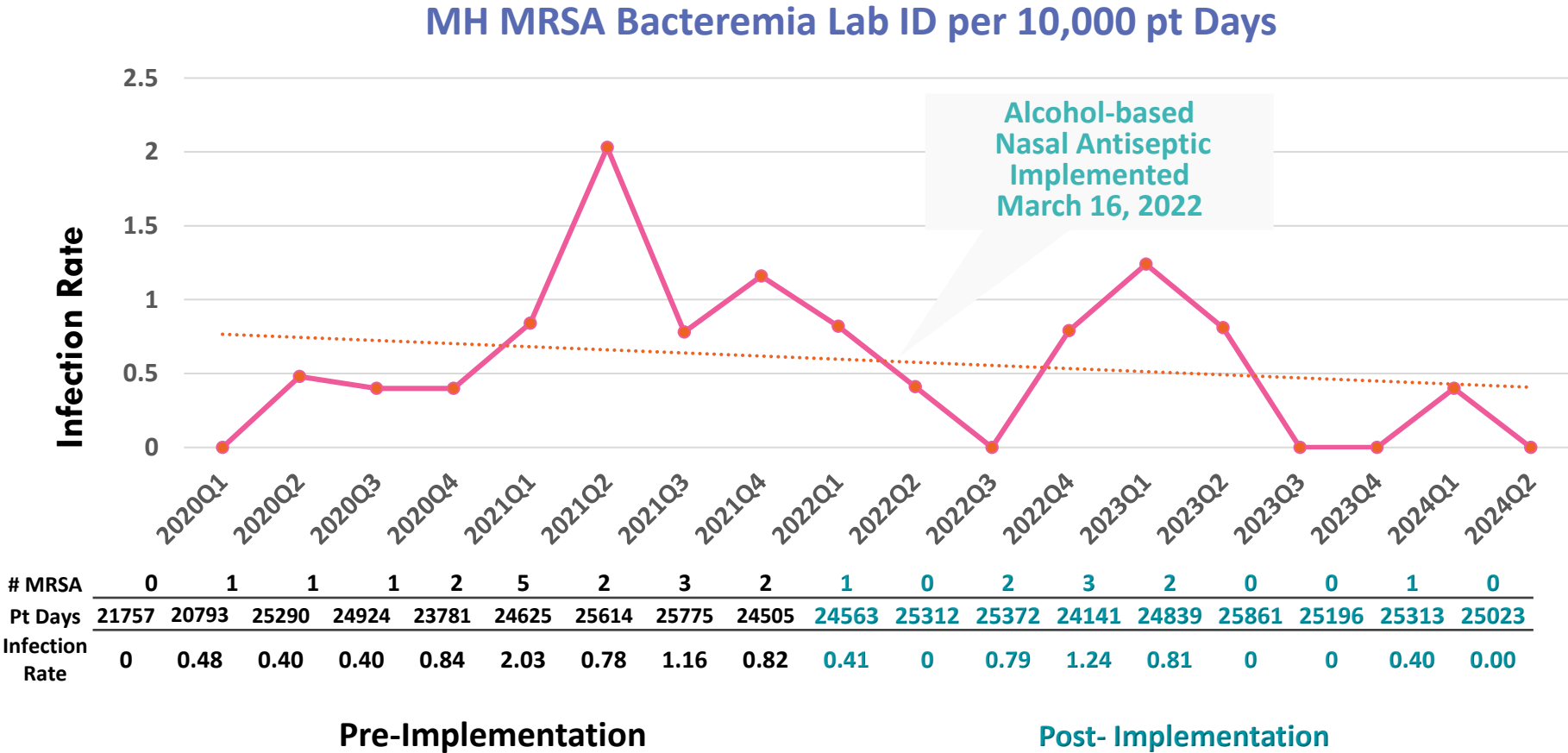
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MH Rapid City

MRSA Bacteremia 2020 – 2024 Q2

Pre-Implementation
vs.
Post-Implementation
Comparison:

49% decrease in
MRSA Bacteremia,
 $p=.082$



Monument Health Rapid City SSI 2020 Q2 – 2024 Q2

**Pre-Implementation
vs.
Post-Implementation
Comparison:**

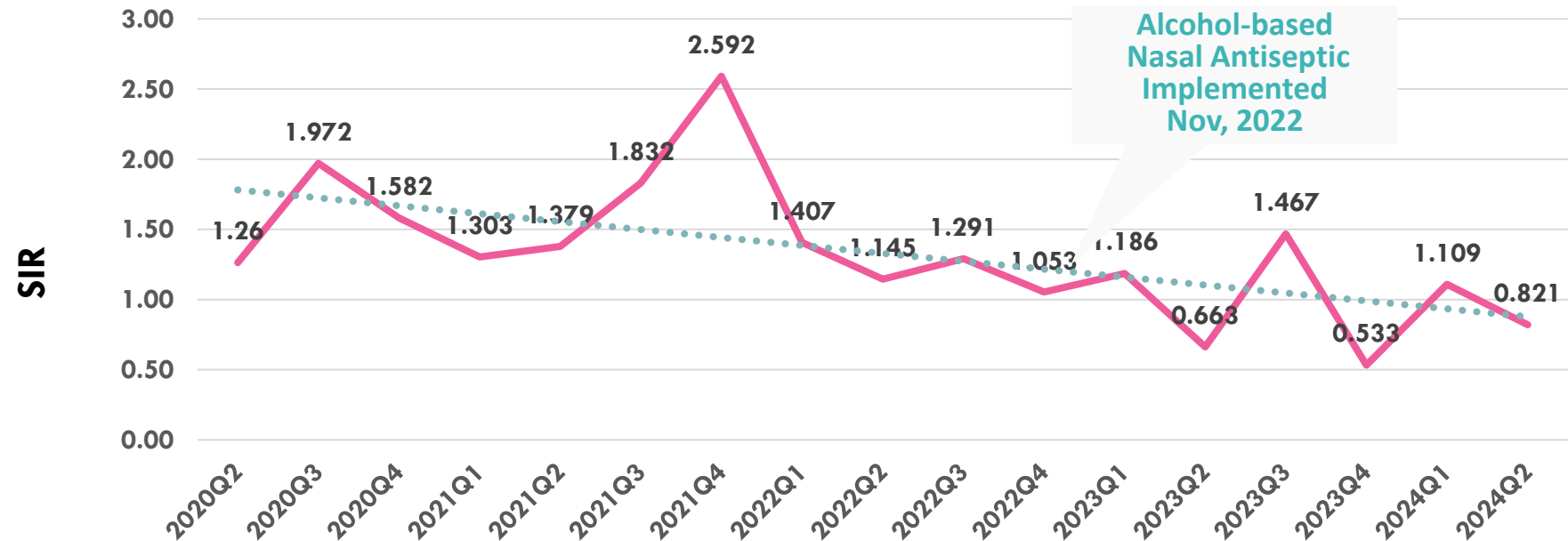
**38% decrease
in NHSN All Procedures Adult
Complex SIR p=.003**

Actions:

1. Implemented Pre and Post- op Nasal decolonization with nasal antiseptic for all surgeries where incision made.
2. Implemented Colo- Resection bundle
3. Compliance Monitoring

MH Rapid City SSI

NHSN All Procedures Adult Complex SIR by Quarter



Total SSI	13	19	14	11	13	16	19	13	11	11	9	9	6	13	5	9	6
Total Proc	1009	1041	930	973	1146	999	921	922	1059	915	967	923	1001	1016	1065	967	897
Predicted SSI	10.28	9.63	8.85	8.44	9.42	8.73	7.33	9.23	9.61	8.52	8.55	7.59	9.05	8.86	9.38	8.12	7.31
SIR	1.26	1.97	1.58	1.30	1.38	1.83	2.59	1.41	1.15	1.29	1.05	1.19	0.66	1.47	0.53	1.11	0.82

Pre-Implementation

Post- Implementation

Estimated Avoidable HAIs & LOS

Business Case 2020 - 2024

18 avoided CLABSI infections (\$48,108 each est.) ¹	\$865,944
9 avoided MRSA Lab ID Bacteremia infections (\$23,579 each est.) ²	\$212,211
37 avoided SSI infections (\$28,219 each est.) ¹	\$1,044,103
Total Avoided Treatment Cost	\$2,122,258
Product Cost	- \$399,284
Overall Savings	\$1,722,974

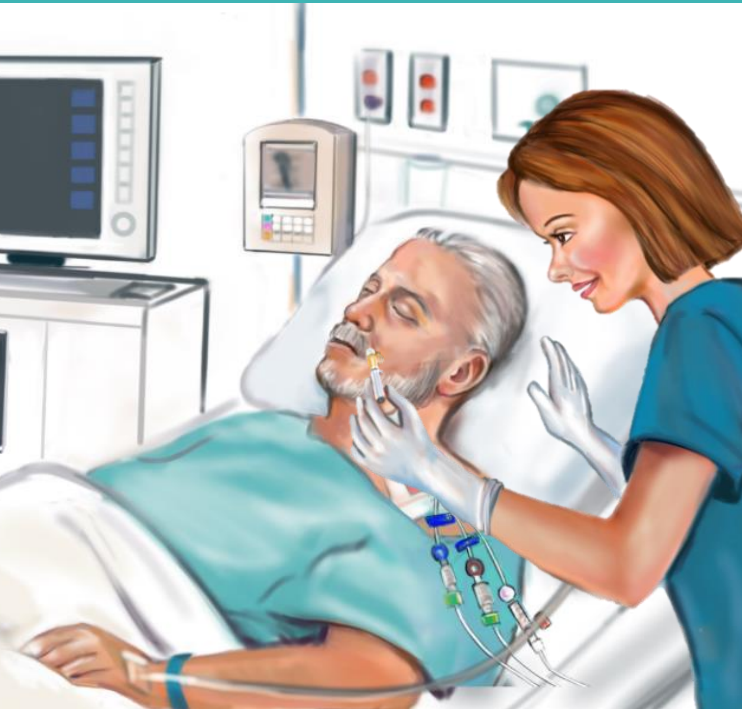
Potential Gained Revenue Excess LOS Days Avoided

CLABSI 136 LOS Days avoided ³	\$852,153
SSI 359 LOS Days avoided ⁴	\$2,253,447
MRSA 90 LOS Days avoided ²	\$565,088
Total Potential Gained Revenue Excess LOS Days Avoided	\$3,670,688

¹AHRQ. Estimating the additional hospital inpatient cost and @<https://www.ahrq.gov/hai/pfp/haccost2017-results.html>. mortality associated with selected hospital-acquired conditions . 2017, Retrieved, 3/1/2023

² Kengo et al , CID, 69:12, 15 Dec 2019, Pgs 2112–2118 ³ O'Grady NP.. N Engl J Med. 2023 Sep 21;389(12):1121-1131. ⁴ Ban, et al. Journal of the American College of Surgeons 224(1):p 59-74, January 2017

Celebrate Success!



**Monument
Health
Success**

Patient Safety

- Reduce HAIs
- Improved Patient and Staff Satisfaction
- >90% Compliance
- Product Acceptance

Cost Reduction

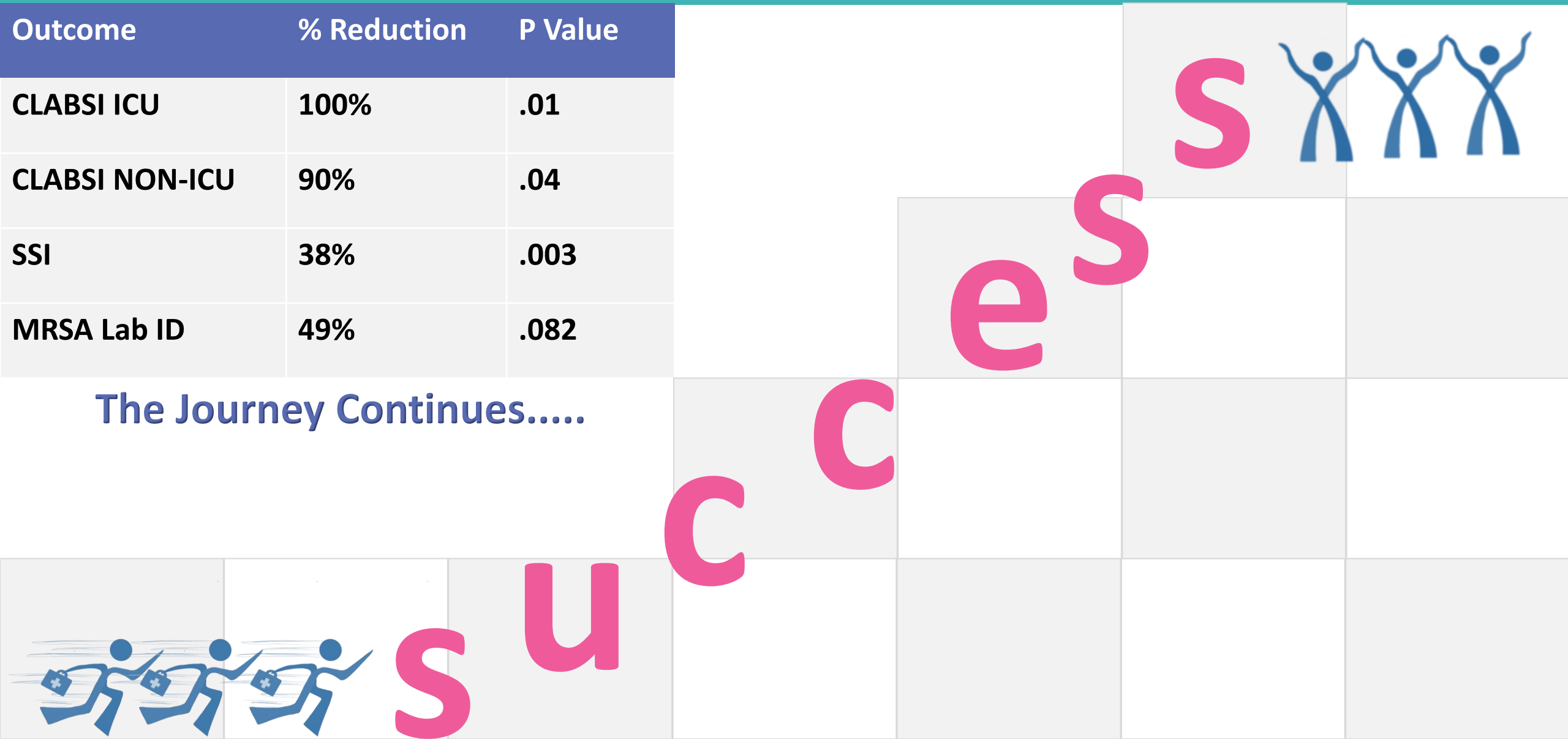
Operational Efficiency and Gained Revenue

- Discontinued Screen and Isolate
- Reduced LOS
- Improved Throughput

MH Rapid City

Outcome	% Reduction	P Value
CLABSI ICU	100%	.01
CLABSI NON-ICU	90%	.04
SSI	38%	.003
MRSA Lab ID	49%	.082

The Journey Continues.....



Sustainable Change

**WE ARE
BETTER
TOGETHER**



Keys to Successful Change

- **A shared need of the people**
- **Time:** Go Slow to Go Fast
- **Planning/Structure:** clear definition of change/ project
- **Shaping a vision:** identify full value to patient & facility
- **People:** influencers, decision makers; champions; frontline
- **Staff:** coaches
- **Monitoring:** data; observation & feedback
- **Systems and supplies:** to make it happen



Passionate, proactive Teams with a clear vision and a plan, succeed.

“ None of us is as smart as all of us .” Ken Blanchard

QUESTIONS?

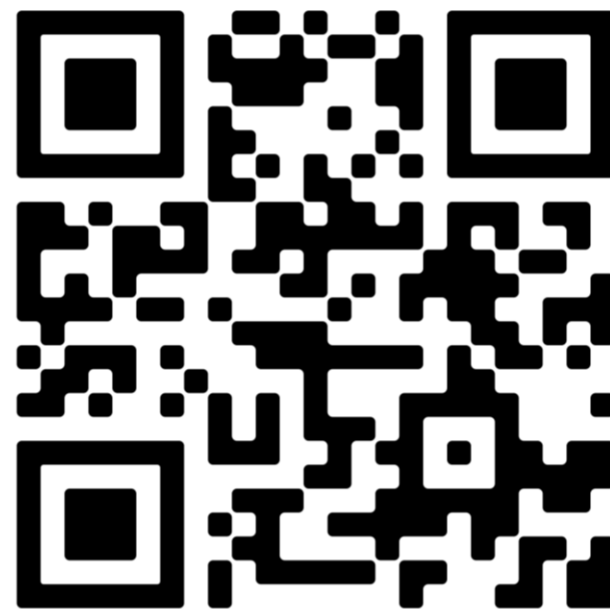
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SCAN ME

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