



CMPQI Quarterly Progress Report

for TN Department of Health (CMS)

Report Period:

April 1, 2019 – June 30, 2019

Reported by:

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PROJECT OVERVIEW: What are the major goals and objectives of the project?

Goals and Objectives

1. SNF-based coordinator focused on infection prevention, education and surveillance
 - To conduct intensive observations and assessments to identify contributing factors and engage SNF leaders to remedy those factors
 - Education to raise awareness and knowhow related to early identification and goal-directed therapy for healthcare associated infections
2. SNF-based pharmacist to assist SNF providers with antimicrobial stewardship
 - Monitor antibiotics prescribed for residents on admission and at least weekly
 - Communicate with providers and facility pharmacists regarding antibiotic management
3. Deploy a novel rapid response team (RRT) via virtual technology to assist local SNF caregivers assess and manage patients' deterioration
 - SNF alerts the RRT of patient concern, prompting virtual assessment followed by protocol-driven therapy

GOAL STATUS SUMMARY: What has been accomplished in relations to those goals?

Task related to Goal

1. Hired SNF-based coordinator (PAC Education Coordinator) focused on infection prevention, education and surveillance. She has completed the Centers for Disease Control and Prevention (CDC) "Nursing Home Infection Preventionist Training Course" (Web-based) and continues her on-boarding.
2. Interviews of three of 11 participating SNF sites by PAC Education Coordinator. Information gathering for gap analysis
3. Assigned a MRH pharmacist in the SNF-based pharmacist role.
4. Pharmacist drafted protocols for SNF sites (Renal Dose Adjustment, Vancomycin Adult and Warfarin Dosing), pending approval of SNF Medical Directors.
5. Secured willingness of MRH Population Health Medical Director to convene SNF medical directors to review care-in-place, longitudinal protocols.
6. Initial hardware for RRT virtual technology has been ordered.

MEASURES OVERVIEW: What are the specific measures for the project? Any collected data during this reporting period?

Measures

Status

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| <ol style="list-style-type: none"> 1. All-cause 30 day unplanned readmissions from SNF | <p>Baseline readmission data has been documented through March 31, 2019.</p> |
| <ol style="list-style-type: none"> 2. Return on investment analysis to demonstrate intervention effectiveness | <p>No data has been collected during this reporting period.</p> |
| <ol style="list-style-type: none"> 3. In-process measures <ol style="list-style-type: none"> 1. Review/monitor antibiotics prescribed 2. Antimicrobial surveillance monitoring data to further guide infection prevention and management, including usage, sensitivity, prevalence of multi-drug resistant organisms 3. Timeliness of discharge summaries on transition including antimicrobial medication and expected completion date 4. Debriefing tool evaluations 5. INTERACT standard safety tool use 6. RRT alert response times; RRT and Caregiver debriefing evaluations for each activation using adapted debriefing tools 7. Training program participation and completion records 8. Test/retest knowledge/learning assessments before and after education 9. Virtual equipment downtime or failure | <p>No data has been collected during this reporting period.</p> |
| <ol style="list-style-type: none"> 4. Monthly Scorecard, compares PACN site performance to average group results and established thresholds <ol style="list-style-type: none"> 1. Number of encounters per month 2. Number of virtual visits per day/week/month by facility 3. Declines of patient for a virtual visit | <p>Data for PACN discharges was published in unblended fashion using Tableau data visualization for all PACN members. The Education Coordinator and RPh have begun to log touches with each SNF. No virtual visit data has been collected during this reporting period.</p> |

- 4. Percent of visits with prescription
- 5. Percent of visits with a transport and readmit to Hospital
- 6. Potential cost savings and revenue
- 7. Technology error
- 8. Satisfaction ratings
- 5. Site-specific Scorecard, monitoring unique site-chosen interventions to track and trend compliance No data has been collected during this reporting period.
- 6. Training
 - 1. Periodic test visits to monitor efficacy of practice workflow and equipment use. No data has been collected during this reporting period.
 - 2. System familiarity and proficiency
 - 3. Annual Competency evaluations
- 7. Professionalism
 - 1. Interpersonal skills No data has been collected during this reporting period.
 - 2. Interviewing skills
 - 3. Professional work environment

CONTRIBUTIONS SUMMARY: What individual(s) or organization(s) have made significant contributions?

Name	Actions	Role
Jill Gaddes	Built relationships with each PACN site, advocated for the project and obtained participation of 11 sites for the project	Liaison for the PACN , Project Lead
Mark Kirschbaum	Crafted a composite of multiple position descriptions into one newly constructed role –PAC Education Coordinator Through research and vetted by her expertise, found	Executive Sponsor, Project Director
Lynnelle Murrell	Infection Prevention course training suitable and cost effective for the utility of the project	Director of Infection Prevention

PROJECT EFFECTIVENESS: What evidence is there of the project’s effectiveness?

There is no quantifiable evidence of project effective ness for this reporting period. Through site visits, quarterly town halls, emails and phone interactions it is clear that all stakeholders are invested and eager in the potential results that can be yielded from the project.

PARTNERSHIPS: What partnerships have been utilized or developed in the implementation of the project?

Stakeholders/Partners
1. Post-Acute Care Network (11 participating sites) <ul style="list-style-type: none"> 1. Lewis County Nursing & Rehabilitation Center 2. LifeCare Center of Columbia 3. Mt. Pleasant Healthcare & Rehabilitation 4. NHC Healthcare Columbia* 5. NHC Healthcare Lawrenceburg 6. NHC Healthcare Lewisburg 7. NHC Healthcare Oakwood 8. NHC Healthcare Pulaski 9. NHC Healthcare Scott 10. NHC-Maury Regional Transitional Care Center 11. Signature Healthcare of Columbia
2. NHC Columbia has actively petitioned to become the project pilot site

DELIVERABLE SUMMARY: What progress has been made in developing deliverables identified in the project application?

Deliverable Description	Function
1. Change Impact Assessment	Pre-project tool to evaluate the impact of the project on the facilities
2. Org Chart and Training Management	Tracking mechanism for staffing model and training
3. Issue Management	Tracking mechanism for project issues
4. Risk Register	Tracking mechanism for at risk project items
5. Monthly Status Report	Communication mechanism for the PACN sites and MRH leadership
6. Work Breakdown Structure	Organizes team work into manageable sections
7. Website development – Mock up	DRAFT of website that will be utilized for the project
8. CMPQI Project Quick Sheet	Communication mechanism to help get ‘buy-in’ of additional stakeholders
9. Project Charter	Outlines project objectives and defines stakeholders
10. Services Agreement Amendment	Modifies the terms of the current service agreement for the network
11. Orientation Checklist	Orientation checklists created to help guide new PAC Ed. Coordinator
12. Gap Analysis evaluation forms (2)	Aid in assessing each site’s gap in care.

PROJECT COMMUNICATION: How will results be communicated to communities of interest?

Method	Recipient or Intended Party
1. Weekly project meetings	Core Grant Project Team and PACN participating site lead
2. Quarterly Town Hall meetings	PACN network
3. Senior Leadership Team (SLT) meetings	MRH Senior Leadership

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| 4. Egnyte (share point site) | Core Grant Project Team and PACN(whole) |
| 5. Quality Committee | MRH clinical department leads |
| 6. Steering Committee | MRH department leads |
| 7. Website | Community at large, PACN and MRH |
| 8. SNF Shift Huddles | PACN staff |
| 9. Quarterly CMPQI report | CMS/TN Department of Health |
| 10. Social Media | Community at large |

ISSUES SUMMARY: Has there been any encountered problems or delays? What actions have been taken to resolve them?

Priority	Issue Description	Impact Summary	Action Steps
1. Moderate	Clinical Service Agreement was created to help delineate roles and responsibilities that were to be established for the project. Some language was not deemed suitable for the purposes of the project.	<ul style="list-style-type: none"> Sets accountability for the duration of the project term. Delayed task timeline by a few weeks 	<ul style="list-style-type: none"> Taken to Steering Committee for additional review Per Legal Counsel, CSA will be turned into an amendment to the current network contract Worked with TH DOH to move forward Project Term dates were changed to match the disbursement of funds. No time lost according to new adjustment.
2. High	Project Funding delay	<ul style="list-style-type: none"> Ability to fund project resources Delayed task time line by a few months 	<ul style="list-style-type: none"> Checked w/ Ms. Weems/TDH via phone check-in re: hardware purchase made prior to April 1 re-set start date.

PROJECT SUCCESS SUMMARY: What success have you had in the project? How can they be built upon?

Successes	Potential Building Blocks
1. Hired a highly skilled critical care nurse with extensive training in sepsis to fill the PAC Education Coordinator Role.	PAC Education Coordinator will be able to elevate the training and skill set of SNF staff with the understanding of both critical care skills and infection prevention.

PROJECT DEVIATIONS: Will there be any anticipated changes to evaluation methods, expected outcomes, or timelines for the next reporting period?

At this time, there are no anticipated changes to the evaluation methods, outcomes, or timelines of the project.

PROFESSIONAL DEVELOPMENT: What opportunities for training and professional development did the project provide?

Opportunities	Development
1. Nursing Home Infection Preventionist Training	Increased the knowledge base of the PAC Education Coordinator in a Nursing Home health care setting