A New Approach to Making Hospital Acquired Conditions (HAC) Meaningful to the Bedside Nurse
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Objectives

• Discuss creative strategies for making HAC meaningful to the newly-hired nurse at the bedside

• Explore how combining simulation and debriefing a HAC interactive can be beneficial for both the bedside RN and facility

Disclosures

There are no disclosures
What is a Hospital Acquired Condition (HAC)?

A medical condition or complication that a patient develops during a hospital stay which was not present at admission

FY 2013 HAC List

- Foreign object retained after surgery
- Air embolism
- Blood incompatibility
- Stage III & IV pressure ulcers
- Falls & trauma
- Vascular catheter-associated infection
- Catheter – associated urinary tract infection
- Manifestations of poor glycemic control
- Surgical site infection, mediastinitis, following coronary artery bypass graft
- Surgical site infection following certain orthopedic procedures
- Surgical site infection following bariatric surgery for obesity
- Surgical site infection following cardiac implantable electronic device
- Deep vein thrombosis and pulmonary embolism following certain orthopedic procedures
- Iatrogenic pneumothorax with venous catheterization

History of HAC

- Deficit Reduction Act of 2005
- October 1, 2008 Centers for Medicare and Medicaid Services (CMS) eliminated hospital payments for preventable HACs
Deficit Reduction Act

Identify conditions

- High cost or high volume or both
- Result in assignment of a case to the DRG that has a higher payment when present as a secondary diagnosis
- Could reasonably have been prevented through application of evidence based guidelines

How a HAC is Classified

- Applies to Medicare beneficiaries
- Hospitals Excluded
- CMS uses International Classification of Diseases (ICD) billing codes
- Determines which conditions are present on admission

Why HAC Matters

- Patient Safety - should be the number 1 priority
- Quality of Care
- Financial Implications
Quality and Finances

“Current initiatives like the Hospital Quality Initiative and withholding reimbursement for preventable hospital-acquired conditions will increasingly tie a hospital's financial performance to the quality of the care provided. The changes in payment will better incentivize providers to make the necessary investment to improve operational effectiveness, especially if nursing leadership can show improved care outcomes with declining reimbursement for adverse events.”

Hines, (2009)

What is A Healthcare- Associated Infection (HAI)

- An infection that a patient acquires during the course of their hospitalization
- Examples: surgical site infection, central-line associated bloodstream infection, ventilator-associated pneumonia, catheter-associated urinary tract infection

Hospital Acquired Infection (HAI): The Financial Impact

- 1/20 inpatients develops infection related to hospital care
- Responsible for $28 - $33 billion dollars in preventable healthcare expenditures annually

http://www.hhs.gov/
Costs of HAIs

- Direct Hospital Costs
- Indirect Costs
- Intangible Costs

Department of Health and Human Services: Improve Patient Safety

- By September 30, 2013, reduce the national rate of healthcare-associated infections by demonstrating significant, quantitative and measurable reductions in hospital-acquired central line-associated bloodstream infections and catheter-associated urinary tract infections
- HAI Agency Priority Goal: reduce CLABSI by 25% and CAUTI by 20% in hospitals nationwide by end of FY 2013

http://goals.performance.gov/goal_detail/HHS/375

Costs of HACs

- Study done in NY State during 2007-2008
- Sample consisted of 4,853,800 hospital discharges
- Looked at HACs from ICD-9 codes
- Study showed impact of HACs on cost of care and length of stay for all non-federal US hospitals to be $12.91 billion annually
- HACs associated with 4.1 million additional hospital days annually

Impact of HAC on Bedside Nurses

- Organizational Impacts
- Unit Impacts
- Making it Personal
- Ability of Bedside Nurse to identify observations that may prove beneficial

Reporting Mechanisms

- Where all the data goes
- Public Awareness
- Publicly reported data on Hospital Compare Website (Hospital Compare)
- Allows public to find information about quality of care at 4,000 Medicare certified hospitals

Prevention is the Key

- Using current evidence based strategies to prevent
- If best practices in infection control were applied at all US hospitals, could see annual reduction in number cases CLABSI, CAUTI, & VAP saving:

  5,520-20,239 lives with CLABSI
  13, 667-19, 782 lives with VAP
  2,225-9,031 lives with CAUTI
Prevention Strategies

• Hospitals are taking measures to prevent HACs and HAIs.

• Krein et al (2011) study showing prevention strategies are increasing.

Fall Assessment and Prevention

• Most common adverse event reported in hospitals

• Acute care hospitals fall rates range from 1.3 - 8.9 falls/1,000 patient days with higher rates in the elderly, neurology, and rehabilitation areas


Best Practices Used - Falls

• No Pass Zone
• Hourly Rounding with a Purpose
• Stay with patient in restroom
• Safety Cross
• Fall Debriefing
• Safety Huddles
• Fall Safety Agreement
Goal: Raise awareness about falls

Central Line Associated Blood Stream Infection (CLABSI)

- Definition of CLABSI
- Estimated 41,000 CLABSIs occur in US Hospitals each year
- Prolonged hospital stay
- Increased cost and mortality risk

Best Practices Used - CLABSI

- Insertion Bundle Components
- Maintenance Bundle Components
Catheter Associated Urinary Tract Infection (CAUTI)

- Definition
- Most common HAI, making up almost 40% of HAIs
- Most UTIs caused by instrumentation of the urinary tract
- >13,000 deaths associated with UTIs
- Can lead to many complications

Best Practices Used: CAUTI

- Insertion Bundle - always review true indication
- Maintenance Bundle, especially Daily Conversation about indication for foley

Hospital Acquired Pressure Ulcer

- Definition
- Leads to increased morbidity and mortality
Best Practices Used: Pressure Ulcers

• Turn and reposition
• Safety Huddles for Specified Patients
• Hourly Rounding
• Save Our Skin (SOS) Website

Phases of how HAC is introduced at Wake Forest Baptist Health

• General Nursing Orientation: 2 presentations including one on HAC and one on Quality Metrics
• HAC Interactive Tool
• Navigating Safe Practices

Making the Transition

Classroom Orientation

Care at the Bedside
Goals of HAC Tool

- Reduce incidence of HAC
- Make nurses in orientation aware of HAC from the beginning of orientation
- Improve nursing care
- Keep preceptors and others on the unit aware of HAC
HAC Interactive Tool

Nurse audits 3 patients

Navigating Safe Practices Agenda

- 0815 Overview of NSP
- 0820-0830 Safety
- 0830-0915 Quality & HAC Interactive
- 0915-0925 Break
- 0930-1100 Scenarios
- 1100-1130 Debriefing
- 1130-1200 Patient Satisfaction & Press Ganey Surveys
- 1200-1300 Lunch
- 1300-1400 Nursing Clinical Systems Update
- 1400-1500 Caring Science
Using simulation as a tool to bring it all together

- 3 Bedside Reporting Scenarios
- Skills Scenarios
- Benefits of Simulation

Clinical Quality Goals Guide the Organization

How Nurses Feel About the HAC Interactive

- Results from Survey of Nurses at Wake Forest Baptist Health
Lessons Learned

- Staff nurse forgets to attend Navigating Safe Practices
- Nurse forgets to complete or bring interactive
- Initial lack of education about tool for preceptors - not having full preceptor support

Nursing’s Challenge

"Nursing management must focus on continually educating their staff on appropriate care, as well as developing and supporting a culture of safety and accountability."

"Nursing leadership must….demonstrate to the rest of the organization the value nursing brings to the organization through consistently tracking quality and financial indicators and tying them to nursing initiatives."


The Nurse & HAC

The nurse at the bedside is in the most pivotal position to prevent a HAC. As educators, are we preparing them for this critical job?
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References


References

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http://goals.performance.gov/goal_detail/HHS/375
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http://www.qualitynet.org
http://www.nursingquality.org/

Ideas from Other Participants…