

# Central Illinois American College of Healthcare Executives

## *Quality & Patient Safety*

## *Management & Prevention of Hospital Acquired Infections*



- ❖ *Tim Appenheimer, MD - Chief Medical Officer  
Katherine Shaw Bethea Hospital - Dixon, IL*
- ❖ *Lisa Boesen, MAOM, PHR - Healthcare Speaker, Author &  
Facilitator - Houston, TX*
- ❖ *Norman C. Estes, MD - Professor & Chair Surgery  
U of I College of Medicine - Peoria, IL*
- ❖ *Sara J. Kimble, MSN, FACHE - Chief Quality /Nursing Officer  
Graham Hospital - Canton, IL*
- ❖ *Greg Wahlstrom, MBA / HCM - Chair, Education  
Committee - Central Illinois ACHE - Rockford, IL*

An Independent Chapter of



# ACHE Central Illinois Chapter

An Independent Chapter of



American College of  
Healthcare Executives  
*for leaders who care®*

## Upcoming Programs

Earn 1.5 Qualified Education Credits

### Quality & Patient Safety – Management & Prevention of Hospital Acquired Infections

**Dr. Tim Appenheimer, M.D.**, Chief Medical Officer, KSB  
**Lisa Boesen, MAOM, PHR**, Creating Compassionate Connections  
**Dr. Norman Estes, M.D.**, Dept of Surgery, University of Illinois College of Medicine  
**Sara J. Kimble**, Chief Quality Officer / Chief Nursing Officer, Graham Hospital  
**Greg Wahlstrom, MBA / HCM**, Central Illinois ACHE - Chair Education Committee

**Wednesday, July 25, 2012 12:00PM – 1:30 pm Central Time (US & Canada).**

In 2008, the U.S. Department of Health and Human Services (HHS) released the HHS Action Plan to Prevent Hospital Acquired Infections. Healthcare-associated infections (HAIs) are infections that patients acquire while receiving treatment for medical or surgical conditions. HAIs are associated with a variety of causes, including but not limited to the use of medical devices to include catheters and ventilators, complications following surgical procedures, transmission between patients and healthcare workers, or the result of antibiotic overuse. They are among the leading causes of death in the United States accounting for an estimated 1.7 million infections and 99,000 associated deaths in 2002.

The Centers for Disease Control and Prevention (CDC) of HHS has shown that about 36% of these infections are preventable through the adherence to strict guidelines by healthcare workers when caring for patients.

This discussion will seek to inform hospital leadership and administrators about the causes of hospital acquired infections and the impact leadership can have on the quality, financial health and safety of their organizations.

Join Central Illinois American College of Healthcare Executives and University of Illinois College of Medicine speakers: Dr. Appenheimer, Mrs. Boesen, Dr. Estes, Mrs. Kimble, and Greg Wahlstrom for this 90-minute Webcast, including Q&A, to get alignment strategies to thrive in an increasingly integrated industry.

With this webcast, you will gain insight and tactics to:

- Discuss the most common types of HAIs and required public reporting.
- Address the impact that nosocomial infections have on healthcare organizations, including financial impact, ARRA and HAI Prevention, HHS incentives and CMS oversight.
- Discuss why preventing hospital acquired infections is such an important initiative.
- Define leadership behaviors that are necessary for a successful HAI prevention program.

As an independent chartered Chapter of the American College of Healthcare Executives Central Illinois Chapter of ACHE is authorized to award 1.5 hour of Qualified Education credit toward advancement or recertification in the American College of Healthcare Executives.

Participants in this program who wish to have it considered for Qualified Education (non-ACHE) credit should list their attendance when they apply to the American College of Healthcare Executives for advancement or recertification.

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#### Speakers

#### Date

#### Description

#### Registration:

[http://www.anymeeting.com/  
PIID=EE51DB83804F](http://www.anymeeting.com/PIID=EE51DB83804F)

For more information Contact:

Greg Wahlstrom, MBA / HCM

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# Central Illinois ACHE Chapter

## Quality & Patient Safety – Management and Prevention of Hospital Acquired Infections

Earn 1.5 Hours of Qualified Education Credit

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# Tim Appenheimer, MD



Tim Appenheimer is a Dixon native and a member of the Dixon High School Class of 1971. He majored in biology at North Central College in Naperville. Appenheimer earned a Doctor of Medicine (M.D.) degree from Rush Medical College and completed a family medicine residency with a University of Illinois program in Rockford.

Dr. Appenheimer first practiced in a KSB-affiliated medical practice in the city of Oregon. After three years, he moved to Iowa City to join the University of Iowa family medicine faculty. With the University of Iowa, Dr. Appenheimer obtained significant teaching and academic experience. Two years later Appenheimer returned to Dixon and joined the Medical Arts Clinic. After about 7 years, he took a position as Vice President of Medical Affairs with KSB Hospital and worked as a physician in the Emergency Department.

After three years in an administrative and emergency medicine role, Appenheimer returned to a full-time family medicine practice with the added responsibility of serving as medical director for the KSB Medical Group. Dr. Tim Appenheimer was named Vice President and Chief Medical Officer of KSB Hospital in July 2011.

Tim has been married to Sharon Appenheimer for 30 years, and they have two adult children. He enjoys photography and a variety of outdoor activities. He serves on the Heritage Square Board of Directors and is a former member of the KSB Hospital Board of Directors.





# Lisa Boesen, MAOM, PHR



Lisa Boesen, MAOM, PHR, is a Houston-based speaker, author, facilitator, and founder of Creating Compassionate Connections™. She has over 35 years of clinical, management and human resources expertise including leadership development, performance improvement and workforce development projects through the Institute for Healthcare Improvement initiatives. As a student of compassion, she researches the impact of its importance on relationships, organizational culture and the patient experience.



Lisa also shares her insight and personal experience of caring for two parents with terminal conditions at the same time, one of whom suffered significant, long-term complications from hospital acquired infections. She has chronicled those years in a caregivers book, *Managing the End... to Bridge the Beginning*.



Lisa enjoys membership and has held leadership positions in various healthcare and human resources professional organizations. She holds a masters degree in Organizational Management, is a Certified Human Resources Professional, certified MBTI practitioner, certified facilitator and a Certified Compassion Fatigue Specialist. She has been featured in *Advance Magazine*, *Medical Office Today*, *Mainstreet*, *The Ladders*, and *ICU Medicine*.





# Norman Estes, MD



Dr. Estes received his medical degree from the University of Kansas in 1971, served his internship in straight medicine at the University of Kansas Medical Center from 1971 to 1972, and received his residency training in general surgery at the University of Kansas Medical Center from 1972 to 1976. He was certified by the American Board of Surgery in 1978. Dr. Estes has attended the Program for Chiefs of Clinical Services and the Advanced Program for Chiefs of Clinical Services at the Harvard School of Public Health in Boston, Massachusetts.

A native of Missouri, Dr. Estes was on the faculty at the University of Kentucky as Assistant Professor of Surgery from 1976 to 1978. He served as part-time Attending Surgeon at the University of Missouri-Kansas City while in private practice from 1978 to 1981. He was Associate Professor of Surgery at Indiana University from 1981 to 1984.

He returned to the University of Kansas in 1984 and was Professor of Surgery from 1993 until coming to Illinois. He served as Chief of Staff at the University of Kansas Medical Center from 1992 until accepting Chair of the Department of Surgery at the University of Illinois College of Medicine at Peoria in 1998. His interest and education as to the importance of quality improvement and hospital systems was developed during this period.

Dr. Estes has published numerous articles on surgical oncology. His research interests have focused on tumor proliferation and nutrition as well as Surgical Principal Investigator for national clinical studies in breast and gastrointestinal malignancies. He has won numerous teaching awards and is a student and resident advocate. He has participated on the admissions committee as well as promotion committee in several medical schools. He is currently the Surgical Program Director and is very involved in student education.

Dr. Estes currently serves as the Illinois State Co-Chair of the Commission on Cancer and Chair of the University of Illinois Chicago College of Medicine Faculty Appointments, Promotions and Tenure Committee. Dr. Estes is past president of the Midwest Surgical Association and the Warren H. Cole Society. He served on the Executive Board of the Gastrointestinal and Surgery Committees for the Southwestern Oncology Group.

He is a fellow of the American College of Surgeons. Dr. Estes is a member of the American Association of Cancer Education, American Society of Breast Disease, American Society of Clinical Oncology, Association for Academic Surgery, Association for Program Directors in Surgery, Association for Surgical Education, Central Surgical Association, Chicago Surgical Society, Illinois Surgical Society, Society for Surgery of the Alimentary Tract, Society of American Gastrointestinal Endoscopic Surgeons, Society of Laparoendoscopic Surgeons, Society of Surgical Chairmen, Society of Surgical Oncology, Southwestern Oncology Group, Southwestern Surgical Congress, The Cell Kinetics Society, The Surgeons' Travel Club, and Western Surgical Association.



# Sara J. Kimble, MSN, FACHE



Sara Kimble brings an extensive background of executive leadership to the healthcare sector including her current position as Chief Quality Officer and Chief Nursing Officer at Graham Hospital in Canton, IL. She is responsible for the direction of quality initiatives in collaboration with the President and CEO and Nursing Directors for the direction and leadership in nursing. In her current role she delegates to many different divisions such as: Quality Improvement; Medical Staff Quality Improvement, Patient Experience; Clinical Outcomes; Risk Management; Patient Safety; Infection Prevention and Control; Accreditation Services; Advocacy / Patient Experience; Social Services; Case Management; School of Nursing; and , Home Care Services.

Mrs. Kimble is also responsible for the direction of the clinical practice of nursing and other clinical functions listed below. She works closely with the governing body, management, medical staff and clinical leaders in organizational strategic planning, decision making structures and processes. She functions as a member of the executive team, and reports to the Chief Executive Officer. She has extensive knowledge and leadership in the following departments: Acute Care; Skilled Nursing; Surgical Services; Home Health Care; Emergency Department; Respiratory Services; Sleep Medicine; and Accreditation Services.

Sara holds many professional memberships with the Illinois Hospital Association Adverse Events Reporting Resource Group, Illinois Hospital Association Nurse Advisory Group, Midwest Alliance for Patient Safety Advisory Committee, American College of Healthcare Executives, American Organization of Nurse Executives, and Sigma Theta Tau International Honor Society of Nursing. She has also demonstrated a commitment to community service by being a Chairman of the Habitat for Humanity of Fulton County Board Member of the Family Selection Committee.

# Infection Control Laws and Screening

- Microbes / Admission
- Infection Dx / Lab Reporting
- Communication with Medical Staff



# Infection Control Laws and Screening

- Leadership and Infection Control Components
- Leadership and Accurate Surveillance / Reporting
- Priority / Resource Allocation
- Remove 'Non-Value Added' Steps

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# Regulatory Requirements



Effective Regulations / Public Reporting (Outcomes)

Hospitals / Regulators (Process)

Regulations / Incentive-to-Focus

# Regulatory Requirements



## Patient-Specific Factors

Oncology

Decreased  
WBC

Sepsis

Recent  
Previous  
Catheter

## Invasive Lines

IV

Foley  
Catheters

Central  
Lines

Regulatory Requirements

Non-Punitive Regulatory Requirements

Safe Environment for Reporting



- 

- 

- 

# Infection Control Programs



- Process Analysis / Methods of Measurement
- Process Control / CDC and NHSN
- “Coach Staff” – New Processes / Definitions



# Staff and Infection Control Reporting Plans



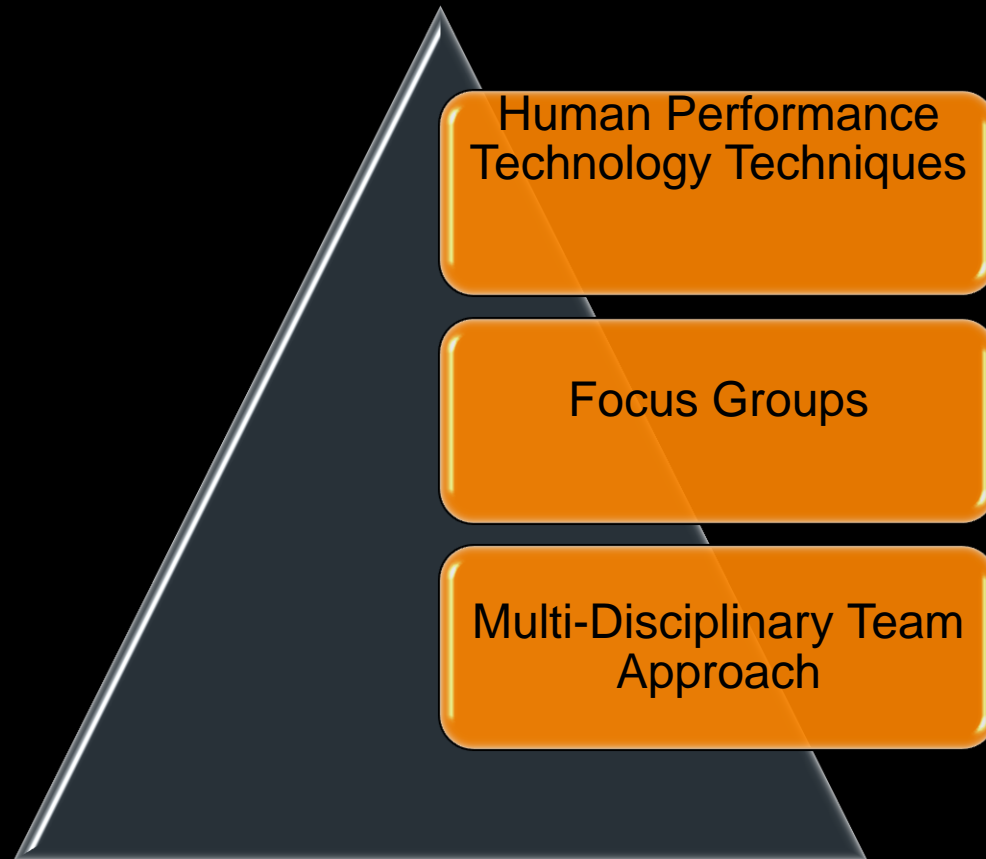
- The Challenge is Human Behavior
- “Connect to the ‘Why’” (Studer)
- Staff's Natural Altruism to Motivate
- Design of Processes / Equipment
- Physicians Need to Buy-In



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# Staff and Infection Control Reporting Plans

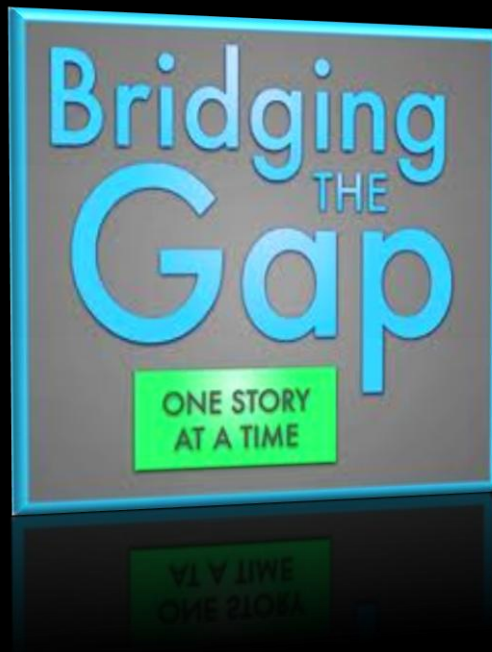


# Staff and Infection Control Reporting Plans



- Create and Sustain Culture of Safe Communication
- Routine Communication
- Consider Human Factors
- Develop Relational Capacity Storytelling







# Reducing Rates of HAIs

- Accept Individual Accountability for HACs
- “They are not Talking About Me”
- “That happened on Another Unit.”
- Team Involvement / Root-Cause Analysis
- Employee Forum and Staff Accountability
- Process Inconsistency
- Hardwiring a New or Revised Process

# Reducing Rates of HAIs

- Zero-Tolerance of Old Behaviors

## Our Process is:

1<sup>st</sup> Offense  
“Coaching”

2<sup>nd</sup> Offense  
“Verbal  
Warning “

3<sup>rd</sup> Offense  
“Written  
Warning”

4<sup>th</sup> Offense  
“Suspension”

5<sup>th</sup> Offense  
“Termination”

- Complete Assignments / Competency Related to Issue
- Medical Staff Embrace Data Improvement Process

# Reducing Rates of HAIs



- Evaluate Human Performance Behaviors
- Assess Staff Perception, Concerns and Engagement
- Understand Structural Capacity

# Reducing Rates of HAIs



- Develop Safe Peer-to-Peer Communication
- Recognize / Encourage Role Modeling
- Impact of Understanding / Over-Crowding

# Community Concerns About HAIs



- Transparency is Critical
- Nosocomial Infection / General Public
- Pending Family Admission / Infection Risk Ratings



# Community Concerns About HAIs



- Graham Believes and Embraces Transparency
- Include Patients / Significant Others Infection Prevention
- Communicate via Community Newsletter

# Community Concerns About HAIs

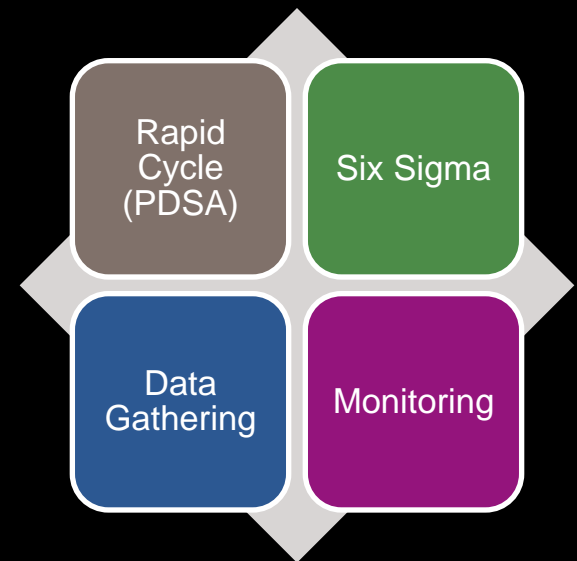


- Customize Strategy to Obstacle

- Involve Staff in Approach

- Evidence Based Tools / Training

- Technology Approach



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# Promoting Organizational Culture

- Leadership in Medical Staff / Administration
- Consistently “Connect to the ‘Why’” (Studer)
- Primary motivation / Help Our Patients
- Reimbursement Changes / Public Reporting
- Foundational Motivation

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# Promoting Organizational Culture



- Embrace Culture of Transparency
- Zero-Tolerance for Unsafe Patient Practices
- Remove the “Road Blocks” to Process Improvement
- Lastly, Walk-the-Walk and Talk-the-Talk



# Promoting Organizational Culture



- Leadership Imperative of Safety Culture
- Set Expectations for Staff / Board
- Lead by Example
- Transparency in Reporting



# Promoting Organizational Culture



- Remove Structural Barriers
- Establish Accountability
- Celebrate Successes
- Just Culture
- Individualize Change Strategies



# Civil War Hospital

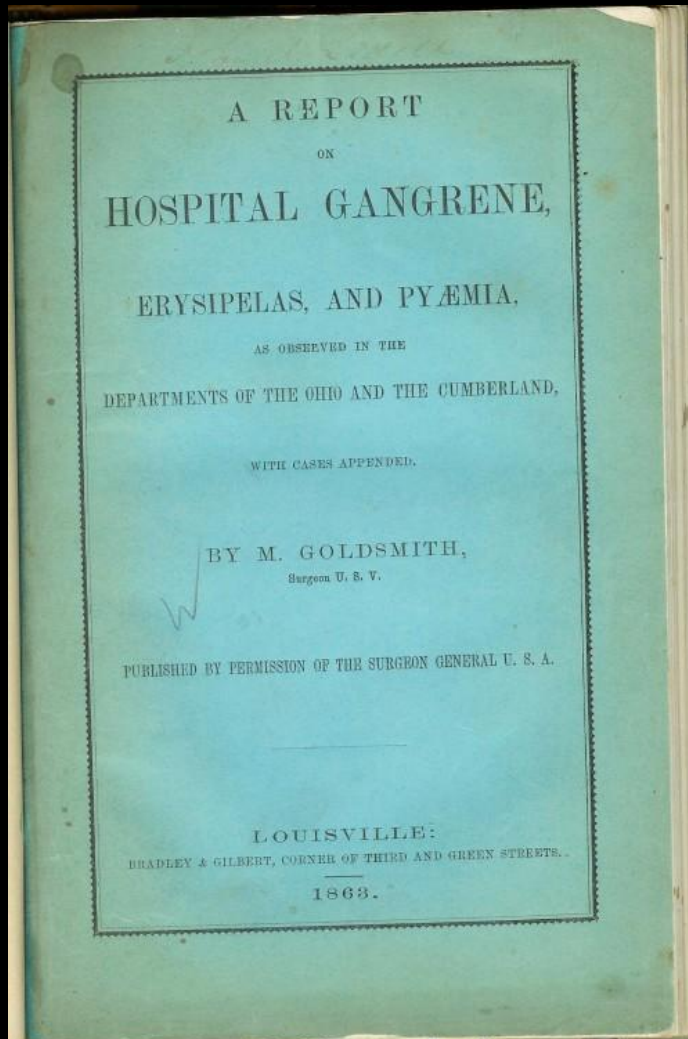


# Civil War Amputation in the Field Hospital





# Laudable Pus – A Blessing or A Curse?



# Surgical Site Infections



- Relationship to Nosocomial Infections
- Most common Nosocomial Infections: UTI, SSI, pneumonia
- Source of SSI Endogenous or Exogenous
- Most SSI Caused by Patients Own Bacteria –Usually Staph/Strep
- Transection of Hollow Viscus Exposes Enteric Organisms
- Prevention of SSI

# Acquired Bacteria Invading the Patient



Boil  
(furuncle)  
caused by  
Staph aureus

Boils Goes Away,  
Recur or  
Progress to  
Connected Boils  
Called Carbuncle

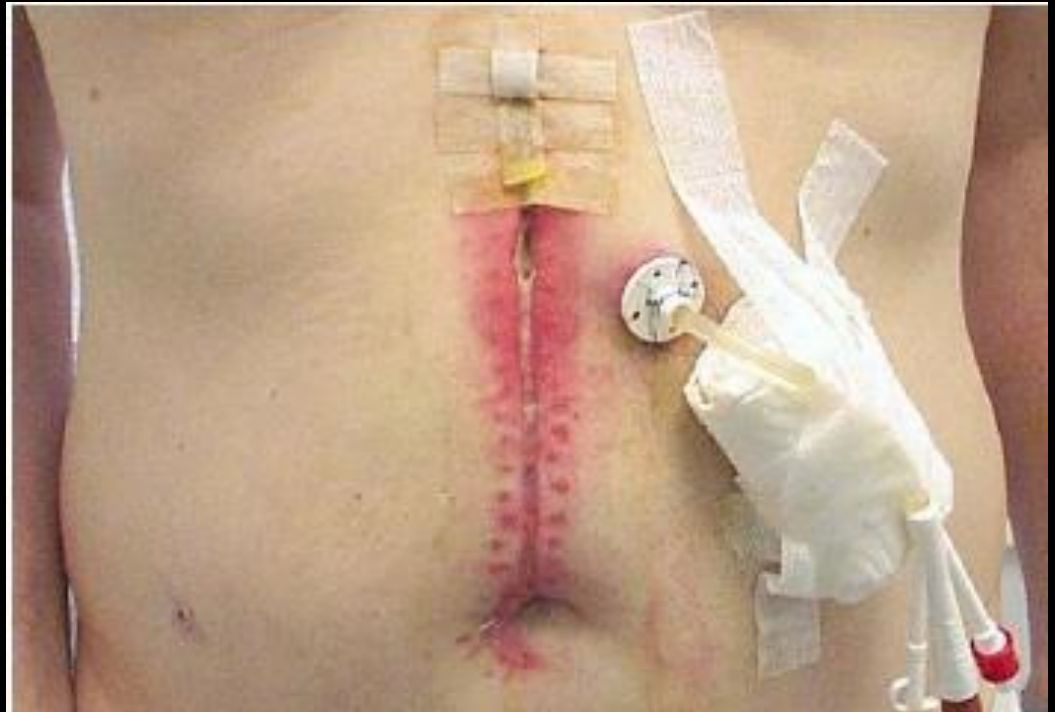


# Surgical Site Infections

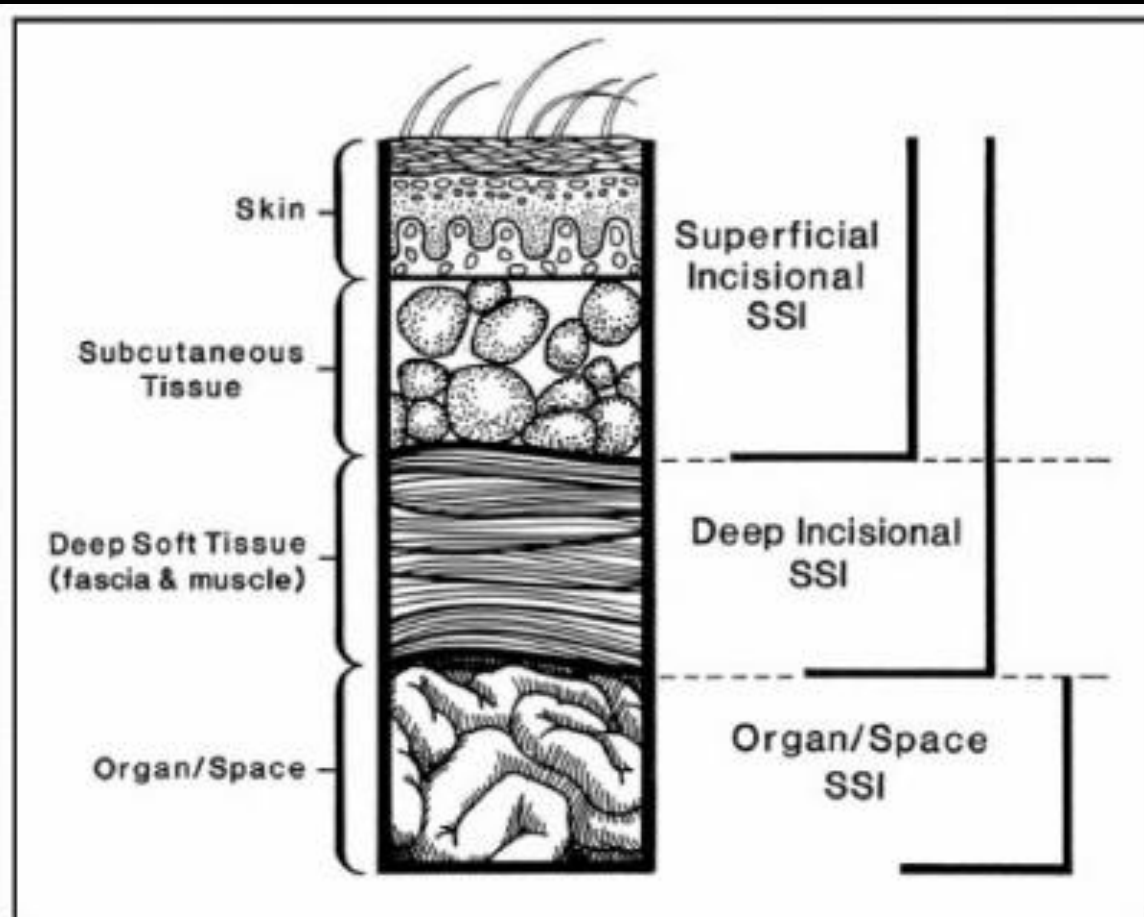
- 3<sup>rd</sup> Most Common Nosocomial Infection 14% – 16 %
- Most Common Nosocomial Infection Among Surgery Patients 38%

- 2/3 Incisional

- 1/3 Organ



# Criteria for Defining SSIs



**FIGURE.** Cross-section of abdominal wall depicting CDC classifications of surgical site infection.<sup>22</sup>

# Surgical Site Infection



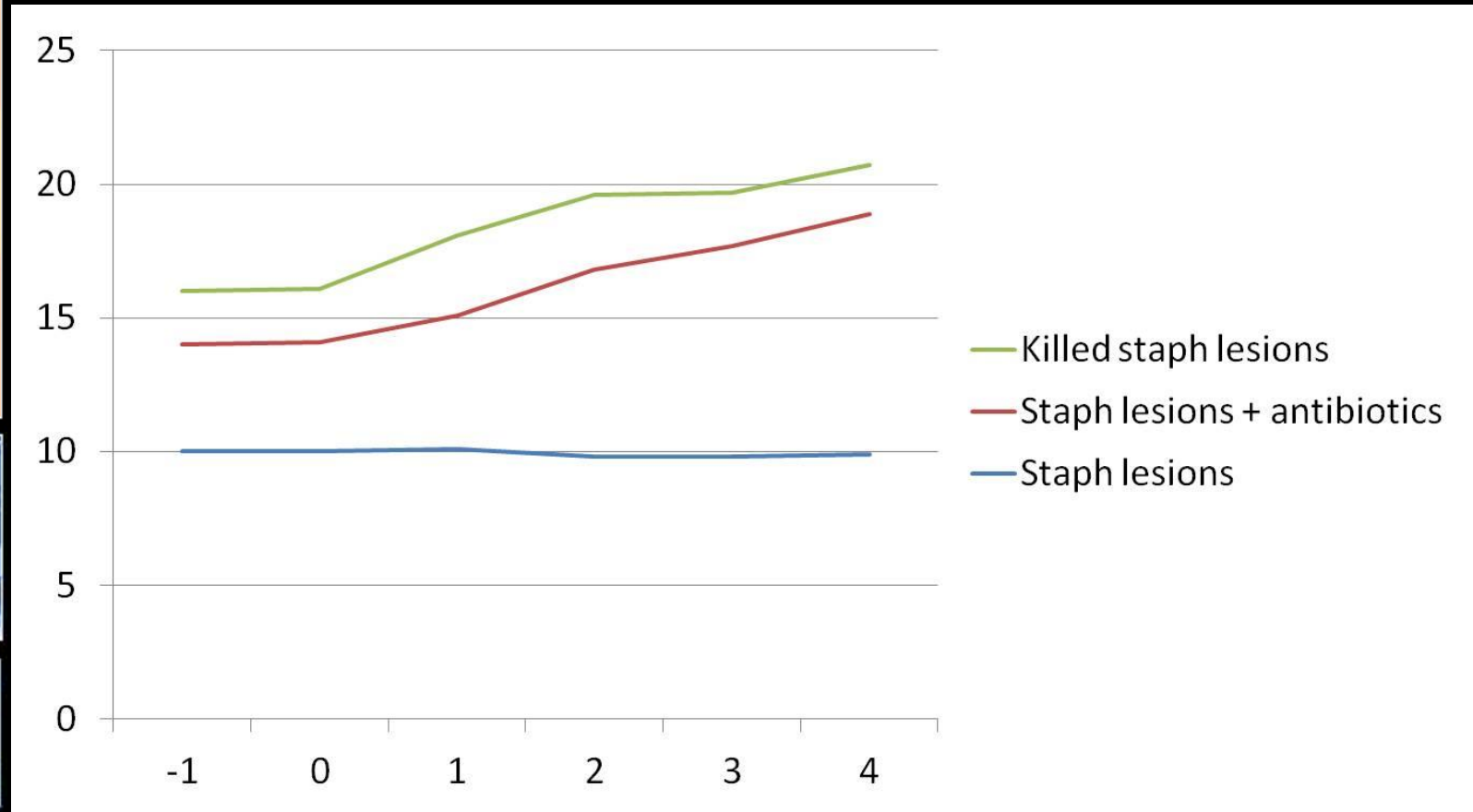
- Result from Contamination Developed Preop or Inoculated Intraop that is Present in the Wound at the Time of Closure.
- The Critical Number of Bacteria that will Result in a Postoperative Wound Infection is 100,000 Bacteria.
- Strategies Include Preop Antibiotics, Open Wound, Reduction of Operative Contamination.

# What's the Proof? (Data)



- Risk Stratification of Risk of SSI by Foothills Hospital Began Scientific Basis of Studies
- Basic Science Guinea Pig Studies by Burke
- Prospective Randomized Trials by Polk & by Stone

# Effective Period of Preventative Antibiotic Action in Surgery (Burke)



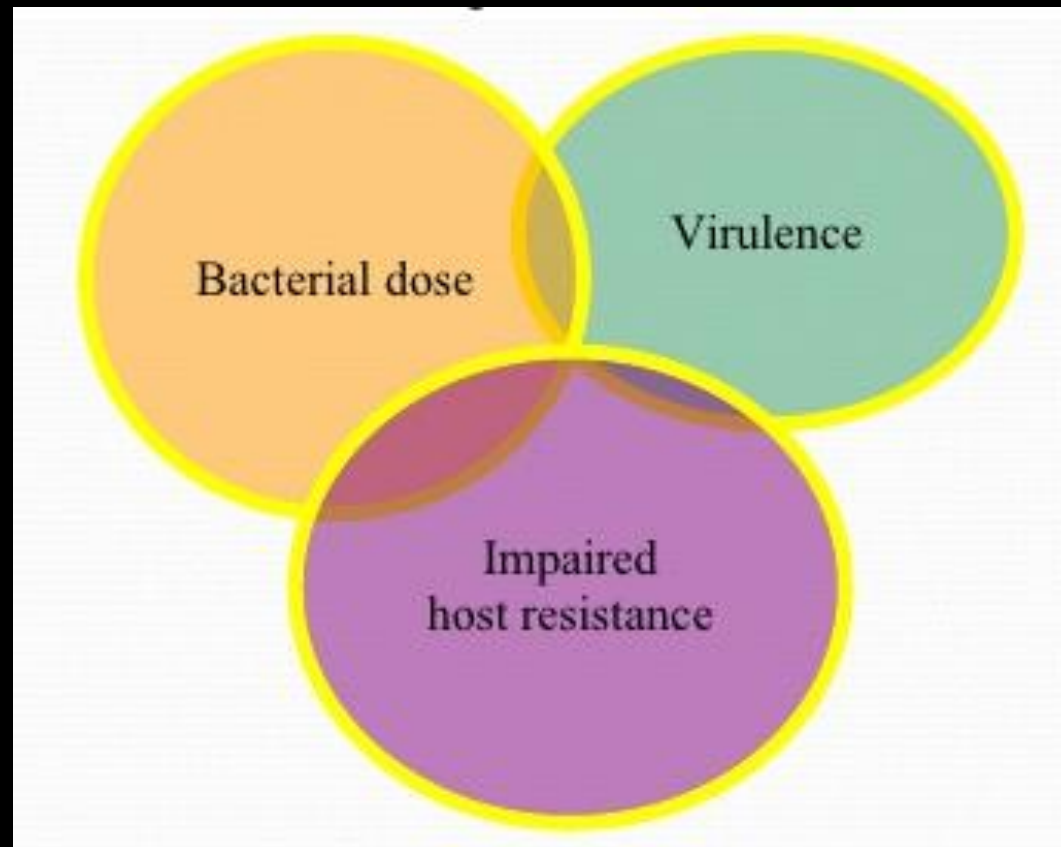


# Pathogenesis



- Dose of Bacterial Contamination x Virulence = Risk of Surgical Site Infection

Resistance of the Host Patient





# SCIP: Compliance to Reduce SSIs



- Utilized Recommendations of Professional Infection Organizations to Reduce SSI
- Type of Antibiotic Specified
- Timing of Administration of Antibiotic Specified
- Fine tuning—Dose Adjustment, Reduction of Excessive Administration
- Cardiac Surgery Has Always Been an Exception

# Surgical Site Infections

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- Value of SCIP in Preventing SSI
- Value of Surgical Performance in Preventing SSI
- Why do SSIs Still Occur?

# Efforts of NSQIP to Measure Outcomes & Stratify Risks to Reduce SSIs

- Began as VA Quality Improvement Program
- Transferred to the American College of Surgeons as Program for all Hospitals / Surgeons
- Measures Outcomes Based on Risks
- Allows Comparisons to Similar Hospitals

# Supplemental Material



- Department of Health and Human Services, June 2009. "HHS Action Plan to Prevent Healthcare-Associated Infections." <http://www.hhs.gov/ophs/initiatives/hai/draft-haiplan-01062009.pdf>
- The Joint Commission, 2009. "Measuring Hand Hygiene Adherence: Overcoming the Challenges." [http://www.jointcommission.org/NR/rdonlyres/68B9CB2F-789F-49DB-9E3F-2FB387666BCC/0/hh\\_monograph.pdf](http://www.jointcommission.org/NR/rdonlyres/68B9CB2F-789F-49DB-9E3F-2FB387666BCC/0/hh_monograph.pdf).
- Infection Prevention and Control Issues in the Environment of Care, 2nd Edition. (PDF book) 2009. 153 pages. ISBN: 978-1-59940-53.
- Meeting The Joint Commission's Infection Prevention and Control Requirements, 2nd Edition. 2008. 139 pages. ISBN: 978-1-59940-278-9
- Kleven, R. M., Edwards, J. R. et al. "Estimating Health Care-Associated Infections and Deaths in U.S. Hospitals, 2002." *Public Health Reports*, 160: 160 - 166.
- Edwards, J. R., Peterson, K. D. et al. "National Healthcare Safety Network (NHSN) Report, data summary for 2006, issued June 2007." *American Journal of Infection Control*, 35: 290 - 301.
- GAO. (1999). *Antimicrobial Resistance: Data to Assess Public Health Threat From Resistant Bacteria Are Limited*. GAO/HEHS/NSIAD/RCE D-99-132. <http://www.gao.gov/archive/1999/hx99132.pdf> (accessed May 31, 2006). U.S. General Accounting Office.
- Siegel, Jane D., Emily Rhinehart, et al. *Management of Multidrug-Resistant Organisms In Healthcare Settings, 2006*. [http://0-www.cdc.gov.mill1.sjlibrary.org/ncidod/dhqp/pdf/ar/MDROGuideline 2006.pdf](http://0-www.cdc.gov.mill1.sjlibrary.org/ncidod/dhqp/pdf/ar/MDROGuideline%202006.pdf) (accessed Sept 20, 2007) X 1:
- Edmond, M. B. and G. M. L. Bearman, "Mandatory public reporting in the USA: an example to follow?" *Journal of Hospital Infection* 65(Supplement 2): 182-188. "Safer Hospital Stay, and Reducing Hospital-Born Infections." *Health Scout News*, 2003 [cited July 7, 2003]. <http://www.healthscout.com> .
- U.S. Center for Disease Control and Prevention (CDC). 1600 Clifton Road, Atlanta, GA 30333. <http://www.cdc.gov/health/disease.htm> <http://www.cdc.gov/ncidod/hip/training/infectctl.htm>



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## Central Illinois ACHE - Quality & Patient Safety - Hospital Acquire Infections

The ACHE Central Illinois Education Committee is interested in obtaining your feedback. The information you provide will remain strictly confidential.

Please fill-in the following fields to complete this test:

First Name: (Required)  Last Name: (Required)

Email:  (Required)

City:  (Required)

State:  (Required)

Organization:  (Required)

Job Title:  (Required)

Industry:  (Required)

Comments:

Overall, how satisfied were you with this panel discussion?  
(Please Select)

How effective was the program in enhancing your professional knowledge and skills?  
(Please Select)

How effective was this program in achieving its stated learning?  
(Please Select)

Please rate the opportunity for questions and discussion?  
(Please Select)

Overall, how would you rate the moderator? Knowledge of subject?  
(Please Select)

Overall, how would you rate the moderator? Presentation skills?  
(Please Select)

Overall, how would you rate this instructor? Knowledge of subject? (Panelist #1)  
(Please Select)

Overall, how would you rate this instructor? Presentation skills? (Panelist #1)  
(Please Select)

Overall, how would you rate this instructor? Knowledge of subject? (Panelist #2)  
(Please Select)

Overall, how would you rate this instructor? Presentation skills? (Panelist #2)  
(Please Select)

Overall, how would you rate this instructor? Knowledge of subject? (Panelist #3)  
(Please Select)

Overall, how would you rate this instructor? Presentation skills? (Panelist #3)  
(Please Select)



