

Partnering To Heal: Teaming Up Against Healthcare-Associated Infections

Stakeholder Call: Launch

May 13, 2011, 12:00 PM

Operator:

Welcome and thank you for standing by. At this time, all participants are on listen-only mode. During the question-answer session, please press *1 on your touch tone phone. This conference is being recorded. If you have any objection, you may disconnect at this time. I will now turn over the call to Dr. Howard Koh, Assistant Secretary for Health. You may now begin, sir.

Dr. Koh:

Thank you very much and thank you, everyone, for joining us on this stakeholder call. We are all absolutely thrilled to have this level of interest on this very important area of public health and I am here to unveil this very exciting new product along with my colleague, Dr. Don Wright, Deputy Assistant Secretary for Healthcare Quality, and Dr. Mandy Cohen, Director of Stakeholder Engagement of the CMS Innovation Center. You are going to be hearing from them in just a couple of minutes. I am also very pleased that Rani Jeeva, Healthcare-Associated Infections Team Leader from our Office of Healthcare Quality is also here. This is a wonderful effort and we are proud on behalf of the Department and we are thrilled that you are here to share this release with us. We are officially unveiling an interactive computer-based video simulation training program called *Partnering to Heal: Teaming Up Against Healthcare-Associated Infections*. We are very excited about this training because this is a critical area for public health. Patients enter a hospital and expect to get healthier and not sicker. But unfortunately too many of them experience healthcare-associated infections that cause tremendous suffering and drive up cost and really complicate care for needy patients. This new training program teaches viewers how to prevent healthcare-associated infections. It does it also in a very creative way by offering insight into the culture of a hospital, which can be very complex. We know we want to change the culture of all hospitals, so there is a culture of safety, a culture of quality, and a culture of prevention. It is easier to say that from the outside, but once you enter a hospital and see culture from the inside you can often experience some challenges. So, this simulation training allows the viewers, whether students or clinicians or other healthcare personnel, the ability to take on the roles of various professionals inside the healthcare setting and learn from the outcomes of various decisions, both positive and negative. I've had the joy of seeing this product and also working through the options of playing the roles of various personnel in such settings and also feeling the pressure of what it's like to work inside a complex culture that is represented by the hospital. And, of course, I can relate to this as a physician myself who is trained in multiple fields and has worked in many hospitals for many, many years. So, we hope that the release of this new training program, this video, will be helpful to you. We wanted to improve quality, safety, and affordability of healthcare for all Americans. We are thrilled that this is going to help providers in infection control practices. I am very, very proud that this is coming from our Office of

Healthcare Quality that is headed by Dr. Don Wright and also in collaboration with the CDC, Agency for Healthcare Research and Quality, and CMS--Centers for Medicare & Medicaid Services. We are also very pleased that this is a launch that is part of the new Partnership for Patients- a new public-private partnership that was announced very recently by the CMS Administrator Don Berwick and by Secretary Kathleen Sebelius. So, we are hoping that this new product will be of service to you and we unveil it and share it with you as evidence of our strong partnership with you and between government and community and hospital leaders and many others who care about patient safety and public health. Thank you for being part of this, and now I am happy to turn this over to my colleague Don Wright.

Don Wright:

Thank you, Dr. Koh. As you mentioned, this is indeed an important day in the Office of Healthcare Quality and for many of our partners who requested and then participated in the development of *Partnering To Heal: Teaming Up Against Healthcare-Associated Infections*. Today, we are pleased to present this innovative research-based product to our partners. Let me also say, we are pleased to do this as part of the new HHS Partnership for Patients- an initiative that, like *Partnering to Heal*, demonstrates the power of teammanship to accomplish positive change. Teammanship is the basic premise of *Partnering to Heal*. It is a video simulation training that demonstrates the potential of the individual and team effort to decrease infection risk. Likewise, teammanship is the approach that HHS has taken to develop the most far-reaching effort ever to combat infections associated with hospital care. The Office of Healthcare Quality and partners within HHS and outside of HHS began in 2008 to lay the groundwork for combating common preventable infections in acute care hospitals. At that time, HHS established a senior-level committee of clinicians, scientists, and public health leaders from across the Department. Our goal was to identify new approaches to HAI prevention, including public-private collaborations. With scientists and program officials from across HHS, the *HHS Action Plan to Prevent Healthcare-Associated Infections* was developed. The first *Action Plan* iteration focused on acute care hospitals where scientific information on prevention and the capacity to measure improvement are best developed. Thus, prevention of HAI in acute care hospitals became phase one of the *Action Plan*. The *Action Plan* includes five-year goals for nine specific measures of improvement in HAI prevention. It was released in June 2009. Two subsequent iterations are under review and in development. Let me say I am very pleased to say that we have seen some encouraging progress from efforts since June 2009. Among them are decreases in the national incidence rates of some of the major HAIs, like an eighteen percent decrease in central line-associated bloodstream infections, a thirteen percent decrease in invasive MRSA infections, and a five percent decrease in surgical site infections. I want to point out that *Partnering To Heal: Teaming Up Against Healthcare-Associated Infections* is an outgrowth of the *Action Plan's* goal to train the next generation of healthcare providers and to foster a culture of safety in healthcare settings. The training was developed in response to your message about the need for training to address the cultural competencies and communication needs of professionals in healthcare settings. Consequently, the training targets teamwork, communication, hand-washing, flu vaccination, and the appropriate use of antibiotics and medical devices. It uses a research-based computerized behavioral model to engage healthcare providers and professionals in learning how their behaviors can affect infection risk and patient outcome. It also engages patients and visitors as an integral part of the infection prevention team. Users assume the identity of one of five characters- a physician, a registered nurse, an infection preventionist, a medical student, and a patient family member. The training may be used by individuals

or by groups in facilitated training sessions. Accordingly, HHS offers the training online at no cost to users. I'd like to thank some special partners for their intensive and time-consuming contributions to reviewing the training for content and for application purposes: Dr. Jason Farley from John Hopkins University and American Association of Critical Care Nurses; Linda Greene, nurse and infection preventionist and a member of the Association of Professionals in Epidemiology and Infection Control; Lori Nerbonne of the New Hampshire Patient Voices; Dr. Tara Palmore, NIH Clinical Center; Dr. Ed Septimus of the Hospital Corporation of America and IDSA; and Julie Nowinski, former Special Assistant to Dr. Howard Koh. An additional attribute of Partnering To Heal, one that you won't read about in the press release or see on the fact sheet, but one that we have heard repeatedly from the stakeholders who have viewed this product, it really presents a fun way to learn. You know, it is my hope that later today all of you will take time and go to www.hhs.gov/partneringtoheal to view this product. And, finally, let me say once you have used this product, by all means let us know what you think. You know that we've benefitted from and value your partnership over time and do so increasingly as we progress to the next phase of team efforts to prevent and hopefully someday eliminate healthcare-associated infections.

Mandy Cohen:

Thank you. This is Mandy Cohen. I just wanted to start by thanking both Dr. Koh and Dr. Wright for their leadership in this area. I am a primary care doctor and also work with the Centers for Medicare & Medicaid Services with our new Innovation Center. I have been privileged to be part of the launch of the new Partnership for Patients, which is a new public-private partnership between hospitals and doctors, nurses, and pharmacists coming together with other health professionals employers, advocates, health plans and others to really work on improving the health and safety of all Americans. So, I was pleased to be part of the roll-out of this initiative about a month ago with Secretary Sebelius, where we announced to broad goals for this Partnership and am pleased this video is just another piece of this broad effort that HHS is undertaking to combat harm and reduce hospital readmissions across the country. So, our first big goal over the next three years- we are working to reduce any injuries that happen at hospitals by forty percent. Over the next three years we are hoping to reduce injuries by forty percent and we believe we can save as many as 60,000 lives in the next three years working together. Our other goal is to cut down on preventable hospital readmissions by twenty percent over the next three years and we believe not only that we will save 1.6 million patients from complications that we are also going to save money by doing this. We know that reaching these targets could save us as much as \$35 billion dollars over the next three years and reducing for Medicare in particular \$10 billion dollars over the next three years. We think this is a great opportunity to launch this partnership together with everyone doing their part to work towards those two big goals- to make health safer and reduce cost. With the Innovation Center in particular, which is where I work, we are making a large investment from our work up to \$500 million to continue to support work in this area and to expand great work that has been done by the Office of the Assistant Secretary and others. And we are very excited to have another piece moving today of this partnership. We look forward to your participation in that partnership. We hope that you learn more about it. If you haven't already, go to healthcare.gov today. You can click on our logo, which is right on the front page and join us in this partnership. Already we've had over 1,500 hospitals sign-on to say, "Yes, we are going to join you and everyone together," to work on those two big goals of reducing hospital injuries by forty percent and to reducing readmissions by twenty percent.

We look forward to having your participation as well. So, please join us. Go today to our website and sign onto the Partnership for Patients. You will continue to hear more and more updates and hear about great products like the one today rolling forward in the next several years. Thanks again for inviting me on the call.

Jennifer Buschick:

Thanks Mandy. I just wanted to let everyone know on the phone know that the web address to view the new video is www.hhs.gov/partneringtoheal. And, operator, we are ready to take questions.

Operator:

Thank you. To ask a question, please press *1 on your touch tone phone. Please unmute your line and record your name when prompted. Once again, to ask a question, please press *1 on your touch tone phone. One moment please for our first question. First question comes from Minda Aguilhab from American Medical Student Association. Go ahead.

Minda, you have an open line. Do you want to check your side to see if you are muted on your end?

Minda Aguilhab:

I am muted. I can hear now.

Operator:

Thank you.

Minda Aguilhab:

Can I ask my question now?

Operator:

Yes ma'am. Go ahead.

Minda Aguilhab:

It's great to hear about this great training video simulation. I'm really excited to take a look at them. I am from the American Medical Student Association and we are from the Resident and Student section for the American College of Medical Quality are working with med students and residents across the country who are working on quality curriculum and reform for their medical school and institutions. We are interested in other initiatives that Partnership for Patients will launch and how students and teachers can become involved.

Mandy Cohen:

Thank. Thanks Minda. This is Mandy Cohen. We really appreciate your hard work and enthusiasm and have been impressed by all the great work that you have been doing. There are great opportunities. As a young physician myself, I think that the work you are doing is very important. As Dr. Wright mentioned

too, in terms of training of the next generation of doctors, and about team care, and how we are going to keep folks safe. There are a lot of opportunities going forward for different types of training opportunities and such. A lot of things are at work right now, but stick close to the website and make sure to keep in touch with us for other opportunities as they roll forward.

Minda Aguilhab:

Thank you.

Operator:

Our next question comes from Richard Longland. Go ahead sir.

Richard Longland:

Yes, thank you for taking my question. Can you hear me ok?

Operator:

Yes we can.

Richard Longland:

Ok, great. Well, also marrying the last caller I just want to applaud efforts here to tackle such a huge problem that affects so many people. I personally had a hospital-acquired infection, but in my case perhaps it was unique. My symptoms appeared slowly over time and what was tantamount to really a systemic bacterial infection from *Mycoplasma pneumoniae*. My question is unique to my own situation. But I also find by talking to other patients across the country, through my own non-profit The Arthroplasty Patient Foundation, that in many instances these hospital-acquired infections can present not acutely, but sorta of sub-clinically. So, unfortunately, it takes a lot of work and time and tenacity to work and navigate through the healthcare system to find a doctor or diagnostician that really identifies these chronic bacterial infections. So, is there going to be any changes or perhaps training in this program or next iterations that might help clinicians move to newer molecular diagnostics? Or tools that may have more capabilities to really drill down on some of these chronic bacterial infections?

Don Wright:

Thank you, Richard, for your question. Let me tell you that the overall purpose and central theme of the video that we are presenting today is to develop a team of professionals at the hospital level working jointly to prevent these infections. We do feel that a team approach is appropriate and needed at the hospital level to reduce these infections, with every part of the healthcare team, including the patients, having a role to play. That was the general premise and approach to eliminating healthcare-associated infections through this video. At the present time, we don't have any plans for a follow-up video, but certainly will be monitoring the success of this teaching tool as we move forward with further plans.

Richard:

Thank you.

Operator:

Thank you. Our next question comes from Lori Nerbonne with New Hampshire Patient Voices.

Lori Nerbonne:

Hello. Am I on the call?

Operator:

Yes, ma'am. Go ahead.

Lori Nerbonne:

Thank you. I just wondered if you could tell us if all hospitals across America and /or hospital associations have received a notice about the Partnership for Patients and this initiative. Or should we be reaching out to our local hospitals?

Mandy Cohen:

All right. That is a great question. We did a very large effort to make sure that every hospital in the country and very large hospital associations knew about this effort. When we launched, not only was the American Hospital Association with us at that launch in the federation, but many individual hospitals as well. And so, it has been terrific in the past three weeks since we launched we have had over 1,500 hospitals sign-up to be partners, but that is only a fraction. We know that is about a quarter to a third of all hospitals. So, I encourage you to work through your own networks to reach out to hospitals to say to join this partnership--to sign onto the pledge and commit to these goals and work with us going forward. We would really appreciate you and all the folks on the call using your networks to bring folks into the partnership together because we know this is going to take an effort from all of us attacking this problem from all the sides in order to really meet those goals. Great question.

Lori Nerbonne:

Thank you.

Operator:

Our next question comes from Anne Rowe from APIC.

Anne Rowe:

I don't believe that I am muted.

Operator:

Yes we can hear you. Thank you.

Anne Rowe:

Ok, great. I was just wondering, nobody has said if there is a cost to using this training video?

Don Wright:

Anne, thanks for your question and no it is completely free to anyone that wants to use the video and it will be available on website.

Anne Rowe:

So we can just download it from your website?

Don Wright:

Correct!

Anne Rowe:

Thanks very much.

Operator:

Thank you. Our next question comes from John Lynch from the University of Washington Harborview Medical Center. Go ahead.

John Lynch:

Yes, good morning! Thanks again for taking my call. I looked at quick clip of the video and they look really wonderful. Very well done, so congratulations on getting this all done. My question is more basic. I'm sort of a just frontline infection control doctor at Harborview in Seattle and I would like to just hear your vision on how to implement these videos would be. Would it be something that you anticipate clinicians and everyone on the floor sort of going through on a regular schedule, whether it would be updated yearly or would it be just sort of like in a new employee orientation sort of format?

Howard Koh:

This is Howard Koh. I can start with that. What we enjoy about this new product is that it is very flexible and it is up to the user to take this training and apply it in as many creative ways as possible. You can use it for any new colleague who is joining in your team, you can use it for attending rounds, you can use it to discuss morbidity and mortality, and I think that once you get into it and adopt the different perspectives from various members of the team you will see how fascinating and very insightful it is. We encourage feedback about what works best for you because I think people here have gone out of their way to make it as flexible as possible.

John Lynch:

That's great. Thank you very much.

Rani Jeeva:

This is Rani Jeeva from the Office of the Assistant Secretary for Health. There is also a facilitator's guide that is available for free and it can be downloaded from the same website on which the training is posted. The training is very flexible designed for individual use or small group use.

Don Wright:

This is Dr. Wright. Let me add to that, that in the early stages we are targeting healthcare professional students: medical students, nursing students, and others in medical training. But since we have released this, tested across the healthcare spectrum, we have realized that the usage is much more broad than we had originally anticipated. And, certainly, new employee training and other opportunities within the various institutions.

John Lynch:

Thank you.

Operator:

Our next question comes from Kathy Campbell, Regional Medical Center. Go ahead.

Kathy Campbell:

Hi. I wanted to ask about it being used in a group. Approximately, how long does it take? You sort of did talk about the other uses with nurses and rounds. That is very helpful, but how long is the video?

Rani Jeeva:

This is Rani again. I think for each character, there are five characters, and it takes about fifty minutes for each character. And obviously you can go a little bit faster or a little bit slower. But we designed it just to be really flexible, for there to be a lot of moments to stop and dialogue about each of the learning points. So, at the self-paced learning, it takes about fifty minutes, but it is very open for discussion.

Kathy Campbell:

Thanks.

Operator:

Thank you. Our next question comes from Rita Smith from Suburban Hospital. Go ahead.

Rita Smith:

Hi. Can you hear me?

Operator:

Yes we can ma'am.

Rita Smith:

Ok. First of all, I wanted just to ask if the website could be repeated again so we can find the Partnering To Heal information.

Jennifer Buschick:

Sure. It is www.hhs.gov/partneringtoheal

Rita Smith:

Partnering To Heal! Great!

Rita Smith:

And then I wanted to ask one other question because there have been many discussions at Suburban about hospital readmissions and trying to reduce the number of readmissions within thirty days. Is there also work being done though . . . My understanding is that a patient could be discharged and readmitted for a completely different reason and we are “dinged” for that readmission even though it doesn’t have anything to do with the previous reason for their hospitalization. Can you answer that question or is this not an appropriate question?

Mandy Cohen:

Sure, Rita. This is Mandy Cohen, again. To follow up on that I should say a couple of things. First, when we talk about the goal of reducing readmissions, those are ones that are preventable. The larger point here is this is not about getting “dinged” or any of those types of things. This is really about focusing on what we can do both as a team, as an HHS team to support you and prevent those readmissions that are preventable.

Rita Smith:

That are preventable.

Mandy Cohen:

Right. So we’re thinking about more is those transitions of care is where communication can break down and such. So, we’re focusing on . . . There are grants that are out right now for folks to apply to about working on that transition process from hospital to home. And we think if we can focus there . . . support folks in that transition, that we will get to our goal of reducing hospital readmission by twenty percent.

Rita Smith:

Oh ok. Thanks very much for clarifying that because that certainly makes a lot of sense. I hope the grants continue because that seems to be a good way to try to approach this whole, I guess, process of preventing, you know, some of these readmissions that could be prevented. Anyways, it’s good. Thank you.

Jennifer Buschick:

Operator, we will take one more question.

Operator:

Ok. That would be from Russ Olmstead from APIC. Go ahead.

Russ Olmstead:

Very good. Thank you. Certainly we are delighted on behalf of our membership of infection preventionists who have come aware of this announcement—release of the simulation video that is very important. I did have a question regarding perhaps reflecting some of the questions we've had previously on this call. Is there some discussion or consideration of engaging especially schools for health professionals, in terms of incorporating or moving this curriculum maybe through simulation training or another content, that addresses infection prevention for health professionals as they are being trained so physicians, nurses, or other allied health professionals? Not add additional components but weave infection prevention into that training so that we have providers who are really focused on preventing these complications.

Don Wright:

Russ, thank you so much for your question and comment. First of all I want to thank you and APIC for being such a large part of this overall effort and for the contributions you made to the final product. We have reached out to the various associations of health professional schools from medical schools to osteopathic schools, nursing schools, pharmacy schools about the possibility of incorporating this into their curriculum. One of the encouragements we've received early-on was flexibility and to make a product that could be used either in a solo setting by one student or could be adapted to group teaching effort and we think that the product that we are releasing today meets those two goals. Certainly, we will be back in touch with the various health professional schools and encouraging them as much as possible to incorporate this training video in their curriculum.

Russ Olmstead:

Very well. Thank you all very much. I appreciate it.

Howard Koh:

This concludes the call. This is Dr. Howard Koh, again. Thank you again for joining us. We are thrilled to launch this effort in collaboration with you and please let us know what you think of it. Let us know how you use it, let us know if you think it can be improved in any way, and I just want to thank our Health and Human Services team here that worked so hard: Dr. Wright, Ms. Jeeva, and our whole team here, Jennifer Buschick from our Communications Office here as well. She has been very instrumental in helping with this launch. I am grateful to all of you for making this happen. Thank you very, very much!

Jennifer Buschick:

Thank you.