Community Coalitions

“Working Together to Enhance Quality Outcomes”

Pauline Breaux, RN, BSN
There is no conflict of interest or commercial support to disclose
Objectives:

- Steps in developing a community coalition
- Effective communication between levels of the continuum
- Standardizing transition tools
- Significance of education of all stakeholders for change
- Importance of data collection and transparency
Acadiana Health Coalition
Objective #1

- Steps in development of a community coalition

- Initial Coalition Strategy Team:

  Our Lady of Lourdes - Pauline Breaux
  FMOLHS - Karen Cormier
  Lafayette General Medical Center - Melissa Folse, Ruth Evans
  Grace Home Health/LGMC - Heather Hardy

Established 8/13
<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pauline Breaux, RNC</td>
<td>Our Lady of Lourdes Regional Medical Center</td>
</tr>
<tr>
<td>Heather hardy, RN</td>
<td>Grace Home Health</td>
</tr>
<tr>
<td>Guy Davis</td>
<td>Evangeline Home Health</td>
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<tr>
<td>Abby Fontenot, RN</td>
<td>OPH</td>
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<tr>
<td>Karen Buroker, RN</td>
<td>OPH</td>
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<tr>
<td>Kevin Dore</td>
<td>New Iberia South</td>
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<tr>
<td>Monette Villien</td>
<td>Lourdes Hospice</td>
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<tr>
<td>Karl Broussard</td>
<td>Hospice of Acadiana</td>
</tr>
<tr>
<td>Emily Hunter</td>
<td>Compass Health</td>
</tr>
<tr>
<td>Amy Dysarat-Credeur</td>
<td>Oceans Behavioral Health</td>
</tr>
<tr>
<td>Tammy Prejean</td>
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<tr>
<td>Tracy Vincent, APN</td>
<td>Our Lady Lourdes Regional Medical Center</td>
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<tr>
<td>Holly Howat</td>
<td>Justice and Criminal Coalition</td>
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<tr>
<td>Tyler Hebert</td>
<td>Oceans Behavioral Health</td>
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<tr>
<td>Donnie Simon</td>
<td>Region 4 ADRC</td>
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<tr>
<td>Joe McPherson</td>
<td>Maison de Lafayette</td>
</tr>
<tr>
<td>Claire Collins</td>
<td>Behavioral Health Unit</td>
</tr>
<tr>
<td>Alicia Kline</td>
<td>Fresnius</td>
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<tr>
<td>Myra Foley</td>
<td>LHA</td>
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<tr>
<td>Donna WAscom</td>
<td>Quality Insights</td>
</tr>
<tr>
<td>Dr. Andy Blalock</td>
<td>Our Lady of Lourdes Regional Medical Center</td>
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Mission Statement

“To work collaboratively as providers, to facilitate improved transitions of care based on best practices that achieve the best quality outcomes for the patients that we serve within our community”
Goal:

Improve the quality of care at all levels and reduce readmissions for our patient populations
Barriers:

• **TRUST**
• Breaking down the walls between providers.
• Willingness to share information between levels of care.
• Limitations within each computer software.
• Attendance
What helped?

• Sharing information/Open Communication
• Acute/Subacute providers working together to help resolve issue as a community
• Taking time to learn the needs of the different level
• Working one on one with providers in their environment
• Holding each other accountable to the patient
• Support from the experts : LDH, OPH, CMS, OBH, Emergency Preparedness, EQ Health, LHA
### MENTORS/ADVISORS:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Dr. Vitalis Okechukwu M.D.</td>
<td>Infectious Disease Specialist</td>
</tr>
<tr>
<td>Myra Foley, BA, RN, CIC</td>
<td>Quality Improvement Specialist, Louisiana Hospital Association</td>
</tr>
<tr>
<td>Belinda Wilber, RN</td>
<td>Infection Control Preventionian</td>
</tr>
<tr>
<td>Donnie Simon</td>
<td>Safety, Security, Emergency Preparedness – Our Lady of Lourdes Regional Medical Center, Administrative DRC for Region IV</td>
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<tr>
<td>Donna Wascom, MHS, RRT, CHC</td>
<td>Quality Improvement Specialist</td>
</tr>
<tr>
<td>Holly Howat, PH.D</td>
<td>Executive Director Beacon, Criminal Justice Coordinating Committee</td>
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<tr>
<td>Karen Buroker, RN</td>
<td>Office of Public Health</td>
</tr>
<tr>
<td>Andrea Salinas, MPH</td>
<td>Healthcare-associated Infections Epidemiology</td>
</tr>
<tr>
<td>Betsy Welch, RN</td>
<td>Public Health Nurse Coordinator</td>
</tr>
<tr>
<td>Cecile Castello, RN</td>
<td>Director Health Standards Section</td>
</tr>
<tr>
<td>Barbara Anthony, RN, LNC</td>
<td>Dementia Partnership Project Coordinator Louisiana Dementia Partner Coalition</td>
</tr>
<tr>
<td>Linda Sadden, RN</td>
<td>Louisiana Department of Health and Hospitals</td>
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Objectives # 2:

- Effective communication between levels of the continuum
  - Monthly meeting with each 5 sub-acute providers: NH, Hospice, H/H, Assisted Living, LTAC

Quarterly meeting with all sub-acute providers: Psychiatric and Dialysis added
Objectives #3:

- Standardize Transition Tools
  - Acute Discharge Form: focus on meeting needs of all providers (Care Needs / Regulatory)
  - Standardized NH Admit Orders

Development of Workgroups: Meets Monthly

- **Infection Control Workgroup** = Quality, Safety and Infection Control W/G
- **Psychotropic Workgroup**
  - Reduction of psychotropic drug use
  - Enhancement of care and resources to patients/providers in our community
- **Dialysis Workgroup** (2019)
Standardize Community Policies and Procedures

• Handwashing
• Decontamination and cleaning of vehicles utilized in transportation of patients
• Clostridium Difficile
• Development of Diarrhea Decision Tree/Special Considerations:
  • Guide used in avoiding unnecessary collection and treatment of false positive stools for C-Difficile
    o Stool collection guide
    o Transport/Refrigeration
• Isolation Policy
I. PURPOSE:

Provide specific infection control guidelines for hand hygiene to all healthcare workers engaged in direct patient contact. Reduce transmission of pathogenic microorganisms to patient and staff. Hand-washing is the single most effective method to prevent the spread of infection.

When caring for a patient with *Clostridium difficile*, use soap & water. Alcohol based sanitizers are not recommended by CDC when caring for these patients.

These practices are consistent with the Center for Disease Control (CDC) recommendations.

II. Procedure:

I. Indications for hand-washing and hand antisepsis:
   1. Upon reporting to work
   2. Prior to any patient contact
   3. After handling dirty or contaminated equipment and upon leaving department
   4. Before gloving
   5. After glove removal
   6. After contact with environmental sources likely to be contaminated
   7. Before handling any medication or treatment
   8. Before eating and after using a restroom
   9. After contact with a patient’s intact skin (i.e. when taking a pulse, blood pressure and after lifting a patient
   10. After contact with body fluids or excretions, mucous membranes, non-intact skin, and wound care
   11. Hands are visibly soiled

II. Hand – Hygiene Technique

1. Wash with soap and water when hands are visibly soiled.
2. If the dispenser allows, pull paper towel down prior to initiating hand washing to avoid recontamination of the hands.
3. Wet hands under warm running water.
4. Keep hands lower than elbows, apply soap or antiseptic agent
5. Employees will utilize the facility approved hand-washing agent and perform at least a 15 second vigorous hand wash covering all surfaces of the hands and fingers with attention to fingertips and nails. Rinse hands with water and dry thoroughly with a disposable towel.
**DIARRHEA DECISION TREE - SPECIAL CONSIDERATIONS**

**Patient admitted with diarrhea**
- Assess patient. Does stool meet criteria for testing? (Diarrhea: 3 or more unformed stools in a 24 hour period)

If criteria met, test for C. Diff as soon as possible after admission.
- C. Diff result is **POSITIVE**: Notify physician. Maintain Contact Precautions for duration of admission.
- C. Diff result is **NEGATIVE**: Notify physician. Discontinue Contact Precautions; follow Standard Precautions.

**Patient Constipated**
- Admitted with a **history** of C. Diff

Diarrhea ensues due to laxative use.
- C. Diff testing may not be necessary. Assess patient!

**Patient treated with laxatives**
- Diarrhea ensues due to laxative use.

**Diarrhea is present on admission**
- Assume this may be recurrent C. Diff

Institute Contact Isolation Precautions
- Contact physician for C. Diff testing order

**Diarrhea NOT present on admission**
- Follow Standard Precautions

**If diarrhea ensues during admission**
- If ordered, C. Diff testing will NOT be performed more than once every 7 days. More frequent specimens will be rejected by Lab.
- Testing of cure is **NOT** recommended.

**REMINDER**
- One test for C. Diff is usually sufficient. Multiple testings are NOT recommended.
- If ordered, C. Diff testing will NOT be performed more than once every 7 days. More frequent specimens will be rejected by Lab.
- Testing of cure is **NOT** recommended.
WHEN SHOULD URINE BE COLLECTED FOR Urinalysis?

Patient with an indwelling urinary catheter and these SYMPTOMS:
- New or worsening fever
- Rigors (shakes)
- Altered mental status
- Lethargy (with no other recognizable cause)
- Flank pain
- Acute hematuria
- Pelvic pain

Collect UA in STERILE Container
(Clean catch protocol - if no foley or protocol for urine removal through port)
Order UA with C&S, if indicated by UA results (if not collected within last 72 hours)

NOTE:
Urine C&S should not be ordered by itself.

Patient whose indwelling urinary catheter has been removed in the previous few days, but now has these SYMPTOMS:
- Dysuria (painful urination)
- Urgency
- Frequent urination
- Suprapubic pain.

Patient – without an indwelling urinary catheter, with these SYMPTOMS:
- Elderly patient with new-onset acute mental status changes
- Urgency or sensation to urinate
- Gross hematuria
- Suprapubic pain

If the following are present without any of the SYMPTOMS above:
- Foul smelling urine
- Cloudy urine
- On admission when the patient has no symptoms.
- Urine becomes darker in color
- Upon routine catheter insertion
- At set intervals.

Do NOT collect urine specimens for C&S. These are NOT indications for a UTI, but may indicate other issues, i.e. dehydration.

REMEMBER:
Urine usually does not smell like ROSES!
Table of Contents:

- Letters to family and caregivers
- Annual Influenza Vaccination Policy
- Influenza Vaccine Consent/Declination Form
- Level of Readiness
- Infection Control Cough Etiquette/Respiratory Hygiene Policy
- PPE Education/Competency/Validation
- CDC PPE Posters - Different Languages
- Isolation Signage Policy
- Protective Precautions
- Droplet Precautions
- Contact Precautions CMS Signage Response
- Handwashing Policy
- Hand Hygiene Monitoring Tool
- Tamiflu Prophylaxis Standing Order
- Checklist of Outbreak Control in Long-term Care
- OPH Outbreak Daily Surveillance Form
- Infection Control Pamphlets
• C-Diff Policy
• Community Antibiotic Stewardship Policy
• Annual Flu Vaccination
• Community Epidemic Plan
• IV Therapy: IV Refresher Class Insertion, Initiation, Maintenance, Discontinuing Policy
• Guidelines for IV administration of medication utilizing IV pumps
• Implanted infusion port (mediport) access, maintenance and de-access care
• Protocol for IV lines – Flushing, Capping and Dressing change
• Community Discharge Form/ Policy
• Liberalized Medication Policy
• Sepsis Protocol
Skilled nursing facility sepsis algorithm for adults

**Suspected Infection and 2 or more SIRS criteria**
- Suspected infection
- Fever/chills
- Currently on antibiotics
- Cough/SOB
- Cellulitis/wound drainage
- Weakness

**SIRS criteria**
- Temp ≥100.0 or ≤96.8
- Pulse ≤100
- BP <100 or >40 mmHg from baseline
- Resp. rate >20/SpO2 <90%
- Altered mental status

SIRS = Systemic Inflammatory Response Syndrome

**Early detection tool**: 100-100-100

**Yes**

**Positive screen for sepsis**
- Prior to calling provider
  - Educate resident/family about status
  - Review Advance Directives and options

**Transfer**
- Prepare transfer sheet
- Call ambulance
- Call report to hospital
- Report positive sepsis screen

**Stay in facility**
- If Advance Directives and/or resident’s wishes are in agreement, consider some or all of following order options:
  - Labs: CBC w/Diff, lactate level (if possible), UA/U textured cultures if able; from 2 sites, not from lines. Send labs ASAP.
  - Establish IV access for the following:
    - IV normal saline 0.9% normal saline/sodium chloride @ 30ml/kg if BP <100
    - Administer IV, IM or PO antibiotics
    - Comfort care

**Monitor for progression into Multisystem Organ Dysfunction Syndrome**
- Examples:
  - Progression of symptoms despite treatment
  - Urine output <400ml in 24 hours
  - SBP <90 despite IV fluids
  - Altered mental status
- Consider transferring to another level of care - hospital, palliative, or hospice

**Comfort care**
- Pain control
- Antipyretic for fever
- Reposition every 2-3 hrs
- Oral care every 2 hrs
- Offer fluids every 2 hrs
- Keep family informed
- Adjust care plan as needed

**Notify provider**

**Negative screen for sepsis**

**NO**

**Monitor for progression into Multisystem Organ Dysfunction Syndrome**

**Examples**
- Progression of symptoms despite treatment
- Urine output <400ml in 24 hours
- SBP <90 despite IV fluids
- Altered mental status

Consider transferring to another level of care - hospital, palliative, or hospice
<table>
<thead>
<tr>
<th>Suspected Infection</th>
<th>SIRS Criteria (Systemic Inflammatory Response Syndrome)</th>
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<tr>
<td>Fever and chills</td>
<td>Temp ≥ 100 or ≤ 96.8</td>
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<tr>
<td>Currently on Antibiotics</td>
<td>Pulse ≥ 100</td>
</tr>
<tr>
<td>Cough/SOB</td>
<td>BP &lt; 100 mmHg (40 point drop from baseline)</td>
</tr>
<tr>
<td>Cellulitis and wound drainage</td>
<td>Resp rate &gt; 20</td>
</tr>
<tr>
<td>Weakness</td>
<td>SPO2 &lt; 90%</td>
</tr>
<tr>
<td></td>
<td>Altered Mental Status</td>
</tr>
</tbody>
</table>

Patient has a suspected infection and meets 2 or more SIRS Criteria above (please check)?

☐ Yes - Positive Screening for Sepsis CONTINUE  ☐ No STOP

1. Have all assessment information available
2. Review Advance Directives
3. Notify Provider
4. Notify POA or family members of patient status
5. ☐ Advance Directives/Patient/POA requesting acute interventions
   ☐ Initiate IV and begin 0.9% Normal Saline @ 30cc/kg
   *(Patient weight (lbs.) ÷ 2.2 = kg) kg x 30 = rate
   ☐ Transfer to acute hospital- “Sepsis Alert”
   ☐ If patient remains in facility receiving acute intervention: Monitor symptoms and notify MD/NP if:
      Systolic B/P < 90 or 40 points below baseline after 1000cc NS
      Further deterioration of mental status
6. ☐ Advance Directives/Patient/POA requesting to remain in present level of care without acute interventions:
   ☐ Encourage oral fluid.
   ☐ Comfort care (pain control, antipyretic for fever, reposition every 2-3 hours, oral care every 2 hours, keep family informed and adjust plan of care
Objective # 4
Education of Stake Holders: Providers

- Flu/ Zika Update- Karen Buroker, Office of Public Health
- Dementia Care Seminar- Gary Joseph Leblanc, Asbury United Methodist Church
- Root Cause Analysis- Melanie Richard; Quality Manager; Our Lady of Lourdes
- IV Refresher Course- Mel Guidry , AASI; Pauline Breaux RN- Our Lady of Lourdes
- Identification and care of the Septic Patient – Dr Frank Cormier
- Introduction to Infection Prevention, Epidemiology and NHSN Definitions Workshop- Erica Washington- Office of Public Health
- Development of Community Delirium Education and Competency
- Antibiotic Stewardship Education/Program Development- Erica Washington
- MDRO Management Seminar- Dr . Retard/Erica Washington – OPH
- Education program to all providers: ‘The Post –Acute Care Value Proposition-Balancing Cost with Quality” - National Home Health Analytics- Duane Blackwell , SOSO Solutions
Objective # 4
Education of Stake Holders: Providers

• Dr. Susan Nelson – LaPost education (3 different sessions) : February/March
• IV refresher course
• Changing Landscape of Infection Prevention in Nursing Facilities- Myra Foley, RN,CIC
• Quality Assurance/Performance Improvement/Root Cause Analysis
• COPD Overview- Gilbert Fontenette NP / M. Touchet, RT
• Palliative Care and Advanced Care Planning
• Sepsis in the Community: Dr Frank Cormier
• Dementia: New Updates, Non-Pharmacological Management
• Developing and Implementing Effective Infection Control- Dr. Vitalis Okechukwu
  • (Focus group of all levels of the continuum throughout the community to include Administrators, MD, Directors of Nurses, Infection Control nurses, Quality nurses and staff members)
• Antibiotic Stewardship- A Key Component for Quality and Safety“- Dr Vitalis Okechukwu
  (Attendance of 40 physicians, Nurse Practitioners, and Physician Assistants throughout all levels of the continuum)
Community Coalition Statewide Education:

- Lake Charles
- New Orleans East Bank
- New Orleans West Bank
- New Orleans North Bank
- Alexandria
- Monroe
- Baton Rouge
Education of Stake Holders: Patient

Cleaning your Environment
Clean and disinfect frequently touched areas that may be contaminated with germs. Wipe them with a household disinfectant according to directions on the label. Frequently touched areas include telephones, doorknobs, light switches, remote controls, computer keyboards, toilet handles and hot & cold water knobs. Include all of those things that everyone touches often throughout the day.

If someone at home is ill, wash their linens in soap, hot water and dry them on high heat. Heat kills germs!

Follow these few simple steps and you’ll be germ free.

The How To’s of Infection Prevention
- Hand Washing
- Covering Coughs and Sneezes
- Immunizations
- Cleaning Your Environment

For more information visit the following websites:
www.cdc.gov
www.ldh.la.gov

or call this number:
Region 4 Office of Public Health
337-262-5311

Acadiana Health Coalition

Viruses
Viruses usually last 7-14 days and the symptoms can be treated with a non-prescription medicine. Antibiotics do not work to treat a virus. Sometimes the best treatment is symptom relief. Talk to your healthcare provider or pharmacist.

Disposal of Unused Medications
Some medications could be harmful or even fatal. Excisedly ingested by a child, pet, or anyone the medication is not intended for. Dispose of unused medications immediately and properly to remove the risk from the home.

Do not flush medications down the toilet or drain except the label or patient information [patient information http://www.imshealth.com]. One example of a medication that should be flushed is a remote pain patch. For more information on what should be flushed visit: www.hcpr.org

To dispose of medications not labeled to be flushed, use a community drug take back program. Contact your city or parish government or your pharmacy to find out if a drug take-back program is available.

If a drug take back program is not available:
- Take medications out of original containers
- Mix with unpalatable substance, like used coffee grounds or kitty litter
- Put the mixture in a disposable container or sealed bag
- Dispose in regular trash

What can I do to feel better?
Pain relievers, fever reducers, saline nasal sprays or drops, warm compresses, liquids, and rest may be the best things to help you feel better.

Antibiotics: Use Or Misuse?

For more information visit the following websites:
www.meds.org
www.imshealth.com
or call this number:
Region 4 Office of Public Health
337-262-5311

Acadiana Health Coalition
### Warning Signals for Emphysema/COPD

**Green Light—Good Signs**

**ALL IS WELL!**
- Able to do normal activities
- No changes in your symptoms
- Usual medicines are controlling your symptoms

**Yellow Light—Caution Signs**

**TIME TO ACT!**
CALL YOUR DOCTOR IF YOU HAVE:
- Increased shortness of breath with usual activity
- More than usual amount of coughing
- Increased wheezing
- Increased sputum or it has changed color
- Feeling more tired or restless

**Red Light—Danger Signs**

**STOP!**
- Severe shortness of breath
- Chest pains that don’t go away
- Lips or fingernails that turn blue or gray
- Unusual sleepiness or confusion
- CALL YOUR DOCTOR RIGHT AWAY!

### Warning Signals for Congestive Heart Failure

**Green Light—Good Signs**

**ALL IS WELL!**
- Able to do normal activities
- Usual medications are controlling your symptoms.
  - No swelling (legs, ankles, and/or feet)
  - No weight gain or shortness of breath

**Yellow Light—Caution Signs**

**TIME TO ACT!**
- Increased shortness of breath with usual activity
- Increase shortness of breath and/or coughing
- Weight GAIN (2-3lbs. in one day)
- Swelling (legs, ankles, and/or feet)
- Inability to lie flat to sleep— increase # of pillows to recline/Only able to sleep in recliner
- CHEST PAIN

**Red Light—Danger Signs**

**STOP!**
- Severe shortness of breath
- Unrelieved Chest pain
- Wheezing or chest tightness at rest

- CALL YOUR DOCTOR RIGHT AWAY!!!!
- CALL 911
Objective # 5

• Data Collection and Transparency
  o # 1 in the state for C-diff, UTI
  o # 1 in the state for psychototropic usage

Data collected quarterly:
  • State of Louisiana Department of Epidemiology
  • CMS data / Late Responder Data

** No longer highest community for C-Diff and CAUTI
** No longer highest community for psychotropic drug usage
Dr. Dugal's Nursing Home Readmit rate

- Jan-15
- Feb-15
- Mar-15
- Apr-15
- May-15
- Jun-15
- Jul-15
- Aug-15
- Sep-15
- Oct-15
- Nov-15
- Dec-15
- Jan-16
- Feb-16
- Mar-16
- Apr-16
- May-16
- Jun-16
- Jul-16
- Aug-16
- Sep-16
- Oct-16

Readmit rate
Summary
Statistical significance is set to $p < 0.05$ to determine if each of the measures are significantly higher or lower than the null/referent value. Facilities in Acadiana were subset in Infectious Disease Epidemiology Section of Louisiana Office of Public Health’s National Healthcare Safety Network group to include only public health region 4. Data were compared to Louisiana’s overall performance for each infection type and time period.

Catheter-Associated Urinary Tract Infections
CAUTI have been reportable since January 1, 2012 to CMS in ICU locations.

### Standardized Infection Ratio

<table>
<thead>
<tr>
<th>Period</th>
<th>2017Q3</th>
<th>2017Q4</th>
<th>2018Q1</th>
<th>2018Q2</th>
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<tbody>
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*Statistically significant

### Clostridium difficile Laboratory-Identified Events
Clostridium difficile LabID events have been reportable since January 1, 2013 to CMS at the facility-wide inpatient level.

### Standardized Infection Ratio

<table>
<thead>
<tr>
<th>Period</th>
<th>2017Q3</th>
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<tbody>
<tr>
<td>Acadiana</td>
<td>*0.326</td>
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<td>Louisiana SIR</td>
<td>*0.656</td>
<td>*0.759</td>
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<td>$p &lt; 0.0001$</td>
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*Statistically significant

### MRSA Laboratory-Identified Events
MRSA LabID events have been reportable since January 1, 2013 to CMS at the facility-wide inpatient level.

### Standardized Infection Ratio

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<th>2018Q2</th>
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• Effective communication!!!!
• Transparency - Be Honest
• Set expectations and hold each other accountable
• Be there to support each other
• Non-judgmental environment
• Work together to standardize policies and processes using best practices
ACCOUNTABILITY
It is not only what we do,
but also what we do not do,
for which we are accountable.

[Moliere]
<table>
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<tr>
<th>Steering Committees</th>
<th>Name/Area</th>
<th>Chairperson/Co-Chairperson</th>
<th>Contact Information</th>
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<tr>
<td>Monroe/West Monroe</td>
<td>Central Louisiana</td>
<td>Jamie Lucas</td>
<td><a href="mailto:jlucas@commcare.com">jlucas@commcare.com</a></td>
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<tr>
<td>Monroe</td>
<td>Acadiana Coalition</td>
<td>Pauline Breaux</td>
<td><a href="mailto:Pauline.Breaux@fmolhs.org">Pauline.Breaux@fmolhs.org</a></td>
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<tr>
<td>Central Louisiana</td>
<td>Lake Charles</td>
<td>Guy Davis and Dr. Manley Jordan (co-chairs)</td>
<td><a href="mailto:Guydavis713@gmail.com">Guydavis713@gmail.com</a> <a href="mailto:mjordan@lcmh.com">mjordan@lcmh.com</a></td>
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<td>Acadiana</td>
<td>Capital Region Community Coalition</td>
<td>Diane Reidy and Jonathan Lyons (co-chairs)</td>
<td><a href="mailto:diane.reidy@ololrmc.com">diane.reidy@ololrmc.com</a> <a href="mailto:jlyons@pinnaclehh.com">jlyons@pinnaclehh.com</a></td>
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<tr>
<td>Natalie Stolf and Dale Cooney (co-chairs)</td>
<td>Courtney Carrere and Joy Martinez (co-chairs), <a href="mailto:ccareere@elderoutreach.com">ccareere@elderoutreach.com</a>; <a href="mailto:joy.martinez@tgmc.com">joy.martinez@tgmc.com</a></td>
<td>Carol Rockwell &amp; Carolyn Olson (Co-Chairs): <a href="mailto:crockwell@vitalhcgroup.com">crockwell@vitalhcgroup.com</a>; <a href="mailto:carolyno@aplaceformom.com">carolyno@aplaceformom.com</a></td>
<td>John Miller &amp; Matt Bourque (Co-Chairs): <a href="mailto:Jmiller@plantationmgt.com">Jmiller@plantationmgt.com</a>; <a href="mailto:mbourque@plantationmgt.com">mbourque@plantationmgt.com</a></td>
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nstolf@amighm.com
dcooney@gouxco.com
References:
For more information about The Joint Commission’s Sentinel Event Policy and Procedures, visit The Joint Commission’s website at http://www.jointcommission.org or call the Sentinel Event Hotline at 630-792-3700.
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AHRQ www.ahrq.gov
APIC website www.apic.org
Change Packets and Top 10 Checklists www.HRET-HIIN.org
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