



Reenergize Your Nursing-Driven Patient Safety Strategies Webinar

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Reenergize Your Nursing- Driven Patient Safety Strategies



Disclosure

Employee of Medline Industries, LP





Objectives

Review ongoing challenges in the nursing workforce pre- and post-pandemic and the impact on patient safety

Demonstrate understanding of a “bundled approach” with a people, process, product framework to mitigate HACs

Identify key internal partnerships to help reduce HACs within your healthcare facility/system



Impact of COVID-19 on the nursing workforce



Staffing
challenges

Educational
preparedness

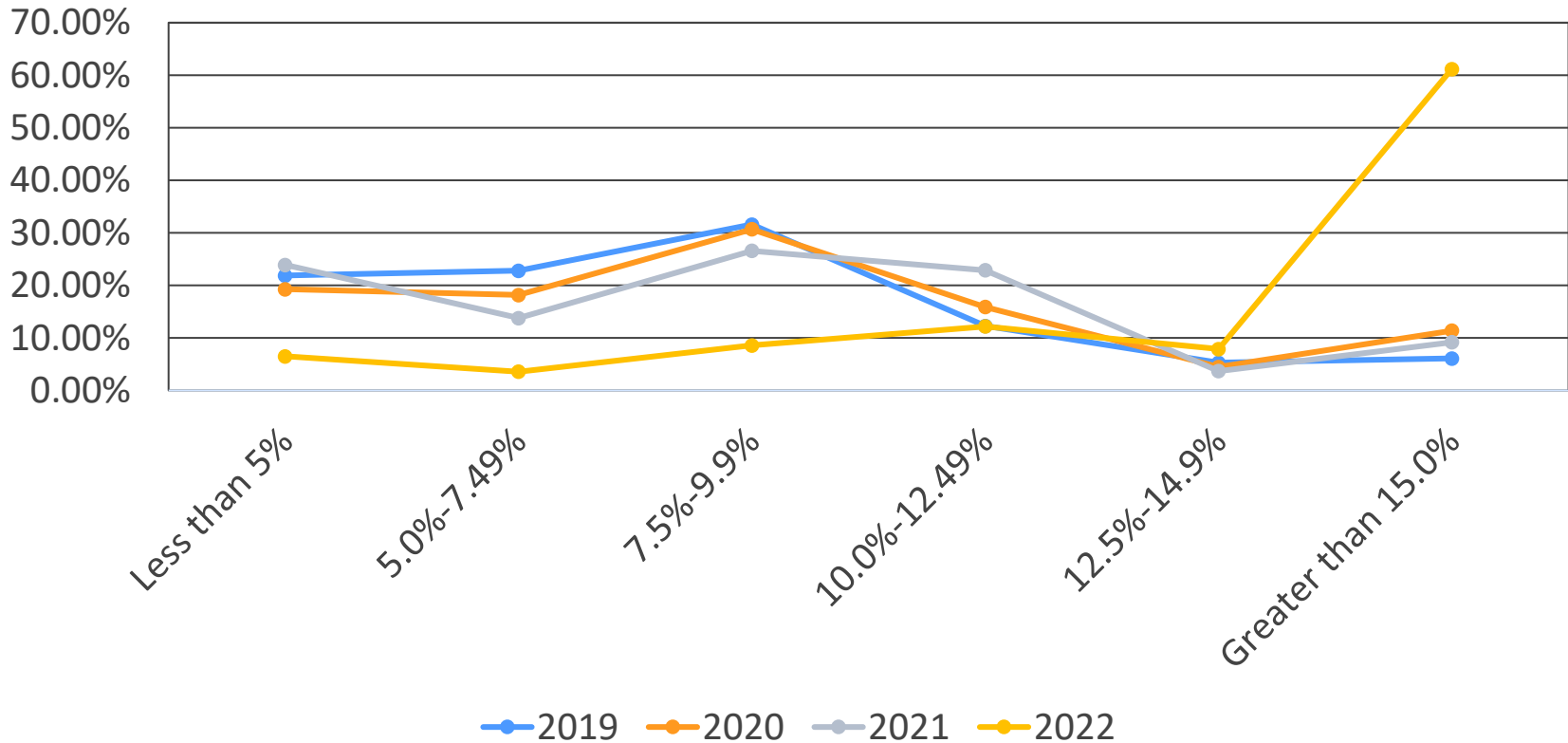


Missed
nursing care

Access to
supplies &
resources



RN vacancy 2019-2022



Nurse staffing challenges by the numbers



- The average cost of turnover for a staff RN is **\$52,350**, with the range averaging **\$40,200** to **\$64,500**.
- In 2022, the turnover rate for staff RNs decreased by **4.6 percent**, resulting in a national average of **22.5 percent**.
- For every **20 travel RNs** eliminated, a hospital can save **\$3,140,000** on average. Every RN hired saves **\$157,000**.

Adapted from: <https://www.beckershospitalreview.com/workforce/the-cost-of-nurse-turnover-in-24-numbers-2023.html>



Novice nurses' transition

- Lack of Skills
- Feelings of Uncertainty
- Fear of Making Mistakes
- Insecure Initiating Care
- Increased Risk of Patient Safety Events
- Increased Moral Distress

30%

Likely to Leave the Profession

15%

Hospital nurses will continue
“working as I am” in the next
year



Satisfaction with Quality of Care Provided

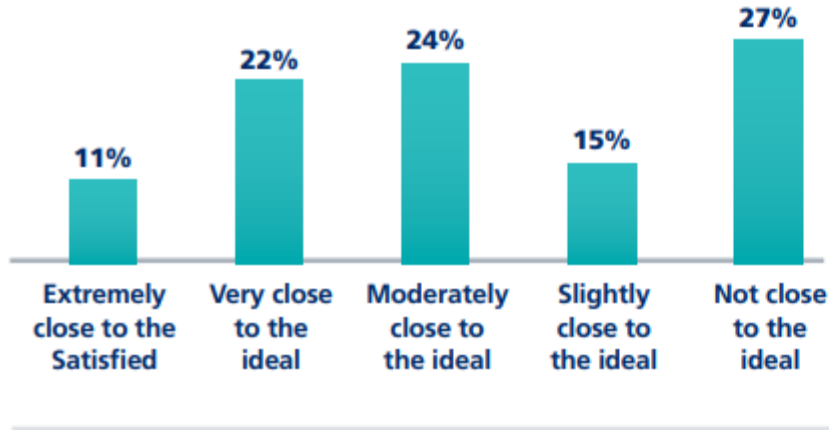
63%

Of nurses are satisfied with the quality of the care they are providing

- Decreased by 12 points since 2021
- Younger generations are less satisfied with the quality of care
- 68% of nurses feel burned out everyday



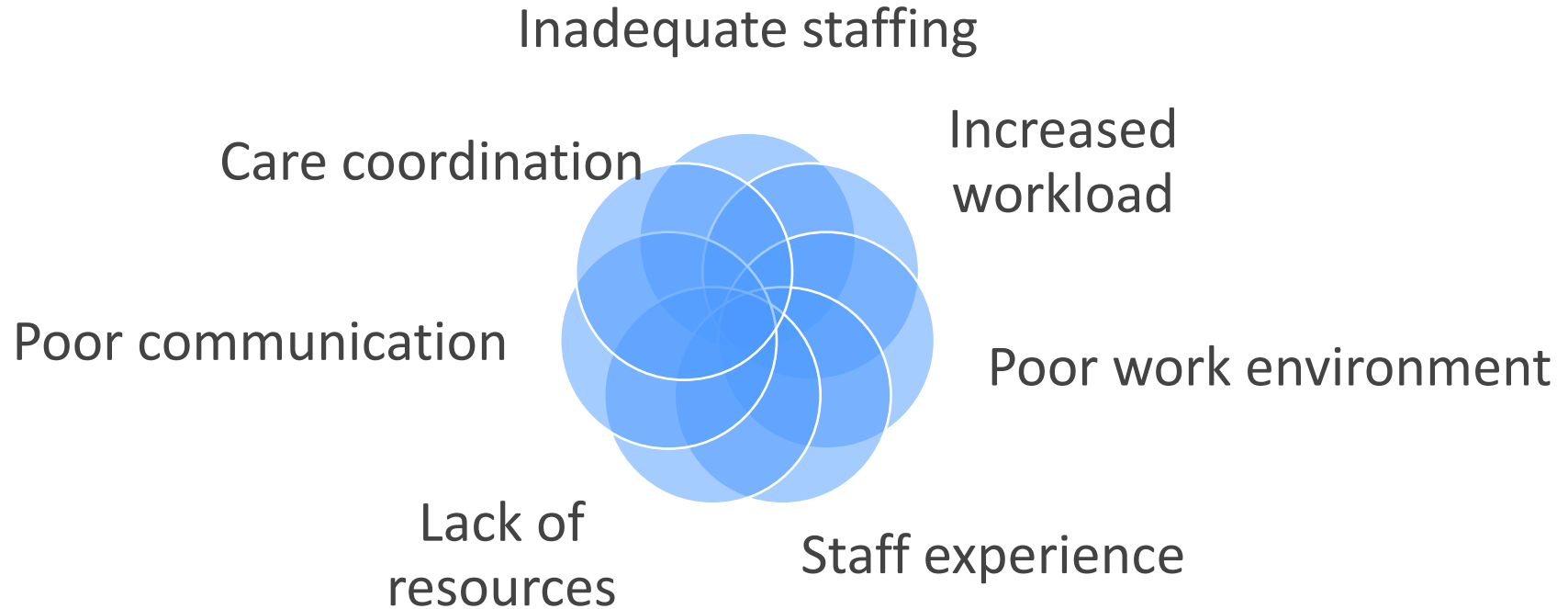
Time Spent with Patients



YEAR	Extremely close to the ideal	Very close to the ideal
2021	14%	29%
2023	11%	22%

Care rationing

Missed nursing care

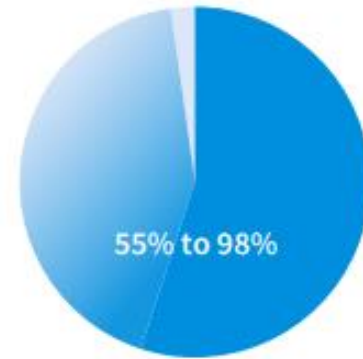


Care rationing continued



One review of 42 studies found that **55% to 98%** of nurses surveyed self-reported missing one or more items of required care during the time of assessment.

Figure. Nurse Reports of Missing Items of Required Care



Percent of nurses missing one or more items of required care

Supply chain impact on patient care



86% of nurses said they leave procedures to hunt for supplies—**61%** stated that this increased patient safety risks

25% percent said they don't always check product expiration or recall information—**48%** attributed this to lack of time



Patient Safety and Quality Care

7%

Increased likelihood of patient dying with each additional patient a nurse is assigned

Percent change in patient safety incidents

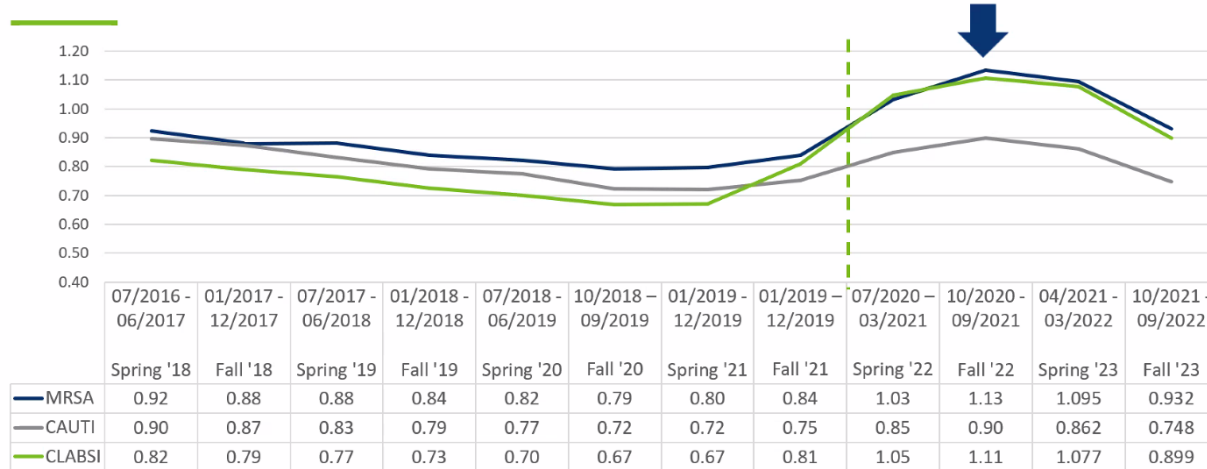
	2020-2021	2021-2022
Adverse patient events	49% 	19% 





Hospital Acquired Infections

Average HAI SIRs Reached 5 Year High in 2021 (Fall 2022 Safety Grade)

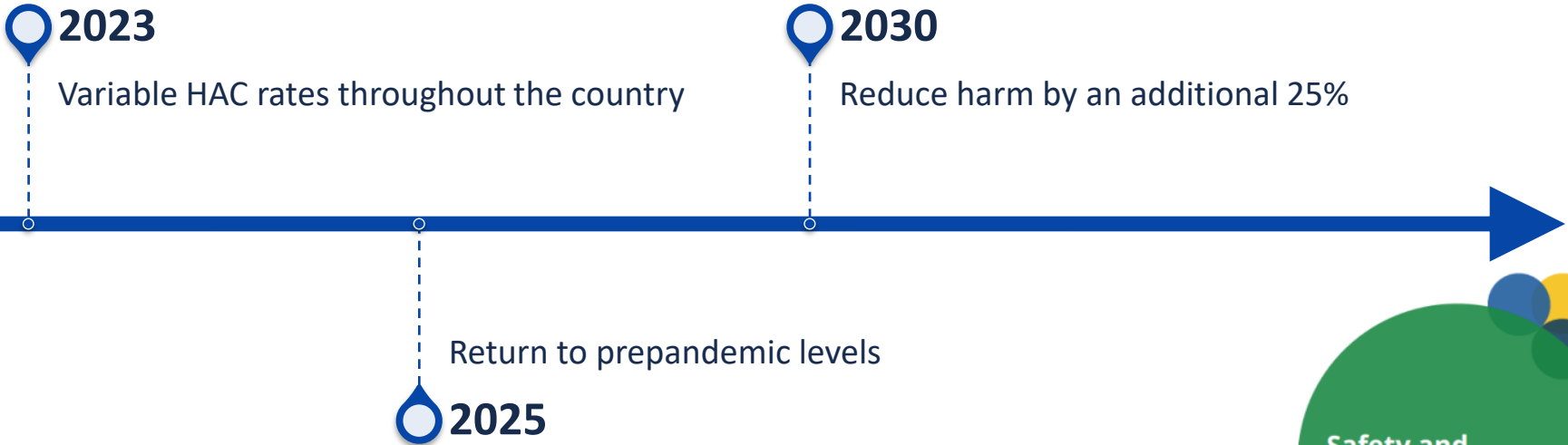


CAUTI (shown in gray) has returned to pre-pandemic levels. However, **CLABSI and MRSA** remain significantly higher than pre-pandemic levels but have significantly decreased since the fall 2022 Safety Grade.



Priority Area

Achieve Zero Preventable Harm

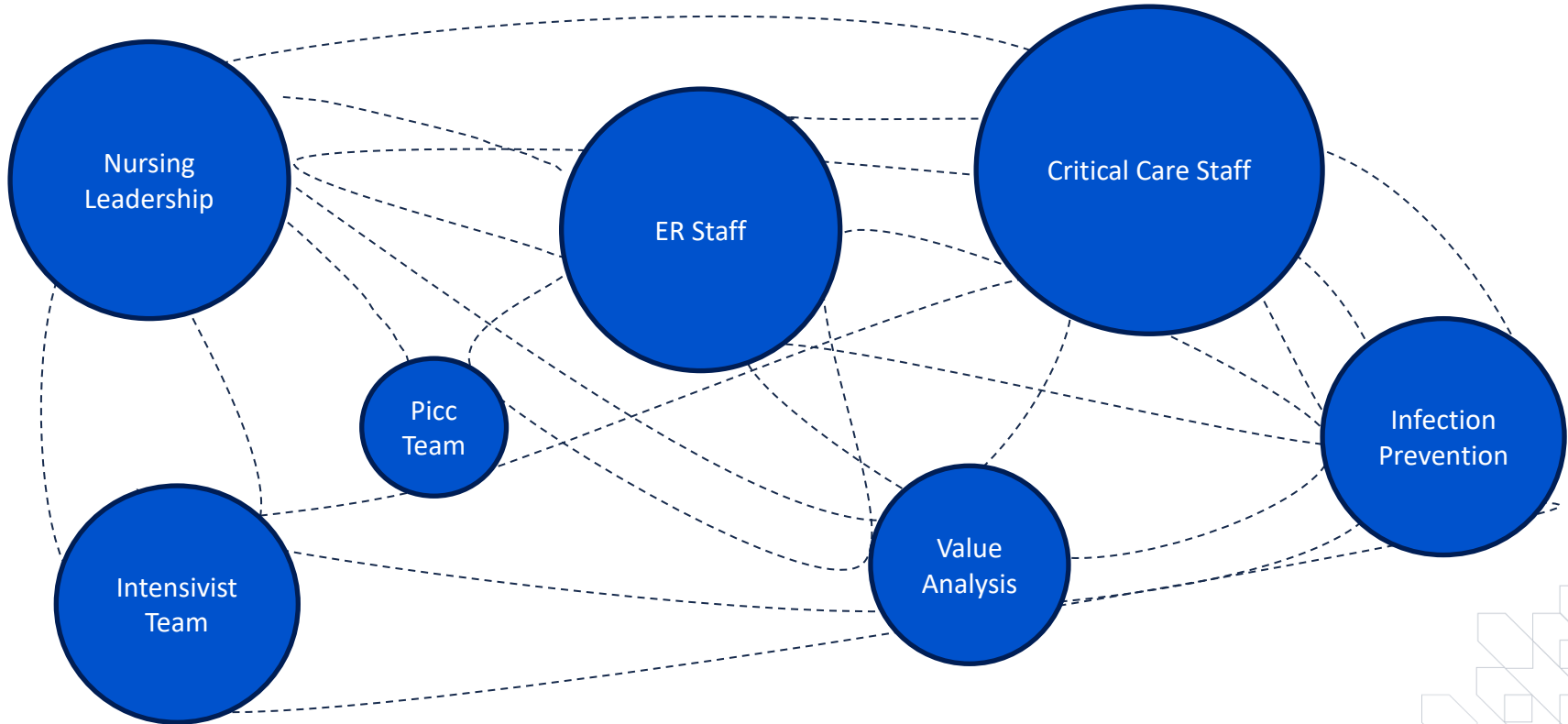


A background image showing three healthcare professionals in a clinical setting. A woman with blonde hair is on the left, a woman with curly hair is in the center, and a man with dark hair is on the right. They are all looking at a tablet computer. The image is semi-transparent and serves as a backdrop for the text.

“ No one Health care provider can ensure that the patient receives the highest quality of care without collaborating with other providers.”



Microsystems in Healthcare



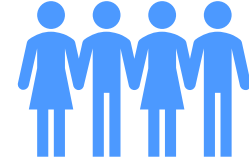


Influencing Microsystems



Internal Stakeholders

Employees that know innermost workings
and offer expertise



External Stakeholders

Not hospital employees but impact
organization





Identifying Key Internal Stakeholders

From various levels within the organization

Interest in the project at hand

Can contribute to success and/or failure of initiative

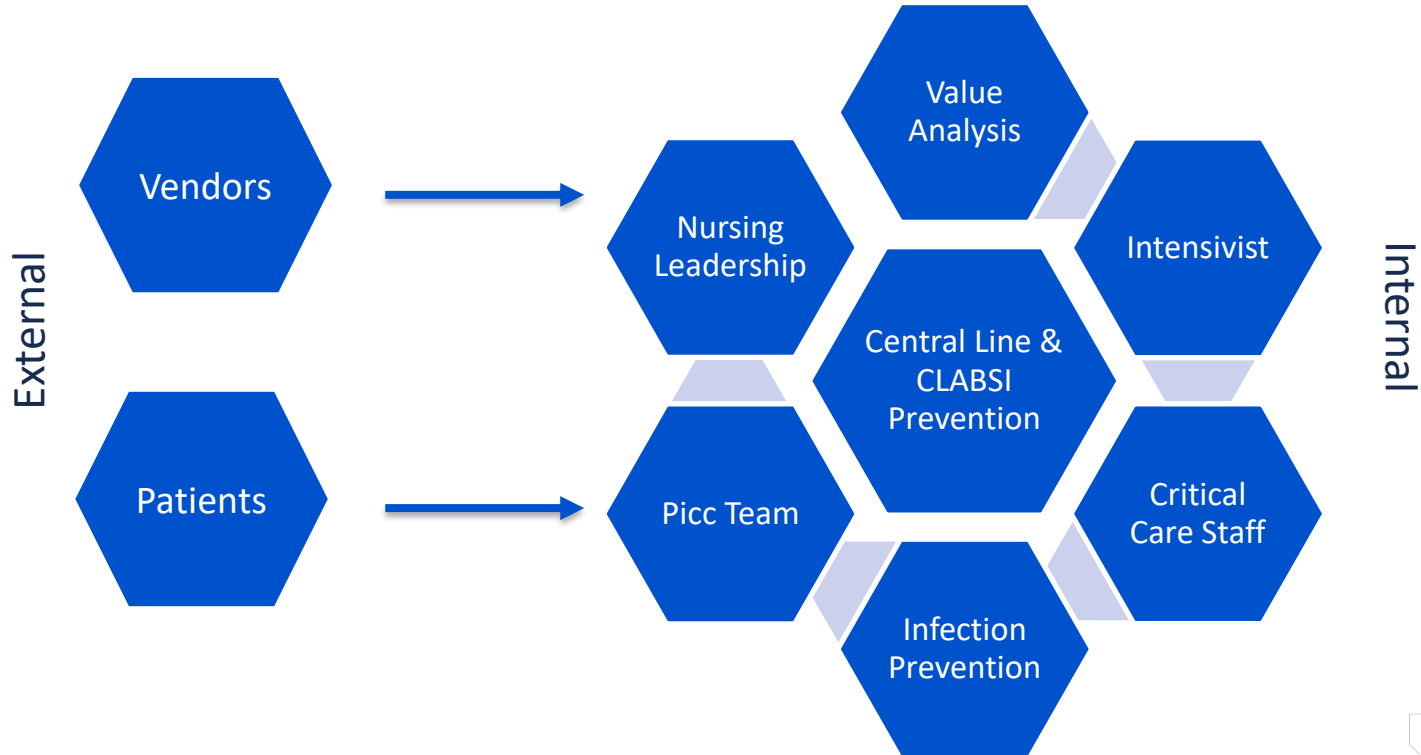
Effects the Microsystems

Must Include Technical Experts





Microsystems/Stakeholders in Action



Addressing Missed Care for Better Patient Outcomes



Modifying elements of the work environment, safety culture, and adequacy of supplies, may improve the quality of nursing care.

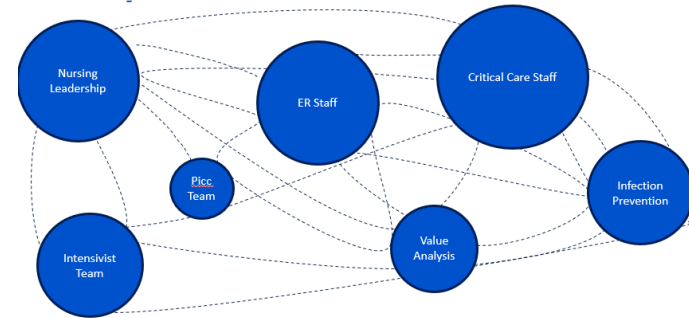
Impactful Forces on Microsystems

Small

Practical

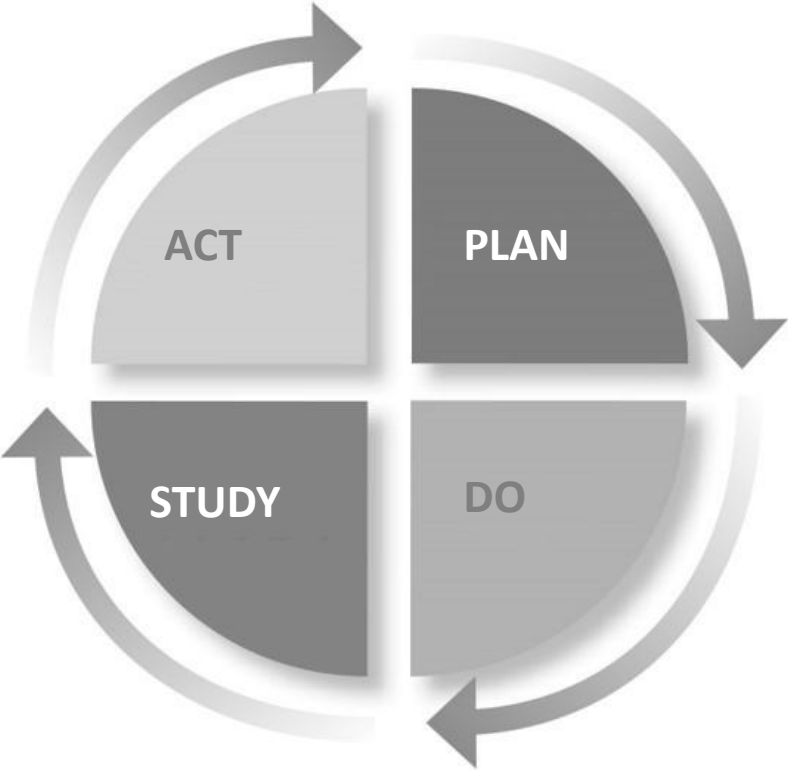
Replicable

Measurable



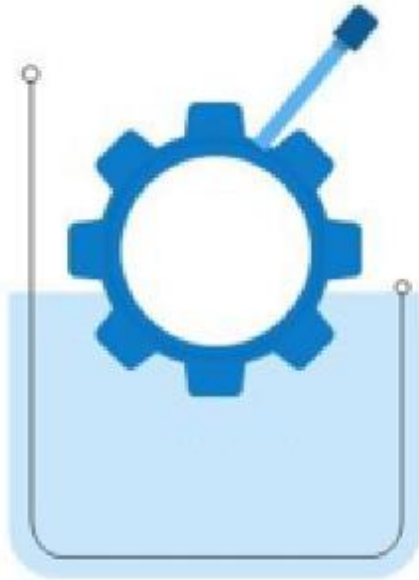


Creating Continuous Improvement Bundle



Plan

What Lever To Pull?



What is the improvement goals?

Do defined goals align?

What Microsystems are affected?

Do we have the right stakeholders involved?

Are the goals measurable?



Plan

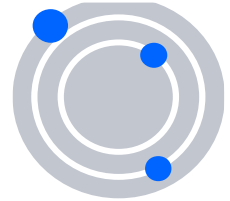
PPP Framework



Process



People



Product



Plan

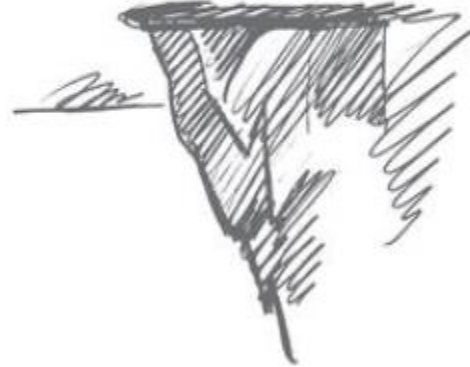
Process Opportunities



What we want to do

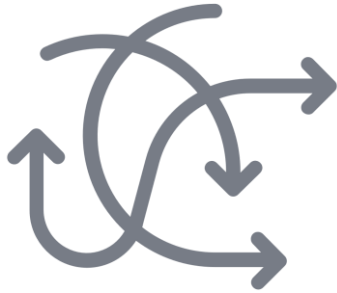


What we do



Plan

People



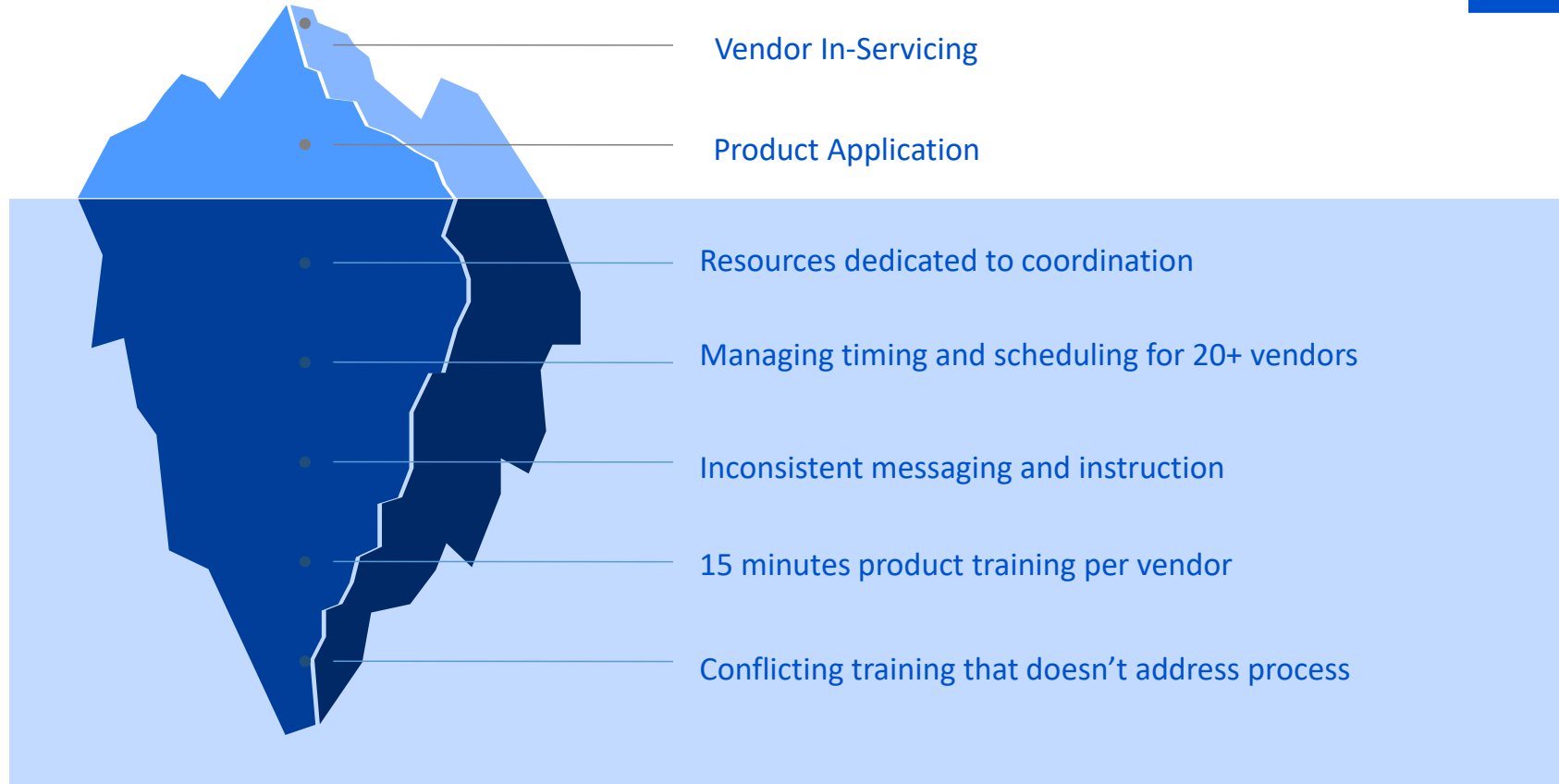
Variation in Care



Knowing the Why



Complicated Education and Training



Plan

Product

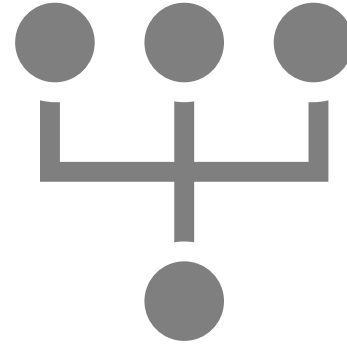
Reinforce YOUR Process



End User Needs



Human Factors Design



Reduction in Variability

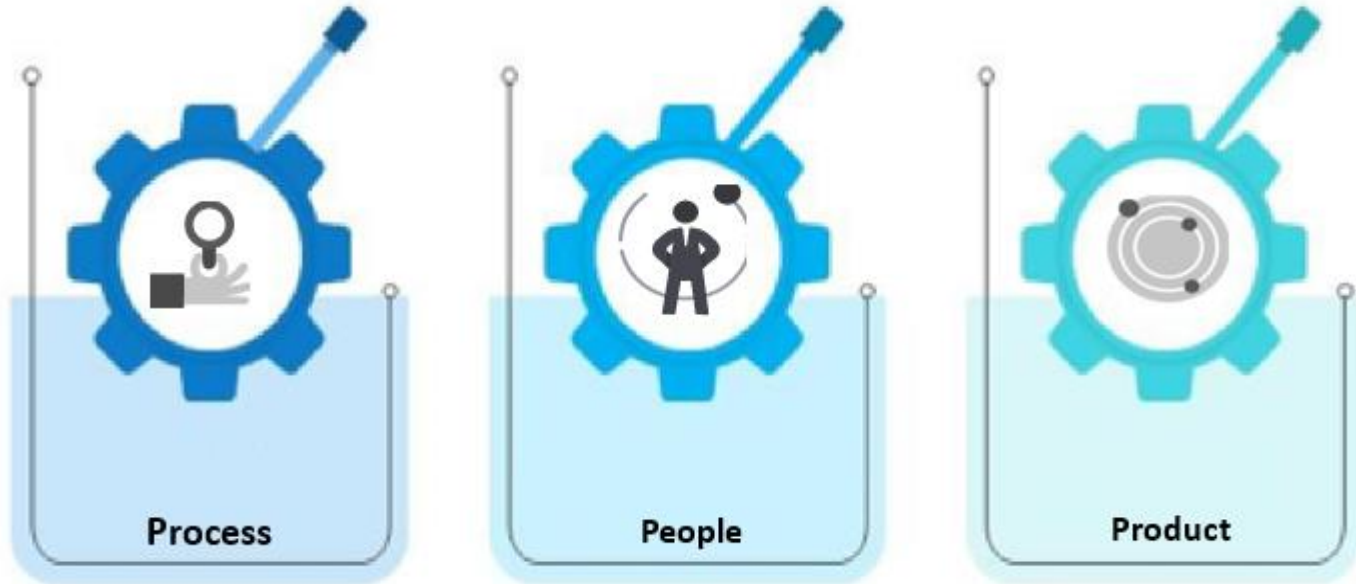


Patient Satisfaction



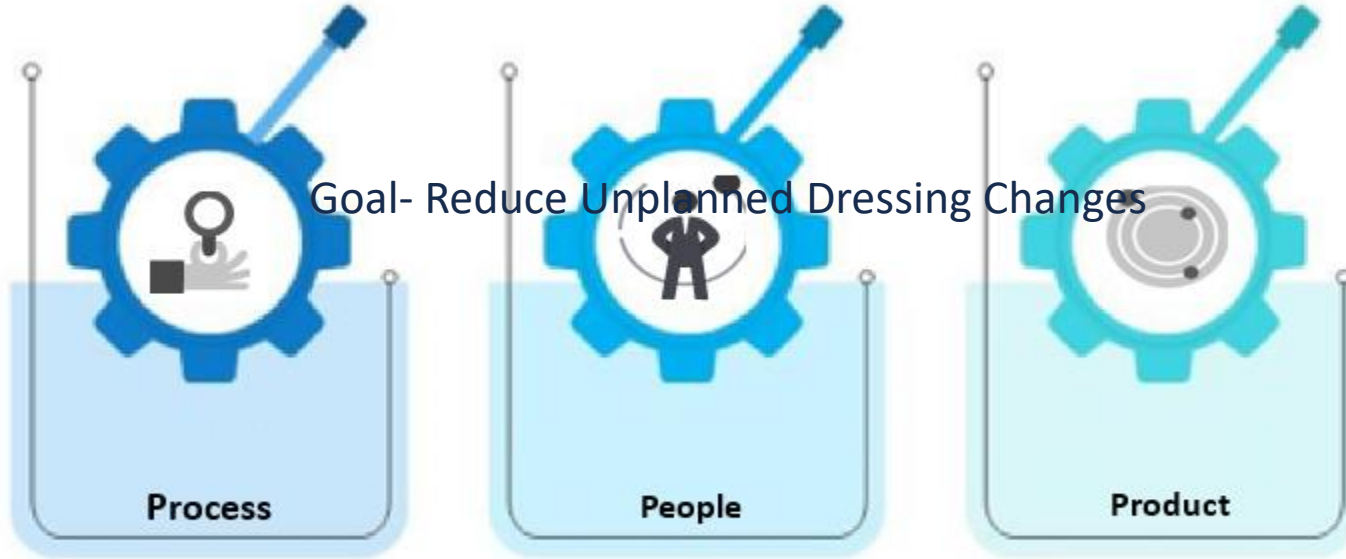
Act

Creating Lasting Change



Do

Multiple Levers- One Goal



- Review Policy on Dressing Application
- Round on All Dressings to Ensure Dressing Applied Properly

- Education Campaign with Insertors and Maintenance Staff on Proper Application

- Standardize dressings in insertion kits and maintenance kits



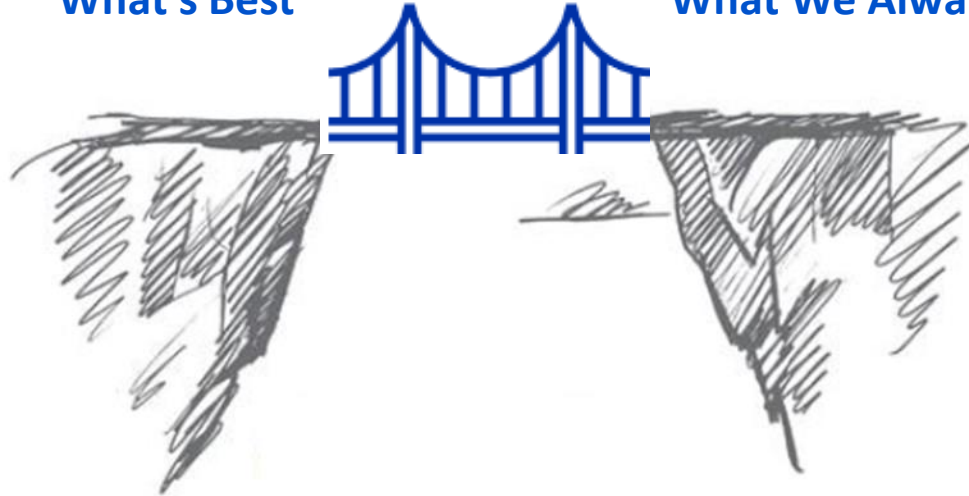
Act

Creating the New Baseline



What's Best

What We Always Do

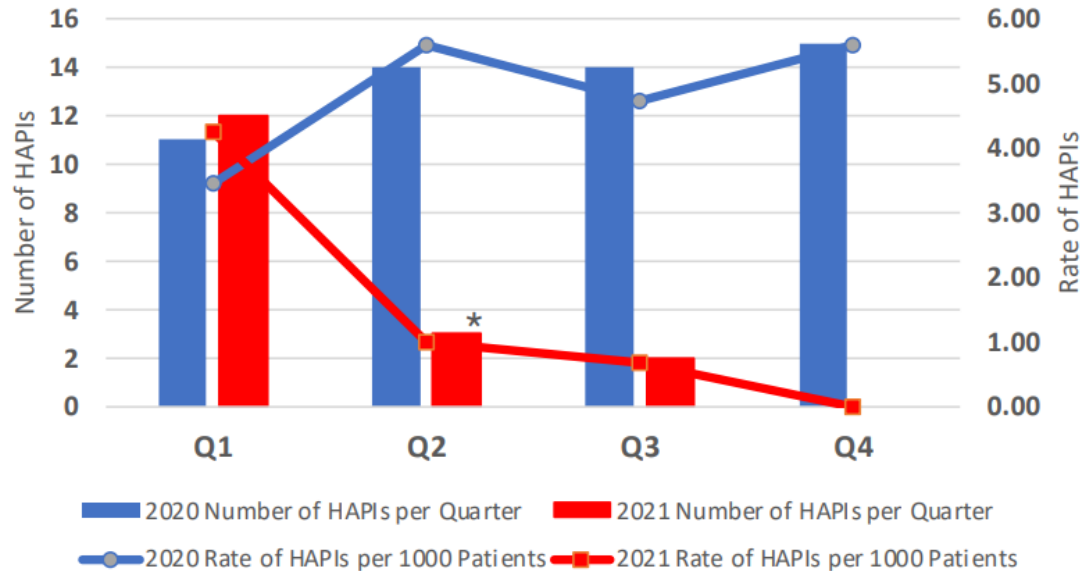


Study

Using the PPP Framework



Decline in the Number and Rate of HAPIs from 2020 (Pre-SHS) to 2021 (Post-SHS)



Creating Your Intervention



Identify what your goals are and how
to measure achievement



Creating Your Intervention



Recognize what microsystems are affected and key stakeholders to recruit





Creating Your Intervention

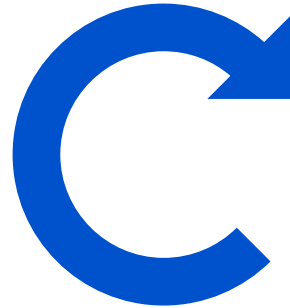


Create tailored interventions
focused on Process, People,
Product





Creating Your Intervention



Continue to Refine





Contact Information

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**Thank
you**



Implementation of Skin Health Solution to Reduce the Incidence of Hospital-Acquired Pressure Injuries*

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Topics/significance to practice

- Hospital-Acquired Pressure Injuries (HAPIs) are one of the most common, but preventable hospital-associated complications.¹
- HAPIs occur in 3 to 34% of patients admitted in the hospital worldwide and it consequently leads to longer hospital stays, increased morbidity, and decreased overall quality of life.²
- HAPIs affect approximately 2.5 million patients in the United States annually at a cost of approximately \$26.8 million.³ Implementation of standardized programs, risk assessment, and HAPI prevention strategies have been shown to reduce the occurrences of HAPIs.^{1,4}
- We report on the incidence of HAPIs before and after implementation of Medline's Skin Health Solution (SHS).⁶

Objectives

To evaluate the incidence of HAPIs before (pre-SHS) and after (post-SHS) implementation of the SHS, which include a comprehensive prevention system of products and educational offering.

Process/replication*

- SHS included staff training, hospital practice, and skin care products during a one-year implementation (from January to December 2021).
- The hospital in-patient HAPI data were collected during SHS implementation (post-SHS).
- The hospital in-patient HAPI data were then compared to the previous year (January to December 2020) before SHS implementation (pre-SHS).

*This process was part of Medline's Skin Health Solution

Procedure

Step 1

- Access the current incidence of HAPIs per patient days
- Review the current skincare protocols and skincare products

Step 2

- Make changes to the skincare protocol and skincare products
- Provide skincare training of HAPIs for nursing staff
- Implement changes

Step 3

- At 1 year, access for the incidence of HAPIs per patient days
- Determine the value of protocol and skincare product changes

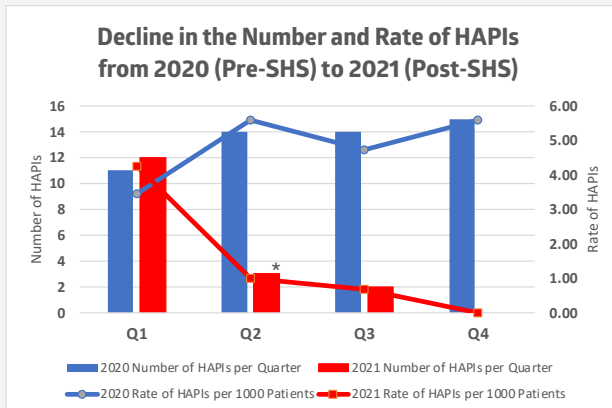
What is the approach?

- Three key core components in pressure injury prevention: People, process and product
- Holistic approach to standardizing best practices for pressure injury prevention facility-wide
- Empower frontline staff with knowledge and resources to support evidence-based best practices

New skin care products used and their purpose

Skin care products	Purpose
Skin cleanser	Cleansing of skin
Moisturizer nourishing skin crème	Helps to restore skin's natural moisture balance
Silicone cream	Skin barrier before breakdown
Skin protectant ointment	Protects the skin from moisture and incontinence
Zinc guard paste	Barrier cream used to open denuded skin caused by incontinence
Antifungal ointment	For rashes due to fungal infections

Results



*Significant Difference (p>0.05) Between Q2, Q3, and Q4 of 2020 and 2021

Comparison of quarterly and annual HAPIs pre and post Skin Health Solution change

HAPIs 2020	Q1-2020	Q2-2020	Q3-2020	Q4-2020	Annual
Number of patients	3179	2501	2963	2680	11323
Number of HAPIs	11	14	14	15	54
Rate of HAPIs per 1000 patients	3.46	5.60	4.72	5.60	4.77
HAPIs 2021	Q1-2021	Q2-2021	Q3-2021	Q4-2021	Annual
Number of patients	2830	3014	2955	2829	11628
Number of HAPIs	12	3*	2	0	17
Rate of HAPIs per 1000 patients	4.24	1.00	0.68	0.00	1.46
%Decline					
Number of patients	HAPIs per 1000 patients		Incidence of HAPIs		
n/a	68.5%		69.3%		

Annual HAPI cost savings following SHS Implementation

HAPIs per Year	HAPIs	Annual Costs	Savings
2020 HAPIs (Pre-SHS)	54	\$432,000*	n/a
2021 HAPIs (Post-SHS)	17	\$136,000	68.5%
Annual Decrease	37	\$296,000	68.5%

*estimated cost of \$8,000 per Stage 2 HAPIs⁵

Outcomes

- During 2020 (pre-SHS), a total of 11,323 inpatients were evaluated and during 2021 (post-SHS), a total of 11,628 inpatients were evaluated.
- An annual number of 54 HAPIs were observed pre-SHS and 17 HAPIs were observed post-SHS.
- The annual rate of HAPIs per 1000 patients was 4.77 and 1.46 pre-SHS and post-SHS, respectively.
- Overall, a 68.5% decline in the total number of HAPIs and a 69.3% decline in the incidence of HAPIs were observed when comparing pre-SHS to post-SHS implementation.
- The annual cost savings for the prevention of Stage 2 HAPIs was estimated at \$296,000 or 68.5%.

Conclusion

Implementation of evidence-based Skin Health Solution can reduce the occurrence of HAPIs and improve overall patient care. Significant improvements were observed as early as Q2 following implementation.

References

1. Gupta P, Shiju S, Chacko G, Thomas M, et al. (2020) A quality improvement programme to reduce hospital-acquired pressure injuries. *BMJ Open Qual.* Jul;9(3):e000905. doi: 10.1136/bmjopen-2019-000905.
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4. Miller MW, Emery RT, Freed GL. (2019) Reduction of Hospital-acquired Pressure Injuries Using a Multidisciplinary Team Approach: A Descriptive Study. *Wounds.* Apr; 31(4):108-113.
5. Vitale, NA, Dzioba, DA. Care Process Redesign Feb 01, 2021; "Why investing in hospital acquired pressure injury prevention technology makes financial sense"
6. Blanco, AS, "Implementation of Skin Health Procedures to Reduce the Incidence of Hospital Acquired Pressure Injuries (HAPI)". Poster Presented at: WOCNext Conference; Jun 5-8 2022; Fort Worth, TX.

WHITE PAPER

Driving value: How a provider organization and supplier executed a shared-risk quality program during COVID



(From Left to Right) Top Row: Sue MacInnes, Kelly Koske, Colleen McCarthy
Middle Row: Margaret Falconio-West, Terri Bickert, Donna Hahn
Bottom Row: Kate Polczynski, Dr. Navneet Dang, Joe Mlinarich

Geisinger and Medline's story

CCOVID-19 has upended the status quo at U.S. healthcare organizations, requiring them to divert significant time and resources to mitigating the pandemic's impact. This industry-changing event risks distracting healthcare executives and frontline caregivers and potentially disturbing their longstanding value-based care efforts.

When COVID-19 hit Danville, Pa.-based Geisinger, the health system was working hard on an ongoing initiative to reduce hospital-acquired pressure injuries (HAPI) and central line-associated bloodstream infections (CLABSI) as a part of a unique provider-partner relationship with Medline Industries that has shared goals and outcomes. Even amid an unprecedented public health crisis, leaders at both organizations continued their intense focus on improving safety for patients. This paper will explore how Geisinger and Medline leaders kept a focus on these critical goals during one of the most challenging public health crises in our nation's history and discuss how the pandemic reinforced the partnership's purpose and the need for value-based care.



“Quality is always at our forefront, regardless of whatever factors are going on or other external issues.”

Terri Bickert
Vice President of System Nursing
Geisinger

The Partnership

Geisinger and Medline's partnership started on April 24, 2018, when Geisinger leadership met with Medline executives and presented them with a challenge: to become an “integrated partner” with their health system, beyond just a strategic partnership. Geisinger leaders challenged both Medline and themselves to find a way to create a mutually beneficial relationship that aligns incentives, reduces waste, ensures a cost-efficient relationship and most importantly improves patient outcomes. Together, the teams created a unique economic model that mimics the value-based reimbursement structure under which many hospitals are now being paid. The model mutually incentivizes behavior that improves outcomes and holds Medline accountable to deliver significant value in products and training to improve Geisinger's outcomes and eliminate waste. Despite the worst pandemic since the 1918 Spanish flu crisis, the partners engaged in policy and formulary standardization, extensive training and development of metrics and dashboards that measure performance, even at the unit level.



“We know how to respond to short-term disasters. We drill for that. But this is something nobody has drilled for.”

Donna Hahn

*Vice President of Quality, Safety and Patient Experience
Geisinger*

How COVID-19 reshaped the Geisinger-Medline integrated partnership

Fast-forward to 2020 and the partnership is in full swing, but suddenly, COVID-19 upends the healthcare industry—and the world. One might assume that leaders focused on common hospital-acquired conditions like pressure injuries and central line-associated bloodstream infections would put those projects aside and instead focus on COVID-19. But Terri Bickert, Geisinger’s vice president of system nursing, says that was simply not the case, nor was it an acceptable option for the health system.

“Quality is always at our forefront, regardless of whatever factors are going on or other external issues,” Bickert said. “We’re still able to monitor these critical performance indicators, and it’s still an ongoing part of care regardless of what is going on around us.”

Leaders at Geisinger noted that even in a time of significant crisis, it was critical to “keep our eyes on the prize.” But the long-lasting, persistent challenges of the COVID-19 pandemic made it different from any other crisis the health system had faced.

“We know how to respond to short-term disasters. We drill for that. But this is something nobody has drilled for,” said Donna Hahn, the health system’s vice president of quality, safety and patient experience.

The response required a significant cultural change, not just at Geisinger, but across the industry, Hahn noted, as COVID-19 has created a new normal for healthcare. While care would continue in the hospital and it was critical that leaders continue to focus on inpatient safety, the pandemic significantly changed care delivery, as telehealth and Geisinger@Home services grew exponentially.

Collaborative Steps of the Partnership

- I. Data and Dashboards

- II. Analyze Specifics
 - a. Each reportable wound and CLABSI reviewed by collaborative team
 - b. Identify themes
 - c. Identify key issues, down to the unit level

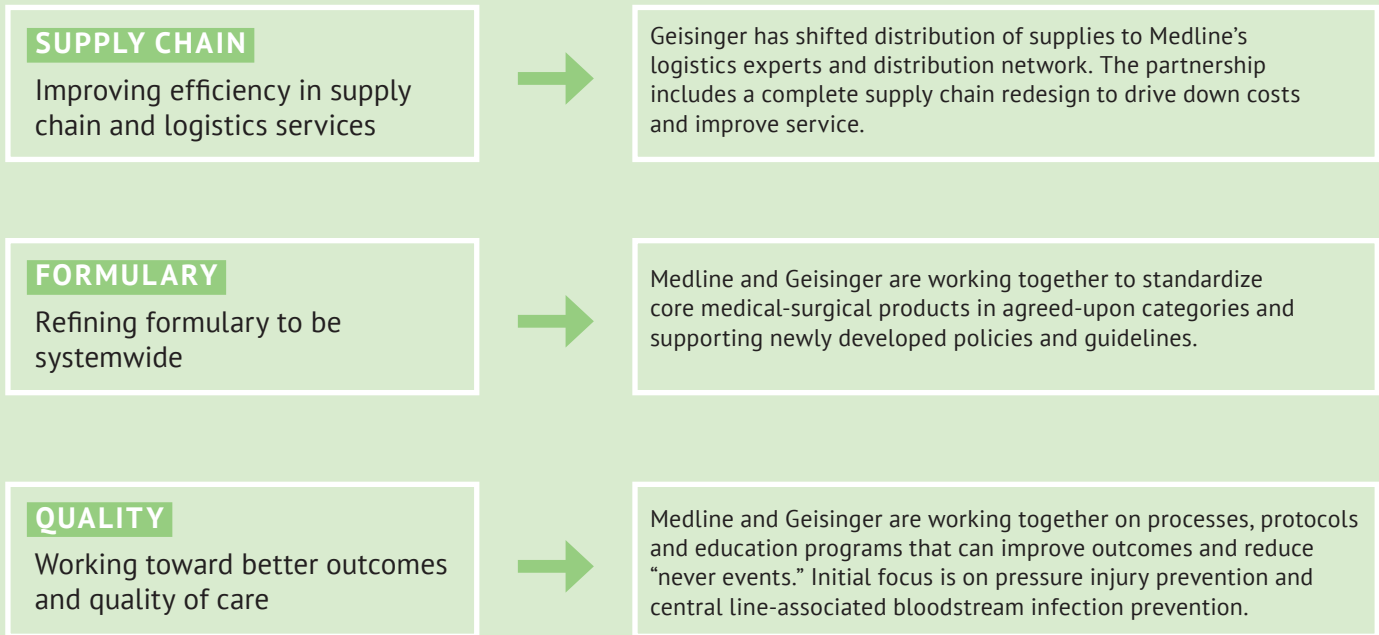
- III. Identify and build targeted interventions

- IV. Develop specific education to address themes
 - a. Deep Tissue Pressure Injuries (DTPI)
 - b. Present on Admission (POA)
 - c. Anticipated Wounds
 - d. Moisture Associated Skin Damage (MASD) vs. Pressure Injury

- V. Deployment

- VI. Monthly leadership meetings to review data and outcomes

Medline and Geisinger are targeting three “**foundational tranches**” initially:



The Economic Model:

Rather than paying by item, the model bills by a fixed baseline “cost per adjusted patient day” that is agreed upon by Geisinger and Medline with initial guaranteed savings built in.

Further cost savings can be achieved by both organizations by reducing overdistribution and overutilization of supplies, as well as the financial impact of improved clinical outcomes. Communication and flexibility are key: Medline and Geisinger are meeting quarterly to review progress and make adjustments as necessary. Both are open to refinements to this formula.

$$\text{Fixed baseline capitated cost} = \frac{\text{Lump Cost of Products or Services}}{\text{Average Patient Day}}$$

Costs may include:

- Formulary: All products and purchased services included in agreed-upon categories
- Supply Chain and Logistics Costs: The costs of distribution for non-Medline items (distribution fee) and all other services defined within the logistics assessment.

How Geisinger and Medline kept their focus on value-based care

Not only did executives stay focused on their partnership during COVID-19, but the pandemic also reinforced the need for health systems like Geisinger to emphasize value-based care. The significant costs of COVID-19 care are a stark reminder that leaders need to stay focused on cost-effective care for all conditions, so that they can continue to serve their communities during critical, challenging times.

In their efforts to preserve their critical partnership,

Geisinger and Medline leveraged data and transparency, engaged in frequent rounding and consistent communication, encouraged rapid problem-solving and utilized one-on-one virtual training to ensure training was easy to consume. This was all done with the motivation of shared risk and an emphasis on creating a culture focused on safety and quality improvement. Here's how they did it:

Data and Transparency



An example of data in the HIP (Healthcare Integrated Partnership) App

When leaders are transparent and employees are given a consistent opportunity to visualize and understand their performance, frontline caregivers are more likely to take an active, invested role in their own success. The process of gathering data was built around mutual accountability. Fourteen different data points were reorganized to bring more information to the team. Reporting was designed to give a holistic view of performance combining incidence, supply utilization and clinical resources against an established baseline for comparison. A very tight, strict schedule was established at the onset of the program with specific responsibilities on each side for data submission from various entities at the same time each month. Data was reviewed by Medline's independent medical affairs team so that it was independent of sales, and an analysis on supply usage and clinical outcomes was reported out to executive teams during a monthly meeting that prompted leaders to solve any problems presented in the data. This review doesn't just examine aggregate data—a detailed clinical

analysis reports out and analyzes patient-level clinical notes that reveal the opportunities for improvement while drilling down to specific hospitals, units and themes.

"The commitment on both sides to frequently and consistently visit the data and review performance held both sides accountable," said Sue MacInnes, Medline's chief market solutions officer.

In addition to the dashboard reports which facilitated open communication about the partnership's progress in reducing CLABSI and HAPI measures, Medline created the Healthcare Integrated Partnership (HIP) app—a mobile app that keeps leaders and staff on the same page using agreed-upon metrics. The app promotes trust and accountability, offering insight into performance across a health system down to the unit level.

The app supports Geisinger's focus on evidence-based clinical practices, what the system calls the "ProvenCare[®]" model. "We've always practiced evidence-based care, but this brings new transparency and technology to the table," Hahn said.

The health system's ability to offer clear, consistent updates on progress was especially important during the pandemic, when nurses were otherwise inundated with lots of new information, and conditions were changing day-by-day.

"We created a tool that gives frontline staff information because we have to describe that continuous work of improvement: What did my team do in this situation, what did I miss this time? What is the other unit doing differently? Now, what do I need to change?" said Geisinger Chief Nurse Executive Janet Tomcavage. "Having transparent information ensures that leaders on our patient units are accountable and taking responsibility."

The app holds Medline accountable too, MacInnes noted: "We have to be you and think like you, because the ultimate goal is the outcome. We're exposing, identifying, working and reviewing, and the app helps us do that in tandem with our health system partner."



“We were actively focused on figuring out what we learned as it was all happening. The organization as a whole came together in a way that we’ve never seen before.”

Janet Tomcavage
Chief Nurse Executive
Geisinger

Rounding

Rounding is generally an important practice for leaders, but it’s especially important during the COVID-19 crisis, when frontline caregivers are working under challenging conditions and new protocols, and there’s often little or no precedent.

Tomcavage prefers to round at least once a week, sometimes twice a week, approaching frontline staff as a fellow nurse rather than as an executive. Her observations and those of other rounding leadership played a critical role in adding qualitative insights to the data-driven partnership meetings that took place each month, and ultimately informed training to improve outcomes.

“Nurses will sometimes filter what they say to senior executives for expediency, but if you pull nurses off the line, talk to them for a couple of minutes, and ask the right questions, you can learn a lot,” she said. “I don’t take care of COVID patients directly, so I ask simple questions about how they do their job and what challenges they’re facing. I’ve learned a lot about the complexity of these patients.”

While rounding among nurses treating COVID-19, Tomcavage became aware of unique pressure injuries that were afflicting Coronavirus patients. As a result of the prone position COVID-19 patients were required to be placed in, many were developing unique pressure injuries on their shoulders, face, knees and the front of their toes. These challenges had the potential to upend significant progress Geisinger and Medline had made in addressing traditional pressure injuries that most often occur on a patients’ backside, and would require a different approach.

“We had to think differently because there were patients who could not be moved out of the prone position. As soon as you moved them onto their back or on their side, they started declining,” Tomcavage said.

As data quickly lent further truth to what she was seeing, Tomcavage and her team worked with clinical experts at Medline to put out “fast facts” to alert nurses to the issue and train them on the importance of addressing these pressure injuries in real-time. As soon as they started to see redness, a first sign of skin irritation, nurses were trained to start thinking about the next step, using pressure-relieving materials on the shoulders and knees, and positioning pillows differently. The team’s rapid problem-solving proved effective in curbing these types of injuries and helped the system keep overall pressure injuries down.

“This work is about stopping, taking a minute, thinking and saying, ‘Okay, this is what I do in the supine position to relieve pressure, but how do I relieve that pressure in this position?’” Tomcavage said. “Caregivers have to think on their toes and act quickly.”

Communication

Substantive, consistent communication with frontline staff—as well as constant communication between Geisinger and Medline leadership—played a critical role in the success of this partnership. At the height of the pandemic, Geisinger took that one step further and implemented weekly virtual town halls with Dr. Jaewon Ryu, the health system’s CEO, and his executive team, open to all employees, with additional town halls intended for physicians and senior leadership, respectively. Leaders discussed the national and local forecasts and key issues at Geisinger, including PPE levels, emerging infection prevention and isolation protocols, and capacity management. At a time when conditions and guidelines were changing on a daily basis, this frequent check-in was crucial.

“From leaders, there has to be an understanding and acknowledgement that this is incredibly tough work,” Tomcavage said. “I was humbled when I rounded during COVID. I saw our nurses selflessly working twelve hours a day, holding hands with patients who were dying and couldn’t be with their family. They had this broad spectrum of skill, dealing with complex patients but also being so caring and compassionate.”

As the system adapted to the crisis, town halls were transitioned to biweekly, and now are held monthly. The system continues to engage staff at this level because of the success it saw during the pandemic.

At the team leader level, Geisinger brought representatives together on a huddle every day at 5 p.m. during the pandemic, in an hour-long conference call to discuss key challenges. It was expected by the next day that any issue would be investigated, and if possible, be halfway to resolution, Tomcavage said.

“We were actively focused on figuring out what we learned as it was all happening. The organization as a whole came together in a way that we’ve never seen before,” Tomcavage said. “People were given license to go and get things done, rapidly identifying and solving problems.”

Communication between partners was incentivized by mutual risk, MacInnes said. Shared responsibility for goals and outcomes forced checks and balances on both sides and incentivized leaders to communicate frequently and transparently.

“If we weren’t as culpable, this would have gone differently,” MacInnes said. “Because we had shared incentives, goals and outcomes, we had a lot to lose, so we were pushing each other.”



Top: Geisinger staff participate in Education BURST training sessions.
Right: Geisinger and Medline leadership meet to review performance data.



Training

Frontline staff don't have time to sit through hours-long education sessions. Amid COVID-19, this type of in-person training is not only inconvenient, but it also represents a risk to staff safety. The pandemic also prevented Medline experts from observing practice and offering hands-on training in the hospital. COVID inspired “out-of-the-box” thinking. As a way to deliver concise, accurate information in a convenient manner, the team at Medline developed an ongoing series of “Education BURST” sessions—live one-on-one training conducted virtually with targeted units and personnel, based on an analysis of performance data.

Each of these quick, fifteen-minute sessions was jointly developed with Geisinger, approved by quality and nursing teams, and conducted by a Medline subject matter expert, who used hands-on education, photos and quizzes to ensure mastery of concepts. These trainings focused on specific topics that leaders were hoping to address in their performance improvement efforts, down to the unit level. Topics were decided based on root cause analysis of reportable adverse events. Some of these topics included admission best practices, moisture-associated skin damage, medical device related pressure injuries, deep tissue injuries and anticipated wounds.

“That education is so well received,” Hahn said. “They are direct, brief and to-the-point with frontline staff.”

The topics were directly related to clinical findings. The training was performed by Medline down to the unit and even shift levels. The training has been particularly important in communicating best practices and opportunities that need to be addressed amid rapidly changing conditions.

“It's been great to work with frontline staff, communicating and relating to what's important to them, and Medline adds to that a worldview from other organizations they've worked with,” Bickert said. “That's immensely helpful.”

Culture

While standardization, education and communication were critical to Geisinger and Medline's partnership, leaders at both institutions agreed that the success of the partnership during COVID-19 would not have been possible without the “just culture” internalized by Geisinger's staff and leaders at both organizations.

A just culture “is the ability to say, ‘stop,’” Tomcavage said. “That's what it is. We've got to have a culture where any employee can call a timeout. In the end, the only way you'll get close to perfect care, or no harm, is if we have a culture that allows our teams to stop the line.”

It's that commitment and accountability at both the leadership and frontline staff levels that continues to make the success of this partnership possible. “You have to have an ability to come together and commit to the success of each other,” Bickert said.

That culture extended to Medline and its commitment to Geisinger, MacInnes said, and the structure of this partnership ensured that goals were the same—in the interest of the provider and patient

MacInnes emphasized how critical it was that leaders and frontline staff alike were open to constructive feedback, because they worked within a culture that promotes transparency and is open to external collaboration. When problems arose, they were prioritized internally within both organizations to fix the root of the issue.

Outcomes

26%

HAPI reduction 9 months into program implementation starting January 2020 through September 2020

3%

CLABSI reduction trending down after 6 months into program, starting March 2020 through September 2020

Reducing unwarranted variation - consolidation of supplies in conjunction with policy updates eliminates excessive products, makes it easier for the staff, streamlines training and equates to better patient care.

Number of supply items that support HAPI

Before: 327 After: 62

Number of items that support CLABSI: consolidated the items being pulled and developed 7 customized kits utilizing Geisinger's best practice, policy and current portfolio of products to reduce variance in practice

Overall percent staff trained prior to onset of the program

98%

of all Nursing staff: RN's, LPN's and NA on all 8 hospital campuses

226

education sessions

1:1 training: 15 minutes Educational BURSTS done remotely based on themes from data for select units and staff, targeting activity to gain best outcomes.

- Documentation on Admission, POA
- Identifying and documenting Deep Tissue Pressure Injuries (DPTI)
- Identifying Moisture-Associated Skin Damage versus Pressure Injuries
- Medical Device Related Pressure Injuries
- Understanding "anticipated wounds" and how to document
- Flush Protocol

Value-based care is needed now more than ever

As Geisinger and Medline continue their partnership, a systemwide hospital-acquired conditions (HACs) task force has been established consisting of a multidisciplinary team that includes leaders from Geisinger's medicine institute; nursing institute; infection disease; quality, safety, and patient experience; and Medline. Order sets and other documentation tools are being added to improve collection of data, and leaders are developing training that promotes critical thinking skills and encourages staff to more holistically assess the patient condition. Education BURST sessions are also being developed on central line maintenance and clinical documentation.

As the COVID-19 pandemic intensifies and puts an unprecedented and largely unpredictable strain on American health systems, it is clearer than ever that leaders need to embrace value-based care, not just within their health systems but with their supply partners as well. It is critical that leaders scrutinize the overall cost of care and avoid preventable complications that can put a strain on both hospital budgets, bed capacity, and patient outcomes.

"The integrated partnership between Geisinger and Medline is a great way of shifting the focus away from fee-for-product model and working collaboratively to achieve better quality outcomes for our patients," said Dr. Navneet Singh Dang, Geisinger's Chief Quality Officer for Inpatient Services. "We are leveraging our ProvenCare® methodology to re-engineer our processes to improve quality outcomes for our patients."

"The integrated partnership between Geisinger and Medline is a great way of shifting the focus away from fee-for-product model and working collaboratively to achieve better quality outcomes for our patients."



Dr. Navneet Singh Dang
Chief Quality Officer for
Inpatient Services
Geisinger

It's unprecedented for a provider and supplier to exert this type of commitment, trust, transparency and drive to mutually improve patient care and outcomes. The industry is continuing to move from transactional arrangements to risk share partnerships. It is our hope that other organizations learn from this project and explore innovative arrangements, share skill sets and work together for the ultimate goal of taking care of patients.



About Medline

Medline is a global manufacturer and distributor serving the healthcare industry with medical supplies and clinical solutions that help customers achieve both clinical and financial success. Headquartered in Northfield, Ill., the company offers 400,000+ medical devices and support services through more than 1,400 direct sales representatives who are dedicated points of contact for customers across the continuum of care. For more information on Medline, visit www.medline.com or connect with us on social media.

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