Managing Change within Infection Prevention:

Your Will is the Way

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Your Will is The Way

• Exactly Who’s “will” is the way?
• Did you make an assumption?
  – The Infection Preventionist (IP)
• Why did you do that?
  – Context Clues?
  – An IP giving a webinar to IP’s about leadership?
“Manage” Change? ... Say What?
Walt Disney

“It’s kind of fun to do the impossible”
“Manage” Change? Not Really ...

• **Leaders** in reference to Change:
  – Constantly look for it
  – Recognize it before the anvil falls
  – Define the potential impact realities
  – Develop possible contingency plans
  – Be tenacious with those plans yet not stubborn to a fault
Generic Effective “Change” Advice

• Pragmatic
• yet
• Flexible
Example of Recent Impending Change: Non-Traditional IP&C Concern(s)

• Have you seen this next slide?
  – If not ... why not?
• Did you react to it?
  – If not ... why not?
CMS releases updated quality reporting regulations

05/07/2014

The Centers for Medicare & Medicaid Services (CMS) issued proposed regulations updating quality reporting programs (QRP) for acute care hospitals, long-term acute care hospitals, inpatient rehabilitation facilities (IRFs) and inpatient psychiatric facilities (IPFs). Proposed infection-related measures include:

- Acute care hospitals:
  - Hospital-onset MRSA and *C. difficile* infection outcome measures added to the Hospital Value-Based Purchasing program for FY 2017 payment determination.
  - Surgical site infection measure for colon surgery and abdominal hysterectomies added to the Hospital-Acquired Condition (HAC) Reduction Program for FY 2016 payment determination.

- Long-term care hospitals: NHSN ventilator-associated event
Quick Clarification Lesson

• This reporting is not **Mandatory**

• APIC/SHEA worked very hard to make public reporting **not** based on “billing data”

• In **addition** to this proposed rule change: CMS Value-Based Purchasing, which is **voluntary** (technically) if healthcare facilities desire 2% reimbursement ...
Do you “Manage” This Change?

• First: Is this Change?
  – Constantly look for it → Most likely “Yes”
  – Recognize it before the anvil falls

• Forward the link to C-Suite with summary
  – APIC dollars at work
  – Increase your value as “in the know”
Do you “Manage” This Change?

• Don’t stop Managing This Change “There”
  – Define the potential impact realities
    • Are these procedures & organisms for AWH? If so, what is your historical data?
    • Is AWH prepared to streamline surveillance (software interface) so IP staff can impact bedside practice?
Do you “Manage” This Change?

• Now have developed:
  – Possible contingency plans based on your AWH realities while
  – Increasing your visibility with C-Suite to show proactive 2% reimbursement strategy
  – You are tenacious yet not stubborn to a fault ... without being a victim after the fact
What if Change is not Adopted?

• IP&C Win → Win IP&C
  – **Still** have increased visibility
  – Another opportunity to **champion** patient safety to decrease HAI pain & suffering
  – Planted yet another seed for automation and/or improved surveillance system(s)
  – Stated **again** IP is directly linked to VBP
# Healthcare Facility HAI Reporting Requirements to CMS via NHSN--
## Current Requirements

<table>
<thead>
<tr>
<th>CMS Reporting Program</th>
<th>HAI Event</th>
<th>Reporting Specifications</th>
<th>Reporting Start Date</th>
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</thead>
<tbody>
<tr>
<td>Hospital Inpatient Quality Reporting (IQR) Program</td>
<td>CLABSI</td>
<td>Adult, Pediatric, and Neonatal ICUs</td>
<td>January 2011</td>
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<tr>
<td></td>
<td>CAUTI</td>
<td>Adult and Pediatric ICUs</td>
<td>January 2012</td>
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<tr>
<td></td>
<td>SSI: COLO</td>
<td>Inpatient COLO Procedures</td>
<td>January 2012</td>
</tr>
<tr>
<td></td>
<td>SSI: HYST</td>
<td>Inpatient HYST Procedures</td>
<td>January 2012</td>
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<tr>
<td></td>
<td>MRSa Bacteremia LatID Event</td>
<td>FacWideIN</td>
<td>January 2013</td>
</tr>
<tr>
<td></td>
<td>C. difficile LatID Event</td>
<td>FacWideIN</td>
<td>January 2013</td>
</tr>
<tr>
<td></td>
<td>Healthcare Personnel Influenza Vaccination</td>
<td>All Inpatient Healthcare Personnel</td>
<td>January 2013</td>
</tr>
<tr>
<td></td>
<td>Medicare Beneficiary Number</td>
<td>All Medicare Patients Reported into NHSN</td>
<td>July 2014</td>
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<tr>
<td></td>
<td>CLABSI</td>
<td>Adult &amp; Pediatric Medical, Surgical, &amp; Medical/Surgical Wards</td>
<td>January 2015</td>
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<tr>
<td></td>
<td>CAUTI</td>
<td>Adult &amp; Pediatric Medical, Surgical, &amp; Medical/Surgical Wards</td>
<td>January 2015</td>
</tr>
<tr>
<td>Hospital Outpatient Quality Reporting (OQR) Program</td>
<td>Healthcare Personnel Influenza Vaccination</td>
<td>All Outpatient Healthcare Personnel</td>
<td>October 2014</td>
</tr>
<tr>
<td>ESRD Quality Incentive Program (QIP)</td>
<td>Dialysis Event (Includes Positive blood culture, I.V. antimicrobial start, and signs of vascular access infection)</td>
<td>Outpatient Hemodialysis Facilities</td>
<td>January 2012</td>
</tr>
<tr>
<td>Long Term Care Hospital Quality Reporting (LTCHQR) Program</td>
<td>CLABSI</td>
<td>Adult &amp; Pediatric LTAC ICUs &amp; Wards</td>
<td>October 2012</td>
</tr>
<tr>
<td></td>
<td>CAUTI</td>
<td>Adult &amp; Pediatric LTAC ICUs &amp; Wards</td>
<td>October 2012</td>
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<td>Inpatient Rehabilitation Facility Quality Reporting Program</td>
<td>CAUTI</td>
<td>Adult &amp; Pediatric IRF Wards</td>
<td>October 2012</td>
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<tr>
<td>Ambulatory Surgery Centers Quality Reporting Program</td>
<td>Healthcare Personnel Influenza Vaccination</td>
<td>All ASC Healthcare Personnel</td>
<td>October 2014</td>
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</tbody>
</table>
What Does The Expert Say?

Stephen R. Covey
Circle of Influence
Vs.
Circle of Concern

Time Management Matrix: 4 Quadrants
You Can Decide How To Use Time

• Covey Says Some of Us “Blame Others”

• DETERMINISM
  – Genetic: My Grandparents Did This To Me
  – Psychic: My Parents Did This To Me
  – Environmental: My Boss Does This To Me

• Do You Let “Others” Determine Your Time Management Priorities? Your Responses?
Simply Stated: We Can Choose

**REACTIVE MODEL**

- Stimulus ➔ **CHOICE:**
- This is YOU ➔ Response

- Ventilator Days not ready (Again) … Report Due
- Told You Are Now Doing the CMS Abstracting Core Measures (SCIP & Vaccines)
- Suspect a Cluster of MR-Acinetobacter in ICU
- E/D Called … They Suspect Meningococcal Disease
CORNERSTONES

• Between Stimulus & Response, we have the right (power and freedom) to choose

• It is not what happens to us, but our response to what happens to us that hurts us.
Our Response Dictates Time Spent

• **Circle of Influence**
  – Can do *something* about this directly
  – Centered Around a Proactive Response

• **Circle of Concern**
  – No real direct control over issues, although you are very concerned about them
  – Not much of a formal response
    • Move On and/or Let Go
Concentrate Time To Become Reality Driven

Influence = Proactively

Circle of Influence

Circle Of Concern

Concern = Determinism (Reactive)
At the Heart of the IP’s Role

- How Much Control Do We **Really** Have?
  - Very Little
  - Too Often no ‘Formal Power’ ... But ...
  - Lots of ‘Responsibility’ for Outcomes (?)

- **GOAL:** Act → Proactively React
  Move Issues from Your Circle of Concern **into** Your Circle of Influence
Time Management History

• 1\textsuperscript{st}: Notes & Checklists
• 2\textsuperscript{nd}: Calendars and Appointment Books
• 3\textsuperscript{rd}: Prioritization, Values Clarified, Comparing Values to Determine Goals and Where Spend Time
• 4\textsuperscript{th}: Covey ... Don’t Manage Time ... Instead Manage Yourself

-- Expand Circle of Influence
CONSEQUENCES

Freedom & Power to Choose

Circle Of Influence
(Your Response)

Circle of Concern
(Others Reactions You Can’t Control)
Manage Yourself – Your Choice

✓ **Determinism**: React with Helplessness
  
  **CIRCLE OF CONCERN**

  **Vs.**

✓ **Proactive**: React with Purpose
  
  **CIRCLE OF INFLUENCE**

**Time Management Matrix**

Four Quadrants – Where Do You Live?
<table>
<thead>
<tr>
<th>THE TIME MANAGEMENT MATRIX</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Urgent</th>
<th>Not Urgent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I</strong></td>
<td><strong>II</strong></td>
</tr>
<tr>
<td>Important</td>
<td>Important</td>
</tr>
<tr>
<td>ACTIVITIES:</td>
<td>ACTIVITIES:</td>
</tr>
<tr>
<td>Crises</td>
<td>Prevention, PC activities</td>
</tr>
<tr>
<td>Pressing problems</td>
<td>Relationship building</td>
</tr>
<tr>
<td>Deadline-driven projects</td>
<td>Recognizing new opportun</td>
</tr>
<tr>
<td></td>
<td>Planning, recreation</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>III</th>
<th>IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Important</td>
<td>Not Important</td>
</tr>
<tr>
<td>ACTIVITIES:</td>
<td>ACTIVITIES:</td>
</tr>
<tr>
<td>Interruptions, some calls</td>
<td>Trivia, busy work</td>
</tr>
<tr>
<td>Some mail, some reports</td>
<td>Some mail</td>
</tr>
<tr>
<td>Some meetings</td>
<td>Some phone calls</td>
</tr>
<tr>
<td>Proximate, pressing matters</td>
<td>Time wasters</td>
</tr>
<tr>
<td>Popular activities</td>
<td>Pleasant activities</td>
</tr>
</tbody>
</table>
Living in Quadrant I

• Urgent & Important
  – If don’t get this under control becomes 90%
  – Live in the “Put Out Fire” Mode
  – No time to give justice to unexpected crisis
  – Low quality of work satisfaction

• What Are Your Daily Quadrant I Activities?
  – On A Daily Basis? ... Should be rare
Does or Does Not Belong in: Quadrant I?

Things that should not routinely live here:
• Routine and/or Scheduled Reports
• Scheduled (panic) Meeting Preparation
• Getting to a meeting on time (prepared)

Are expected to live here:
• Meningococcal meningitis notification
• CMS walked through front door
Living In Quadrant II

• Not Urgent & Important
  – Items **know** we need to do, but rarely get around to doing, because not ‘urgent’ (at this particular date and time)
  – Where **we need to be** some time each day
    • How? By decreasing time spent in all the other quadrents. Period.
    • Manage time to “live here”
Why “Manage Time” for Change … in Quadrant II?

• Experience gradual success (with the setbacks)
• Relationship Development
  – **Emotional Bank Account** (Positive Deposits)
  – Not just “want do you want now …”
• Icing on the Cake
  – Paying Job; **and** Volunteerism: APIC/CBIC/AJIC
• Posters, Presentations, Publish, Mentor, etc.

• Urgent & Not Important
  – Most time spent reacting to others
  – “Treat” issue as important when it is not
  – Urgency of issues often based on the priorities and expectations of others
• Your Daily Quadrant III Activities?
  – On A Daily Basis?
Quadrant III Escape Tactics

• Do not sanction “drop-ins”
• Let’s “Schedule a Meeting”
• Let’s “Take this Of Line”
• Let’s “Put That in Parking Lot”
• I didn’t know of that deadline ... when are the next due dates please?
• How can I help you prepare better next time?
Living in Quadrant IV

- Not Urgent & Not Important
  - When Quadrant I becomes 90% of your life
    ... and you escape here → Crash & Burn!
  - “Busy Work” vs. “Productive Work”
  - Gossip, Time Wasters, Obsolete Routines

- Your Daily Quadrant IV Activities?
  - On A Daily Basis?
“You know .... Patti is not here to defend herself right now, so we shouldn’t discuss it”

Annual IP&C Report/Surveillance Houseclean
– Let go if not useful (unless mandated)

Really enjoy downtime without guilt
While Living These Skills

• Expanding Circle of Influence
  – While accepting items in your into your Circle of Concern **without** spending 3-hrs in Quadrant IV complaining to co-workers …

• Start to recognize interactive characteristics both 1:1 and groups dynamics
  – Your Will is the Way → IP Leadership Change
Personal Experiences: Manage Change & Leadership

• “Head Nurse” by 30 and burned out
  – Dad: your daughter will be 8 anyway ...
• Did own paperwork ↓ four salary grades → IP
  – Back to school for MS in Hlth Promotion
• 1\textsuperscript{st} appointed APIC-DFW volunteer job
  – Historian
    • A trunk full of mess → 12 binders 😊
Personal Experiences: Manage Change & Leadership

• 1st Elected APIC-DFW Office
  – Secretary before website or “Info Age”
    • 140 stuffed envelopes
    • Affixed labels & stamps
• 1st Appointed APIC HQ position
  – Treasurer Advisory Committee
    • 14 local APIC chapter quarterly reports
We cannot do EVERYTHING at once, but we can do SOMETHING at once.

-- Calvin Coolidge

... Am I being purposeful in my progress (II vs. I & III)
Questions?

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Technically, The Glass is Completely Full.