



CLC Performance Improvement Committee Report- NEC

NAME

FACILITY: CARL VINSON VA MEDICAL

CENTER PRESENTATION DATE:

CPIC Meeting Minutes

CPIC meeting minutes

- CLC Performance Improvement Committee on 5/19/2022 was canceled due to quorum not met.
- Meeting minutes from is attached and uploaded to SharePoint.



Adobe Acrobat
Document

MRSA Swab admission collection rate

Infection Prevention

April

Unit	April MRSA Admission Swab Rate
15B/B86	100%/N/A
8A East	100%
12A	67%
17/19B	No Required Swab
8A West	100%
10A	100%
Hospice	No Required Swabs

CLCs 89%
 90% is our goal for each neighborhood

Unit	May MRSA Admission Swab Rate
15B/B86	91%
8A East	No Required Swab
12A	100%
17/19B	No Required Swab
8A West	No Required Swab
10A	100%
Hospice	No Required Swabs

CLCs 100%



PIP for Hospital Acquired CAUTI

- ❖ The PSDA model was utilized to perform a PIP for CAUTI which was warranted on 2/19/2022.
- ❖ Potential outcome was to reduce CAUTI rates within the CLC.
- ❖ **Plan**-The CG&EC instructed CLC Providers to discontinue orders for monthly routine Foley Cather change to PRN (as medically indicated).
Do-Staff was educated on hand hygiene and foley catheter care by the CLC Nurse Educator, and she assessed staff knowledge via quiz. WCN Manager spearheaded the research & purchase of CAUTI wipes and performed training to frontline staff.
Study-The Infection Prevention Nurse intensely collaborated with the CLC Leadership Team and reported data monthly in the CPIC monthly meetings. The CLC QN's, WCN's, and NM/ANM performed random observations, and on-the-spot training, and monitored for compliance. **Act**- In conclusion, the PIP will be adopted. The CAUTI rate has decreased by 30% in three consecutive months for Cycle 1.

CLC had 0 CAUTI for 1 Quarter! March, April, and May 2022!!!

This had a positive impact on the CLC SAIL Quality Metric: HAI-CAUTI with a decrease from 2.56% FY22Q1 to 1.96% in FY22Q2!!!

Kudos to the CLC Team!!!!



Microsoft Word
Document

QM: Long Stay Residents with Weight Loss May 2022



Microsoft Excel
Worksheet

RD's- to track residents with significant weight loss and residents that has loss 5lbs in 1 month

0-Cardinal Circle

0- Ole Timers Lodge

3- Freedom Lane

0- Magnolia Court

0-Heroes Haven

Restorative Participation Days

Goals for 2022

- * To average 24 days participation
- * To have 5 RAs on duty daily

Participation Days

Neighborhood	1st QT	2nd QT	3rd QT	4th QT
Freedom Lane	21			
Cardinal Circle	24			
Magnolia Court	23			
Old Timer's Lodge	20			
Patriot's Point	*			
Average	22	#####	#####	#####

Goal not met

Up until now the percentages captured on MDS and the participation percentages have continued to improve. For the month of April 2022, there has been a decline.

There is multiple reasons for this decrease such as some residents have had a decline in functional status and didn't want to participate. However, the most significant reason is because Restorative has only 7 RAs and which often leaves only 2 RAs on the floor due to scheduling.

RA's hours per patient

Total progr	Min./p	Min/hr	Hrs/wor	Hrs/RA	RA's/day
118	15	60	29.5	6.5	4.5 5.0

least 5 RAs each day to cover $(121 * 15\text{min}) / 60\text{min} = 30.25\text{hr} / 6.5 = 4.7 = 5 \text{ RAs}$

Restorative Participation Days Cont'd

Plan of Action

- ▼ Restorative position has been posted
- ▼ Applicants were interviewed. However, no selection was made.
- ▼ CNG&EC to repost position.
- ▼ CNG&EC to collaborate with Restorative NM to review scheduling alternatives.

IDEAS April 2022

14th) Discussion

- ▶ CLC In Phase III
- ▶ Patriot's Point
- ▶ MOCK surveys
- ▶ SAIL
- ▶ MRSA swabs
- ▶ CNAs
- ▶ RQI
- ▶ Privacy
- ▶ Dementia training
- ▶ Competencies/FS
- ▶ VISN survey
- ▶ LTCI
- ▶ JPSR

(meets quarterly next meeting will be held July

Action

- ▼ All neighborhoods are open for visitation, and admission
- ▼ -Closed
- ▼ -Will resume per Chief Nurse
- ▼ -Frontline staff should attend to provide input and educate coworkers
- ▼ -CLC 100% compliance
- ▼ -competency to apply certain topical ointments/FSBS
- ▼ -Due June 30, 2022
- ▼ -Implemented One Drive
- ▼ -Additional days for training, this an annual competency
- ▼ -being revised by CLC educator
- ▼ -findings minimum Performance Improvement to follow up
- ▼ -We are in the window staff will continue to be prepared

Resident Council

- ▼ Freedom Lane and Cardinal Circle Resident Council meeting was held 5/19/2022 @1430.
- ▼ Magnolia Court Resident Council meeting canceled May 2022.

Resident Council Cont'd

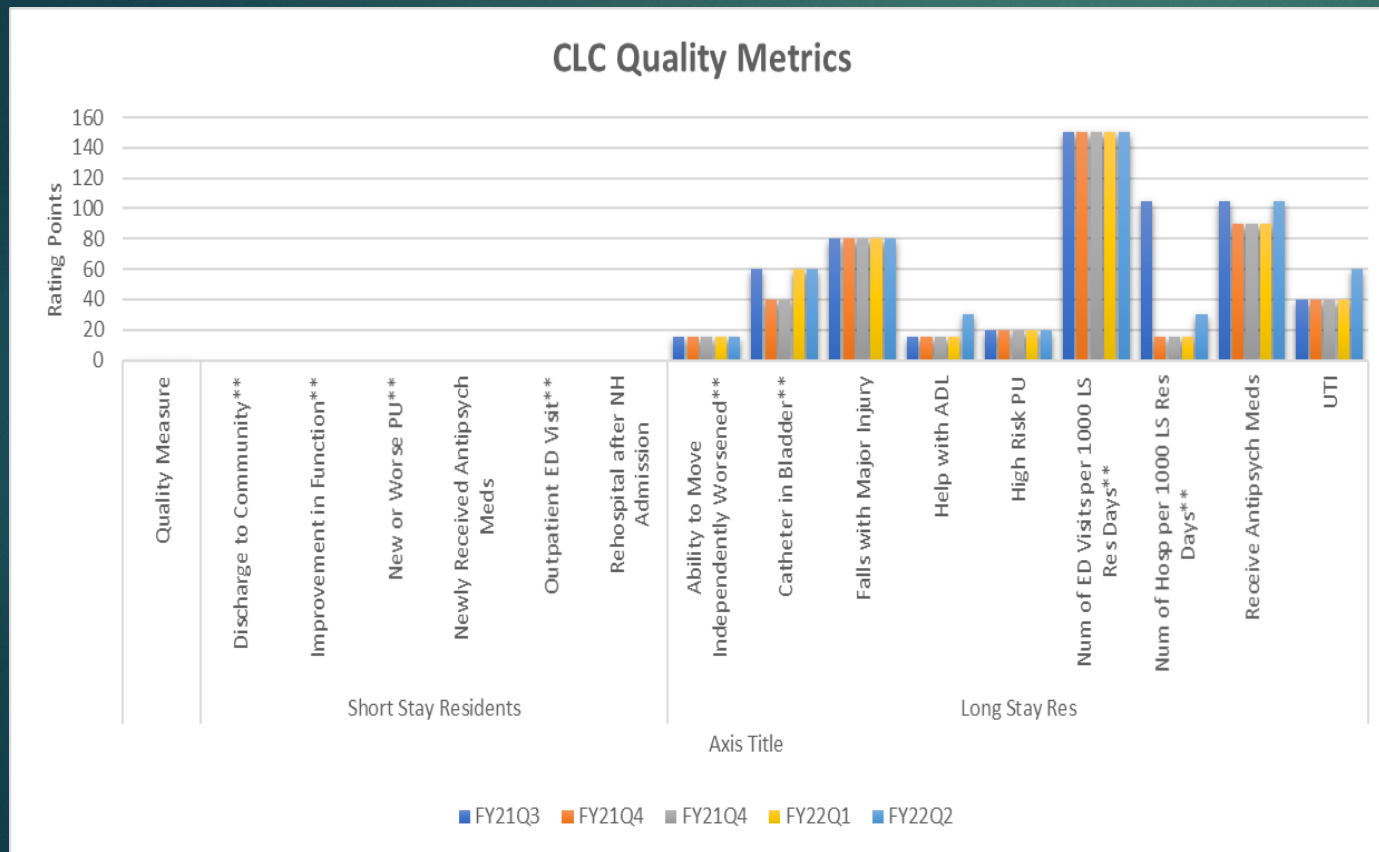
ACTION TRACKER

Date Started	Action Items	Responsible Party	Due By	Status/Date Completed
2/17/22	Linen for Dolphin Mattress	Ruth Iliuta/EMS	6/30/2022	In progress
10/20/21	Barber	CNGEC	4/1/2022	Closed 6/15/2022, VCS offers "Patriots Clips" Mondays 0800-1400 Bldg. 2 Room 214-2
5/19/2022	Request for copy of Patient Rights	QM/CLC Management Team	6/30/2022	Closed, 6/15/2022. Flyer received from QM, laminated, and posted.
5/19/2022	Residents requested a written signed copy of the moving forward plan	CG&EC/CNG&EC	6/30/2022	In progress
5/19/2022	The residents reported the inability to watch certain television stations (TV Land) etc. which were previously available.	CNG&EC/Engineering	6/30/2022	In progress
3/18/22	Interrupted Sleep- lights are turned on during hourly rounding	CNG&EC	6/30/2022	In progress-CNGEC reports, the penlights found are very small and would not provide sufficient lightening to be able to provide care such as bowel/bladder. I will need to continue to search to determine other methods of light that can be used.

CLC Quality Metrics



Microsoft Excel
Worksheet



- CLC lost 95pts in FY21Q4. Since then, the CPIC and CLC Leadership Teams has been taking great strides towards improvement.
- The projected goal in January 2022 was to earn 195pts by FY22Q1, however this goal was not met.
- We have made some progress earning 85 points FY22Q2!
- Our new projected goals for FY22Q3 are to sustain points earned in FY22Q2 and to gain 140 points, which will result in a 3-Start Rating in Quality.



Nursing Standards Committee

- NSC meetings

- Meeting canceled 4/26/2022 due to Ascellon Survey

- Meet with ADPCS on 5/2/2022 to review policies

- Meeting canceled 5/31/2022 due to medical emergency.