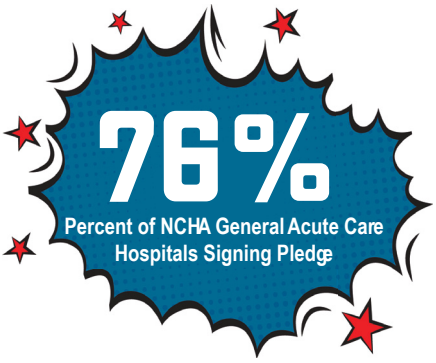
PNEUMONIA KNOCKOUT CAMPAIGN NEWSLETTER

January 2018

Pneumonia Knockout Campaign Information & Updates

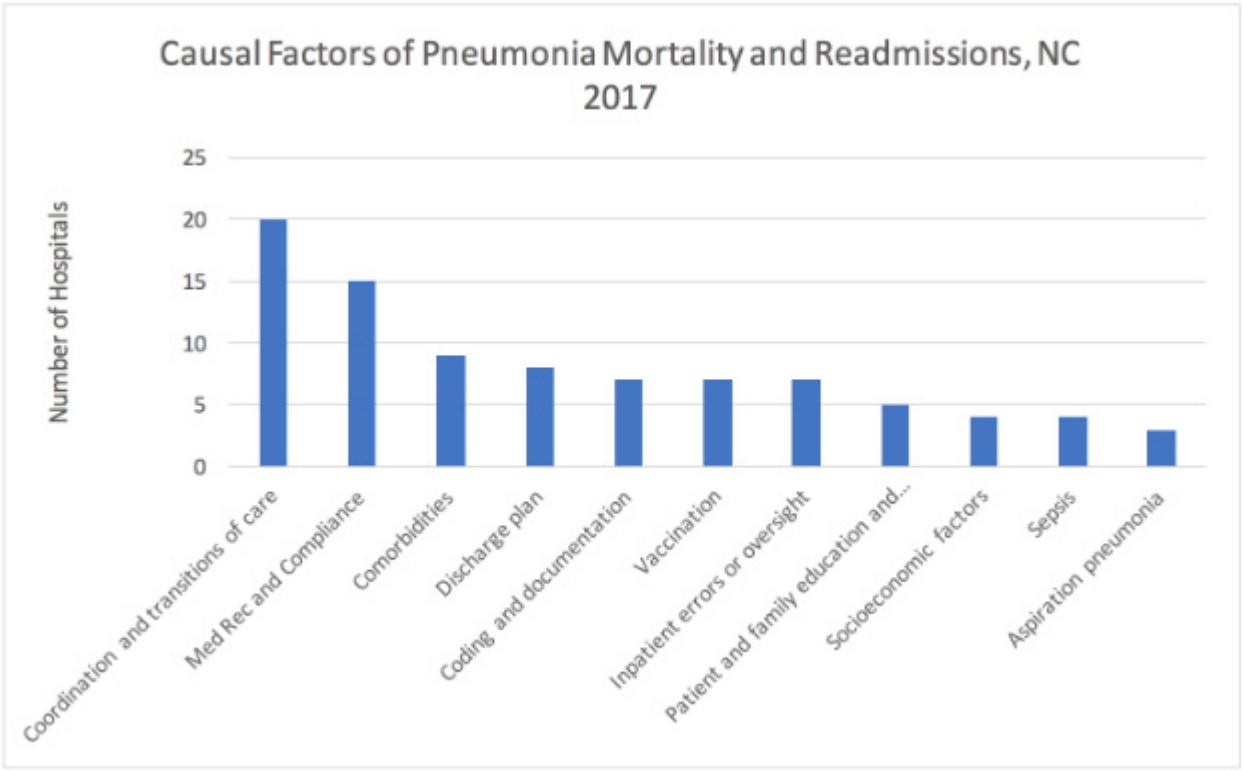
As of Jan. 10, 2018, 76% of NCHA general acute care hospital members have taken the Pledge to knockout Pneumonia.



Click here to see which hospitals & healthcare systems have taken the pledge

Help us reach 100%. Take the Pledge Today!

One of the first tasks of hospitals & healthcare systems who have pledged was to identify key factors they see contributing to 30- day Pneumonia Mortality and Readmissions. We grouped the causal factors they contributed into 11 key categories. The largest category is coordination and transitions of care, which contains factors such as coordination with primary care, timely scheduling of appropriate follow-up care, and well-planned transitions to home health or skilled nursing care. Medication reconciliation and compliance is second largest, with some specific causal factors mentioning obtaining medications post-discharge, completing follow-up antibiotic treatment, and coordination with pharmacies. Comorbidities includes chronic obstructive pulmonary disease (COPD) and other chronic illnesses. Strategies for improvement will focus on identifying causal factors and sharing best practices for addressing them.



Pneumonia Knockout Advisory Group

The Pneumonia Knockout Campaign Advisory Group provides subject matter expertise, professional perspectives, and contributes to the development of programming targeting the reduction of pneumonia mortality and pneumonia readmissions. The group assists the Healthcare Association with providing education and resources to both community and clinical settings; in addition, they support public education and outreach efforts outside the hospital setting. To see who is on our Advisory Group, go to https://www.ncha.org/pneumonia-knockout-campaign/.

Pneumonia Education Webinar Series

Use the CMS Hospital-Specific Report (HSR) to Learn More About Your Pneumonia Patients

Dr. Kimberly J. Rask, the Chief Data Officer at Alliant Health Solutions, NC's Quality Improvement Organization (QIO), presented a webinar in November 2017 on how to use reports from the Centers for Medicare and Medicaid Services (CMS) to identify root causes for pneumonia mortality. The one-hour webinar demonstrated to hospital clinical and quality staff how the CMS Hospital-Specific Report (HSR) can be accessed and used to target quality improvement efforts. Every year CMS provides each hospital in North Carolina with an HSR through the Quality Net website. The HSR lists each of the Medicare beneficiaries who were included in the pneumonia readmissions and mortality measures in the Value Based Purchasing program. The HSR report also shows where each beneficiary was readmitted along with a list of comorbid conditions. The rates of comorbid conditions for pneumonia patients at each hospital are compared to both state and national benchmarks. This detail is useful for identifying severity of illness trends, coding and documentation patterns and patient referral patterns.

And Now the Rest of the Story: Spotlight on Vidant Health's Success in Reducing Mortality through a Modified Early Warning System (MEWS)

In the 3rd installment of the Pneumonia Knockout Education webinar series we will hear from **Vidant Health** in Greenville. Hazel Pennington, MSN, RN, Manager of Corporate Quality and Teresa Anderson, RN, MSN, PhD, NE-BC, Vice President, Office of Quality with Vidant Medical Center will share how Vidant Health uses the Modified Early Warning System (MEWS) to impact Pneumonia Mortality. MEWS is a tool for nurses to help monitor their patients and improve how quickly a patient experiencing a sudden decline receives clinical care.

MEWS (Modified Early Warning System)

	3	2	1	0	1	2	3
Respiratory Rate per minute		Less than 8		9-14	15-20	21-29	More than 30
Heart Rate per minute		Less than 40	40-50	51-100	101-110	111-129	More than 129
Systolic Blood Pressure	Less than 70	71-80	81-100	101-199		More than 200	
Conscious level (AVPU)	**U**nresponsive	Responds to **P**ain	Responds to **V**oice	**A**lert	New agitation Confusion		
Temperature (°c)		Less than 35.0	35.1-36	36.1-38	38.1-38.5	More than 38.6	
Hourly Urine For 2 hours	Less than 10mls / hr	Less than 30mls / hr	Less than 45mls / hr				

EARLY WARNING SCORING SYSTEM FOR DETECTING ADULT PATIENTS WHO HAVE OR ARE DEVELOPING CRITICAL ILLNESS
IS THE SCORE FOR YOUR PATIENT 1-2? PERFORM 2 HOURLY OBSERVATIONS AND INFORM NURSE IN CHARGE
IS THE SCORE FOR YOUR PATIENT 3? PERFORM 1-2 HOURLY OBSERVATIONS AND INFORM NURSE IN CHARGE
*IF THE MEWS SCORE IS DETERIORATING : THE WARD S.H.O. OR DUTY DOCTOR **MUST** ATTEND*
IS THE SCORE FOR YOUR PATIENT 4 OR MORE? PERFORM OBSERVATIONS AT LEAST 1/2 HOURLY. ENSURE MEDICAL ADVICE IS SOUGHT AND CONTACT OUTREACH TEAM (see below)

State & Local Partnerships: Pneumococcal Immunization Campaign Efforts

See how our partners supported the Pneumococcal I Immunization Campaign efforts:
Wilson Medical Center Pneumonia Article

Medical Society Joins in Pneumonia Knockout Campaign

AARP's article on the importance of Pneumococcal Vaccinations

For resources and toolkit on the importance of pneumococcal vaccinations and early signs/symptoms of pneumonia, check out our Healthier Tomorrow website.

Thanks to the Duke Endowment for their generous support!

James B. Duke

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