

Hawai'i Health Partners Webinar: Hospital-Acquired Conditions and Infection Prevention

Thursday, February 19, 2026
12:30pm—1:30pm via Zoom

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HHP Webinars

Hospital-Acquired Conditions and Infection Prevention

GENERAL OBJECTIVES:

By the end of the course, the participants will be able to:

1. Identify conditions that meet the definition of a hospital-acquired condition (HAC) or patient harm event
2. Describe how to prevent hospital-acquired conditions or patient harm events

CONTINUING EDUCATION:



In support of improving patient care, Hawai'i Pacific Health is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Hawai'i Pacific Health designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credits™* for physicians. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Hawai'i Pacific Health designates this live activity for 1.0 contact hours for nurses. Nurses should only claim credit commensurate with the extent of their participation in the activity.

Hawai'i Pacific Health is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education and this activity is accredited for 1.0 contact hours for attendance at the entire CE session.



TO CLAIM CE:

Please note that in order to receive continuing education credits for this offering, you must:

- Be registered for this activity and Sign in.
- Claim credit commensurate with the extent of your participation in the activity.

Speakers cannot claim credit for their own presentations.

- Complete and submit the evaluation survey that will be emailed to you within one week of the offering.
- Your CE certificate will be immediately available to you upon completion of your evaluation.

DISCLOSURE INFORMATION:

Per CE requirements, a disclosure report is included below listing any relationships that faculty, planners and others in control of educational content may have with an ineligible company. An Ineligible Company, as defined by the ACCME, is a company whose primary business is producing, marketing, selling, re-selling or distributing healthcare products used by or on patients.

The following Faculty, Planners, and Others in control of educational content have reported no relationships with any ineligible company as defined by the ACCME new “Standards for Integrity and Independence in Accredited Continuing Education”:

<u>Faculty</u>	<u>Relationship</u>	<u>Planning Team Members</u>	
Sara Walston, MSN, MBA, RN, CPHQ	None	Jennifer José Lo, MD	None
Loraine Phomsopha, MSHCM, RN	None	Walter Schroeder, PharmD	None
Carrie Hermosura, MBA, RN	None	Matthew Sasaki	None
Lisa Hines MACPR, BS, RN, AL-CIP, CIC, FAPIC	None	Julie Aurio, RN	None

Webinar Information

- You have been automatically muted
 - You cannot unmute yourself
- You will be able to submit questions via the Q&A section
- This webinar counts for HQIP credit for the measure HHP Network Engagement - Webinars

Hospital-Acquired Conditions and Infection Prevention

HPH Patient Safety and Quality Services

Shilpa J. Patel, MD, SVP, Chief Quality Officer

Presenters:

Carrie Hermosura, Manager, Patient Safety and Quality Services

Lisa Hines, Director, Infection Prevention

Lorraine Phomsopha, Director, Patient Safety and Quality Services

Sara Walston, Director, Patient Safety and Quality Services

Hospital Harms

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Infection Prevention

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Harm Prevention Resources for Staff on HPH Intranet:

Select "Patient Safety and Quality" on left side of HPH Intranet homepage:

The screenshot shows the HPH Intranet homepage. At the top, there is a blue header with the text "Creating a healthier Hawai'i" and navigation links for HPH, KMCWC, PMMC, Straub, Wilcox, HHP, and HPHMG. Below the header is a search bar and a navigation menu with options like Home, Groups & Projects, Secured Applications, Shared HPH Services, and HPH Quick Links. The main content area features an "Announcements" section with a blue banner for "HPH and HMSA Partnership to Strengthen Health Care Statewide". Below this, there is text about the HPH and HMSA partnership, followed by a section titled "Coming This Month - HPH Town Hall Meetings" which lists dates and times for meetings at four medical centers. A red arrow points from the text above to the "Patient Safety and Quality" link in the left sidebar, which is highlighted with a red box. The sidebar also includes links for About HPH, Business Sites, Clinical Documentation Integrity (CDI), Directories and Resources, Document Database, Employee Wellbeing, Environment of Care, HPH Fitness Center, IT Security, Patient Experience, Professional Billing (ProFee) CDI, Telehealth, Training and Education, and Intranet. On the right side, there is a "Corporate Address" section, "Kronos-UKG" and "Payroll Adjustment" links, "Timekeeper Resour", "UKG Manager Dele", and "Most Popular Links" including Access Management, Compliance Hotline, ECRI - New Product Reque, ERP CloudSuite, Flexible Spending Account, and FootPrints - IT Service Reqi.

Patient Safety and Quality Services Homepage

Main page has information about programs and contacts

Creating a healthier Hawai'i

HPH KMCWC PMMC Straub Wilcox HHP HPHMG Hines, Lisa

FOLLOW SYNC

Search this site

HAWAII PACIFIC HEALTH KAPOLANI PALI MOMI STRAUB BENIOFF WILCOX

Home Groups & Projects Secured Applications Shared HPH Services HPH Quick Links

Welcome to Patient Safety and Quality Services!

Patient Safety and Quality

Harm Prevention

At Hawai'i Pacific Health, we strive to be a High Reliability Organization (HRO) to meet our mission of creating a healthier Hawai'i. This means providing safe, timely, effective, efficient, equitable, patient-centered care. Every time.

Our strategy involves continuously learning and improving by first understanding how we are currently doing against our goals, and then strategizing how to get to where we want to be by designing supportive systems that reduce provider-level variation to provide reliable, high-quality and high-value care.

Message from the SVP and Chief Quality Officer, Dr. Shilpa Patel

https://intranet.hph.local/shphs/patient-safety-and-quality/Pages/Harm-Prevention.aspx

Contact

- Kimata, Chieko

Patient Safety and Quality Services

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For Pali Momi Medical Center

Sara Walston
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Click on "Harm Prevention" for information about preventing Harms

Harm Prevention Resources on HPH Intranet:

Click to learn more:

- Hospital-Acquired Infections and Patient Safety Events → pdf of all information
- Catheter-Associated Urinary Tract Infections (CAUTI)
- Central Line-Associated Bloodstream Infections (CLABSI)
- Clostridioides difficile Infection (C. diff)
- Methicillin-resistant Staphylococcus aureus (MRSA)
- Surgical Site Infections (SSI)
- Stage 3 & 4 Pressure Ulcers (PI)
- Patient Falls with Injury
- Resources
- Precaution Signs

Hospital Data:

Click on the facility name for individual data details

Hospital Data

The screenshot shows a web application interface with a dark header and a light content area. The header includes a menu icon, a page indicator '1 / 5', a zoom level '27%', and various navigation icons. The main content area is titled 'Hospital-Acquired Infections and Patient Safety Events' and contains a 'Hospital Data' section. This section includes a sub-header, a brief description, and a list of four facility names: KAPI'OLANI MEDICAL CENTER FOR WOMENS AND CHILDREN, PALI MOMI MEDICAL CENTER, STRAUB BENIOFF MEDICAL CENTER, and WILCOX MEDICAL CENTER. A red box highlights this list, and a red arrow points from the instruction above to the first facility name. Below the list is a blue button with the text 'Our Goal: Achieve ZERO Preventable Harm for All of Our Patients'. A small thumbnail of the same page is visible in the bottom left corner of the screenshot.

Finding HPH Policies:

Creating a *healthier* Hawai'i

HPH KMCWC PMMC

HAWAII PACIFIC HEALTH KAPI'OLANI PALI MOMI STRAUB BENIOFF WILCOX

Home Groups & Projects Secured Applications Shared HPH Services HPH Quick Links

Announcements [Expand All](#)

HPH and HMSA Partnership to Strengthen Health Care Statewide

Hawai'i Medical Service Association (HMSA) and Hawai'i Pacific Health (HPH) have signed an agreement to create a more aligned, connected, coordinated system of health care for our state.

The proposal will bring our two trusted local health organizations together under a new nonprofit parent company, **One Health Hawai'i**.

Coming This Month – HPH Town Hall Meetings

HPH President & CEO Ray Vara will be hosting a series of town hall meetings Jan. 20-21 for HPH employees and HPH Medical Staff to answer questions.

Meetings will be held at each of HPH's four medical centers, with an option to join virtually via a livestream.

- **Tuesday, Jan. 20** – 7-8 a.m. at Kapi'olani Medical Center for Women & Children
- **Tuesday, Jan. 20** – 4:30-5:30 p.m. at Straub Benioff Medical Center
- **Wednesday, Jan. 21** – 7:30-8:30 a.m. at Wilcox Medical Center
- **Wednesday, Jan. 21** – 4-5 p.m. at Pali Momi Medical Center

To attend a town hall meeting either in person or virtually, [REGISTER HERE](#).

A Bold Move to Transform Health Care in Hawai'i

Document Database (Policies & Procedures)

About HPH
About Us
Business Sites
Clinical Documentation Integrity (CDI)
Directories and Resources
Employee Wellbeing
Environment of Care
HPH Fitness Center
IT Security
Patient Experience
Patient Safety and Quality
Professional Billing (ProFee) CDI
Telehealth

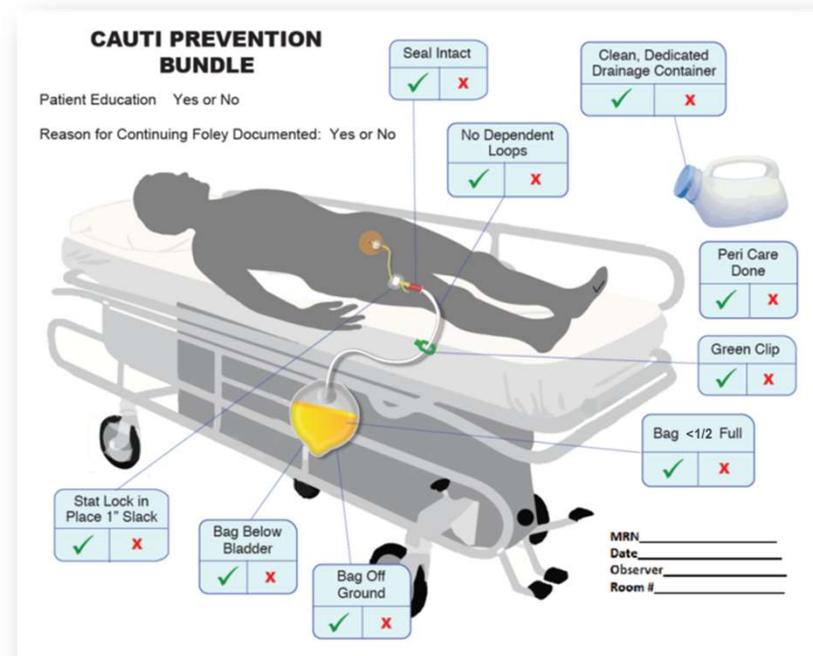
Catheter-Associated Urinary Tract Infections (CAUTI)

WHAT IS CAUTI?

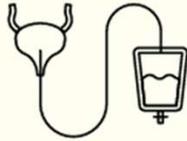
- CAUTIs occur when germs enter the urinary tract via a catheter.
- Risk rises with prolonged use or improper care.
- Symptoms include fever, dysuria and pelvic pain.
- If untreated, they can lead to serious complications.

CAUTI IN THE HOSPITAL

- Per CDC, CAUTIs are one of the most common HAIs. About 75% of UTI developed in hospitals are CAUTI-related.
- This HAI is associated with increased complications, costs and length of stay.
- CAUTIs can be significantly prevented through proper infection prevention measures.



YOU CAN HELP PREVENT CAUTI



Appropriate Catheter Use

- Foley catheters should only be used when it's needed such as with certain surgeries and for critically ill patients requiring accurate I&O.
- The continued need for a catheter should be evaluated each and every shift, based on established criteria.
- Alternatives such as external catheters should be considered.
- Catheters should be removed promptly once they are no longer required.



Aseptic and Sterile Procedures

Maintaining strict antiseptic technique with sterile equipment throughout catheter insertion is a critical for CAUTI prevention. These measures include:

- Perform proper hand hygiene
- Minimize "piecemealing" of supplies by utilizing a foley insertion kit
- Use appropriate antiseptic for periurethral cleaning prior to insertion
- Create a sterile field and ensure not to contaminate sterile supplies



Catheter Maintenance

- Keep the catheter and drainage system closed, secure, and unobstructed.
- Inspect daily for leaks, blockage, or signs of infection.
- Always position the urine bag below the bladder and avoid dependent loops in the tubing.
 - *WHY? To ensure tubing allows gravity to maintain a downward flow to prevent backflow, which can lead to a CAUTI.*



Patient Education

- Encourage the patient to practice proper hand hygiene and to report any pain, discomfort, or unusual urine.
- Remind patients not to pull or tug on the catheter and to always keep the urine bag below the bladder.

New Policy coming soon!

Standardization of Indication list:

II. Indications for Indwelling Catheter Use

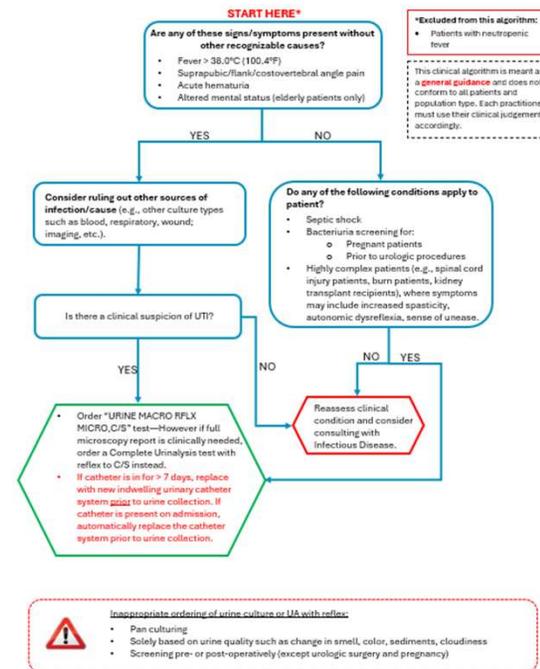
A. The ordering provider will document the indication for use in the order using the following guidelines:

1. Acute urinary retention
2. Urinary obstruction
3. Accurate intake and output in critically ill patients
4. Per Urologist order
5. To promote wound healing in sacral/perineal areas (and unable to use alternative measures such as external urinary catheters)
6. Patient receiving medications that can cause skin breakdown (e.g., chemotherapy)
7. Status post urologic/abdominal/pelvic surgery
8. Epidural catheter in place
9. Selected surgical procedures (for intraoperatively only), such as:
 - a. To address a specific surgical approach (e.g., anticipated prolonged duration of surgery, decompression)
 - b. Need for intraoperative monitoring of urinary output
10. End-of-life comfort care
11. 24-hour urine collection for incontinent patients
12. Required strict immobilization for trauma or surgery
13. Continuous bladder irrigation post urologic surgery
14. Bladder medication instillation

B. If patient does not meet any of the criteria listed above, the RN should contact the Attending Physician to discuss urinary catheter removal.

Guidance for Urine Culture Stewardship for patients with Foley's

Urine Culture Decision Algorithm for Hospitalized Patients with Indwelling Urinary Catheter



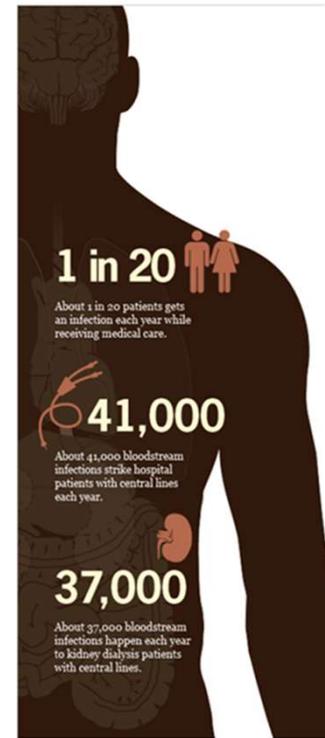
Central Line Associated Bloodstream Infections (CLABSI)

WHAT IS CLABSI?

- CLABSIs occur when bacteria or fungi enter the bloodstream through a central venous catheter.
- Symptoms may include fever, redness, or pain around the insertion site.
- Without prompt treatment, CLABSIs can lead to serious complications.

WHY DO THEY MATTER?

- According to CDC, CLABSIs result in thousands of deaths each year and billions of dollars in added costs to the U.S. healthcare system – but they are preventable.
- Effective CLABSI prevention measures can improve patient outcomes and save lives.



YOU CAN HELP PREVENT CLABSI



Sterile Insertion Techniques

- Central line insertion should be performed using proper insertion practices such as:
 - Proper hand hygiene
 - Strict aseptic technique, sterile equipment, sterile field
 - Maximum barrier PPE (mask, bouffant, sterile gown, sterile gloves)
 - Proper skin disinfection at the insertion site



Central Line Maintenance

- Central lines should be maintained on a continual basis such as:
 - Proper hand hygiene
 - Adhering to strict aseptic techniques when accessing the line or when changing the needleless connector and IV tubing
 - Change dressing every 7 days or when integrity is compromised
 - Exception: NICU dressing change is every 14 days
 - Change IV tubing sets in accordance with hospital policy



Removing Unnecessary Central Lines

Central lines should be evaluated daily for medical necessity. If the line is no longer necessary for treatment then the central line should be removed.

Refer to [Key Safety Measures for CLABSI](#)
Prevention for more best practices in preventing CLABSI

CLABSI Maintenance Prevention Bundle

PPE Use	<ul style="list-style-type: none"> Any minimal handling of line: Hand hygiene and gloves. Follow the appropriate protocol for cap changes, dressing changes, tubing changes using the appropriate PPE and maximum barrier precautions.
Accessing Line	<ul style="list-style-type: none"> Line necessity discussed daily. Minimize line access Scrub the access port/hub with friction prior to <u>each</u> use with "Prevantics" (alcohol + CHG) for 5 seconds and allow to dry for 5 seconds.
Needless Connector	<ul style="list-style-type: none"> Prior to drawing blood cultures. After blood and blood product administration. Within 24 hours if labs are obtained from the lumen. Routinely with tubing change. Document cap change in EPIC.
IV Tubing	<ul style="list-style-type: none"> Date of tubing change is placed visibly on the tubing and recorded in EPIC. Time of change: q96 hrs. (TPN-q24 hrs.; certain other meds have restrictions)
Dressing Assessment and Changes	<ul style="list-style-type: none"> Change all dressings if loose, edges peeling, soiled, wet, or dislodged. Change transparent dressing every 7 days Utilize antimicrobial patch/gel as appropriate. Document assessment of dressing site accurately in EPIC & on dressing.
Personal Hygiene and Environment	<ul style="list-style-type: none"> Bathe with CHG prior to insertion and daily (>2 months old) Disinfect high-touch surfaces at least every shift

Line Access Disinfection & 'Prevantics'

Think "5 and 5"

- The following are key infection prevention measures that YOU can take to deliver safe care to our patients with a venous access device.
- HPH is now using CHG alcohol swabs ('Prevantics') to disinfect the needless access sites for all central lines, peripheral lines and midlines.

5 and 5
5 SECOND SCRUB & 5 SECOND DRY

Perform hand hygiene before and after accessing the line.

Scrub the hub for 5 seconds with CHG alcohol ('Prevantics') swab.

After scrubbing the hub, always allow to air dry for 5 seconds.

Aseptic Non-Touch Technique (ANTT) should be maintained for all line accesses.

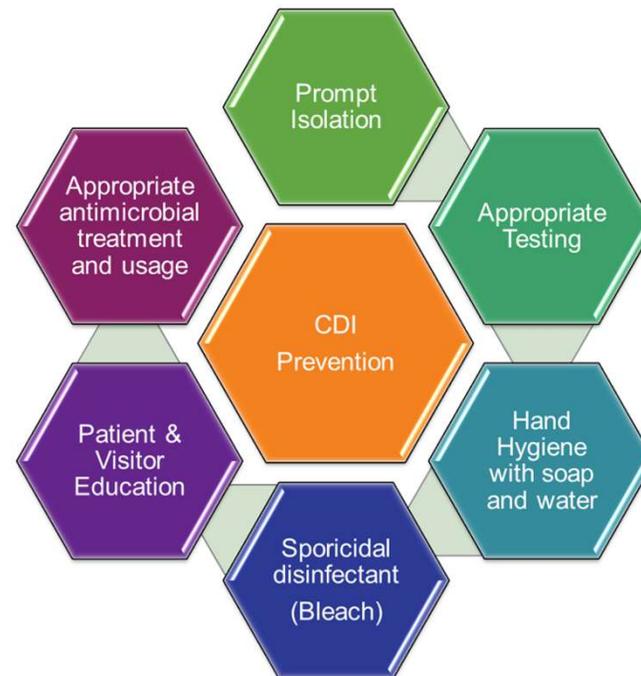
Clostridioides difficile Infection (C. diff)

WHAT IS C.DIFF?

- C. diff is a bacteria that infects the colon, often following antibiotic use.
- It primarily affects older adults in hospitals.
- Symptoms include diarrhea, fever, abdominal pain, and loss of appetite.
- Without treatment, it can cause severe complications or life-threatening colon damage.

WHY DOES IT MATTER?

- C. diff is a persistent challenge in healthcare due to its resistance to antibiotics and disinfectants.
- It spreads easily through person-to-person contact and thrives where antibiotic use is high.
- Proactive measures help protect vulnerable individuals and support a safer hospital environment.



YOU CAN HELP PREVENT C.DIFF



C. diff Testing Criteria

C. diff testing should only be ordered for patients who meet proper criteria. This includes assessing stool frequency and character (e.g., liquid form), ruling out medication-induced diarrhea, and evaluating risk factors for severe infection. Refer to the [HPH Testing Indication Algorithm for Clostridioides difficile Infection \(CDI\)](#) for more information.



Hand Hygiene & Personal Protective Equipment

Staff should perform hand hygiene before and after caring for patients suspected or confirmed to have C. difficile. Hand sanitizer may be used before entering the room, but **soap and water must be used when exiting to effectively remove C. diff spores**. If a patient is suspected or confirmed to have C. diff infection, the minimum PPE to wear is gown and gloves to prevent the transmission of C. diff to yourself and everyone around you.



Environmental Cleaning

Frequent cleaning and disinfection of patient rooms, especially of high touch surface areas with a sporicidal disinfectant is imperative to prevent spread of C. diff. Sporicidal disinfectant that you can use to effectively kill C. diff includes hospital-approved bleach and should be used in accordance with the manufacturer instructions (such as wet/dwell time).



Isolation Protocols

Patients confirmed to have C. diff should undergo proper isolation protocols, including but not limited to, being transferred to a private room, posting appropriate Contact Plus Precaution signage.



Proper Use of Antibiotics

Antibiotics should only be prescribed when clearly necessary, as inappropriate use (especially with high-risk antibiotics such as Clindamycin, Fluoroquinolones, and 3rd and 4th generation cephalosporins) increases the risk of C. diff infection.

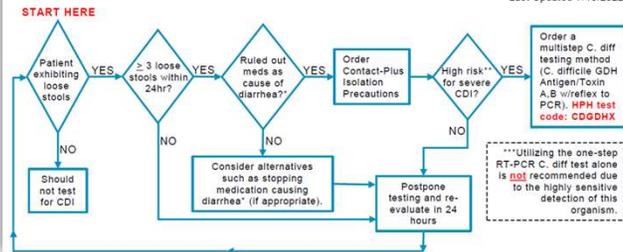
Refer to [Contact Plus Precautions for Appropriate Transmission-based Precaution Guidelines and Ready to Print PDFs](#).

HPH's [Antimicrobial Stewardship Program](#) works to ensure the responsible use of antibiotics. For any questions or support, please contact [Melissa Le](#).

HPH Testing Algorithm for Clostridioides difficile Infection (CDI)

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STRAUB
WILCOX

Last Updated 7/19/2022

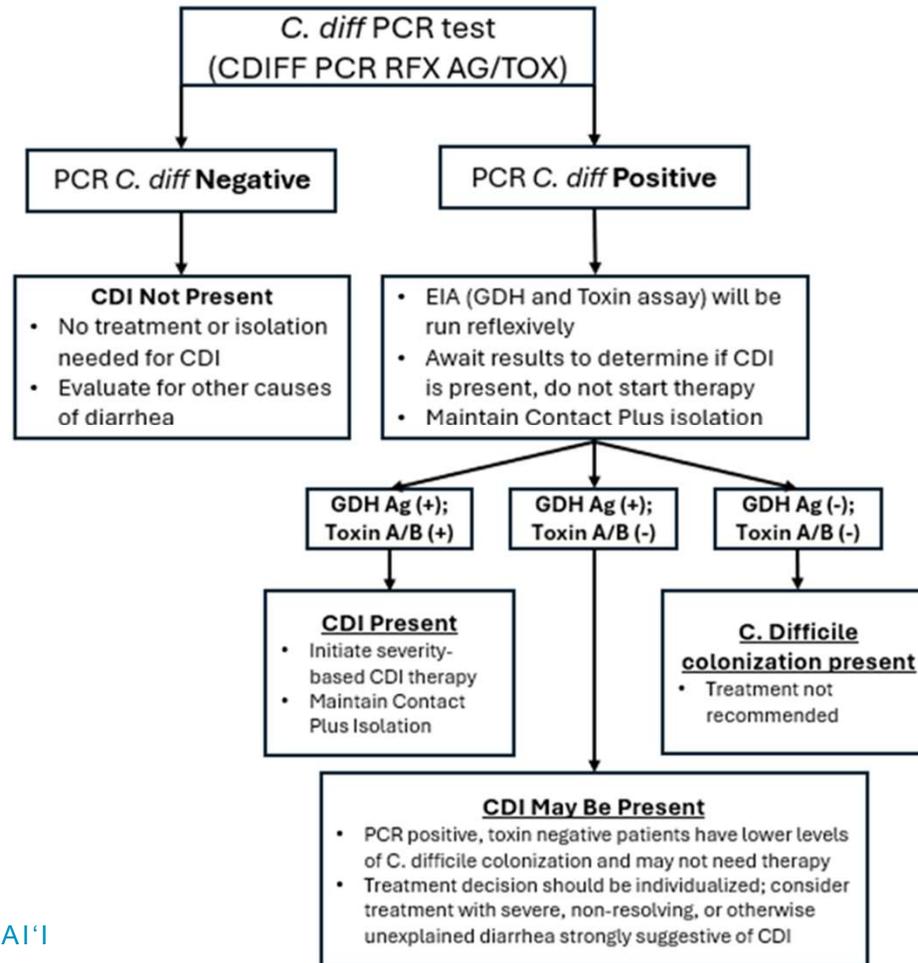


When NOT to test for C. diff

- Do not repeat test within 7 days during the same episode of diarrhea
- Do not test stool from asymptomatic patients
- Do not test formed stools unless there is suspicion of megacolon or severe ileus
- Do not repeat test for cure
 - Lacks clinical value since many patients will test positive due to colonization

***Clostridioides difficile* Test Interpretation Algorithm:**

Initial testing for *Clostridioides difficile* infection (CDI) begins with the PCR test (CDIFF PCR RFX AG/TOX). If negative, CDI is ruled out and no additional testing will occur. If positive the *C. difficile* antigen and toxin will be reflexively processed.



Methicillin-resistant Staphylococcus aureus (MRSA)

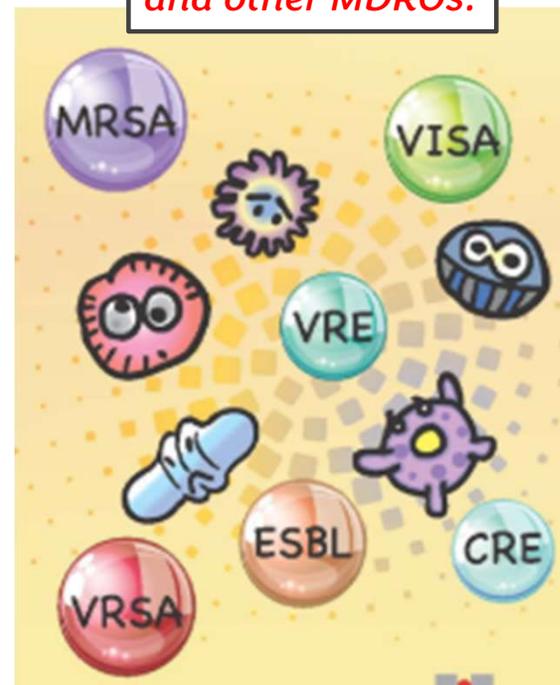
WHAT IS MRSA

- MRSA is a drug-resistant bacteria that can cause infections in the skin, lungs, or bloodstream.
- Risk factors include recent surgery, weakened immune system, and extended hospital stays.
- This type of staph is resistant to standard antibiotics, which can make infections more challenging to treat and control.

WHY DOES MRSA MATTER?

- MRSA infections are a serious patient safety concern, often resulting in challenging treatment due to its antibiotic resistance.
- High-risk individuals are more vulnerable to complications like wound infections, pneumonia, or bloodstream infections.
- Preventing MRSA helps support patient health and prevent antibiotic resistance.

and other MDROs:



YOU CAN HELP PREVENT MRSA



Hand Hygiene & PPE

Good hand hygiene (such as performing hand hygiene before and after patient encounter) as well as using PPE (minimum gown and gloves) when interacting with patients suspected or confirmed to have MRSA helps to prevent the transmission to yourself and other patients.



Environmental Cleaning

Regular cleaning and disinfection of patient rooms, especially high touch surface areas is imperative to prevent spread of MRSA. Use a hospital-approved disinfectant to ensure effective disinfection. This includes PDI Super Sani-cloth ('purple top') which should be used in accordance with the manufacturer instructions (such as wet/dwell time).



Isolation Protocols

Patients confirmed to have MRSA should undergo proper isolation protocols, including but not limited to, being transferred to a private room, posting appropriate Contact Precaution signage.



Refer to [Contact Precautions](#) for Appropriate Contact Precaution Guidelines and Ready to Print PDFs.

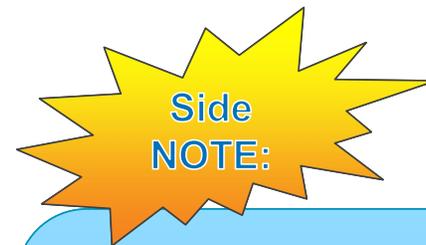


Proper Use of Antibiotics

Antibiotics should only be prescribed when clearly necessary and patients should be educated on appropriate antibiotic usage as inappropriate usage can increase MRSA's antibiotic resistance.



HPH's [Antimicrobial Stewardship Program](#) works to ensure the responsible use of antibiotics. For any questions or support, please contact [Melissa Le](#).



Hawai'i Department of Health (HDOH) highly recommends

Carbapenemase-Producing Organism (CPO) Colonization Screening



Surgical Site Infections (SSIs)

WHAT ARE SSIs?

- SSIs occur within 30 days of surgery at or near the incision site. SSI can occur up to 90 days after surgery depending on surgery type.
- Signs & symptoms can be superficial (e.g., redness, swelling at incision site). They can also be systemic (e.g., sepsis).
- Untreated SSIs can lead to severe complications and longer hospital stays.

WHY DO THEY MATTER?

- SSIs are among the most common healthcare-associated infections in surgical patients.
- Effective prevention with evidence-based practices—before, during, and after surgery—reduces SSI risk, supports faster recovery times, and improves patient outcomes.



Note:

Each facility will pick focused initiatives based on their compliance data

YOU CAN HELP PREVENT SURGICAL SITE INFECTIONS



Frequent Hand Hygiene

Hand hygiene before and after contact with patients is crucial for preventing SSIs, especially when interacting with patients who are undergoing surgery or are recovering from a surgical procedure.



Surgical Hand Antisepsis

Cleansing the skin with appropriate antiseptic agents (surgical scrub or surgical hand rub) before surgery and in accordance with manufacturer's instructions play a crucial role in SSI prevention. Avoid use of scrub brushes as literature shows that its use can promote bacterial shedding which can lead to SSIs.



Maintaining a Sterile Environment

- Ensure that a sterile environment is maintained. This includes:
 - Proper inspection and handling of all surgical instruments
 - Proper cleaning and disinfection of the OR
 - Adherence to proper OR attire

Refer to the [Single Use vs Reusable Sterile Instructions](#) and [Instrument Inspection Guidelines](#) for best practices in handling equipment safely and preventing infection.



Wound Care

Ensure patient understands how to care for their wound and properly assess the patient wound for possible signs of infection. Utilize resources like the [Daily Surgical Site Assessment](#) to consistently evaluate healing progress and identify potential issues early.



Patient Education

Educate patients to avoid touching the wound or dressings and to watch for signs of infection such as redness, swelling, warmth, pain, or discharge. Advise them to notify their surgeon immediately if any of these symptoms appear at the wound site.

More on Harms

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Hospital Acquired Conditions (HAC)

- **CMS PSI-90 (Claims Based)**

- Pressure Ulcer
- Iatrogenic Pneumothorax
- In Hospital Fall with Injury
- Postop Hemorrhage or Hematoma
- Postop Acute Kidney Injury
- Postop Respiratory Failure
- Peri-op Pulmonary Embolism or Deep Vein Thrombosis
- Postop Sepsis
- Postop Wound Dehiscence
- Abdominopelvic Puncture or Laceration

Infection (Manual Abstraction)

Central Line Associated Blood Stream Infection (CLABSI)

Catheter Acquired Urinary Tract Infection (CAUTI)

C. Difficile Infection (CDI)

Methicillin Resistant Staph Aureus (MRSA)

Surgical Site Infection (SSI)



HMSA Harm/ HAC

- Central Line Associated Blood Stream Infection (CLABSI)
- Catheter Acquired Urinary Tract Infection (CAUTI)
- C. Difficile Infection (CDI)
- Methicillin Resistant Staph Aureus (MRSA)

- Pressure Ulcer
- Hospital Acquired Injury
 - Falls with injury
 - Fractures
 - Dislocations
 - Intracranial Injuries
 - Crushing Injuries
 - Burn
 - Other Injuries
 - Unexpected Surgical Complications



Penalty:
Risk Adjusted
Scalable



Impact Across Payers

Payer	HAC/ HARM
CMS	Y
MQD	Y
HMSA	Y

Hospital Value Based Program (HVBP)

Domain	Weight
Clinical Outcomes	25%
Person & Community Engagement (HCAPS)	25%
Safety	25%
Efficiency & Cost Reduction (MSPB)	25%
Total	100%

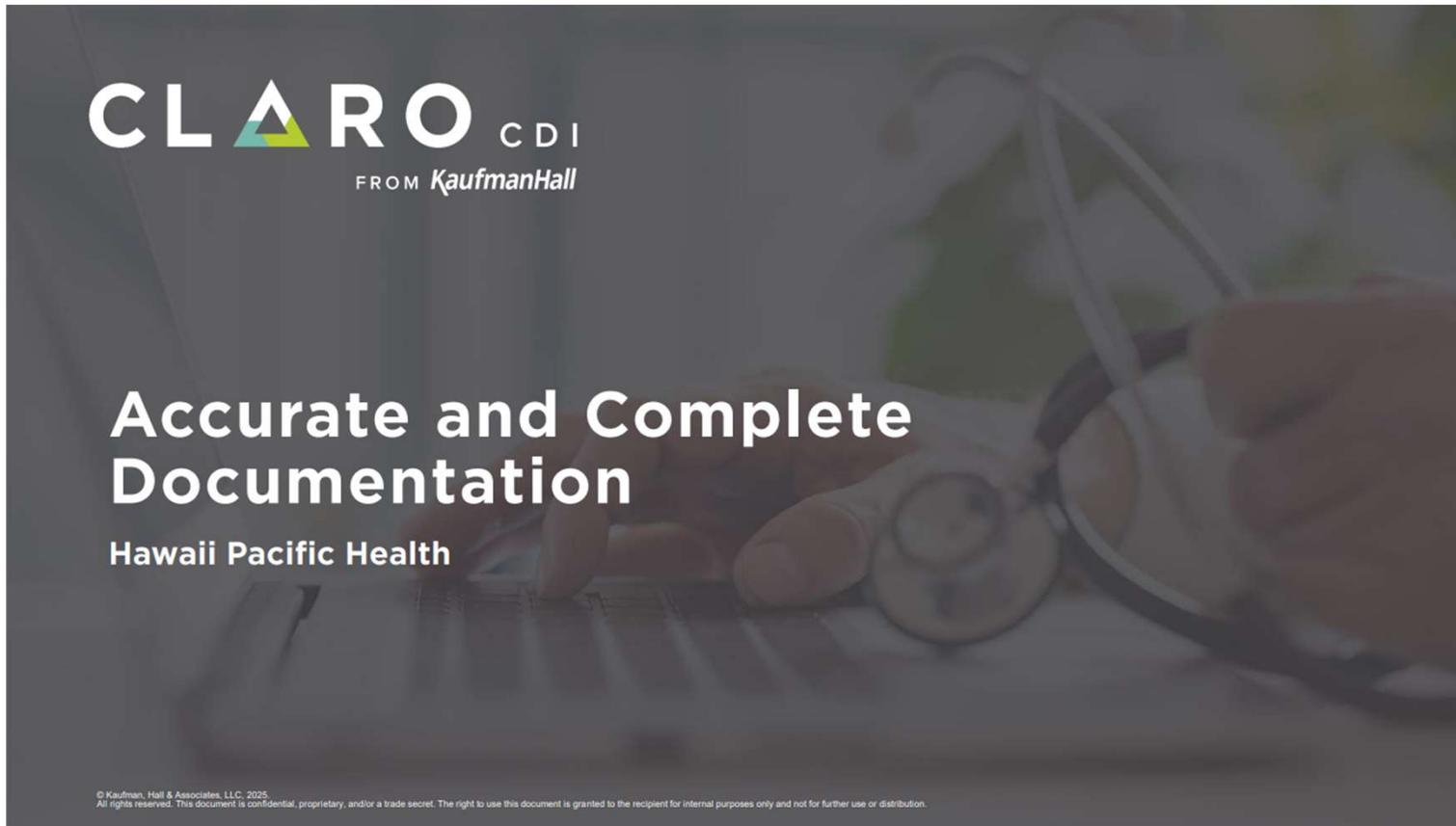
Clinical Outcomes	Person & Community Engagement (HCAHPS)	Safety	Efficiency & Cost Reduction (MSPB)
<ul style="list-style-type: none"> • 30-day Mortality for <ul style="list-style-type: none"> • AMI • CABG, • COPD, • Pneumonia, • Heart Failure • Complications <ul style="list-style-type: none"> • Total Hip Arthroplasty • Total Knee Arthroplasty 	<ul style="list-style-type: none"> • Overall Hospital Rating • Responsiveness of Hospital Staff • Communication about Medicines • Communication with Nurses • Communication with Doctors • Hospital Cleanliness and Quietness • Discharge Information • Transition of Care 	<ul style="list-style-type: none"> • Central Line Associated Blood Stream Infection (CLABSI) • Catheter Acquired Urinary Tract Infection (CAUTI) • C. difficile Infection (CDI) • Methicillin Resistant Staph Aureus (MRSA) • Surgical Site Infection (SSI) • Sepsis 	<ul style="list-style-type: none"> • Medicare Spending per Beneficiary

CMS HAC Penalty

- **1% reduction applied to all Medicare FFS inpatient payments**
 - Either you are penalized 1% or you're not
 - Hospitals in the **bottom 25%** are penalized
- **The most financially significant of the CMS penalties**



Documentation



CLARO CDI
FROM *KaufmanHall*

**Accurate and Complete
Documentation**

Hawaii Pacific Health

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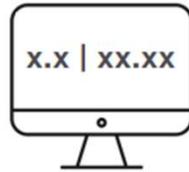
CLINICAL DOCUMENTATION IS CRITICAL

Your clinical documentation influences how third-party organizations interpret the quality of the care you provide.

Clinical Documentation



Coding



Quality Ratings



Reimbursement and Severity of Illness



Expected Mortality and LOS (GMLOS)



VBP, P4P, ACOs



Note: LOS = length of stay; GMLOS = geometric mean length of stay; VBP = value-based purchasing; P4P = pay for performance; ACO = accountable care organization.

Documentation of Present on Admission (POA) Indicator

Indicator	Description	Payment
Y	Diagnosis was present at time of inpatient admission.	Payment is made for condition when a HAC is present.
N	Diagnosis was not present at time of inpatient admission.	No payment is made for condition when a HAC is present.
U	Documentation insufficient to determine if condition was present at the time of inpatient admission.	No payment is made for condition when a HAC is present.
W	Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission.	Payment is made for condition when a HAC is present.

Harm / HAC
POA = U (Unknown)

Diagnosis	POA
• Cellulitis and abscess of toe of left foot	Yes
• C. difficile colitis	Unknown

Not Harm / Not HAC
POA = W (Unable to Clinically Determine)

Hospitalization complicated by C. difficile colitis. He was admitted with diarrhea and clinically undetermined if C diff was present on admission. Started on treatment with fidaxomicin with near resolution of his symptoms.

Final Diagnoses

Code	POA	Xcld	HAC
A04.72 - Enterocolitis due to Clostridium difficile, not specified as recurrent	W		N

Documentation and Hospital Acquired Injury



FALL

DOCUMENTING IF **POA**,
LINKING TO
PATHOLOGICAL PROCESS
(CANCER) OR
PERIPROSTHETIC
FRACTURE



PRESSURE INJURY

STAGING
ALLOW **WOUND**
SPECIALIST TO
DOCUMENT STAGE OF
PRESSURE INJURY



SKIN FAILURE DX

SKIN FAILURE MAY BE
MISTAKEN AS A
PRESSURE INJURY.
HOWEVER, **SKIN FAILURE**
IS DUE TO LACK OF
PERFUSION AND NOT
PRESSURE.

Zero preventable harm.
Every patient. Every day.



2026 HHP HQIP Primary Care and Specialist Dashboards

- The 2026 HQIP PCP and Specialist Dashboards will go live on **Saturday, Feb. 28**
- Please access your dashboard and monitor your HQIP performance throughout the program year
- Please contact Info@Hawaiihealthpartners.org for any questions or issues accessing the dashboards.



HHP Annual Membership Meeting (for HQIP credit)

- Contact Info@Hawaiihealthpartners.org if you have unavoidable clinical duties or other circumstances/events and are unable to attend.
- Poster presentations reflecting scholarly work or quality improvement projects by HHP physicians and their medical learners may be submitted until Saturday, Feb. 28. Contact Info@Hawaiihealthpartners.org for the submission form.



The graphic is a blue rectangle with white text. At the top right, it features the logos for 'HAWAI'I PACIFIC HEALTH' and 'HAWAI'I HEALTH PARTNERS' with the tagline 'CREATING A HEALTHIER HAWAI'I' below them. The main text is centered and reads: 'Save the Date' in a large, elegant script font; 'Hawai'i Health Partners Annual Meeting' in a bold, sans-serif font; 'Saturday, April 11, 2026' and '12 -5:30 p.m.' in a smaller sans-serif font; and 'HILTON HAWAIIAN VILLAGE TAPA BALLROOM' at the bottom in a small sans-serif font, with a horizontal line underneath.

Next HHP Webinar: (for HQIP credit)

May 2026 (Exact Date TBD)
HPV

By Dr. Jeffrey Killeen and Dr. Ann Chang

To view upcoming HHP webinars and future events, please visit our [Hawai'i Health Partners website](#) under the “**Events Calendar**” from the “For Providers” dropdown.

Thank you for joining us!

- A recording of the meeting will be available afterwards
- Unanswered question?
 - Contact us at info@hawaiihealthpartners.org