SOAP UP
Hand Hygiene and Sepsis

Sept. 19, 2017
Agenda

• Welcome, Introductions & Housekeeping
• UP Campaign Overview
• SOAP UP Webinar Series Recap
• Hand Hygiene and Sepsis
• SOAP UP Resources & Support
• What’s UP Next?
Indiana’s Bold Aim

To make Indiana the safest place to receive health care in the United States... if not the world
UP Campaign
UP Campaign

Goal: Simplify safe care and streamline cross-cutting interventions to reduce the risk for multiple patient harms

- **WAKE UP**: Reducing unnecessary sleepiness and sedation through opioid and sedative safe practices
- **GET UP**: Mobilizing patients to recover faster through progressive mobility plans
- **SOAP UP**: Implementing appropriate hand hygiene to reduce the spread of infection
IHA Launches UP Campaign

- Supports Hospital Improvement Innovation Network (HIIN) harm reduction efforts
- June 6 Indiana Patient Safety Summit Kick-off
- Strategic Deployment of Three Campaigns:
  - SOAP UP 3Q 2017
  - GET UP 4Q 2017
  - WAKE UP 1Q 2018
c. Difficile (CDI)

Catheter-Associated Urinary Tract Infection (CAUTI)

Surgical Site Infection (SSI)

Ventilator-Associated Events (VAE)

Central Line Blood-Stream Infection (CLABSI)

Sepsis

Multi-drug Resistant Organisms (MDRO)

Hand Hygiene

S O A P - U P
Access to UP Campaign Materials

IHA SOAP UP Webinar Series

As a portion of IHA’s SOAP UP efforts for 3rd quarter, we are hosting a webinar series.

- **July 18, 2017**
  - Topic: Indiana Hospital Survey Results and Reliable Data Collection
  - [Download slides or view the recording](#)

- **August 8, 2017**
  - Topic: Hand Hygiene Culture and Speaking Up
  - [Download slides or view the recording](#)

- **September 5 at 3 p.m. ET**
  - Topic: Accountability: Connecting Practice to HAIs and Costs to Organization
  - [Download slides or view the recording](#)

- **September 19 at 3 p.m. ET**
  - Dial-In: 888-441-7458
  - ![Participant link](#)
  - Topic: Connecting Hand Hygiene and Sepsis

[https://www.ihaconnect.org/patientsafety/Initiatives/Pages/UP-Campaign.aspx](https://www.ihaconnect.org/patientsafety/Initiatives/Pages/UP-Campaign.aspx)
Hand Hygiene in Healthcare Settings

According to the CDC,

• On average, healthcare providers clean their hands less than half of the times they should

• On any given day, **about one in 25 patients as at least one healthcare-associated infection**
Global Survey Themes

• Reliable Data Collection
• Hand Hygiene Culture and Speaking Up
• Accountability: Connecting Practice to HAI and Costs to the Organization
Engaging Hospital Teams
Engaging Patients & Families

Bottle, Process, Encourage Patients, Handouts
Wash, Nursing Staff, Education, Not Doing
Hand Hygiene, Given Rooms, Opportunity
Ask, Foam, Packet, CDC Clean Hands Count

IHAconnect.org/Quality-Patient-Safety
Reliable Data Collection
Lessons Learned – Peer Sharing
Courtesy of IU Health (system approach) and Franciscan Health Michigan City

• Validate observers - intentional training
• Observe units other than “home base”
• Standardize education while also permitting individual creativity and innovation
• “All Hands on Deck” – hand hygiene belongs to everyone as the role of the Infection Preventionist is changing
• Have FUN!

IHACconnect.org/Quality-Patient-Safety
Lessons Learned – Peer Sharing
Courtesy of IU Health (system approach) and Franciscan Health Michigan City

- Keep measurement simple
- Leverage technology when possible
- Incorporate surveillance with existing processes
- Empower staff to provide immediate, on-the-spot peer performance feedback and education – use hand signals
Hand Hygiene Data Validity Call to Action

• Critically evaluate your current process
  What is working, what is NOT working?
  Are results reliable/accurate?
• Assess new strategy for feasibility to incorporate at your organization

Chat in how you have responded to the July SOAP UP Call to Action
Safety Culture & Speaking Up
What is your Hand Hygiene Culture?

- Who owns hand hygiene at your organization?
- How is your senior leadership engaged with hand hygiene efforts?
- Does your team recognize and link hand hygiene to health outcomes?

How is your staff speaking up?

- How do you provide staff with performance feedback whether individual, unit level or hospital-wide?
- How are you coaching your team to speak up for safety?
- Does your team use universal language for peer-to-peer observation findings?
• Have fun - Be a Lifesaver!
• The ability to access materials to perform hand hygiene is something that not everyone has across the globe
• Transparency & posting compliance publicly - sends message of organizational commitment
• A multidisciplinary approach is essential
• EVERYONE owns hand hygiene!
Lessons Learned – Peer Sharing

Courtesy of IU Health Blackford Hospital and Elkhart General Hospital

Be a Lifesaver
Clean Hands Save Lives
Safety Culture & Speaking Up

Call to Action

• Evaluate how you are engaging both clinical and non-clinical personnel in a FUN WAY!
• Conduct a small test of change to provide immediate, non-punitive performance feedback not only when hand hygiene is not conducted but also when it IS done
• Implement a new visual strategy to communicate success and opportunities to front-line staff

Chat in how you have responded to the August SOAP UP Call to Action
Accountability & Connecting to HAI
### Accountability and Connecting to HAI

#### Think Tank Prompt

<table>
<thead>
<tr>
<th>What is your process to hold teammates accountable for hand hygiene?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• How do you provide staff with performance feedback whether individual, unit level or hospital-wide?</td>
</tr>
<tr>
<td>• Do you link and share identified HAI with individuals involved with care?</td>
</tr>
<tr>
<td>• Who coaches teammates for accountability?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How are you sharing the fiscal and personal impact of HAI to your teams?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• How do you link hand hygiene to health outcomes?</td>
</tr>
<tr>
<td>• If your hospital has received value-based purchasing or hospital-acquired condition reimbursement penalties, is this shared with your team and if so, how?</td>
</tr>
<tr>
<td>• How do you personalize HAI events beyond reporting rates?</td>
</tr>
</tbody>
</table>
Lessons Learned – Peer Sharing

Courtesy of The Women’s Hospital and Deaconess Hospital

• Hand Hygiene compliance results often follow stages of grief

• Leadership is essential to permit transparency, set standards so that the safety culture supports accountability for ALL

• Build strong multidisciplinary teams

• Leverage community partnerships

• Analyze performance data and link to outcomes
Lessons Learned – Peer Sharing
Courtesy of The Women’s Hospital and Deaconess Hospital

“PAY IT FORWARD AND PASS THE PACKET”

As we continue to strive for excellent patient care, IU Health has implemented a hospital-wide program to meet the new “Non-Stopables” standard of hand hygiene. This means that hand hygiene and hand hygiene observation are required to deliver the best possible care for our patients. Safety. You have been selected to be a “Hand Chaser” and collect hand hygiene observations. Everyone must participate.

INSTRUCTIONS
1. Do Observation a month (i.e., 13 a week). Forms can be found in Infection Control.
2. Fax or interdepartmental email observation forms to Infection Control by end of the month they were completed.
3. At the end of the month after your forms are submitted, YOU get to pay it forward and give Keeper to the next person you selected, as we will need to keep track of ongoing observations. ANY staff (housekeeping, EVS, dietary, social services, admissions, purchasing, etc.) that we appointed to your area can participate as “KEEP IT UP.” Please return packet before passing it off. Be sure to physically hand off this packet (don’t email or mail them).

NOTE: Based on our hospital data, the estimated number of hand hygiene opportunities in 5 months time is: NICU: 507, 300 ADULT & WELL BABY: 302, 300

Thank you for all of your hard work and help in implementing this program.
Your efforts are greatly appreciated!

Annette Carter
Phone: (219) 647-6590
Fax: (219) 842-4482

CERTIFICATE OF COMPLETION

This certificate is presented for your successful participation in Hand Hygiene Observation.

To ____________________________

Thank you for your participation in keeping our patients safe and making IU Health great!

Date: __________________________

IHAconnect.org/Quality-Patient-Safety
CELEBRATE!

Free Smoothie
This coupon is good for one smoothie at The Women’s Hospital Coffee Shop.
Good for one visit only—no change will be given.

Date: ___________________________ Department: ___________________________
Issued by: __________________________

NICU CLABSI Rates

Year | 2013 | 2014 | 2015 | 2016 | 2017 FB
--- | --- | --- | --- | --- | ---
# of culture positive | 5 | 2 | 5 | 0 | 0
# of line days | 1,426 | 2,051

Of interest – there were 1,426 line days in 2015, compared to 2,051 line days in 2016!
Accountability & Connecting to HAI

Call to Action

• Assess how you are reporting HAI within ALL levels of your organization
• Make the connection of HAI with the human/personal impact – consider reporting in raw numbers versus rates, percentages or deciles
• While HAI prevention is multifaceted, challenge your team to decrease HAI through proper hand hygiene practices
• Consider reporting HAI incidents back to ALL staff caring for that patient for practice reflection and to assist with RCA
How are you incorporating SOAP UP within your organization?
Franciscan Health Rensselaer
St. Catherine – East Chicago
St. Catherine – East Chicago
Hand Hygiene & Sepsis

#SEPSISPREVENTION

SOAP UP

#SEPSISPREVENTION
Why Does IHA Focus On Sepsis?

• Since 2008, IHA has tracked sepsis mortality in Indiana’s hospitals as the leading cause of inpatient deaths

• In 2015, IHA’s Council on Quality and Patient Safety restated its commitment to reduce sepsis mortality in Indiana
  – Sepsis is the most frequent inpatient discharge, aside from deliveries
  – Over 3,000 Hoosiers died in hospitals from sepsis in 2016
  – In 2016, there were more inpatient deaths from sepsis from any other diagnosis
  – The average charges for an inpatient with a sepsis diagnosis in Indiana was about $44,000
NEW Sepsis Mortality Reports
How is Sepsis Defined for Measurement?

• **Type of Patient** – all Indiana acute care hospitals’ inpatients

• **Source of Infection** – includes community and hospital acquired

• **Definition** – inpatient discharges that group to the All-Payer Refined DRG 720 – Septicemia

• Excludes patients coded as palliative care
What Do the New Reports Track?

• State Trends
• Patient Safety Coalition Trends
• Hospital specific information
  – Compared to coalition, state and benchmark rates
  – Trend lines over time
  – Select action-oriented patient demographics
For calendar year 2018, Indiana hospitals will achieve a collective septicemia mortality rate of 5% or below.

NOTE: Septicemia mortality is calculated using all discharges grouped to APR-DRG 720 Septicemia, excluding records with a diagnosis code V66.7 ICD-9-CM and Z51.5 ICD-10 Palliative Care.

IHIA Inpatient Discharge Study
Statewide Sepsis Mortality Rates

Total Sepsis Patients VS. Sepsis Deaths

Year of Discharge Date

Total Sepsis Patients VS. Sepsis Mortality Rate
# All Coalition Comparison

<table>
<thead>
<tr>
<th>Quarter of Discharge Date</th>
<th>2016 Q2</th>
<th>2016 Q3</th>
<th>2016 Q4</th>
<th>2017 Q1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Central Southwest Indiana Patient Safety Coalition</strong></td>
<td>19</td>
<td>15</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td><strong>Community Patient Safety Coalition of Southwestern IN/KY</strong></td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td><strong>Eastern Indiana Patient Safety Coalition</strong></td>
<td>10</td>
<td>12</td>
<td>14</td>
<td>12</td>
</tr>
<tr>
<td><strong>Indianapolis Coalition for Patient Safety</strong></td>
<td>7</td>
<td>9</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>North Central Indiana Patient Safety Coalition</strong></td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td><strong>Northeast Indiana Patient Safety Coalition</strong></td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td><strong>Northwest Indiana Patient Safety Coalition</strong></td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td><strong>South Central Indiana Patient Safety Coalition</strong></td>
<td>9</td>
<td>9</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td><strong>Southeastern Indiana Patient Safety Coalition</strong></td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td><strong>Suburban Health Organization Clinical Excellence</strong></td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td><strong>West Central Indiana Patient Safety Coalition</strong></td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>coalition</th>
<th>Sepsis Patients that Died</th>
<th>Total Sepsis Patients</th>
<th>Sepsis Mortality Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Southwest Indiana Patient Safety Coalition</td>
<td>30</td>
<td>209</td>
<td>14.35%</td>
</tr>
<tr>
<td>Community Patient Safety Coalition of Southwestern IN/KY</td>
<td>53</td>
<td>702</td>
<td>5.97%</td>
</tr>
<tr>
<td>Eastern Indiana Patient Safety Coalition</td>
<td>63</td>
<td>584</td>
<td>10.76%</td>
</tr>
<tr>
<td>Indianapolis Coalition for Patient Safety</td>
<td>109</td>
<td>1,694</td>
<td>11.31%</td>
</tr>
<tr>
<td>North Central Indiana Patient Safety Coalition</td>
<td>48</td>
<td>603</td>
<td>7.37%</td>
</tr>
<tr>
<td>Northeast Indiana Patient Safety Coalition</td>
<td>53</td>
<td>699</td>
<td>7.37%</td>
</tr>
<tr>
<td>Northwest Indiana Patient Safety Coalition</td>
<td>96</td>
<td>1,046</td>
<td>8.62%</td>
</tr>
<tr>
<td>South Central Indiana Patient Safety Coalition</td>
<td>87</td>
<td>994</td>
<td>9.93%</td>
</tr>
<tr>
<td>Southeastern Indiana Patient Safety Coalition</td>
<td>20</td>
<td>318</td>
<td>7.37%</td>
</tr>
<tr>
<td>Suburban Health Organization Clinical Excellence</td>
<td>47</td>
<td>464</td>
<td>10.13%</td>
</tr>
<tr>
<td>West Central Indiana Patient Safety Coalition</td>
<td>38</td>
<td>380</td>
<td>7.37%</td>
</tr>
</tbody>
</table>

*Blanks indicate there were no sepsis patients in the timeframe.*
The Statewide Benchmark is the 10th percentile rate of all hospitals’ sepsis mortality rates arrayed from lowest to highest. Hospitals must have 10 or more cases annually to be included in the ranking.
What action-oriented demographic detail would you like to see included, such as age, race, ethnicity, language, etc.?
What are you planning?
IHA asks that during the month, your team

1. Conduct a staff development activity

2. Engage community through outreach

2017 Toolkit & Resources Available by visiting HERE

IHAconnect.org/Quality-Patient-Safety
2016 Rally Against Sepsis
World Sepsis Day – Sept. 13, 2017
2017 Rally Against Sepsis
2017 Rally Against Sepsis
2017 Sepsis Spotlight
Sepsis Toolkit

https://www.ihaconnect.org/patientsafety/Initiatives/Pages/Survive-Sepsis.aspx

Sepsis is a public health issue.
It is more common than heart attacks and claims more lives than prostate cancer, breast cancer and AIDS combined.
Yet, in even the most developed countries, fewer than half of the population has heard of it.
2017 Sepsis Awareness Toolkit

https://www.ihaconnect.org/patientsafety/Initiatives/Pages/Sepsis.aspx

Use these hashtags throughout the month:
#SurviveSepsis #SaferHoosiers #SepsisAwarenessMonth
Partnering to Heal


How the training works

The training focuses on prevention of surgical site infections, central line-associated bloodstream infections, ventilator-associated pneumonia, catheter-associated urinary tract infections, Clostridium difficile and methicillin-resistant Staphylococcus aureus (MRSA). In addition, it includes information on basic protocols for universal precautions and isolation precautions to protect patients, visitors, and practitioners from the most common disease transmissions. The training promotes these key behaviors:

- Teamwork;
- Communication;
- Hand washing;
- Vaccination against the flu;
- Appropriate use of antibiotics; and
- Proper insertion, maintenance, and removal of devices, such as catheters and ventilators.

Users assume the identity of characters in a computer-based video-simulation and make decisions as each of those characters. Based upon their decisions, the storyline branches to different pathways and patient outcomes. The training may be used by groups in facilitated training sessions and by individuals as a self-paced learning tool. While each of the five character segments can be done in about an hour, it may be desirable to schedule more time in order to allow for extended discussion.
Centers for Disease Control and Prevention

Hand Hygiene in Healthcare Settings

Practicing hand hygiene is a simple yet effective way to prevent infections. Cleaning your hands can prevent the spread of germs, including those that are resistant to antibiotics and are becoming difficult, if not impossible, to treat. On average, healthcare providers clean their hands less than half of the times they should. On any given day, about one in 26 hospital patients has at least one healthcare-associated infection.

World Hand Hygiene Day is May 5th. The Clean Hands Count Campaign will offer a new video and education course for healthcare providers. Join CDC to promote hand hygiene using #CleanHandsCount @CDCgov

HEALTHCARE PROVIDERS
When and how to practice hand hygiene

SHOW ME THE SCIENCE
The truth about hand hygiene

PATIENTS
How to ask questions and protect yourself

CLEAN HANDS COUNT CAMPAIGN
Materials to promote hand hygiene

https://www.cdc.gov/handhygiene/index.html
Association for Professionals in Infection Control and Epidemiology - APIC

APIC Indiana
Recommended Guidance for Hand Hygiene Measurement in Indiana

With this document focuses on the process of hand hygiene the ultimate aim is to reduce harm from preventable healthcare-acquired infections.

These are recommended guidelines and resources to assist healthcare facilities in Indiana to adopt best practices with hand hygiene measurement. These guidelines should be tailored to your facility and can be used by the annual planning of improvement activities that are driven by the risk assessment process. This is an evolving document that will be tested in various regions within Indiana.

As we continue to gain additional expertise and learn best practices, this document may be revised to continue to improve the measurement of hand hygiene in Indiana.

Background
Hand hygiene has long been recognized as the most important method to reduce the transmission of organisms within healthcare facilities. Acquiring adherence to hand hygiene is one of the foundational elements in the delivery of safe healthcare. However, measuring hand hygiene is a very complex process and requires feedback and rigorous data collection to determine the effectiveness of current systems.

According to AHCA standards of participation, healthcare facilities must determine which best practices standard will be used to guide their hand hygiene program. Regardless of the AHCA guidance for hand hygiene in healthcare facilities, the World Health Organization guidelines are known as the global standards to follow and are evidence-based principles.

APIC Indiana has recommended the following strategies for addressing hand hygiene measurements:

1. Measurements
   a. Measurement of compliance to hand hygiene
   b. Measurement of hand hygiene practice
   c. Measurement of hand hygiene education

APIC Indiana recommends that measurement includes the 5 moments, as documented in the moments that can be difficult to measure opportunities for hand hygiene entry and exit, however including the moments beyond entry and exit where transmission will provide critical information about hand hygiene performance. Accept that the majority of the measurement opportunities occur outside the procedure.

http://apic.org/

https://apicin.org/index.php
IHA Resource Sheet

SOAP UP

Effective hand hygiene decreases the risk of infection and can help prevent several harm events:

- CDI
- CAUTI
- CLABSI
- MRSA
- Sepsis
- SS and VAE

SOAP UP promotes appropriate hand hygiene to reduce the spread of infection.

There are many resources available at HRET-HILIN.org, including those below, to help your organization address these harm events and engage with the UP Campaign.

SOAP UP Resources

<table>
<thead>
<tr>
<th>Topic</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to the UP Campaign</td>
<td><a href="https://www.youtube.com/watch?v=ETCRb0kYhSg">https://www.youtube.com/watch?v=ETCRb0kYhSg</a> or</td>
</tr>
<tr>
<td>C. Difficile (CDI)</td>
<td><a href="http://www.hret-hilin.org/topics/Clostridium-difficile-infection.shtml">http://www.hret-hilin.org/topics/Clostridium-difficile-infection.shtml</a></td>
</tr>
<tr>
<td>Multi-drug-Resistant Organisms (MDRO)</td>
<td><a href="http://www.hret-hilin.org/topics/multi-drug-resistant-organisms.shtml">http://www.hret-hilin.org/topics/multi-drug-resistant-organisms.shtml</a></td>
</tr>
<tr>
<td>Sepsis</td>
<td><a href="http://www.hret-hilin.org/topics/sepsis.shtml">http://www.hret-hilin.org/topics/sepsis.shtml</a></td>
</tr>
<tr>
<td>Surgical Site Infection (SSI)</td>
<td><a href="http://www.hret-hilin.org/topics/Surgical-site-infection.shtml">http://www.hret-hilin.org/topics/Surgical-site-infection.shtml</a></td>
</tr>
<tr>
<td>Ventilator-Associated Events (VAE)</td>
<td><a href="http://www.hret-hilin.org/topics/ventilator-associated-event.shtml">http://www.hret-hilin.org/topics/ventilator-associated-event.shtml</a></td>
</tr>
</tbody>
</table>

Handwashing How-To and Education:

Health Care Workers:
- Health Research & Educational Trust (HRET) Hospital Improvement Innovation Network (HIIN) UP Campaign
  - All UP Campaign Resources: [http://www.hret-hilin.org/engage/up-campaign.shtml](http://www.hret-hilin.org/engage/up-campaign.shtml)

Patients, Visitors, and the Community:
- CDC Hand Hygiene Tips:
  - [https://www.cdc.gov/features/handwashing/index.html](https://www.cdc.gov/features/handwashing/index.html)
  - [https://www.cdc.gov/handwashing/when-have-handwashing.html](https://www.cdc.gov/handwashing/when-have-handwashing.html)
Social Media Messaging

- IHA has created messaging for both general public, health care providers
  [https://www.ihaconnect.org/patientsafety/Initiatives/Pages/UP-Campaign.aspx](https://www.ihaconnect.org/patientsafety/Initiatives/Pages/UP-Campaign.aspx)

- Messaging provided for various formats:
  - Twitter
  - Facebook
  - LinkedIn
FREE Fall Pre-Conference - Sponsored by IHA
October 12, 2017
12:00 – 4:00 p.m.
Indianapolis Marriott North

Cultivating Infection Preventionist as Improvement Leaders

Featuring Jackie Conrad,
Cynosure Health Improvement Advisor

To register for this FREE event, email, Rhonda Blevins, Rhonda.Blevins@Parkview.com

October 13, 2017
7:30 a.m. – 4:00 p.m.

Indianapolis Marriott North
3645 River Crossing Parkway
Indianapolis, IN 46240

To access the agenda and register, visit:
What’s UP Next? GET UP!

GET UP focuses on mobilizing patients to return to function more quickly

Keeping a patient mobile is key to helping them avoid various types of harm

Maintaining a continued emphasis on mobility can assist in the prevention of multiple harms

GET UP: Improving Mobility in Indiana

Webinar Dates:

• October 10 at 3 p.m. ET
• October 31 at 3 p.m. ET
• November 14 at 3 p.m. ET
• December 12 at 3 p.m. ET

Use the following to join each installment in the series:

Dial in number: (888) 645-4404  Participant link: https://join.onstreammedia.com/go/68131182/improvingmobilityinindiana
Our IPSC Team

Becky Hancock
Patient Safety & Quality Advisor
317-423-7799
rhancock@IHAconnect.org

Annette Handy
Clinical Director
317-423-7795
ahandy@IHAconnect.org

Karin Kennedy
Administrative Director
317-423-7737
k kennedy@IHAconnect.org

Patrick Nielsen
Patient Safety Data Analyst
317-423-7740
pnielsen@IHAconnect.org

Kim Radant
Special Projects
Patient Safety & Quality Advisor
317-423-7740
kradant@IHAconnect.org

Matt Relano
Patient Safety Intern
317-974-1420
mrelano@IHAconnect.org

Cynthia Roush
Patient Safety Support Specialist
317-423-7798
croush@IHAconnect.org

Madeline Wilson
Patient Safety & Quality Advisor
317-974-1407
mwilson@IHAconnect.org