ALLIANT HEALTH SOLUTIONS | HQIC Hospital Quality Improvement Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

HQIC Patient Safety Network: HAI Reduction Focus

Welcome!

- All lines are muted, so please ask your questions in Q&A.
- For technical issues, chat to the 'Technical Support' panelist.
- Please actively participate in polling questions that pop up on the lower right-hand side of your screen.

We will get started shortly!

HQIC Infection Prevention: HAI Reduction Focus

Amy Ward, MS, BSN, RN, CIC

Rhonda Bowen, CIC, CPPS, CPHQ, CPHRM

March 10, 2022

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Hospital Quality Improvement

Welcome from all of us!

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KONZA

HAI Reduction Co-Leads

Amy Ward, MS, BSN, RN, CIC

INFECTION PREVENTION SPECIALIST

Amy is a registered nurse with a diverse background in acute care nursing, microbiology, epidemiology and infection control. She is passionate about leading and mentoring new and future infection preventionists in their career paths.

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Rhonda Bowen, BSHS, CIC, CPPS, CPHQ, CPHRM

SENIOR IMPROVEMENT ADVISOR, PATIENT SAFETY

Rhonda has worked in rural and critical access hospitals for over 30 years and has directed patient safety, quality and infection prevention and control for the past 14 years. She is passionate about all aspects of patient safety and infection prevention and control, especially the effects of health literacy and organizational safety culture on patient outcomes.

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Learning Objectives

- Learn Today:
  - Review data and current HAI progress report
  - Review tools and resources available
    - Gap assessment tools
    - Process discovery tool
    - Practice guidelines
    - Surveillance methods
    - Data reporting and analysis
    - Patient and family education

2020 National and State HAI Progress Report

Between 2019 and 2020:

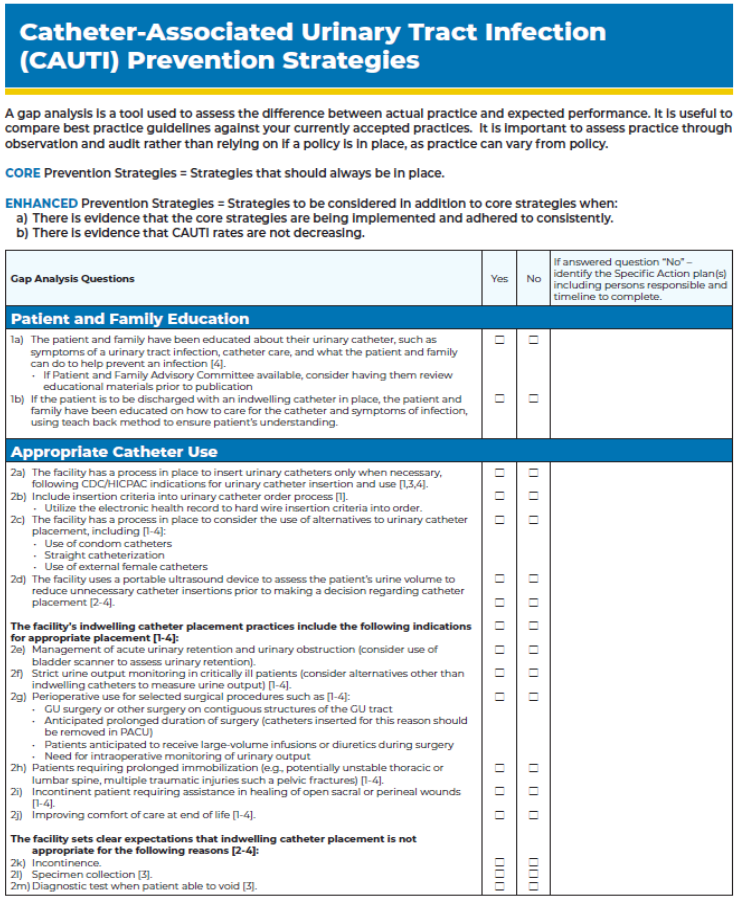
- 24% increase in CLABSI
  - Largest increase in ICUs (50%)
- 15% increase in MRSA Bacteremia
- Overall, no significant increase in CAUTI
  - 10% increase in ICU
- 11% decrease in CDI
- SUR for central lines was 0.901
- SUR for urinary catheters was 0.835

CAUTI Gap Assessment

An in-depth review of current practices versus the evidence-based guidelines:

- Patient and Family Education
- Appropriate Catheter Use
- Catheter Insertion Practices
- Catheter Maintenance Practices
- Urine Culturing Practices
- Indwelling Catheter Removal
- Documentation
- Staff Education
- Monitoring and Evaluation
- Infrastructure

Any ‘No’ answers should have action plans developed with a timeline and person responsible.



Catheter-Associated Urinary Tract Infection (CAUTI) Prevention Strategies

A gap analysis is a tool used to assess the difference between actual practice and expected performance. It is useful to compare best practice guidelines against your currently accepted practices. It is important to assess practice through observation and audit rather than relying on if a policy is in place, as practice can vary from policy.

CORE Prevention Strategies = Strategies that should always be in place.

ENHANCED Prevention Strategies = Strategies to be considered in addition to core strategies when:
a) There is evidence that the core strategies are being implemented and adhered to consistently.
b) There is evidence that CAUTI rates are not decreasing.

Gap Analysis Questions	Yes	No	If answered question "No" – identify the Specific Action plan(s) including persons responsible and timeline to complete.
Patient and Family Education			
1a) The patient and family have been educated about their urinary catheter, such as symptoms of a urinary tract infection, catheter care, and what the patient and family can do to help prevent an infection [4]. · If Patient and Family Advisory Committee available, consider having them review educational materials prior to publication	☐	☐	
1b) If the patient is to be discharged with an indwelling catheter in place, the patient and family have been educated on how to care for the catheter and symptoms of infection, using teach back method to ensure patient's understanding.	☐	☐	
Appropriate Catheter Use			
2a) The facility has a process in place to insert urinary catheters only when necessary, following CDC/HICPAC indications for urinary catheter insertion and use [1,3,4].	☐	☐	
2b) Include insertion criteria into urinary catheter order process [1]. · Utilize the electronic health record to hard wire insertion criteria into order.	☐	☐	
2c) The facility has a process in place to consider the use of alternatives to urinary catheter placement, including [1-4]: · Use of condom catheters · Straight catheterization · Use of external female catheters	☐	☐	
2d) The facility uses a portable ultrasound device to assess the patient's urine volume to reduce unnecessary catheter insertions prior to making a decision regarding catheter placement [2-4].	☐	☐	
	☐	☐	
The facility's indwelling catheter placement practices include the following indications for appropriate placement [1-4]:	☐	☐	
2e) Management of acute urinary retention and urinary obstruction (consider use of bladder scanner to assess urinary retention).	☐	☐	
2f) Strict urine output monitoring in critically ill patients (consider alternatives other than indwelling catheters to measure urine output) [1-4].	☐	☐	
2g) Perioperative use for selected surgical procedures such as [1-4]: · GU surgery or other surgery on contiguous structures of the GU tract · Anticipated prolonged duration of surgery (catheters inserted for this reason should be removed in PACU) · Patients anticipated to receive large-volume infusions or diuretics during surgery · Need for intraoperative monitoring of urinary output	☐	☐	
2h) Patients requiring prolonged immobilization (e.g., potentially unstable thoracic or lumbar spine, multiple traumatic injuries such a pelvic fractures) [1-4].	☐	☐	
2i) Incontinent patient requiring assistance in healing of open sacral or perineal wounds [1-4].	☐	☐	
2j) Improving comfort of care at end of life [1-4].	☐	☐	
The facility sets clear expectations that indwelling catheter placement is not appropriate for the following reasons [2-4]:			
2k) Incontinence.	☐	☐	
2l) Specimen collection [3].	☐	☐	
2m) Diagnostic test when patient able to void [3].	☐	☐	

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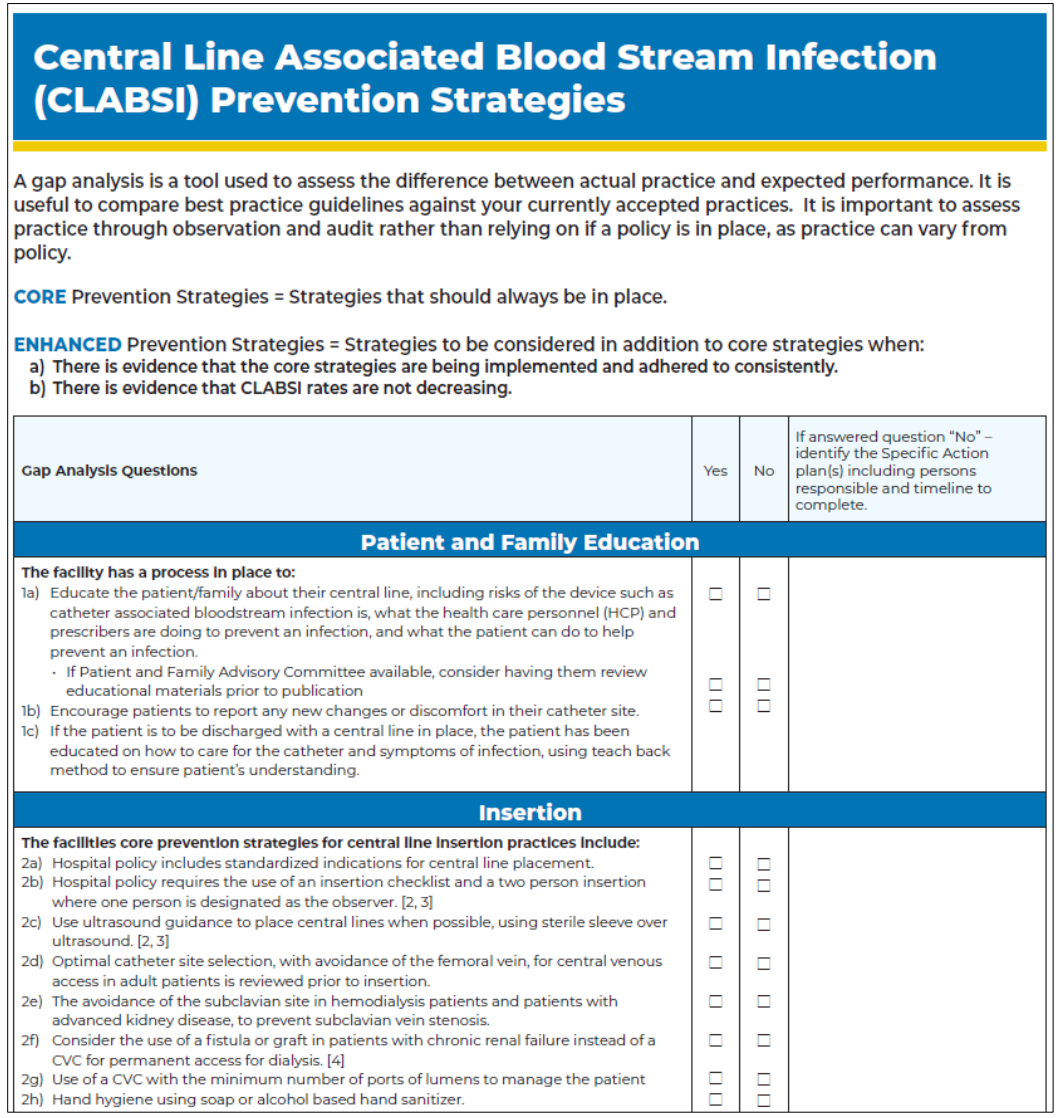
CLABSI Gap Assessment



Central Line Associated Blood Stream Infection (CLABSI) Prevention Strategies

A gap analysis is a tool used to assess the difference between actual practice and expected performance. It is useful to compare best practice guidelines against your currently accepted practices. It is important to assess practice through observation and audit rather than relying on if a policy is in place, as practice can vary from policy.

CORE Prevention Strategies = Strategies that should always be in place.

ENHANCED Prevention Strategies = Strategies to be considered in addition to core strategies when:
a) There is evidence that the core strategies are being implemented and adhered to consistently.
b) There is evidence that CLABSI rates are not decreasing.

Gap Analysis Questions	Yes	No	If answered question "No" – identify the Specific Action plan(s) including persons responsible and timeline to complete.
Patient and Family Education			
The facility has a process in place to:			
1a) Educate the patient/family about their central line, including risks of the device such as catheter associated bloodstream infection is, what the health care personnel (HCP) and prescribers are doing to prevent an infection, and what the patient can do to help prevent an infection.	☐	☐	
· If Patient and Family Advisory Committee available, consider having them review educational materials prior to publication	☐	☐	
1b) Encourage patients to report any new changes or discomfort in their catheter site.	☐	☐	
1c) If the patient is to be discharged with a central line in place, the patient has been educated on how to care for the catheter and symptoms of infection, using teach back method to ensure patient's understanding.			
Insertion			
The facilities core prevention strategies for central line insertion practices include:			
2a) Hospital policy includes standardized indications for central line placement.	☐	☐	
2b) Hospital policy requires the use of an insertion checklist and a two person insertion where one person is designated as the observer. [2, 3]	☐	☐	
2c) Use ultrasound guidance to place central lines when possible, using sterile sleeve over ultrasound. [2, 3]	☐	☐	
2d) Optimal catheter site selection, with avoidance of the femoral vein, for central venous access in adult patients is reviewed prior to insertion.	☐	☐	
2e) The avoidance of the subclavian site in hemodialysis patients and patients with advanced kidney disease, to prevent subclavian vein stenosis.	☐	☐	
2f) Consider the use of a fistula or graft in patients with chronic renal failure instead of a CVC for permanent access for dialysis. [4]	☐	☐	
2g) Use of a CVC with the minimum number of ports of lumens to manage the patient	☐	☐	
2h) Hand hygiene using soap or alcohol based hand sanitizer.	☐	☐	

The CLABSI Gap Assessment is an in-depth review of current practices versus the recommended prevention guidelines.

- Patient and Family Education
- Insertion
- Access/Maintenance
- Documentation
- Monitoring and Evaluation
- Staff Education
- Infrastructure

Any 'No' answers should have action plans developed that include a person responsible and a timeline for completion.

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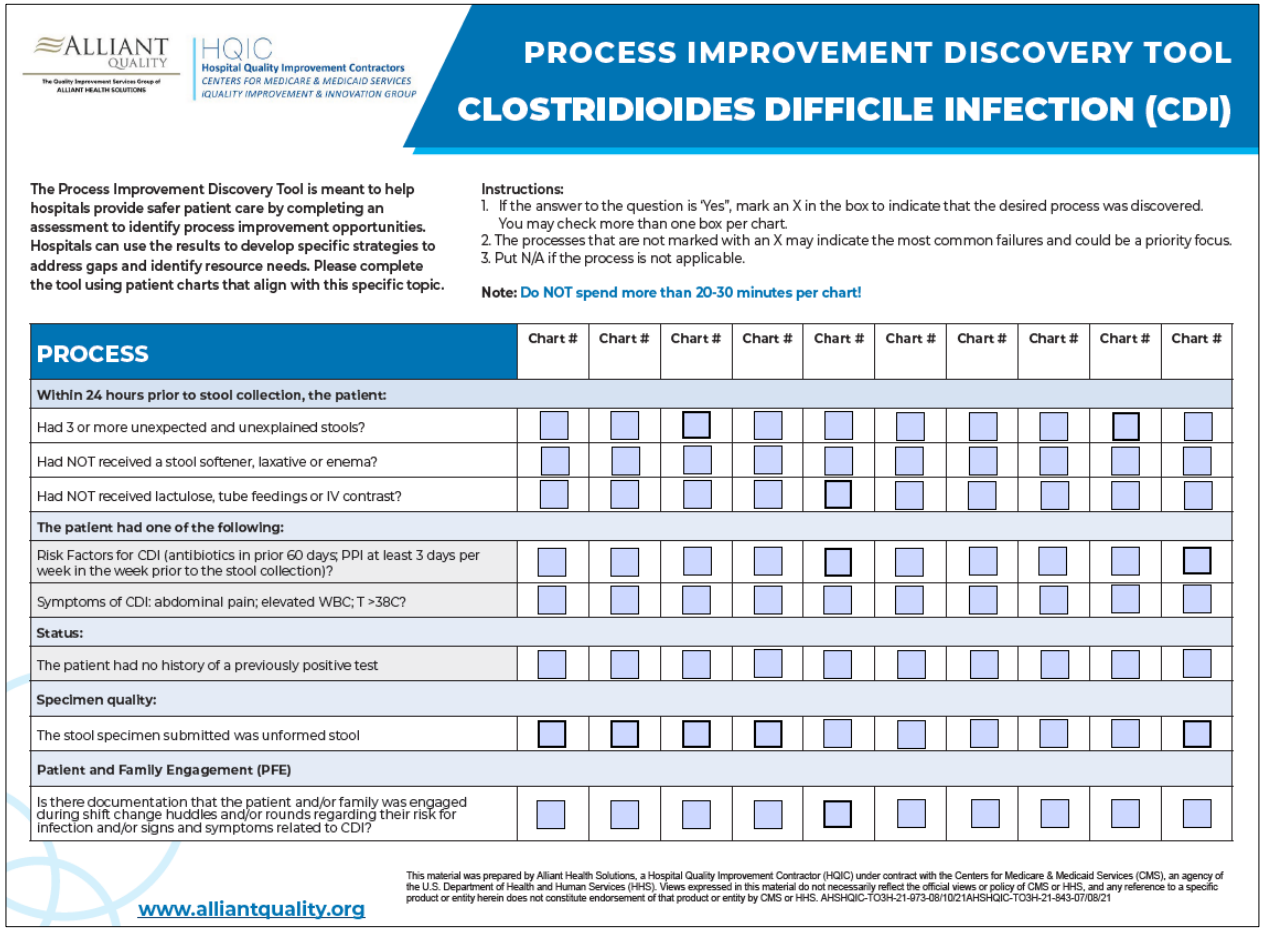
C. diff Process Discovery Tool

[HQIC C. diff Process Discovery Tool - NQIIC (alliancehealth.org)]

- Completion of the tool will aide in identifying process improvement opportunities.
- Use results to develop strategies to address gaps in practice or identify resource needs.



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PROCESS IMPROVEMENT DISCOVERY TOOL

CLOSTRIDIOIDES DIFFICILE INFECTION (CDI)

The Process Improvement Discovery Tool is meant to help hospitals provide safer patient care by completing an assessment to identify process improvement opportunities. Hospitals can use the results to develop specific strategies to address gaps and identify resource needs. Please complete the tool using patient charts that align with this specific topic.

Instructions:
1. If the answer to the question is 'Yes", mark an X in the box to indicate that the desired process was discovered. You may check more than one box per chart.
2. The processes that are not marked with an X may indicate the most common failures and could be a priority focus.
3. Put N/A if the process is not applicable.

Note: Do NOT spend more than 20-30 minutes per chart!

PROCESS	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #	Chart #
Within 24 hours prior to stool collection, the patient:										
Had 3 or more unexpected and unexplained stools?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Had NOT received a stool softener, laxative or enema?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Had NOT received lactulose, tube feedings or IV contrast?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
The patient had one of the following:										
Risk Factors for CDI (antibiotics in prior 60 days; PPI at least 3 days per week in the week prior to the stool collection)?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Symptoms of CDI: abdominal pain; elevated WBC; T >38C?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Status:										
The patient had no history of a previously positive test	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Specimen quality:										
The stool specimen submitted was unformed stool	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Patient and Family Engagement (PFE)										
Is there documentation that the patient and/or family was engaged during shift change huddles and/or rounds regarding their risk for infection and/or signs and symptoms related to CDI?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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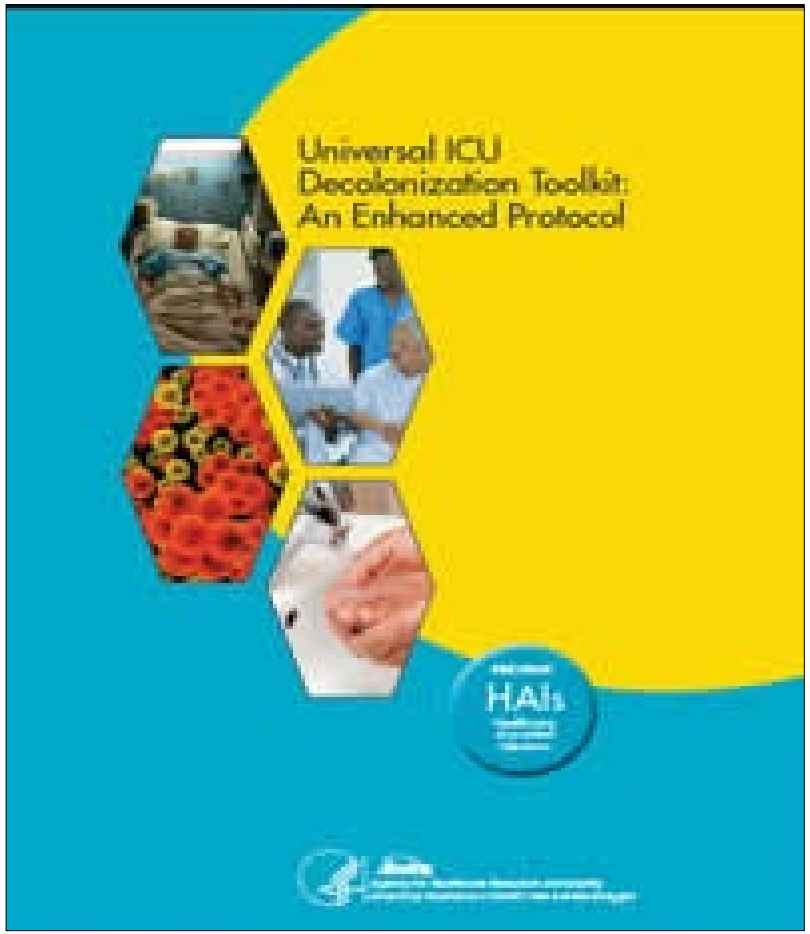
MRSA – Universal ICU Decolonization Protocol

- AHRQ Universal ICU Decolonization Protocol
  - The REDUCE MRSA Trial (Randomized Evaluation of Decolonization vs. Universal Clearance to Eliminate MRSA) found that universal decolonization was the most effective intervention to reduce MRSA infection.
  - Protocol provides detailed instructions for implementation of universal decolonization in ICUs.



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Alliant Health Solutions Resources

- CAUTI
  - HQIC CAUTI Gap Assessment Tool
- CLABSI
  - HQIC CLABSI Gap Assessment Tool
- C. Diff
  - HQIC C. diff Process Discovery Tool - NQIIC (allianthealth.org)
- MRSA
  - Universal ICU Decolonization: An Enhanced Protocol | Agency for Healthcare Research and Quality (ahrq.gov)

Best Practice Guidelines

CLABSI

- CDC BSI Guideline
- SHEA Compendium of strategies to prevent CLABSI
- APIC Guide to preventing CLABSI

CAUTI

- CAUTI Guidelines
- Guide to Preventing Catheter-Associated Urinary Tract Infections
- SHEA Compendium of strategies to prevent CAUTI

MRSA

- SHEA Compendium of strategies to prevent MRSA
- Strategies to Prevent S. aureus BSIs in Acute Care Facilities | CDC
- APIC Guide to preventing MRSA transmission
- Universal ICU Decolonization: An Enhanced Protocol | Agency for Healthcare Research and Quality (ahrq.gov)

C. diff

- Strategies to Prevent Clostridioides difficile Infection in Acute Care Facilities | CDC
- IDSA Clinical Practice Guidelines for Clostridium difficile Infection
- SHEA Compendium of strategies to prevent C. diff

Infection Surveillance

- Essential component of an effective infection prevention program
- Defined in the APIC Text as “a comprehensive method for measuring outcomes and related processes of care, analyzing the data, and providing information to members of the health care team to assist in improving those outcomes.”
- Should be based upon sound epidemiological and statistical principles
- When properly collected, surveillance data can be used to improve quality of care and outcomes

Surveillance Methods

- Targeted Surveillance
  - Focused on specific units, infection types, procedures or populations
  - Typically focuses on high-risk, high volume procedures
  - Often aimed at HAIs that are preventable or with severe adverse outcomes
- Total House Surveillance
  - Monitors for all infection types among all populations
  - If total house surveillance is used, a total infection rate should not be calculated, but rather calculated for specific HAIs in defined populations (e.g., CLABSI in ICU)
  - Often not done due to personnel, technical or cost constraints
- Combination Surveillance
  - Example: Monitor for SSI secondary to all surgical procedure types rather than targeted high-risk, high-volume only, while monitoring CAUTI in the ICU only

Surveillance Plan

- Annual infection prevention plans should include a surveillance section describing:
  - Surveillance method (total/targeted/combination)
  - Populations (patient, resident, staff, those with specific risk factors, etc.)
  - Events monitored
    - In addition to other high-risk events, such as reprocessing failures or TST conversions, which HAIs will be monitored through the year?
- Surveillance plan should be evaluated regularly to ensure it meets organizational goals and objectives and methodologies are current.
- Efforts should be made to select event types that have standardized, validated and nationally recognized benchmarking data available.
    - Example: NHSN for HAI data or Vermont Oxford Network for newborn care

Data Collection

- Concurrent versus retrospective
- Data source examples
  - Medical records
  - Lab reports
  - List of admissions with diagnoses
  - Patient day reports/census data by unit
  - Isolation precautions report/list
  - Incident reports
  - Observations
  - Procedure or activity logs

NHSN

- Over 40,000 facilities nationwide reporting data to NHSN (includes ACH (includes CAH), LTACs, Rehab hospitals, dialysis facilities, ASCs, nursing homes, etc.)
  - 8000 hospitals, including LTACs and IRFs
- Provides web-based reporting and feedback of comparative data for performance improvement
- Access to prevention tools and best practices
- NHSN website offers protocols, data collection forms, calculators, training and other supporting materials

Prevention Basics – Data Review

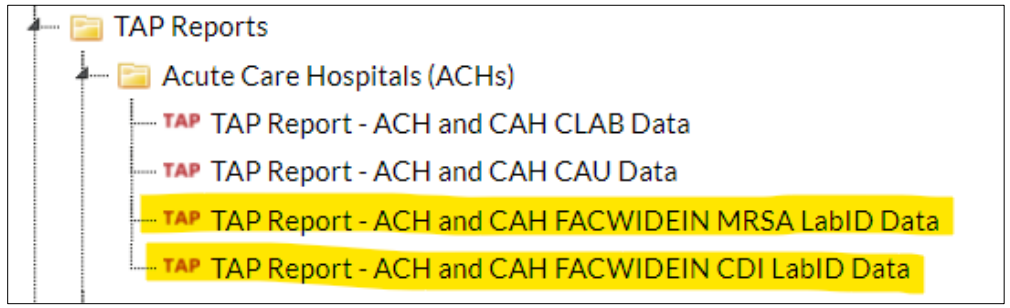
- Create a line listing of recent events (by category) to identify common risk factors that can aid in identifying populations to target
  - Syndromes – e.g., wound infections or pneumonia
  - Unit Types – e.g., ICU or acute care
  - Presence of indwelling devices such as central lines or indwelling urinary catheters
  - Prior invasive procedures or surgeries
- From this review, you can target specific strategies for prevention

TAP Strategy

Leverage data for action to:

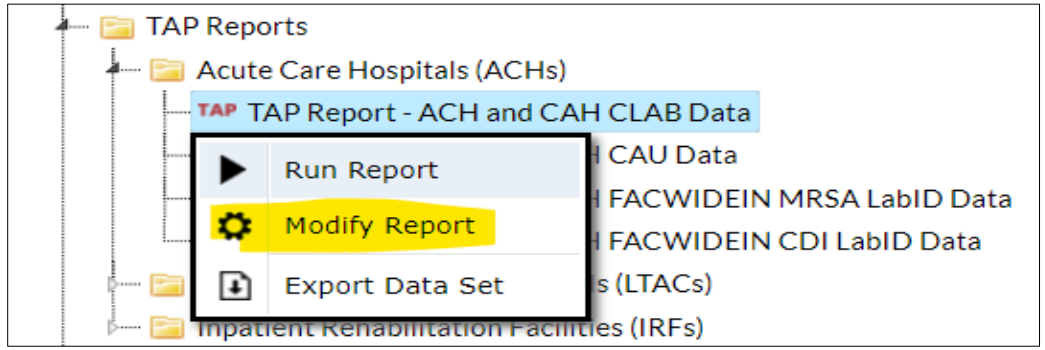
- Target locations and units with excess infection burden
- Assess for gaps in practice
- Implement interventions for prevention

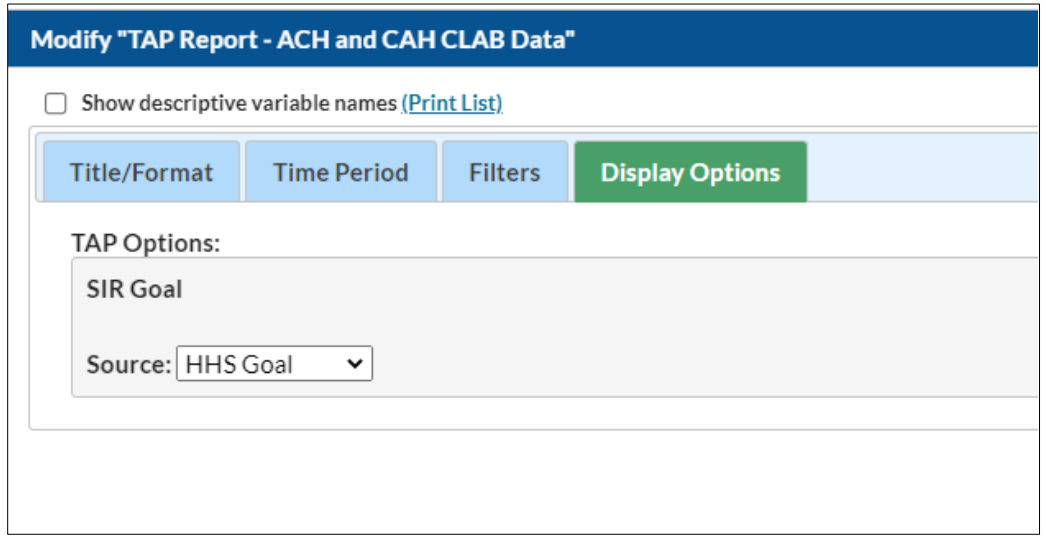
NHSN Data Reporting and Analysis Options – TAP



- Using the TAP Reports, you can target specific units with excess or higher than expected infection burden.
- Cumulative Attributable Difference (CAD) metric
  - The number of infections that must be prevented in order to reach HAI reduction goal.
  - Allows for ranking of facilities or locations within facilities to target areas where prevention efforts will have the greatest impact.

Modifying the HAI Goal for Your Organization





1. Click **TAP Report – ACH and CAH**
2. Click on the desired report for CAU, CLAB, MRSA, or CDI
3. Select **Modify Report**
4. Select **Display Options**
5. Enter your organization SIR goal
6. Run the report – CAD will show you how many events need to be prevented to meet your target

National Healthcare Safety Network
TAP Report for FACWIDEIN MRSA LabID data for Acute Care and Critical Access Hospitals (2015 Baseline)
Totals for all Facilities in Group
SIR Goal: HHS Goal = 0.5

As of: February 3, 2022 at 11:58 AM
Date Range: All BS2_MRSA_TAP

faccount	numbeds	numpatdays	MRSA_bldIncCount	numPred	grpCAD	SIR	SIRtest
134	13,387	5045229	468	312.06	311.970	1.500	SIG

1. This report includes facility-wide inpatient data from acute care hospitals for 2015 and forward.
2. Facility Rank = Priority ranking for Targeted Assessment of Prevention by CAD in descending order
3. CAD = Observed - Predicted*SIR Goal
4. SIR is set to '.' when predicted number of events is <1.0. SIR TEST = 'SIG' means SIR > SIR Goal significantly

Source of aggregate data: 2015 NHSN MRSA Blood LabID Data
Data contained in this report were last generated on February 2, 2022 at 10:06 AM to include data beginning January 2020 .

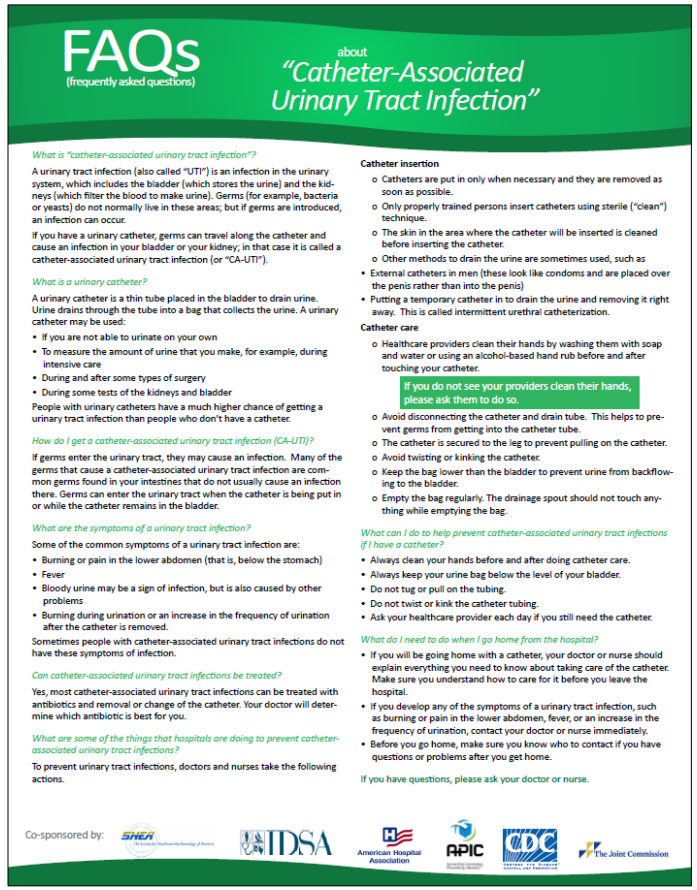
National Healthcare Safety Network
TAP Report for FACWIDEIN MRSA LabID data for Acute Care and Critical Access Hospitals (2015 Baseline)
Facilities Ranked by CAD 'Cumulative Attributable Difference'
SIR Goal: HHS Goal = 0.5

A TAP Report is the first step in the CDC TAP Strategy. For more information on the TAP strategy, please visit: http://www.cdc.gov/hai/prevent/tap.html
As of: February 3, 2022 at 11:58 AM
Date Range: All BS2_MRSA_TAP

facRank	[redacted]	facType	medType	numBeds	numpatdays	MRSA_bldIncCount	numPred	facCAD	SIR	SIRtest
1		HOSP-GEN	M	1,125	428767	76	35.194	58.40	2.159	SIG
2		HOSP-GEN	M	394	191292	52	15.147	44.43	3.433	SIG
3		HOSP-GEN	M	619	337291	53	35.354	35.32	1.499	SIG
4		HOSP-GEN		297	150704	22	9.133	17.43	2.409	SIG
5		HOSP-GEN	M	394	136704	21	10.977	15.51	1.913	SIG
6		HOSP-GEN	U	199	73857	15	3.881	13.06	3.865	SIG
7		HOSP-GEN	M	512	250464	23	21.190	12.40	1.085	
8		HOSP-GEN	U	262	130650	15	7.598	11.20	1.974	SIG
9		HOSP-GEN	G	382	124953	15	7.620	11.19	1.968	SIG
10		HOSP-GEN		669	279652	19	17.352	10.32	1.095	
11		HOSP-GEN		149	68503	10	2.845	8.58	3.515	SIG
12		HOSP-GEN	U	274	110572	12	8.504	7.75	1.411	
13		HOSP-GEN	U	217	99117	10	5.158	7.42	1.939	
14		HOSP-GEN	M	133	25364	8	1.317	7.34	6.072	SIG
15		HOSP-GEN	U	57	33112	6	1.919	5.04	3.127	SIG

Patient and Family Education

CAUTI FAQs



FAQs
(frequently asked questions)
about
"Catheter-Associated Urinary Tract Infection"

What is "catheter-associated urinary tract infection"?

A urinary tract infection (also called "UTI") is an infection in the urinary system, which includes the bladder (which stores the urine) and the kidneys (which filter the blood to make urine). Germs (for example, bacteria or yeasts) do not normally live in these areas; but if germs are introduced, an infection can occur.

If you have a urinary catheter, germs can travel along the catheter and cause an infection in your bladder or your kidney; in that case it is called a catheter-associated urinary tract infection (or "CA-UTI").

What is a urinary catheter?

A urinary catheter is a thin tube placed in the bladder to drain urine. Urine drains through the tube into a bag that collects the urine. A urinary catheter may be used:

- If you are not able to urinate on your own
- To measure the amount of urine that you make, for example, during intensive care
- During and after some types of surgery
- During some tests of the kidneys and bladder

People with urinary catheters have a much higher chance of getting a urinary tract infection than people who don't have a catheter.

How do I get a catheter-associated urinary tract infection (CA-UTI)?

If germs enter the urinary tract, they may cause an infection. Many of the germs that cause a catheter-associated urinary tract infection are common germs found in your intestines that do not usually cause an infection there. Germs can enter the urinary tract when the catheter is being put in or while the catheter remains in the bladder.

What are the symptoms of a urinary tract infection?

Some of the common symptoms of a urinary tract infection are:

- Burning or pain in the lower abdomen (that is, below the stomach)
- Fever
- Bloody urine may be a sign of infection, but is also caused by other problems
- Burning during urination or an increase in the frequency of urination after the catheter is removed.

Sometimes people with catheter-associated urinary tract infections do not have these symptoms of infection.

Can catheter-associated urinary tract infections be treated?

Yes, most catheter-associated urinary tract infections can be treated with antibiotics and removal or change of the catheter. Your doctor will determine which antibiotic is best for you.

What are some of the things that hospitals are doing to prevent catheter-associated urinary tract infections?

To prevent urinary tract infections, doctors and nurses take the following actions.

Catheter insertion

- Catheters are put in only when necessary and they are removed as soon as possible.
- Only properly trained persons insert catheters using sterile ("clean") technique.
- The skin in the area where the catheter will be inserted is cleaned before inserting the catheter.
- Other methods to drain the urine are sometimes used, such as
  - External catheters in men (these look like condoms and are placed over the penis rather than into the penis)
  - Putting a temporary catheter in to drain the urine and removing it right away. This is called intermittent urethral catheterization.

Catheter care

- Healthcare providers clean their hands by washing them with soap and water or using an alcohol-based hand rub before and after touching your catheter.

If you do not see your providers clean their hands, please ask them to do so.

- Avoid disconnecting the catheter and drain tube. This helps to prevent germs from getting into the catheter tube.
- The catheter is secured to the leg to prevent pulling on the catheter.
- Avoid twisting or kinking the catheter.
- Keep the bag lower than the bladder to prevent urine from backflowing to the bladder.
- Empty the bag regularly. The drainage spout should not touch anything while emptying the bag.

What can I do to help prevent catheter-associated urinary tract infections if I have a catheter?

- Always clean your hands before and after doing catheter care.
- Always keep your urine bag below the level of your bladder.
- Do not tug or pull on the tubing.
- Do not twist or kink the catheter tubing.
- Ask your healthcare provider each day if you still need the catheter.

What do I need to do when I go home from the hospital?

- If you will be going home with a catheter, your doctor or nurse should explain everything you need to know about taking care of the catheter. Make sure you understand how to care for it before you leave the hospital.
- If you develop any of the symptoms of a urinary tract infection, such as burning or pain in the lower abdomen, fever, or an increase in the frequency of urination, contact your doctor or nurse immediately.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.

If you have questions, please ask your doctor or nurse.

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CLABSI FAQs

FAQs
(frequently asked questions)
about
"Catheter-Associated Bloodstream Infections"
(also known as "Central Line-Associated Bloodstream Infections")

What is a catheter-associated bloodstream infection?

A "central line" or "central catheter" is a tube that is placed into a patient's large vein, usually in the neck, chest, arm, or groin. The catheter is often used to draw blood, or give fluids or medications. It may be left in place for several weeks. A bloodstream infection can occur when bacteria or other germs travel down a "central line" and enter the blood. If you develop a catheter-associated bloodstream infection you may become ill with fevers and chills or the skin around the catheter may become sore and red.

Can a catheter-related bloodstream infection be treated?

A catheter-associated bloodstream infection is serious, but often can be successfully treated with antibiotics. The catheter might need to be removed if you develop an infection.

What are some of the things that hospitals are doing to prevent catheter-associated bloodstream infections?

To prevent catheter-associated bloodstream infections doctors and nurses will:

- Choose a vein where the catheter can be safely inserted and where the risk for infection is small.
- Clean their hands with soap and water or an alcohol-based hand rub before putting in the catheter.
- Wear a mask, cap, sterile gown, and sterile gloves when putting in the catheter to keep it sterile. The patient will be covered with a sterile sheet.
- Clean the patient's skin with an antiseptic cleanser before putting in the catheter.
- Clean their hands, wear gloves, and clean the catheter opening with an antiseptic solution before using the catheter to draw blood or give medications. Healthcare providers also clean their hands and wear gloves when changing the bandage that covers the area where the catheter enters the skin.
- Decide every day if the patient still needs to have the catheter. The catheter will be removed as soon as it is no longer needed.
- Carefully handle medications and fluids that are given through the catheter.

What can I do to help prevent a catheter-associated bloodstream infection?

- Ask your doctors and nurses to explain why you need the catheter and how long you will have it.
- Ask your doctors and nurses if they will be using all of the prevention methods discussed above.
- Make sure that all doctors and nurses caring for you clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.

If you do not see your providers clean their hands, please ask them to do so.

- If the bandage comes off or becomes wet or dirty, tell your nurse or doctor immediately.
- Inform your nurse or doctor if the area around your catheter is sore or red.
- Do not let family and friends who visit touch the catheter or the tubing.
- Make sure family and friends clean their hands with soap and water or an alcohol-based hand rub before and after visiting you.

What do I need to do when I go home from the hospital?

Some patients are sent home from the hospital with a catheter in order to continue their treatment. If you go home with a catheter, your doctors and nurses will explain everything you need to know about taking care of your catheter.

- Make sure you understand how to care for the catheter before leaving the hospital. For example, ask for instructions on showering or bathing with the catheter and how to change the catheter dressing.
- Make sure you know who to contact if you have questions or problems after you get home.
- Make sure you wash your hands with soap and water or an alcohol-based hand rub before handling your catheter.
- Watch for the signs and symptoms of catheter-associated bloodstream infection, such as soreness or redness at the catheter site or fever, and call your healthcare provider immediately if any occur.

If you have additional questions, please ask your doctor or nurse.

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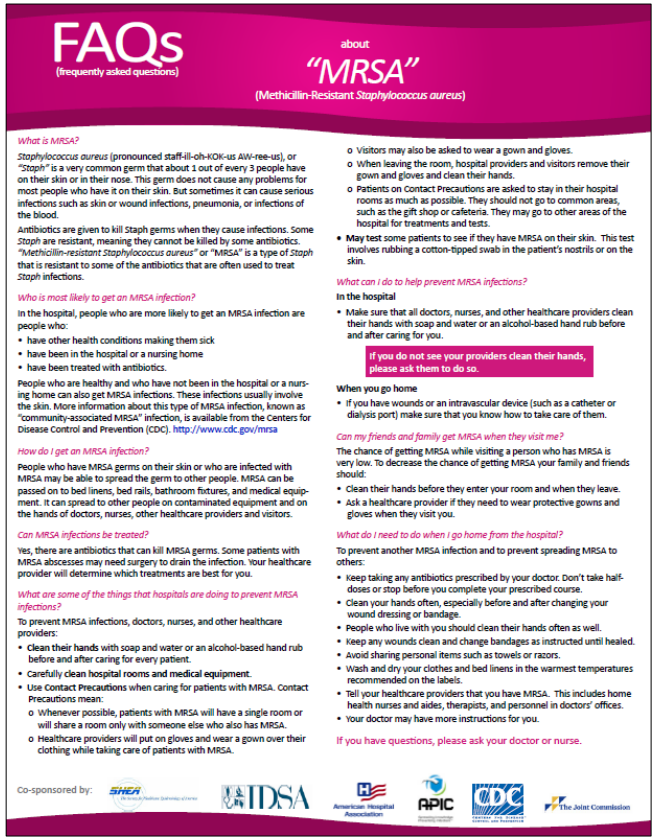
Patient and Family Education

MRSA FAQs



FAQs
(frequently asked questions)
about
"MRSA"
(Methicillin-Resistant *Staphylococcus aureus*)

What is MRSA?

Staphylococcus aureus (pronounced staff-ill-oh-KOK-us AW-ree-us), or *"Staph"* is a very common germ that about 1 out of every 3 people have on their skin or in their nose. This germ does not cause any problems for most people who have it on their skin. But sometimes it can cause serious infections such as skin or wound infections, pneumonia, or infections of the blood.

Antibiotics are given to kill Staph germs when they cause infections. Some *Staph* are resistant, meaning they cannot be killed by some antibiotics. *"Methicillin-resistant Staphylococcus aureus"* or "MRSA" is a type of *Staph* that is resistant to some of the antibiotics that are often used to treat *Staph* infections.

Who is most likely to get an MRSA infection?

In the hospital, people who are more likely to get an MRSA infection are people who:

- have other health conditions making them sick
- have been in the hospital or a nursing home
- have been treated with antibiotics.

People who are healthy and who have not been in the hospital or a nursing home can also get MRSA infections. These infections usually involve the skin. More information about this type of MRSA infection, known as "community-associated MRSA" infection, is available from the Centers for Disease Control and Prevention (CDC). http://www.cdc.gov/mrsa

How do I get an MRSA infection?

People who have MRSA germs on their skin or who are infected with MRSA may be able to spread the germ to other people. MRSA can be passed on to bed linens, bed rails, bathroom fixtures, and medical equipment. It can spread to other people on contaminated equipment and on the hands of doctors, nurses, other healthcare providers and visitors.

Can MRSA infections be treated?

Yes, there are antibiotics that can kill MRSA germs. Some patients with MRSA abscesses may need surgery to drain the infection. Your healthcare provider will determine which treatments are best for you.

What are some of the things that hospitals are doing to prevent MRSA infections?

To prevent MRSA infections, doctors, nurses, and other healthcare providers:

- **Clean their hands** with soap and water or an alcohol-based hand rub before and after caring for every patient.
- Carefully **clean hospital rooms and medical equipment**.
- **Use Contact Precautions** when caring for patients with MRSA. Contact Precautions mean:
  - Whenever possible, patients with MRSA will have a single room or will share a room only with someone else who also has MRSA.
  - Healthcare providers will put on gloves and wear a gown over their clothing while taking care of patients with MRSA.
  - Visitors may also be asked to wear a gown and gloves.
  - When leaving the room, hospital providers and visitors remove their gown and gloves and clean their hands.
  - Patients on Contact Precautions are asked to stay in their hospital rooms as much as possible. They should not go to common areas, such as the gift shop or cafeteria. They may go to other areas of the hospital for treatments and tests.
- **May test some patients to see if they have MRSA on their skin.** This test involves rubbing a cotton-tipped swab in the patient's nostrils or on the skin.

What can I do to help prevent MRSA infections?

In the hospital

- Make sure that all doctors, nurses, and other healthcare providers clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.

If you do not see your providers clean their hands, please ask them to do so.

When you go home

- If you have wounds or an intravascular device (such as a catheter or dialysis port) make sure that you know how to take care of them.

Can my friends and family get MRSA when they visit me?

The chance of getting MRSA while visiting a person who has MRSA is very low. To decrease the chance of getting MRSA your family and friends should:

- Clean their hands before they enter your room and when they leave.
- Ask a healthcare provider if they need to wear protective gowns and gloves when they visit you.

What do I need to do when I go home from the hospital?

To prevent another MRSA infection and to prevent spreading MRSA to others:

- Keep taking any antibiotics prescribed by your doctor. Don't take half-doses or stop before you complete your prescribed course.
- Clean your hands often, especially before and after changing your wound dressing or bandage.
- People who live with you should clean their hands often as well.
- Keep any wounds clean and change bandages as instructed until healed.
- Avoid sharing personal items such as towels or razors.
- Wash and dry your clothes and bed linens in the warmest temperatures recommended on the labels.
- Tell your healthcare providers that you have MRSA. This includes home health nurses and aides, therapists, and personnel in doctors' offices.
- Your doctor may have more instructions for you.

If you have questions, please ask your doctor or nurse.

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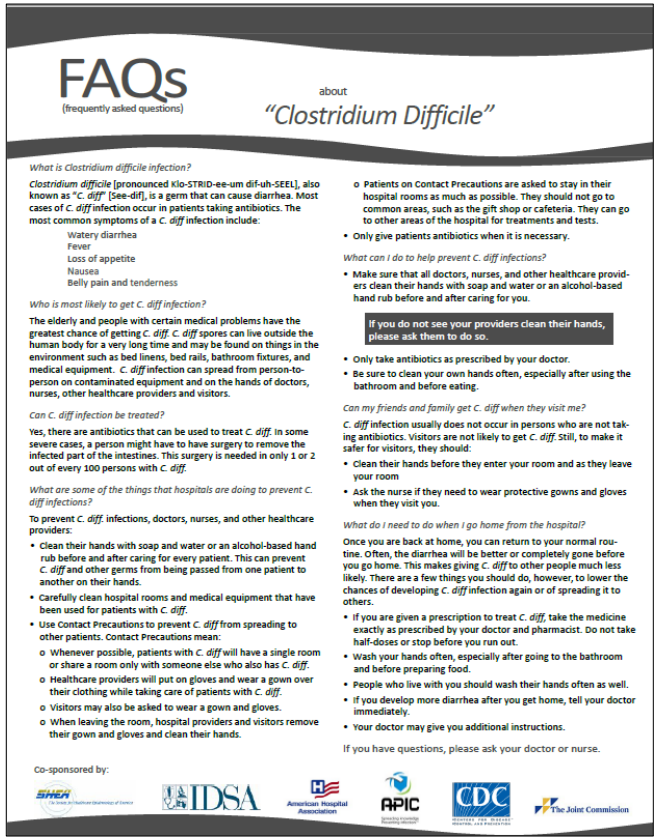
C. diff FAQs



FAQs
(frequently asked questions)
about
"Clostridium Difficile"

What is Clostridium difficile infection?

Clostridium difficile [pronounced Klo-STRID-ee-um dif-uh-SEEL], also known as *"C. diff"* [See-dif], is a germ that can cause diarrhea. Most cases of *C. diff* infection occur in patients taking antibiotics. The most common symptoms of a *C. diff* infection include:

- Watery diarrhea
- Fever
- Loss of appetite
- Nausea
- Belly pain and tenderness

Who is most likely to get C. diff infection?

The elderly and people with certain medical problems have the greatest chance of getting *C. diff*. *C. diff* spores can live outside the human body for a very long time and may be found on things in the environment such as bed linens, bed rails, bathroom fixtures, and medical equipment. *C. diff* infection can spread from person-to-person on contaminated equipment and on the hands of doctors, nurses, other healthcare providers and visitors.

Can C. diff infection be treated?

Yes, there are antibiotics that can be used to treat *C. diff*. In some severe cases, a person might have to have surgery to remove the infected part of the intestines. This surgery is needed in only 1 or 2 out of every 100 persons with *C. diff*.

What are some of the things that hospitals are doing to prevent C. diff infections?

To prevent *C. diff* infections, doctors, nurses, and other healthcare providers:

- Clean their hands with soap and water or an alcohol-based hand rub before and after caring for every patient. This can prevent *C. diff* and other germs from being passed from one patient to another on their hands.
- Carefully clean hospital rooms and medical equipment that have been used for patients with *C. diff*.
- Use Contact Precautions to prevent *C. diff* from spreading to other patients. Contact Precautions mean:
  - Whenever possible, patients with *C. diff* will have a single room or share a room only with someone else who also has *C. diff*.
  - Healthcare providers will put on gloves and wear a gown over their clothing while taking care of patients with *C. diff*.
  - Visitors may also be asked to wear a gown and gloves.
  - When leaving the room, hospital providers and visitors remove their gown and gloves and clean their hands.
  - Patients on Contact Precautions are asked to stay in their hospital rooms as much as possible. They should not go to common areas, such as the gift shop or cafeteria. They can go to other areas of the hospital for treatments and tests.
- Only give patients antibiotics when it is necessary.

What can I do to help prevent C. diff infections?

- Make sure that all doctors, nurses, and other healthcare providers clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.

If you do not see your providers clean their hands, please ask them to do so.

- Only take antibiotics as prescribed by your doctor.
- Be sure to clean your own hands often, especially after using the bathroom and before eating.

Can my friends and family get C. diff when they visit me?

C. diff infection usually does not occur in persons who are not taking antibiotics. Visitors are not likely to get *C. diff*. Still, to make it safer for visitors, they should:

- Clean their hands before they enter your room and as they leave your room
- Ask the nurse if they need to wear protective gowns and gloves when they visit you.

What do I need to do when I go home from the hospital?

Once you are back at home, you can return to your normal routine. Often, the diarrhea will be better or completely gone before you go home. This makes giving *C. diff* to other people much less likely. There are a few things you should do, however, to lower the chances of developing *C. diff* infection again or of spreading it to others.

- If you are given a prescription to treat *C. diff*, take the medicine exactly as prescribed by your doctor and pharmacist. Do not take half-doses or stop before you run out.
- Wash your hands often, especially after going to the bathroom and before preparing food.
- People who live with you should wash their hands often as well.
- If you develop more diarrhea after you get home, tell your doctor immediately.
- Your doctor may give you additional instructions.

If you have questions, please ask your doctor or nurse.

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Questions?

Email us at hospitalquality@allianthealth.org or call us at 678-527-3681.

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HQIC Goals

Behavioral Health Outcomes & Opioid Misuse

- ✓ Promote opioid best practices
- ✓ Decrease high dose opioid prescribing and opioid adverse events in all settings
- ✓ Increase access to behavioral health services

Patient Safety

- ✓ Reduce risky medication combinations
- ✓ Reduce adverse drug events
- ✓ Reduce *C. diff* in all settings

Quality of Care Transitions

- ✓ Convene community coalitions
- ✓ Identify and promote optical care for super utilizers
- ✓ Reduce community-based adverse drug events

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Thank you for joining us!
How did we do today?

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