

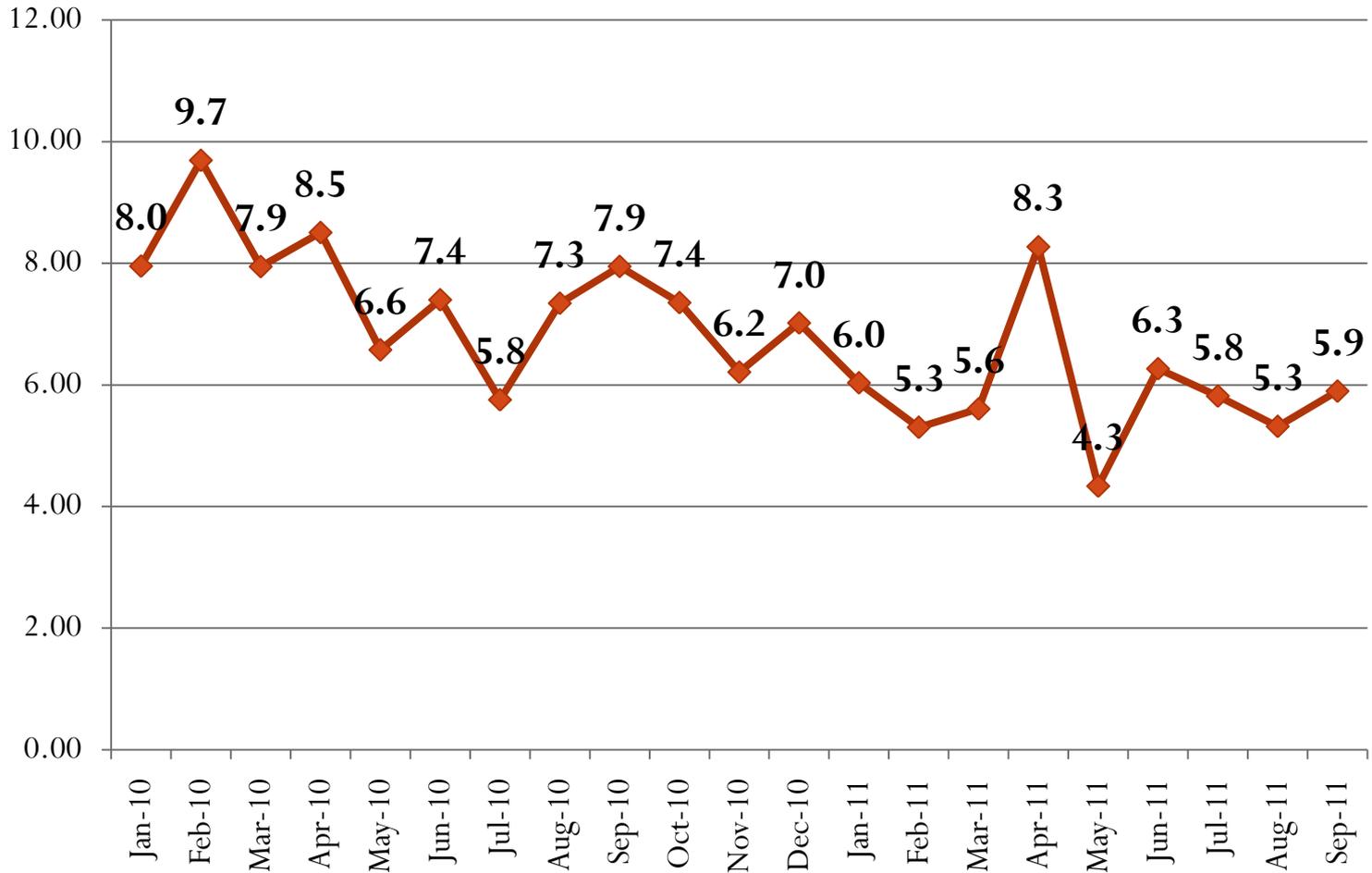
What Works: Successful Strategies from Collaborative Participants

Susanne Salem-Schatz, Sc.D

Massachusetts Coalition for the Prevention of Medical Errors

November 15, 2011

MA HAI-CDI
HA-CDI / 10,000 Patient Days
NHSN Lab-ID Definition



Using the model for improvement to prevent transmission of CDI: How Franciscan Hospital for Children makes it work.



Our Team



Jean Fleurime, environmental services; Mary Fortunato-Habib, administration; Val Conway, nursing; Qi Sheng, pharmacy; Jen Fexis, performance improvement; Deb Iovanna, infection control; Dr. Colin Marchant, infectious disease

Improve Communication of Current Precautions Status

PLAN:

- Standardize location of signage
- Store precautions signage in convenient location near / with PPE

DO:

- Installed sign holder outside room
- Store one of each precaution signs in each sign holder

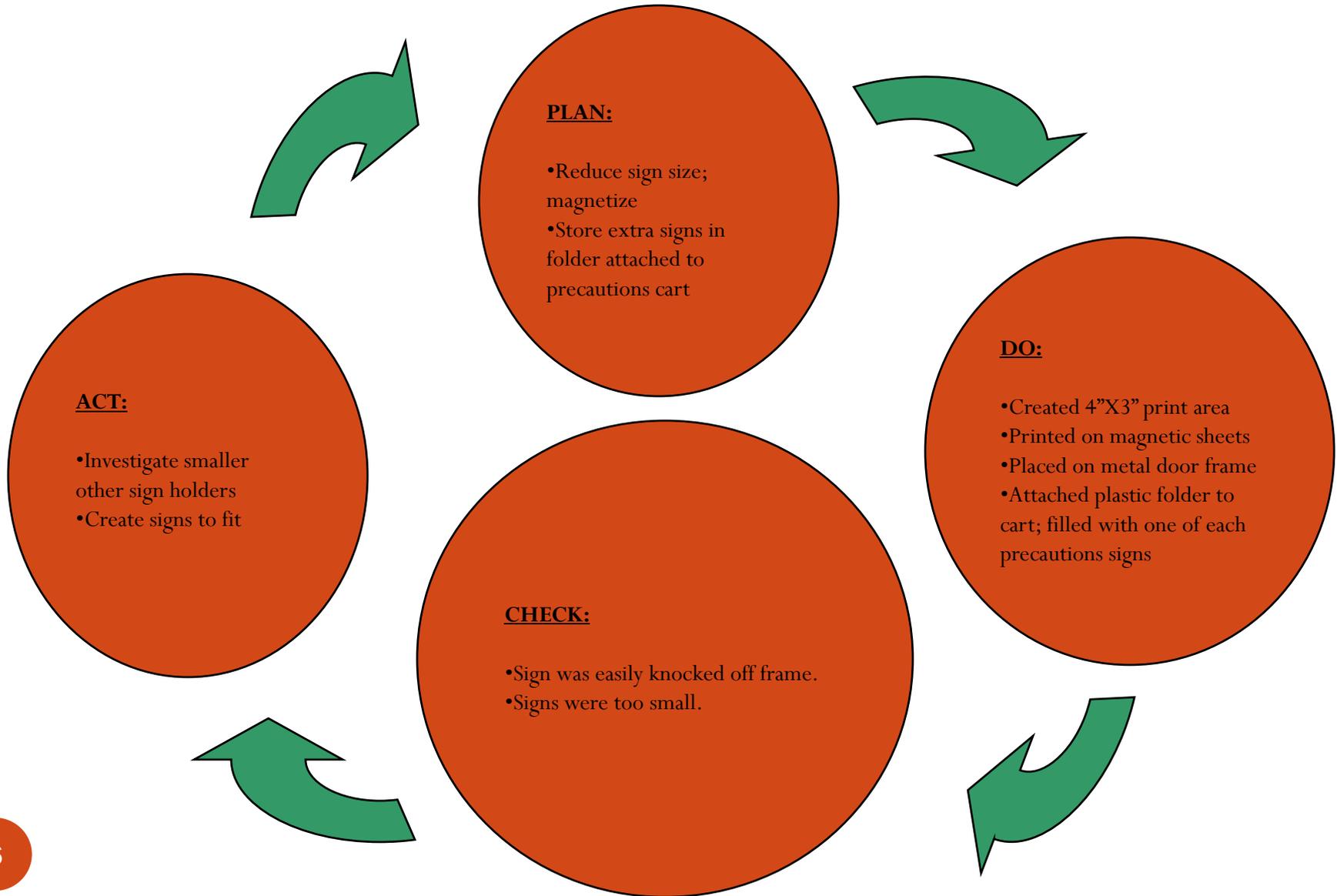
CHECK:

- Sign holders too big for available space to accommodate 4 signs per room
- Sign fit well in holders; concern sign holders will break from continual expansion to remove / replace signs

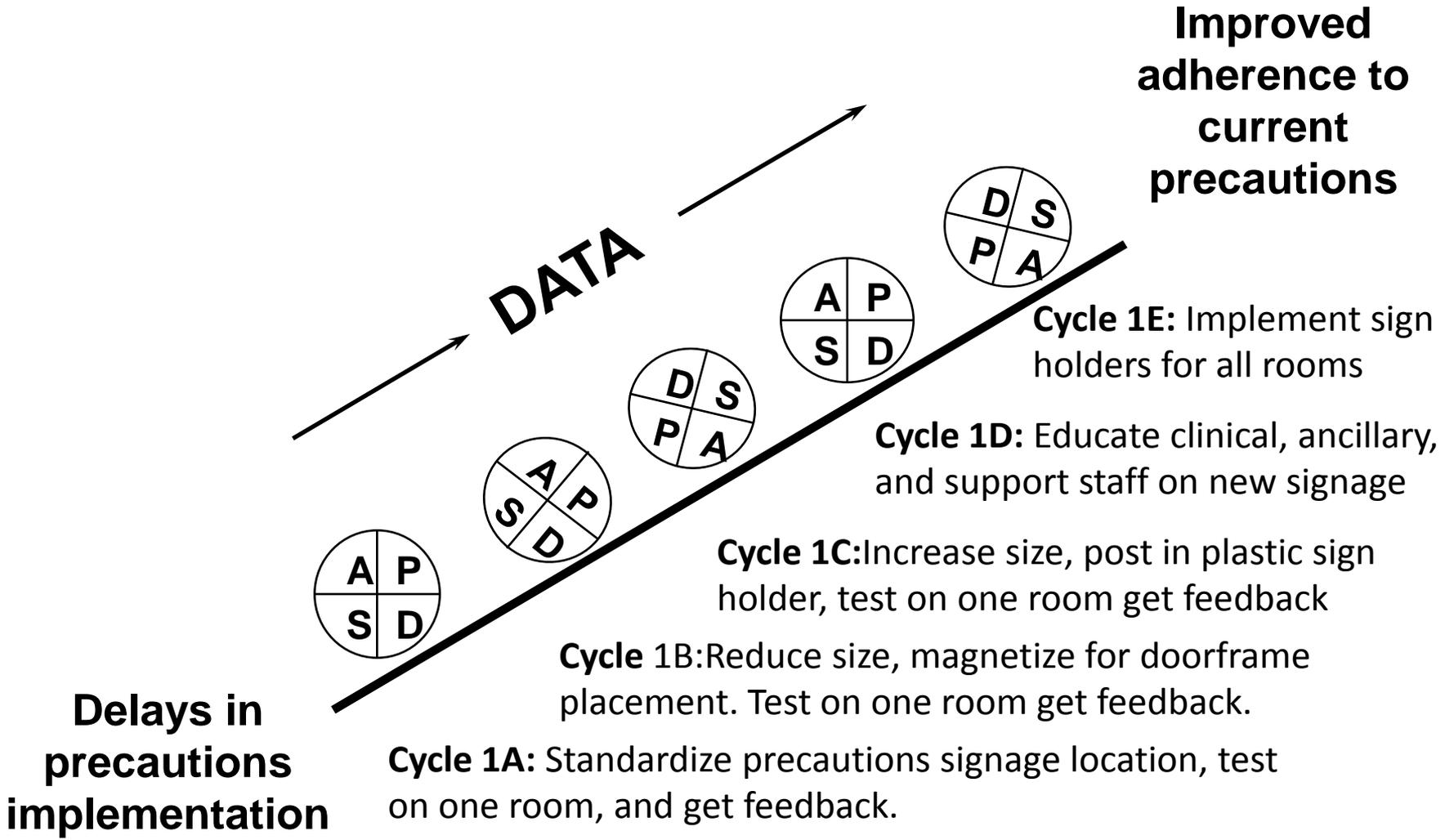
ACT:

- Reduce size of signs; magnetize signs to attach to door frame
- Reconsider signage storage options

Improve Communication of Current Precautions Status – 2nd cycle



Aim: Improve Communication of Current Precautions Status



CONTACT PRECAUTIONS

PLUS

WHEN ENTERING ROOM:



Disinfect hands with alcohol hand sanitizer.



Put on gown contact with patient's environment.



Disinfect hands with alcohol hand sanitizer.



Put on gown contact with patient's environment.



Disinfect hands with alcohol hand sanitizer.

BED B

DROPLET PRECAUTIONS

WHEN ENTERING ROOM:



Disinfect hands with alcohol.



Put on gown (during contact with patient's environment).



Put on contact patient's environment.



Put on contact patient's environment.

BED B

Neutropenic Precautions

Please observe



Use good hand hygiene — because we care.

BED B

BED
A



**CONTACT
PRECAUTION**

WHEN ENTERING ROOM



Disinfect hands with
alcohol hand sanitizer.



Put on gown (during
contact with patient or



SAMPLE INSTRUCTIONS

...

314



Improving Environmental Cleaning

ACT:

- Obtain and trial Dispatch cleaning solution
- Set date for checklist completion; trial with Unit 2 ES.
- ES develop phased plan to clean all rooms with bleach to achieve baseline and C-diff, MRSA and VRE when off precautions

PLAN:

- Terminally each room at discharge, when patients come off precautions, and at least monthly were applicable with appropriate cleaning agents. i.e. bleach for C-diff, MRSA and VRE

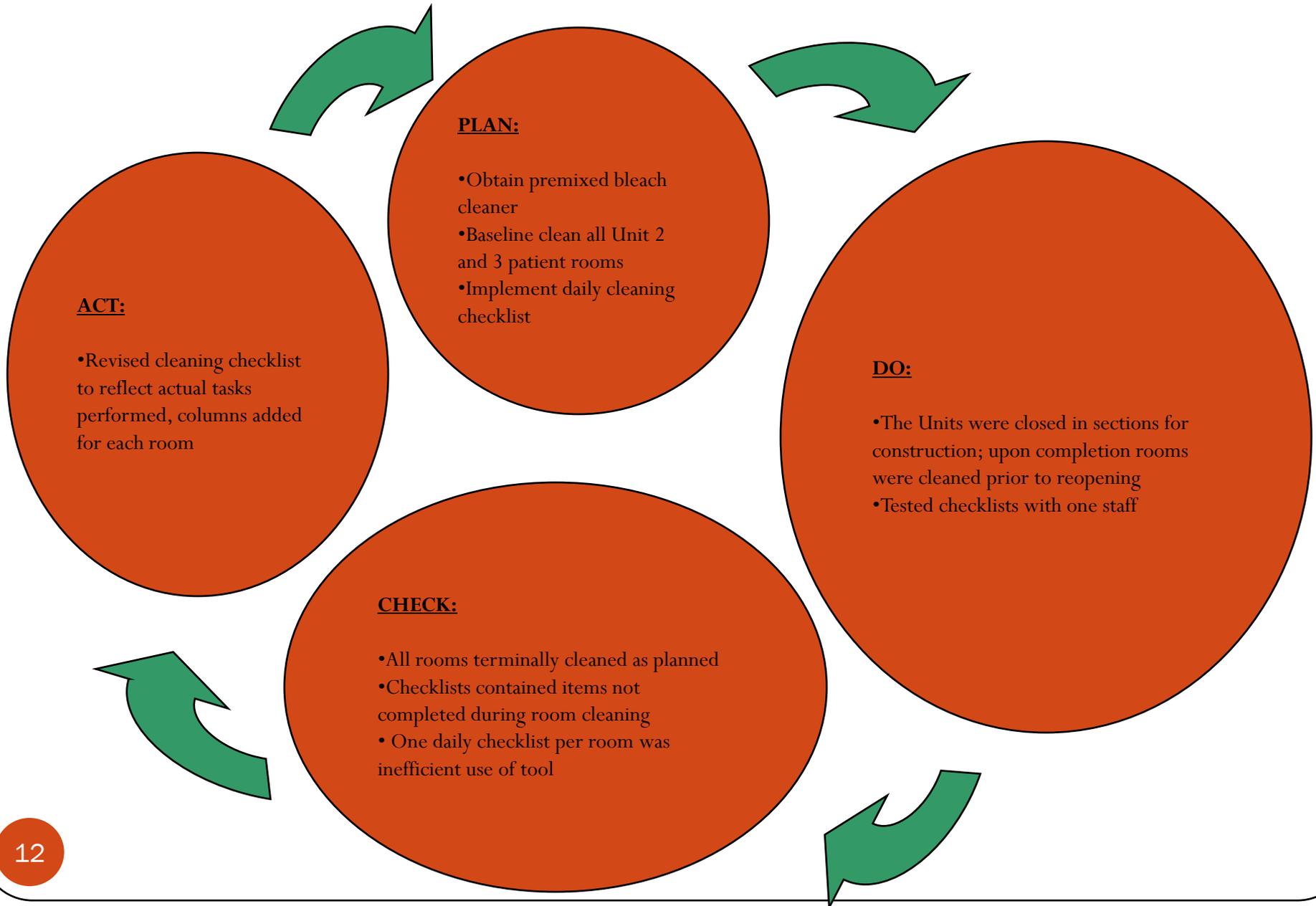
DO:

- NM reviews census at the end of each day and identifies a room to be cleaned. Staff nurse identifies patient coming off precautions.
- Communicate room number to environmental services (ES).
- Overnight nursing staff prepare room for cleaning i.e. relocate patient, replace dirty equipment with clean equipment.
- ES staff clean room in a.m. with appropriate cleaning agent following checklist
- Checklist returned to ES office for tracking purposes

CHECK:

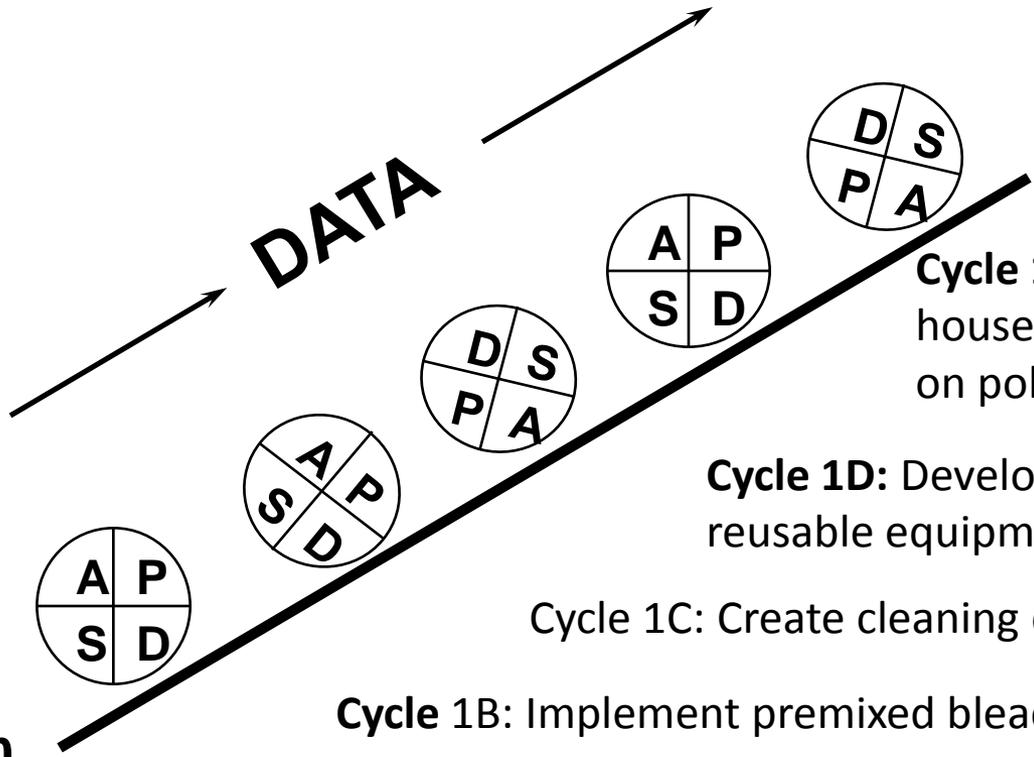
- Late transfers and admissions effect room availability preventing patient relocation; aggressive plan.
- Changes not communicated to ES
- Bleach mixed when needed by ES; variation in dilution ratio. Floors not cleaned with bleach
- Checklist in development; no tracking mechanism

Improving Environmental Cleaning – 2nd Cycle



Aim: Improve Cleaning Processes

Variability in cleaning processes



Cycle 1A: Terminally clean each medical unit patient room, baseline, after coming off precautions, and at discharge.

Cycle 1B: Implement premixed bleach solution

Cycle 1C: Create cleaning checklists

Cycle 1D: Develop policy for cleaning reusable equipment

Cycle 1E: Educate nursing, housekeeping and respiratory on policy

Improved consistency with cleaning practices





Wha
Am -

Franciscan Hospital for Children

Document Type: Policy and Procedure

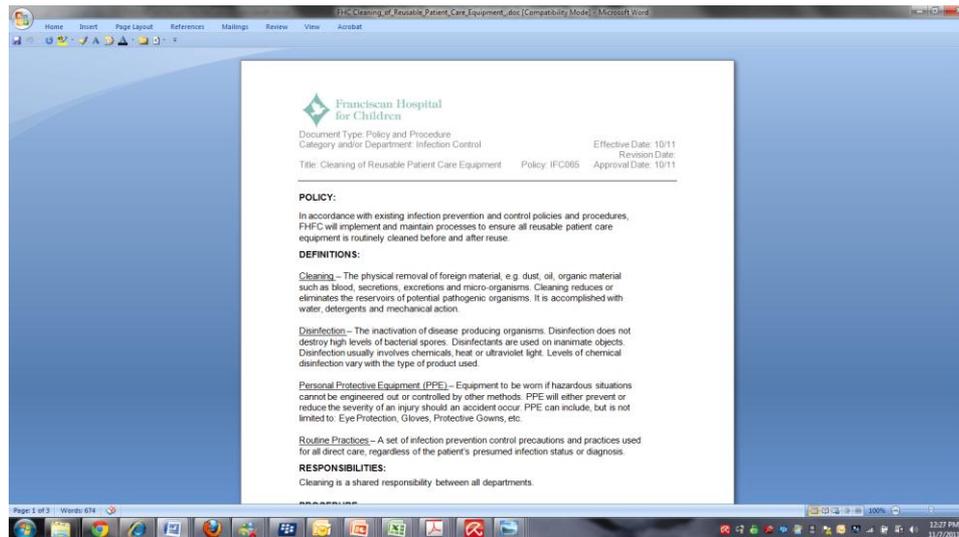
Category and/or Department: Infection Control

Effective Date: 10/11

Title: Cleaning of Reusable Patient Care Equipment

Policy: IFC065

Approval Date: 10/11



Successful Strategies for CDI Prevention

The WHO, the WHAT and the HOW

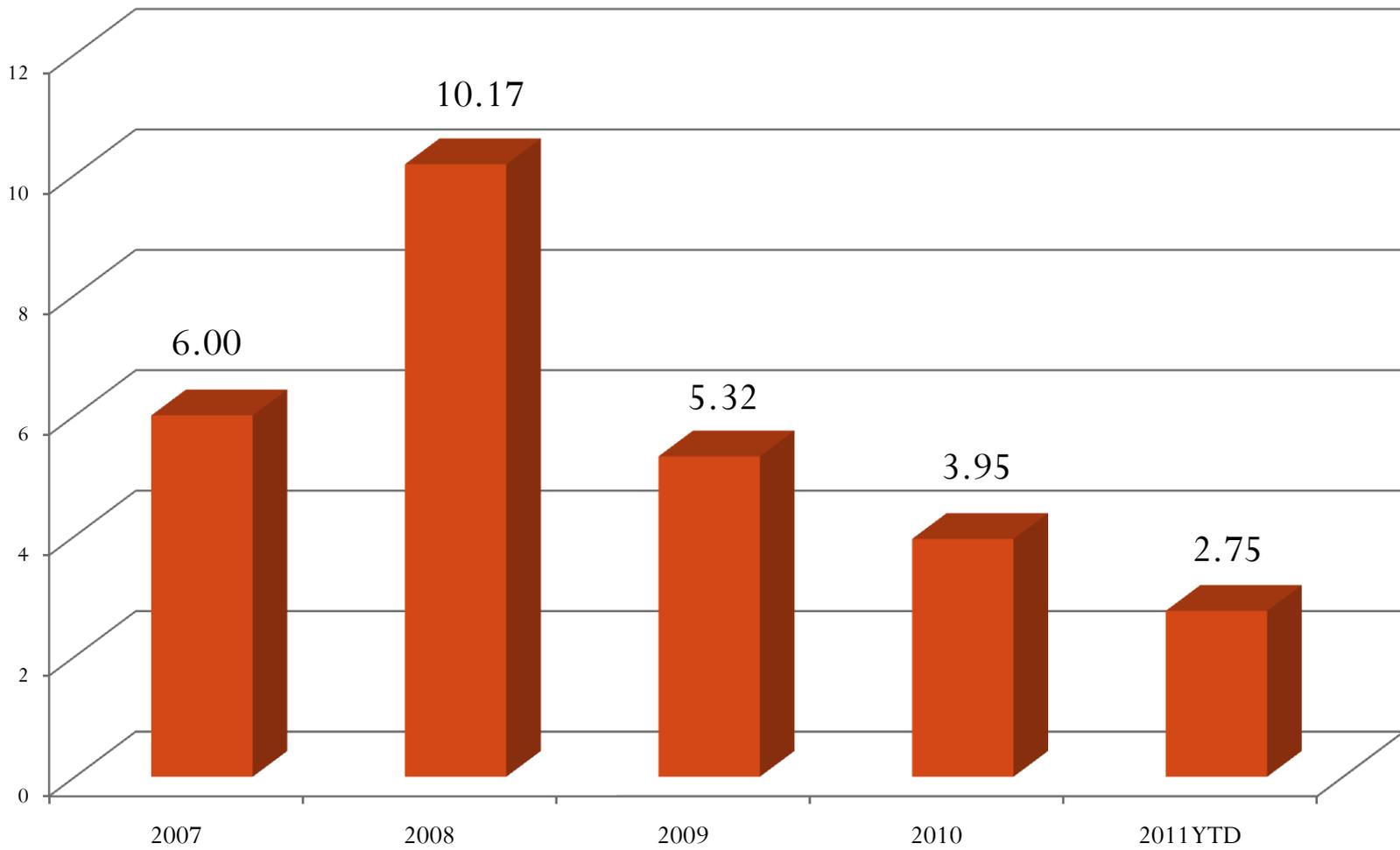
Listen for:

- Aims and measures
- Small tests of change
- Creativity and innovation
- Who was involved?
- How do teams pull in front line staff?
- How do leadership supports change?

Making the Most of the Collaborative Opportunity

How to make it work for you

Noble Hospital
HA-CDI RATE / 10,000 Patient Days



The exponential power of team and measurement at Falmouth Hospital

Falmouth Hospital CDI Prevention Interventions

- Environmental Services Support
 - Magnet Clips to be able to put signs consistently in one location on door frame
 - Covered waste baskets with foot pedals in precaution rooms- much bigger baskets for precaution gowns,etc.
 - New column on housekeeping task list for notifying of precautions for cleaning (had been a problem, especially if someone moved out of a semi-pvt room when need for precautions identified)
 - New microfiber mops for precaution rooms

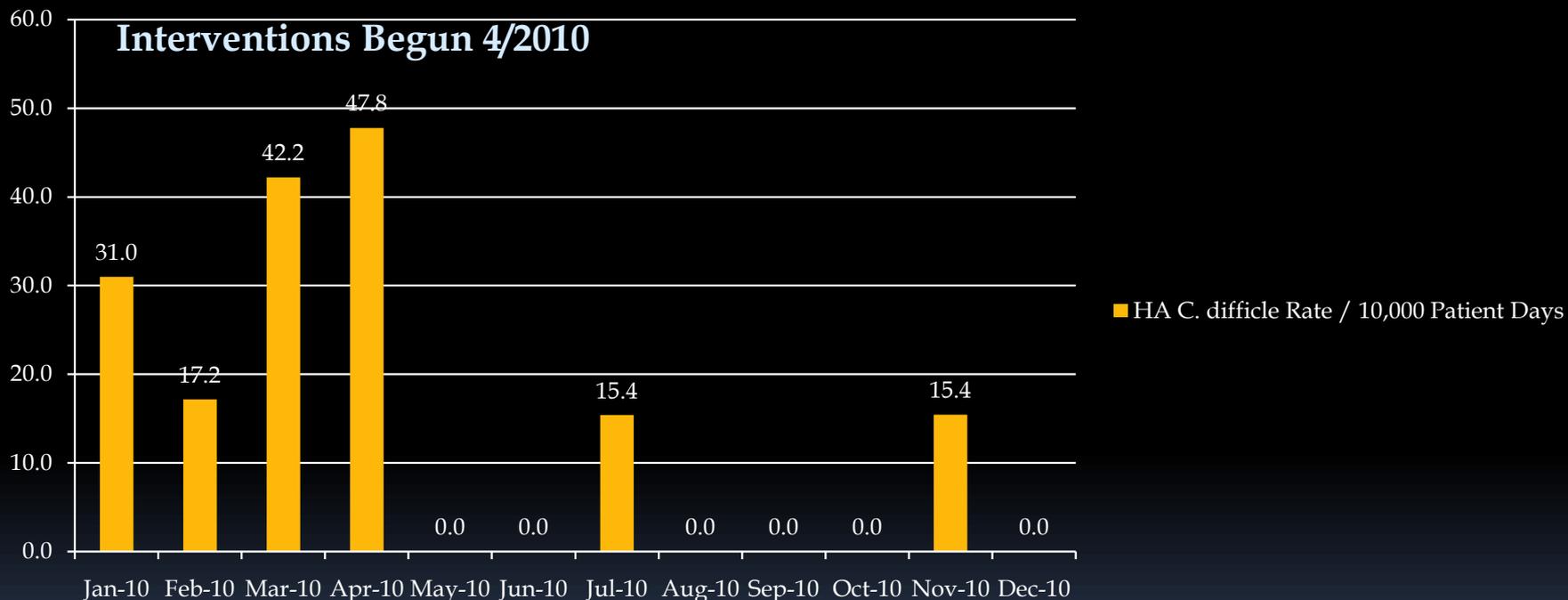
Falmouth Hospital CDI Prevention Interventions

- Bag and tag all equipment- once cleaned (i.e. IV pumps)
- Hand washing signs for Nourishment Kitchen
- Ordered Pediatric size precaution gowns for children visiting
- 0700 and 1500 Time Out around nurses station- Neil Diamond- “Hands, Washing Hands, Reaching Out (Purell), touching me, touching you.....
- CDI Prevention Campaign with education

Project Unit MS 3 Falmouth Hospital Associated CDI Rates 2010

Pre Intervention = 35.0 / 10,000 Patient Days

Post Intervention = 4.0 / 10,000 Patient Days



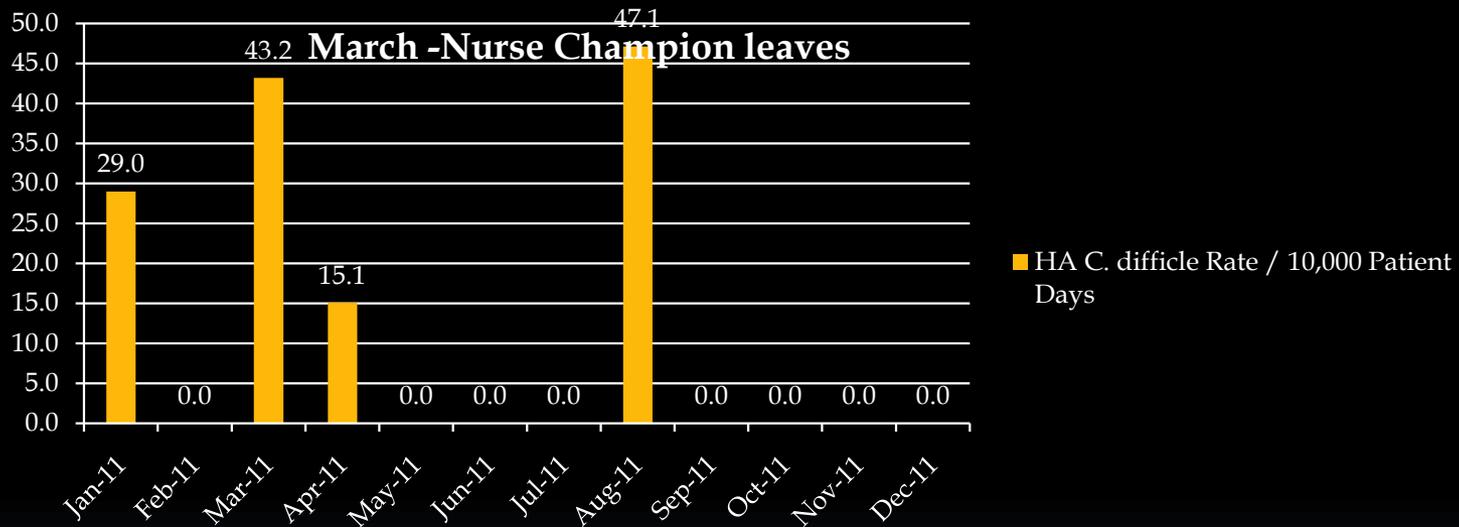
Project Unit MS 3 Falmouth Hospital Associated CDI Rates 2011

2010 Pre Intervention = 35.0/10,000 Patient Days

2010 Post Intervention = 4.0/10,000 Patient Days

2011 Mar = 43.2

MS 3 HA C. difficile Rate / 10,000 Patient Days 2011



FH MS 3 Hospital Associated difficile 2011

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11
Healthcare Associated Cases	2	0	3	1	0	0	0	3	0
Patient Days	690	653	695	664	625	624	665	637	566
HA C. difficile Rate / 10,000 Patient Days	29.0	0.0	43.2	15.1	0.0	0.0	0.0	47.1	0.0

Others?

How did your team use the structure
the structure of the Collaborative to
move your work forward?

Hand Hygiene

Award winning team at Tewksbury: *It's time for the Themmmies!*



Push It Tewksbury

<http://youtube.com/watch?v=nKqGq4naQGk>

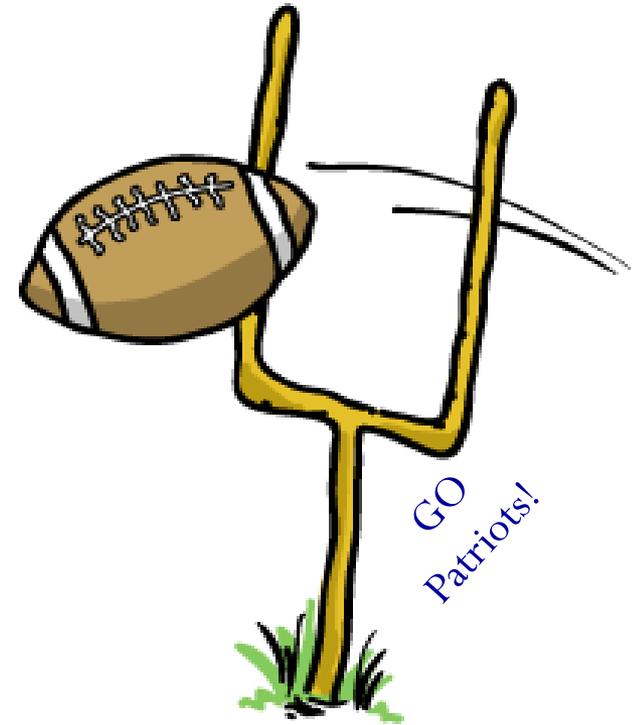
“No Butts About It,
Let’s Wipe It Away.....”

Debra Berube MS RNC CIC
Director of Infection Control & Prevention
St Vincent Hospital
Worcester MA

Abridged from
APIC NE
October 13, 2011

Goals:

- Decrease hospital acquired C.Diff by 25%
by the end of 2011. Will set new goals for 2012.
- Decrease overall hospital acquired infections
- Increase hand hygiene rates to ??? 100%
Continue to engage front line staff regularly
- Increase patient education regarding:
transmission, prevention, empowerment, etc.
- Maintain and increase effective environmental cleaning
 - Bleach wipes in ICU and other areas when appropriate
 - Cleaning is **everyone's** responsibility, not just “housekeeping”
- Maintain IP visibility on patient care units (this is NEVER ending!!)

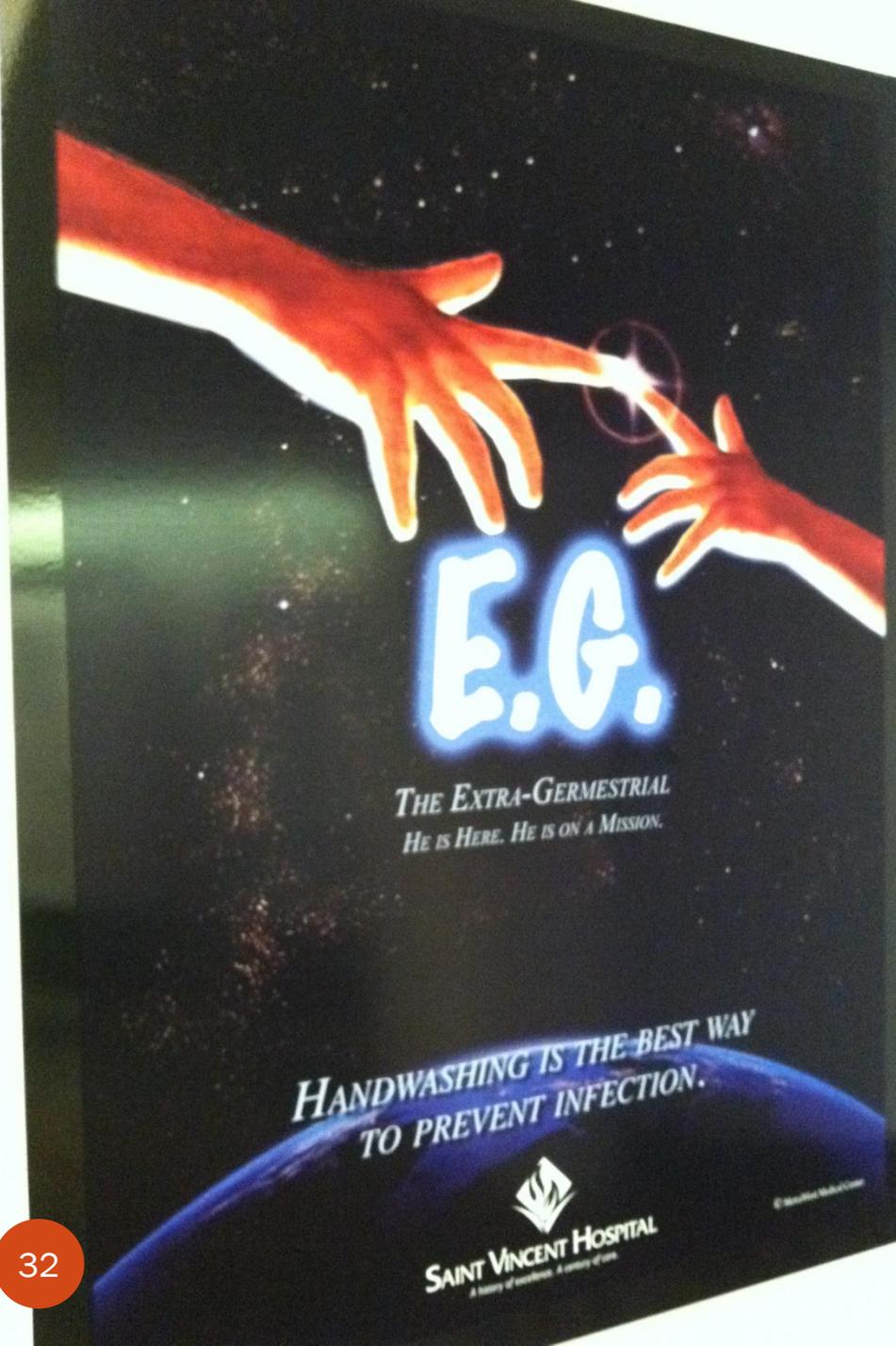


Hand Hygiene Program

(continued)



- Hand hygiene monitoring
 - 46 hand hygiene observers
 - each observer has monthly assignment to specific units
 - minimum of 500 observations per month (more is always OK!!!)
 - real-time feedback
 - NO person is exempt from being observed
 - IP cannot observe for statistics.....are considered “biased”
 - IP’s can issue “tickets” if violations are observed by IP’s
 - “Ticket” for attending physicians results in \$100 fine per violation, must be paid before allowed to recredential
 - Weekly update sent via email to all observers and leadership team



The posters :

- 20 x 26 inches
- professionally printed
- for staff and visitors.....
patient empowerment!
- washable
- eye-catching!!
- fun

Problem:

- poster / sign fatigue

Strategies

- rotate them unit
- create new ones
- move locations

**WHATCHA GONNA CLEAN:
YOUR HANDS!**



GERMBUSTERS!

Handwashing is the best way
to prevent infection.



© MetroWest Medical Center

*A short
time ago
in a hospital
close, close by...*

STAPH WARS

MAY THE SOAP BE WITH YOU.

**Handwashing is the best way
to prevent infection.**



© MetroWest Medical Center

Got Hands?



Wash 'em!

Keep our patients infection free.



12 different posters of children and animals, 8 ½ x 11 inches, laminated, washable.

Got Paws?



Wash 'em!

Keep our patients infection free.



Small 4 x 3 ½ inch magnetized signs that are attached to every patient doorway

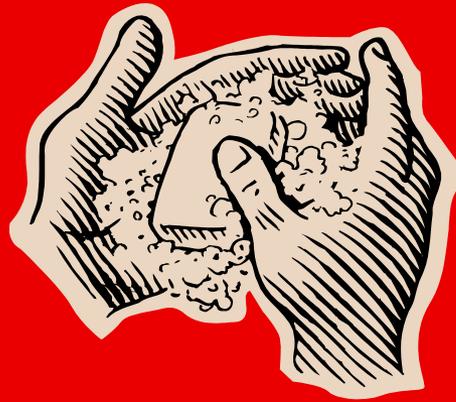


Problem:

- They tend to “disappear” and must be replaced frequently.
- IC practitioner carries them during daily rounds for replacing.

- This NO FOAM sign is posted in addition to **Contact Precautions** sign
- Alcohol foam is removed from inside of the patient room
- Patient and family education
- Terminal clean upon transfer or discharge

NO FOAM ROOM



**PLEASE WASH HANDS
WITH SOAP AND WATER
PRIOR TO LEAVING**



Hand Hygiene Monitoring Tool

Patient Care Unit _____ Observer _____

Shift of Observation (circle) Days Eves Nights Date _____

KEY: Health Care Worker Type

MD=physician attending	CM=case mgr/social worker	NP=nurse practitioner	OT/PT=rehab. Services	Env.=environmental services
MDR= resident/fellow	RN=registered nurse	CNM=nurse midwife	RDT=radiology tech.	Lab=laboratory staff
MS =med.student	LPN= licensed pract. nurse	CRNA= ns. anesthetist	S=student	FD=food/nutrition/dietary
PA=physician assistant	PCA= patient care assistant	CCT=critical care tech.	IN=instructor	Tran=transporter
		RT=respiratory therapist	P=pastoral care	Other = identify

Pt Room #	HCW Name	HCW Type	Hand cleansing before entering patient room or environment		Hand cleansing upon exiting patient room or environment		Compliant with nail policy. <small>(no artificial nails or artificial components applied, nails kept short, polish not chipped)</small>		Feedback / Comments:
			Yes	No	Yes	No	Yes	No	
1			Yes	No	Yes	No	Yes	No	
2			Yes	No	Yes	No	Yes	No	
3			Yes	No	Yes	No	Yes	No	
4			Yes	No	Yes	No	Yes	No	
5			Yes	No	Yes	No	Yes	No	
6			Yes	No	Yes	No	Yes	No	
7			Yes	No	Yes	No	Yes	No	
8			Yes	No	Yes	No	Yes	No	
9			Yes	No	Yes	No	Yes	No	
10			Yes	No	Yes	No	Yes	No	

Questions?? Call Infection Control at x26240 or pager 8368 Turn in completed monitoring tool to **Infection Control Fax 27625**

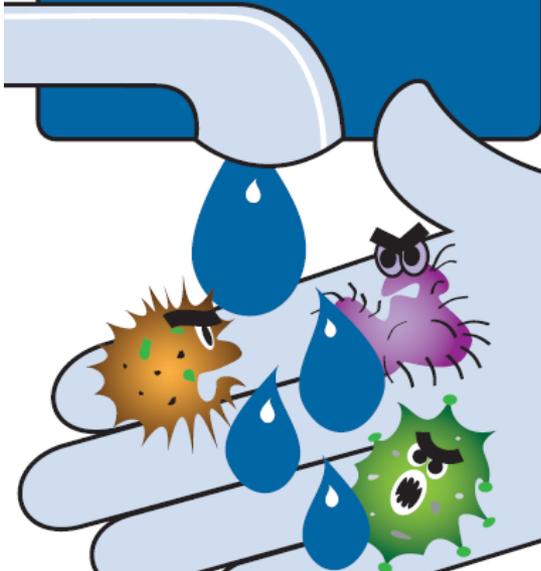
DB 06_2010

Innovative Training at St. Vincent



St Vincent Video HandHygieneMonitor3.wmv

Using humor to convey an important message at New England Baptist Hospital



■ Practice good hygiene often;

■ Keep your hands clean by washing thoroughly with soap and water—especially important with *C. difficile* to remove spores;

■ Keep cuts and abrasion clean and covered with proper dressing (e.g. transparent bandage) until healed.

ALCOHOL-BASED HAND RUB IS NOT EFFECTIVE AGAINST *C. DIFFICILE*

■ Alcohol sanitizer does not kill spores;

■ Hand washing is imperative following contact with a *C. difficile* patient to get rid of spores;

■ You may still use alcohol after hand washing.



NEW ENGLAND BAPTIST HOSPITAL

*Baystate Franklin Wants to know
Have You Been Spotted?*



I Want YOU to be a Hand Hygiene HERO!

Congratulations!

You are a hand hygiene hero.



Send this card with your name and extension to
Janice Momaney, 2 North and you will be entered
in the Monthly Hand Hygiene Raffle.

Your name: _____

Your extension: _____

NE SINAI HAND HYGIENE AND PPE OBSERVATION FORM

Unit / Area	Date		HH Monitor	Unit	Comments
Health Care Worker	Hand Hygiene		Staff Using PPE		
	Before Contact	After Contact	Correctly?		
MD RN RT Rehab EMS Dietary Other	Waterless Soap and Water None	Waterless Soap and Water None	Gloves Gown Mask Y N		
MD RN RT Rehab EMS Dietary Other	Waterless Soap and Water None	Waterless Soap and Water None	Gloves Gown Mask Y N		
EMS Dietary Other	None	None	Gloves Y N		

Total Hand Hygiene Observations:

Compliance:

Total Precautions Observations

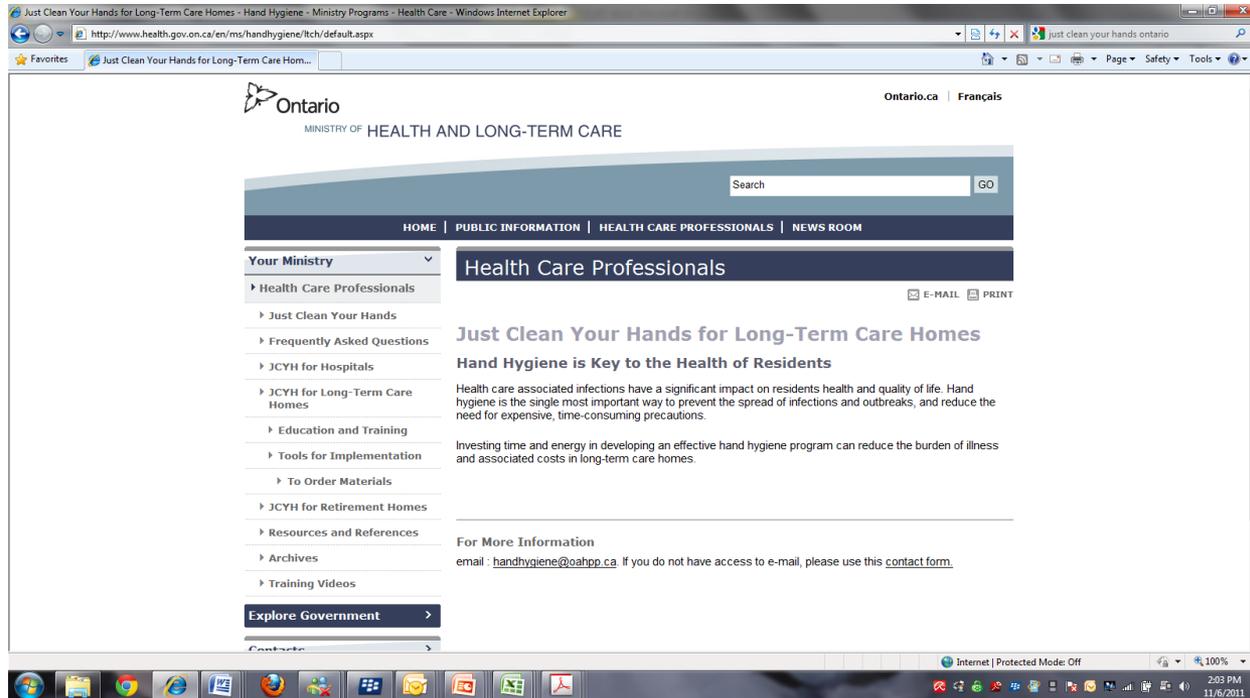
Compliance:

Recommendations:

Report to: _____

Date _____

Just Clean Your Hands: materials and training videos



http://www.centerfortransforminghealthcare.org/tst.aspx

Joint Commission Center for Transforming Healthcare
Creating Solutions for High Reliability Health Care

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HEALING HEALTHCARE PARTNERSHIP™

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Home > Targeted Solutions Tool

Twitter Facebook Share Print

Saturday 11:49 CST, November 12, 2011

Targeted Solutions Tool

Does your organization want to:

- Decrease health care-associated infections?
- Increase hand hygiene compliance in 12 short weeks?
- Find the right solutions for your root causes to improve hand hygiene?

Then do what other health care organizations have done.

Use the Targeted Solutions Tool™

Organizations that use the TST have increased their hand hygiene compliance by 44%!

Additional Resources (PDFs)

- Learn more about the TST
- Brochure about the TST
- FAQs about the TST
- Hand Hygiene Factors and Solutions
- Preview the TST
- Learn more about the Hand Hygiene project

More about the TST

The Targeted Solutions Tool™ is an application that guides health care organizations through a step-by-step process to accurately measure their organization's actual performance, identify their barriers to excellent performance, and direct them to proven solutions that are customized to address their particular barriers.

Available on The Joint Commission Connect - Log In

MetroWest Hospital Gets Down for Hand Hygiene !

[Wash Your Hands For Me! \(Handwashing Flash Mob\)](#)
[- YouTube](#)

<http://youtu.be/eNxVLVHGITk?t=25s>

Analysis Approaches

Gap Analysis at Baystate Medical Center

An APIC Guide

2008

Guide to the Elimination of *Clostridium difficile* in Healthcare Settings



About APIC

APIC's mission is to improve health and patient safety by reducing risks of infection and other adverse outcomes. The Association's more than 12,000 members have primary responsibility for infection prevention, control and hospital epidemiology in healthcare settings around the globe. APIC's members are nurses, epidemiologists, physicians, microbiologists, clinical pathologists, laboratory technologists and public health professionals. APIC advances its mission through education, research, consultation, collaboration, public policy, practice guidance and credentialing.

http://www.apic.org/Content/NavigationMenu/PracticeGuidance/APICEliminationGuides/C.diff_Elimination_guide_logo.pdf

Cause Analysis: Ask why 5 times

A true story

My daughter Leah came home with a poor grade on a math test

WHY do you think you didn't do well on the test?

- I had trouble concentrating

WHY do you think you had trouble concentrating?

- I didn't sleep enough the night before

WHY didn't you sleep enough?

- I had trouble falling asleep

WHY did you have trouble falling asleep?

- It was too noisy

WHY was it too noisy?

- Adam was practicing his saxophone at 10:00 !

CDI CAUSE ANALYSIS

Prepared by participants in the MA C. difficile Prevention Collaborative 7/2011

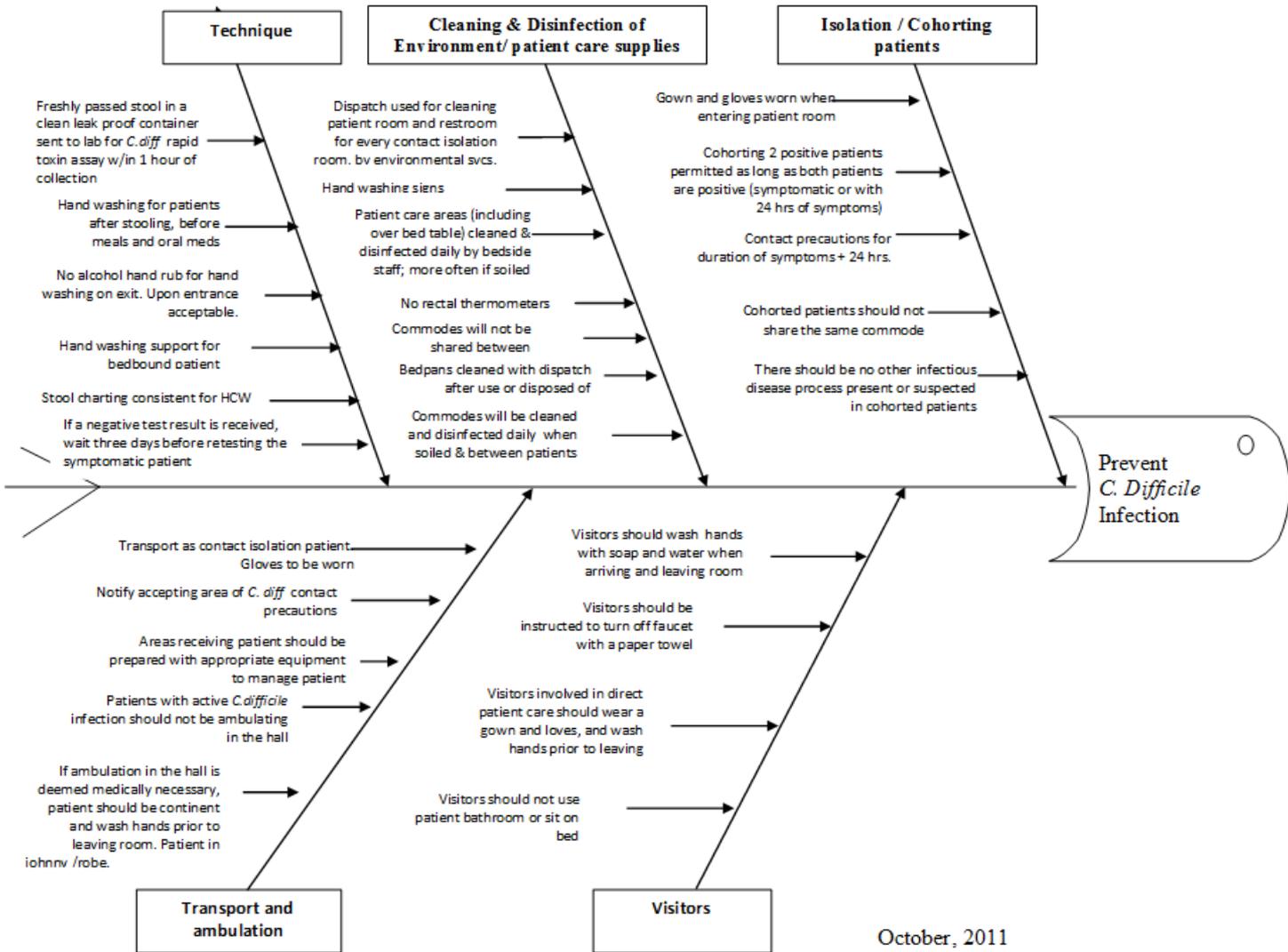
What can we learn about this event?
What are our policies?
What is our experience?

- HX and Risk Factors
- Testing
- Placement
- Precautions
- Treatment
- Cleaning & disinfection
- Hand Hygiene
- PPE compliance
- Equipment cleaning effectiveness
- Antibiotic use
- What are our policies?
- What is our experience with these?

FAIRVIEW NURSING PEER REVIEW



Cindy Atwood RN, BSN, SDC; Andrea Hazelton RN, MSN, CardioPulmonary Services; Susan B. Amundsen MSN, RN, APRN, ANP-BC, Director Emergency Services; Geraldine A. McQuoid RN, MSN, ICP, Director of Education/Infection Prevention & Control; Lynn Geldert RN, BSN, ICU, not present Erica Brown RN, BSN, Maternity and Doreen Hutchinson RN, MBA, Vice President of Operations and Acute Care Services



October, 2011

Baystate Medical Center