



HAI Cluster Call Summary

May 12, 2010

10:00 – 11:30am

General Information

- New IHC website. Please visit at www.ihconline.org. Feedback is welcome.
- Updating IHC toolkits. Looking for mentors and success stories for the Culture of Safety Toolkit.
 - Send names of organizations that have been successful in deploying a culture of safety, to Trula Foughty at foughtyt@ihconline.org.
- 7th Annual IHC Conference –September 1, 2010 at Scheman Building in Ames.
 - Keynote speaker; David Nash.
- Hospital Learning Community Work Day – September 2, 2010 at Scheman Building in Ames

Spread Exercise Changes:

- New Spread Exercise reporting tool has been created
 - Reduced response categories from 6 to 4
 - Clarified the definitions for each response category
 - Will reduce number of surveys to twice yearly – July and January
 - Added CAUTI, Aortic Dissection, Surgical Safety Checklist to survey to establish baseline
 - Stroke will be added to the survey in July
- IHC will send hospital-specific progress reports to CEOs and copies to CNE and quality leader
 - Will compare hospital progress trends to state, district and similar sized hospitals as aggregate data
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- Institute for Healthcare Improvement (IHI) needs mentor hospitals for:

Falls Prevention	VTE Prevention and Treatment
Multidisciplinary Rounds	Perinatal Elective Induction
Perinatal Labor Augmentation Bundles	Hand Hygiene

If your hospital has achieved strong results in any one of these areas, or if you know of an Iowa hospital that has, send an email to Trula at foughtyt@ihconline.org.

- IHC is building an HLC database to ensure optimum communication with Hospital Learning Community participants. Please send your name, facility name, and email address to Trula at foughtyt@ihconline.org or Ryan Meyer at Meyerr@ihconline.org.

NOTE

This call was recorded. Dr. Loreen Herwaldt from the UIHC was unable to join the call but wanted to hear the discussion regarding MRSA. Dr. Herwaldt is working with a CDC grant to control MRSA in Iowa and wanted to understand issues in Iowa hospitals regarding MRSA. Identifiers will not be used by Dr. Herwaldt.

HAI REDUCTION PROJECT UPDATE

- Barb Livingston, IDPH project manager provided a brief update on the status of the HAI Reduction Project.
 - For Activity B, 57 hospitals are participating to date
 - Year 1 – 1 unit, 1 month, 1 infection type, enter data into NHSN
 - Year 2 – participation with the prevention collaborative
- Check the IDPH website for information and tools http://www.idph.state.ia.us/hai_prevention

HAND HYGIENE

- Hand hygiene not a 5 Million Lives Campaign improvement topic but clearly a significant issue. Call participants agreed to add Hand Hygiene to the HAI Cluster Call topics.
- Resources:
 - IHI Improving Hand Hygiene How-to-Guide at www.ihc.org
 - Improvement Map Hand Hygiene process www.ihc.org/imap/tool
 - www.everypatient.net – includes tools, success stories, PowerPoint presentations, posters, links to other websites
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 - **Iowa Health Des Moines developed a hand hygiene campaign in 2008, *Just One Touch*.**
 - **In 3 months, decrease in all infections except surgical**
 - **10 observations/week**
 - **Report to leadership monthly at first, now quarterly**
 - **Included Hand Hygiene on nursing units dashboards**
 - **Had strong administration support – administration dressed as a giant hand to increase awareness**
 - **There was a cultural shift to awareness and positive team approach**
 - **Annual mandatory hand hygiene education for staff on Netlearning**
 - **Hand hygiene education to patients/families**
 - **Orientation video**
 - **Winneshiek Medical Center, Decorah – program in place one year**

- Peer reviewers – OB 10 observations;/month; Med-Surg (20 observations/month = 30 total observations/month
 - Reviewers changed each month
 - Also used patient observations
 - Physicians were engaged – were provided quarterly feedback
- **Mercy Hospital, Iowa City** –
- Peer observations – rates good but may be biased
 - Doing education
 - Each unit has own interventions
- **Mercy Medical Center, Dubuque** – does safety orientation with each new employee
- Signs a pledge

CAUTI

- Baseline data collection through Spread Exercise Survey in 2010
 - IHC CAUTI Toolkit – www.ihconline.org
 - Improvement Map has CAUTI process - <http://www.ihc.org/imap/tool/#>
- **Regional Medical Center, Manchester** –
- Looked at necessity for catheter – sometimes placed in ED but not really needed after admission
 - Automatic, standard post op surgery orders – if Foley inserted, remove on Day 2

MRSA

- 2009 IHC deployment goal – 60%
 - Exceeded goal – 65%
 - 2010 goal – 80%
 - 7% reporting Discussion Only or No Activity
 - Revised Iowa Antibiotics Task Force Report will be released by IDPH in near future
- **Mercy Hospital, Iowa City** –experiencing higher rate of MRSA with patients from LTCs
- **Hospital Unknown** - (if you shared this information, please notify Trula to have your facility listed.)
- Active surveillance for patients from LTC and direct admits to ICU (PCR test)
 - Added to flag list as positive
 - Discontinue from flag list after 2 years or 3 negative tests
- **Iowa Health Des Moines** – discontinues precautions based on risk assessment
- physician identifies on the list what he/she wants continued/discharged/held

CLOSTRIDIUM DIFFICILE

- C.diff and CAUTI subgroups with the IDPH HAI Reduction Project will review of the guidelines for these infections this summer
 - Subgroups will issue recommendations for interventions
 - May have a tiering of interventions
 - Recommendations from the subgroups will be announced at the IHC Annual Conference on Sept. 1, 2010
 - Subgroups will look at antimicrobial stewardship
 - Improvement Map has Antibiotic Stewardship process at <http://www.ihl.org/imap/tool/>

HEALTHCARE WORKER IMMUNIZATION

- 2009 deployment goal – 95%
- With 90 hospitals reporting, 91% immunization rate to date
- 2010 goal – 95% again
- Congratulations!

CENTRAL LINE INFECTIONS

- 2009 deployment goal – 50% (of those hospitals inserting central lines)
- Exceeded goal – 53%
- 2010 goal – 70%

➤ Mercy Hospital, Des Moines -

- **Combined NPSG Universal Protocol and CLABSI into one form**
- **Makes sure everything needed is in the insertion kit so it's easy to do it right/hard to do it wrong**
- **Focus on care of lines**
- **Use “scrub the hub”**
- **Daily assessment of need for the line**
- **Looking at ways to hardwire**

➤ Mercy Hospital, Iowa City –

- **uses a checklist/flowsheet that is a permanent part of the record**

VENTILATOR ASSOCIATED PNEUMONA

- 2009 IHC goal – 35% (of those hospitals providing ventilator care)
- Fell short of goal - 31%
- 22 % of hospitals reporting No Activity or Discussion Only
- 2010 goal – 65% (major stretch goal)

- Improvement Map has process - <http://www.ihl.org/imap/tool/#>

Iowa Health Des Moines -

- **has created a prevention protocol**
- **spreading it to other high risk patients as well as ventilator patients i.e. those needing a focus on oral care**

SURGICAL SITE INFECTIONS (SSI)

- 2009 IHC goal – 80% - goal met
- 2010 goal – 64%
- No discussion on the topic

SURGICAL CARE IMPROVEMENT PROGRAM (SCIP)

- 2009 goal – 60% - goal met
- 2010 goal – 60% (at the time IHC wrote 2010 goals, SCIP deployment was 53%. Will re-evaluate
- 12% reported Discussion Only or No Activity
- Improvement Map process for SCIP - <http://www.ihl.org/imap/tool/#>
- No discussion on this topic

**Next HAI Call
August 11, 2010**