WE WILL PREVENT INFECTIONS. KNOW THE FACTS. TAKE ACTION.

Indiana State Department of Health

CAC University of Indianapolis. College for Aging & Community

Indiana Healthcare Associated Infection Initiative

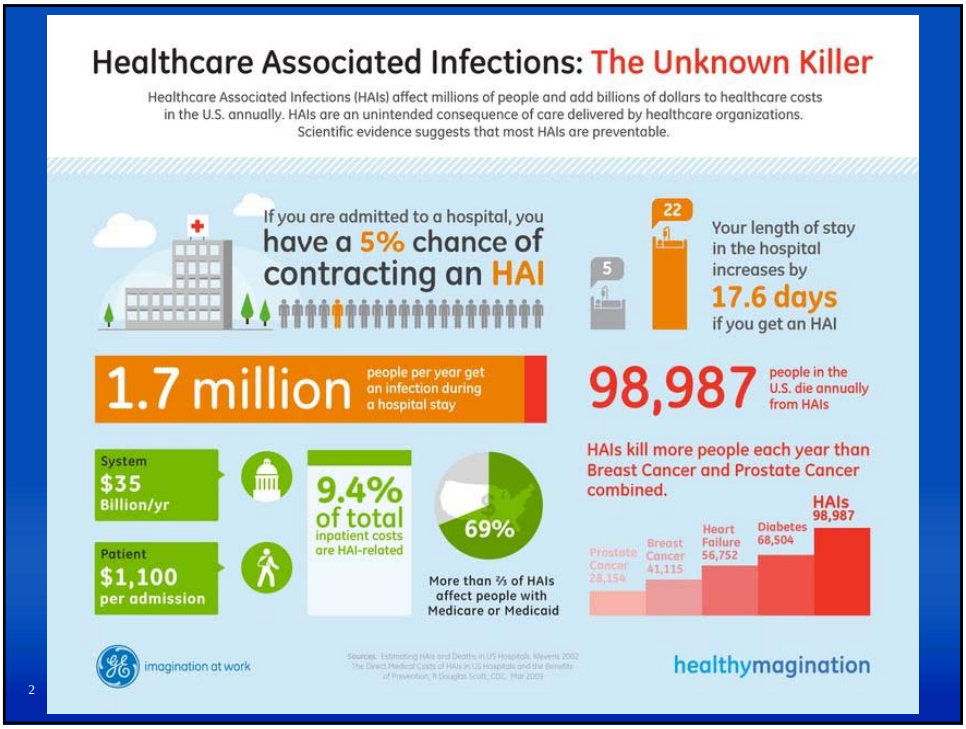
Ellen Miller, PhD

Executive Director

University of Indianapolis

Center for Aging & Community

Celebrating 10 Years



2

HAI Initiative – Who?

- Who participated?

Number of Participating Facilities			
	Jul 2010	Mar 2011	Oct 2011
Hospitals	47	37	30
Long Term Care Facilities	136	81	75
Home Health & Hospice Agencies (Pilot Role)	13	8	6
Ambulatory Surgery Centers (Pilot Role)	3	3	3
Dialysis Centers (Pilot Role)	3	3	2

3

HAI Initiative - What & Where?

- What specific infections did the initiative target?
  - CAUTI - more than 1 million patient infections each year
  - CDI – 3 to 25 infections per 10,000 patient days
  - CLABSI, MRSA, SSI, & VAP may be addressed in the future
- Where did the funding for the initiative come from?

4

HAI Initiative - When?

- Timeline
  - Jan-Jun 2010 Project Development
  - Mar-Jun 2010 Recruitment & Selection
  - Jul 2010 Initiative Started
  - Jul-Aug 2010 NHSN Training
  - Aug-Sep 2010 Baseline data collection
  - Sep 2010 Implementation
  - Sep 2010 Process Measures Webinar
  - Sep 2010 Pre Self Assessment and Pre Knowledge Questionnaire data collection

5

HAI Initiative - When?

- Timeline
  - Oct-Nov 2010 Learning Session 1
  - Mar 2011 Mid-Initiative Updates Webinar
  - Apr 2011 Learning Session 2
  - Apr 2011 HAI Consumer Brochure Rollout
  - Apr 2011 Environmental Cleaning Online Learning Module Launched
  - Jul 2011 20 Tips in 20 Minutes Webinar
  - Oct 2011 Safe Injection Practices Webinar

6

HAI Initiative - When?

- Oct 2011 Speak Oct 2011 Learning Session 3/ISDH Leadership Conference
- Oct 2011 Speak Up Online Learning Module Launch
- Oct 2011 The Five Essentials of Infection Prevention In-service Video Launch
- Oct 2011 Critical Thinking for Infection Prevention In-service Video Launch
- Nov 2011 What is an HAI? Online Learning Module Launch
- Dec 2011 Initiative Ends

7

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HAI – The Five Essentials

- The Five Essentials of Infection Prevention:
  - Use Hand Hygiene
  - Know Your Role
  - Assess and Manage Risk
  - Maintain a Clean Environment
  - Review Antibiotic and Catheter Use





8

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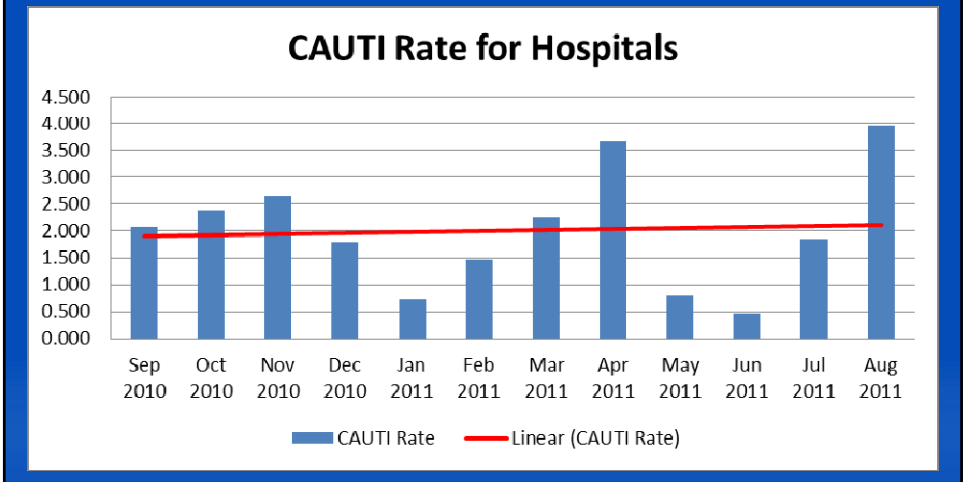
HAI Initiative – Data Tracking

- Data Collection Forms - Monthly
  - CAUTI Infection Events and CDI Lab ID Events
  - Hand Hygiene Observations
  - Environmental Cleaning Observations
- Other Forms – Pre & Post
  - Knowledge Questionnaire
  - Self Assessment

9



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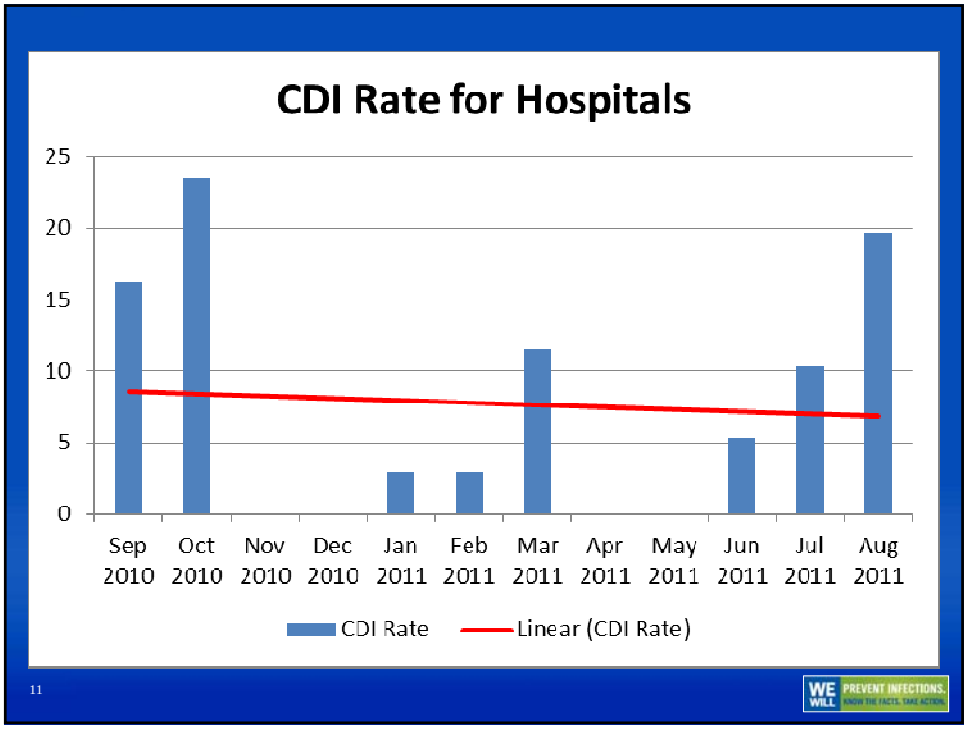
CDI Rate for Hospitals
25
20
15
10
5
0
Sep 2010
Oct 2010
Nov 2010
Dec 2010
Jan 2011
Feb 2011
Mar 2011
Apr 2011
May 2011
Jun 2011
Jul 2011
Aug 2011
CDI Rate
Linear (CDI Rate)
11
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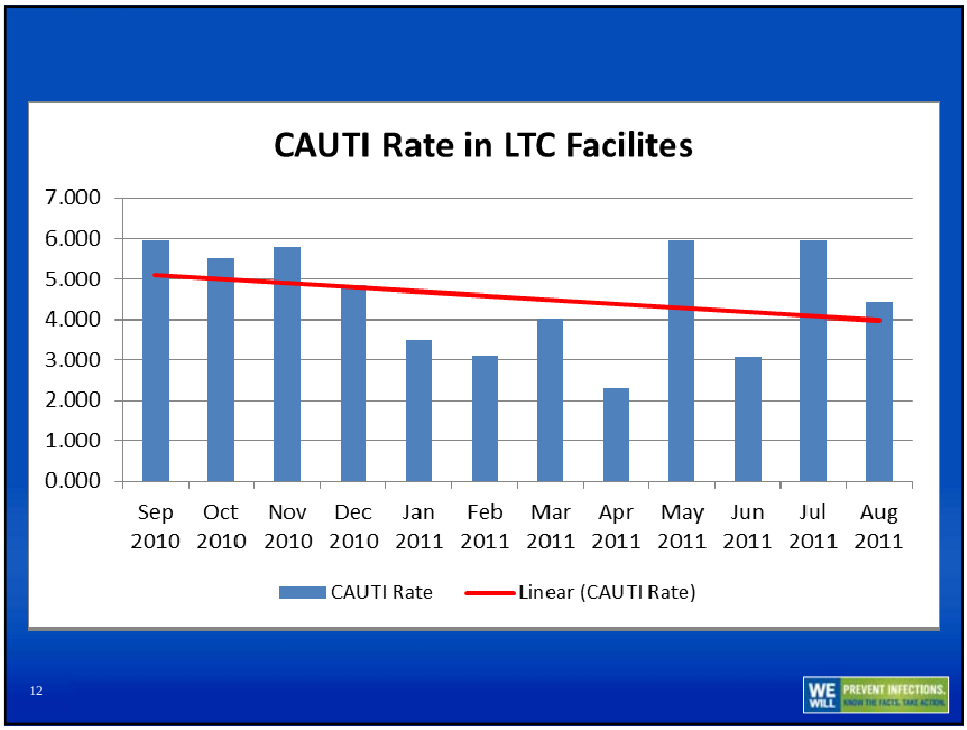
CAUTI Rate in LTC Facilites
7.000
6.000
5.000
4.000
3.000
2.000
1.000
0.000
Sep 2010
Oct 2010
Nov 2010
Dec 2010
Jan 2011
Feb 2011
Mar 2011
Apr 2011
May 2011
Jun 2011
Jul 2011
Aug 2011
CAUTI Rate
Linear (CAUTI Rate)
12
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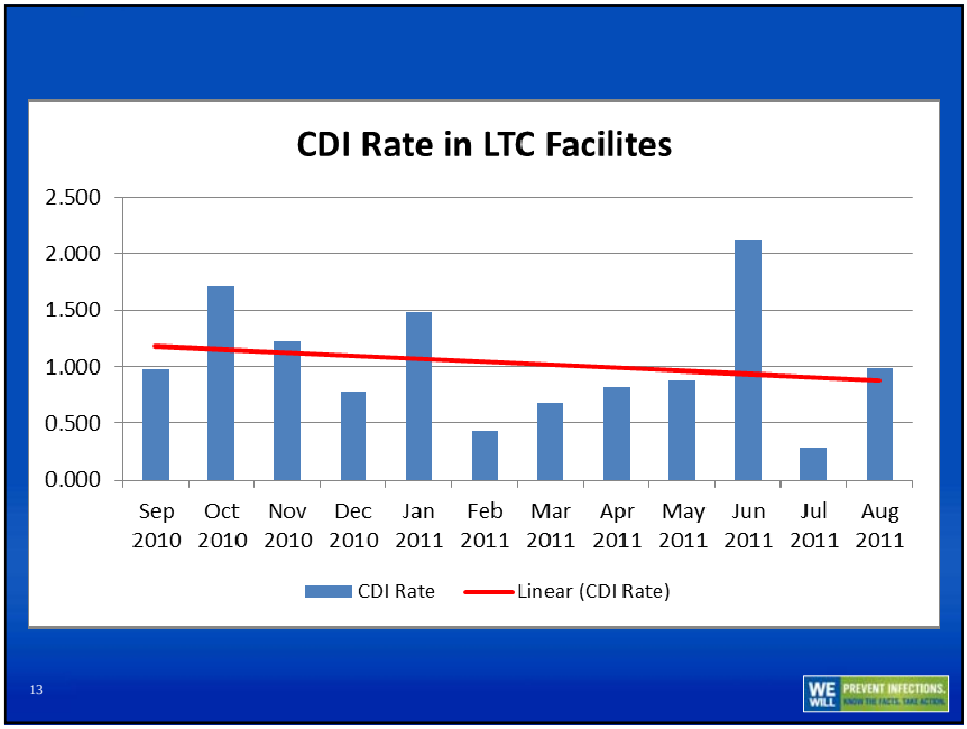
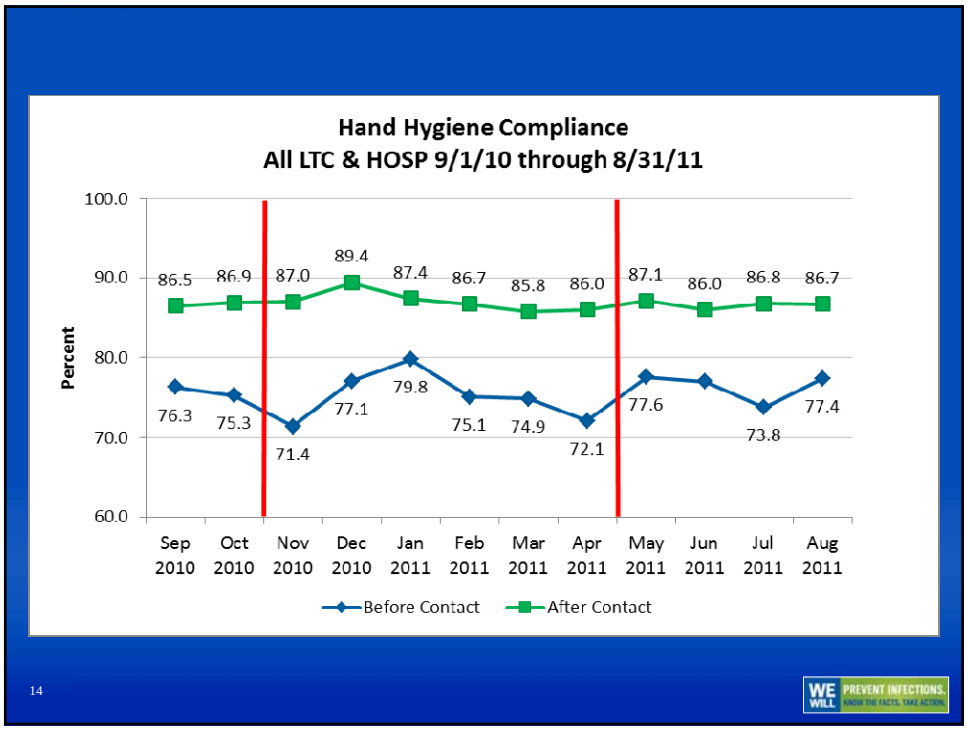
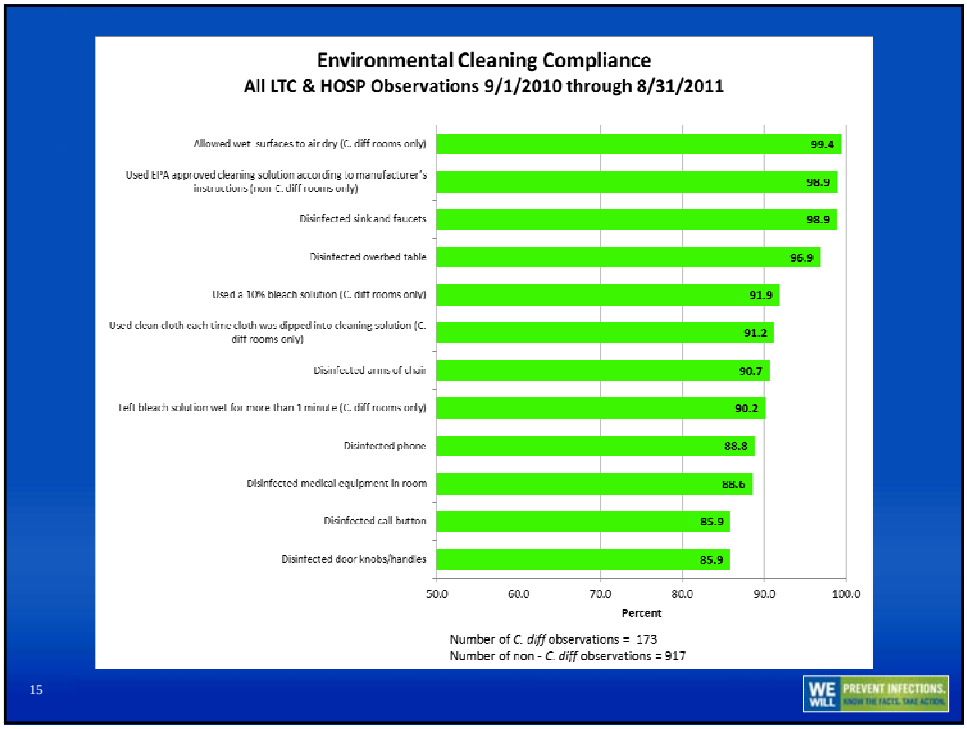

CDI Rate in LTC Facilites
2.500
2.000
1.500
1.000
0.500
0.000
Sep 2010
Oct 2010
Nov 2010
Dec 2010
Jan 2011
Feb 2011
Mar 2011
Apr 2011
May 2011
Jun 2011
Jul 2011
Aug 2011
CDI Rate
Linear (CDI Rate)
13


Hand Hygiene Compliance
All LTC & HOSP 9/1/10 through 8/31/11
Percent
100.0
90.0
80.0
70.0
60.0
86.5
86.9
87.0
89.4
87.4
86.7
85.8
86.0
87.1
86.0
86.8
86.7
76.3
75.3
71.4
77.1
79.8
75.1
74.9
72.1
77.6
73.8
77.4
Sep 2010
Oct 2010
Nov 2010
Dec 2010
Jan 2011
Feb 2011
Mar 2011
Apr 2011
May 2011
Jun 2011
Jul 2011
Aug 2011
Before Contact
After Contact
14


Environmental Cleaning Compliance
All LTC & HOSP Observations 9/1/2010 through 8/31/2011
Allowed wet surfaces to air dry (C. diff rooms only)
Used EPA approved cleaning solution according to manufacturer's instructions (non C. diff rooms only)
Disinfected sink and faucets
Disinfected overbed table
Used a 10% bleach solution (C. diff rooms only)
Used clean cloth each time cloth was dipped into cleaning solution (C. diff rooms only)
Disinfected arms of chair
Left bleach solution wet for more than 1 minute (C. diff rooms only)
Disinfected phone
Disinfected medical equipment in room
Disinfected call button
Disinfected door knobs/handles
99.4
98.9
98.9
96.9
91.9
91.2
90.7
90.2
88.8
88.6
85.9
85.9
50.0
60.0
70.0
80.0
90.0
100.0
Percent
Number of C. diff observations = 173
Number of non - C. diff observations = 917
15
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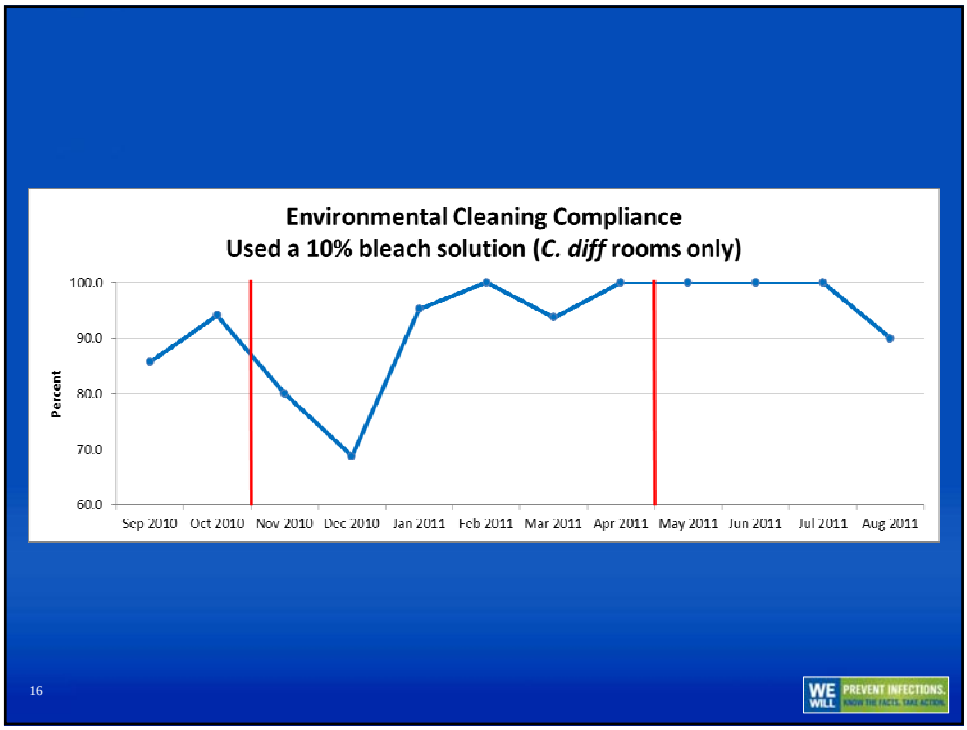
Environmental Cleaning Compliance
Used a 10% bleach solution (C. diff rooms only)
100.0
90.0
80.0
70.0
60.0
Percent
Sep 2010
Oct 2010
Nov 2010
Dec 2010
Jan 2011
Feb 2011
Mar 2011
Apr 2011
May 2011
Jun 2011
Jul 2011
Aug 2011
16
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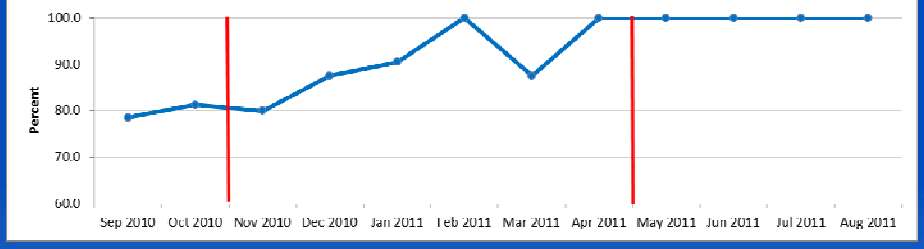
Environmental Cleaning Compliance
Used clean cloth each time cloth was dipped into cleaning solution (*C. diff* rooms only)



17

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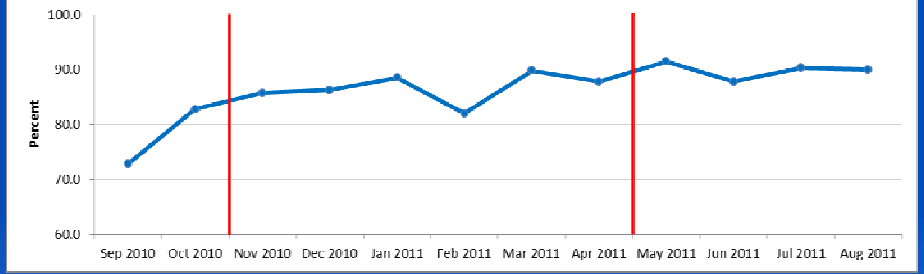
Environmental Cleaning Compliance
Disinfected door knobs/handles



18

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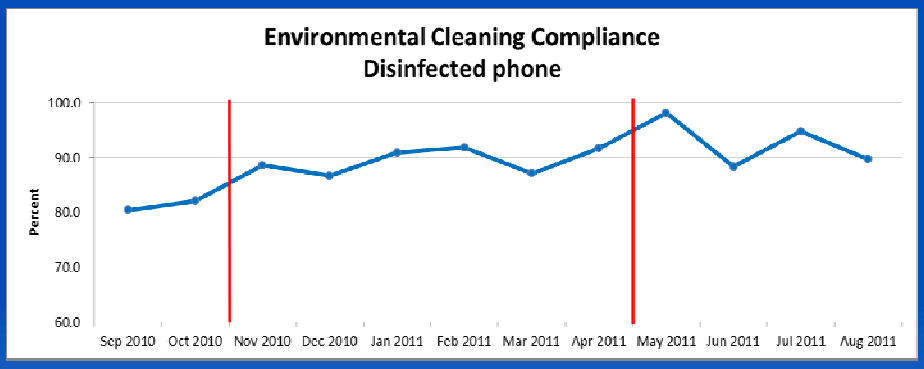
Environmental Cleaning Compliance
Disinfected phone
Percent
100.0
90.0
80.0
70.0
60.0
Sep 2010
Oct 2010
Nov 2010
Dec 2010
Jan 2011
Feb 2011
Mar 2011
Apr 2011
May 2011
Jun 2011
Jul 2011
Aug 2011

19


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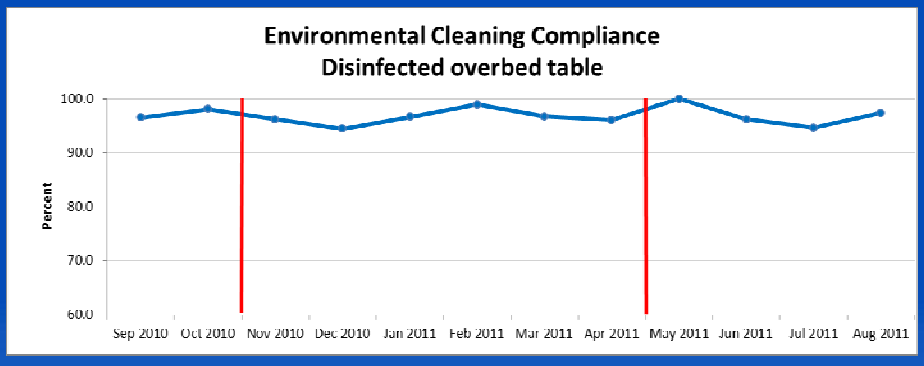
Environmental Cleaning Compliance
Disinfected overbed table
Percent
100.0
90.0
80.0
70.0
60.0
Sep 2010
Oct 2010
Nov 2010
Dec 2010
Jan 2011
Feb 2011
Mar 2011
Apr 2011
May 2011
Jun 2011
Jul 2011
Aug 2011

20


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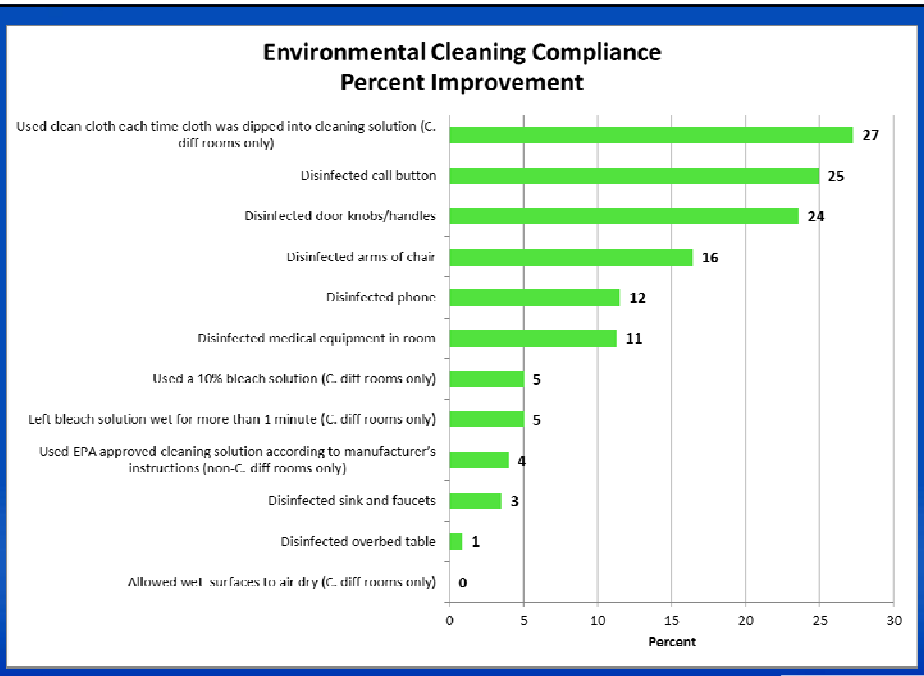

21

What We Learned – Self Assessment

- Consumers:

	Hospitals			LTC			All		
	% Pre	% Post	% Chg	% Pre	% Post	% Chg	% Pre	% Post	% Chg
Facility educates patient and families about appropriate use of antibiotics.	27	64	137%	73	77	5%	58	73	26%
Facility educates family and visitors about specific ways to prevent infection.	91	100	10%	82	78	-5%	85	85	0%

22

What We Learned – Self Assessment

- Patient Safety:

	Hospitals			LTC			All		
	% Pre	% Post	% Chg	% Pre	% Post	% Chg	% Pre	% Post	% Chg
Facility has someone certified in infection control (CIC).	55	64	16%	0	5	500%	18	24	33%
Facility has patient safety Rapid Response Team	100	100	0%	18	32	78%	45	55	22%

23

What We Learned – Self Assessment

- Hand Hygiene and Speaking Up:

	Hospitals			LTC			All		
	% Pre	% Post	% Chg	% Pre	% Post	% Chg	% Pre	% Post	% Chg
When washing hands staff scrub hands for at least 20 seconds.	82	82	0%	83	96	16%	82	91	11%
Staff speak up if they observe incorrect hand hygiene behavior.	36	55	53%	39	65	67%	38	62	63%
Patients/residents speak up if they observe incorrect hand hygiene behavior.	9	27	200%	22	17	-23%	18	21	17%

24

What We Learned – Self Assessment

- Communication:

	Hospitals			LTC			All		
	% Pre	% Post	% Chg	% Pre	% Post	% Chg	% Pre	% Post	% Chg
Staff must review patient's chart to determine if they are on contact precautions.	18	36	100%	30	39	30%	26	38	46%
Visitors informed of infection concerns before entering patient's room.	82	91	11%	100	100	0%	94	97	3%
Facility involves patient & family in planning & providing care that will prevent infections.	91	91	0%	70	83	19%	76	85	12%

25

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What We Learned – Knowledge Questionnaire

	Hospitals			LTC			All		
Percent answered correctly	% Pre	% Post	% Chg	% Pre	% Post	% Chg	% Pre	% Post	% Chg
The most common healthcare associated infection is… Catheter Associated Urinary Tract Infection.	51	69	37%	38	56	46%	42	59	42%
When using soap and water to clean your hands you should rub your hands together for at least… 20 seconds.	43	60	41%	53	69	32%	49	66	35%

26

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Resources for Staff

- ISDH Website
  - Healthcare Associated Infections Resource Center - http://www.in.gov/isdh/24769.htm

27

Resources for Patients & Families

- HAI Consumer Brochure
- Online Learning Modules
  - "Speak Up" Consumer Branch
  - What is an HAI?

28

Contact Information

The University of Indianapolis Center for Aging & Community is acting Project Manager for the Indiana Healthcare Associated Infection Initiative. Please feel free to contact us throughout the initiative with any questions you may have.

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Senior Project Director
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The Indiana State Department of Health and University of Indianapolis Center for Aging & Community appreciate your enthusiasm towards this important health care quality initiative and value partnering with your facility to prevent healthcare associated infections.

29