

Methicillin-resistant *Staphylococcus aureus*: Webinar #1



**WEBINAR ONE: INTRODUCTION TO
THE TOPIC, BEST PRACTICES,
MEASUREMENT, AND
INSTRUCTIONS FOR COMPLETING
THE GAP ANALYSIS TOOL**



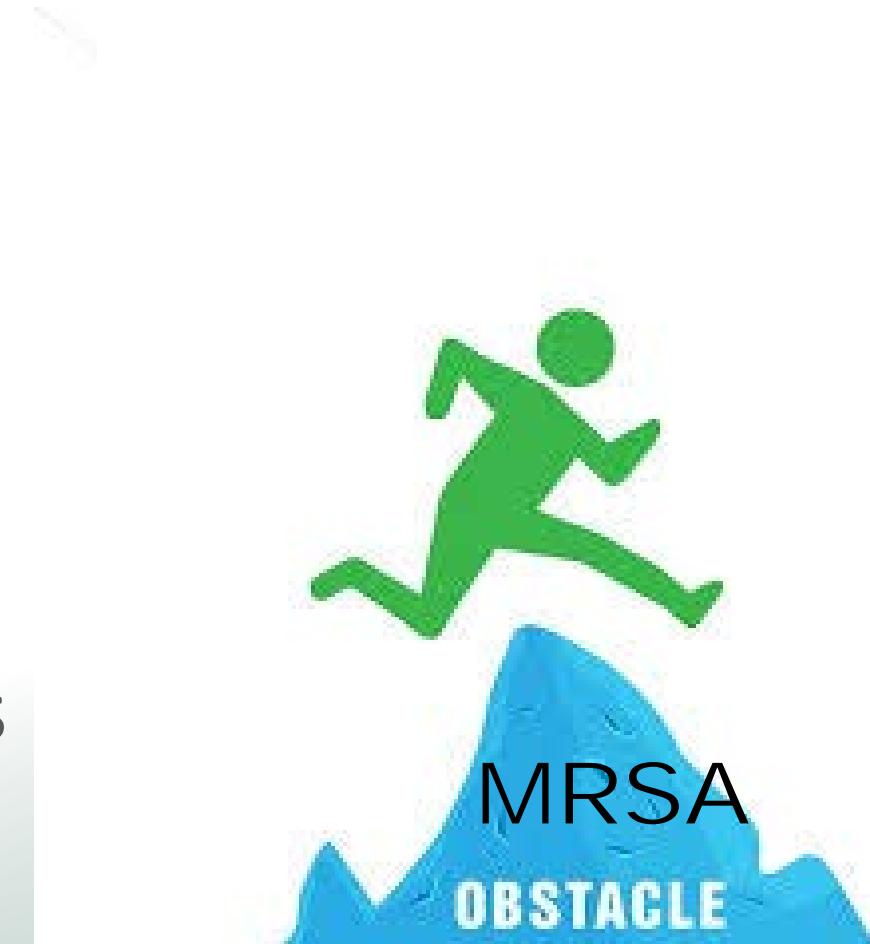
**GREAT LAKES
PARTNERS FOR PATIENTS**

**Illinois | Michigan | Wisconsin
Powered by the MHA Keystone Center**

Accelerating Improvement at the Point of Care

Welcome to the Starter Pack

- Webinar #1 Objectives
 - Why this is important
 - Establishing a Team
 - Best practices
 - Understanding the Measures
 - Completing a gap analysis
 - First Steps



Why is this Important?

Statistics

- One in three people carry staph in their nose while two in 100 people carry MRSA
 - 30% intermittent
 - 50% prolonged
- Over 80,000 invasive MRSA infections
- 11,285 related deaths per year



Costs:

- Mean cost is \$35,367 in 2000
- \$3.2 to 4.2 billion in US hospitalized patients in 2010
- 10 days additional length of stay

Guide to Elimination of MRSA Transmission in Hospital Settings, 2nd Edition

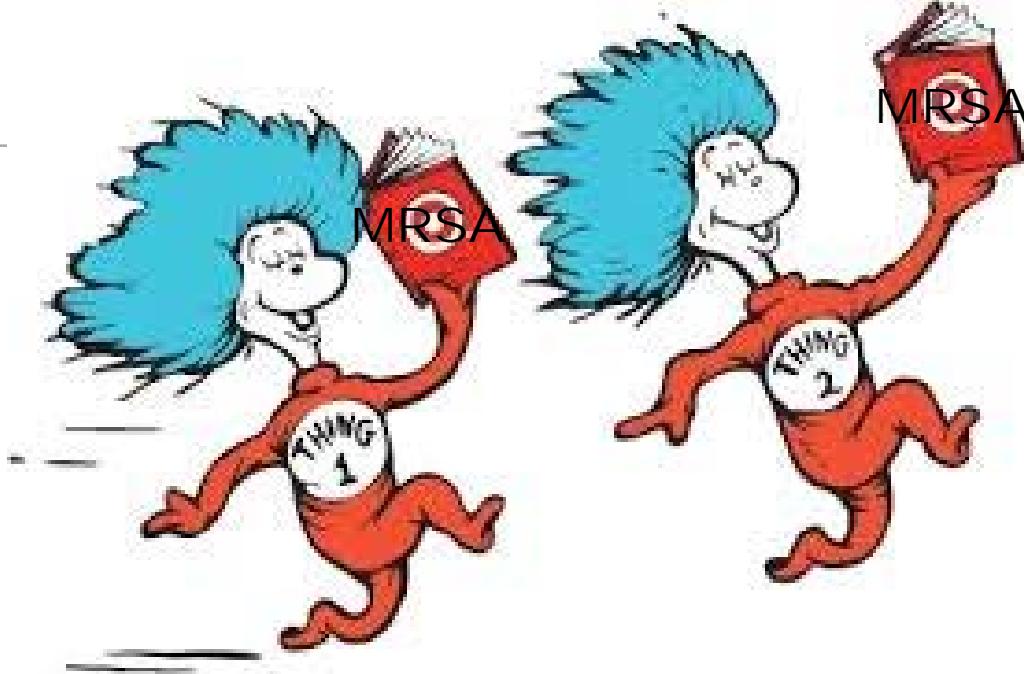
Project Goal

- The HIIN Bold Goal – 20% reduction in falls from 9-30-16 to 9-30-19
- Presidential goal is to reduce by at least 50% overall MRSA bloodstream infections by 2020 as compared to 2011



First Things First

- Ask:
 - Are we ready?
 - Is there urgency?
 - Is there leadership support?
 - Who owns this effort?
 - What resources are needed?
 - What if we are not ready for full-scale change?
- Assess the readiness before you proceed



Establishing Your Team

- Successful improvement work relies on a team
- Project Champion – senior leader who will provide support
- Team Leader – a person with authority to make the changes needed
- Team members – staff that do the daily work
 - Pharmacist
 - Physicians
 - Infection Prevention
 - Quality
 - Frontline staff



TEAMWORK



Best Practices

- Monitor trends in the incidence of MRSA in the facility over time to determine if rates are decreasing or additional interventions are needed.

The screenshot shows a software interface titled "Reporting Plan". On the left, there is a vertical navigation menu with the following items:

- Reporting Plan
- Event
- Procedure
- Summary Data
- Analysis
 - Generate Data Sets
 - Output Options
 - Statistics Calculator
- Surveys
- Users
- Group
- Log Out

Below the menu, there are two buttons: "Expand All" and "Collapse All". The main content area displays a hierarchical list of reporting modules:

- Device-Associated (DA) Module
- Procedure-Associated (PA) Module
- HAI Antimicrobial Resistance (DA+PA Modules)
- MDRO/CDI Module - Infection Surveillance
- MDRO/CDI Module - LABID Event Reporting
 - All LabID Events
 - All MRSA LabID Events
 - CDC Defined Output
 - Line Listing for All MRSA LabID Events
 - Frequency Table for All MRSA LabID Events
 - Bar Chart for All MRSA LabID Events
 - Pie Chart for All MRSA LabID Events
 - Rate Tables for MRSA LabID Data
 - SIR - MRSA Blood FacwideIN LabID Data

For each report item, there are "Run" and "Modify" buttons to its right.

Best Practices

NHSP Home Logged into NHSP Partners for Patients (ID: 27980) as: JCLHARDIN, Facility Admin II, Lakeshore Medical Center (ID: 10321) is following the PI component.

Reporting Plan Analysis SIR

Event

Procedure

Summary Data

Analysis

- Generate Data Sets
- Output Options
- Statistics Calculator

Surveys

Users

Group

Log Out

Analysis Data Set: LABID_RatesMRSA Export Analysis Data Set

Modify Attributes of the Output:

Last Modified On: 12/01/2016

Output Type: SIR

Output Name: SIR - MRSA Blood Isolates/N LabID Data

Output Title: SIR - MRSA Blood Isolates/N LabID Data

Select output format:

Output Format: HTML

Use Variable Labels

Select a time period or Leave Blank for Cumulative Time Period: [Help](#)

Date Variable	Beginning	Ending	Action
summary/ym	01/2015	12/2015	Clear Time Period

Enter Date variable/Time period at the time you click the Run button

Best Practices

- Hand Hygiene
- Standard precautions
- Contact precautions
- Environmental and equipment cleaning and decontamination
- Education
- MRSA Monitoring Process



Best Practices – Hand Hygiene

- Hand hygiene plays an integral role in reducing the transmission and occurrence of infection and is the cornerstone of any infection prevention program.
- All healthcare settings must implement a comprehensive hand hygiene program, periodically monitor compliance, and provide feedback to individuals and key stakeholders in the infection prevention program.
- All healthcare settings must maintain gains and facilitate improvements in hand hygiene compliance.

Patient Centered Clean Hands

Welcome to our safety team

Keeping hands clean is a key step to safe healthcare. This is not only true for our staff but also for you, our patient. We consider your safety to be very important and want to share with you how we plan on keeping your hands clean during your stay. We are working hard to prevent the spread of germs and infections as all patients are at risk for developing infections, and hospital infections can be life-threatening and hard to treat.

Our hand hygiene process allows you to gain greater control over actions which affect your health.

1. We want you to feel empowered and to accept an opportunity to become involved in the care process. Clean hands, by hand washing or hand disinfecting, is recognized as a key element to prevent the spread of germs circulating in the home, community, and our hospital. The most common way germs are spread from a person is touching unseen germs, including your own normal germs, and then touching an item or person. These germs are then spread to another item or person after another hand has contact with them. Because health care includes touch, we must continue to clean our hands.
2. “May I help you clean your hands?” may be asked of you through your stay. This includes:
 - When you enter or leave your room.
 - After using the restroom.
 - After coughing or sneezing on your hands, or blowing your nose.
 - Before eating or putting anything in your mouth.
 - Before and after touching wounds, devices, or tubing.

Hand Hygiene Resources

- Patient Centered Clean Hands: <http://bit.ly/28SmgbI>
- Hand Hygiene Dispensers: <http://bit.ly/28QkJDm>
- Design for Small Test of Change – Hand Hygiene:
<http://bit.ly/28R6JZo>
- Front Line Staff Hand Hygiene Input: <http://bit.ly/2bC4rzB>



Best Practices – Standard and Contact Precautions

- Transmission of MRSA directly from infected and colonized patients and indirectly via contaminated equipment, supplies, and environmental surfaces in patient rooms has been documented.
- The use of standard precautions for all patients and contact precautions for patients colonized or infected with MRSA is recommended to eliminate transmission of MRSA and other multidrug-resistant organisms (MDROs) in the hospital setting.
- The elements of standard and contact precautions are well-established for hospital settings.

Best Practices – Standard and Contact Precautions

Contact precautions basic components:

- Patient placement: Single-patient room preferred
- Gloves and gowns: recommended for all interactions that may involve contact with the patient or potentially contaminated areas in the patient's environment.
- Patient care equipment: use of dedicated non-critical patient care equipment is recommended for patients on contact precautions.

Best Practices – Environmental and Equipment Cleaning and Disinfection

- MRSA can survive in the hospital environment and hospital surfaces.
- Patients and healthcare workers can transmit and/or acquire MRSA from contact with contaminated equipment and environmental surfaces.
- Effective environmental cleaning and equipment cleaning/disinfection will reduce the risk of transmission of MRSA.
- All staff must take responsibility for ensuring that the hospital environment is appropriately cleaned and that
- equipment is cleaned and disinfected between patient use.

Best Practices – Environmental and Equipment Cleaning and Disinfection

- Delineation Responsibility for Cleaning
- Monitoring Cleaning
- Visual References



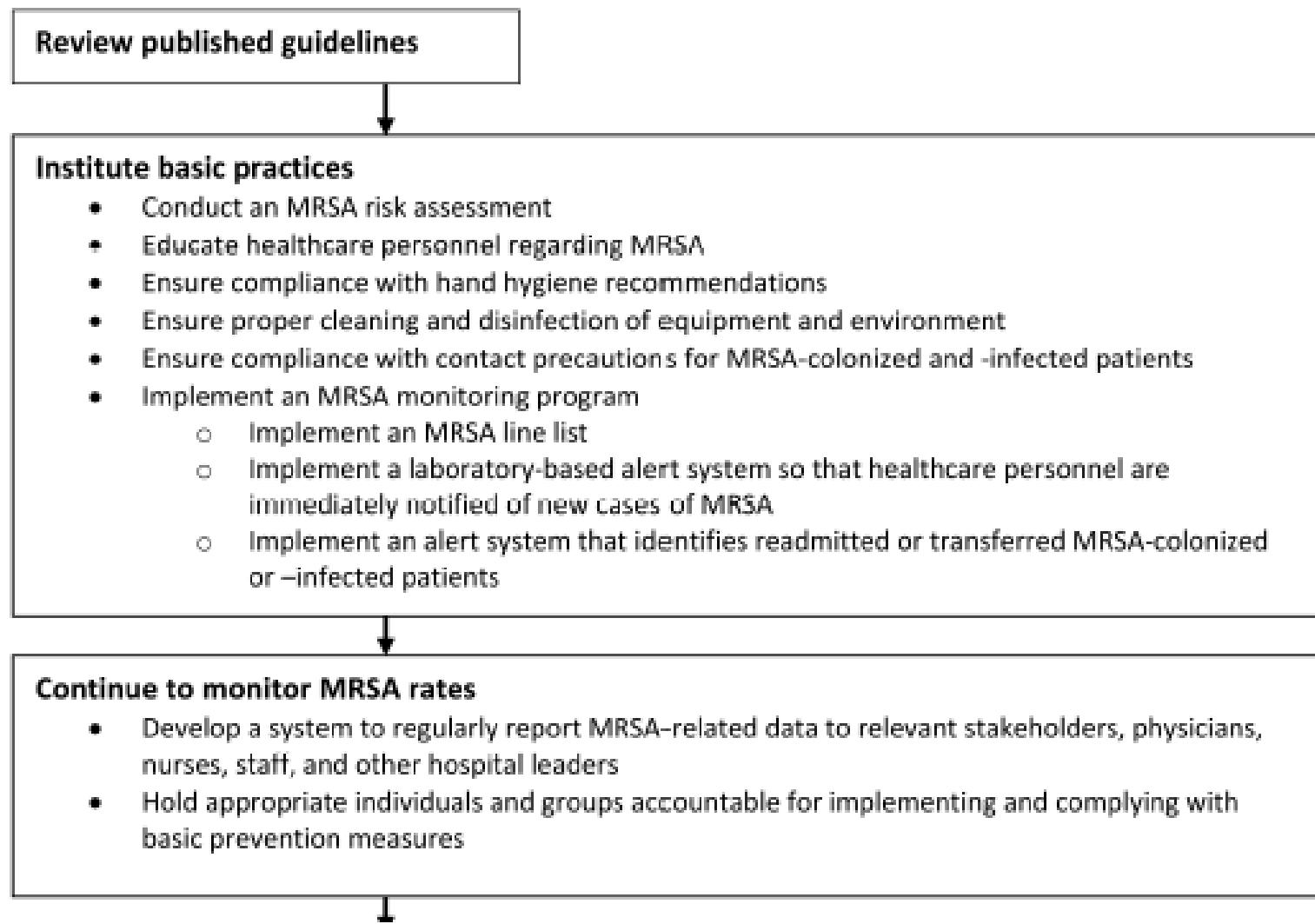
Best Practices – Education

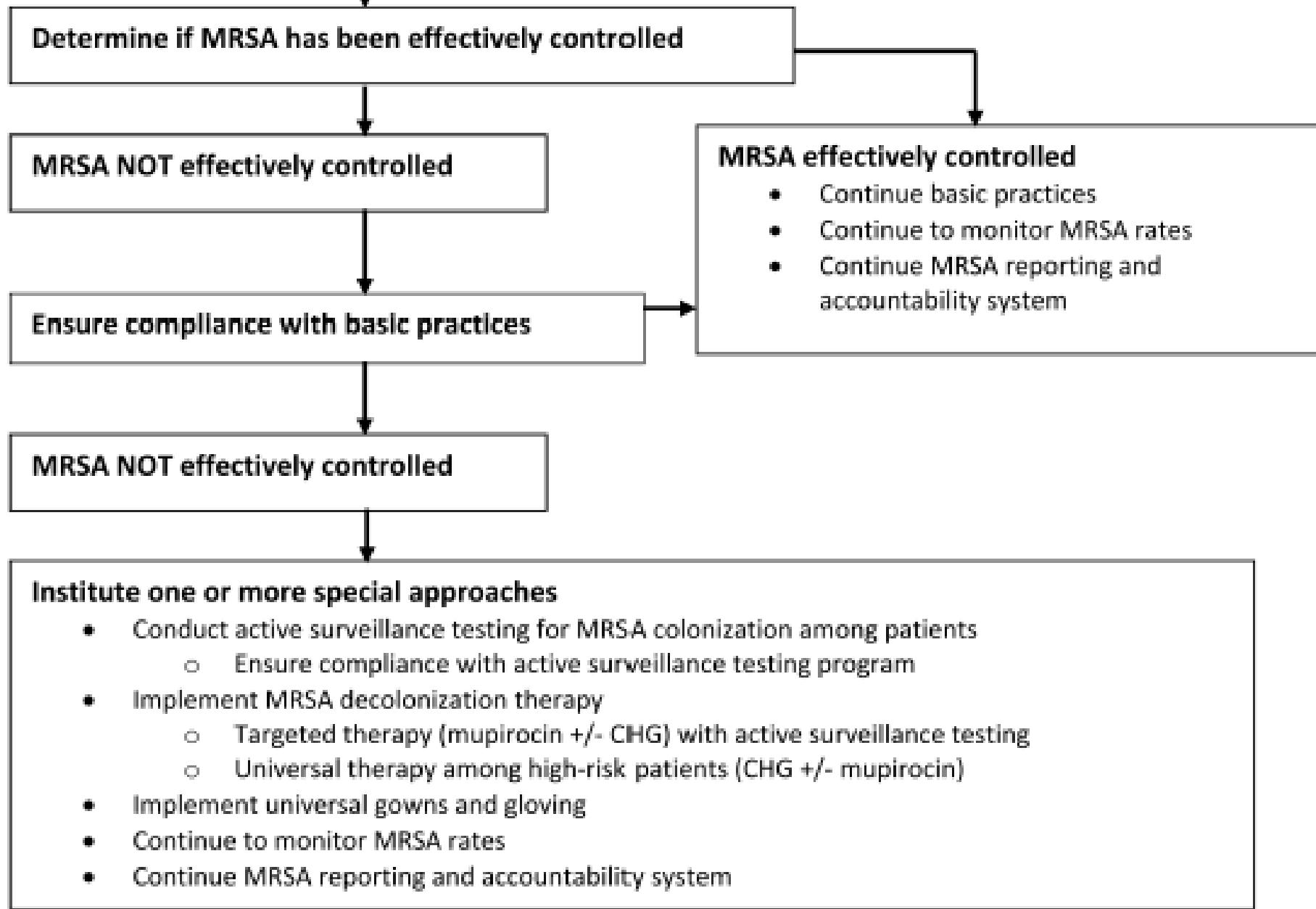
- Education is a critical component of every infection prevention and control program.
- Education about MRSA should be provided to healthcare personnel, patients and their families, and visitors.
- Education activities should be based on a needs assessment of each group targeted for education.
- A MRSA education plan complements and supports Cultural Transformation in that everyone in the healthcare environment, including patients and visitors, has the opportunity to learn about MRSA, improve their own practice, and teach others to practice the strategies that prevent MRSA transmission, and other patient safety objectives.

Best Practices – MRSA Monitoring Program

- Maintain a MRSA line list
- Maintain an alert system that ID readmitted or transferred MRSA colonization or infected patients
- Laboratory-based alert system so notification occurs immediately







Resources that Can Help

- Guide to the Elimination of Methicillin-Resistant Staphylococcus aureus (MRSA) Transmission in Hospital Settings, 2nd Edition
- Strategies to Prevent Methicillin-Resistant Staphylococcus aureus Transmission and Infection in Acute Care Hospitals: 2014 Update
- Additional tools will be released as soon as finalized.



MRSA – Encyclopedia of Measures

MRSA: MHA/IHA/WHA HIIN Evaluation Measure	
<i>MRSA LabID Events at facility-wide inpatient level</i>	
Measure type	Outcome
Numerator	Number of LabID MRSA Events
Denominator	Number of patient days
Exclusions	Inpatient rehab facilities or inpatient psychiatric facilities with separate CCN number
Rate calculation	$\frac{\text{number of LabID events}}{\text{number of patient days}} \times 100$
Specifications/definitions Sources/Recommendations	Available from CDC NHSN and CMS Hospital Compare
Data source (s)	NHSN
Automatic transfer from	NHSN- for hospitals conferring rights to WHA, IHA or MHA Keystone Center
Baseline period	2014 Q1
Data collection period	Monthly, beginning 2016 Q4
KDS Survey Name	MRSA
KDS Measure ID(s)	KDS-HIIN-MRSA-1
PfP Measure Name	CDC_MRSA

Categorizing MDRO LabID Events

- Community-Onset (CO): LabID Event specimen collected in an outpatient location or an inpatient location ≤3 days after admission to the facility
- Healthcare Facility-Onset (HO): LabID Event specimen collected >3 days after admission to the facility

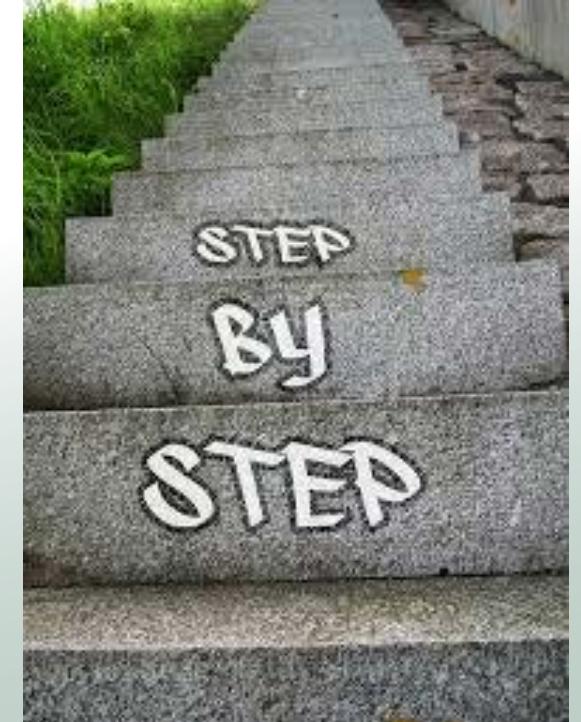
Where are you at now?

- Analyze your hospital's current state
 - Run your MRSA reports from NHSN
 - Compare your current practices with the listed best practices
 - Honest and non-judgmental: you want to understand variation now
- Create a list of gaps/opportunities



Next Steps...

- Perform your Gap Analysis
- Access the Resources provided - make notes and ask questions
- View Webinar #2
 - How to engage and involve stakeholders
 - Learn about PDSA and Small Tests of Change
- Decide the next level of HIIN support
 - Onsite assistance
 - Improvement Action Network
 - Other



Additional Questions or Concerns?

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