December, 2014

RE: Reducing the Risk of Healthcare Associated Infections

Dear Colleague,

Healthcare Associated Infections (HAI) represents a major nationwide problem as we care for hospitalized patients. Fortunately, evidenced-based practices exist which can prevent or significantly reduce the risk of these infections.

The Joint Commission’s *National Patient Safety Goal 7: Preventing Hospital Associated Infections* summarizes how we apply evidence-based practices in our care of patients. For your convenience, we have attached the evidence-based practices associated with reducing HAIs. These practices were derived from peer-reviewed journals. At the core of these recommendations lies *Hand Hygiene*, which we monitor in all Texas Health Resources facilities.

This information can assist you in preventing HAI in your patients, and in meeting Joint Commission requirements. If you have questions, please contact the Infection Prevention Department in your hospital.

Thanks for all that you do in caring for our patients and your role in improving quality of our care.

Sincerely,

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Joint Commission’s National Patient Safety Goal (NPSG)#7

Reducing the Risk of Healthcare-Associated Infections

The Joint Commission’s NPSGs include a specific set of initiatives designed to promote improvements in patient safety. Please review the following important information.

NPSG #7 includes:

- Use of appropriate hand hygiene
- Prevention of healthcare-associated infections (HAIs) due to:
  - Multidrug-resistant organism (MDRO)
  - Central line-associated bloodstream infection (CLABSI)
  - Surgical site infection
  - Catheter-associated urinary tract infection (CAUTI)

I. Preventing Multidrug-resistant organism (MDRO)

- Hand Hygiene – Pre and post patient contact
  - Wash hands with soap and water for at least 15 seconds when hands are visibly soiled and when caring for patients with *Clostridium difficile* (spores not destroyed by alcohol hand rubs)
- Appropriate Personal Protective Equipment (PPE) (standard, basic and High Level Personal Protective Equipment (HLPPE))
- Practice Antibiotic Stewardship
- Adherence to the Center for Disease Control and Prevention’s “2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings” based on the causative organism

II. Preventing central line-associated bloodstream infection (CLABSI)

- Use of the approved checklist at the time of insertion
- Hand hygiene performed by staff prior to insertion
- Use a product with 2% chlorhexidine (CHG)/70% alcohol to prep the skin, allow to air dry
- Site selection: avoid use of femoral site
- Maximum Barriers for central line insertion:
  - Masks worn by everyone in the room
  - Head covering, sterile gown, sterile gloves worn by person(s) inserting the line
  - Large body drape covering patient entirely
  - Use CHG-impregnated discs for site dressing
- Daily assessment of line necessity – remove as soon as possible
- Prevent introduction of germs when accessing lines: “SCRUB the HUB” for at least 15 seconds or use an alcohol impregnated port protector

III. Preventing Surgical Site Infection (SSI)

- Meticulous hand hygiene for all caregivers
- Preoperative bathing (chlorhexidine gluconate) to reduce skin microbes
- Adequate antimicrobial skin prep to surgical site
• Cleaning of surgical suite, equipment, and surgical instruments according to established guidelines
• Aseptic technique and gentle tissue handling during the procedure and with postoperative wound management
• Hair removal by clipping (no shaving)
• Control of post-operative glucose in cardiac surgery patients
• Maintenance of normothermia (normal body temperatures) for patients having anesthesia duration of at least 60 minutes
• Teach smoking cessation (smoking interferes with normal wound healing)
• Choice of an antimicrobial agent according to established guidelines
• Administration of the antimicrobial agent within one hour before incision (with exception of Vancomycin)
• Discontinuation of prophylactic antimicrobial agent within 24 hours after surgery (in most cases)

IV. Preventing Catheter-associated Urinary Tract Infection (CAUTI)
Use urinary catheters only when indicated (below) and assess the catheter daily for necessity
• Acute urinary retention, neurogenic bladder, or bladder outlet obstruction
• Need for accurate output measurement in a critically ill patient in a critical care unit
• Perioperative use for selected surgical procedures
• Improve comfort for end of life care
• Prolonged immobilization (potentially unstable thoracic or lumbar spine)
• Assist in healing of Stage 3 or 4 sacral or perineal wounds in an incontinent patient
• Recent surgery requiring bladder irrigation or placement by a urologist
• Other (physician must specify reason within the catheter)

V. Preventing Ventilator-associated Pneumonia (VAP)
• Perform Hand Hygiene
• Head of the bed elevated 30-45 degrees
• Provide Oral care protocol
• Perform Routine Sedation Vacation
• Facilitate early mobility

VI. Preventing Influenza
• Annual influenza vaccination to protect patients and staff in the healthcare environment

Thank you for all you do to promote Patient Safety!