

Hospital Acquired Infections

Goal: Reduce national hospital-acquired infection rates by 25% in one year

Clinical Workgroup Leader: Gregg S. Meyer, M.D., M.Sc.

Outcome Metric: Hospital-acquired infection rates

Best Practices / Initiatives	Improve hand hygiene by fostering a culture of care and safety	Reduce the incidence of catheter-associated urinary tract infections (CAUTIs)
Process Metrics or Goals to Evaluate Progress	<ul style="list-style-type: none">• Observational methods, including checklists and visual observation of hand washing and review of personal protective equipment• MRSA, VRE, and C diff rates• AHRQ culture surveys	<ul style="list-style-type: none">• NHSN metric• Goal of reducing CAUTIs by 25% in one year• Reduction of number of Foley days to support goal
Discussion Highlights	<ul style="list-style-type: none">• Create a culture of care and safety that follows the tenets of “Just Culture,” focuses on encouraging honesty, and empowers all staff to speak up• Utilize a team approach to achieve unit/service compliance• Require patient and family education and engagement	<ul style="list-style-type: none">• Best practices for removing catheters earlier include: increasing the proportion of patients that receive catheters for true indication; ensuring proper insertion and maintenance of catheter; and decreasing unnecessary catheter days

Hospital Acquired Infections (cont.)

Goal: Reduce national hospital-acquired infection rates by 25% in one year

Clinical Workgroup Leader: Gregg S. Meyer, M.D., M.Sc.

Outcome Metric: Hospital-acquired infection rates

Best Practices / Initiatives	Increase employee influenza immunization rates
Process Metrics or Goals to Evaluate Progress	<ul style="list-style-type: none">• Percentage of staff that have received a vaccine for influenza with the goal of vaccinating 90% of staff with patient contact• Goal of reducing declinations by 50% in one year
Discussion Highlights	<ul style="list-style-type: none">• Encouraging employee influenza vaccination