

October 30, 2008

## Reducing Healthcare-Associated Infections: A Compendium to Guide Efforts

### AT A GLANCE

#### **The Issue:**

The public, oversight bodies, payers and elected officials are forcefully articulating their expectations that America's health care providers increase their efforts to combat the spread of infections during the course of care. Hospitals engage in numerous initiatives to improve infection control and provide safer care to their patients, but in the never-ending fight against increasingly virulent organisms, hospitals are looking for more effective ways to protect patients from infections. Many knowledgeable and well-meaning organizations have offered advice and scientifically based practice guidelines that could support infection reduction efforts; however, the vast amount of information can be overwhelming. This guidance, given by different organizations offering a dizzying array of instructions on what health care providers should do, often fails to provide insights into how to ensure the right steps are performed each and every time.

To rectify this potential confusion, the Society for Healthcare Epidemiology of America, the Infectious Disease Society of America, the Association of Professionals in Infection Control and Epidemiology, The Joint Commission and the AHA partnered to develop a set of recommendations that addresses six of the potentially most dangerous infections that occur in hospitals. They are: surgical site infections, ventilator-associated pneumonia, central line-associated blood stream infections, catheter-associated urinary tract infections, Methicillin-resistant *Staphylococcus aureus* and *Clostridium Dificile*. The *Compendium of Strategies to Prevent Healthcare-Associated Infections in Acute Care Hospitals* pulls together best practices and performance measures to help hospitals better target resources to reduce infections.

#### **What You Can Do:**

- ✓ Share this advisory with your senior managers, quality improvement team, infection control staff and frontline staff leaders. The attached table identifies critical strategies for hospital senior leaders in preventing healthcare-associated infections (HAIs).
- ✓ Download the *Compendium* and related patient information at <http://www.preventinghais.com>.
- ✓ Review your own practices against those in the *Compendium* and identify any changes that might be warranted in your infection control efforts.
- ✓ Participate in upcoming AHA member calls with the *Compendium's* authors starting on November 21. They will give your team the opportunity to ask questions of the experts.
- ✓ Consider sharing the patient information guides with your community. These consumer documents are available at <http://www.preventinghais.com>.

#### **Questions:**

Contact Nancy Foster, vice president for quality and patient safety policy, at (202) 626-2337 or [nfoster@aha.org](mailto:nfoster@aha.org), or Beth Feldpush, senior associate director for policy, at (202) 626-2963 or [bfeldpush@aha.org](mailto:bfeldpush@aha.org).

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### BACKGROUND

Since the days of Joseph Lister, founder of antiseptic surgery, hospitals and other health care providers have engaged in efforts to prevent infections from affecting patients. Today, the struggle continues as the organisms are increasingly virulent and resistant to available treatment options. The public is keenly aware that infections can be contracted while patients are in the hospital or undergoing treatment in other settings. Their concern has given rise to a growing set of demands for public reporting of data, and other activities designed to keep infection prevention in the forefront of providers' minds.

Hospitals are eager to avoid infections but are challenged by a large and often conflicting array of guidelines and research studies. Providers need reliable information on what steps are most likely to effectively reduce the infections that jeopardize the care of the patients they treat.

### AT ISSUE

Working together, the Society for Healthcare Epidemiology of America, the Infectious Diseases Society of America, the Association for Professionals in Infection Control and Epidemiology, The Joint Commission and the AHA released the *Compendium of Strategies to Prevent Healthcare-Associated Infections in Acute Care Hospitals* on October 8. Aimed at combating six common healthcare-associated infections (HAIs), the *Compendium* provides a succinct and practical set of recommendations in language that is clear to all health care professionals, not just those involved in infection control.

The *Compendium* can help hospital leaders ensure that all employees understand and act on their role in infection prevention. It synthesizes the work of national clinical experts to provide the most effective and cutting-edge information available on preventing surgical site infection, ventilator-associated pneumonia, central line-associated blood stream infections, catheter-associated urinary tract infections, Methicillin-resistant *Staphylococcus aureus* (MRSA) and *Clostridium Dificile*, also known as C. diff.

The *Compendium* identifies practical strategies for hospitals to assess what they should be doing, how to get it done and how to embed infection prevention into their routine work-processes. It even identifies critical tasks for hospital leadership, including responsibility for the actions outlined in the attached table. The *Compendium* will be updated as necessary because both the organisms and the science used to combat them are constantly changing.

The *Compendium* is available at <http://www.preventinghais.com>.

## **NEXT STEPS**

We encourage hospitals to share this *Compendium* with appropriate staff and examine your current practices in an effort to identify areas where improvements might be warranted. We also suggest hospitals consider sharing the patient information that accompanies these guides with their communities. These consumer fact sheets also are available at <http://www.preventinghais.com>.

- Download the *Compendium* and accompanying materials.
- Identify a team of individuals in your organization that can review the *Compendium* and assess what changes you should make in your current practices based on the information in the *Compendium*.
- Plan to participate in AHA member calls with the study's authors. The first call will feature the two lead authors of the *Compendium* and the president of the Society for Healthcare Epidemiology of America. This will enable your staff to get any additional clarification they may need about the *Compendium* and to share with other hospitals how your organization has achieved success in implementing these strategies. The calls will begin November 21, so watch for your invitation.

### **Further Questions**

Contact Nancy Foster, vice president for quality and patient safety policy at (202) 626-2337 or [nfoster@aha.org](mailto:nfoster@aha.org), or Beth Feldpush, senior associate director for policy, at (202) 626-2963 or [bfeldpush@aha.org](mailto:bfeldpush@aha.org).

## LEADERSHIP RESPONSIBILITIES IN HAI PREVENTION

This chart lists a series of tasks for hospital leaders to consider in preventing HAIs.

Strategies for Prevention	Infrastructure Requirements	Adequately staff infection prevention and control program responsible for identifying patients with infections.
		When using information technology, ensure it collects data and calculates needed measurement information.
		Provide resources for appropriate staff education and training.
		Ensure adequate laboratory support for timely processing of specimens and reporting of results.
	Practical Implementation	Provide resources to educate physicians, nurses and other health care personnel about guidelines to prevent central line-associated blood stream infections (e.g. with online and paper versions). These guidelines should be easily accessible.
		Encourage the use of checklists and other effective tools that promote adherence to the guidelines.
		Periodically assess health care personnel knowledge of and adherence to prevention measures.
	INFECTION-SPECIFIC ACTIONS	
	Central Line-associated Blood Stream Infections	Establish catheter insertion kits/carts containing all necessary items for insertion.
		Ensure that any health care personnel who inserts a central venous catheter undergoes a credentialing process.
	Ventilator-associated Pneumonia	Provide easy access to noninvasive ventilation equipment and institute protocols to promote the use of noninvasive ventilation.
		Ensure that all ICU beds used for patients undergoing ventilation have a built-in tool to provide continuous monitoring of the angle of incline.
	Catheter-associated Urinary Tract Infections	Ensure that only trained, dedicated personnel insert urinary catheters.
		Ensure that supplies necessary for aseptic-technique catheter insertion are available.
		Implement a system for documenting the following information in the patient record: indicators for catheter insertion, date and time of catheter insertion, individual who inserted catheter, and date and time of catheter removal. Include documentation in nursing flow sheet, nursing notes, or physician orders.
		Implement an organization-wide program to identify and remove catheters that are no longer necessary, using one or more methods documented to be effective.
Develop and implement institutional policy requiring continual, usually daily, review of the necessity of continued catheterization.		
Implement daily ward rounds by nursing and physician staff to review all patients with urinary catheters and to ascertain continuing necessity.		

	Develop a protocol for management of postoperative urinary retention, including nurse-directed use of intermittent catheterization and use of bladder scanners.
<b>Surgical Site Infection</b>	Employ education of patients and patients' families as an effective method to reduce risk associated with intrinsic patient-related SSI risk factors.
<b>MRSA</b>	Implement a laboratory-based alert system that immediately notifies infection prevention and control personnel and clinical personnel of new MRSA-colonized or –infected patients.
	Implement an alert system that identifies readmitted or transferred MRSA-colonized or –infected patients.
	Convene a multidisciplinary team (including representatives from the microbiology laboratory, infection prevention and control personnel, nursing staff, medical staff, materials management, environmental services and hospital administration) that plans and oversees active surveillance testing.
<b>C. Diff</b>	Implement a system to coordinate with housekeeping department when bleach is needed for environmental disinfection.