

February 7, 2012—Track I: Hospital-Acquired Infections, Sepsis & Surgical Care Improvement Project (SCIP)

Pharmacist-led Sepsis Management Program – Angela Rosenblatt, MS, BCPK, BCNPS, Clinical Pharmacy Specialist-Critical Care, Riverside County Regional Medical Center

- The Pharmacist facilitated Sepsis Management Program was built upon their experiences on successful Rapid Response Teams.
- Clinical ICU pharmacists recognized the contribution they could offer the multidisciplinary team regarding medication and fluid management in the septic patient.
- Clinical pharmacists are the “second pair of eyes” for the physician, 24/7.
- Sepsis and severe sepsis mortality rates have decreased significantly since instituting the program in 4th quarter 2010.

A Program to Reduce Hospital Acquired Urinary Tract Infection – Alan Rothfeld, MD, Clinical Professor, Keck School of Medicine

- Start your “No Foley” program on one unit. Provide intensive education about CAUTI.
- Urinary catheter placement is nurse driven. Nurses must be motivated to remove Foley catheters – “You can protect your patient”, this requires a higher level of nursing understanding/accountability.
- The use of superabsorbent diapers/pads can be a cost effective alternative that may also increase patient and nurse satisfaction. Weighing a diaper/pad provides a more accurate assessment of fluid output than a Foley catheter.
- Results at Hollywood Presbyterian Medical Center: Catheter days decreased by almost 50%. Nosocomial UTIs per 1000 catheter days decreased from 3.2 to 2.4, and per 1000 patient days decreased from 1.06 to 0.45.

Hand Hygiene – Science or Fiction? – William Petty, MD, Professor of Anesthesiology, Retired

- An infection prevention topic studied since the early 1800’s, with Semmelweis’s Handwashing Standards published in 1847, but compliance averages only about 35% according to a meta analysis of published studies.
- Deterrents include lack of time- pressure for productivity, hands full, lack of data demonstrating the problem, lack of education about handwashing and glove usage, distractions/forgetting, lack of accountability, inadequate patient safety culture.
- The WHO defines “5 moments” for hand hygiene: before touching a patient, before starting a procedure, after the procedure, after touching the patient, after touching patient surroundings.
- A study of hand sanitizing solutions finds alcohols to be the fastest acting and having the best kill rate. Personalized dispensers (on the belt) can help achieve the best compliance and can monitor (count) compliance.

Demonstrating Outcomes – Julia Slininger, RN, BS, CPHQ, VP, Quality and Patient Safety, HASC

- Teams will present storyboards demonstrating their accomplishments at the August and November meetings. HASC will give teams reports of their data from the NHF website to include.