Healthcare Organization Commitment

Contact Details

Name
Janet Mirabella

Phone
(760) 837-8521

Email
jmirabella@emc.org

Position
Director Quality Improvement/Patient Safety Officer

Organization Name
Eisenhower Medical Center

Organization Address
39000 Bob Hope Drive
Rancho Mirage, CA 92270
US

Commitment Details

Commitment Name
Reduce Healthcare-Associated Infections

Participants
Lynn Masterson

What Patient Safety Challenge does your Commitment address?
Challenge 2B - Catheter-associated urinary tract infections (CAUTI)

How Many Hospitals Will This Commitment Represent

Patient Safety Movement Foundation | patientsafetymovement.org
Commitment Summary
Eisenhower Medical Center, a not-for-profit, teaching organization, exists to serve the changing healthcare needs of our region by providing excellence in patient care with supportive education and research. Our "TRUE NORTH" is that patients, family and friends acknowledge their experience as "ideal patient care." Through Clinical Excellence, we ensure that measured outcomes meet/exceed agreed upon expectations. Evidence based clinical practice policies, procedures, and other standards are practiced 100% of the time. Tests, treatments and procedures are thoroughly explained to patients and are understood. Patients, visitors and donors are always safe from harm and prefer Eisenhower because of its high quality.

Commitment Description & Detail
Eisenhower Medical Center will reduce the number Healthcare-Associated Infections including Central line-associated bloodstream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), surgical site infections (SSI) from colon surgery, and Lab-identified Clostridium difficile (C-diff) events. Our goal is to exceed the national benchmark as reported on Medicare Hospital Compare and improve each year, with the long-term goal of reaching zero events by 2020. Some specific steps that will be taken to achieve our goals are as follows:

1. System-wide project to improve and sustain hand hygiene compliance.
2. Implementation and ongoing evaluation of use of evidence-based practices such as preoperative skin cleansing, proper hair removal, appropriate use of antibiotics, and ongoing surveillance of infection control practices in the surgical services areas.
3. Regular evidenced based practice evaluation and process implementation by EMC’s Intravenous Access Committee (IVAC) monthly. Quarterly Point Prevalence Audits by Ethicon (BioPatch) are providing feedback on EMC care and maintenance bundle compliance. Nursing Professional Practice Council charged each unit with developing unit-based weekly audit to provide real time feedback to CLABSI prevention measures. Per recent and evolving evidence, ICU implemented daily CHG cleaning for ICU patients in May 2013 to prevent colonization and contamination of skin flora to central lines and reduce hospital onset gram-positive infection.
4. CAUTI reduction plans include: the "X-foleyate" campaign which has expanded to include Touch-Base Rounding by nursing and Case Managers to daily assess Foley necessity.
5. Active collaboration with Antimicrobial Stewardship Committee and ongoing evaluation of current evidence based practices for diagnosis and treatment of C-diff. Ongoing evaluation of current product use and staff performance regarding proper surface cleaning and environmental control best practices.

Action Plan
This commitment is a multidisciplinary approach with ongoing updates and data evaluation conducted by the Infection Prevention Committee which reports to the Quality Council and

Commitment Timeline
Milestones include implementing The Joint Commission Targeted Solutions Tool Hand Hygiene Project by December, 2015; The Professional Practice Council to establish new CAUTI goals and reduction strategies for 2014-2015; reduction of EMC's Healthcare Associated Infections by 25% by December, 2016; continue to reduce HAIs each year until reach zero by December, 2020.