

Reducing MRSA and C. Diff in a Community Hospital

Libbe Sasser and Sherrill Beaman
Vidant Edgecombe Hospital

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Unified Quality Improvement Symposium



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Background Information



117 beds

300 pts/mo

ICU/MIU/Dialysis

Case Mix 1.4

Medicare Case Mix 1.6

Increased emphasis on
hospital acquired infections
and public reporting

QI methods used to prioritize
how to improve and sustain
reduction



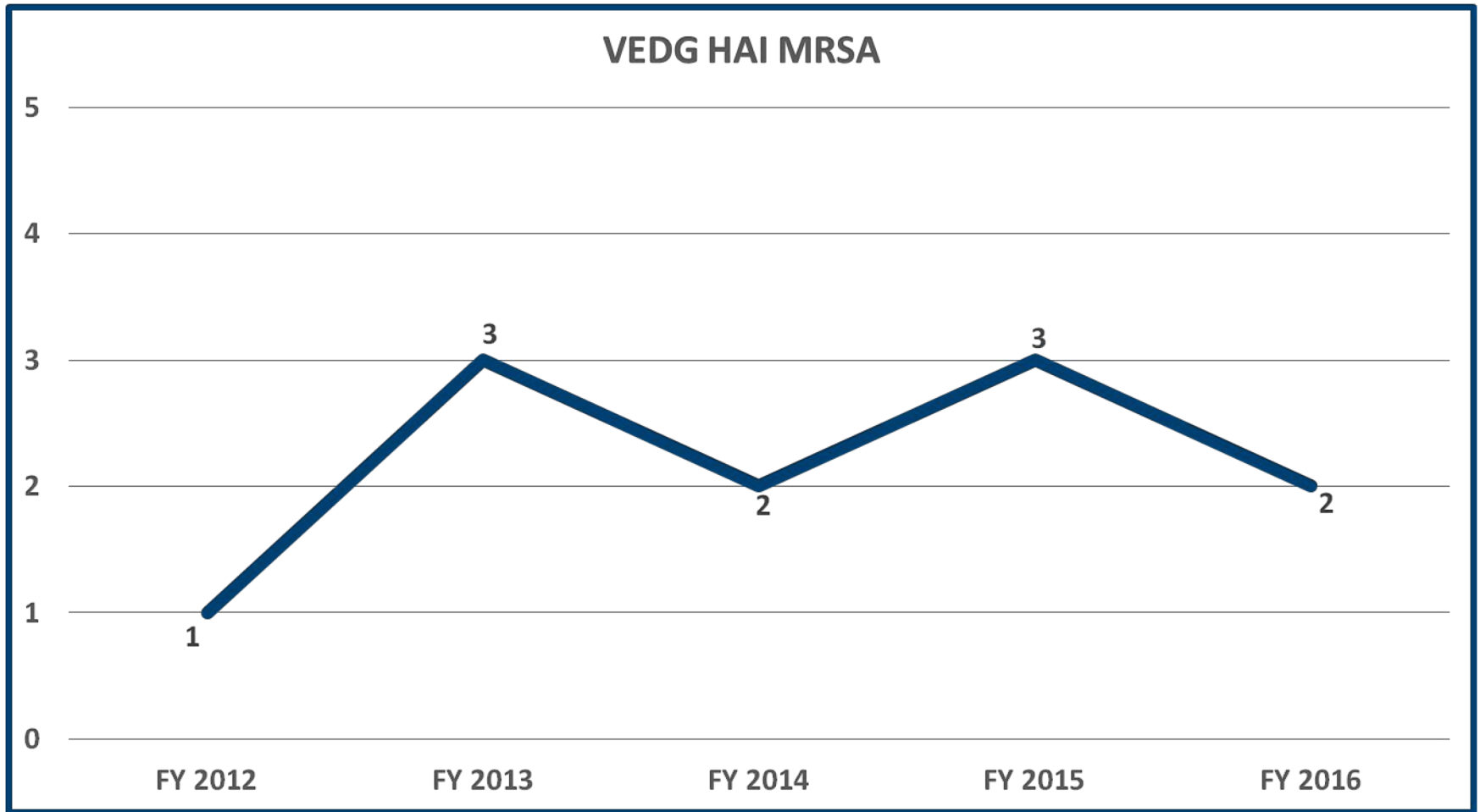
Collaborative Team Members



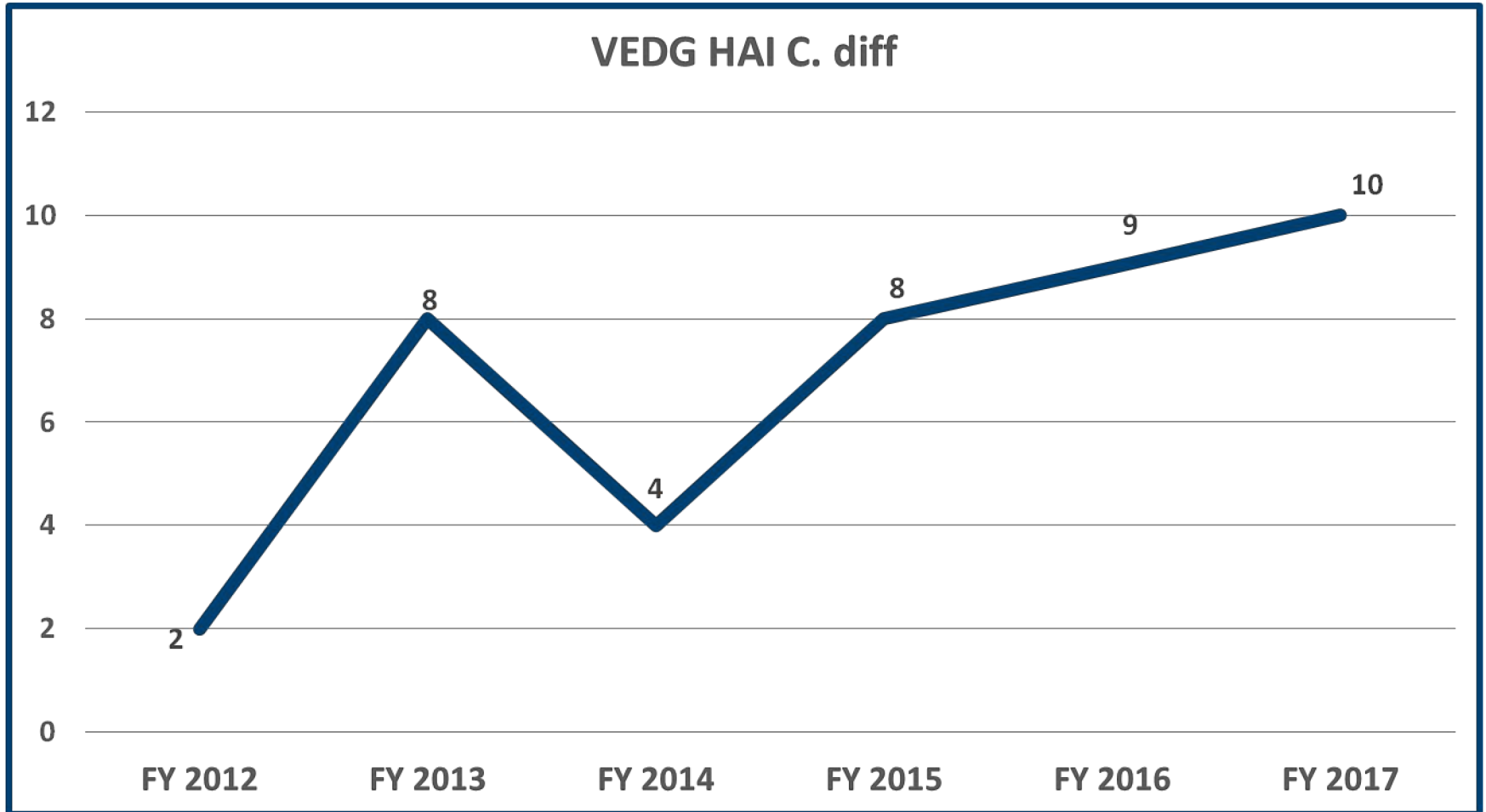
- Jon Dubose, MD, Chairman Quality/P & T, Antibiotic Stewardship
- Libbe Sasser, BSN, RN, CIC Infection Preventionist II
- Mike McCourt, PharmD, Clinical Pharmacist
- Sherrill Beaman, MPH, Quality Director
- Mike Faherty, EVS Manager
- Wanda Neathery, BSN, RN, Medical Unit Manager
- Michelle Bent, BSN, RN, Surgical Unit Manager
- Tammy Turner, BSN, RN, ICU Manager
- Susan Suiter, MSN, RN, VP Patient Care Services

**Our aim is to reduce C. diff by 25%
and sustain MRSA at zero by
December 2018**

HAI MRSA Baseline



HAI C. diff Baseline



Improvement Strategy

Monthly Hand Hygiene Hero



Meet Ellis McDowell...our **October Hand Hygiene Hero!** Ellis works in Nutrition and must be very aware of where his hands have been *AND* where they are going! Thank you, Ellis, for keeping us and our food safe.



Improvement Strategy

“Code Clean, Code Clean, Code Clean”

We identified gaps in cleaning/disinfection of high touch areas; specifically:

- Computer keyboards
- Pyxis machines
- Phones and countertops at nursing stations

Hospital staff hear these words announced overhead daily at 9:30 am and 9:30 pm.

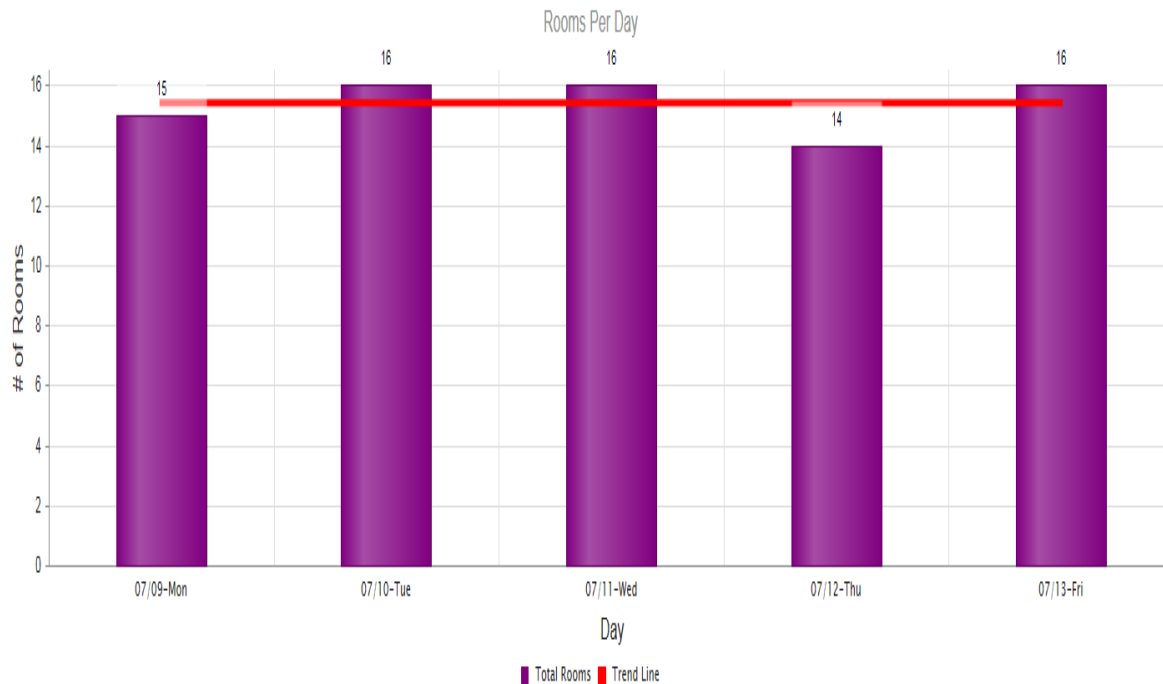
“**Code Clean**” means each team member stops what they are doing and cleans the surface wherever they are...be it a computer keyboard, phone or work station/countertop.

Our Lead Hospitalist, Dr. Dubose, suggested this tactic and it has been effective for the entire facility



Improvement Strategy - UV Disinfection

- .7 FTE Sodexo employee
- Works Mon-Fri – Avg. 15 rooms/day
- Isolation & ICU room discharges
- Dialysis Unit
- ED bathrooms and triage rooms
- O. R.



Improvement Strategy – Antibiotic Stewardship

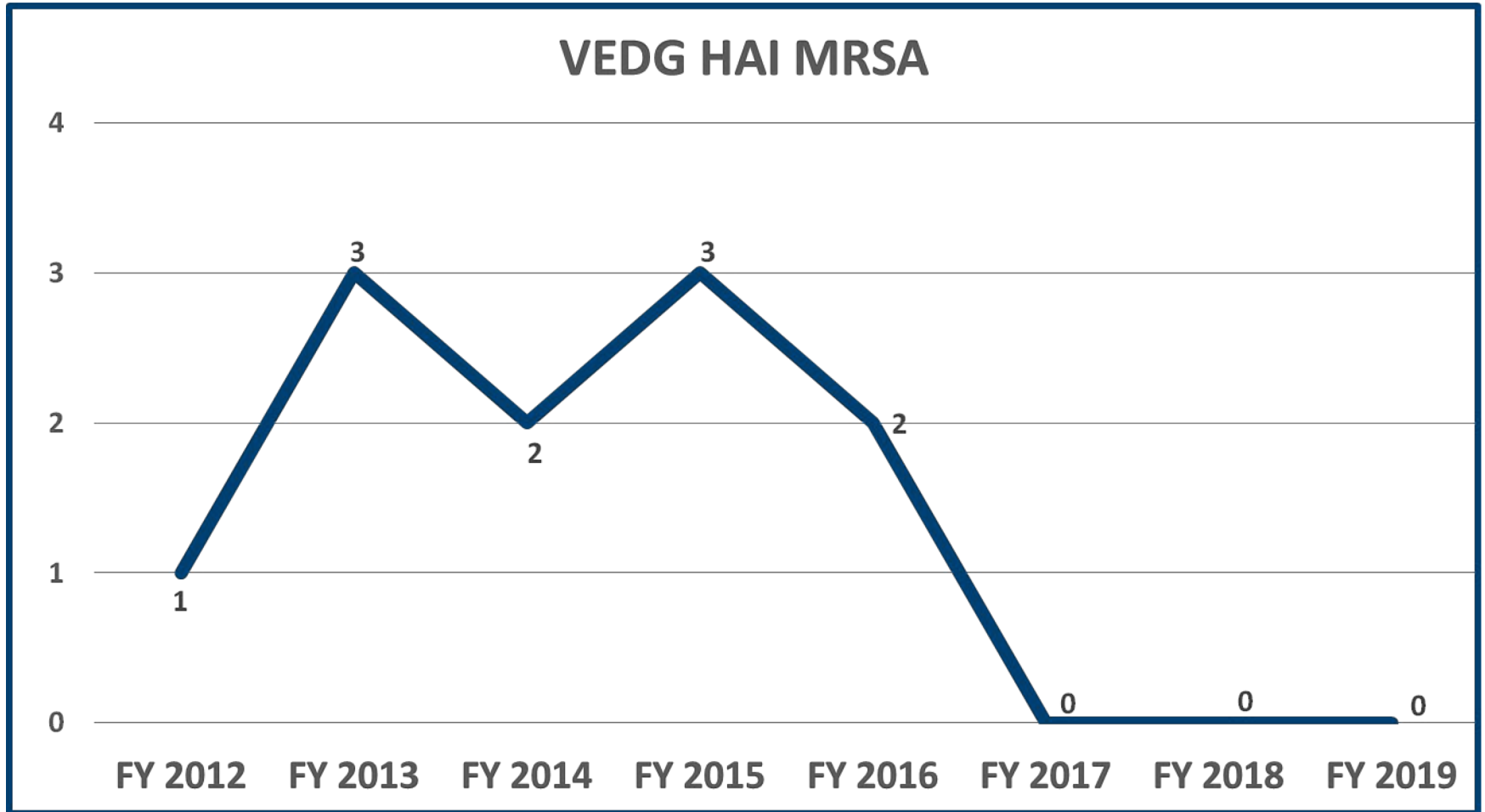


- Antibiotic appropriateness and de-escalation is addressed daily “in real time” during multi-disciplinary rounds in ICU, MIU, Care Management team and Rehab Unit by Pharmacists and Lab
- Use of Procalcitonin lab test (PCT) to rule out possible pneumonia infections
- Pharmacist Driven MRSA PCR Nares Swab Protocol

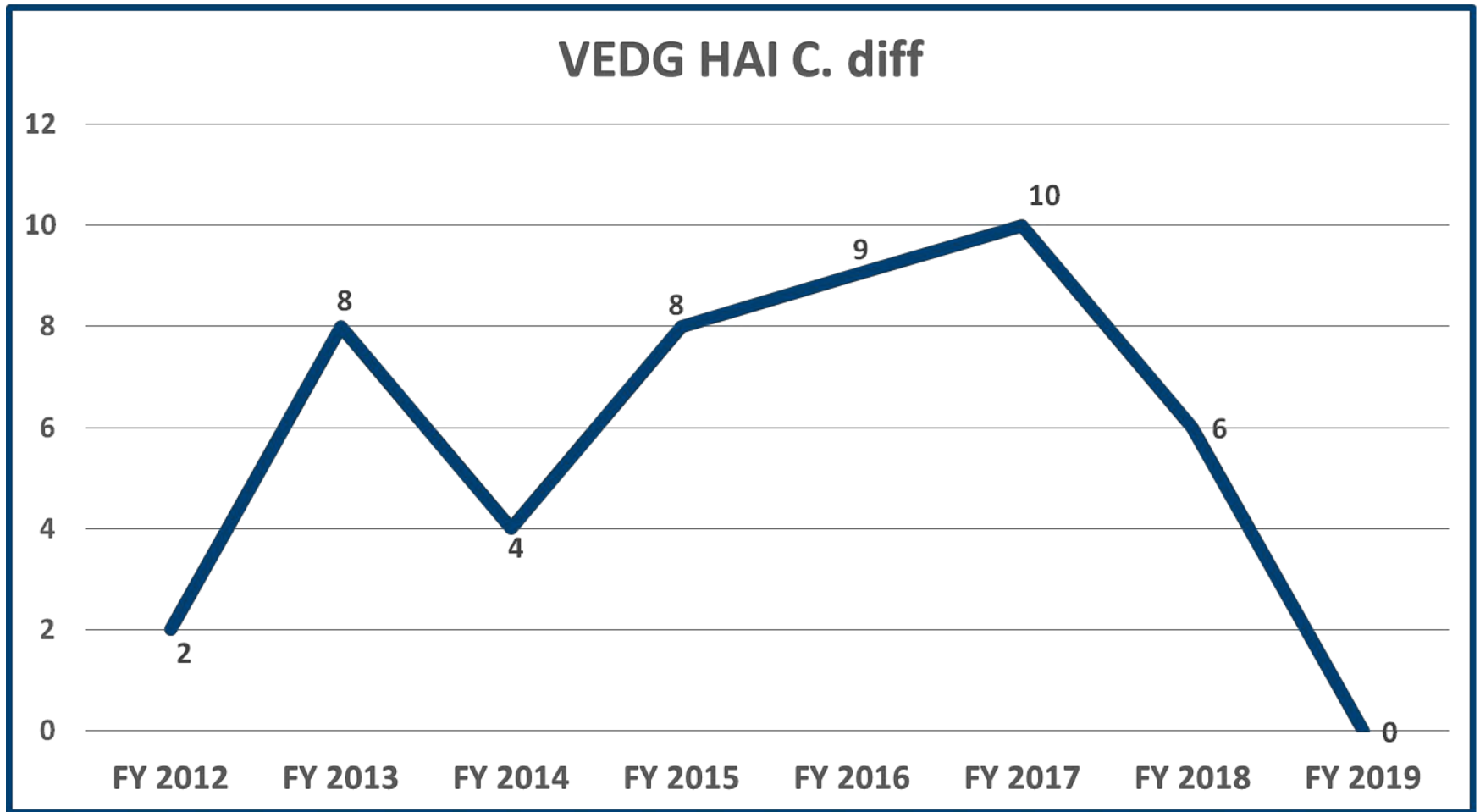
- Collaborative education provided to our hospital and community physicians by Pharmacy & Infection Preventionist addressing inappropriate antibiotic treatment for asymptomatic bacteriuria.
- Infection Preventionist provided education at our quarterly Healthcare to our area Long Term Care Facilities Council on C. diff transmission and appropriate disinfection with continued support

- Patient Safety Coach Program- Hand Hygiene/PPE compliance
- Disposable curtains in all rooms
- Purchased glucometers, thermometers, medication and patient scanners/printers for every ICU room
- Alcohol impregnated IV caps; dual-for hubs and IV tubing
- Disinfecting wipes are located in hallway between every other room for easy access
- CHG baths for all ICU and Central Line patients daily
- MRSA Admission screening protocol

Outcome HAI MRSA



Outcome HAI C. diff



- Zero HAI MRSA since January 24, 2016 = > 3 years!
- Last SSI May 8, 2017 = > 634 days
- 40% Reduction in HAI C. difficile FY 2017 to 2018
- 46% Reduction in all HAI Infections FY 2017 to 2018



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Thank you

Questions?