MEMORIAL HERMANN

MHMD
MEMORIAL HERMANN Physician Network

National Patient Safety Goals (NPSG) Letter

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify patients correctly	
NPSG.01.01.01	Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment.
Improve staff communication	
NPSG.02.03.01	Get important test results to the right staff person on time.
Use medicines safely	
NPSG.03.04.01	Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.
NPSG.03.05.01	Take extra care with patients who take medicines to thin their blood.
NPSG.03.06.01	Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Give the patient written information about the medicines they need to take. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.
Use alarms safely	
NPSG.06.01.01	Make improvements to ensure that alarms on medical equipment are heard and responded to on time.
Prevent infection	
NPSG.07.01.01	Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.
Identify patient safety risks	
NPSG.15.01.01	Reduce the risk for suicide.
Prevent mistakes in surgery	
UP.01.01.01	Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.
UP.01.02.01	Mark the correct place on the patient's body where the surgery is to be done.
UP.01.03.01	Pause before the surgery to make sure that a mistake is not being made.

The Joint Commission

This is an easy-to-read document. It has been created for the public. The exact language of the goals can be found at www.jointcommission.org.

Hand Hygiene:

Hand hygiene is the most important activity in the prevention of all types of infections. According to the CDC, the alcohol-based waterless hand cleaners should be utilized as our "primary source" for hand hygiene unless hands are soiled with organic matter, in which case a soap and water wash should be performed with at least a 15-20 second scrub. The exception to using waterless cleaners applies for spore forming organisms, such as *Clostridioides difficile* and Bacillus anthracis, since spores are not destroyed by antiseptic agents. Therefore, they must be physically removed with a soap and water wash.

Opportunities for hand hygiene include, but are not limited to; upon entering or leaving the work area, upon entering and exiting a patient room, before & after invasive procedures or contact with wounds or intravascular/ indwelling devices, before & after glove use and between contacts with different care sites on the same patient, after contact with inanimate objects in patient rooms, before handling medication and food and after using the restroom.

Use hospital-approved hand lotions or creams to minimize the occurrence of irritant contact dermatitis associated with hand hygiene. Personal lotions containing mineral, lanolin, coconut, palm, or jojoba oils, as well as petroleum- based products should NOT be brought into the hospital. All HCWs whose job includes "hands on" direct patient care, medication preparation, involvement with food service, or contact with clean/sterile processes/equipment are not allowed to wear artificial nails or artificial nail products, e.g., tips, jewelry, overlays, wraps, shellac, etc. Natural nails less than one quarter of an inch long and fingernail polish should be well maintained and free of chipping.

The information below is necessary to ensure physician education related to other key Infection Prevention practices. Multi-drug Resistant Organisms, transmission, treatment and isolation should be managed carefully according to MHHS policies and procedures. Central line and Foley catheter care are key to preventing the healthcare associated infections. Surgical site infection prevention expectations are also necessary to ensure a successful procedure. The sections below outline physician expectations in partnership with our staff for prevention.

Multidrug Resistant Organisms (MDROs)

Methicillin resistant Staph *aureus* (MRSA) Clostridioides*difficile* (C. diff) causing "infectious diarrhea"
Vancomycin resistant Enterococcus (VRE) Multidrug Resistant (MDR) Gram Negative Organisms

For epidemiologic purposes, MDROs are defined as microorganisms, predominately bacteria, that are resistant to one or more classes of antimicrobial agents. Although the names of certain MDROs describe resistance to only one agent (e.g. MRSA, VRE), these pathogens are frequently resistant to most available antimicrobial agents. Gram negative bacilli (GNB), including those producing extended spectrum betalactamases (ESBL's) and others that are resistant to multiple classes of antimicrobial agents, are of particular concern. Examples include E.coli, Klebsiella, Acinetobacter, and Pseudomonas. A person does not have to be infected with the organism to be a source of transmission; he/she may merely be "colonized" meaning the organism is living in or on the body, but is not causing an infection at the present time.

According to the CDC recommendations for control of MDROs, it is necessary to utilize a number of different strategies in order to begin having an impact on reducing the transmission of these organisms. MHHS has policies toward this end that include the following:

- Contact precautions for all patients confirmed or suspected of being colonized or infected with a MDRO. This requires that all who enter a contact isolation room must wear gown and gloves no matter what the intended activity.
- Judicious use of antibiotics
- Patients readmitted with a known history of a MDRO, no matter how far back, are placed in Contact Precautions until a determination can be made that he or she is no longer colonized. See Appendix J in the hospital Isolation Procedure for criteria to remove a patient from isolation.
- Isolation precautions should not be discontinued without following proper guidance. In some cases consulting infection control is necessary.
- Each facility performs active surveillance for MRSA on specific patients. This is accomplished by performing PCR screening from a nasal swab. The purpose of this is to identify colonized patients so that special precautions can be taken to prevent transmission to others. Please contact the facility's infection preventionist for details.
- In addition, if a patient has a chronic wound on admission; consideration should be given to culturing the wound for colonization with a MDRO.

Bundles

In order to prevent infections, MHHS has implemented the use of "Bundles." Bundles are a group of interventions related to a disease process that when implemented together result in reduced risk of hospital associated infections and better outcomes. The bundle elements are evidence-based initiatives and recommendations for implementation from the Institute of Healthcare Improvement (IHI).

Catheter Associated Bloodstream Infection (CLABSI)

Catheter associated bloodstream infection criteria are set forth by National Healthcare Safety Network (NHSN) of the CDC. CLABSIs occur in patients who have a central line present for > 2 calendar days and have a recognized pathogen cultured from one or more blood cultures. The organism cultured must not be related to an infection at another site. If the organism isolated is a common skin contaminant, there must be two or more cultures drawn on the same or consecutive calendar days and the patient must have one of the following, fever, hypotension, or chills, in order to be considered a CLABSI. There are two Bundles associated with preventing CLABSIs and they are the central line insertion bundle and the central line maintenance bundle.

The Central Line Insertion Bundle should be strictly followed when a line is being inserted with the only exception being an emergency insertion. Central Lines include: subclavian, internal jugular, brachiocephalic, femoral, umbilical arterial, umbilical vein, and "port-a-cath" catheters. To help reduce infections and due to the difficulty in keeping the site clean and intact, femoral line insertions should be avoided whenever possible. Do not replace catheters "over the wire." Use a new line at a new site.
The Central Line Insertion Bundle should be followed by the physician and any assisting physician/nurse. The bundle is composed of the following criteria:

- Wash hands using soap or hand sanitizer prior to insertion
- Prep the insertion site with Chlorhexidine (CHG) for 30 seconds on a dry site or 2 minutes on a moist site
- During the entire procedure; wear head cover, mask, sterile gown, and sterile gloves
- Drape the patient from head to toe
- Maintain a sterile field during the entire procedure
- If femoral site used, document reason for femoral line utilization

The Central Line Maintenance Bundle is multidisciplinary and has components specific to physicians and nursing.
The physician's role in the maintenance bundles is: **Central line daily necessity**

The physician should review the central line daily and document daily the reason to continue the line. It is also important that a physician remember to discontinue as soon as possible a line that is not in use or a line that is a suspected source of infection.

Components of the Central Line Insertion and Maintenance Bundles are audited for compliance. Femoral line utilization and necessity is reviewed monthly. Line maintenance compliance results are reviewed by the director/ manager of the unit. If a catheter related bloodstream infection occurs, compliance measures are part of the case review.

Catheter Associated Urinary Tract Infection Prevention Bundle

Catheter associated urinary tract infections (CAUTI) are one the most common healthcare associated infection. In addition of infections, urinary catheters are also associated with non-bacterial urethral inflammation, urethral strictures and mechanical trauma. The duration of catheterization contributes to these negative outcomes so limiting urinary catheter use and duration are important prevention strategies. The Memorial Hermann CAUTI prevention bundle employs evidence based interventions/practices including criteria for insertion and continued need for catheterization, aseptic insertion procedures and daily care practices. The criteria below for insertion and continuation of urinary catheterization is used in adults; however, some facilities have stricter criteria:

D = Decubitus (Stage 3 or 4)

O = Obstruction (retention/neurogenic bladder, clots or trauma)

C = Comfort care (end of life)

P = Physician specified (not to include intake or output)

* The criteria for children include:

- Paralysis-Chemical or anatomic
- Spinal or pelvic trauma resulting in neurogenic bladder
- Post-operative CV surgery for first 48 hours (remove after 48 hours)
- SIDAH/Diabetes insipidus
- Renal failure (any etiology) until clinically stable
- Echo
- Trauma Patients for first 24 hours unless additional criteria above are met

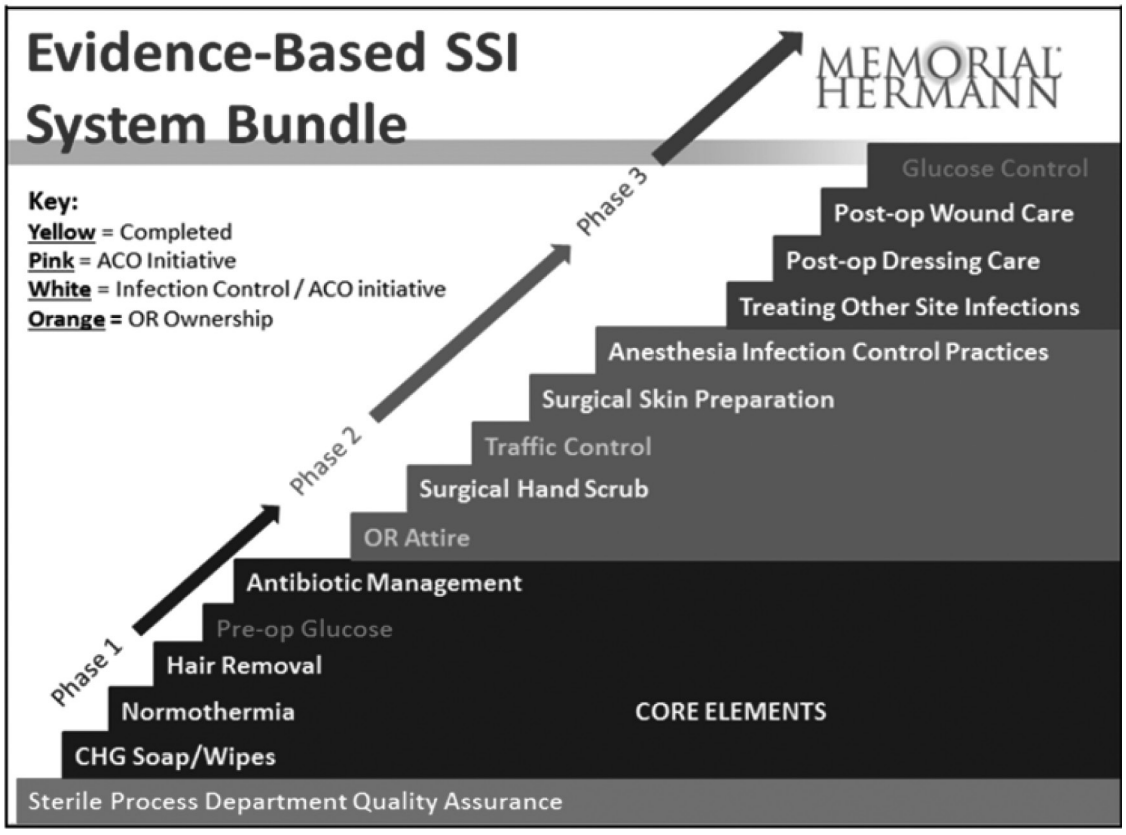
Monitoring urine output can be performed by weighing of diapers and is not, in and of itself, sufficient indication for Foley necessity.

Foley should be discontinued if the above criteria are not met.

Surgical Site Infections (SSI)

A healthcare-associated surgical site infection (SSI) is an infection that occurs at the surgical site within 30 days after the procedure or within 90 days following the operative procedure when implants are involved (except for superficial incisional). The SSI surveillance period of 30 or 90 days is determined by the National Healthcare Safety Network (NHSN) operative procedure category. Surveillance for SSIs includes chart reviews of patients readmitted with infections at incision sites and post discharge inquires to surgeons requesting information and feedback regarding any patient who developed a surgical site infection.

MHHS has developed a multistage evidence-based surgical site infection prevention bundle which includes the following: (remove the black and white graphic and replace with the color graphic).



Signature **Print Name** **Date**