



*Minnesota Hospital Association*

# HAI Peer Learning Network – Peer Sharing Event

Topic:  
CLABSI Prevention

Nov. 28, 2017



# Reminders



- For best sound quality, dial in at **1-800-791-2345** and enter code **11076**
- Mute your phone during the presentation
- Don't put the call on hold
- Please use the chat box to ask questions!

*Please note – this webinar is being recorded.*



- Convenes the 4<sup>th</sup> Tuesday of each month
- Rotating topics (SSI, CAUTI, CLABSI, VAE) & cross-cutting adaptive techniques
- Focus on best practices and implementation science
- Formal & informal sharing, resource review, peer discussion/polling

## Peer Learning Network



# HAI Learning Network Contacts



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# Polling Question

- Which aspect of CLABSI is your highest priority?
  - Patient & family education
  - Insertion practices
  - Access/maintenance practices
  - Performance improvement monitoring
  - Staff education

# Agenda

- Welcome
- Hospital Highlights
  - CentraCare St. Cloud Hospital
  - Mayo Clinic, Rochester
- Resource review
- MHA HAI Updates
- Wrap up

# Journey to Zero CLABSI

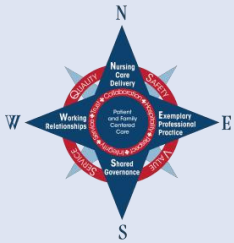
presented to  
HAI Peer Learning Network

Tuesday, November 28, 2017

Presented by:

Melissa Fradette, MSN, RN, CCRN

Ellen Simonson, RN, MPH, CIC





***St. Cloud Hospital***  
***Re-Designated a Magnet Hospital September 2013 for the third time***  
***First Magnet Designation June 2004***

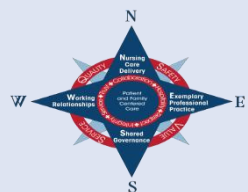


**St. Cloud Hospital – 489 beds**

Part of CentraCare Health  
Magnet Designated – 3 times consecutively  
Level II Trauma Center  
One of 50 Top Cardiovascular Hospitals® by Truven  
100 Top Hospitals (ten-time honoree) by Truven

**Intensive Care Unit – 28 beds**

Admit Medical, Surgical, Trauma, and Neuro critical care patients



# CLABSI Prevention Strategies

## Central Line Insertion Bundle

- Central Line Cart
- Central Line Insertion Checklist
- Evaluation of Need

## Central Line Maintenance Bundle

- Scrubbing the Hub
- Minimization of Line Accesses
- Chlorhexidine Dressings and Bathing
- Dressing Maintenance
- Line Patency
- Evaluation of Continued Need
- Annual Education and Competency



# SCH ICU's CLABSI Story

- FY13
  - 1 CLABSI – 15 Days to Infection
- FY14
  - 3 CLABSI – > 10 Days to Infection
  - Evidence suggests CLABSI acquired > 10 days from insertion are related to maintenance practices; CHG bathing targeted at maintenance related CLABSI
- FY15
  - 3 CLABSI – < 10 Days to Infection
  - CHG bathing implemented 11/18/14 (2 of 3 CLABSI after implementation)
- FY16
  - 3 CLABSI – < 10 Days to Infection
- FY17 – No CLABSI



# Data Review

- January 2014 to August 2015 – 8 ICU-acquired CLABSI
- Review of events by IPC Nurse and ICU Nurse Clinician revealed:
  - One positive and one negative blood culture in 5 CLABSIs (63%)
  - 3 of the 5 (60%) positive cultures were drawn from central lines
- Literature review completed – venipuncture only blood cultures due to a high incidence of false positives from luminal biofilm

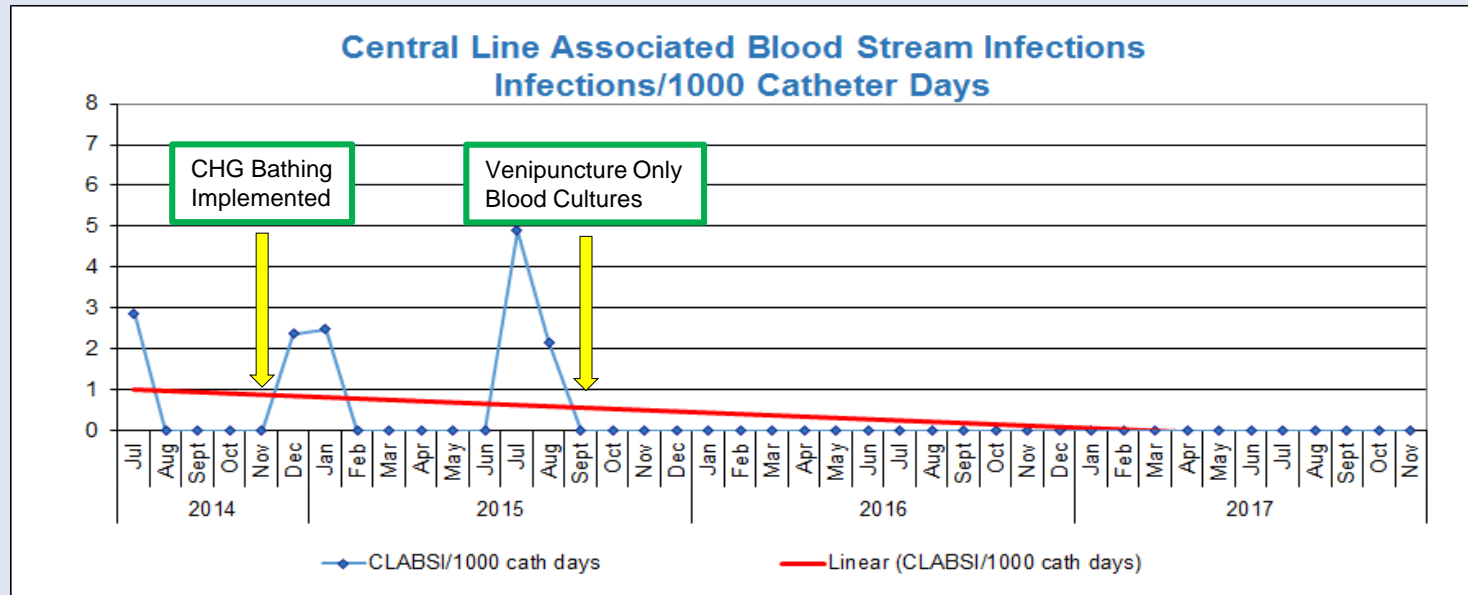


# Practice Change

- Findings reviewed with ICU Medical Director, Laboratory Services, and ICU Nurse Practice Committee – Supported and approved venipuncture only blood cultures
- In September 2015, venipuncture only blood cultures implemented in ICU – No CLABSIs since
  - As of November 14, it has been 809 days since the last ICU-acquired CLABSI
- In March 2016, practice spread throughout St. Cloud Hospital and CentraCare Health – 20% reduction in CLABSIs



# Outcomes





# Questions?



# Hospital Highlight

- Hospital Highlight – Mayo Clinic, Rochester
  
- Presenters:
  - Priya Sampathkumar, MD, FIDSA, FSHEA
    - Associate Professor of Medicine
    - Division of Infectious Diseases
  - Jean Barth, MPH, RN, CIC
    - Director of Infection Prevention and Control





# CLABSI REDUCTION AT MAYO CLINIC

# MAYO'S APPROACH

## PROJECT GOAL

Reduce and maintain central line associated blood stream infections (CLABSIs) at less than the Value Base Purchasing (VBP) achievement threshold.

## PROJECT SCOPE

**Who:** All inpatients in Rochester MN

**What:** Central Lines, Arterial Lines, Midline Catheters  
includes line selection, insertion and maintenance of lines

## COUNTER MEASURE

While being more diligent in line assessment and removal, **we do not want to increase line re-insertion rates.**

# DMAIC DESIGN



# DEFINE

Develop Project Charter

Identify and Engage Stakeholders

Develop Project Timeline and Milestones

Form Workgroups

# IDENTIFY AND ENGAGE STAKEHOLDERS

**Infection  
Prevention and  
Control**

**Administration**

**PICC Team**

**Anesthesiology**

**Internal  
Medicine**

**Supply Chain**

**Hematology  
And BMT**

**Pediatrics  
(PICU/NICU)**

**Pulmonary  
Critical Care**

**Respiratory  
Therapy**

**Nursing  
Administration  
Clinical Nurse  
Specialist  
Education  
Floor**

**Media Services**

# IDENTIFY CENTRAL LINE LIFE CYCLE

**SELECT THE RIGHT  
LINE**

**INSERT LINE  
CORRECTLY**

**MAINTAIN LINE**

**REMOVE LINE  
WHEN NO  
LONGER NEEDED**

## FORM WORKGROUPS

**LINE  
SELECTION/  
ORDERING**

**INSERTION**

**MAINTENANCE  
AND  
ACCESSING**

**ASSESSMENT  
AND REMOVAL**

# DMAIC DESIGN



# MEASURE

## Quality Tools Utilized

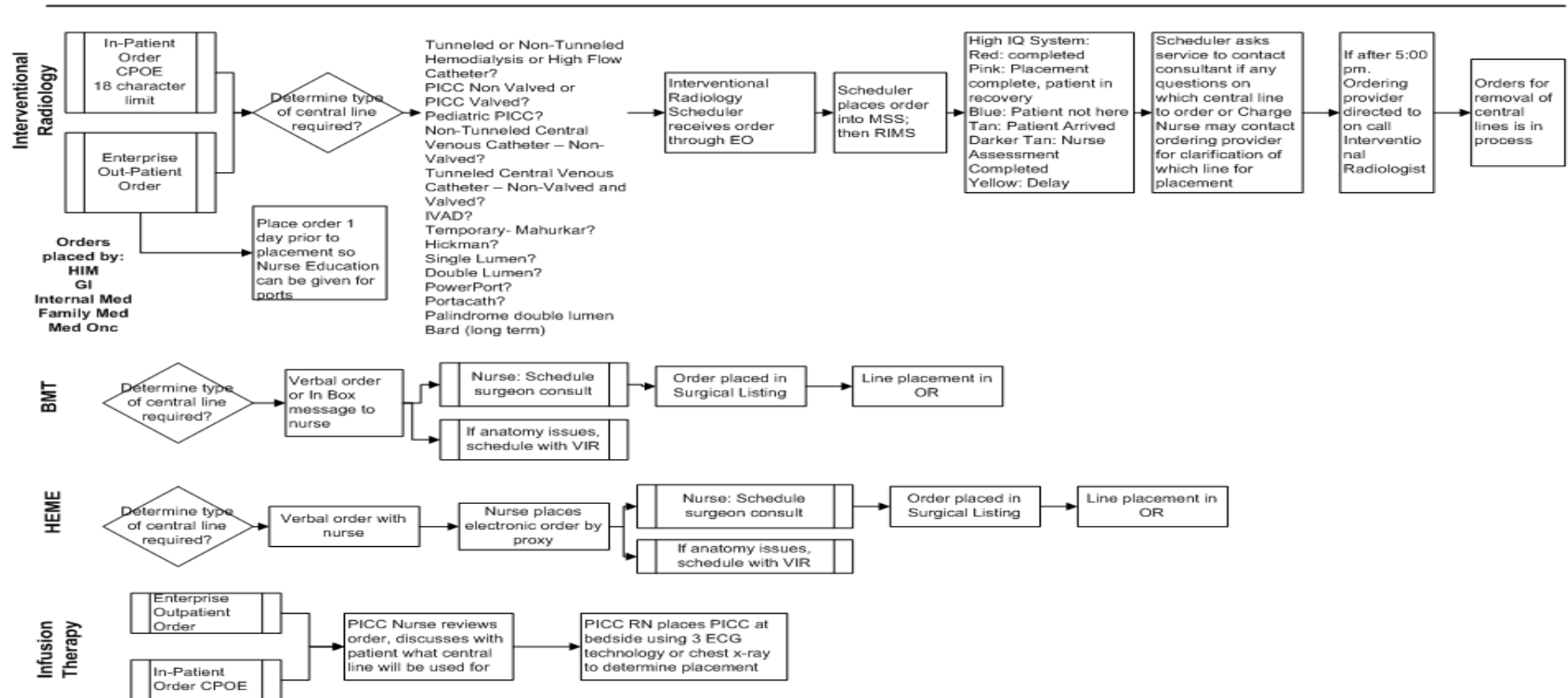
- Surveys
- Process mapping
- Direct observations
- Chart audits
- Interviews & focus groups
  - Affinity diagrams
  - Fishbone Diagrams
  - 5 Whys
- Plan Do Study Act (PDSA's)



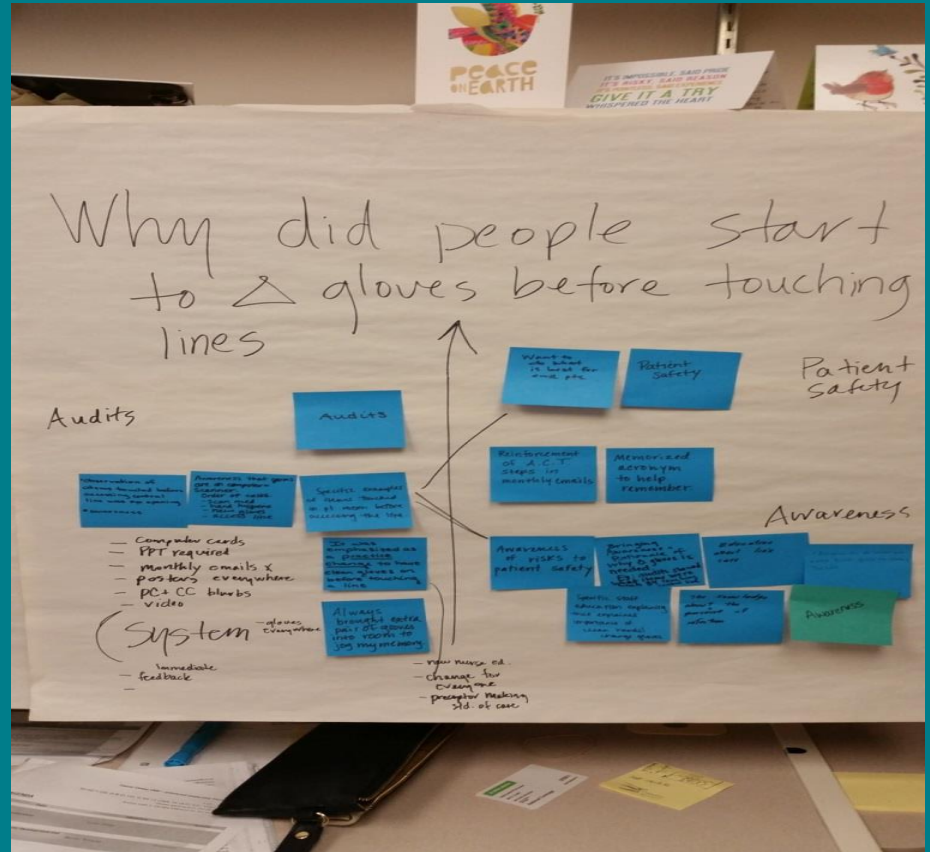
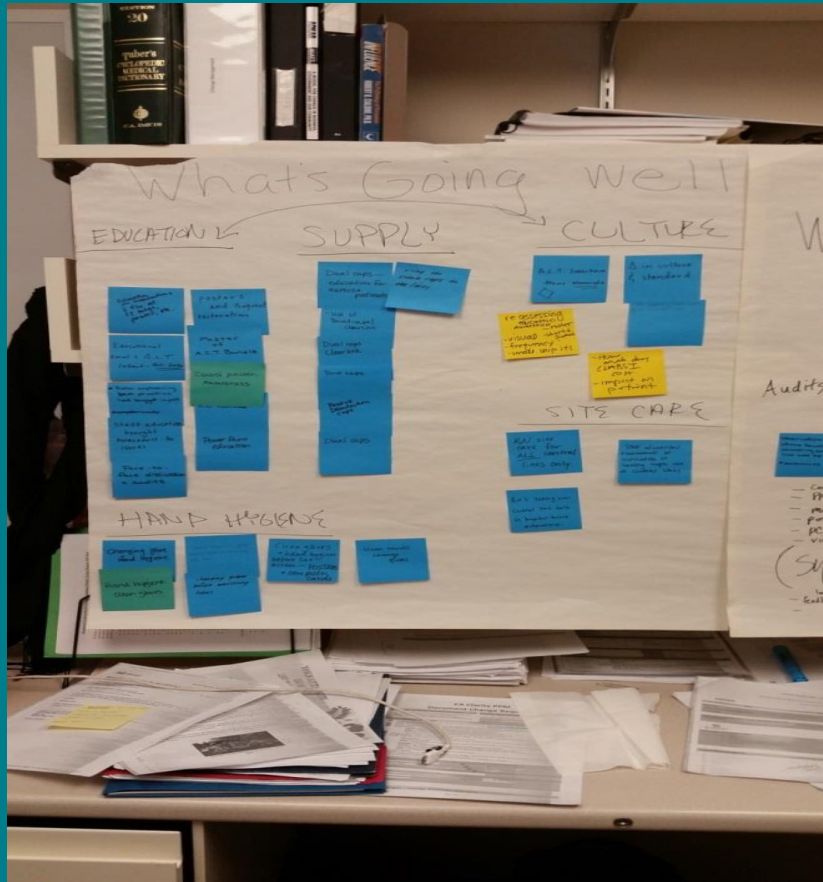
## EXAMPLE - PROCESS MAPPING Line Maintenance

# EXAMPLE - PROCESS MAPPING Central Line Ordering

## Central Line Ordering Process



## EXAMPLE – 5 Whys & Root Cause Analysis



# EXAMPLE OF FINDINGS FROM ANALYSIS

LINE SELECTION AND ORDERING	INSERTION	LINE MAINTENANCE AND ACCESSING	LINE ASSESSMENT AND REMOVAL
<ul style="list-style-type: none"><li>• Midlines underutilized</li><li>• Potential for reduction of triple lumens</li></ul>	<ul style="list-style-type: none"><li>• Insertion was done well overall</li><li>• Variation in supplies</li><li>• Procedure interruptions</li></ul>	<ul style="list-style-type: none"><li>• Hand hygiene issues</li><li>• Dressing disruption</li><li>• Variation in supplies</li><li>• Procedure interruptions</li></ul>	<ul style="list-style-type: none"><li>• Needs assessment performed inconsistently</li><li>• Lines left in longer than ideal</li><li>• Formal policy and procedure does not exist</li></ul>



**Procedure in Progress**

**Please  
Do Not Enter**

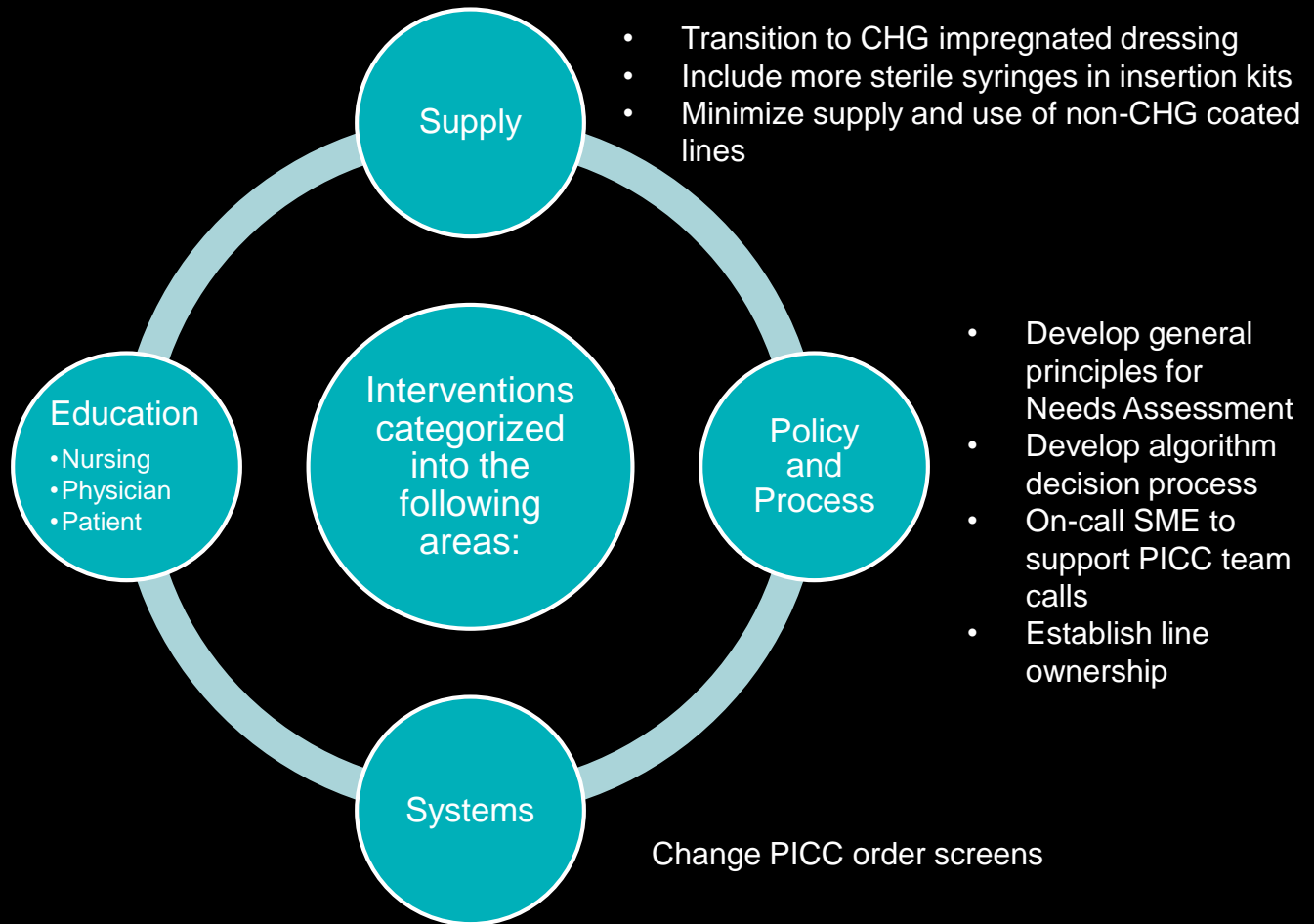
# DMAIC DESIGN



# Improve

Developed CLABSI Bundles of education by audience:

- Nursing
- Physician
- Patient



# DMAIC DESIGN





# CONTROL – MAINTAIN GAINS

STRATEGY	TASKS
<ul style="list-style-type: none"><li>• Develop control plan</li><li>• Practice good change management</li><li>• Identify and empower operational owners</li><li>• Ongoing Metrics</li></ul>	<ul style="list-style-type: none"><li>• Develop a map and cadence for ongoing system checks</li><li>• Identify indicators/red flags that warrant a review of an issue<ul style="list-style-type: none"><li>• Who is responsible to initiate?</li></ul></li><li>• Continued education and communication</li></ul>

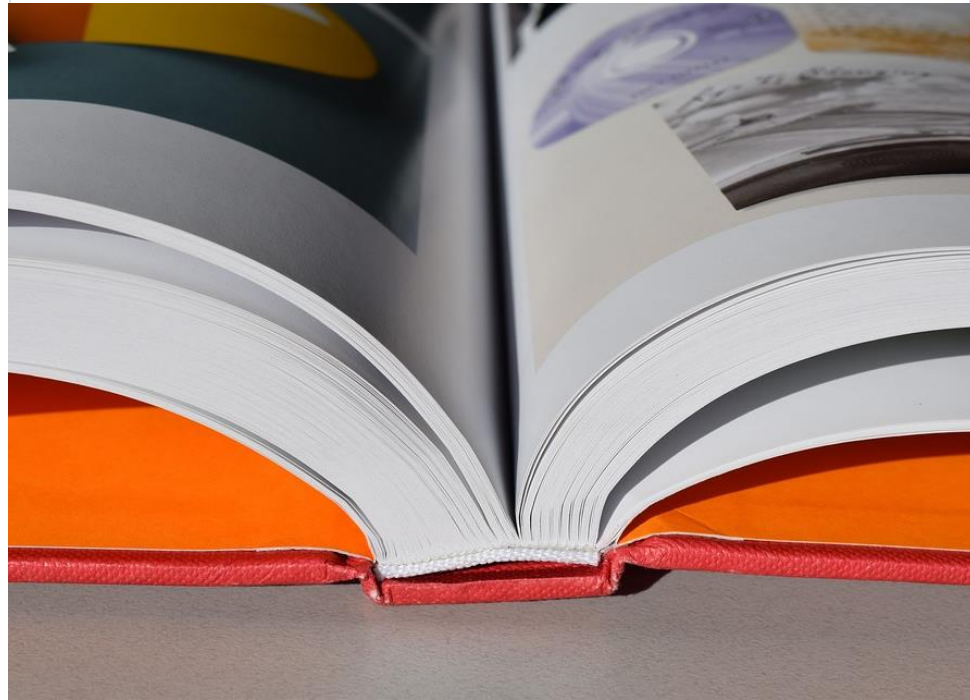


# QUESTIONS AND DISCUSSION



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# Resource Review



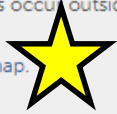
# New additions to HAI resources!

## CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS (CLABSI)

Central line-associated bloodstream infections (CLABSI) are serious infections that can result in longer hospital stays, increased costs and increased risk of death. These infections are among the most deadly types of healthcare-associated infections with a mortality rate of 12 percent to 25 percent. Experts estimate that the average cost of care for a patient with CLABSI is \$45,000 with an estimated \$2 billion annual cost to the U.S. health care system.

Great strides have been made in U.S. hospitals to prevent CLABSI in the intensive care unit (ICU) with the use of proper techniques to insert and manage the central line. There is room to strengthen CLABSI prevention outside of the ICU, however. The Centers for Disease Control and Prevention estimate that 32 percent of CLABSI in hospitals occur outside of the ICU.

Download the [CLABSI road map](#).



The CLABSI road map covers central line insertion, maintenance and monitoring, and is intended to be used in all patient care areas in acute care hospitals. The CLABSI toolkit below is a collection of supporting documents, resources and tools to assist hospitals in implementing the bundle.

For more information, contact the [MHA quality and patient safety team](#).

### CLABSI toolkit

- Checking CLABSI patient education
- Checking CLABSI staff education rounding tool
- Hennepin County Medical Center prevention tool kit
- Hennepin County Medical Center central line policy
- Hennepin County Medical Center central line insertion checklist
- Hennepin County Medical Center RCA tool
- Hennepin County Medical Center daily checks for leaders tool
- Hennepin County Medical Center change in 48 hours sticker

### Central Line Insertion Staff Education Video



# CVC Care and Maintenance Processes

- The Joint Commission CVC Maintenance Bundles
- The Joint Commission Daily Central Line Maintenance Checklist Template
- IPRO Central Line Maintenance Bundle
- AHRQ Central Line Maintenance Audit Form

# Blood Cultures Contamination: Background & Scope

- Blood culture: gold standard for detection of bacteremia
  - Contamination of blood cultures (i.e., false-positive) is common
    - Occurs from the introduction of organisms outside the bloodstream (e.g., skin or environmental contaminants)
    - Estimated that 20-50% of all positive blood cultures are contaminated [1]
    - Reported contamination rates in hospitals vary widely (0.6% to 12.5%), highest in ED [1]
  - Number of hospital stays for septicemia more than doubled from 2000-2009 [2]
  - Negative consequences associated with false-positive blood cultures:
    - Interference with clinical decision-making
    - Unnecessary antibiotic use, increased pharmacy costs
    - Additional laboratory tests, increased lab costs
    - Infection control considerations (e.g., isolation)
    - Increased length of hospital stay
    - Infection surveillance estimates – hospital, public health
1. Snyder S, Favoretto A, Baetz R. Effectiveness of practices to reduce blood culture contamination: A Laboratory Medicine Best Practices systematic review and meta-analysis. Clin Biochem. 2012;45:999-1011.
  2. Hall MJ, Williams SN, Defrances CJ, Golosinskiy A. Inpatient care for septicemia or sepsis: a challenge for patients and hospitals. NCHS Data Brief. 2011:1-8.



# Strategies for Reducing Blood Culture Contamination

- Strategies for reducing blood culture contamination:
  - Trained phlebotomy/blood culture teams
  - Blood culture kits / prepackaged prep kits
  - Source of culture (catheter, vein)
  - Use of sterile gloves, aseptic technique
  - Skin preparation
  - Needle exchange systems
  - Culture bottle preparation
  - Initial specimen diversion devices
  - Appropriate blood culture testing/utilization
- Microbiology reports useful (Do some units, services have higher contamination rates vs others?)

# Blood Culture Collection Recommendations

- Maintain blood culture contamination rate <3% [1,2]
- Where available, **phlebotomy team** should draw the blood samples for culture [3]
- **Skin preparation** for percutaneously drawn blood samples should be carefully done with either alcohol or tincture of iodine or alcoholic chlorhexidine (>0.5%), rather than povidone-iodine; allow adequate skin contact and drying time to mitigate blood culture contamination [3]
- If a blood sample is obtained through a catheter, **clean the catheter hub** with either alcohol or tincture of iodine or alcoholic chlorhexidine (>0.5%) and allow adequate drying time to mitigate blood culture contamination (A-I). [3]
- For suspected CRBSI, **paired blood samples** drawn from the **catheter** and from a **peripheral vein** should be cultured before initiation of antimicrobial therapy, and the bottles should be appropriately marked to reflect the site from which the cultures were obtained [3]
- If a blood sample for culture **cannot be drawn from a peripheral vein**, it is recommended that  $\geq 2$  blood samples should be **obtained through different catheter lumens**. It is unclear whether blood samples for culture should be obtained through all catheter lumens in such circumstances [3]

1. Clinical and Laboratory Standards Institute. Principles and Procedures for Blood Cultures: Approved Guideline. CLSI document M47-A. Wayne PA: Clinical and Laboratory Standards Institute, 2007.
2. Baron EJ, Weinstein MP, Dunne WM Jr, et al. Cumitech 1C, blood cultures IV. Washington, D.C: ASM Press; 2005.
2. Mermel LA, Allon M, Bouza E, et al. Clinical Practice Guidelines for the Diagnosis and Management of Intravascular Catheter-Related Infection: 2009 Update by the Infectious Diseases Society of America. Clinical Infectious Diseases. 2009;49(1):1-45. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4039170/pdf/nihms579455.pdf>



# One Hospital's Attempt to Decrease BC Contamination (and CLABSI): Venipuncture Blood Culture Policy

INFECTION CONTROL AND HOSPITAL EPIDEMIOLOGY OCTOBER 2013, VOL. 34, NO. 10

ORIGINAL ARTICLE

## Obtaining Blood Cultures by Venipuncture versus from Central Lines: Impact on Blood Culture Contamination Rates and Potential Effect on Central Line–Associated Bloodstream Infection Reporting

John M. Boyce, MD;<sup>1,2</sup> Jacqueline Nadeau, M(ASCP);<sup>3</sup> Diane Dumigan, RN;<sup>1</sup> Debra Miller, RN, CMSRN;<sup>4</sup>  
Cindy Dubowsky, MS;<sup>5</sup> Lenore Reilly, RN, MS;<sup>4</sup> Carla V. Hannon, RN, MS<sup>4</sup>

*Infect Control Hosp Epidemiol.* 2013;34(10):1042-1047  
<http://www.jstor.org/stable/10.1086/673142>

# Overview of Study

- **Background:**

- Blood cultures obtained from catheters have a higher contamination rate compared to cultures obtained via venipuncture
- Better aseptic technique for obtaining blood samples for culture could lower the number of reportable CLABSI cases

- **Goal:** implement strategies to minimize number of blood samples drawn from catheters

- **Objective:** evaluate impact of reducing the use of catheter-drawn blood samples for culture on blood culture contamination rates and its possible contribution to reducing number of reportable CLABSIs

- **Results:** combination of measures resulted in a progressive and sustained reduction in blood culture contamination rate from 1.6% to 0.5% for all hospital units (excluding ED, NICU)

# Implementation

- **Policy:** recommended drawing blood samples for culture by venipuncture whenever possible and avoiding the use of catheter-drawn blood samples unless absolutely necessary
  - Physicians required to obtain permission from hospital epidemiologist to have blood samples drawn for culture from central catheters unless patient was febrile and neutropenic or required hemodialysis
- **Education:** new policy; reeducated about aseptic technique and skin antiseptic application time and dry time required
- **Procedure:** nursing wrote procedure designed to minimize contamination of blood specimens drawn from central catheters when phlebotomists or IV team unable to obtain by venipuncture
  - Two nurse-procedure: one obtained specimens, one monitored procedure using checklist
- **Standardized supplies:** nursing developed a special kit (Table 1 in article)

# Implementation (cont.)

- **Communication:** memo sent by Chief Medical Officer to all medical staff
- **Leveraged EHR** and incorporated into **workflow:** At the time blood samples were obtained for culture, physicians prompted to enter whether the blood was drawn from a central line or from other sites (peripheral vein or A-line)
  - If a blood sample could not be obtained by venipuncture, then the protocol required that the order be cancelled and a new order placed for blood culture samples to be drawn from a catheter
- **Tracked compliance:** micro lab developed a monthly report:
  - Number of blood culture samples drawn on all hospital units
  - Proportion of blood cultures with samples drawn from central lines vs other sites
  - Presented to the CLABSI committee

# Study Results

- Impact of implementing venipuncture policy:
  - Significantly reduced the proportion blood culture specimens drawn from central lines (from 10.9% to 0.4%)
  - Blood culture contamination rate decreased from 1.6% to 0.5%
  - Requiring permission from hospital epidemiologist to draw blood culture specimens from catheter served as a significant barrier to physicians ordering cultures of blood specimens drawn from catheters
  - Limiting number of blood culture specimens obtained from central lines contributed to reducing blood culture contamination rate



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# MHA HAI Updates





MHA's road maps provide hospitals and health systems with evidence-based recommendations and standards for the development of topic-specific prevention and quality improvement programs, and are intended to align process improvements with outcome data. Road maps reflect published literature and guidance from relevant professional organizations and regulatory agencies, as well as identified proven practices. MHA quality and patient safety committees provide expert guidance and oversight to the various road maps.

Each road map is tiered into fundamental and advanced strategies:

- Fundamental strategies should be prioritized for implementation, and generally have a strong evidence base in published literature in addition to being supported by multiple professional bodies and regulatory agencies.
- Advanced strategies should be considered in addition to fundamental strategies when there is evidence the fundamental strategies are being implemented and adhered to consistently and there is evidence that rates are not decreasing and/or the pathogenesis (morbidity/mortality among patients) has changed.

Operational definitions are included to assist facility teams with road map auditing and identifying whether current work meets the intention behind each road map element.

Resources linked within the road map include journal articles, expert recommendations, electronic order sets and other pertinent tools which organizations need to assist in implementation of best practices.

Note: Pre-hospital and post-hospital care are included in the road maps.

Road map sections	Road map questions (if not present at your hospital or answering no, please see next column for suggested resources)
Patient & family education	FUNDAMENTAL (check each box if "yes")
	<input type="checkbox"/> Prior to surgery, the patient and family understand the risks, benefits, and alternatives of the procedure.
	<input type="checkbox"/> Prior to surgery, the patient and family understand the importance of hand hygiene.
	<input type="checkbox"/> Prior to surgery, the patient and family understand the importance of wearing a mask and gown.
	<input type="checkbox"/> Prior to surgery, the patient and family understand the importance of not touching the surgical site.
	<input type="checkbox"/> Prior to surgery, the patient and family understand the importance of not touching the surgical site.



## Central line-associated bloodstream infection (CLABSI) Roadmap

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	<input type="checkbox"/> Prior to surgery, the patient and family understand the importance of not touching the surgical site.



## Ventilator-associated events (VAE) Roadmap

MHA's road maps provide hospitals and health systems with evidence-based recommendations and standards for the development of topic-specific prevention and quality improvement programs, and are intended to align process improvements with outcome data. Road maps reflect published literature and guidance from relevant professional organizations and regulatory agencies, as well as identified proven practices. MHA quality and patient safety committees provide expert guidance and oversight to the various road maps.

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	<input type="checkbox"/> Prior to surgery, the patient and family understand the importance of not touching the surgical site.
	<input type="checkbox"/> Prior to surgery, the patient and family understand the importance of not touching the surgical site.



## Clostridium difficile (CDI) Roadmap

MHA's road maps provide hospitals and health systems with evidence-based recommendations and standards for the development of topic-specific prevention and quality improvement programs, and are intended to align process improvements with outcome data. Road maps reflect published literature and guidance from relevant professional organizations and regulatory agencies, as well as identified proven practices. MHA quality and patient safety committees provide expert guidance and oversight to the various road maps.

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Operational definitions are included to assist facility teams with road map auditing and identifying whether current work meets the intention behind each road map element.

Resources linked within the road map include journal articles, expert recommendations, electronic order sets and other pertinent tools which organizations need to assist in implementation of best practices.

The CDI Roadmap includes best practices and/or confirmed CDI, cleaning and disinfection for CDI is critical for best practice implementation (significant diarrhea). Some patients may have antibiotic use.

Additionally, the Roadmap includes planning for CDI.

Road map sections	Road map questions (if not present at your hospital or answering no, please see next column for suggested resources)
CDI surveillance	FUNDAMENTAL (check each box if "yes")
	<input type="checkbox"/> The facility's CDI surveillance system includes all CDI cases.
	<input type="checkbox"/> The facility's CDI surveillance system includes all CDI cases.
	<input type="checkbox"/> The facility's CDI surveillance system includes all CDI cases.
	<input type="checkbox"/> The facility's CDI surveillance system includes all CDI cases.
	<input type="checkbox"/> The facility's CDI surveillance system includes all CDI cases.



## Catheter-associated urinary tract infection (CAUTI) Roadmap

MHA's road maps provide hospitals and health systems with evidence-based recommendations and standards for the development of topic-specific prevention and quality improvement programs, and are intended to align process improvements with outcome data. Road maps reflect published literature and guidance from relevant professional organizations and regulatory agencies, as well as identified proven practices. MHA quality and patient safety committees provide expert guidance and oversight to the various road maps.

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Resources linked within the road map include journal articles, expert recommendations, electronic order sets and other pertinent tools which organizations need to assist in implementation of best practices.

Road map sections	Road map questions (if not present at your hospital or answering no, please see next column for suggested resources)	If specific road map element is missing, consider the following resources:
Patient & family education	FUNDAMENTAL (check each box if "yes")	Consider the following examples of patient education when developing teaching materials:
	<input type="checkbox"/> The facility has a process in place to educate the patient about their urinary catheter [1].	<ul style="list-style-type: none"> <li>Centers for Disease Control <a href="#">FAQs about CAUTI</a></li> <li>Catherout.org <a href="#">What Patients and Family Members Need to Know About the Risks Associated with Urinary Catheters</a></li> </ul>
	<input type="checkbox"/> The facility has a process in place to educate patients being discharged with an indwelling catheter in place.	Consider the following examples when developing discharge education for patients:
	<input type="checkbox"/> The patient has been educated on how to care for the catheter and symptoms of infection using teach back method to ensure patient's understanding.	<ul style="list-style-type: none"> <li>Intermountain Healthcare <a href="#">Foley Catheter: Home instructions</a></li> <li>The Ohio State University <a href="#">Home Care for Your Foley Catheter (Female)</a></li> <li>The Ohio State University <a href="#">Home Care for Your Foley Catheter (Male)</a></li> </ul>

**HAI Road maps now available in PDF and in data portal!**



# Road Map Overview

Fundamental or advanced strategies to help with prioritization

Road map sections	Road map questions (if not present at your hospital or answering no, please see next column for suggested resources)	If specific road map element is missing, consider the following resources:
Patient & family education	<p><b>FUNDAMENTAL</b> (check each box if "yes")</p> <p><input type="checkbox"/> The facility has a process in place to educate the patient/family about their central line [1,2].</p> <ul style="list-style-type: none"> <li>- Include topics such as what a central line-associated bloodstream infection is, what the health care personnel (HCP) and prescribers are doing to prevent an infection, and what the patient can do to help prevent an infection.</li> <li>- Encourage patients to report any new changes or discomfort in their catheter site [3].</li> </ul> <p><input type="checkbox"/> The facility has a process in place to educate patients being discharged with a central line in place [1,2].</p> <ul style="list-style-type: none"> <li>- Topics include catheter care and symptoms of infection.</li> <li>- Teach back methods can be utilized to ensure patient understanding.</li> </ul>	<p>Consider the following examples of patient education when developing teaching materials:</p> <ul style="list-style-type: none"> <li>• MHA <a href="#">Checking CLABSI patient education sheet</a></li> <li>• <a href="#">Centers for Disease Control fact sheet</a></li> <li>• <a href="#">The Ohio State University Wexner Medical Center CVC sterile dressing change patient education</a></li> </ul> <p>The Institute for Healthcare Improvement (IHI) "<a href="#">Always use teach back!</a>" tools were developed to assist in confirming patient understanding of care instructions.</p>

Organized by section to address specific aspects of care

Audit-style format for key elements

Operational definitions (what yes means)

Line by line references (active links at the end of each document)

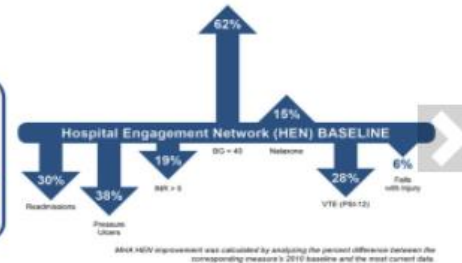
Mapped resources with live links



## Minnesota hospitals continue progress in preventing patient harm

Minnesota hospitals and health systems have prevented more than 24,000 patients from being harmed and saved more than \$211 million as a result of a reduction in hospital-acquired conditions since 2011.

[Learn More](#)



## Quality & Patient Safety

### Quality & Patient Safety Initiatives

- Antibiotic Stewardship
- Communicating Outcomes
- Delirium
- Emergency Overhead Pages
- Falls
- Health Care-Associated Infections
- Catheter-Associated Urinary Tract Infections (CAUTI)
- Central Line-Associated Bloodstream Infections (CLABSI)
- Clostridium Difficile
- Surgical Site Infections
- Ventilator-Associated Events
- Health Care Disparities
- Medication Safety
- Obstetrics & Newborn
- Patient & Family Engagement
- Patient Handling

## INITIATIVES

Quality and patient safety is a top priority for Minnesota hospitals and they are focused on a number of areas to improve safety and quality:

- Antibiotic stewardship
- Delirium
- Falls
- Health care disparities
- Obstetrics & newborn
- Patient handling
- Pressure ulcers
- Standardized colored wristbands
- Emergency overhead pages
- Health care-associated infections
- Medication safety
- Patient and family engagement
- Patient safety culture
- Readmissions
- Severe sepsis
- Surgery & procedures



Road maps available on the MHA website!


## COLLABORATIVES

MHA partners with hospitals, other care providers, state agencies and others to develop comprehensive solutions to health care challenges and to work toward a coordinated approach across the continuum of care. See at a glance who they are and what roles they play in improving patient safety and quality


# HAI road maps in the MHA Data Portal

**Current Hospital:**


Minnesota Hospital Association - Saint Paul ▼




Choose a  
Road map




Select  
question type




Analyze  
Road map




CAUTI Road Map




CLABSI Road Map



SSI Road Map



VAE Road Map



CDI Road Map

# Next HAI Peer Learning Network Event

***NO HAI LN Event in December 2017***

**2018 HAI Learning Network Kickoff**

Thursday, Jan. 23, 2018

1:00 - 2:00 pm

Registration link:

<https://web.telspan.com/register/240mnhospitals/haijan18>

# Questions?



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