



The Journey to Zero: Engaging Clinical Nurses as Infection-Control Champions Makes the Difference

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Background: Reducing hospital acquired infections (HAIs) reduces patient morbidity and mortality, reduces hospital costs and promotes community confidence in the organization. Accreditation agencies mandate hospitals to improve quality and safety by reducing HAIs. Our large urban public hospital worked collaboratively over 4 years to reduce HAIs by incorporating best practices guidelines. An interprofessional team formed to look at processes, equipment, practices and outcomes. Actions included:

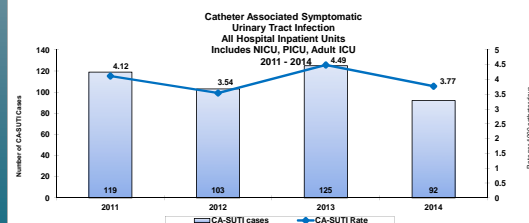
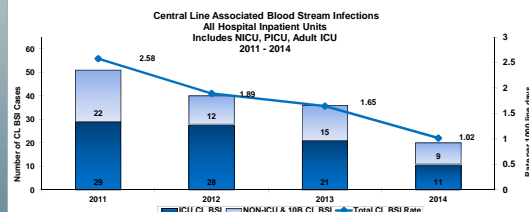
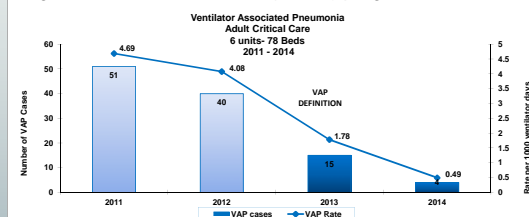
- | VAP | CLABSI | CAUTI |
|--|--|---|
| <ul style="list-style-type: none"> Order sets to standardize VAP bundle Supplies standardized including oral care, closed system suction Monitored practice | <ul style="list-style-type: none"> CHG bath in adult critical care units Standard insertion kit with PPE Dressing product Competency demonstration of dressing change and cap change Checklist with insertion Monitoring dressing and cap change labeling/completion | <ul style="list-style-type: none"> Product changes-Foley from latex to silicone to silver coated Standard insertion tray with closed system Radiology, transportation, OR, ED involved in problem solving for keeping Foley below the level of the bladder (drilled hole to hang the foley in the CT table) Nurse Driven Foley Removal Protocol developed Education for specimen collection and handling |

However, infection rates reached a plateau and a novel approach was needed to bring infection rates to their lowest point possible.



Description of Project

Individual hospital units recruited clinical nurse volunteers to become Infection Prevention Champion (IC). The role of Champion is part of the Clinical Advancement and Registered Nurse Excellence (CARE) program



Implementation: ICs were actively engaged in the interprofessional team beginning in January 2014. Attendance and number of units engaged steadily increased. The ICs attended the interprofessional work group to present data they collected for a Root Cause Analysis (RCA) of any hospital acquired infection. ICs communicated directly with their nurse peers to identify barriers or promote effective strategies for reducing HAI. ICs were paid out of staff time to attend interprofessional work group meetings and participate in follow up actions.

Outcomes: Integration of ICs resulted in substantial decreases to HAI in less than 12 months.

- Central line associated bacterial stream infections (CLABSI) decreased by 44%-70% across multiple units
- Catheter associated urinary tract infections (CAUTIs) decreased 26.4%
- Ventilator associated pneumonia (VAP) decreased 73.3%.

Implications for Nursing: Engagement of Infection Control Champions was critical to decreasing HAI throughout a large urban public health system.