Reducing Hospital Acquired Infections in a Team Approach  
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Problem:
Health care-associated infections continue to be a major barrier to patient safety. This is a strategic goal of the Joint Commission. In October 2008, the joint commission partnered with the Society for Healthcare Epidemiology of America, Infectious Diseases Society of America, Association for Professionals in infection Control and Epidemiology, and the American Hospital Association which published the strategies to Prevent Hospital acquired infections (HAI). As of January 1, 2010, three HAI-focused National Safety Goals (NPSG) based on the Compendium became effective for accredited organizations. NPSG.07.04.01 and the prevention of catheter-associated blood stream infections (CLABSI)and NPSG.07.03.01 and the prevention of multi-drug resistant organisms.

Evidence:
Methicillin-resistant Staphylococcus aureus (MRSA) is the most common cause of Ventilator associated pneumonia (VAP) and the fourth most common cause of central line infections. Nosocomial infections increase length of stay with and hospital cost.

Central Venous Catheters being the most common cause of nosocomial bloodstream infections. It is estimated that this contributes to 4,000 patient deaths per year in the United States. Through implementation of teamwork initiatives organizations have positive outcomes.

Strategy:
To begin Multi-disciplinary Rounds as a team; Physicians, Nurses, and Respiratory Therapists. The goal was to have better communication and collaboration between disciplines.

Practice Change:
Issues were addressed in rounds from all disciplines and by all disciplines. Updating of improvement and progress were done with the nurse manager and physicians chiefs. Evaluation:
Baseline data was collected by our Inpatient Evaluation Center (IPEC) which collects data for all of the Veteran’s Affair Hospital nationwide.

Result:
The rate and incidence of VAP and CLABSI have been reduced and sustained from the baseline from 5.0 to 1.2. The days on the ventilator and the days of central lines were also reduced by over 25%.

Recommendations/Lessons Learned:
The use of bedside care as a team allowed for safe, effective and consistent communication promotes better patient outcomes.

Bibliography:
Institute for Heathcare Improvement. Decline in ICU adverse events, nosocomial infections and cost through a quality improvement initiative focusing on teamwork and culture change  
Retrieved March 02, 2011 from www.ihi.org

The Joint Commission. The Joint Commission announces 2008 national patient safety goals.  

National Heathcare Safety Network