Up, Up and Away: Nursing Unit Initiatives in a VRE Outbreak

Presented by:

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History

- VRE outbreak 2009
- Limited to one medical unit
- 6 Weeks following end of first outbreak VRE cases identified in multiple areas of facility February 2010 – Second outbreak
- Site managers IP&C collaborated in identifying individual outbreak units for screening and investigation
- Sept 2011 first meeting of VRE committee at Grace to try to manage as site

History

- June 2011 recognition of requiring a site response to infrastructure barriers
  - (the tower was under renovation from start of outbreak till June 2011 - one half floor closed at any given time)
  - eg. Lack of appropriate storage (clean/dirty/sterile), lack of compliance with screening, inability to audit practice due to resources, a lack of accountability for cleaning practices

Challenges

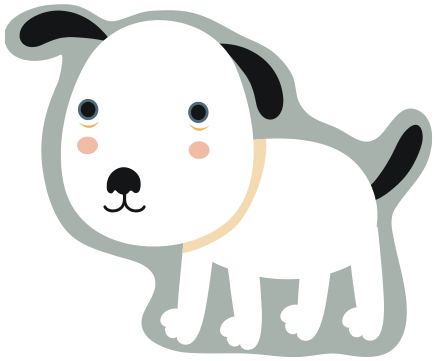
- Consistency application of routine practices
- Staff movement / students
- Over census requirements
- Old and damaged equipment

Hairdresser Appointments

- Increased LOS creates challenge with normal patient grooming practices
- We do not allow isolated patients to go to common area of hairdresser salon due to increased risk of transmission
- Hairdresser is private and compliant with unit restrictions of isolated patients
- Is not held to same cleaning requirements for hospital cleaning practices

Visiting Dog Program

- Cancelled program on outbreak units
- Major Push-back due to therapeutic benefits of program



Resources

- Cleaning
- Replacement of equipment
- Curtains
- Auditing
- Housekeeping
- Removal of out-of-date equipment
- Constant care
- Screening day!
- Infrastructure – storage
- Equipment – commodes, isolation carts, dedicated supplies

Wandering Patients

- Proper identification of patients on isolation precautions as well as the patient at increased risk due to behavior is not uniform
- Impact of wanders not fully appreciated by staff and family (accepted as a norm)
- Staff complacency
- Use of dayroom and common areas
- Complex discharges
- Increased spikes in positive results with increased difficult to manage of behavior/wandering patients

New Initiatives

- Staff Cleaning Checklist Forms (the right staff for the right task with the right cleaner daily/shift/weekly)

Date:
UC:

UNIT CLERK

Week of:	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
Must Check Off Every Shift	**D**	**E**	**D**	**E**	**D**	**E**	**D**	**E**	**D**	**E**	**D**	**E**	**D**	**E**
Cleaning to be done once during your shift														
Patient Charts	\		\		\		\		\		\		\	
Addressograph Cards and Holder	\		\		\		\		\		\		\	
Front Desk & Counters		\		\		\		\		\		\		\
Phones/Fax		\		\		\		\		\		\		\
Computer/Keyboard & Mouse		\		\		\		\		\		\		\
Kardex Holders	\		\		\		\		\		\		\	
Other:														
Initials														

RM#

HEALTH CARE AIDE

Week of:	Monday			Tuesday			Wednesday			Thursday			Friday			Saturday			Sunday		
Initial for every shift	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N
Cleaning to be Done Once During Shift																					
IV Poles (q weekly)																					
Bed Rails (Days & Eve)																					
Commodes (*Before & after every use)*																					
Bathroom Door Handles																					
Laundry Hamper Lids & Carts																					
Wheelchair and walkers that are being used																					
Isolation Room Equipment																					
Hoyers and Lifts (*Before and after every use)*																					
Other:																					
Initials																					

Date:
RN:

NURSES

Room #																		
Initial every shift	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A
Cleaning to be Done Before (B) & After (A) Every Patient (More then one checkmark per box allowed)																		
Dinamap																		
BP cuffs																		
Thermometer																		
Glucose Meter																		
Bladder Scanner																		
Other: eg. Dressing supply cart / tray																		
Cleaning to be Done Once During Your Shift																		
MAR Binder																		
Med Carts/Baskets																		
Pumps at bedside: IV, Kangaroo																		
Initials																		

New Initiatives

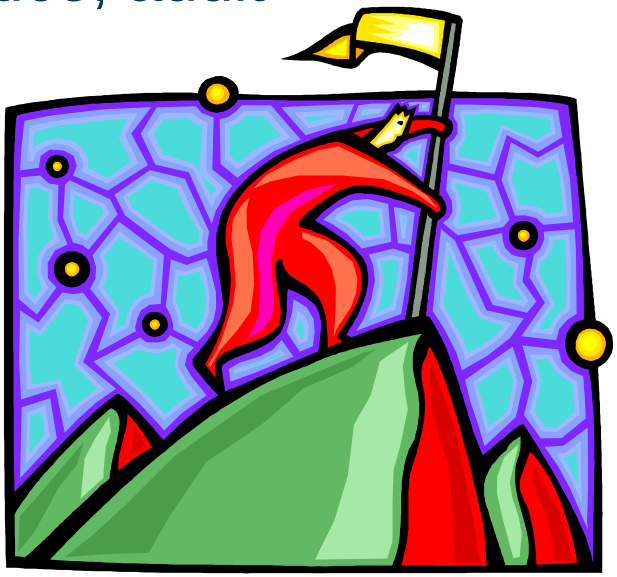
- Looking at core storage vs. bedside storage
- Audits
- Sage ‘Bath in a Bag’ Product
- Increased use of dedicated equipment use
- Storage of supplies
- Review of cleaning practices of terminal vs discharge vs transfer and environmental cleaning practices
- Universal screening – ARO’s
- Decreased patient movement

Staff Driven Initiatives

- New Patient Hand Hygiene Practice
- Signage for Shower/Bath doors for Terminal Cleaning
- Team input into patient bed management
- Collaboration and respect between workgroups that did not typically collaborate eg. HCA's/ Housekeeping

Celebrate Success!

- 3 Weekly negative screens and based on results was able to delay screening for 1 month
- January 2012 Success for 1 month
- Cultural shifts with cleaning practice, audit improvement with equipment



Questions?