System Wide HAI Reduction: One Size Does NOT Fit All

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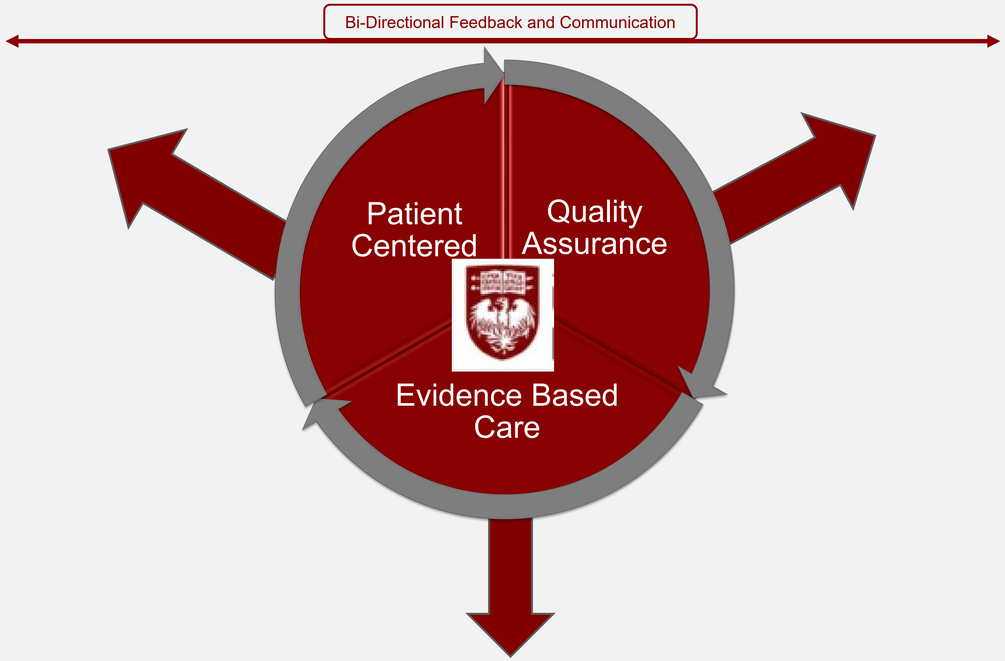
Mission

- According to NHSN, acute care hospitals saw a significant increase in hospital acquired infections (HAIs) between 2020 to 2021, except for Hospital-onset C. difficile infection (CDI).
- Both UCMC and IMH recognized the opportunity to learn from each other and align practices where appropriate in an effort to reduce HAIs.

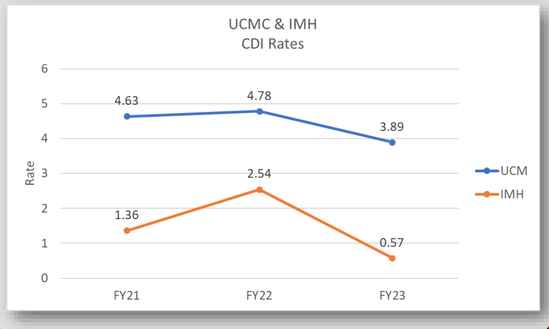


University of Chicago Medical Center (UCMC)

Clostridioides Difficile Infection Rates

Problem:
IMH, a 230-bed community hospital within the UChicago Medicine health system, encountered an increase in CDI cases

Interventions:
Screen on admit
Early intervention and isolation
Education

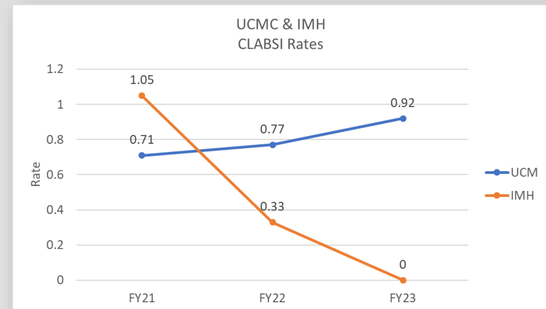


Ingalls Memorial Hospital (IMH)

Central Line Associated Bloodstream Infection (CLABSI)

Problem:
UCMC, an 800-bed facility, within the health system witnessed an increase in CLABSI

Interventions:
Daily Chlorhexidine Bathing
Line awareness, maintenance and rounding
Midline usage



Learning Objectives

- Identify the various ways in which a *Clostridioides difficile* screening process can be applied at your institution.
- List at least two processes that can be implemented to decrease central line-associated bloodstream infection rates.
- Describe the roles involved in the project that enabled success.

Results

- Where UCMCs adoption of the standardized CLABSI reduction best practices (e.g., daily care, CHG bathing, etc.) resulted in initial CLABSI reduction in the past, adoption of these practices alone did not help reduce the CLABSI infections at IMH in 2021.
- It was the strategic decision to pivot and 'try something new' locally, that resulted in the 100% reduction in CLABSI in 2022 at IMH.
- UCMC has maintained their low CDI LabID infection rate since initial rollout in 2015.
- In FY21, IMH had 11 cases. In FY22, the number of cases rose to 19 with a rate of 2.26 (1.05 greater than the FY target). FY23, IMH 4 LabID infections, which is a significant decrease from the previous two fiscal years.

Takeaways & Next Steps

- Healthcare systems tend to standardize practice to simplify work but expect the same outcomes will be shared by all facilities.
- UChicago Medicine (UCM) explored a different approach by carefully evaluating the needs of the patient population specific to each facility
- Goals and elements were the same for both campuses, but how those were achieved differed.
- Midline usage and policy is still being discussed as a means to decrease CLABSI; recognizing that the university hospital has varying needs from its community hospital, as one size does not fit all.

References

National Healthcare Safety Network Patient Safety Component manual. Centers for Disease Control and Prevention website. https://www.cdc.gov/nhsn/pdfs/pscmanual/pcsmanual_current.pdf. Updated January 2021. Accessed July 22, 2023.

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