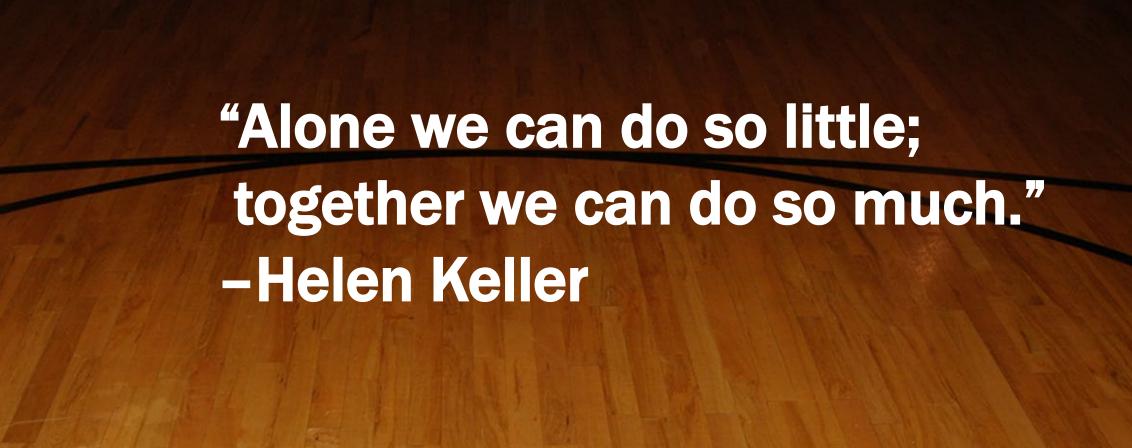


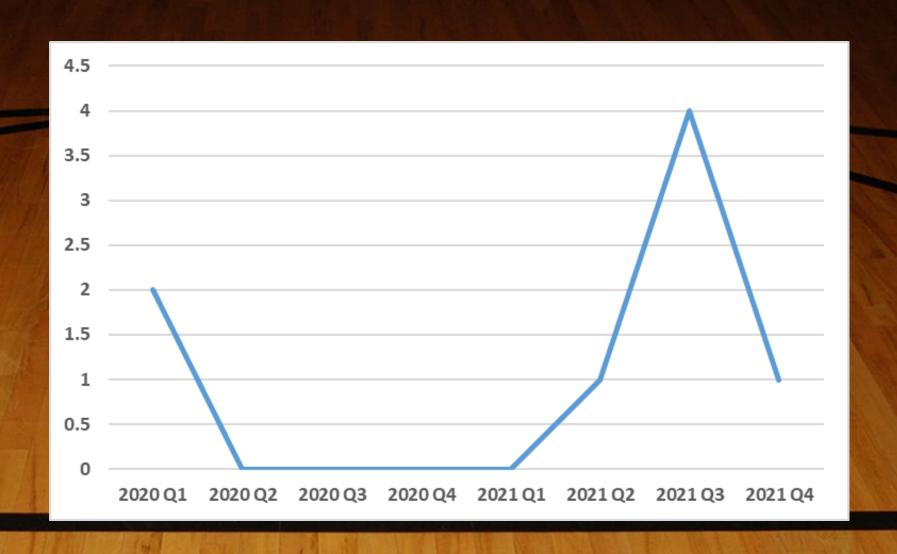
## **Infection Prevention VS Nursing**

- Why are we having so many infections?
- Who is changing the dressings on the central lines?
- Why does this patient still have a catheter?
- Why is that catheter not secured?
- When is the last time you did hand hygiene?
- Did you wear that gown into more than one room?





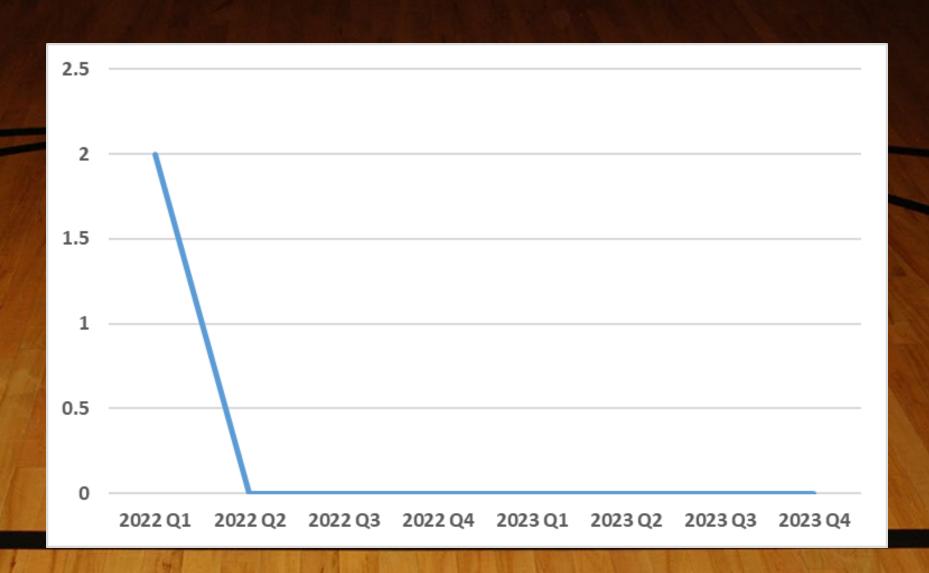
# **Catheter-Associated Urinary Tract Infections**



## Partnered with Nursing to.....

- Change orientation to include hands-on Foley insertion and care
- Revive the nurse driven protocol for catheter removal
- Included Nurse aides in training on catheter care
- Daily rounds to determine the necessity of the catheter
- Re-educated on the use of external catheter devices
- Provided each unit a "days since last CAUTI" to post on huddle board

# Catheter-Associated Urinary Tract Infections

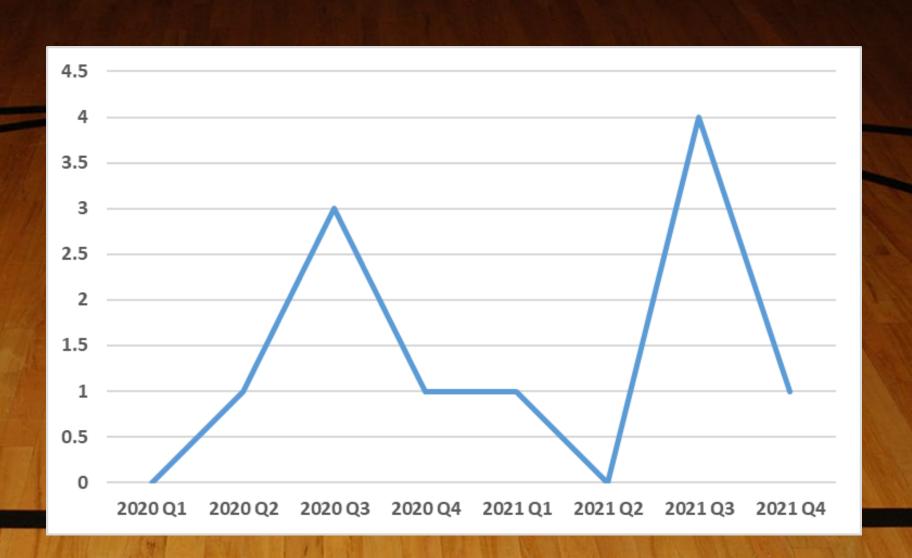




# Collaboration pays off

Nursing and Infection Prevention are on the same team fighting infections and reducing patient harm.

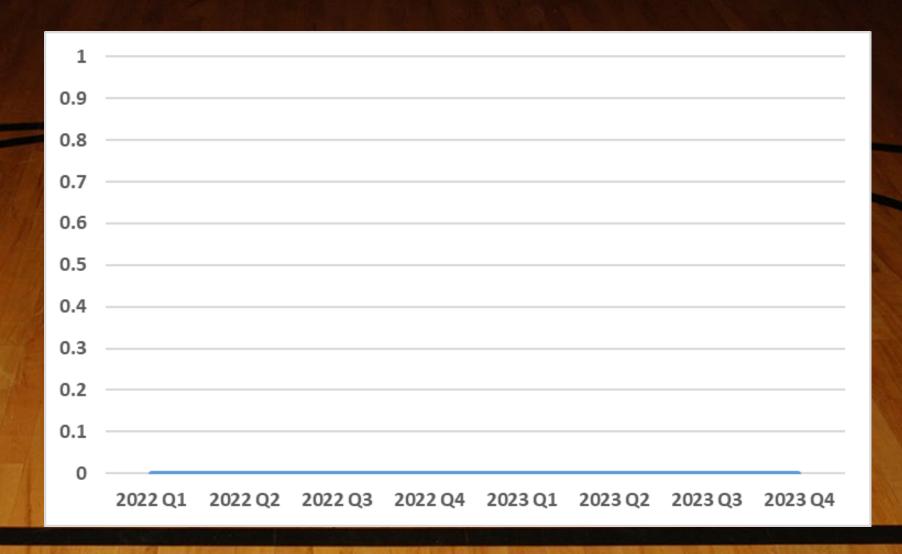
# **Central Line Associated Blood Stream Infections**



### Partnered with IV Therapy to....

- Change nursing orientation to include hands-on Central line, PICC, ports, and peripheral care
- Complete a competency carnival with all nursing staff over vascular access care
- Incorporated CHG bathing wipes for patients with lines and all patients in ICU
- IV therapy to routinely change all central line dressings
- Participated in the AHRQ MRSA collaborative and frequent huddles with the front line staff on each unit

#### **Central Line Associated Blood Stream Infections**





"Coming together is a beginning, keeping together is progress, working together is a success" "Unity is strength. When there is teamwork and collaboration wonderful things can be achieved." -Mattie Stepanek

## **COST of an HAI**

#### CAUTI

- Increase LOS 2-4 days
- Est. cost of \$13, 793
- Increase mortality

#### **CLABSI**

- Increase LOS 7 days
- Est. cost \$48, 108
- Increases mortality 12-25%



























"The names of the patients whose lives we save can never be known. Our contribution will be what did not happen to them. And, though they are unknown, we will know that mothers and fathers are at graduations and weddings they would have missed, and that grandchildren will know grandparents they might never have known, and holidays will be taken, and work completed, and books read, and symphonies heard, and gardens tended that, without our work, would never have been."

**DON BERWICK**