



SOUTHEAST ARIZONA MEDICAL CENTER

Community Healthcare of Douglas

Infection Monitoring in Rural Hospitals: System and Practice

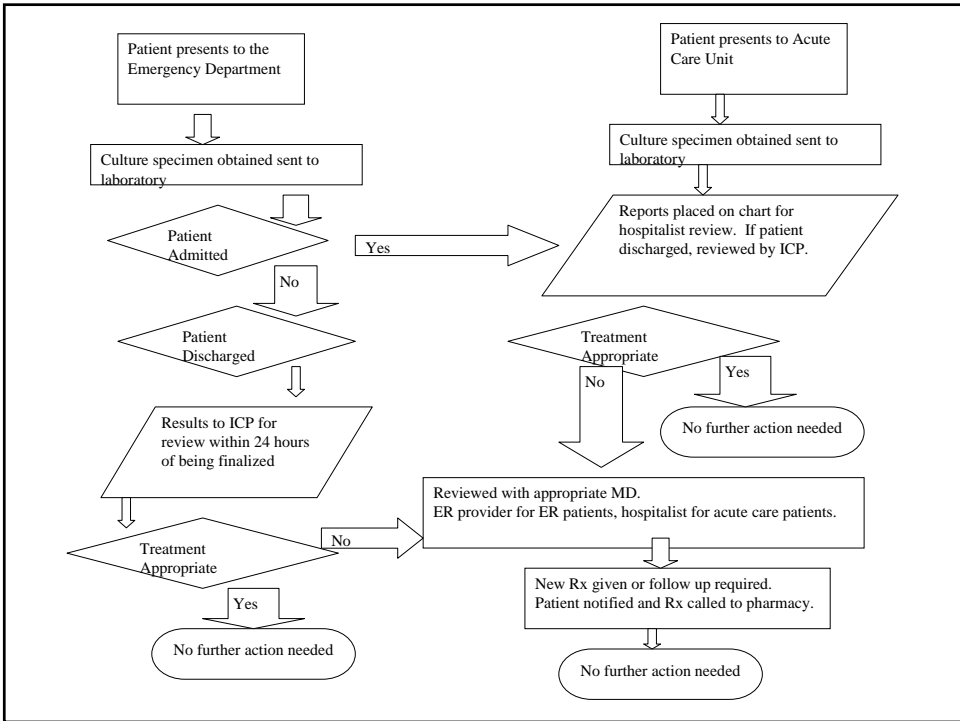
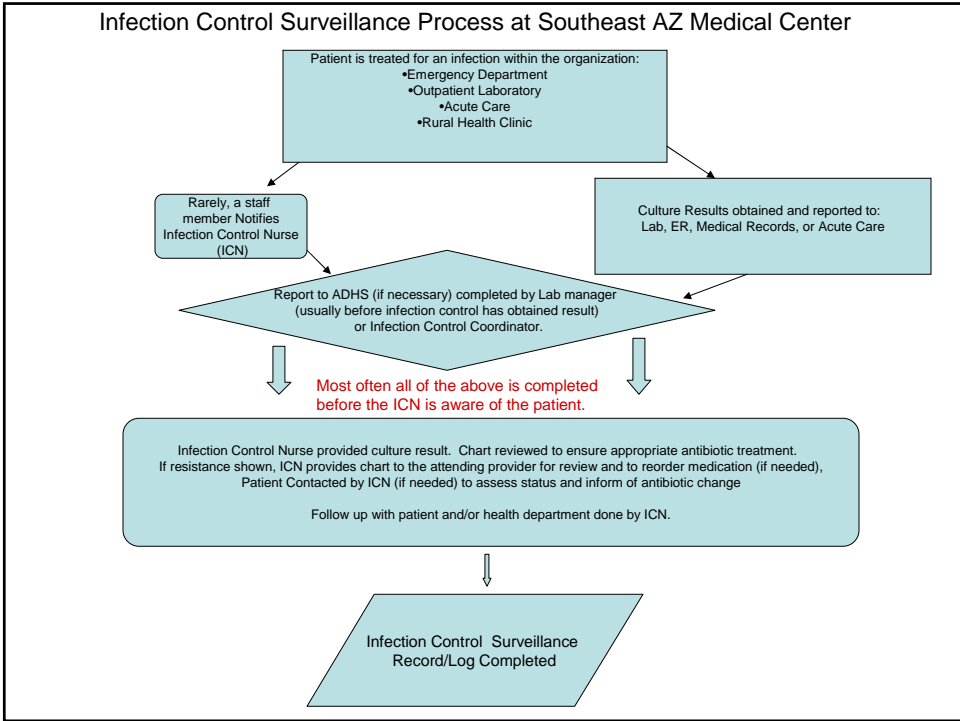


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Where we started the project:

- New ICP
- Laboratory Manager reviewed all reports before they were passed on to ICP and reported to health department as needed
- Huge delays in culture follow up





Big Changes in January

- Laboratory Manager left the facility
- Interim manager was unfamiliar with reporting procedures or need for timely culture review and follow up
- Delays in IC receiving results increased



Strategies Used to Improve Processes

- Pulled in the entire ICC/Team
- CEO and CNO became project champions
- Went over project Aim statement and reviewed the log at the monthly meetings



Strategies Used to Improve Processes

- HIM began to provide ICN with culture results on a daily basis (Monday – Friday)
- Laboratory staff delivers reports to ICN and to the department that obtained the culture
- Box placed in ER for culture reports with instructions for follow up laminated and left in the box



Strategies Used to Improve Processes

- Created additional data monitoring tools
- Increased meetings to monthly until we are able to meet 100% aim
- Convinced team importance of this improvement as a quality initiative



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Infection Monitoring Initiative Implementation Plan

- Initial focus will be on obtaining culture reports in a timely manner
- Secondary focus will be on timely follow up on culture results
- ICN will lead the development of the Data Monitoring Plan and develop the Data Collection Tools



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Infection Monitoring Initiative Implementation Plan

- Charter approved by CEO May 7, 2010
- Executive Champion and Process Owner for project is ICN
- Primary Physician Champion is the Hospitalist/ICC Medical Director
- All people involved attend the ICC meetings and are involved in processes



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Infection Monitoring Initiative Implementation Plan

- CEO will inform SAMC Quality Council, Medical Staff, and Governing Board of the initiative and progress at the respective monthly meetings.
- The ICC/Project Team will disseminate information to entire SAMC staff regarding the project.



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Culture Review Data Monitoring Plan

- Primary Measure is timely culture review by the ICN or designee.
- Calculated as the number of culture reports reviewed in a timely manner divided by the total number of culture reports and reported as a percentage at the ICC meetings



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Culture Review Data Monitoring Plan

- The ICN will complete the data collection tools and monitor and analyze the data concurrently as culture results are obtained.
- The ICC will review the data and collection tools at the monthly meetings
- Monthly rates of compliance will be reported on the Infection Control Spreadsheet
- Hard copies of the information will be shared with the ICC/project team on a monthly basis.



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Where we are now?

- New Laboratory Manager
- Electronic Medical Records
- Went from below 20% to approximately 60% of cultures reaching ICN in 24 hours



Where are we going?

- All Cultures will be received and reviewed by ICN or designee and MD within 24 hours with changes in therapy made if needed.
- Ensuring all of the patients we treat receive the “right” medication in a timely manner!



Questions?