



“Getting Them There and Keeping Them There”

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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



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Factors Contributing to the Issue

- Cultures are sent out to reference laboratory
- Approximately 30% of SAMC patients are treated with an antibiotic that the organism shows resistance to.
- Local PCPs insist hospital providers follow up on cultures obtained at the hospital.



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This Became a Priority when:

- Brought to CEO's attention by a governing board member
- A patient was treated and released from the ER and UTI was not treated with an appropriate antibiotic
- Weeks later the same patient was hospitalized with pyelonephritis



Vision for this Initiative

- 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!



CEO and CNO Became Project Champions

- Attended All ICP Meetings
- Reported the percentages to governing board
- Conveyed project importance to all pertinent staff members



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How did we do?

- We started this project meeting this goal less than 20% of the time.
- We went from 57% in June of 2010 to 95% in December of 2010.



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Did We Sustain?

- No unfortunately not
- In January there was a decrease to 87%, and in February it decreased to 74%



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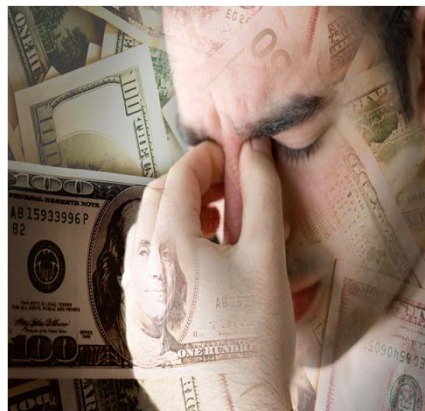
What has become THE Priority for
ALL CAHs at this time?



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- Administration's priorities have shifted
- This is not a revenue generating process and like many small rural hospitals we are experiencing financial difficulties

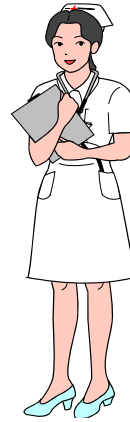




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- Staffing Decreased on Weekends
- Nurses do not have time to provide culture follow up
- Often need paper chart and it is difficult to obtain on the weekend when HIM staff are not in house.



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Currently....

- We are working to improve the processes on the weekend
- Back at 87% in March
- Still have administration support, not as high of a priority as it was



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Keeping Them There

- While I still feel I have administrative support, sustaining that level of support during these economic times has proven difficult to impossible



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Keeping Them There

- CEO and CNO continue to attend bi-monthly ICP meetings
- Percentages continue to be reported to the Hospital's Quality Council and Governing Board



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Making the Business Case for Infection Prevention

- There is increased pressure on leadership to reduce infection rates, so capitalize on that
- Focus on one specific infection and cost-out what you did or what you want to do to cost-justify it, as well as determine the risk of not doing anything at all.



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Making the Business Case for Infection Prevention

- Very difficult in a small facility with few HAIs
- Appeal to the quality aspect of IP
- Patients need to receive appropriate care and/or medication



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Questions?