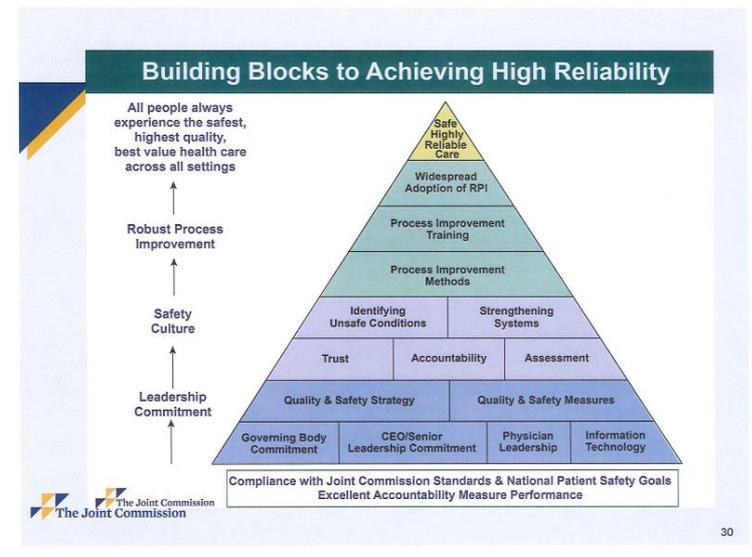


7.1.1 INFECTION CONTROL UPDATE



HIGH RELIABLE ORGANIZATION

- Regional Chief Medical Offices, Infection Control Physicians, Quality Leaders & Staff Epidemiologists
- Transformational Change
 - Leadership
 - Safety Culture
 - Robust Process Improvement
- Commitment to Zero Harm



STANDARDIZATION

- District-wide Infection Control Plan
 - Standardize approach to emerging threats
- Standardize Products and Protocols
- Intense Analysis for every event
 - At local level, evaluate processes, track & trend
- Unified Goals- Balance Score Card

FY22 QUALITY BALANCE SCORE CARD PROGRESS

	CLABSI	CAUTI	CDIFF
FY19	34 (40)	42 (35)	83 (136)
SIR	0.86	1.20	0.61
FY20	23 (38)	25 (38)	74 (178)
SIR	0.60	0.65	0.42
FY21	32 (42)	28 (44)	66 (190)
SIR	0.75	0.63	0.35
FYTD22 (Feb)	23 (34)	15 (33)	36 (148)
SIR	0.68	0.46	0.24

PROCESSES FY22 YTD (FEB)

- Central Line Associated Blood Stream Infection (CLABSI)
 - Out of **28,583**-line days
 - **23** clabsi
 - Action Plan: Utilization, line location, LOS, care & maintenance
- Catheter Associated Urinary Tract Infection (CAUTI)
 - Out of **20,411** Foley days
 - **15** cauti
 - Action Plan: Utilization, HOUDINI Protocol, LOS, care & maintenance
- Multi-Drug Resistant Organisms
 - Out of **214,093** patient days
 - **36** C Diff cases
 - **6** MRSA cases
 - Early Identification- POA vs. HAC
- Surgical Site Infections (SSI)
 - Out of 588 TAH & Colon cases
 - **16** SSI (13 colon, 3 TAH)
 - Standardize
 - Pre-op: Weights, CHG, Glucose
 - Inter-op: Weight based ABX, temp control, re-dosing ABX
 - Post-op: Glucose, wound care

OUTCOMES

- Chasing Zero -Benchmark & Thresholds
- Balance Score Card
- Standardize Presentation of Regional Data
- Evidence based practice review
- Accountability in practice
 - Onboarding & annual competence
- Improve Public Reporting
 - CMS Star Rating, Leapfrog, & Value Based Purchasing