

MRSA Decolonization Implementation and Lessons Learned

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It's your story. We're listening.

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Objectives

- Review the necessary steps of planning implementation
- Discuss the key components of a successful implementation
- Review the pit falls of implementation and how to avoid them

Planning Implementation of MRSA Decolonization

Where Are We Now?

- To get started, you have to know where you are and where you want to go
- Are you currently doing any MRSA interventions?
 - Nares screening on admit to ICU?
 - Nares screening on admit from high risk facility?
 - CHG bathing? Who? Where?
 - Pre-Surgical decolonization?
 - Any standardization?
 - Surgery lines?
 - Specific providers?
 - CHG and nasal decolonization?

What I Found

- 21 hospitals with some standardization but not always
- **ICU admissions**
 - Nares screening and isolate
 - No decolonization
- **CHG Bathing**
 - All patients with a central line, foley, vent, or in isolation
- **Surgery Decolonization**
 - Some were and some weren't
 - Varied by provider and service line
 - Varied by product

What I Want

- Standardization
- Smooth Roll Out
- Decreased infection rates
- Happy patients, happy staff, happy IPs

Too much to ask?



So How Do We Get There?

Set Goals and Priorities

- THA Recommendations from August 3, 2018
 - What do we want to achieve the most?
 - What is highest priority for our system and what can be focused on later?
 - Where are our issues?



Tell the Right People

- Multiple presentations to executive committees, physician committees, and CNOs
- Get the right buy-in and support before launch
- Get their buy-in on the why
- Leverage your THA support!
 - This literally made my job easy during this “sell it” phase



Get the Right People to the Table

As in...Don't Try this Alone!

- Developed a steering committee
 - Infection Preventionists
 - Nurse Managers
 - Nurses
 - Information Technology
 - Marketing
 - Physicians
 - Supply Chain Team
 - System Educators
 - Pharmacy
- Set our Goals
 - Standardize CHG bathing criteria (still using foam and washcloth)
 - Implement nasal decolonization in high risk groups per THA guidelines
 - Focus on inpatient setting first then roll out to the ORs

Electronic Health Records

- Critical step in the planning process and did not go live until this was fully functional
- Key to our success
 - **Placing MRSA decolonization bundle as a pre-check on orders sets for patients meeting the criteria**
 - Don't make it hard for the physician to order
 - **Having the decolonization product scheduled on the MAR**
 - Even if it's not considered a medication, the pharmacy may be willing to work with you to document med administration
 - We documented in EHR but stocked in supply...deal breaker for pharmacy
 - Ensures the team is prompted to administer decolonization product and not relying on standard work or memory
- Be adaptable
 - Had to revise EHR a couple of times after launch
 - Be open and honest in communication

Education

- You literally can't educate too much on a new process or product roll out
- When you think you're done educate some more
- Multiple forms
 - CBL
 - Cascading communication
 - Huddles
 - Emails and memos
 - System newsletter
- And still...."What is this...I've never heard of this..."

Monitor Compliance and Results

- Monitor compliance with CHG bathing and application of decolonization product
- Compliance is critical to ensure we don't have an adverse effect on infection rates
- When one facility had continued low compliance, reinstated isolation policy for them until compliance with the bundle increased
- Be adaptable....



August 2019

THA MRSA Action Plan

- Even more leverage to use
 - CEOs to sign commitments
 - Commitment = Financial support
- What else did we need to do?
 - Improve CHG bathing product
 - Move to implementation within the ORs

CHG Bathing Product



- Cost had prohibited me from being successful in implementing CHG impregnated cloths for bathing
- Had been using CHG foam with wash cloths
- Lesson..don't ever give up and be persistent...this was the leverage I finally needed to make the transition
- Always be on the lookout for these chances when they appear and act on them
- THA support, TDH data, system and facility data
- No one wants to be the worst state in the US—use that!
- Was able to get immediate support to move to 2 products:
 - ICUs are using CHG impregnated cloths on all patients
 - Trialing a CHG/dry cloth kit that the nurse saturates prior to use (72 cents cheaper)

OR Implementation

- Approached this as a separate initiative
- New steering committee
 - Infection Prevention
 - OR leaders
 - OR Educators
 - Information Technology
 - ERAS coordinators
 - Marketing
 - Supply Chain

OR Implementation

- Major build into pre-op order sets
- Standardizing product and pre-op bathing regimen for ortho, neuro, cardiothoracic, and colon surgeries across the system
- Approval to place the products into surgeon's office for those that don't come to PAT
 - CHG bottles
 - Bath loofahs
 - Instructions
 - Documentation sheet they bring with them the morning of surgery
 - Ballad Health bag
- Full go-live on January 8, 2020

Lessons Learned

Lessons Learned

- Be adaptable
- Get the right partners
 - Think outside of the box
- Don't reinvent the wheel
 - Use your THA data and support
- Expect the unexpected
 - System delays
 - Order set errors
 - Education confusion
 - Product confusion
 - It all happens. But we survived all of it.



Results

Currently Ballad Health has reported a 33% decrease in hospital-onset MRSA bacteremia infections from FY19 to FY20YTD



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