Reducing Hospital Acquired Infections at Stanford Hospital and Clinics

The case for a new model
Moving quality beyond measuring processes, complications, and mortality

Clinical Quality:
Core Measures
National Patient Safety Goals
Mortality
Complications
A New Strategic Imperative

Innovative model that combines the use of evidence to improve clinical performance with the concept of value as measured by quality, service, and cost.
Changing Culture to Change Practice

- From the culture of silos to collaboration between medical staff and operations
- Move towards standardization by using evidence-based practices instead of allowing individual practitioner or unit preferences
- Use of clinical micro-system teams to drive performance at the unit/departmental level where care is delivered versus ad-hoc PI teams
Hand Hygiene Effectiveness

Every time. No exceptions. No excuses.

Committed to preventing the spread of infections through proper hand hygiene.
“Hand hygiene is not an infection control problem, it’s a leadership problem”

- Commitment of senior leadership and the medical staff with continual reinforcement at all meetings
- Hand Hygiene Pledge signed by employees and executives
- Focused Unit-Based Interventions: Competitive games, unit-based champions, and unit-based education
- Patient Involvement in surveying compliance
- Feedback: Distribution and discussion of monthly compliance data at multidisciplinary quality meetings
Importance of Realtime Feedback and Monitoring for Results

III. Health Care Associated Infections

a) Hand Hygiene-January 2010

- Hospital-Attending and MD House staff Hand Hygiene Compliance
  - N=234
  - 29% Yes, 71% No

- Hospital RN Hand Hygiene Compliance
  - N=1188
  - 14% Yes, 86% No

- Hospital-Other Staff Hand Hygiene Compliance
  - N=353
  - 25% Yes, 75% No

b) Central Line Associated Bloodstream Infections (Critical Care Units)

- 2008-2010 D1CCU: Days between Central Line Bloodstream Infections (BSI)
  - 784 days since last BSI

- 2008-2010 E2CCU: Days between Central Line Bloodstream Infections (BSI)
  - 75 days since last BSI

- 2008-2010 NICU: Days between Central Line Bloodstream Infections (BSI)
  - 2 days since last BSI

Bi-Weekly Electronic Quality Alert
Convincing Evidence

MRSA Annual Rates as Compared to Hand Hygiene Compliance (CY2006-2009)

Source Data: SHC Infection Control

MRSA Isolates | Hand Hygiene Compliance

Hand Hygiene Focus Project Initiated