Beat the Bugs: A Campaign Against Hospital Acquired Infections in Critical Care
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Purpose: The high prevalence of hospital acquired infections in our Critical Care patient population prompted the need to isolate the root causes of these incidences. The possible modes of transmission for spread of microorganisms were identified. A strategic and sustainable evidence-based solution was outlined and implemented. The overall goal of the project was to decrease the incidence of hospital acquired infections in this patient population.

Synthesis of Evidence: A literature review of hospital acquired infections in the Critical Care environment was conducted. An estimated $9.8 billion is spent each year treating hospital-acquired infections. Of the top 5 HAIs, central line–associated bloodstream infections contributed the most to the overall costs (33.7%), adding an average of $45,814 to a patient’s medical bill. This was followed by ventilator-associated pneumonia (31.6%), with the additional cost of $40,144 per case to treat, surgical site infection ($20,785), Clostridium difficile ($11,285) and catheter-associated urinary tract infection ($896). The research studies by Marchaim (2012) and Quinn (2014) helped us identify areas in our hygiene practice that could be improved.

Proposed Change in Practice: The evidence-based solution was to change the current patient bathing, oral care and hand hygiene practices and transition to a standardized approach. The project consisted of three phases, Transition to Basinless Bathing, Pulmonary Hygiene For The Non-Intubated Patient and Hand Hygiene for the Bed Bound Patient.

Implementing Strategies: The evidence-based practice improvement project “Beat the Bugs”, a nurse lead campaign was conceptualized. A task force of Critical Care staff was formed to champion the project. Staff education on the project was conducted. A 60 day transition trial was done on one of our three Critical Care floors to introduce the new standard approach to patient hygiene. During the trial the new process was assessed for effectiveness, for any barriers to the transition and sustainability before extending it to the rest of the division.

Evaluation: Daily patient hygiene care documentation audits were done pre and post transitional trial. The post-trial audits showed a dramatic increase in frequency in care administered (90%). A post trial survey to assess the staff satisfaction with the new standard approach to patient hygiene resulted in a 93% increase. The rate of hospital acquired infections was obtained pre and post transitional trial. The Critical Care floor in which the transitional trial was conducted was free from any hospital acquired infections during the 60 day transitional trial period.

Conclusions: Transition to an evidence-based standardized approach to patient hygiene clearly decreased the incidence of HAI’s in our Critical Care department and increased staff satisfaction. The only initial limitation that was identified was the small percentage of staff (<1%) that was resistant to the change.

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