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Addressing Antibiotic Use in Nursing Homes – It Starts with a Conversation

November 15, 2012

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As you have read in the posts from our academic and clinical partners, much work needs to be done to impact the systems and behaviors driving antibiotic use in the nursing home setting. We believe many of the principles of antibiotic stewardship we apply in hospitals would also hold true in other healthcare settings. However, we do not have the same levels of clinical experience and research evidence to implement this activity in our nation's nursing homes. As an important first step in developing a strategy to promote improved antibiotic use in these healthcare facilities, CDC has reached out to key partners across the nursing home industry to get their input and advice. In fact, today CDC is having face-to-face conversations with these industry stakeholders to discuss and outline next steps towards improved antibiotic use in nursing homes.

We know that antibiotic stewardship can improve the outcomes for residents who need antibiotics (and prevent the unintended consequences of antibiotic use such as side effects, development of antibiotic-resistant bacteria, and secondary complications such as Clostridium difficile infections). That said, what we need right now is a roadmap for how to develop stewardship programs within this resource-limited environment. By working with partners who represent the voices of nursing home residents, owner-operators, doctors, nurses, pharmacists, and consumers, we will lay the foundation required to launch successful antibiotic stewardship programs in these facilities. Learning from their experiences and incorporating their ideas will ensure that our strategy for promoting antibiotic stewardship in nursing homes will be meaningful and feasible for providers, and have the support of critical partners across the industry. What steps are currently being taken to improve antibiotic use in your nursing home or long-term care facility? What additional resources would prove helpful to you in your efforts to prevent antibiotic resistance?

Upcoming CMS Data Submission Deadlines:

- 2012 Quarter 3 (July-Sept 2012) – February 15, 2013
- 2012 Quarter 4 (Oct-Dec 2012) – May 15, 2013
- 2013 Quarter 1 (Jan-Mar 2013) – August 15, 2013
- 2013 Quarter 2 (Apr-Jun 2013) – November 15, 2013

A Checklist for Dialysis

August 15th, 2012

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We have all heard about the heroic feat of Captain “Sully” Sullenberger when he performed an emergency landing of a passenger jet on the Hudson River in 2009. It was amazing that no lives were lost during that potentially disastrous situation. Checklists, which have been used for decades in the airline industry, were said to have helped Captain Sully and his co-pilot run through tasks to attempt to restart the engines—and when all else failed, perform an emergency landing.

Dr. Atul Gawande, professor of surgery at Harvard Medical School and bestselling author, has advocated in his book, *The Checklist Manifesto*, for the use of checklists in medicine to improve patient outcomes in surgery, prevent infections, etc., by reducing the potential for human error. So, when one of the nurses in our dialysis unit asked for a checklist for putting catheterized patients on and off the dialysis machines, I was both delighted (and overwhelmed.) Where to start?

Luckily, the CDC Dialysis BSI Prevention Collaborative had just devised a [new scrub-the-hub protocol](#) and published it on the website in checklist format. We held an in-service with “Dialysis Dan” (our simulation dummy with a catheter), and staff volunteers demonstrated use of the scrub-the-hub protocol checklist. We went through each step so that everyone knew the proper order for disinfection of the catheter limbs and hubs, and how to prevent contamination of the catheter ends after disinfection. Staff feedback indicated that the checklist was useful as dialysis turnover can feel very rushed, and it's not easy to remember all of the steps. Further, we have recently welcomed new staff members to our unit, and the checklist has proven helpful for orienting them on the proper steps for aseptic catheter connection and disconnection. We even keep laminated copies of the protocol checklist on the dialysis station clipboards to which staff can refer.