Commentary

Infection Prevention and Control: Achieving a Culture of Zero Tolerance

MARY McGOLDRICK, MS, RN, CRNI

What is zero tolerance? It's no longer accepting preventable healthcare-associated infections (HAI) that result from care being provided in the home care setting. Zero tolerance is something we should be moving toward. It's not just achieving an acceptable benchmark level. Our goal should be to eliminate preventable infections.

One of the challenges in getting to zero preventable home care infections is that we're not the only ones providing direct, hands-on patient care. Between our home visits, other individuals such as family caregivers manipulate Foley catheter drainage bags, flush central lines, and perform wound care. And so do staff in other care settings where our patients may go between home visits, such as dialysis centers, wound care clinics, and ambulatory infusion centers.

These other providers of care *do* have an impact on home care outcomes. This doesn't mean that zero HAIs is not attainable. It does mean that in our efforts to operate more efficiently and streamline nursing visits, it's important to teach patients and their caregivers how to perform patient care safely and to assess their knowledge and competence on an ongoing basis. This is to make sure that caregiver's care in the home is not detrimental to the patient. If we effectively teach our patients and their caregivers infection prevention and control measures, they too will be able to understand the importance of infection prevention while providing care and advocate for the patient in other care settings.

Getting an infection during the course of receiving home care should not be acceptable, even when the home care providers are not the only ones providing the patient's care. We should do everything within our power to keep our patients safe, which also means infection free. Every infection that occurs 48 hours after a patient is admitted to home care and hospice should be investigated closely to determine why it happened so that measures can be taken to prevent it from happening again— for any patient. Like all event analyses, this investigation is not meant to be punitive or focused on an individual's performance. Rather, it should be an opportunity to evaluate the organization's patient care and education practices and to learn something from each event that can be used to prevent infections in other home care and hospice patients.

Sometimes staff ask why we need to perform surveillance activities and event analysis in hospice if the patient is going to die anyway. Yes, hospice patients do have a limited life expectancy, but we want to make sure that the hospice patient's care is not further complicated by the development of an infection that could be attributed to the care provided by the hospice staff or their caregivers. It is through data collection and its analysis that the hospice can determine whether their patient care practices and staff and caregiver education are effective or whether there are opportunities for improvement.

One of the ongoing dilemmas in home care and hospice is that there's not an abundance of pub-

lished home care-specific surveillance data to use in determining what's a realistic baseline HAI rate for home care, so why not set it at zero? Yes, there are some infections that can't be prevented, but these infections do not represent the majority of infections that develop in home care or hospice facilities.

Think that zero infections is not achievable? Think again. Current data show that most HAIs occur as a result of care received in acute care facilities, especially intensive care units (ICUs). The good news is that there *are* ICUs that have been able to achieve a zero rate of healthcare-associated bloodstream infections for very long periods. If an ICU can do it, so can we in home care! However, it will be a team effort, with each staff member partnering with the patient and their caregiver and focusing on education and basing patient care practices on those that data have proved to be effective in preventing HAIs.

In the end, we should remember that every home care infection represents a person who was sick and trying to get back to feeling better and having a sense of "normalcy." Every infection represents a person. That person could be your mother, your father, or even you someday. I'm sure the last thing they need, on top of all their other problems, is to have a setback, with development of an infection they shouldn't have received in the first place. This setback will cost them in ways that we don't always think about including out-of-pocket expenses for antibiotics, physician visits, surgeries in some cases, pain and discomfort, and of course their valuable time.

We need to remember that we can make a difference in the lives of our patients by slowing down, thinking first, and focusing on preventing infections. There may not be a lot of published home care and hospice surveillance data, but I can tell you that preventable infections do occur. Let's do the right thing and make preventable infections a thing of the past! ⌂

Mary McGoldrick, MS, RN, CRNI, *is a Home Care and Hospice Consultant for Home Health Systems, Inc., and a member of the Editorial Board of* HHN. *She can be reached at mary@homecareandhospice.com or 912-634-0469 (telephone).*

Bed Sores Can Be Stopped With Proper Care in Nursing Homes, Medicare Project Shows

A diligent and sustained focus on preventing serious bed sores in nursing home residents was remarkably effective, according to the results of a project sponsored by the Centers for Medicare & Medicaid Services. Results of the project have just been published in the *Journal of the American Geriatrics Society*.

The nationwide project stopped more than two thirds of the residents' serious bed sores—a dreaded complication of frailty and disability in old age—in the 35 nursing homes that reported data from the project, the paper reports.

The improvement materials used in this project are available to anyone interested in improving the care of bed sores, free of charge, on the Medicare Quality Improvement Web site at: **www.medqic.org** (under the "Nursing Home" tab). For more information on the voluntary campaign and its 8 quality improvement goals, visit www.nhqualitycampaign.org.

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