



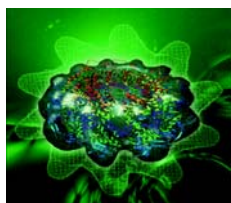
The Quarterly BUG

Infection Prevention Newsletter

UCLA Health System, Quarter 1, 2013



Respiratory Syncytial Virus (RSV)



RSV is a virus that causes respiratory illness. Anyone can become infected, but RSV most often causes serious illness in infants younger than 24 months of age, elderly people and those with weak immune systems. RSV is spread through contact with droplets from the nose and throat of infected people when they cough and sneeze. Typical symptoms resemble the common cold, such as cough, stuffy nose, or low-grade fever. Symptoms generally begin 4-6 days after exposure.

The contagious period is usually less than 10 days after symptoms begin, but occasionally is longer. The best way to prevent RSV infection is hand hygiene and respiratory etiquette (i.e. covering your cough). In the UCLA Health System, patients who are diagnosed with RSV should be put on CONTACT and DROPLET isolation for duration of illness. Visit <http://www.cdc.gov/rsv/> for more info!

Reagan ACUTE CARE PEDS FIGHTING GERMS! 🏆



The **BUG BUSTERS COMMITTEE** began meeting in 2010 to address increasing CLABSI rates. The committee includes nurse champions committed to infection prevention. The group meets monthly and tackles everything from PPE compliance, hand hygiene, and CVC care to establishing patient care standards related to infection prevention. Through hard work and collaboration with nurses and other staff members, the committee led the way to decreasing the number of CLABSIs by **50% from 2010 to 2012!!!**

In addition, the committee **won first place at the evidence-based practice conference in 2012 for its ongoing work to reduce CLABSI**. This committee created different avenues for nurse champions to look at infection prevention such as researching different infection prevention methods, creating one to one in-service training with staff nurses and getting involved in reviewing infection control nursing policies. After 3 years of hard work, the committee is still going strong in striving to make their units safer for patients.



HERO in INFECTION PREVENTION (HIP) AWARD

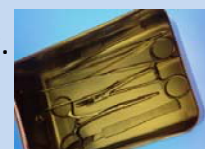
The HIP Award is given out to one person each quarter from both RRUCLA and SMH. The HIP Award is intended for any staff who strive to protect patients from infection. If you'd like to nominate someone for an upcoming award, please send an email to ceip@mednet.ucla.edu with a brief description of what your nominee has done to protect patients from infection. Physicians, Nurses, and professionals from all ancillary services are eligible for this award. **Q1 winners will be announced in the Q2 newsletter.**

COMING SOON!

STANDARDIZED STERILIZATION PROCESS IN AMBULATORY CARE

Many outpatient clinics perform procedures that require sterile instruments, but the sterilization and disinfection processes varies from clinic to clinic. A new process was recently developed to ensure all outpatient clinics start using standardized, best practice methods for sterilization.

- Soiled instruments and trays will be rinsed immediately after use and placed in a humidified pouch to maintain surgical instruments in a moist state postoperatively, thus preventing the drying of bio-contaminants on the instrument.
- All of the pouches of instruments and trays will be collected and transported to the Ambulatory Surgical Center Sterile Processing department in a rigid biohazard transport container every day.
- Instruments will be decontaminated and sterilized in Sterile Processing.
- Each tray and instrument will be sterilely wrapped.
- Clinics will pick up their sterilized items to be returned for use.



INFECTION vs. ISOLATION STATUS In CareConnect

What is the difference?

“Isolation” alerts – input by unit RN. This yellow-box alert is order-driven in CareConnect. RN must place order in system, no MD signature required. **This reflects what isolation the patient is currently on - should match the sign(s) on the door, should always be updated so that isolation status is known throughout the continuum of care.**

Isolation/Infection Census

Admit Dt: 02/25/2013 Disch Dt: None

Isolation: **Contact**

Infection: **MRSA, A...**

Attending: HUA, J Private: No

	Room	Bed	Patient Class
	5454	1	Inpatient
	5454	1	Inpatient
	5454	1	Inpatient
J	434B	1	Inpatient
J	434B	1	Inpatient

HOW TO PLACE THE ISOLATION ORDER

- Click on the Order Entry activity to open it.
- Search for the isolation order by entering the name in the Search field (e.g. Contact).
- Click the desired isolation status then click Accept.
- Click the Sign Orders icon.
- Enter an Order mode of Per Protocol.
- Enter your name as the Ordering Provider.
- Enter the Attending Physician as the Authorizing Provider.
- Click Accept.
- Click on the Refresh icon in the Patient Header and it will update with the Isolation just entered.

“Infection” alerts – placed by Clinical Epidemiology **ONLY**. Names of pathogens go here. **It is up to the unit-based care providers to appropriately isolate and document in Care Connect (using the “isolation” alert).** Note: only patient-level alerts go here, meaning alerts that follow the patient through each and every encounter (MRSA, VRE, etc.).