

This year, the CDC published the first ever "Antibiotic Resistance Threats" report. The report categorized various healthcare-associated pathogens into threat levels. CRE was given the label "urgent threat" along with only two other organisms. Enterobacteriaceae are Gram negative pathogens. Among all of the bacterial resistance problems, gram-negative pathogens are particularly worrisome, because they are becoming resistant to nearly all drugs available to treat them. Carbapenem-resistant Enterobacteriaceae, or "CRE", which are part of this group, are a class of growing concern. CRE infections are associated with a high mortality rate; more than half the patients with CRE bloodstream infections die. CRE can spread from person to person via contact, which means on healthcare worker hands and contaminated pieces of equipment/patient care items. Patients with CRE are promptly placed on Contact Precautions per UCLA policy IC002. For more information: http://www.cdc.gov/drugresistance/threat-report-2013/pdf/ar-threats-2013-508.pdf#page=53

Ronald Reagan MICU – <u>8 months CLABSI-free</u>!

From November 2012-April 2013, the MICU had 7 CLABSIs. From May -December, ZERO CLABSIs. The MICU nursing team reports the secret to their success is <u>AWARENESS</u>. Since the beginning of the year, the MICU staff have become increasingly engaged in infection prevention efforts. Unit RNs attend monthly case reviews with Epidemiology, have an eye for breaks in technique and speak up to protect patients. WAY TO GO, MICU!

Q3 HERO in INFECTION PREVETION (HIP) AWARDS

<u>RR</u> – GERARDO GUTIERREZ (EVS)

EVS supervisor, Gerardo Gutierrez, has long been and advocate for good infection prevention practices. Gerardo has keen insight & years of knowledge regarding how the environment plays a role in preventing infections in our patients. Gerardo is a TRUE HERO!

<u>SMH</u> – ESPY GONZALEZ (EVS)

A clean environment is essential to preventing infections. Both our patients and staff benefit from Espy's professionalism, leadership and Responsiveness make her a valuable team member. Sincerest thanks to Espy for all her dedication and hard work.

A NEW <u>CHG</u> treatment protocol is available for use.



Perform regular bed bath, apply 2% CHG solution with mitt included in new custom kit. Let skin dry. No rinsing. PRESTO!

Why the change ?

Eliminate confusion re: concentration preparation. <u>NO dilution</u> needed. Increase compliance of CHG use in appropriate areas only (i.e. **DO NOT use on face & peri area**). Improve documentation as a "performed" treatment in CareConnect! Reestablish CHG as TREATMENT instead of a bath. *Created by RR 8ICU*

TRIVIA CORNER: CONTEST

The UVC disinfection machines have been used well in 2013. For a small prize, guess how many times UVC disinfection has been used at RR & SMH combined. Whoever comes the closest wins! Answers must be submitted to <u>ceip@mednet.ucla.edu</u> by 12/31. HINT: It's over 2,500 times.

INFECTION vs. ISOLATION STATUS In CareConnect What is the difference?

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



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. <u>It is up to the unit-based care providers</u> 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.).

Official CareConnect Tip Sheet: <u>http://careconnect.uclahealth.org/workfiles/secure/training-resources</u>/AncillaryClinicalStaff/Isolation%20Tipsheet%2011-25-13%20version.pdf