

Culpeper Regional Hospital's patient safety champion among 34 leaders nationwide selected for HAI fellowship



Michelle Strider, RN, is a born leader in quality improvement and patient safety. As a clinical quality analyst at [Culpeper Regional Hospital](#) in Culpeper, Virginia, Strider is dedicated to reducing healthcare-associated infections (HAIs). So when the opportunity for the national [Project Protect: Infection Prevention Fellowship](#) landed on her desk, it is not surprising that Strider was one of 34 HAI specialists nationwide chosen for the program.

Working in the Quality Improvement department at Culpeper Regional, Strider is a TeamSTEPPS master trainer, teaching hospital staff in teamwork and communication strategies in identifying and reporting patient safety concerns. Strider also holds certifications in Lifewings and Lean/Six Sigma. Her Comprehensive Unit-based Safety Program (CUSP) training has enabled her to implement a five-step program designed to bring about significant safety improvements at Culpeper Regional, by empowering staff across all hospital units to assume responsibility for safety in their environment.

"Healthcare today is changing," said Strider. "Hospitals are being held accountable for the care they provide, and I am fortunate to work for an organization that has embraced quality and patient safety and made it a foundational component of all we do. The fellowship gives me the privilege of building upon a framework to advance a culture of safety within our organization and the organizations we partner with."

Project Protect is offered by the [Health Research & Educational Trust \(HRET\)](#), a nonprofit research affiliate of the [American Hospital Association \(AHA\)](#). The fellowship will provide Strider and her peers with enriched training, leadership development and expert mentorship to foster the growth of dedicated leaders and infection prevention champions committed to improving patient safety. Participating partner organizations include the Society for Healthcare Epidemiology of America (SHEA), the Association for Professionals in Infection Control and Epidemiology (APIC), the Society of Hospital Medicine (SHM) and the Emergency Nurses Association (ENA).

“The fellowship is an exciting new opportunity for emerging leaders who are seeking to expand their improvement capacity and further their own organization’s mission toward better healthcare.”

- Dr. Maulik Joshi

"I have known Michelle to be a highly motivated, effective leader both within her facility and in the quality improvement community at large," said Deborah Smith, MLT(ASCP), BSN, CIC, infection prevention area manager, [VHQC](#). Smith had approached Strider with the Project Protect fellowship opportunity, encouraging her to apply.

"Michelle has been a valuable team member when working on infection prevention performance improvement goals, and she can be counted on to move her teams forward. She is an ideal leader for this fellowship," said Smith.



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The Project Protect infection prevention fellowship is part of HRET's [On the CUSP: Stop CAUTI](#), a national initiative designed to reduce mean rates of catheter-associated urinary tract infections (CAUTI) in U.S. hospitals.

The Centers for Disease Control and Prevention (CDC) cites CAUTI as one of the most common HAIs; other prevalent HAIs include central line-associated bloodstream infections (CLABSI), surgical site infections and ventilator-associated pneumonia. These infections are a significant threat to patient safety. HAIs impact hospitals across America, causing 1.7 million infections and 99,000 deaths each year. HAIs alone are responsible for adding \$28 billion to \$33 billion annually to national healthcare costs. The CDC reports that about one in 25 hospital patients has at least one HAI.

"The fellowship is an exciting new opportunity for emerging leaders who are seeking to expand their improvement capacity and further their own organization's mission toward better healthcare," said Maulik S. Joshi, Dr.P.H., president, HRET, and senior vice president, AHA. "We have selected a very talented and motivated group of fellows, who will learn from experts and work with colleagues throughout the country to learn, implement and lead the reduction of healthcare-associated infection, including CAUTIs.

Fellows will serve as leaders in our national goals to reduce all patient harm and make care safer overall in our organizations."

Thirty-four fellows, including Strider, were selected to participate in Project Protect's inaugural 2014-2015 class. They represent a multidisciplinary group of professionals, including infection preventionists, physicians, quality improvement staff, nurse practitioners, emergency department leaders and risk management leaders, with a minimum of one year in quality improvement and a proven leadership track record within their specialties.

Beginning in May, Strider will spend 20 to 30 hours per month completing the components of the fellowship, which include monthly virtual meetings, four in-person educational conferences,

Core Prevention Strategies for Catheter-Associated Urinary Tract Infections (CAUTIs)

- » Insert catheters only for appropriate indications
 - Minimize use in patients at higher risk of CAUTI and mortality (women, elderly, impaired immunity)
 - Avoid use for management of incontinence
 - Use catheters in operative patients only as necessary
- » Leave catheters in place only as long as needed
 - Remove catheters ASAP postoperatively, preferably within 24 hours, unless continued use is indicated
- » Ensure that only properly trained persons insert and maintain catheters
- » Insert catheters using aseptic technique and sterile equipment (acute care setting)
 - Perform hand hygiene before and after insertion
 - Use sterile gloves, drape, sponges, antiseptic or sterile solution for periurethral cleaning,
 - Use single-use packet of lubricant jelly
 - Properly secure catheters
- » Following aseptic insertion, maintain a closed drainage system
 - If breaks in aseptic technique, disconnection, or leakage occur, replace catheter and collecting system using aseptic technique and sterile equipment
 - Consider systems with preconnected, sealed catheter-tubing junctions (II)
 - Obtain urine samples aseptically
- » Maintain unobstructed urine flow
 - Keep catheter and collecting tube free from kinking
 - Keep collecting bag below level of bladder at all times (do not rest bag on floor)
 - Empty collecting bag regularly using a separate, clean container for each patient.
 - Ensure drainage spigot does not contact nonsterile container.
- » Implement quality improvement programs to enhance appropriate use of indwelling catheters and reduce risk of CAUTI. This should include:
 - Alerts or reminders
 - Stop orders
 - Protocols for nurse-directed removal of unnecessary catheters
 - Guidelines/algorithms for appropriate perioperative catheter management

Also consider:

- Alternatives to indwelling urinary catheterization
- Use of portable ultrasound devices for assessing urine volume to reduce unnecessary catheterizations
- Use of antimicrobial/antiseptic-impregnated catheters

For full prevention toolkits related to CAUTI and other HAIs, visit http://www.cdc.gov/HAI/prevent/prevention_tools.html.

mentorship and a fellowship capstone project. The virtual meetings include peer-to-peer learning through sharing of information; mentor feedback, coaching and capstone project planning; and educational webinars providing best practices in patient safety, leadership, sustainability and data collection and interpretation. The mentorship component matches each fellow with an expert faculty member at one of the four partner organizations. Mentors provide fellows with one-on-one coaching and training, as well as feedback in defining and developing their capstone project.

"I do not know yet who my mentor will be, but I am excited to find out," said Strider. "My goals for this fellowship include partnering with really great mentors and interacting with peers nationwide, who are all dedicated to preventing HAIs and improving patient safety."

The fellowship's capstone projects must address a HAI prevention issue relevant to the fellow's institution, with either direct or indirect relevance to CAUTI prevention. The project also must meet the fellow's professional interest. Strider's capstone project will focus on prevention of HAIs by hardwiring best practice standards of care through the implementation and study of electronic, unit-based rounding. Strider will utilize electronic rounding, combined with the adoption of a safety coach program, to produce real-time feedback on Culpeper Regional's nursing practices, which will help to foster a culture of peer accountability.

"Culpeper Regional has made great strides in the prevention of healthcare-associated infections, but we continue to strive for a goal of zero," said Strider. "Medical errors continue to be a leading cause of death globally, and we, as healthcare professionals, have a responsibility to devote our time, energy and resources to changing the tide by making hospitals safer for patients and their families. There is no acceptable rate other than zero, because every patient deserves the highest quality of care possible."

Collaborating to Share HAI resources, best practices among QIO communities

Through its HAI project, [VHQC](#) supports hospitals as they seek to reduce the leading types of healthcare-associated infections, including CLABSI, CAUTI, Clostridium difficile (C. diff) and surgical site infections.

VHQC offers a comprehensive evidence-based HAI reduction program to its participating hospitals, including free, onsite consultation. Participants can benefit from VHQC-led webinars, virtual learning sessions, conference calls discussing HAI recommended prevention practices and surveillance definitions. The program enables participants to share information, successes and challenges with other VHQC participating hospitals, which promotes and strengthens communication and sharing of best practices between facilities.

In addition, VHQC helps hospitals to influence leadership support of HAI initiatives; VHQC also assists in identifying improvement team members and, similar to Michelle Strider's role at Culpeper Regional, educating staff to work on infection prevention strategies.

"I want to share my learning not only with Culpeper Regional, but also with other Virginia hospitals that work with VHQC, and bring the information I learn back to Virginia hospitals," said Strider, when asked of her own personal goals for completing the fellowship.

The Project Protect fellowship initiates in May 2014, with a fellowship kick-off event in Chicago. Graduation, which includes the fellows' capstone presentations, will take place in February 2015 in Chicago.

"I look forward to seeing what Michelle does with this fellowship," added Smith. "The knowledge she will gain from it will benefit countless infection prevention programs throughout Virginia."

More information on the Project Protect: Infection Prevention Fellowship may be obtained [here](#).