



MAURY REGIONAL
HEALTH

Your Key To Success: Improving Residents Lives By Getting Back To The Basics



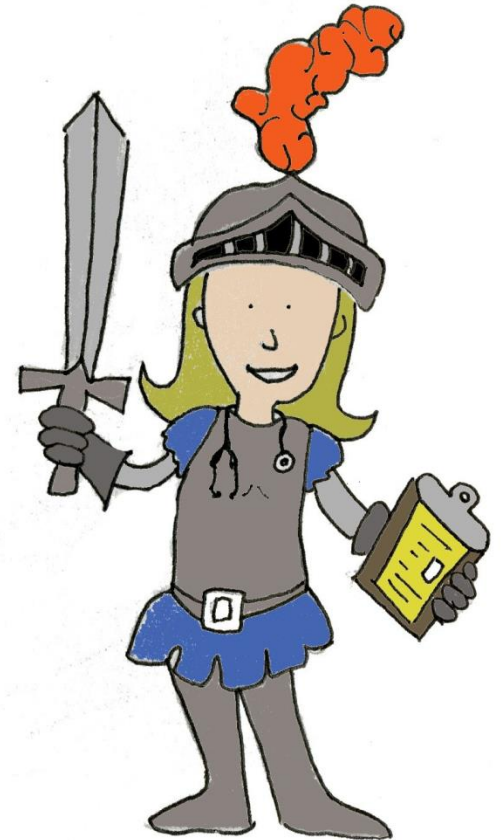
CNA Education
Infection Prevention & Sepsis

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Objectives

- Create the link of resident advocacy to the basic nursing care
- Identify strategies for reduction of urinary tract infections
- Identify strategies for reduction of healthcare acquired pneumonia
- Discuss strategies to identify residents at risk for sepsis
- Early recognition of sepsis: know the signs

Protect Your
Residents From
Bad Things
Happening on
Your Watch



**Implement
Interventional Patient Hygiene**

Interventional Patient Hygiene

Hand Hygiene

- ❖ Hygiene...the science and practice of the establishment and maintenance of health
- ❖ Interventional Patient Hygiene...nursing action plan directly focused on fortifying the patients host defense through proactive use of evidence based hygiene care strategies

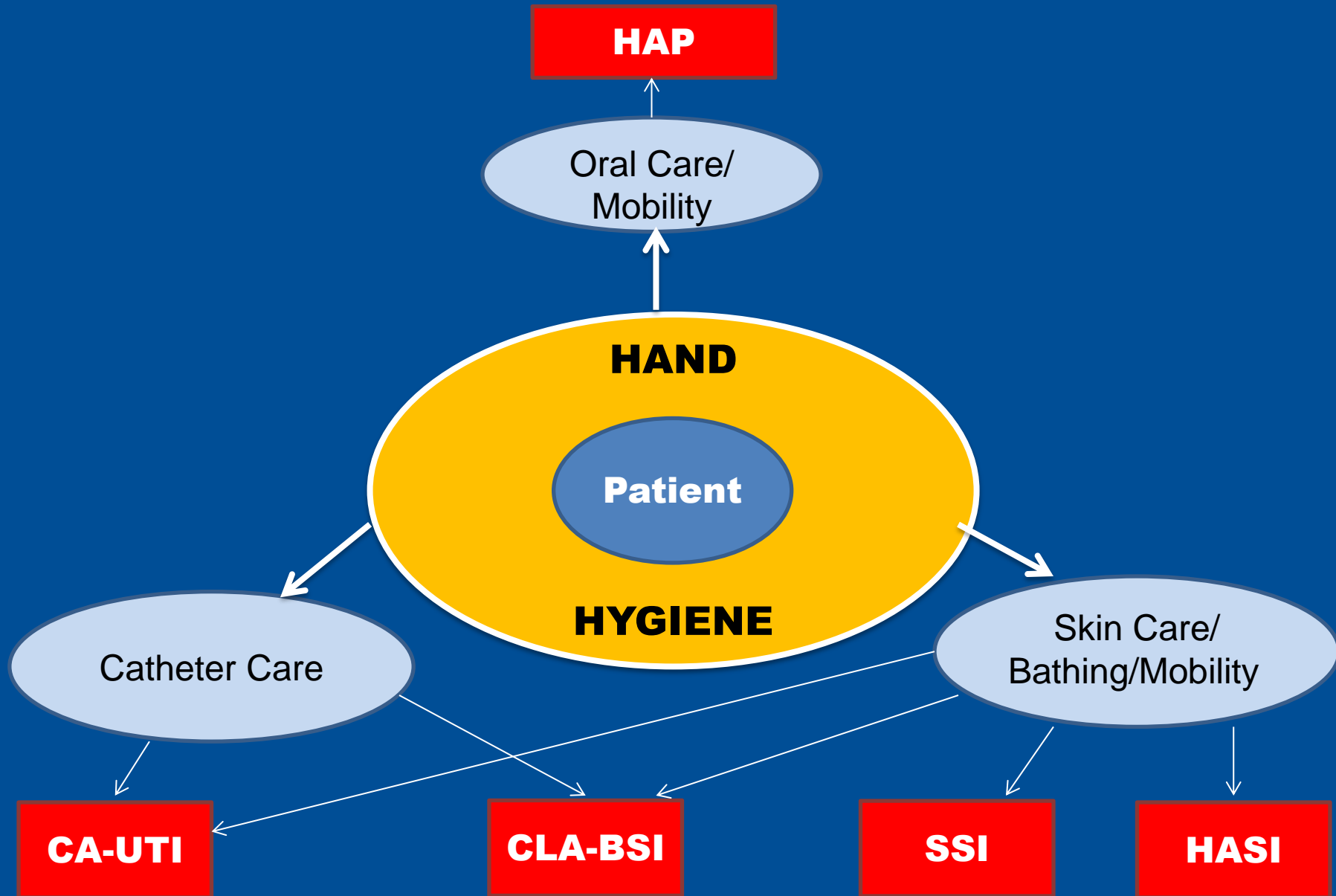
Catheter Care

Comprehensive Oral Care Plan

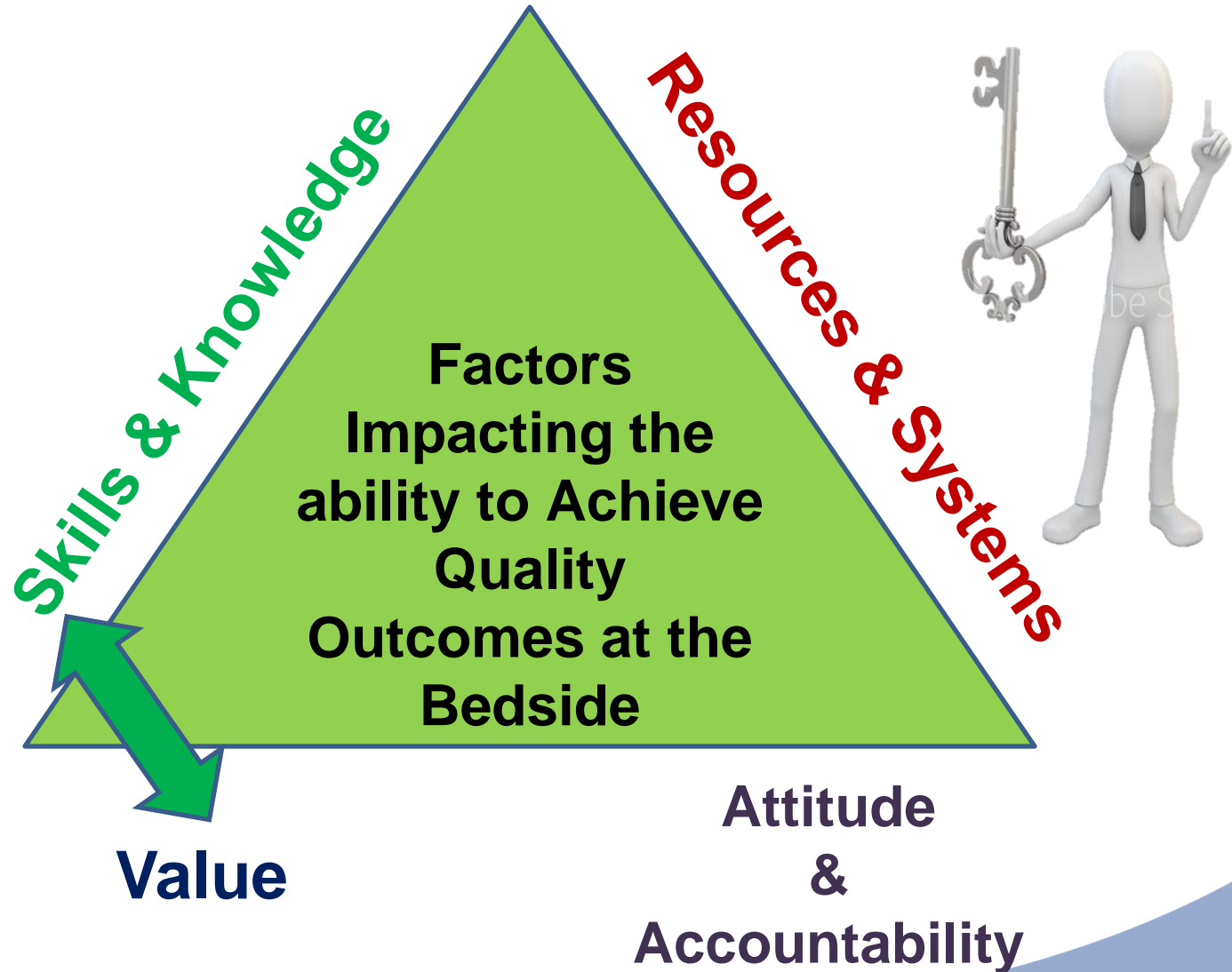
Bathing & Assessment

**Incontinence Associated
Dermatitis Prevention
Plan**

INTERVENTIONAL PATIENT HYGIENE (IPH)



Achieving Quality With Evidence Based Practice



Missed Nursing Care

- ❖ “Any aspect of required patient care that is omitted (either in part or whole) or significantly delayed.”
- ❖ A predictor of patient outcomes
- ❖ Measures the process of nursing care

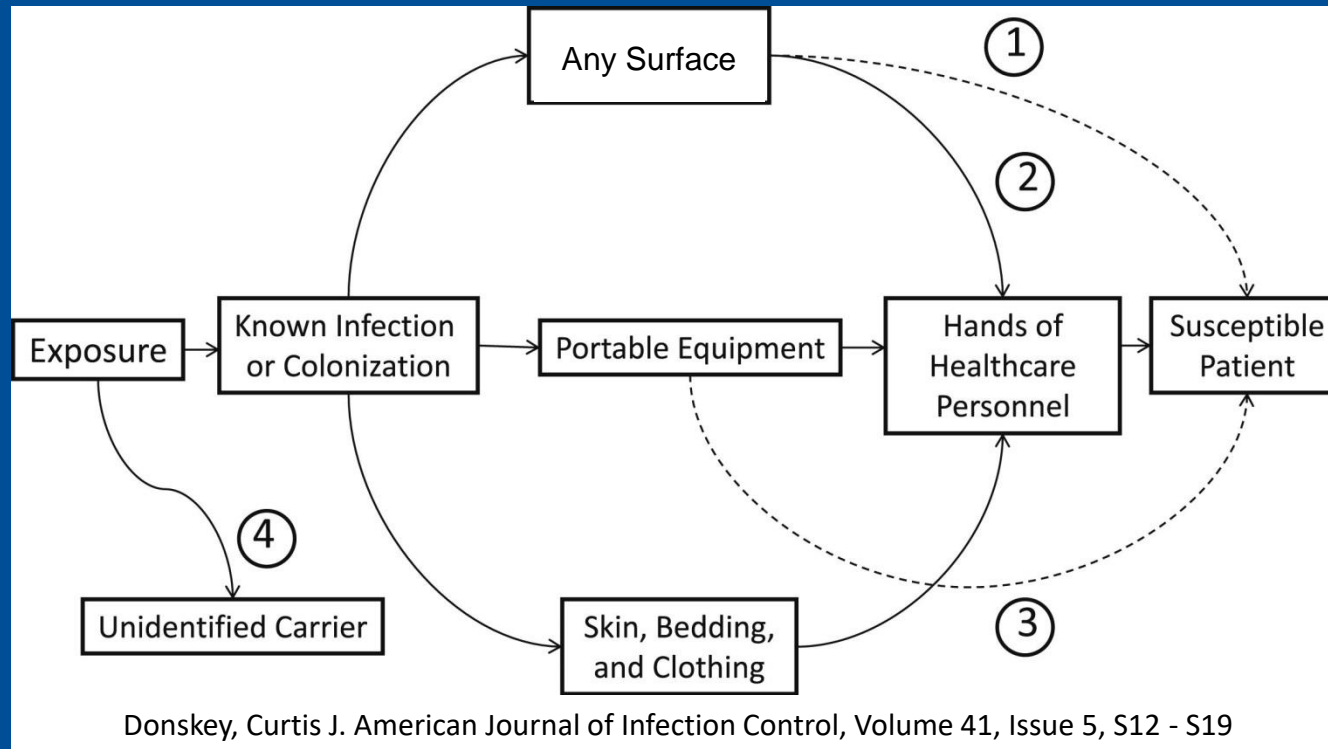


Why HAI's?

Protecting Residents From Harm

U.S. Nursing Homes	
HAI:	3 million/year
HAI- related deaths:	380,000/year
Hospitalized patients develop infection	1 out of 25 (45)
Death due to sepsis/septic shock	25,000/year
Money spent	\$45 billion/year
30 day readmission rate:	10.8%

Common Routes of Transmission



Reducing Infections

- ❖ Hand hygiene
- ❖ Comprehensive Oral Care
- ❖ Decontamination of environment and equipment
- ❖ Practice EBP protocols for catheter care
- ❖ Appropriate use of PPE
- ❖ Appropriate use of isolation
- ❖ Antibiotic Stewardship

Hand Hygiene

Hand Hygiene Can Lower Mortality, Antibiotic Prescription Rates in Nursing Homes

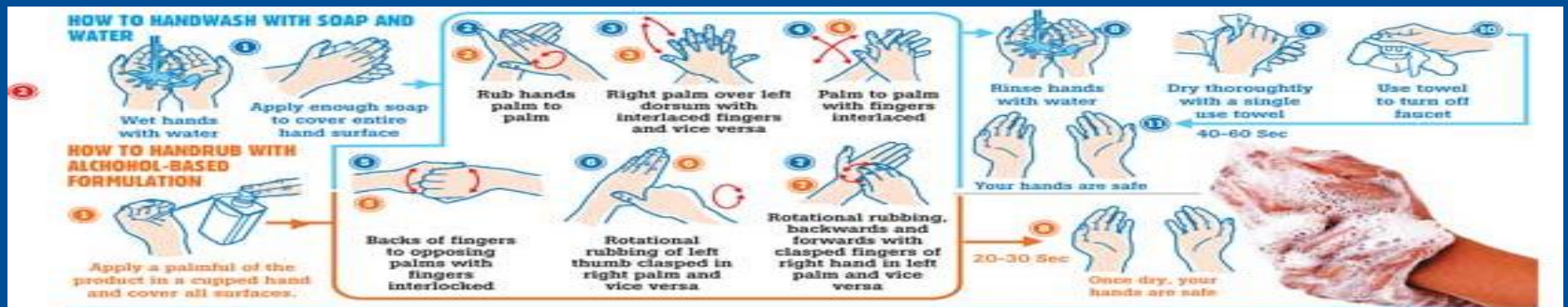
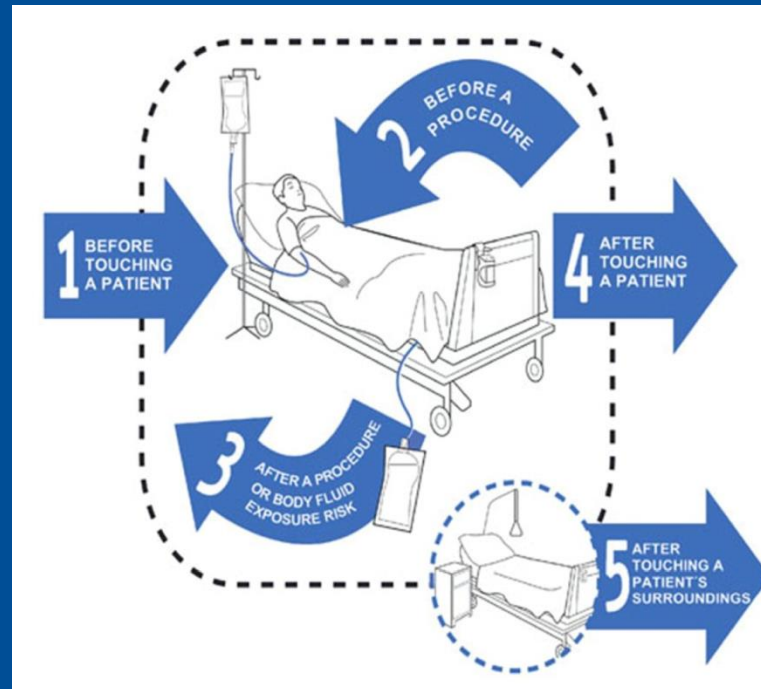
Infection prevention practices centered on hand hygiene protocols can save lives across all healthcare facilities, not just hospital settings.

Feb 14, 2018

WASH Your Hands

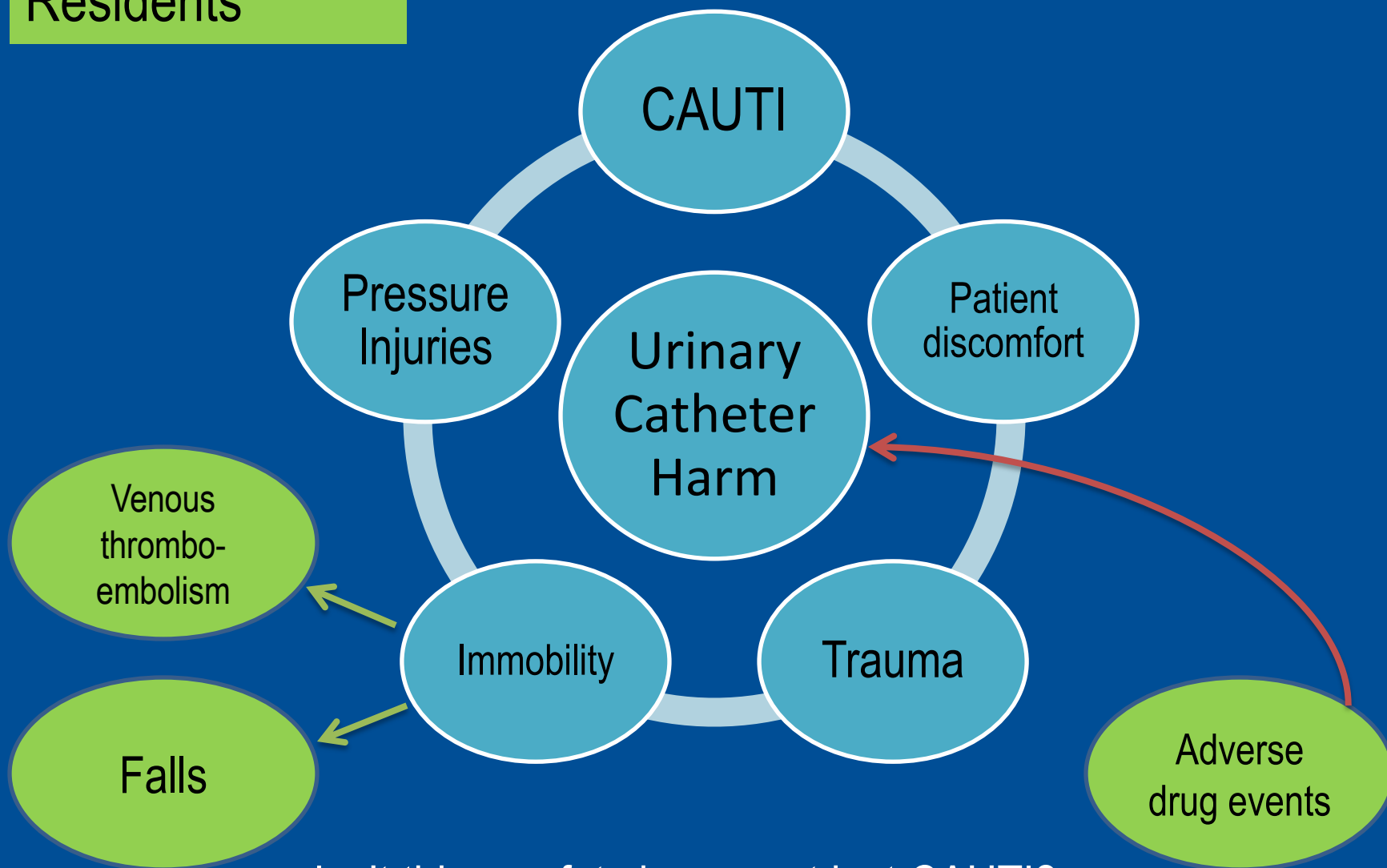


Hand Hygiene



CA-UTI Prevention

Partnership for Residents



Isn't this a safety issue, not just CAUTI?

The **DO's** of Indwelling Urinary Catheter Care

- **Do** perform peri-care using only soap and water
- **Do** keep the catheter and tubing from kinking and becoming obstructed
- **Do** keep catheter systems closed when using urine collection bags or leg bags
- **Do** replace catheters and collection bags that become disconnected
- **Do** ensure the resident's identifier/implementation date is on their urine collection containers
- **Do** make sure to disinfect the sampling port before obtaining a sample

The **DON'Ts** of Indwelling Catheter Care

- **Don't** change catheters or drainage bags at routine, fixed intervals
- **Don't** administer routine antimicrobial prophylaxis
- **Don't** use antiseptics to cleanse the periurethral area while a catheter is in place
- **Don't** clean the periurethral area vigorously
- **Don't** irrigate the bladder with antimicrobials
- **Don't** instill antiseptic or antimicrobial solutions into the drainage bags
- **Don't** routinely screen for asymptomatic bacteriuria
- **Don't** contaminate the catheter outlet valve during collection bag emptying

Preventing Pneumonia
Through
Evidence Based
Fundamental Nursing
Care Strategies

NHAP?- Nursing home Acquired Pneumonia

- NHAP is the most common infectious disease in long-term care facilities
 - Occurs 10x more than CAP
 - Increased morbidity
 - Increased mortality – 55%
 - 30 day mortality between 10 – 30%
 - Understudied, under-addressed
 - Focus has been on the other HAP ➡ VAP
 - Surveillance not required.....yet

Pathogenesis → Prevention

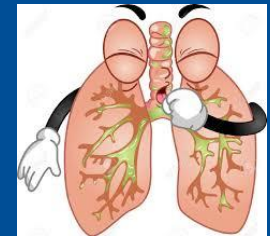
Germ in Mouth

- Dental plaque provides microhabitat
- Bacteria replicate 5x/24 hrs.



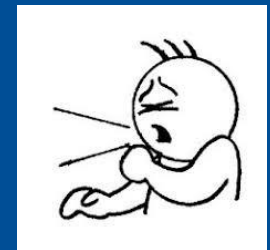
Aspirated into Lungs

- Most common route
- 50% of healthy adults micro-aspirate in their sleep



Weak Defenses

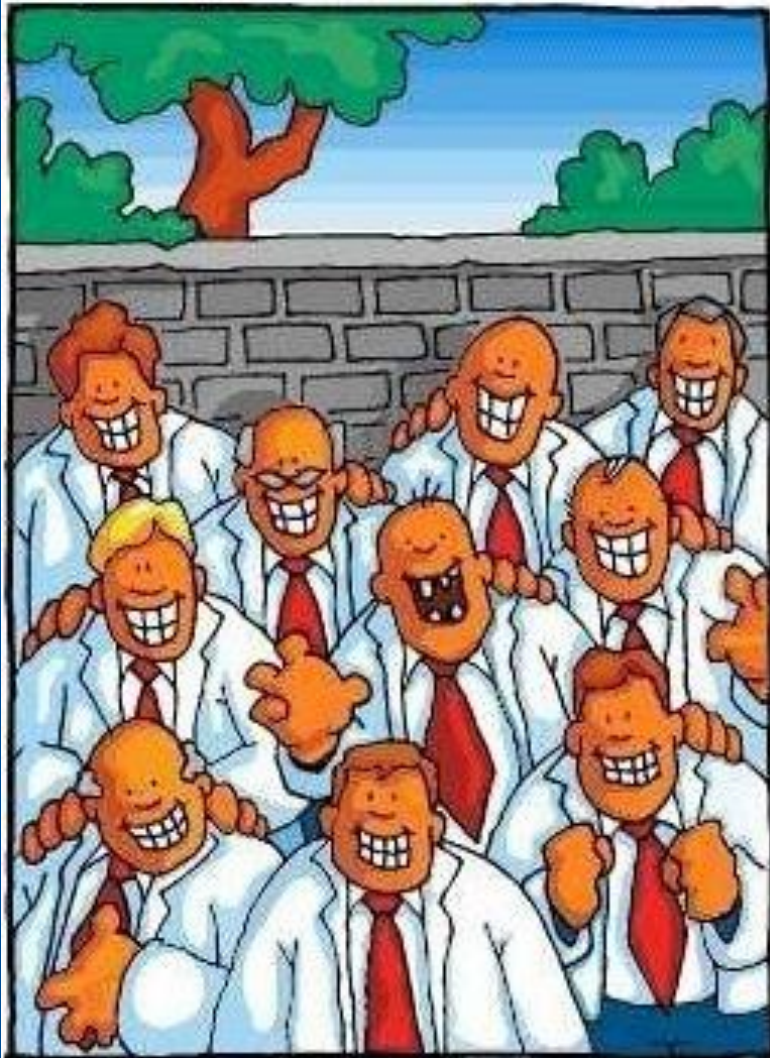
- Poor cough
- Immunosuppressed
- Multiple co-morbidities



Risk Factors for Oral Bacteria

- Poor oral health in the U.S. (CDC, 2011)
- Increased bacteria counts
 - Plaque, gingivitis, tooth decay
 - Reduced salivary flow
- 24 - 48 hours for HAP pathogens to develop in mouth
- If aspirated = **100,000,000** bacteria/ml saliva into the lungs





Could NHAP be decreased simply by brushing the residents teeth?

Protocol – Plain & Simple



Patient Type	Tools	Procedure	Frequency
Self Care/ Assist	Soft toothbrush Plaque-removing toothpaste Alcohol-free antiseptic oral rinse	Provide tools Brush 1-2 minutes Rinse	After each meal and before bedtime. If patient can't receive oral intake in morning, mid-day, evening and bedtime
Dependent/ Aspiration Risk	Suction toothbrush kit (4) Alcohol-free antiseptic rinse	Package instruction	Same as above
Dentures	Denture Cup (labeled) Soft toothbrush Alcohol-free antiseptic rinse Adhesive	Remove dentures & soak Brush gums, mouth Rinse	After each meal and at bedtime

CLABSI Prevention

CNA's Role in CLABSI Avoidance



Notify the nurse or charge nurse if:

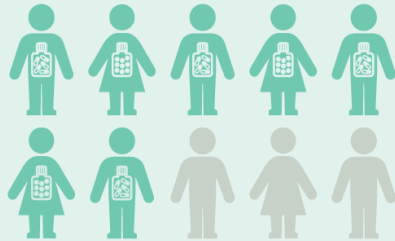
- Dressing becomes loose, bloody or soiled so that the dressing can be changed.



MAURY REGIONAL
HEALTH



Antibiotic Stewardship in Nursing Homes



UP TO **70%**
of nursing home residents
received antibiotics during a year



UP TO **75%**
of antibiotics are
prescribed incorrectly



Antibiotic Stewardship

Recognizing



In Nursing Homes

Sepsis: Magnitude of the problem?

270,000

DEATHS IN UNITED STATES

8,000,000

DEATHS ACROSS THE
GLOBE

EACH YEAR, MORE THAN 270,000 PEOPLE IN THE U.S.
DIE FROM SEPSIS, WORDWIDE, THAT FIGURE IS
8 MILLION

SEPSIS
SURVIVORS **3X**
ARE

more likely to
develop a cognitive
impairment



MORTALITY INCREASES

8%

every hour
that treatment
is delayed



NUMBER 1

LEADING CAUSE OF DEATH IN HOSPITALS

LEADING CAUSE OF HOSPITAL
READMISSIONS

SINGLE BIGGEST COST TO HOSPITALS
(\$24 BILLION PER YEAR)

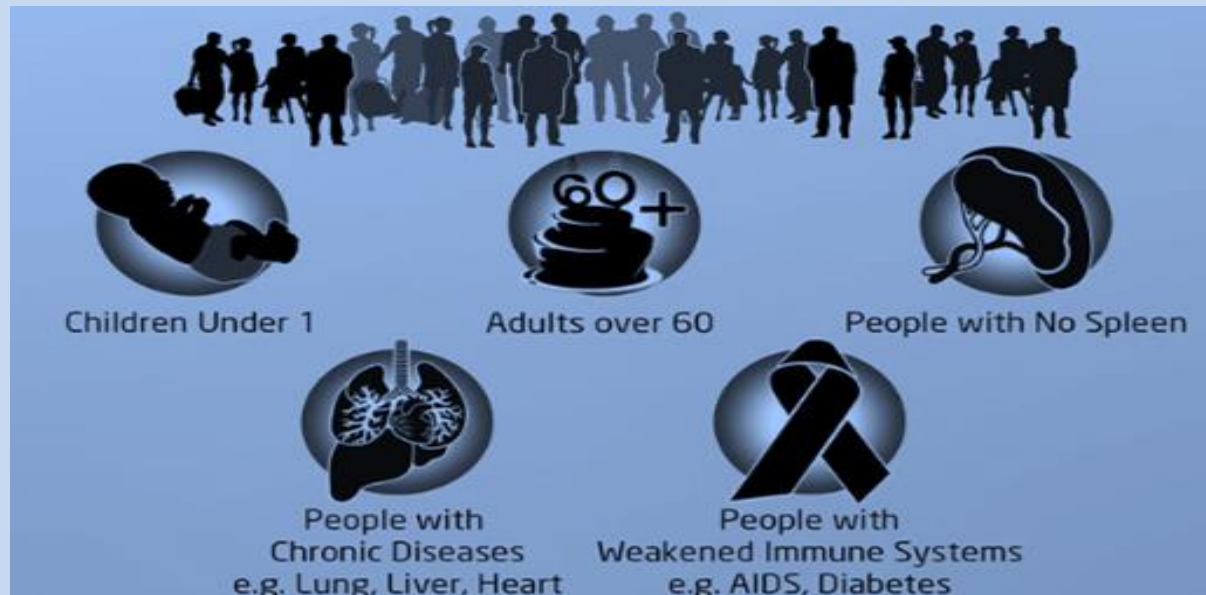
85%

OF SEPSIS CASES

Enter through the
Emergency Department

Who is at risk?

Everybody Can Get Sepsis – Certain People Are at Even Higher Risk



- All ages – young and old are affected
- Any identified new or possible infection should trigger an evaluation for Sepsis
- Predisposing conditions increase the risk –

Premature infants <1year, age 65+, individuals with open wounds, treatment involving tubes and catheters & those with chronic disease.

What is SIRS?

- **Systemic Inflammatory Response Syndrome: a clinical syndrome with or without an associated infection**
 - When an exaggerated inflammatory response occurs in the body of an affected person
 - Can be associated with non-infectious processes: pancreatitis; autoimmune disorders; burns; surgery

What is Sepsis?

- SIRS that is secondary to infection
- The body's overwhelming and life-threatening response to an infection that can lead to tissue damage, organ failure and death
 - *Patients often present with a benign clinical appearance and within a matter of hours may demonstrate signs & symptoms of sepsis*

Why Is It Important That CNA's Know About Sepsis?

- Sepsis remains the primary cause of death due to infection
- High mortality rates are associated with sepsis; anywhere from 28 to 50 percent of people who develop sepsis can die if not treated timely
- Every year, more than 1 million people are affected with sepsis in the U.S.
- Early identification and treatment can decrease sepsis related morbidity and mortality (the number of people who suffer from sepsis-related conditions or die from sepsis)
- **Oftentimes CNA's may be the first to recognize the signs and symptoms of sepsis**

What Are The Signs and Symptoms of Sepsis?

Know the signs and symptoms of sepsis.



**Shivering, fever,
or very cold**



**Extreme pain
or discomfort**



**Clammy
or sweaty skin**



**Confusion
or disorientation**



Short of breath



High heart rate

STOP AND WATCH








&



ACT FAST!

Early detection of sepsis requires fast action

STOP AND WATCH (INTERACT™)

- S** - Seems different than usual
- T** - Talks or communicates less 
- O** - Overall needs more help
- P** - Pain: new or worsening; participated less in activities
- A** - Ate less 
- N** - No bowel movement in three days or diarrhea
- D** - Drank less 
- W** - Weight change 
- A** - Agitated or nervous more than usual
- T** - Tired, weak, confused or drowsy 
- C** - Change in skin color or condition
- H** - Help with walking, transferring and toileting more than usual

What Should You Do If You Think Someone Has Sepsis?

- If you think a patient has sepsis or a change in condition, inform the nurse or charge nurse immediately
 - **Remember: Early identification and treatment can save someone's life**
- Tell the nurse or charge nurse you think the patient has sepsis and why
 - “Mr. Smith has pneumonia and he seems more confused than yesterday. I think he might be septic”
 - “I think this patient may be septic. They have a UTI and they are having trouble breathing now.”
- Don't be afraid to report your concerns to the nurse or charge nurse
- The nurse or charge will do further assessment and call the physician to obtain additional testing and/or treatment to confirm that the patient has sepsis

What Is The Role Of The CNA If The Resident is Septic?

The treatment for sepsis includes IV fluids and antibiotics, there may be additional support, such as:

- Lab work
- Frequent vital signs
- Fall risk due to weakness or confusion
- Oxygen support
- Some residents may need transfer to hospital
- Change in residents care needs with ADL's

Continue to work with the nurse to monitor the patient for any changes in condition

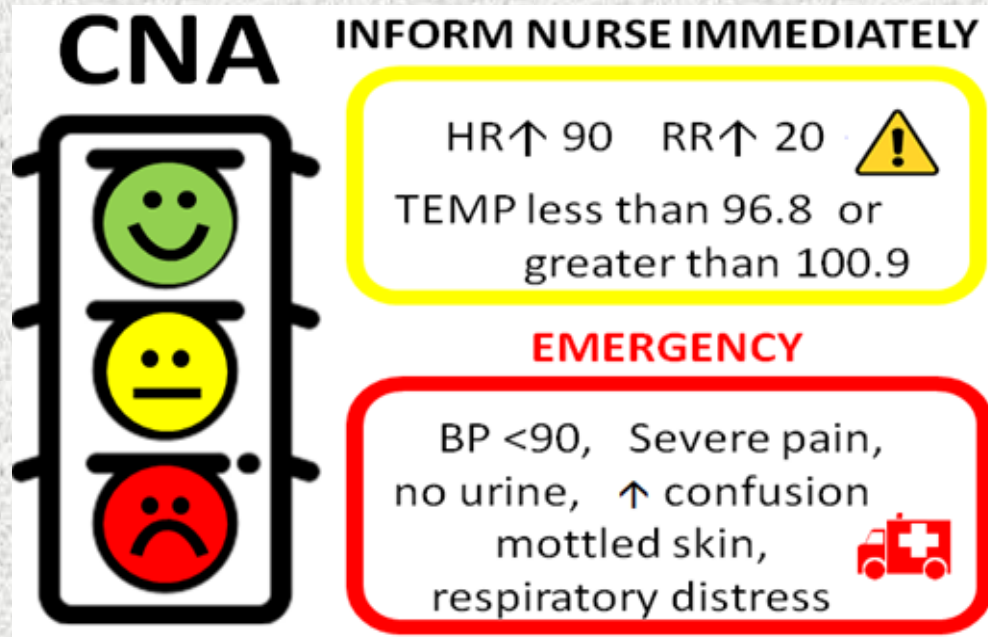
How Can I Help Prevent Sepsis

- Good handwashing is the key to stopping the spread of infection
 - Wash hands before and after contact with patients or body fluids
- Assist patient with daily bathing
 - Keeping the skin clean can decrease the chance of infection
- Get vaccinated to help stop the spread of infection

Remember, Our Success Depends On :

- Increased awareness of the signs and symptoms of sepsis
- Know who may be at risk for developing sepsis
 - If a resident has tubes or drains in, they are at risks for developing sepsis
 - If a resident has difficulty swallowing or chokes on their food, they may develop aspiration pneumonia, which can lead to sepsis
 - Anyone with an infection is at risk for developing sepsis
- Communication is the key to early diagnosis and treatment
 - Notify your nurse or charge nurse if you think a patient may have sepsis
 - Report abnormal vital signs to the nurse immediately
 - (Temp <96.8 or >100.4; heart rate >90; resp. rate >20; or SBP <90)
 - Tell the nurse if your patient has a low urine output, confusion, lethargy, shortness of breath, sharp pain

Badge Card Resource



Questions



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Survey on Training



<https://www.surveymonkey.com/r/DL76W7F>