

# Maryland Patient Safety Center

## **MRSA Prevention Initiative**

**Margaret Toth, M.D.**

Chief Quality Officer

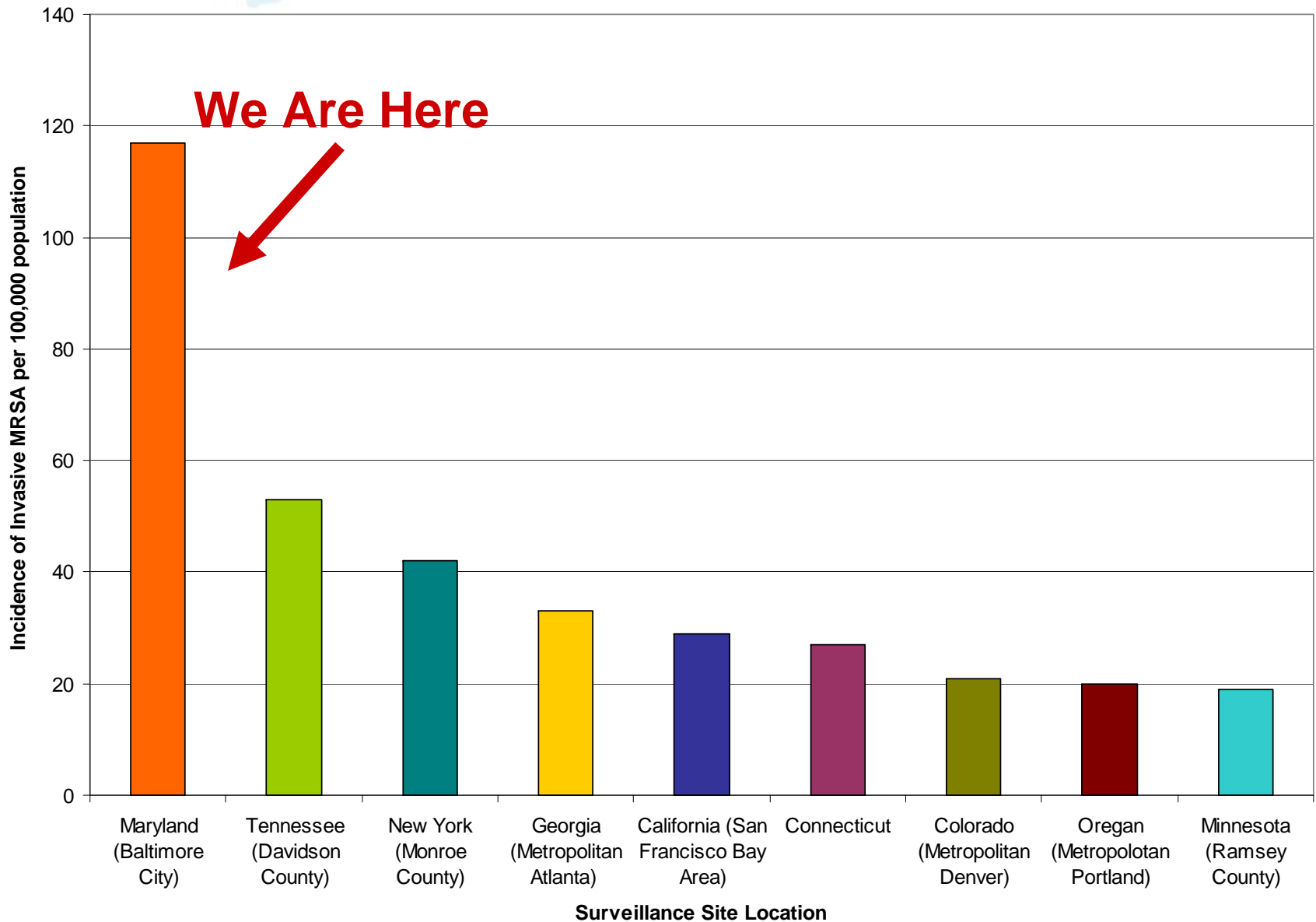
Delmarva Foundation

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# Personal Stories

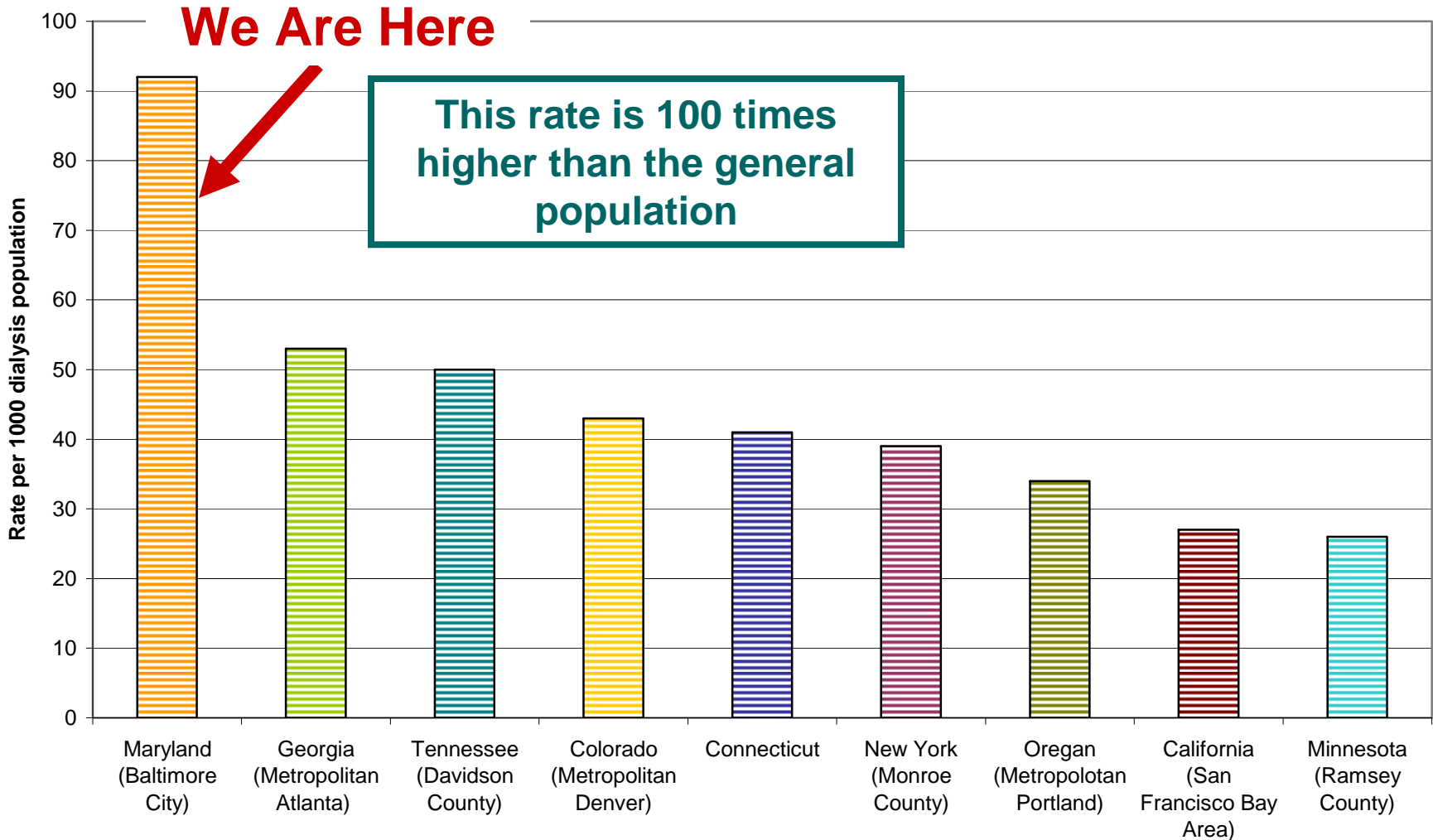
Take a moment to share a story with your neighbor about how MRSA has touched your life, either directly, or through a loved one or patient.

# Incidence Rates of Serious MRSA Infection 2005



# Incidence Rates of Serious MRSA Infection among DIALYSIS PATIENTS 2005

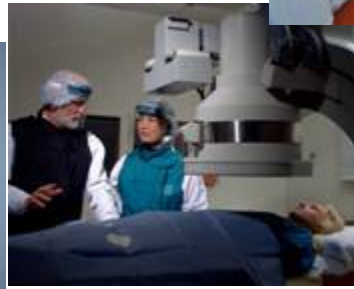
RATE of MRSA INFECTION AMONG DIALYSIS PATIENTS - 2005



In **2005**, we estimate **622** people in Baltimore City had a serious MRSA infection that was healthcare-associated.

This translates to **124** deaths, **5,600** excess days of hospitalization and **15.5 million** dollars in excess healthcare costs.

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## “WHAT” we ALL need to DO

- Identify the **reservoir** of infected and colonized patient
- **Wash hands** before and after every interaction with a patient and before and after putting on gloves
- **Protect clothing** from becoming a transmission source by wearing gloves and gown when interacting with an infected or colonized patient
- Keep equipment from becoming a transmission source by using **designated equipment** or cleaning
- Effectively **clean the patient care environment**

**But..... Has any one ever...**

**.....Forgotten, or been rushed?**

**.....Entered an isolation room – without noticing the sign?**

**.....Encountered a patient whose MRSA status did not get conveyed from the lab to the floor?**

**..... Come across an empty glove box, or soap/sanitizer dispenser?**

**..... Noticed family or someone else fail to follow precautions?**



And..... **Has any one ever...**

**.....Noticed a colleague that seems wash hands all the time?**

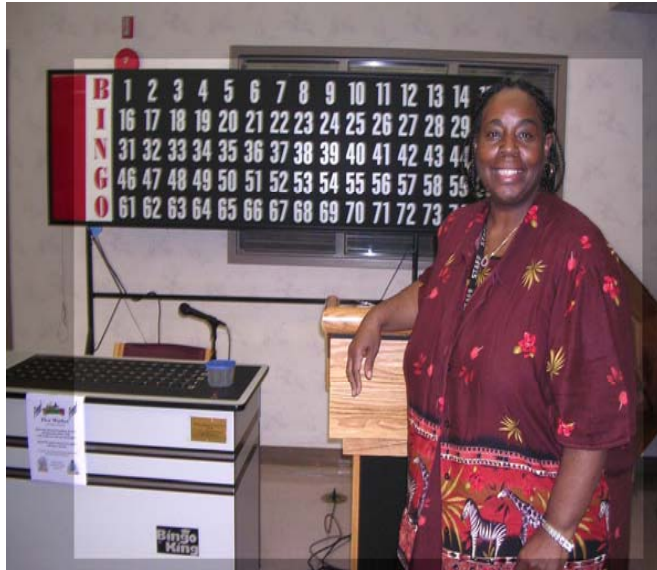
**.....Notice a unit/ward where it is always clear who has MRSA?**

**.....Been reminded or offered a gown?**

**.....Had a concern about transmission that you've wondered about?**

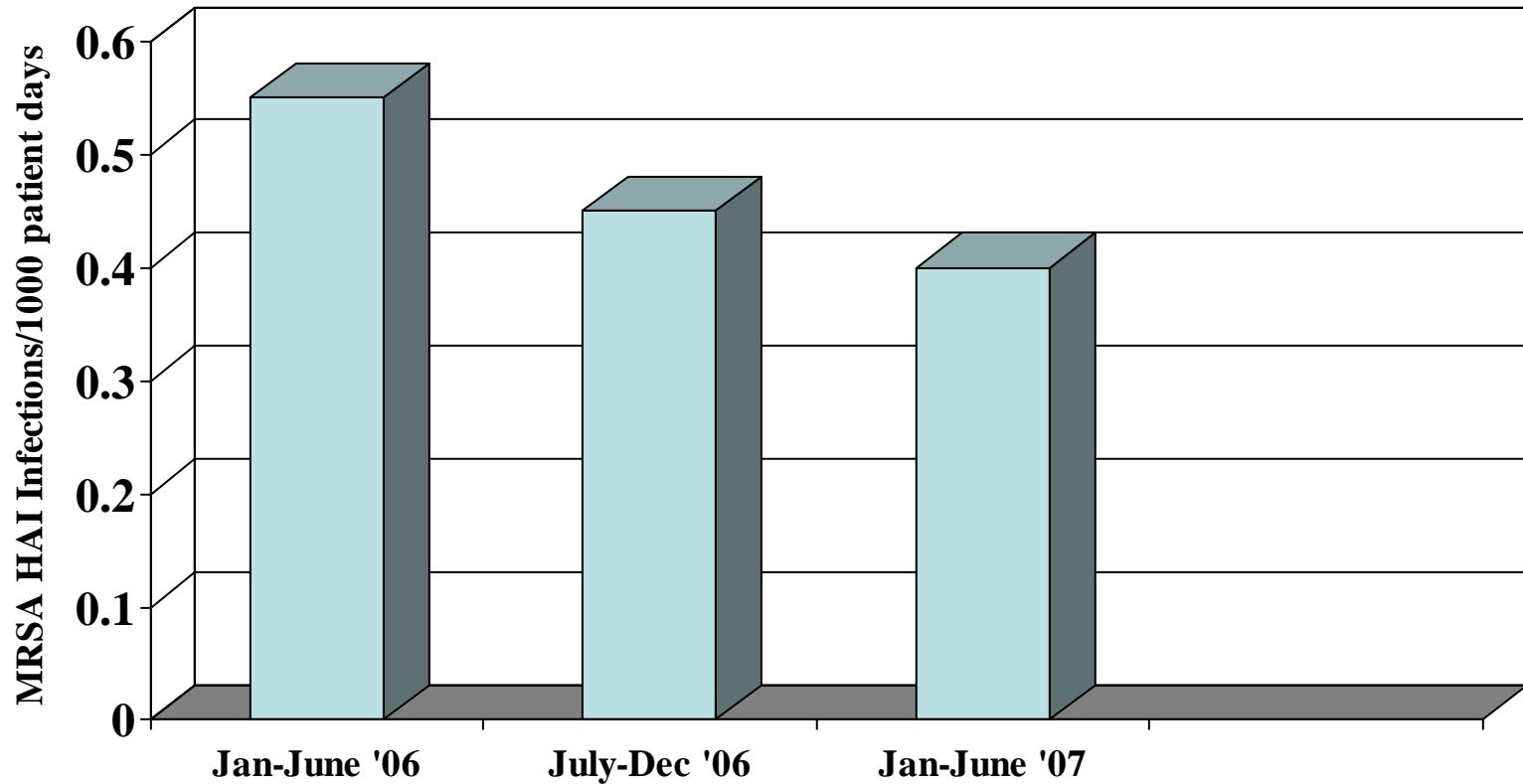
**..... Done something just a bit different on your own about that risk – or had some ideas?**

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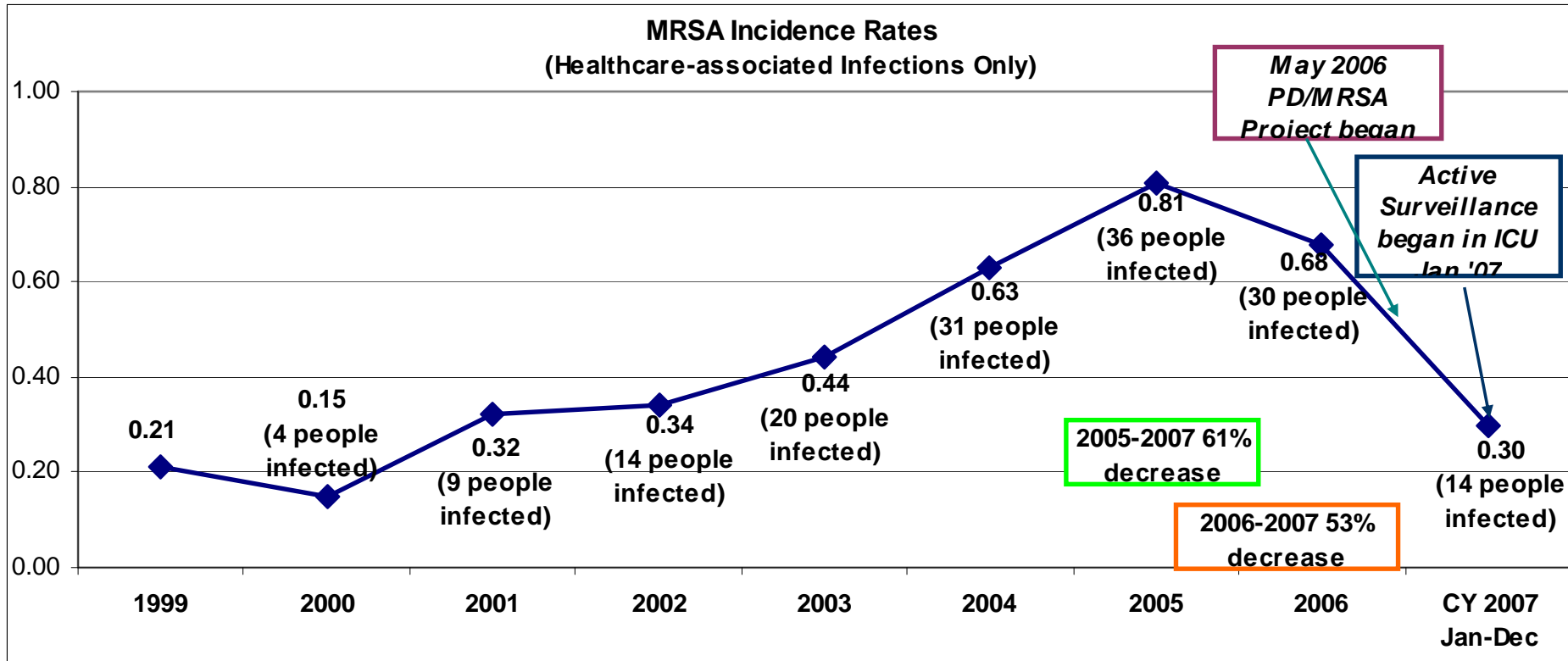


## Albert Einstein Medical Center Philadelphia, PA

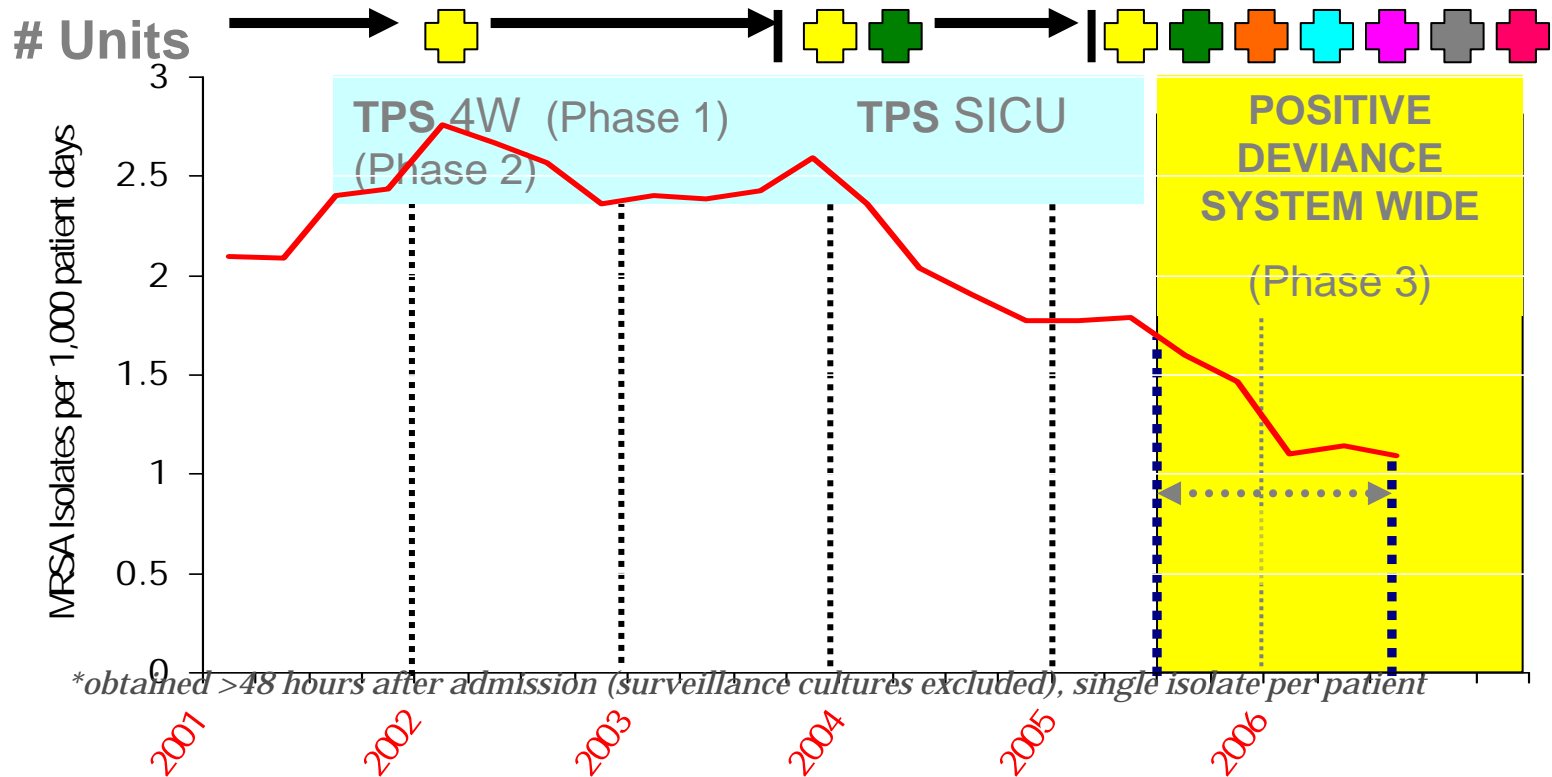
MRSA HAI Rate Facility Wide



# Billings Clinic Hospital-Associated MRSA Infections 1999 – December 2007



# MRSA Incidence from Clinical Cultures\*, VAPHS UD 01-06



# POSITIVE DEVIANCE

*A Different PROCESS*  
*Better RESULTS*

**Bon Secours** among the nation's first hospitals preparing to use Positive Deviance



**POSITIVE DEVIANCE** INITIATIVE



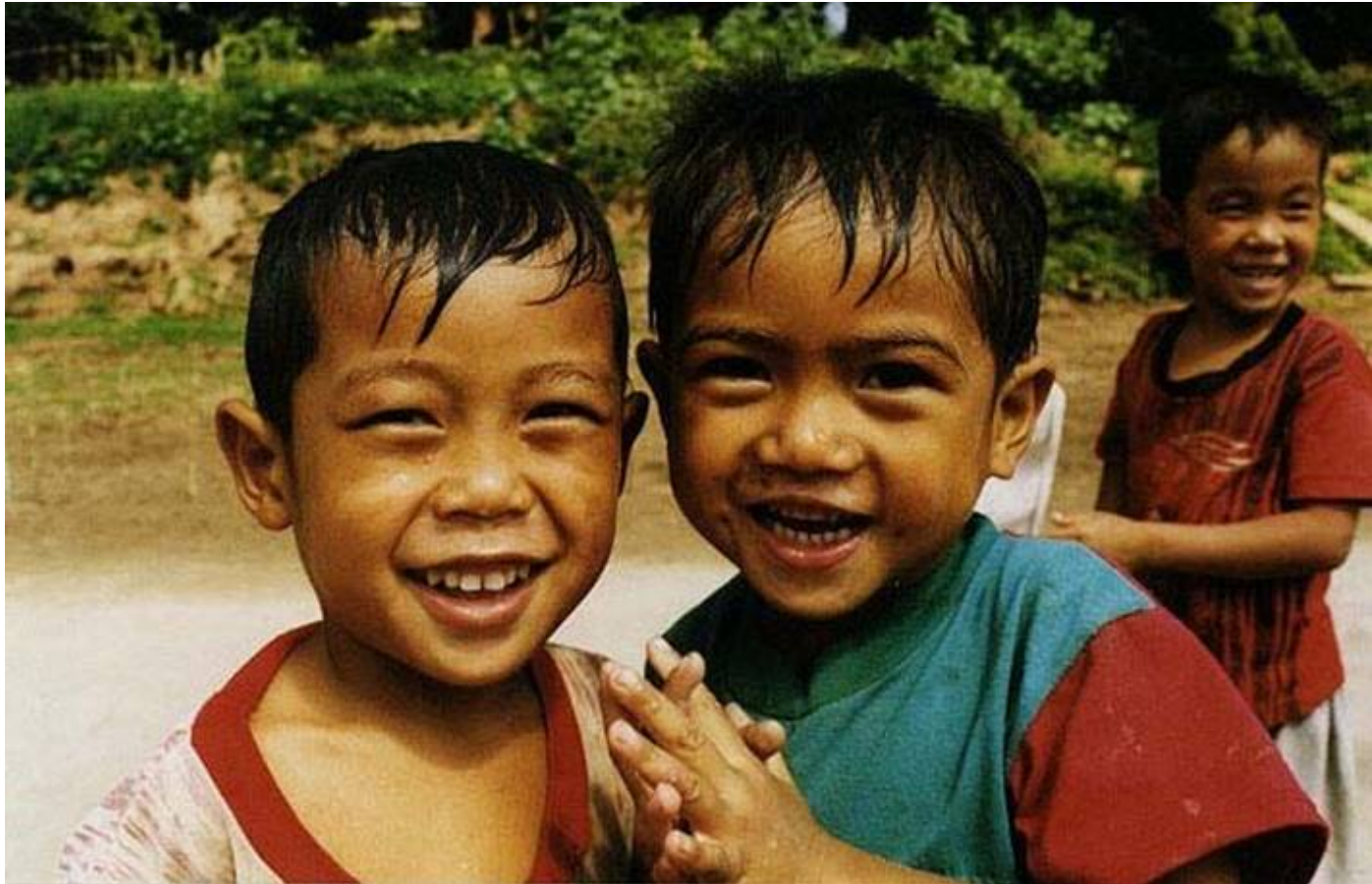
# Interested in being a part of the *Next Steps*.....

**Contact:**

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# POSITIVE DEVIANCE





**No matter how bad a problem is or how disadvantaged an environment, in every community – there are always a few groups or individuals – whose **special practices** enable them to have **better outcomes** than their neighbors who have access to the **same resources****

**SOLUTIONS THAT WORK IN YOUR UNIQUE ENVIRONMENT ALREADY EXIST OR ARE WAITING TO BE UNLEASHED.**

**Solutions imported from external sources – result in a “social” immune response in the same way our bodies reject foreign bodies.**

**“LOCAL PRACTICES” DISCOVERED FROM THE INSIDE ARE MORE DURABLE THAN BEST PRACTICES “IMPORTED” FROM THE OUTSIDE.**

**If we start by looking for existing solutions – and **include everyone** – especially those who are not the “usual suspects” the solutions we expose vastly exceed our wildest notions in their elegance, simplicity, scope and speed of implementation.**

**POSITIVE DEVIANCE’S GOLDEN RULE:  
“NOTHING ABOUT ME WITHOUT ME”**

## DISCOVERY AND ACTION DIALOGS

- How do you know whether your patient has MRSA or carries the MRSA germ?
- **In your own practice**, what do you do to prevent spreading MRSA to other patients or staff?
- What prevents you from doing these things **all the time**?
- Is there anyone or any unit **that has a way of doing** things that helps them to overcome these barriers?
- Do you have any **ideas**?
- **What would it take** to make that happen here?
- Any **volunteers**?