



Keystone Center
for Patient Safety
and Quality

Bringing healthcare
providers together
with information,
resources and
collaborative
opportunities to bridge
the quality chasm

January 12, 2005

Tammy Lundstrom
DMC VP, Chief Quality and Safety Officer
DMC Medical Director of Epidemiology

Judene Bartley
VP ECSI
Advocacy Liaison: MSIC and APIC-GD

Dear Tammy and Judene,

Thank you for bringing to my attention the concern and confusion that I may have inadvertently caused by a recent letter sent to Infection Control professionals in hospitals that are part of our Keystone ICU project.

Our intent in writing the letter was to acknowledge the important role of ICP's and to escalate their involvement in the Keystone ICU project, not to frustrate, confuse, or cause them concern.

The final editorial oversight for the letter was mine and I goofed. Please accept my apology and convey it to leaders of the MSIC and APIC-Greater Detroit. Your expertise and involvement is critical to the work we are doing and to future projects that may evolve.

I appreciate the willingness of each of you, as valued members of the MHA patient safety committee, to add your expert review to materials that might be sent in the future.

I have copied parts of the letter below, bolded and italicized the confusing areas and would like to clarify. We wrote to Infection Control leaders in our Keystone hospitals:

"Many of you have been involved with your teams and their work, but as we begin 2005, we want to personally enlist your help as we intensify efforts to reduce blood stream infections (BSIs), Ventilator Associated Pneumonias (VAPs), and to improve care for ICU patients with severe sepsis and septic shock. This will be tough to do and will require your support. To help with this effort, we ask you to do the following:

- Meet with your ICU team and discuss how you can help. For example, make sure teams understand and are using the NNIS definition of catheter day. We know this is new for some teams and can be challenging. You may also help staff develop valid data collection processes, or reduce rates of false positive blood cultures. As rates of BSI are reduced, training to reduce the rates of false positive blood cultures becomes increasingly important.
- Ensure the ICU has a visual display of the number of weeks or months between BSI and VAP. This type of visual display provides feedback to teams, reminds individual staff members of their direct impact on infection rates, and helps improve ICU culture. Practitioners begin to see that healthcare acquired infections are preventable and unit pride becomes attached to eliminating infections.
- Ensure your hospital has chlorhexidine in its central line kits and an oral care protocol that may include chlorhexidine rinse. *As you know, chlorhexidine reduces the risk of BSI by half and reduces the risk for VAP.*
- Beginning this month we will initiate a series of one hour conference calls to revisit core content for the ICU improvement project. On successive Fridays from January 14 through February 11 teams from the various states we are working with will be encouraged to participate in these calls to discuss the evidence, the interventions, and their implementation challenges. **Please join your team for these calls.**

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In the third bullet we never meant to imply that use of a chlorhexidine oral rinse is a Keystone ICU intervention. It is not. We have been very clear on conference calls and in discussing this issue with teams that there is not sufficient evidence in the literature for us to support this as a Keystone ICU measure. Having an oral care protocol, however, is an expectation.

The third paragraph should have been reworded so that no misinterpretation was possible. It was my charge to make our intentions clear. On this point I obviously missed the boat.

Thank you for sharing this letter with the appropriate leadership at MSIC and APIC-Greater Detroit. I value your expertise and your willingness to collaborate on initiatives that promise to improve care for citizens throughout Michigan.

Thanks again for bringing this to my attention.

Chris Goeschel
Executive Director
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