SURVEILLANCE DATA AUTOMATION – IMPROVING PATIENT SAFETY AND PRODUCTIVITY OF AN INFECTION CONTROL TEAM

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DISCLOSURES

None
OUTLINE

1. **Surveillance**
   - ARO (MRSA, VRE, CPO) and CDI

2. **Automated Reports**
   - Monthly Unit Feedback (ARO/CDI)
   - Automated reporting to ADS

3. **Productivity and Efficiency**

4. **Future state**
PROVIDENCE HEALTH CARE

2 acute care hospitals - 534 beds

5 long term care facilities - 637 beds
SURVEILLANCE (ARO AND CDI) - HISTORIC

- Print out notifications from the microbiology laboratory
- Paper surveillance forms filled out by ICPs
- Manual input of paper surveillance forms into a database
SURVEILLANCE (ARO AND CDI) – NEED FOR AUTOMATION

- Separate databases for ARO and CDI
- Transcription errors
- ICP daily work structure change
SURVEILLANCE (ARO AND CDI) – AUTOMATED DATABASE
SURVEILLANCE (ARO AND CDI) - VALIDATION

Pre implementation - January to April 2018
  • 661 episodes reviewed – 96.2% accuracy

Post implementation - April to July 2018
  • 578 episodes reviewed – 98.9% accuracy

Continued quarterly validation (5% of episodes)
AUTOMATED REPORTS

- Monthly Unit Feedback Boards
- Automated reporting to administrative decision support dashboard
PRODUCTIVITY AND EFFICIENCY

- 6 Infection control practitioners dedicated to daily rounding on units
- Education specialist responsible for creating all education materials
- Construction specialist responsible for all construction related issues
FUTURE STATE

• Continue collaboration with Administrative Decision Support
  • New electronic medical records platform

• Establish collaboration with surrounding health authorities

• Explore automation for SSIs and CLABSI
QUESTIONS

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