

Retrospective Evaluation of a Health Provider Electronic Health Record Reminder System to Increase Enhanced Barrier Precautions in a Skilled Nursing Facility

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Background

The prevalence of UTIs caused by multi drug resistant organisms continues to escalate in adults in skilled nursing facilities. EBP are known to be effective prevention measures which include gown and gloves for patients with an indwelling device, wound, or a prior MDRO. Patients are not restricted to their rooms and can have roommates. Increase EBP compliance
Decrease UTIs caused by MDROs

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Approaches

In the EHR, a stop sign icon appears next to the patient’s name. Under special Instructions, a note reads enhanced barrier precautions. Nurse checks off EBP use each shift on the MAR. Nurse or CNA checks off EBP use each shift on the TAR. Medication administration reports were audited to verify EBP compliance.

Results

To assess effectiveness, data was gathered from PointClickCare EHR. UTIs caused by MDROs 12 months prior to intervention were evaluated. Staff perception of EBP benefits was assessed. Missed EBP documentation was tracked. The goal was 67.5% compliance. The outcome showed over 90% compliance post-alert implementation. UTIs decreased 10.88%, MDROs decreased 32.13%. A Fisher’s Exact Two-by-Two Contingency Table with a 95% confidence Interval showed a - P-value < 0.001

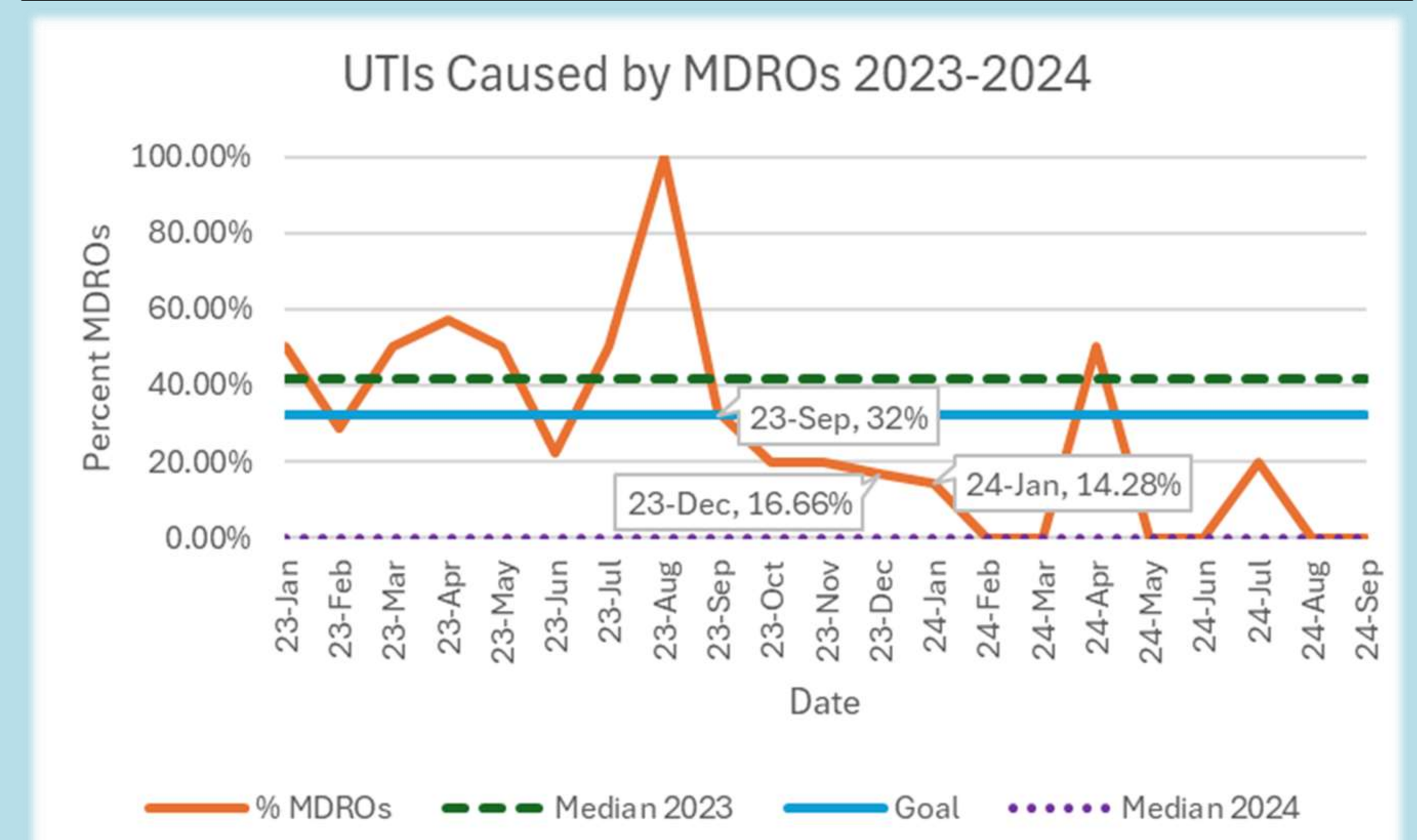
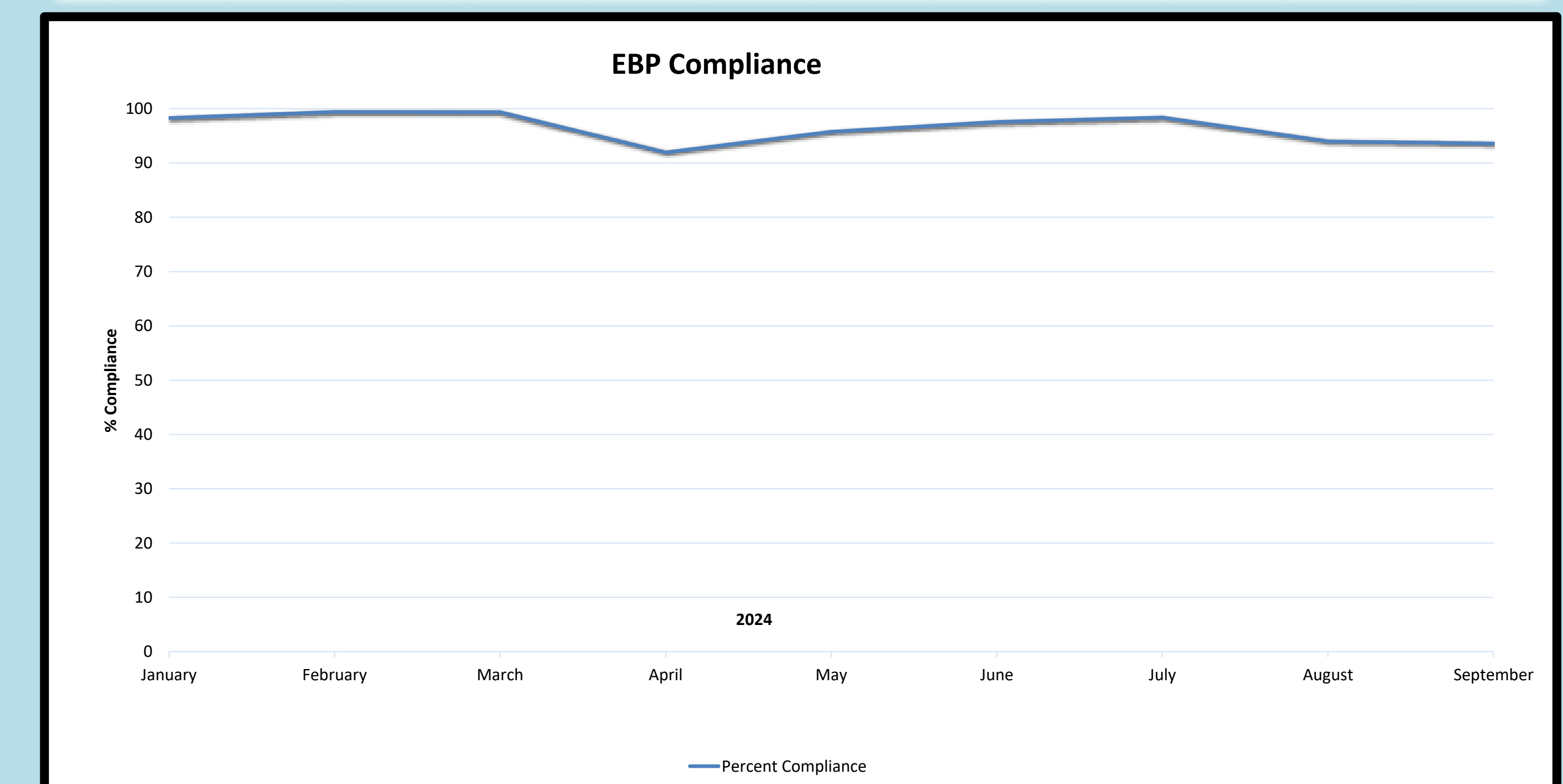
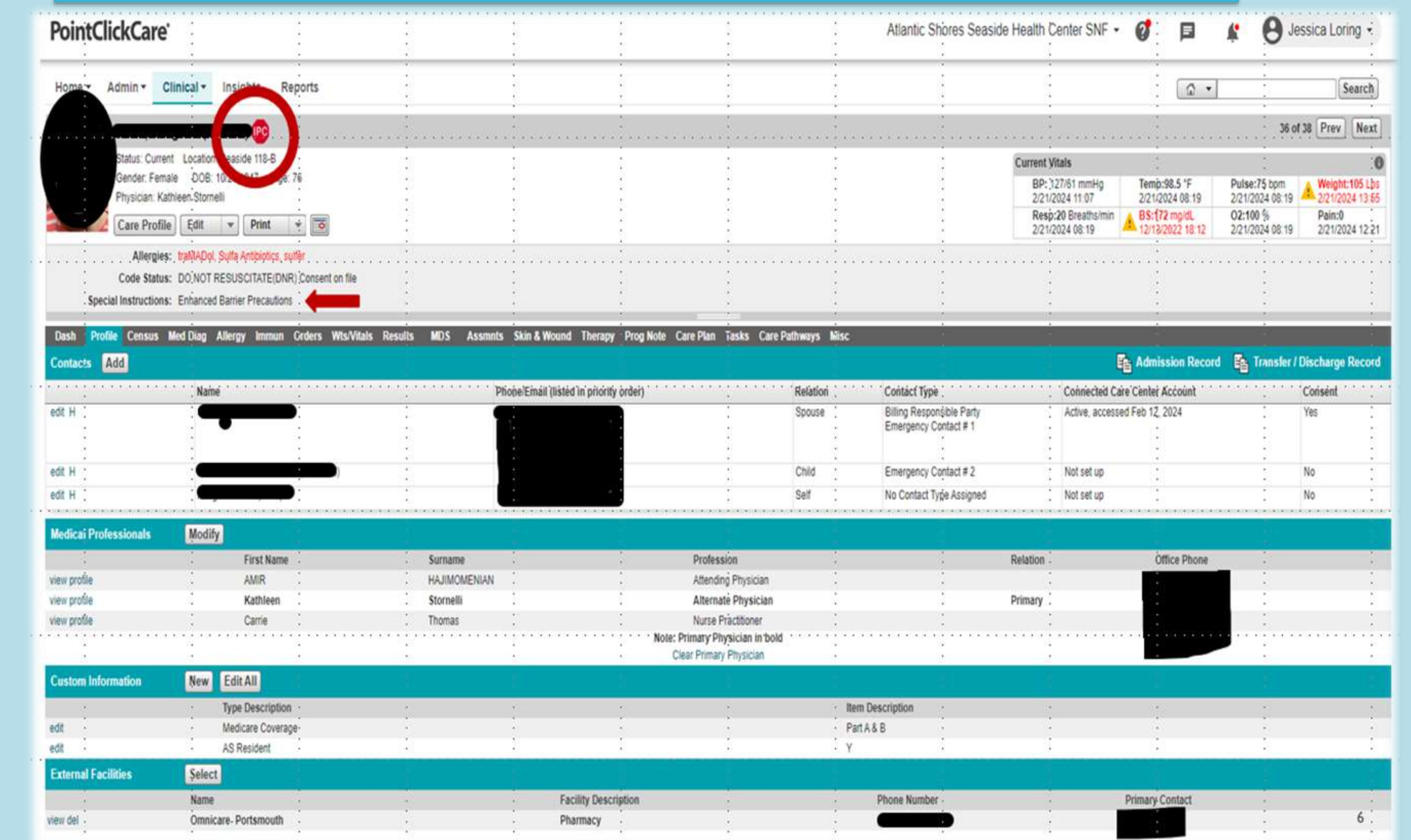
Acknowledgements



Objectives and Goals

Develop an alert system in the EHR for any patient who met criteria for EBP. Increase EBP compliance. Decrease UTIs caused by MDROs.

Figures



A Retrospective Evaluation of a Health Provider Electronic Health Record Reminder System to Increase Enhanced Barrier Precautions in a Skilled Nursing Facility

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Poster Abstract

Background: Urinary tract infections (UTIs) caused by multi-drug-resistant organisms (MDROs) are a significant concern in skilled nursing facilities (SNFs). Despite the effectiveness of enhanced barrier precautions (EBP) in preventing MDRO transmission, their implementation is often inconsistent in SNFs. Methods: For this quality improvement initiative, an electronic health record (EHR) reminder system was implemented, along with staff education and regular audits, to increase compliance with EBP practices. Results: MDRO-associated UTIs significantly decreased from 41.49% to 9.36% ($p < 0.0001$). Nurse compliance with EBP throughout the intervention period ranged from 91.94-99.38%. Conclusions: Findings highlight the effectiveness of a multifaceted infection prevention approach, emphasizing the importance of combining technology, staff training, and regular audits to improve infection control practices.