

Reported to the Board of Trustees,
March 10, 2005

University of Illinois Medical Center at Chicago

The 2004 Annual Quality Improvement

Infection Control Program Report*

Submitted to the University of Illinois Board of Trustees

March 10, 2005

**The University of Illinois Medical Center at Chicago is required by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) to share the information contained in the attached report with the Board of Trustees on an annual basis.*

Some of the notable events and accomplishments of the Infection Control Program in 2004 include:

- Continuous infection control surveillance for all intensive care units, with integration of data analysis into unit quality improvement process to develop strategies for reduction.
- Expansion of surveillance activities to include observational audits of hand hygiene with feedback to clinical leadership for development of strategies to improve hygiene rates.
- Presentations of an abstract on our nosocomial (hospital acquired infection) sentinel event process at an annual national educational conference.
- Development of a quarterly Intravascular Device Infection Report with data and analysis presented to the Infection Control Committee.
- Development of a Monthly/Quarterly Surgical Site Infection Report for Caesarian section procedures with data presented at their quarterly Quality Improvement meetings.
- Introduction of a new waterless surgical scrub into the Operating Rooms, Labor & Delivery, Cardiac Catheterization Laboratory, Interventional Radiology, and Neonatal Intensive Care Unit.
- The Infection Control Department co-led a medical center team to develop surgical infection prevention clinical guidelines to promote timely administration of antibiotics and to reduce surgical site infections.

Infection Control Department Goals for 2005

- Develop a Monthly/Quarterly Surgical Site Report for selected Class I & II surgical wounds in conjunction with the Joint Commission and Medicare surgical infection prevention guidelines.
- Establish mechanism to report Neonatal Intensive Care Unit pneumonia and intravascular device related infections stratified by weight.
- Consult with each Outpatient Clinic and Inpatient Department Manager to review their clinical area and infection control policies specific to that area.
- Increase hand hygiene compliance rates by 10% through education and feedback to the units.
- Provide basic infection control education to all medical students, all 4 years, during their orientation period in July/August.
- Submit an abstract and/or present a poster session annually at a professional organization meeting.
- Targeted strategies for reduction of infections in any unit identified with persistent and demonstrable deviations in rates compared to Center for Disease Control standards.