Medical City Fort Worth

DIVISION WIDE PRACTITIONER INFORMATION FORM

Dear Practitioner,

Thank you for your interest in the hospital(s) of Medical City Healthcare. The information below and the documents listed on the attached checklist are needed, in their entirety, to complete this request. Your Request for Consideration (RFC) will be sent to you from the HCA Credentialing Processing Center (CPC) based in Houston, Texas. Please contact the Medical Staff Office of the primary facility where you are applying if you have any questions or concerns during this process.

Please return completed form via email

tammy.landry@medicalcityhealth.com or tameka.middlebrooks@medicalcityhealth.com

or fax 817-347-5793

NAME AS LISTED ON STATE BOARD LICENSE:			
DEGREE:	☐MD ☐DO ☐DPM ☐DDS		
SPECIALTY:			
ADVANCED PRACTICE PROFESSIONAL ONLY:	**DEGREE AND SPECIALTY:**	**PHYSICIAN SPONSOR NAME:**	
PRACTICE TYPE CHECK THE BOX THAT APPLIES	☐**Regularly Admit or Treat Patients**	☐**Occasionally admit or treat patients**	☐**Refer to hospitalists to admit and manage inpatients**
	☐**On active staff at another hospital; provides call coverage or ocassionally sees patients**	☐**Subspecialist on staff at several hospitals**	☐**Locum tenens, telemedicine, midlevel provider**

DIVISION-WIDE PRACTITIONER INFORMATION FORM CHECKLIST

	DOCUMENTS REQUIRED TO BE CONSIDERED A COMPLETE REQUEST	PAGE #
☐	Facility Request Form	1
☐	Provider Information Form Signed and Dated	2-3
☐	Delegate Form	4
☐	Invoice	5
☐	Communicable Disease Form and proof of vaccinations and/or titers, etc. - Please provide copies of all immunizations records	6
☐	Authorization and Release	7
☐	Call Coverage form	8
☐	MRSA STATEMENT/ACKNOWLEDGEMENT	9

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DIVISION WIDE PRACTITIONER INFORMATION FORM

HOSPITAL *(Please check all locations you wish to apply)*		Indicate which will be Primary Hospital	What % of Practice will be at this facility	Who is your primary coverage at this facility? Note: Covering Physician must be on staff or applying with similar privileges
☐	Medical City Alliance	☐		
☐	Medical City Arlington	☐		
☐	Medical City Dallas	☐		
☐	Medical City Denton	☐		
☐	Medical City Fort Worth	☐		
☐	Medical City Green Oaks	☐		
☐	Medical City Las Colinas	☐		
☐	Medical City Lewisville	☐		
☐	Medical City McKinney	☐		
☐	Medical City North Hills	☐		
☐	Medical City Plano	☐		
☐	Medical City Weatherford	☐		

PRACTITIONER INFORMATION FORM

APPLICANT NAME:		
TRAINING COMPLETE:	☐Yes	☐No - Date of anticipated completion: _____
BOARD CERTIFICATION: ***Are you certified by specialty board of ABMS, AOA, ABOM ORABFAS*** ***(Formerly ABPS):***	☐Yes	☐No - Date of anticipated completion: _____
GROUP OR SOLO PRACTICE:	☐ Solo - list covering physician on page 1 ☐ Group – Group name: _____ Group partners (Attach a separate list if necessary): _____	
SOCIAL SECURITY #:		
INDIVIDUAL NPI#:		
GROUP NPI#:		
DATE OF BIRTH:		

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Medical City Fort Worth

DIVISION WIDE PRACTITIONER INFORMATION FORM

PRACTITIONER INFORMATION FORM		
GENDER:	_____M _____F	
OFFICE ADDRESS:		
OFFICE PHONE:		
OFFICE FAX:		
IF OFFICE IS NOT ESTABLISHED LIST ANTICIPATED OPEN DATE:	**Date:**_____ **Expected location (City):**_____	
HOME ADDRESS:		
HOME PHONE:		
PROVIDER PREFERRED EMAIL:		
ANTICIPATED START DATE AT HOSPITAL:		
TEXAS LICENSE:	□Yes #_____	□No Date of application:_____
DEA WITH TEXAS ADDRESS ON IT:	□Yes #_____	□No Date of application: _____
INSURANCE FOR THIS PRACTICE: ***(Required: $200,000/600,000)***	□Yes $_____/_____	□No Anticipated Start Date for Coverage: _____

I request a Request for Consideration (RFC) for membership and/or privileges to the Medical Staff(s) of the facilities I selected on page two of this Physician Information Packet. I understand that the information requested on this form is sought to enable the hospital(s) and its (their) Medical Staff(s) to make an administrative determination as to whether I am eligible to receive a Request for Consideration. This Physician Information Form does not constitute an application.

_____ _____

Signature Date

_____

Applicant - Print Name

MSS USE ONLY	
DATE FORWARDED TO CPC:	
SPECIFIC PRIVILEGE FORMS REQUESTED:	

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Medical City Fort Worth

DIVISION WIDE PRACTITIONER INFORMATION FORM

HCA Credentialing Online-Provider's Authorization for Delegate

Step 1

The contact information listed below has been pre-populated on your information in our credentialing system. If changes are needed, please indicate below.

Provider Name:
Provider Phone:
Provider Email (required):_____

NOTE: Provider e-mail must be unique to the provider; it cannot be the same address as a delegate.

Step 2

____ I do not want to select any delegate at this time. I will personally provide re-credentialing information. Initial and skip to step 3 _____

____ I understand that one delegate for all entities is preferred; however I have different people handle my credentialing at different entities.

____ I here authorize:

Delegate

Name:	
E-mail:	
Phone: ( ) - ext	

hereinafter, individually referred to as "Delegate") to access the HCA Credentialing Online web portal to enter data and submit documents for the HCA Request for Considerations (RFC) and HCA Reappointment Requests for Information (RRFCs) requests on my behalf. I understand that I will need to review the date and documents and attest to their accuracy before I submit them to HCA via the HCA Credentialing Online web portal.

I acknowledge that I have voluntarily provided the above information and I have carefully read and understand the Authorization. I understand and agree that a facsimile or photocopy of the Authorization shall be as effective as the original.

_____ _____

PROVIDER SIGNATURE «Full_Name»

_____ _____

SOCIAL SECURITY NUMBER OR NPI DATE (MM/DD/YYYY)

HCA

INVOICE

Name
Address
City, ST Zip

Mail & Make Payment addressed to:
Medical City Fort Worth
Attn: Medical Staff Services
900 Eighth Avenue
Fort Worth, Texas 76104
Phone: 817-347-1911

Medical City Fort Worth charges a fee for both new applications and reappointment applications. Please note that fees should be paid at the time your application is submitted.

QTY	Description	Unit Price	Total
PHYSICIAN (MD, DO, DPM, DDS) – Initial Application Fees & Services Basic fee includes **normal** processing times estimated to be 60-90 days from the receipt of a **COMPLETED** credentialing application. Processing time does not include approval time from the Privileges & Credentials Committee to the Board of Trustees See below for faster processing/approval times available			
❍	Active Staff • Please select Active staff privileges if you plan to have more than 12 patient contacts per year	$300.00	0
❍	Affiliate Staff • Please select Courtesy staff privileges if you plan to have less than 12 patient contacts per year	$300.00	0
❍	Ambulatory Staff • Please select Affiliate staff privileges if you are applying for membership without privileges.	$300.00	0
ADVANCED PRACTICE PROVIDER – Initial Application Fees & Services Basic fee includes **normal** processing times estimated to be 60-90 days from the receipt of a **COMPLETED** credentialing application. Processing time does not include approval time from the Privileges & Credentials Committee to the Board of Trustees.			
❍	APP Initial Application	$200.00	0
Please contact the Medical Staff Office at 817-347-1911 if you have any questions regarding fees.		Subtotal:	0
		Tax:	$0.00
		Total Due:	0

Initial application fees not refundable once application submitted and processing has begun.

Medical City Fort Worth

DIVISION WIDE PRACTITIONER INFORMATION FORM

Communicable Disease Screening and Immunization Record

DOCUMENTATION OF EACH MUST BE SUBMITTED WITH PRE-APPLICATION OR REQUEST IS CONSIDERED INCOMPLETE AND WILL NOT BE PROCESSED

TUBERCULOSIS SCREENING	FREQUENCY
Attach proof of a previous tuberculosis skin test (TST) within the last 12 months or an Interferon Gamma Release Assay (IGRA) blood test. • If you have a history of a positive TST, initially you must provide a recent negative IGRA or negative chest Xray. After that, at each credentialing request you will complete a TB questionnaire regarding symptoms and/or exposures. • If you have a history of positive TST with a positive IGRA, a positive chest x-ray, or any symptoms of tuberculosis, you must provide documentation of a recent negative chest x-ray and physician clearance.	ANNUAL
INFLUENZA IMMUNIZATION	
Please attach proof of your current influenza immunization within the last year (or most recent flu season) (Flu Season is between November 1st – March 31st)	ANNUAL
HEPATITIS B VACCINATION PROGRAM Based on risk	
ATTACH PROOF OF HEPATITIS B SEROLOGIC TESTING. If your serologic testing is positive, no further documentation is needed; If your serologic testing is negative, please provide the following: • Obtain a 2nd Hepatitis Vaccine series, recheck titer and submit documentation **OR** • Complete the Hepatitis B Declination form.	ONCE IN LIFETIME
REQUIRED VACCINATIONS - ATTACH PROOF OF THE FOLLOWING ACCORDING TO DOCUMENTATION REQUIRED:	
VARICELLA: ATTACH WRITTEN DOCUMENTATION OF: • Vaccination With 2 Doses Of Varicella Vaccine; **OR** • Laboratory Evidence Of Immunity Or Laboratory Confirmation Of Disease; **OR** • Diagnosis Or Verification Of A History Of Varicella Disease By A Healthcare Provider Who Diagnosed The Disease; **OR** • Diagnosis Or Verification Of A History Of Herpes Zoster By A Healthcare Provider Who Diagnosed The Disease	ONCE IN LIFETIME FOR ALL
RUBEOLA: ATTACH WRITTEN DOCUMENTATION OF: • Vaccination With 2 Doses Of Live Measles Or MMR Vaccine Administered At Least 28 Days Apart; **OR** • Laboratory Evidence Of Immunity; **OR** • Laboratory Confirmation Of Disease; **OR** • **Birth Before 1957 Is Not Required To Provide Documentation**	
MUMPS: ATTACH - SAME AS RUBEOLA	
RUBELLA: ATTACH WRITTEN DOCUMENTATION OF: • Vaccination With 1 Dose Of Live Rubella Or MMR Vaccine; **OR** • Laboratory Evidence Of Immunity; **OR** • Laboratory Confirmation Of Rubella Infection Or Disease; **OR** • **Birth Before 1957**(Except Women Of Childbearing Potential Who Could Become Pregnant, Although Pregnancy In This Age Group Would Be Exceedingly Rare).	
Meningococcal: Attach written documentation of 2 doses of MCV4 vaccine series followed by booster every 5 years for microbiology staff working with these microbes- Laboratory Members Only.	LABORATORY ONLY EVERY 5 YEARS
TDAP: ATTACH PROOF OF ONE CURRENT ADULT BOOSTER OF TDAP FOLLOWED BY TD BOOSTER EVERY TEN YEARS	EVERY 10 YEARS
If you have any questions about these requirements, please contact the medical staff office of the primary facility where you are applying for medical staff privileges.	

NAME: _____

HCA

CONFIDENTIAL PEER REVIEW DOCUMENT

AUTHORIZATION AND RELEASE

Note: *This form is to be provided only to the Practitioner to whom the information pertains. The Practitioner must complete the document and return it directly to the Medical City Health Care Entity before the Confidential Information may be provided.*

I hereby authorize the hospitals in the HCA North Texas Division ("Hospitals"), the Credentialing Processing Center ("CPC"), the Hospitals' Credential Committees and persons serving those committees to share and evaluate information they receive during the credentialing process ("Confidential Information") related to my Practitioner Information Form(s) ("PIF"), Provider Action Form ("PAF"), Request(s) for Consideration ("RFC") and Recredentialing Request(s) for Consideration ("RRFC") and authorize the Hospitals, the CPC, and the Credential Committees and other medical peer review committees and medical committees, and persons who serve those committees (collectively, "Hospital medical peer review committees"), to utilize such Confidential Information in the credentialing and peer review process for the privileges and membership requested and granted by the Hospitals.

I agree that this Authorization and Release does not supercede or take the place of any other authorization and release I have signed and/or will sign in connection with seeking privileges and membership at a Hospital(s) and will merely supplement such authorization(s) and release(s).

I release the Hospitals and the Hospital medical peer review committees from any and all liability and agree not to sue any of them for the sharing, evaluation and utilization of the Confidential Information during the credentialing and peer review process.

Provider _____

Date (MM/DD/YYYY) _____ / _____ / _____

Medical City Fort Worth

Instructions to Provider:

1. **PRINT/SIGN YOUR NAME AT THE BOTTOM; PLEASE FORWARD THIS FORM TO THE PHYSICIAN WHO WILL COVER YOUR PATIENTS IN YOUR ABSENCE.**
2. THE PHYSICIAN MUST HAVE OR IS APPLYING FOR CURRENT PRIVILEGES AT Medical City Fort Worth.

CALL COVERAGE

Below you will find the excerpt from the Medical Staff Bylaws regarding coverage requirements at Medical City Fort Worth:

BASIC OBLIGATIONS ACCOMPANYING STAFF APPOINTMENT AND/OR THE GRANTING OF CLINICAL PRIVILEGES
By submitting an application for Staff membership and/or a request for clinical privileges, the applicant signifies agreement to fulfill the following obligations of holding Staff membership and/or clinical privileges. The applicant shall agree to:

2.2.6 *Be available on a continuous basis, either personally or by arranging appropriate coverage, to respond to the needs of inpatients and Emergency Department patients in a prompt, efficient, and conscientious manner. ("Appropriate coverage" means coverage by another member of the Medical Staff with specialty-specific privileges equivalent to the Practitioner for whom he or she is providing coverage.)*[1] *Compliance with this eligibility requirement means that the Practitioner must document that he or she is willing and able to:*

Please complete this section including your covering physicians name and signature and return via fax to: 817-347-5793. Thank you!

Applicant name (Please Print)	Signature
I agreed to provide coverage for his / her patients during any absences.	
Name of covering physician (Please Print)	Specialty of covering physician
Signature of physician agreeing to cover	Date

Please return the completed form to Medical City Fort Worth, Medical Staff Service by fax to 817-347-5793
or by email to tammy.landry@hcahealthcare.com

Thank you!

Medical Staff Services
Medical City Fort Worth

[1] EMTALA

Medical City Fort Worth

MRSA STATEMENT/ACKNOWLEDGEMENT

Signatures within this document represent review and acceptance that the MRSA nasal screening protocol will be implemented for the patient populations defined below:

- Patients admitted/transferred from Nursing home, Long Term Care Facility, Other Healthcare Facility (Rehab and Assisted Living Facility), Other Hospital, Jail/Prison or Homeless Shelter
- Patients undergoing total hip, total knee, open spine, and CABG procedures
- Patients with a history of MRSA (defined as a positive nasal swab within the last 365 days) may be placed directly into isolation with a nasal screen
- Dialysis patients, patients with open wounds

_____ _____

Physician Signature Date

_____

Printed Name

Medical City Fort Worth

DIVISION WIDE PRACTITIONER INFORMATION FORM

FREQUENTLY ASKED QUESTIONS AND CHECKING APPLICATION STATUS

HCA

Medical City Fort Worth

DIVISION WIDE PRACTITIONER INFORMATION FORM

FREQUENTLY ASKED QUESTIONS ABOUT THE CREDENTIALING PROCESS	
QUESTION	**ANSWER**
How long will it take to receive the full application (RFC)?	***24-48 Hours from request*** Once the completed Provider Information Form is received by Medical Staff Services and assured minimum documentation for a Request for Consideration is received, Medical Staff Services will notify the Central Processing Center (CPC) to send a Request for Consideration Depending on how the Delegate Authorization form is completed, an Request for Consideration can be via the On-line application (HCO), emailed or sent regular mail. On average this takes approximately 24-48 hours once the request is made by Medical Staff Services.
Once I submit the application (RFC) to the CPC, how long is the process?	***45-60 Days from receipt of complete application (RFC)*** The Central Processing Center (CPC) will determine if Request for Consideration packet is complete. They will not begin processing without the following forms: 1. Request for Consideration (The Texas Standard Application – all 20 pages) 2. The HCA Addendum to the State Application with a current signature and date. 3. Delineation of Privileges form 4. Authorization, Attestation and Release form with a current signature and date. Upon the determination of completeness, the verification process can begin and will take approximately 45-60 days. A deadline will be set and the CPC will release the file to Medical Staff Services by that date regardless of if the verification process is completed or not.
How can I assist in expediting my application process?	***Assure your Request for Consideration (RFC) is complete.*** Other helpful tips include the following: 1. Don't leave anything blank or unanswered on your Provider Information Form Request for Consideration (Texas Application) or HCA addendum. 2. Provide full contact information for all training, affiliations and references including emails, phones and faxes. 3. Submit a case log from the prior 2 years from your primary facility and assure that it meets the criteria on the privilege form. The privilege form provides criteria details. Please review it carefully. 4. Provide written explanations for any adverse responses.
What will happen if I do not respond timely to requests for clarification or missing information?	***Your application will be in jeopardy of being deemed voluntarily withdrawn.*** The application, verification and privileging process is a time sensitive process. It is important to respond to requests made by Medical Staff Services as soon as possible. When you do not respond or information is missing, the Chairman and Committees reviewing your application may not have enough information to make a decision. If your file continues to be incomplete, your application can be voluntarily withdrawn. The consequence of a withdrawn applications is that you may have to begin the process from the beginning again and because each document in your file has an expiration date there may be items that have to be re-verified, re-signed or re-attested to. This can most importantly cause additional work for you as well as the CPC and Medical Staff Services. Medical Staff Services does not want this to happen so please keep in constant communication with the Coordinator working your file.
How often does the Chairman review Credentials files and how often do the Committees meet?	***Monthly.*** Typically, the Chairman will begin reviewing all completed files in the first week of the month. The Credentials Committee, MEC and Board of Trustees at each hospital you are applying have an independent decision to make regarding your application.
Can temporary privileges be granted if I need to start work sooner than the committee schedule allows?	***Generally, temporary privileges are not granted.*** Temporary privileges are reserved for issues arising from an urgent patient care need and granted rarely. An example where temporary privileges may be considered include but is not limited to: 1. A patient in critical need of a highly specialized physician, where no others are on staff. 2. A shortage of physician staff in a high risk/high volume specialty where daily services are required.
How soon can I begin working in the hospital after my application is approved?	***Activation of system accounts may take a couple of days***. Therefore, if you anticipate being schedule to work on the day of approval or shortly thereafter, please notify Medical Staff Services ahead of time. Medical Staff Services can proactively have your accounts created and access ready to start on the first day if necessary.

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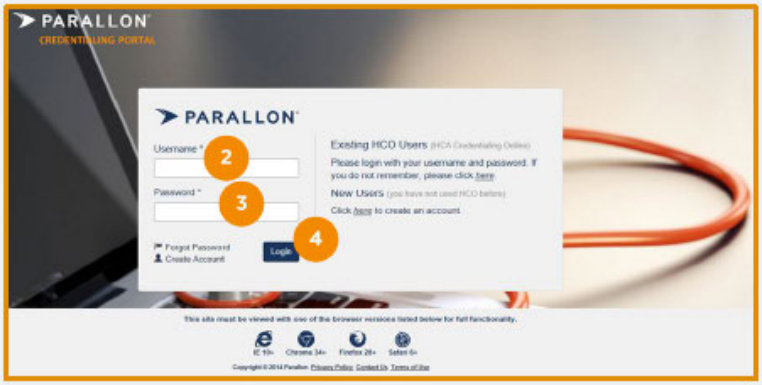
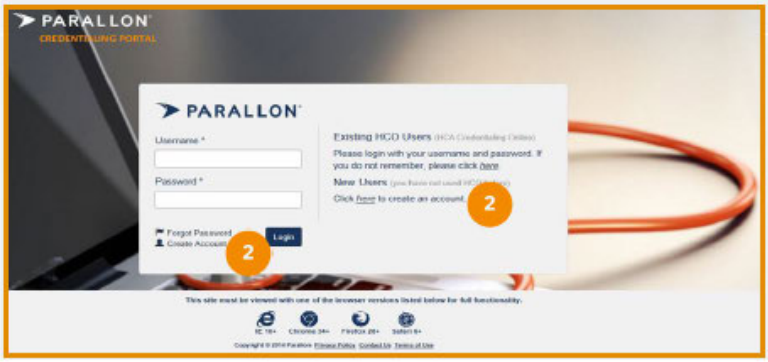
HOW TO CHECK ON THE STATUS OF YOUR APPLICATION

Medical City Fort Worth

DIVISION WIDE PRACTITIONER INFORMATION FORM

PARALLON® Credentialing Portal

Portal Login & General Navigation

PROCESS:	SCREEN SHOT:
Process for Existing HCO Users: 1. Go to Portal's Login page: *https://credentialing.parallon.com* 2. Enter your current email address in the **Username** field. 3. Enter your current password in the **password** field. 4. Click **Login.** 5. Establish a new password and answer security questions as prompted. *Notes:* • Under Existing HCO Users, Please login with your username and password. If you do not remember, please click ***here***. Please do not click this link if you have never used HCO before, as you will need to use the Create Account process for new users. • Existing HCO Users are referring to delegates/providers that currently have access to HCO.	
Process for New Users: 1. Go to Portal's Login page: *https://credentialing.parallon.com* 2. Click **Create Account** or under **New Users,** use the **click *here* to create an account** link. ***Note:*** Follow prompts to complete the process.	

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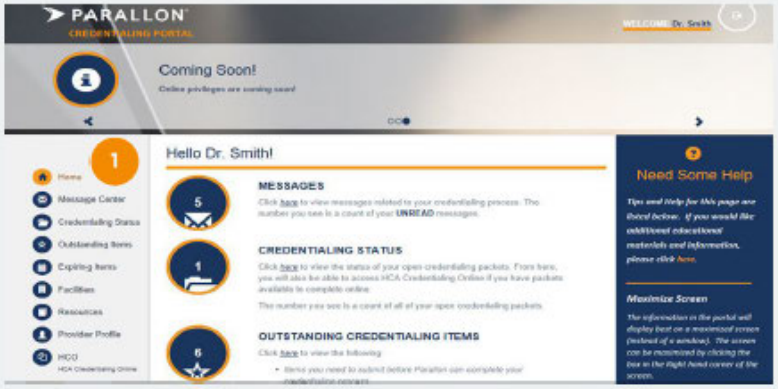
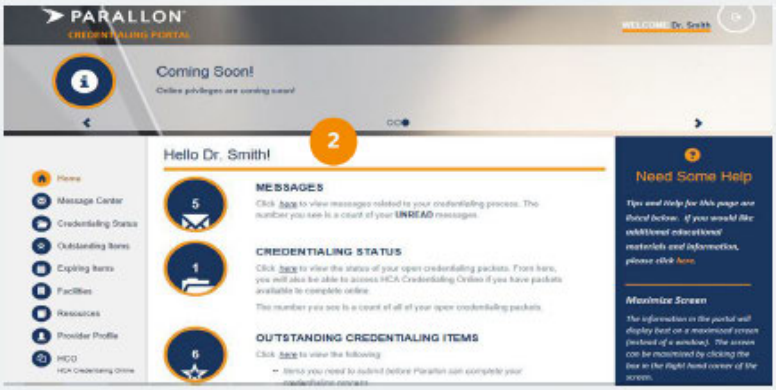
DIVISION WIDE PRACTITIONER INFORMATION FORM

PARALLON

Credentialing Portal

Portal Login & General Navigation

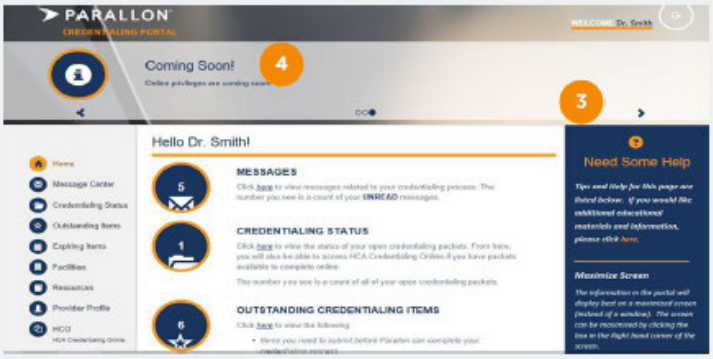
PROCESS:	SCREEN SHOT:
1. **Left Navigation** • **Home** - click to return to the **Home** page. • **Message Center** - click to view important messages. • **Credentialing Status** - click to view the status of open packets. • **Outstanding Items** - click to view all outstanding required packet items during the verification process. • **Expiring Items** – click view expiring items. • **Facilities** – click to view facility and privilege details. • **Resources** – click to access helpful tips and tools. • **Provider Profile** - click to update your address, email, phone numbers, and date of birth.	
2. **Center Navigation** • **Messages** - click to view credentialing process related messages. • **Credentialing Status** – click to view the status of open credentialing packets. • **Outstanding Credentialing Items** – click to view all outstanding packet items. ***Note:*** Numbers represent the count of items in each category.	

Medical City Fort Worth

DIVISION WIDE PRACTITIONER INFORMATION FORM

PARALLON® Credentialing Portal

Portal Login & General Navigation

PROCESS:	SCREEN SHOT:
3. **Right Navigation** • **Need Some Help** – click to access tips for navigating through the portal. **Note** Tips and information is located on the right hand side of each page. 4. **Banner** – the home page Banner displays key system messages.	

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Medical City Fort Worth

DIVISION WIDE PRACTITIONER INFORMATION FORM

Credentialing Portal & HCO User Login Tips

	Tip	Troubleshooting Steps
1	What are the steps to follow if I can't view some of the information on the screen?	The Portal performs best with Internet Explorer 10, Mozilla Firefox, Safari or Chrome • Determine the web browser you are using by clicking on Tools in your browser or perform an Alt+x • If you are using Internet Explorer, select "About Internet Explorer" to identify the version. If it is anything less than IE 10, you will need to upgrade to IE10 for full functionality **NOTE:** the Portal displays best on a maximized screen (instead of a window); to maximize the screen, click the box in Right Hand corner of the screen
2	What are the Password Rules for the Portal?	Passwords must contain all of the following elements: • Minimum Length must be 7 • Must contain both Uppercase and Lowercase • Must contain a Number • Must contain a Special Character
3	What are the Login Rules?	**Provider** • You must be appointed or in the request for consideration process at an HCA affiliated entity o if either of these two criteria are not met, you will not be able to login and will receive an error message • Your Email address must match the address on file as the Username is the Email Address **Delegate** • You must have at least one active provider who has a minimum of one active facility to login o if this criteria is not met, the delegate will not be able to login and will receive an error message • Your Email address must match the address on file as the Username is the Email Address
4	What happens on the first login to Portal for the Provider and Delegate?	Go to Portal's Login page: *https://credentialing.parallon.com* • Your User Name is your Email Address that is currently on file • If you are not an established HCO user, click on Create Account • If you are an established HCA Credentialing Online (HCO) user and: 1. If you do remember your password, you will be asked to establish a new password and answer security questions—this is due to enhanced security standards. **Note:** selecting answers that you can easily remember for future authentications is recommended 2. If you don't remember your password, **don't** use the Forgot Password option. You haven't had a chance to setup your security questions and won't get past the security question screen. You should return to the Login screen and enter an incorrect password which will then allow you to re-authenticate • If you aren't sure if you are an established HCO user, please follow the instructions in #2 above first. If the system allows you to re-authenticate than you were an established user. If the system does not allow you to re-authenticate please click on Create Account
5	How do I access HCO?	• Providers and Delegates should access HCO from the Portal to avoid login issues • Providers: access from the HCO link on the left hand navigation on the provider home page • Delegates: access from the HCO link on the left hand navigation on the delegate home page
6	What happens if I access HCO from the Portal and a screen is displayed with "Old password, New password, Confirm new password" and I attempt to make a change?	You will receive a User Authentication Error. To resolve this, follow these steps: • Go to the HCO Login page and click Restore Password • Wait for the HCO email with the encrypted link and then restore access with the link
7	What steps should be taken if I am locked out of my account?	You will be locked out when either the maximum number of attempts of login to the account or to answer security questions • Contact Client Support Services 1-800-265-8422, options 2, 7 they will help you unlock your account • Return to the Portal Login page and enter your username, then enter any 7 characters in the password field and follow the prompts on the screen
8	How do I find access user tips and training materials?	You will find quick tips, job aids and video training materials at: http://hcahealthcare.com/credentialing/ o Scroll to the bottom of the page, click on the topic and the hyperlink will take you to the training material

HCA

CLABSI : Central Line-Associated Blood Stream Infection

CLABSI is associated with significant increases in patient morbidity, mortality, and associated healthcare costs. ICU patients are at an additional risk of CLABSI, as 48% of all ICU patients have an indwelling central venous catheter, which amounts to 15 million central line days per year. Annually, complications arising from CLABSI result in:

- 84,551-203,916 preventable infections,
- 10,426-25,145 preventable deaths, and
- $1.7-21.4 billion in additional costs.

CLABSI Reduction tools:

- Hand hygiene
- CHG Bathing
- CL dressing kits with Biopatch
- Line necessity and prompt removal
- DO NOT draw blood from CL

CAUTI : Catheter Associated Urinary Tract Infection

CAUTIs are among the most common of healthcare-associated infections, and it is estimated that approximately 50%-70% of all CAUTIs may be prevented. Nearly one quarter of all hospital patients have an indwelling urinary catheter placed during their hospital stay, a significant portion of which are placed without appropriate indications. Complications as a result of CAUTI include:

- 2-4 additional LOS days,
- patient discomfort,
- additional $1,300-$1,600 cost per patient, and
- an estimated $340-$450 million per year in additional costs (throughout the US)

CAUTI Reduction tools:

- Hand hygiene
- CHG Bathing
- Use of Stat Lock
- Nurse-driven Foley protocol
- Catheter necessity and prompt removal

FY 2017 : C. difficile Infection

According to a study published in the New England Journal of Medicine, nearly 65.8% or all occurrences of C. difficile infections studied were healthcare-associated, with 24.2% being hospital-onset. Study results concluded that healthcare-associated infections of C. difficile are higher than community-associated. The national estimated incidence of healthcare-associated C. difficile infections are 95.3 per 100,000 population, resulting in an estimated 293,300 healthcare-associated cases annually, with 104,400 being an estimated hospital-onset.

C diff Reduction tools:

- Hand washing with soap and water
- Following contact isolation precaution.
- C diff policy
- Use of bleach for cleaning & disinfection
- Judicial use of antibiotics

SSI : Surgical Site Infection

SSIs account for an estimated 20% of all hospital-acquired infections, with as estimated 290,485 SSIs per year. Nearly 11% of all deaths occurring in ICUs each year are associated with SSI. Additionally, SSIs result in:

- 8,205 deaths per year,
- $25,546-$34,670 in additional costs, per SSI, and
- $7-$10 billion annually.

SSI Reduction tools:

- Skin prep with Chloraprep
- Administration of prophylactic antibiotics no sooner than 30 mins prior to incision
- Weight-based antibiotic dosing
- CHG bathing prior to surgery.

MDROs: Multi-drug Resistant Organisms

Hospital- acquired invasive MRSA (Methicillin-resistant Staph aureus) infections declined by 54% in recent years. Prevalence of VRE (Vancomycin- resistant enterococcus) isolates from hospitalized patients have increased from <1% to 15%. *Pseudomonas aeruginosa* resistance to fluoroquinolone antibiotics increased from 23% to 29.5%. 53% of *A. baumannii* strains exhibited resistance to Carbapenem. Infections caused by CRE (Carbapenem resistant enterobactericae) are associated with high mortality rates, up to 50%.

MDRO Reduction tools:

- Hand hygiene before and after
- Following contact isolation precaution
- Judicial use of antibiotics.
- Clean and disinfect surfaces & equipment with disinfecting wipes.

References:

http://www.ahrq.gov/professionals/quality-patient-safety/hais/tools/cauti-hospitals/index.html
http://www.ahrq.gov/professionals/education/curriculum-tools/clabsitools/index.html
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