Executive Summary

**Background**

Recently, the outpatient wound clinic has seen an increasing population infected with methicillin-resistant Staphylococcus aureus (MRSA) infections. In an effort to monitor and effectively treat these patients, an electronic alert and protocol system within the electronic health record (EHR) has been proposed. The process would be incorporated into the current practice, thus allowing the capability of tracking MRSA positive patients more efficiently. This system is focused on identifying patients with positive MRSA cultures, which will provide enhanced monitoring, treatment, and teaching interventions for patients who present to an outpatient setting.

**Summary of Assessment Findings**

The current process for reporting a MRSA positive culture result is dependent upon the nursing staff to record incidences in paper format, which is then forwarded to infection control on a monthly basis. This process is not up-to-date and may not be inclusive of all patients due to human error. As part of an ongoing initiative to control the rate of MRSA and provide education to patients, the infection control department is very concerned with patients who return to the clinic within three months with additional MRSA positive cultures.

The EHR system within the clinic currently does not alert providers of patients with positive MRSA cultures. The system does display microbiology results in the lab section but does not prompt an independent provider to enter an ICD-9-CM diagnosis codes for MRSA. Without proper selection of a standardized code, the diagnosis for MRSA does not populate under the problem list; therefore, this vital data pertinent to all providers treating the patient is not easily noticeable under patient history.

Patients with positive MRSA cultures that do not have the correct ICD-9-CM code entered for the corresponding diagnosis pose a problem for infection control. Without coded, standardized diagnoses the infection control department is unable to accurately mine data related to MRSA incidence and prevalence during routine surveys. This inability to accurately monitor infection rates interferes with the success of an ongoing quality assurance program.

**Goal**

The goal of the proposal is to develop a comprehensive electronic decision support system to provide automated alert and protocol reminders for patients with positive MRSA cultures in an outpatient ambulatory setting. This system will assist health care providers in effectively and accurately documenting and tracking MRSA positive patients, thereby decreasing the transmission of the bacteria and providing accurate results to infection control.

**Description of Proposed Change/Innovation**

1. Present proposal to the Director of Nursing (DON) and the Director of

Administration

1. DON present the proposal and get the approval from the Board of Directors at

Administration

1. Employ additional nurses that share the same values and mission in implementing a

MRSA tracking system

1. Orient and train nurses, and additional training for nurses who do not exhibit proficiency in using the new program experiences
2. After nurse orientation, provide feedback data to the project team in order to implement necessary changes to the proposal.

**Brief Proposed Timeline**

The implementation team will follow a timeline, which will include five phases adapted from the Project Management Institute (Reynolds, 2010) to include: initiation, planning, execution, monitoring, and closing. The project is scheduled to begin during the week of December 1, where the project manager, stakeholders, and users will hold open discussion. The planning phase will start January 2 and run through February 2, which will allow the project manager, stakeholders, and users to unveil any necessary changes to the plan. The execution phase will begin February 3, with initial load testing by running from March 5th through the 10th. From March 12 through March 30th the project manager, IT committee, users, volunteers make finalizations to program and undergo training in preparation for the April 2, ‘go live’. Monitoring and evaluation of the program will continue at period intervals during the first year of implementation. Final closing of the project is scheduled for April 5.

**Conclusion**

 The increasing numbers of MRSA positive patients seen within the outpatient setting raises much concern for community safety. By establishing an electronic MRSA alert system we hope to have a better understanding of MRSA rates and infection trends in the community. The committee invites the staff to review our proposal, and disclose any questions or concerns with us in hopes that our plan will be successfully implemented and benefit all involved.

Miley Cyrus, Kanye West and Lady Gaga