Building an Effective Infection Surveillance, Prevention and Control Program

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Session Objectives

• Identify the goals for the Infection Surveillance, Prevention and Control Program (ISPC)

• List the essentials to include in ISPC Program
Question

Do you have a written Infection Control Program/Plan?

1. Yes

2. No
Requirements of the Infection, Surveillance, Prevention and Control Program
Goals of the Infection Surveillance, Prevention and Control Program

• Protect patients (and their “others”)
• Protect workers
• Ensure compliance with infection prevention and control regulations and other requirements, standards and evidence-based practices
• Aim for zero tolerance of bad IC practices to reduce the risk of infections

APIC Text 2009, Ch 1
Essential Elements of the Infection Surveillance, Prevention and Control Program
Separation Clean and Dirty
Infection Preventionist (1)

- CMS Qualifications
  - Experienced healthcare professional directing the program (can be employee or consultant)
  - Education/training in Infection Control, documented
  - Can be certified through CBIC, not required

- APIC/CHICA Standards

Infection Preventionist (2)

Demonstrates basic knowledge and advances his/her knowledge in following areas:

- Surveillance for infections appropriate to setting
- Epidemiology, including outbreak management
- Infectious diseases
- Microbiology, important organisms
- Patient care practices
- Asepsis, aseptic techniques
- Disinfection/sterilization
- Occupational health

Infection Preventionist (3)

Demonstrates basic knowledge and advances his/her knowledge in following areas:

• Facility planning and construction
• Emergency preparedness
• Learning/education principles
• Communication
• Product evaluation
• Information technology
• Program administration
• Legislative issues/policy making
• Research

What's wrong here?
IP Job Description: Essential Elements (1)

Infection Prevention and Control Practice includes

• Analysis and interpretation of collected infection control data

• Investigation and surveillance of suspected outbreaks of infection

• Planning, implementing and evaluating infection prevention and control measures

What’s wrong with this picture?
IP Job Description: Essential Elements (2)

- Education of individuals about infection risk, prevention, and control methods
- Development and revision of infection prevention policies and procedures
- Management of infection prevention and control activities
- Providing consultation on infection risk assessment, prevention and control strategies

APIC Text, 2009, Ch 1
Role of the Infection Preventionist

• Collect, analyze and report data on healthcare associated infections and other infection prevention-related data

• Promote “zero tolerance” for HAIs

• Emphasize infection prevention

APIC Text, 2009, Ch 1
Role of the Infection Preventionist

• Identify customers and assess needs
• Design and implement effective ISPC program

How do we develop and assess an effective ISPC Program?
Other Tidbits
Identify Internal Stakeholders/Customers

- Patients and their attendants
- Healthcare workers and volunteers
- Administration
- Physicians and other providers
- Ancillary departments
- Infection Control or Quality Assessment/Performance Improvement Committee
- Other committees, groups

APIC Text, Ch 8 & 9
Collaborate with Internal Stakeholders/Customers

Serve as consultant to Organization

• Leadership areas of concern
  o Healthcare Acquired Infections (HAI)
  o Identification of Infection Risks
  o Expansion of Services
  o Equipment
  o New construction/Remodeling
  o Finance

Collaborate with stakeholders to develop ISPC Program
Other P&Ps to have in place:

- Safe Medication Practices
- Use of Single use items
- Blood Borne Pathogen program
- Influenza Vaccination Program
- Sterile processing
- High level disinfection (HLD)
Blood on Speculum
CLAMPS Down
Closed Instrumentation
Identify External Stakeholders/Customer (1)

- Accrediting agencies
  - AAAHC
  - Joint Commission
  - AOA
  - AAAASF
  - Professional organizations

- Regulatory agencies
  - OSHA
  - CMS
  - EPA
  - FDA
  - State/local Public Health

APIC Text Ch 10
Identify External Stakeholders/Customers (2)

• Payer$ of healthcare costs
• Community/public
• Emergency preparedness groups
• Other healthcare facilities/Infection Preventionists
Elements of Infection Surveillance, Prevention & Control Program (1)

1. **Risk Assessment** based on services and procedures provided and patients and community served
2. Goals and objectives for ISPC Program
3. Defined infection prevention & control strategies
4. Written IC Plan (includes infection surveillance, prevention and control activities)

APIC Text, 2009, Ch 1
Elements of Infection Surveillance, Prevention & Control Program (2)

5. Authority Statement
6. Infection Control Service description
7. Communication and Reporting
8. Emergency Management & Planning
9. Education of staff and self
10. Evaluation of ISPC Program effectiveness
ISPC Program Goal

• Provide cost-effective program
  o HAIs = increased cost/ morbidity & mortality
  o Infection Control programs = decreased cost/infections prevented

• Avoid reimbursement penalties from CMS and other payers for preventable harm
ISPC Program Goals & Objectives

• Identify & prioritize goals
  o Based on risk assessment
  o Team effort & leadership approval

• Goals should address at least:
  o Limiting acquisition & transmission of pathogens
  o Limiting unprotected exposure to pathogens
  o Enhancing hand hygiene
  o Minimizing risk associated with procedures, devices & equipment

• Develop goals and measurable objective(s)

APIC Text 2009, Ch 9
Sample Goals & Objectives

Assessment:
40% of personnel received flu vaccine last year

Goal:
Increase influenza immunization rate in personnel next flu season

Objective:
Increase influenza immunization rate in direct care personnel next year to 75%
Sample Goals & Objectives

Assessment:
Surgical site infection surveillance has not been done in the past

Goal:
Establish surveillance system for breast biopsy, lap chole and inguinal hernia procedures

Objective:
By Oct. 1, 2014, implement SSI surveillance system for breast biopsy, lap chole and inguinal hernia procedures
Sample Goals & Objectives

Assessment:
62% of personnel wash hands or use alcohol hand rub during direct patient care activities

Goal:
Increase compliance with hand hygiene

Objective:
Increase practice of hand hygiene by direct care providers to 87% in next 6 months
Sample Goals & Objectives

Assessment:
Only 50% of staff follow all safe injection practices all the time

Goal:
100% of staff follow safe injection practices all the time

Objective:
Increase compliance to 100% in next 30 days
Quick Quiz

Which of these should be your first priority?

Why?

1. Increase influenza immunization rate in direct care personnel
2. Have a surveillance system in place to identify patients with surgical site infections
3. Increase use of hand hygiene by direct care providers.
4. Increase safe injection practices compliance
Identify and Implement Infection Prevention & Control Strategies

• Base strategies on risk for transmission, care setting, diseases in community
• Incorporate hand hygiene program
• Minimize risks associated with procedures, devices, equipment
• Use evidence-based guidelines
Promote Evidence-based Practices

**Definition**: the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of people.

**Importance**: provision of the highest quality care for individual patients and to decrease illogical variations in practice.

*Institute for Healthcare Improvement*
Promote Evidence-based Practices

Policies and protocols should be based on evidence-based guidelines

Avoid the “sacred cow”

Practices blessed by time but not necessarily by science... ALWAYS have an evidence-based reference when developing policies and protocols and to back up your decisions
Develop a Surveillance Plan

- Surveillance methodology – how
- Surveillance indicators/events monitored
  - Risk assessment - why
  - Reasons for selecting indicators
  - Committee/leadership recommendations
  - New services, procedures, treatments
- Comparative databases used
- Outbreak identification and response
Draft an Authority Statement

Example: The Board of Directors (Medical Director/Quality Committee) authorizes and supports the Director (Manager/etc.) of Infection Prevention or his/her designee to institute appropriate infection control measures within the facility. This includes authority to employ whatever methods necessary when, in their judgment, there is a reasonable possibility of immediate danger to any patient(s), personnel or others in the facility.
Describe Infection Prevention & Control Service/Department

• Composition
  o Based on organization size, type, services, needs, regulations & requirements
  o Personnel: number, qualifications, core competencies, (office) location, hours
  o Medical Director/Epidemiologist/ID consultant

• Leadership support

• Authority

• Reporting structure, other responsibilities
Establish Communication & Reporting System

• Communication systems
  o Internal
  o External

• Reports
  o What is reported
  o How it is reported (written, verbal)
  o Who receives the information
  o How often
Implement Education Programs

• Education & training for
  o Health care providers, staff
    ▪ New employee orientation, competency evaluations
    ▪ Annual and as needed
  o Leaders
  o Infection Prevention and Control personnel

• List offerings for the year – Plan a calendar

APIC TEXT 2009, Ch 11
Become Involved in Emergency Management & Planning

• Must involve collaboration
  o Internal
  o External

• Plan for
  o Recognition
  o Response (including influx of infectious pts)
  o Containment
  o Communication (internal & external)

APIC Text 2009, Ch 117
Develop Mechanism to Evaluate Program Effectiveness

- Evaluate goals/objectives & program at least annually
  - Ability to meet objectives
- Measure success or failure, why
  - Rate reduction - highlight accomplishments!
  - Processes improved/Compliance improved
- Infection Control Program resources
  - Personnel & Non-personnel (computers, clerical support)
- Collaborate
- Establish new goals and objectives

APIC Text 2009, Ch 9
Develop Mechanism to Evaluate Program Effectiveness

• Evaluate changes in:
  o Risk
  o Scope of Infection Control program
  o Requirements & guidelines
  o Emerging infectious diseases & problems in community
  o Leadership concerns
Endoscopy Room???
No dual sink
Putting it All Together: the Written Plan
Develop Written IC Plan

- Document activities of your ISPC Program
- Incorporate all the elements in your program
- Review/update when changes occur, at least annually
- See sample outline in handouts

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Ambulatory Surgical Center

Elements in an Infection Surveillance, Prevention and Control Plan

Elements in the plan will depend on the type and needs of the organization. Identify organizational needs, relevant regulations, and accreditation and other requirements prior to developing an ISPC Plan.

I. Risk Assessment
   A. Facility
      1. internal – size, type, scope of services, procedures, treatments, surveillance data
      2. external – geographic location and community
   B. Patient population
   C. Personnel
   D. Description of prioritized (targeted) risks

II. Description of Infection Prevention and Control Program
   A. Scope
   B. Organization-wide
   C. Personnel
Tips for Developing Written Plan (1)

• Identify regulations & requirements
• Identify guidelines/standards you will use
• Develop outline of Infection Surveillance, Prevention and Control program
• Network with others
• Consider incorporating your plan into your annual report
Tips for Developing Written Plan (2)

• Include essential elements

• Demonstrate collaboration throughout
  o Leaders, managers, caregivers & others
  o Collaborate in program development, implementation, evaluation, and assessment of resources

• Assign responsibility for annual review

• Distribute your plan widely
Summary

• Qualified person should manage ISPC Program

• IPSC Program should contain essential elements outlined in presentation

• A risk assessment drives goals, objectives and activities of ISPC Program

• The program’s objectives should be measurable

• Use a written ISPC Plan to document program’s activities
Summary

• CMS regulations are a golden opportunity to improve patient and personnel safety in ambulatory surgery setting

  • Emphasis on using evidence-based standards, hand hygiene, medication and injection safety, and appropriate cleaning, disinfection and sterilization practices

• Your work will make a difference!!
Questions?

Do It Yourself

Sterile Field