***\_\_\_your facility or hospital name here\_\_\_***

#### Infection Prevention Plan of Care 2013/2014

## Purpose

* The goal of *\_\_your facility or hospital name here\_\_* is to establish a comprehensive Infection Prevention Program, to ensure that the organization has a functioning coordinated process in place, to reduce the risks of healthcare associated infections (HAIs) in patients, visitors, healthcare workers, students, and volunteers, and to optimize use of resources through a strong prevention program.
* The Infection Prevention Program incorporates the following, in a continuing cycle:
* surveillance, prevention, and control of infections throughout the organization
* development of alternative techniques to address real and potential exposures
* selection and implementation of the best techniques to minimize adverse outcomes
* evaluation and monitoring of the results, revising techniques as needed
* evidence-based practices to prevent HAIs

## Responsibility and Scope of Service

* The Director of Infection Prevention (IP) has day-to-day overall responsibility for the operation of the Infection Prevention Program. Collaboration and oversight of the Infection Prevention Committee (IPC) is a joint responsibility of the IP and the board certified infectious disease (ID) physician. A Certified Infection Control RN (CIC RN) consultant is available to assist the Director. The Infection Preventionist will be responsible for coordinating data collection and evaluating data for the department. Members of the department will participate in the measurement, assessment, and improvement of important patient, resident, client care, and organizational functions. The Infection Prevention Department’s participation will ensure a strong awareness of needs, the importance of outcome data, and customer satisfaction, founded on evidence-based research.
* The Infection Prevention Committee approves the type and scope of surveillance activities, microbiological reports, and criteria for determining healthcare associated infection (HAI).
* An Infection Prevention Risk Analysis based on patient population and services will be done annually.
* The ID provides guidance to the IP in conducting epidemiological investigations of unusual diseases and outbreaks, while following the Department of Health statues for reporting communicable diseases.
* The ID acts as a resource in development and adoption of evidence based infection prevention practice standards and policies (based on CDC and APIC guidelines) in the day to day IP operations and in unusual circumstances.
* The ID consults with and renders professional assistance to area healthcare providers, including internal staff and physicians, to meet the need of at-risk population in decreasing healthcare associated infections (HAI).
* The ID develops and presents educational programs to departmental staff, physicians, healthcare professionals, universities, schools, community groups and the general public.
* The ID assists the IP in response to public questions and answering community relations and media questions.
* The ID meets weekly with IP(s) either in person, by e-mail, or by telephone to provide guidance and act as resource in clinical situations that may arise. The ID or ID designee is available for immediate response (within 1 hour) for unusual critical situations.
* The ID attends and participates in Infection Prevention Committee every other month.
* The Infection Preventionist (IP) will maintain a close working relationship with the Quality/Risk Manager for quality assessment, and improvement, and patient relations functions, and will interface with all departments to achieve goals and objectives of the Hospital Infection Prevention Program.
* The Infection Preventionist chairs the Infection Prevention Committee and participates in any other appropriate facility wide committees.
* The Infection Preventionist will attend annual workshops including Association for Professionals in Infection Control and Epidemiology (APIC), and Society for Healthcare Epidemiology of America (SHEA) related to the field of infection prevention, and hold membership in a professional association for infection prevention.
* The Infection Preventionist and the Infection Prevention Committee will monitor outbreaks of unusual illness and report to the Department of Health, as required per Wyoming statute.
* The Infection Preventionist and infectious disease physician will respond to unusual outbreaks in the community with a variety of actions including notification of Administration, and (actions may include, but are not limited to) temporarily halting services / admissions, restricting visitors, or fully activating the Emergency Operations Plan.
* Infection Prevention services are provided with in-house staff, Monday through Friday from 0800-1700, and by phone on a 24-hour, 7-day availability for questions regarding inpatients and outpatients. Infection Prevention provides care and services to all inpatients and outpatients, the long-term care facility, home care based services, outpatient clinics, and physician offices.

## Program Description

* The goals of the Infection Prevention Program are to allow for a systematic, coordinated, and continuous approach to performance improvement, focusing on surveillance, prevention, and control transmission of infections throughout the organization, and to ensure that the organization has a functioning, coordinated process in place to reduce the risks of healthcare associated infections in patients and of exposures to healthcare workers.
* Center for Medicare/Medical Standards (CMS) standards, Centers for Disease Control and Prevention (CDC) guidelines, OSHA regulations, and pertinent federal, state, and local regulations pertaining to Infection Prevention are resources utilized in the program development.
* Needs and risk factors of patients, including a patient population at high risk of acquiring infections (the elderly, newborn, and those with multiple medical problems), will be analyzed.
* Inservice education will be provided for all employees, Hospital-wide, with particular emphasis on proper use of personal protective equipment (PPE) for personnel at risk of accidental exposure to blood and/or body fluids. In addition, emphasis is placed on educating staff regarding TB and its mode of transmission; the proper use of MaxAir PAPR and N-95 masks will be taught. The Exposure Control Plan is available to all employees online.
* Targeted studies will be conducted on infections that are high risk and high volume. Surveillance by objective will be done on an as-needed basis.
* Departmental policies and procedures for Infection Prevention will be reviewed and/or revised biannually and as an ongoing practice by the Department Manager, in collaboration with the Infection Preventionist, and approved by the Infection Prevention Committee.
* Employee Health-related issues will be reviewed and inservice education related to infection prevention practices will be provided. Employee Health will work toward eliminating or minimizing occupational exposure to bloodborne pathogens.
* Medical waste management and disposal will be reviewed.
* Interaction with and mandatory reporting to the Department of Health will be carried out according to Department of Health requirements.
* Provide consultation regarding facility equipment, building projects, remodeling, etc.
* The Infection Prevention Program is part of the hospital’s commitment both to its patients and residents and to provide a safe workplace for its personnel. Effective infection prevention management also assists our organization to optimize fiscal resources by decreasing HAIs in patients and personnel.
* Because factors that present potential infection prevention problems may be present in any component of the organization, the Infection Preventionist maintains open communication with all departments within the organization, including ancillary services, clinical departments, non-clinical departments, administration, and medical staff.

## Description of Services

* Investigation of epidemiologically important cultures, clusters of pathogens, and outbreaks in which clients, patients, residents, personnel, or medical staff are involved.
* Evaluation of confirmed infectious cases to assure correct implementation of appropriate barriers/precautions.
* Employee Health-related issues and inservice education related to infection prevention practices.
* Provide current Infection Prevention information for all employees, including medical staff members.
* Interaction with regulatory agencies
* Infection Prevention Committee meets at least quarterly.
* Communication, as appropriate, to visitors through Community Relations.
* Participation in the CDC National Health Safety Network (NHSN) reporting program.
* Participation in the Wyoming Collaborative Unit-based Safety Program (CUSP) reporting program.
* Participation in the Wyoming Healthcare-associated Infection Prevention Advisory Group WHAIPAG.

## Description of Customers (Internal and External) To Whom Services Are Provided

* Patient Care Services Departments
* Ancillary Services Departments
* Administration Departments
* Medical Staff
* Department of Health
* Community Groups
* Home Health / Hospice
* Durable Medical Equipment
* Long-Term Care
* Volunteers
* Ambulatory Clinics/Medical Staff Clinics
* College, Nursing Program

## Priority Areas and Strategic Goals

These priority areas and strategic goals are communicated to Administration through committee meetings, memos, and face-to-face communication.

# Priority Areas

Systematic, coordinated, and continuous approach to improving performance, focusing on surveillance, prevention, and prevention of infections throughout the organization.

Assure a functioning, coordinated process to reduce risk of HAIs in patients and work-related exposures of staff.

Education of personnel regarding infection prevention.

Increase community education regarding communicable diseases.

*\_\_your facility or hospital name here \_\_*’s compliance with regulatory agencies’ requirements.

### Strategic Goals

To carry out the mission of *\_\_your facility or hospital name here \_\_*by assessing health care needs and measuring the health status of patients, residents and clients.

To afford *\_\_your facility or hospital name here \_\_* patients, residents, clients, and staff quality care and a safe environment.

Improve human resource function and consider a culturally diverse workforce to enhance financial viability of the Hospital.

To help *\_\_your facility or hospital name here \_\_*enhance its image and provide service to the community.

To ensure *\_\_your facility or hospital name here \_\_*’s continued compliance with regulatory agencies.

## Department Plan

* The department supports the goal of improving organizational performance in order to continuously improve the quality of patient care and, ultimately, patient health outcomes. The department contributes to the Hospital-wide approach to performance improvement by assessing the following performance measures which are relevant to patient health outcomes. The plan is organized into the following sections:
* **Quality Monitors:**
* Key department processes require routine monitoring in order to ensure effective and safe care to those served. Infection Prevention issues will be reviewed monthly, summarized, and reported bimonthly to the Infection Prevention Committee. Significant findings and trends will be reported to Risk/Quality Improvement and appropriate committees. The following will be monitored:
* HAIs in special care units
* surgical wound infections
* required reporting of surgical procedures to NHSN/CDC
* invasive device-related infections :

1. Central Line-Associated Bloodstream Infection (CLABSI) – ICU/MS
2. Catheter Associated Urinary Tract Infections (CAUTI) – ICU/MS/OB
3. Ventilator-Associated Pneumonia (VAP) in the Intensive Care Unit

* multi-drug-resistant organisms (MRSA, VRE, etc.)
* TB, suspected / confirmed
* infections in neonates
* communicable diseases (reportable to Department of Health)
* Employee Health trends

1. exposure to blood/body fluid
2. needle puncture / sharps injuries
3. health-related infections
4. TST (TB Skin Test) conversion and T-spot confirmation
5. color testing to all patient care employees
6. musculo-skeletal injury
7. vaccination review
8. exposure to communicable disease and administering prophylaxis, as indicated

* environmental incidents

1. positive sterilizer indicator
2. positive other biological indicator
3. Dialysis Department water monitoring
4. reporting infections to NHSN/CDC

* Post Discharge Surgical Infection Rate discharge / self-reporting by physicians
* analyzing hand hygiene compliance data and reporting to managers
* **Performance Assessment and Improvement Indicators:**
* Continuously collectand/or screen data, to identify isolated incidents of high risk and potential infectious outbreaks.
* Participation in an organizational proactive education program, in an effort to educate staff on the methods of prevention and control of spread of infection.
* Facilitation of a multidisciplinary approach to the prevention and control of infections.
* Utilization of sound epidemiologic principles and healthcare associated infection research from recognized authoritative agencies.
* All quality indicators above are important aspects of care and are monitored, trended, reported, and followed up to improve service to the customers.
* The Infection Prevention Committee and Infection Preventionist recommended action, when taken, is monitored for process improvement and the outcome is communicated to Quality Committee.
* Outcomes will be reviewed / compared to *\_\_your facility or hospital name here \_\_*trends over time, to community and national standards, and to benchmarks, as established by national organizations. Data will be entered into the NHSN.
* Outcomes and any related recommendations for improvement will be reported to the Infection Prevention Committee on a regular basis, with results communicated to all departments as appropriate.
* Prevalence active surveillance testing (AST) for MRSA for identified high-risk areas/patients.

## Method of Reporting Surveillance Data

* Quality Risk Management, as a member of the Infection Prevention Committee, presents feedback about the HAI risks of patients to the following departments or divisions, on a regular basis:
* Executive Committee of the Medical Staff
* Medical Staff Committees
* Hospital Environment of Care Committee
* Board of Trustees
* The IP will report/call and discuss Infection Prevention issues, as needed and appropriate:
* Written communication to Licensed Independent Practitioners and schools of nursing
* Reporting infections to transferring agencies
* Reporting to Public Health and Wyoming Department of Health
* Leadership Council

## Annual Appraisal

An annual appraisal of the Infection Prevention function and of the performance improvement process shall be conducted.

## Confidentiality

All information, studies, data results, etc. obtained through Infection Prevention function and submitted to the Infection Prevention Committee and QI/Risk Committee, is confidential and not subject to subpoena or discovery or to introduction into evidence in any judicial or administrative proceeding, except for disciplinary and / or review action of any professional within the Hospital.

Exception: Certain information is, by law, reportable to the Wyoming Department of Health.

# Infection Prevention Program Monitors

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| --- | --- |
| ***Targeted Areas of Concern*** | ***Monitors*** |
| Central lines | Location  Days in place by catheter type  Infections by catheter type and days in place |
| Ventilator patients | Days on ventilator  Onset of infection  Results of respiratory tract and/or blood cultures  Identification of related risk factors |
| Surgical site infections with or without implants | Reported by Class  Review SCIP compliance with Quality/Risk |
| Blood and body fluid exposures | Personnel Protective Equipment  Employee occupation  Proper equipment used  Proper procedure used  Evaluate use of safety needles / needless IV tubing |
| Unusual resistant organisms (MDRO) | Monitor Lab results  Daily report by Lab of MDROs |
| CAUTI | Catheterized patients/residents in Intensive Care/Medical-surgical/Long Term Care |
| Tuberculosis | Monitor incidence of converters  Employee occupation  Monitor TB patient Hospital population |
| Environmental incidents | Positive sterilizer indicator  Positive biological indicator  Monitor flash autoclave utilization  Positive Dialysis cultures |
| Neonates | Infections in neonates < 30 days of age, excluding  transplacental infections |
| Long Term Care (LTC) infections | Number of resident with infections meeting APIC criteria of  LTC infections |
| Environmental Cleaning | Utilization of high percentage H2 O2 (BioQuell) for terminal cleaning of patient room, after discharge with MDRO or Clostridium Difficele. |

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CEO Date

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Director Infection Prevention Date

Infection Prevention Committee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date