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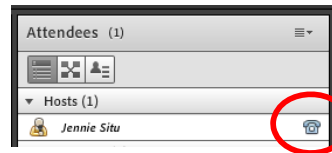
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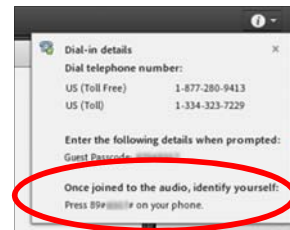
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1



Cohort 3 Learning Action Forum

Sharing Infection Prevention Strategies that Work

Maximizing and Prioritizing Infection
Prevention Efforts

August 22, 2017



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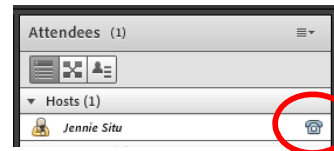
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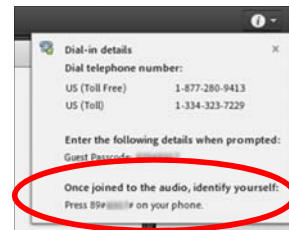
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3



Today's Agenda

- Promoting infection preventionists as influencers
- Engaging senior leaders and forming a team
- Partnering with unit managers to facilitate change
- Considering sustainability at the onset

4



Today's Presenters



Russ Olmsted, MPH, CIC
Director, Infection Prevention & Control
Trinity Health, Livonia, MI



Shelby Lassiter, BSN, RN, CPHQ
Clinical Content Development Lead
HRET

5



Infection Preventionists as Influencers

Q. What else makes a great leader?

“ A great leader has total disregard for what his or her title is and leads not as a function of that title or a function of where their box is in the organization chart, but because they’re influential and have the ability to get people to work together to solve problems. The ability to get things done in a big company is much more a function of your ability to influence than it is about commanding control.” - John G. Rice, Vice Chair, GE

(Kolesnikov-Jessop S. Leading by Honing the Ability to Influence. Nov. 23, 2014, New York Times.)

6



Preventing Healthcare-Associated Infections (HAIs)

Implementation

↓

Technical

Patient care products
practices and devices


↓

Socio-Adaptive

Culture of Safety: Attitudes,
beliefs, practices

(Fakih MG, Am J Infect Control, 2014)

7



Get Senior Leaders Engaged

Top Issues Confronting Hospital CEOs

- Engaging physicians in reducing clinical variation
- Redesign for population health
- Patient experience of care
- Patient safety and quality
- Government mandates
- Financial challenges



(Top Issues Confronting Hospitals in 2016, Amer College Healthcare Executives, 2017; The 5 concerns that keep hospital executives up at night, Advisory Board Company, 2016)

8



Let's Hear from Participants

Question for Participants

(Please speak up or type your responses into the chat box – all share, all learn.)

How have you engaged senior leaders in infection prevention efforts?

9



Building a Patient Safety (Business) Case

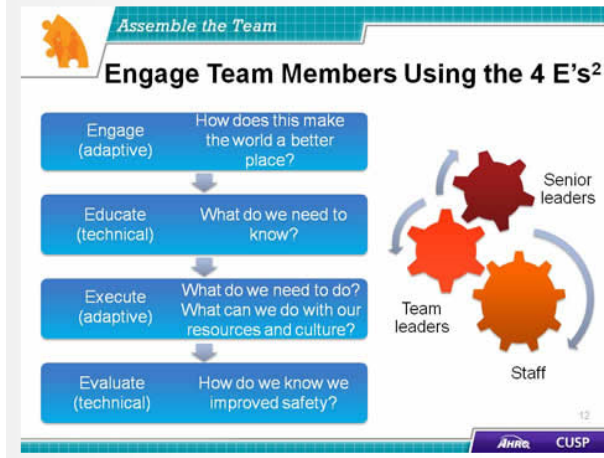
- Ensures sufficient resources are identified and available to sustain performance
- Summarizes the goals, vision and evaluation of infection prevention initiatives
- Defines how the organization will avoid errors and prepare teams for success
- Provides an opportunity to link infection prevention with other quality and safety initiatives
- Connects infection prevention and organizational performance

10



Using Teams to Prevent HAIs

Slide 12. Engage Team Members Using the 4 E's²



(Assemble the Team, AHRQ, 2012)

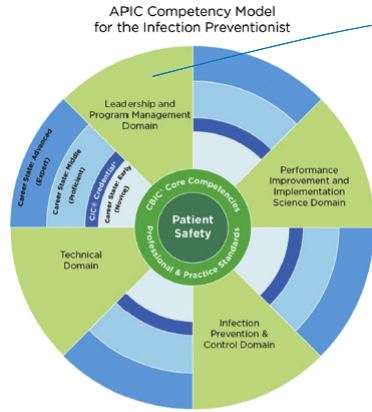
Roles and Responsibilities of the HAI Prevention Team

STRIVE Core Team Roster and Responsibilities

Instructions: Review the suggested responsibilities for each role listed on the team roster and use this matrix to build consensus and determine each roles' responsibilities. Check each box when responsibilities are agreed upon for each role.

TEAM RESPONSIBILITIES	TEAM LEADER	EXECUTIVE PARTNER	PHYSICIAN CHAMPION	NURSE CHAMPION	FRONT-LINE NURSE	INFECTION PREVENTIONIST	OTHER
Advocate for project goals with peers							
Represent team to leadership and committees							
Prioritize safety defects							
Meet regularly to review progress							
Educate peers about infection prevention practices							
Identify and implement strategies to overcome barriers							
Empower nurses and other staff to stop procedures if protocols are not followed							
Review data							
Support implementation of recommendations							

Leadership Competencies of the Infection Preventionist



- Collaboration – facilitator, teambuilder
- Followership
- IPC program management – e.g. alignment
- Critical thinking skills
- Communication

Green areas indicate critical competencies required for the expanding IP role.

* The CIC® Credential is available from CBIC® The Certification Board of Infection Control and Epidemiology, Inc.



Fig 1. APIC competency model for the infection preventionist.

(Murphy DM, Am J Infect Control, 2012)



Maximizing Resources to Reduce *Clostridium difficile* Infection (CDI)

ONE HOSPITAL'S SUCCESS IU HEALTH BALL MEMORIAL HOSPITAL



IU Health Ball Memorial Hospital Presenters

- **Deborah Watkins RN, MA, CIC**

Infection Prevention RN for 8 years

31 years of nursing experience

- **Stephanie Goss RN,BSN**

Manager Clinical Operations Progressive Care

20 years of nursing experience with a primary background in Critical Care

2.5 years of management experience

15



UI Health Ball Memorial Hospital

- Bed size= 379
- Level III Trauma Center
- Regional Referral Center for East Central Indiana
- Teaching facility partnered with the IU School of Medicine

16



Efforts To Reduce *C. difficile* Infection

- Having formal executive support for *C. diff* reduction efforts
- System-wide *C. diff* preventative harm team
- Having a physician champion educate fellow physicians and nursing staff
- Mandatory education for all nursing staff
- Switched to isolation signs that were more descriptive
- Automatic enteric/contact isolation upon order for testing
- Infection prevention staff follow-up on all testing
- Antimicrobial Stewardship: prospective audit and feedback
- Constructed a physician harm prevention peer review committee

17



QUESTIONS?

18



Engage Unit Managers

- Unit manager and infection preventionist partnerships
- Unit managers drive unit culture
- Unit manager can ensure operationalization of HAI prevention strategies
- Unit manager can ensure accountability for compliance to HAI prevention strategies
- Infection preventionist as consultant and subject-matter expert

19



Infection Control Link Nurse Program

Nursing Administration

- Select 1-2 staff nurses per unit to function as link nurses
- Allow time for link nurses to perform their duties and attend link nurse meetings

Link Nurses

- Monitor HCW HH and CI compliance on their unit during their scheduled shift
- Educational activities sharing information provided by Clinical Epidemiology
 - Short presentations at staff meetings
 - Information bulletins
 - In-service education
 - One-on-one education to the staff
- Identify issues/barriers related to optimizing compliance with HH and CI on their units

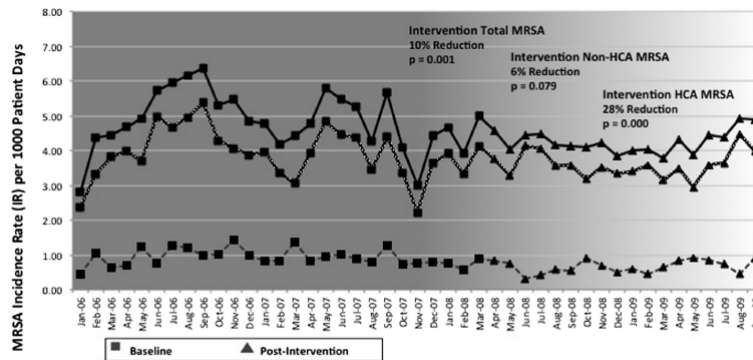
Goal: Launch Link Nurse Program) to reduce incidence of healthcare associated MRSA infections

(Sopirala MM, Am J Infect Control, 2014)

20



Infection Control Link Nurse Program



Baseline = January 2006-March 2008
Intervention = April 2008 - September 2009

The overall HCA-MRSA rate decreased by 28% to 0.67 cases per 1,000 PD

(Sopirala MM, Am J Infect Control, 2014)

21

Other Strategies to Engage Unit Leaders

- Share data
- Be visible, available and approachable
- Be a infection prevention consultant
- Build relationships on the unit, identifying unit patient safety champions or infection prevention liaisons

22

Let's Hear from Participants

Question for Participants

(Please speak up or type your responses into the chat box – all share, all learn.)

How are you working with and engaging unit managers to implement infection prevention strategies?

23



Strategies for Unit Leaders to Make Infection Prevention a Unit Priority

- Discuss infection prevention concerns during daily huddles
- Conduct device utilization rounds
- Conduct root cause analyses (RCA) of healthcare-associated infections (HAIs) with the unit team – include the IP in this analysis
- Consider using a unit patient safety champion or infection prevention liaison if the unit leader does not have the time
- Include HAI topic on every staff meeting agenda
- Include HII topic on every meeting with leaders and medical directors within chain-of-command

24



Think About Sustainability at the Onset

- What resources will be required?
- How will you integrate a new process or procedure into daily work flow?
- Who will be accountable for ensuring efforts are sustained?
- How will staff be accountable for compliance to new processes when introduced and long-term?
- What will auditing plans be after the project?
- How will you address education/competency with staff turnover?
- What is the succession plan for unit manager and key leaders such as the IP?

25



Let's Hear from Participants

Question for Participants

(Please speak up or type your responses into the chat box – all share, all learn.)

What are you doing to help sustain your HAI prevention interventions?

26



QUESTIONS?

We want To Hear From You!!!

27



Project Next Steps

- Review your PCA/ICAR report with your team
- Review on-demand modules on audits
 - [Uber-Adaptive Strategies for Infection Prevention](#)
 - [Building an Infection Prevention Business Case](#)
- Reach out to your State Partners for help
- Mark your calendar for the next Learning Action Forum

Preventing Central Line-Associated Bloodstream Infections (CLABSI)

Thursday, September 7, 1:00 pm CT

*Note. This will be the first LAF to be combined with the other
STRIVE cohorts*

28



Thank You!

Event Evaluation



29



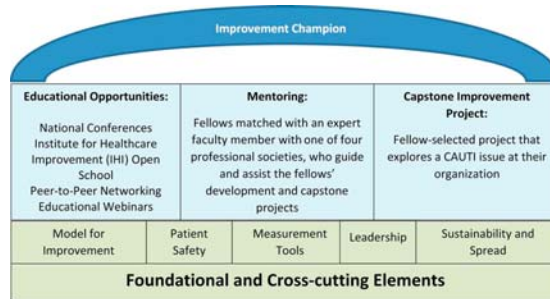
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The Engagement Element: Project Protect IP Fellowship Initiative

“Through this fellowship, I have learned the importance of identifying the culture in which you work and how to navigate different personalities and common barriers in order to affect change. I have also gained insight not just on CAUTI prevention, but in truly achieving buy-in from the frontline at the bedside.”



(Reisinger JD, Am J Infect Control, 2017)

31

