Infection Preventionists
April 3, 2019

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Director of Infection Prevention and Control
What does it really take to be an Infection Preventionist?
Objectives:

• State three competencies, besides expertise in infection prevention and control, the Infection Preventionist should have to effectively manage the Infection Prevention and Control Program (IPCP).

• Explain how the Infection Preventionist uses measures and data, and the facility’s preferred performance improvement tools to improve outcomes.

• Name three resources available to provide specialized training to and professional growth of the Infection Preventionist.
CMS
F 882
Infection Preventionist

Implement by 11-28-19

Designate 1 or more individual(s) as IP(s)

Responsible for the IPCP

Professional Training and Qualifications

Work at least part-time
Specialized Training in Infection Prevention and Control

Member and Participate on QAA Committee

• Report on the IPCP on regular basis
CMS Definition of Infection Preventionist

- “the person(s) designated by the facility to be responsible for the infection prevention and control program”

- Responsible - answerable or accountable, as for something within one's power, control, or management
Association for Professionals in Infection Control and Epidemiology (APIC)
Infection Prevention and Control Program (IPCP)

Expertise Needed

• Preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement

• Based upon the facility assessment

• Follow accepted national standards
Infection Prevention and Control Program

- Outcome and Process Surveillance
- Standard and Transmission-Based Precautions
- Resident Care Activities
- Environmental Cleaning and Disinfection
- Employee Health
- Linens
- Annual Review
- Antibiotic Stewardship
- Influenza and Pneumococcal Immunizations
Information

- Concise, clear
- Respectful manner

Evidenced-Based Approach

- Influence others
- Support and facilitate desired behaviors, performance and outcomes
• Do what’s correct but be diplomatic
• Be proactive to prevent and solve conflicts
• Anticipate potential barriers to effective communication
• Utilize active listening for essential-awareness of non-verbal cues

The single biggest problem in communication is the illusion that it has taken place.

George Bernard Shaw
There are 2 principal goals for IPC Programs:

- Provide a safe, sanitary and comfortable environment
- Accomplish the goals in a fiscally responsible manner
Annual evaluation of the IPCP

Keep the resident at the center of all we do

Determine and communicate resources needed for the IPCP
Program Management

- Manage with “emotional intelligence”
- See the big picture but monitor key details
- Foster a culture of accountability
collaboration

noun

Two or more people working together towards shared goals
Who Does the IP Collaborate With?

- Medical Director
  - Medical Staff
- Payroll/Benefits
- Environmental Services Director
- Food Services Director
- Safety Committee Chairperson
- Maintenance
- Beauty Shop Staff
- Nursing Leadership /Management
- Central Supply person

- Rehab Program Manager
- Activity Director
- If you have these programs:
  - Dialysis Group/Management
  - Vent Unit manager & Respiratory Services
    - Adult and/or Pediatric
    - Hospice Team
    - Behavioral Health Team
- Laboratory/Radiology
- Consultant Pharmacist
• Implement policies and procedures to meet regulatory requirements and national standards

• Provide infection prevention and control guidance to facility staff and departments as well as to patients and their families

• Provide input into facility quality initiatives through QAPI
<table>
<thead>
<tr>
<th>Discuss Strategic Goals</th>
<th>Assist with Facility Assessment</th>
<th>Shares Results of IPCP Annual Evaluation</th>
</tr>
</thead>
</table>

Regular Meetings with Center Leadership
Remember to function like a 3-legged stool

- Each leg is equal
- All 3 work together to support a common load
  - All 3 are unique
  - All 3 have different functions
- If any leg should fall, so does the stool
- Collaboration and Communication is **EXTREMELY** important in this relationship
A leader is one who knows the way, goes the way, and shows the way.
Leadership

Collaboration

Sharing Knowledge

Coaching and Mentoring

Applying Research to Practice

Enthusiasm, Creativity, Innovation

Communication
Followership is defined as the willingness to cooperate in working toward the accomplishment of defined goals while demonstrating a high degree of interactive teamwork.

Qualities of a good follower include:
- Effective individual contributor
- Commitment
- Offer constructive criticism
Additional Management Responsibilities

• What other responsibilities have been assigned to the IP?
• Does the IP have responsibilities to other groups (e.g. reports, activities, or attendance)?

• Committees may include:
  • Product Review
  • Safety
  • QAPI
  • Clinical Councils
“Transforming the lives of nursing home residents through continuous attention to quality of care and quality of life”
QAPI has the goals of improving the quality of life and quality of care our patients and residents experience.
- Assess, evaluate, and identify potential improvement opportunities based on results and activities of the Infection Prevention and Control Program.

Identified Infection Risks
Incidents identified under the Center’s IPCP and corrective actions

Outcome and Process Surveillance
Outbreaks
• Knowledge of data mining, report writing, and/or data presentation – incidence and attack rates

• Familiar with tools used for quality/performance improvement/patient safety:
  • Root Cause Analysis
  • Plan-Do-Study-Act
  • Fishbone Diagram
  • Flow Chart
  • Gap Analysis
  • Technology

• Your Center’s preferred performance improvement tools and processes
## Surveillance and Disease Reporting

### Surveillance

<table>
<thead>
<tr>
<th>Elements to be assessed</th>
<th>Assessment</th>
<th>Notes/Areas for Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. The facility has written intake procedures to identify potentially infectious persons at the time of admission.</td>
<td>Yes</td>
<td>No</td>
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<td>Examples: Documenting recent antibiotic use, and history of infections or colonization with C.difficile or antibiotic-resistant organisms</td>
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<td>B. The facility has system for notification of infection prevention coordinator when antibiotic-resistant organisms or C.difficile are reported by clinical laboratory.</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>C. The facility has a written surveillance plan outlining the activities for monitoring/ tracking infections occurring in residents of the facility.</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>D. The facility has system to follow-up on clinical information, (e.g., laboratory, procedure results and diagnoses), when residents are transferred to acute care hospitals for management of suspected infections, including sepsis.</td>
<td>Yes</td>
<td>No</td>
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*Note: Receiving discharge records at the time of re-admission is not sufficient to answer “yes”*

### Disease Reporting

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<tr>
<td>A. The facility has a written plan for outbreak response which includes a definition, procedures for surveillance and containment, and a list of syndromes or pathogens for which monitoring is performed.</td>
<td>Yes</td>
<td>No</td>
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<td>B. The facility has a current list of diseases reportable to public health authorities.</td>
<td>Yes</td>
<td>No</td>
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<td>C. The facility can provide point(s) of contact at the local or state health department for assistance with outbreak response.</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>HH performed</td>
<td>New gloves worn</td>
<td>*Single use, lancet used?</td>
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Teaching Adults: The Basics
Develop, Deliver, and Evaluate Education Based on Assessed Needs
Resources Available

• Specialized Training:
  • AHCA Infection Preventionist Specialized Training (IPCO)
  • CDC/CMS Infection Preventionist course
  • APIC
  • NADONA Infection Prevention and Control (IPAC-22) Certificate of Mastery Program

• Ongoing Professional Development:
  • APIC
  • NADONA
  • Many online courses
  • Journals
Competencies for designated IPs:

- IPC Expertise
- Communication
- Program Management
- Collaboration
- Leadership
- QAA/QAPI
- Education
THE END

NO. IT ISN’T!
References

- APIC Online Text: [http://text.apic.org/toc](http://text.apic.org/toc)
  - Chapters: Infection Prevention and Control Programs
    Competency and Certification of Infection Preventionists
    Education and Training
    Quality Concepts

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- APIC, Infection Preventionist’s Guide to Long-Term Care, 2013
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