CDPH
Chicago Department of Public Health

Infection Prevention and Control Roundtable with Acute Care Facilities

10-20-23

International Infection Prevention Week

On behalf of the entire Healthcare Setting team at CDPH, we want to express our gratitude to all the infection preventionists in Chicago and to those who support them day in and day out.

International Infection Prevention Week is an important time to recognize and celebrate our commitment to infection prevention.

With much praise our hearts go out to all the infection preventionists who work so hard in difficult times and with many challenges.

We stand alongside all of you as we continue to work together to preventing HAIs in Chicago.

Sincerely,

Healthcare Settings | Acute Care Team

Agenda

- Welcome and Networking
- CDPH Project Firstline Presentation
- The Joint Commission: Infection Prevention and Control Challenges and Strategies for Success
- Q&A

Working With You For You

- Together, our team has:
  - Coordinated eight roundtable meetings to date
  - Provided subscription to the APIC Text to several safety net hospitals
  - Ordered several books from APIC, which will be distributed soon
  - Distributed Glo Germ Kits
  - Performed 26 ICARs (Infection Control Assessments: Infection Control Assessment Tools | HAI | CDC)
  - Consulted on several IP topics including outbreaks/significant pathogens

New CDPH IP

Name: Karen Branch-Crawford

Previous experience:

- Bachelor of Science in Nursing (BSN)
- 30 years of healthcare experience
- Critical Care, Medical and Surgical Intensive Care
- Trauma Nurse Specialist
- Skilled and Long-Term Care Nursing
- Project Management
- Quality Management & Performance Improvement
- Staff Development and Education
- Infection Control

Contact: Karen.Branch-Crawford@cityofchicago.org
312-742-6716

Fun Facts: Karen was born and raised in Chicago. She has been married for 30 years and has 3 adult children and 2 dogs. Her dogs' names are Bear and Shorty. She loves to teach step aerobics and line dance!

Gus E Turner, MPH

Project Manager

Project Firstline

Project Firstline Overview

- Project Firstline is the Center for Disease Control's (CDC) National Training Collaborative for Healthcare Infection Control education
- Project Firstline (PFL) brings together more than 75 healthcare, academic, and public health partners to reach healthcare workers across the country
- PFL offers educational resources in a variety of formats to meet the diverse learning needs and preferences of the healthcare workforce

As of May 2022, Project Firstline and its collaborative partners have:

Developed **200+** educational products and training materials on healthcare infection control

Hosted **750+** educational events, reaching approximately **65,238** healthcare workers

Received **84 million+** views across the web and various digital platforms

Available Resources

- **Learn about Infection Control in Health Care:** CDC's Project Firstline provides innovative and accessible resources so all healthcare workers can learn about infection control in health care.
  - *Topics include 14+ foundational IP&C (e.g., hand hygiene, environmental services, ventilation, PPE, how viruses spread, etc.), Recognizing Risk using Reservoirs, Where Germs Live training toolkits, and more interactive resources.*
- **Lead an Infection Control Training:** Our facilitator toolkit is designed to work with your team's learning styles and busy schedules (10-, 20-, and 60-minute scripted sessions).
- **Access Infection Control Educational Materials:** Find short videos, fact sheets, job aids, infographics, posters, printed materials, interactive computer lock screens, and social media graphics to utilize at your facility on foundational IPC topics.
- **Earn Continuing Education:** Earn CEU's on CDC Train for PFL content.
- **Translated Resources:** IPC materials translated into Spanish & additional languages.

Infection Control Training Topics (Onsite/Virtual with IDPH CEU/CEC)

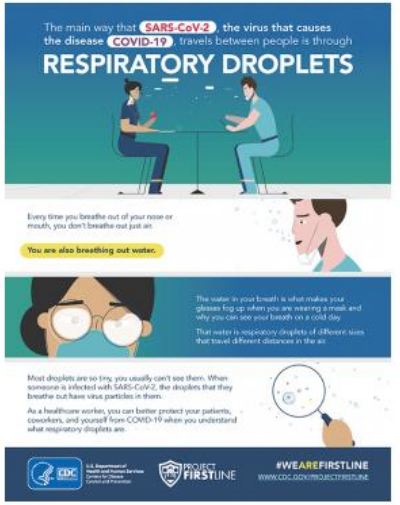
1. The Concept of Infection Control
2. The Basic Science of Viruses
3. How Respiratory Droplets Spread COVID-19
4. How Viruses Spread from Surfaces to People
5. How COVID-19 Spreads - A Review
6. Multi-Dose Vials
7. PPE Part 1 - Eye Protection
8. PPE Part 2 - Gloves & Gowns
9. Hand Hygiene
10. Virus Strains
11. PPE Part 3 - Respirators
12. EVS (Enviro Cleaning & Disinfection)
13. Source Control
14. Asymptomatic Spread of COVID-19
15. Ventilation

Print Materials & Job Aids

- Several print materials and job aids available on foundational IP&C topics.
  - Available for free download on CDC's website.
  - Including lock screens for staff computers.
- We are happy to offer professional printing support for poster requests!
  - Please see our team after the presentation to request print materials.
  - For remote guests, please email: projectfirstline@cityofchicago.org.

How to Read a Disinfectant Label [PDF – 1 Page]

Water and Wet Surfaces Profile [PDF – 1 Page]



Respiratory Droplets Flyer [PDF – 1 Page]

What would you see? Poster [PDF – 1 Page]

Germs live in blood [JPG – 1 Page]

Germs are everywhere, including on surfaces and devices in the healthcare environment.

Learn how to stop their spread:
WWW.CDC.GOV/PROJECTFIRSTLINE

CDC

PROJECT FIRSTLINE

INFECTION CONTROL PROTECTS

You

Your Coworkers

Your Patients

Your community

PROJECT FIRSTLINE
CDC's National Training Collaborative for Healthcare Infection Prevention & Control

CDC

The right infection control actions help stop germs from spreading.

Learn more:
WWW.CDC.GOV/PROJECTFIRSTLINE

CDC

PROJECT FIRSTLINE

PROJECT FIRSTLINE
CDC'S National Training Collaborative for Healthcare Infection Prevention & Control

CDPH
Chicago Department of Public Health

2023 LEARNING NEEDS ASSESSMENT

WE WANT YOUR FEEDBACK TO DEVELOP NEW CONTENT!

- CDPH is a proud partner of CDC's National IP&C Training Collaborative, Project Firstline.
- We are working to identify priority IPC training needs among your frontline healthcare staff.
- This brief survey (<10 minutes) helps us develop relevant content for your and your team.
- These trainings will be developed for our Fall 2023 IPC webinar series (with free CEUs)!

Your Chicago Project Firstline Team

- **CDPH Infection Preventionist**: Your facility's main contact for all infection prevention and control questions.
  - *General contact information*: **cdphhaiar@cityofchicago.org**

- **PFL-CDPH Team**: Contact our team to learn about specific Chicago-based educational opportunities!
  - We offer many resources including virtual or onsite trainings, webinars, and job aides.
  - *CDPH Project Firstline email*: **projectfirstline@cityofchicago.org**

Visit our Chicago Health Alert Network (HAN) page by scanning the QR code in the shield logo above to access resources and sign up for the newsletter to stay up to date on exciting new IPC resources!

The Joint Commission:
Infection Prevention and Control Challenges and Strategies for Success

Dr. Tiffany Wiksten, DNP, RN, CIC
Associate Director, Standards Interpretation Group
The Joint Commission

October 20, 2023

The Joint Commission

The Joint Commission Disclaimer

These slides are current as of October 20, 2023. The Joint Commission reserves the right to change the content of the information, as appropriate.

These slides are only meant to be cue points, which were expounded upon verbally by the original presenter and are not meant to be comprehensive statements of standards interpretation or represent all the content of the presentation. Thus, care should be exercised in interpreting Joint Commission requirements based solely on the content of these slides.

Pictures or discussion of products are provided as examples and do not constitute an endorsement or criticism of any product or manufacturer.

Program Objectives

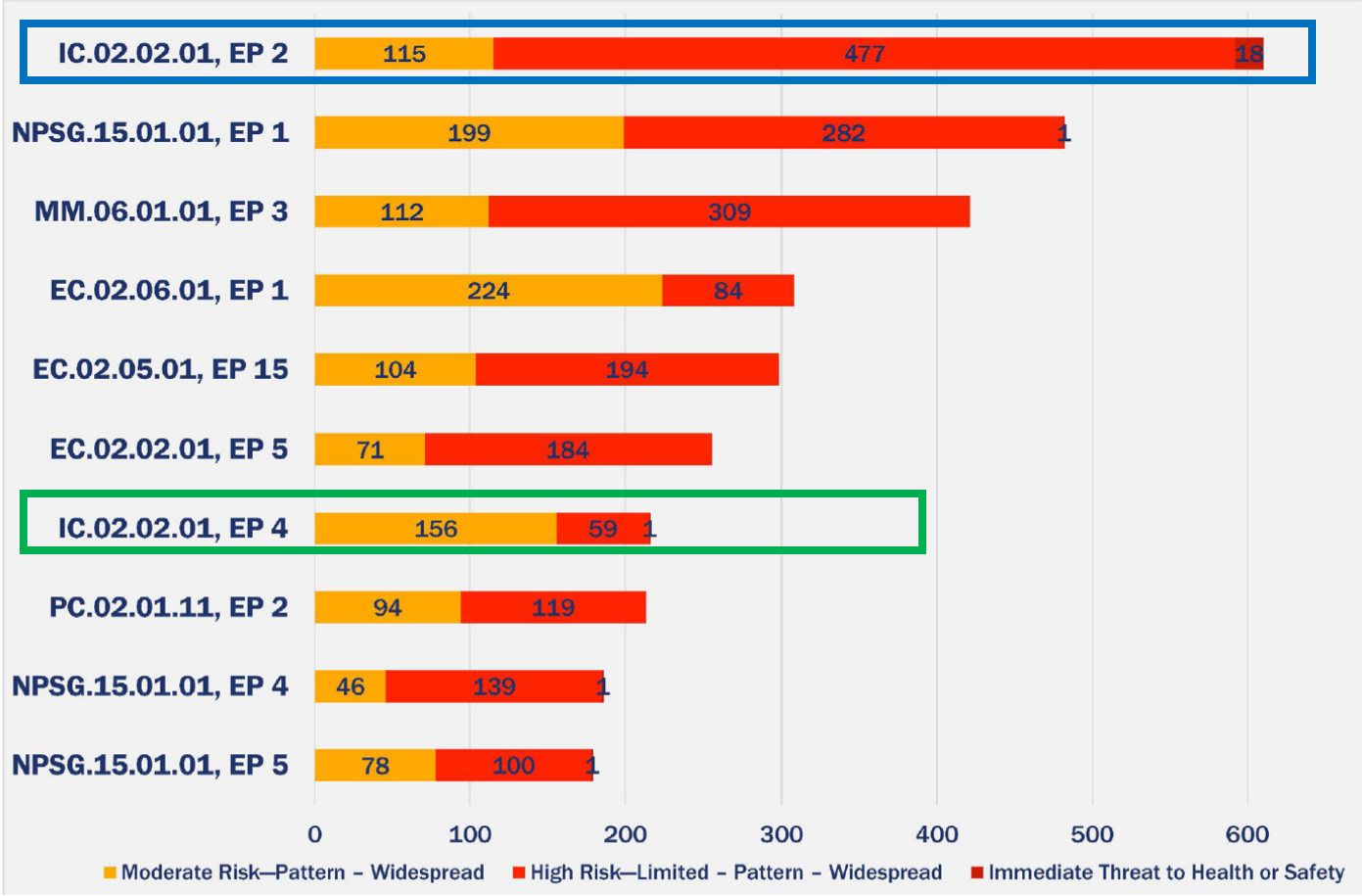
Discuss	Provide	Clarify	Review
Discuss the top 2022 Infection Control non-compliant standards	Provide examples for how to identify the root cause of non-compliance with the Infection Control Standards	Clarify the expectations of the Infection Control standards	Review strategies for how your organization can support Infection Prevention and Control initiatives and activities

Top Infection Control Findings: 2022

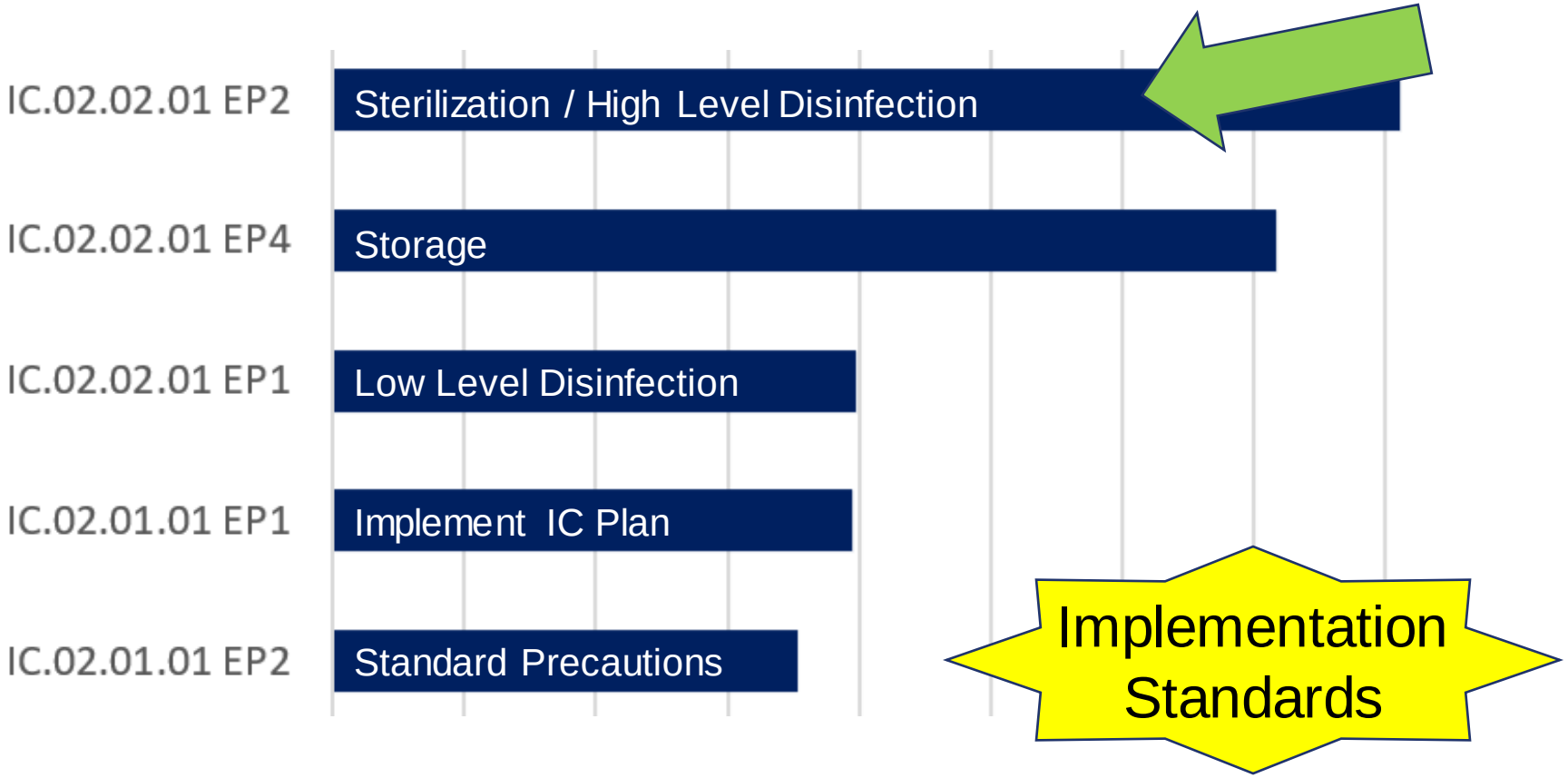
2022 Most Frequently Cited Higher-Risk Accreditation Standards and Elements of Performance

Hospital

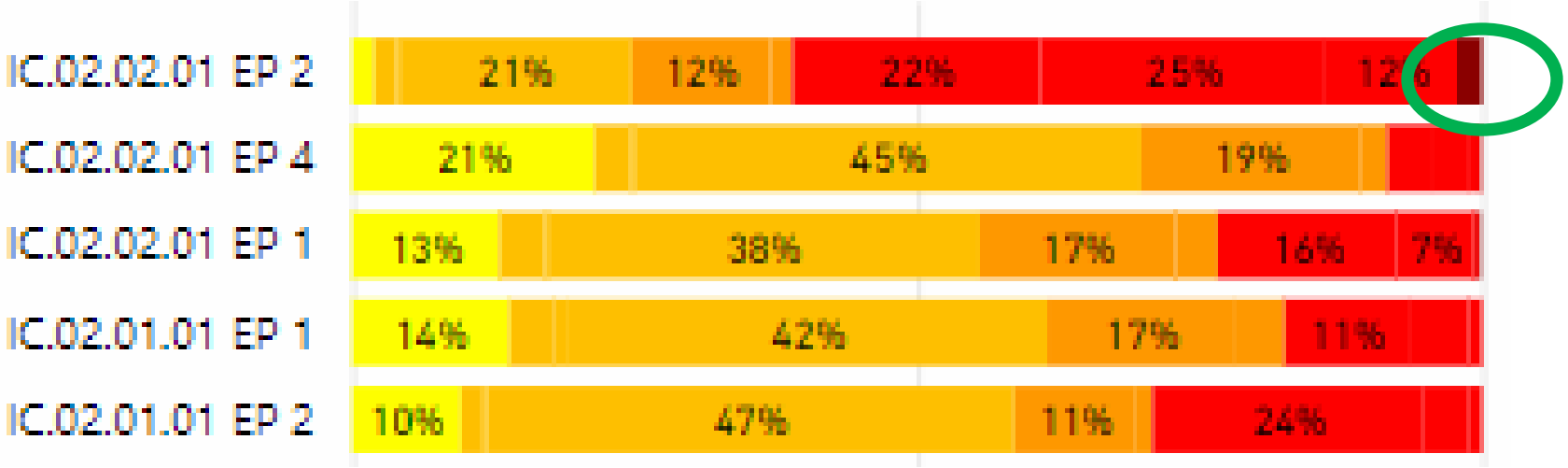
1,511 Surveys Conducted in 2022



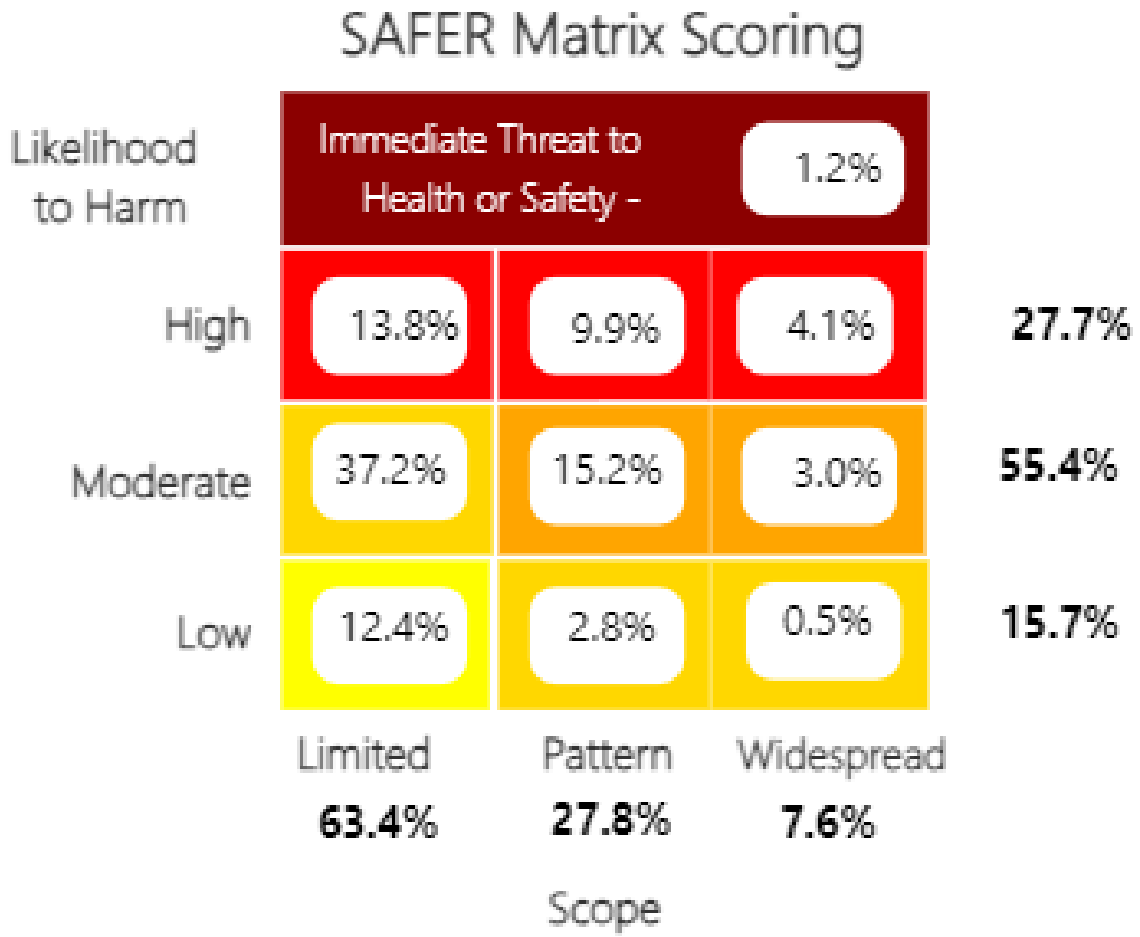
Top 5 Infection Control Findings: HAP 2022



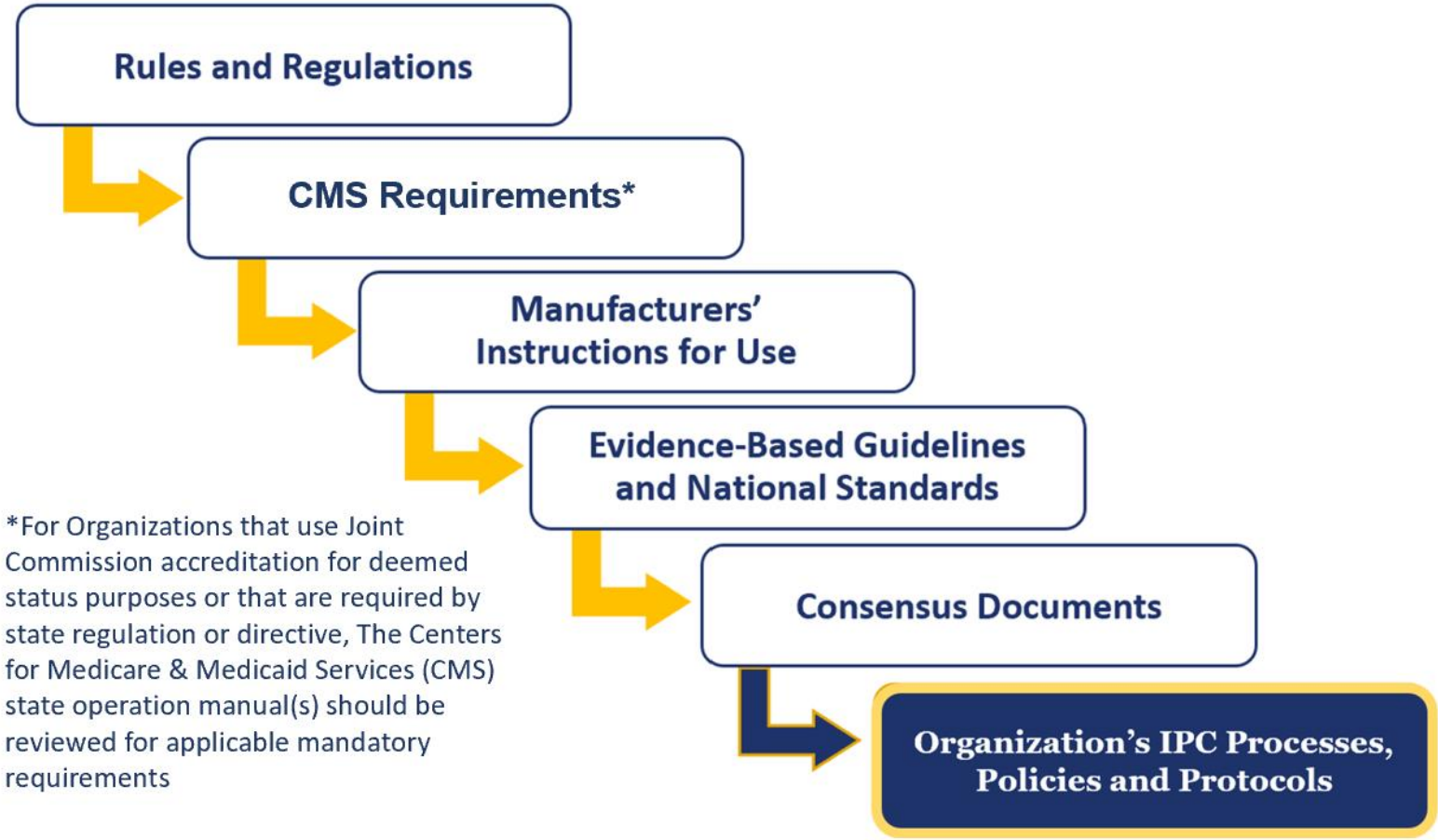
Proportion of Safer Placement 2022: Top 5 Infection Control Findings (HAP)



Safer Matrix Scoring All IC Findings: HAP 2022



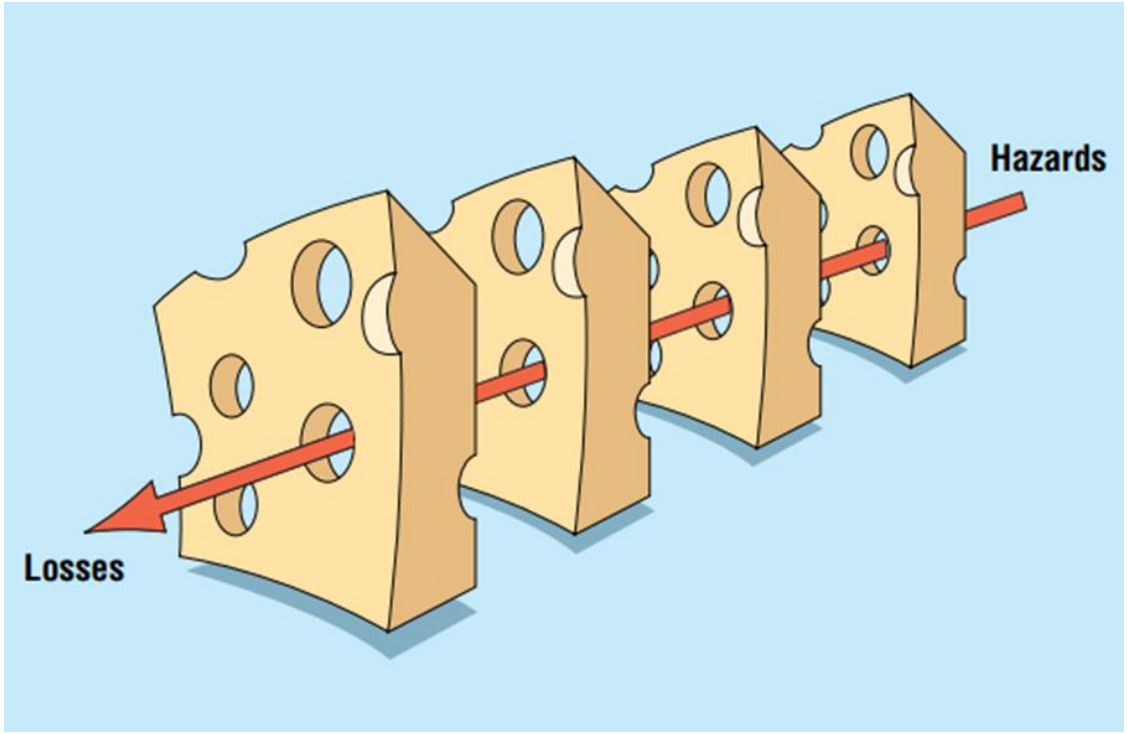
Approach to Assessing Compliance with Infection Prevention and Control Requirements



*For Organizations that use Joint Commission accreditation for deemed status purposes or that are required by state regulation or directive, The Centers for Medicare & Medicaid Services (CMS) state operation manual(s) should be reviewed for applicable mandatory requirements

Modified from April 2019 Perspectives (available at https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/infection-prevention-and-hai/ic-hierarchical-approach-to-scoring-standards-april-2019-perspectives.pdf © The Joint Commission. Used with permission.

Dr. James Reason
The Swiss Cheese Model



J. Reason Human Error: Models and Management
://www.ncbi.nlm.nih.gov/pmc/articles/PMC1117770/pdf/768.pdf

What is the Root Cause?

Resources

Accountability

Process Development

Process Oversight

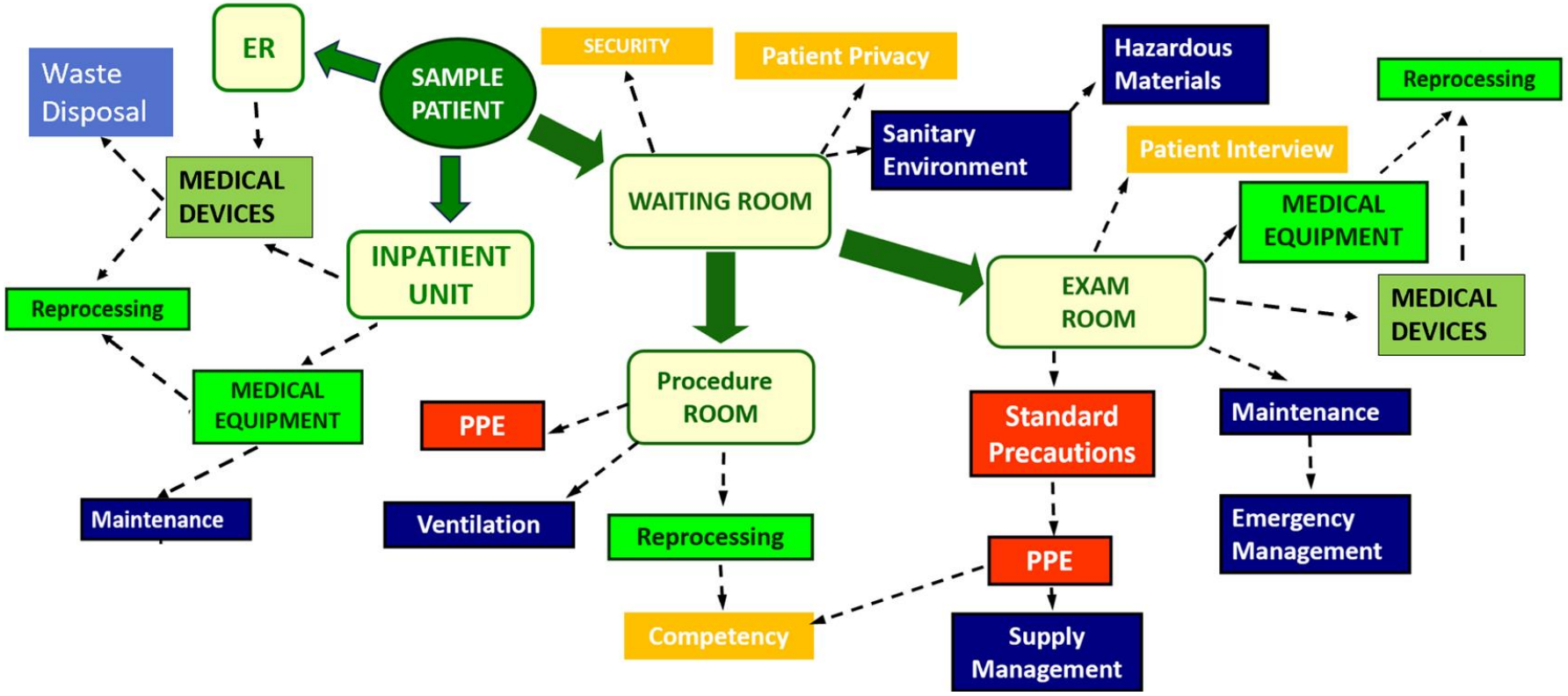
Education/Training/Competency

Understanding the Root Cause Can Help Guide Activities and Resource Allocation

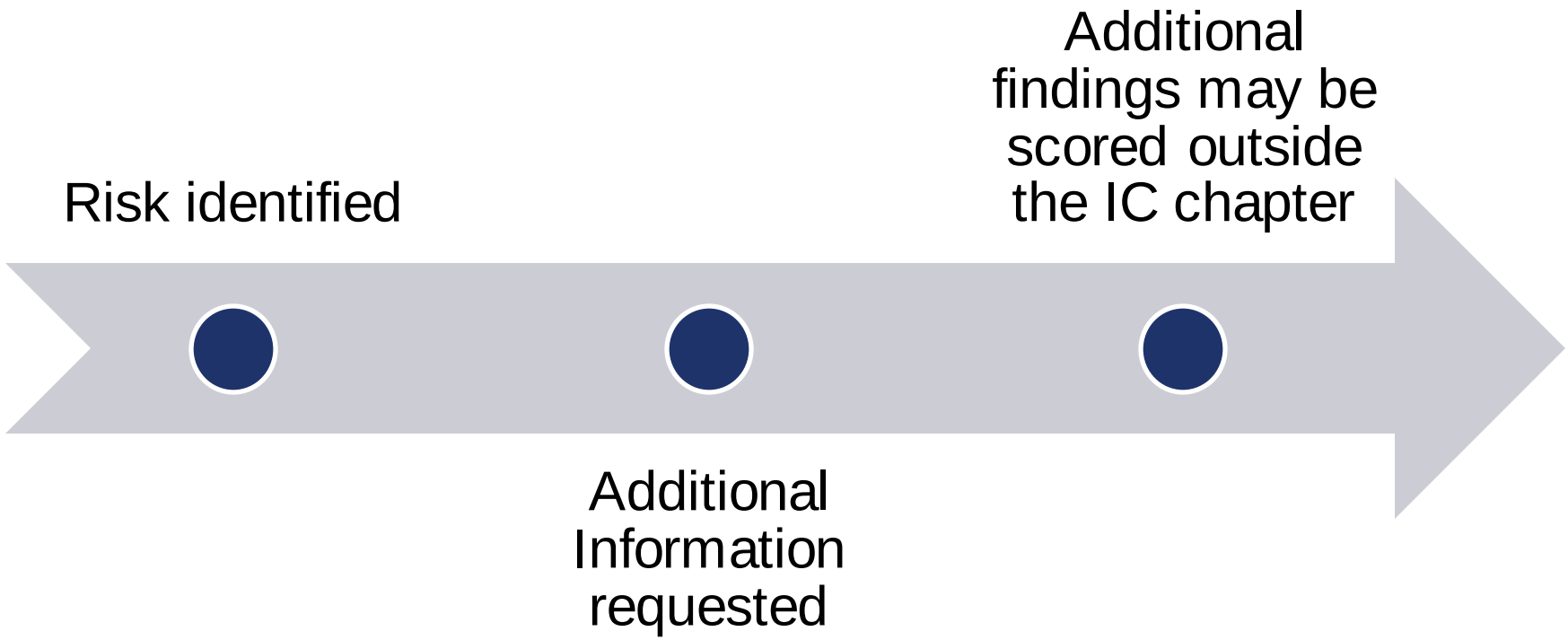
Short term fix

Long term solution

Tracer Methodology is Used to Identify Risks



Evaluating Identified Risks



There May be Additional Opportunities Identified when Investigating a Risk

Resources

Information

Equipment and Supplies

Leadership

Activity Management

Oversight

Human resources

Education

Training

Competency

What's at the Root of Frequently Cited IC Observations?

Key Elements: Implementation

Compliant Process

Resources

Competent Employees

Infection Prevention and Control Involvement

Accountable Staff

Oversight

IC.02.02.01 EP2: Sterilization and High-Level Disinfection

- **#1** on the Most Frequently Cited Higher-Risk Accreditation Requirements
- In the Top 10 Infection Control Findings

Highest Percentage of High-Risk Findings and findings evaluated for Immediate Threat to Health and Safety

Key Elements: Sterilization

Available Supplies	Manufacturer Instructions for Use Followed	Competent Employees	Infection Prevention and Control	Staff Accountability

• Manufacturer's Instructions For Use (MIFU) available
• Supplies necessary for all steps of reprocessing
	• For all steps of the process
	  • Handling used items
	  • Cleaning
	  • Sterilization
	  • Documentation
	  • Storage
	  • Transporting
	• Conflicts within MIFU resolved
	• Conflicts between MIFUs resolved
		• Staff who perform sterilization are trained and competent
		• Staff who oversee process are competent to evaluate the process
			• Process to evaluate adherence to procedures	• Leadership hold staff accountable

Wide Variety of Instruments and Devices Used in Healthcare Settings

May be found in central locations or distributed to decentralized locations (e.g., ICU, ED, Ambulatory locations, etc.)

Operating Room
Interventional Platform
Labor & Delivery

Bedside procedures
Minor procedures

Specialty Services:
Dental
Podiatry
Gynecology
Endoscopy
Urology

- Single use vs. reusable
- Varying levels of disinfection/sterilization required
- Varying levels of complexity
- Wide variation in reprocessing instructions

What Level of Reprocessing is Required for Instruments and Devices?

Intended use Drives MINIMUM Reprocessing: FDA Uses Spaulding

Level	Risk of Infection	Description of Intended Use	Examples of Items	Reprocessing Methods
Critical	High	Item comes in contact with or enters sterile tissue, sterile body cavity, or the vascular system	Surgical and dental instruments, some endoscopes, inner surfaces of hemodialyzers, urinary catheters, biopsy forceps, implants, and needles	Sterilization
Semi-Critical	Moderate	Item comes in contact with mucous membrane or non-intact skin	Respiratory therapy and anesthesia equipment, some endoscopes, laryngoscope blades, esophageal manometry probes, vaginal ultrasound probes and specula, and diaphragm fitting rings	Minimum: High Level Disinfection (sterilization may be needed in certain cases*)
Non-critical	Low	Item comes in contact with skin	Patient care Items: bedpans, blood pressure cuffs, crutches, incubators Environmental Surfaces: bed rails, bedside tables, patient furniture, counters, and floor	Clean or disinfect

What is a Single-use Device?

Labeling Recommendations for Single-Use Devices Reprocessed by Third Parties and Hospitals; Final Guidance for Industry and FDA

"Single-use d erred to as a disposable devi during a single procedur leaned, disinfected eling may **or may not ide isposable and does no essing**."

If you are unsure if an item is single use or reusable
Contact the Manufacturer for Clarification

https://www.fda.gov/regulatory-inform n-fda-guidance-documents/labeling-recommendations-single-use-devices rocessed-third-parties-and-hospitals

Manufacturer's Instructions for Use (IFU)

- Most items utilized throughout the steps of reprocessing will have IFUs
  - Instruments/Devices, Equipment
  - Cleaning accessories, Accessories used for reprocessing
  - Process indicators
- Provides inst cleaning, disinfection a em is not longer suitable for
- Compatible d ts and processes
  - May have instruc use (e.g., used for semi-critical procedure, IFU only prov s for sterilization

If there is a conflict within a MIFU or between MIFUs for items, or if a MIFU contains unclear or ambiguous information **Contact the Manufacturer for Clarification**

May be ambiguous or contain conflicting information

Know your Instruments, Devices and Equipment

This is Critical

- Validate the type of sterilization cycle that your sterilizer uses
  - Gravity Displacement
  - Dynamic Air Removal (Prevac, Steam Flush Pressure Pulse)
- Follow the MIFU of the instruments/devices being sterilized based on the type of sterilizer in use

One standard sterilization cycle/parameters may not be sufficient for reprocessing the different types of instruments and devices being sterilized

Sterilization: Manufacturer's Instructions for Use (MIFU)

MIFU not available

Supplies not available

MIFU not followed

- Non-approved/incompatible supplies used
- Missing steps of the process
- Steps of the process performed incorrectly
- **Sterilization cycle parameters not met per MIFU of instrument/device**
- Instruments, devices and/or equipment not stored per MIFU

Observations: Instruments/ Devices Not Appropriate for Sterilization

- Single Use Devices
- Instruments in Disrepair
  - Oxidized
  - Chipped
  - Cracked
  - Discolored
- Instrument Tape / Coating
  - Not properly applied
  - Chipped, cracked
- Sterilization of Non-Medical Items
- Staff Can't Identify Instruments that should not be used

Observations:
MIFU Conflicts and Clarifications

Unclear MIFU not clarified

Conflicts within MIFU not clarified

- MIFU does not contain instructions for level of reprocessing based on intended use of the item

MIFU between instruments /sterilization accessories used not clarified

- Cycle parameters

Immediate Use Steam Sterilization

- MIFU of instrument / device does not include IUSS cycle parameters
- All steps of cleaning / decontamination not performed prior to IUSS
- Unresolved conflict between MIFU for instruments / devices and sterilization accessories
- IUSS used routinely

Key Elements – High Level Disinfection

Available Supplies	• MIFU available • Supplies necessary to decontaminate and perform high level disinfection available
Manufacturer Instructions for Use Followed	• For all steps of the process • From point of use through storage • Resolve conflicts
Competent Employees	• Staff who perform HLD are trained and competent • Staff who oversee process are competent to evaluate the process
Infection Prevention and Control Involvement	• Process to evaluate adherence to procedures
Staff Accountability	• Leadership hold staff accountable

Observations:
High Level Disinfection

Precleaning

- Enzymatic solution not used as per manufacturer's instructions for use (MIFU)

High Level Disinfection

- Minimum Effective Concentration (MEC) of the disinfectant not tested per MIFU
- **Manufacturer required minimum temperature of HLD solution not met at the time of use**
- **Probe not soaked in high level disinfectant for the minimum amount of time specified by MIFU**

Storage

- High level disinfected speculum stored in a dirty drawer

Transport

- Soiled probe carried by hand from the patient room, down the hall to the soiled utility room

Failure to follow the manufacturers instructions for use at any point in the process can lead to issues such as:	
Altered functionality of the instrument, device or equipment	Inability to high level disinfect or sterilize the instrument, device or equipment

IC.02.02.01 EP1:
Low and Intermediate Level Disinfection

Product selection

Contact time

Observations:
Blood Glucose Monitoring Supplies

Single patient use blood glucose monitoring supplies used for multiple patients

- Glucometer
- **Lancet holding device (fingerstick device)**

Glucometer not cleaned and disinfected per manufacturer's instructions for use

- Disinfectant product not approved per glucometer MIFU
- **Equipment not disinfected after each use**
- Equipment not fully disinfected as per MIFU (only port wiped)

Disinfectant not used as per MIFU

- Contact time not observed

Lancet Holding Device (Fingerstick Device)

CDC CLINICAL REMINDER

Use of Fingerstick Devices on More than One Person Poses Risk for Transmitting Bloodborne Pathogens

Summary: The Centers for Disease Control and Prevention (CDC) has become increasingly concerned about the risks for transmitting hepatitis B virus (HBV) and other bloodborne pathogens to persons undergoing fingerstick procedures for blood sampling -- for instance, persons with diabetes who require assistance monitoring their blood glucose levels. Reports of HBV infection outbreaks linked to diabetes care have been increasing[1,2,3]. This notice serves as a reminder that fingerstick devices should never be used for more than one person.

Background

Fingerstick devices are devices that are used to prick the skin and obtain drops of blood for testing. There are two main types of fingerstick devices: those that are designed for reuse on a single person and those that are disposable and for single-use.

Figure 1: Reusable fingerstick devices*

- **Reusable Devices:** These devices often resemble a pen and have the means to remove and replace the lancet after each use, allowing the device to be used more than once (see **Figure 1**). Due to difficulties with cleaning and disinfection after use and their link to numerous outbreaks, CDC recommends that these devices never be used for more than one person. If these devices are used, it should only be by individual persons using these devices for self-monitoring of blood glucose.

- **Single-use, auto-disabling fingerstick devices:** These are devices that are disposable and prevent reuse through an auto-disabling feature (see **Figure 2**). In settings where assisted monitoring of blood glucose is performed, single-use, auto-disabling fingerstick devices should be used.

Figure 2: Single-use, disposable fingerstick devices*

The shared use of fingerstick devices is one of the common root causes of exposure and infection in settings such as long-term care (LTC) facilities, where multiple persons require assistance with blood glucose monitoring. Risk for transmission of bloodborne pathogens is not limited to LTC settings but can exist anywhere multiple persons are undergoing fingerstick procedures for blood sampling. For example, at a health fair in New Mexico earlier this year, dozens of attendees were potentially exposed to bloodborne pathogens when fingerstick devices were reused to conduct diabetes screening.

National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion (DHQP)

CDC

https://www.cdc.gov/injectionsafety/fingerstick-devicesbgm.html

Standard Precautions

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Use Standard Precautions to care for all patients in all settings.
Standard Precautions include:

- 5a. Hand hygiene
- 5b. Environmental cleaning and disinfection
- 5c. Injection and medication safety
- 5d. Risk assessment with use of appropriate personal protective equipment (e.g., gloves, gowns, face masks) based on activities being performed
- 5e. Minimizing Potential Exposures (e.g. respiratory hygiene and cough etiquette)
- 5f. Reprocessing of reusable medical equipment between each patient and when soiled

https://www.cdc.gov/infectioncontrol/guidelines/core-practices/index.html

Key Elements: Standard Precautions

Resources	Supplies Protocols
Employees Trained	Employees know when standard precautions apply, are trained to use supplies or products and are trained on protocols
Standard Precautions Implemented	At clinically appropriate times Implemented as intended
Procedures Enforced	Monitoring and feedback provided
Action Taken When Issues are Identified	If identified as an issue, improve use

Observations: Standard Precautions

Standard Precautions Not Performed

- Hand hygiene not performed after glove removal
- Gloves not worn when obtaining blood for blood glucose monitoring

Supplies not available

Process, procedure or policy unclear

Lack of accountability

Key Elements: Personal Protective Equipment

Exposure Control Plan

Written document guides PPE Program

Risk assessed and updated annually

PPE Available

Types appropriate for exposure

Sized to fit healthcare workers

Available in locations of use

Trained Employees

Employees know why specific type of PPE should be used

Employees are competent to choose

Employees trained to don, doff, and discard or disinfect

Use Enforced

Monitoring and feedback provided

Employees use PPE

Action Taken When Issues are Identified

If identified as an issue, improve use

Observations:
Personal Protective Equipment

Personal Protective Equipment (PPE) not worn

- OSHA hazard assessment not performed
- Process, procedure or policy unclear
- Supplies were not available
- Staff were untrained
- Lack of accountability

Staff did not correctly don and doff PPE

- Staff member did not don PPE per MIFU
- Employees were removing PPE in a manner that could contaminate themselves or the environment.

Re-usable PPE not reprocessed as required by manufacturer's instructions for use

- Staff were not trained to clean and disinfect reusable PPE

Key Elements: CDC Standard Precautions - Medication and Injection Safety

Activities Align with Requirements

- Laws, Codes and Regulation
- Manufacturer's Instructions for Use

Supplies Available

Observed Activities Align with Organizational Processes, procedures or policies

Interventions/Activities Implemented

- Included relevant organizational components and functions
- Training, education and/or competency

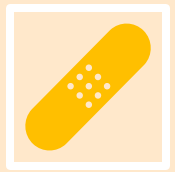
Observations: Standard Precautions – Injection and Medication Safety

Injection Safety

- Failure to swab the top of vials before access
- Multidose vials taken into patient treatment area
- Utilization of single patient IV fluids to make flush syringes

5c. Injection and Medication Safety References and resources: 11, 17-20	1. Use aseptic technique when preparing and administering medications 2. Disinfect the access diaphragms of medication vials before inserting a device into the vial 3. Use needles and syringes for one patient only (this includes manufactured prefilled syringes and cartridge devices such as insulin pens). 4. Enter medication containers with a new needle and a new syringe, even when obtaining additional doses for the same patient. 5. Ensure single-dose or single-use vials, ampules, and bags or bottles of parenteral solution are used for one patient only. 6. Use fluid infusion or administration sets (e.g., intravenous tubing) for one patient only 7. Dedicate multidose vials to a single patient whenever possible. If multidose vials are used for more than one patient, restrict the medication vials to a centralized medication area and do not bring them into the immediate patient treatment area (e.g., operating room, patient room/cubicle) 8. Wear a facemask when placing a catheter or injecting material into the epidural or subdural space (e.g., during myelogram, epidural or spinal anesthesia)

Key Elements – Storage



Supplies

No expired supplies available for use

Items are Stored in Manner to Protect from Contamination

No visible soil

Clear separation of clean and soiled

Staff access supplies with clean hands

Items are Stored in a Manner to Maintain the Integrity of the Packaging

Following MIFU

Observations - Storage

Expired supplies

- Expired patient care supplies in storage room

Location of storage soiled

- Visible dirt in drawer where medical supplies were stored

Clean and soiled supplies, devices or equipment co-mingled

- Clean biohazard bin stored unprotected in soiled utility room

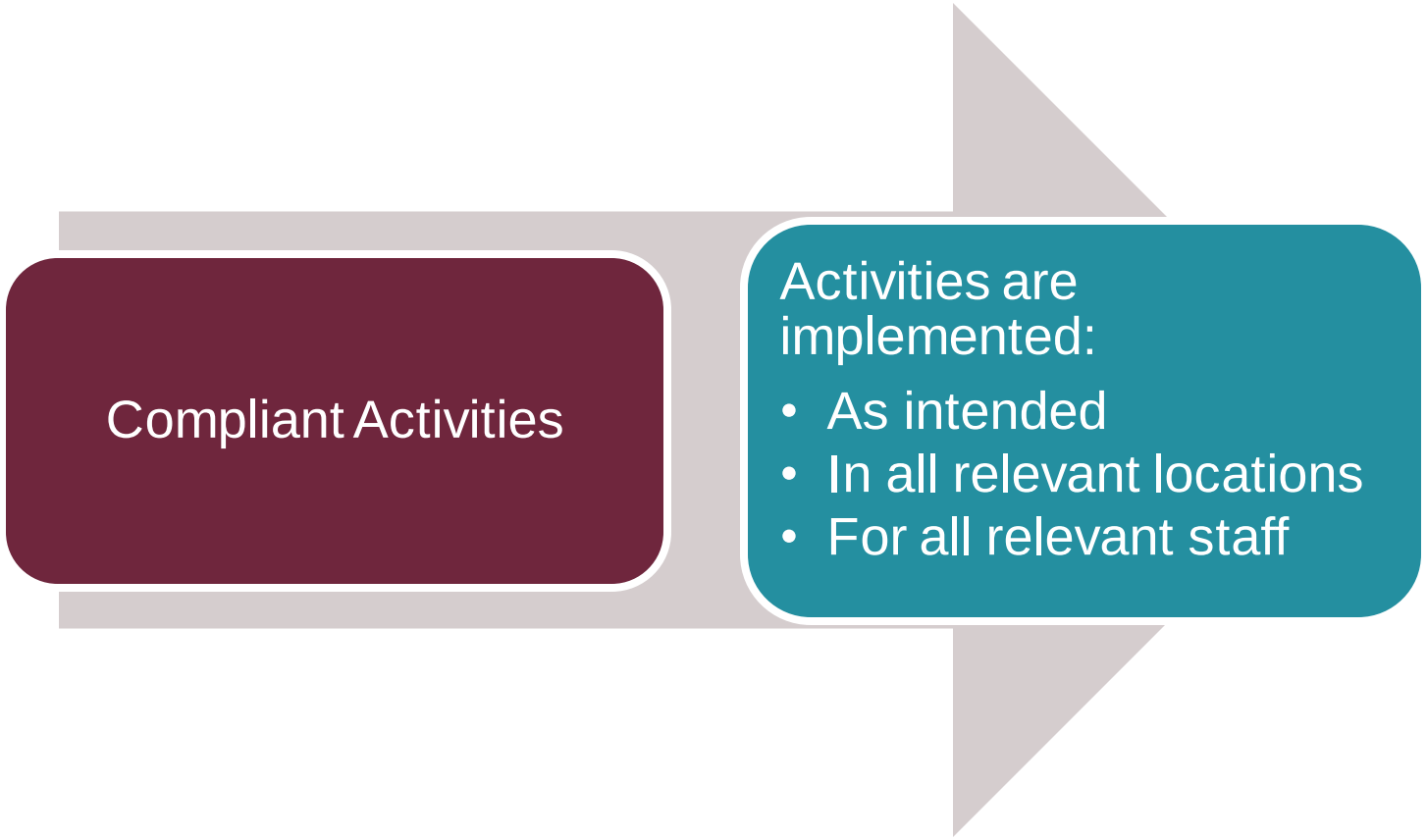
Package integrity not maintained

- Holes in packaging
- Tears in packaging
- Package had evidence of being wet

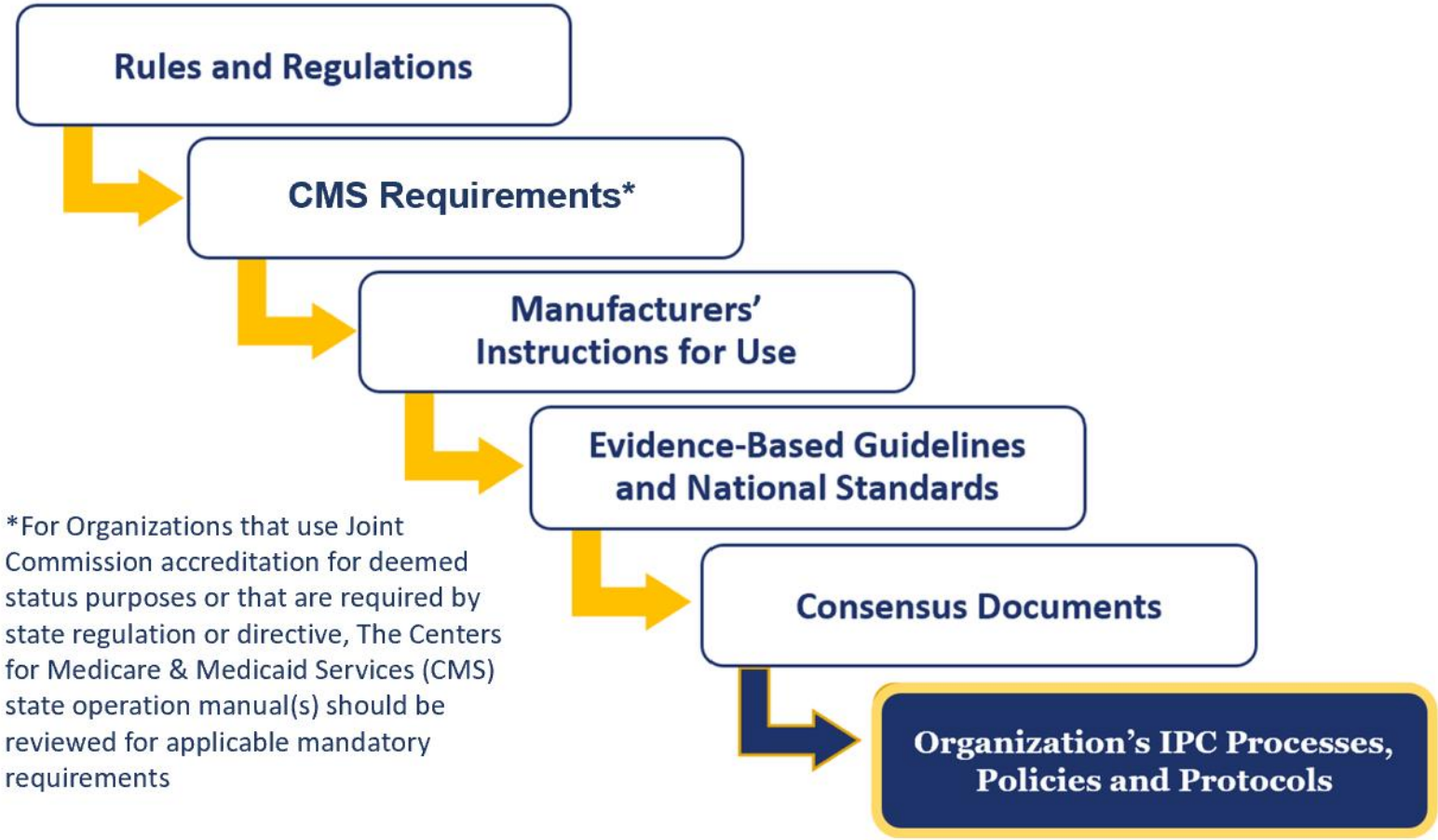
Lack of staff accountability

- Staff witnessed accessing clean supply cabinet with soiled hands
- Staff witnessed accessing clean supply cart with gloves worn during patient care

IC.02.01.01 EP1:
Implement Infection Control Activities



Approach to Assessing Compliance with Infection Prevention and Control Requirements



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Observations:
Infection Prevention and Control Activities

Not following regulations/requirements

- State food code or requirements for laundering or healthcare linen

Not following MIFU

- Failure to use skin preparation products and antiseptics in a manner consistent with manufacturer's instructions for use

Not following organization process, procedure and policy

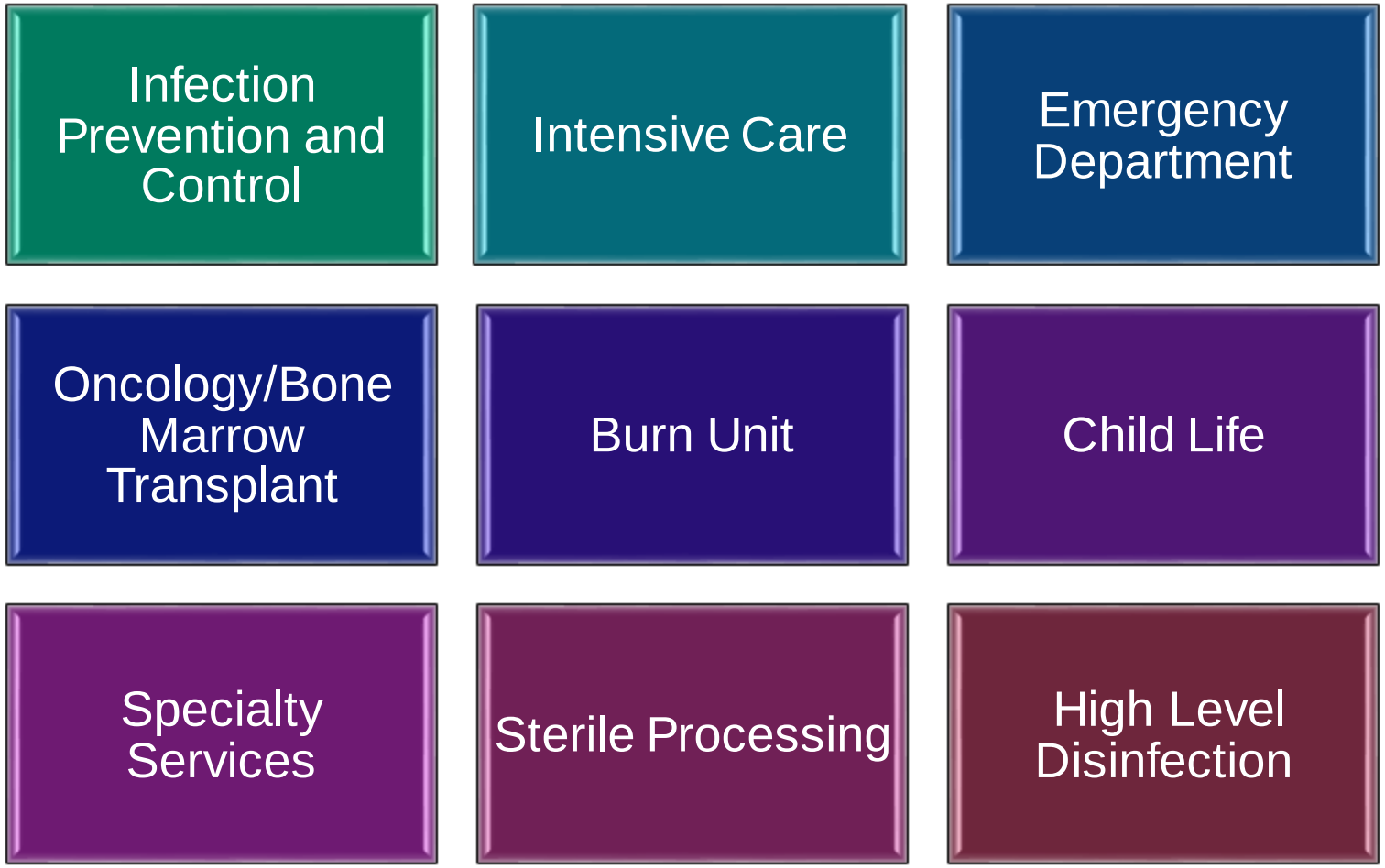
- Staff not following the organizations OR attire policy

Not implemented for all relevant components / functions

Lack of staff accountability

Supporting Your Infection Prevention and Control Program

There Are Many Specialized Services Provided in Healthcare Which May Have Infection Control Implications



What Does the Person Responsible for the Management of Infection Prevention and Control Activities Need to Know?

All settings have basic Infection Prevention and Control needs

- Regulatory compliance
- Risk assessment
- Standard Precautions
- Transmission-based precautions
- Cleaning and Disinfection

Some settings provide additional care, treatment and/or services:

- Sterilization
- High level disinfection
- Specialty Services
- Specialty populations

Critical Elements of Implementation

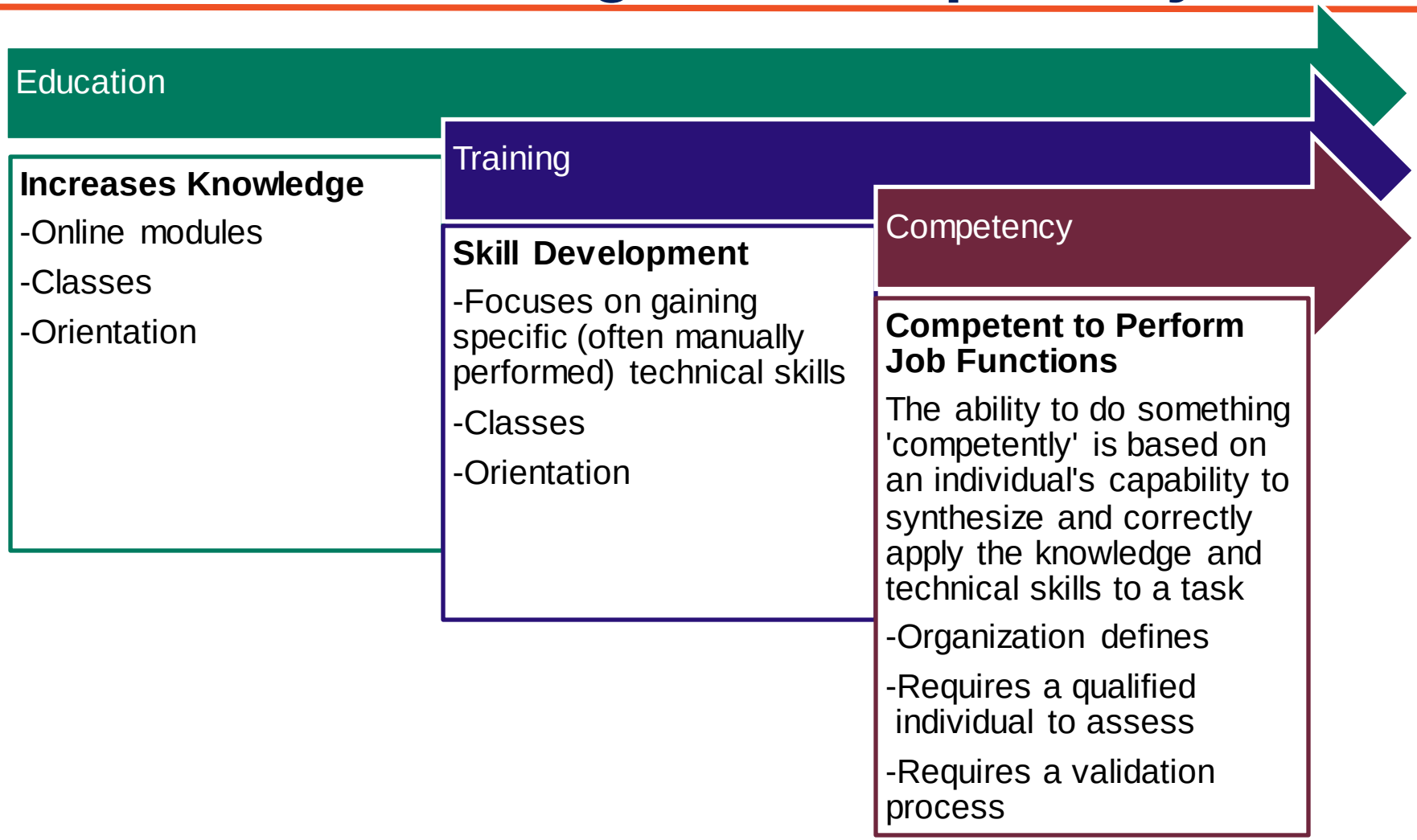
- Resource Availability
- Education, Training and Competency
- Staff Accountability
- Oversight of Critical Activities
- Activities Implemented in All Relevant Locations
- Activities Implemented for All Relevant Staff

Resources

Access to information

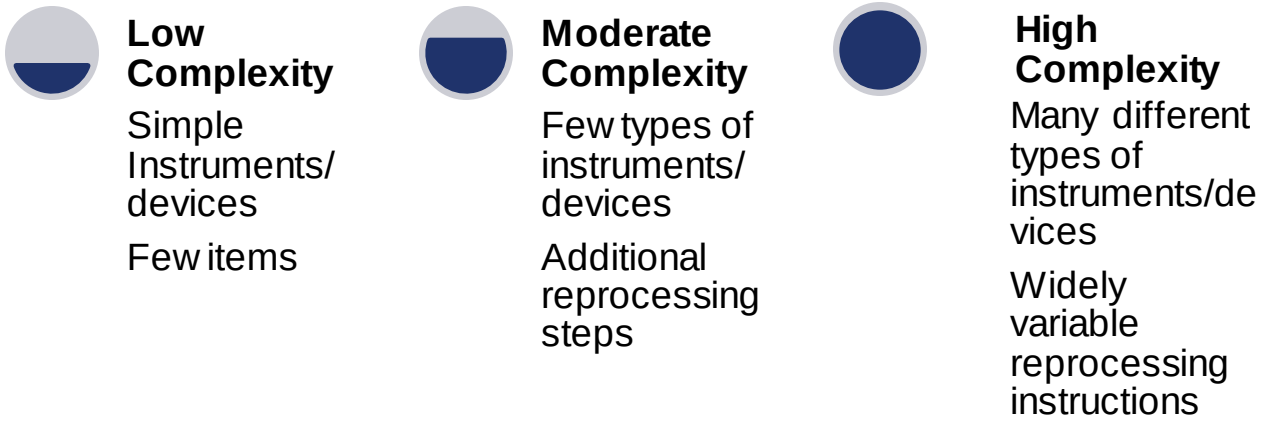
Equipment and supplies

Education, Training and Competency



Staff Who Reprocess Devices and Instruments

- Devices, Instruments and Accessories



- Education, training and competency may look different based on the types of items that are reprocessed and accessories and equipment needed

A one size fits all approach may not be appropriate!

Process Oversight

Organization determines if processes should be monitored

Person Assigned to Oversight

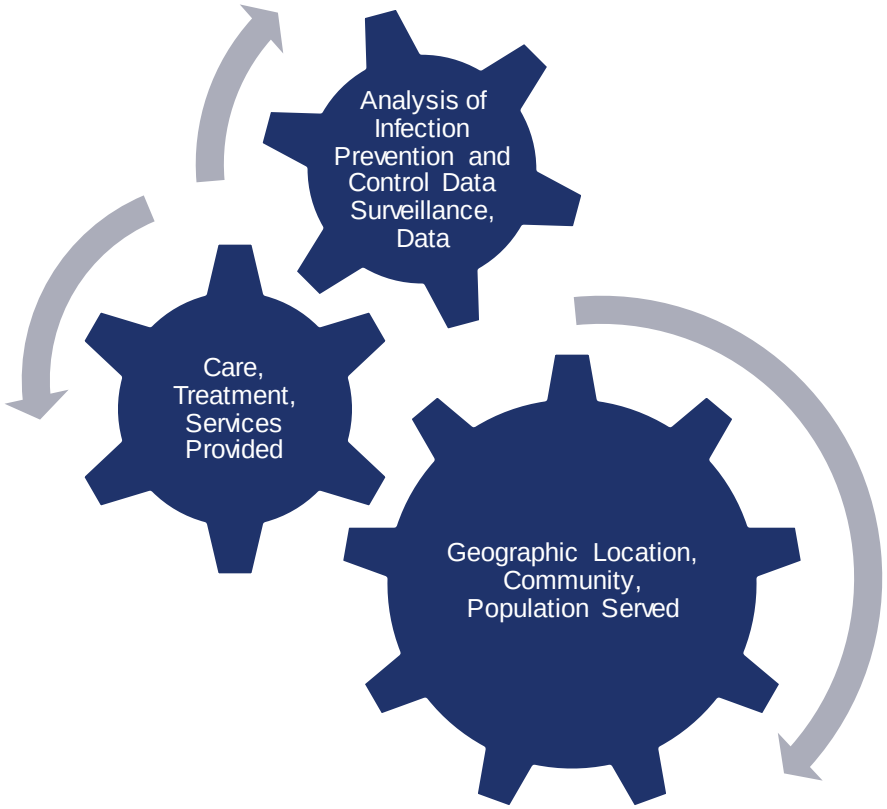
Are they competent to provide oversight

Are staff held accountable

Infection Control:
Risk Assessment, Goals & Evaluation

Risk Assessment

- Identification of Infection Control Risks
- Prioritization of Infection Control Risks
- Documentation of Prioritized of Infection Control Risks



Assessing Infection Control Risks in Your Setting

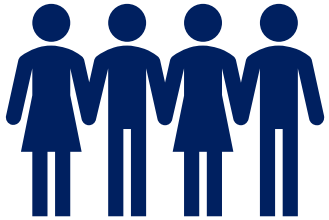
Before developing infection prevention and control activities, organizations need to consider the risks of infections that are most likely to affect the individuals it serves

Understanding the risks will help you to better determine the most effective actions you can take to prevent infections

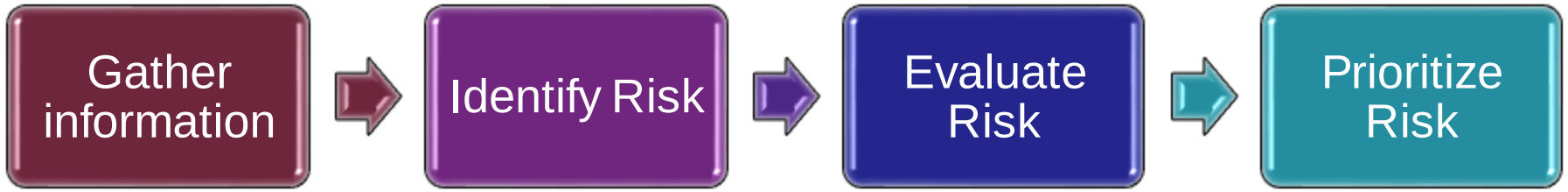
Effective prevention can minimize risks to individuals served and reduce the need to implement infection control activities that may be more resource intensive

Gather Information for your Risk Assessment

Explore your locations and settings where services are provided, population served, and care treatment and services provided



Risk Assessment



Don’t forget to document your prioritized risks!

Infection Prevention and Control Goals

Written infection prevention and control goals address the following:

- Addressing its prioritized risks
- Limiting unprotected exposure to pathogens
- L[illegible]ted w[illegible]
- Limiting the transmission of infections associated with the use of medical equipment, devices, and supplies
- Improving compliance with hand hygiene guidelines
- Improving influenza vaccination rates.

Don't forget to document your goals!

IC.02.01.04 EP4

Key Elements: Infection Prevention Goals

All Required Infection Prevention Goals Are Developed

Goals are Documented

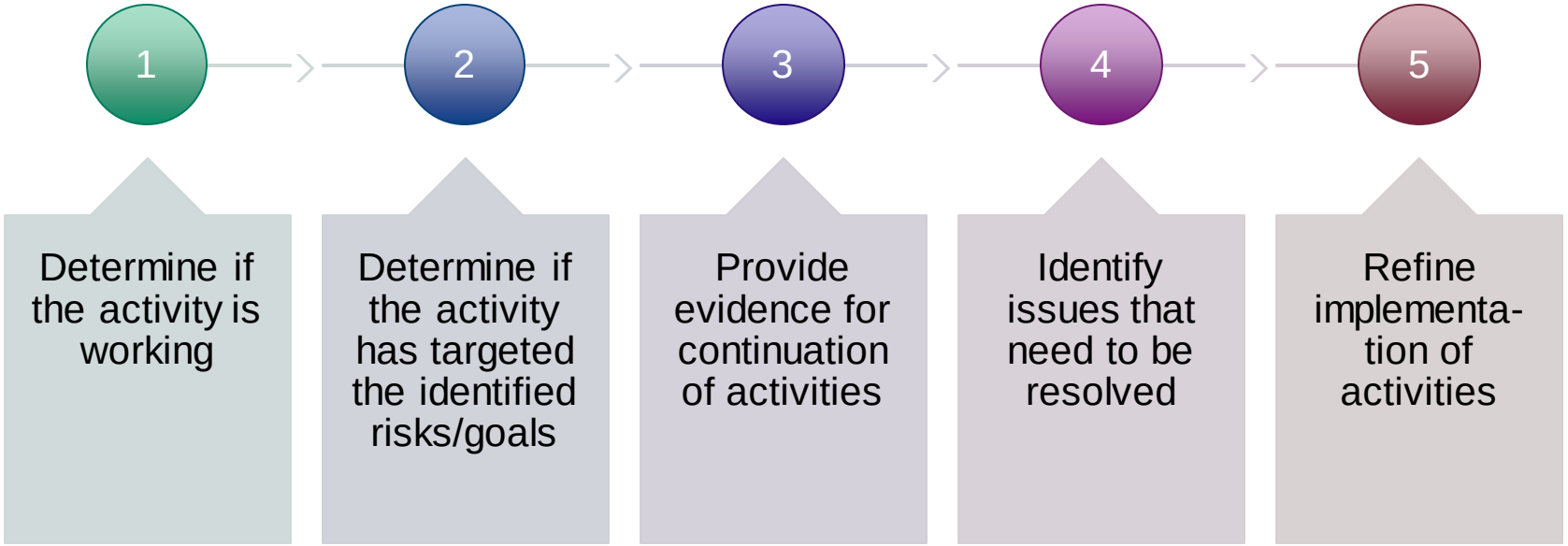
Leadership Was Included in the Development of Goals

Writing Goals

The podiatry office will increase compliance with hand hygiene after glove removal by 10% by end of FY23

- **S** • Specific
- **M** • Measurable
- **A** • Achievable
- **R** • Relevant
- **T** • Time-bound

Evaluation is Key



Communicate Evaluation Findings

At least annually

- To Leadership
- To the individuals or interdisciplinary group that manages the patient safety program
- Other key Stakeholders

Use Evaluation Findings to Revise Activities and Plan

- Did you meet your goals?
- What worked?
- What didn't?
- Do you need more resources?
- Is it time to change focus?
- What areas will we work on in the next timeframe?

Safety Culture

- Leaders can build safety cultures by readily and willingly participating with care team members in initiatives designed to develop and emulate safety culture characteristics.

- Effective leaders who deliberately engage in strategies and tactics to strengthen their organization's safety culture see safety issues as problems with organizational systems, not their employees, and see adverse events and close calls ("near misses") as providing "information-rich" data for learning and systems improvement.

Sentinel Event Alert

A complimentary publication of The Joint Commission
Issue 57, March 1, 2017 Revised: June 18, 2021 (in red)

The essential role of leadership in developing a safety culture

In any health care organization, leadership's first priority is to be accountable for effective care while protecting the safety of patients, employees, and visitors. Competent and thoughtful leaders* contribute to improvements in safety and organizational culture.[1,2] They understand that systemic flaws exist and each step in a care process has the potential for failure simply because humans make mistakes.[3-5] James Reason compared these flaws – latent hazards and weaknesses – to holes in Swiss cheese. These latent hazards and weaknesses must be identified and solutions found to prevent errors from reaching the patient and causing harm.[6] Examples of latent hazards and weaknesses include poor design, lack of supervision, and manufacturing or maintenance defects.

The Joint Commission's Sentinel Event Database reveals that leadership's failure to create an effective safety culture is a contributing factor to many types of adverse events – from wrong site surgery to delays in treatment.[7]

In addition, through the results of its safety initiatives, The Joint Commission Center for Transforming Healthcare has found inadequate safety culture to be a significant contributing factor to adverse outcomes. Inadequate leadership can contribute to adverse events in various ways, including but not limited to these examples:

- Insufficient support of patient safety event reporting[8]
- Lack of feedback or response to staff and others who report safety vulnerabilities[8]
- Allowing intimidation of staff who report events[9]
- Refusing to consistently prioritize and implement safety recommendations
- Not addressing staff burnout[10,11]

In essence, a leader who is committed to prioritizing and making patient safety visible through every day actions is a critical part of creating a true culture of safety.[12] Leaders must commit to creating and maintaining a culture of safety; this commitment is just as critical as the time and resources devoted to revenue and financial stability, system integration, and productivity. Maintaining a safety culture requires leaders to consistently and visibly support and promote everyday safety measures.[13] Culture is a product of what is done on a consistent daily basis. Hospital team members measure an organization's commitment to culture by what leaders do, rather than what they say should be done.

Published for Joint Commission-accredited organizations and interested health care professionals, *Sentinel Event Alert* identifies specific types of sentinel and adverse events and high risk conditions, describes their common underlying causes, and recommends steps to reduce risk and prevent future occurrences.

Accredited organizations should consider information in a *Sentinel Event Alert* when designing or redesigning processes and consider implementing relevant suggestions contained in the alert or reasonable alternatives.

Please route this issue to appropriate staff within your organization. *Sentinel Event Alert* may be reproduced if credited to The Joint Commission. To receive by email, or to view past issues, visit www.jointcommission.org.

The Joint Commission

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* The Joint Commission accreditation manual glossary defines a leader as: "an individual who sets expectations, develops plans, and implements procedures to assess and improve the quality of the organization's governance, management, and clinical and support functions and processes. At a minimum, leaders include members of the governing body and medical staff, the chief executive officer and other senior managers, the nurse executive, clinical leaders, and staff members in leadership positions within the organization."

https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/sentinel-event/sea-57-safety-culture-and-leadership-final2.pdf

Summary

- Follow the hierarchical approach to ensure compliance with IC standards
- Provide the necessary resources
- Ensure a culture of safety in which staff are held accountable to perform their job functions correctly, to ensure staff and patient safety

Infection Control Standards Update

- Public comments reviewed by the Department of Standards and Survey Methods and leadership
- Currently, standards are under review by CMS
- If approved by CMS, IC standards will be published in January 2024 and go into affect in July 2024
- Standard will uphold the hierarchical approach published in April 2019 *Perspectives*

Connect With Us

Joint Commission Connect

Ask a Standards Question

Report a Safety Concern

Request a Speaker

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Thank you for Keeping Patients Safe!

CDPH
Chicago Department of Public Health

Thank you for participating!

Next Roundtable (Teams): **12/01/2023**

CDPH
Chicago Department of Public Health

Additional Slides/Resources

(not presented during the meeting)

Our Team

- Medical Directors:
  - Dr. Stephanie Black
  - Dr. Do Young Kim
- Projects Administrator: Shane Zelencik
- Project Manager: Maria Bovee
- Infection Preventionists:
  - Andrea Castillo
  - Karen Branch-Crawford
  - Kim Goitia
- Public Health Administrator:
  - Ro Chavez
  - Maggie Li
- General number for our team: **312-744-1100**
- cdphhaiar@cityofchicago.org

Our Team, Our Services

Our team consists of Infection Prevention Specialists, Epidemiologists, a Project Manager, a Projects Administrator, and Medical Directors who provide the following assistance:

- IP&C Guidance and training
- Infection Control Assessments and Responses (ICARs)
- Epidemiology Support
- IP&C Roundtable
- Our partnerships and site visits are meant to be educational, constructive, non-regulatory, and non-punitive
  - We work with you to resolve any identified opportunities
  - These services are not in response to citations or complaints

Reporting Case Report (CRF) Forms

CDPH requires additional epidemiologic information for certain cases in addition to the reporting requirement. By providing this information to CDPH, it allows us to have a better understanding of this patient and how to limit the spread of further transmission for certain multi-drug resistant organisms.

For MDRO Reporting training (have a new IP? need a refresher?) questions and CRF completion requirements, please contact:

cecilia.pigozzi@cityofchicago.org