Greater Atlanta APIC Chapter–August 21, 2019
The Present and Future of Infection Prevention
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Goals

- Describe the current state of Infection Prevention (IP) in today's healthcare environment.
- Deliberate the future of Infection Prevention: APIC Competency model, CIC, APIC strategic planning to support IP professional growth.
- Explain the role of leadership as a key component to IP competency and getting through day to day work.
- Discuss the benefits of networking with peers and involvement in professional organizations such as APIC.

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The Current State of Infection Prevention

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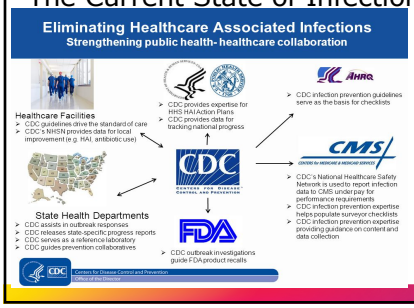
The Current State of Infection Prevention



The Joint Commission

Patient Advocacy
-HCWs
-Patients
-Families
-Public

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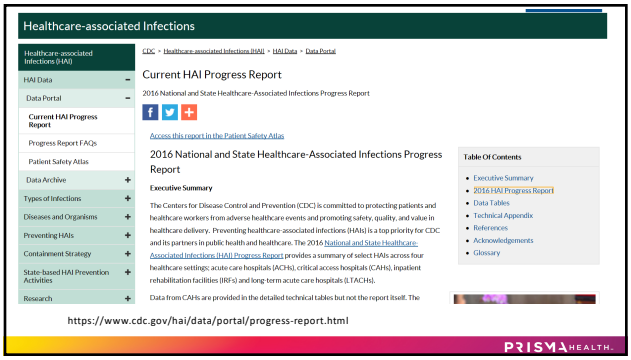

https://www.cdc.gov/hai/data/portal/progress-report.html

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CDC NHSN Surveillance : Overall Improvement

 # States With HAI Improvement

The number of states and territories performing better than the 2015 national baseline, by infection type:

Acute Care Hospitals (ACHs)	Inpatient Rehabilitation Facilities (IRFs)	Long-Term Acute Care Hospitals (LTACHs)
• CLABSI – 27 states • CAUTI – 22 states • VAE – 15 states • SSI, colon surgery – 12 states • SSI, abdominal hysterectomy – 11 states • MRSA bacteremia – 21 states • *C. difficile* infections – 26 states	• CLABSI – 4 states • CAUTI – 2 states • *C. difficile* infections – 10 states	• CLABSI – 8 states • CAUTI – 6 states • VAE – 4 states • *C. difficile* – 12 states • MRSA bacteremia – 2 states

 # States With Worse HAI Outcome(s)

The number of states and territories performing worse than the 2015 national baseline by infection type:

Acute Care Hospitals (ACHs)	Inpatient Rehabilitation Facilities (IRFs)	Long-Term Acute Care Hospitals (LTACHs)
• CLABSI – 4 states • CAUTI – 5 states • VAE – 19 states • SSI, colon surgery – 4 states • SSI, abdominal hysterectomy – 2 states • MRSA bacteremia – 6 states • *C. difficile* infections – 6 states	• CLABSI – 1 state • CAUTI – 8 states • *C. difficile* infections – 4 states • MRSA bacteremia – 4 states	• CLABSI – 3 states • CAUTI – 6 states • VAE – 13 states • *C. difficile* – 3 states • MRSA bacteremia – 2 states

https://www.cdc.gov/hai/data/portal/progress-report.html

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Infection Preventionists of Today?

4th Patient Dies, 15 Infected at Greenville Memorial Hospital Likely Due to Contaminated Tap Water

July 22, 2014 Lawrence F Muscarella PhD

June 27, 2014 — In late May, 2014, officials of the Greenville Health System in South Carolina identified a number of patients infected with an "unusual" type of organism.

The first infected patient was identified in March, 2014. Since then, 14 more patients who underwent surgery at Greenville Memorial Hospital have tested positive for an atypical mycobacterium called Mycobacterium abscessus.

Of these 15 infected (or colonized) patients, 12 had undergone cardiac surgery, two abdominal surgery, and one a neurological procedure.

LIVES SAVING

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IPs: All in a Days Work

Who	What	When	Where/ for whom
IP	Surveillance (0 HAIs is goal)	Ongoing	Targeted
IP & others	EOC/Regulatory/IP Rounding	Ongoing	Clinical areas
IP	Consultant/ Expert	Ongoing	Leadership/ staff
IP	Communication/Relationships	Ongoing	Everyone
IP	Reports/ Meetings	Scheduled	Some SKYPE/ In person
IP & others	IP Program Management: ICRA, Goals	Annual & ongoing	For 100% of organization
IP & Lab	Public Health Reporting	Ongoing	100% of PHD list
IP & others	IP Education (routine/ PRN)	Ongoing	100% of staff
IP & others	IP Policy and Procedure	Ongoing	Facility program
IP & others	Outbreaks/ sentinel events	PRN	Location of occurrence
IP & others	Occupational Health	Ongoing	100% of staff
IP & others	Construction & Renovation	Ongoing	100% of facility
IP & others	Emergency Preparedness	Ongoing	For 100% of facility

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Current Landscape

- Patients/ Consumer Experience
- Organizational expectations:

1. "Zero Infections"- Patient & HCW Safety
   - Organizational performance 🙂 or 😐
1. Regulatory inspections/ Voluntary surveys
2. Culture/ accountability

- CMS / State Public reporting
- Standards of Practice / guidelines
- Finance > Everything follows money (Value Based Purchasing)
- IP –Your engagement in role, competency, professional development

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IP Program : What About Your Program ?

- Basic structure: ICRA, Goals, Plan
- IP knowledge/ competency
- Zero harm culture
- Effective communication/ Relationship
- Education
- Technical skill: Got to know how to use technology or surround yourself with people who do.
- Performance Improvement and Implementation Science
- Policy and procedure development
- Emergency Preparedness
- Liaison to Public Health
- Influence policy makers (government, regulatory agencies, Joint Commission)

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The Path of an Infection Preventionist

Passion and Desire to **Learn** and Succeed

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Personal SWOT Analysis focus on competency model

Strengths-Skills and abilities that help you grow professionally	Weaknesses-skills might not possess
S	W
Opportunities-Areas that exist for professional growth	Threats- Impedes growth
O	T

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Connie Steed- Personal SWOT Analysis

	HELPFUL	HARMFUL
INTERNAL	**Strengths-** S • IP Knowledge (CIC X 7) • Leadership experience •Coach • Change Agent Training •Passion/ Enthusiasm •Get things done	**Weaknesses-** W • IT Technology • Time Management (Better but needs improvement) •Not using Change tools every day
EXTERNAL	**Opportunities-Can Exploit / use** O •Organization sees value in IP- continue ROI •Use other IP Team member skills related to IT. •Organization going to change IT programs	**Threats- Impedes growth** T • Involved in too much at one time (Required by facility). •Political barriers.

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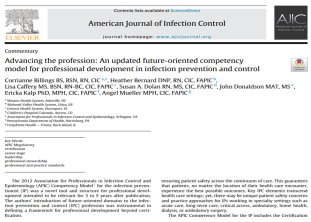
The Future: APIC

Summer 2019, Volume 12 # 2



American Journal of Infection Control

Commentary

Advancing the profession: An updated future-oriented competency model for professional development in infection prevention and control

Corrianne Billings BS, BSN, RN, CIC [a,*], Heather Bernard DNP, RN, CIC, FAPIC [b], Lisa Caffery MS, BSN, RN-BC, CIC, FAPIC [c], Susan A. Dolan RN, MS, CIC, FAPIC [d], John Donaldson MAT, MS [e], Ericka Kulp PhD, MPH, CIC, FAPIC [f], Angel Mueller MPH, CIC, FAPIC [g]

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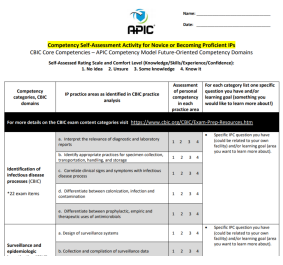
Current APIC Competency Model 2019



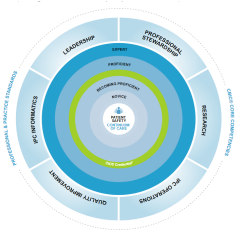
APIC

Competency Self-Assessment Activity for Novice or Becoming Proficient IPs

CBIC Core Competencies – APIC Competency Model-Future-Oriented Competency Domains

Self-Assessed Rating Scale and Comfort Level (Knowledge/Skills/Experience/Confidence):
1. No Idea 2. Unsure 3. Some knowledge 4. Knew it

Competency categories, CBIC domains	IP practice areas as identified in CBIC practice analysis	Assessment of personal competency in IP practice area	For each category list one specific question you have and/or learning goal (something you would like to learn more about!)
For more details on the CBIC exam content categories visit: http://www.cbic.org/CBICExam-Prep-Resources.htm			
Identification of infectious disease processes (CBIC) *22 exam items	a. Interpret the relevance of diagnostic and laboratory reports	1 2 3 4	• Specific IPC question you have (could be related to your own facility) and/or learning goal (area you want to learn more about).
	b. Identify appropriate practices for specimen collection, transportation, handling, and storage	1 2 3 4	
	c. Correlate clinical signs and symptoms with infectious disease process	1 2 3 4	
	d. Differentiate between colonization, infection and contamination	1 2 3 4	
	e. Differentiate between prophylactic, empiric and therapeutic uses of antimicrobials	1 2 3 4	
Surveillance and epidemiologic	a. Design of surveillance systems	1 2 3 4	• Specific IPC question you have (could be related to your own facility) and/or learning goal (area you want to learn more about).
	b. Collection and compilation of surveillance data	1 2 3 4	



https://apic.org/professional-practice/infection-preventionist-ip-competency-model/

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Career Transition for the Present and future

Novice → Expert

Infection Preventionist

Needs Deliberate Thought and Planning

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What is the Novice Roadmap?

- Curriculum map, including milestones
- Breaks all tasks down by stages
- Professional development structure
- Helps create a personal library
- Provides path to prepare for CIC exam

Stage 1 • 1-60 days

Stage 2 • 61-120 days

Stage 3 • 121 days-end of yr 1

Stage 4 • Beg yr 2- passing CIC exam

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Certification

~70% pass rate
6927 CIC at beginning of 2019

- Beginning 2020 recertification can be accomplished 1 of 2 ways:

1. SARE
2. Infection Prevention Units (IPUs)

- Example of IPUs: 40 IPUs needed/ verification

-CEUs
-Professional involvement
-Lectures (Must be CEU level)
-Abstracts
-Publications

- Online methodology to report IPUs

https://www.cbic.org/CBIC/My-Certification.htm

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Other Initiatives

Associate- Infection Prevention and Control (a-IPC)

- Aligned with CBIC mission to provide pathways to those entering into the profession who have invested time and money into their new career.
- Expands the pool of job seekers as it will are them with a credential that shows their level of interest and dedication to the field. Entry-level
- Test will be comprised of memory/ knowledge test question.
- a-IPC is not renewable. 3 year designation
- Target: e.g. Public health, nursing programs, med tech programs

AJIC –In press Article – Jim Marx et al. CIC survey

Future Correlation study between CIC and Patient Outcomes

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Professional Growth & Involvement

Spreading knowledge. Preventing infection.™

- Plan competency progress
- Get certified
- Network with Other IPs; Get Involved-

1. Benefits outweigh the time and effort.
2. Become an Influencer

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How Do We Get it All Done?
Leadership

"***Leadership*** *is an interactive process whereby an individual influences a group of individuals to achieve and common goal."*

Northouse, (2007) Leadership Theory and Practice, p. 3.

"***Leadership*** *is ultimately about creating a way for people to contribute to making something extraordinary happen."*

Kouzes & Posner, (2007). The Leadership Challenge

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APIC Consensus Conference/ Strategic Planning

- November 2018- Subject matter experts, leaders, regulatory agencies, clinical provide met to identify recommendations for strategic planning. 28 recommendations
- Super drivers- Provide the biggest benefit to advancing the role of IP.

1. Conduct care delivery practice analyses for all care settings.
2. Include as a strategic priority the leadership development, effectiveness and advancement of IPs.
3. Establish standard minimum academic credentials for IPs.
4. Conduct gap analysis , include of key stakeholders , of current data and evidence across the continuum of care that demonstrates the value of IPs and identify where additional data and evidence are needed.
5. Define practice-specific competencies for the IP in each care setting.

- Strategic Plan in development – to be presented at 2020 APIC conference

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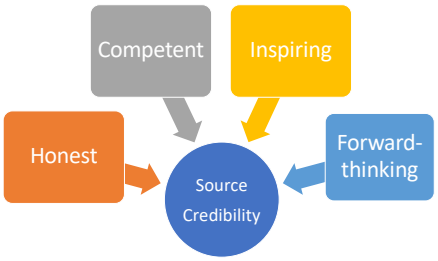
Leadership Traits



Kouzes J, Posner B. The Leadership Challenge: How to Make Extraordinary Things Happen in Organizations, 5th Edition. Wiley Press, 2012.

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Five Practices of Exemplary Leadership®

- Model the Way
- Inspire a Shared Vision
- Challenge the Process
- Enable others to Act
- Encourage the Heart

Kouzes J, Posner B. The Leadership Challenge: How to Make Extraordinary Things Happen in Organizations, 5th Edition. Wiley Press, 2012.

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Model the Way

- FIND YOUR VOICE by clarifying your personal values
- SET THE EXAMPLE by aligning actions with shared values

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Inspire a Shared Vision

- ENVISION THE FUTURE
- ENLIST OTHERS

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Challenge the Process

- SEARCH FOR OPPORTUNITIES
- EXPERIMENT AND TAKE RISKS

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Enable Others to Act

- FOSTER COLLABORATION
- STRENGTHEN OTHERS

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Encourage the Heart

Fantastic
Great Job
Thank you
Awesome
I appreciate the work you do
WOW!

- RECOGNIZE CONTRIBUTIONS
- CELEBRATE VICTORIES

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Leadership by Example

1. "Can you think of an example where an IP leader has modeled the behavior expected of others?
2. Describe a leader where you observed "inspiring a shared vision". What did that look like, how did it feel?
3. Which would you say influenced you more in your practice to date – the noble prize winner from 3 years ago or a teacher, boss or co worker you admire and why?
4. Your job as a leader is to remove barriers so teams can act and achieve the goal. Are there projects within your own organization where you might prioritize this principle? How might you use this when you return to your job in the next 4 weeks?

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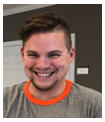
Leadership Is About Passion & Relationships

"My biggest contribution To IP is the collaboration and building of relationships in the Perioperative area."
Beth Smith, BSN, RN, CIC

" Establishing relationships with the nursing staff. Using My experience as a nurse manager To relate to the frontline staff. "
Lorie Bolding, BSN, RN



"Getting buy-in from and establishing relationships with non-nursing staff to facilitate change.
Matthew Player, BSN, RN,

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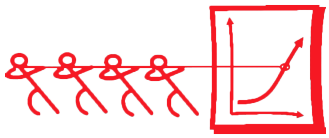
Building Teams

- A group organized to work together
- A group of individuals coming together to achieve a common goal



Baker DP, Gustafson S, Beaubien J, Salas E, Barach P. *Medical Teamwork and Patient Safety: The Evidence-based Relation*. Literature Review. AHRQ Publication No. 05-0053, April 2005. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/qual/medteam/

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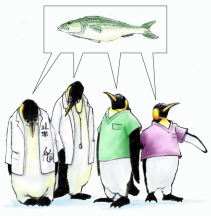
A Shared Mental Model is…

The perception of, understanding of, or knowledge about a situation or process that is shared among team members through communication.

"Teams that perform well hold shared mental models."

(Rouse, Cannon-Bowers, and Salas 1992)



AHRQ Team Stepps

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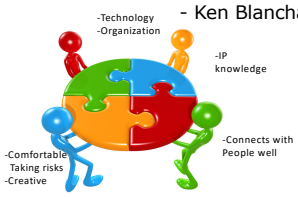
"None of us is as smart as all of us"

- Ken Blanchard



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Why teams? Inherent Human Limitations

- Limited memory capacity – 5-7 pieces of information in short term memory
  - When exceeded, you forget things
  - Why do people take a list to the grocery store?
  - Observational studies have shown that med/surg nurses try to hold 17-20 items in memory 70% of the time
- Negative effects of stress
- Negative influence of fatigue and other physiologic factors
- Limited ability to multi-task

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Live in the Present, Think of the future> Population Health

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Determinants of Population Health

The path to good health no longer leads just to the doctor's office. The healthcare industry is recognizing that societal and non-medical factors play a much larger role than once envisioned. These are the leading factors based information from the Centers for Disease Control.[1]

Physical/social environment
(i.e., living conditions, income levels and community demographics, discrimination)

Lifestyle/health behaviors
(i.e., activity level, eating habits, drug and alcohol use, smoking, etc.)

Medical care
(i.e., quality of care, appropriate care, access to care, and affordable insurance)

Genetics
(i.e., gender, age, predisposition to disease or injury, etc.)

[1]http://www.cdc.gov/socialdeterminants/FAQ.html

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Future> Transformed Healthcare System

- High value care- improves patient safety
- Improved patient experience
- Improved outcomes
- Reduced cost
- Care delivered where the patients are: Long term care, MD practices, walk-in clinics, tele-medicine, patient homes.

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Infection Prevention Future

- APIC Consensus Conference- November 2018
- " The Role of the IP in a Transformed Healthcare System: Meeting Healthcare needs of the 21st Century".
- American Healthcare shifting focus away from acute care toward population health.
- People living longer> sicker, frailer, more chronic disease
- Continuing pressure for IPs to contribute value

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IP of the Future- APIC To Lead

- Partner with patient advocates to advance the value of IP.
- Differentiated Practice: Technical vs Clinical Leaders.
- Creation of promotional pathways>>IP specialists- Acute Care, LTC, Ambulatory care: Practice-specific competencies.
- Leadership Training integrated with technical IP training
- Continued enhancement and expansion of the use of Technology and sharing of data
- Behavior / process improvement: Integration of Human Factors Engineering

Leveraging the value of the IP

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Infection Prevention Practice Future?

- Spaulding Classification for Cleaning- Sterilization change Endoscopes will require sterilization
- Advances in technology: EMR, Telemedicine, Patient care equipment- e.g. Robotics
- Increased survey/ regulatory focus across the continuum of care.
- Establishing clear guidance for IP across the continuum
- Management of emerging infectious diseases, antibiotic resistance >> Antimicrobial Stewardship
- Education of Anti-vaxers

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How do IPs Show Value?

- Corporate leadership must know who we are: We must leverage ourselves:
- Subject matter experts / Consultants
- Leaders that collaborate, take risks and are problem solvers
- Patient Safety advocates
- Educators
- Communicate fiscal return on investment
- Improvement in outcomes> Zero Harm
- Successful regulatory/ survey readiness

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Questions and Answers

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