

Infection Prevention Challenges & Change



A Fishbowl Perspective

Patient Safety & Quality Congress FIME 2018 Annual Conference

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Nothing to Disclose

Objectives



- Describe at least 2 IPC change approaches for future decades (*inside* the fishbowl)
- State 2 non-IP viewpoints of the fight against HAI's (*outside* the fishbowl)
- Explain how “The Broken Window Effect” can be applied to your healthcare setting to decrease HAI



**COMMON
THREAD?**

CHICKEN
35 €

Progression of IP&C ... Common Thread?



- AJIC 2000 “Interventional Epidemiology”
 - 1960’s Exploration
 - 1970’s Expansion
 - 1980’s Reaction & Response
 - 1990’s Regulation
 - 2000’s Interventional Epidemiology

5 Decades

Garcia R, Barnard B, Kennedy V. The fifth evolutionary era in infection control: Interventional epidemiology. *Am J Infect Control* 2000;28:30-43.

Some Key Publications & Advancements



- The Economic Impact of Infection Control: Making the Business Case for Increased Infection Control Resources
 - Landmark Article of Framework for Evaluating Economic Impact HAI's
 - Practical Tips to Augment Do's/Don't when Requesting \$ Administrator

Some Key Publications & Advancements



- Staffing and Structure of Infection Prevention and Control Programs
 - 1st Study to Provide Comprehensive Description “Snapshot”
 - Survey Sent to 441 NHSN Facilities: 66% Response Rate
 - Higher Staffing in Smaller Facilities ($p < .0001$)
 - Median Staffing 1 Infection Preventionist (IP) per 167 beds

Inside IPC Fishbowl: C-Suite Jargon



- Must **learn** so IPC can talk the talk ...
- While walking the patient safety trail
 - Strengthen & Enhance Current Skills
 - Do not take for granted “win” of **other** budget or services
 - Respiratory Therapy? Biohazard Waste? Information in General?
 - Nurse:Patient Ratio? Best Product for Facility/Culture? \$\$\$



More Obvious *Inside* the Fishbowl?



- Rates per 1000 Days of Something
 - Seen as nagging versus partner approach
 - “Mystery” jargon?
 - Talking Above Others? ... “Nosocomial”
- National and/or Internal Benchmarks
 - Compared to Rates per 1000 Days of Something
 - Process Control Charts
 - ✦ Culture of Your Facility Inclusive for bedside feedback?
 - ✦ Just for IPC/Quality Committee?

Obvious *Inside/Outside* the Fishbowl?



- **Hide** the HAI Reality Behind Rates & Benchmarks
 - Can't See or Feel the Individual Pain and Suffering
 - Keeping it "Sanitized" by Making the "Person" Invisible



- Old Retrospective Data by Month, Quarters, Annual
 - Yet that is now we must roll to track progress

Tactics Inside the Fishbowl?



- Help Bedside Staff Develop “Eyes to See”
 - Include Number of Patient’s Infected
 - ✦ Include Rates and Percent(s)
 - Numerator and Denominator and/or $n=$
 - ✦ Include a Line-Listing of Patient’s Infected
 - Social History?
 - Family
 - Job
 - Impact of Extended Length of Stay



Tactics Inside the Fishbowl?



- Provide **Prospective** HAI Data ...
- You **Already** Check/Surveillance Daily → SHARE
 - ✦ Bedside Staff to Perform and Report 'mini RCA' → Accountability



More Tactics Inside the Fishbowl?



- Provide Prospective HAI Data

- ✦ Check Daily? Every 48-72 Hours for

- CLABSI
- CAUTI
- VAP/VAE
- SSI

Re-Admissions within
30-Days? →
Not Just a Quality Measure

- ✦ Provide **Pretty Quick** HAI Feedback

- Bedside Staff & Their Management Team?
- CEO? CNO? CFO? COO? Any “O” ?

5 Decades is now 6 Decades ...



- Identified Some KEY publications
- Shared Ideas to Change INSIDE Fishbowl IPC
- Helping to define a profession
- ... But **WHAT** is That Common Thread?

Now it is 6 Decades: 2010 & Beyond



DEMONSTRATE

VALUE ...

... as a constant

Truth & Challenge

Common **INSIDE** Fishbowl Thread – What is it?



Why Learn & Change All THAT ...



The Forgotten Reality in HC



- Expanding What We Know About Off-Peak Mortality in Hospitals
 - 64% “Off Peak” Patient Care is Delivered
 - ✦ Nights & Weekends “Off Hours”
 - Limited Ancillary Services
 - Fewer Support Staff
 - Decreased Direct Supervision
 - Strained Communications (on-call MD and/or leadership)

Ask Yourself as an Infection Preventionist



- With Only 36% of Bedside Care “Optimal” Environment
- What Happens During Off Hours & HAI Prevention?



Consider Teachings of Ken Segel



- How to merge from the inside out?
- How to promote IPC mission from the outside in?
- Look outside usual suspects, and “wear the other shoe”
- ... A practical approach

Spring 2010 (Vol.2 #1): Thinking BIG: The worlds great organizations may hold the key to a more compelling business case for HAI Elimination⁵

Summer 2010 (Vol.2 #2: Saving Lives, Saving Money: Helping hospital leaders seize the opportunity⁶

Outside the Fishbowl → Success?



- Consider **C-Suite** Frame of Reference

SUCCESS = WIN:WIN

- Quick, Visible, “Easy”, and Fast → INSTANT
 - Investments in new healthcare services
 - Capitol investments of old services and equipment
 - Constituents Obviously Happy

VERSUS

IPC Request on Investment ... Success



- **MIGHT WIN** → Slow, Hidden, “Hard”, and Painful
 - Investments not rapidly obvious (not quick fix)
 - Slow tension accompanies gradual changes of culture
 - Hardwired operational improvements hidden
 - Constituents Not Universally “Happy”

C-SUITE MOVING FORWARD



- Must Dent “Silo Thinking” for Patient Safety & ↓ HAI’s
- Stop Promoting Old Silo Approaches
 - Give an **even more** perfect report in a committee setting
 - Present an **even more** impassioned speech in the same meetings

C-SUITE MOVING FORWARD



Promote Facilitated Situational Observations at the bedside

○ Help Leadership Develop EYES TO SEE

✦ Where **value** is lost

✦ Where **value** can be created

✦ To Secure a **Win-Win** Help see how this is a Big Bang for Buck



IMPACT OBSERVATIONS



- Silently Shadow Bedside Staff (Remember HIPAA)
- No Interruption of Bedside Flow of Care
 - Let leadership *experience* the ‘work around(s)’ yet
 - Observe the exceptional professional expertise and compassion
 - Why there is no time to unlock wasted resources to improve
 - See Together ... Know Together ... Do Together
- Leadership Can Be More Prone to
 - **Unlock frontline FTE’s away from the bedside to problem-solve**
 - Focus ideas and approaches to decrease HAI’s
 - Understand the concept of Zero HAI’s → Culture not a Number

Impact Observations

Are NOT

Leadership Rounds

LEADERSHIP ROUNDING



IMPACT OBSERVATIONS

Large empty rectangular area for recording observations on the left side of the page.

Large empty rectangular area for recording observations on the right side of the page.

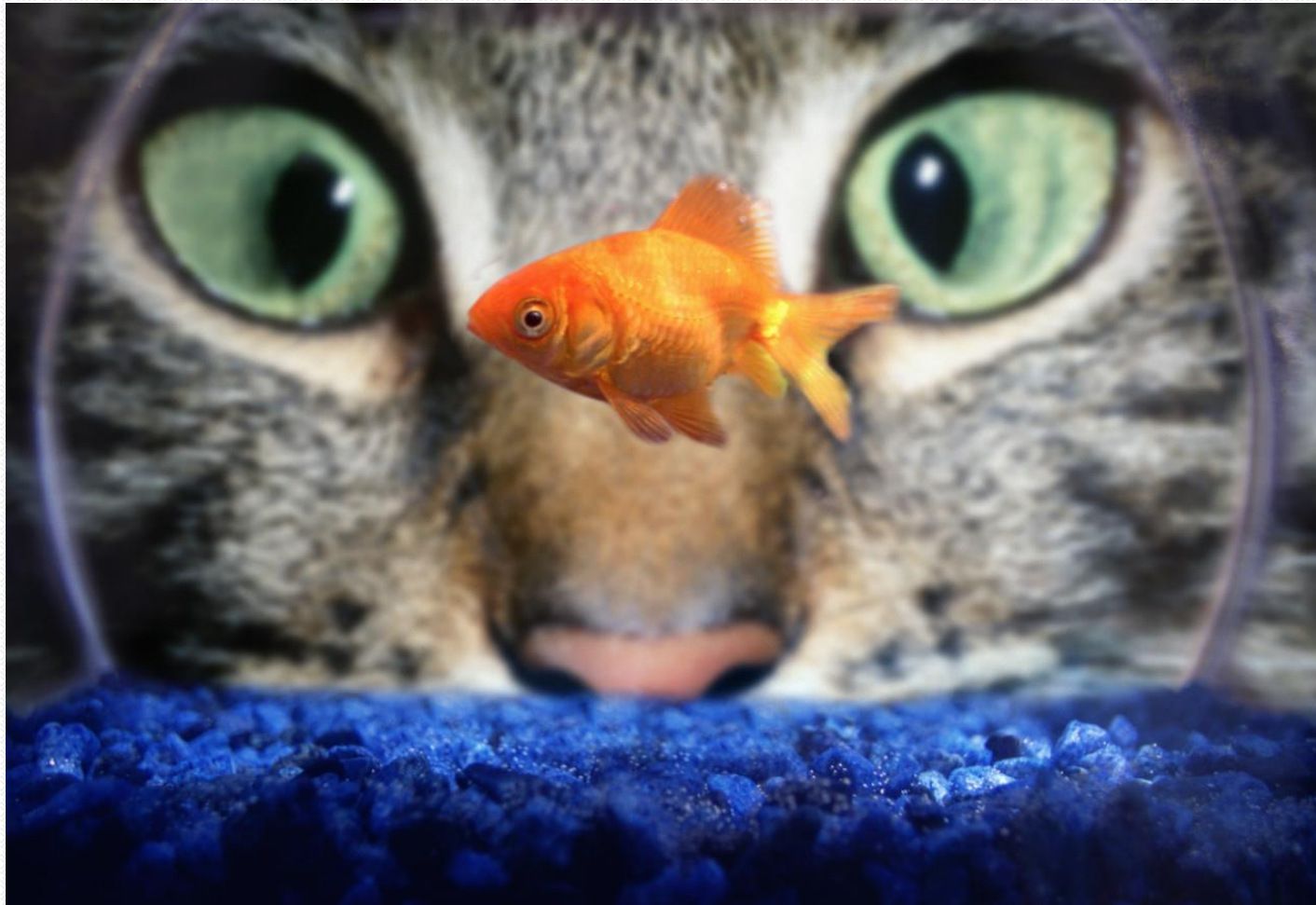
Owners Stabilize not You



- HAI's Can be ↓ed by the People Who **DO THE WORK**
- Stabilize The Process = Stabilize The Outcome
 - Best to Show with “YOUR” Own Healthcare Specific Data
- Variation in Process = Variations in Outcomes
- Doing the Right Thing is Most Often the EASY Thing
 - Once Assessed, Placed, and Practiced
 - WIIFM



Outside Looking Into IP&C



Right Place & Time: Unofficial APIC Education



- 2004 APIC Future's Summit
 - Industry “Infection Control” → “Prevention”
 - Guest Speaker: Ken Segel of Value Capture
 - Lisa McGiffert: Consumers Union

Moral Clarity



- Ken Segel Published x2 Articles in APIC's *Prevention strategist*

...If it is OK to give an HAI to someone ...

... Who is it OK to give the HAI to?

Spring 2010 (Vol.2 #1): Thinking BIG: The worlds great organizations may hold the key to a more compelling business case for HAI Elimination⁵

Summer 2010 (Vol.2 #2: Saving Lives, Saving Money: Helping hospital leaders seize the opportunity⁶

Associations Exist Because



- Share a History of Purpose
 - Commitment to FIGHTING “Something”
 - AKA: Champion
 - Strength in Numbers & Gray Matter
 - ✦ WHO
 - ✦ CDC
 - ✦ American Cancer
 - ✦ MADD
 - ✦ APIC



Then Why Does This Exist?



Issues **Press Room** Our Experts About Us

Take Action

Donate

ConsumersUnion

THE ADVOCACY DIVISION OF CONSUMER REPORTS

Search CU

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Stop Hospital Infections petition and supporting materials:

Campaigns

Join Us

[View the petition submitted to hospitals](#)
[Hospital-acquired infection talking points](#)
[What hospitals can do to prevent infections](#)

Related

[Public interest groups question GSMA about](#)

[Federal Regulators Fine Wells Fargo \\$1 Billion for Auto](#)

[Consumers Union urges Senate to oppose auto lending](#)

[Consumers Union Urges Tough Limits on Arsenic in](#)

<http://consumersunion.org/news/stop-hospital-infections-petition-and-supporting-materials/>

Why Isn't This Primary ?



Consumers

- [Overview](#)
- [Monthly alerts for consumers](#)
- [Materials for healthcare facilities](#)
- [Additional patient safety resources](#)
- [Infection Prevention and You website](#)

[Patient or family member?](#)
CLICK HERE



[Home](#) > [Consumers](#) > [Overview](#)

Consumers



Patients play an important role in receiving safer, infection-free care. Be an informed patient and an advocate for healthcare safety using APIC's patient safety resources.

<https://apic.org/For-Consumers/Patient-safety-resources>

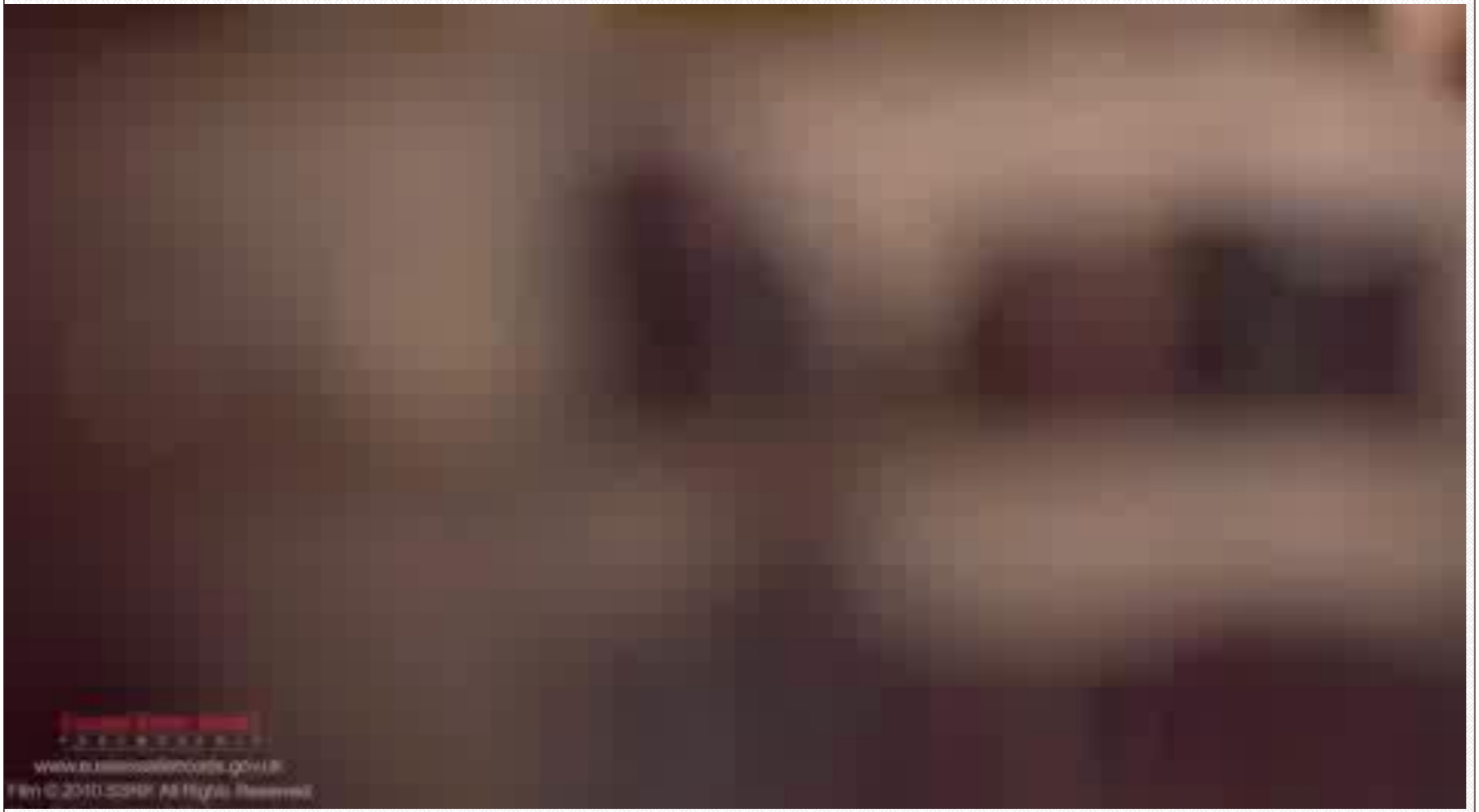
Inside the IP&C Fishbowl?



- IP's must become '**obsessed** with failure'
 - **The Change Agent** during HAI Occurrences
 - Bring the "Art" into HAI Prevention (People)
 - While Emphasizing the "Science" ... Always
- Accept and not 'Reason-Away' public perception of HAI "it is what it is"

IPC: Messaging is Complicated





Business & Finance
SOLUTIONS

www.businessandfinance.com

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“Art” of HAI Prevention = Addressing People Interactions



http://www.silenttreatmentstudy.com/silencekills/

Silence Kills Study - Silent T... x Latest News/Sports/Entertain...

File Edit View Favorites Tools Help

Google Silence Kills Search Share More >> Sign In

Pinterest - Home

VitalSmarts, AORN, & AACN present:

The **Silent** Treatment

Why Safety Tools and Checklists Aren't Enough to Save Lives

HOME | ASSESSMENT | **2005 SILENCE KILLS STUDY** | MEDIA

Silent Treatment Resources

VitalSmarts, AORN, & AACN present
The Silent Treatment
Why Safety Tools and Checklists Aren't Enough to Save Lives

Imagine you are a nurse

SILENCE KILLS

12:33 PM
5/19/2013

www.silenttreatmentstudy.com/silencekills

Malcolm Gladwell



- **The Tipping Point:**
How little things can make a big difference
- **Blink:**
The power of thinking without thinking
- **Outliers:** The story of success



More Fishbowl Homework



- “Too Much Data” Pearl Harbor WWII
 - How too much information was harmful
- “The Screen” for Orchestra Auditions
 - How an industry fixed itself
- “Broken Window Effect”
 - Graffiti & How NYC reduced crime

The Broken Window Effect



- How did crime in 1990's NYC decline when the economy was still depressed?
- Criminologists James Q Wilson & George Kelling
 - Crime is the inevitable result of disorder
 - If a window is broken & left unrepaired, people conclude that no cares ... no one is in charge ...

The Broken Window Effect



- Soon More Windows are Broken
- Sense of Anarchy spreads from the
- Building ... Street ... Community
- Signals “Anything Goes” and no consequences

The Broken Window Effect



- An Epidemic Theory of Crime
- That Crime is Contagious
- That it can start with a broken window and spread
- 1984 to 1990 David Gun's "War on Graffiti" in the Subway System transformed NYC crime rate stats

Inside The Fishbowl

Perspectives ○ ... not alone with
difficult decisions



How Will “New” IP Reality Feel?



- Stimulate IP Innovation in **any** Setting
 - Letting Go: Bedside Content Expertise Rules
 - Hold On: EBP to preserve resources to
 - ✦ “Reel In” Innovation to conserve resources
- Balance Through Facilitation
 - Experience own Content Expertise Empowerment

IP's Vision is Not Easy



Dr. Sonia Nieto

*"Conflict is inevitable
and should be embraced
as an inescapable part
of learning."*

Sonia Nieto

IP's Moving Forward



- Imagine a World without APIC / SHEA / CDC / WHO ...
- Accept the “Silver Lining” of the Fishbowl
 - Obsession with Failure that will
 - Spur Innovation at the bedside
 - Creating a space for “Art” in IP&C
 - ✦ “Letting Go” with Caution through Facilitation

We Exist & Grow to Serve



Testing our Foundation

- Know When to Lead Astutely
- Know When to Bravely Follow
- Seek & Listen to Our Customers
- Strengthen Inside our “fishbowl”
- Learn Through Collaboration ...
 - Outside our area of expertise
 - Outside of our comfort zone

Unchartered Territory: Fishbowl



- Must understand each perspective
- Until the **public** demands the IP's presence in healthcare, the C-Suite can't comprehend the customer value in services provided by the IP

Patient Safety & Quality Congress

FIME 2018 Annual Conference



- Come Together & Celebrate
 - You Exist Because of Who YOU Are
- Strive: Healthcare Without Infection
- How: Teach “Zero” as a culture for not accepting nonconformance with evidence-based practices to ↓ HAI’s

Challenge & Change: Be not Afraid

How Fear Of The
Unknown Hinders
The Development
of Informed
Opinions.



By **Dr. Seuss**

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