Jefferson.

What is an Infection Control Practitioner?

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THOMAS JEFFERSON UNIVERSITY AND HOSPITALS

Objectives

- Understand what Infection Control is
- Verbalize the history of Infection Control
- Explain what an Infection Control Practitioner does
- Understand how public reporting has changed Infection Control

What is Infection Control

- Identifying and reducing the risk of infections developing or spreading
  - Hand Hygiene
  - Standard Precautions
  - Isolation Precautions
  - Bundles

"The patient in the next bed is highly infectious. Thank God for these curtains."

History of Infection Control

- Pre 1800: Early efforts at wound prophylaxis
- 1800-1940: Nightingale, Semmelweis, Lister, Pasteur
- 1940-1960: Antibiotic era begins, *Staph. aureus* nursery outbreaks, hygiene focus
- 1960-1970's: Documenting need for infection control programs, surveillance begins
- 1980's: Focus on patient care practices, intensive care units, resistant organisms, HIV
- 1990's: Hospital Epidemiology = Infection control, quality improvement and economics
- 2000's: Healthcare system epidemiology and public reporting

Organization of Infection Control Here at Jefferson

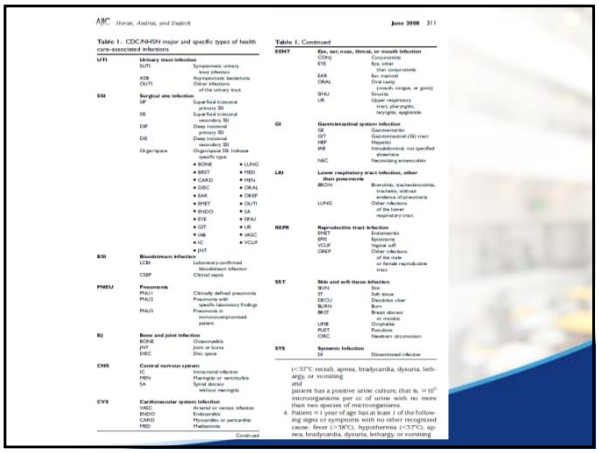
- Infection Control Officer – Dr. Phyllis Flomenberg
- Infection Control Manager – Amanda Melendez
- Infection Control Practitioners
  - Bobette Glenn
  - Mary Ehly
  - Robert Rossi
  - Marissa Coulter
  - Cathleen Strzalka
  - Sara Townsend
- Data Analyst – Julie Jacobs
- Administrative Secretary – Marcella Keel

Responsibilities of Infection Control Practitioners

- Surveillance of hospital acquired infections
- Public reporting of all hospital acquired infections
- Outbreak investigation and exposures
- Develop policies and procedures
- Education of hospital staff on infection control
- Rounding
- Meetings

Translation of Responsibilities

- Surveillance of hospital acquired infections
  - The Centers of Disease Control and Prevention (CDC) National Health Safety Network (NHSN)
  - Pennsylvania's Act 52 – reporting of ALL hospital acquired infections
  - The Joint Commission
    - NPSG
    - Infection Control Standards



AJIC Horan, Andrus, and Dudeck

June 2008 311

Table 1. CDC/NHSN major and specific types of health care-associated infections

UTI	**Urinary tract infection**		
	SUTI	Symptomatic urinary tract infection	
	ASB	Asymptomatic bacteriuria	
	OUTI	Other infections of the urinary tract	
SSI	**Surgical site infection**		
	SP	Superficial incisional primary SSI	
	SS	Superficial incisional secondary SSI	
	DP	Deep incisional primary SSI	
	DS	Deep incisional secondary SSI	
	Organ/space	Organ/space SSI. Indicate specific type	
		• BONE	• LUNG
		• BRST	• MED
		• CARD	• MEN
		• DISC	• ORAL
		• EAR	• ORBP
		• EMET	• OUTI
		• ENDO	• SA
		• EYE	• SINU
		• GIT	• UR
		• HB	• VASC
		• IC	• VCUF
		• JNT	
BSI	**Bloodstream infection**		
	LCBI	Laboratory-confirmed bloodstream infection	
	CBP	Clinical sepsis	
PNEU	**Pneumonia**		
	PNU1	Clinically defined pneumonia	
	PNU2	Pneumonia with specific laboratory findings	
	PNU3	Pneumonia in immunocompromised patient	
BJ	**Bone and joint infection**		
	BONE	Osteomyelitis	
	JNT	Joint or bursa	
	DISC	Disc space	
CNS	**Central nervous system**		
	IC	Intracranial infection	
	MEN	Meningitis or ventriculitis	
	SA	Spinal abscess without meningitis	
CVS	**Cardiovascular system infection**		
	VASC	Arterial or venous infection	
	ENDO	Endocarditis	
	CARD	Myocarditis or pericarditis	
	MED	Mediastinitis	

Continued

Table 1. Continued

EENT	**Eye, ear, nose, throat, or mouth infection**	
	CONJ	Conjunctivitis
	EYE	Eye, other infections/conditions
	EAR	Ear, mastoid
	ORAL	Oral cavity (mouth, tongue, or gums)
	SINU	Sinusitis
	UR	Upper respiratory tract, pharyngitis, laryngitis, epiglottitis
GI	**Gastrointestinal system infection**	
	GE	Gastroenteritis
	GIT	Gastrointestinal (GI) tract
	HEP	Hepatitis
	IAB	Intraabdominal, not specified elsewhere
	NEC	Necrotizing enterocolitis
LRI	**Lower respiratory tract infection, other than pneumonia**	
	BRON	Bronchitis, tracheobronchitis, tracheitis, without evidence of pneumonia
	LUNG	Other infections of the lower respiratory tract
REPR	**Reproductive tract infection**	
	EMET	Endometritis
	EPIS	Episiotomy
	VCUF	Vaginal cuff
	OREP	Other infections of the male or female reproductive tract
SKT	**Skin and soft tissue infection**	
	SKIN	Skin
	SOFT	Soft tissue
	DECU	Decubitus ulcer
	BURN	Burn
	BRST	Breast abscess or mastitis
	LPIB	Omphalitis
	PUST	Pustulosis
	CIRC	Newborn circumcision
SYS	**Systemic infection**	
	DI	Disseminated infection

(<37°C rectal), apnea, bradycardia, dysuria, lethargy or vomiting
and
patient has a positive urine culture, that is, $\geq 10^5$ microorganisms per cc of urine with no more than two species of microorganisms.

4. Patient <1 year of age has at least 1 of the following signs or symptoms with no other recognized cause: fever (>38°C), hypothermia (<37°C), apnea, bradycardia, dysuria, lethargy or vomiting.

The Joint Commission

- National Patient Safety Goal #7: Reduce the risk of health care-associated infections
  - Hand hygiene – set goals and improve
  - Prevent MDRO infections– MRSA, VRE, MDRGN, *C.diff*
  - Prevent CLABSIs – education, follow the buddle, and provide data
  - Prevent SSIs – educate, SCIP, provide data
  - Prevent CAUTI – new goal – limit the use and duration of use

The Joint Commission

- Standards
  - Responsible person that oversees IC
  - Resources are allocated
  - Risks are identified and then goals are set
  - Has, implements, and evaluated the Infection Control plan
  - Plan for influx of infectious patients
  - Reduces risk of infections associated with medical equipment, devices, and supplies
  - Prevents transmission of infectious diseases among patients, LIPs, and staff
  - Offers flu vaccine

Public Reporting and Exposures

- We are mandated to report certain communicable diseases to the department of health
  - The Microbiology Lab sends the reports for all communicable diseases to the health departments
  - Infection Control follows-up on all AFB positive cases and diseases such as Measles
    - Exposure May 2012
    - If you were exposed to a positive TB patient do you want the process is?

Policies and Procedures

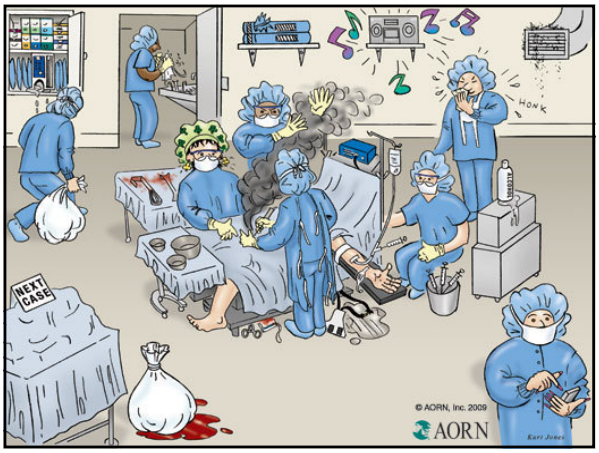
- Where is the Isolation and Infection Control Manual?

http://tjuh4.jeffersonhospital.org/isolation/index.cfm

- Infection Control reviews ALL hospital and departmental Infection

Education

- Annual Healthstream –
  - Standard and transmission based precautions
  - National Patient Safety Goal #7
  - Device related infection prevention
- New policies and procedures or protocol education
  - Neurosurgery and spine surgery protocols
- Cleaning of equipment inservices
- Just in time education



Rounding

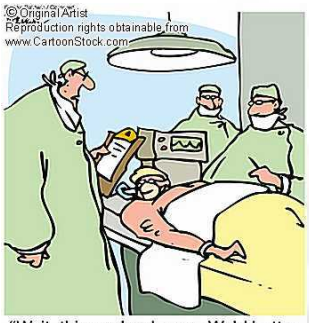
- ICPs round on the units are look to make sure staff are following isolation precautions
- We round every Thursday in the OR at 7:00 to look for compliance to Infection Control Standards
- We round twice a year with Environment of Care Committee to check compliance
- Monitor compliance with cleaning of medical equipment

Meetings

- Infection Control Committee
  - All surveillance reports are reported at this committee
  - Then they can be shared at various other meetings – working groups, sent to chairs, and reported up to the Medical Executive Committee
- Hand Hygiene Task Force
- ICRA
- Products
- Working groups
  - Spine
  - C. diff
  - Critical Care and BMTU
  - Device related working groups – CLABSI, VAP, CAUTI

Meetings

- Co-management meetings
- Disease specific meetings
- Environment of Care Committee
- Haz Mat sub-committee
- OR EOC meeting
- Nurse Resource Group



"Wait, this one's a lawyer. We'd better wash our hands."