



**EPIDEMIOLOGY
INFECTION CONTROL PLAN – BHMC ADDENDUM**

POLICY #:			
SUBJECT:	Broward Health Medical Center (BHMC) Infection Control Plan Addendum	EFFECTIVE DATE:	Date: 04/2001
SPONSOR:	Epidemiology	REVISED:	Dates: 10/09, 10/10, 12/11, 10/12, 4/15, 3/16, 3/17, 1/18, 2/19, 1/20, 4/21, 5/22,4/23
APPROVED:	BHMC: Heather Havericak CEO Donna Small CNO	APPROVED FOR USE:	BHMC

PURPOSE: Broward Health has developed and implemented an effective system-wide Infection Prevention and Control Program for the surveillance, prevention, and control of infection. This is the BHMC specific addendum to the plan.

I. Description of Population

Broward Health Medical Center is a level 1 trauma center located in downtown Fort Lauderdale, in Broward County Florida. BHMC provides tertiary care across the continuum of care for all age groups. Its services include cancer services, Level 3 NICU, inpatient dialysis and other services which are delineated in the *Scope of Program* section.

Per Fiscal Year 2022 our payer mix was approximately 16% Medicare or Managed Medicare, 32% Medicaid and Managed Medicaid, 30% Commercial, 21% Self Pay and Charity. According to the Broward County Health Department, there are high numbers of infectious diseases reported. These include new and emerging diseases including but not limited to COVID 19, multidrug resistant organisms like *Candida auris* as well as epidemiologically important communicable diseases like HIV/AIDS, Hepatitis C, STDs, and Tuberculosis. BHMC encounters a high rate of patients diagnosed with Tuberculosis. The community (Broward County) rate of Tuberculosis as of 2022 has increased to 2.4 per 100,000 people from 2.3 in 2021. In 2022 we had 5 confirmed TB cases. This still places BHMC at low risk per CDC TB Risk Assessment that is completed yearly and be attributed to the facilities’ proximity to Port Everglades, Fort Lauderdale International airport, as well as its downtown location. A stringent TB program is in place at BHMC to aid in early diagnosis and to prevent the spread of TB in the facility.

Conditions such as cancer, HIV/AIDS, indwelling medical devices, use of anti-rejection drugs, disorders that affect the immune system, alcoholism, drug abuse, diabetes and renal failure amongst others can increase an individual’s risk for acquiring infections. The behavioral health population at BHMC may also be at an increased risk due to lack of housing, risky lifestyle, non-compliance, and drug/alcohol dependence.

II. Scope of Program

- A. BHMC is a full service 720 bed facility that provides tertiary care across the continuum of care for all age groups and includes the Salah Foundation Childrens Hospital, a variety of inpatient, outpatient, and rehabilitative services and select community health services.
- B. Patient populations include medical –surgical specialties and subspecialties including but not limited to trauma, medical-surgical, intensive care, maternal childcare, cancer, and blood dyscrasias, cardiac and interventional services, orthopedics, neurology, transplant services, renal, pulmonary, diagnostics, endoscopy, and rehabilitation.
- C. Services provided at BHMC include but are not limited to:

1. Adult Care

- a. Breast Center
- b. Cancer Center
- c. Heart Center of Excellence
- d. Interventional Radiology
- e. Outpatient Radiology
- f. Cardiac Research
- g. Cardiac Rehabilitation
- h. Diabetes Program
- i. Emergency Department
- j. Joint Replacement
- k. Orthopedic Sports Medicine
- l. Outpatient Neurology
- m. Sleep Disorders
- n. Stroke Center
- o. Level 1 Trauma
- p. Behavioral Health
- q. Urology Center
- r. Inpatient Dialysis
- s. Respiratory Services
- t. Endoscopy
- u. Rehabilitation Center
- v. Community Health Services
- w. Outpatient Clinic

2. Salah Foundation Children’s Hospital

- a. Pediatric Emergency Department
- b. Level 1 Trauma Center
- c. Neonatal Intensive Care Unit
- d. Pediatric Intensive Care Unit
- e. Pediatric Unit
- f. Children’s Cancer Center
- g. Sickle Cell Day Treatment Center
- h. Pediatric Hematology and Oncology
- i. Pediatric Sedation
- j. Labor and Delivery
- k. Maternity Unit
- l. Lactation Center
- m. Nursery

II. At Risk Patient Populations

- A. The Infection Control Committee at Broward Health Medical Center has identified the following patient populations as being at higher risk for health care associated or transmissible community acquired infections:
1. Patients undergoing mechanical ventilation.
 2. Patients undergoing surgical & invasive procedures.
 3. Trauma patients
 4. Patients undergoing vascular access procedures.
 5. Patients with urinary catheter treatment
 6. Employees are at risk for occupational exposure to tuberculosis, blood borne pathogens, and other communicable diseases.
 7. Patients with significant pathogens (i.e., multi-drug resistant organisms, *C. Difficile*)
 8. Patients admitted through the International Program
 9. Immunocompromised patient (HIV/AIDS, sickle cell, cancer)
 10. NICU patients

III. Roles and Responsibilities of the Infection Control Committee (ICC)

- A. The ICC is a multidisciplinary committee with representation from but not limited to Medical Staff, Executive Leadership, Nursing, Ancillary staff, Allied Health, and Community Health Services. The role of the ICC is to oversee the BHMC Infection Prevention and Control Program.
- B. Responsibilities of the Infection Control Committee include but are not limited to the following:
1. Recommends the minimum amount of time allocated to the Infection Control Program based on the needs of the population served.
 2. Requests changes to the allocation of time as needs change or program goals cannot be met.
 3. Facilitates the allocation of resources needed to access information, supplies, equipment, and laboratory services.
 4. Approves the IC Program's Annual Appraisal, Risk Assessment, BHMC IC Program revisions, and Infection Control new policies/revised policies.
 5. Initiates recommendations based on mandatory reporting data, surveillance findings, epidemiological investigations, and performance indicator trends.
- C. The multidisciplinary Infection Control Committee meets at least every other month. The Chairperson of the ICC, who has the authority of the Chief of Staff and Chief Executive Officer of Broward Health Medical Center to oversee the hospital-wide Infection Control Program. The Epidemiology Clinical Specialist or designer serves as the facilitator. All hospital departments are encouraged to participate in the ICC and contribute to the infection control and prevention objectives of the program.
- D. Reports to monthly RQC and MCE/MEC.
- E. Pediatric Infection Control Committee
1. In view of the unique infection prevention needs of a level 3 NICU & Pediatric population, a pediatric infection control committee was created and sanctioned by the Medical Executive Committee.
 2. The committee has been meeting quarterly and as needed.

IV. Objectives

Objectives for the Epidemiology department are as follows:

Please see appendix a- Goals and Objectives CY 2022

References:

1. <https://www.cdc.gov/hai/hai-ar-programs/activities/IPC-education.html>
2. Dudeck, M., Edwards, J., Allen-Bridson, K., Gross, C., Malpiedi, P., Peterson, K., Pollock, D., Weiner, L., & Sievert, D. (2015). National Healthcare Safety Network report, data summary for 2013, Device Associated module. *American Journal of Infection Control* 43 (3). 206-221.
3. Centers for Disease Control and Prevention (2002). Guideline for Hand Hygiene in Health-Care Settings: Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA. *MMWR* 51(RR-16).1-45.
4. Hand Hygiene in Healthcare settings. (2015). Centers for Disease Control. Retrieved from <http://www.cdc.gov/handhygiene/>.
5. Hospital Accreditation Standards (2015). The Joint Commission. Retrieved from <http://www.jointcommission.org/accreditation/hospitals.aspx>.

Organizations referenced:

1. Centers for Disease Control and Prevention (CDC)
2. The Association for Professionals in Infection Control and Epidemiology, Inc. (APIC)
3. Association of Peri-Operative Registered Nurses (AORN)
4. Association for the Advancement of Medical Instrumentation (AAMI)
5. The Society for Healthcare Epidemiology of America (SHEA)

Related Policies:

Broward Health Infection Control Plan (System), Broward Health Epidemiology and Department Specific Infection Control Policies

Authors:

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BHMC Infection Control Committee, BHMC

Reviewed/Approved by:

CNO _____

Date: _____

CEO _____

Date _____



Appendix A Goals and Objectives CY 2022

**Based on yearly risk assessment of events*

**Will review monthly*

**Target goals based on 10% reduction in harm events from LCY and VBP achievement threshold using NHSN SIR data.*

Hospital Acquired Infection (HAI) Related Risks

Goal # 1: Overall reduction of hospital acquired infections.

*Pareto Analysis reveals that Outbreaks constitute the highest risk with a risk priority number (RPM) of 324. After Outbreaks, the top 4 risks identified in the Pareto analysis were Central Line BSI, Multi Drug Resistant Organism, Surgical Site Infection, Clostridioides difficile.

<i>Indicator</i>	<i>Population</i>	<i>Plan</i>	<i>Benchmark</i>	<i>Team</i>	<i>Methodology</i>
Outbreaks	All patients	<ol style="list-style-type: none"> 1. Reduce nosocomial outbreak. 2. Follow the Outbreak procedure and policy whenever applicable. 	CY 2022	House wide	<ol style="list-style-type: none"> 1. Monitor daily surveillance for any unusual organisms or clusters of organisms. 2. Initiate infection control measures based on CDC or other evidence-based recommendations. 3. Consult with Florida Department of Health as necessary. 4. Educate healthcare staff on organisms identified in outbreaks, chain of infection and measures to prevent the spread of further infections. Use rounding, huddles, need to know, grand rounds. 5. Report clusters/outbreaks to necessary stakeholders and committees. Early detection of infection trends through vigilant surveillance, communication with the Broward County Health Department, and monitoring of CDC alerts. 6. Monitor compliance related to transmission-based precautions and PPE usage, hand hygiene and EOC inspections. 7. Make evidence-based changes in practice.

					8. Environmental cultures as necessary with guidance from Safety Officer, Microbiology
CLABSI	Inpatients with central lines	<ol style="list-style-type: none"> 1. Determine risk factor for HAI. 2. Decrease HAI 3. Continue participating in FHA HIIN 4. Decreasing line days. Point prevalence rounding quarterly. 	BHMC Target rate: 0.63	IP Nurses Physicians Vascular Access Team	<ol style="list-style-type: none"> 1. IP rounds facility wide. 2. Daily surveillance to monitor labs, identify and verify infections, analyze data. 3. Collect patient demographic data, line days. 4. Identify risks, assess daily need/removal. 5. Monitor bundle compliance during prevalence rounds: dressing, Bio patch, Curo cap. 6. Education, HIIN, AHRQ CUSP program 7. Nurse driven action plans. 8. Daily CHG bathing for all patients in house with a central line. 9. Skills fair with Clinical Education 10. Peripheral draws for blood specimens 11. Discuss each CLABSI infection in weekly huddles with management and administration to determine lessons learned. 12. Provide monthly reports to each individual unit. 13. Continue to monitor use of femoral site for central lines. 14. Fast facts related to CLABSI prevention. 15. Standardize daily line rounding form for BHMC and SFCH. 16. Medline Vascular assessment and evaluation
MDROs including MRSA bacteremia)	All patients	<ol style="list-style-type: none"> 1. Determine risk factor for HAI. 2. Decrease HAI 3. Continue participating in 	<u>BHMC Target Rates is 10% decrease from LCY.</u> VRE: 0.01 CRE: 0.00 RAS: 0.00	IP Nursing Physicians Pharmacy EVS	<ol style="list-style-type: none"> 1. Daily review of surveillance including admission log, ER log, and microbiology results/monitor labs, identify and verify infections, analyze data 2. Review of daily isolation patients with real time intervention for EMR orders.

		<p>FHA HIIN</p> <p>4. Decrease readmissions.</p>	<p>ESBL k. pneumo: 0.1</p> <p>ESBL e. coli: 0.1</p> <p>CDIFF: 1.23</p> <p>MRSA bac: 0.05</p>		<p>3. Utilize MedMined data mining program to assist with identifying potential clusters, monitor for MDROs and place patients in isolation in a timely manner.</p> <p>4. Continue active surveillance for CRE and add C. auris screen in international patients who were hospitalized >24 hours prior to admission.</p> <p>5. Continue contact precautions for active MDRO infection and select history of MDRO (CRE, Candida auris, CRPA = forever isolation).</p> <p>6. New Gene-Xpert technology for reducing isolation in history of MRSA patients.</p> <p>7 C. auris: Place patient on enhanced contact precautions per policy and monitor compliance with bleach based disinfection.</p> <p>8. IP rounds facility wide.</p> <p>9. Prevalence rounds for isolation, PPE use, equipment disinfection compliance.</p> <p>10. Need 2 know related to Transmission Based precautions to be disseminated</p> <p>11. Sterile Blood culture Kit to reduce blood culture contaminates</p>
SSI	Patients who had surgery	<p>1. Determine risk factor for HAI</p> <p>2. Decrease complications after surgery</p> <p>3. Decrease readmissions related to SSI</p> <p>4. Continue</p>	<p>BHMC</p> <p>Target rate:</p> <p>I: 0.50</p> <p>II: 0.79</p>	<p>IP</p> <p>Nurses</p> <p>Physicians</p> <p>Pharmacy</p> <p>Anesthesia</p>	<p>1. Monitor infection rates for all class I and II surgeries and report to appropriate stakeholders.</p> <p>2. Monitor COLO and HYST infections and report to NHSN and stakeholders.</p> <p>3. Daily surveillance of ER log, admission log, micro reports, OR schedule.</p> <p>4. Weight based dosing for antibiotics, re-dosing as necessary.</p> <p>5. Plan for ERAS, glucose monitoring.</p>

		participating in FHA HIIN 5.SSI PI team			6.Discuss each SSI with management and administration to determine lessons learned. 7.CHG wash night before and morning of surgery. 8.Nurse driven action plans. 9. SSI PIT Team
VAE	All vented patients	Decrease Ventilator Associated Events	BHMC Target Rate: 2.24	Nursing Physicians Respiratory	<ol style="list-style-type: none"> 1. Continue to utilize VAP bundle to prevent Ventilator Associated Pneumonia. 2. Continue to monitor for VAE according to the NHSN VAE definition and report to appropriate stakeholders. 3. PedVAE definition from NHSN started January 2020 and workgroup to discuss cases that meet definition with NICU and PICU medical directors. 4. Identified need for CHG order to comply with bundle.

Other Identified Events:

CDIFF	All patients	Decrease HAI Decrease transmission.	CDIFF:1.23	IP Nursing Physicians Pharmacy EVS	<ol style="list-style-type: none"> 1. Daily review of surveillance including admission log, ER log, and microbiology results/monitor labs, identify and verify infections, analyze data. 2. Review of daily isolation patients with real time intervention for EMR orders. 3. Review antibiogram and discuss at IPCC and Antimicrobial Stewardship committee. 4. CDIFF: Place patient on enhanced contact precautions per policy and monitor
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					<p>compliance with bleach-based disinfection.</p> <ol style="list-style-type: none"> 5. Intense analysis of all CDIFF cases including antibiotic indications and all room changes. 6. Prevalence rounds for isolation, PPE use, equipment disinfection compliance. 7. Utilize Bio fire as a component of the antimicrobial stewardship program to discontinue or prevent use of inappropriate antimicrobials. 8. House wide education provided related to Bristol stool scale. 9. Prevention of CDIFF antigen order if a positive lab within 30 days currently exists. 10. Cancellation of order if stool not collected. 11. ED triage mandatory question about diarrhea. 12. WHO hand hygiene program. 13. Review Antibigram & discuss at Infection Control Committee (ICC) & Medical Care Evaluation (MCE) committee. 14. Continue to participate in Antimicrobial Stewardship. 15. Ticket to Test Criteria 16. Continue to monitor CDIFF alerts.
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Active TB, unknown at time of admission

1. All patients with signs and symptoms or questionable TB disease may be placed on airborne isolation by nursing without a physician's order per airborne isolation policy.
2. Reeducation of nursing and physicians on policy for placing patient on airborne isolation for suspected TB disease.
3. Physician order in place that includes pre-ordered 3 sputum 8 hours apart per evidence base.
4. New Gene-Xpert technology with rapid TB identification.

CAUTI

1. IP rounds facility wide.
2. Daily surveillance to monitor labs, identify and verify infections, analyze data.
3. Collect patient demographic data, line days.
4. Identify risks, assess daily need/removal.
5. Nurse driven catheter removal protocol.
6. Six Sigma PI team with Nurse Manager champion.
7. Updates to EMR with maintenance and documentation.
8. Educate on best practices in nursing orientation and rounding.
9. Nurse driven action plans and standardized intense analysis drill down form.
10. Education, HIIN, AHRQ CUSP program
11. Provide monthly reports to each individual unit.
12. Discuss each CAUTI in weekly HAC meeting with management and administration to determine lessons learned.
13. Participate in new product acquisition and rollout related to foley and incontinence care.
14. CAUTI prevention Policy
15. Fast facts related to CAUTI prevention updated.
16. Standardize daily line rounding form for BHMC and SFCH.
17. Implement PI team recommendations.
18. Daily Foley Call – for line necessity

Notification of Community Acquired Infections

1. Continue to utilize admit alert system and communicate with nursing and outside facilities as needed when patient admitted with a community acquired infection.
2. Alert tab notification will populate for inpatients when epidemiology documents MDRO.



No Internal Notification of HAIs

Continue to work with laboratory on notification of critical lab results related to potential communicable diseases.

Healthcare Worker Risks

Goal # 2 Reduction of healthcare worker risk of infections secondary to injury and/or exposure.

*Pareto Analysis reveals non-compliance with Standard Precautions as the highest risk percent at RPN 48. The remaining of the top 4 risks identified in the Pareto analysis were non-compliance with Hand Hygiene, Sharps injuries, Failure to follow protocols and use safety devices or PPE, Employee Knowledge Deficit of disease transmission. All risks to healthcare workers are followed by Safety, Employee Health, and Epidemiology.

<i>Indicator</i>	<i>Population</i>	<i>Plan</i>	<i>Benchmark</i>	<i>Team</i>	<i>Methodology</i>
Non- compliance with seasonal flu immunization	All employees, physicians, students, volunteers	1. Reduce transmission	BHMC target: 90%	House wide	<ol style="list-style-type: none"> 1. Collaborate with corporate on mandatory masking and influenza vaccination incentives. 2. Educate personnel on the importance of immunization during rounds, general orientation, and nursing orientation. 3. Provide onsite influenza vaccination to all staff at no cost. 4. Flu vaccine declination forms must be signed.



Non-compliance with hand hygiene	All employees, physicians, students, volunteers	Strive for 100% of hand hygiene compliance	BHMC target: 90%	IP Quality Administration	<ol style="list-style-type: none"> 5. Compliance reported at monthly ICC and graphs sent to all managers for posting. 6. Targeted education for specific departments. 7. WHO hand hygiene campaign. 8. Collection of hand hygiene data from all areas of hospital and multiple disciplines. 9. Monitor compliance in all areas of hospital. 10. Nursing at orientation and periodically on standard precautions according to policy 11. Collect 200 hand hygiene audits per unit per month. 12.
Sharps injuries, failure to follow safety devices	Nursing, Physicians, Students	Decrease needle sticks, splashes, other preventable exposures.	BHMC target: 90%	Safety EH	<ol style="list-style-type: none"> 1. Safety to report trends related to sharps injuries to EOC on quarterly basis.

Other Identified Events:

Delay in Proper Isolation Precautions

1. Continue to monitor isolates and notify units when transmission-based precautions are indicated.
2. Compare isolation logs with isolation signs on patient rooms and order in EMR.
3. Monitor disease alert and evaluate timeliness of implementation of transmission-based precautions.
4. Utilize new isolation signage.

Non-compliance with seasonal flu immunization

1. Collaborate with corporate on mandatory masking and influenza vaccination incentives.



2. Educate personnel on the importance of immunization during rounds, general orientation, and nursing orientation.
3. Provide onsite influenza vaccination to all staff at no cost.
4. Flu vaccine declination forms must be signed.
5. Administration support
6. Physician survey on intranet to capture the most updated information.

Failure to follow standard precautions and PPE.

1. IP rounds to reinforce protocols, use of safety devices, proper PPE.
2. Competency for PPE donning and doffing.
3. Face shields with surgical mask available and stocked.
4. Revised isolation signs to standardize with rest of Broward Health.
Signs to include new recommendations for transport of patients on isolation as well as PPE requirements in 3 different languages.
5. Coordinate with Safety and Employee Health on PPE education
6. Just in time coaching while rounding for PPE compliance

Employee knowledge deficit of disease transmission

1. Coordinate with Clinical Education on utilization of the Need-2-know forum
2. Serve as a resource for staff for infection control processes
3. Just in time coaching while rounding for PPE compliance

Community Risks

Goal # 3: Reduction of community risk

*Pareto analysis reveals bioterrorism constitutes the highest risk percent at RPN 108 for community related risks. The rest of the top 4 risks identified in the Pareto Analysis were hemorrhagic fever diseases like Ebola, long term care patients and pandemic flu.

<i>Indicator</i>	<i>Population</i>	<i>Plan</i>	<i>Benchmark</i>	<i>Team</i>	<i>Methodology</i>
Bioterrorism including emerging infectious disease/other epidemics/influx of infectious patients including. Hemorrhagic fever disease (i.e., Ebola)	All patients	BHMC will be prepared for an emerging infectious disease or influx of infectious patients.	EM Drills 100%	IP ED EP Nursing	<ol style="list-style-type: none"> 1. Continue utilizing infectious disease screening tool on ED triage for all patients during triage to screen for all potentially infectious patients by question travel. 2. All updated emergency HAN CDC notifications shared with physicians and ED. 3. Work with Emergency Preparedness in drills and PPE training for emerging infectious diseases. 4. Communicate with the Florida Department of Health as necessary. 5. Continue with established drills and EM updates and education. 6. Refer to Comprehensive Emergency Management Plan; BHMC Emergency Operations Plan and the BHMC Code Green policy. 7. Utilize Infection Control Policy related to Ebola entitled “Evaluation and Care of the Patient with Suspected/Confirmed Viral Hemorrhagic Fever (i.e., Ebola)” for guidance in caring for a patient with suspected or confirmed Viral Hemorrhagic Disease.



Long term care patients	All patients	BHMC has nearby high admitting SNFs.	Length of stay	IP Nursing Case management Physicians	<ol style="list-style-type: none"> 1. Active surveillance for incoming patients includes cultures as indicated. 2. Communication between facilities promoted including use of C. auris transfer packet. 3. Initiate appropriate isolation precautions.
Pandemic flu-COVID	All patients	BHMC will offer influenza vaccination to all qualified patients.	90% by 2022 with a 10% increase each year	IP Nursing Quality IP Medical Director, CMO	<ol style="list-style-type: none"> 1. Initiate BHMC Emergency Plan and Code Green policy 2. Work with Florida Department of Health 3. Work with Emergency Preparedness. 4. Follow CDC guidance. 5. Patients with influenza placed on Droplet isolation precautions per policy.
Seasonal Flu					<ol style="list-style-type: none"> 1. Immunization of Staff 2. Immunization of inpatients during influenza season as per Centers for Medicare and Medicaid unless contraindicated 3. Follow Droplet precautions

Other Identified Events

Waterborne Outbreak

1. Utilize Facilities and Water Management Plan.
2. Refer to Comprehensive Emergency Management Plan; BHMC Emergency Operations Plan and the BHMC Code Green policy in the event of a waterborne outbreak.
3. Report to Florida Department of Health as necessary.

Food Associated Outbreaks

1. Adhere to established outbreak management policy.
2. Continue to report positive cultures to Broward County Public Health Department.



Community Acquired MDRO

1. Identification of patients through daily surveillance admitted with MDROs.
2. Screening high risk individuals.
3. Assess staff need for education.
4. Continuing adherence to International Hospital Transfer Patients CRE Screening Protocol and add C. auris to policy.

Active TB admissions

1. Continue to follow IC TB Plan and TB Risk Assessment updated yearly.
2. Work closely with the Florida Department of Health.
3. Include BH International in planning for high-risk groups like cruise ship employees.

Environmental Risks

Goal # 4 Reduction in environmental risks

*Pareto analysis reveals improper environmental cleaning as the highest risk with a risk priority number of RPN #243. Next were improper sterilization of equipment, Inadequate High-Level Disinfection, Improper handling of Biohazardous waste, Improper Low-Level Disinfection of Equipment.

<i>Indicator</i>	<i>Population</i>	<i>Plan</i>	<i>Benchmark</i>	<i>Team</i>	<i>Methodology</i>
Improper environmental cleaning	All patients All staff	Compliance with proper cleaning protocols and products.	BHMC target: 90%	EVS IP Administration	1. EVS maintains a pivotal role in the Infection Prevention and Control Committee. 2. EOC rounding within facility. 3. Reporting of noncompliance to Unit managers, EVS Manager,
Improper sterilization of equipment	All patients All Staff		BHMC target: 90%	OR SPD Administration	1. Administration and Quality walk through of SPD on regular basis. 2. Monitoring biological, implants released, IUSS, One Tray usage at monthly Infection Control Committee. 3. Infection Control to investigate any reported cases of deficiencies
Inadequate high-level	All patients All staff	Compliance with proper HLD protocols	BHMC target: 90%	IP, GI/Endo, SPD, Cardiac,	1. Continued use of TD-100 and Trophon EPR 2. Continued use of Olympus OER.



disinfection		and policies		Ultrasound, Administration	3. Monthly surveillance of all areas completing high level disinfection
Improper handling of biohazardous waste	All patients All staff	. Reduce misuse of red bag biohazard waste	BHMC target: 90%	All staff, Safety, Clinical Education	1. EoC rounds to check biohazard waste. 2. DoH inspections. 3. Education by safety officer



Other Identified Events

Inadequate pre-construction ICRA planning

1. Multidisciplinary IP and safety at planning meetings for ICRA
2. Including walk through.
3. Daily monitoring during construction

Air Quality Monitoring

1. Air quality monitoring is conducted when concerns arise. Concerns are brought through employee notification or observations made during surveillance rounds.

Surgical Services- Environmental Controls

1. Continuation of Safety Subcommittee to evaluate process for compliance and consistency in attaining and maintaining air temp and humidity requirements in the surgical environment.
2. Facilities to measure; safety and infection control to ensure compliance with monthly temp and humidity measures in surgical environment per standards.

Improper Low-Level Disinfection

1. Materials/Unit management responsible for maintaining levels of disinfection cloths on unit within in the facility.
2. Maintain transmission-based precautions in facility.
3. Education on hospital approved disinfectants in general orientation, nursing orientation, in-services, during rounding
4. Just in time education while rounding.