EVALUATION OF THE SURVEILLANCE, PREVENTION AND CONTROL OF INFECTION PROGRAM PLAN CALENDAR YEAR 2022

This Program Evaluation is based in part on outcomes achieved during calendar year 2022 (1/2022 to 12/2022). Outcomes are identified through review of performance measurement data (PMR), information resulting from our committees, evidence based best practice, team meetings and multidisciplinary rounds as well as interviews and discussions conducted with staff and leaders throughout Broward Health Medical Center other Broward Health facilities including ambulatory and off-site clinics and in close collaboration with the Florida Department of Health.

The infection prevention and control program are an organization wide program that provides for surveillance, prevention and control of infections in patients, employees, students, licensed independent practitioners, physicians and all visitors to Broward Health Medical Center. The infection control plan addresses epidemiologically important issues of infections among patients, employees and non-employees and exposure to communicable disease, device related infections, surgical site infections, and healthcare associated infections, epidemiologically important and antibiotic resistant organisms, maternal and neonatal infections, and reporting of communicable disease to the public health authorities. The plan addresses all aspects of infection control activities and education. This plan is appropriate for the size and complexity of the medical center and includes assessment and prioritization of infection risks, recommendation for the implementation of strategies to reduce or eliminate the prioritized risks and is reviewed on a continuing basis.

Targets

The following top organizational risk priority targets identified from the CY2022 Broward Health Medical Center Infection Control Risk Assessment, 2022 Annual Plan and 2022 PMR data analysis (targets adopted from administration goal to reduce yearly harm by 10%, Value Based Purchasing performance achievement threshold, CDC, NHSN data, HIIN recommendations and historical trends).

1. Contain outbreaks and clusters.	**2022 BHMC target**	**2022**	**2023 Goal**
Outbreaks/clusters	unknown	Influenza	ongoing

Analysis/Effectiveness

- Epidemiology conducted observations while rounding on units.
- Hand Hygiene was further promoted through unit and departmental in-services.
- Supplementary training on donning and doffing anticipating an influx of infectious patients.
- Specialty units were maintained as indicated to house COVID 19 positive patients.
- Specialty units were maintained as indicated to house critical COVID 19 positive patients.
- Monitored and communicated with Employee Health on exposures.
- Collaboration with Employee Health on frequent CDC recommendations (isolation, quarantine, exposure risk and working restrictions)

2. Overall reduction of hospital acquired infections. Provide a program for surveillance and reporting of a device related infection to include central line associated blood stream infection (CLABSI), catheter associated urinary tract infection (CAUTI), and ventilator associated events (VAE). Minimize the risk of healthcare acquired infections associated with invasive devices.	**2022 BHMC target**	**2022 Final**	**2023 Goal**

CLABSI Central Line Infections Central Line Days X 1000 = Rate per 1000 Central Line Days	0.63	0.73	0.66
CAUTI Urinary Catheter Infections Urinary Catheter Days X 1000 = Rate per 1000 Urinary Catheter Days	1.16	0.64	0.57
VAE Ventilator Associated Events (VAC, IVAC, PVAP) Ventilator Days X 1000 = Rate per 1000 Ventilator Days	VAC –2.63 IVAC – 0.68 PVAP – 0.28	2.72 1.86 1.55	2.24 0.65 0.65

Analysis

- Infections are identified from prospective surveillance by Epidemiology.
- Infection rates are monitored for trends above the benchmark which would require immediate investigation, identification of opportunities for improvement and implementation of corrective action items.
- Monthly reports are submitted to BHMC Infection Prevention and Control Committee, Medical Care Evaluation Committee and Regional Quality Council.
- Priority is given to device related infections based on risk assessment and analysis of collected data which is evaluated on an ongoing basis to provide immediate intervention when indicated to reduce or prevent infection.
- Rates were variable unit dependent.
- Communicated with nurse managers and administration during weekly management huddles on lessons learned to prevent infection.
- Epidemiology will continue to monitor and communicate findings with the appropriate stakeholders.
- No new units added or deleted for public reporting.

Effectiveness

- **CLABSI**
  - CLABSI rates increased in 2022 to 0.73 with the prior year of 0.70. It should be noted that the 2022 central lines days increased marginally from the prior year. This was due to the acuity level of the patients during the ongoing pandemic.
  - Compliance with evidence based best practices as well as continuing improvement solutions to reduce CLABSI such as daily assessment of a central line included line necessity, discontinuation or an alternative to the central line, improved awareness and communication (patient hand- off), Epidemiology Medical Director follow up with physicians regarding line necessity, appropriate central line dressing kits were made available in all nursing care areas, curos caps on all central lines, daily chlorhexidine bath for patients with CVC lines is continued facility wide, "WHAT and WHY" communications were created for nursing staff, Epidemiology and nurse management daily rounding included ongoing interventions; line necessity, education and line dressing surveillance.
  - Met as a multidisciplinary group for any event identified to determine any opportunities for improvement.
  - Communicated with nurse managers and administration during weekly management huddles on lessons learned to prevent CLABSI.
  - Strive for "zero"
  - Epidemiology will continue to monitor and communicate findings with the appropriate stakeholders.
  - Medline comprehensive vascular assessment and evaluation
- **CAUTI**
  - CAUTI rates decreased overall 0.64 in 2022 with the prior year 2021 at 1.29. It should be noted that the 2022 the indwelling urinary line days decrease by 1,724 from the prior year. This was due to the decrease in pandemic.
  - Education and annual competency
  - Compliance with evidence based best practices as well as continuing improvement solutions to reduce CAUTI such as: facility wide nurse driven Urinary Catheter Removal Protocol using HOUDINI indications which included discontinuation and alternatives to the indwelling catheter, improved awareness, and communication (patient hand- off), Epidemiology Medical Director follow up with physicians regarding indwelling catheter necessity. "WHAT and WHY" communications created for nursing staff, Epidemiology and nurse management daily rounding included ongoing interventions, Foley necessity, education, and Foley care surveillance.
  - Drill down on all CAUTI infections weekly with an opportunity to discuss lessons learned with management and administration.
  - Epidemiology will continue to monitor trends associated with CAUTI and communicate findings with appropriate stakeholders.
  - Strive for "zero"
- **VAE**

- There were 20 PVAP in 2022 that was followed by a mini-root cause analysis, meeting with stakeholders, and review of best practices with unit staff.
- 35 VAC and 24 IVAC in CY 2022 were identified with continued prospective surveillance of patients on ventilators.
- Prospective surveillance continued all ventilated patients in house is done on Mondays, Wednesdays, and Fridays so a change in oxygenation can be identified in real time.
- Analysis of the data reviewed at the Infection Prevention and Control Committee and subsequently by the Respiratory Coordinator and critical care meetings to re-educate respiratory therapists regarding PVAP criteria.
- Early recognition of VAEs prevents a decline in patient's respiratory status by initiating additional modalities to improve the patient respiratory condition, i.e., increased inspiratory time on the ventilator, using the bed percussion to mobilize secretions, increased frequency with repositioning patient, and concentration on evidence-based bundle to prevent pneumonia.
- The VAP bundle continues to be utilized.
- Epidemiology monitors for VAC, IVAC, and Possible Ventilator Pneumonia.
- Collaboration with respiratory therapy, the trauma service as well as Pulmonary and other appropriate stakeholders continues an ongoing basis.

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3. Surgical Site Infections (SSI) Carry out systemic program surveillance and reporting of all Class I and II surgical site infections.	**Targeted Class**	**CY 2022 Target**	**CY 2022 Rate**	**2023Goal**
Surgical Site Infections/ Surgical Procedures Completed X 100 = SSI Rate	Class I: (All)	0.50	0.48	0.43
	Open Heart	0.57	0.70	0.63
	Hip	1.06	2.62	2.36
	Knee	2.37	1.14	1.27
	Pacemaker	0.0	0.47	0.42
	C-Section	0.40	0.86	0.78
	Spinal	0.16	0.37	0.33
	Colon	5.93	4.41	3.97
	Hysterectomy	2.49	0.57	0.51
SIR: observed/predicted	Colon	5.93	4.41	3.97
	Hysterectomy	2.49	0.57	0.51

Analysis

- Class I surgeries in 2022 did meet target.
- CABG was above the expected target by 0.70.
- Analysis of all SSI data reviewed at the Infection Prevention and Control Committee.
- Intense analysis of colon and hysterectomy infections with Action Plan that includes all SSI prevention.
- Drill down on all SSI infections with an opportunity to discuss lessons learned with management and administration.
- Re-education was provided to clinical staff regarding pre-op chlorhexidine bathing and antibiotic administration. Patient education "How to Prevent SSI" continues to be included in admission packet.
- C-section was above expected target 0.86.
- Present data to OR committee Department of Surgery and Infection Control Committee.

Effectiveness

- Gap analysis and action plan regarding strategies supported by evidence-based medicine to reduce SSI which includes preoperative bathing with chlorhexidine, surgical site scrub with chlorhexidine, silver coated antimicrobial dressing (ACTICOAT), and weight based antibiotic dosing and appropriate antibiotic selection for patients susceptible or likely to have MRSA.
- Surveillance of evidence based best practices as well as the improvement solutions remain on-going to maintain a downward trend with reducing colon surgery infections as well as class I and II SSI.
- Drill down on all SSI infections weekly with an opportunity to discuss lessons learned with management and administration.

4. Management and reducing risk for acquiring and	**2022**	**2022 Final**	**2023 Goal**

transmitting infectious agents like multi-drug resistant organisms (MDROs) and *Clostridium difficile* (CDIFF)		BHMC target		
CRE	**# of patients with MDRO**	0.00	0.01	0.00
VRE	**# of patient days x 1000 =**	0.01	0.01	0.00
MDR-Pseudomonas/CRPA		0.03	0.06	0.01
ESBL K. Pneumo	**MDRO rate**	0.4	0.03	0.03
ESBL E. coli		0.01	0.26	0.0
MRSA bacteremia rate		0.05	0.07	0.05
CDIFF rate		1.23	0.12	0.0
MRSA bacteremia		0.05	0.70	1.23
CDIFF		1.23	1.17	1.05
Analysis • CDIFF cases decrease 1.17 from CY 2021 1.36 • MRSA bacteremia cases increased 0.07 CY 2021 0.05 • Increase in epidemiological importance in MDROs highlights the need for further surveillance methods and antimicrobial stewardship. • Early identification of patients colonized or infected with resistant organisms or other infectious organisms with immediate transmission-based precaution of these patients reduced and prevented further transmission. • Epidemiology performed daily surveillance of cultures from patients admitted with or developing infection. • Individual patient positive MDRO results were entered into an ALERT data base system which is activated to display with subsequent patient visits. The ALERT screen enabled hospital staff to imitate transmission-based precautions as indicated from the screen information. • Epidemiology also monitors the ED visit log, admission log, disease alert log and		3.03	2.05	1.23

isolation log. These measures assist with identifying previously colonized or infected patients with resistant organisms and allowed the Epidemiology nurse to limit unprotected exposure to pathogens by taking immediate action with appropriate transmission-based precautions. • The CDC isolation precautions are on the general Broward Health intranet website as a resource for all staff to have access to. • We continued to implement Standard Precautions, Transmissions-Based Precautions and Hand Hygiene education, MDRO admission alerts, and frequent communication between clinical and nursing departments and Epidemiology. • Continued active surveillance for CRE/C. Auris for international patients who were admitted to an international hospital for >24 hours. **Effectiveness** • Surveillance rounds and lab monitoring are mechanisms in which information is gathered. Individual clusters will continue to be analyzed and interventions will be determined at that time. • The Epidemiology team continuously strives to increase staff and physician education. • Continued emphasis on hand hygiene and antimicrobial stewardship. • The Epidemiology department provided large amounts of information on transmission-based				

precautions to all staff via the Need 2 Know format as well as unit-based in-services. • The CDC isolation precautions are uploaded to the general BHMC website as a resource for all staff to have access to. • Frequently used Transmission based precautions guide disseminated to all nursing and ancillary units. • We continued to implement Transmissions-Based Precautions and Standard Precautions, Hand Hygiene education, MDRO admission alerts, and frequent communication between clinical and nursing departments and Epidemiology. • Hand hygiene program in place that measures observed compliance as opposed to self-reported. Appropriate testing guidelines for C-diff disseminated to all medical staff and in-person education provided to residents and medical students.				

5. **Reduction of healthcare worker risk of infection secondary to non-compliance with standard precautions and failure to follow protocols and use safety devices or PPE.** Assure all Health Care Workers receive proper education on Disease modes of transmission Department of Clinical Education will have 100% compliance on all assigned modules relating to Infection Control.	**2022 target**	**2022 Rate**	**2022 Goal**
Compliance	100%	100%	100%

Analysis/Effectiveness

- Health Stream was used to educate staff on disease transmission and prevention.
- Broward Health and BHMC orientations were targeted with a robust presentation on infection prevention.
- Unit level in-services continued to be presented.
- Need2know was another forum Infection Control utilized to disseminate information to all employees of BHMC.
- Information disseminated related to Hand Hygiene and C-diff.
- Unit level in-services continued to be presented; in-service coordination with Environmental Services, Transport, Nutrition, and the Environment of Care team helped reach many healthcare workers.
- All hospital staff and LIPs are required to comply with mandatory in-service education about the prevention of health care associated infections, multi-drug resistant organisms, and prevention strategies, at hire and annually thereafter.
- All nursing staff is required to complete education about prevention of central line associated blood stream infections, catheter associated urinary tract infections, and ventilator associated pneumonia, surgical site infections, and transmission of multidrug-resistant organisms.
- Education is provided to patients and families who are infected or colonized with a multidrug-resistant organism about health care associated infection prevention strategies.
- Educational materials are approved by the Infection Prevention and Control Committee, provided on the intranet, or printed and used to educate staff, patients and families.

6. **Improve Hand Hygiene Performance**	**2022 BHMC target**	**2022 Rate**	**2023 Goal**
Hand Hygiene (Observed)	100%	98.15%	100%

- Observed compliance of hand hygiene exceeded the goal of 90%.

Analysis/Effectiveness

- Robust hand hygiene program with World Health Organization (WHO) campaign.
- The program utilized voluntary “ninjas” from a variety of departments.
- Standardized training utilizing TJC education on observing compliance provided to ninjas.
- Epidemiology conducted observations while rounding on units.
- Teachable moments are used to encourage hand hygiene if non-compliance was observed.
- Hand Hygiene was further promoted through unit and departmental in-services.
- Graphical and tracking reports were shared with inpatient unit managers and directors monthly.
- Respiratory etiquette stands with hand hygiene, covers your cough education, and masks placed at entrances.

7. **Prevent unprotected exposure to pathogens and increase employee knowledge of disease transmission (i.e. seasonal flu, pandemic flu, influx of infectious patients, active TB patients and patients with history of MDRO, unusual clusters of organisms or HAI). Monitor the inpatient and outpatient traffic for any potential cases of active TB or increase in influx of infectious patients.**	**2022 BHMC target**	**2022 Rate**	**2023 Goal**
HAI Cluster	<1	0.5%	<1
MDRO Trends/Identification	Zero. Monitored for any trends of	9 TB employee PPD	Zero. Ongoing monitoring and
TB Influx Trends			

Influx of Infectious Patients	MDRO and TB patients. Utilized surveillance of lab results, ED log, admit log.	conversion not related to TB exposure.	surveillance and will intervene as necessary.

Analysis

COVID-19

Calendar year 2022 continued with positive COVID hospitalized patients. However due to employee compliance with the PPE requirements there was minimal risk from patient exposure.

- There were 9 possible TB exposures in 2022: 0.5% conversions. Each exposure was followed by Employee Health.
- Vaccine preventable disease HAV was stable in 2022 and below the previous 5-year average in the fourth quarter.
- Increase in vaccine preventable communicable diseases seen in Broward County and Florida per Department of Health.
- The surveillance plan is carried out by the Epidemiology nurses on an ongoing basis resulting in prevention of disease transmission to patients, hospital staff, LIPs, students, volunteers, and visitors.
- Epidemiology identifies risks for acquisition and transmission of infectious agents on an ongoing basis (MDROs, C. difficile, TB, Influenza) and annual risk assessments.
- There has been a slight increase of TB in Broward County and the State during CY 2022. In 2021 Florida and Broward County had a rate of 2.3. In 2022 Florida had a TB rate of 2.4 in Broward County. Surveillance to identify suspect cases is ongoing. This is included in the annual risk analysis of reported data. Close monitoring to prevent transmission.
- There are also many indigent patients admitted from the community with other types of communicable conditions including head and body lice and scabies. These patients are monitored closely for appropriate transmission-based precautions and treatment to prevent transmission.
- Long term care patients

Performance:

- Review of daily isolation log with real time education to staff.
- BHMC will continue to actively track and trend the traffic of patients for any increase influx of patients and/or need to implement the Pandemic Plan.
- Epidemiology nurses performed daily ongoing surveillance through the monitoring of admissions logs, Emergency Dept. logs, admit alert reports, microbiology candidate reports and walking rounds helped identify influx of infectious patients. We met the goal of identifying trends and clusters.
- The ESSENCE reporting system that identifies syndromic trends through the ER was used to coordinate surveillance with the Broward County Department of Health.
- A database for TB reporting to the Health Dept. was utilized to maintain a record of communication.
- Early identification of patients colonized or infected with resistant organisms, TB, influenza or other infectious organisms and immediate transmission-based isolation of these patients reduced and prevented further transmission.
- Individual patient positive MDRO results were entered into an ALERT data base system which is activated to display with subsequent patient visits. The ALERT screen enabled hospital staff to imitate transmission-based precautions as indicated from the screen information. The Epidemiology nurses also monitored the daily ED visit log, admission log, disease alert log and isolation log. These measures assist with identifying previously colonized or infected patients with resistant organisms and allowed the Epidemiology nurse to limit unprotected exposure to pathogens by taking immediate action with appropriate transmission-based precautions.

Effectiveness

- All blood and body fluid exposures documented in CY 2022 were followed up by Employee Health and resulted in zero transmissions.
- PPD test 9 out 1,733 YTD conversion rate =0.05

8. Promote and improve seasonal flu immunization organization wide	**2022-2023**	**2022-2023**	**2022-2023 goal**
HCW Influenza immunization rate	90 % Goals	80% Rate	90%
Analysis			

There were 2,275 employees vaccinated at BHMC in 2022/2023 influenza season. This reflects an 80% vaccination compliance. % of BHMC whom completed their flu vaccine requirement (i.e., received the flu vaccine or have an approved religious or medical exemption on file) = 91%

- Influenza vaccine program is initiated in September and continues through March for all staff, volunteers, medical staff, and LIPs. Nursing offers vaccination to inpatient patients meeting recommended guidelines during influenza vaccine season.
- Vaccination is administered by Employee Health during the entire flu season. Mandatory influenza education is provided to all hospital staff via Health Stream, newsletters, and educational brochures are used to educate staff, physicians, and LIPs about the importance of influenza immunization.
- Individual counseling and encouragement for participation includes a video to watch for employees who decline vaccination.
- Declination forms are used to monitor the reasons given for declining the vaccine as well as the effect of educational interventions.

Effectiveness

- Flu vaccination information is available on health stream and is mandatory to complete for all Broward Health employees.
- Corporate human resources and employee health will continue to explore methods to increase the rate of flu vaccination among health care workers. Our goal is to obtain 90% vaccination rate compliance of employees by 2023 by improving vaccination rates annually.

9. PMR	2022 Rate	2022 Rate	2023 Goal
Hemodialysis Water/Dialysate	100%	100 %	100%
Cultures/Endotoxins	100%	100 %	100%
Analysis/Effectiveness . • Tracking of cultures for water, dialysate and endotoxin continues. Cultures are collected monthly. • Results communicated to Epidemiology, Arc (company contracted to provide dialysis services) as well as to the dialysis manager.			
Reporting Communicable Diseases	100%	100% reported	100%
Epidemiology continues to monitor surveillance and communicate mandatory reportable based off Florida State Health Department list of reportable diseases.			
Sterilizer/Steris Monitoring	100%	100%	100%
There were no adverse outcomes to patients regarding sterilizers. There were no biological recalls.			
The Sterile Processing Department continuously strives for zero “flash”.			
Analysis • Epidemiology has one-on-one discussion with nurses to remind them about the importance of placing transmission-based precautions order in EMR to facilitate communication between departments. • Tracking of cultures for water, dialysate and endotoxin continues. Cultures are collected monthly. Results communicated to Epidemiology, Arc (company contracted to provide dialysis services) as well as to the dialysis manager. • There were no adverse outcomes to patients regarding sterilizers. There were no biological recalls. • Epidemiology monitors endotoxin and water cultures for the reverse osmosis water system cultures and dialysis machines cultures monthly. • Epidemiology evaluates cleaning procedures and solutions used by Environmental Services. • The EOC/Infection Prevention rounding team observed EOC compliance throughout the hospital and forwarded non-compliance issues requiring corrective actions to the responsible area when indicated. • All disinfectants are approved by the Infection Prevention and Control Committee. Education regarding product use is provided to the EVS staff by the EVS management team as well as the product vendors. • The ICRA (Infection Control Risk Assessment) for all construction and renovation projects is carried out on a continuing basis with numerous projects reported throughout the year through the Infection Prevention and Control Committee. The Epidemiology nurse rounds in the construction areas to ensure appropriate ICRA measures are maintained during the construction period to reduce infection transmission. • Educational brochures, posters and information sheets are used to educate patients, visitors, families, and licensed independent practitioners regarding responsibilities for preventing infections and infection transmission within the hospital. • Infections identified after patient discharge or transfer are reported to the receiving organization immediately following review of the data per Infection Control Policy. Patients received from another organization with an infection requiring			

action are also reported to the transferring organization.

- The hospital has a system for reporting infection surveillance, prevention and control information to appropriate staff within the hospital, federal, state, and local public health authorities, accrediting bodies and referring or receiving organizations when a patient was transferred or referred, and the presence of an infection was not known at the time of transfer or referral.

Effectiveness

- In addition to the routine immediate fax reporting of reportable infections to the Health Department there were several telephone reports and faxing to other facilities required during CY 2022.
- Microbiology telephone notification for specific pathogens has been effective in early intervention by Epidemiology with appropriate transmission-based precautions and notification to the inpatient care area as well as Broward County Health Department when indicated.
- The Epidemiology nurse daily updates Isolation log and monitors for Isolation Precaution compliance in Power-chart. Appropriate use of PPE, hand hygiene and Environment of Care (EOC) compliance are monitored during unit rounds and reports finding to unit manager.
- Surveillance data is reported monthly to the Infection Control Committee.

10. Infection Prevention and Control Program Plan, Evaluation of the Plan, Risk Assessment, TB Plan, Policies and Procedures are reviewed and updated annually. Plans include policies and procedures for minimizing risk of transmitting infection associated with use of procedures, medical equipment, medical devices, and products.	**2022 Target**	**2022 Final**	**2022 Goal**
Program policies and procedures completed	100%	100%	100%
Epidemiologist Clinical Specialist, Certification in Infection Control	25%	25%	N/A
Epidemiologists, APIC trained	100%	75%	100%
Medical Director, Board Certified Infectious Disease Physician	100%	100%	N/A%

Analysis

- The Infection Control Risk Assessment for CY2022 was completed with the multidisciplinary Infection Prevention and Control Committee for review, recommendations, and approval.
- The effectiveness of the Infection Control Plan as outlined in the Annual Appraisal and Evaluation of the Program to be presented for approval to the Infection Prevention and Control Committee and Medical Council. The goals of the program are revised whenever risks significantly change or when assessment of the intervention failure is identified. The National Patient Safety Goals included in the Plan are also evaluated on an ongoing basis and their effectiveness documented.
- The Infection Prevention and Control Committee meets monthly. The Committee structure includes the Committee chair (Infectious Disease physician), staff physicians, administration, nursing, pharmacy, lab, nutritional services, environmental services, surgery, safety, facilities, and other departments as needed. Indicator compliance and action plans are forwarded monthly to the Regional Quality Council and Medical Care Evaluation.
- Computer technology is utilized for analysis, trending and tracking of infection surveillance data.
- Continuing education opportunities are encouraged and financially supported by leadership on an ongoing basis.
- All areas surveyed for construction were remediated for ICRA compliance during CY 2022

Effectiveness

- All of the prioritized risks were reviewed and evaluated. Goals of the IPC program will be revised for the coming calendar year based on the effectiveness of the interventions identified in the previous plan.
- Epidemiology monitored sterilization and high-level disinfection processes within the medical center. Ongoing review of the monitoring reports submitted by all departments utilizing a sterilization/high level disinfection process is effective in identifying deficiencies or problems immediately and initiation of recall procedures when necessary. Data are reported to the Infection Prevention and Control Committee on the monthly PMR.
- Epidemiology and Surgical Services Departments remained vigilant and compliant with FDA Safety Communications and Heater Cooler manufacturer cleaning and processing updates. Compliance with updates regarding the Heater Cooler disinfection is ongoing.
- The Epidemiologists are members of the national and local chapter of their professional organization and receive education related to Epidemiology/ Infection Prevention and Control on an ongoing basis.
- Significant improvement in analysis of surveillance data has been accomplished with increased utilization of Excel spreadsheets and MedMined surveillance over the calendar year. This has provided more accurate analysis to better prioritize our risks and set new goals for the coming calendar year.

Epidemiology Accomplishments CY 2022

Hand Hygiene / isolation precautions

1. Participation in multiple committee meetings discussing the importance of hand hygiene. These include but are not limited to: ICC,SFCH, ICC, RQC, GME, OR Committee, Department of Surgery, Department of OB, Department of Pediatrics and Nursing Leadership.

2. Quality Management completes regular monthly dissemination of hand hygiene compliance graphs to individual units. Graphs also presented at multiple committee meetings.

3. Need 2 know related to hand hygiene and nail care distributed.

4. Increased number of hand sanitizer stations at elevators and entrances of facility.

CAUTI

1. 65% decrease in indwelling catheter days from prior year. CY21 YTD:1.29, CY22 YTD :0.64

    a. HOUDINI order is no longer able to be unchecked.

    b. Standardizing Foley care products

2. The nurse leader emphasized daily rounding focused on discussion related to indication and potential alternatives to indwelling urinary catheter.

3. Daily discussion of line necessity at safety huddle.

4. Weekly discussion of CAUTI infections in HAC meeting with recommendations and lessons learned for prevention in the future.

5. CAUTI prevention education provided to all staff via Health stream.

CLABSI

1. 2% increase in central line days from the prior year. CY21 YTD:0.70, CY22 YTD:0.73

2. Epidemiology staff education focused on NHSN surveillance definitions.

3. Weekly discussion of CLABSI infections in management hurdles with recommendations by Epidemiology for prevention in the future. (Lessons learned).

4. Daily chlorhexidine bathing provided and monitored by nursing leaders to all patients with central lines.

5. Central line dressing changes occur every 7 days and as needed.

6. Emphasis on rounding focused on discussion related to indication and potential alternatives to central line.

SSI

1. Epidemiology staff education focused on NHSN surveillance definitions.

2. Surveillance of isolates.

3. Surveillance of Emergency Department visits.

4. Weekly discussion of SSI infections in management huddles with recommendations by Epidemiology for prevention in the future.

5. Implementation of Joint Replacement SSI PIT team. It was noted that was a decrease in surgical site infections with the joint replacements – especially with the knees. In 2022 the rate was 1.41, in 2021 it was 2.63. The Joint Replacement PITT team continues to implement initiatives to reduce joint replacement SSI's.

6. Sage re-education Chlorhexidine bathing for all inpatient procedures the night before and morning of surgery.

7. There was an increase Infections is C-Section 2022 rate was 0.86. In 2021 the rate was 0.45.

8. Antibiotic prophylaxis guidelines presented to surgery departments: weight based, single dose and timed.

PVAP

1. Education in NHSN and surveillance definitions.

2. Surveillance through MedMined (Both Epi and managers) observing for compliance to PVAP bundles.

3. Discussion of cases with managers and administration in weekly huddles (HAC)

4. Multidisciplinary meetings when upward trend identified.

C-diff

1. Education provided to nursing related to appropriate specimen collection.

2. Appropriate testing guidelines for C-diff disseminated to all medical staff.

Infection Prevention Policies

Updated annually.

Surgical Services Report
CY 2022

Types of Surgery	Class
Clean (Class I)	4,789
Clean-Contaminated (Class II)	2,820
Colon for CMS / NHSN	136
Hysterectomies CMS/NHSN	175