

ANNUAL APPRAISAL FOR CY2022

Evaluation of the Infection Control Program CY 2021 based on the Surveillance, Prevention and Control Practices

I. Overview of Program

The Infection Control Program at Broward Health Imperial Point (BHIP) is directed by the Coordinator of Epidemiology. The Coordinator of Epidemiology reports to the Regional Director of Quality and Epidemiology and thereon to the Medical Executive Council and Board. The Infection Control Committee is a multidisciplinary committee with representation from, but not limited to, the Medical Staff, Executive Leadership, Nursing, Pharmacy, Laboratory, Surgical Services, Environmental Services, Facilities Management, Employee Health, Ancillary staff, Nutritional Services and other departments of the hospital. The Committee meets on a quarterly basis. In addition, the Coordinator of Epidemiology attends other hospital department meetings to present and review results of surveillance activities and provides infection control education to all employees in New Hire Orientation.

BHIP has a bed capacity of 181, with 47 Behavioral Health beds: 75 adult medical/surgical beds, 10 critical care beds and 49 telemetry beds. In addition, Outpatient Services including Wound Care/ Clinical Hyperbaric-level II, and Rehabilitation are the predominant service lines offered. BHIP also has an Outpatient Surgery Center. BHIP is a Cardiac Services Level 1, Primary Stroke Center and Heart Failure Certified. The Coordinator of Epidemiology monitors and provides coverage for all services, both inpatient and outpatient, at BHIP.

This Program Evaluation is based in part on outcomes achieved during calendar year 2021. Outcomes are identified through review of performance measurement data, information resulting from BHIP committees, team meetings and multidisciplinary rounds as well as interviews and discussions conducted with staff and leaders throughout BHIP and in collaboration with other Broward Health facilities.

The Infection Prevention and Control Program is an organization wide program that provides for surveillance, prevention and control of infections in patients, employees, students, LIPs, physicians, and all visitors to the organization. The Plan addresses epidemiologically important issues of infections among patients, employees, non-employees and exposure to communicable disease, device related infections, surgical site infections, and healthcare associated infections hospital wide, epidemiologically important and antibiotic resistant organisms, and reporting of communicable disease to the public health authorities. The Plan addresses all aspects of Infection Prevention and 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 continual basis.

- Prospective surveillance is completed by Epidemiology for identification of infections.
- 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 Patient Safety Quality Council Committee meeting where infections are discussed and opportunities for improvement are presented.
- Infections, results of ongoing surveillance, and Performance Monitoring Reports (PMR) are also presented at the quarterly Infection Control Committee meeting.
- 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.
- Priority is also given to Surgical Site Infections based on the risk assessment and analysis of the collected data.
- Epidemiology will continue to monitor and communicate findings with the appropriate stakeholders.

NHSN HAI FOR CY2021

Broward Health Imperial Point
Performance Measurement Report

Department: Epidemiology Hospital Wide

Coordinator _____

Year: CY21

INDICATOR	Definition	Target	CY19	CY20	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
1 Central Line Associated BSI	Infections Line days X 1000	0.41	4	2	1	0	1	0	0	0	0	0	0	0	0	1	3
			4,199	4,442	429	480	540	489	468	387	519	588	443	310	244	445	5342
			0.95	0.45	2.33	0.00	1.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.247191
2 Catheter Associated UTI	# of CA- UTIs # of foley days x 1000	1.11	5	5	1	0	1	0	1	0	0	2	1	0	0	1	7
			3,310	4,045	407	424	414	346	337	316	261	514	376	181	170	208	3954
			1.51	1.24	2.46	0.00	2.42	0.00	2.97	0.00	0.00	3.89	2.66	0.00	0.00	4.81	1.77
3 Hospital Onset C-Difficile Infection	# new cases + C-diff # of Patient Days x 10000	2.06	5	9	0	0	0	1	1	0	0	1	0	1	0	0	4
			43,663	39,363	3252	3149	3623	3333	3329	3131	3765	4377	3258	2771	2811	3159	39958
			1.15	2.29	0.00	0.00	0.00	3.00	3.00	0.00	0.00	2.28	0.00	3.61	0.00	0.00	1.0
4 Hospital Onset MRSA Bacteremia	Bac # of Patient Days x 1000	0.00	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			43,663	39,363	3252	3149	3623	3333	3329	3131	3765	4377	3258	2771	2811	3159	39958
			0.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13 VAC ADULT	#VAC #Vent Days x 1000	6.75	6	8	0	0	1	4	0	0	0	1	1	0	0	0	7
			840	1,067	127	110	161	124	79	75	79	203	130	107	63	89	1347
			7.14	7.50	0.00	0.00	6.21	32.26	0.00	0.00	0.00	4.93	7.69	0.00	0.00	0.00	5.20
14 IVAC ADULT	#IVAC #Vent Days x 1000	0.00	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			840	1,067	127	110	161	124	79	75	79	203	130	107	63	89	1347
			2.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15 PVAP ADULT	#VAP #Vent Days x 1000	0.00	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
			840	1,067	127	110	161	124	79	75	79	203	130	107	63	89	1347
			1.19	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17 Hand hygiene surveillance	# times compliant compliance	95%	950	11,848	2218	1338	1743	1238	3281	2575	2390	2642	2422	2092	2544	3062	27545
			1,048	13,067	2316	1397	1782	1280	3404	2703	2431	2712	2462	2146	2624	3148	28405
			91.00%	90.7%	96%	96%	98%	97%	96%	95%	98%	97%	98%	97%	97%	97%	97%

Zero Tolerance and the Bundle Approach

The Infection Control Program has adopted the philosophy of “Zero Tolerance” towards healthcare-associated infection. Zero tolerance refers to the ideology that we will work to eliminate every “preventable” healthcare-associated infection. To help achieve this goal, the hospital utilizes the “bundle” approach to help prevent device-related and surgical infections. A bundle is a group of interventions related to a disease process, that when grouped together, result in better outcomes than when implemented individually. Evidence based research has shown that a bundle approach can help to reduce infections.

Benchmarking

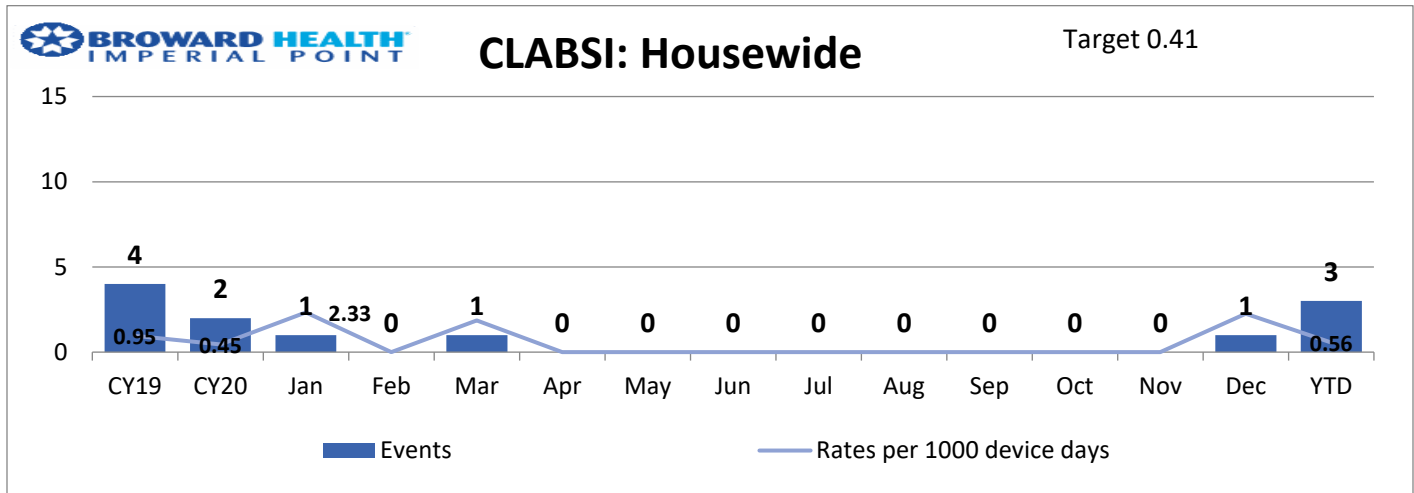
BHIP benchmarks infection surveillance numbers utilizing the NHSN (National Healthcare Safety Network, CDC) statistics. The Centers for Disease control provides the national standard measures for healthcare-acquired infections and CMS requires facilities to utilize the NHSN as our tool for national healthcare data reporting.

BHIP currently reports through the NHSN: CLABSI, CAUTI, surgical site infections in selected COLO and HYST procedures, lab identified (C. difficile, MRSA bacteremia, and influenza vaccination rates.)

II. Device- Associated Infections

Central Line Associated Blood Stream Infections (CLABSI)

CLABSI CY2021



Analysis

Adults

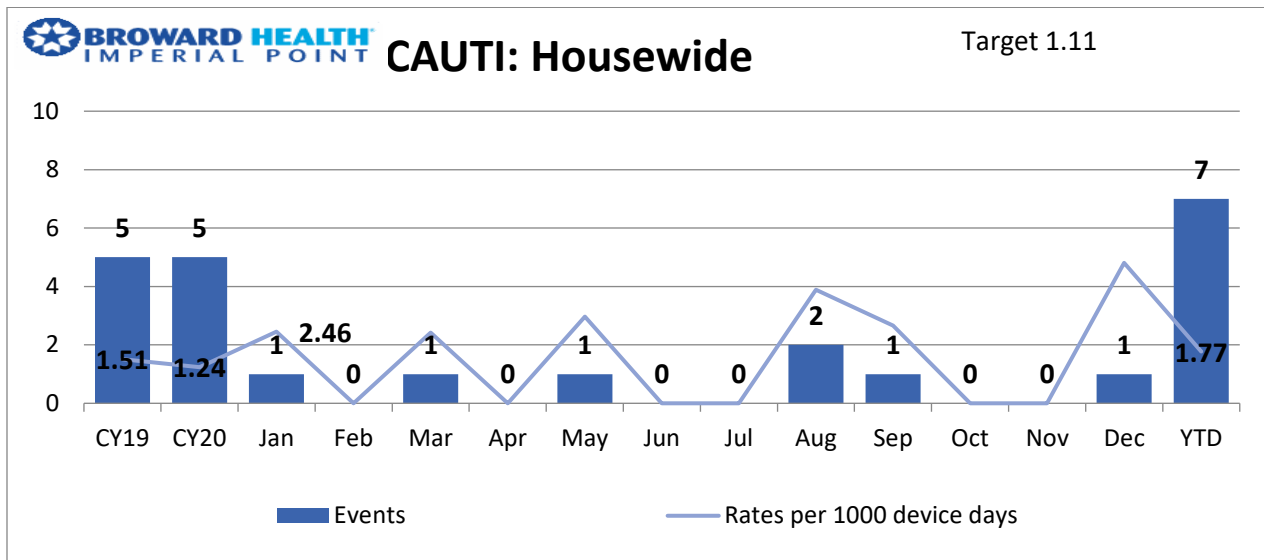
The CLABSI rate in the adult population for CY2021 was 0.56 per 1000 central line days. This is a slight increase from a rate of 0.45 per 1000 central line days in CY2020. There was a 2% increase in line days from 2020 vs 2021.

The NHSN SIR for CY2021 was 0.757 which is an increase from 0.648 in CY2020. The SIR less than 1, which is less than expected based on the NHSN definition. The SIR is a standardized infection ratio which is risk adjusted based on national data.

Action Plans

- We continue to monitor central lines for necessity, educate nursing staff and the medical staff on the use of midlines, when appropriate.
- Daily assessment of the central line included line necessity, discontinuation of the central line or change the central line to a midline when appropriate, improved awareness and communication which included bedside shift report.
- Rounding included ongoing interventions, line necessity, education and line dressing surveillance.
- 2 person dressing change and documented to reflect.
- Daily chlorhexidine bathing for inpatients on all units, except for the ICU/CCU for patients with central lines.
- Daily CHG bathing for all ICU/CCU patient, as part of nursing action plans.
- Bathing techniques are monitored, and re-education is provided as needed. In addition, mandatory online education was provided through HealthStream.
- Continued use of disinfectant caps on all central line access ports on all adult inpatient nursing units.
- Continued education of all existing RN's along with new hire RNs.
- Central line bundle compliance monitoring completed by Epidemiology to include review of EMR to reflect the following at every insertion: hands washed prior to procedure, use of CHG antiseptic at the procedure site, maximal barrier used, use of hat, mask, sterile gown, sterile gloves, number of additional line attempts, application of antimicrobial patch, if indicated, number of femoral central venous catheter insertions, number of femoral line insertions.
- Plan to conduct a multidisciplinary prevalence round including Epidemiology, Clinical education and vendor partner to review central line indication, policies and procedure and maintenance practices. Inventory and availability of dressing kits.

Catheter Associated Urinary Tract Infections (CAUTI)



Analysis

Adults

The CAUTI rate in the adult population at BHIP for CY2021 was 1.77 per 1000 urinary catheter days. This is an increase from the prior CY2020 of 1.24 per 1000 urinary catheter days. In comparison device usage for urinary catheters remained unchanged at 10%.

The NHSN SIR for CY2020 is 1.509 which remains the same from 1.46 in CY2021 the SIR is above 1, which is more than expected based on the NHSN definition. The SIR is a standardized infection ratio which is risk adjusted based on national data.

Action Plans

- Continue to monitor urinary catheter for necessity, educate nursing staff and the medical staff, when appropriate.
- Continue to utilize the HOUDINI protocol for indications for urinary catheter.
- Daily assessment of the urinary catheter included line necessity and discontinuation of the urinary catheter utilizing the HOUDINI protocol. Encourage physician to order HOUDINI protocol.
- Improved awareness and communication which included bedside shift report.
- 2 person indwelling catheter insertion and documented.
- Daily rounding included ongoing interventions, urinary catheter necessity, education and urinary catheter bundle compliance during surveillance.
- Multidisciplinary prevalence rounds including Epidemiology, Clinical education and vendor partner to review urinary catheter indication, policies and procedure maintenance practices and available kits.

Ventilator Associated Pneumonia

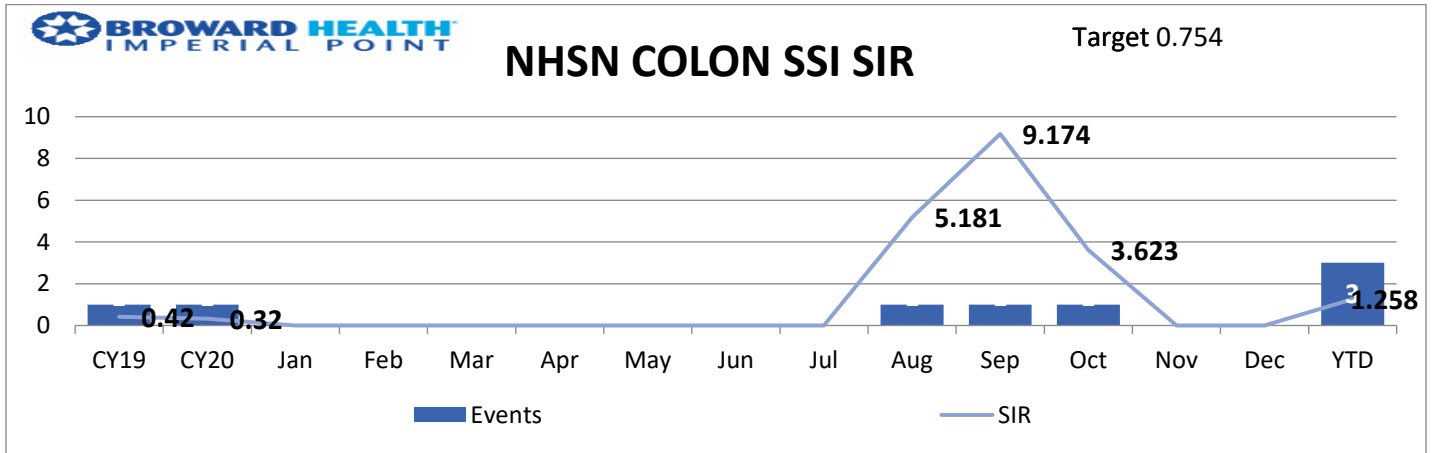
VAE surveillance curtailed in 2021 considering the Covid 19 outbreak.

Action Plan

The VAP bundle continues to be reinforced during rounding to ensure that the bundle measures are in place. Plan to resume VAE surveillance in July, 2022.

III. Surgical Infections Report

Colon Surgical Site Infections



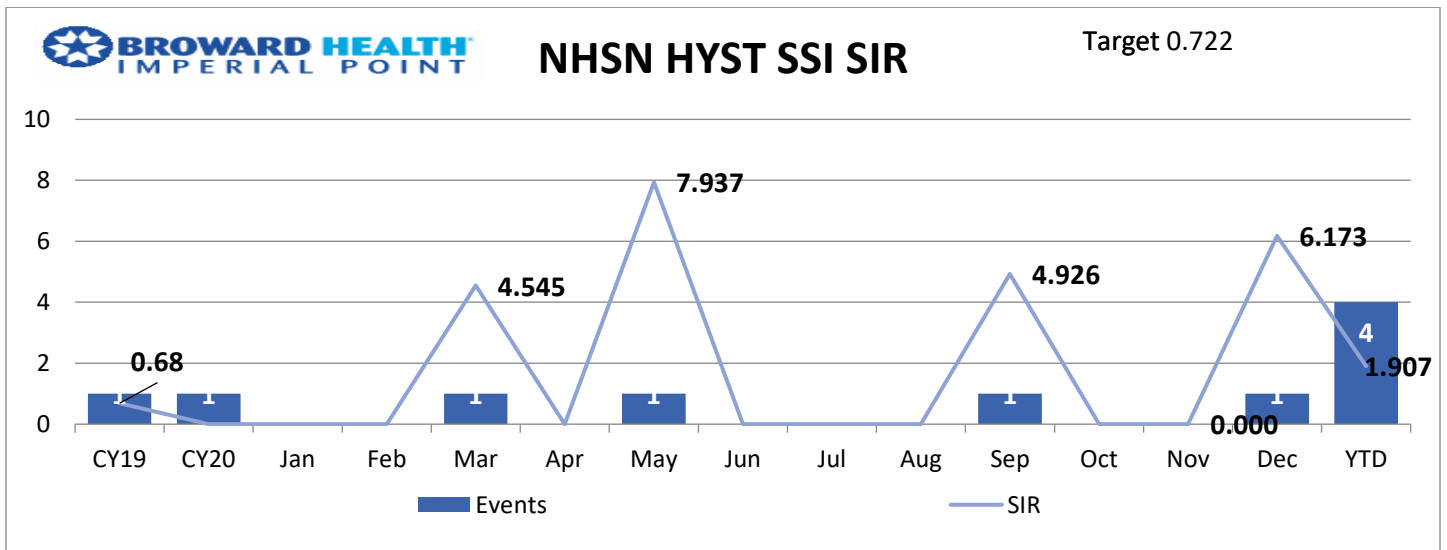
Analysis

Colon Surgical Site Infections

For CY2021, the colon surgical site infection rate was 3.37 this number represents 3 infections out of 89 colon surgical procedures. For CY2020, the colon surgical site infection rate was 0.88. This number represents 1 infection out of 116 colon surgical procedures.

The NHSN SIR for CY2020 is 0.325 which is significantly less than CY2021 SIR 1.258. The (SIR) standardized infection ratio is above 1, which indicates there were more infections identified than predicted based on 2015 national aggregate data. This is a standardized infection ratio which is risk adjusted based on national data.

Hysterectomy Surgical Site Infections



Analysis

Hysterectomy Surgical Site Infections

For CY2021, the hysterectomy surgical site infection rate was 1.63. This number represents 4 infections out of 244 hysterectomy surgical procedures. For CY2020, the hysterectomy surgical site infection rate was zero. This number represents 0 infection out of 231 hysterectomy surgical procedures.

The NHSN SIR for CY2021 was 1.908 which is an increase from 0.0 in CY2020. The SIR is above 1, which indicated that there were more infections identified than predicated based on the NHSN definition. This is a standardized infection ratio which is risk adjusted based on national data.

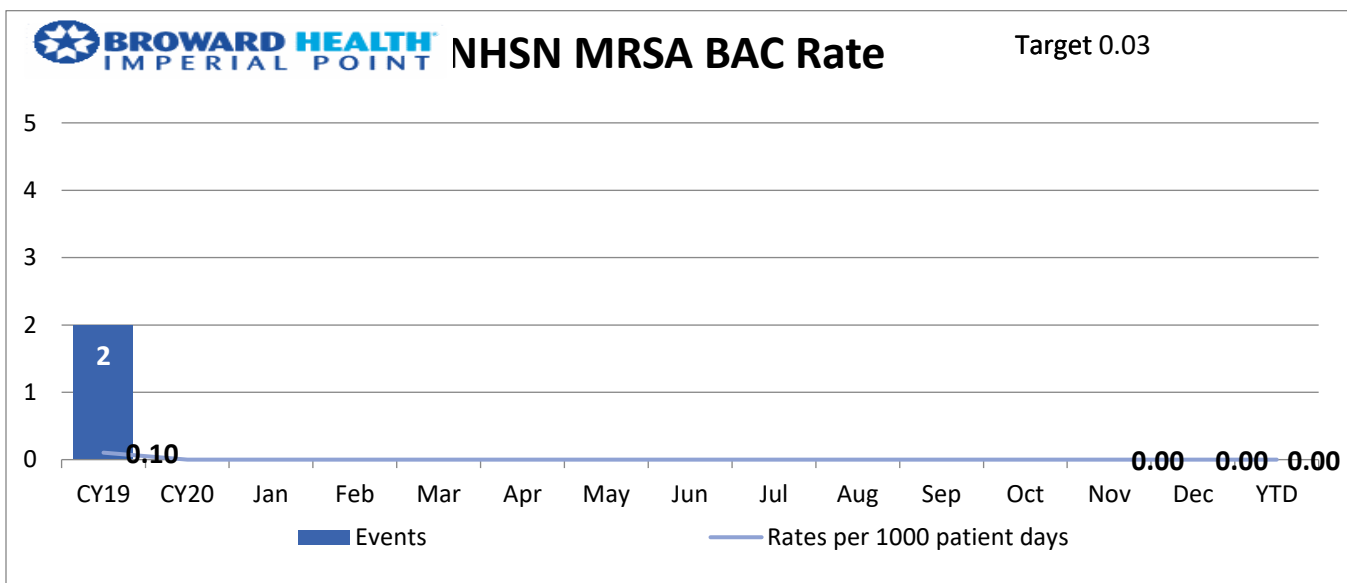
Action Plans for All Surgical Site Infections

- Continue to monitor colon, hysterectomy and include Class I and II surgical procedures for development of surgical site infection.
- Infections are also identified separately based on the following: Class I, Class II, total hip and total knee replacements. This is for standardization of internal reporting mandated by Broward Health.
- Continue to report surgical infections to Patient Safety and Quality Council Committee meeting, Department of Surgery Committee meeting and Infection Control Committee meeting.
- A Surgical Site Prevention Committee continues to meet quarterly basis with the intent to focus on Guidelines for Prevention of Surgical Site Infections.
- Communication regarding infections occurs with all nurse managers and administration during Patient Care Key Group and Infection Control Committee meetings.
- Preoperative education prior to surgery is provided to all patients regarding the importance of preoperative bathing with either soap and water or an antiseptic which is to be completed at home the night before surgery and the morning of surgery before coming to the hospital.
- CHG soap is provided to all patients that attend preoperative education classes. This information was communicated to the medical staff.
- Re-evaluation and implementation of CHG bathing preoperatively for all patients.

IV. MRSA Bacteremia and C. Difficile Infections

MRSA Bacteremia Infections

BHIP Tracks and trends MRSA Bacteremia cultured from patients to determine if they are community acquired versus hospital acquired. We do track and trend all MRSA bacteremia as per the NHSN guidelines.



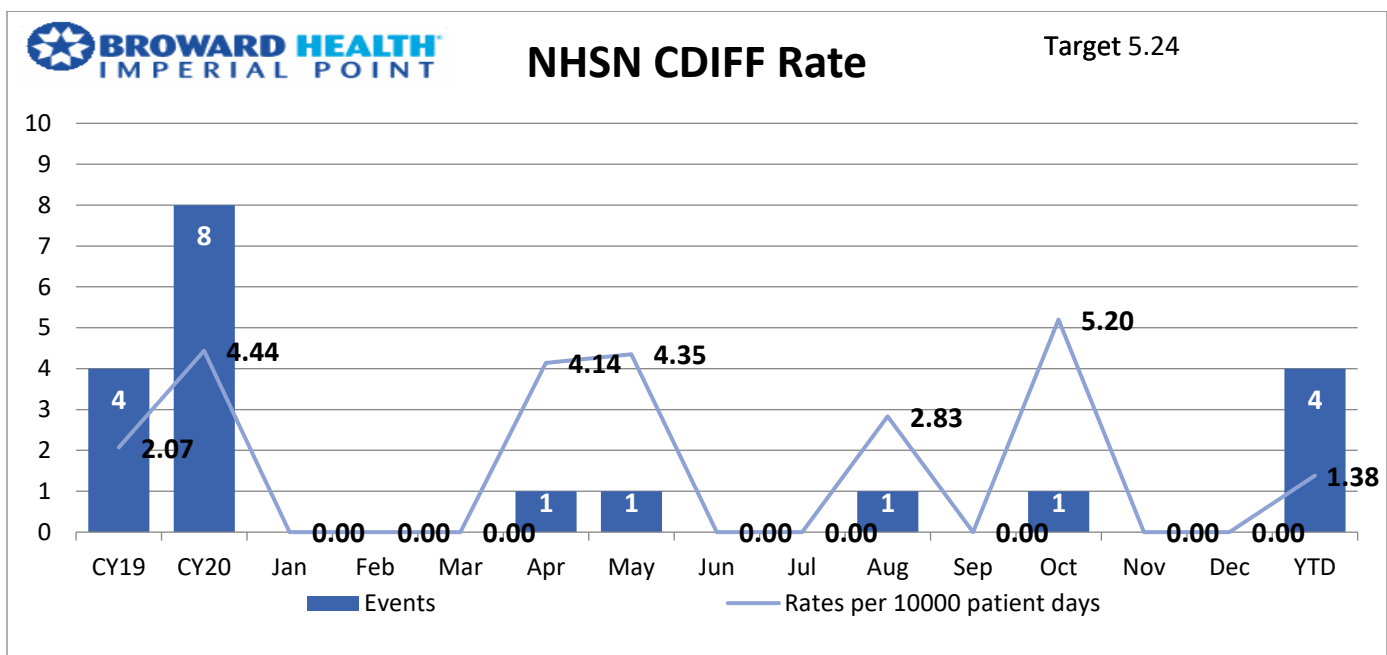
Analysis

For CY2021, the infection rate for organisms that were culture positive for MRSA bacteremia was 0. This number represents 0 infections out of 28,970 patient days. For CY2020, infection rate for organisms that were culture negative for MRSA bacteremia was 0. This number represents 0 infections out of 27,951 patient days.

The NHSN SIR for CY2021 was 0. There was no reported Hospital onset MRSA bacteremia for the previous 2 calendar year.

C. Difficile

Hospital Onset C. difficile is tracked as per the NHSN guidelines and tracked for rates as well as by unit to identify locations for potential issues with patient-to-patient transmission.



Analysis

For CY2021, our infection rate for hospital onset C. difficile 1.38 infection. This number represents 4 infections out of 28,970 patient days. For CY2020, our infection rate for hospital onset C. difficile infections was 3.57. This number represents 10 infections out of 27951 patient days.

The NHSN SIR for CY2021 was 0.255 which is a decrease from .641 in CY2020. The SIR is significantly below 1, which indicates there were less infections than predicated.

Action Plans for All MRSA Bacteremia Infections & C. Difficile

- Continue to implement hand hygiene.
- Early identification of patients colonized or infected with MRSA bacteremia and immediate transmission-based isolation of these patients to reduced and prevent further transmission.
- Epidemiology performs daily surveillance of cultures from patients admitted with or suspicion of developing infection.

- Individual patient positive with MRSA or C. diff 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 initiate transmission-based precautions as indicated from the screen information.
- Epidemiology monitors 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 allows the Epidemiology nurse to limit unprotected exposure to pathogens by taking immediate action with appropriate transmission-based precautions.
- Focused isolation rounds to ensure strict adherence to transmission-based precautions.
- The CDC isolation precautions are uploaded to the general Broward Health intranet website as a resource for all staff.
- Education provided at New Hire Orientation with focus on transmission-based precautions and patient to patient transmission.
- Participation in Antimicrobial Stewardship Program.
- Enforce strict hand washing with soap and water when exiting rooms with patients on Enhanced Contact Isolation.
- Adherence to high touch surface cleaning daily.
- Monitor Transmissions-Based Precautions and Standard Precautions, Hand Hygiene education, and frequent communication between clinical and nursing departments and Epidemiology.
- Ongoing education to all staff regarding importance of hand hygiene.
- Adherence to BH Hand Hygiene Plan.
- Provide education during new hire orientation, staff meetings/huddles and during rounding.
- Implemented WHO 5 moments of Hand Hygiene, train the trainer for observation. Increased hand hygiene observations mandates with on-the-spot education.
- Reeducation/refocus of C-difficile to nursing staff and physicians.

V. Healthcare Worker Risks

- Provide education during new hire orientation, staff meetings/huddles and during rounding with focus on disease transmission and prevention.
- Isolation Precautions compliance is monitored continually by Epidemiology and presented at the Infection Control Committee meeting.
- In-services and education provided to individual departments during their staff meetings to include Environmental Services and Nutritional Services.
- 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 are 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 all patients and families who are infected or colonized with a multidrug-resistant organism about health care associated infection prevention strategies.
- Surveillance plan based on prioritized risk of transmission of diseases identified in our community and from the characteristics of the population served was developed and approved by the Infection Prevention and Control Committee.
- Surveillance plan is carried out by the Epidemiology nurse 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 is a high incidence of TB in Broward County which requires constant surveillance to identify suspect cases.
- Continue to actively track and trend the traffic of patients for any increase influx of patients and/or need to implement the Pandemic Plan. The Pandemic plan was implemented in March 2020.
- Epidemiology nurse performs daily ongoing surveillance through the monitoring of ED logs, microbiology candidate reports and rounding helped identify influx of infectious patients.

- The ESSENCE reporting system that identifies syndromic trends through the ER is used to coordinate surveillance with the Broward County Department of Health.
- 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 are 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.
- All exposures are reported to Employee Health. Employee Health tracked for any trends and all reports are presented to Environment of Care Committee meeting and the quarterly Infection Control Committee meeting.

VI. Communicable Diseases

The Coordinator of Epidemiology reports all required reportable diseases into the Broward County Health Department. Positive COVID19 comprise the predominance of the reporting: Gonorrhea and Chlamydia are the most frequently reported STD's.

Antibodies to Hepatitis C virus, and various gastrointestinal diseases such as Salmonella and Shigella were among the top reported communicable diseases.

VII. Education

- Annual infection control education completed for all departments at BHIP via HealthStream.
- Education provided at New Hire Orientation.
- Presentations at various hospital units staff meetings conducted throughout the year.
- Epidemiology is available for consultation 24 hours a day, seven days a week.
- Support and enhance public relations through community interactions and educational programs on BHIP campus and at various community centers throughout the county, limited for 2020.

VIII. Trials / New Products

- All products that are introduced to Broward Health Imperial Point must first go through the Value Analysis Committee for approval which includes updates on trials of the product to ensure proper function and safety.
- When indicated, presentations are first given to the Regional Epidemiologists prior to being presented at Value Analysis Committee.
- Implementation of Pure wick, which is an alternative for urinary catheters.
- Implementation of the new urinary catheter tray to aid in aseptic technique during insertion.
- 7mm Biopatch availability for use in patients with hemodialysis catheters when appropriate.

IX. Evaluation

- The BHIP Infection Control Risk Assessment for CY2021 was presented to the Infection Control Committee for review, recommendations and approval.
- The annual appraisal CY2021 was presented for approval to the Infection Control Committee and will be presented to the Medical Executive Committee.
- 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 effectiveness documented.
- The Infection Control Committee meets quarterly. 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.

- PMR and other reports are indicated are provided to the Patient Safety Quality Council Committee meeting monthly.
- Continuing education opportunities are encouraged and financially supported by leadership on an ongoing basis.
- All areas surveyed for construction were found to be fully ICRA compliant during CY 2020.
- All 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 hospital. Ongoing review of the monitoring reports submitted by all departments are also presented at the Environment of Care Committee meeting and Infection Control Committee meeting.
- The Coordinator of Epidemiology maintains membership of national and local chapters of their professional organizations to receive education and competency related to Epidemiology/ Infection Prevention and Control on an ongoing basis.

CY2020 Epidemiology Accomplishments

Continued to monitor/support programs put into place during 2019-2020

Sustained Infection Control program to assure safety of patients, staff, visitors during a pandemic where guidelines were constantly changing.

Education

- Train the trainer for WHO 5 moments of hand hygiene observation.
- On the spot education for donning and doffing, hand hygiene, COVID19, Influenza, C-diff., isolation precautions, and other infection control practices.

Hand Hygiene 2020

- Implemented the WHO 5 moments of hand hygiene.
- Implemented WHO 5 moments of hand hygiene observation.
- Online education through HealthStream.

CAUTI

- Continued education on NHSN and surveillance definitions.
- Rounding on maintenance and care related to urinary catheters as well as reminders for removal.
- House wide collection of line days.
- Striving for zero infections.
- CAUTI prevention provided to staff.
- CAUTI rate graphs provided monthly at Patient Safety Quality Council meetings.
- Intense analysis for every CAUTI with manager of the unit
- Prevalence rounding by Epidemiology, Education, and Bard

CLABSI

- Education on NHSN and surveillance definitions
- CHG bathing techniques were monitored..
- Created mandatory online education was provided through HealthStream.
- Continued use of disinfectant caps on central line access ports.
- Continued education of all existing and new hire RNs.
- CLABSI rate graphs provided monthly at Patient Safety Quality Council meetings.
- Discussion of CLABSI in at Patient Safety Quality Council meetings.
- Prevalence rounding by Epidemiology.
- Intense analysis in ICU with action plan.

SSI

- Education on NHSN and surveillance definitions.
- Daily surveillance of cultures to identify any surgical site infections.
- A Surgical Site Prevention Committee meeting was established in November 2017 with the intent to focus the CDC Guidelines for Prevention of Surgical Site Infections, 2017 and institute those measures.
- Communication regarding infections occurred with all nurse managers and administration.
- Presentation of all surgical site infections at the Surgical Site Infection Prevention Committee meeting with focus on risk factors and adherence to evidence-based practice to reduce infections.
- SSI rate graphs provided at Patient Safety Quality Council meetings, Infection Control Meetings.
- Discussion of SSI at Patient Safety Quality Council meetings.
- Continued weight-based dosing for pre-op antibiotics as per evidence-based practice.
- Risk assessment of OR and Sterile processing (SPD).
- Rounding in OR and SPD.

VAE

- Education in NHSN and surveillance definitions.
- Surveillance through rounding (both Epi and managers) observing for compliance to VAP bundles.

MRSA Bacteremia and C. Difficile

- EVS in-services.
- Implementation of the use of Viresept, a bleach product, for EVS to use for daily cleaning and terminal cleaning for those patients on Enhanced Contact Isolation and in outpatient areas, ie: radiology,
- Nutritional Services in-services
- Use of Medmined data mining system to capture any trends related to MDRO's and CDI.
- Recognizing the importance of antimicrobial stewardship in decreasing the rates of MDROs, the Epidemiology Department continues to work with Pharmacy.
- 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.
- Continued use of Respiratory Viral Panel/Biofire technology to decrease antibiotic use when viruses are identified.

New policies, committees and initiatives

- WHO 5 moments of Hand Hygiene surveillance

Education

- CDC education on NHSN definitions by Epidemiology nurse.
- Continuous education through webinars, attendance at meetings and online education.

Coordinator of Epidemiology: _____

CNO, COO, or CFO: _____

Infection Control Committee Chairman: _____

Date: _____