# INFECTION CONTROL PLAN
# POLICIES AND PROCEDURE MANUAL-
# BHIP ADDENDUM TO SYSTEM IC PLAN

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| **POLICY #:** | | |
| **SUBJECT:** | Broward Health Imperial Point Infection Control Program (BHIP) Addendum | **Addendum Effective: 4/2021**<br>**BHIP IC PLAN: 4/2021** |
| **PURPOSE:** | Broward Health Imperial Point (BHIP) has developed and implemented an effective Infection Control Program for the surveillance, prevention and control of infection. | **BHIP IC PLAN DATE REVIEWED:** |
| **SPONSOR:** | Epidemiology | **BHIP IC PLAN REVISED:**<br>4/16/2021 |
| **APPROVED BY:** | _____<br>**Chairman, Infection Control Committee**<br><br>_____<br>**Chief Executive Officer, BHIP**<br><br>_____<br>**Chief Nursing Officer, BHIP** | **ADDENDUM APPROVED FOR USE AT BHIP** |

**PURPOSE:**
The Infection Control Plan is a system-wide interdisciplinary team approach that uses evidence based guidelines and methodologies to identify, reduce, prevent, and control healthcare associated infections. A risk assessment is completed at least annually to identify priorities that will mitigate the acquisition and transmission of infections and communicable diseases among patients and staff.
The Infection Control plan is an integral part of the quality and patient safety program and contributes to the organizational effectiveness through its commitment to improve outcomes and processes associated with the delivery of healthcare.
This is the BHIP specific addendum to the plan.

**SCOPE:**
This applies to Broward Health Imperial Point healthcare workers (employees, allied healthcare practitioners, students, and volunteers), contractors, patients and visitors.

**POLICY**:
The infection prevention and control plan include but is not limited to:
- Define activities to minimize, reduce or eliminate the risks of infection based upon the needs of the population.
- Establish the Infection Control plan and evaluate effectiveness annually.
- Report to external organizations as required by law.
- Investigate outbreaks, institute control measures and report to leadership.

**PROGRAM ADMINISTRATION**:
The Infection Prevention and Control program is under the guidance of the Broward Health Leadership. The responsibility for monitoring the Infection Control program is vested in the System Infection Control Committee (ICC), through its Chairperson, members and Infection Control Director.

**INFECTION CONTRL COMMITTEE – (ICC):**
The ICC functions as the central decision and policy-making for the Infection Control program. It provides support, guidance and oversight for relevant activities including limiting unprotected exposure to pathogens throughout the organization by using standard precautions, enhancing hand hygiene, and minimizing the risk of transmitting infections associated with procedures, the use and reprocessing of medical equipment, and devices. ICC reviews surveillance data and makes recommendations, reviews and approves policies and procedures related to infection prevention, approves the annual surveillance plan and forwards to leadership for final approval. The ICC meets regularly and as needed according to the organization’s bylaws. A summary of the committee meeting with recommended actions (minutes) is forwarded to leadership and/or appropriate committee for review and approval.

**POPULATION SERVED**:
*Patient Population Served*:
All age categories from infants to geriatric with the vast majority of the patients in the adult and geriatric age groups. • Patients' health status ranges from healthy (self-care) to critically ill, and represent a full range of dependence on health resources including specialized services i.e. Cancer, Ophthalmology, etc. • Local, national and international patients from private residences, acute care facilities, nursing homes, extended care, rehabilitation, progressive care, and correction facilities. • Care is provided regardless of socioeconomic backgrounds, ability to pay, education level and cultural background.

BHIP offers a wide range of emergency, inpatient and outpatient services. Admitted patients have demographics which may influence their risk for infections, such as Tuberculosis, HIV, Hepatitis, Sexually transmitted diseases, Vector-borne infections, Multi Drug Resistant Organisms (MDRO's) and emerging pathogens.

**GOALS**:
The goal of the Infection Control program is to reduce the risk of acquiring and transmitting health care associated infections. Families, patients, and visitors are encouraged to participate in the infection control program, including cough etiquette, hand hygiene, and prevention of surgical site infections. Priorities and goals are identified by the ICC based on the result of a comprehensive risk assessment, annual appraisal of the program, results of surveillance and monitoring activities. Priorities and goals are based on probability of condition occurring, risk (health, financial, legal and regulatory), organization preparedness and this is reviewed at least annually.

**OBJECTIVES**:
The objectives of the Infection Control program include but are not limited to the following

- Identify and prioritize infection risk and develop strategies to prevent transmission of infection.
- Establish surveillance activities, monitor technique and practices, and provide recommendations based on the analysis of data and nationally approved standards.
- Communicate pertinent infection control performance improvement findings, identified problems and recommendations to the appropriate department, individuals, and committees.
- Minimize risk of transmission of infections associated with the use of equipment, and medical devices.
- Review sterilization and disinfection practices, monitoring, and documentation.
- Limit unprotected exposure to pathogens throughout the facilities.
- Promote/monitor hand hygiene.
- Assist the Employee Health program and Workers Compensation Program, as needed.

- Provide infection prevention education to staff, as needed.
- Comply with all infection control regulatory agencies requirements.
- Monitor and report communicable diseases to the local Health Department
- Provide Infection Control consultation during demolition, construction, renovation projects and collaborate with the Environment of Care Committee
- Formulate, update IC policies and procedures.
- Participate in the Antimicrobial Stewardship Program.

**SURVEILLANCE AND MONITORING ACTIVITIES**:
Monitoring activities are based on regulatory requirements
Surveillance Definitions – NHSN case definitions are used to ensure accurate and consistent statistics. These definitions are published annually and include surgical site infections, blood stream infections, central line associated blood stream infections, catheter associated urinary tract infections, and ventilator associated events.

1. **Surgical Site Infections (SSI's)**
   Focused Surgical Site Infection surveillance is performed based upon the goals of the facility.
2. **Device Associated Infections – (Outcomes and Processes)**
   Device associated infections are monitored monthly, as appropriate
   - Central Line Associated Blood Stream Infections (CLABSI)
   - Catheter Associated Urinary Tract Infections (CAUTI)
   - Ventilator Associated Events (VAE)

**3. Laboratory-based Surveillance - (community acquired/hospital acquired)**
Monthly surveillance based upon NHSN requirements will include Methicillin-resistant Staphylococcus aureus Bacteremia (MRSA) and Clostridiosis difficile, as appropriate

4. **Target Surveillance**
   Target Surveillance is based upon the facilities goals and may include:
   - Surgical Outcomes
   - Employee Infections
   - Multi-Drug Resistant Organisms (MDROs)

**5. Outbreak Investigation**

An investigation will be conducted whenever an outbreak is suspected. Outbreaks are investigated following a systematic approach. Actions may include:

- establish the severity of the problem
- review program and procedures
- institute control and prevention measures
- provide appropriate training as needed
- communicate to Leadership, Risk Management, and Health Authorities as required

**6. Monitoring the following activities per facilities goals**:

- Hand Hygiene
- Device Bundles
- Isolation
- Sterilization and High Level Disinfection
- Immediate Use Steam Sterilization (IUSS) and Biologicals monitoring
- Influenza Vaccine
- Emerging Pathogens
- Infection Control Standards
- Safe Injection Practices
- Renovation and Construction Projects
- Tuberculosis

Infection Prevention and Control Program is to prevent infections from occurring in patients, visitors, physicians and employees. The following strategies have been implemented to achieve our goals and objectives based on evidence-based national guidelines from relevant organizations (CDC, APIC, SHEA).

1. **Standard Precautions**
   Standard Precautions represent the minimum infection prevention measures that apply to all patient care, regardless of suspected or confirmed infection status of the patient in any setting where healthcare is delivered. Standard Precautions include:
   - Hand Hygiene.
   - Use of Personal Protective Equipment (e.g., gloves, gowns, facemasks), depending on the anticipated exposure.
   - Respiratory Hygiene and Cough Etiquette.
   - Safe Injection Practices.
   - Safe handling of potentially contaminated equipment.

- Cleanliness of the facility and patient environment.

**2. Hand Hygiene**

Continues to be the most important practice for the Infection Control and the Patient Safety Program.
Designated trained observers monitor hand hygiene compliance. Compliance is reported to leadership.

**3. Transmission-Based Precautions**

Transmission-Based Precautions are intended to supplement Standard Precautions in patients with known or suspected colonization or infection of highly transmissible or epidemiologically important pathogens. For diseases that have multiple routes of transmission, a combination of Transmission-Based Precautions may be used. Whether used singularly or in combination, they are used in addition to
Standard Precautions. The three categories of Transmission-Based Precautions include:

- Contact Precautions
- Droplet Precautions
- Airborne Precautions

**4. Implementation and Monitoring of best practices for device associated infections (bundles and checklists).**

Incorporate recommendations from the following regulatory agencies: The Joint Commission (TJC), Institute for Healthcare Improvement (IHI), Association for Professionals in Infection Control and Epidemiology (APIC), Infectious Diseases Society of America (IDSA) Compendium, Association of perioperative Registered Nurses (AORN) and Occupational Safety and Health Administration (OSHA), Florida Department of Health, Centers for Disease Control and Prevention (CDC), National Healthcare
Safety Network (NHSN), Center for Medicare and Medicaid Services (CMS).

**5. Tracking and trending of multiple drug resistant organisms (Antimicrobial Stewardship Program)**

Multiple drug resistant and epidemiologically significant organisms are included in the surveillance program. Trending MDROs is part of the Antimicrobial Stewardship Program.

**6. Education**

Ongoing education and training of staff is a requirement. Education is provided on hire and annually through Computer Based Learning (CBL) system and as needed.

**7. Disinfection and Sterilization of reusable medical equipment**

Evidence-based national guidelines, best practices, and adherence to manufacturer recommendations are used in disinfection/sterilization processes. Single use devices are disposed of after each patient use.

**8**. **Employee Health Program**

The Employee Health Program includes recommendations for screening and immunizations to reduce the risk of infection to employees.

- Annual Seasonal Influenza Vaccination Program
- Tuberculosis Surveillance (initial and annual TB testing program) Determination of risk for TB is based upon the Center for Disease Control (CDC) standards
- Exposure Management Program, Employee Health is responsible for the management of employee exposure

**9**. **Infection Control Risk Assessment**

An annual Risk Assessment is performed to determine priorities of goals and objectives for the infection prevention program. The Risk Assessment is based on regulatory requirements and prior outcomes. Based on the potential impact, the probability of the occurrence of a problem/condition, and the organization's ability to deal with the problem/condition a numeric score is generated. The numerical risk is determined by multiplying the score of each section to get a total numerical risk level. The risk assessment is reviewed and approved by the ICC annually.

**10. Evaluation/Assessment**:

The Surveillance, Prevention, and Control of Infection Plan is evaluated annually and revised as necessary. The evaluation is reviewed and approved by the ICC Chairman, Chief Executive Officer, BHIP, and Chief Nursing Officer, BHIP.

- Implementation of the annual plan and prioritized goals
- Achievement of desired targets for infection reduction
- Compliance with policy, standards and regulations
- Success/failure in meeting goals and objectives
- Identifying trends related to infections and MDROs

Evaluation of 2020 objectives/goals

| **2020 Objectives** | **Met** | **Not Met** | **Action Plan** |
|---|---|---|---|
| Target Rates<br>MRSA: 0.23<br>VRE: 0.04<br>CRE: 0.00<br>ESBL : 0.06 | <br>0.10<br>0<br>0<br>0.05 | | Carried over to 2021 |
| SIR<br>MRSA BAC 0.815<br>CDIFF 0.852 | <br>0 | | Carried over to 2021 |
| SSI : Target :<br>SIR<br>HYST: 0.722<br>COLO: 0.781 | <br><br>0.49<br>0.325 | | Carried over to 2021 |
| CLABSI: Target :<br>Rate 0.86<br>SIR 0.784 | <br>0.64<br>0..68 | | Carried over to 2021 |
| CAUTI: Target:<br>Rate 1.36<br>SIR 0.828 | | <br>1.27<br>1.59 | Carried over to 2021 |
| VAE: Target:<br>VAP 0.00 | | 6.50 | Carried over to 2021 |
| Decrease amount of sharps injuries 5% decrease | X | | Carried over to 2021 |
| Decrease needle sticks, splashes, other preventable exposures.<br><5% | X | | Carried over to 2021 |
| Hand Hygiene Compliance 90% | 96% | | Carried over to 2021 |
| Flu Vaccination Increase compliance by 10% each year until 90% goal by2020 | | 64% | Carried over to 2021 |
| Compliance with proper cleaning protocols and products. 90% | UK | | Carried over to 2021 |
| Compliance with proper disinfection protocols and products.90% | UK | | Carried over to 2021 |
| Reduce misuse of red bag biohazard waste. 90% | UK | | Carried over to 2021 |

# Appendix A
# Goals and Objectives CY 2021

**Based on 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)/Admission Related Risks

**Goal # 1: Overall reduction of hospital acquired infections.**

*Pareto Analysis reveals multi drug resistant organisms (MDRO) and surgical site infections (SSI) both constitute the highest risk percent in the HAI/Admission risk portion of the risk assessment. The top 5 risks identified in the Pareto analysis were MDROs, surgical site infections, central line blood stream infection (CLABSI), catheter associated urinary tract infection (CAUTI), and C-Difficile infections. All HAI are of concern and we strive in chasing zero.

| ***Indicator*** | ***Population*** | ***Plan*** | ***Benchmark*** | ***Team*** | ***Methodology*** |
|---|---|---|---|---|---|
| MDRO (including MRSA bacteremia) and C. diff | All patients | 1. Determine risk factor for HAI<br>2. Decrease HAI<br>3. Decrease sepsis<br>4. Continue participating in FHA HIIN<br>5. Decrease readmissions | <u>BHIP;</u><br><u>Target Rates</u><br>MRSA: 0.09<br>VRE: 0.0<br>CRE: 0.0<br>ESBL : 0.05<br>CDIFF: 2.44<br><br><u>SIR</u><br>CDIFF: 0.766 | IP<br>Nurses<br>Physicians<br>Pharmacists | 1. Daily review of surveillance including ED visit log, review of all microbiology results/monitor labs, identify and verify infections, analyze data.<br>2. Utilize MedMined data mining program to assist with identifying potential clusters.<br>3. Review Antibiogram and discuss at ICC and Antimicrobial Stewardship committee<br>4. Continue contact precautions for active infection and 3-month history of infection.<br>5. Utilize Respiratory Viral Panel (Biofire) to prevent antibiotics for viruses.<br>6. C. diff: Place patient on enhanced contact precautions per policy and monitor compliance with bleach-based disinfection. |

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| | | | | | 7. Intense analysis of all C. diff and MRSA bacteremia cases including antibiotic indications and all room changes.<br>8. IP rounds facility wide.<br>9. IP rounds for isolation, PPE use, equipment disinfection compliance.<br>10. Nurse driven action plans.<br>11. Infections are reviewed by RMO if indicated. |
| SSI | Patients who had surgery | 1. Determine risk factors for HAI<br>2. Decrease HAI<br>3. Decrease sepsis<br>4. Continue participating in FHA HIIN<br>5. SSI Prevention Committee | BHIP target rate:<br><br>SIR<br>HYST: 0.38<br>COLO: 0.0.78 | IP<br>Surgical Services Nurses<br>Physicians<br>Anesthesiologists<br>Pharmacists<br>Surgeons | 1. Monitor infection rates for all surgeries and report to appropriate stakeholders.<br>2. Monitor COLO and HYST infections and report to NHSN and stakeholders.<br>3. Daily surveillance of ED log, micro reports, OR schedule.<br>4. Review for weight based dosing for antibiotics, re-dosing as necessary.<br>5. Glycemic monitoring<br>6. Discuss each SSI during Patient Safety Quality Council meeting<br>7. Discuss in depth SSI at monthly SSI Prevention meeting to determine lessons learned.<br>8. Review patient temperatures to ensure normothermia during surgery and upon admission to PACU.<br>9. Review to monitor for appropriate administration of antibiotic prophylaxis prior to surgery.<br>10. Review blood sugars pre-op and during surgery if indicated.<br>11. Audits completed with medical device company and report findings back to stakeholders.<br>12. Create action plans based on results of audits. |

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| CLABSI | Inpatients with central lines | 1. Determine risk factor for HAI<br>2. Decrease HAI<br>3. Decrease sepsis<br>4. Decrease line days | BHIP target rate: 0.61<br><br>SIR: 0.784 | IP<br>Nurses<br>Physicians<br>Pharmacists<br>Clinical Education | 1. IP rounds facility wide.<br>2. Daily surveillance to monitor labs, identify and verify infections, analyze data.<br>3. Collect patient demographic data, line days<br>4. Identify risks, assess daily need/removal<br>5. Monitor bundle compliance during prevalence rounds: dressing, Biopatch, Curos cap<br>6. Education.<br>7. Nurse driven action plans<br>8. CHG bathing at PM for all nursing unit. .<br>9. Peripheral draws for blood specimens.<br>10. Discuss each CLABSI with nurse manager to determine opportunities/lessons learned. |
| CAUTI | Inpatients with Foley catheters | 1. Determine risk factor for HAI<br>2. Decrease HAI<br>3. Decrease sepsis<br>4. Continue participating in FHA HIIN<br>5. Decrease foley days | BHIP target rate: 1.18<br><br>SIR: 0.828 | IP<br>Nurses<br>Physicians<br>Pharmacists<br>Clinical Education | 1. IP rounds facility wide.<br>2. Daily surveillance to monitor labs, identify and verify infections, analyze data.<br>3. Continue with 2 person when inserting or changing line.<br>4. Identify risks, assess daily need/removal<br>5. Nurse driven catheter removal protocol.<br>6. Monitor bundle compliance including foley below level of bladder, not on floor, foley bag not more than ½ full, secured to thigh, etc.<br>7. Educate on best practices in nursing orientation and rounding.<br>8. Nurse driven action plans.<br>9. Education through Webinar and the HIIN.<br>10. Discuss each CAUTI with nurse manager to determine opportunities/lessons learned.<br>11. Perform IA on all infections |

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| VAE | Inpatients on a ventilator | 1. Determine risk factor for HAI<br>2. Decrease HAI<br>3. Decrease sepsis<br>4. Continue participating in FHA HIIN<br>5. Decrease vent days | BHIP target rate:<br>VAP: 0.00 | IP<br>Respiratory<br>Nurses<br>Physicians<br>Pharmacists | 1. Daily surveillance to monitor labs, identify and verify infections, analyze data.<br>2. Utilize NHSN definition and report to appropriate stakeholders.<br>3. Educate staff on best practices.<br>4. IP rounds facility wide to ensure VAP bundle compliance.<br>5. Multidisciplinary approach with physicians, respiratory, and nursing. |

## *Other Identified Events:*

**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 mandatory ED assessment for potential TB.
3. Review of Transmission based precautions, included difference between droplet and airborne isolation during New Hire Orientation and as needed.

**Notification of Community Acquired Infections**

1. Continue to utilize admit alert system and communicate with nursing and local agencies as needed when patient admitted with a community acquired infection.

**Outbreak**

1. Monitor daily surveillance for any unusual organisms or clusters of organisms.
2. Initiate infection control measures based on CDC guidelines or other evidence based recommendations.
2. Consult with Florida Department of Health as necessary.
3. Educate healthcare staff on organism identified in outbreak and measures to prevent spread of further infections.
4. Utilize Outbreak procedure policy during any outbreak identified.
5. Report clusters/outbreaks to necessary stakeholders and committees.

**Notification of Internal HAIs**

1. Continue to utilize admit alert system and communicate with internal departments and bed control as needed when patient is admitted or transferred in the hospital with an MDRO.
2. Review of isolation log and review patient diagnosis to ensure accurate transmission based precautions are in use and education staff as needed.
3. Utilize HAS report system to track and trend occurrences and follow up with managers and conduct education as needed.

# Community Risks

**Goal # 2: Reduction of community risk.**

*****Pareto analysis reveals long term care patients constitute the highest risk percent at 44% community related risks and emerging infectious disease at 41%. The rest of the top 4 risks identified in the Pareto Analysis were seasonal flu, pandemic flu, and community acquired MDROs. All risks from the community are evaluated and Epidemiology works closely with the Health Department.

| ***Indicator*** | ***Population*** | ***Plan*** | ***Benchmark*** | ***Team*** | ***Methodology*** |
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| Emerging infectious disease/other epidemics/influx of infectious patients | All patients | BHIP will be prepared for an emerging infectious disease or influx of infectious patients. | EM Drills 100% | IP<br>ED<br>EP<br>Nursing | 1. Continue utilizing infectious disease screening tool for all patients during triage to screen for all potentially infectious patients.<br>2. Work with Emergency Preparedness in drills and PPE training for emerging infectious diseases.<br>3. Communicate with the Florida Department of Health as necessary.<br>4. Continue with established drills and EM updates and education.<br>5. Consult with Chief of Infection Prevention and Epidemiology as needed. |
| Long term patients | All patients | BHIP has nearby high admitting SNFs and homeless population | Length of stay | IP<br>Nursing<br>Case management<br>Physicians | 1. Active surveillance for incoming patients include blood and urine cultures as indicated.<br>2. Communication with physicians and transferring/accepting facilities to identify infections. |
| Seasonal flu and pandemic flu | All patients | BHIP will offer influenza vaccination to | BHIP target: 95% | IP<br>Nursing<br>Quality | 1. Inpatients vaccinated during flu season per Centers for Medicaid and Medicare Services (CMS) protocol unless contraindicated. |

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| | | all qualified patients. | | | 2. Patients with influenza placed on Droplet isolation precautions per policy.<br>3. If pandemic flu, work with Florida Department of Health and Emergency Preparedness. |
| Community acquired MDRO | All patients | Identify community onset infections for prompt isolation. Placing patients on transmission based precautions. | BHIP target: 90% | IP<br>Nursing<br>Physicians<br>Case management | 1. Identification of patients through daily surveillance admitted with MDROs and alert tab.<br>2. Assess staff need for education.<br>3. Communication with SNF and LTC admitters.<br>4. Education for staff and physicians about HO and CO C. diff and MRSA bacteremia to identify community onset MDRO as early as possible and within the first 3 days of admission based on the NHSN definition.<br>5. Education at New Hire Orientation.<br>6. Review of daily isolation log and review of patient diagnosis to ensure that patient is placed on correct transmission based precautions. |

***Other Identified Events***

**Displaced person**

1. Assist case management and social services to assist in timely discharge of patients with hospital acquired infections or multi drug resistant organisms as needed.

**Active TB admissions**

1. Follow IC TB Plan.

**HIV/AIDS**

1. Continue to work with Florida Department of Health as necessary.

**Bioterrorism/Ebola and Hemorrhagic Fever Diseases**

1. Work with Emergency Preparedness with drills and PPE training.
2. Communicate with Florida Department of Health as necessary
3. Continue with established drills and EM updates and education.

**Flood**

1. Work with Emergency Preparedness.
2. Yearly hurricane drills.

**Waterborne Outbreak**

1. Monitor for waterborne organisms through Medmined and daily surveillance.
2. Work with facilities and consultant to identify risks in water management system.
3. Utilize CDC Legionella risk assessment.
4. Report to Florida Department of Health as necessary.

**Food Associated Outbreaks**

1. Adhere to established outbreak policy and procedure for outbreak management.
2. Report positive cultures to Florida Department of Health.

## Healthcare Worker Risks

**Goal #3: Reduction of healthcare worker risk of infection secondary to injury and/or exposure.**

*Pareto Analysis reveals: sharps injuries at 19% and failure to follow protocols and use safety devices or PPE at 13% are the two highest risk percent for healthcare worker related risks. The remaining 3 risks identified in the Pareto analysis were non-compliance with hand hygiene and non-compliance with seasonal flu immunization. All risks to healthcare workers are followed by both Employee Health and Epidemiology and presented at Environment of Care Committee.

| ***Indicator*** | ***Population*** | ***Plan*** | ***Benchmark*** | ***Team*** | ***Methodology*** |
|---|---|---|---|---|---|
| Sharps Injuries | All employees, physicians, students, volunteers | Decrease amount of sharps injuries | BHIP target: 5 % decrease | IP<br>EH<br>Administration | 1.Education by Employee health at New Hire Orientation.<br>2. EH to monitor<br>3. New hire video / healthstream<br>4. Collabration with managers |
| Failure to follow protocols and use | All employees, physicians, | Decrease needle sticks, splashes, | BHIP target: 90% | IP<br>EH<br>Administration | 1. IP rounds to reinforce protocols, use of safety devices, proper PPE. |

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| safety devices or PPE | students, volunteers | other preventable exposures. | | | 2. 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.<br>3. Reeducation of PPE requirements for visitors of patients on Airborne Isolation and provided sign to put on door specifically for visitors.<br>4. Just in time education and remediation as needed. |
| Non-Compliance with hand hygiene | All employees, physicians, students, volunteers | Strive for 100% of hand hygiene compliance. | BHIP target: 95% | IP Administration | 1.Monitor compliance in all areas of hospital.<br>2.Just in time education and reinforcement<br>3.Hand Hygiene education at New Hire Orientation<br>4. Follow any further directive from corporate |
| Non-Compliance with seasonal flu immunization | All employees, physicians, students, volunteers | Increase compliance by 10% each year until 90% goal of 2020 | BHIP target:90% | IP<br>EH<br>Administration<br>Medical Staff<br>Clin Edu | 1.Collaborate with corporate on plan on influenza vaccination implementing influenza policy.<br>2. Educate personnel on importance of immunization during rounds, general orientation and nursing orientation.<br>3. Provide onsite influenza vaccination to all staff at no cost<br>4. Flu vaccine consent or declination forms will be maintained by appropriate department.<br>5. Administration support<br>6. Follow any further directive from corporate |

***Other Identified Events:***

**Non- compliance with standard precautions**

1. Educate nursing at orientation and periodically on standard precautions according to policy.
2. IP rounding.
3. Just in time education and remediation as needed.

**Employee Knowledge Deficit of Disease Transmission and Prevention**

1. Coordinate with Clinical Education on utilization of the Wink forum.
2. Present relevant education on disease transmission in nursing orientation.

**Failure to recognize employee outbreak**

1. Utilize HAS reports with risk management, Patient and Medication Safety meeting, and Nurse Practice Council to address any staff infection control issues.
2. IP rounds to engage and education staff.
3. Daily surveillance and MedMined analysis.

**Delay in Proper Isolation Precautions**

1. Patients placed on isolation by nursing, but it has been observed that there are times where there is no order for isolation in the patients chart. Infection control and Clinical Education to educate all nursing on the need to place order for isolation in computer system.
2. Daily review of isolation log. Will educate nursing on a case by case basis on the requirements for isolation.

## Environmental Risks

**Goal #4: Reduction of environmental risk.**

*****Pareto analysis reveals improper cleaning as the highest risk percent at 26%. The remaining top 3 risks identified in the Pareto Analysis were: improper sharps handling, improper disinfection of equipment, improper handling of biohazardous waste and failure of negative ventilation.

| ***Indicator*** | ***Population*** | ***Plan*** | ***Benchmark*** | ***Team*** | ***Methodology*** |
|---|---|---|---|---|---|

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| Improper environmental cleaning | EVS staff | Compliance with proper cleaning protocols and products. | BHIP target: 90% | EVS | 1. Partnership with epidemiology and EVS.<br>2. EVS maintains pivotal role in Infection Prevention and Control Committee. |
| Improper sharps handling | All staff | Reduce incidence of employee injury due to improper sharps handling. | BHIP target: 90% | All employees | 1. Education at general orientation by EH and Epi. |
| Improper disinfection of equipment | All staff | Compliance with proper disinfection protocols and products. | BHIP target: 90% | All employees | 1. IP rounds and educates on PDI wipe products.<br>2. Education on hospital approved disinfectants in New Hire Orientation, in-services, during rounding |
| Improper handling of biohazardous waste | All staff | Reduce misuse of red bag biohazard waste. | BHIP target: 90% | All employees | 1. EOC rounds to check biohazard waste.<br>2. DOH inspections. |
| Inadequate compliance with IC Preconstruction | All staff | Compliance | BHN target: 90% | Contracted staff | 1. Daily rounds on preparation of Construction area.<br>2. Report findings to Facilities Manager/Project Director<br>3. Facilities to report all ICRA project to Infection Control Committee<br>4.Facilities to report to Infection Control committee compliance with ICRA |

***Other Identified Events***

**Improper Sterilization or High Level Disinfection of Equipment**

1. Central processing department to monitor biological pass/fail. Monthly report sent to IC. IC to be identified immediately of failed biological. Procedure for failed biological to be carried out per policy.
2. Immediate use steam sterilization report sent monthly to Infection Control by Central Processing Department
3. Infection Control to investigate any cases reported of improper sterilization.

4. Monitor for High Level Disinfection adherence with Trophon use for all vaginal probes, Reset for all TEE probes and MedEvator AER (automatic endoscope reprocessor) for all endoscopes and bronchoscopes.

**Failure of Negative Pressure Ventilation**

1. Adhere to existing process for failure of negative pressure ventilation. Refer to Infection Control Policy # 21 *Isolation Room Checks*.

2. Facilities to ensure compliance with temp and humidity measures.

**Organizations referenced:**

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