

# Infection Preventionists

## April 3, 2019

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Director of Infection Prevention and  
Control

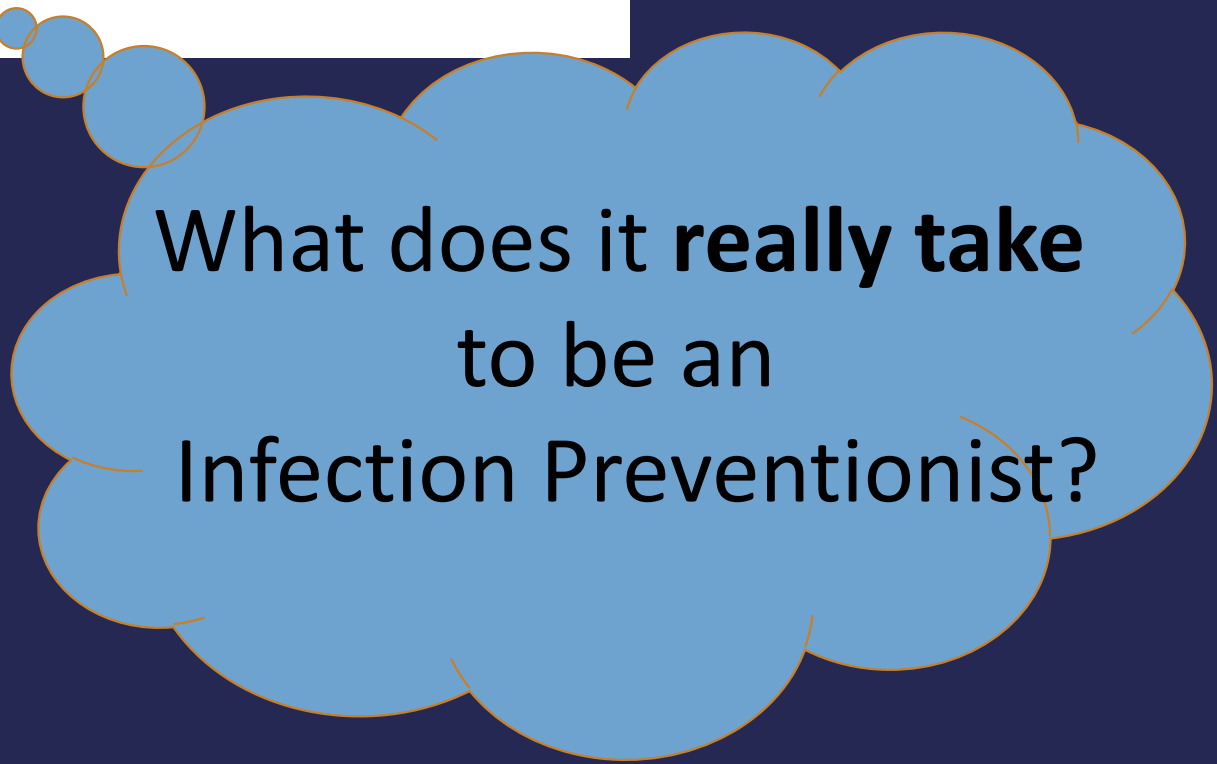


No Financial Disclosures

Genesis 



**GOAL**



What does it **really take**  
to be an  
Infection Preventionist?

## Objectives:

- State three competencies, besides expertise in infection prevention and control, the Infection Preventionist should have to effectively manage the Infection Prevention and Control Program (IPCP).
- Explain how the Infection Preventionist uses measures and data, and the facility's preferred performance improvement tools to improve outcomes.
- Name three resources available to provide specialized training to and professional growth of the Infection Preventionist.

CMS  
F 882  
Infection  
Preventionist

Implement  
by  
11-28-19

Designate 1 or  
more  
individual(s) as  
IP(s)

Responsible  
for the IPCP

Professional  
Training and  
Qualifications

Work at least  
part-time

CMS  
F 882  
Infection  
Preventionist

Specialized Training in Infection  
Prevention and Control

Member and Participate on  
QAA Committee

- Report on the IPCP on regular basis

CMS  
Definition of  
Infection  
Preventionist

- *“the person(s) designated by the facility to be **responsible** for the infection prevention and control program”*
- **Responsible** - answerable or accountable, as for something within one's power, control, or management

# Association for Professionals in Infection Control and Epidemiology (APIC)



Contents lists available at ScienceDirect

American Journal of Infection Control

journal homepage: [www.ajicjournal.org](http://www.ajicjournal.org)



Practice forum

## APIC professional and practice standards

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### Key Words:

Infection preventionist  
Scope of practice  
Performance

Professional and practice standards for IPs have existed since 2008. The expanding, evolving, and increasingly critical role of the profession demanded they be updated. The standards emphasize flexibility and applicability across a multitude of domains and settings and provide the profession with a rigorous, well-defined set of expectations, competencies, and practices. The result is a succinct set of precepts that encapsulates the field of IPC in the present and foreseeable future.

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Professional standards are authoritative statements that reflect the expectations, values, and priorities of a profession.<sup>1</sup> They provide direction and a framework for professional practice and define the scope, role, and minimal level of competency required of an infection preventionist (IP). In 2008, representatives of the Association for Professionals in Infection Control and Epidemiology (APIC) and

provide criteria for evaluation of job performance. These standards are intended to be used in conjunction with the APIC Competency Model<sup>2</sup> and the Certification Board for Infection Control's (CBIC) core competencies.<sup>4</sup>



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Major Article

## Creation of a competency-based professional development program for infection preventionists guided by the APIC Competency Model: steps in the process

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### Key Words:

APIC Competency Model  
Competency  
Core competencies  
Professional development  
Job descriptions  
Performance evaluations  
Professional portfolio  
Infection preventionists

**Background:** Infection Preventionists have varying levels of educational preparation. Many have no prior experience in IP. The diversity makes design of professional development programs challenging. Recent surveys suggest that only about half of practicing IPs are board certified. There is an urgent need to employ competent IPs to drive improvement in patient outcomes.

**Methods:** This is a project that utilized the APIC Competency Model to create a professional development program characterizing three career stages. Methods included a review of literature on professional development; a survey of IP competence; an assessment of job descriptions and performance evaluations; and a crosswalk of IP competencies.

**Results:** The professional development program includes competency-based IP job descriptions and performance evaluations for each career stage; a professional portfolio; and a toolkit for supervisors.

**Discussion:** Participants agreed that application of the model resulted in tools which are more closely aligned with current roles for IPs; and increased satisfaction and motivation with the new program.

**Conclusion:** Competent and knowledgeable IPs are crucial to optimizing efficacy of IPC programs. A professional development program has the potential to guide staff orientation, improve satisfaction and retention, improve patient outcomes and promote a positive trajectory in advancing practice.

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Despite Florence Nightingale's recognition more than 150 years ago of the importance of maintaining cleanliness of the patient and the environment, the profession of infection prevention and control (IPC) is fairly new in healthcare.<sup>1</sup> However, the importance of protecting patient safety has never been more evident. Reduced reimbursement for preventable errors, initiation of pay-for-performance measures,<sup>2</sup> the continued incidence of healthcare-associated infections (HAIs) nationwide,<sup>3</sup> the threat of multidrug-resistant organisms,<sup>4</sup> and new infectious disease

pivotal to achieving a reduction in HAIs and desired patient safety outcomes.

### ADVANCING THE PROFESSION OF INFECTION PREVENTION

Over the past several years, increased attention has been paid to professional development and advancing the practice of IPs. Professional and practice standards for IPs have been



Infection  
Prevention and  
Control  
Program  
(IPCP)

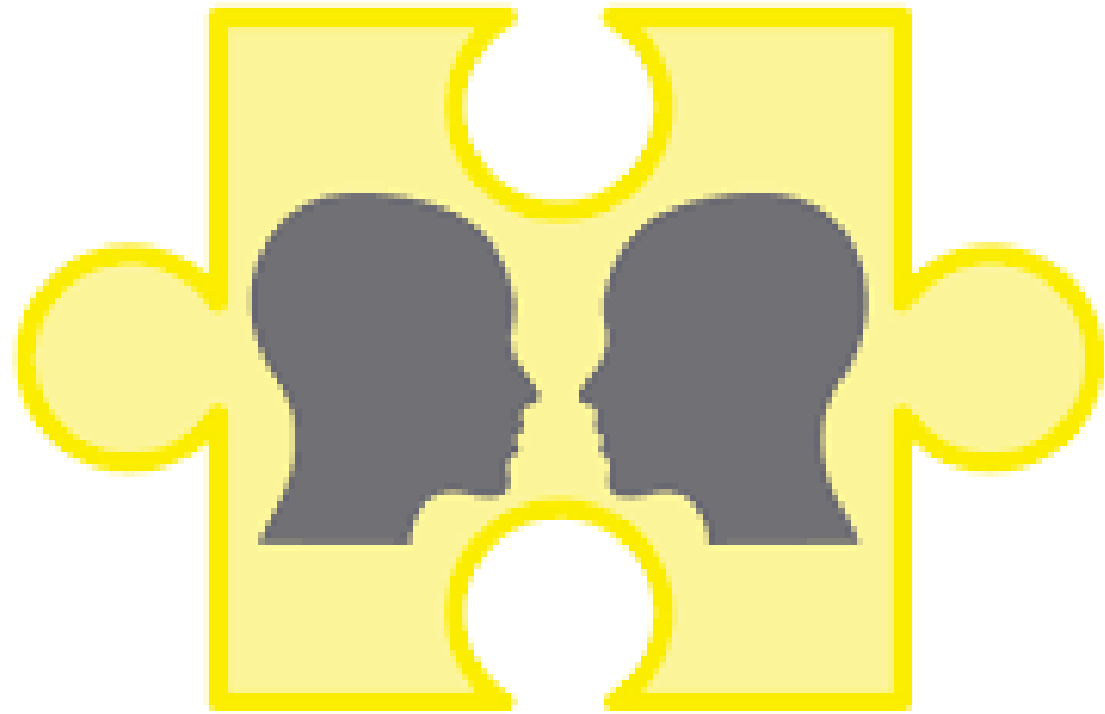
Expertise  
Needed



- Preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for **all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement**
- Based upon the facility assessment
- Follow accepted national standards

# Infection Prevention and Control Program

- Outcome and Process Surveillance
- Standard and Transmission-Based Precautions
- Resident Care Activities
- Environmental Cleaning and Disinfection
- Employee Health
- Linens
- Annual Review
- Antibiotic Stewardship
- Influenza and Pneumococcal Immunizations



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Communication  
**Matters**

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## Information

- Concise, clear
- Respectful manner

## Evidenced- Based Approach

- Influence others
- Support and facilitate desired behaviors, performance and outcomes

- Do what's correct but be diplomatic
- Be proactive to prevent and solve conflicts
- Anticipate potential barriers to effective communication
- Utilize active listening for essential-awareness of non-verbal cues

**The single biggest problem in communication is the illusion that it has taken place.**

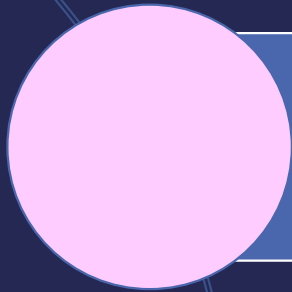
George Bernard Shaw

# Program Management

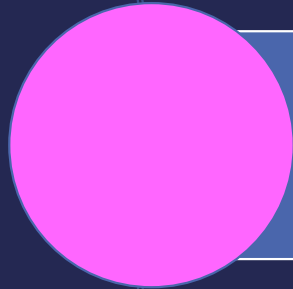


- There are 2 principal goals for IPC Programs:
  - Provide a safe, sanitary and comfortable environment
  - Accomplish the goals in a fiscally responsible manner

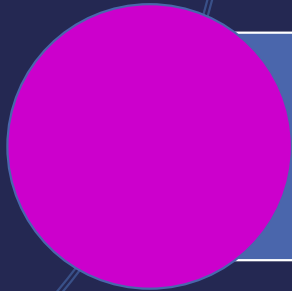




Annual evaluation of the IPCP



Keep the resident at the center of all we do



Determine and communicate resources needed for the IPCP

# Program Management

- Manage with “emotional intelligence”
- See the big picture but monitor key details
- Foster a culture of accountability





# col·lab·o·ra·tion

*noun*

Two or more people working together  
towards shared goals

4



# Who Does the IP Collaborate With?

- Medical Director
  - Medical Staff
- Payroll/Benefits
- Environmental Services Director
- Food Services Director
- Safety Committee Chairperson
- Maintenance
- Beauty Shop Staff
- Nursing Leadership /Management
- Central Supply person
- Rehab Program Manager
- Activity Director
- If you have these programs:
  - Dialysis Group/Management
  - Vent Unit manager & Respiratory Services
    - Adult and/or Pediatric
  - Hospice Team
  - Behavioral Health Team
- Laboratory/Radiology
- Consultant Pharmacist

# Collaboration

- Implement policies and procedures to meet regulatory requirements and national standards
- Provide infection prevention and control guidance to facility staff and departments as well as to patients and their families
- Provide input into facility quality initiatives through QAPI

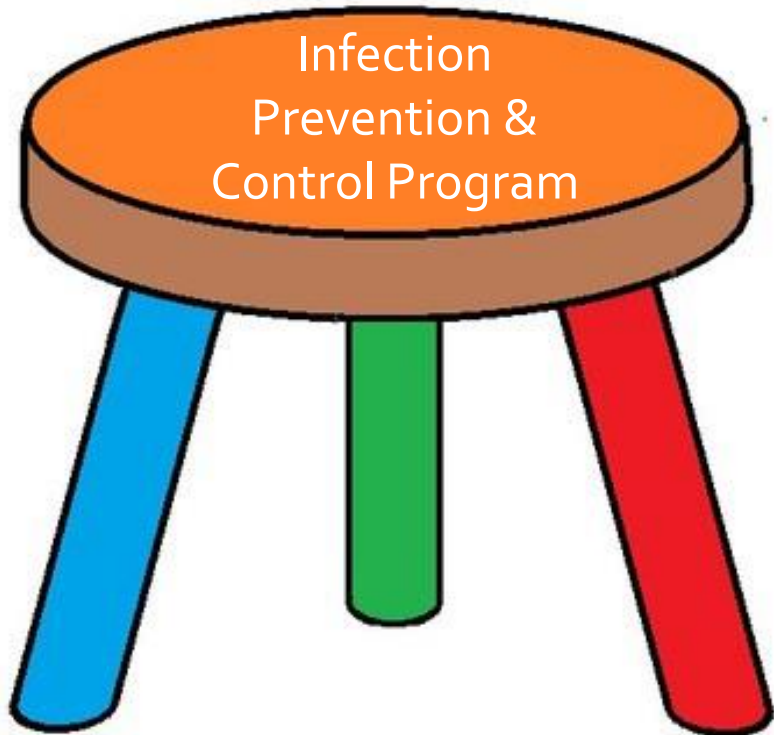
# Regular Meetings with Center Leadership

Discuss  
Strategic  
Goals

Assist with  
Facility  
Assessment

Shares  
Results of  
IPCP  
Annual  
Evaluation

# Remember to function like a 3-legged stool



- Each leg is equal
- All 3 work together to support a common load
  - All 3 are unique
  - All 3 have different functions
- If any leg should fall, so does the stool
- Collaboration and Communication is **EXTREMELY** important in this relationship

a

**LEADER**

*is one*

who knows the way,  
**goes the way,**  
and shows the way.

5

# Leadership

Collaboration

Sharing  
Knowledge

Coaching and  
Mentoring

Applying  
Research to  
Practice

Enthusiasm,  
Creativity,  
Innovation

Communication

# Leadership

- **Followership** is defined as the willingness to cooperate in working toward the accomplishment of defined goals while demonstrating a high degree of interactive teamwork
- Qualities of a good follower include:
  - Effective individual contributor
  - Commitment
  - Offer constructive criticism

# Additional Management Responsibilities

- What other responsibilities have been assigned to the IP?
- Does the IP have responsibilities to other groups (e.g. reports, activities, or attendance)?
- Committees may include:
  - Product Review
  - Safety
  - QAPI
  - Clinical Councils



QAA /QAPI

6

*“Transforming the lives of nursing home residents through continuous attention to quality of care and quality of life”*



# Quality Assurance/ Performance Improvement

- QAPI has the goals of improving the quality of life and quality of care our patients and residents experience
  - Assess, evaluate, and identify potential improvement opportunities based on results and activities of the Infection Prevention and Control Program

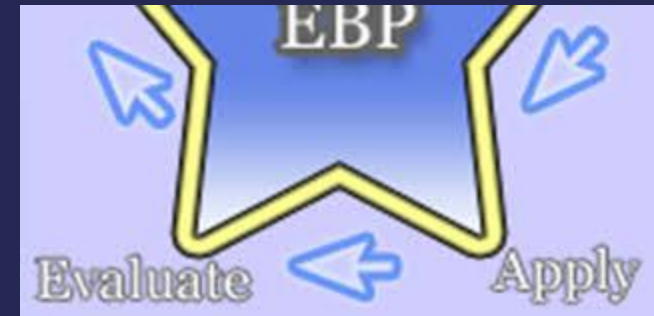
Identified Infection Risks

Incidents identified under the Center's IPCP and corrective actions

Outcome and Process Surveillance

Outbreaks

- Knowledge of data mining, report writing, and/or data presentation – incidence and attack rates
- Familiar with tools used for quality/performance improvement/patient safety:
  - Root Cause Analysis
  - Plan-Do-Study-Act
  - Fishbone Diagram
  - Flow Chart
  - Gap Analysis
  - Technology
- Your Center's preferred performance improvement tools and processes



# CDC: Infection Control Assessment Tool for Long- term Care Facilities

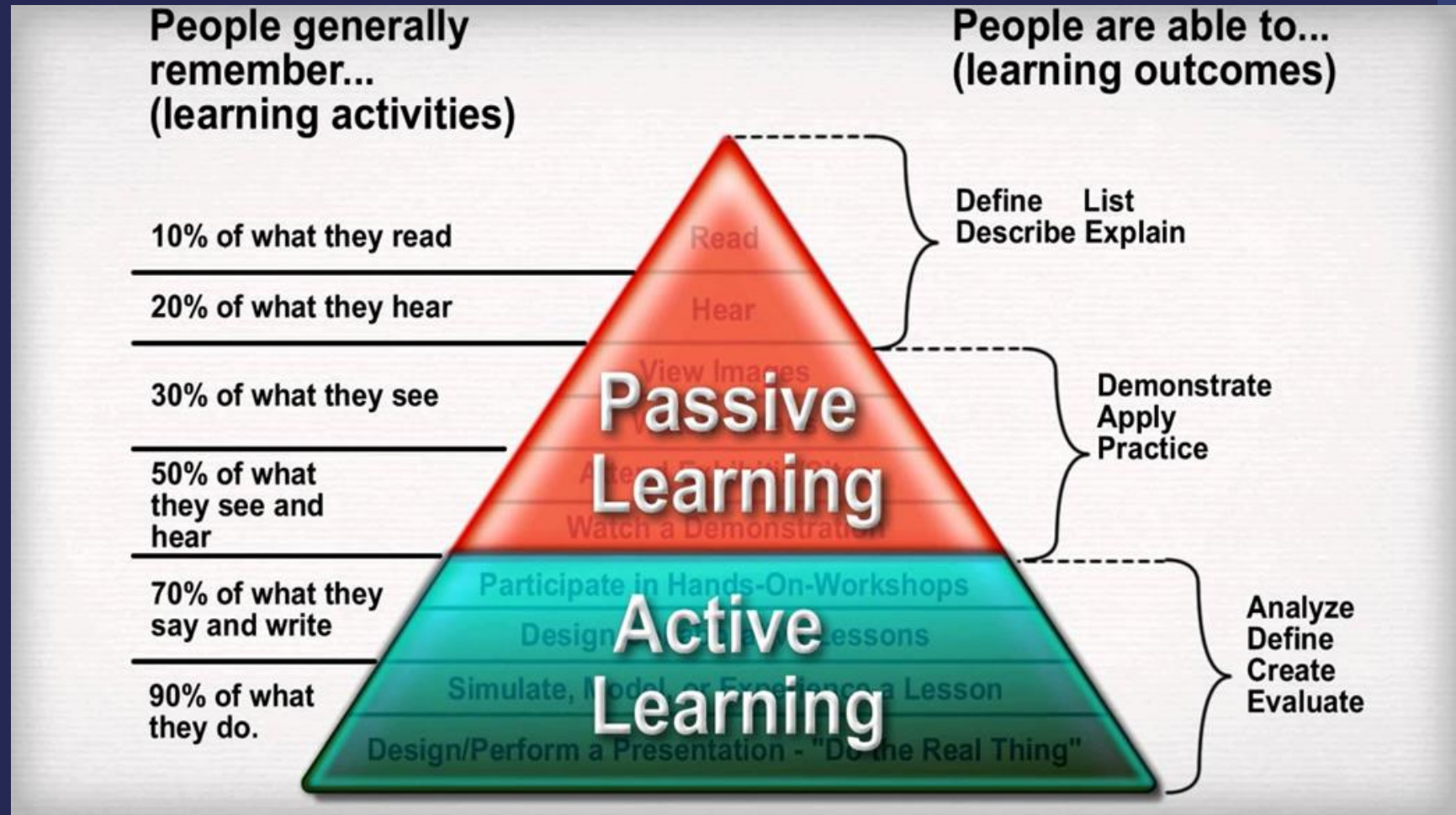
III. Surveillance and Disease Reporting		
Elements to be assessed	Assessment	Notes/Areas for Improvement
Surveillance		
<p>A. The facility has written intake procedures to identify potentially infectious persons at the time of admission.</p> <p><i>Examples: Documenting recent antibiotic use, and history of infections or colonization with C.difficile or antibiotic-resistant organisms</i></p>	<input type="radio"/> Yes <input type="radio"/> No	
<p>B. The facility has system for notification of infection prevention coordinator when antibiotic-resistant organisms or C.difficile are reported by clinical laboratory.</p>	<input type="radio"/> Yes <input type="radio"/> No	
<p>C. The facility has a written surveillance plan outlining the activities for monitoring/tracking infections occurring in residents of the facility.</p>	<input type="radio"/> Yes <input type="radio"/> No	
<p>D. The facility has system to follow-up on clinical information, (e.g., laboratory, procedure results and diagnoses), when residents are transferred to acute care hospitals for management of suspected infections, including sepsis.</p> <p><i>Note: Receiving discharge records at the time of re-admission is <u>not sufficient</u> to answer "yes"</i></p>	<input type="radio"/> Yes <input type="radio"/> No	
Disease Reporting		
<p>A. The facility has a written plan for outbreak response which includes a definition, procedures for surveillance and containment, and a list of syndromes or pathogens for which monitoring is performed.</p>	<input type="radio"/> Yes <input type="radio"/> No	
<p>B. The facility has a current list of diseases reportable to public health authorities.</p>	<input type="radio"/> Yes <input type="radio"/> No	
<p>C. The facility can provide point(s) of contact at the local or state health department for assistance with outbreak response.</p>	<input type="radio"/> Yes <input type="radio"/> No	

# CDC: Infection Control Assessment Tool for Long- term Care Facilities

Point of Care Testing Observations (e.g., assisted blood glucose monitoring)					
HH performed	New gloves worn	*Single use, lancet used?	**Testing meter	Gloves removed	HH performed
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Dedicated to resident, cleaned/disinfected before storing <input type="radio"/> Cleaned/disinfected before next resident	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Dedicated to resident, cleaned/disinfected before storing <input type="radio"/> Cleaned/disinfected before next resident	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
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<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Dedicated to resident, cleaned/disinfected before storing <input type="radio"/> Cleaned/disinfected before next resident	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No



# Develop, Deliver, and Evaluate Education Based on Assessed Needs



## Resources Available

- **Specialized Training:**
  - AHCA Infection Preventionist Specialized Training (IPCO)
  - CDC/CMS Infection Preventionist course
  - APIC
  - NADONA Infection Prevention and Control (IPAC- 22) Certificate of Mastery Program
- **Ongoing Professional Development:**
  - APIC
  - NADONA
  - Many online courses
  - Journals

## Competencies for designated IPs:



**IPC Expertise  
Communication  
Program Management  
Collaboration  
Leadership  
QAA/QAPI  
Education**

A photograph of three footprints in sand, arranged in a diagonal line from the top right towards the bottom left. The footprints are deep and clearly defined against the light-colored sand. The background is a dark blue gradient.

**THE END**

**NO. IT ISN'T!**

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