Developing a Business Case for Infection Prevention Resources: What we learned from COVID-19

Welcome!

• All lines are muted, so please ask your questions in Q&A
• For technical issues, chat to the ‘Technical Support’ Panelist
• Please actively participate in polling questions that will pop up on the lower righthand side of your screen

We will get started shortly!
Developing a Business Case for Infection Prevention Resources: What we learned from COVID-19

Presented by:
Amy Ward, MS, BSN, RN, CIC
Infection Prevention Specialist

February 2021
Welcome from all of us!

Hospital Quality Improvement

Collaborators:
- Alabama Hospital Association
- Alliant Quality
- Comagine Health
- Georgia Hospital Association
- KFMC Health Improvement Partners
- Kentucky Regional Extension Center
- Konza
HQIC Goals

**Behavioral Health Outcomes & Opioid Misuse**
- Promote opioid best practices
- Decrease high dose opioid prescribing and opioid adverse events in all settings
- Increase access to behavioral health services

**Patient Safety**
- Reduce risky medication combinations
- Reduce adverse drug events
- Reduce C. diff in all settings

**Quality of Care Transitions**
- Convene community coalitions
- Identify and promote optimal care for super utilizers
- Reduce community-based adverse drug events

**Provide support during health emergencies, epidemics/pandemics and other crises as they arise**
1) How are COVID-19 response and Infection Prevention resources shared with frontline staff?
   a. Intranet
   b. Electronic communication, e.g. email
   c. Meetings
   d. Flyers on bulletin boards
   e. Other? Post in chat…

2) What level of impact are our COVID response and Infection Prevention resources having on frontline staff?
   a. High
   b. Moderate
   c. Low
   d. No impact
   e. Have not accessed website or newsletter yet

3) What ways can we improve the impact of COVID-19 response and Infection Prevention resources on frontline staff?
   A. Social media
   b. Bulletin board flyers with QR code for more info
   c. Add contact email addresses to newsletter distribution list
   d. Ask Marketing to add to hospital intranet
   e. Other? Post in chat…
INFECTION PREVENTION SPECIALIST

Amy is a registered nurse with a diverse background in acute care nursing, microbiology, epidemiology and infection control. She is passionate about leading and mentoring new and future infection preventionists in their career paths. Over the past several years, her focused efforts in C. difficile infection reduction led to significant local improvements in patient outcomes, antimicrobial use, and C. difficile rates.

Amy enjoys spending time with family. She loves all the time she can get outdoors cycling and running.

Contact:
Amy.Ward@AlliantHealth.org
Key Take Away

• Learn Today:
  – Align goals of infection prevention program with organizational goals

• Use Tomorrow:
  – Prioritize problems to be addressed and solutions to propose
  – Articulate references to effectively support the business case
Review Organizational Goals and Risks

- What are the biggest risks to the organization currently?
- Your goal is to understand how the administration is prioritizing resources
- Patient safety organizations typically publish a “top 10 safety concerns” list
- This may be an opportunity to highlight if resources like content experts, or electronic solutions may be helpful in mitigation of these risks
Infection Prevention Program Overview

- Current reporting requirements and frequency
- Current surveillance requirements
- Current required committees and work groups
- General communications and administrative work
- Policies and Procedures
- Risk assessments
- Data from rounds and audits
- Findings from regulatory surveys
Perform a Gap Analysis of the Infection Prevention Program

- Are there areas of the program that do not meet regulatory standards?
- What do NHSN TAP reports tell you about specific HAI categories?
- What gaps are identified from an ICAR assessment?
- Have there been any risk events?
- What are areas of the highest financial risk or public confidence in the organization?
- What affect has COVID-19 had on the IP program?
Perform a Literature Review

- IP Staffing benchmarks
  - Literature Review

- Current cost of HAIs
  - Literature Review
  - Cost Calculators

- IP Program models
  - Reporting Structure
  - Staff utilization
Compile Your Information – SBAR

**Situation:** Our growth coupled with increased regulatory requirements in light of the COVID-19 pandemic for infection prevention management and oversight has expanded the scope of work beyond the capacity of the existing Infection Prevention team. As our focus continues to be a market leader in quality, safety, and value for our patients, the need to elevate and expand the Infection Prevention program within the organization is essential to achieving these goals.

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<tr>
<th>S</th>
<th>Situation: What is the situation you are calling about?</th>
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<tbody>
<tr>
<td></td>
<td>• Identify self, unit, patient, room number.</td>
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<td>• Briefly state the problem, what is it, when it happened or started, and how severe.</td>
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<th>B</th>
<th>Background: Pertinent background information related to the situation could include the following:</th>
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<tr>
<td></td>
<td>• The admitting diagnosis and date of admission</td>
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<td></td>
<td>• List of current medications, allergies, IV fluids, and labs</td>
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<td></td>
<td>• Most recent vital signs</td>
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<td>• Lab results: provide the date and time test was done and results of previous tests for comparison</td>
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<td>• Other clinical information</td>
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<td>• Code status</td>
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<th>A</th>
<th>Assessment: What is the nurse’s assessment of the situation?</th>
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<th>R</th>
<th>Recommendation: What is the nurse’s recommendation or what does he/she want? Examples:</th>
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<tr>
<td></td>
<td>• Notification that patient has been admitted</td>
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<td></td>
<td>• Patient needs to be seen now</td>
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<td></td>
<td>• Order change</td>
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Institute for Healthcare Improvement ∙ ihi.org | This SBAR tool was developed by Kaiser Permanente. Please feel free to use and reproduce these materials in the spirit of patient safety, and please retain this footer in the spirit of appropriate recognition.
Compile Your Information – SBAR

Background: Over the past 24 months, three (3) critical sterile processing failures have occurred resulting in significant potential harm for blood borne pathogen exposure. Six months of follow up for each of the three exposed patients for each event, including several laboratory tests. These events significantly affect public perception of our hospital and the safety of the care we provide.
• **Assessment:** IP’s have specific knowledge and training in the area of sterile processing and we would allocate 0.5 FTE of IP time to work in conjunction with the SPD to ensure all regulatory standards are met, improve the quality assurance program, and implementation of instrument tracking systems. Finally, an additional 1.0 FTE IP is necessary to respond to the COVID-19 pandemic and associated assessments, planning, education, and response. This additional FTE will ensure that appropriate staffing levels are maintained in IP and prevent burnout and fatigue during both during and after this crisis period.
**Recommendation:** Based upon the current program, gap analysis, and literature review, in order to effectively mitigate risks, maintain the public confidence, this program would need an additional 1.5 FTE of trained infection prevention (RN, MPH, MT) to develop the antimicrobial stewardship program and ensure sterile processing failures are prevented.
Traditional Elements

- Executive Summary
- Situation Summary
- Program overview
- Financial Analysis
- Non-Financial Impacts
- Risk Analysis
- Evaluation
- Conclusions and Recommendations
Present your Request to Facility Leadership

- Utilize the format that is preferred for your organization
  - SBAR
  - Traditional Business Case
  - Executive Summary
- Get some pointers from your director or VP
  - They should be well aware of your request(s) as this point and should be able to offer you some tips for success
- Go in with a clear perspective of what you are asking for
Realizing Goals

• In the absence of a burning platform like COVID-19, you may need to present the revised business case during several budget cycles before it is approved
  – Remember, you are planting a seed and it might take some work to get that sprout!
  – Be patient, do your best work, find information that will continue to support your case
Resources

CDC’s Comprehensive Hospital Preparedness Checklist for COVID-19

Questions?

Email us at HospitalQuality@AlliantQuality.org or call us 678-527-3681
Objectives Check In!

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• Use Tomorrow:
  – Prioritize problems to be addressed and solutions to propose
  – Articulate references to effectively support the business case

How will this change what you do? Please tell us in the poll…
References

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• Sue Collier. Creating a Business Case for Infection Prevention.”
• TMIT-APIC Healthcre-Associated Infections Cost Calculator https://apic.org/Resources/Cost-
  calculators/
• Zimlichman, E., Henderson, D., Tamir, O., Franz, C., Song, P., Yamin, C. K., Keohane, C., Denham, C.
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  https://doi.org/10.1001/jamainternmed.2013.9763
Upcoming Events

March 23, 2021  2:00 p.m. EST

Opioid Use Disorder:
Closing the Loop Between Hospital and Community


Jennifer Massey, PharmD & Stacy Hull, LPC, MAC, CPCS
Thank you for joining us! How did we do today?