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

ALLIANT QUALITY

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

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ALLIANT HEALTH SOLUTIONS

Making Health Care Better _Together_

Collaborators:

Alabama Hospital Association

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Georgia Hospital Association

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Kentucky Regional Extension Center

Konza

Hospital Quality Improvement

Welcome from all of us!

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 optical care for super utilizers
- ✓ Reduce community-based adverse drug events

Provide support during health emergencies, epidemics/pandemics and other crises as they arise

Polling

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…

Amy Ward, MS, BSN, RN, CIC

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

where you are

where you want to be

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

S	**Situation:** What is the situation you are calling about? • Identify self, unit, patient, room number. • Briefly state the problem, what is it, when it happened or started, and how severe.
B	**Background:** Pertinent background information related to the situation could include the following: • The admitting diagnosis and date of admission • List of current medications, allergies, IV fluids, and labs • Most recent vital signs • Lab results: provide the date and time test was done and results of previous tests for comparison • Other clinical information • Code status
A	**Assessment:** What is the nurse's assessment of the situation?
R	**Recommendation:** What is the nurse's recommendation or what does he/she want? Examples: • Notification that patient has been admitted • Patient needs to be seen now • Order change

- **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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- **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.

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- **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.

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- **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

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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

Comprehensive Hospital Preparedness Checklist
for Coronavirus Disease 2019 (COVID-19)

Planning for a community outbreak of Coronavirus Disease 2019 (COVID-19) is critical for maintaining healthcare services during a response. The Centers for Disease Control and Prevention (CDC), with input from partners, has developed a checklist to help hospitals (acute care facilities) assess and improve their preparedness for responding to a community-wide outbreak of COVID-19. Because of variability of outbreaks, as well as differences among hospitals (e.g., characteristics of the patient population, size of the hospital/community, scope of services), each hospital will need to adapt this checklist to meet its unique needs and circumstances. This checklist should be used as one of several tools for evaluating current plans or in developing a comprehensive COVID-19 preparedness plan. Additional information can be found at www.cdc.gov/coronavirus.

An effective COVID-19 hospital preparedness plan will incorporate information from state, regional, tribal and local health departments, emergency management agencies/authorities, hospital associations, and suppliers of resources. In addition, hospitals should refer to state and federal pandemic influenza plans to inform their response (available at https://www.cdc.gov/flu/pandemic-resources/pdf/pan-flu-report-2017v2.pdf). Hospitals will also need to ensure their plans comply with applicable state and federal regulations and with standards set by accreditation organizations, such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Comprehensive COVID-19 planning can also help facilities plan for other emergency situations.

All U.S. hospitals should be prepared for the possible arrival of patients with COVID-19. All hospitals should ensure their staff are trained, equipped and capable of practices needed to: (1) Prevent the spread of COVID-19 within the facility; (2) Promptly identify and isolate patients with possible COVID-19 and inform the correct facility staff and public health authorities; (3) Care for a limited number of patients with confirmed or suspected COVID-19 as part of routine operations; (4) Potentially care for a larger number of patients in the context of an escalating outbreak while maintaining adequate care for other patients; (5) Monitor and manage any healthcare personnel that might be exposed to COVID-19; and (6) Communicate effectively within the facility and plan for appropriate external communication related to COVID-19.

Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings:
https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html

Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities (LTCF) and a nursing home checklist can be found here: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html

CDC's Comprehensive Hospital Preparedness Checklist for COVID-19

https://www.cdc.gov/coronavirus/2019-ncov/downloads/HCW_Checklist_508.pdf

Questions?

Email us at HospitalQuality@AlliantQuality.org or call us 678-527-3681

Objectives Check In!

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

References

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Upcoming Events

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

Opioid Use Disorder:

Closing the Loop Between Hospital and Community

https://bit.ly/37fUB16

Jennifer Massey, PharmD &
Stacy Hull, LPC, MAC, CPCS

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Thank you for joining us!
How did we do today?

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