ALLIANT HEALTH SOLUTIONS

HQIC
Hospital Quality Improvement Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

HQIC Office Hours – Infection Prevention Chats

Welcome!

- Please ask your questions in the chat
- Please actively participate in discussions
- Lines will be muted upon entry

We will get started shortly!

Making Health Care Better **Together**

Hospital Quality Improvement

Welcome from all of us!

Facilitator

Amy Ward, MS, BSN, RN, CIC, FAPIC

Patient Safety Manager

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.

Amy loves to ride bikes and be outdoors!

Contact: Amy.Ward@Allianthealth.org

Format for IP Chats

- Sessions are not recorded and minutes are not taken
  - If you prefer to remain anonymous, please use the call-in option
- Open forum discussion
  - Survey findings discussion (corrective action/standards referenced, etc.)
  - Current COVID-19 response challenges or barriers to IP practice
  - IP mentoring or support needed

Feedback on IP Chats

CMS is interested in knowing if these sessions are beneficial to you.

Please enter to chat:

1 = Very beneficial

2 = Somewhat beneficial

3 = Neutral

4 = Unbeneficial

5 = Very unbeneficial

Toolkit for Decolonization of Non-ICU Patients With Devices

Developed based on interventions used during ABATE (active bathing to eliminate) trial conducted in 53 hospitals. Among non-ICU patients with devices, decolonization was associated with a 37% reduction in MRSA- and VRE-positive clinical cultures and a 32% reduction in all-cause BSI

- Contains protocols for implementing decolonization with Chlorhexidine gluconate (CHG) soap and mupirocin
- Instructional handouts for staff and patients
- Written and video training materials to educate staff

New CAUTI and CLABSI Toolkit for Prevention in ICUs

- [Toolkit for Preventing CLABSI and CAUTI in ICUs | Agency for Healthcare Research and Quality (ahrq.gov)](#)
- Provides clinical and cultural guidance to make necessary changes to decrease CLABSI and CAUTI rates in the moment

Assess
- Supports teams to assess current practice and make a plan

Implement
- A guide that explains resources to support implementation

Overcome
- Discusses common challenges in ICUs and provides resources to overcome in the moment

Updated SHEA Compendium of Strategies To Prevent CLABSI
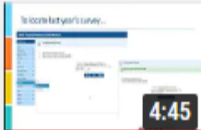
Major updates include:

- Subclavian vein is the preferred site for CVC insertion in the ICU to reduce infectious complications.

- Ultrasound guidance for catheter insertion is backed by better evidence; however, the procedure could compromise sterile technique.

- Use of CHG dressings is considered essential practice, where previously was listed under special approaches.

- Routine replacement of administration sets can be performed at seven days rather than four days (for non-blood, blood product or lipid formulations).

HQIC IP Chats Bite-Sized Learning Videos

Alliant HQIC developed a series of bite-sized learnings to assist hospital infection preventionists with some of the most frequently asked questions regarding the National Healthcare Safety Network (NHSN) database.

[Alliant's HQIC Infection Prevention Chat - YouTube](#)

1. Alliant's HQIC IP Chat: NHSN New User Introduction
   Alliant QIO
   9:34

2. Alliant's HQIC IP Chat: Adding, Assigning Rights, and Deactivating Users in NHSN
   Alliant QIO
   3:37

3. Alliant's HQIC IP Chat: Location Mapping and NHSN Training
   Alliant QIO
   6:38

4. Alliant's HQIC IP Chat: NHSN Annual Survey and Monthly Reporting Plans
   Alliant QIO
   4:45

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Surveillance Best Practices

- Surveillance data is the IP's pulse on the hospital/facility
- Consistent and frequent review of data enables the IP to:
  - Monitor effectiveness of prevention efforts
  - Identify and control outbreaks or clusters early
  - Detect emerging pathogens or MDROs
- Timely data is essential
  - Monthly submission and analysis is a best practice

NHSN Data Quality and Validation – Best Practices

- High-quality data is consistent, complete, timely and accurate
- Data quality is important for hospitals to be able to:
  - Monitor the effect of prevention activities
  - Benchmark facility performance against national data
  - Meet state and federal requirements
  - Pass external reviews or audits, such as by state and federal entities (CMS)

2022 PSC Data Validation Resources | NHSN | CDC

Data Validation

- Internal data validation activities are completed to ensure data is complete and accurate
  - https://www.cdc.gov/nhsn/pdfs/validation/2022/2022-nhsn-iv-for-facilities-508.pdf

- External data validation activities can be completed by state agencies, such as HAI programs, or by CMS contractors. Hospitals are typically notified after surveillance periods have ended, and specific data and records are requested and reviewed to ensure data reported to NHSN is complete, accurate and consistent.
  - https://www.cdc.gov/nhsn/pdfs/validation/2022/2022-nhsn-ev-guidance-508.pdf

CIC Eligibility

1. Post-secondary education in health-related fields – medicine, nursing, laboratory technology, public health, biology.

2. Direct responsibility for infection prevention and control activities in a health care setting; these duties are in the job description.

3. Engagement in infection prevention for compensation for a minimum of one-year full-time employment, two years of part-time employment or completion of 3,000 hours of IP work experience during the previous three years.

CIC Initial Certification Application

To apply: https://secure.cbic.org/imiscbic/cbic/application

Candidates are required to submit the following with their application:

1. Attestation statement

2. Submit proof of degree and CV/resume

3. Provide official job description

Certification in Infection Prevention

PROCESS

STEP 1
...
Review the CIC® eligibility requirements

STEP 2
...
Submit your application, supporting documentation, and application fee

STEP 3
...
Wait 7-10 business days for the CBIC office to review your application

STEP 4
...
If you are accepted, receive an email from CBIC with next steps

STEP 5
...
Schedule and take your exam in 90 days

STEP 6
...
If successful, your certification is valid for the next five years

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Save the Date

- Topic: Moving Forward Using Lessons Learned to Prevent Central Line-Associated Bloodstream Infections

- Host: Sara Butterfield

- Date: Thursday, June 23, 2022, at 1 p.m. ET

- Event number: 2426 960 4877

- Registration ID: This event does not require a registration ID

- Event password: IPROHQIC

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

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

Alliant Health Solutions

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