APIC DFW Chapter
Poster Presentations 2016

Impact of Centralized Surveillance Within a Multi-Facility Health Care System

Teri Mauldin, MBA, BSN, RN, ACM,CIC; Stephanie Kreiling, MPH, BSN, RN, CIC;
Libby Wilhite-Luterman, MSHCAD, RN, CRNI, NE-BC; Jennifer Adams, MPH, MT, CIC
Baylor Scott and White Health System, Dallas TX

BaylorScott&White HEALTH

Background

Failure to accurately identify and report healthcare-associated infections (HAI) has vast consequences including loss of reimbursement and violation of public trust. Infection preventionists (IPs) encounter significant obstacles in fulfilling mandatory surveillance and reporting requirements such as reduced time for other essential IP duties, misinterpretation and/or inconsistent application of surveillance definitions, and pressure to withhold reporting HAIs. Our objective is to determine the impact of a centralized surveillance team on IPs within a multi-facility healthcare system.

Methods

Beginning April 2013 a multi-facility healthcare system instituted a centralized surveillance team of IPs which assumed responsibility for mandated HAI surveillance and reporting duties for 12 facilities. In November 2015 a qualitative, anonymous, web-based survey with scaled and open-ended questions was distributed to facility IPs to evaluate the impact of centralized surveillance's role and activities. The distribution of responses and comments were evaluated. Survey questions addressed topics such as accuracy and timeliness of reporting, the value of information and education provided, and facility IP workflow.

Results

Fifteen of 17 IPs (88.2%) completed the survey. 100% of all respondents strongly agreed (80%) or agreed (20%) the centralized surveillance team provided accurate results, and all strongly agreed (60%) or agreed (40%) reporting was timely. All strongly agreed (66.7%) or agreed (33.3%) federal and state reporting deadlines were met. 100% of respondents reported the team provided them valuable tools, information and education on surveillance and other topics. 75% of respondents with surveillance duties reported having more time to round and perform other essential IP functions, and 63.6% stated they felt less pressure to withhold reporting of HAIs.

Conclusions

The survey results indicate a centralized surveillance team positively impacts the workflow of facility IPs, and serves as a valuable resource. Centralized surveillance supports the importance of standardized HAI identification and reporting.

Facility IP Challenges Prior to Centralized Surveillance

- Accurate and timely reporting of HAIs.
- Inconsistent interpretation/application of the definitions.
- Lack of peer resources in single-practitioner facilities.
- Difficulty in balancing surveillance duties with other roles/responsibilities.
- Bias of internal stakeholders regarding HAI definitions.

As a result of these challenges – A Centralized Surveillance Team was formed

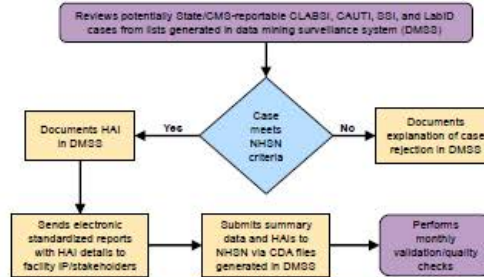## Team Core Surveillance and Reporting Responsibilities

CLABSI **CAUTI** **SSI** **LabID Events**

Centralized Surveillance Team Review and Reporting Process

Reviews potentially State/CMS-reportable CLABSI, CAUTI, SSI, and LabID cases from lists generated in data mining surveillance system (DMSS)

Case meets NHSN criteria
- Yes → Documents HAI in DMSS
- No → Documents explanation of case rejection in DMSS

Sends electronic standardized reports with HAI details to facility IP/stakeholders → Submits summary data and HAIs to NHSN via CDA files generated in DMSS → Performs monthly validation/quality checks
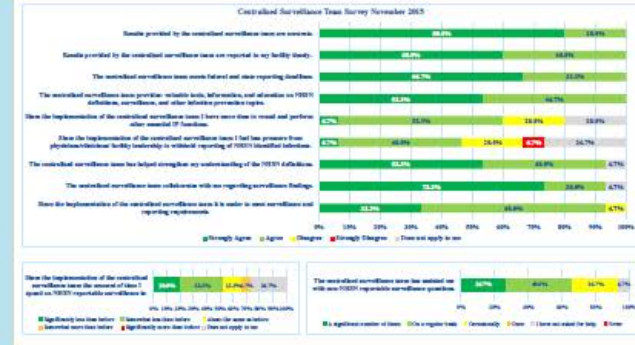
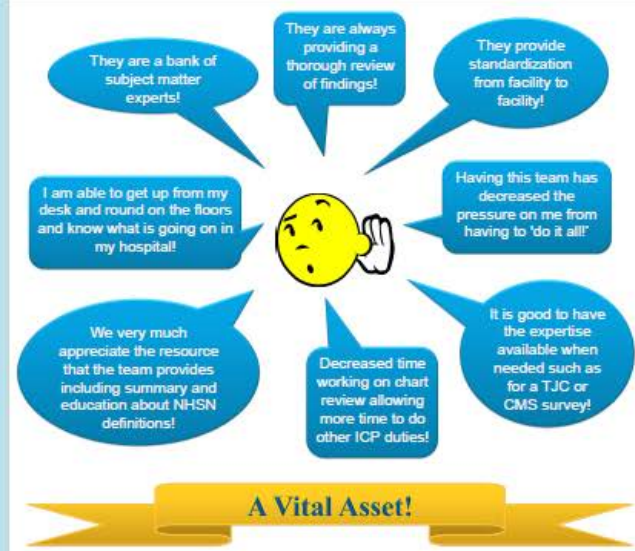## Centralized Surveillance Roles: Beyond Surveillance and Reporting

1. Provide intensified IP needs-based education
2. Manage robust IP onboarding/training program
3. Lend essential resources during IP vacancies
4. Collaborate with DMSS vendor to optimize applications
5. Lead CIC certification study group
6. Chair local APIC chapter surveillance group
7. Assist in survey preparedness across multiple facilities

Peer to Peer Resource

Centralized Surveillance Survey Results

What are Facility IPs saying about Centralized Surveillance?

- They are a bank of subject matter experts!
- They are always providing a thorough review of findings!
- They provide standardization from facility to facility!
- I am able to get up from my desk and round on the floors and know what is going on in my hospital!
- Having this team has decreased the pressure on me from having to 'do it all!'
- We very much appreciate the resource that the team provides including summary and education about NHSN definitions!
- Decreased time working on chart review allowing more time to do other ICP duties!
- It is good to have the expertise available when needed such as for a TJC or CMS survey!

A Vital Asset!

The Development and Optimal Use of An Electronic Environment Of Care Survey Program At An Acute Care Hospital

Texas Health Presbyterian Hospital
DALLAS

Noreen Johnson BSN, RN, CIC; Gurminder Kaur MSN, RN, CIC;
Kimberly Seymour MLS (ASCP) SM; Michael Skupien

MAGNET RECOGNIZED

Issues

- A clean and safe environment is critical to patient safety.
- Hospitals seek ways to monitor physical environment in order to maintain compliance with regulatory and accrediting organizations to meet patient safety goals.
- A mock Joint Commission (TJC) survey conducted in January 2010 uncovered environmental unit-based infection prevention (IP) issues at a large acute care hospital.

Background

- A manual Environment of Care (EOC) tool developed in response to the 2010 mock TJC survey was cumbersome and difficult to use for both surveyor and end-users (fig.1).
- In 2011 IP department worked with the entity Application Architect to develop an electronic survey to improve communication, documentation and track follow through for all users.
- During pilot trial positive feedback was received from end-users and surveyors so the new EOC survey was extended to the entire hospital (fig. 2 & 3).
- Continued to improve surveyors' and end-users' options for EOC program to enhance communication and follow through, e.g., adding unit photographs, generate email (fig. 4 & 5).
- End-user resolution compliance can be accomplished through the usage of the Hospital Ticket option that monitors open tickets (current issues) and completed tickets (issue resolution) tabs. (fig. 6).

Project

- A multi-disciplinary team, comprised of IP, the Safety Officer, Engineering and Environmental Services conducted weekly rounds.
- A schedule was developed that surveyed patient care areas semi-annually and non-patient care areas annually.
- An electronic report with all observed issues was sent to the department manager within a week of the survey.
- Department managers were responsible for follow-up on all identified issues and documenting the resolution within two weeks of report.

Figure 1: Manual survey report view emailed to end user

Observations	No Issues	Issues Identified	Comments
A. Environment			
** Areas around sink free of clutter, chemicals, patient care supplies, utensils, food, towels, etc.	X		
**Alcohol foam, soap and paper towels available – are supplies adequate?	X		
**Floors/walls/counters/sinks clean and undamaged	X		
**Ceiling tiles clean & undamaged	X		

Figure 2: End-user view of the electronic survey

Figure 3: Surveyor view of entering identified issues
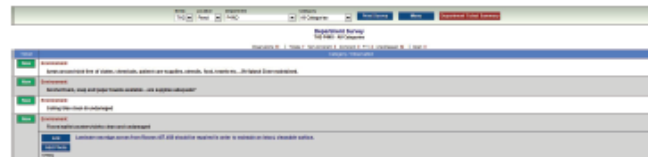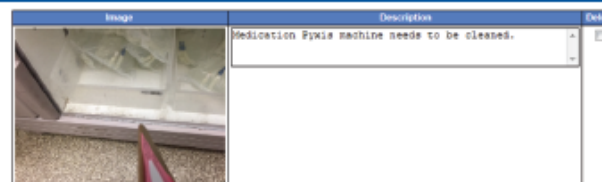

Figure 4: Current Surveyor view after update changes

Figure 5: Example of Photograph option

Results

- EOC program was adapted into a user friendly survey for both the end-user and surveyor.
- The EOC program is now being used by several of the system hospitals.
- The reorganized EOC survey brought significant improvements to the patient care environment, resulting in the hospital environment maintaining a survey ready state at all times.
- During the 2012 TJC survey the Infection Prevention Department received best practice recognition from The Joint Commission.
- This reorganized system encouraged other supportive departments such as Pharmacy, Security and the Compliance Officer to join the EOC team to address additional concerns and issues in the patient care areas.

Lessons Learned

- Accountability increased compliance and follow through practices creating a safer environment for the patient.
- A user-friendly electronic survey tool increased satisfaction for all parties involved.
- Use of the electronic EOC tool improved communication between patient care areas and supporting departments such as engineering, environmental services, and infection prevention, etc.

Figure 6: Compliance Monitoring

Acknowledgement

Environment of Care Team

Nothing to Disclose