

ADMINISTRATIVE POLICY AND PROCEDURE

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Subject: HOSPITAL INFECTION PREVENTION AND CONTROL PLAN

Policy No.: A128.1

Supersedes: January 19, 2016

Review Date: February 9, 2023

Origin Date: September 1, 2005

Revision Date: February 9, 2023

PURPOSE:

To provide an ongoing, safe, and effective rehabilitation center-wide infection prevention and control program by maintaining a comprehensive, collaborative, and multi-departmental infection prevention and control plan.

POLICY:

Rancho Los Amigos National Rehabilitation Center (RLANRC) has an active multidisciplinary infection prevention and control program, which consists of the Infection Prevention and Control Practitioner(s), the Infectious Disease Division and the Hospital Infection Prevention and Control Committee (HICC). The program includes a group of activities to ensure that recommended practices for the prevention of healthcare-associated infections are implemented and followed by healthcare workers, making the healthcare setting safe from infections for patients and healthcare personnel. The plan is developed with a focus on priorities, goals and strategies, measurable objectives, methods, evaluations, and responsibilities and it incorporates the components of infection prevention, surveillance, investigation, control, and reporting (See the attached Hospital Infection Prevention and Control Plan). The Hospital Infection Prevention and Control Plan is a living document; it will be reviewed for updates at least annually and revised as needed when changes occur.

RLANRC follows an interdisciplinary, hospital-wide approach to the improvement of performances and the management of opportunities to improve. As such, each department is involved with the performance improvement focus identified for hospital infection prevention and control. Each department and service will maintain a level of focus on its internal performance improvement, total quality management, and continuous quality improvement activities to ensure a safe and efficient environment at RLANRC within the federal, state, and county regulations and guidelines, and current standards of practice and best practice guidelines. Each department or service unit has a responsibility for evaluating performance improvement related issues and activities, including infection Prevention and Control related issues within its clinical and managerial boundaries.

The Hospital Infection Prevention and Control Committee, or its designee, has the authority to institute any surveillance, prevention, and control measures or studies when there is reason to believe that any patient or personnel may be in danger.

The department director, administrator, or chief is ultimately responsible for the quality of care provided by all members of their department, maintaining an effective performance improvement plan, and ongoing surveillance activities to monitor the quality of care and the process of health care delivery.

PROCEDURES:

- The Infection Prevention and Control Practitioner(s) continuously collect data from all areas within the hospital to identify and eliminate potential sources of infection among patients and personnel.

Revised: 6/06, 1/16, 2/23

Reviewed: 6/06, 1/16, 2/23

Approved By:

Subject: HOSPITAL INFECTION PREVENTION AND CONTROL PLAN**Policy No.:** A128.1

- Other responsibilities of Infection Prevention and Control practitioner(s) include consultation on infection risk assessment, prevention and control strategies, performance education, and training activities, implementation of evidence-based infection prevention and control practices or those mandated by regulatory and licensing agencies, application of epidemiological principles to improve patient outcomes, participation in planning renovation and construction projects, evaluation of new products on patient outcomes, and participation in research.
- The Infectious Disease Division provides consultation to all services for the care of patients with suspected or confirmed infections and actively participates in the ongoing education of the medical staff.
- The Hospital Infection Prevention and Control Committee (HIPCC) reviews all monthly infection reports produced by the Infection Prevention and Control Practitioner(s). It provides specific recommendations for the care of patients with infection prevention and control problems. In addition, the HIPCC reviews and approves all sterilization, disinfection, and cleaning procedures and all other departmental procedures relative to infection prevention and control.
- The Hospital Infection Prevention and Control Committee, in collaboration with other appropriate staff and committees, develops an infection prevention and control plan which is reviewed and revised at least annually. The plan includes goals to reduce various types of infections and action plans to achieve those goals (See attached plan).
- Each department continually reviews its Improvement of Performance (IOP) plan and revises the plan in response to the identified needs of the department and the organization.

REFERENCES:

- CDC (2007). *Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007*.
- CDC. (2007). National Healthcare Safety Network (NHSN) Report, data summary for 2006, issued June 2007. *American Journal of Infection Control*. 35, 290-301.
- CDC (2006). Management of Multidrug-Resistant Organisms In Healthcare Settings, 2006.
- Institute for Healthcare Improvement. (2005). *100,000 Lives Campaign*. Retrieved from the Institute for Healthcare Improvement website at: <http://ihi.org/IHI/Programs/Campaign/Campaign.htm?TabID>
- JCAHO. (2004). *Meeting JCAHO's Infection Control Requirements*. Oakbrook Terrace, IL: Author
- Rancho Los Amigos National Rehabilitation Center. (2008). *Improvement of Performance Plan, Infection Program*.

Rancho Los Amigos National Rehabilitation Center

2022


Infection Prevention and Control Plan

Approved:




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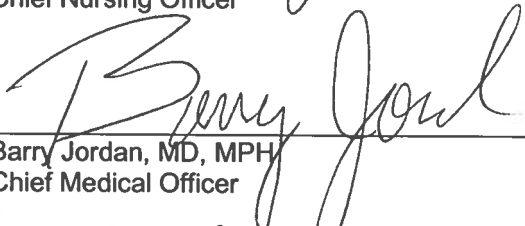
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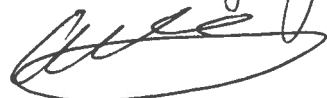
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Rancho Los Amigos National Rehabilitation Center

2022 Hospital Infection Prevention and Control Plan

The Hospital Infection Prevention and Control plan is developed based on the results of the Risk Assessment (Attachment A), Surveillance Data, and Benchmarks against the NHSN data and Rancho's own data when the NHSN data is not comparable. This plan and risk assessment has been prepared in collaboration with the following: Department of Infection Prevention and Control, Infection Prevention Committee, Infectious Diseases Department, Patient Safety Committee, Medical Executive Committee, and Quality Resource and Safety Committee.

Risk Priority	Org Goals/ IC Strategies	Infection Control Goal(s)	Measurable Objective	Strategies	Evaluation Method	Responsibility
1. Continued compliance with legislation Senate Bills 1058 and 739.	Rancho will continue to implement Senate Bills 1058 and 739	Rancho's Hospital Acquired Infection (HAI) rate will be available through CDC National Healthcare Safety Network (NHSN)	Data submitted through NHSN as mandated by SB 1058 and 739	1. The Infection Prevention and Control Department will report all cases of HAIs that are in the following categories via CDC's NHSN <ol style="list-style-type: none"> a. Central Line Insertion Practices (CLIP) b. Central Line Associated Bloodstream Infections (CLABSIs) c. MRSA and VRE Bloodstream Infections d. Clostridium difficile infections (CDI) e. Catheter Associated Urinary Tract Infections (CAUTIs) f. Surgical Site Infections (SSIs) g. Ventilator Associated Events (VAEs) 2. ORCHID generated reports	<ul style="list-style-type: none"> • All implementation deadlines are met • All required HAI measures are reported as mandated • All mandated reports are submitted on time 	<ul style="list-style-type: none"> • Infection Prevention Committee • Infection Prevention and Control Department • Nursing Department • Quality Resource Management (QRM) Department • Respiratory Department, • Radiology Department • Laboratory Department

Risk Priority	Org Goals/ IC Strategies	Infection Control Goal(s)	Measurable Objective	Strategies	Evaluation Method	Responsibility
2. Hand Hygiene	Provide each patient with safe and superior medical and rehabilitation service in a culturally sensitive environment.	Health care workers will perform appropriate hand hygiene.	Achieve 100% hand hygiene compliance	<ol style="list-style-type: none"> 1. Continue to develop new methods for increasing hand hygiene compliance <ol style="list-style-type: none"> a. CHAMPS (Clean Hands Are Making Patients Safer) as the hand hygiene Secret Word b. Inter-departmental Hand Hygiene Observations c. Hand Hygiene Observations by Infection Preventionists 2. Continue to improve upon strategies for hand hygiene observations 3. Continue to evaluate the success of the above strategies 4. Repair and install additional alcohol hand sanitizers as needed 5. Hand Hygiene posters 6. Monitor compliance from all patient care areas to enforce participation in hand hygiene observation and give feedback to team members 7. Analyze hand hygiene monitoring data and share with senior manager, 	<p>The hand hygiene campaign is implemented and on-going.</p> <p>Alcohol hand sanitizers are accessible throughout the patient and non-patient care areas</p> <p>Hand hygiene technique posters are posted in all patient care areas</p> <p>Reach hand hygiene compliance goal of 100%. Reasons for non-compliance are evaluated and discussed.</p> <p>Monthly Hand Washing observation report to Infection Prevention</p>	<ul style="list-style-type: none"> • All employees • Department Heads • Infection Prevention Committee

Risk Priority	Org Goals/ IC Strategies	Infection Control Goal(s)	Measurable Objective	Strategies	Evaluation Method	Responsibility
				<p>managers, and front line staff via report or presentation in meetings</p> <p>8. Utilize staff to assist with coaching and promoting hand hygiene compliance.</p> <p>9. Implement Secret Shopper Observations.</p>	<p>Committee (IPC) and Quarterly report to Patient Safety Committee and QI Committee.</p> <p>Observations are submitted by secret shoppers monthly and reported monthly to the Infection Control committee.</p>	
3. Reducing MRSA Incidence	Provide each patient with safe and superior medical and rehabilitation service in a culturally sensitive environment.	Reduce MRSA rates	<ul style="list-style-type: none"> SIR < 0.92* 	<ol style="list-style-type: none"> Promote Hand hygiene Continue to implement SB 1058. Monitor infection rates and trends monthly and report to IPCC. Infection Prevention and Control Department will monitor physicians' compliance to SB 1058 and Rancho Policy B853 Collaborate with EVS staff emphasizing the importance of thorough cleaning and disinfection of patient rooms 	<ul style="list-style-type: none"> Analyze data collected to identify trends Report monthly surveillance findings to IPCC, clinical service chiefs, and Nurse Managers Monthly report to QI and/or Patient Safety Committee EVS Inservice(s) 	<ul style="list-style-type: none"> All employees Infection Prevention and Control Department Respiratory Therapy, Medical Department Nursing Department Environmental Services Department Other healthcare workers QRM Department

Risk Priority	Org Goals/ IC Strategies	Infection Control Goal(s)	Measurable Objective	Strategies	Evaluation Method	Responsibility
4. Central Line Associated-Related Blood stream Infections (CLABSIs)		Reduce CLABSIs	SIR < 0.54*	<ol style="list-style-type: none"> 1. Hand hygiene 2. Compliance with the Central Line Bundle 3. Continue to collaborate with Nursing to secure Central Line Days until ORCHID generated report is available 4. Report monthly surveillance findings to IPC, clinical service chiefs, and Nurse Managers 5. Reporting of Central Line Insertion Practice Form to CDC 6. Documentation of Central Line Necessity 7. Daily audits regarding daily documentation of central line necessity until ORCHID generated report is available 	<ul style="list-style-type: none"> • Monitor compliance with the Central Line Bundle • Monitor incidence rate and trends • Monthly report to IPC, QI, and/or Patient Safety Committee • Monitor compliance with daily documentation of central line necessity 	<ul style="list-style-type: none"> • Infection Prevention and Control Department • PICC Team • Medical Department • Nursing Department • QRM Department • Other healthcare workers
5. Blood Culture Specimen Contamination		Reduce blood culture specimen contamination rate	Blood culture specimen contamination rate is \leq 3.0	<ol style="list-style-type: none"> 1. Hand hygiene 2. Post proper specimen Collection Instruction sheet near the blood culture drawing kits. 3. Educate Staff regarding proper technique as indicated in the policy and procedure 4. The lab will scan the report and forward it via email to the Nursing Supervisor for follow-up/corrective action 5. Performance Improvement (PI) Monitor report to IPC monthly 	<ul style="list-style-type: none"> • Monitor rate of contamination • Report monthly surveillance findings to IPC, clinical service chiefs, and Nurse Managers • Monthly report to Patient Safety Committee and QI Committee 	<ul style="list-style-type: none"> • Infection Prevention and Control Department • Nursing, • Microbiology Laboratory • Phlebotomy staff
6. Surgical Site Infections (SSIs)	Provide each patient with safe	Reduce surgical site infections	SIR < 1.0***	<ol style="list-style-type: none"> 1. Hand hygiene 2. Surveillance 	<ul style="list-style-type: none"> • Monitor incident rate and trends 	<ul style="list-style-type: none"> • Infection Prevention

Risk Priority	Org Goals/ IC Strategies	Infection Control Goal(s)	Measurable Objective	Strategies	Evaluation Method	Responsibility
	and superior medical and rehabilitation service in a culturally sensitive environment.			<ol style="list-style-type: none"> 3. Use evidence based bundle for SSIs 4. Performance Improvement (PI) Monitoring 5. Review surgical inpatients for signs and symptoms of infection 6. Monitor compliance with triage of ambulatory care patients inquiring if patient has had surgery within the last 90 days. If so, do they have any signs and symptoms of infection related to that surgical procedure? 7. Collaborate with EVS staff emphasizing the importance of thorough cleaning and disinfection of patient rooms 	<ul style="list-style-type: none"> • Report monthly surveillance findings to IPC, clinical service chiefs, and Nurse Managers • Monthly report to QI and/or Patient Safety Committee • EVS Inservice(s) 	<p>and Control Department</p> <ul style="list-style-type: none"> • Medical Department • Nursing Department • Environmental Services Department • Other healthcare workers
7. Ventilator Associated Event (VAE) in ICU		Reduce VAEs	SIR < 1.0***	<ol style="list-style-type: none"> 1. Hand Hygiene 2. Monitor infection rates and trends monthly 3. Use evidence based bundle for VAE prevention 4. Consider admission screening when there is an increasing trend suspected 	<ul style="list-style-type: none"> • Report monthly surveillance findings to IPC, clinical service chiefs, and Nurse Managers • Monthly report to QI and/or Patient Safety Committee 	<ul style="list-style-type: none"> • Respiratory Therapy, • Medical Department • Nursing Department • Critical Care Committee • Environmental Services Department • Other healthcare workers

Risk Priority	Org Goals/ IC Strategies	Infection Control Goal(s)	Measurable Objective	Strategies	Evaluation Method	Responsibility
8. Catheter Associated-Urinary Tract Infections (CAUTIs)		Reduce Catheter Associated-UTIs hospital wide	SIR < 1.06*	<ol style="list-style-type: none"> 1. Hand hygiene 2. Hospital-wide surveillance 3. Collaborate with Nursing to secure Foley Catheter Days until ORCHID generated report is available. 4. Documentation of Foley Catheter necessity 	<ul style="list-style-type: none"> • Report findings to IPC Monthly • Monthly report to QI and/or Patient Safety Committee 	<ul style="list-style-type: none"> • Medical Department • Nursing Department • Other healthcare workers
9. Other Multiple Drug-resistant Organisms (MDROs)	Provide each patient with safe and superior medical and rehabilitation service in a culturally sensitive environment.	Reduce VRE Monitor other MDROs for problems or trends.	SIR < 1.0***	<ol style="list-style-type: none"> 1. Hand hygiene 2. Antibiogram 3. Standard Precautions 4. Isolation Precautions as needed 5. Investigate VRE cases to determine causes of rate increase and formulate control measures 6. Collaborate with EVS staff emphasizing the importance of thorough cleaning of patient rooms 	<ul style="list-style-type: none"> • Monitor incidence rates and trends • Report monthly surveillance findings to IPC, clinical service chiefs, and Nurse Managers • Monthly report to QI and/or Patient Safety Committee • EVS Inservice(s) as needed 	<ul style="list-style-type: none"> • Medical Department • Nursing Department • Environmental Services Department • Pharmacy Department • Microbiology Lab • Information System Management • Other healthcare workers
10. Clostridium difficile infection		Reduce C. difficile	SIR < 1.05**	<ol style="list-style-type: none"> 1. Hand hygiene 2. Patient placement 3. Standard Precautions 4. Isolation Precautions 5. Strict Hand Washing signs posted along with Isolation Signs 6. Use hospital approved Bleach disinfectant for cleaning and disinfection of patient rooms 7. Collaborate with EVS 	<ul style="list-style-type: none"> • Monitor incidence rates and trends • Report monthly surveillance findings to IPC, clinical service chiefs, and Nurse Managers • Monthly report to QRS Committee and/or Patient Safety Committee • EVS Inservice(s) as 	<ul style="list-style-type: none"> • Medical Department • Nursing Department • Environmental Services Department • Pharmacy Department • Microbiology Lab • Other

Risk Priority	Org Goals/ IC Strategies	Infection Control Goal(s)	Measurable Objective	Strategies	Evaluation Method	Responsibility
				<p>staff emphasizing the importance of thorough cleaning of patient rooms</p> <p>8. IPs to conduct investigation related to transmission to roommates</p>	needed	healthcare workers
11. Risk to Employees	Provide a safe work environment for employees	Reduce employee exposure to blood, body fluid, and/or cutaneous membrane	Blood/body fluids exposure rate is ≤ 0.3	<ol style="list-style-type: none"> 1. Incident Report 2. New Employee Orientation 	<ul style="list-style-type: none"> • Monitor and report monthly surveillance findings to IPC • EHS follow up when incidents arise 	<ul style="list-style-type: none"> • Employee Health Services • Employees • IPC • Nursing Department • Medical Department • OR Staff • Therapy Department • Respiratory Department • Laboratory Department • Other healthcare workers
		<p>Reduce sharps injuries from needle stick and other sharps exposures</p> <p>Increase Percentage of staff getting the flu vaccine</p>	<p>Sharp injuries rate is < 0.7</p> <p>At least 90% of staff will receive the flu vaccine or sign a declination form</p>	<ol style="list-style-type: none"> 1. Incident Report 2. Safety Devices Training for newly licensed nursing employees 3. Reinforcement of DHS P&P 334.200 with Department Heads and staff 4. Educate regarding importance of receiving flu vaccine 5. Flu carts to the units to alleviate need for staff to go to EHS during business hours 	<ul style="list-style-type: none"> • Monitor and report monthly surveillance findings to IPC • EHS follow up when incidents arise • EHS report indicating compliance rate of staff who received or declined the flu vaccine 	<ul style="list-style-type: none"> • Employee Health Services • All Employees • IPC • Nursing Department • Medical Department • OR Staff • Therapy Staff • Respiratory Department • Laboratory Department

Risk Priority	Org Goals/ IC Strategies	Infection Control Goal(s)	Measurable Objective	Strategies	Evaluation Method	Responsibility
						<ul style="list-style-type: none"> Other healthcare workers
12. Influx of Patients With Communicable Disease	<ul style="list-style-type: none"> Prepare the organization for emergency situations The main role of Rancho in the event of an emergency has been determined as a receiving hospital for decontaminated and stabilized patients in the area 	Test the plan for influx of patients with communicable disease(s)	<p>Triage for up to 30 patients per day for 3 days</p> <p>Care for 15 patients for 3 days for patients with respiratory infectious disease</p> <p>Store supplies for 7 days</p>	<ol style="list-style-type: none"> Implement hospital triage and surge management plan. Addition of rapid communicable disease testing processes 	<ul style="list-style-type: none"> Monitor emergency drill annually 	<ul style="list-style-type: none"> All Staff Emergency Response Coordinator and Team Members Supply Chain Operations Dietary Department Management A&B
13. Construction: Infection Control Risk Assessment (ICRA)	To prevent the spread of diseases, which may be caused by construction induced airborne pollution in susceptible individuals (patients, staff and the public)	Construction and maintenance can be a risk factor for infections in patients, staff, and the public, especially those who are immunosuppressed.	Zero infections related to construction activities	<ol style="list-style-type: none"> Infection Preventionist must approve construction or renovation projects Pre-construction meeting with Infection Prevention, Facilities Management, and project representatives Complete Infection Control Risk Assessment for each project Construction crew and EVS to ensure the minimization of dust, dirt, and debris Use of complete critical barriers must be constructed before work begins 	<ul style="list-style-type: none"> Receipt of ICRA before beginning of each project Facilities Management and Project Manager to routinely monitor construction/ Renovation areas Contractor will check the integrity of critical barriers at all times 	<ul style="list-style-type: none"> Facilities Management Infection Prevention and Control Facility Safety Officer Project Manager All staff to report issues/ Concerns
14. High Level Disinfection (HLD) &	Provide each patient with safe and superior	Implement infection prevention and control activities	Zero infections related to scopes	<ol style="list-style-type: none"> Maintain current list of all areas/departments 	<ul style="list-style-type: none"> Department(s) using HLD will report scope data and 	<ul style="list-style-type: none"> All staff who use HLD Infection

Risk Priority	Org Goals/ IC Strategies	Infection Control Goal(s)	Measurable Objective	Strategies	Evaluation Method	Responsibility
Sterilization of medical equipment	medical and rehabilitation service in a culturally sensitive environment.	when performing high-level disinfection and sterilization of medical equipment, devices, and supplies.		<ul style="list-style-type: none"> using HLD as needed. 2. Complete annual training/competencies. 3. Maintain Reference Library of the instructions manuals or the scopes and probes requiring HLD. 	training/competency data quarterly <ul style="list-style-type: none"> • Infection Prevention & Control and Central Services will conduct rounds to monitor compliance. • Random audit of representative sample of patients who had scope procedure done • Secondary review of cases will be performed by Infectious Disease Providers if cases meet criteria for secondary review. 	Prevention and Control <ul style="list-style-type: none"> • Central Services • Executive Leadership

Note: *2015 National SIR; **2015 California SIR; ***No 2015 National or California SIR.

Calculation Methods:

VAP Rate: $\frac{\text{Total \# of VAP cases}}{\text{Total \# of Ventilator Days}} \times 1000$

Surgical Site Infection Rate: $\frac{\text{Total \# of cases infected}}{\text{\# of Total Surgery Performed}} \times 100$

Blood Stream Infection related to Central Line Rate: $\frac{\text{Total \# of Primary Bacteremias}}{\text{Total \# of Central Line Days}} \times 1000$

MRSA, VRE, C. diff or UTI Rate: $\frac{\text{Total \# of Infected cases}}{\text{Total number of Patient Days}} \times 1000$

Needle/Sharp and Blood & Body Fluid Rate Calculation: $\frac{\text{Total \# Injuries/Exposures (Yr)}}{\text{Occupied Beds}} \times 100$

Note:

- Rancho also benchmark against itself as there's no national benchmark available for rehabilitation facilities.

*** NA: Incomparable rate due to different data elements used for calculation :

$$\text{Rancho rate} = \frac{\# \text{ of cases}}{\text{Total Patient days}} \times 1000$$

$$\text{NISS rate} = \frac{\text{Number of resistant isolates}}{\text{Number of isolates tested}}$$

**** American Society of Anesthesiologists Physical Status Classifications

$$\text{Occupational Exposure Rate per 100 occupied beds} = \frac{\text{Total \# Injuries/Exposures}}{\text{Occupied Beds}} \times 100$$

Reference for bench marking blood culture contamination rate (recommended by the Director of Microbiology Laboratory):

Murray, P. R., Baron, E. J., Jorgensen, J. H., Pfaller, M. A., Tenover, R. C., Tenover, R. H. (2003). *Manual of Clinical Microbiology*. Washington, DC:ASM Press. Page 306.

**RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER
INFECTION PREVENTION AND CONTROL PLAN 2022
RISK ASSESSMENT**

Patient Population	Services Provided	Risks	Risk Level	Prevention Strategies
<p>I. Medical and surgical Units:</p> <ul style="list-style-type: none"> - ICU - Direct Observation Unit - Surgery - Pressure Ulcer Management and Medicine - Acute Stroke - Epilepsy Monitoring Program • Diabetic complication • Pressure ulcer • Wound infection • Previous hospitalization • Long term hospitalization • Muscle Flap Surgery • Long term antibiotic therapy <p>Rancho continues to receive patients from LAC/USC MC ER for acute stroke patients.</p> <p>3W: ICU 3N: DOU 2N: Ortho Diabetes/Med Surg 3S: Pressure Ulcer Management</p> <p>II. Rehabilitation Units:</p> <ul style="list-style-type: none"> - Neurology 	<ul style="list-style-type: none"> • Multi-faceted medical care and rehabilitation • Ventilator support and weaning • Cardiac monitoring • Nutritional support • Rehabilitation to daily living through Physical, Occupational, Recreational, and Speech Language Therapy • Case management and social services • Laboratory, Radiology and Pharmacy • Pain Management • Aggressive wound care including muscle flap surgery • Clinical follow-up and out patient therapies • Additional services as needed. 	Multiple Drug-resistant Organisms (MDROs)	HR, HV	<ul style="list-style-type: none"> • Implement SB1058, SB 158 • Utilization of Antibiotics (i.e. Antibiogram) <ul style="list-style-type: none"> - Antibiotic Stewardship Program Policy • Pre-admission and discharge planning • Compliance with hand hygiene • Timely update of the Clinical circumstances in Affinity • Hospital wide surveillance • Infection Prevention and Control Department continue to utilize a surveillance log to track the expanded patient populations to observe infection trends • Emphasis on Environmental cleaning with hospital approved disinfectants
		Ventilator Associated Events (VAEs)	HR, LV	<ul style="list-style-type: none"> • Continue VAE prevention bundle • Compliance with hand hygiene • Monitor compliance in ventilator management per hospital policy and procedures • Administer vaccines as appropriate • Ongoing evaluation of prevention strategies • Targeted surveillance in ICU • Other surveillance according to PI Plan
		Central Line Associated Bloodstream Infections	HR, LV	<ul style="list-style-type: none"> • Assess and document the management of central lines

Patient Population	Services Provided	Risks	Risk Level	Prevention Strategies
<ul style="list-style-type: none"> - Gerontology - Stroke - Spinal cord injury - Adult Brain Injury - Pediatrics <ul style="list-style-type: none"> • Previous hospitalization • Long term hospitalization • Long term antibiotic therapy • Prior infection or colonization with drug resistant organism(s) • Bowel and bladder incontinence • Violence related injuries • Wound infection • Disorientation <p>1N: Traumatic Brain Injury 1N: Pediatrics 2S: Stroke 1S: Spinal Cord Injury</p> <p>III. Outpatient Clinics:</p> <ul style="list-style-type: none"> • Colonization with drug resistant organisms • Pressure sores 		(CLABSIs)		<ul style="list-style-type: none"> • Monitor compliance regarding central line dressing change and documentation according to policies and procedures. • Continue Central line infection prevention bundle • Compliance with Central Line Insertion Practices according to CDC Guidelines • Hospital wide surveillance program and according to PI plan • Ongoing evaluation of prevention strategies • Daily documentation of central line necessity
		Surgical Site Infections (SSI)	HR, LV	<ul style="list-style-type: none"> • Monitor wound care management per hospital policy and procedure. • Continue Surgical site infection prevention bundle • Ongoing evaluation of prevention strategies • Other surveillance according to PI Plan
		Antibiotic associated diarrhea (C.difficile)	HR, LV	<ul style="list-style-type: none"> • Implement and monitor proper hand hygiene with soap and water • Utilization of Antibiotics (i.e. Antibioqram) <ul style="list-style-type: none"> - Antibiotic Stewardship Program Policy • Hospital wide surveillance program • Contact precaution • Appropriate environmental cleaning and disinfection with hospital approved disinfectant containing 1:10 bleach solution

Patient Population	Services Provided	Risks	Risk Level	Prevention Strategies
Communicable diseases		Catheter Associated - Urinary tract infections (CAUTIs)	PP, LV	<ul style="list-style-type: none"> • Compliance with hand hygiene • Patient and family education program • Initiate treatment within time frame according to policy and procedures • Cluster investigation, corrective measures as problem identified • Documentation of foley catheter necessity
		Procedure related infections	PP, LV	<ul style="list-style-type: none"> • Infection Prevention & Control will monitor scope data and training/competency data reported by departments using HLDs and/or scopes • Infection Prevention & Control and Central Services will conduct rounds to monitor compliance. • Random audit of representative sample of patients who had scope procedure done.
		Risk to employees	HR, LV	<ul style="list-style-type: none"> • Employees wear PPE • Submit Reportables to Public Health • Employee Health surveillance program for potential exposure • Compliance with hand hygiene • Compliance with DHS Policy 334.200

Key: HR- High Risk HV-High Volume PP-Problem Prone LR-Low Risk LV-Low Volume

Performance Improvement Plan for Surveillance and Goals are based on the above-identified risks.