

**LAC+USC MEDICAL CENTER
DEPARTMENT OF INFECTION PREVENTION AND CONTROL
POLICIES AND PROCEDURES**

**Policy #
IPC-02**

**Effective Date:
May 2022**

Subject:
**Infection Prevention & Control:
Performance Evaluation and Improvement**

Original Issue Date: 7/2011
Supersedes:
7/2011, 9/2013, 8/2018

Departments Consulted:
Epidemiology
Hospital Administration
Quality Improvement

Reviewed & Approved By:
Paul Holtom MD, Hospital Epidemiologist
Noah Wald-Dickler MD, Associate Hospital Epidemiologist
Chair and Vice-Chair, Infection Control Committee

Approved By:
Brad Spellberg, MD
Chief Medical Officer

STATEMENT OF POLICY

In keeping with the core purpose of the LAC+USC Medical Center to provide world class care and education for all in our community, the Infection Control Performance Improvement Plan allows for a systematic, coordinated, and continuous approach to performance improvement focusing on surveillance, prevention, and control of infections throughout the organization.

PURPOSE

The primary objective of the Infection Control Performance improvement program is to ensure the organization has a functional, coordinated process in place to reduce the risks of endemic and epidemic healthcare-associated infections in patients and health care workers. The following are utilized to achieve this objective:

- Monitoring and evaluation of key performance indicators of infection control surveillance, prevention, and management.
- Continuous collection and screening of data to identify isolated incidents or potential infectious outbreaks
- Participation in a proactive education program to reduce and control spread of infection
- Participation in continuous performance improvement teams, as appropriate, to facilitate a multidisciplinary approach to the prevention and control of infections.
- Utilization of sound, evidence-based, epidemiologic principles and nosocomial infection research from recognized authoritative agencies
- Integration of outcomes from surveillance and control activities into information systems program processes throughout the facility permitting internal comparison for trend analysis and comparison with external databases for benchmarking purposes.
- Collaboration with all organizational policies and procedures impacting the prevention and control of infection.

PROCEDURE

Scope

The organizational Infection Control Performance Improvement Program considers the clinical focus and demographics of the institution, as well as the personnel base. The following services are provided within that scope:

Subject:
Infection Control Performance Improvement Plan

Effective Date: May 2022

Executive Director's Initials:

Reviewed Date:
May 2022

- **Review of positive cultures** All positive cultures are investigated and categorized according to: clusters of pathogens, locations involved, organisms, personnel/staff involved
- **Review and evaluation of confirmed infectious cases** to assure correct implementation of transmission-based precautions.
- **Periodic rounding & direct observation of nursing units** to assure compliance with Hand Hygiene and Personal Protective Equipment (PPE) on all patients.
- **Employee in-service education** related to infection control practices to ensure a safe environment for patients and personnel.
- **Review of hazardous waste management** and disposal throughout the facility.
- **Participation in product evaluation** in conjunction with supply chain personnel.

Methodology

Key performance indicators, process and outcome related, are identified for monitoring and evaluation of the effectiveness of the Infection Control Performance Improvement Plan.

Key performance measures, related, to process and outcome to continually improve the management of nosocomial infections throughout the organization, include but are not limited to:

- Comprehensive Periodic Surveillance (baseline rates established) – outcomes
- Clustering of Nosocomial infections
- Catheter related blood stream infections (CLABSI)
- Ventilator associated pneumonia (VAP)
- Catheter related urinary tract infections (CAUTI)
- Unusual or multidrug resistant pathogens

Thresholds/Benchmarks

Thresholds are established through analysis of current scientific knowledge, national norms and reference data bases. Benchmarks are established through comparison analysis with internal external data bases. All threshold/benchmarks receive approval from the LAC+USC Medical Center Infection Control Committee.

Data Collection and Analysis

Data will be collected via surveillance by the Department's Infection Preventionists, who will determine the nature of surveilled infections (healthcare associated infection or pre-existing). Frequency of collection will be based on the number of patients affected, the risk involved, and the regularity of pathogens noted.

Analysis will be performed by Infection Preventionists with formal evaluation if thresholds/benchmarks have reached an acceptable level or have been exceeded. For additional information on thresholds, please refer to Infection Control Policy "Outbreak Investigation & Management".

Subject: Infection Control Performance Improvement Plan	Effective Date: May 2022	Reviewed Date: May 2022
	Executive Director's Initials:	

Action

When evaluation identifies an area of concern, a specific problem or an opportunity for improvement, an investigation is conducted, and a corrective action plan is formulated. Corrective action plans are collaborative in nature and identify:

- *What action is appropriate in view of the cause, scope and severity of the problem.*
- *Who is responsible for implementing the intervention.*
- *Who or what is expected to change.*
- *When change is expected to occur.*
- *When follow-up monitoring and evaluation will occur.*

When problems or opportunities for improvement are identified, actions taken/recommended will be documented in the LAC+USC Medical Center Infection Control Committee minutes. If immediate action is necessary, the LAC+USC Medical Center Infection Control Committee, or its designee, has the authority to institute any surveillance, prevention, and/or control measures if there is reason to believe that any patient or personnel is at risk.

Program Evaluation and Improvement

Evaluation is performed via monitoring to assess the effectiveness of the action plan and implementation compliance. If actions taken do not improve the process or outcome, a re-evaluation and analysis of the key performance indicators will be performed to develop subsequent action plans until compliance is achieved. Frequency of monitoring will be determined at the onset of the plan and then reduced based on the type of compliance required to sustain the desired outcomes. When necessary, additional corrective actions may include a formal hospital Quality Improvement project to obtain or sustain compliance.

Reporting Structure and Responsibilities

Information from the Infection Control Performance Improvement Plan will be reported monthly to the LAC+USC Medical Center Infection Control Committee. Minutes of these meetings are forwarded to the Medical Executive committee monthly and reported to the Governing Body quarterly to assist in a timely and thorough implementation of recommended corrective measures and process outcome revisions.

The LAC+USC Medical Center Infection Control Committee has the responsibility to review and collaborate on performance improvement activities throughout the facility. This committee is governed by a physician having knowledge of infection control practices and performance involvement methodologies and guides the committee on decisions for improving care through the prevention and control of infections.

The responsibility and direct accountability for the surveillance, data gathering, aggregation and analysis is assigned to the Infection Preventionist.

Hospital personnel and medical staff members share indirect accountability in reporting of infectious cases, suspected infections and reports of positive cultures to the Nurse Epidemiologist. There is collaboration between departments as well as with the Infection Control Practitioner to identify any nosocomial trends or patterns that may occur, or opportunities to improve outcomes in the reduction and control of infections.

Subject: Infection Control Performance Improvement Plan	Effective Date: May 2022	Reviewed Date: May 2022
	Executive Director's Initials:	

QUALITY IMPROVEMENT MONITORING

The Department of Infection Prevention & Control monitors hospital acquired infections (HAI) that are reported to NSHN along with employee compliance with use of Hand Hygiene and Personal Protective Equipment (PPE). These are procedures that reflect use of personal protective equipment compliance with handwashing procedures, and transmission-based precautions.

The audits are conducted monthly by the Infection Preventionist in all patient care areas. Physician staff, nursing staff, respiratory care practitioners, and ancillary staff are observed while performing activities related to patient care.

The results are reviewed and reported monthly at the LAC+USC Medical Center Infection Control committee. The results are also reported quarterly to the Medical Executive Committee by the Hospital Epidemiologist.

REFERENCE

Joint Commission Standard Title 22 70739, Title 29 (1910 Amended) Section 2500 National Nosocomial Infections Surveillance (Methods and analysis CDC: 1994)