



APIC National Highlights

**Stacy Austin, Kim Bellessa, Dana Greenwood, Caitlin Labranche,
Lisa Rudolph, Jennifer Spivey**

June 9-13, 2016 Charlotte, NC

APIC Highlights

- **Stacy Austin-** OB Presentation
- **Caitlin Labranche-** Ambulatory issues
- **Dana Greenwood-** Flexible Scope Reprocessing
- **Lisa Rudolph-** Water Management
- **Jennifer Spivey-** Behavioral Modification: Jedi Mind Tricks to Create Change and Increase Compliance
- **Kim Bellessa-** Keynote Motivation Speaker- HH rollout!





Delivering More Than Just Babies

Stacy Austin BSN, RN, CIC
St. Vincent Anderson

June 9-13, 2016 Charlotte, NC

Delivering More Than Just Babies: Sonya Mauzey IP in the OB / Newborn Setting – Level 3 NICU

- Group B Strep – prevent neonatal sepsis
 - Transmission with birth or ascend via amniotic fluid
 - 10-40% of women are colonized
 - Screen at 35-37 weeks (C-section included), repeat if >31 days pass
 - Collection – NOT via speculum, NO lube, lower vagina AND rectal (through anal sphincter) BOTH
 - CDC prophylaxis treatment – prior infant with GBS, bacteriuria during pregnancy, +GBS screen, or unknown GBS plus any of the following: 37 weeks or less, membranes ruptured 18 hours or more, intrapartum temp of 100.4 or more
 - Cluster of 3 - all with negative screening, no commonalities, led to education on collection techniques overall

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Vaccine Preventable – Pertussis

- Most deaths are infants too young to be vaccinated
 - Vaccinate at 27-36 weeks for EVERY pregnancy to protect the infant
 - 30-40% acquire whooping cough from the mother
- **HCW exposed 25 HCW and 22 mother/babies**
 - Surveillance for symptoms for 42 days
 - Led to mandatory Tdap + flu for HCW

Vaccine Preventable – Influenza

- Immune system changes, heart and lungs more prone to need hospitalization & death
- Tamiflu even if >48hrs s/s
- Consider ER callbacks for ILI
- **Patient case**
 - 24 y/o 29 weeks, swab neg, bronchitis, 2 days later OB cough syrup, 2 days later “x”
 - Intubate, flight transport, Csxn, baby resp distress, Mom vent 4 chest tubes too critical for trach x4 weeks, H1N1 viral test only
 - Worsen, rotoprone, pray

The Miracle of Touch - 24* (d28) / +3d / IRF / 2.5mo DC / residual lung / seizure DD



Wrap up IP in OB

Review of HIV

Review of HBV

C-section SSI

- 3Q increase / humidity
 - CHG pre-op
 - Antibiotic timing and dosing
 - Traffic control
 - New post op dressing
 - Clear honeycomb absorbent see thru waterproof
 - No shave zone at 36 weeks

MRSA review





Water Management Plan

APIC Sessions Recap

Lisa Rudolph, Director Infection Control, St. Vincent Indianapolis

July 2016

Objectives

- Background
- Risk Factors
- Liability Mitigation-(What to do)

Background

1976- July, American Legion Convention, 200 year celebration in Philadelphia

- At a grand hotel- Respiratory disease where 211 became ill and 34 died
- December 1976 found the bacteria that was found in the water of the hotel's cooling tower
- Environmental Gram-negative bacteria



2016 and Beyond...

- Experts predict Legionellosis cases will continue to increase across the globe...
 - Climate change- increased flooding events
 - Deteriorating infrastructure
 - Green technology encourages lower temperatures conducive to *Legionella* growth
 - Hands free devices in healthcare encourage proliferation of stagnant water
 - Increased surveillance/awareness on diagnosis
 - Improved laboratory processes for identification
 - Increased public awareness/reporting
 - Increasing aging population

Population

- Greatest Risk
 - Immune compromised
 - Organ transplant
 - Hematologic malignancies
 - End-stage renal disease
 - Elderly (>50)
 - Diabetes mellitus
 - Chronic lung disease
 - Non-hematologic malignancies
 - Tobacco smoker

Where should we look?



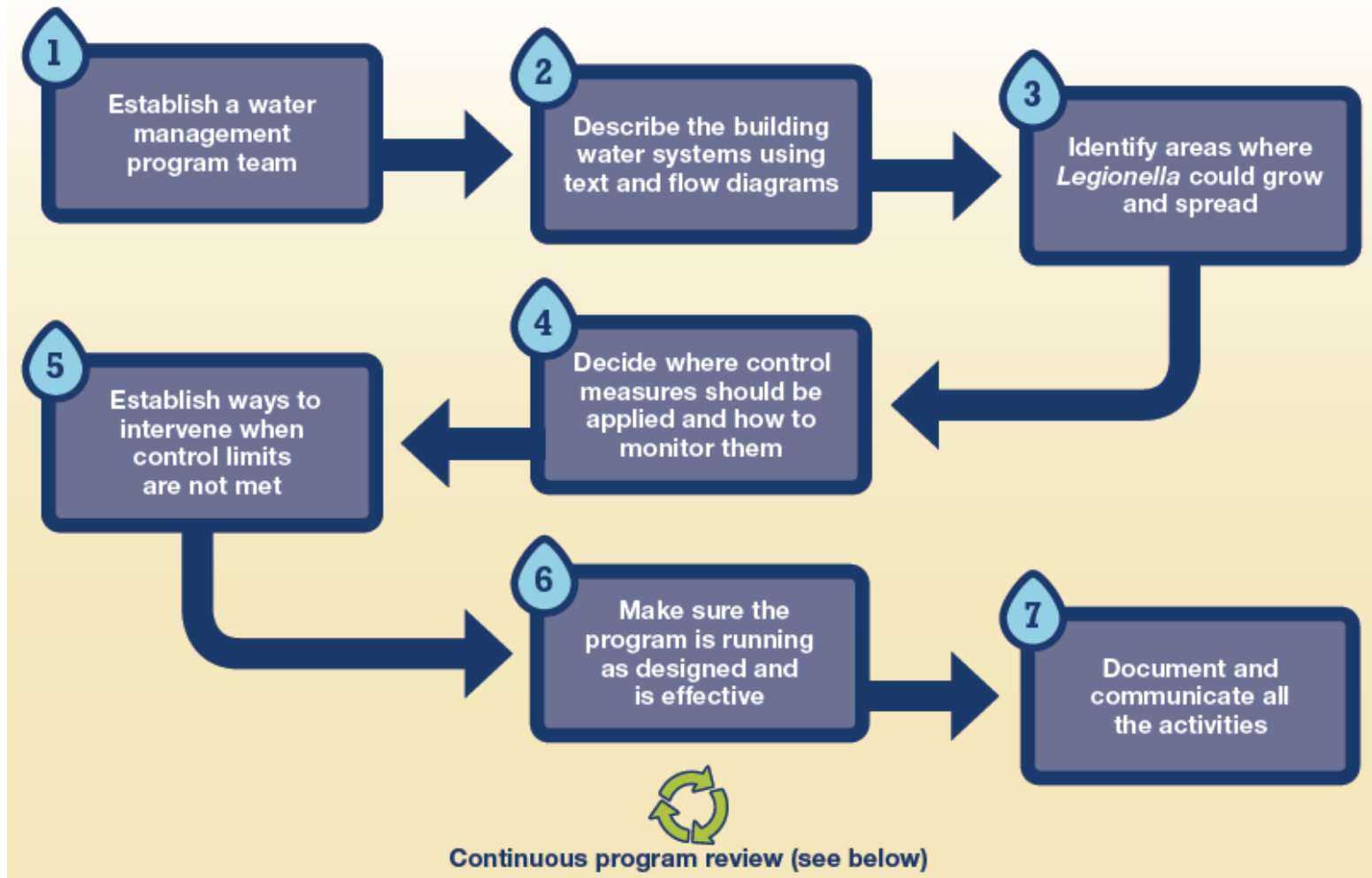
- Water Stagnation
- Complex Piping
- Dead Legs
- Long Runs
- Oversized Pipes

Risk-Where to look in more detail

- Cooling Towers
- Potable Water Systems
- Evaporative Condensers
- Misting Systems
- Spas/Whirlpools/Hydrotherapy
- Respiratory Therapy/
Bronchoscopes
- Room Air Humidifiers
- Decorative Fountains
- Showers
- Ice Machines
- Medical Devices-CPAP
- Eye Washes
- Dental Water Lines
- Air Conditioners
- And More...



WMP Elements-CDC Guidelines and Toolkit June 2016



Team-CDC Guidelines and Toolkit June 2016



Consider who among your employees, partners, and outside experts can provide these skills so that you can develop the most effective program possible. Those who might be part of your water management program team include:

- ◆ Building owner
- ◆ Building manager/administrator
- ◆ Maintenance or engineering employees
- ◆ Safety officers
- ◆ Equipment or chemical suppliers
- ◆ Contractors/consultants (e.g., water treatment professionals)
- ◆ Certified industrial hygienists
- ◆ Microbiologists
- ◆ Environmental health specialists
- ◆ State and local health officials

Healthcare Facilities

The team should also include:

- Someone who understands accreditation standards and licensing requirements
- Someone with expertise in infection prevention
- A clinician with expertise in infectious diseases
- Risk and quality management staff

In some cases, you may need to train your in-house personnel or hire professionals with specific experience in *Legionella* bacteria in building water systems.

Our Journey-St. Vincent 86th Street

1. 2014-Patient tested + however Non-Confirmed Source (Community)
2. MCPHD investigation
3. Plans to mitigate risk
4. Required reporting of biweekly testing and interventions
5. WMP-June 2016 Approved
 - Weas Engineering and Medxcel-Assessment
 - WMP Committee
 - *IP*
 - *Medxcel*
 - *Administration*
 - *Touchpoint*
 - *Weas Engineering*

WMP examples for 86th Street

- Repurposed rooms
- Ice machines
- Water Fountains
- Fish Tanks
- Showers
- Facilities-Cooling towers
- Terminal clean flushing
- Filters
- Routine cleaning and water testing
- Secure lids and routine cleaning and testing
- Filters
- Chlorine treatment and daily monitoring of levels on return

We now have a policy and detailed procedures for managing our water

Risk Mitigation

What
Do I
Need
To Do?

- Assess building water system risk
- Identify locations where water quality (temperature, stagnation, etc.) can be controlled
- Establish control limits (chemical/physical) at those locations and MONITOR
- Determine corrective actions to be taken should control limits not be achieved
- Establish procedures to confirm program implementation
- Assign program responsibilities
- Document, Document, Document and Retain



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Dana Greenwood MHP, BSN, RN, CPH
Seton Specialty Hospital Indianapolis

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What's Included?:

<ul style="list-style-type: none">• Definitions	<ul style="list-style-type: none">• Gaseous chemical sterilization
<ul style="list-style-type: none">• Design of endoscope processing areas	<ul style="list-style-type: none">• Processing accessories
<ul style="list-style-type: none">• Personnel considerations	<ul style="list-style-type: none">• Storage and Transport to site of use
<ul style="list-style-type: none">• Cleaning	<ul style="list-style-type: none">• High-level disinfection
<ul style="list-style-type: none">• Automated Endoscope Reprocessors (AERS)	<ul style="list-style-type: none">• Quality Process Improvement
<ul style="list-style-type: none">• Liquid Chemical Sterilization	<ul style="list-style-type: none">• Informational Annexes

ST91 Excludes rigid endoscopes and probes.

Highlights of AAMI ST91: Education, Training and Competency Recommendations

All associates performing processing should be certified as a condition of employment

- Minimum standard - associates complete a certification exam

Personnel should be provided education, training and complete competency verification activities:

- Upon hire
- Annually
- Designated intervals
- New scope models
- New processing equipment
- New detergents or disinfectants

Cleaning Verification Process

Cleaning verification is performed following cleaning to verify the effectiveness of a cleaning process ***prior to disinfection***

Cleaning verification should include:

- Visual inspection
- Testing of the cleaning efficacy of mechanical equip
- Monitoring key cleaning parameters

Use of methods to detect organic residue should be considered



Ambulatory Care Sites

How to Tame the Beast
Caitlin Labranche MPH, RN

Ambulatory Care : How to Tame the Beast



Different How?

	INPATIENT	AMBULATORY
Screening/Surveillance	Patient can be screened and tracked	Process surveillance
Isolation	Transmission based precautions	Standard precautions
EVS	Daily and Terminal	Between patients end of day
Hand Hygiene	Environment defined	Less defined



Rules, What Rules?

Different processes, practices and priorities Strategies for change

- Assessment
 - What is baseline?
- Relationship building
 - What are your needs and what needs to improve?
- Create Environment of safety
 - How can we change?
- Disseminate data
 - How are we changing from last time?
- Expand and evolve
 - How can we take lessons to other areas?



Risk Assessment

Low risk

- No invasive procedures
- Offices

Medium risk

- Injections
- Point of care testing
- Laboratories

High risk

- Immunocompromised patients
- High level disinfection/sterilization
- Infusions
- Urgent care/Emergency department
- Previous major deficiencies



Common Deficiencies

Related to space

- Clean/Dirty storage
- Mixed use fridges
- Med storage

Related to building

- EVS cleaning
- Ventilation and proper location for HLD and sterilization
- Signage

Injection safety and medication handling

Equipment reprocessing



So What to Do?

Communicate!

- Hospital wide communication does not reach!
 - Email, phone, social media, sharepoint, webinar, text!

Be creative

- Work in the space you have
- Work with the budget you have
- Find solutions you didn't think possible

Try it out!

Keep coming back until everyone is satisfied





Behavioral Modifications: Jedi Mind Tricks to Create Change and Increase Compliance

Jennifer Spivey MSN, RN, CNOR, CIC, FAPIC
St Vincent Health

June 9-13, 2016 Charlotte, NC

What is Behavioral Modification

- The alteration of behavioral patterns through use of such learning techniques as biofeedback and positive or negative reinforcement
- The direct changing of unwanted behavior by means of biofeedback or conditioning
- The use of basic learning techniques, such as conditioning, biofeedback, reinforcement, or aversion therapy to teach simple skills or alter undesirable behavior.



**Give one word for
each of these
pictures... emotional
reinforcement?**



Observations from this exercise

- Images cause an emotional response
- Environment impacts mood
- Immediate associations with symbols
- All have a strong impact on behavior



Dr. Adam Alter

- World within us- associations
- World between us- peer pressure
- World around us- environment



University of Iowa!- Influence the visiting team!!! Baker/Miller

Colors can affect your message!



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What do you associate with these colors?

What does the staff see in our messages who we are trying to change behaviors?

RED: excitement- anger, fear

Blue: trust, dependable, strength

Yellow: optimism, clarity, warmth, happy

Green: Peaceful, growth, health

Where is the candy in a store? Influence



At the kids level and
Moms want to get
home!



Located and notices with signs to
encourage Hand Hygiene!

Being Creative will create social currency!

Means...they will talk about it!!

What the DIFF??



**Reward the best unit
with the Poop Pillow!!**



Which chart will your staff talk about! And remember!

Bristol Stool Chart

Type 1  Separate hard lumps, like nuts (hard to pass)

Type 2  Sausage-shaped but lumpy

Type 3  Like a sausage but with cracks on the surface

Type 4  Like a sausage or snake, smooth and soft

Type 5  Soft blobs with clear-cut edges

Type 6  Fluffy pieces with ragged edges, a mushy stool

Type 7  Watery, no solid pieces. Entirely Liquid

IS YOUR POOP NORMAL?

Use the Bristol Stool Chart



TYPE 1: Separate hard lumps, like nuts (hard to pass)

TYPE 2: Sausage-shaped, but lumpy

TYPE 3: Like a sausage but with cracks on its surface

TYPE 4: Like a sausage or snake, smooth and soft

TYPE 5: Soft blobs with clear cut edges (passed easily)

TYPE 6: Fluffy pieces with ragged edges, a mushy stool

TYPE 7: Watery, no solid pieces—entirely liquid



Behavioral Drivers.....

- People generally want to do the right thing.....Care givers big hearts!
- I do not want to let my co- worker down.....Speaking up issues?
- People more likely to comply if they are watched.....Hawthorne affect HH
- Something new will lose its novelty within 3 months.....Hand Hygiene Campaigns or slogans
- People like directions.....If we lead them they will follow.....we are thirsty!
- Use of color is good and build established connections.....NO RED on Graphs!
- Be effective with email!

- ❖ Place your Bottom line up front!
- ❖ Keep it short @ simple– Nurses see...
Blah Blah Blah.....
- ❖ Target your SUBJECT line!!!
- ❖ USE PICTURES!! And COLOR!

HOW TO BE AN Inbox Ninja

REDUCE VOLUME

- UNSUBSCRIBE**: When you can.
- Set up RULES...**: from Blog → "Read later" folder; from Manager → "High-importance" folder
- ...and ALERTS**: auto-flag → Emails from external/important clients; auto-delete → When you can't (or won't) unsubscribe
- DON'T REPLY ALL**: I set up a meeting for us to discuss. 1 communication could result in 5 emails.

REDUCE COGNITIVE LOAD

- FOCUS** on newest messages: Starting at the top of your inbox means nothing's urgent to answer!
- Check less OFTEN**: Zone of accountability. 2x per week, 2x per day, 2x per hour, 2x per minute.
- "FOLLOW-UP" STRATEGY**:
 - Use a follow-up folder: Clear delineation of next step due Out of immediate sight
 - Flag email: Specific and easy to find core Clutter's inbox
 - Move to "tasks": Also allows for categorization due Out of immediate sight
 - Leave in your inbox: Easy to find core Clutter's inbox

CAPTURE ATTENTION

- Know your intention before you hit send**:
 - Recipient should read → Your email should **inform**
 - Recipient should save for later → Your email should **inform**
 - Recipient should reply → Your email should **request**
 - Recipient should act → Your email should **request**

LIMIT FOLDERS & USE SEARCH

COMMUNICATE CLEARLY

- TARGET YOUR SUBJECT LINE**: Different audiences have different prime-reading hours.
- Consider the HOUR**: Place your **BOTTOM LINE UP FRONT**.
- Name names**:
 - team
 - everyone
 - soon
 - when free
 - Ed. Harjo
 - set times
 - at some point
 - on the 15th

EMPLOY FORMATTING

- Keep your message SHORT**: Bullets → For listing tasks and instructions; Line Breaks → To create shorter paragraphs; Bold → Names and deadlines; Indent → To call attention to; Text Size → To differentiate; Hyperlinks → For convenience.
- Know when NOT to email**: PROTECT CONFIDENTIAL, COMPLEX DECISIONS, OFFHOURS MESSAGE.

Watch the full webinarconference
advisory.com/ribasinja

The Advisory Board Company

What about these pictures! How do they make you feel?



Peyton Manning
Children's Hospital



**HOME TOWN
HERO!
St Vincent's
Hero!!**

Let's take a risk! What if?????

Peyton Manning asks Associates to perform Hand Hygiene!



Everybody is somebody's Baby!



Jennifer claims this one!