Infection Prevention Challenges & Change

A Fishbowl Perspective

TSIPC 38th Annual Conference

Maximizing IPC Programs: A Fishbowl Perspective

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Nothing to Disclose
Objectives

• Describe at least 2 IPC change approaches for future decades (*inside* the fishbowl)

• State 2 non-IP viewpoints of the fight against HAI’s (*outside* the fishbowl)

• Explain how “The Broken Window Effect” can be applied to your healthcare setting to decrease HAI
Progression of IP&C … Common Thread?

- AJIC 2000 “Interventional Epidemiology” ¹
  - 1960’s Exploration
  - 1970’s Expansion
  - 1980’s Reaction & Response
  - 1990’s Regulation
  - 2000’s Interventional Epidemiology

Some Key Publications & Advancements

- The Economic Impact of Infection Control: Making the Business Case for Increased Infection Control Resources

  ○ Landmark Article of Framework for Evaluating Economic Impact HAI’s

  ○ Practical Tips to Augment Do’s/Don’t when Requesting $ Administrator

Some Key Publications & Advancements

- **Staffing and Structure of Infection Prevention and Control Programs**
  - 1st Study to Provide Comprehensive Description “Snapshot”
  - Survey Sent to 441 NHSN Facilities: 66% Response Rate
  - Higher Staffing in Smaller Facilities ($p < .0001$)
  - Median Staffing 1 Infection Preventionist (IP) per 167 beds

Inside IPC Fishbowl: C-Suite Jargon

- Must **learn** so IPC can talk the talk …
- While walking the patient safety trail
  - Strengthen & Enhance Current Skills
    - Do **not** take for granted “win” of **other** budget or services
      - Respiratory Therapy? Biohazard Waste? Information in General?
      - Nurse:Patient Ratio? Best Product for Facility/Culture? $$$
More *Obvious Inside* the Fishbowl?

- Rates per 1000 Days of Something
  - Seen as nagging versus partner approach
  - "Mystery" jargon?
  - Talking Above Others? ... "Nosocomial"

- National and/or Internal Benchmarks
  - Compared to Rates per 1000 Days of Something
  - Process Control Charts
    - Culture of Your Facility Inclusive for bedside feedback?
    - Just for IPC/Quality Committee?
Obvious *Inside/Outside* the Fishbowl?

- **Hide** the HAI Reality Behind Rates & Benchmarks
  - Can’t See or Feel the Individual Pain and Suffering
  - Keeping it “Sanitized” by Making the “Person” Invisible

- Old Retrospective Data by Month, Quarters, Annual
  - Yet that is now we must roll to track progress
Tactics *Inside* the Fishbowl?

- Help Bedside Staff Develop “Eyes to See”
  - Include Number of Patient’s Infected
    - Include Rates and Percent(s)
    - Numerator and Denominator and/or $n=$
  - Include a Line-Listing of Patient’s Infected
    - Social History?
      - Family
      - Job
      - Impact of Extended Length of Stay
Tactics *Inside* the Fishbowl?

- Provide **Prospective** HAI Data ...
- **You Already** Check/Surveillance Daily $\rightarrow$ SHARE
  - Bedside Staff to Perform and Report ‘mini RCA’ $\rightarrow$ Accountability
More Tactics *Inside* the Fishbowl?

- **Provide Prospective HAI Data**
  - Check Daily? Every 48-72 Hours for
    - CLABSI
    - CAUTI
    - VAP/VAE
    - SSI
  - Re-Admissions within 30-Days? → Not Just a Quality Measure

- **Provide Pretty Quick HAI Feedback**
  - Bedside Staff & Their Management Team?
5 Decades is now 6 Decades ...

- Identified Some KEY publications
- Shared Ideas to Change INSIDE Fishbowl IPC
- Helping to define a profession

... But WHAT is That Common Thread?
Now it is **6 Decades**: 2010 & Beyond

... as a constant

**DEMONSTRATE VALUE ...**

Truth & Challenge
Common **INSIDE** Fishbowl Thread – What is it?
The Forgotten Reality in HC

- Expanding What We Know About Off-Peak Mortality in Hospitals

  - 64% “Off Peak” Patient Care is Delivered
    - Nights & Weekends .... “Off Hours”
      - Limited Ancillary Services
      - Fewer Support Staff
      - Decreased Direct Supervision
      - Strained Communications (on-call MD and/or leadership)

Hamilton P, et. al. Expanding What We Know About Off-Peak Mortality in Hospitals. *J Nursing* 2010;40:124-8
Ask Yourself as an Infection Preventionist

- With Only 36% of Bedside Care “Optimal” Environment
- What Happens During Off Hours & HAI Prevention?
Consider Teachings of Ken Segel\textsuperscript{5,6} 

- How to merge from the inside out?
- How to promote IPC mission from the outside in?
- Look outside usual suspects, and “wear the other shoe”
- ... A practical approach

Spring 2010 (Vol.2 #1): Thinking BIG: The worlds great organizations may hold the key to a more compelling business case for HAI Elimination\textsuperscript{5} 
Summer 2010 (Vol.2 #2: Saving Lives, Saving Money: Helping hospital leaders seize the opportunity\textsuperscript{6}
Outside the Fishbowl → Success?

• Consider **C-Suite** Frame of Reference
  
  SUCCESS = WIN:WIN

  • Quick, Visible, “Easy”, and Fast → **INSTANT**
    
    – Investments in new healthcare services
    – Capitol investments of old services and equipment
    – Constituents Obviously Happy
• **MIGHT WIN** → Slow, Hidden, “Hard”, and Painful
  - Investments not rapidly obvious (not quick fix)
  - Slow tension accompanies gradual changes of culture
  - Hardwired operational improvements hidden
  - Constituents Not Universally “Happy”
C-SUITE MOVING FORWARD

- Dent “Silo Thinking” for Patient Safety & ↓ HAI’s
- Stop Using Old Silo Approaches
  - Give an even more perfect report in a committee setting
  - Present an even more impassioned speech in the same meetings
C-SUITE MOVING FORWARD

Promote Facilitated **Situational Observations** at the bedside

- Help Leadership Develop EYES TO SEE
  
  - Where value is lost
  
  - Where value can be created

- To Secure a Win-Win .... Help see how this is a Big Bang for Buck
IMPACT OBSERVATIONS

• Silently Shadow Bedside Staff (Remember HIPAA)

• No Interruption of Bedside Flow of Care
  - Let leadership *experience* the ‘work around(s)’ yet ....
  - Observe the exceptional professional expertise and compassion
  - Why there is no *time* to unlock wasted resources to improve
  - See Together ... Know Together ... Do Together

• Leadership Can Be More Prone to
  - Unlock frontline FTE’s away from the bedside to problem-solve
  - Focus ideas and approaches to decrease HAI’s
  - Understand the *concept* of Zero HAI’s → Culture not a Number
Impact Observations

Are NOT

Leadership Rounds
<table>
<thead>
<tr>
<th>LEADERSHIP ROUNding</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMPACT OBSERVATIONS</td>
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- Provide Valuable Chance to Interact with Staff
- Primary Focus: Exchange of Talking & Interaction
- Staff “Hand-Off” Problems for Leadership to Solve
- Traditional Silo Approach

- Provide Opportunity to Experience & Understand
- Primary Focus: Facilitated Q&A Process at Bedside
- Staff Are Not Interrupted & Own the “Solve” Success
- Bedside Emphasis Approach
Owners Stabilize not You

- HAI’s can be ↓ed by the People Who **DO THE WORK**

- **Stabilize The Process = Stabilize The Outcome**
  - Best to Show with “YOUR” Own Healthcare Specific Data

- **Variation in Process = Variations in Outcomes**

- Doing the Right Thing is Most Often the EASY Thing
  - Once Assessed, Placed, and Practiced
  - WIIFM
Outside Looking Into IP&C
2004 APIC Future’s Summit

- Industry “Infection Control” → “Prevention”
- Guest Speaker: Ken Segel of Value Capture
- Lisa McGiffert: Consumers Union
Moral Clarity

- Ken Segel Published x2 Articles in APIC’s Prevention strategist\(^5,6\)

...If it is OK to give an HAI to someone ...

... Who is it OK to give the HAI to?

Spring 2010 (Vol.2 #1): Thinking BIG: The worlds great organizations may hold the key to a more compelling business case for HAI Elimination\(^5\)

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Associations Exist Because

- Share a History of Purpose
  - Commitment to FIGHTING “Something”
    - AKA: Champion
  - Strength in Numbers & Gray Matter
    - WHO
    - CDC
    - American Cancer
    - MADD
    - APIC
Then **Why** Does This Exist?
Why Isn’t This Primary?

http://apic.org/For-Consumers/Iip-topics
Inside the IP&C Fishbowl?

- IP’s must become ‘obsessed with failure’
  - The Change Agent during HAI Occurrences
  - Bring the “Art” into HAI Prevention (People)
  - While Emphasizing the “Science” ... Always

- Accept and not ‘Reason-Away’ public perception of HAI .... “it is what it is”
IPC: Messaging is Complicated
“Art” of HAI Prevention = Addressing People Interactions

www.silenttreatmentstudy.com/silencekills
Malcolm Gladwell

- **The Tipping Point**: How little things can make a big difference
- **Blink**: The power of thinking without thinking
- **Outliers**: The story of success
More Fishbowl Homework

- “Too Much Data” Pearl Harbor WWII
  - How too much information was harmful

- “The Screen” for Orchestra Auditions
  - How an industry fixed itself

- “Broken Window Effect”
  - Graffiti & How NYC reduced crime
The Broken Window Effect

- How did crime in 1990’s NYC decline when the economy was still depressed?

- Criminologists James Q Wilson & George Kelling

- Crime is the inevitable result of disorder

- If a window is broken & left unrepaired, people conclude that no cares ... no one is in charge ...
The Broken Window Effect

- Soon More Windows are Broken
- Sense of Anarchy spreads from the Building ... Street ... Community
- Signals “Anything Goes” and no consequences
The Broken Window Effect

- An Epidemic Theory of Crime

- That Crime is Contagious

- That it can start with a broken window and spread

1984 to 1990 David Gun’s “War on Graffiti” in the Subway System transformed NYC crime rate stats
How Will “New” IP Reality Feel?

- Stimulate IP Innovation in *any* Setting
  - Letting Go: Bedside Content Expertise Rules
  - Hold On: EBP to preserve resources to “Reel In” Innovation to conserve resources

- Balance Through Facilitation
  - Experience own Content Expertise Empowerment
APIC’s Vision is Not Easy

"Conflict is inevitable and should be embraced as an inescapable part of learning."

Sonia Nieto
IP’s Moving Forward

- Imagine a World without APIC or **TSICP**

- Accept the “Silver Lining” of the Fishbowl
  - Obsession with Failure that will
  - **Spur Innovation at the bedside**
  - **Creating a space for “Art” in IP&C**

- “Letting Go” with Caution through Facilitation
APIC Exists & Grows to Serve

Testing our Foundation

- Know When to Lead Astutely
- Know When to Bravely Follow
- Seek & Listen to Our Customers
- Strengthen Inside our “fishbowl”
- Learn Through Collaboration …
  - Outside our area of expertise
  - Outside of our comfort zone
Unchartered Territory: Fishbowl

- Must understand each perspective
- Until the **public** demands the IP’s presence in healthcare, the C-Suite can’t comprehend the customer value in services provided by the IP
TSICP’s 38th Annual Conference

- Come Together & Celebrate
  - You Exist Because of Who YOU Are

- Provide a forum for the interchange of ideas, dissemination of material & educational opportunities relative to IPC

- Facilitate networking and communications among healthcare professionals on IPC issues to improve the delivery of quality patient care & protect healthcare workers
Challenge & Change: Be not Afraid

How Fear Of The Unknown Hinders The Development of Informed Opinions.

By Dr. Seuss

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