Risk Assessment
Developing an Infection Prevention plan
Success Depends on Preparation and Planning
Objectives

• Identify at risk services, populations, and procedures at your facility
• Construct an IC Risk Assessment for your facility
Why Perform an Annual Risk Assessment

• Helps focus IC activities on those tasks most essential to reducing critical infection control risks
• Changes to guidelines related to infection control and prevention from CDC and other agencies and professional organizations.
• New IP need to do this to understand the processes and working of their facility and identify greatest priority for surveillance.
• If you are new to the IP job, be sure and perform the risk assessment. Don’t rely on the previous IP.
• Make it your own
Goal of an Effective IC Program

- Reduce risk of acquisition and transmission of health care-associated infections (HAIs)
  - Design and scope of program is based on risk that organization faces related to acquisition and transmission of infectious disease

- The Joint Commission & AAAHC Standard IC Program identifies risks for transmission of infectious agents on an ongoing basis
  - Review it annually at a minimum, maybe more often depending on facility – quarterly.
The Joint Commission (TJC)

- **IC.01.03.01** The organization identifies risks for acquiring and transmitting infections.
- **EP1** Its geographic location, community, and population served.
- **EP2** The care, treatment, and services it provides.
- **EP3** The analysis of surveillance activities and other infection control data.
- **5** The organization prioritizes the identified risks for acquiring and transmitting infections. These prioritized risks are documented.
The Joint Commission (TJC) cont...

- **IC.01.04.01** Based on the identified risks, the organization sets goals to minimize the possibility of transmitting infections.
- **EP1** Addressing its prioritized risks.
- **EP2** Limiting unprotected exposure to pathogens.
- **EP3** Limiting the transmission of infections associated with procedures.
- **EP4** Limiting the transmission of infections associated with the use of medical equipment, devices, and supplies.
- **EP5** Improving compliance with hand hygiene guidelines
IC.01.05.01 The organization plans for preventing and controlling infections.

✓ Uses evidence-based national guidelines or in the absence, expert consensus

✓ Includes surveillance, minimize, reduce, eliminate the risk of infections. * Must be documented

✓ Evaluate infection prevention & control activities. * Must be documented

✓ Describes, in writing, the method to for investigating outbreaks

✓ Everyone in the organization is RESPONSIBLE for infection control & prevention

✓ Method or communication responsibilities of preventing and controlling infections to LIPs, staff, visitors, patients, & families. * Must include hand hygiene

✓ Methods for reporting infections surveillance, prevention, and control information to external organizations. * Quality Net, NHSH, TXPAE
Deemed Status:

- The organization plans infections prevention and control activities, including surveillance, to minimize, reduce, or eliminate the risks of infection and communicable diseases. These activities are documented

- The infection control program includes a plan for preventing, identifying, and managing infections and communicable diseases and for immediately implementing corrective and preventive measures that result in improvement
IC.01.06.01 The organization prepares to respond to potentially infections patients.

IC.02.02.01 The organization reduces the risk of infections with medical equipment, devices, and supplies.

EC.02.06.01 The organization establishes and maintains a safe, functional environment.
AAAHC Standard

Chapter 7: Infection Prevention & Control and Safety

A – Has a written program for infection control and prevention

B – That describes how infections and communicable diseases are prevented, identified, and managed

C – Is under the direction of a designated and qualified health care professional with training and current competencies in infection prevention and control

D – Safe processes are used for the cleaning, decontamination, high-level disinfection, and sterilization of instruments, equipment, supplies, and implants
AAAHC Standard cont...

E - A written sharps injury prevention program

F – Safeguards are in place to protect patients and others from cross-infection

G – Policies address the cleaning of patient treatment and care areas

H – Medical devices for use with multiple patients are processed between patient according to the manufacturer’s instruction or nationally-recognized guidelines, whichever are more stringent.
416.51 The ASC must maintain an infection control program that seeks to minimize infections and communicable diseases

➢ Provide a functional and sanitary environment for surgical services, to avoid sources and transmission of infections and communicable diseases

➢ Be nationally based recognized infection control guidelines

➢ Be directed by a designated health care professional with training in infection control – **Common finding during survey!!!**

➢ Be integrated in the ASC’s QAPI program

➢ Be ongoing

➢ Include actions to prevent, identify and manage infections with communicable diseases

➢ Include a mechanism to immediately implement corrective actions and preventive measures that improve the control of infection within the ASC
CMS

416.51(b) The ASC must maintain an ongoing program designed to prevent, control, and investigate infections and communicable diseases. In addition, the infection control and prevent program must include documentation that the ASC has considered, selected, and implemented nationally recognized infection control guidelines

- Maintenance of a sanitary ASC environment
- Development and implementation of infection control activities related to ASC personnel, which, for infection control purposes, includes ALL ASC medical staff, employees & on-site contract workers.
- Mitigation of risks associated healthcare-associated infections
- Identifying infections
- Monitoring compliance with all policies, procedures, protocols and other infection control program requirements
- Program evaluation and revision of the program, when indicated
Assumptions of Risks

• Risk is inherent to people and processes

• Not all risk is equal
  ➢ Potential High incidence – low risk (SSI)
  ➢ Low incidence – high risk (influenza pandemic)
  ➢ Balance data and experience to determine risk and priorities
What is a Risk Assessment

Assessment performed to determine potential threats associated with equipment and devices, treatments, location and patient population served, procedures, employees, and environment.

Examples

- Infection Control Risk Assessment (ICRA) Construction
- TB Risk Assessment (Category of TB risk for your facility)
- Blood borne Pathogen Job Risk Category
Identifying Risks

Identifying Risks for acquisition and transmission of Infectious Agents – Select Targets or Groups

External  (Call Health Dept as Resource)
  Community-related  Flood/Hurricane area; Large immigrants
  Disaster-related
  Community outbreaks of transmissible diseases
  Location issues Tornados, Floods, Hurricane, Ticks

Internal
  Patient related (Pedi, Geriatric, Comorbidity)
  Employee related
  Equipment/ device related
  Environment related
  Surgery related
External Risks

Community outbreaks of transmissible diseases
Review your reportable diseases ask Health Department about city/county trends

To find your individual Community information:
GO to DSHS
http://www.dshs.state.tx.us/
Click Data and Reports
http://www.dshs.state.tx.us/datareports.shtm
Click Center for Health Statistics
http://www.dshs.state.tx.us/chs/default.shtm
Center for Health Statistics

The Portal for Comprehensive Health Data in Texas

The DSHS Center for Health Statistics was established to provide a convenient access point for health-related data for Texas. Our objective is to be a source of information for assessment of community health and for public health planning. Our data are used to support research, grant applications and policy development and to provide rapid needs response to health emergencies. We also offer technical assistance in the appropriate use of the data we provide, and in the development of innovative techniques for data dissemination. We support the development and application of consistent standards for privacy and statistical validity.

Through the links on the sidebar, and within these pages, you will find statistics on vital events like birth and death, population and demographic information, geographic material and survey data on risk factors and disease prevalence. We also provide information on supply trends for health professions, including nurses, as well as hospital discharge records, and surveys of Texas hospital facilities and charity and community benefits.

We respond to requests for data from a variety of users, both inside the Agency and external stakeholders. If you cannot find what you need on these pages, or have suggestions for improvement, please use the contact information in the sidebar to let us know.

What’s New at CHS?
Selected Health Facts 2001
Texas

Demography
Population Estimate: 21,329,018
Number of Counties: 254

<table>
<thead>
<tr>
<th>Age</th>
<th>Females</th>
<th>Males</th>
<th>Total</th>
<th>Percent</th>
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<td>65 +</td>
<td>1,226,163</td>
<td>861,300</td>
<td>2,087,463</td>
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<tr>
<td>Total</td>
<td>10,723,702</td>
<td>10,801,316</td>
<td>21,525,018</td>
<td>100.0 %</td>
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State: 50.3 %

Socioeconomic Indicators
Unemployment Rate: 4.8 %
Kids Enrolled in the Children's Health Insurance Program (CHIP): 39,588

<table>
<thead>
<tr>
<th>Persons Living Below Poverty - 2001</th>
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</thead>
<tbody>
<tr>
<td>Total</td>
</tr>
<tr>
<td>0 - 17 Years</td>
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<tr>
<td>18 Years and over</td>
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</table>

<table>
<thead>
<tr>
<th>Number</th>
<th>Percent</th>
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</thead>
<tbody>
<tr>
<td>3,014,115</td>
<td>14.6 %</td>
</tr>
<tr>
<td>1,237,626</td>
<td>20.7 %</td>
</tr>
<tr>
<td>1,803,489</td>
<td>12.1 %</td>
</tr>
</tbody>
</table>

Natality
Total Live Births: 365,059
Adolescent Mothers (<18): 19,754
Unmarried Mothers: 11,280
Fertility Rate:

Communicable Diseases - Reported Cases

| Tuberculosis | 1,643 | 7.7 % |
| Sexually Transmitted Diseases | 479 | 2.2 |
| Gonorrhea | 30,116 | 141.2 |
| Chlamydia | 69,934 | 327.9 |
| AIDS | 2,981 | 14.0 |

Mortality
Deaths: 12,246
Rate:

| Diabetes | 5,445 | 31.9 |
| Unintentional Injury (Accidents) | 7,854 | 39.4 |
| Motor Vehicle Injury | 3,922 | 18.7 |
| Homicide | 1,407 | 6.4 |
| Suicide | 2,214 | 10.8 |

Notes:
1. All births and deaths are by county of residence. Low birth weight represents live-born infants weighing less than 2,500 grams at birth. Late prenatal care refers to mothers who did not receive prenatal care during the first trimester of pregnancy. Fetal deaths are those occurring after 20 weeks gestation and prior to birth.
2. Mortality data reported for 2000 are not comparable with data reported prior to 1999. Since 1999, TCHD has followed the National Center for Health Statistics guidelines for reporting mortality statistics that include coding data using the International Statistical Classification of Diseases and Related Health Problems, 10th Revision and age-adjustments using the 2000 Standard Population.
3. Mortality rates are per 100,000 population age 16+.
4. Infant death rates and fetal death rates are per 1,000 live births. Work-related injury death rates are per 100,000 population age 16+.
5. The remaining death rates have been age-adjusted to the 2000 U.S. standard population per 100,000 population. Communicable disease rates are per 100,000 population. Rates were not calculated if 20 or fewer births, deaths or cases occurred, as indicated by “-“.
Internal Risks
Patient Related Risks

Characteristics and behaviors of populations served

• Type of patients
  ➢ Pediatric vs Geriatric
  ➢ Ambulatory Surgical
  ➢ Service line case mix
  ➢ Medicare patient mix
  ➢ Special Needs Populations
Employee-Related Risks

- Sharp or Exposure rate
- Transmission based Exposure
- Knowledge understanding of disease transmission and prevention
- Degree of compliance with infection prevention techniques
- Inadequate screening for transmissible diseases
- Influenza Participation Rate
Procedure-Related Risks

- Degree of invasiveness
  - Total Joint vs Cataract or Plastics
- Scopes, Endoscopic, Robotic Surgery
  - Special cleaning of all
- Risk Related Operations
  - General, Gynecology, Urology
- Adequate preparation of patient
  - Education, Preoperative bathing, nasal screening
- Adherence to recommended prevention techniques
### Hazard Vulnerability Analysis

<table>
<thead>
<tr>
<th>PROBABILTY</th>
<th>SEVERITY = (MAGNITUDE - MITIGATION)</th>
<th>RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Likelihood this will occur</td>
<td></td>
<td>Relative threat*</td>
</tr>
<tr>
<td>0 = N/A 1 = Low 2 = Moderate 3 = High</td>
<td></td>
<td>0 - 100%</td>
</tr>
<tr>
<td><strong>Human Impact</strong></td>
<td><strong>Property Impact</strong></td>
<td><strong>Business Impact</strong></td>
</tr>
<tr>
<td>Possibility of death or injury</td>
<td>Physical losses and damages</td>
<td>Interruption of services</td>
</tr>
<tr>
<td>1</td>
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### Risk Levels
- **Low Risk**: 0 - 20%
- **Medium Risk**: 21 - 60%
- **High Risk**: 61 - 100%
## 2018 Hazard and Vulnerability Assessment Tool

### Technologic Events

<table>
<thead>
<tr>
<th>PROBABILITY</th>
<th>HUMAN IMPACT</th>
<th>PROPERTY IMPACT</th>
<th>BUSINESS IMPACT</th>
<th>PREPAREDNESS</th>
<th>INTERNAL RESPONSE</th>
<th>EXTERNAL RESPONSE</th>
<th>RISK</th>
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<tbody>
<tr>
<td>Likelihood of occurrence</td>
<td>Possibility of death or injury</td>
<td>Probability of damage or destruction</td>
<td>Interruption of services</td>
<td>Preparedness</td>
<td>Time effectiveness, response</td>
<td>Community/Industrial disruption</td>
<td>Relative threat*</td>
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<td>0 - M0.5</td>
<td>1 - Low</td>
<td>2 - Moderate</td>
<td>3 - High</td>
<td>0 - M0.5</td>
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</table>

**Risk Calculation:**

\[
\text{RISK} = \text{PROBABILITY} \times \text{SEVERITY} \\
0.25 \times 0.42 \times 0.61 = 0.25% 
\]

Total RISK = 25%

---

**CORE Calculation:**

\[
\text{CORE} = 1.26 \times 0.68 \times 0.84 \times 1.89 \times 2.53 \times 2.37 \times 2.58 = 25% 
\]
2018 HAZARD AND VULNERABILITY ASSESSMENT TOOL
HUMAN RELATED EVENTS

<table>
<thead>
<tr>
<th>PROBABILITY</th>
<th>PROPERTY IMPACT</th>
<th>BUSINESS IMPACT</th>
<th>PREPAREDNESS</th>
<th>INTERNAL RESPONSE</th>
<th>EXTERNAL RESPONSE</th>
<th>SEVERITY</th>
<th>RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Likelihood of occurrence</td>
<td>Possibility of death or injury</td>
<td>Physical loss and damage</td>
<td>Interruption of services</td>
<td>Planning</td>
<td>Time, effectiveness, resources</td>
<td>Community, Mutual Aid, etc.</td>
<td>Relative threat*</td>
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<tr>
<td>0-0.5%</td>
<td>1</td>
<td>Low</td>
<td>1</td>
<td>Low</td>
<td>1</td>
<td>Low</td>
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<tr>
<td>0.5-1%</td>
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<td>0</td>
<td>Low</td>
<td>0</td>
<td>Low</td>
<td>0</td>
</tr>
<tr>
<td>1-2%</td>
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</table>

Risk = Probability * Severity

<table>
<thead>
<tr>
<th>Risk</th>
<th>Natural Hazards</th>
<th>Technological Hazards</th>
<th>Human Hazards</th>
<th>Clinical Occurrences</th>
<th>Summary</th>
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<td>0.07</td>
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<td>0.26</td>
<td>0.33</td>
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</table>
## Hazard Vulnerability Analysis

### Severity = (Magnitude - Mitigation)

<table>
<thead>
<tr>
<th>Probability of Occurrence</th>
<th>Human Impact</th>
<th>Property Impact</th>
<th>Business Impact</th>
<th>Preparedness</th>
<th>Internal Response</th>
<th>External Response</th>
<th>Risk</th>
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<tr>
<td>Low</td>
<td>0 = N/A</td>
<td>1 = Low</td>
<td>2 = Moderate</td>
<td>3 = High</td>
<td>0 = N/A</td>
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<td>0 - 100%</td>
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<tr>
<td>Moderate</td>
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<td>2 = Moderate</td>
<td>3 = High</td>
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<td>1 = High</td>
<td>19%</td>
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<td>2 = Moderate</td>
<td>2 = Moderate</td>
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### Example Data

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<th>Event 2</th>
<th>Event 3</th>
<th>Event 4</th>
<th>Event 5</th>
<th>Event 6</th>
<th>Event 7</th>
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### Summary

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<th>Natural Hazards</th>
<th>Technological Hazards</th>
<th>Human Hazards</th>
<th>Clinical Occurrences</th>
<th>Summary</th>
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Strategies for Success

• Involve leadership for support and endorsement
  • Educate leadership, Nursing, Physician
  • Plan appointed time to meet for added information,
  • Involve patient safety and PI staff to help
• Take time to develop good methods and use evidence based literature
• Include community resources for data and information
  • Local Health Dept is a great resource
• Conduct risk assessment based on
  • Populations served
  • High-volume, high-risk procedures
  • Community risks
Determine Priorities for coming year

• Place importance on a change in risks that need to be considered for review and update
  ➢ New surgical procedures
  ➢ New or expansion of service lines
  ➢ Stakeholder input (MDs, nursing, environmental services, etc.)
  ➢ Needs assessment or gap analysis
  ➢ Use data to determine spike seen in surveillance for the year
  ➢ Comparison with previous year and NHSN
Rules of Prioritizing Surveillance

• Review your assessment
  ➢ What are your biggest patient safety issue
  ➢ What is Leadership “Buzz Word”
  ➢ What are your biggest employee safety issue
  ➢ What areas need improvement
  ➢ What things can be changed by focus and surveillance.
  ➢ Be Realistic… Plan for success/not failure
  ➢ Prioritize to assure the most critical areas are completed
IC Plan Contents

- Mission Vision of Program
- Infection Control Program
  - Structure, Processes, Scope of Services
  - Relationship/reporting to patient safety and quality
  - Evidence-based (CDC, APIC, CMC, NHSN, TJC/AAAHC)
  - Risk Assessment – can be a summary
Core Interventions you do NOT want to leave out

1. Organization wide hand hygiene program
2. Reduction of infection from procedures, medical equipment and devices (surveillance/sterilization)
3. Minimize potential for transmission (Preadmission Testing screening)
4. Screening all staff, volunteers, LIP for immunity to infectious disease with potential exposure
5. Referral for assessment, testing immunization for those who have, have been exposed to infectious disease
6. Minimize risk from animals in healthcare organizations
7. Influenza Participation Program
Other Contents of IC Plan

- Surveillance Program
- Education
- Consultation
- Relationship with Environment of Care
- Role in Emergency Preparedness
- Occupational Health
- Program Evaluation Process and Timing
- Other
Summary: Putting it all together

• Risk Assessments
  ✓ Focus on Crucial activities to reduce risk of infection
  ✓ Align IC department with Facility Goals
  ✓ Teamwork – Partner with others for crucial information (The I in IP stands for infection)
  ✓ Needs assessment bottom line staff and physicians
  ✓ Must be reviewed and revised based with any service line changes
Summary: Putting it all together

**Written Infection Control Plans:**
- Include goals and objectives for prevention of infections based on risks identified in using risk assessment process.
- Provide strategies to be used to reach goals.
- Are reviewed and updated at a minimal of yearly.
- Are the basis for IC program annual report.