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Infection
Prevention

Area Infection
Prevention

Applicability CA - Mission
Hospitals

CY 2024 Providence Mission and Mission Laguna Beach Infection Prevention Program Plan



Mission

As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

Vision

Health for a Better World

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I. PURPOSE

The purpose of the Infection Surveillance, Prevention and Control Program Plan is to

1. Identify and reduce the risks of healthcare-associated infections (HAIs) in patients, healthcare personnel, and visitors.
2. Prevent the transmission of communicable diseases among the population served by Providence

Mission Hospital at Mission Viejo and Laguna Beach.

3. Partner with the Antimicrobial Stewardship Program (ASP) to decrease the emergence of and to contain the spread of multi-drug resistant organisms (MDRO) and *Clostridioides difficile* within the healthcare setting.
4. Conduct an evaluation of the program at a minimum annually.

II. POPULATION SERVED - GEOGRAPHIC AND DEMOGRAPHIC INFORMATION

- A. **Providence Mission Hospital, Mission Viejo**, is a not-for profit, general acute care facility with 345 licensed beds located in two towers and a pavilion, providing intensive care, obstetrics and perinatal services, coronary services, renal services, surgical services, acute rehabilitative services, emergency services, including level two trauma patients, and a variety of outpatient services. Providence Mission Hospital provides services to a range of patients 18 years of age and above, and well newborns. The hospital provides services under a shared services contract with CHOC at Mission Hospital (CMH). The hospital is situated in a suburban area with a diverse patient population, adjacent to multiple outpatient/office facilities, freeways, a train station, and shopping centers. The John Wayne Santa Ana airport is approximately 25 miles away.

B. **Providence Mission Hospital, Laguna Beach**

Providence Mission Hospital Laguna Beach (MHLB) is a 159-bed not-for profit, general acute care facility, providing intensive care, surgical services, Behavioral Health Care, emergency service, and a variety of outpatient services. MHLB is located approximately 8 miles from the Providence Mission Hospital campus in Mission Viejo. Laguna Beach is a coastal community that attracts tourists from around the world. Laguna Beach has a total population of approximately 23,224 residents and provides care to a diverse patient population with regards to race and religion and provides inpatient services to patients 18 years of age and older.

MHLB has one specialty unit: a Behavioral Health Unit (BHU).

Population Data CY 2023	Providence Mission Viejo	Providence Mission Laguna Beach
Average Daily Census	193 for both MV and LB	
Patient Days	80,809	12,966
Inpatient Admissions	20,275	3,413
ER Visits (including admits)	53,362	16,416
Outpatient Visits	112,219	12,985
Trauma Cases	2,890	N/A
Surgical Cases (Inpatient) per NHSN	4,178	738
Acute Rehab Unit Patient Days	5,164	N/A
Behavioral Health Unit Patient Days	N/A	3,912

III. OPERATIONAL OBJECTIVES

- A. The scope of the infection prevention program addresses all pertinent services and sites of care in the organization. It includes surveillance, prevention, and control of infections in patients, healthcare workers and visitors in the inpatient and ambulatory outpatient care settings.
- B. Epidemiological principles and methodologies are employed to achieve the following objectives:

1. Design systematic methods for managing resources and information in order to satisfy documentation requirements and generate useful infection surveillance data.
2. Develop policies and procedures which are evidence based and validate criteria and standards which delineate approved infection prevention and control practices in compliance with regulatory statutes and accrediting agency standards.
3. Define and describe the distribution and determinants of infectious disease and epidemiologically significant microorganisms within the healthcare environment.
4. Identify causal relationships and risk factors associated with disease acquisition.
5. Establish an ongoing program of self-assessment and quality improvement based on a system of identifying, documenting, and resolving infection prevention and control issues and problems through a process of monitoring, analyzing, and evaluating individual and aggregate infection surveillance data.
6. Design and implement effective infection prevention and control audits, develop corrective action plans, and outbreak management and intervention strategies which prevent or control the spread of infection, and promote a healthful environment.
7. Develop an effective means of communicating infection prevention and control information and the outcome of infection surveillance status of the organization to the key stakeholder, thereby creating a heightened awareness of infection prevention and control issues and secure administrative action and resource support, when necessary.
8. Promote an infection prevention program and plan design which is cost effective and in compliance with the Centers for Disease Control and Prevention (CDC) guidelines, applicable laws and regulations, accrediting agency standards, and recognized prudent infection prevention practices.
9. Prepare for a mass influx of highly infectious patients, especially those requiring airborne infection isolation and ventilator support.
10. Provide a system for evaluating the effectiveness of the infection prevention and control program performance and implementation.

IV. STATEMENT OF AUTHORITY

A. Responsibility [TJC IC.01.01.01, CMS §482.42 (a), GACHRLS HSC §1288.95]

§482.42(a) Standard: Infection prevention and control program organization and policies. The hospital must demonstrate that:

An individual (or individuals), who is qualified through education, training, experience, or certification in infection prevention and control, is appointed by the governing body as the infection preventionist(s)/infection control professional(s) responsible for the infection prevention and control program and that the appointment is based on the recommendations of medical staff leadership and nursing leadership.

1. The Medical Executive Committee (MEC) by Authority of the Governing Body, delegates to the Infection Prevention Committee (IPC), through Providence Mission Hospital's Medical Director of Infection Prevention and the Infection Prevention Senior Manager the responsibility and authority to take immediate action to eliminate infection risks and for ensuring that isolation precaution policies are adhered to and that correct procedures are maintained by all departments and all levels of personnel. The program design is based on requirements and guidelines from

governmental agencies such as the Centers for Disease Control and Prevention (CDC), The Joint Commission (TJC), the California Occupational Health and Safety Administration (CalOSHA), the California Department of Public Health (CDPH) and the Centers for Medicare and Medicaid Services (CMS).

2. Individuals responsible for the Infection Prevention Program.

- a. The IP Program requires management by an individual with knowledge that is appropriate to the risks identified by the hospital, as well as knowledge of the analysis of infection risks, principles of infection prevention, and data analysis.
- b. The Medical Director of Infection Prevention is an infectious disease physician.
- c. Management responsibilities for the IP program at Providence Mission Hospital at Mission Viejo and Laguna Beach, and CHOC Children's at Mission Hospital has been assigned to the Infection Prevention Senior Manager.
- d. The IP Department has been given authority to develop, implement and enforce the IP Program policies, effectiveness of prevention and/or control activities and interventions.
- e. The IP Department has the authority to order patient isolation or patient testing as requested by the local public health authorities.
- f. The IP Senior Manager will report to the Division Director of Infection Prevention.
- g. Hours of operation are M-F 8:00-4:30, and on call after hours and weekends.

3. Maintenance of qualifications for Infection Prevention Leadership **[TJC IC.01.01.01]**

- a. All non-physician members of the Infection Prevention Department are expected to have attained or be working towards a certification in infection control (CIC) through the National Certification Board of Infection Control and Epidemiology (CBIC).
- b. The IP staff will maintain competency in all essential elements of the job through professional organizations and through educational offerings relevant to the position. These educational offerings may include webinars, self-learning modules, conferences, or hospital programs.
- c. The Infection Prevention Senior Manager will maintain membership in infection prevention and control associations (e.g., National APIC, Orange County Chapter of APIC) at a minimum.
- d. The Infection Prevention Committee Chairperson is the designated hospital epidemiologist and will participate in a continuing medical education (CME) training program offered by the CDC and Society for Healthcare Epidemiologists of America (SHEA), or other recognized professional organization. Documentation of attendance will be placed in the physician's credentialing file.

4. Allocation of resources for the Infection Prevention Program **[TJC IC.01.02.01]**

- a. Hospital leaders will allocate needed resources for the Infection Prevention Program and provide systems to support infection prevention activities. In determining the number of Infection Preventionists and support staff, the organization considers patient census, characteristics of the patient population, and the complexity of the healthcare services to assure that resources are adequate to accomplish the tasks required for the infection prevention program.
- b. Hospital leadership will review, on an ongoing basis (but no less frequently than annually), the resources and the effectiveness of the hospital's infection prevention

activities.

- c. The Infection Prevention Department has been allocated a 5.0 FTE.
- d. Systems to access information will be provided to support infection prevention activities, such as electronic health record, electronic surveillance systems, and Providence Health System and region reports.
- e. Laboratory support will be provided to support infection prevention activities. Reference laboratory services may be utilized for assistance in specialty areas such as strain typing.
- f. Equipment, supplies, and resource materials will be provided to support infection prevention activities; the Infection Prevention department has a minimum of four computers, appropriate software to support analysis, a designated printer/copier, and confidential fax.
- g. Infection Prevention personnel will have appropriate access to medical or other relevant records and to caregivers who can provide information on the adequacy of the institution's compliance with regard to regulations, standards, and guidelines.
- h. The support of the Information Systems Department will be provided to assist in compliance with required reporting of infection surveillance information to external organizations.

5. Shared responsibilities for the Infection Prevention Program

- a. The prevention of infections is a shared responsibility among all clinical and non-clinical staff in the hospital.
- b. Medical Staff Responsibilities: The Medical Directors and Medical Staff provide expertise from their respective areas and disciplines in conjunction with the members of the Infection Prevention Committee to assist with preventing infections.
- c. Department-Specific Responsibilities: The Managers/Directors or their designee are responsible for monitoring caregivers and assuring compliance with infection prevention policies and procedures. Responsibilities include, but are not limited to:
 - i. Monitor cleanliness of their departments or units.
 - ii. Monitor compliance with use and documentation related to high-level disinfection, as appropriate for their job functions.
 - iii. Assure that healthcare workers use safe and effective practices for all cleaning, disinfection, and sterilization, as appropriate for their job functions and in accordance with policy.
 - iv. Monitor compliance with hand hygiene policies.
 - v. Coordinate with Infection Prevention to plan and implement educational or in-service programs on the prevention of infections.
 - vi. Orient existing and new caregivers on infection prevention issues and risks specific to their job duties, i.e., sharps safety, medical waste handling, infection prevention policies and National Patient Safety Goals.
 - vii. Verify through audits ensure proper documentation for invasive devices (central lines, ventilators, and urinary catheters) and monitor use for medical necessity.

- viii. Verify through audits ensuring proper patient care practices and product safety are maintained in the unit.
- ix. Revising and updating departmental policies and procedures relating to infection prevention in collaboration with the Infection Preventionists.
- x. Caregiver Responsibilities: All caregivers of the organization have responsibilities for preventing the spread of infection and will:
 - 1. Not report to work with signs and symptoms of illness e.g., rash, diarrhea, conjunctivitis, or fever.
 - 2. Notify Infection Prevention Department of infection related issues.
 - 3. Comply with required immunizations.
 - 4. Participate fully in the Caregiver Health Program.
 - 5. Complete orientation and annual education review and test.
 - 6. Participate in the review of infection prevention data within their own departments.
 - 7. Use engineered safety sharps and safe handling of sharps to avoid bloodborne pathogen exposure.
 - 8. Avoid food and drink in non-designated areas of patient care unit.
 - 9. Adhere to Infection Prevention policies and procedures for prevention of healthcare-associated infections (Infection Prevention Manual in the online website).
 - 10. Adhere to hand hygiene guidelines.

V. INFECTION PREVENTION COMMITTEE [TJC IC.01.05.01, GACHRLS HSC §70739]

The purpose of the Infection Prevention Committee (IPC) is to provide a planned, systematic, ministry-wide approach to designing, measuring, assessing, and improving performance related to the infection prevention program thereby ensuring a safe environment for patients, caregivers, physicians, visitors, and others.

A. Function

- 1. Review, analyze and evaluate patient infection rates and trends in caregiver exposures, injuries and resulting illnesses.
- 2. Define and approve the type and scope of surveillance, prevention, and control activities annually.
- 3. Promote continuing education related to infection prevention for medical staff and hospital caregivers.
- 4. Establish protocols for special studies or focused reviews.
- 5. Review and approve major changes made to any hospital-wide and/or individual department infection prevention policies and procedures. The Infection Prevention Senior Manager has the authority to approve minor changes and will conduct a review of the above-mentioned policies/procedures every three years or as needed per changes in practice and evidence-based guidelines.

B. Reporting

The IPC reports activities and surveillance data through the relevant committees on a monthly

basis with quarterly review of established dashboards. The IPC minutes are routed to the Medical Executive Committee with dashboards and to the Board of Trustees. Reports may be presented to other individuals/groups/departments who need to be aware of the information presented or problems identified so they may be involved in corrective actions and evaluations. Copies of all reports are kept on file in the Infection Prevention office.

C. Membership

The Infection Prevention Committee is a medical staff committee chaired by the medical director of Infection Prevention with multidisciplinary representation of at least the following:

1. Medical staff (e.g., pathology, hospitalist, internal medicine, surgeon); administration perioperative/surgical services; pharmacy; caregiver health; representation from the Providence Mission Hospital at Mission Viejo, Laguna Beach, and CHOC Children's at Mission Hospital campus.
2. Providence Mission Hospital's Infection Prevention Senior Manager is an active member who oversees the agenda as it relates to infection prevention issues.
3. Upon request from the IP medical director, other departments/services (e.g., EVS, facilities, respiratory care, sterile processing, etc.) will send a representative on an ad hoc basis when issues arise requiring their input or expertise.

D. Meetings

The Infection Prevention Committee will meet no less than four (4) times per year. Regular agenda items related to caregiver health, infection prevention and performance improvement will be discussed, and all conclusions, recommendations and actions will be documented in the minutes.

E. Statement of Authority

The Infection Prevention Committee, or its designee, has the responsibility and authority to ensure compliance with Infection Prevention Policies and Procedures, to make decisions regarding their implementation, and to institute any specific surveillance, isolation, prevention or control measures deemed necessary when there is reason to believe that any patient, caregiver or other person may be in danger of contracting or transmitting an infectious disease or an epidemiologically significant microorganism.

VI. SCOPE OF PROGRAM

The infection prevention program is multidisciplinary and functions in conjunction with all facilities, clinics, departments, and services associated with Providence Mission Hospital to assess and integrate quality care practices and infection prevention and control principles. This includes but is not limited to acute patient care units and support services/departments at the Providence Mission Hospital at Mission Viejo, Laguna Beach, and CHOC at Mission Hospital campus.

A. Management Processes [TJC IC.01.03.01 – IC.01.05.01]

1. Policy Development

Decisions concerning the design, construction, and appropriateness of Infection Prevention policies are based on published peer reviewed literature and evidence-based guidelines and standards from recognized agencies sources such as the Centers for Disease Control and Prevention (CDC), the Healthcare Infection Control Practices Advisory Committee (HICPAC), the American Society for Microbiology (ASM), the Association for Professionals in Infection Control and Epidemiology (APIC), the Society for Hospital Epidemiologists of America (SHEA), Association of periOperative Nurses (AORN), Society for Gastroenterology Nurses and Associates (SGNA), Association for the Medical Advancement of Instrumentation (AAMI), The Joint Commission (TJC),

the California Department of Public Health (CDPH) and other relevant professional societies, accrediting organizations, and government agencies.

2. Risk Assessment

Risk assessments are conducted annually and as needed, to proactively evaluate the impact patient care services, infection prevention practices, and surveillance methodologies have on controlling and/or reducing healthcare-associated infections and disease transmission and the prevalence of epidemiologically significant organisms. These assessments follow standard guidelines and are supported by scientific evidence and evidence-based guidelines.

3. Performance Improvement

The methodologies employed for performance improvement encompass goal setting, monitoring performance indicators, and assessing sentinel/unusual events, and using retrospective root cause analysis (Incident Review). Incidents in which a healthcare-associated infection is related to a patient death and/or permanent loss of function are managed as sentinel events. Performance indicators are defined for organism surveillance, healthcare-associated infection surveillance, caregiver health infection surveillance, and infection control surveillance.

4. Data Management and Dissemination

Data Collection and management is fully described in the *Infection Prevention Program Information Management Pathway* graphic which delineates case finding and database sources, evaluation and analytical techniques, and information dissemination (see Attachment B). Data and information derived from these various input sources are then used to compile Quarterly and Annual Reports for dissemination to the Infection Prevention Committee, selected management team members, and the Medical Executive Committee.

5. Educational Programs [IC.02.05.01, NPSG.07.01.01; GACHRLS HSC §1288.95]

a. Caregiver

A variety of educational programs are provided for caregiver orientation, in-service, and continuing education. Standard educational methodologies are employed in curriculum design and development and include the use of educational objectives to assess the effectiveness of the instruction. Formal standardized instruction is given to all new employees and physicians during their orientation. Caregivers receive additional instruction relevant to the patient care environment. Additionally, caregivers receive annual infection prevention instruction via computer learning modules. Further educational modalities include Infection Prevention Rounds. Lastly, EVS are trained by the hospital and observed for compliance with hospital sanitation measures via high touch audits. Training is given at the start of employment, when new prevention measures have been adopted, and annually thereafter.

b. Patient [TJC IC.02.01.01 EP 7, IC.02.05.01, NPSG.07.01.01 EP 3]

The patient is provided with various infection prevention related educational materials during their hospital stay. During the hospital stay if the patient is placed in isolation precautions, has specific organisms (i.e., MRSA, VRE, *Clostridioides difficile*) and/or has a healthcare-associated infection (i.e., surgical site infection, device-associated infection) the patient is given information which addresses frequently asked questions. Patient and visitors are also provided information on hand hygiene practices.

A. Surveillance [TJC IC.01.05.01, IC.02.01.01, CMS §482.13, 482.42, 482.51, GACHRLS HSC §1288.8]

1. Healthcare-Associated Infection Criteria

All infections identified by surveillance are classified as either healthcare-associated (HA) or community-associated (CA). The criteria are defined by the Centers for Disease

Control and Prevention's (CDC) National Healthcare Safety Network (NHSN), approved by the Infection Prevention Committee and is used by Infection Prevention to determine whether an infection is healthcare-associated or community-associated.

2. Infection Surveillance Methods

A variety of surveillance methods are employed to routinely collect standardized information which is analyzed and used to describe and define the occurrence and distribution of infection rates or sentinel/unusual occurrences of infections. For details on surveillance data sources see Attachment B – IP Program Management Pathway.

- a. *Focused (Targeted) surveillance* is conducted on certain high-risk procedures, patient populations or specific infections/organisms that are determined annually by the Infection Prevention Program Plan with input from the Infection Prevention Committee or as mandated by state or federal requirements.
- b. *Periodic priority-directed targeted surveillance* is conducted for specific units or departments, specific patient populations or specific procedures or clinical indicators as a method for identifying problems. This is determined by the Infection Prevention program medical director with input from various departments such as Caregiver Health, Quality Improvement, Risk Management, Surgery Executive Committee and/or other Medical Committees. Examples include hand hygiene compliance, employee exposures, compliance with isolation precautions or other infection control protocols, etc.
- c. *Cluster or outbreak investigation [GACHRLS HSC §70737]* becomes the immediate top priority at any time an unexpected occurrence or frequency of infections becomes evident, such as:
 - i. Clustering of infections above expected levels
 - ii. Cases of unusual or epidemiologically significant infections, surgeons, or surgical procedures with an unusually high incidence of infections (i.e. bacteremia, surgical site infections, respiratory infections). Indications of such increased incidence may include microbiology reports or notification from physicians, caregivers, or the Health Department.
 - iii. Immediate notification will be made to IP Medical Director as it relates to the cluster/outbreaks.
- d. *Communicable/Infectious disease exposure investigation and follow-up [GACHRLS HSC §70737]* become an immediate priority whenever a patient and/or caregiver is involved in an exposure to a communicable disease. The Infection Prevention and Caregiver Health Services collaborate to implement post exposure follow-up which includes:
 - i. Notification of patient/caregiver exposures from staff or the safety even reporting system (Datix)
 - ii. Determining the nature of exposure and level of infectivity
 - iii. Placing involved persons in appropriate precautions or work restrictions
 - iv. Conducting the appropriate follow-up and record keeping
- e. *Notifiable conditions [GACHRLS HSC §70737]* monitoring and reporting is

conducted on an ongoing basis throughout the year in accordance with the Title 17 provisions of the California Administrative Code and Orange County Health Care Agency (OCHCA) requirements.

- f. *Surgical Site Infection Investigations*: Surgical site infections (SSI) will be identified according to NHSN definitions. When a SSI is identified, a notification is provided to the surgeon's office and surgeon, and the IP Medical Director. If trends in SSI are identified by IP caregivers, it is reported to the appropriate committee and the IP Medical Director. Identification of infections will be conducted through Epic Bugsy, which monitors for:
 - i. Readmissions
 - ii. Wound cultures for possible SSI
 - iii. ICD-10 flag codes, post-op diagnoses
 - iv. Surgical logs for re-operations
 - v. Post-op antibiotic useSSI surveillance also includes:
 - i. MD self-reporting via phone, fax, or email
 - ii. Notification by nursing caregivers for possible healthcare-associated infections
 - iii. Community networking with other Infection Preventionist. Infection Preventionists from other hospitals provide notification of admissions related to Providence Mission Hospital surgical and other infections.
- g. *Notification of surgical site infections performed at outside facilities*. When a SSI is identified that was not performed at Providence Mission Hospital, the Infection Preventionists notifies that hospital's infection prevention department that a SSI has been identified.
- h. *MRSA Screening*: Per Senate Bill 1058, a process is in place to screen select patients for MRSA within 24 hours of admission if the following criteria is met.
 - i. Admission or transfer to ICU unless tested positive during the current admission
 - ii. Receiving inpatient dialysis
 - iii. Previously discharged from a general acute care hospital within the last 30 days
 - iv. Admission or transfer from a skilled nursing facility
 - v. Inpatient or observation patients undergoing a surgical procedure who meet the following criteria:
 - a. Total joint surgical procedures
 - b. Pre-op screening for MRSA may be deemed appropriate for other procedures and ordered at the discretion of the surgeon/admitting physician
 - vi. Discharge criteria includes patients having evidence of increased risk of invasive MRSA as identified by the treating physician.

B. Inter-departmental Oversight [TJC IC.02.02.01 - IC.02.04.01]

1. Sterilization and Disinfection

- a. Sterilization and disinfection practices are based on a technical understanding of the physical, chemical, and microbiological factors which influence these methodologies.
- b. Standardized protocols are developed and monitored in compliance with CDC and Association for the Advancement of Medical Instrumentation (AAMI) guidelines.

2. Environment of Care

- a. Infection Prevention is a member of the multidisciplinary Environment of Care (EOC) Rounds and conducts periodic and regular rounds with follow-up required by the surveyed department.
- b. Air handling systems are monitored to ensure that there is proper air exchange, positive and negative air pressure differentials, HEPA filter integrity, and preventive maintenance and cleaning where appropriate.
- c. Infection Prevention oversees renovation and repair activities which includes delineating engineering controls and infection control practices necessary to limit the dispersal of infectious organisms. This management process includes performing a risk assessment and issuing Infection Prevention Permits delineating approved containment procedures.
- d. Water systems are managed in accordance with Environment of Care standards EC.02.05.01 and EP 1-13, and the ANSI/ASHRAE standard 188 for the purpose of preventing the growth and survival of Legionella and other waterborne bacteria in the utility water systems. The details of these are described in the Utility Water Safety Management Plan for Providence Mission Hospitals at Mission Viejo and Laguna Beach. Dialysis water quality from the inpatient setting and the contracted services is monitored by an outside contractor and dialysis contractor respectively and reported to the infection prevention committee.
- e. Water quality testing is also carried out on for the Sterile Processing Department and High-Level Disinfection area.
- f. Infection Prevention oversees procedures for remediation after environmental emergencies such as air handling system failures, water leaks, mold growth, and loss of structural integrity.
- g. Environmental microbiological sampling is not routinely performed except in a few specific situations, i.e., targeted ambient bioaerosol sampling and water used for dialysis procedures. Otherwise, environmental cultures are obtained only when inanimate surfaces, ambient air, equipment, instruments, solutions, drugs, etc. appear to be associated with disease transmission or an outbreak investigation.

3. Emergency Management [TJC IC 01.06.01]

The Infection Prevention department collaborates with the Emergency Management team in the development and implementation of the preparedness, response, mitigation, and recovery phases of the Emergency Management Plan for Providence Mission

Hospital. The Infection Preventionists provide input and consultation regarding surge capacity, their role in the incident command system, environmental concerns in the physical plant, caregiver health during disasters, and prioritizing limited resources that may affect infection transmission. Policies have been developed to prepare and enable Providence Mission Hospital to deliver vital care, treatment, and services in the event of an emergency incident or disaster. Refer to EM policy "High-Risk Biological Event/Influx of Infectious Patients" and IP plan "Emergency Management Plan – Highly Infectious Diseases Preparedness Response Plan".

The Infection Prevention department receives current information about the emergence of epidemics or new infections through California Health Alert Network (CAHAN), Orange County Health Care Agency (OCHCA) alerts, CDC HAN Alerts, APIC Alerts, and email and fax alerts from the Local Health Officer. In addition, the organization participates in State and Local emergency preparedness drills.

4. Product and Program/Product Line Evaluation

- a. Products used in patient care activities are reviewed to determine if their design and construction, or potential use poses an infection risk. Products may also be evaluated and selected for their design and/or the use of materials which limit or prevent microbial colonization and thus reduce the risk of device-related infection. Infection Prevention staff at the system level participate in PSJH's Value Analysis Committee.
- b. Proposed new hospital programs/product lines, or those undergoing substantive alteration, are appropriately subject to review by Infection Prevention while in the planning stage regarding the potential for increased HAI occurrence and the capability of any proposed perioperative protocol to limit such risk.

5. Patient Care Practices

Patient care practice policies are developed so that procedures which have been shown to be effective in preventing or controlling infection are adopted as part of routine patient care practice. These practices include explanations of the infection process, methods to reduce infection, including bundled care practices, and surveillance methods for assessing infection prevention measures.

6. Caregiver Health Services [TJC IC.02.03.01]

The Caregiver Health Program is designed to provide caregiver health services and systems for preventing, monitoring, and managing potentially harmful exposures and outbreaks of infectious disease among hospital caregivers. This is accomplished through pre-employment physical examination assessment, annual health assessments, immunization programs, tuberculosis surveillance, prophylaxis for exposure to infectious disease, and the management of work restrictions for employees with transmissible etiologic agents.

7. Antibiotic Stewardship Program (ASP) [GACHRLS HSC §1288.85, 1288.8]

The Antibiotic Stewardship Committee meets quarterly and reports to the Infection Prevention and Pharmacy and Therapeutic Committees. Patterns of antimicrobial resistance are routinely monitored and compiled by Pharmacy into an annual antibiogram available on the Providence Mission Hospital intranet. Antibiotic stewardship guidelines developed by Infection Prevention and Pharmacy are used to promote the prudent use of antibiotics in order to prevent or delay the emergence of multidrug-resistant organisms and to minimize the risk of antibiotic-associated side-

effects including *C. difficile* infection (CDI).

8. **Construction [GACHRLS HSC §70739]**

Infection Prevention collaborates with Facilities and Construction vendors to create protective measures and ensure infection control protocols are met prior to the initiation of construction and/or renovation projects. The Infection Control Risk Assessment (ICRA) will be utilized to determine the risk of the project and an infection control construction permit will be developed based on the ICRA.

C. **Annual Reports and Evaluations [TJC IC.03.01.01]**

1. **Infection Prevention Program Plan and Risk Analysis**

Each year an Infection Prevention Program Plan is compiled to succinctly describe and document the review and analytical processes which establishes programmatic priorities based upon identified risks for transmitting and/or acquiring infectious agents within the healthcare setting. The methodologies used for establishing priorities and setting goals include:

- a. Updating the Infection Prevention Program Plan annually which describes scope, objectives, and program components.
- b. Analyzing surveillance data to determine if data trends indicate that corrective action is required, and /or if changes in surveillance methodologies, frequencies, or supportive educational programs are required.
- c. Findings from the evaluation are communicated at least annually to the key stakeholders or interdisciplinary group that manages the patient safety program.

D. **CY23 Goals, Performance Indicators and Strategies [TJC IC.03.01.01]**

The organization has identified the following priority areas to limit exposure to infections by implementing specific prevention measures as defined in related policies and procedures:

Priority Item	Action / Strategy	Measurement	Performance Indicator/Goal	2024 Outcome	2024 Evaluation
Hand Hygiene Compliance	Further develop a multidisciplinary action team to focus on hand hygiene compliance. Implement a new monitoring tool [iSurvey]. Train unknown observers ("secret shoppers") to monitor compliance based on WHO 5 Moments for Hand Hygiene. Enforce system-wide hand hygiene policies, and reboot	Minimum number of audits per unit per month, based on ADC, by the "secret shopper" observers.	Achieve ≥ 90% hand hygiene compliance.		

	<p>metrics to match Leapfrog standards. Report monthly compliance to patient care units and department for placement on Caring Reliably dashboards as well as overall compliance for Laguna Beach and Mission Viejo campuses. Report monthly compliance at the Daily Safety Huddle.</p>				
<p>General Surgery, including Colon (COLO) and Bile Duct, Liver, or Pancreatic Surgery (BILI)</p>	<p>Maintain compliance with surgical infection prevention bundles in collaboration Re-implement Surgical Excellence Teams (SET) Meeting with surgical multi-disciplinary teams to identify current issues and discuss prevention efforts. Standardize and complete pre-op antibiotic order sets working with pharmacy, IP/ID, perioperative services, and surgeons. Increase rounding in the OR, SPD, and HLD. Monitor cleaning processes in the OR. Ongoing education of caregivers on SSI prevention strategies Educate patients and families on their role in SSI</p>	<p>CDC NHSN benchmarks and healthcare-associated infections definitions. CDC NHSN 25th percentile goal</p>	<p>2022 CDC NHSN 25th percentile goal COLO SIR = 0.376 BILI SIR = 0.592</p>		

	prevention prior to undergoing a surgical procedure.				
Abdominal Hysterectomy	Maintain compliance with surgical infection prevention bundles in collaboration with ongoing education of caregivers on SSI prevention strategies.	CDC NHSN healthcare-associated infections definitions. CDC NHSN 25 th percentile goal	2022 CDC NHSN 25th percentile goal HYST SIR = 0.262		
Laboratory Confirmed Central Line-Associated Bloodstream Infection (housewide)	Provide subject matter expertise to the Providence Mission Hospital CLABSI Performance Improvement Team Engage bedside caregivers in addressing daily need for central lines and maintenance. Provide infection prevention education/in-services for caregivers. Caregivers to educate patients and families about CLABSI prevention. Continue daily CHG bathing in the ICUs and routinely in other areas throughout the hospital. Continue passive disinfection of IV ports using disinfecting port protectors. Perform monthly audits of central line bundle elements by IPTRNs.	CDC NHSN healthcare-associated infections definitions. Providence System goals.	System Goal MV #Infections = 7 MV SIR = 0.8306 LB #Infections = 0 LB SIR = 0.4470		

	<p>Vascular Access Team (VAT) nurses will do majority of central line dressing changes and aim to expand the team to the non-ICU areas for central line maintenance.</p> <p>Collaborate with Critical Care and discuss at Safety Huddle/rounds to reduce inappropriate utilization of lines.</p> <p>Provide education to medical staff on evidence-based guidelines for central line selection.</p> <p>Provide unit-specific monthly reports on infections and line utilization.</p> <p>Collaborate with the unit's assigned IPTRN to perform a drill-down when a CLABSI is identified; highlight missed opportunities to work on future prevention efforts with caregivers.</p>				
Catheter-Associated Urinary Tract Infection (CAUTI)	<p>Provide subject matter expertise to the Providence Mission Hospital HAI Performance Improvement Team.</p> <p>Engage bedside caregivers in implementation and monitoring compliance for insertion and maintenance.</p> <p>Provide infection prevention</p>	<p>CDC NHSN healthcare-associated infections definitions.</p> <p>Providence System goals</p>	<p>System Goal</p> <p>MV #Infections = 5</p> <p>MV SIR = 0.4059</p> <p>LB #Infections = 0</p> <p>LB SIR = 0.3650</p>		

	<p>education/in-services for caregivers about CAUTI and the importance of infection prevention. Caregivers to educate patients and families about CAUTI prevention. Collaborate with the IPTRNs and discuss at Caregiver Huddle/rounds to engage staff to follow the urinary catheter removal protocol and perform monthly audits of maintenance bundle.</p> <p>Provide education/training on the use of alternatives to indwelling catheters such as the external catheter for women and the condom catheter/external catheter for men. Ongoing efforts to promote a Foley-free Emergency Department. Collaborate and complete a nursing Clin 3 project, focusing on a two-person insertion practice on 3W and determining the appropriate indication prior to insertion. Provide unit-specific monthly reports on infections, device utilization, and audit results for placement on Caring</p>				
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	<p>Reliably Boards. Collaborate with the unit's assigned IPTRN to perform a drill-down when a CAUTI is identified; highlighting missed opportunities to work on future prevention efforts with staff.</p> <p>Foley-free for surgical procedures less than 2 hours.</p> <p>Consistent implementation of protocol and procedure to remove Foley catheters inserted in the OR prior to discharging patients who meet the criteria to the unit.</p>				
<i>Hospital-Onset Clostridioides difficile</i>	<p>Caregivers compliant with standard and transmission-based precautions, which include the use of appropriate PPE, to reduce the risk of infection on both suspected and confirmed pathogens.</p> <p>Ongoing education at orientation and annual caregiver update, unit-specific skills day sessions, and as needed.</p> <p>Compliance with placing patients on Contact Enteric Precautions.</p> <p>IP and Microbiology will strive to improve communication on notifying MDROs to</p>	NHSN Laboratory Identification Protocol	<p>Reduce the number of CDI infections by 25% from 2023 to 2024; goal is to maintain at or below 14 infections.</p>		

	<p>the IP department via fax, phone calls, or other means of sharing the information.</p> <p>MDRO activity will be more closely monitored by IP to better identify infections.</p> <p>IP staff will continue their collaboration with EVS on room cleaning and disinfection.</p>				
<i>Increase IP rounding to influence practices and behaviors of caregivers</i>	Using tool enable rounding with purpose.	IP Rounding tool	Rounding on all units/department by IPs daily.		
<i>Sustain eligible caregiver/provider compliance with the influenza vaccine ≥ 90%.</i>	<p>Caregiver vaccinated between September 2023 and April 2024.</p> <p>Provide influenza vaccination at no cost to caregivers as soon as vaccine is available.</p> <p>Continue to direct patients and visitors to the respiratory hygiene stations and that they are properly stocked by EVS.</p> <p>Timely and appropriate placement of suspected or confirmed influenza patients in Droplet Precautions.</p> <p>Compliance with isolation precaution policy and procedure and the "Influenza: Seasonal Influenza</p>	Vaccine during the flu season along with declinations	≥ 90% of staff vaccinated		

	<p>Plan" and the Emergency Management policy, "High-Risk Biological Event/Influx of Infectious Patients" (Pandemic Influenza) and the Pandemic Preparedness Plan. Caregivers who choose not to participate will continue to follow the masking requirement. Ease the way of caregivers by having flu champions administer the vaccine on the unit. Influenza vaccination rates shared at Medical Staff committee meetings.</p>				
Isolation Precaution – PPE compliance	<p>Monitoring of compliance with Contact Precautions through direct observation using a CDC/CDPH Audit Tool.</p>	<p>Compliance checklist based on the CDC MDRO guidelines</p>	<p>≥90% compliance with use of gown and glove</p>		
Sterilization and disinfection practices – Quality Assurance Endoscope Monitoring	<p>Cleanliness verification monitoring of high-risk endoscopes using ATP and borescope. Set up culturing of high-risk scopes in 2024.</p>	<p>Weekly endoscope cleaning verification</p>	<p>≤10% of the high-risk endoscope needs to be reprocessed post cleaning verification</p>		
High Consequence/ Highly Contagious Infectious Diseases	<p>Review and update plans in the event a patient with a high consequence/highly contagious infectious disease needs to be cared</p>	<p>Complete training of donning and doffing of PPE.</p>	<p>Begin PPE donning and doffing training of identified caregivers</p>		

	for at Providence Mission Hospital. Continue assigning Ebola HealthStream module to ensure caregiver education is completed.				
<i>Cleaning/Disinfecting of Environment and Equipment</i>	Audit cleaning and disinfection practices during rounds Re-educate caregivers if non-compliance observed	IP audits during weekly rounds EVS audits of post-discharge cleaning	≥90% compliance		

COMMITTEE APPROVAL

1. Infection Prevention Committee

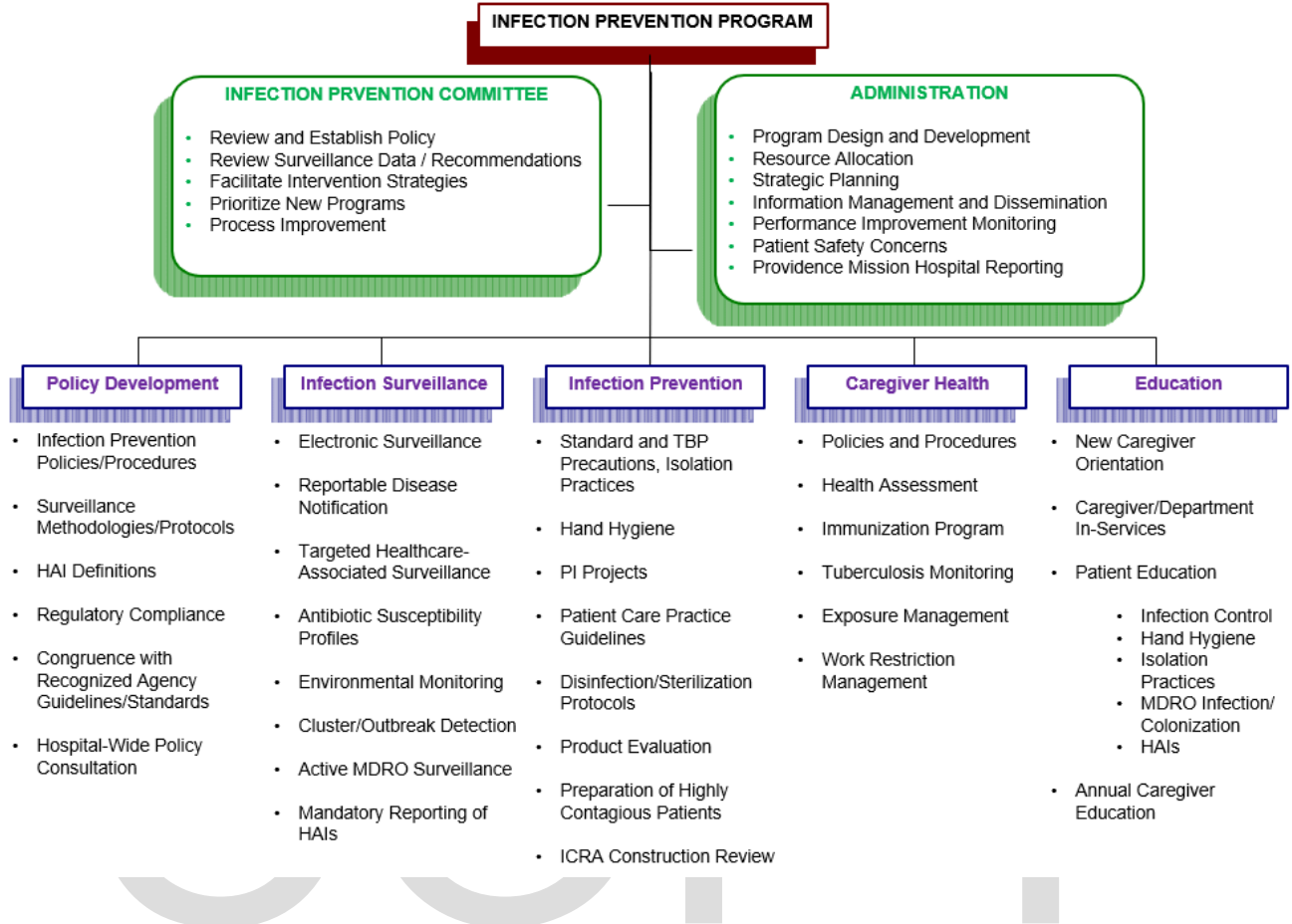
ATTACHMENTS

- A. Infection Control Program Design Elements
- B. Infection Control Program Information Management Pathway

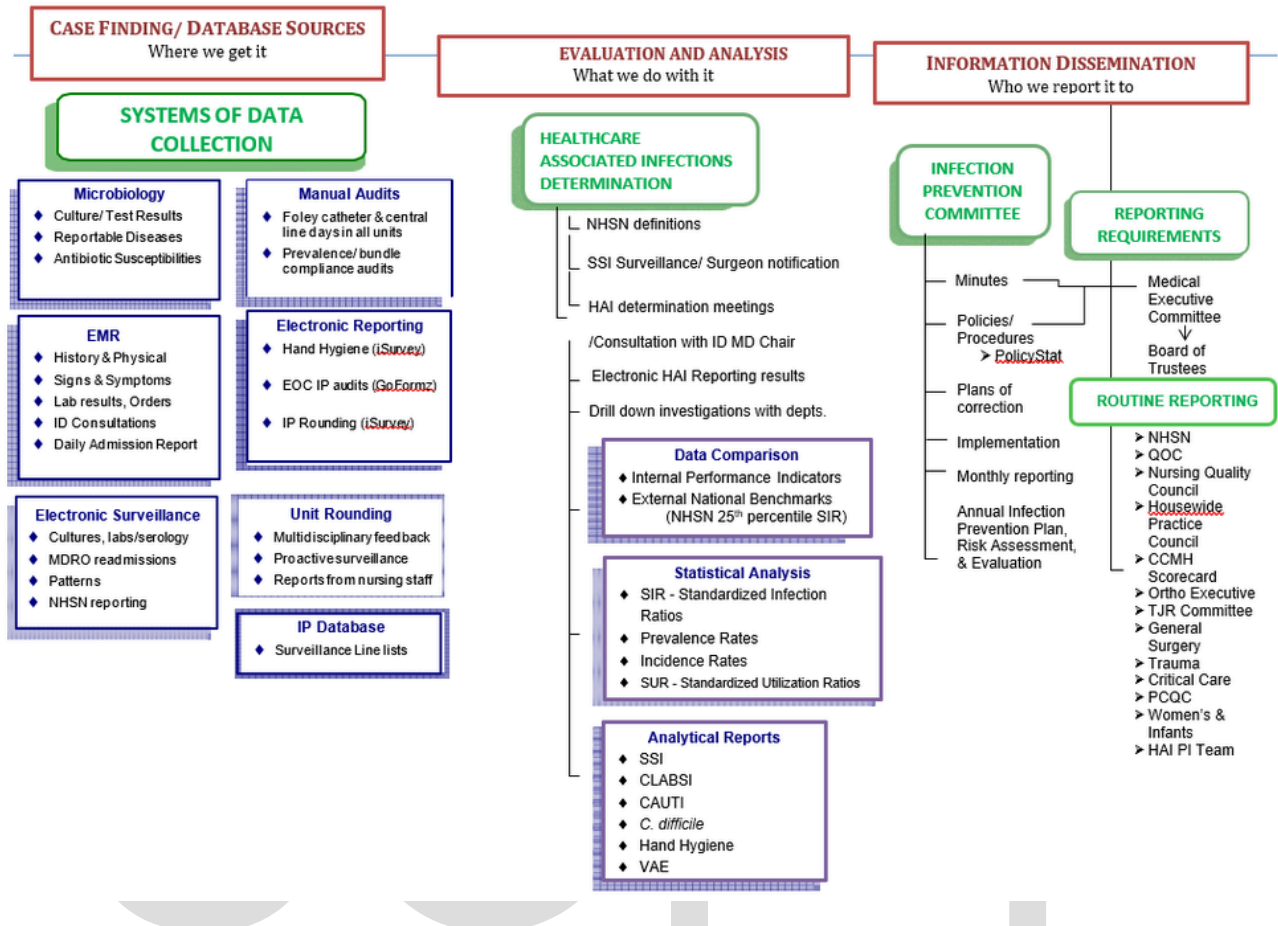
REFERENCES

- A. The Joint Commission. Hospital Accreditation Standards, Chapter: Infection Prevention and Control, www.jointcommission.org
- B. CDC/NHSN Surveillance Definitions and Criteria for procedure and device associated events, https://www.cdc.gov/nhsn/pdfs/pscmanual/pcsmanual_current.pdf
- C. APIC Text Online. The Association for Professionals in Infection Control & Epidemiology.
- D. CDPH General Acute Care Licensing and Certification Health and Safety Code (GACH HSC) Division 2 Chapter 2. http://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=HSC&division=2.&title=&part=&chapter=2.&article=3.5.
- E. California Code of Regulations (CCR) Title 22 § 70739. Infection Control Program. 22 CA ADC § 70739
- F. Center for Medicare and Medicaid Conditions of Participation (CMS COP) State Operations Manual Appendix A - Survey Protocol, Regulations, and Interpretive Guidelines for Hospitals (Rev. 200, 02-21-20) §482.42 Condition of Participation: Infection Prevention and Control and Antibiotic Stewardship Program

DESIGN ELEMENTS



INFECTION PREVENTION PROGRAM MANAGEMENT PATHWAY



Attachments

[image2.png](#)

[Mission Hospital and Laguna Infection Prevention Program Plan CY2023](#)

Approval Signatures

Step Description	Approver	Date
Board of Trustees	[REDACTED]: Senior Manager Infection Prevention	03/2024
Interdisciplinary - Owner	[REDACTED]: Senior Manager Infection Prevention	03/2024

Medical Staff - Owner	[REDACTED] : Senior Manager Infection Prevention	03/2024
P&P	[REDACTED] : Performance Improvement Program Manager	02/2024
Owner	[REDACTED] : Senior Manager Infection Prevention	02/2024

Applicability

CA - Providence Mission Hospitals

Standards

No standards are associated with this document

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