Principles of Management and Effective Communication

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CBIC Content Outline on Management and Communication
Planning
1) Risk assessment
2) IC Plan: goals, objectives, action plans, evaluation of measures, resources
3) Recommendations: equipment, resources
4) Cost-benefit assessments, efficacy studies, product evaluations
5) Changes in practice based on clinical outcomes and financial implications

Communication and Feedback
1. Effective communication of findings, recommendations, reports, policies and procedures
2. Communication with internal and external customers
3. Collaborate with Risk Management, Quality and others and review adverse events related to HAIs
4. Manage the Joint Commission IC Chapter and the CMS Survey Tool for facility compliance
Quality Performance and Improvement

1. Participate in quality improvement and safety activities
2. Demonstrate improvement using graphic tools, such as fishbone diagram, pareto charts, flow charts

Infection Prevention Program

- Core of the Team: IP, ICC, Chair or Hospital Epidemiologist
- Qualified leaders responsible for IC program
- Active ICC – central decision and policy making body

Infection Control Committee

- Acts as an advocate for prevention and control of HAIs in the facility
- Membership should be multidisciplinary
- Disseminates surveillance data and policy decisions
- Reports to the Medical Executive Committee or Administration – needs “clout” to execute the program
Roles and Responsibilities of IP Director, Manager or Coordinator

- Manages the HAI surveillance system – collects and analyzing data
- Evaluates IIC related products, evaluations and procedures for use of products
- Develops, reviews and implements policies and procedures
- Consultative activities: risk assessments, prevention and control strategies, EH, construction, disaster planning
- Education – directed at interventions
- Implements changes mandated by regulatory and accreditation agencies
- Reportable diseases
- Collaborates with patient care services on delivery of care and prevention measures
- Participates in research projects

Goals of Infection Prevention Program

1. Protect the Patient
2. Protect the healthcare worker, visitors and others in the environment
3. Accomplish this in a cost-effective manner whenever possible

Functions of IP Program

1. Obtain and manage critical data and information
2. Develop policies and procedures
3. Intervene directly to prevent the transmission of infectious diseases and MDROs
4. Education and train healthcare workers, patients and nonmedical caregivers on prevention measures
5. Be visible! Influence of the IP is based on visibility, provision of resources to staff, use of scientific evidence to make recommendations
Is the Program Effective?

- Document the impact of the program with cost-benefit analysis
- Evaluate implemented bundles, practices, procedures, products, etc.
- Document cost-savings as a result of the implemented measures

Evaluation of the IP Program

- Evaluate customer satisfaction
- Appropriateness of implemented prevention measures
- Efficacy, timeliness of measures
- Effectiveness and efficiency

IP Program Communication

- Administration, Chiefs of Services, Medical Staff
- Nursing Leadership and Nursing Units
- Quality Management and Performance Improvement
- State Agencies, local health department, governmental agencies
- Risk Management and Safety
- Human Resources and Employee Health
IP Program Influences

- Mandated reporting requirements – State, CMS, NHSN
- Service lines, types of surgeries
- Patient demographics – diseases, socioeconomic status of community
- New equipment, instruments, diagnostic procedures

IP Policies and Procedures

- General policies are applicable to staff and form the basis of the infection prevention manual
- Specific policies for each department or unit
- Policies must be supported scientifically
- Application of infection prevention practices occurs primarily when providers consistently implement them to protect the patient and staff
- Education is crucial to an efficient and quality program

Administrative Support

- Leaders of the organization must support the program
- Program Director should schedule regular meetings with administration and keep them informed
- Annual goals and objectives based on the facility needs
- Staff and data system needs should be defined each year
- Conduct an annual evaluation of the program
**Vision/Mission/Values**

1. IP Program must have value in the facility
2. Mission statement and description of the vision for the program
   - Vision is the WHAT – vision is the long term picture that the IP program seeks to create
   - Mission is the WHY – why does the program exist?
     - a vision is needed to make the mission more concrete
   - Core values is the HOW – how does the IP program want to act consistent with the mission to achieve the vision – values describes the day to day functions

**Customer Identification**

- Anyone the IP Program provides services to:
  - patients, families, physicians, nurses, staff, visitors, volunteers, vendors
- Internal and External customers
- Identify customer needs – study all work processes and constantly improve so the final product or service exceeds customer expectations
- Collaborative Teams – work together to solve problems, find solutions, re-design workflow, reduce cost, improve processes

**Example Mind Mapping**

- MRSA Screening
  - Before Surgery
    - Micro Lab
      - Pre-admission testing clinic
      - Patient Access or Admitting Office
      - Operating Room
      - EVS
        - Transport
        - Nursing Staff
        - ICU
        - PACU
      - Pre-op Holding Area
    - Procedure for screens
      - Train the nursing staff
      - Collection and delivery of specimens
      - PCR equipment
      - Purchase or lease
      - Lab Training
Communication and Feedback

IP Chair:
- Emergency situations, problems, exposure, clusters, outbreaks, unusual cases
- Education about emerging diseases
- Employee exposures and health issues of staff
- Surveillance data – concur on HAI case definitions
- Practices, policies and procedures
- Community concerns, media exposure
- Agenda and minutes for ICC
- Sentinel events related to infections

Communication and Feedback

Facilities/Maintenance
- Emergency situations
- Employee situations
- Construction or renovations
- Environment of Care and Emergency Mgt
- Changing legislation and regulations
- Sentinel events related to infections
Communication and Feedback

**Medical Staff**
- Surveillance rates and IP Minutes
- Procedural issues involving physicians
- Emergency situations
- Changing legislation and regulations
- Practice changes, bundles, products, procedures to reduce HAIs
- Emerging infectious diseases

**Nursing**
- Surveillance rates by units and services
- Changing legislation and regulations
- Emergency situations, problems, outbreaks
- Procedures and practices
- Emerging infectious diseases
- Products – new, changes, recalls
- Recommendations to change practice
- Assistance in root cause analysis

**Risk Management**
- Clusters, outbreaks, exposures
- High risk practices
- Product recall notifications
- Assistance in root cause analysis related to HAIs
Communication and Feedback

Other Departments and Support Staff
- Education related to infection prevention practices
- High risk practices
- Regulatory changes
- Product recall notifications
- Assistance in root cause analysis

Joint Commission Requirements of a Strategic Infection Prevention Plan
- Prioritize the identified risks for acquiring and transmitting infections
- Set goals that include limiting unprotected exposures, transmission associated with medical devices and supplies, transmission during patient care
- Describe activities to minimize and reduce the risk for infection
- Describe the process to evaluate the plan

Performance Improvement
- PI Teams – multidisciplinary team
- Gap Analysis – identify gaps and determine steps necessary to improve current state
- Root Cause Analysis – retrospective evaluation of an event or outcomes, avoids blame, considers human factors, redesign, interviews, observations, contributing factors, process redesign
Quality Improvement

FMEA
Failure – Mode – Effect – Analysis
proactive preventive approach to identify potential failures and opportunities for error
a. Determine a process or topic of study
b. Convene a team of content experts
c. Develop a flow diagram of steps
d. Brainstorm possible reasons for failure, rate severity and probability
e. Determine appropriate actions to eliminate failure or redesign the process

Quality Improvement

 SWOT
Strengths – Weaknesses – Opportunities – Threats Analysis
 Multivoting
 Goal-Directed Checklists
 Statistical Process Control
 Six Sigma and the Lean Approach
  ✓ precision and accuracy for data-driven decisions
  ✓ elimination of waste
  ✓ value stream mapping to visualize flow
  ✓ DMAIC – define customer, measure performance, analyze data, improve process, control the improvements

Quality Improvement

 Plan, Do, Study, Act – PDSA
 Customer Satisfaction – external and internal
 Performance Measures – valid, reliable, outcome measure, process measure
 Patient Population to Measure
  ✓ potential (e.g., ASA score, wound classification)
  ✓ sample size – random samples
  ✓ data analysis – statistical methods, data visualization tools – run charts, histogram, control charts, Ishikawa diagram, pie chart, pareto chart
Cause and Effect or Fishbone
Show the cause of a certain event, identify potential factors, works backward to
determine causes, grouped into major categories to identify sources of variation

Patient Factors
- Condition (complexity and seriousness)
- Language and communication
- Personality and social factors

Individual (staff) factors
- Knowledge and skills
- Competence
- Physical and mental health

Work Environmental Factors
- Staffing levels and skills mix
- Workload and shift patterns
- Design, availability and maintenance of equipment
- Administrative and managerial support
- Environment

Task Factors
- Task design and clarity of structure
- Availability and use of protocols
- Availability and accuracy of test results
- Decision-making aids

Team Factors
- Verbal communication
- Written communication
- Supervision and seeking help
- Team structure (congruence, consistency, leadership, etc)

Organizational and Management Factors
- Financial resources and constraints
- Organizational structure
- Policy, standards and goals
- Safety culture and priorities

Care Delivery problems (CDPs)
- Care deviated beyond safe limits of practice
- The deviation had at least a potential direct or indirect effect for an adverse outcome for the patient, staff or general public

Examples:
- Failure to monitor, observe or act
- Incorrect (with hindsight) decision
- Not seeking help when necessary

Fishbone Diagram

Example of a SSI Fishbone Diagram
- Lack of hand hygiene
- Patient body colonization
- Lack of traffic control – too many in room
- Improper surgical hand antisepsis
- Improper surgical attire
- MRSA or MSSA nasal colonization
- Infection at another site
- Obese
- Diabetic
- Smoker
- Immunosuppressive agents

- Unsterile instruments
- Contaminated environment
- Inadequate surgical prophylaxis
- Poor surgical technique
- Use of Drains
- Lack of re-dosing of antibiotic
- Lack of pre-op shower
- Financial constraints
- Poor leadership
- Poor communication among team
- Poor staffing levels
- Workload and shift patterns
- Design, availability and maintenance of equipment
- Environment and physical plant problems (air handling system)
- Surgical irrigation
- Non-coated sutures
- Use of Staples or steri-strips
- Contamination of incision post-op
- Inadequate staffing for post-op care
- Lack of discontinuation of antibiotics at 24 hrs
- Lack of foley catheter removal within 48 hrs
- Increase hospitalization days
- Contaminated environment
- Lack of hand hygiene
Fishbone Chart

Pareto Chart

Contains both bars and a line graph, with individual values represented in descending order by bars.

The cumulative total is represented by the line.

Used to highlight the most important among a set of factors.
Question #1
IP Managers are individuals who plan, organize, direct, control and coordinate activities in order to move the organization toward:

1) Higher profits
2) Great social influence
3) Desired objectives
4) Economic stability

Answer #1
3) Desired objectives

Question #2
In developing the infection control program goals, all of the following could be considered a program goal EXCEPT:
1) Protect the patient
2) Protect the healthcare worker
3) Perform surveillance in the ICU over 6 months
4) Provide cost-effective infection prevention and control
Answer #2
3) Perform surveillance in the ICU over 6 months

Question #3

The IP could contribute to the risk management program by all EXCEPT:
1) Monitoring compliance with existing policies and procedures
2) Presenting educational programs
3) Advising patients of the risks associated with hospitalization
4) Serving as a consultant on the safety of the hospital environment

Answer #3
3) Advising patients of the risks associated with hospitalization
Question #4
You are facilitating a group aimed at decreasing surgical site infections rates. Which of the following methodologies would be most helpful to determine the steps to take to move toward lower rates?

1) Gap analysis
2) Root cause analysis
3) Failure mode effect analysis
4) Multivoting

Answer #4
1) Gap analysis

Question #5
Which surveillance study measures quality improvement related to outcome?

1) Monitoring compliance with isolation measures
2) Observing hand washing in a critical care unit
3) Calculating a ventilator associated pneumonia rate for the ICU
4) Measuring the rates of compliance with a needleless IV system
Answer #5

1. Calculating a ventilator associated pneumonia rate for the ICU

Question #6

What is the most common method of evaluating major incidents, sentinel events and medical errors?

1) Statistical process control
2) Strengths, weaknesses, opportunities, threats analysis
3) Root cause analysis
4) Plan, do, study, act

Answer #6

3) Root cause analysis
Question #7

Infection prevention policies
1) Should be developed for each unit/area separately
2) Should be supported scientifically
3) Do not need to be supported with education of staff
4) Are generally supplied by administration and support staff

Answer #7

2) Should be supported scientifically

Question #8

You are new to the facility but feel you will become accustomed to the job quickly. One of the first areas you need to learn about is:
1) Structure and functions of the committees that interact with infection prevention and control
2) Salary levels of all personnel on your level of responsibility
3) State laws that govern your department
4) Policies that refer to the functions of the facility
Answer #8

1. Structure and functions of the committees that interact with infection prevention and control

Question #9

At the end of your first year on the job, you review your accomplishments and decide you did not accomplish as much as you had planned. The quickest and easiest way to improve your time management would be to:

1) Take a time management training course
2) Look for ways to organize your office
3) Review your crisis management skills
4) Look for ways to reduce distractions and address time-wasters

Answer #9

4. Look for ways to reduce distractions and address time-wasters
Question #10

You must develop program goals for the program. An example of a program goal statement is:

1) Improve patient care by the reduction of HAIs
2) Improve patient care by the 25% reduction of HAIs by the nursing staff
3) Improve patient care by targeting zero CAUTIs in the ICU after implementation of a recommended strategies to reduce infections
4) Improve patient care by the 50% reduction of HAIs by the nursing staff

Answer #10

3) Improve patient care by targeting zero CAUTIs in the ICU after implementation of a recommended strategies to reduce infections

The End