



Infection Prevention Campaign

Eliminating Healthcare Associated Infections in New York

A Partnership of:

1199SEIU United Healthcare Workers East, Greater New York Hospital
Association and
1199SEIU Training and Employment Funds



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Greater New York Hospital Association



Why Do We Need An Infection Prevention Coach Program?

- Health care-associated infections (HAIs) are a major cause of complications and death among hospitalized patients and nursing home residents
- Such infections affect nearly 2 million patients a year in the United States and are responsible for approximately 80,000 deaths each year.





How Can Infection Prevention Coaches Help?

- IPCs help support infection control staff and programs
- Infection prevention is not a department and the IPC helps educate all HCWs on their valuable role in preventing infections
 - IPCs create a culture that shifts infection prevention from the department to frontline staff
 - Frontline health care the first defense against HAIs.
 - HCWs can make a difference in outcomes by simply adhering to strict hand hygiene compliance, getting your flu shots, and keeping the environment clean.





Great News!

- It is in your hands that infections can be prevented
 - Education
 - Enforcement
 - Mutual respect for each others role
 - Thank people who remind you to wash your hands
 - Thank environmental staff to adhering to strict environmental practices
 - Willingness to be reminded to adhere to infection prevention practices
 - Escalation policies for non-compliant staff/mds
 - Inclusion of patients, residents and families in infection prevention





Background

- Partners are 1199SEIU, Greater New York Hospital Association (GNYHA), 1199SEIU Training and Employment Funds/Labor-Management Project (TEF/LMP)
- Project begun in 2007-Nursing Home pilot in late 2008
- Purpose is to reduce healthcare associated infections through hand hygiene, healthcare worker immunizations and cleanliness in the environment of care
- Intent to train Infection Prevention Coaches (IP Coaches): 4 in each unit
- Supported by Site Coordinators and Union Representatives with senior union and management leader sponsorship





Coach Training

- IP Coaches were selected from a cross-section of frontline staff and managers
- Usually a nursing unit supervisor, an RN, a Patient Care Associate/Nurse Attendant, a Support Service Associate
- The assumption is peers are the most effective influencers
- 1 day training:
 - Coaches were presented with information on hand hygiene, immunization benefits and environmental cleanliness as well as tools, skills and practice on how to inform and communicate with their peers
- Follow-up consultation by LMP staff onsite
 - Work with site coordinators, organizers and coaches to develop an overall implementation plan





Coach Training



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Infection Prevention Campaign Activities



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2007 Pinnacle Award for Patient Safety Infection Prevention Coaches



• EIU Training and Employment Funds
• Greater New York Hospital Association



Infection Prevention Campaign

- Goal:
 - Create an organizational culture that empowers all staff to be advocates for their patients and residents through the enforcement of infection prevention practices
- Collaborative agreement between labor and management/signed by key staff
 - Commitment to identify key staff to become IPCs or TeamSTEPP infection prevention trainers
 - Identify core and contingency teams to track and support progress of the campaign
 - Provide resources for events and tools for program
 - Submit monthly data to measure success
 - Develop ongoing education and work plans to sustain campaign--The Campaign is not a “PROJECT”





Infection Prevention Campaign

- All staff sign a petition that they agree to support a culture change that will support:
 - Nursing assistants, transporters, environmental services staff to remind their physician and nursing colleagues to wash their hands, use PPE effectively, and stop procedures in which infection prevention or sterile field is breached
- Routinely set-up educational campaign tables and share materials, case studies, videos, and glo-germ demos
- Ongoing IPC exercises on each unit/department
- Identify infection prevention ambassadors that includes physicians
- Create posters with pictures of the IPCs and physician ambassadors





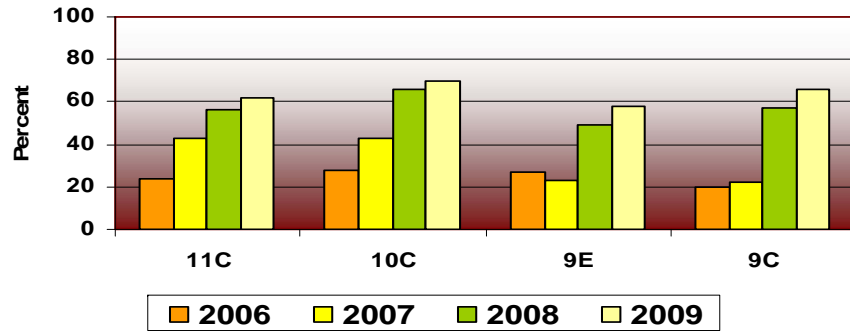
Other Campaign Ideas?

- Audience suggestions

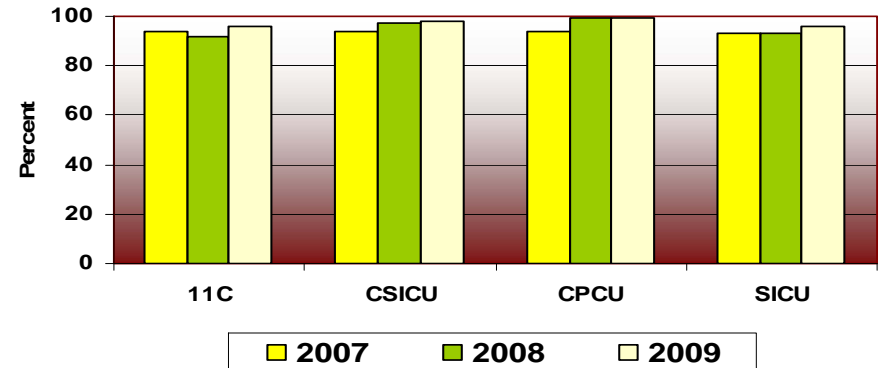


Results

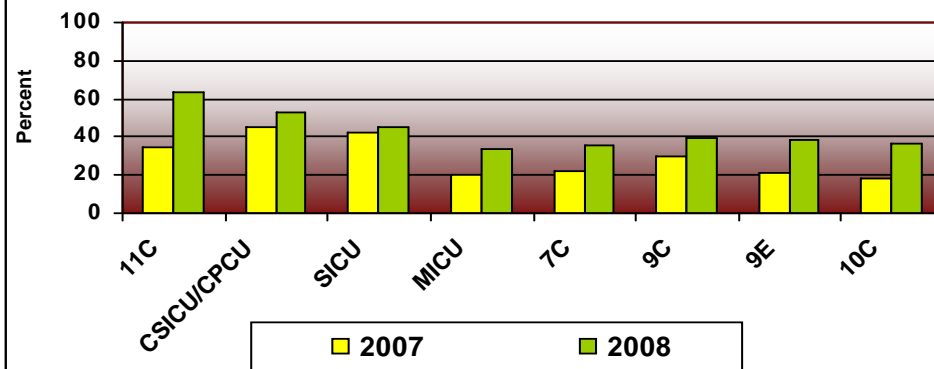
Improvements in Patient Perceived Environmental Cleanliness on Infection Prevention Partner Units



Improvements in Hand Hygiene Compliance on Infection Prevention Partner Units



Improvements in Staff Influenza Vaccination on Infection Prevention Partner Units





Infection Prevention Campaign Resources

Please visit www.labormanagementproject.org

Click on “Infection Prevention Campaign (IPC) Program” link

Click on “Resources” link where you will find the following information:

- Video message on flu vaccines from 1199SEIU President, George Gresham, taped at IPC conference on October 7th, 2009
- Video clips and powerpoint slides from presentation on “What’s the Latest Information? A look at the Flu Season” by Brian Koll, MD, FACP, Chief, Infection Prevention, Beth Israel Medical Center and Infection Prevention Campaign Trainer, taped at IPC conference on October 7th, 2009
- Powerpoint slides from “Success Story” presentations at IPC conference on October 7th, 2009 by Long Island Jewish Medical Center, Montefiore Medical Center, Mount Sinai Medical Center and St. Vincent’s Hospital Manhattan
- Powerpoint slides from presentation at IPC conference on October 7th, 2009 by Mark Catlin, Industrial Hygienist, SEIU
- Informational flyers on:
 - Infection Prevention Campaign (IPC) Program
 - Hand Washing
 - H1N1 and Seasonal Influenza
- Infection Prevention Campaign (IPC) training video





Infection Prevention Campaign Resources

- For questions or further information about the IPC program please contact Daniel Bustillo at 212-494-0530 or via email at :
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INFECTION PREVENTION AND CONTROL IN LONG TERM CARE: MORE THAN JUST GOOD HANDWASHING



**Presented By:
Parker Jewish Institute**



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YES

- HANDWASHING IS STILL THE SINGLE MOST EFFECTIVE WAY TO PREVENT AND CONTROL INFECTION
- BUT WHAT ELSE DO YOU NEED TO DO??
- AND HOW DO YOU GET COOPERATION FROM STAFF, VISITORS AND RESIDENTS??





INFECTION CONTROL IS NOT ABOUT POLICIES WRITTEN IN A MANUAL

- IT'S ABOUT WHAT WE ALL DO EVERYDAY AT WORK TO PREVENT INFECTION
- IT'S ABOUT IDENTIFYING A PROBLEM AND PUTTING A TEAM TOGETHER TO COME UP WITH A PLAN
- IT'S ABOUT EVALUATING YOUR PLAN AND REACHING YOUR GOALS





WHAT HAVE WE DONE AT PARKER JEWISH INSTITUTE??

- WE IDENTIFIED SOME KEY AREAS FOR IMPROVEMENT
- WE STARTED WITH ADMINISTRATIVE SUPPORT
- WE TOOK A MULTIDISCIPLINARY APPROACH
- WE CAME UP WITH A PLAN
- WE WANTED TO PREVENT INFECTIONS.... NOT JUST CONTROL THEM





HANDWASHING

- WE BELIEVED THAT HANDWASHING WAS A KEY COMPONENT OF A SOLID INFECTION PREVENTION APPROACH
- WE PROVIDED HAND HYGIENE EDUCATION AND WE REQUIRED ALL EMPLOYEES TO COMPLETE A HAND HYGIENE COMPETENCY ASSESSMENT
- WE LOOKED AT THE AVAILABILITY OF HAND HYGIENE PRODUCTS IN THE FACILITY AND REALIZED WE NEEDED TO MAKE PRODUCTS MORE ACCESSIBLE





HANDWASHING

- WE PROVIDED ANTIBACTERIAL SOAP AT ALL SINKS IN THE FACILITY
- WE ADDED ALCOHOL BASED HAND RUB DISPENSERS ALL OVER THE FACILITY FOR USE BY STAFF AND VISITORS
- WE PROVIDE PRODUCTS FOR HANDWASHING AT THE FRONT DESK FOR VISITORS TO USE
- WE ADDED HANDWASHING SIGNAGE THROUGHOUT THE FACILITY TO REMIND VISITORS AND STAFF TO HELP US PREVENT INFECTION. THE SIGNAGE IS TRANSLATED INTO MULTIPLE LANGUAGES .





HANDWASHING

- WE ENCOURAGED EMPLOYEES WHO WORK IN OFFICES TO HAVE HANDWASHING PRODUCTS AT THEIR DESKS.
- WE PROVIDED EDUCATION TO RESIDENTS AND THEIR FAMILIES
- WE PROVIDED A SPECIAL PRODUCT FOR HANDWASHING FOR OUR RESIDENTS
- WE MONITOR HANDWASHING PRACTICES





BEYOND HANDWASHING

- ONCE WE HAD HANDWASHING UNDER CONTROL WE IDENTIFIED SOME OTHER KEY AREAS FOR IMPROVEMENT





WHAT NEXT.....

- WE LOOKED AT SOME OF THE HIGHER VOLUME INFECTION CONTROL ISSUES AND CAME UP WITH A PLAN
- C-DIFFICILE
- INFLUENZA
- GI OUTBREAKS
- EMPLOYEE HEALTH





C-DIFFICILE

- OUR FACILITY ACQUIRED NUMBERS WERE TOO HIGH IN THE LONG TERM CARE UNITS
- OUR TEAM IDENTIFIED AND IMPLEMENTED SOME INTERVENTIONS TO DECREASE THE SPREAD OF FACILITY ACQUIRED CDIFF





WE CAME UP WITH A PLAN

- HANDWASHING
- ENVIRONMENTAL CLEANING WITH BLEACH
- AVOID SHARING OF CONTAMINATED EQUIPMENT
- IMPROVE ADHERENCE TO CONTACT PRECAUTIONS
- APPROPRIATE COHORTING OF RESIDENTS
- JUDICIOUS USE OF ANTIBIOTICS ASSOCIATED WITH CDIFF IN THE ELDERLY POPULATION





SO, OUR PLAN WORKED

- WE WERE ABLE TO BRING OUR RATE OF FACILITY ACQUIRED CDI INFECTIONS IN OUR LONG TERM CARE UNITS DOWN SIGNIFICANTLY
- AND THEY REMAIN LOW STILL





INFLUENZA

- FLU CAN BE DEADLY IN THE ELDERLY
- WE STARTED TO TRACK OUR VACCINATION STATISTICS AND REALIZED THAT MOST RESIDENTS TOOK THE FLU VACCINE YEARLY
- WE ALSO REALIZED THAT MOST EMPLOYEES DID NOT TAKE THE FLU VACCINE
- YOU CAN BE A CARRIER OF THE FLU WITHOUT EVER REALLY GETTING ILL





WE CAME UP WITH A PLAN

- MASSIVE EDUCATION EFFORT FOR EMPLOYEES REGARDING VACCINATION AND RESPIRATORY ETIQUETTE (COVER YOUR COUGH)
- AND OF COURSE HANDWASHING
- WE ENCOURAGED ILL EMPLOYEES AND VISITORS TO STAY AT HOME BECAUSE THE FLU IS SO CONTAGIOUS
- EMPLOYEE INCENTIVES FOR VACCINATION
- EXPANDED AVAILABILITY OF VACCINE
- MOBILE FLU CART
- ONE ON ONE APPROACH TO CULTURE CHANGE RELATED TO VACCINATION





INFLUENZA – OUR STATISTICS

FLU SEASON	% EMPLOYEES VACCINATED
2003-2004	29%
2004-2005	47%
2005-2006	60%
2006-2007	62.5%
2007-2008	67%
2008-2009	70.5%
2009-2010	Over 75% AND COUNTING



SO, OUR PLAN WORKED

- IN THE PAST THREE FLU SEASONS WE HAVE HAD ONLY ONE DIAGNOSED CASE OF FLU
- PRIOR TO THAT WE HAD AN OUTBREAK ALMOST EVERY FLU SEASON





GI OUTBREAKS

- NEXT WE LOOKED AT GI OUTBREAKS AND DECIDED THAT WE COULD DO BETTER
- WE USUALLY HAD AN OUTBREAK TWICE A YEAR, SPRING AND WINTER





WE CAME UP WITH A PLAN

- HANDWASHING
- ENVIRONMENTAL CLEANING WITH BLEACH
- IMPROVED ADHERENCE TO CONTACT PRECAUTIONS
- APPROPRIATE COHORTING OF RESIDENTS
- MASSIVE EDUCATION EFFORTS FOR OUR EMPLOYEES, OUR RESIDENTS AND VISITORS
- SINCE THE GI VIRUS IS SO CONTAGIOUS, ENCOURAGE ILL EMPLOYEES AND VISITORS TO STAY AT HOME





SO OUR PLAN WORKED

- WE INITIALLY DECREASED THE FREQUENCY OF GI OUTBREAKS FROM TWICE A YEAR TO ONLY ONCE PER YEAR
- WE HAVE NOT HAD AN OUTBREAK SINCE JANUARY 2009
- WE WILL CONTINUE TO TRY TO IMPROVE





EMPLOYEE HEALTH

- WE BELIEVED THAT IF OUR EMPLOYEES HAD FEWER INFECTIONS, THEN OUR RESIDENTS WOULD BE SAFER
- IF YOU ARE ILL....STAY AT HOME. PLEASE DON'T COME TO WORK TO SHOW US HOW ILL YOU ARE.
- EMPLOYEE VACCINATION RATES FOR INFLUENZA, PNEUMONIA AND HEPATITIS B HAVE IMPROVED OVER THE PAST 5 YEARS





EMPLOYEE HEALTH

WE ALSO TARGETED NEEDLESTICKS AS AN INFECTION CONTROL ISSUE

WE LOOKED AT OUR NEEDLESTICK RATES AND REALIZED THAT WE COULD DO BETTER

WITH STAFF INPUT, WE CHANGED ALL OF OUR SYRINGES, NEEDLES, IV CATHETERS AND IV CONNECTIONS TO SAFETY DEVICES

WE DRASTICALLY REDUCED OUR EXPOSURE RATE THEREBY DECREASING OUR RISK FOR BLOOD BORNE INFECTIONS LIKE HEPATITIS AND HIV





WHAT'S NEXT

- TIME WILL TELL WHAT INFECTION PREVENTION CHALLENGES WE WILL FACE IN THE FUTURE
- WITH A MULTIDISCIPLINARY APPROACH AND A STANDARD PLAN OF ATTACK, WE WILL BE READY





IN CLOSING

- REMEMBER, BECAUSE INFECTION PREVENTION SAVES LIVES.....
- IT IS THE RIGHT THING TO DO FOR:
 - OUR PATIENTS, RESIDENTS AND THEIR LOVED ONES
 - FOR OURSELVES AND OUR COLLEAGUES
 - AND FOR OUR OWN LOVED ONES





THANK YOU FOR YOUR ATTENTION



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