



SFBA APIC Chapter& the 2024 APIC Conference

For those attending the conference, in-person or virtually, please congratulate & support the achievements of some of our amazing chapter members whose work is highlighted this year, including:

AWARDS

2024 CHAPTER AWARD RECIPIENTS

CHAPTER EXCELLENCE AWARDS
Large Chapter (151+ members)
APIC Dallas-Fort Worth Chapter 005
APIC Greater New York Chapter 013

Medium Chapter (101-150 members)
APIC Montana Chapter 117
APIC Nebraska Chapter 064

Small Chapter (51-100 members)
Northwest Ohio Chapter 093

CHAPTER LEADER AWARDS
Jessica Arias, MHL, BSN, RN, CIC, FAPIC
Anne Mattern, BSN, RN CNORE, CIC
Lindsay Montoya, MPH, CIC
Manicar Telmo, MSN, CNL, CIC
Diana Yacoub, RN, BSN, MPA, CIC, CPHQ

Maricar Telmo,
Chapter Leader Award

Priya Pandya-Orozco &
O'Connor Hospital:
Grand Prize Winner
APIC Film Festival Award

Grand Prize Winner

Priya Pandya-Orozco - Santa Clara Valley Health O'Connor Hospital
"What Makes CLABSI & CAUTI Preventable"



★ Onsite Conference Meet-up for
★ SFBA APIC: After opening
session 6/3@9:30 by APIC Store ★

FAPIC Fellowship

Sejal Naik
SPEAKER
Jeri Culbertson
Culbertson, Jeri Santa Clara Valley Medical Center

POSTERS

Kim Stanley & Jonathan Schouest

UCSF Health
Automation of Standardized Infection Ratio (SIR) to Reduce Manual Work and Support Targeted and Flexible Analysis of Healthcare-associated infections (HAIs)
Yuecong Zhuang, MS, MBA, Edward Koo, MPA, Lushu Wang, MPH, CIC, Christy Pak, MPH, CIC, Jonathan Schouest MPH, CIC, Melissa Matthews Riccio, CHL, Emily R Stanford, MSN, RN, Sandy Stal, MSN, RN-BC, Kim Stanley, MPH, CIC

Background

- At the University of California, San Francisco (UCSF) Health system, the True North strategic priorities is to achieve Zero harm.
- Improving patient care and reducing healthcare-associated infections (HAIs) are top priorities.
- The SIR and the standardized infection ratio (SIR) are primary quality indicators used by the CDC's National Healthcare Safety Network (NHSN) to risk adjust HAIs and device utilization.
- Broad data accessibility is critical for our HAI reduction efforts, however the NHSN web-based application does not currently allow a secure data feed from NHSN to local data sources.

Methods

Following the parameter and estimates produced by NHSN's logistic regression and negative binomial regression models, we calculated the number of predicted infections via our department's structured query language (SQL) database. This data is extracted and calculated daily using SQL and Statistical Analysis System (SAS) programming, with metadata-driven configuration and parameterization, all from which we built Tableau dashboards available via an enterprise Tableau server.

Results

- As the 3rd in the 3rd to accomplish this feat, 100% automated, NHSN data source is the 1st health system.
- This automated process eliminated the following monthly manual work: generation of 1.6 terabyte reports, coding 400 hours (25% of HIE resources).
- Provided timely strategic access to SIR and SIR-based analysis to drive reduction efforts.
- Surgeon site infection (SSI) Targeted Assessment for Infection (TARI) report for adult and pediatric NHSN procedure categories.
- Separate adult/pediatric monthly hospital onset C. difficile SIs.

Goal

- Eliminate manual workflow and create a more flexible data source to support:
- Develop an automated and dynamic end-to-end data architecture for NHSN calculations, to feed Tableau dashboards.
- Enable automation is 100% aligned with NHSN analysis.
- Build the data source to be flexible to allow for periodic updates to the risk models and facility characteristics.
- Provide timely SIR and SIR data to allow improvement efforts.

Figure 1: SIR Dashboard by Metric and Population

Figure 2: TAP Dashboard by Metric and Population

Figure 3: SIR Dashboard by Metric and Population

Conclusions

This automated approach to calculating the SIR and SIR delivers timely and dynamic analysis with operational efficiency, allowing interventions to be focused and prompt.

Jeffrey Mantes & Daniel Choi

O'CONNOR HOSPITAL
Implementing Enhanced Standard Precaution (ESP) and Its Impact in a Skilled Nursing Facility
Jeffrey Mantes, RN, BSN, CIC, LTC-CIP and Daniel Choi, RN, BSN, CRRN
OCH Infection Prevention and Control Manager: Priya Pandya-Orozco, DNP, RN, PhD, CIC
O'Connor Hospital, San Jose, California

Background:

The All Facilities Letter (AFL) issued by the California Department of Public Health (CDPH) on October 5, 2022, informed all skilled nursing facilities (SNFs) on the updated guidelines of Enhanced Standard Precaution (ESP) to SNFs for safely caring for residents with medical devices and unhealed wounds who are at increased risk for transmission of multidrug-resistant organisms (MDRO) in compliance with state and federal regulations. ESP is a resident-centered and activity-based approach for preventing MDRO transmission in SNFs. The purpose of this study was to assess the level of compliance with the ESP among healthcare workers (HCW) in SNFs and its relationship with healthcare-associated infection (HAI) utilizing McGee's criteria.

Methods:

ESP education and competencies were developed to increase awareness and compliance of ESP during the six moments of care (morning and evening care; toileting & changing incontinence briefs; caring for devices, giving medical treatments; wound care; mobility assistance and preparing to leave the room; and cleaning the environment). Adherence Monitoring Tool from CDPH was utilized to gather data and just in time, feedback was provided when opportunities in non-compliance were identified.

Results:

Healthcare-associated infection (HAI) rate in SNF decreased to 30% as the ESP practices compliance rate during high contact activities increased from 30% to 90%.

Enhanced Standard Precaution (ESP) Audit

May 2023 - Jan 2024

31% 47% 84% 91% 94% 94% 97% 97% 99%

May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23 Jan-24

OCH SubAcute Acquired Infections: 2021 - 2023

2021 2022 2023

Change and discuss gown and gloves and perform hand hygiene before and after leaving room.

Down to the Dungeon: Infection Prevention in Sterile Processing Departments

KAISER PERMANENTE
Accelerated Skill Building: Using the APIC Competency Model to Train Infection Preventionists in a Unique Fellowship at a Multi-Hospital System
Sejal Naik DNP, MHA, RN, CIC; Cristine Lacerna DNP, MPH, RN, CIC, CPH
Kaiser Permanente, Northern California

Background

- Infection prevention is the cornerstone of a resilient healthcare system, relying on the expertise of infection preventionists (IPs). As healthcare complexity increased, the knowledge and skills required of IPs have also increased.
- It may take up to two years for a new IP to demonstrate competence and become certified.
- Without adequate support to acquire the necessary skills and competence, new IPs can experience considerable frustration, resulting in high turnover, understaffing and coverage gaps impacting safe delivery of patient care.
- Recognizing that competence develops with experience over time, this program demonstrates that targeted education could enable acquisition of competency and transfer to practice of managing a hospital infection prevention program.

Goal

The goal of the program was to create a standardized training program based on national professional standards to help novice and newly hired IPs to develop competency as practitioners and manage the local infection prevention program.

Disclosures

Nothing to disclose

Methods

A survey administered to the medical center IPs at a Northern California hospital system showed that IP training was variable, and a standard training and mentoring program would be helpful in training newly hired IPs.

Results

- A mentor-led, 20-week infection prevention practice fellowship program was developed based on the Association for Professionals in Infection Control and Epidemiology (APIC) accelerated internship program guide.
- The program was implemented in January 2023. Since then, seven IPs have gone through this program over two cohorts.
- The program framework included the following features:
 - Ten learning modules to be completed over 20-weeks
 - Mentor-led check-ins and didactic presentations (900 minutes total)
 - Subject matter expert guest speakers
 - Mentor led 1:1 clinical rounding (16 hours)
 - Access to resources such as APIC e-learning, guidance from professional organizations, webinars
 - Shadowing interdisciplinary teams (e.g., nursing, antibiotic stewardship pharmacist, EVS, Laboratory)
 - Financial support for attendance at a national conference or a certification preparatory course
 - Record keeping through the organization's central registry for professional education
 - An orientation program set the expectation for commitment from leaders and IP fellows
 - Time commitment: at least 16 hours per week
 - Pre- and post-intervention assessment surveys were administered to the IP fellows to self-assess their competencies in the domains used in the criteria by the Certification Board of Infection Control and Epidemiology.

Conclusion

The 20-week fellowship established a foundation to prepare an internal IP workforce to lead infection prevention and control programs filling an organizational need.

Testimonials

"This program helped me spend time with the EVS, Engineering and Facilities. It was an eye opener to see how the work that they do for the hospital is so much more than they play a part in preventing spread of infections."

"This was really gratifying for me to be able to see the actual steps we were taking here to achieve. I did not get the full picture in the classroom, and the program got me there. I can not wait to see how this education translates to the patient."

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