

Presentation Handouts by Keynote Speaker Alicia Cole

For the

NORTHEAST GA REGIONAL INFECTION PREVENTION SYMPOSIUM





The COVID-19 pandemic has shifted the healthcare world off its axis. It will take all of us to set it right, but we can do it.

Since the pandemic began, many indicators demonstrate that health care safety has significantly declined. Amid these dire circumstances, we are once again faced with rising hospital-acquired infection rates. In the 5 years preceding the pandemic, central-line-associated bloodstream infections in U.S. hospitals had decreased by 31%. Sadly, this promising trend was reversed by a 28% increase during the second quarter of 2020, nearly wiping out what we had gained. There were also increases in catheter-associated urinary tract infections, ventilator-associated events, and methicillin-resistant Staphylococcus aureus bacteremia.

The good news is that we already know how to prevent infections. We have evidence-based best practices, protocols, and historical data that prove when we put our mind to it, we *can* achieve ZERO infections. But successful infection prevention doesn't happen on the fly. It takes a strategic plan that starts with a firm foundation and getting the basics right.

Some people see going 'Back to Basics' as a negative, a defeat, but let's instead consider it a reboot that begins with each of us setting our intention to do our part. Whether it's handwashing, adhering to bundle steps, or training others in proper infection prevention, the role each of us plays is vital.

Healthcare organizations must also commit to doing their part by equipping each of their members with the tools and resources necessary to get the job done.

If you find your organization and its leadership are not fulfilling their roles, it's time to change that culture from the ground up. I hope these handouts will give you pause to examine your current environment and remind you to implement what we already know can help make the environment safe. May you be inspired to expand your influence and use your voice to magnify the message of patient and provider safety. Lastly, I hope your passion for infection prevention will be reignited to help move us forward on our quest to Zero Infections.

Let's begin by assessing the culture of your organization....

Alicia Cole Patient 25 Publications



Unfortunately, many healthcare workers have been disappointed by responses to the Covid-19 Pandemic from some healthcare leaders. Prior to the crisis, infection preventionists consistently pleaded for more attention to the needs of the IP and EVS departments. Sadly, the pandemic illuminated that in many places these needs had been ignored for a very long time. How can we capitalize on this exposure and transform the mindset of leadership going forward? How can we rebuild our teams and equip our facilities to ensure that we are prepared when new variants or other public health threats appear?

"The first step toward change is awareness..."

- What do you know about your hospital's Infection Prevention values? Are they posted?
- Have you ever had a conversation with leadership about their Infection Prevention goals?

According to Nitsa Lallas, partner and healthcare practice leader for Senn Delaney, a culture shaping firm, spending time with the leadership team can tell you a lot about the culture of an organization. "How hospital leaders behave is more important than what they say. We call this the 'Shadow of the Leader.' Does their behavior match what they say? What example are they setting? Are they walking the talk?" says Ms. Lallas. The leadership shadow cast by members of the C-Suite and department managers can be telling of a hospital's true infection prevention culture.

"Ultimately, culture determines what is and is not acceptable inside of an organization and that directly impacts business processes and performance."

Carol Geffner, PhD, co-founder and president of Newpoint Healthcare Advisors

"Questions about culture should be about the origin of values, how they are reinforced and how they are reflected. This could yield rich conversation," says Ms. Geffner. Your company culture consists of two key elements: your business's underlying intent, and the people you bring together to carry it out. Today, there are more windows into your company's culture than ever before. Identifying possible fractures in your culture requires courage and hard work.

"...the second step is acceptance." ~Nathaniel Branden

Here are some questions created by Patient Safety Consultant Alicia Cole to assist in evaluating your hospital's culture, environment, and patient safety mindset. More formalized employee surveys will tell you some of the picture, but response bias may skew their truthfulness, especially if there's any fear of retribution. For this exercise, consider your anecdotal evidence and casual feedback as unscientific proof. And make no mistake, your instinct counts for a lot. It works in families as well as businesses: if you think your company is dysfunctional, it probably is.



Observe/Question/Take Action

Does your institution have a "whatever it takes to prevent infections" attitude within the facility and throughout every level of the organization?

Questions:

1.	Is the overall attitude of your staff regarding infection prevention & control activities positive?
2.	Do the doctors or nurses in your facility know about APIC or SHEA and their mission and goals?
3.	Do departments and specialties collaborate with the IP Department, or do they operate in silos?
4.	Are Infection Preventionists publicly acknowledged or rewarded for positive efforts?
5.	How do you ensure employees are informed and in the loop about important prevention information?
6.	Do your Infection Control and Patient Safety Administrators walk the floor and engage with employees?
7.	Do you know the names of housekeeping staff members who routinely clean your area?



Is your patient safety plan collaborative?

1.	Are there complimentary Infection Prevention journals or magazines in the employee lounge
	areas to encourage continuous learning? Does Leadership subsidize subscriptions?

2.	How do you protect employees who want to report a safety concern?
3.	Are team members encouraged to share lessons from near misses, adverse events, and failures?
4.	Are doctors told when their patient develops an infection or returns to the hospital?
5.	Are your infection rates, adverse events, or safety numbers posted in a common area so that staff can readily see them and be encouraged to improve them?
6.	Is an IP involved in the discharge planning and discharge conversation for patients with infections?
7.	Does the IP department collaborate with the Wound Care department or wound care patients to prevent secondary infections or readmissions?



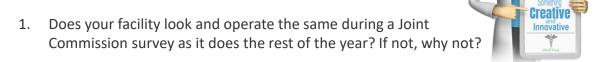
Knowledge is Infection Prevention Power!



- Do you specifically address patient safety and infection prevention in ALL new employee orientations?
- Do you consider environmental services an official part of your infection control department? 2.
- Do you provide infection control education or certification for the maintenance and housekeeping department?
- Does your hospital have a Patient & Family Advisory Council? Is it made up of those who have had both positive and negative experiences in your facility?
- 5. How do you try to learn from those with less than positive infection experiences at your hospital?
- Is your Infection Prevention staff retention rate something you're proud of? 6.

7.	Is your Housekeeping Department staff retention rate something you're proud of?
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Safety is in the DETAILS!



- 2. Does your hospital's underlying culture believe "infections are inevitable" or "we can prevent them"?
- 3. Does the design of your patient rooms promote patient safety and infection prevention?
- 4. Does your facility use copper railings, silver-based antimicrobials, microfiber cleaning cloths and mops, HEPA multi-filtration vacuuming, etc.?
- 5. Do you bathe patients upon admission (especially from the ED) to reduce the volume of germs and bacteria they are introducing into the facility?

6.	Are patients encouraged to brush their teeth daily and clean under their nails to reduce the collection of bacteria?



"Culture does not change because we desire to change it. Culture changes when the organization is transformed; the culture reflects the realities of people working together every day."

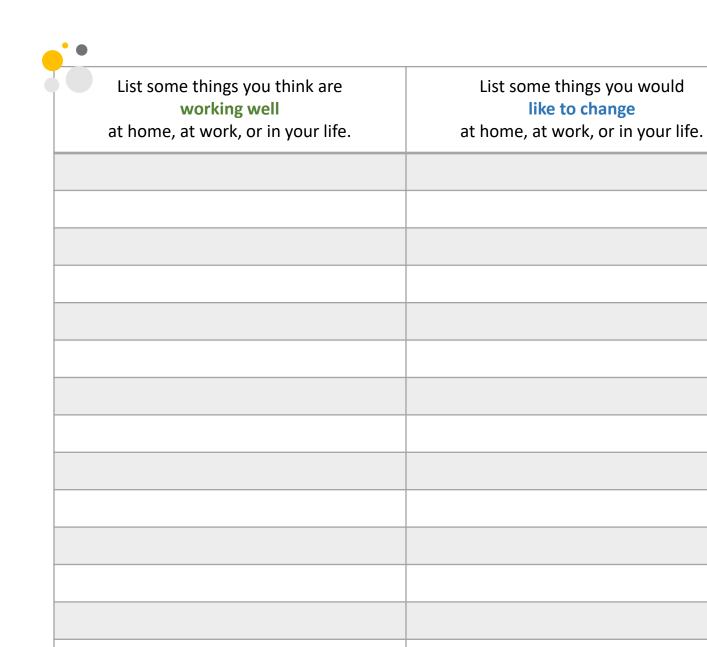
— Frances Hesselbein



Rebuilding Your Life & Career

"We cannot solve problems with the same thinking we used when we created them."

– Albert Einstein





Problem I would like to solve	
My desire	d outcome
What do I feel about this issue?	Who can help me with this issue?
What can I do to help solve this problem?	How can my partners help me?
What small action, first step can I start today?	What small action, first step can my partners start today?
What obstacles are in our way?	What strategies can overcome these obstacles?
What other ideas and thoughts come to mind?	

APIC Can Help

Making the Business Case

Infection preventionists are often asked to provide business justification for their healthcare-related proposals. However, as clinical experts, some IP's may lack the business knowledge necessary to convince decision makers of their project's financial benefits. Did you know APIC offers a four-article collection in the online bookstore called "Making the Business Case"?



Written by an MBA, it is designed to help IP's provide business justifications for their proposals.

This series takes you from the foundational concepts of the business side of healthcare through preparing and presenting your proposal to financial decision-makers. Armed with this information, you will be able to demonstrate how improvements in infection control can lead to positive bottom-line results, thereby enhancing the probability of approval for various initiatives for reducing infections.

If you have an idea for a project, study, or resource that can help improve your facility or infection prevention as a whole, this guide is the help you need. Sometimes we have amazing ideas that the world is hungry for but we're not confident in our ability to translate our idea to others. Order a copy of "Making the Business Case" and let it guide you through the writing, polishing, and presentation of your business proposal.

Did you know that the 1990's toy sensation Game Boy was invented by Gunpei Yokoi, a Ninetendo factory janitor? If you've ever played Super Mario Bros. or Donkey Kong, you can thank Mr. Yokoi for the pleasure. One day the president of the company happened to walk by Yokoi during a building inspection. He was quickly impressed by a toy the janitor created and was playing with to combat boredom during slow work times. The rest is history. So, if you have an idea for anything that can help to prevent infections, improve the delivery of care, or make the world a better place, don't hide your light any longer. Let it shine!

"The ones who are crazy enough to think they can change the world are the ones who do."

— Steve Jobs

Please note: I receive no remuneration for sharing this information with you. I just want you to have every possible resource that will help you to love your job and do it to the best of your ability.



Look for something positive in each day, even if some days you have to look a little harder.

Three things I love about being an IP:

1.		
2.		
3.		

Let's Get Social @MizCole2U

In this time of pervasive misinformation, many infection preventionists and patient advocates are using Twitter to create health and safety messages delivering important, factually correct information to the public. These messages reach far beyond the local community and expand one's network, influence, and impact on the general public. An estimated **200 million Twitter users** generate more than 200 million tweets a day, and the platform handles more than 1.6 billion search queries per day. Healthcare providers must seize the opportunity to saturate the internet with accurate information by sharing responsible tweets and retweeting the posts of respected colleagues. Social media affords every individual the opportunity to play a part in controlling the infection prevention narrative. As an IP, you are the true expert. This is your time to be heard. **Seize the opportunity** and change the face of infection prevention.

The Basics

USERNAME: This is the way users identify themselves. For example, @APIC is the official username for APIC.

TWEET: A messages made up of 280 characters or less. **RETWEET:** Sharing another user's tweets with your followers.

MENTION: Linking to another Twitter user by putting the @ symbol in front of their username in a message.

Below are some respected Twitter users who focus on infection prevention, healthcare, and patient safety. As you begin your social media campaign, use of this list will jumpstart your efforts and quickly generate connections. Create your account now and follow each user on the list. You can get started instantly by hitting the 'Like' button or retweeting tweets that you like. Don't be intimidated, it is a lot easier than you might think.

@APIC	@Stephen_Pirkle	@Georgia_HAI	@AJICJournal
@APICGreatLakes	@IDHjournal	@InfectDisNews	@GTsciences
@APIC015	@CDC_Firstline	@ScottGottliebMD	@loveebhc
@APICGLAC	@PLAN4ZERO	@GSTTnhs	@ESCMID
@ApicNE	@patients4safety	@HPRUamr	@mpmaziarz
@APICgreaterKC	@IPACCanada	@ksperling19	@JeffersonUniv
@ApicDfw	@swoIPAC	@uhcw_inf_con	@JeffCollegeNur
@APIChouston	@ipacuhn	@jonotter	@DrCarolatICI
@APICConsulting	@IPS_Infection	@Craig5521	@tjmacalli3
@ApicSNJ	@PreventionTips	@Dr_Mike_Stevens	@InfectiousJK
@JanetHaasIP	@IPAC_OR	@jhieditor	@idpharmd
@angievassallo	@CDCgov	@EvonneTCurran	@nahnnursing
@EpiKelley	@CDCemergency	@CBIC	@SIDPharm
@InfectiousPS	@CDC_NCEZID	@accpinfdprn	@cleichhorn
@michaelmina_lab	@SafetyASAP	@Drhudsongarrett	@clarancarvalho
@Bob_Wachter	@ashishkjha	@ICHEJournal	@AMSANational
@HIS_infection	@DrTomFrieden	@SHEA_Epi	@IPSRnD

Partner with Patient Advocates



A great way to extend your reach outside the infection prevention community is by connecting with Patient Safety Advocates through social media. This will help spread your message to institutions, organizations, and consumers that you probably would not otherwise reach.

@MizCole2u	@hhask	@VondaVadenBates
@psan	@healthwatchusa	@WalkForPtSafety
@SafetyASAP	@ConsumerWD	@DanaMirman
@PLAN4ZERO	@wapatientsafety	@CHemmelgarnMS
@pfps_us	@Lmcg7	@icorina
@KevinTKavanagh	@sadmrsa	@marynmck
@NilesProject	@Veverly_Myers	@HandHygieneArbo
@tymoss95	@ZeroPatientHarm	@RyonCobb
@lori_nerbonne	@SepsisAlliance	@NePatient
@PatriciaKelmar	@EndSepsis	@tobiasgilk
@jun_soojin	@JustinHOPE	@peggyfund

@KATHYDAYRN

@PatientSafetyAd



@PA4CT

@LisaMorrise

Hashtag: A way to categorize tweets on a particular topic.

HASHTAG: Similar to a mention, a hashtag is automatically created when the # symbol appears before a word. Using a # enables others to easily see your message and join in a larger conversation on a particular topic. Searching for a specific #hashtag brings up all the tweets that have been created using that #hashtag.

#infectionprevention	#BlackMedTwitter
#infectioncontrol	#latinasinmedicine
#COVID19	#NurseTwitter
#infections	#medicaleducation
#Epidemiology	#MedStudentTwitter
#patientsafety	#healthequity
#hospitalinfection	#HealthyLiving
#healthandwellness	#handwashing
#healthcare	#AMR
#IDTwitter	#Antimicrobial
#MedTwitter	#FamilyHealth



@Wixit

@EbonyJHilton_MD

"No matter what people tell you, words and ideas can change the world." ~ Robin Williams



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