Role of the Corporate Infection Preventionist in a Multi-Hospital System

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[Nothing to Disclose]
Learning Objectives

• Describe three functions of the role of a corporate Infection Preventionist in a multi-hospital system

• Develop algorithms for the identification and classification of HAIs (CLABSI, CAUTI, SSI, VAE, MDRO, C difficile)

• Describe the structure to a Unit Based Champion program at the local facility level.

US Centers for Disease Control and Prevention (CDC)

• On Feb 12, 2013, summarized progress made in the fight against three major types of health-care associated infections (HAIs):
  – Central-line-associated bloodstream infections (CLABSI)
  – Surgical-site infections (SSIs)
  – Catheter-associated urinary tract infections (CAUTIs)

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CDC: National Healthcare Safety Network – Good News.....

- Collected information from more than 11,500 health-care facilities in the 50 states, Washington DC, and Puerto Rico
- 2011 (the most recent year for which data are available) US hospitals reported:
  - 41% reduction in CLABSIs
  - 17% reduction in SSIs from 2008
  - 7% reduction in CAUTIs
- These gains were achieved on intensive care units (ICUs), wards with specialty care areas, and neonatal ICUs.

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Morbidity, Mortality, Cost

- HAIs are among the top ten causes of morbidity and mortality in the USA
  - causing almost 100,000 deaths per year
  - estimated to be as high as US $45 billion annually

Lancet Infectious Diseases, Vol. 13 No. 5 p 377  May 2013
<table>
<thead>
<tr>
<th>HAI</th>
<th>Est Annual %</th>
<th>Est Direct Cost</th>
<th>Avg Length of Stay</th>
<th>Attributable Mortality</th>
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</thead>
<tbody>
<tr>
<td>Surgical Site Infection (SSI)</td>
<td>33.7%</td>
<td>$20 785</td>
<td>~11 days</td>
<td>~4%</td>
</tr>
<tr>
<td>➢ MRSA SSI</td>
<td></td>
<td>$42 300</td>
<td>~23 days</td>
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<tr>
<td>Central Line Associated Bloodstream Infection (CLABSI)</td>
<td>18.9%</td>
<td>$45 814</td>
<td>~10 days</td>
<td>~26%</td>
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<tr>
<td>➢ MRSA CLABSI</td>
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<td></td>
<td>~16 days</td>
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<tr>
<td>Ventilator Associated Pneumonia (VAP)</td>
<td>31.6%</td>
<td>$40 144</td>
<td>~13 days</td>
<td>~24%</td>
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<tr>
<td>Catheter Associated Urinary Tract Infection (CAUTI)</td>
<td>&lt;1%</td>
<td>$896</td>
<td>&lt; 1 day</td>
<td>&lt;1%</td>
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<tr>
<td>Clostridium difficile Infection (CDI)</td>
<td>15.4%</td>
<td>$11 285</td>
<td>~ 3 days</td>
<td>~4%</td>
</tr>
</tbody>
</table>


**Mortality risk is high among patients with SSIs**

- A patient with an SSI is:
  - 5x more likely to be readmitted after discharge
  - 2x more likely to spend time in intensive care
  - 2x more likely to die after surgery

- The mortality risk is higher when SSI is due to MRSA
  - A patient with MRSA is 12x more likely to die after surgery

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Universal Health Services

• A for-profit system with corporate offices in King of Prussia, PA
• 25 acute care facilities in
  ➢ Wash DC, So Carolina, Florida, Oklahoma, Texas, Nevada, California
  ➢ 197 behavioral health centers located in 37 states
• Two Infection Preventionist Consultants
• Report to VP Quality

Corporate Infection Preventionist

• An emerging role for Infection Preventionist (IP) in multi-hospital systems
• Corporate Infection Preventionist is a resource to the facility IPs
• Provide consultative and educational services
• Analyze facility-wide HAI data
• Implement infection prevention measures and standardize practices, policies, IC Annual Plans, and risk assessments
• Standardize IP Job Descriptions and pay scales
Key Role: Networking and Consulting

- Due to the high workload of IPs today, it can prevent them from networking and attending local and national conferences
- They can feel isolated and lack a peer support group
- The Corporate Infection Preventionist serves as a facilitator to develop a cohesive relationship with Quality and Patient Safety at corporate office

Transformational Leadership

“Leadership is an art – a performing art - and the instrument is the self. The mastery of the art of leadership comes from the mastery of self.”

Jim Kouze – The Leadership Challenge
Qualities of a Transformational Leader

- **Goal Directed** – this is why IC Plans and Risk Assessments are so important
- **Emotional Intelligence** – steady, calm, create a culture of safety
- **Accountability and Authenticity** – know your data!
- **Inspired Innovation and Creativity** - take risks to think outside the box, try new ideas
- **Moral Sensitivity and Reasoning**

Infection Prevention Leadership

**Leadership** – influences a group of individuals to achieve a common goal – example: hand hygiene compliance

**Leadership** – an interactive process with mutual interaction in complex environment to achieve common goal
- example: HAI prevention measures in ICU

**Leadership** – discipline and art of guiding, motivating, inspiring a group or organization towards the achievement of a common goal
- example: the infection control plan
How Do You Master Your Self?

- Organization challenges
- Interpersonal skills and handling demands
- Individual motivation
- Self-knowledge leads to greater self-awareness
- Recognize and understand your moods, emotions, triggers, values, strengths, weaknesses, needs and drives and their effect on others

Leadership Competencies

- Integrity – demonstrating it to others
- Trust - building it with others
- Team work – getting things done through others
- Communicating well – reinforced, creative, feedback
- Technological savvy – data analysis, descriptive epidemiology
- Emotionally stable with uncertainty, ambiguity
- Flexible and adaptable
- Networking - creating networks and alliances – Unit Based Champions
- Global astuteness – having a basic knowledge of what is going on in the hospital and medical field not related to infection prevention
IP Leadership

- Infection Prevention Education Program and IC Plan
- Infection Control Committee/PI Committee
  Other Committees Control
- Measures - Rounds ICRA, Monitoring and Observational Studies Rounds
- Assessments of Devices - Risk Assessments
Structure to UHS Corporate IP Program with Facilities

- Analysis of HAI dashboard to prioritize projects
- Education and Communication
- Prepare facility for Accreditation and Regulatory Readiness
- Consultation and resource

Principles of Social Learning Theory

- Albert Bandura, PhD
  - Role Modeling (Unit Based Champions)
  - Self-Efficacy (Posters, abstracts, lectures)
- BF Skinner, PhD
  - Reinforcement (Consistent education, webinars, emails)
  - Contracting (Risk Assessments, IP Plans)
  - Reciprocity (Job Descriptions, IC Summit, IC Training and CIC Prep Course)
Responsibilities

• Standardization of surveillance systems: UHS corporate dashboard and NHSN data analysis
• Development of educational programs: webinars, week-long infection control training course and CIC prep course, annual infection prevention summit
• Facilitate communication with monthly IP teleconferences, frequent phone calls and consistent email communication
• Development and standardization of policies and procedures

Responsibilities: Collaboration

• Collaboration with corporate Process Improvement team
• Collaboration and participation with corporate Accreditation and Regulatory team on Full Book Surveys (evaluate continued readiness for TJC and CMS requirements)
• Collaboration with corporate Value Analysis Team on IP products
• Consultation with IPs, Directors: Quality, OR, CNOs, C Suite (CEO/COO/CMO/CFO)
Sample of Webinar Topics 2011-2013

- Overview of Rapid Molecular Technology and Cost Effective Outcomes
- Working Toward Zero SSIs: “7 S Bundle”
- Overview of Dialysis and IC Issues
- Overview of Sterilization and Disinfection
- Overview of Antiseptics
- Statistics and Epidemiology: Beyond the 2 x 2 Table
- Overview of MRSA and Prevention Measures
- Overview of C. difficile and Prevention Measures
- 2013 NHSN and UHS Requirements for Surveillance

Continued Readiness: TJC and CMS

- Corporate Infection Preventionist participates in monthly Full Book Surveys where both The Joint Commission (TJC) and CMS standards are reviewed at the selected hospital
- The team is comprised of IC, Quality, Risk Management, Environment of Care and Emergency Management, Medication Safety Officer, Facilities and Life Safety
- Surveys are completed over a three day period for preparation of the facility
Standards

- CMS: Condition of Participation for Infection Control
  - CFR 482.42 (a)(1), (b)(1), etc
  - Medicare standards – TAG A-0747 - 0756
- Joint Commission Standards
- National Patient Safety Goals

A Picture Speaks Louder Than Words

- Photos of deficiencies are prepared in a PowerPoint presentation
- Photos illustrate the citations in the final report
- Allows the IP and other managerial staff to use the presentation in staff meetings to correct deficiencies and educate staff
Serve as a Resource for the Infection Preventionists

- The Joint Commission (TJC)
- Association for Professionals in Infection Control and Epidemiology (APIC)
- Centers for Disease Control (CDC)
- National Health and Safety Network (NHSN)
- Centers for Medicaid and Medicare Services (CMS)
- HICPAC, EPA, FDA, AAMI, ASHE, AII, IHI, AORN

How To Keep Up With New Knowledge?

Resources for Daily Research:
- www.infectioncontroltoday.com
- www.sciencedaily.com (health – daily update)
- www.hpnonline.com (daily update)
- www.apic.org
- www.ajicjournal.org/
- http://www.cdc.gov/Other/emailupdates/
- www.cdc.gov/hai/
- www.jointcommission.org
- www.shea-online.org
- www.sentri7.com
- www.pharmacyonesource.com
How To Keep Up With New Knowledge?

Association of Perioperative Registered Nurses www.aorn.org
Association for the Advancement of Medical Instrumentation www.aami.org
American Institute of Architects - www.aia.org
Quality Net http://www.qualitynet.org
Federal Drug Administration www.fda.gov/MedicalDevices
IDSA http://www.idsociety.org/IDSA_Practice_Guidelines/

Use Evidence Based Guidelines for Environmental Control

- CDC Guideline for Isolation Precautions in Hospitals, 2007
- CDC Guideline for Environmental Infection Control in Health-Care Facilities, 2003
- CDC Guideline for Hand Hygiene in Health-Care Settings, 2002
- CDC Guidelines for Design and Construction Of Hospital and Health-Care Facilities, 2002
Use Evidence Based Guidelines for Prevention Practices

- APIC Guideline for Selection and Use of Disinfectants
- OSHA Bloodborne Pathogens Standard, 1992
- APIC Guide to the Elimination of *Clostridium difficile in Healthcare Settings*
- APIC position paper: Safe injection, infusion, and medication vial practices in healthcare 2010
- APIC Guide to the Elimination of Orthopedic Surgical Site Infections 2010
- APIC Guide to the Elimination of Ventilator-Associated Pneumonia 2009
- APIC Guide to the Elimination of Infections in hemodialysis 2010
- CDC Guideline for Prevention of CAUTI, 2009 Guide to the Elimination of
- APIC Methicillin-Resistant *Staphylococcus aureus (MRSA)* Transmission in Hospital Settings, 2nd Edition 2010

Use Evidence Based Guidelines for Prevention Practices

- CDC Recommendations for Preventing the Spread of Vancomycin Resistance 1995
- CDC Guideline for Prevention of Surgical Site Infection, 1999 (currently under revision
- CDC Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis in Health-Care Settings*, 2005
- CDC Management of Multidrug-Resistant Organisms In Healthcare Settings, 2006
- CDC Guide of infection prevention recommendations for outpatient (ambulatory care) setting 2012
- CDC Guidelines for Infection Control in Dental Health-Care Settings – 2003
Use Evidence Based Guidelines for Prevention Practices

- CDC Guideline for Infection Control in Healthcare Personnel 1998
- CDC Recommendations for Preventing Transmission of Infections Among Chronic Hemodialysis Patients
- CDC Guidelines for the Prevention of Healthcare Associated Infections
- CDC Website on Healthcare-associated infections: www.cdc.gov/hai
- CDC Website on Hand Hygiene in Healthcare facilities: www.cdc.gov/handhygiene
- CDC Website on Injection Safety: www.cdc.gov/injectionsafety
- CDC Website on Influenza: www.cdc.gov/flu
- CMS – Conditions of Participation – Infection Control and Infection Control Survey Tool
- All evidence-based recommendations for prevention of healthcare-associated infections from CDC/HICPAC can be found at the following site: http://www.cdc.gov/hicpac/pubs.html

AORN Recommended Practices

*Preoperative Patient Skin Antisepsis. AORN, 2008:537-553.
*High Level Disinfection. AORN, 2008:303-309.
*Cleaning and Processing Anesthesia Equipment. AORN, 2008:275-284
*Sterilization in the Perioperative Setting. AORN,2008:575-284
*Hand Hygiene in the Perioperative Setting. AORN, 2011:p. 73–8
*Surgical attire  AORN, 2011;p. 57–72
Facility Unit-Based Champions (UBC) for Infection Prevention

- Collaborate with the Infection Preventionist
- Members: Nursing Units, Environmental Services, Microbiology Lab, Surgical Services, Emergency Department, etc.
- Distribute educational materials on a routine basis for reinforcement that is shared at staff meetings: newsletters, slides, eBug Bytes, new policies or practice change
- Conduct observational studies (“secret shoppers”) for compliance with hand hygiene and prevention measures (e.g., environmental cleaning, assessment of HAI bundles, precaution technique)
- Prepare abstracts, posters and present at facility or submit to national conferences to highlight team work, projects, etc.
Bipolaris in cardiac surgery patients - Call for cases

- CDC, together with state and local health department partners, continues to investigate an outbreak of Bipolaris surgical site infections among cardiothoracic surgery patients. Mediastinal infections due to molds following cardiothoracic surgery are a rare but known complication, however Bipolaris is a very rare cause of these.
- 13 culture-confirmed cases from six hospitals in two states have been identified. Positive cultures were obtained between December 2008 and November 2013; nine cases have occurred since May 2013. Cases ranged in age from 1 month to 82 years, all cases are male. Commonalities include a history of recent open cardiothoracic surgery (including CABG, heart transplantation and valve replacement/repair); ICU care; and extended periods of open chest wounds prior to eventual closure. Bipolaris isolates were obtained from tissue and pleural/mediastinal fluid samples. Associated mortality has been high.
- Please report any cultures of Bipolaris obtained since 2008 from chest surgery patients to Dr. Anne Purfield (aip4@cdc.gov) of the Mycotic Diseases Branch of the CDC.

Hospital water taps contaminated with bacteria

Researchers found the total microbial load was up to 10 times greater when aerators were in place than after they had been sterilized. Their findings show that opportunist micro-organisms like Legionella spp., Acinetobacter spp. and other Gram-negative bacteria were significantly higher at the faucet than in the plumbing system.

Throughout the study, researchers consistently noted chlorine levels that were too low and hot water temperatures that were below the minimal temperature needed to prevent the growth of Legionella.

Both of these factors promote the growth of waterborne pathogens.

http://www.shea-online.org/View/ArticleId/251/Hospital-Water-Taps-Contaminated-with-Bacteria.aspx
PowerPoint Presentations

- Implementing AORN Recommended Practices for Surgical Attire, 2012
- Prevention of Catheter Associated Urinary Tract Infections
- Prevention of Central Line Infections
- Prevention of Ventilator Associated Pneumonia
- Safe Needle and Medication Handling Practices
- Top 10 ways to prevent infection in 2013

Corporate IP surveys and issues evaluated 2011-2013

- MRSA Screening
- Immediate Use Steam Sterilization
- Privacy curtains changing policy and disposable curtain evaluation
- Procedures for handling Cidex OPA
- Endoscopy cleaning and reprocessing
- CT Scan Contrast Procedures
- Laryngoscope Disinfection
- Surgical Attire Policy
- VAP Prevention Bundle
- CLABSI Bundle: standardized central line insertion tray
- Alcohol cap protectors for injection port
- CAUTI Prevention Bundle – IC tray
- Biological Waste Management
- C. difficile and PCR, Precautions, Disinfection
- State reporting and new regulations
- Mandatory Flu Vaccinations
- Safe Medication and Injection Practices
- Employee Vaccines and Titers
- Reprocessing of Medical Devices
- Standardization of Germicidal Cloths
- Microfiber cloths and mops
- SSI Prevention Bundle
- Central Supply Service – biological indicator logs, flash logs, manufacturers recommendations
- Dialysis procedures and equipment disinfection
- Isolation Precautions study
Risk Assessments

✓ Medication safety evaluation: handling of single use and multi-dose vials, USP ‘797’, contrast media preparation
✓ Reprocessing of medical equipment: operating room, CSS, endoscopy, radiology, labor and delivery, dialysis, wound care, ambulatory surgery
✓ Carbapenem-resistant Enterobacteriaceae (CRE) and infection prevention measures

Corporate Infection Preventionist Consultant
Standardize the Surveillance System

• Manages the analysis of HAIs entered into NHSN
• Provides consultation to facilities and IPs
• Conducts webinars and teleconferences for training
• Trains new IPs in data systems and HAI dashboard
• Extracts data for projects and inquiries
Standardization of HAI Surveillance

- Surveillance definitions – use of algorithms
- Standardized methodology for corporate dashboard and entry of cases in NHSN
- UHS electronic medical record (Cerner) Implementation and IC module
- Healthcare acquired conditions (HACs) versus NHSN defined HAIs
Standardization of Infection Prevention Bundles

CLABSI Bundle and Practices to Prevent Exogenous Contamination

- Arrow Central line insertion kits – with antimicrobial catheters
- BioPatch impregnated CHG disc
- Central Line Insertion Checklist
- Excelsior Alcohol cap protectors for injection hubs
- MD daily line necessity
- Daily body cleanse with CHG impregnated washcloths reduces CLABSI

Centers for Disease Control and Prevention. Guidelines for the prevention of intravascular catheter-related infections. 2011

CAUTI Bundle and Practices to Prevent Exogenous Contamination

Bard Advance Infection control Foley Tray
• Preconnected system
• Injection hub for urine specimen sampling
• Silver coated catheters
• Anti-reflux valve in bag
• Nurse or MD Daily Foley catheter necessity assessment
• Daily body cleanse with Sage CHG washcloths in the ICU reduces CAUTI

CDC Guidelines for Prevention of Catheter-Associated Urinary Tract Infections 2009
www.cdc.gov

Calculate SIR by HAI by facility and compare to national data from NHSN

2013 Jan-Jun CLABSI & CAUTI SIRs
VAE Bundle and Practices to Prevent Exogenous Contamination

- Oral care q2-4 hrs, CHG oral rinse q 12 hrs
- VAP Rounds and checklist (head of bed elevated 30 degrees, PPI, DVT prophylaxis, daily sedation vacation, ventilator necessity)
- CHG washcloths for daily bathing in the ICU reduces VAPs


2013 Initiative
7 “S” Bundle to Prevent SSI
www.7sbundle.com

SAFETY IN THE OPERATING ROOM
SCREEN – FOR RISK FACTORS, PRESENCE OF MRSA & MSSA
SHOWERS – PRE-OP WITH CHLORHEXIDINE SOLUTION OR BATH CLOTHS
SKIN PREP WITH ALCOHOL BASED SKIN PREPS (CHLORHEXIDINE AND 70% ALCOHOL - IODOPHOR AND ALCOHOL)
SOLUTION TO POLLUTION IS DILUTION CHLORHEXIDINE INCISION IRRIGATION (0.05%)
SUTURES – ANTIMICROBIAL (WITH TRICLOSAN)
SKIN CLOSURE – TOPICAL SKIN ADHESIVES OR ANTIMICROBIAL DRESSINGS: (PHMB), SILVER, AMD
Calculate SIR by HAI by facility and compare to national data from NHSN

![Graph showing 2013 Jan-Jun SSI SIRs]

Reduction in Healthcare Acquired Infections with corporate initiatives and standardization of practices, products, procedures
2011 - 2013
<table>
<thead>
<tr>
<th>Healthcare Acquired Infections</th>
<th>UHS 2012 Benchmark Rate</th>
<th>Infection Prevention Measures in Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catheter Associated UTI (rate per 1000 Foley days)</td>
<td>2.0</td>
<td>Infection Control Foley Catheter Tray and Silver Foley Catheter, CHG washcloths</td>
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<tr>
<td>CLABSI (rate by 1000 catheter days)</td>
<td>0.0</td>
<td>Central Line Insertion Kits, Alcohol Caps for Injection Hub Protection, CHG washcloths, Central Line Checklist</td>
</tr>
<tr>
<td>VAP (rate by 1000 ventilator days)</td>
<td>0.0</td>
<td>CHG rinse with oral care kits, VAP bundle checklist, CHG washcloths, nebulizer cleaning procedures, VAP rounds</td>
</tr>
<tr>
<td>CABG SSI (overall rate by surgical procedures)</td>
<td>0.0</td>
<td>MRSA screening before surgery, CHG preop showers/cloths, Incisional sealants, CHG/alcohol skin prep</td>
</tr>
<tr>
<td>Total Hip (overall rate by surgical procedures)</td>
<td>0.0</td>
<td>MRSA screening before surgery, CHG preop showers/cloths, Incisional sealants, CHG/alcohol skin prep</td>
</tr>
<tr>
<td>Total Knee (overall rate by surgical procedures)</td>
<td>0.0</td>
<td>MRSA screening before surgery, CHG preop showers/cloths, Incisional sealants, CHG/alcohol skin prep</td>
</tr>
<tr>
<td>C.Difficile (rate per 10,000 patient days)</td>
<td>4.0</td>
<td>Bleach wipes and bleach disinfectant solution, Rapid PCR Diagnostics for Early Diagnosis and Precautions, Enhanced environmental cleaning, cubicle curtain changes, room decontamination units for high rates</td>
</tr>
<tr>
<td>MRSA (rate per 1,000 patient days)</td>
<td>0.4</td>
<td>CHG Washcloths, Pre-admission and Pre-op Screening, Rapid PCR Diagnostics for Early Diagnosis and Precautions</td>
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<table>
<thead>
<tr>
<th>CLABSI</th>
<th>CLABSI</th>
<th>CAUTI</th>
<th>CAUTI</th>
<th>Other SSI</th>
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<tbody>
<tr>
<td>ICU</td>
<td>MED/SURG</td>
<td>ICU2</td>
<td>MED/SURG2</td>
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30% reduction 28% reduction 33% reduction 71% reduction
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<td>UHS Total</td>
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<tr>
<td>CAUTI – ICU</td>
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<td>$896.00</td>
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<td>CLABSI – ICU</td>
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<td>$45,814</td>
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<td>VAP – ICU</td>
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<td>CABG SSI</td>
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<tr>
<td>Total Hip SSI</td>
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<td>Total Knee SSI</td>
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<td>Abdominal Hysterectomy SSI</td>
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<td>C. difficile</td>
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<td>$11,285</td>
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<tr>
<td>TOTAL</td>
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IT TAKES INSPIRATIONAL LEADERSHIP

"The task of the leader is to get his people from where they are..."

"...to where they have not been."
- Henry Kissinger
Conclusion

• Corporate team approach in a multi-hospital system is an excellent way to standardize practices, organize team work, provide expert consultation, survey hospitals in a systematic manner and provide inspirational leadership
• Monthly teleconferences and webinars enhance communication and education
• Annual training summit creates a cohesive group, networking and commitment to the infection prevention program
• Onsite surveys allow the corporate office to evaluate compliance with evidence based practices and local and national standards and regulations
• The Corporate IP Consultant position, under the umbrella of Quality and Patient Safety, is an excellent resource for large multi-hospital systems to reduce healthcare acquired infections.