



KENTUCKY  
INFECTION  
PREVENTION  
Training Center  
KentuckyIPTraining.org

# Infection Prevention BOOT CAMP

Presented by KyIP Training Center

2023



Educate • Collaborate • Prevent Infections

**KyIP Training Center**  
224 E Broadway, Suite 300  
Louisville, KY 40202

[KentuckyIPTraining.org](http://KentuckyIPTraining.org)

Connect with KyIP Training Center on Socials



# Welcome.



It is with immense pleasure and a deep sense of purpose that I extend a warm welcome to each of you at the 2023 Infection Prevention Boot Camp. As we gather for this transformative event, we unite in our shared commitment to safeguarding patient health and elevating the standards of infection prevention and control.

The journey we embark upon during these days holds the potential to shape not only our professional growth but also the quality of healthcare we provide to our communities. Together, we will explore cutting-edge strategies, engage in robust discussions, and cultivate a network of colleagues dedicated to excellence in infection prevention.

The challenges we face in healthcare are ever-evolving, and it is our collective knowledge, innovation, and resilience that will drive progress. Each of you brings a unique perspective, experience, and passion to this Boot Camp, making it a rich and dynamic learning environment.

I encourage you to immerse yourself fully in the program, to ask questions, to share your insights, and to forge connections with your fellow participants. It is through this collaborative spirit that we can harness the power of collective wisdom to create safer healthcare environments.

As we delve into the latest research, best practices, and practical skills, let us remember the profound impact our work has on the lives of patients and their families. By honing our infection prevention expertise, we play a crucial role in ensuring that every individual receives care that is not only effective but also safe.

I extend my deepest gratitude to you for choosing to be a part of this transformative experience. Your dedication to the field of infection prevention is commendable, and your presence here signifies your unwavering commitment to advancing patient safety.

Throughout our time together, let us embrace the opportunity for growth, collaboration, and inspiration. Together, we will fortify our knowledge, strengthen our resolve, and leave this Boot Camp as even more formidable champions of infection prevention.

Thank you for being here, and I look forward to the remarkable journey ahead.

*Dr. Julia Frith, DNP, RN, CIC*  
Kentucky Infection Prevention Center (KyIP)  
[Julia.frith@nortonhealthcare.org](mailto:Julia.frith@nortonhealthcare.org)

### **Intended Audience**

Tailored for, but not limited to Infection Preventionists, Medical Doctors, healthcare leadership, and healthcare administrators.

### **Format**

Live Presentations and Hands-On Simulations

### **Continuing Education Credits**

#### **Nurses**

#### ***American Nurses Credentialing Center (ANCC)***

Norton Healthcare Institute for Education and Development is approved with distinction as a provider of nursing continuing professional development by the South Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. This continuing professional development activity has been approved for 7 contact hours. In order for nursing participants to obtain credits, they must complete the evaluation and claim attendance by attesting to the number of hours in attendance.

For more information related to nursing credits, contact Sally Sturgeon, DNP, RN, SANE-A, AFN-BC at (502) 446-5889 or [sally.sturgeon@nortonhealthcare.org](mailto:sally.sturgeon@nortonhealthcare.org).

### **Educational Methods**

- Lectures
- Question and Answer Session
- Handout Material

### **Evaluation**

- A questionnaire will address program content and presentation
- Pre and Post-test will assess knowledge and confidence along with intent to change

### **Learning Objectives**

Participants will be able to directly apply newly learned infection prevention and control strategies, driving positive change within their respective healthcare setting, championing infection prevention and control practices.

### **Faculty and Planner Disclosure**

Norton Healthcare adheres to the American Nurses Credentialing Center's guidelines and standards regarding the influence of commercial support for accredited continuing education as well as the Standards for Commercial Support regarding ineligible company support. During the planning process, all individuals in a position to control the content of the educational activity (planners, presenters, simulation instructors and tabletop exercise facilitators) are required to disclose all financial relationships with ineligible companies and the nature of the relationship. This information is assessed by the Norton Healthcare Center for Medical, Provider & Nursing Education to ensure an acceptable mitigation of any identified conflicts prior to the activity. In addition, all attendees will be asked to evaluate the speakers' content for bias and balance.

*Dr. Hudson Garrett, faculty and planner for this education event, is a Speaker for Accredited Clinical Education for Ansell, Aerobiotix, and UVDI.*

*Missy Travis, faculty and planner for this educational event, is a consultant for Applied Silver, IVizz and Georgia Pacific.*

*\*All of the relevant financial relationships listed for these individuals have been mitigated\**

# Table of Contents

Presenters .....	5
<b>Hudson Garrett, PhD, MSN, MPH, MBA, LTC-CIP, CIC</b> .....	5
<b>Stephen Furmanek MPH, MS</b> .....	5
<b>Karen Niven, MS, BSN, CVAHP</b> .....	5
<b>Clay Bryant NHSN</b> .....	5
KyIP Training Center Boot Camp 2023 Agenda.....	6
<b>Presentations:</b> .....	8
Undeniable Laws of Communication .....	8
Building Collaboration with Healthcare Executives .....	18
Empowerment on the frontline: Leveraging HAI Data for Infection Prevention Success .....	36
IP of the Future .....	51
Presenting Impactful Analysis .....	71
Value Analysis Principles.....	82
Being an agent of change.....	95

## Presenters

**Hudson Garrett, PhD, MSN, MPH, MBA, LTC-CIP, CIC** President and Chief Executive Officer for Community Health Associates and a Adjunct Assistant Professor of Medicine in the Division of Infectious Diseases at the University of Louisville School of Medicine. He holds a Graduate Certificate in Infection Prevention and Infection Control from the University of

South Florida. He has completed the Johns Hopkins Fellows Program in Hospital Epidemiology and Infection Control. He is also a Fellow in the Academy of National Associations of Directors of Nursing Administration and was selected as a Lifetime Member in the Association, which is the highest honor bestowed upon a member.

He holds graduate certificates in healthcare leadership from both Cornell and the University of Notre Dame. He has served on expert panels related to disinfection and sterilization with the United States Food and Drug Administration, Centers for

Disease Control and Prevention, and the Environmental Protection Agency, most notably serving on the FDA's Panel and Working Group for Flexible Endoscope Reprocessing and the EPA's Pesticide Program Dialogue Committee.

Dr. Garrett has lectured around the world and provided testimony to government and regulatory agencies on a variety of topics related to infectious diseases, patient safety, and healthcare leadership

**Stephen Furmanek MPH, MS** an experienced biostatistician with focus in the domains of clinical research, nursing and public health. Stephen has nearly a decade of experience transforming data into actionable information through statistical analysis.

**Karen Niven, MS, BSN, CVAHP** Senior Director, Performance Group and Value Analysis. Karen uses her 30 + years of clinical experience in her work with Premier members to support the delivery of patient care and outcomes. She also serves the Association of Healthcare Value Analysis Professionals as the current President-Elect.

**Clay Bryant NHSN** Program Lead, KDPH Division of Epidemiology and Health Planning. Clay has earned his Master of Science in Epidemiology from University of Kentucky.

## KyIP Training Center Boot Camp 2023 Agenda

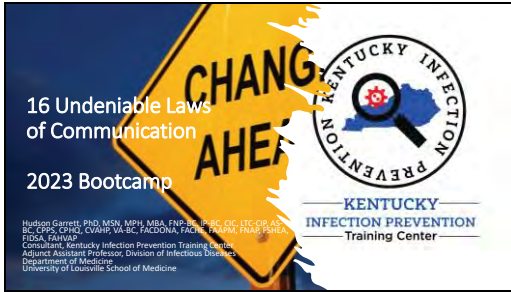
Topic	Audience	Presenter	Time
Welcome	All attendees	Dr. Mike Bell	8:15 – 8:45 am
Undeniable Laws of Communication <ul style="list-style-type: none"> <li>Describe the key principles underlying the 16 laws of communication</li> <li>Apply Maxwell's laws to various communication scenarios, and analyze real-life situations to determine the most effective communication strategies.</li> <li>Evaluate the effectiveness of various communication strategies in diverse organizational contexts</li> </ul>		Hudson Garrett, PhD, MSN, MPH, MBA, LTC-CIP, CIC	8:45 – 9:45 am
9:45– 9:55 break			
Building Collaboration with Healthcare Executives <ul style="list-style-type: none"> <li>Describe the importance of interdisciplinary collaboration in influencing the C-Suite</li> <li>Discuss the importance of executive engagement in the infection prevention &amp; control process</li> <li>Review the steps for engaging with healthcare leaders using the Balanced Scorecard approach</li> </ul>		Dr. Hudson Garrett, PhD, MSN, MPH, MBA, LTC-CIP, CIC	10:00 – 11:00 am
Empowerment on the frontline: Leveraging HAI Data for Infection Prevention Success <ul style="list-style-type: none"> <li>Identify measures and metrics used to effectively communicate HAI data.</li> <li>Define methods for optimal communication of HAI data.</li> <li>Discuss the significance of timing and frequency in HAI data communication.</li> <li>Describe approaches to maximize the impact of communicating HAI data.</li> </ul>		Clay Bryant, BPH	11:00 – 12:00 pm
<b>BREAK FOR LUNCH 12:00 – 12:45 pm</b>			
IP of the Future <ul style="list-style-type: none"> <li>Review the challenges faced by the modern infection preventionists</li> </ul>		Hudson Garrett, PhD, MSN, MPH, MBA, LTC-CIP, CIC	12:45 – 1:45 pm

<ul style="list-style-type: none"> <li>• Discuss the multi-faceted tool belt needed for future success as an infection preventionist</li> <li>• Review the needed professional development to ensure continuous readiness for infection prevention leaders</li> </ul>			
<p>Presenting Impactful Analysis</p> <ul style="list-style-type: none"> <li>• To be able to describe the three kinds of presentable data</li> <li>• To be able to identify what kind of figures would be used and how to use them appropriately</li> </ul>		<p>Stephen Furmanek MPH MS</p>	<p>1:45 – 2:45 pm</p>
<p>2:45 – 2:55 break</p>			
<p>Value Analysis Principles</p> <ul style="list-style-type: none"> <li>• Review the core elements of the healthcare value analysis process</li> <li>• Discuss the importance of infection prevention engagement in the value analysis process</li> <li>• Review the shared responsibility of clinical vetting of medical devices and technologies to prevent patient harm</li> </ul>		<p>Karen Niven, MS, BSN, RN, CVAHP</p>	<p>3:00 – 4:00 pm</p>
<p>Being an agent of change</p> <ul style="list-style-type: none"> <li>• Discuss the importance of change management in infection prevention and control</li> <li>• Review a blueprint approach to managing complex change across the healthcare continuum of care</li> <li>• Discuss challenges that might become obstacles in managing change in infection prevention &amp; control</li> </ul>		<p>Hudson Garrett, PhD, MSN, MPH, MBA, LTC-CIP, CIC</p>	<p>4:00 – 5:00 pm</p>

# Presentations:

## Undeniable Laws of Communication

Slide 1



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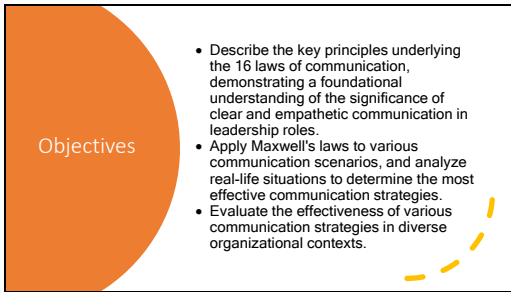
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Slide 2



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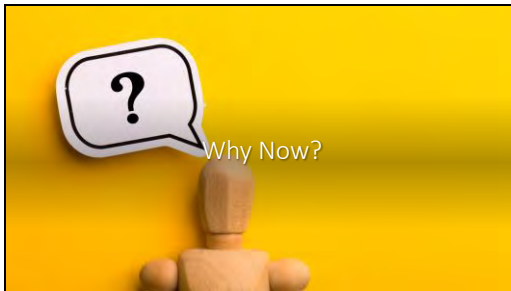
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Slide 3



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Slide 4

Communication Matters Deeply



Harvard Business Review reveals that effective communication is the number one skill you need to get promoted.



Beyond the workplace, effective speaking is also one of the most surefire ways to build lasting relationships and accomplish your goals.

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Slide 5

75% of people fear public speaking over fear of dying



Source: Mentalhealth.net

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Slide 6

Have you Received Formal Training on Communicating your Message?



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Slide 7

16 Laws Broken Down

The Law of Credibility	The Law of Observation	The Law of Conviction
The Law of Preparation	The Law of Collaboration	The Law of Content

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Slide 8

16 Laws Continued

The Law of Connecting	The Law of Leverage	The Law of Anticipation	The Law of Simplicity	The Law of Visual Expression
The Law of Storytelling	The Law of the Thermostat	The Law of the Change-Up	The Law of Adding Value	The Law of Results

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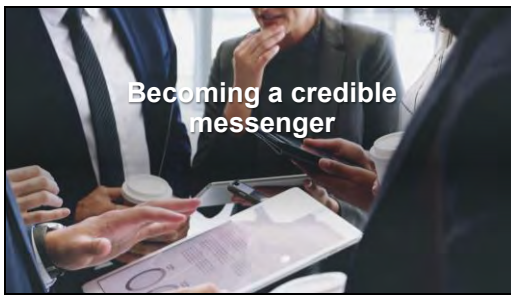
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Slide 9



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Slide 10

### Make it Your Own-Law of Credibility

- In other words, when the messenger is credible, the message becomes effective.
- Credibility starts with honesty from the inside. People intuitively sense when the message authentically reflects the person.
- Honesty definitely doesn't mean presenting yourself as perfect.
- People will respect you for the things you've accomplished and love you for having the courage to share your blunders.

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Slide 11

### Practice It



The law of credibility is the essential starting point on your journey to becoming an effective communicator.



As much as possible, be authentic, self-aware, and speak to what you know – and you'll be well on your way to engaging your core audience.

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Slide 12

### Prepare, prepare, and prepare



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Slide 13

Be the Expert

- Winston Churchill once described his adversary as never knowing what to say before he spoke, never knowing what he was saying while he spoke, and never being sure of what he'd said after he'd spoken.
- Churchill understood the value of preparation, and his diligent efforts made him one of the greatest speakers of all time.
- So before taking on a speaking engagement, do your homework. You can't tell your audience what you don't know.

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Slide 14

How do you Present Data?



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Slide 15

Apply This to Healthcare Associated Infections

- Build a picture of what you want your audience to perceive or accomplish when they receive your message.
  - Do you want them to believe everything is possible?
  - Are you on a mission to inspire them so that they treat themselves and others with dignity?
  - Or maybe your intention is to empower them to live more authentically.

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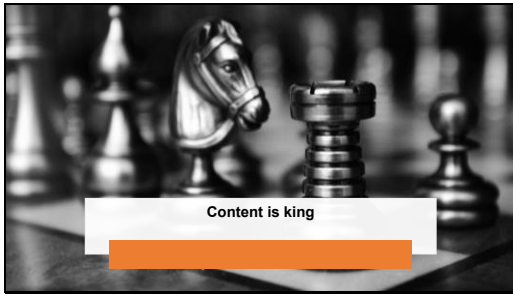
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Slide 16



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Slide 17



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Slide 18



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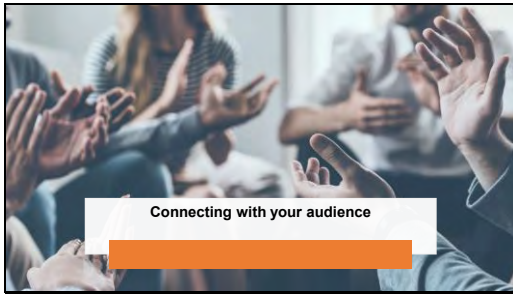
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Slide 19



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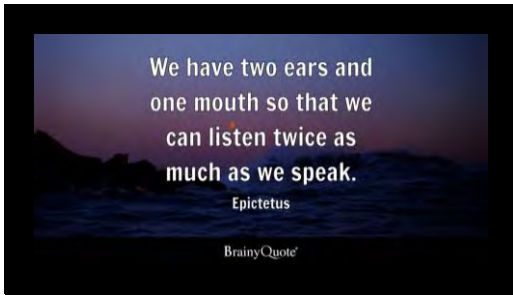
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Slide 20



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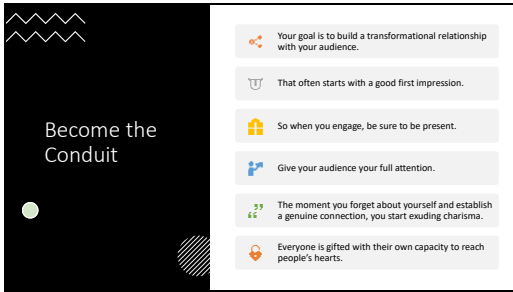
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Slide 21



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Slide 22



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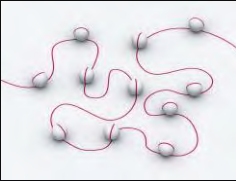
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Slide 23

**Become the Chief Architect of Your Story**

- People identify with the hero of a story.
- This gives you an opportunity to make them feel, learn, and resolve conflicts, just as the hero does.
- Storytelling is a compelling persuasive device.
- When you tailor a narrative to your audience's needs and pique their interest, it can transform your message into something much greater than the sum of its parts.



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Slide 24

**Using real-time feedback to improve delivery**



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Slide 25

Connect! Connect!  
Connect!

- So as you speak, gather feedback from your audience to switch things up or ride a wave.
- This actually starts before you even begin speaking.
- Visit the room, hall, or theater where you'll be presenting, and experience the lighting, seating arrangements, and acoustics.
- Study the distance between where you'll be standing and your audience, and think about how to close the gap.



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Slide 26



Present to the Board of Directors  
It's a Necessary Step in Career Development

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Slide 27



Do You Have What it Takes?

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Slide 28

*That's all Folks!*

Summary

- People connect with REAL, AUTHENTIC people
- Bring your A-Game to your communications & presentations
- Invest in preparation so that your message resonates
- Present to the BOD!

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Slide 29

  
KENTUCKY  
INFECTION PREVENTION  
Prevention Center



Stay Connected

Contact Information:  
Dr. Garret

Email:  
Hubert.Garret@ky.gov

Twitter:  
@HubertGarret

Facebook:  
@HubertGarret

LinkedIn:  
@HubertGarret

LET'S TALK

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# Building Collaboration with Healthcare Executives

Slide 1

Building Collaboration with Healthcare Executives  
2023 Bootcamp

CHANGING THE GAME

KENTUCKY INFECTION PREVENTION

KENTUCKY INFECTION PREVENTION TRAINING CENTER

Hudson Garrett, PhD, MSN, MPH, MBA, FNP-BC, IP-BC, CIC, LTC-CIP, AS, FIDSA, FAHA, CVAHIP, VA-BC, FACCDONA, FACHE, FAAPM, FNAP, PSHEA  
Consultant, Kentucky Infection Prevention Training Center  
Adjunct Assistant Professor, Division of Infectious Diseases  
Department of Medicine  
University of Louisville School of Medicine

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Slide 2

Objectives

- Describe the importance of interdisciplinary collaboration in influencing the C-Suite
- Discuss the importance of executive engagement in the infection prevention & control process
- Review the steps for engaging with healthcare leaders using the Balanced Scorecard approach

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Slide 3

IHI Triple Aim

Population Health

Experience of Care

Per Capita Cost

An Overview of the IHI Triple Aim

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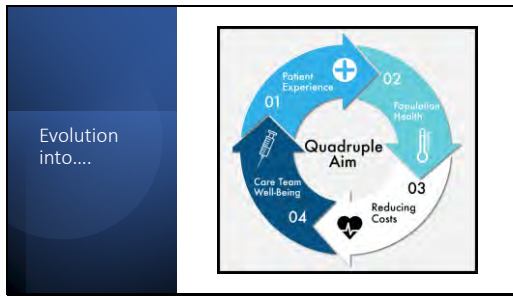
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Slide 4



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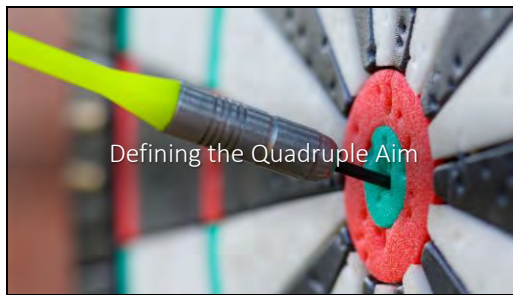
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Slide 5



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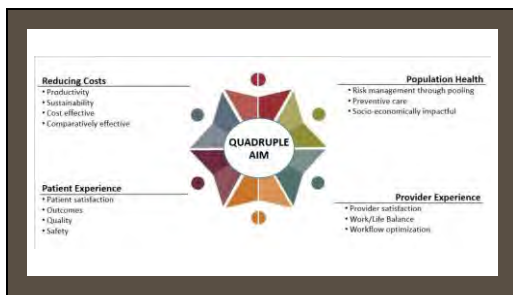
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Slide 6



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Slide 7



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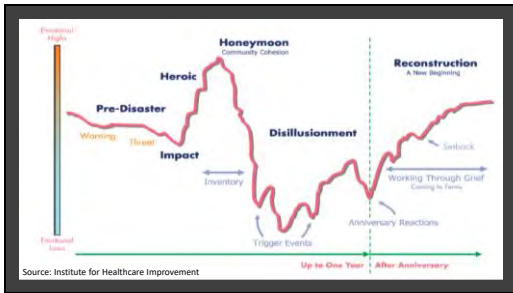
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Slide 8



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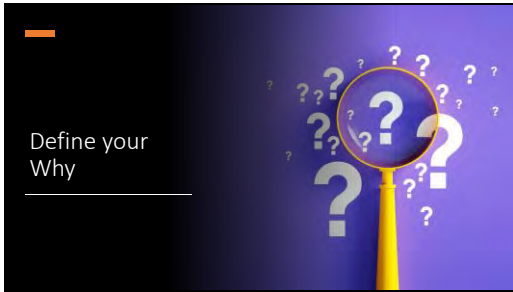
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Slide 9



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Slide 10

Establish Your Baseline

 I'm already making a difference and want to expand my impact.

 I'm about to get started making a difference.

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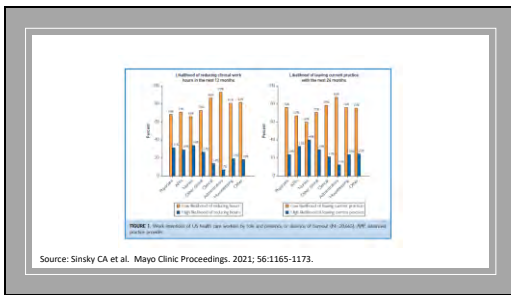
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Slide 11



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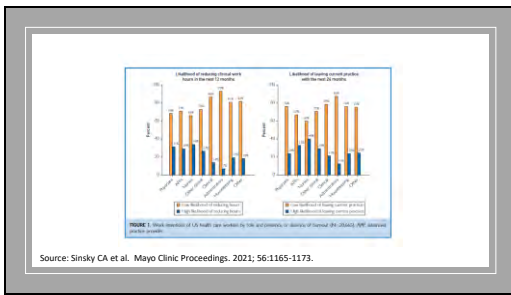
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Slide 12



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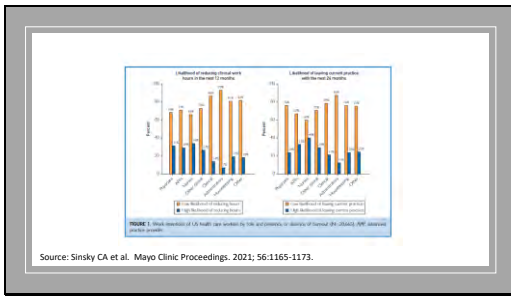
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Slide 13



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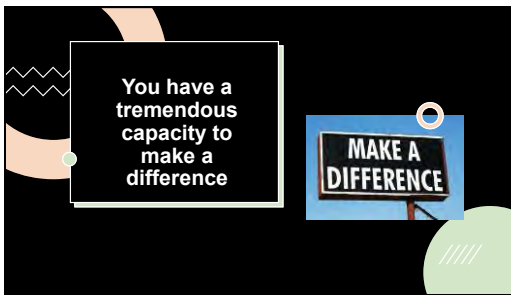
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Slide 14



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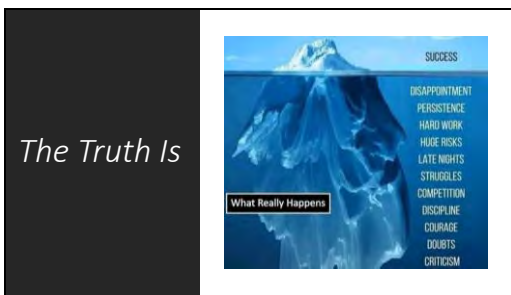
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Slide 15



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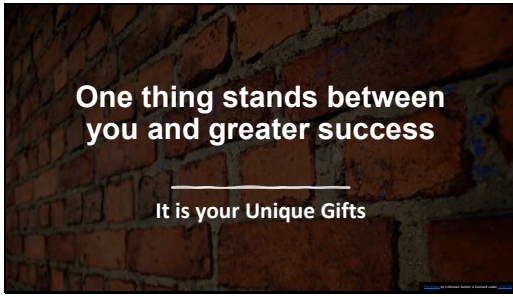
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Slide 16



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Slide 17



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Slide 18



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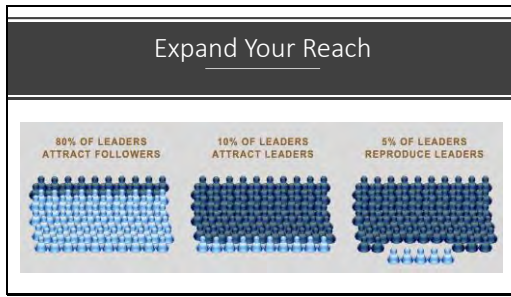
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Slide 19



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Slide 20

EXCHANGE POSITION PERSUASION

FORCE INTIMIDATION MANIPULATION

How Do you Influence Others?

The slide features a 2x3 grid of images. The top row shows 'EXCHANGE' (a group of people), 'POSITION' (a person in a boat), and 'PERSUASION' (a hand holding a red balloon). The bottom row shows 'FORCE' (a group of soldiers), 'INTIMIDATION' (a hand holding a gun), and 'MANIPULATION' (silhouettes of two people). Below the grid is a dark box with the text 'How Do you Influence Others?' and a horizontal line for a response.

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Slide 21

The true measure of leadership is influence - nothing more, nothing less.

— John C. Maxwell —

The slide features a portrait of John C. Maxwell on the left. To the right of the portrait is a dark box containing the quote: 'The true measure of leadership is influence - nothing more, nothing less.' Below the quote is the attribution: '— John C. Maxwell —'.

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Slide 22



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Slide 23



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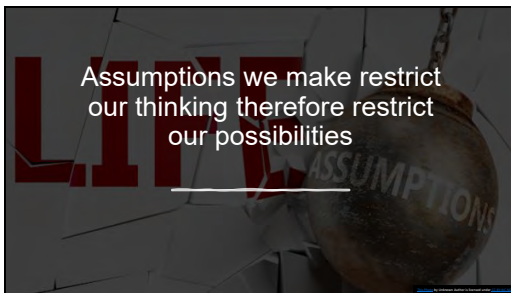
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Slide 24



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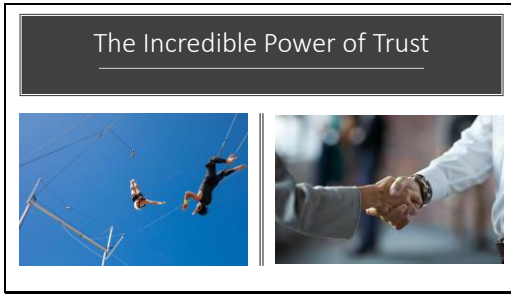
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Slide 25



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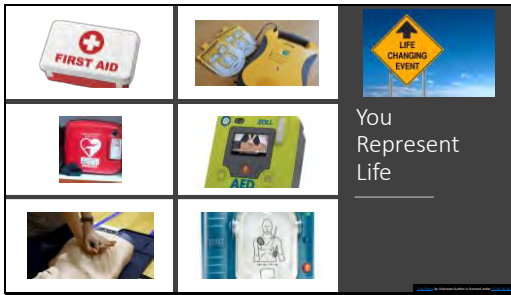
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Slide 26



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Slide 27



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Slide 31

**Be An Agent of Change**

- CHANGE YOURSELF BUT NOT YOUR ENVIRONMENT  
GROWTH WILL BE SLOW AND DIFFICULT
- CHANGE YOUR ENVIRONMENT BUT NOT YOURSELF  
GROWTH WILL BE SLOW AND DIFFICULT
- CHANGE YOUR ENVIRONMENT AND YOURSELF  
GROWTH WILL BE FASTER AND MORE SUCCESSFUL

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Slide 32

Where the magic happens ...

Your Comfort Zone

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Slide 33

**Evolve the Model of Healthcare Delivery**

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Slide 34

Incremental Growth Brings Tremendous Opportunity

- Motivation and personality
- Start with the small stuff
- Be patient
- Value the process

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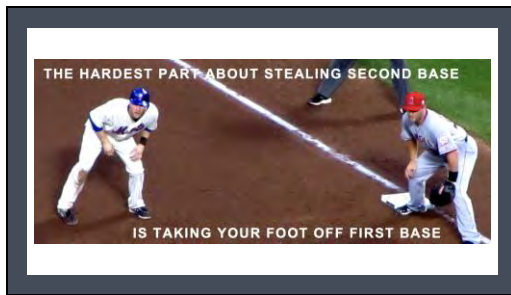
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Slide 35



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Slide 36

The Value of Mentorship & Coaching

MENTORING

COACHING

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Slide 37



Guard your  
Most  
Precious  
Resource:  
YOUR TIME

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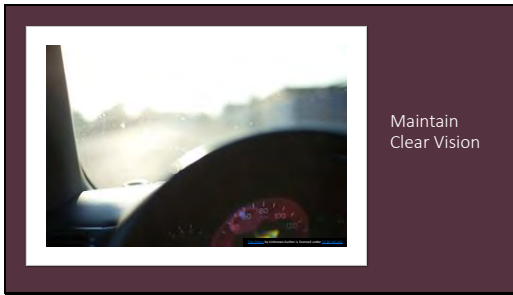
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Slide 38



Maintain  
Clear Vision

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Slide 39



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Slide 40



Where Do We Go From Here?

- Together we are Powerful; expand your Network Far and Wide
- Put Others First and Watch your Organization Prosper
- Become a Total Solutions Partner to your Patients and Teams

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Slide 41



Reinvest in your PEOPLE

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Slide 42



Remember the Reason we Care

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Slide 46



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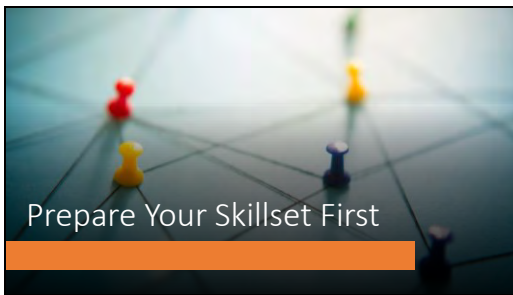
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Slide 47



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Slide 48



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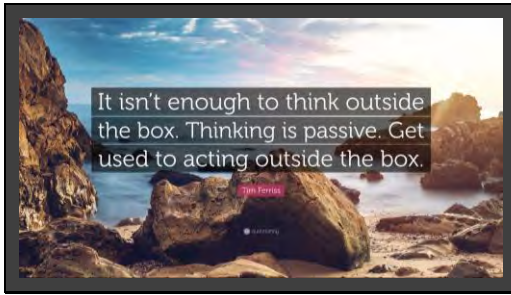
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Slide 52



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Slide 53

*That's all Folks!*

Summary

- Build, Expand, and Maintain your Span of Reach & Influence Thru Relationships, Demonstration of Expertise, and Commitment to Excellence in your Craft
- Present Infection Control in the Context of the Executive Mindset using the Balanced Scorecard
- Learn to Speak in the Executive Tone of Voice

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Slide 54

**KENTUCKY INFECTION PREVENTION TRAINING CENTER**

**Stay Connected**

Contact Information: @DHUdonGarrett

Email: [hub@apic.org](mailto:hub@apic.org) | [info@apic.org](mailto:info@apic.org)

Twitter: @DHUdonGarrett

Facebook: @DHUdonGarrett

LinkedIn: @DHUdonGarrett

LET'S TALK

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# Empowerment on the frontline: Leveraging HAI Data for Infection Prevention Success

Slide 1

**Empowerment on the frontline: Leveraging HAI Data for Infection Prevention Success**

Clay Bryant  
IP Boot Camp 2023 – Day 3

November 2, 2023



Kentucky Public Health  
Prevent. Promote. Protect.

PHAB  
Public Health Accreditation Board

TEAM KENTUCKY  
CABINET FOR HEALTH AND FAMILY SERVICES

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Slide 2

**Disclaimer**

- This presentation was developed from The **Searching for Management Approaches to Reduce HAI Transmission (SMART)** project, funded by the Agency for Healthcare Research and Quality (AHRQ).
- The **SMART** project was conducted by a research team at the Center for the Advancement of Team Science, Analytics, and Systems Thinking in Health Services and Implementation Science Research (CATALYST) within The Ohio State University College of Medicine. Led by CATALYST Executive director, Ann Scheck McAlearney, ScD, MS

McAlearney AS, Hoffman D, Scheck AS, Warner DM, Albrecht AM, Savaik U, Gaultman AA, Steen CH, Hubert C, Heath S, Brink J, Grone M, Ziegler TR. Searching for management approaches to reduce HAI transmission (SMART): a study protocol. *BMC Public Health* 2023; 23:18223. doi: 10.1186/s12874-023-05024-9. PMID: 36876708. PHEC/PHAC440208. Why meaningful communication of HAI information to frontline staff matters | SMART Toolkit | Ohio State Medical Center. (n.d.). <https://osmc.osu.edu/the-toolkit/communicating-hai-data/>

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Slide 3



**Communicating HAI Information to Frontline Staff**

SMART

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Slide 4

**Objective**

The objective of this presentation is to provide guidance to those responsible for sharing hospital-associated infection information with frontline staff to maximize the impact of these communication efforts on the successful implementation of infection prevention practices.

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Slide 5

**Background**

- ✓ Effective communication of information about HAIs can engage frontline staff in infection prevention
- ✓ Yet not all HAI information is useful for frontline staff
- ✓ Focusing on HAI metrics and measures that are meaningful to this audience is important

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Slide 6

**Improving communication of HAI information to frontline staff**

- Choosing measures and metrics
- Selecting ways to communicate HAI information
- Determining the frequency and timing of communicating HAI information
- Maximizing the impact of communicating HAI information

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Slide 7



**Choosing measures and metrics**

✓ SMART

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Slide 8

**Choosing measures and metrics**

HAIs, and the infection prevention processes used to prevent them, can be measured and tracked in many ways.

Common **measures and metrics** include:

- ✓ Days since last infection
- ✓ Number of infections
- ✓ Infection rate
- ✓ Standardized infection ratio (SIR)
- ✓ Device days
- ✓ Utilization rate
- ✓ Standardized utilization ratio (SUR)
- ✓ Infection prevention process information (audit reports, number of Foley catheters removed with a nurse-driven protocol, etc.)

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Slide 9

**Days since last infection**



*"It has been 78 days since the last central line-associated bloodstream infection (CLABSI)."*

- ✓ This type of measure can be linked to a motivational goal.
- ✓ *Example:* "The unit will celebrate together if it reaches 100 days without a CLABSI."

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Slide 10

**Number of infections**



*"There have been 16 catheter-associated urinary tract infections (CAUTIs) in this ICU this year."*

- ✓ This measure can be used to keep staff aware of new infections as well as provide a reference to infection prevention goals.
- ✓ *Example:* "The unit needs to have fewer than 20 CAUTIs this year to meet its goal of improving from last year."

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Slide 11

**Infection rate**



*"The catheter-associated urinary tract infection (CAUTI) rate is three infections per 1,000 catheter days."*

- ✓ This metric provides information regarding the prevalence and impact of infections within a specific unit, facility, or timeframe.
- ✓ *Reminder:* rates are not risk adjusted and should not be used for comparisons.

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Slide 12

**Standardized infection ratio (SIR)**



*"The central line-associated bloodstream infection (CLABSI) standardized infection ratio (SIR) is 1.35."*

- ✓ This metric provides information that is standardized to allow comparisons among hospitals.
- ✓ *Rationale:* A hospital can tell if it is doing worse than, better than, or no differently from its peers in terms of infections.

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Slide 13

**Device days**



*"We've had 100 Foley catheter days in the ICU this month."*

- ✓ This measure provides information on device usage.
- ✓ *Rationale:* A unit can recognize if its device use is increasing or decreasing.

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Slide 14

**Utilization rate**



*"The Foley catheter utilization rate is 200 Foley catheter days per 1,000 patient days."*

- ✓ This measure provides information on device usage, normalized by number of patients.
- ✓ *Rationale:* A unit can recognize if its catheter use is decreasing due to lower utilization or lower patient volume.

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Slide 15

**Standardized utilization ratio (SUR)**



*"The urinary catheter standardized utilization rate (SUR) is 0.85."*

- ✓ This metric provides information that is standardized to allow comparisons among hospitals.
- ✓ *Rationale:* A hospital can tell if it is doing worse than, better than, or no differently from its peers in terms of device utilization.

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Slide 16

**Infection prevention process information**



*"There was 80% compliance with central line dressing changes."*

- ✓ This type of information provides feedback on adherence to standards in infection prevention practices.
- ✓ **Rationale:** A unit can identify the level of compliance with recommended infection prevention practices to identify areas for improvement.

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Slide 17

**Making measures and metrics meaningful and motivational**

When considering which **measures and metrics** to share with your frontline staff, the most meaningful and motivational are those that:

- ✓ Link measures or metrics to goals
- ✓ Report measures or metrics over time
- ✓ Provide measures or metrics specific to the unit and individual
- ✓ Personalize metrics and measures by associating them with patient information
- ✓ Share information about prevention efforts, not just infection outcomes

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Slide 18

**Link measures or metrics to goals**

- ✓ Major prevention goals should be linked to measures and metrics for both the organization and the unit.
- ✓ This approach can signal the success or failure of infection prevention efforts and provide motivation to frontline staff.



*We've gone 78 days without a CLABSI. We are almost to our unit goal of 100 days!*

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Slide 19

**Report measures or metrics over time**

- ✓ Updating staff on current measures and metrics, in comparison with those from the past, can help frontline staff gauge the impact of changes to their infection prevention practices or identify areas for improvement.

*Our unit had three CAUTIs this month; that's two more than we had last month. As a unit, let's make discussion of Foley catheter maintenance and removal a priority in huddles this month.*

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Slide 20

**Provide measures or metrics specific to the unit or individual**

- ✓ Measures or metrics specific to the unit or individual can inform the improvement of local infection prevention practices.
- ✓ Providing unit-level information helps identify the challenges and strategies specific to the patients and workflow of that unit.
- ✓ Providing individual-level information (e.g., nursing scorecards) helps identify successful implementation of clinical practices, as well as opportunities to improve the use of those practices.

*One of our nurses achieved 100% on their CLABSI dressing audits this month. They have shared with our unit their personal strategies for CLABSI dressing changes, which is helping others in the unit to improve their techniques.*

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Slide 21

**Personalize measures and metrics by associating them with patient information**

- ✓ Identifying the personal impact of infections makes this information more meaningful to staff.
- ✓ They may also be able to recognize or recall the patient and reflect on what could have gone differently to prevent that infection.

*Mrs. Smith, who we took care of last week, got a CLABSI; let's think about what we could have done to prevent this one so we can prevent the next one.*

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Slide 22

**Share information about prevention efforts, not just infection outcomes**

✓ Communicating measures and metrics about infection prevention practices (e.g., device days, device removal, hand hygiene) allows frontline staff to adjust their behaviors to prevent future infections, not just react to those infections that occur.

*Our Foley utilization is higher than normal this month. Please be sure you are using the nurse-driven protocol to remove Foley catheters as soon as they are no longer medically necessary.*

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Slide 23



**Selecting ways to communicate HAI information**

✓ SMART

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Slide 24

**Selecting ways to communicate HAI information**

Choosing effective **means** of communicating HAI information can help to ensure this information reaches frontline staff.

Common **means** by which HAI information can be communicated to frontline staff include:

- ✓ Posting on hospital units
- ✓ Emails
- ✓ Scorecards
- ✓ Dashboards
- ✓ Huddles
- ✓ Discussions

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Slide 25

### Selecting ways to communicate HAI information

When considering the means of communicating HAI information to frontline staff:

- ✓ Make information easy to find
- ✓ Make information easy to understand
- ✓ Choose approaches that maintain focus on infection prevention

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Slide 26

### Make information easy to find

- ✓ Post information prominently in well-trafficked staff areas (e.g., break rooms, nursing stations).
- ✓ Minimize "clicks" to navigate to electronic information.

**We are preventing infections in the ICU**  
It has been:

Days since our last Central Line Infection	15	1
Days since our last Catheter-Associated UTI	4	2
Days since our last Ventilator-Associated Pneumonia	3	1

*Example of a "days since" poster in an ICU*

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Slide 27

### Make information easy to understand

- ✓ Present counts, percentages, or simple rates, rather than ratios or other complicated measures.
- ✓ Use colors to denote high performance (e.g., green) vs. low performance (e.g., red) on scorecards, bulletin boards, or newsletters.
- ✓ Use charts or graphs to show change in performance over time.
- ✓ Use visuals to relate measures and metrics to goals.

Nursing Quality Dashboard									
Quantity Indicator	Unit	Target	YTD	T	W	F	S	A	T
Central Line Infections	ICU	0	1	1	0	0	0	0	0
Blood Stream Infections (BSI/BSIO)	East	0	1	1	0	0	0	0	0
	West	0	1	1	0	0	0	0	0
	All Units	0	2	2	0	0	0	0	0
Escherichia Coli Associated Urinary Tract Infections (CAUTI)	ICU	0	1	1	0	0	0	0	0
	East	0	1	1	0	0	0	0	0
	West	0	0	0	0	0	0	0	0
	All Units	0	1	1	0	0	0	0	0

*Example of infection counts presented in a quality dashboard*

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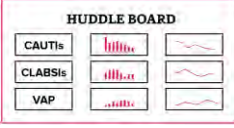
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Slide 28

**Choose approaches that maintain focus on infection prevention**

- ✓ Circulate HAI information by multiple means to reach all staff members (e.g., email, postings, and in-person discussions).
- ✓ Utilize huddles or rounding to discuss HAI information daily.
- ✓ Use other means of communication to direct and support daily discussions (e.g., bulletin boards, dashboards).



Example of HAI information displayed on a huddle board

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Slide 29



**Determining the frequency and timing of communicating HAI information**

✓ SMART

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Slide 30

**Determining the frequency and timing of communicating HAI information**

The **frequency and timing** of communicating HAI information is important to keep frontline staff focused on infection prevention, to support timely reactions to infections, and to encourage real-time adjustment of infection prevention practices to prevent HAIs in the future.

Different approaches to sharing HAI information may be suited to different communication frequencies:

- ✓ Daily
- ✓ Weekly
- ✓ Monthly

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Slide 31

### Determining the frequency and timing of communicating HAI information

When considering the **frequency and timing** of communicating HAI information to frontline staff:

- ✓ Update frontline staff daily with information to maintain engagement and motivation
- ✓ Notify frontline staff about new infections as soon as possible
- ✓ Provide timely feedback that can impact infection prevention practices in real time

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Slide 32

### Update frontline staff daily with information to maintain engagement and motivation



- ✓ Sharing HAI information on a daily basis demonstrates that infection prevention is a priority.
- ✓ Consistently sharing HAI information at daily huddles or during rounds can help maintain focus on infection prevention practices.

*No new infections to report today. Don't forget to assess your patients' Foley catheters and central lines for removal before the end of your shift.*

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Slide 33

### Notify frontline staff about new infections as soon as possible



- ✓ Promptly informing frontline staff about new infections is critical to support reflection and enable quick action to improve infection prevention practices.
- ✓ Identifying infections by recognizing the patient and their circumstances, rather than as a statistic, can help emphasize the importance of infection prevention efforts.

*Yesterday, we received confirmation that Mr. Smith developed a CLABSI. This means his hospital stay will be extended as we treat his infection. We will be meeting later today to do a deep dive into his care to identify what may have contributed to this infection. We'll follow up later this week to review any identified gaps in clinical practice.*

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Slide 34

**Provide timely feedback that can impact infection prevention practices in real time**



- ✓ Regularly updated HAI information can inform adjustments to improve infection prevention efforts.
- ✓ Sharing this information frequently allows frontline staff to adjust their work practices when areas for improvement are identified.

*This week's audit report shows a decrease in our adherence to Foley catheter maintenance. What challenges have people experienced completing their Foley care in the past week that we can address to improve Foley care in the next week?*

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Slide 35



**Maximizing the impact of communicating HAI information**

✓ SMART

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Slide 36

**Maximizing the impact of communicating HAI information**

To maximize the positive **impact** of communicating HAI information to frontline staff on infection prevention efforts, communicators should:

- ✓ Maintain focus on infection prevention efforts
- ✓ Identify areas for improvement in infection prevention practices
- ✓ Motivate staff and celebrate their successes
- ✓ Spread best practices identified through reporting of measures and metrics

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Slide 37

**Maintain focus on infection prevention efforts**



- ✓ Promote ownership of HAI measures and metrics and accountability for infection prevention.
- ✓ Provide HAI information at the unit and individual level to help convey that everyone's actions impact HAI prevention.
- ✓ Promote accountability by being transparent about HAI information.
- ✓ Share and discuss HAI information regularly to keep infection prevention a priority.
- ✓ Make reporting and discussing HAI information a part of the routine in daily huddles and/or rounding.

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Slide 38

**Identify areas for improvement in infection prevention practices**



- ✓ Provide feedback about adherence to infection prevention practices.
- ✓ Use HAI information to find where improvements to infection prevention practices can be made and guide actions to address adherence.
- ✓ Investigate infections to identify gaps in infection prevention practices.
- ✓ Use the identification of a new HAI as an opportunity to reflect on the care that patient received.

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Slide 39

**Motivate staff and celebrate their successes**



- ✓ Compare HAI measures and metrics to HAI reduction goals.
- ✓ Provide visual reminders of goals in relation to current metrics and measures.
- ✓ Celebrate success with rewards and recognition.
- ✓ Give rewards, such as a trophy or party, when infection prevention milestones are achieved.
- ✓ Provide recognition in meetings or emails for exemplary infection prevention practices of individuals or units.

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Slide 40

**Spread best practices identified through reporting of measures and metrics**



- ✓ Identify successful units or individuals and share their strategies to improve infection prevention practices.
- ✓ Use HAI information to identify units and individuals with success in infection prevention.
- ✓ Use these units and individuals as examples for others and as a resource for strategies to successfully prevent infections.

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Slide 41

**Summary**

Meaningful communication of HAI information can inform and empower frontline staff in their efforts to prevent infections.

Consider these aspects of sharing HAI information:

- ✓ Choosing measures and metrics
- ✓ Selecting ways to communicate HAI information
- ✓ Determining frequency and timing of communication
- ✓ Look for opportunities to maximize the impact of communicating HAI information to support infection prevention practices at your hospital

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Slide 42

**The key takeaway is ...**

- ✓ Maximize the impact of HAI communications to frontline staff by using metrics and measures that are meaningful to them and be sure to celebrate successes.

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**Thank you.**

**Clay Bryant**  
NHSN Program Lead  
KDPH | Infectious Disease Branch | HAI/AR Program  
(502)234-0491 or George.Bryant@ky.gov



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# IP of the Future

## Slide 1

The IP of the Future  
2023 Bootcamp

Hudson Garrett, PhD, MSN, MPH, MBA, FNP-BC, IP-BC, CIC-LTC-CP, AS, FIDSA, FAHA, CVAHP, VA-BC, FACCDONA, FACHE, FAAPM, FNAP, PSHEA  
Consultant, Kentucky Infection Prevention Training Center  
Adjunct Assistant Professor, Division of Infectious Diseases  
Department of Medicine  
University of Louisville School of Medicine

KENTUCKY  
INFECTION PREVENTION  
Training Center

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## Slide 2

Objectives

- Review the challenges faced by the modern infection preventionists
- Discuss the multi-faceted toolbelt needed for future success as an infection preventionist
- Review the needed professional development to ensure continuous readiness for infection prevention leaders

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## Slide 3

Are you ready?

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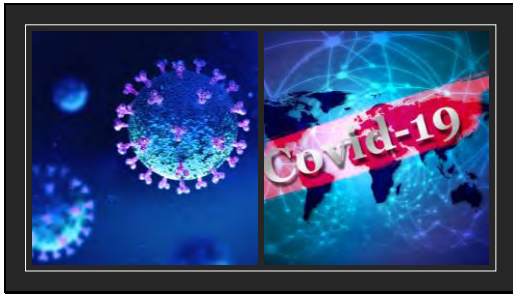
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Slide 4



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Slide 5



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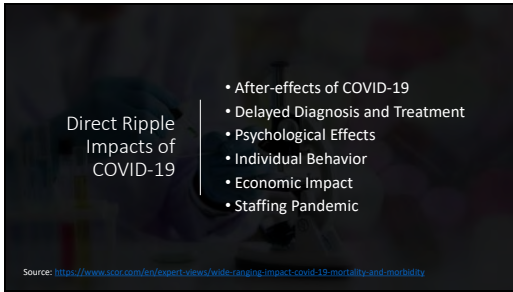
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Slide 6



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Slide 7

So What Progress Towards HAI Prevention Have We Made?

1 in 31 hospital patients develop HAI

1 in 43 nursing home residents develop HAI

Source: Centers for Disease Control and Prevention

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Slide 8

Scope of Practice Expanding

Hospitals	Skilled Nursing Facilities	Assisted Living Facilities	Ambulatory Surgery Centers
Outpatient Clinics/Urgent Care	Primary Care/Specialist Offices	Dental Practices	Emergency Medical Services

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Slide 9

Travel Notice Alert (Level 2): Practice-Enhanced Precautions

Potential Exposure to Person with Confirmed Human Monkeypox Infection -- United States, 2021

HAN (Healthcare Associated Nosocomial) - This is an official CDC HEALTH ADVISORY

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Slide 10



**INFECTION PREVENTIONISTS:**  
Healthcare Specialists Dedicated to  
Infection Prevention and Control

APIC "Defines" The Field of Infection Prevention

Source: <https://apic.org/wp-content/uploads/2022/09/IP-Fact-Sheet-FINAL.pdf>

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Slide 11

Typical IP Responsibilities Part 1

- Look for patterns and spot clusters of infections in healthcare facilities; in particular, they are focused on infections caused by antibiotic-resistant organisms and/or those associated with invasive procedures and indwelling devices.
- Track infection data and activities to prevent healthcare-associated infections.
- Integrate evidence-based infection prevention practices into facility-wide policies, guidelines, protocols, and educational strategies.
- Work with clinical teams to limit unnecessary antimicrobial use to prevent the spread of antimicrobial resistance.

Source: <https://apic.org/wp-content/uploads/2022/09/IP-Fact-Sheet-FINAL.pdf>

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Slide 12

Typical IP Responsibilities Part 2

- Educate healthcare personnel and the public about infectious diseases and how to limit their spread.
- Observe and coach healthcare personnel on proper hand hygiene, use of personnel protective equipment, cleaning of hospital rooms and medical instruments, and other practices proven to reduce the spread of infectious organisms.
- Communicate and consult with public health agencies.
- Report communicable diseases to the CDC and other public health agencies.
- Serve as leaders and subject-matter experts in preparing healthcare facilities, personnel, and the public for health threats such as COVID-19.
- Collaborate with regulatory partners to ensure compliance with accreditation agencies

Source: <https://apic.org/wp-content/uploads/2022/09/IP-Fact-Sheet-FINAL.pdf>

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Slide 13



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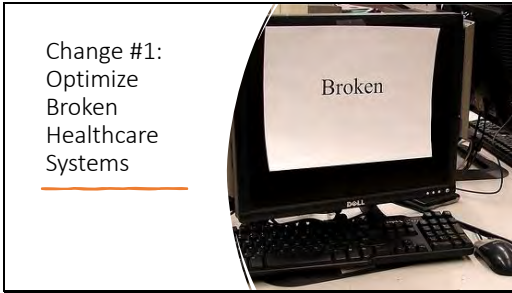
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Slide 14



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Slide 15



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Slide 16



Remember Your Training

- Focus on the three common sources of infection Transmission:
  - Hands
  - Clinical Environment of Care
  - Skin

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Slide 17



Change #2:  
Supply Chain Collaboration

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Slide 18

Most Impacted Medical Products

- Gloves
- Gowns
- Eye Protection
- Hand Hygiene Solutions
- Disinfectant Solutions



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Slide 19



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Slide 20

Regulatory Hurdles: Functioning as Public Health vs. Regulatory Agencies	FDA
	<ul style="list-style-type: none"><li>• PPE</li><li>• Medical Devices</li><li>• Drugs/Pharmacologics</li><li>• High-Level Disinfectants</li></ul>
	EPA
	<ul style="list-style-type: none"><li>• Cleaners/Disinfectants</li></ul>

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Slide 21

Pandemic Approaches to Product Usage

• Source:  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

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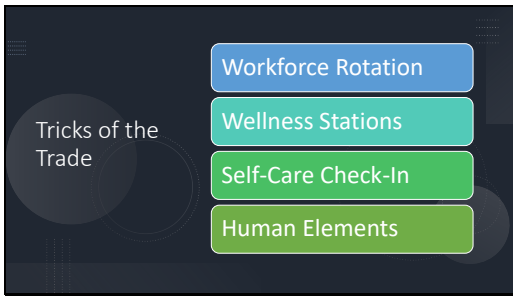
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Slide 25



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Slide 26



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Slide 27



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Slide 28

Pandemic Preparedness Evolves

- Reusable PPE
- People and Teams
- Stockpiling
- Product Continuity Gaps

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Slide 29



Change #5: Personal Protection

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Slide 30

What is Considered "Safe"?

- Continued OSHA Compliance
- When is ok to say "No"
- Conservation of PPE

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Slide 31

Change # 6: Testing and Recognition



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Slide 32

Search and Destroy Mission

-  Surveillance Testing
-  CDC Recommendations for Returning to Work Safely
-  New recommendations regarding vaccinated people

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Slide 33



Change #7: Cross-Training

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Slide 34

Interprofessional Teams

- RNs, Providers, RRT, EMS, Interpreters
- Team Drills and Pandemic Readiness Practice
- Evaluation of Successes and Failures in Daily Team Huddle
- Pandemic Just in Time Inservice
- Flex Pools

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Slide 35



Change #8: Increase Healthcare Capacity

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Slide 36



Change # 9: Rebuild Trust, Decrease Fear

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Slide 37

Rebuilding Trust

- Data Transparency
- Analysis of Adverse Events associated with vaccinations and therapeutics
- Impacts of Novel Pathogens
- Train on the "Route of Transmission"

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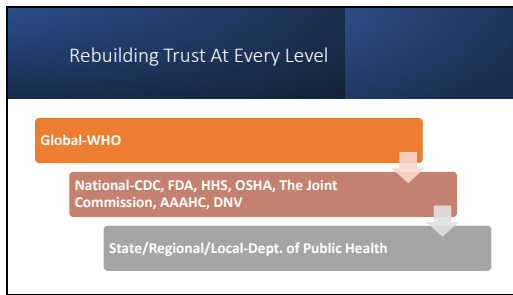
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Slide 38



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Slide 39

Change #10: Change Leadership

The slide features two side-by-side images. The left image shows a road sign with the word 'CHANGE' in large blue letters and a red arrow pointing to the right. The right image is a stylized illustration of a diverse group of people, all wearing face masks, representing a community or workforce during a health crisis.

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Slide 40



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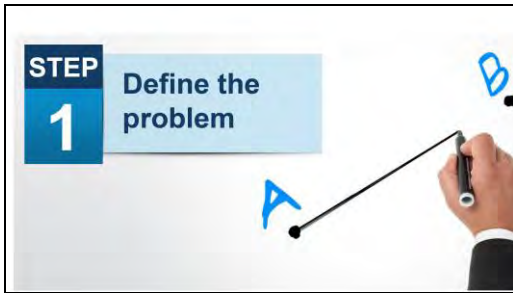
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Slide 41



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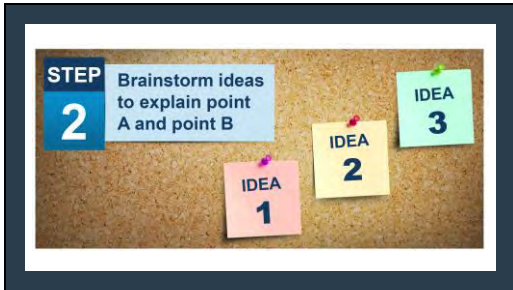
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Slide 42



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Slide 43



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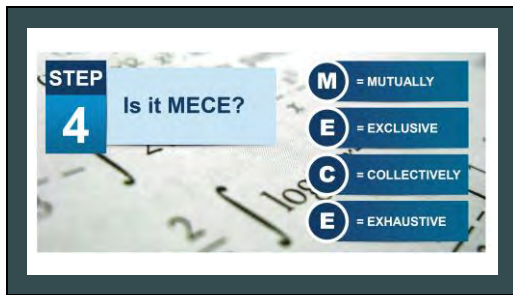
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Slide 44



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Slide 45



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Slide 46

Staff Education and Training: A New Model for Driving Competency

- Annual and New Hire Competency
- Documentation
- Components of Required Training:
  - Proper Use/Instructions for Use
  - Indications for Use
  - PPE
  - Disposal
  - First Aid/Safety Data Sheet (SDS)

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Slide 47

Risk recognition for Clinical Team Partners: Pandemic Risk Management

- Materials management/Value Analysis
- Infection Prevention
- Biomedical Engineers
- Patient Safety/Risk Management
- Human Factors Engineers
- Occupational Health

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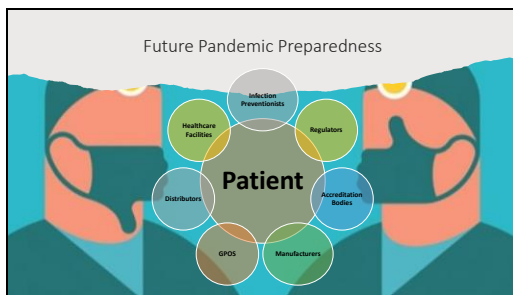
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Slide 48



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Slide 49

Ensuring Clinical Continuity of Care:  
Watchful Eye

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Cross-Trained HCPs

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Redundancy in Supply Chain Operations

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Pandemic Substitution Plan

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Rapid Implementation Process

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Monitoring Program

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Slide 50



The "New" Infection Preventionist

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Slide 51

The "New" Infection Preventionist



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Slide 52

Round Out the Skillset

- Healthcare/Hospital Epidemiology
- Infectious Disease Clusters/Outbreaks
- Surveillance
- Quantitative Data Collection, Analysis
- Survey Development
- Monitoring & Evaluation, Program Evaluation
- Implementation Science
- Behavioral Science Health Education: How to Develop Interventions (for specific populations)
- Change Leadership

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Slide 53



Isn't Certification Enough?

- Hospitals-CIC
- Skilled Nursing Facilities-IP-BC, LTC-CIP
- Ambulatory Surgery Centers-CAIP
- Emergency Medical Services-DICO-C
- Dental Healthcare-CDIPC

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Slide 54

How will we go first as the leadership team?

- Start doing?
- Stop doing?
- Sacrifices?
- New expectations we will communicate?
- Things we will stop tolerating?
- What else?



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Slide 55

New Day Needed

- Centers for Disease Control and Prevention
- Food and Drug Administration
- Occupational Safety and Health Administration
- Department of Health and Human Services
- National Institutes for Health

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Slide 56

New CDC Reorganization

- "The CDC will undergo a sweeping review of its structure, processes and systems in an effort to integrate lessons from the pandemic and strengthen its oversight of public health, CDC Director Rochelle Walensky said. The review will be headed up by leaders from the CDC and Health Resources and Services Administration, and they will focus on issues such as the public health workforce, lab capacity, data modernization, health equity and outbreak response and preparedness"



Source: Centers for Disease Control and Prevention

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Slide 57



Summary

- People, Process, Product focus requires times, attention, and money
- Pandemic Preparedness goes well beyond PPE and traditional medical supplies
- Facility personnel must be cross-trained in substitute products
- Start with rebuilding your people and the rest will follow: Culture Matters
- Establish a pandemic formulary upfront and hardwire it into the facility supply chain process

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### Stay Connected

Contact Information  
Dr. Garrett

Email: [garrett@kpiptc.com](mailto:garrett@kpiptc.com)

Twitter: [@DrGarrettKPI](https://twitter.com/DrGarrettKPI)

Facebook: [@DrGarrettKPI](https://www.facebook.com/DrGarrettKPI)

LinkedIn: [@DrGarrettKPI](https://www.linkedin.com/company/DrGarrettKPI)



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# Presenting Impactful Analysis

Slide 1

**PRESENTING  
IMPACTFUL  
ANALYSIS**

Stephen Furmanek, MS MPH  
Norton Healthcare  
Senior Biostatistician - Infectious Diseases

**Kentucky Infection  
Prevention  
Training Center**

**Kyiiptraining.org**

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Slide 2

**Objectives**

- To be able to describe three kinds of presentable data
- To be able to identify what kinds of figures may be appropriate for use and how to appropriately use them

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Slide 3

**Data  
presentation  
workflow**

```
graph LR; A[Raw Data] --> B[Analyzed data (descriptive or inferential statistics)]; B --> C[Presented data (text, tables, or figures)];
```

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Slide 4

Presenting Impactful Analysis

- Impactful data is accessible data
  - It clearly communicates your results
  - It is easy to understand
  - It has clear labels (when appropriate)
- Data is a powerful tool, but can be misleading or misunderstood if presented poorly
  - Don't assume your audience knows what any of your numbers mean

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Slide 5

Three Forms

- Presented data has three main forms:
  - Tables
  - Figures
  - Text

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Slide 6

Tables

- Tables are a great way to show aggregate information
- Aggregation depends on what you're trying to depict
  - Totals
  - Averages
  - Rates

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Slide 7

**Aggregation:  
Totals**

- Totals provides the absolute count or sum of a certain metric
  - Total number of CAUTI
  - Total cost of care
  - Total number of device days
- Totals are good for big picture estimates!
- Totals are often used to calculate other aggregated statistics

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Slide 8

**Aggregation:  
Averages**

- Averages are a measure of central tendency
  - Average length of stay
  - Average duration of therapy
- Averages are intuitive but have some drawbacks
  - Extreme values can (and do) skew averages
    - Use of the median may be more appropriate
  - Variation or standard deviations can help supplement and contextualize averages

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Slide 9

**Aggregation:  
Rates**

- Rates provide a number based on a standardizing factor
  - Infections per 1,000 patient days
  - Infections per 10,000 device days
  - Incidence per 100,000 people
- Rates provide a way to standardize numbers so they can be comparable

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Slide 13

**Pie Charts**


**Advantages**

- Simple
- Useful for small data sets

**Disadvantages**

- Only appropriate for showing parts of a whole
- Can be difficult to read with more than 3-4 groups
- Can be difficult to evaluate differences in groups

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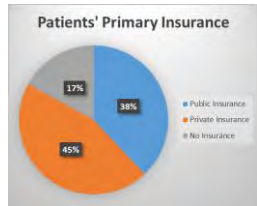
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Slide 14


**Appropriate Pie Chart**

**Patients' Primary Insurance**



Insurance Type	Percentage
Public Insurance	38%
Private Insurance	45%
No Insurance	17%

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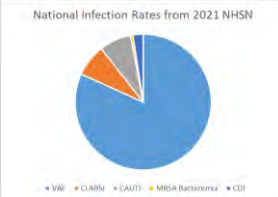
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Slide 15


**Inappropriate Pie Chart**

**National Infection Rates from 2021 NHSN**



Infection Type	Percentage
VAE	~1%
CLABSI	~1%
CAUTI	~1%
MRSA Bacteremia	~1%
CDI	~1%

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Slide 16

**Bar Charts**


**Advantages**

- More broad application than pie charts
- Easier to compare information between groups
- Can be clustered to show multiple metrics simultaneously

**Disadvantages**

- Axis ranges can be misleading
- Poor at showing trends over time

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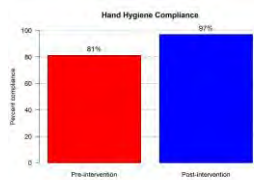
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Slide 17


**Appropriate Bar Chart**

**Hand Hygiene Compliance**



Category	Percent Compliance
Pre-intervention	81%
Post-intervention	97%

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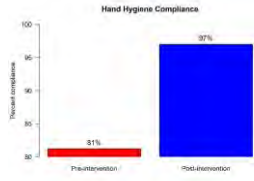
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Slide 18


**Inappropriate Bar Chart**

**Hand Hygiene Compliance**



Category	Percent Compliance
Pre-intervention	81%
Post-intervention	97%

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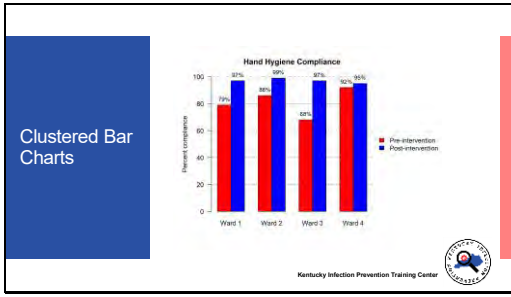
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Slide 19



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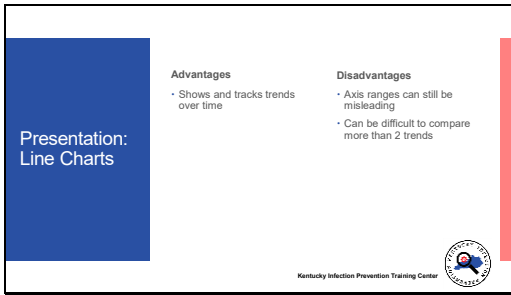
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Slide 20



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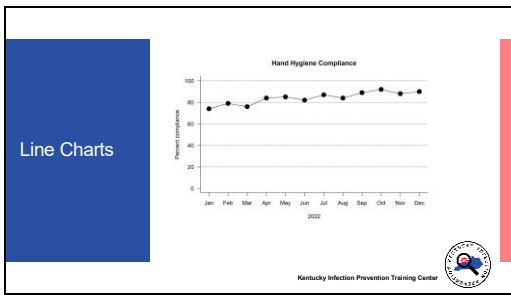
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Slide 21



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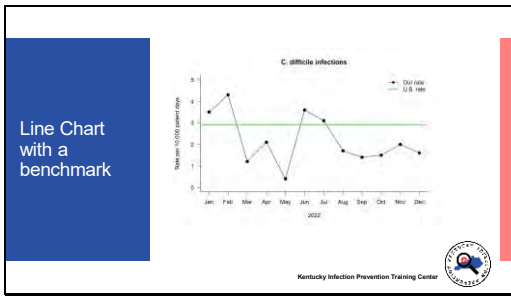
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Slide 22




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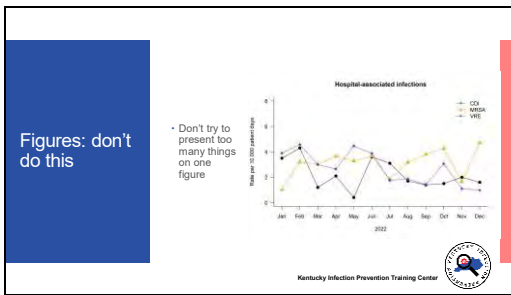
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Slide 23




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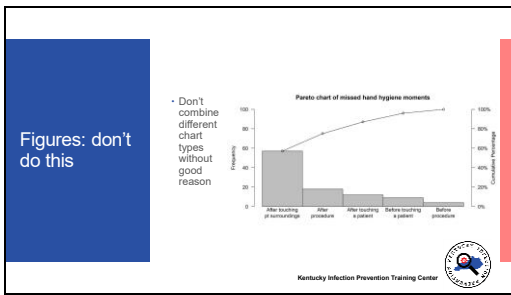
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Slide 24




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Slide 25

Figures: don't do this

Avoid 3D graphics as they usually hinder interpretation, even if it looks cool

Knowledge Test Scores

Ward	Pre-test	Post-test	4 weeks post-test
Ward 1	45	85	95
Ward 2	55	90	95
Ward 3	45	85	95
Ward 4	45	85	95

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Slide 26

Text data presentation

- Presenting data as text can be used to supplement or summarize the main finding of a table or figure
- Presenting data in text should be reserved for the **big, take-home points**
- Too much text can be overwhelming and is best saved for big reports or articles where more technical writing is appropriate

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Slide 27

Text data: framing

- Text data presentation benefits greatly from *framing*
- Framing is contextualizing your data in a way that is more approachable, actionable, and meaningful to your target audience

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Slide 28

Framing: an example

- One way to frame your data is to use benchmarks
- The NHSN has publically available data that you can use to benchmark many healthcare outcomes
- Length of stay and rates of hospital-associated infections can both serve as metrics

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Slide 29

Framing: an example

- In 2021 nationally there were 27,021 CLABSI infections out of 29,128,185 total device-days from 3,710 reporting acute care hospitals
- This leads to a rate of 9.3 infections per 10,000 device days (see below)

$$\frac{27,021}{29,128,185} \times 10,000 = 9.3$$

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Slide 30


Framing: an example

- In 2021, let's say there were 3 CLABSI infections out of 1,622 total device-days at your facility

$$\frac{3}{1,622} \times 10,000 = 18.5$$

- Your facility's rate of CLABSI was 18.5 per 10,000 device days

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Slide 31

**Framing: an example**

- Because both rates are standardized to the same number of device days, you can compare them: 9.3 vs 18.5. You have almost twice as much CLABSI as the national rate
- Thus, you might consider the following for a text data presentation: *"We have 18.5 CLABSI per 10,000 patient days, which is nearly twice the national rate."*

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Slide 32

**The take-home**

- The goal of accessible, and thus impactful data presentation is to make your data understandable even if the audience has no prior exposure to the topic
- In general, several simple tables and figures are better than a few complicated tables and figures
- Always use descriptive labels and figure titles
- Provide context for how data was captured up-front to avoid confusion

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Slide 33

 **BEST PRACTICES  
BEST OUTCOMES**  
[www.kyiptraining.org](http://www.kyiptraining.org)

[kiptraining.org](http://kiptraining.org)

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# Value Analysis Principles

## Slide 1

**Value Analysis Principles  
for the Modern Infection  
Preventionists**

**2023 Bootcamp**

Hudson Garrett, PhD, MSN, MPH, MBA, FNP-BC, IP-BC, CIC, LTC, CIP, AC-BC, CPPS, CPID, CVAP, VA-BC, FACDQNA, FACHE, FAIPA, FACHDM, FNA, SHEA, FISA, FAHPSP  
Consultant, Kentucky Infection Prevention Training Center  
Adjunct Assistant Professor, Division of Infectious Diseases  
Department of Medicine  
University of Louisville School of Medicine  
Karen Niven, MS, BSN, RN, CVAP, FACHDM, FAHPAP  
President-Elect, Board of Directors  
Association of Healthcare Value Analysis



**KENTUCKY  
INFECTION PREVENTION  
Training Center**

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## Slide 2

**Objectives**

Discuss	the impact of Infection Prevention and Control on value analysis in a post-pandemic healthcare environment
Review	the steps in the Value Analysis process necessary to ensure optimal patient outcomes and reduced risks for the healthcare system
Discuss	collaboration between Infection Prevention and Control and Value Analysis to improve the delivery of clinical care

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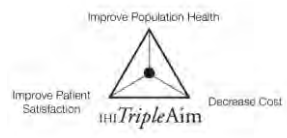
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## Slide 3

**What is “Value” in Healthcare**



Source: Institute for Healthcare Improvement

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Slide 4

# What is Value Analysis

"AN EVIDENCE-BASED PROCESS FOR HEALTHCARE ORGANIZATIONS TO OBTAIN SUPPLIES, SERVICES AND EQUIPMENT. VALUE ANALYSIS DRIVES QUALITY CARE DELIVERY, SAFETY AND OUTCOMES, AND FACTORS IN TOTAL COST."

Source: Premier Value Analysis Guide: 2020

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Slide 5

# Why Do we Do this Work?

- Appropriate Standardization
- Pricing Optimization
- Implementation of Cost-Savings Initiatives
- Identification and Elimination of Wastes, Redundancy, and Inefficiency



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Slide 6

# Value Analysis Guiding Principles

- Depend on a leadership structure to provide guidance, governance and support of the process.
- Utilize multidisciplinary teams to evaluate products and services.
- Establish and maintain relationships with key stakeholders to identify opportunities.
- Develop a method to track cost savings, process improvements and/or revenue enhancements.

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Slide 7

### What is our Goal with Infection Prevention & Value Analysis

- Reduce overall Healthcare-Associated Infections
- Improve Patient Clinical Outcomes
- Ensure the Safety for BOTH the Patient and the Healthcare Team
- Are Cost-Effective
- Data-Driven Process that accounts for both institutional baselines and national best practices



The word "GOAL" is written in large, bold, red letters. A ladder is positioned vertically, with its base at the letter 'A' and its top reaching the letter 'L'. The ladder is leaning slightly to the right.

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Slide 8

### Regulatory Aspects of Infection Prevention Products & Services

Regulatory	Accreditation	Clinical Standards of Care
<ul style="list-style-type: none"><li>• OSHA</li><li>• FDA</li><li>• EPA</li><li>• DOT</li></ul>	<ul style="list-style-type: none"><li>• The Joint Commission</li><li>• DNV</li><li>• AAAHC</li></ul>	<ul style="list-style-type: none"><li>• CDC</li><li>• Professional Associations/Societies</li></ul>

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Slide 9

### Who Owns It?

 -Items Used on Non-Living Environments/Surfaces	 -Items Used In and On the Human Body
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Slide 10

### FDA Responsibilities

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•Food	•Drugs
•Vaccines	•Animal and Veterinary
•Blood	•Medical Devices
•Biologics	•Radiation-Emitting Products
•Cosmetics	•Tobacco Products

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Slide 11

### Common FDA Regulated Items: Infection Prevention Implications

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- Hand Sanitizer
- Skin Antiseptics
- Personal Protective Equipment
- Drugs such as Antibiotics
- Laboratory Tests
- Medical Equipment
- Surgical Instruments
- Gloves

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Slide 12

### EPA Responsibilities

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Pesticides and Healthcare-Grade Disinfectants	Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA) governs use of EPA- regulated products	Federal and State EPA agencies
Extended disinfectant product approvals	Pathway for Emerging Viral Claims available for pandemics and other infectious diseases threats	

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Slide 13

### Important Product Considerations



- Does the product have the necessary regulatory approvals if required?
- Does the product have the specific indications for the intended clinical usage?
- Is the product compliant with established evidence-based clinical guidelines or regulatory requirements?
- Is the product on your GPO contract?
- What is the overall cost per usage of the product?
- What product implementation product is available from the supplier?

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Slide 14

### Assessing Product "Efficacy": Selecting Broad Spectrum Products



- Gram + and Gram - Bacteria
- Nonenveloped and enveloped Viruses
- Pathogenic Fungi
- Bloodborne Pathogens (HIV, HBV, and HCV)
- Mycobacterium (for Disinfectants that are Intermediate Level)
- Selected Bacterial Spores
- Novel and Emerging Pathogens

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Slide 15

### Assessing Product "Claims"

- Review product's full regulatory approval document
- Assess product technical data bulletin if available
- Review published product reports or clinical studies in peer-reviewed literature
- Review FDA MAUDE Reports to assess potential risk for Adverse Events (especially for medical devices)
- Validate Supplier materials with independent sources
- Assess for compliance with respective Clinical Guidelines



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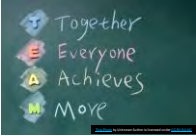
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Slide 16

### Collaboration with Value Analysis

- Infection Prevention must collaborate with Value Analysis to ensure that products meet clinical, regulatory, accreditation, and standard of care requirements
- Infection Prevention should review all products being considered or implemented into the healthcare facility
- Consider the educational/in-service needs for product implementation
- Current Baseline evaluation
- Ongoing Evaluation Needs



Source: Premier Value Analysis Guide: 2020

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Slide 17

### Standardization is King

- Standardizing products can reduce overall spend and also increase clinical quality outcomes by eliminating variable care
- Opportunities to ensure standard of care are met
- Can reduce storage space needed
- Simplifies distribution and ordering efforts

Source: Premier Value Analysis Guide: 2020

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Slide 18

### Evidence-Based Product Evaluation



- Evidence-Based Outcomes
- Patient and Staff Safety
- Current Organization and Industry-Leading Practices
- Regulatory Requirements
- Total Cost of Care and other Financial Influences

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Slide 22

### Training Requirements and Recommendations



- OSHA Hazardous Communications Training Requirements (HAZCOM)
- Training should occur:
  - At the Time of Hire
  - Annually
  - Anytime a process, product, or policy changes
- Training should be role-specific
- Policy for appropriate product usage should accompany product implementation training

Source: Occupational Safety and Health Administration (OSHA)

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Slide 23

### Creating VAT Teams



- Create discipline-specific VAT Teams such as Surgical Services
- Include participants from other patient care disciplines such as Infection Prevention, Medical Laboratory, Sterile Processing, Nursing Education, Risk Management, Regulatory and Compliance, Finance, and Legal
- Include Chairperson and Co-Chairperson positions that roll off after established tenure periods

Source: Premier Value Analysis Guide: 2020

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Slide 24


### Managing Financial Implications in Clinical Value Analysis



**Coverage:** *Is the service or product considered part of an insured patient's benefits?*



**Coding:** *Is the diagnosis, service or product identifiable?*



**Payment:** *Is the service or product covered?*

Source: Premier Value Analysis Guide: 2020

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Slide 28

### Roadblocks continued .....

-  Plan for potential delays in decision making.
-  Lack of critical clinical stakeholder involvement is common due to competing priorities.
-  Have a back-up plan for clinical participation if and when needed.
-  Lack of standardization, whether around products, processes or suppliers, can be difficult.
-  Prepare for hold-out facilities within the system. You'll need sufficient evidence and C-Suite support to get them on board with the VAT decision.

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Slide 29

### Incorporating Infection Prevention into Value Analysis



-  Value Analysis Charter
-  Multi-disciplinary Committee
-  Standard Agenda
-  Products/Services Evaluation

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Slide 30

### How Easy is that Conversion: REALLY?

Staffing Costs	Inventory Logistics	Impacts to Other Contracts with Current Supplier	Interdependence between products
Communication, training, and education	Rewriting or Revising Policies and Procedures	Changes in Cost of Care	Reprocessing or Sterilization Implications

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Slide 31

### Identify

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•Validate the Need	•Review capital budget requests
•Review GPO Contract Compliance	•Identify savings opportunities
•Assess for standardization opportunity	•Respond to strategic initiatives
•Assess new regulations and new evidence-based practice	•Examine quality safety issues
•Address defective products/recalls	•Complete complexity rating evaluation
	•Assess labor implications

Source: Premier Value Analysis Guide: 2020

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Slide 32

### Gather Information

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•Collect Annual Spend and Usage Data	•Obtain benchmarking data
•Identify Supplier Capacity	•Investigate community standards and listservs
•Obtain all pertinent cost and support data	•Identify product specifications and compare to defined clinical requirements/outcomes
•Identify key clinical and non-clinical stakeholders and utilization practices	•Analyze reimbursement information when applicable
•Identify like/current product being used and determine percentage of conversion	•Utilize information from regulatory agencies
•Conduct literature review	•Review policy/procedures/guidelines

Source: Premier Value Analysis Guide: 2020

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Slide 33

### Analyze

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•Complete cost analysis	•Determine final financial, clinical, safety, quality, and potential outcomes impact
•Conduct negotiation	•Explore educational needs and opportunities
•Identify purchase vs. lease benefits if applicable	•Establish committee decision
•Evaluate consignment or supplier-managed opportunities	
•Determine if evaluation is necessary	
•Establish evaluation parameters	

Source: Premier Value Analysis Guide: 2020

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Slide 34

### Implement

- Determine inventory management strategy
- Identify logistical plan
- Build item master and charge master
- Develop and execute education plan including training schedule and process
- Design communication plan and include rollout process outlining specific tasks, due dates, accountability, etc.
- Collaborate to ensure policy/procedure/guidelines are updated

Source: Premier Value Analysis Guide: 2020

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Slide 35

### Monitor

- Cost savings efforts may be reviewed on a quarterly basis by the responsible financial party
- Quality efforts, such as infection reduction, may require ongoing surveillance by your infection prevention and quality teams
- Review compliance metrics to evaluate the success of a project (clinical, financial, safety, quality, outcomes and impact)

Source: Premier Value Analysis Guide: 2020

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Slide 36

### Additional Considerations

- Develop robust value analysis programs that truly focus on the intersection of cost, quality, safety, outcomes and patient experience.
- Look at all criteria in product selection, not just cost.
- Understand the long-term implications of the decisions that are made.
- Recognize how a cost-savings decision incurred today by changing or eliminating products could result in a much larger penalty later.
- Look to improve accuracy in clinical documentation and coding, which is crucial to other functions, including maximizing reimbursement across the continuum.
- Become familiar with your hospital's current results in the payment reform programs and put processes in place to ensure your team is focused on contributing to your hospital's improvement.
- Expand or improve your department's reach into the non-acute side by involving key individuals in your decision making and assisting in product selection.

Source: Premier Value Analysis Guide: 2020

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Slide 37

### Managing Communications

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Leadership Engagement    Physician Engagement    Organizational Alignment    Operational Alignment    Vendor Alignment

Source: Premier Value Analysis Guide: 2020

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Slide 38

### For Additional Information

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Slide 39

### Recap and Take-Aways

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- The collaboration between Infection Prevention and Control and Value Analysis is a critical component to ensuring patient safety and optimal clinical outcomes.
- The changing regulatory environment requires a sustained focus on products related to Infection Prevention and Control.
- Be an involved party in your healthcare system's Value Analysis program.
- Check, Check again, and triple check product information and claims to ensure that they meet your institutional goals and external requirements from regulators and accreditation bodies.

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Slide 40

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- \*FDA Organizational Chart, electronically accessed from <https://www.fda.gov/about-fda/fda-organization-charts/fda-overview-organization-chart>.
- \*HICPAC Process for Assessing Products for Infection Prevention in Healthcare Settings: A Framework from HICPAC, electronically accessed from [https://www.cdc.gov/hicpac/pdf/product\\_assessment-4.pdf](https://www.cdc.gov/hicpac/pdf/product_assessment-4.pdf).
- \*Premier Value Analysis Guide: 2020 Fourth Edition, electronically accessed from [www.premierinc.com](http://www.premierinc.com).

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Slide 41

### Contact Information

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<b>Contact: Dr. Hudson Garrett</b> Email: <a href="mailto:Hudson.garrett@Louisville.edu">Hudson.garrett@Louisville.edu</a>	<b>Contact: Karen Niven</b> Email: <a href="mailto:karen.niven@premierinc.com">karen.niven@premierinc.com</a>
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Being an agent of change

Slide 1

Being an Agent of Change

2023 Bootcamp

**KENTUCKY INFECTION PREVENTION**  
Training Center

Hudson Garrett, PhD, MSN, MPH, MBA, FNP, BC, FA-BC, CC, JTC-CIP, AS, BC, CPS, CPHQ, CVAHIP, VA-BC, FACDONA, FACHE, FAAPM, FNAP, PSHEA, FSCA, FAIHP

Consultant, Kentucky Infection Prevention Training Center  
Adjunct Assistant Professor, Division of Infectious Diseases  
Department of Medicine  
University of Louisville School of Medicine

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Slide 2

Objectives

- Discuss the importance of change management in infection prevention and control
- Review a blueprint approach to managing complex change across the healthcare continuum of care
- Discuss challenges that might become obstacles in managing change in infection prevention & control

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Slide 3

What comes to mind when you hear the word "change?"



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Slide 4

What Causes Change to Fail?

- Need for change is unclear
- Complacency overcomes urgency
- Resistance is unexpected and mismanaged
- Communication is limited
- Lack of commitment throughout the organization
- Lack of accurate and comprehensive information

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Slide 5

Improve Your Odds

- Clear vision
- Leadership support and involvement
- Employee contribution and buy-in
- Accountability
- Alignment with organizational goals/values
- Excellent communication



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Slide 6



Start with the Baseline

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Slide 7

Success or Failure? Or Both?

**WHY?**

-  Change fails more often than it succeeds.
-  Kotter: change fails "more than 70 percent" of the time.
-  Important to explore why.

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Slide 8



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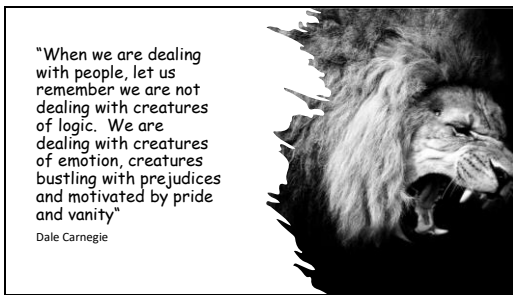
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Slide 9



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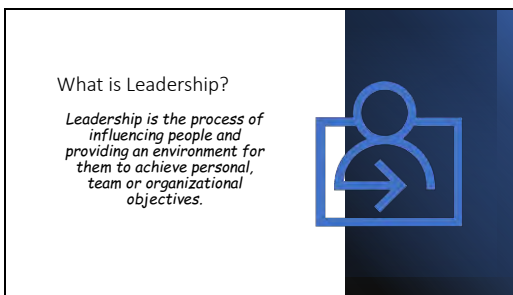
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Slide 10



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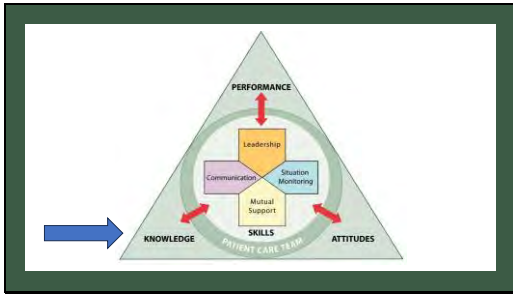
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Slide 11



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Slide 12

The belief that you can change is the key to change.

The role of a leader in change

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Slide 13



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Slide 14



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Slide 15

**Be Real**

- Take care of each other without being asked to.
- Ask for help when you need it.

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Slide 16

**Make Yourself Visible**

- Model the behavior you want to see.
- Infectious Diseases Conference and Hand Hygiene ☺
- Make it clear you are in this together.

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Slide 17

Communicate and Listen

- Share what you know, when you know it.
- Listen with empathy and answer questions as best you can.

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Slide 18

Stay Connected to the Big Picture

- Remember what you are trying to achieve.
- Don't get stuck in the weeds.

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Slide 19

If something isn't working, try something else.

- To change the response you need to change the procedure.

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Slide 20



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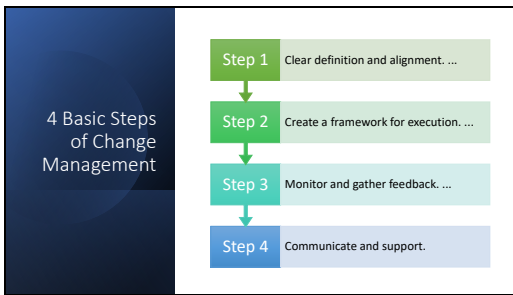
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Slide 21



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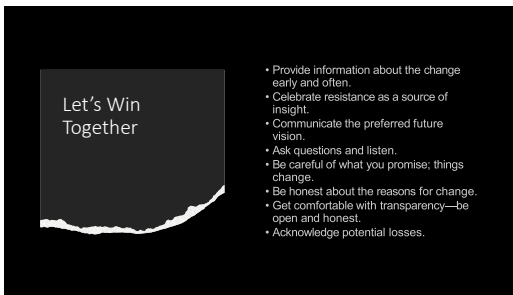
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Slide 22



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Slide 23



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Slide 24



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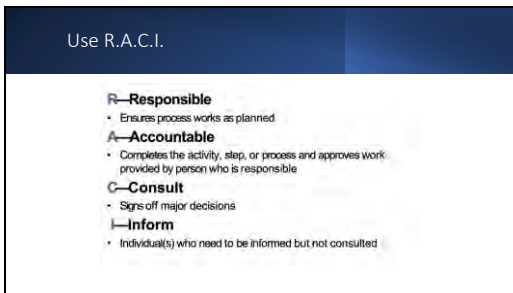
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Slide 25



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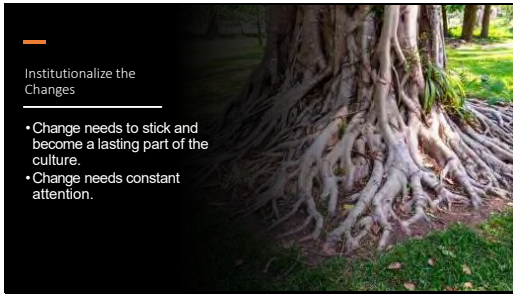
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Slide 29



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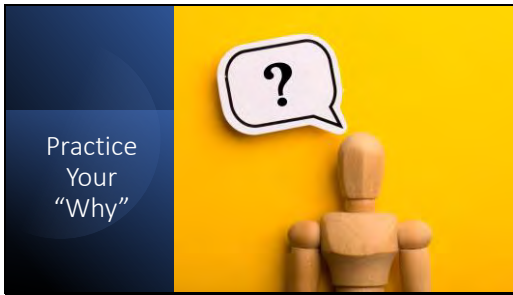
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Slide 30



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Slide 31



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Slide 32

Putting it All Together

- Change is a constant across healthcare
- Invest in your ability to become resilient and effectively manage change
- Diversify your skillset and be prepared for what the future holds
- Create a path for continued relevancy



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Slide 33



Stay Connected

Contact Information:  
Dr. Garret

Email:  
Hubert.Garret@ky.gov

Twitter:  
@HubertGarret

Facebook:  
@HubertGarret

LinkedIn:  
@HubertGarret



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