Infection Prevention & Control Annual Plan

GDIPC

Annual IC Plan:

is a written, risk-based document with goals and measurable objectives, strategies and evaluation methods.

Risk Assessment:

a term used to describe the overall process or method to identify & evaluate risk factors that have the potential to cause harm to the patients, staff & visitors.

Why to perform an Annual Risk Assessment?

Helps focus activities on essential tasks to reducing critical infection control risks:

- Improves patient safety
- Improves staff safety
- Improves efficacy (desired results)
- Identifies training issues
- Understanding of disease transmission and prevention
- For implementing new interventions etc.

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Element : A-5

- **Sub- Element (4)**
- **Activities for auditing:**

  (D) documentation

  (SI) staff interview
- **Score** (0-1-2)

Sub- Element (A-5.1)

The annual plan is based on Infection Control Risk Assessment - ICRA (i.e., addresses processes, procedures and devices that are identified by the IC practitioners to be associated with risk of HAIs).

(D,SI)

Review:

- Infection Control Risk assessment (ICRA)
- Infection Control Annual Plan

(Match ICRA & Annual IC Plan with described steps & protocols with examples)

Review:

- **Steps Involved in risk Assessment:**

Step 1: Annual Infection Control Program Review:

(Analyze & review data which is the basis of the annual risk assessment)

- Data aggregation and analysis
- Healthcare-acquired infection trends (Identified infections with the highest probability and potential for harm (known risk, potential risk, contamination, exposures)

Review:

- Compliance with infection control standards
- Communicable diseases (prevalence rates, incidence rates)
- Identified environmental issues / concerns
- Identified organizational areas of weakness

Review:

Step 2: Risk Assessment Grid / Tool:

PURPOSE:

- Rank risks by score to determine organizational priorities
- Assist in determining where to focus with available resources

Review:

- Provides basis for developing the Infection Control Plan
- Identify gaps in infection prevention measures / processes
- Provide leadership and patient care providers with known and potential risks, which can directly affect patients, & Health care providers.

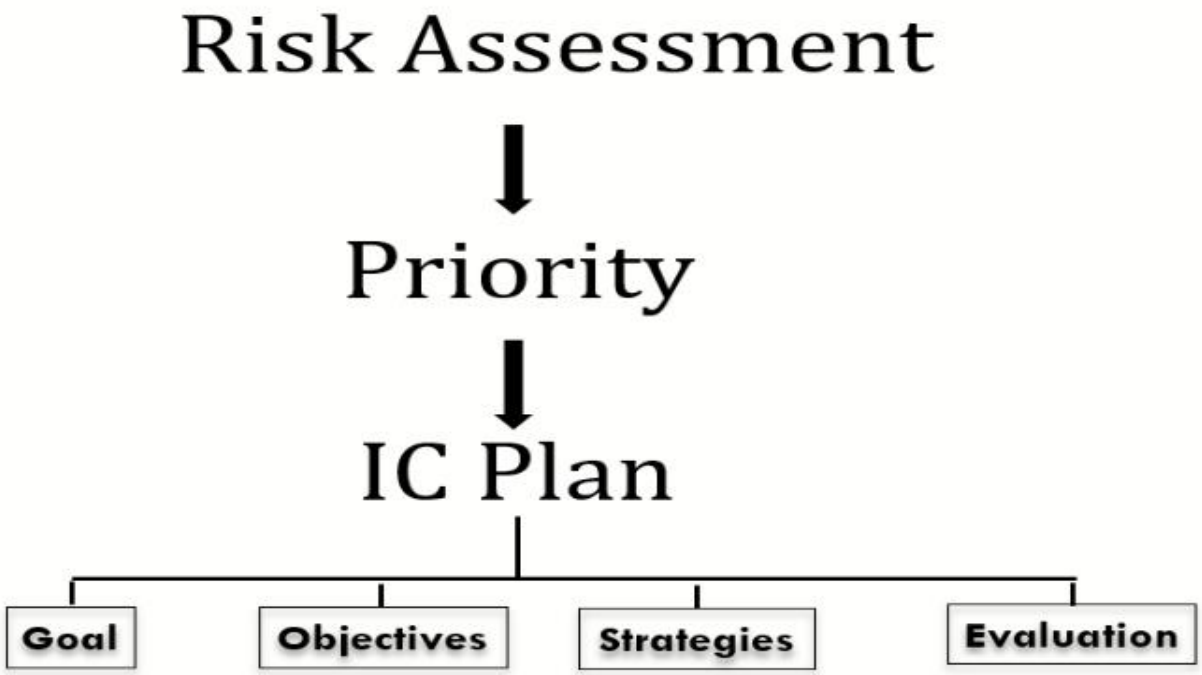
Review:

Risk Assessment Scoring:

A Numeric scoring system based upon probability of event occurring.

- *Multiply the ratings for each risk in the area of probability, impact and organization preparedness =* ***Risk Score***
- *Rank risks by total score to help identify priorities*
- *Sort in order of risk*
- *Priorities are used in the development of the* ***Infection Control Plan***

Infection Prevention and Control Annual Plan



Infection Control Risk Assessment

INFECTION CONTROL ANNUAL RISK ASSESSMENT																
HOSPITAL NAME:						REGION:			YEAR		BED CAPACITY :					
	Probability of Occurrence					Risk/Impact (Health, Financial, Legal, Regulatory)					Current Systems/Preparedness					
Potential Risks	Expected	Likely	Maybe	Rare	Never	Life Threatening	Serious Loss	Prolonged Length of Stay	Moderate Clinical	Minimal Clinical	None	Poor	Fair	Good	Solid	Score
	4	3	2	1	0	4	3	2	1	0	5	4	3	2	1	
Failure of Prevention Activities																
▪ Lack of Hand Hygiene Compliance		3				4							3			36
▪ Lack of Resp Hygiene/Cough Etiquette																
▪ Lack of Supplies for Hand Hygiene																
Isolation Activities																
▪ Lack of Standard Precautions																
▪ Lack of Airborne Precautions	4					4						4				64
▪ Lack of Droplet Precautions																
▪ Lack of Contact Precautions																
▪ Lack of Supplies Necessary for Isolation																
HAI Surveillance																
▪ SSI	4					4							3			48
▪ VAP in ICUs																
▪ CLABSI in ICUs																
▪ Dialysis-Related Infections																
▪ CAUTI																
▪ Outbreak																
▪ Sentinel Event																
▪ Other-HAI																

STEP 3: THE ANNUAL INFECTION CONTROL PLAN

Potential Risks/ Problems	Goals/Objectives	Strategies / Interventions	Responsible persons	Timeframe	Method ofEvaluation
Procedure related risk: 1: Surgical Site Infection Rationale: Surgical site infections are the most common healthcare associated infection, accounting for 31% of all HAIs among hospitalized patients. SSIs are a substantial cause of morbidity, prolonged hospitalization, and death. Procedures involving contact with a medical device or surgical instrument with a patient's sterile tissue or mucous membranes poses a major risk of introducing pathogens which can lead to infection. Failure to properly clean, disinfect or sterilize equipment may lead to SSIs.	To ensurePatient Safety Overall SSI rate ≤ 0.50% C-Sec = Reduce by 50% Number of SSI / Expected SSI 100% compliance with elements of Surgical Bundle 100% percent compliance with defined process for cleaning, disinfection and sterilization of critical and semi-critical devices and instruments	Strict implementation of surgical bundle Provision of resources to implement bundle variables (prophylactic antibiotics, clippers etc.) Continuous Training & Education of OR staff Improve patient's education on pre-operative showering post discharge wound care etc., Distribution of updated antibiotic policy Meticulous sterilization practices.	Surgical staff, surgeons, Anesthesiologist Central Sterile Processing Staff Infection Control Team Patient Educators TQM Team	Annually January 1, 2022 till December 31, 2022 Daily/ Monthly/ Quarterly follow up	SSI preventive Checklist monitoring (Daily/weekly rounds SSI Rate (Monthly / Quarterly) SSI Bundle Compliance rate (Monthly/ Quarterly) SSI rates per 100 operative procedures are calculated by dividing the number of SSIs with the number of specific operative procedures and multiplying the results by 100 SSI rate calculations are performed separately for different types of operative procedures and stratified by the basic risk index

Interview:

- Infection Control Team about steps involved in risk assessment & components of ICRA.
- Ask how they will identify & grade according to probability of occurrence, Impact on patients, staff & visitors & facility preparedness for that risk.
- Let them pretend any risk and conduct IC risk assessment for that specific risk.