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I. POLICY

The University of California at San Francisco Medical Center and Children's Hospital Department of Hospital Epidemiology and Infection Control (HEIC) embraces the following Goal, Mission and Vision:

A. HEIC Goal:

is to set the standard by which all other infection prevention programs are measured.

B. HEIC Mission:

We change culture.

1. We align with the Mission of the Organization:

a. Caring:

We listen to our patients, students, staff and faculty in order to understand and appreciate infection-related concerns.

b. Healing:

We work with the people involved in patient and employee care to implement logical applications for effective, science-based, persistent and pervasive infection-prevention strategies.

c. Teaching:

We teach infection prevention awareness and behaviors formally—in the Medical Center and Children's Hospital, the UCSF schools, and in the community—and informally at every opportunity.

d. Discovering:

We investigate the root causes of infection problems; then we persistently seek solutions through collaboration, research and analysis of infection-related science.

C. HEIC Vision:

1. UCSF Medical Center and Children's Hospital will:

- a. Permit zero tolerance for healthcare-associated infections
- b. Determine and achieve the irreducible minimum HAI.

2. UCSF HEIC will:

- a. Set the standard by which other programs are measured
- b. Be recognized as a valued asset and leader in the organization
- c. Publish leading research in the prevention of HAI
- d. Play a leadership role in emergency preparedness related to infectious diseases, including emerging and re-emerging diseases, bioterrorism, and natural disasters.

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3. Support the Vision of the Organization:

- a. Best provider of Health Care Services: by enhancing and preserving the quality of life for our patients, students, staff and faculty.
- b. Best place to work: by changing the culture to one of thoughtful and safe interaction, every interaction, and zero tolerance for healthcare-associated infections.
- c. Best environment for teaching and research: by piquing the curiosity of our care providers to attain ever-higher goals.

Today, infection prevention covers a broad range of processes throughout the healthcare continuum. It requires epidemiological expertise and includes attention to medical devices (e.g., intravascular and alimentation devices, ventilators, equipment used for examination and therapies); the physical environment (e.g., air ducts, surfaces, construction/demolition); invasive procedures; carriage of pathogens by employees and other health professionals.

Such infection prevention processes are managed by individuals who are assigned the responsibility of surveillance, reporting, investigating outbreaks or issues associated with healthcare-associated infection (HAI) (infections acquired while in health care that are unrelated to the original condition), consultation, education, policy development, observation, intervention, and monitoring the results of processes to prevent or reduce the risk of infectious transmission. In the best systems, data from many sources within the hospital—surveillance, invasive procedures, bacteriology and pathology reports, admission/discharge/transfer reports, billing system, integrated data systems and data mining reports, documentation systems, billing data, morbidity and mortality conferences and so forth—can be brought to bear to identify trends and sources of infectious disease.

Despite major efforts to decrease transmission, infection prevention remains a challenge to health care facilities. Indeed, in some ways it is more difficult now than in the past. Like other advances in patient care, the advent of antibiotics has dramatically improved patient care, but the emergence of antibiotic resistance means that new efforts of surveillance and prevention must be implemented in order to make progress against infection, and continuing efforts are needed to maintain earlier achievements.¹ Advances in the technology of diagnostic and therapeutic equipment have not enjoyed concomitant advances in cleaning or reprocessing technologies. Finally, healthcare workers experience information overload, preventing them from attending to the most basic infection prevention strategies, such as hand hygiene, surface disinfection and patient placement.

According to the Centers for Disease Control (CDC), HAI affect approximately 2 million patients annually in acute care facilities in the United States at an estimated direct patient care cost of approximately \$3.5 billion per year. In long-term care facilities including nursing homes, CDC estimates that more than 1.5 million cases of HAI occur each year, an average of one infection per patient per year.

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The Study on the Efficacy of Nosocomial Infection Control project², conducted by The Centers for Disease Control, and subsequent epidemiological studies found that up to one third of HAI can be prevented by an effective infection prevention program, yet only six to nine percent are actually prevented.

References:

1. Kohn, LT, et. al. "To Err is Human: Building a Safer Healthcare System." The National Academies Press. 2000.
2. Haley, R. W., et. al. The Study on the Efficacy of Nosocomial Infection Control (The SENIC Study). Am Hosp Epi. 1980. 111:5;472-485.

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