

ELEMENT	DEPARTMENT SPECIFICS
<b>DESCRIPTION OF DEPARTMENT</b>	<ol style="list-style-type: none"> <li>1. The department of Hospital Epidemiology and Infection Control (HEIC) is located at 350 Parnassus, Suite 510. Department hours are Monday through Friday, 8 a.m. to 4 p.m., although staff may be working onsite at other times. Staff provide advice and assistance during business hours via an on-call pager.</li> <li>2. 1.0 FTE Departmental Director (“Infection Control Officer”) trained in infection control, biostatistics, epidemiology, and management</li> <li>3. 4.0 FTE Infection Control Practitioners (ICP) oversee all inpatient and outpatient areas associated with the Medical Center, monitor, educate, intervene and correct practices, implement improvement strategies, and are trained in infection control, surveillance and epidemiology (Field Unit)</li> <li>4. 1.0 FTE analyst VI manages institution-wide programs, such as Hand Hygiene compliance, device-related infections improvement, and policy revision</li> <li>5. 1.0 FTE Infection Control Practitioner Supervisor who oversees all data and reporting management (Data Management Unit)</li> <li>6. 1.0 FTE IC analyst V provides data and reporting programming, final review and analysis</li> <li>7. 1.0 FTE IC analyst III accomplishes data entry, report generation, preliminary review and analysis</li> <li>8. 1.0 FTE analyst II who manages office functions and performs data entry</li> <li>9. Two Medical Directors specializing in Infectious Diseases (Adult and Pediatric) serve as consultants to the IC department and meet regularly with the HEIC staff</li> <li>10. Contact information is available on the “Staff” page of the HEIC website.</li> </ol>
<b>GOALS</b>	<p>The goals of the department are:</p> <ol style="list-style-type: none"> <li>1. To provide epidemiologic analysis based upon the results of surveillance, risk assessment, communicable disease exposure follow-up, outbreak investigation, and data management, analysis and presentation.</li> <li>2. To provide direct interventions at the patient, location, and service levels where needs are identified, and where risk reduction or change in practice is likely to have long-term success.</li> <li>3. To provide education to personnel, patients and visitors with an emphasis on the importance of their role in infection prevention.</li> <li>4. To develop thresholds of infection rates for surgical procedures and device-related infections above which departmental action, investigation and/or intervention is indicated.</li> <li>5. To ensure regulatory, accreditation and legal compliance through program and reporting</li> </ol>
<b>TYPES AND AGES OF PATIENTS SERVED</b>	<p>HEIC serves inpatient units, ambulatory practices and home care associated with the Medical Center and Benioff Children’s Hospital, Parnassus and Mount Zion campuses and contracts services to Langly-Porter Psychiatric Institute (LPPI). The department serves patients throughout their life span. HEIC professional staff have a working knowledge of the principles of epidemiology, microbiology and infectious processes for all age groups and are able to provide oversight, follow-up and evaluation regardless of patient’s age or diagnosis.</p>
<b>SCOPE AND COMPLEXITY OF PATIENT/CUSTOMER CARE NEEDS AND SERVICES PROVIDED</b>	<ol style="list-style-type: none"> <li>A. Surveillance is performed daily, and includes             <ol style="list-style-type: none"> <li>1. Review of microbiology results, antituberculosis medication orders, admission and census reports, reports of incision and drainage performed in Perioperative Services.</li> <li>2. The Centers for Disease Control and Prevention’s (CDC) recommendations for surgical site infection risk reduction, and the IHI’s Surgical Site Infection (SSI) prevention “bundle” are applied to surgical surveillance. Elements beyond the</li> </ol> </li> </ol>

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	<p>“bundle” are implemented through multidisciplinary efforts and initiatives, based upon review and analysis of surveillance data.</p> <ol style="list-style-type: none"> <li>3. Surveillance of 29 surgical categories for required reporting to California Department of Public Health (CDPH) via CDC’s National Healthcare Surveillance Network (NHSN)</li> <li>4. Monitoring adult and pediatric critical care units for ventilator-associated pneumonia (VAP) and central line-associated bloodstream infection (CLABSI), and work with those units to implement prevention measures (see C., below).</li> <li>5. Monitoring CLABSI in adult and pediatric acute care units and work with those units to implement prevention measures</li> <li>6. Monitoring adult and pediatric acute care units for hospital-associated methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) and vancomycin-resistant Enterococcal (VRE) bloodstream infections, and all CLABSI for required state reporting.</li> <li>7. Central Line Insertion Practices for required reporting</li> <li>8. Influenza vaccination data (in collaboration with Occupational Health Services)</li> </ol> <p>B. IC develops and implements policies:</p> <ol style="list-style-type: none"> <li>1. The department creates policies and procedures to drive recognition, prevention, and control of infections in the patients, personnel and visitors of the Medical Center, and reviews infection control policies developed by other departments which are then reviewed by the Infection Control Committee (ICC).</li> <li>2. IC implements Standard and Transmission-Based Precautions policies and practices that address common communicable diseases to reduce transmission of pathogens.</li> <li>3. The Outbreak Response Policy outlines responses to unusual diseases of epidemiologic importance, or unusual numbers of cases of usual diseases, and includes guidance on triage, isolation, use of appropriate Personal Protective Equipment, Public Health reporting, and confirmatory testing that is consistent with current and aligned recommendations from the CDC, state and local Public Health agencies.</li> <li>4. During the “cold and flu” season, IC implements seasonal policies to reduce the risk of hospital transmission of rotavirus, influenza, and other respiratory viruses.</li> <li>5. IC collaborates with the Infectious Disease Management Program (IDMP), a multidisciplinary program whose mission is to improve the care of patients with infectious diseases, prevent the spread of infection, and guide the appropriate use of antimicrobials.</li> <li>6. As a transplant center, IC focuses on environmental measures which prevent disease in this highly immunocompromised population (e.g., <i>Legionella</i> sp. and <i>Aspergillus</i> sp.). Construction, Demolition and Renovation policies are updated regularly, and a robust, interdisciplinary prevention program is in place.</li> <li>7. As a center for advanced research studies, IC collaborates with Neurology to develop a comprehensive policy that addresses infection control issues for patients with suspected or confirmed Creutzfeldt Jakob Disease (CJD).</li> </ol> <p>C. IC develops and implements new programs:</p> <ol style="list-style-type: none"> <li>1. A new database has been developed unique to the department’s data management needs.</li> <li>2. Hand Hygiene program has been expanded to include all inpatient areas, select ambulatory areas where invasive procedures are performed, and all</li> </ol>

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	<p>occupational groups.</p> <p>D. IC collaborates with other departments to reduce infection risk:</p> <ol style="list-style-type: none"> <li>1. Focused multidisciplinary workgroups include: Hand Hygiene Compliance improvement, Device-Related Infections (DRI) reduction steering committee, Influenza Advisory Committee, Sterilization Subcommittee of the ICC.</li> </ol> <p>E. HEIC responds to exposures and outbreaks with the appropriate departments.</p> <ol style="list-style-type: none"> <li>1. HEIC collaborates with Occupational Health Services to develop policies for standard response to new employee screening for communicable disease, response to exposures, and following up with prophylaxis and treatment.</li> <li>2. HEIC directs responses to outbreaks (e.g., norovirus, parainfluenza) and epidemics (e.g., H1N1 Influenza pandemic).</li> <li>3. Develops a response plan and policy.</li> <li>4. Drills to that plan, and revises based upon findings.</li> <li>5. Develops case definitions and plans for responding in conjunction with any or all of the following: Infectious Diseases specialists, local or state epidemiologists, Occupational Health Services (OHS), Student Health (SHS), Offices of Emergency Services, Environmental Health and Safety, and others as necessary.</li> <li>6. Collaborates with OHS to perform contact tracing and develop management plans for exposed people.</li> <li>7. Organizes notification of exposed non-employees.</li> <li>8. Manages communications from non-employees (i.e., worried well, dissatisfied customers, etc.)</li> </ol> <p>F. IC educates Medical Center employees.</p> <ol style="list-style-type: none"> <li>1. HEIC developed two mandatory education modules as per Health and Safety Code Section 1288.55; for those audiences unable to complete the modules online, HEIC staff presents the information in person.</li> <li>2. HEIC provides general education in the principles of infection control as they relate to unit or practice specific concerns.</li> <li>3. HEIC accommodates requests for education and consultation on specific areas of interest or need to the patient care units, practices, and general Medical Center staff including epidemic risks, endemic pathogen trends, targeted surveillance results, hand hygiene, and infection risk reduction.</li> <li>4. HEIC answers questions from medical center staff regarding exposure risk and corrects isolation procedures.</li> </ol> <p>G. Committee participation: IC representatives are members of the following sample of recurring committees:</p> <ol style="list-style-type: none"> <li>1. The Infection Control Committee (ICC) describes the work of the Infection Control Department through development of the annual HEIC Risk Assessment and Plan, and through interdepartmental input at the monthly meetings. This committee actively assists the Medical Center in evaluating the use of clinical facilities for research purposes.</li> <li>2. CLABSI and vascular access workgroups/steering committee meetings</li> <li>3. Departmental and Divisional Staff meetings</li> <li>4. Emergency Preparedness (EP)</li> <li>5. Environment of Care (EOC)</li> </ol>

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	<ul style="list-style-type: none"> <li>6. Hand Hygiene</li> <li>7. Heme/ID (adult and pediatric)</li> <li>8. Infectious Diseases Management Program (IDMP)</li> <li>9. Influenza Advisory Committee</li> <li>10. Quality improvement and patient safety committees (adult and pediatric)</li> <li>11. Standards Compliance and National Patient Safety Goal Committees</li> <li>12. Value Analysis Committee (product review, adult and pediatric)</li> <li>13. Bloodborne Pathogens</li> <li>14. Education and Training</li> </ul> <p>H. External collaboration</p> <ul style="list-style-type: none"> <li>1. San Francisco IC Working Group (monthly), a Public Health Department-based working group of SF ICPs.</li> <li>2. Board of Directors of the Association for Professionals in Infection Control and Epidemiology (APIC)-San Francisco Bay Area Chapter (SFBA).</li> <li>3. UC Office of the President Healthcare Epidemiology Collaborative (includes IC members from the 5 UC Medical Centers)</li> <li>4. California Public Hospitals Collaborative (SNI)</li> </ul>
<p><b>METHODS USED TO ASSESS AND MEET PATIENT AND CUSTOMER NEEDS</b></p>	<ul style="list-style-type: none"> <li>1. Focused surveillance in high risk populations is used to assess infection rates for high risk procedures, i.e. central line related bacteremias and ventilator associated pneumonias.</li> <li>2. Daily review of positive microbiology reports is done to identify problems and implement timely intervention.</li> <li>3. IC investigates verbal and written incident reports of potential infection control problems.</li> <li>4. Financial analysis of infections at UCSF is used to demonstrate cost avoidance, available bed days associated with reduction in infection rates</li> </ul>
<p><b>APROPRIATENESS, CLINICAL NECESSITY AND TIMELINESS OF SUPPORT SERVICES</b></p>	<p>Transmission of infectious agents among patients and health care workers (HCWs) can result in serious negative outcomes and/or outbreaks. Therefore, HEIC addresses concerns about isolation practices and exposures to communicable diseases in a timely manner. HEIC oversees:</p> <ul style="list-style-type: none"> <li>1. Exposure follow-up so that personnel receive timely prophylaxis.</li> <li>2. Following-up significant microbiology results as they are known in order to assure that patients are in the isolation appropriate to their clinical condition.</li> <li>3. Evaluate clinical practices during Medical Center rounds to ensure that proper IC strategies are followed (compliance monitoring)</li> <li>4. Propose recommendations for units/practices to employ to be in compliance with established standards.</li> </ul>
<p><b>EFFECTIVENESS OF SERVICES</b></p>	<p>HEIC uses national, system-wide, regional, and UCSF-based comparisons to determine infection rates for monitored procedures, device-related infections and surgical site infections.</p> <ul style="list-style-type: none"> <li>1. When rates exceed agreed-upon targets, an investigation for cause(s) is (are) initiated and interventions recommended and/or instituted as necessary. Surveillance to measure effectiveness of interventions applied is accomplished and reported to stakeholders.</li> <li>2. Reports to the ICC, QIEC and EOC committees (others as deemed appropriate) communicate infection control progress in areas of concern identified within the Medical Center.</li> <li>3. Improvements in one area of attention are expanded to improve other areas of</li> </ul>

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	<p>care provision. For example, successful strategies to reduce CRBSI in critical care areas have been spread to acute care areas.</p>
<p><b>STANDARDS OF PRACTICE OR PROFESSIONAL PRACTICE GUIDELINES</b></p>	<p>The department adheres to and promotes standards of federal, state, and university regulations and practice standards of professional associations such as APIC, IDSA, SHEA, CDC, ATS, SGNA, AORN, AAMI and others.</p>
<p><b>AVAILABILITY OF NECESSARY STAFF</b></p>	<p>Staff is available during regular business hours. Non-business hour questions are largely answered by the UCSF Infection Control internet-based website. Urgent matters not addressed information contained on the website are addressed to the House Supervisor, who contacts the Director when additional guidance is required.</p>

Revised 8/92, 10/95, 4/01, 4/02, 9/03, 12/05, 5/07, 5/10, 8/11

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