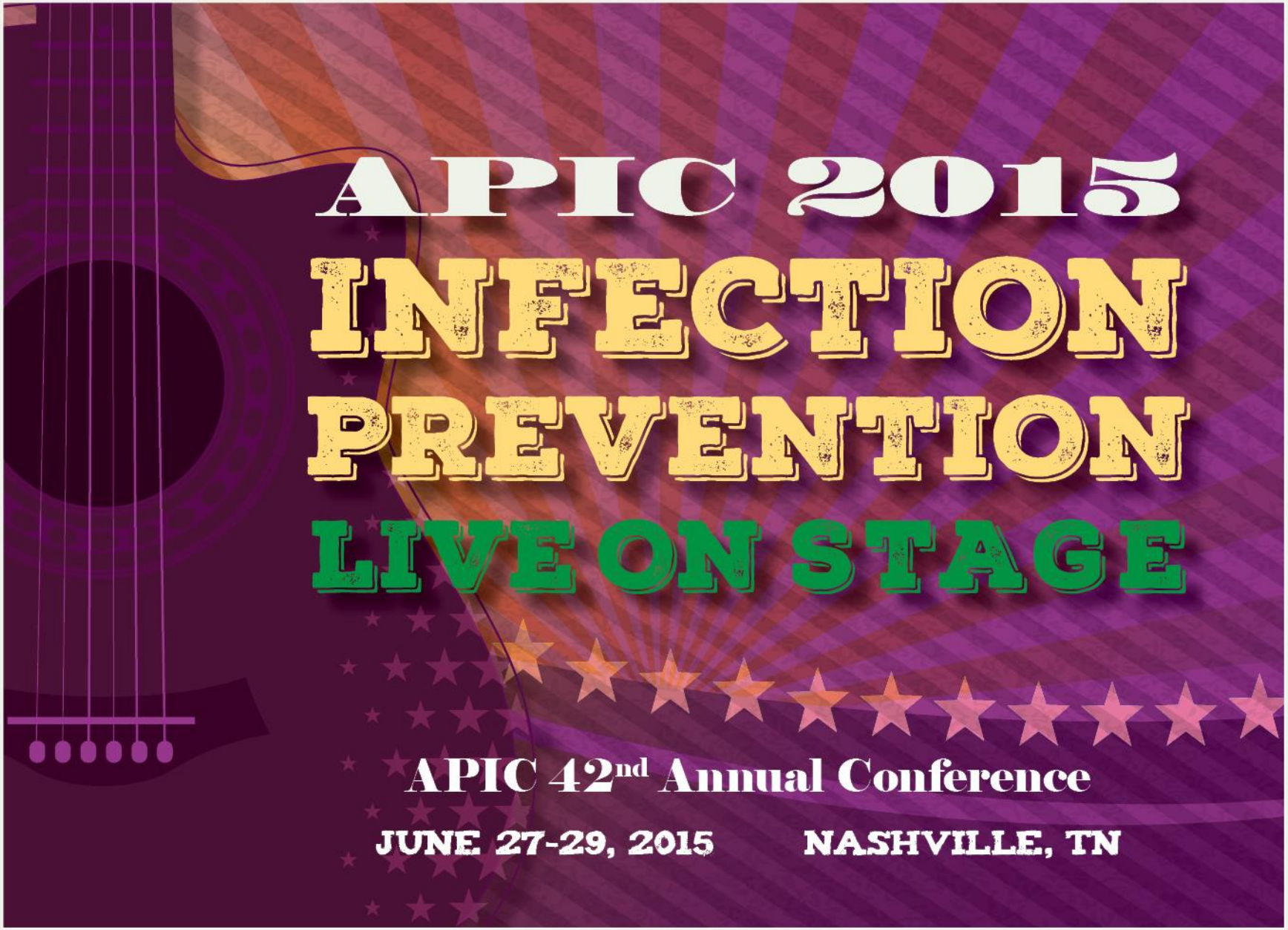

APIC 2015
INFECTION PREVENTION
LIVE ON STAGE
APIC 42nd Annual Conference
JUNE 27-29, 2015 NASHVILLE, TN

APIC Greater NY Chapter 13 Shares: **IP Professional Development through a Special APIC Chapter Educational Activity**

George Allen PhD CIC CNOR
Steven Bock BA BSN RN CIC
Saungi McCalla MSN MPH RN CIC

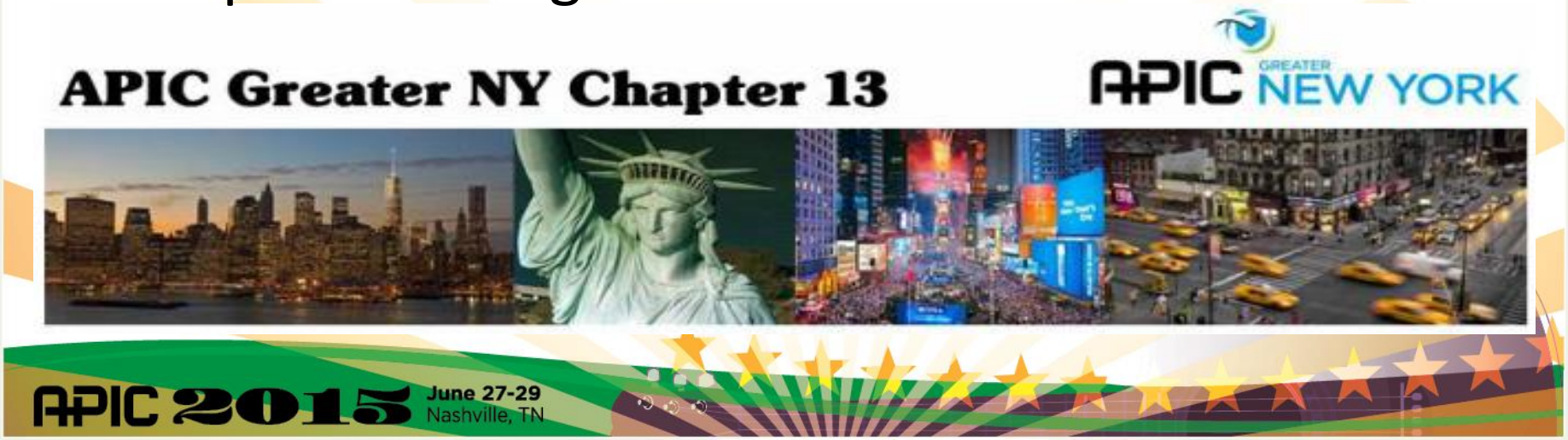
nothing to disclose for any author

APIC Chapter-Based Professional Development

- Upon completion, participant will be able to describe how to implement a budget neutral, membership wide educational activity for chapter meetings.
- Upon completion, participant will be able to state three benefits of a practical, members' needs-driven educational effort for use during local APIC chapter meetings.
- Upon completion, participant will be able to describe three strategies to add value to APIC chapter meetings to promote their members' professional development in alignment with national APIC values.

APIC Chapter-Based Professional Development

- APIC Greater NY Chapter 13: 15 BOD members, about 160 chapter members, about 10 meetings/year
- In mid-2014, BOD assessed meeting attendance, member involvement, and members' roles at chapter meetings

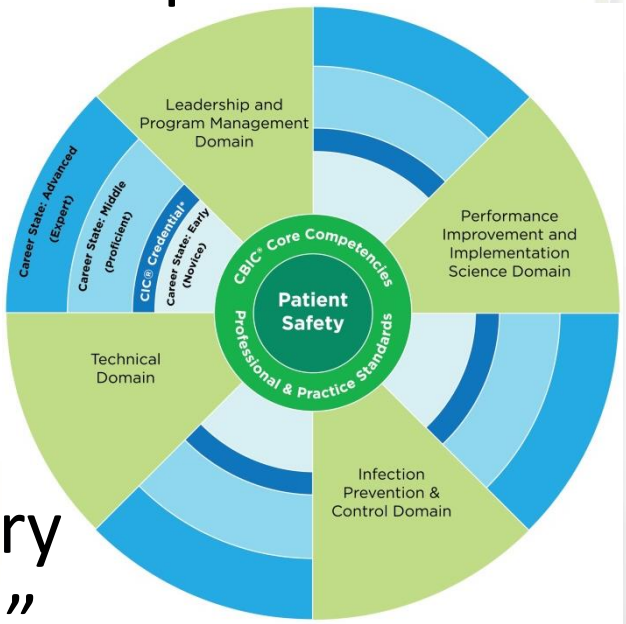


APIC Chapter-Based Professional Development

- BOD reviewed some professional development literature
  - AJIC September 2012 40(7), 667–669 - **Journal Club: A venue to advance evidence-based infection prevention practice**
  - AJIC May 2012 40(4), 296-303 - **Competency in infection prevention: A conceptual approach to guide current and future practice** offers great theoretical and practical information on professional development of Infection Preventionists (IPs)
  - Direction-setting from national APIC at APIC 2014 recommended chapters institute a journal club at meetings

APIC Chapter-Based Professional Development

- APIC Professional Competency Model suggests four Domains of IP Professional Development:
  - Leadership
  - IPC Expertise
  - Technology
  - Performance Improvement and Implementation Science



- Article also adds some commentary on “Competency and Certification” and how to use the Conceptual Model

APIC Chapter-Based Professional Development

- Conceptual Model helped affirm and refine our BOD efforts to promote IP Professional Development; aligns with our chapter's annual:
  - Educational conference
  - Sherry Chisholm Award
  - Professional Development Awards
- BOD sought to add even more value to membership and meeting attendance
  - 2013 saw increased meeting attendance and member involvement over 2011-2012
  - Can we grow that success?

APIC Chapter-Based Professional Development

- June 2014, BOD added Q & A and Journal Club sessions to monthly meetings
  - Shortened BOD meeting duration to fit all activities into available room time
  - Have non-board members conduct each session
    - Create opportunity for members to grow skills with friendly, supportive audience
    - Gain speaking experience
    - Develop literature review and teaching skills
  - Promote CIC test preparation
  - Add value to meeting attendance

APIC Chapter-Based Professional Development

- Q & A: 10 – 15 min of meeting time
  - BOD chose simple format for Q & A
    - Use/adapt questions from CIC Study Guides
    - Develop practical straightforward questions
  - Limit session to about 3-6 questions
  - Discussant can provide commentary, add follow-up questions to promote discussion
  - Grow non-board member involvement in chapter meetings, develop leadership experience, and encourage the certification credential
  - Even novice practitioner can lead Q & A session

APIC Chapter-Based Professional Development

- Q & A Lessons learned
  - Easy to do
  - Requires some hand-holding
  - Done by novice and experienced IPs
  - Members informally surveyed appreciate CIC exam-like review
  - Consistently generates good discussion
  - Requires regular recruitment efforts, or else…
  - Preparation is often fun and easy, can take questions right from the reality of our jobs or pull from CIC review material
  - Speakers all appreciate opportunity to present

APIC Chapter-Based Professional Development

- Q & A Remaining Challenges
  - Ongoing recruitment
  - Behind-the-scenes help for presenters is minimal to modest
  - Inexperienced speakers require encouragement
  - Measuring direct benefit is difficult

APIC Chapter-Based Professional Development

- Journal Club: 10 – 15 min of meeting time
  - More complex educational offering – not for newbies
  - Use standardized format for journal review
  - Article chosen by presenter – suggest AJIC, ICHE
- Learning goals include how to:
  - Read literature critically
  - Evaluate literature
  - Present literature to others
  - Use literature to improve IP practice

APIC Chapter-Based Professional Development

- Journal Club articles abound online; one helpful one was: *copnt13.cop.ufl.edu/doty/pep/buffingtonffw2008.ppt*
- Journal Club standardized format includes
  - Start with "traditional" review of article's contents
  - Opportunity for presenter's comments
  - Use standardized grading tool from AORN Journal article written by one of our presenters (GA), which is based on the Johns Hopkins grading system

APIC Chapter-Based Professional Development

Summary Report for Documents Reviewed at the APIC Greater NY Chapter 13 Journal Club	Date: meeting date Reviewer: your name here Appraisal Score: single letter grade
Article/Research Study Being Evaluated: type in article title/journal reference	

LEVEL OF EVIDENCE	
REPORT OF A SINGLE RESEARCH STUDY? □ Yes □ No (if no go to summary)	
SETTING: brief description here	
SAMPLE SIZE: brief summary here	
COMPOSITION: sample selection, brief 1-2 lines summary of article	
INTERVENTION(S) □ Yes □ No / **CONTROL** □ Yes □ No	**RANDOM ASSIGNMENT** □ Yes □ No
YES to intervention, control and random assignment	□ **LEVEL I** Randomized Controlled Trial (RCT) or Experimental Study
YES to Intervention and either Control or Random Assignment	□ **LEVEL II** Quasi-experimental (no manipulation of independent variable; may have Random Assignment or Control
YES to intervention only **OR** **NO** to intervention, Control and Random Assignment	□ **LEVEL III** Non-experimental (no manipulation of independent variable; includes descriptive, comparative, and correlational studies; uses secondary data □ **LEVEL III** Qualitative (exploratory (e.g., interviews, focus groups)) starting point for studies where little research exists; small samples sizes; results used to design empirical studies.

QUALITY OF EVIDENCE: STUDY			
Does the researcher identify what is known and what is not known about the problem and how the study will address any gaps in knowledge?	□Yes □No	**A HIGH**	Consistent, generalized result Sufficient sample size Adequate control Definitive conclusions Consistent recommendations based on comprehensive literature review that includes thorough reference to scientific evidence
Was the purpose of the study clearly presented?	□Yes □No		
Was the literature review current (most sources within last 5 years)?	□Yes □No		
Was sample size sufficient based on study design and rationale?	□Yes □No		
If there was a control group: - Were the characteristics and/or demographics similar in both control and intervention groups? - If multiple settings were used, were the settings similar? - Were all groups treated equally except for the intervention group(s)	□Yes □No □NA □Yes □No □NA □Yes □No □NA	**B GOOD**	Reasonably consistent result Sufficient sample size for the study design Some control Fairly definite conclusions Reasonably consistent recommendations based on fairly comprehensive literature review that includes some reference to scientific evidence
Are data collection methods described clearly?	□Yes □No □NA		
Was instrument validity discussed?	□Yes □No □NA	**C Low Quality Or Major Flaws**	Little evidence with inconsistent results Insufficient sample size for the study design Conclusions cannot be drawn
Was the instrument reliable (e.g. Cronbach's $\alpha \geq 0.70$)?	□Yes □No □NA		
If survey/questionnaire was used, was response rate ≥ 25%	□Yes □No □NA		
If tables were presented, was the narrative consistent with the table content?	□Yes □No □NA	**Additional Comments:**	
Were the results presented clearly?	□Yes □No □NA		
Were conclusions based on results?	□Yes □No □NA		
Were study limitations identified and addressed?	□Yes □No □NA		

**This appraisal tool has been modified from AORN Research Evidence Appraisal tool – Ref: Sadahiro S., Suzuki T., Tanaka A., et al. AORN Journal, July 2014 Vol 100 No 1

APIC Chapter-Based Professional Development

- Journal Club Lessons Learned
  - Complex task best suited for more experienced IPs
  - Members informally polled all greatly appreciate it
  - Doesn't always generate a lot of discussion – depends on article's content
  - Requires regular recruitment efforts, or else…
  - Inconsistent use of tool despite careful instruction
  - Presenter often requires significant help to prepare
  - Preparation can be time-consuming
  - Each speaker appreciates opportunity to present

APIC Chapter-Based Professional Development

- Journal Club Remaining Challenges
  - Ongoing recruitment
  - Behind-the-scenes help to prepare is moderate to significant
  - Requires dedicated coaching process to produce consistent review presentations
  - Even experienced speakers may require some guidance to use standardized review tool
  - Measuring direct benefit is difficult

APIC Chapter-Based Professional Development

- Special Thanks
  - Antonella Eramo MS CIC, 2015 APIC Greater NY Chapter 13 President
  - APIC Greater NY Chapter 13 Board Members from 2014
  - APIC Greater NY Chapter 13 members who have presented in the past year
- www.apicnyc.org


APIC 2015
June 27-29
Nashville, TN

APIC Chapter-Based Professional Development

Question 1

A woman in active labor with confirmed influenza has been admitted. Recommendations for preventing influenza transmission between hospitalized infected mothers and infants include all of the following *except*:

a. The mother should be placed on Droplet Precautions
b. The baby should stay in same room as mother
c. Keep the isolette at least 3 ft. away from the mother when she is not interacting with the baby
d. The baby should receive formula during the 5 day period following the mother's symptom onset

APIC Chapter-Based Professional Development

- Question 1: **D.** The baby should receive formula during the 5 day period following the mother's symptom onset
- Rationale: Mothers with influenza may breast feed but wear a surgical mask and practice hand hygiene before each feeding

APIC Chapter-Based Professional Development

Question 2

- 3/6/15: an 89 year old female is admitted to a med-surg unit after falling at home. She is found to have a hip fracture and will have ORIF on 3/9/15.
- 3/7/15: her urine output drops, a foley catheter is placed.
- 3/9/15: she has ORIF, stays in PACU overnight (lack of beds).
- 3/10/15: she gets a bed on different inpatient unit. Later that day, she becomes febrile to 101.5. Urine culture is taken and the foley is removed.
- 3/13/15: urine culture shows *E. coli* >100,000 cfu/ml.

APIC Chapter-Based Professional Development

Question 2 – continued

According to 2015 NHSN definitions, is this a CAUTI?
If so, to which unit/area is it attributed?

A. Original floor
B. OR
C. PACU
D. Second unit, where fever occurred and culture was collected.

APIC Chapter-Based Professional Development

Answer 2

According to 2015 NHSN definitions, is this a CAUTI?
If so, to which unit/area is it attributed?

YES

A. Original floor

B. OR

C. PACU

D. Second unit, where fever occurred and culture was collected.

APIC Chapter-Based Professional Development

Question 2 – extra credit

Did this patient need a foley in the first place?

Was this a preventable CAUTI?


APIC 2015
June 27-29
Nashville, TN

APIC Chapter-Based Professional Development

Journal Club Examples

APIC GREATER NEW YORK

JOURNAL CLUB September 2014

Goals: To teach critical appraisal skills
To have an impact on clinical practices
To keep up with current medical literature

Donna Armellino RN, DNP, CIC, Jeanine Woltmann RN, BSN, CIC Darlene Parmentier RN, MSN, MBA, CNML, Nancy Musa RN, BSN, Ann Eichorn MS, Robert Silverman MD, David Hirschwerk MD, Bruce Farber MD. Modifying the risk: Once-a-day bathing "at risk" patients in the intensive care unit with chlorhexidine gluconate. *AJIC. Vol.42 No.5, May 2014, pages 571-73*

Evidence Appraisal Score: **IIIB**

Overview:
Chlorhexidine gluconate (CHG) is a bactericidal, virucidal, and fungicidal antiseptic solution that alters the cytoplasmic membrane resulting in a decrease in antimicrobial activity. Studies have reported alteration of microorganisms on the skin with a daily CHG bath and decreased transmission of resistant organisms. In one study, a 3 times weekly CHG bathing protocol reported decreased infections.
Chlorhexidine gluconate (CHG) decreases hospital-acquired Methicillin-resistant Staphylococcus aureus (MRSA) that can cause colonization and infection. A standard approach is the bathing of all patients with CHG to prevent MRSA transmission. To decrease CHG utilization, this study assessed selective daily administration of CHG bathing to intensive care unit patients who had an MRSA-positive result or a central venous catheter. To minimize resources and staff time, we hypothesized that selective daily CHG bathing of intensive care unit (ICU) patients

study participants were all patients admitted to the ICU between April 2008 and December 2012 and that had a nasal specimen obtained and processed in the laboratory by polymerase chain reaction (PCR) on admission and at the time of discharge/transfer from the ICU if previous MRSA specimens were negative and or all patients that had a CVC placed during their stay in ICU.
From April 1, 2008, through December 31, 2008, all ICU patients were bathed with soap and water from a reusable basin. From January 1, 2009, through December 31, 2012, patients with a positive nasal PCR, plus patients with a CVC (~40% of the patients) were bathed daily with one 2% CHG prepackaged impregnated cloth, and, if necessary because of incontinence, the patient was washed with another CHG-impregnated cloth.
Staff received education on the daily use of the impregnated, no-rinse cloth as per manufacturer recommendations. The CHG bath

APIC Chapter-Based Professional Development

Fig.1

APPRAISAL** SUMMARY REPORT FOR DOCUMENTS REVIEWED AT THE: APIC GREATER NYC CH.13 JOURNAL CLUB FORUM	DATE: 9/17/14 REVIEWER: A.Eramo APPRAISAL SCORE: IIIB

ARTICLE/RESEARCH/STUDY BEING EVALUATED: Modifying the risk: Once-a-day bathing "at risk" patients in the intensive care unit with chlorhexidine gluconate. AJIC. Vol.42 No.5, May 2014, pages 571-73. D.Armellino et.al

LEVEL OF EVIDENCE

REPORT OF A SINGLE RESEARCH STUDY? ☐ Yes ☐ No (if no go to summary)

SETTING: 15-bed adults med/surg ICU plus 3 additional telemetry swing beds at a 265-bed community hospital

SAMPLE SIZE: 3239 patient-days in the pre-intervention period and 15,099 patient-days in the post intervention period

COMPOSITION: all ICU admitted patients from April 1,2008 through December 31, 2008 (pre-intervention) and all ICU admitted from Jan 1 2009, through December 31, 2012 (post-intervention period)

INTERVENTION(S) ☐ Yes ☐ No	**CONTROL** ☐ Yes ☐ No	**RANDOM ASSIGNMENT** ☐ Yes ☐ No
YES to intervention, control and random assignment		☐ **LEVEL I** Randomized Controlled Trial (RCT) or Experimental Study
YES to Intervention and either Control or Random Assignment		☐ **LEVEL II** Quasi-experimental (no manipulation of independent variable; may have Random Assignment or Control
YES to intervention only **OR** **NO** to intervention, Control and Random Assignment		☐ **LEVEL III** Non-experimental (no manipulation of independent variable; includes descriptive, comparative, and correlational studies; uses secondary data ☐ **LEVEL III** Qualitative (exploratory (e.g., interviews, focus groups)) starting point for studies where little research exists; small samples sizes; results used to design empirical studies.

QUALITY OF EVIDENCE: STUDY

Does the researcher identify what is known and what is not known about the problem and how the study will address any gaps in knowledge?	☐Yes ☐No	**A HIGH**	Consistent, generalized result. Sufficient sample size Adequate control. Definitive conclusions Consistent recommendations based on comprehensive literature review that includes thorough reference to scientific evidence
Was the purpose of the study clearly presented?	☐Yes ☐No		
Was the literature review current (most sources within last 5 years)?	☐Yes ☐No		
Was sample size sufficient based on study design and rationale?	☐Yes ☐No		
If there was a control group: - Were the characteristics and o demographics similar in both control and intervention groups? - If multiple settings were used, were the settings similar? - Were all groups treated equally except for the intervention group(s)	☐Yes ☐No ☐NA ☐Yes ☐No ☐NA ☐Yes ☐No ☐NA	**B GOOD**	Reasonably consistent result Sufficient sample size for the study design Some control. Fairly definite conclusions Reasonably consistent recommendations based on fairly comprehensive literature review that includes some reference to scientific evidence
Are data collection methods described clearly?	☐Yes ☐No ☐NA		
Was instrument validity discussed?	☐Yes ☐No ☐NA	**C Low Quality Or Major Flaws**	Little evidence with inconsistent results Insufficient sample size for the study design. Conclusions cannot be drawn
Were the instrument reliable (e.g. Cronbach's $\alpha \geq 0.70$)?	☐Yes ☐No ☐NA		
If survey/questionnaire was used, was response rate ≥ 25%	☐Yes ☐No ☐NA		
If tables were presented, was the narrative consistent with the table content?	☐Yes ☐No ☐NA	**Additional Comments:**	
Were the results presented clearly?	☐Yes ☐No ☐NA		
Were conclusions based on results?	☐Yes ☐No ☐NA		
Were study limitations identified and addressed?	☐Yes ☐No ☐NA		

**This appraisal tool has been modified from AORN Research Evidence Appraisal tool- Ref: Sadahiro S., Suzuki T., Tanaka A., et al. AORN Journal, July 2014 Vol 100 No 1

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APIC Chapter-Based Professional Development

APIC Chapter 13
Journal Club
March 18, 2015

Evidence for Practice

Infection Control Measures to prevent Carbapenem-resistant

Acinetobacter baumannii

in a hospital's ICUs

Presented by: Elsa Santos-Cruz IP CIC

Mount Sinai Hospital

APIC Chapter-Based Professional Development

PPRAISAL SUMMARY REPORT FOR DOCUMENTS REVIEWED AT THE APIC GREATER NY CH.13 JOURNAL CLUB FORUM	DATE: 3/18/2015 REVIEWER: E Santos-Cruz/S Bock APPRAISAL SCORE: IIB

ARTICLE/RESEARCH/STUDY BEING EVALUATED: Successful control of carbapenem-resistant Acinetobacter baumannii (CRAB) in a Korean university hospital: A 6-year perspective AJIC Sept 2014

LEVEL OF EVIDENCE

REPORT OF A SINGLE RESEARCH STUDY? □ Yes □ No (if no go to summary)

SETTING: 890-bed teaching hospital located in Jinju, Republic of Korea

SAMPLE SIZE: 1,658,999 admissions, 588 CRAB cases, 530 HAI cases

COMPOSITION: All CRAB patients, including subsets with HAI CRAB; Alcohol-based hand rub and antibiotic use also tracked, compared to rates of change in CRAB and control infections with carbapenem-resistant *E. coli* & *K. pneumoniae*

INTERVENTION(S) □ Yes □ No	**CONTROL** □ Yes □ No	**RANDOM ASSIGNMENT** □ Yes □ No
YES to intervention, control and random assignment		□ **LEVEL I** Randomized Controlled Trial (RCT) or Experimental Study
YES to Intervention and either Control or Random Assignment		□ **LEVEL II** Quasi-experimental (no manipulation of independent variable; may have Random Assignment or Control
YES to intervention only **OR** **NO** to intervention, Control and Random Assignment		□ **LEVEL III** Non-experimental (no manipulation of independent variable; includes descriptive, comparative, and correlational studies; uses secondary data □ **LEVEL III** Qualitative (exploratory (e.g., interviews, focus groups)) starting point for studies where little research exists; small samples sizes; results used to design empirical studies.

QUALITY OF EVIDENCE: STUDY

Does the researcher identify what is known and what is not known about the problem and how the study will address any gaps in knowledge?	☐Yes ☐No	**A HIGH**	Consistent, generalized result Sufficient sample size Adequate control. Definitive conclusions Consistent recommendations based on comprehensive literature review that includes thorough reference to scientific evidence
Was the purpose of the study clearly presented?	☐Yes ☐No		
Was the literature review current (most sources within last 5 years)?	☐Yes ☐No		
Was sample size sufficient based on study design and rationale?	☐Yes ☐No		
If there was a control group: - Were the characteristics and o demographics similar in both control and intervention groups? - If multiple settings were used, were the settings similar? - Were all groups treated equally except for the intervention group(s)	☐Yes ☐No ☐NA ☐Yes ☐No ☐NA ☐Yes ☐No ☐NA	**B GOOD**	Reasonably consistent result Sufficient sample size for the study design Some control. Fairly definite conclusions Reasonably consistent recommendations based on fairly comprehensive literature review that includes some reference to scientific evidence
Are data collection methods described clearly?	☐Yes ☐No ☐NA		
Was instrument validity discussed?	☐Yes ☐No ☐NA	**C Low Quality Or Major Flaws**	Little evidence with inconsistent results Insufficient sample size for the study design. Conclusions cannot be drawn
Were the instrument reliable (e.g. Cronbach's $\alpha \geq 0.70$)?	☐Yes ☐No ☐NA		
If survey/questionnaire was used, was response rate ≥ 25%	☐Yes ☐No ☐NA		
If tables were presented, was the narrative consistent with the table content?	☐Yes ☐No ☐NA	**Additional Comments:**	
Were the results presented clearly?	☐Yes ☐No ☐NA	**Some weakness of correlation between data and conclusions; some significant limitations were identified**	
Were conclusions based on results?	☐Yes ☐No ☐NA		
Were study limitations identified and addressed?	☐Yes ☐No ☐NA		

**This appraisal tool has been modified from AORN Research Evidence Appraisal tool- Ref: Sadahiro S., Suzuki T., Tanaka A., et al. AORN Journal, July 2014 Vol 100 No 1

APIC Chapter-Based Professional Development

APIC Greater NY Chapter 13 APIC GREATER NEW YORK

2015 Meetings and Programs

click on the date for the meeting flyer

APIC Greater NY Chapter 13 convenes on the 3rd Wednesday of each month (except July and August) at **Lenox Hill Hospital**, in the Michael S. Bruno, MD **Presentation Room** - **1st Floor**, 130 East 77th Street, New York, NY 10075.

1:30 pm	Board of Directors Meeting (for board members)
2:00 pm	Education Program (open to all, members & guests)
3:30 pm	Membership Meeting (open to all, members & guests)

www.apicnyc.org/2015-meetings-and-programs.html

March 18, 2015 -- Thank you Carolyn Herzig MS, for your excellent presentation, "**Infection Prevention and Control in the Correctional Settings**" and for agreeing to share your slides with us. Thank you, too, **Elsa Santos-Cruz** for presenting our journal club on "**Successful control of carbapenem-resistant Acinetobacter baumannii**" (with an **evaluation tool**) from AJIC Sept 2014 and to **Natalie Fucito** for giving our Q&A session at the meeting. We appreciate your effort and willingness to share your presentations with the chapter as well. Finally we say a special thank you to Altapure for sponsoring our lunch.

February 18, 2015 -- Thank you chapter member Rosalie Giardina MT(ASCP), from the NYS DOH HAI Office, for sharing "**Key 2015 NHSN HAI Updates.**" Thank you, too, to Teresa Abraham for presenting our meeting's Q&A session.

January 21, 2015 -- Thank you to Ali Hassoun MD from Alabama Infectious Diseases Center, Huntsville, Alabama for his excellent presentation "The Shifting Landscape of TB Testing: The IGRA Movement." Thank you, too, to **Abegail Pangan** for presenting the journal club on "**Impact of Universal Disinfectant Cap Implementation on Central Line–Associated Bloodstream Infections**" (AJIC Dec 2014), **Steve Bock** for his Q&A session, and our two Professional Development Award winners **Brenda Denneny** & **Abegail Pangan**, sharing their experiences.

APIC Chapter-Based Professional Development

THANK YOU!

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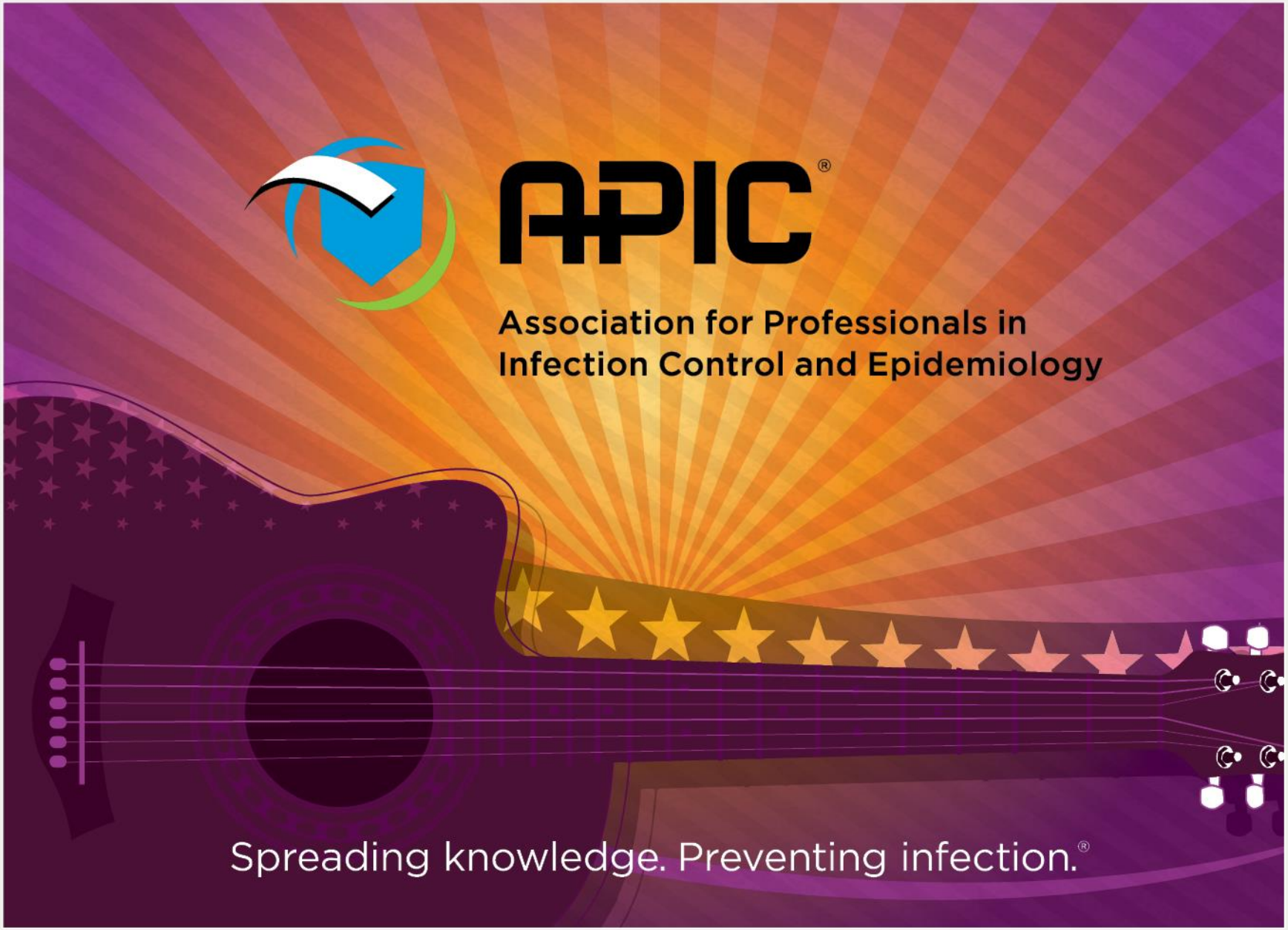
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