

Better Together:

Collaboration between
quality and infection
prevention and control

October 8, 2024



CBIC

Certification Board of Infection
Control and Epidemiology, Inc.



National Association for Healthcare Quality

Today's Moderators



**Jessica Dangles, MBA, MS,
PMP, CAE**

Executive Director, CBIC



Frank Perna, CAE, ICE-CCP

Director, Certification, NAHQ

Today's Panelists



**Zakaria Al-Attal, PhD, RN,
CPHQ, CPPS**

Senior Consultant for
organizational Development
& International Accreditation
at Ministry of Health EHS-
UAE



**Steven J. Schweon RN,
MPH, MSN, CIC, LTC-CIP,
CPHQ, FSHEA, FAPIC**

Member of CBIC Board of
Directors



**Shazia Irum, RN, MBA, CIC,
CPHQ**

CBIC Ambassador & Infection
Control Specialist, King
Salman Center for Kidney
Diseases

Objectives

- Outline CBIC & NAHQ certification offerings
- Discuss best practices for collaboration between IPC & quality & the intersection between IPC & quality
- Describe how certification can improve the partnership

Are you CBIC
certified?



Are you
CPHQ
certified?



Are you CBIC
& CPHQ
certified?



Are you
considering
certification
through CBIC
or NAHQ?



What is CBIC?

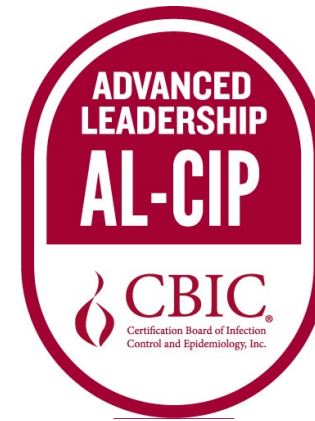
Certification Board of Infection Control and Epidemiology, Inc.

Voluntary, autonomous, multidisciplinary board

Mission: Provide pathways to demonstrate and maintain competence in infection prevention and control.

Vision: A world free of infections through demonstrated professional competency.





- Certification in Infection Control (CIC®) Examination
- Associate-Infection Prevention and Control (a-IPC™) Examination
- Long Term Care Certification in Infection Prevention and Control (LTC-CIP®)
- Advanced Leadership Certification in Infection Prevention and Control (AL-CIP)



OUR PURPOSE

Elevate the profession and advance the discipline of healthcare quality & safety across the continuum

OUR MISSION

Set the standard for quality & safety and help individuals and organizations achieve it.

OUR VISION

Power of Q: Better healthcare quality & safety – and better healthcare – for everyone



20,000+
Members
& CPHQs



16,000+
Students via their
Universities



150+
Organizations



45+
Countries

Comprehensive

Measuring the full breadth of competencies you need

- U.S.
- Non-U.S.
- Rigorous exam is mapped to the industry-standard – the NAHQ Healthcare Quality Competency Framework™
- Measures mastery of skills identified as most critical to advancing Quality & Safety

Updated Regularly

To keep your knowledge current

- Exam content is reviewed periodically to ensure content remains up-to-date in the ever-changing healthcare landscape
- Certification must be renewed every 2 years to demonstrate your skills are always current and relevant

Accredited

So you know it meets the highest standard

- Only accredited certification in healthcare quality
- Accreditation requires the exam must meet a rigorous standard for how it is designed, developed and delivered

Benefits of Earning and Maintaining CPHQ®

- Continually improve as a quality professional
- Acquire specialized knowledge and skills
- Advance professionally
- Demonstrate competency
- Advance healthcare quality, and healthcare

The CIC® & CPHQ: NCCA accredited

- Both exams are accredited by the National Commission for Certifying Agencies (NCCA)
- Provides impartial, third-party validation that both the CIC® and CPHQ meet recognized national and international credentialing industry standards for development, implementation, and maintenance of our certification program.



<https://www.credentialingexcellence.org/>

As an IP, what has
been your
experience with
collaboration
between
infection
prevention &
control & quality?



As a quality professional, what has been your experience with collaboration between infection prevention & control & quality?



What are the Benefits of CBIC and NAHQ Certifications?

- “Quality” knowledge is needed for CBIC certification

c. Quality Performance Improvement and Patient Safety

1. Participate in quality/performance improvement and patient safety activities related to infection prevention (e.g., failure mode and effects analysis, plan do study act)
2. Develop, monitor, measure, and evaluate infection prevention performance indicators to drive quality improvement initiatives
3. Select and apply appropriate quality/performance improvement tools (e.g., “fishbone” diagram, Pareto charts, flow charts, Strengths Weaknesses Opportunities Threats, Gap Analysis)

- Both “accredited” certifications are based upon a practice analysis and subject matter experts who develop a statistically valid exam...(the gold standard!)

What are the Benefits of CBIC and NAHQ Certifications?

- CBIC Certification: Demonstrates proficiency, credibility, mastery of knowledge required to run an IPC program
- CPHQ Certification: Also demonstrates competence, skill, and understanding in healthcare quality

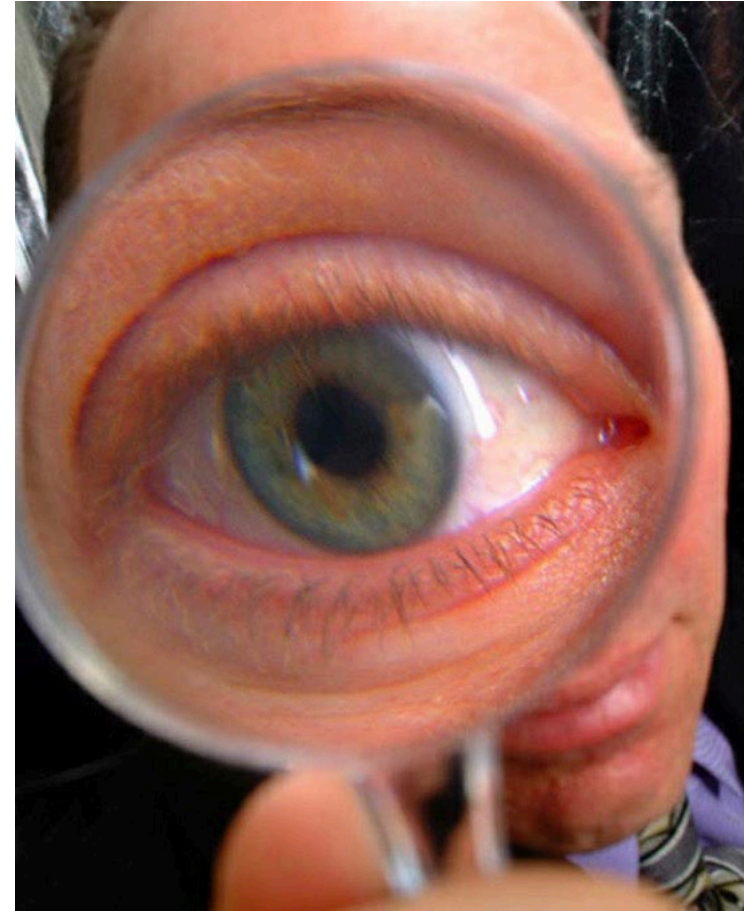
Certificate Type	Expiration
LTC-CIP	12/31/2028
CIC	12/31/2028



What are the Benefits of CBIC and NAHQ Certifications?

Sharpens my 'vision' with keeping an eye on our profession:

- ✓ Analytical
- ✓ Credible
- ✓ Intelligent
- ✓ Investigative skills
- ✓ Marketable
- ✓ Precise
- ✓ Survey preparedness
- ✓ Understanding change



Infection Prevention Meets Quality: Preoperative Antimicrobials¹

Clinical practice guidelines for antimicrobial prophylaxis in surgery

DALE W. BRATZLER, E. PATCHEN DELLINGER, KEITH M. OLSEN, TRISH M. PERL, PAUL G. AUWAERTER, MAUREEN K. BOLON, DOUGLAS N. FISH, LENA M. NAPOLITANO, ROBERT G. SAWYER, DOUGLAS SLAIN, JAMES P. STEINBERG, AND ROBERT A. WEINSTEIN

Am J Health-Syst Pharm. 2013; 70:195-283

This guideline is currently in development.²

Preoperative-dose timing. The optimal time for administration of preoperative doses is within 60 minutes before surgical incision. This

Drug administration

The preferred route of administration varies with the type of procedure, but for a majority of procedures, i.v. administration is ideal because it produces rapid, reliable, and predictable serum and tissue concentrations.

Timing of initial dose. Successful prophylaxis requires the delivery of the antimicrobial to the operative site before contamination occurs. Thus,

1. IDSA. Clinical practice guidelines for antimicrobial prophylaxis in surgery. <https://www.idsociety.org/globalassets/idsa/practice-guidelines/clinical-practice-guidelines-for-antimicrobial-prophylaxis-in-surgery.pdf>. Accessed October 5, 2024.

2. IDSA. ASHP/SIS/SHEA/IDSA Guidelines for Antimicrobial Prophylaxis in Surgery (Archived). N.d. <https://www.idsociety.org/practice-guideline/antimicrobial-prophylaxis-in-surgery/#UpdateStatus>. Accessed October 5, 2024.

Intersection between Quality and Infection Prevention and Control



[REDACTED] Memorial Hospital
[REDACTED]

April 28, 2010

Mr. Jack Schweon
[REDACTED]

Dear Mr. Schweon,

Pennsylvania law requires that we notify patients in writing of certain events that occur here at [REDACTED] Memorial Hospital. In accordance with that law, we are sending you this letter to confirm that during your recent hospitalization it was determined that you acquired an infection.

[REDACTED] Memorial Hospital is committed to our patient's continued health and wellbeing, and we continuously strive for a safe environment of care. Germs are prevalent in every environment, at home and in the hospital, and whether we develop an infection or not is determined by many factors. As soon as your infection was diagnosed, immediate steps were taken to appropriately treat it.

Great care is taken each day during a hospitalization to determine whether devices and other medical interventions are necessary to a patient's care so that we can limit those situations where patients might be at increased risk of an infection. We regret that you acquired this infection during your stay. We want you to be aware that [REDACTED] Memorial Hospital has worked and will continue to work diligently to reduce the risk of infection to its patients, visitors and healthcare providers. To that end, infection control and prevention programs are ongoing at [REDACTED] so that we can provide our patients with the best care possible.

We hope that we have provided you with adequate information and have given you the opportunity to have your questions answered. If you have additional questions or require additional information,
[REDACTED]

Best regards,
[REDACTED]

Patient Advocacy Specialist

CAUTI STANDARDIZED INFECTION RATIOS BY STATE MAP

VIEW DATA SAVE IMAGE SHARE

YEAR

2022

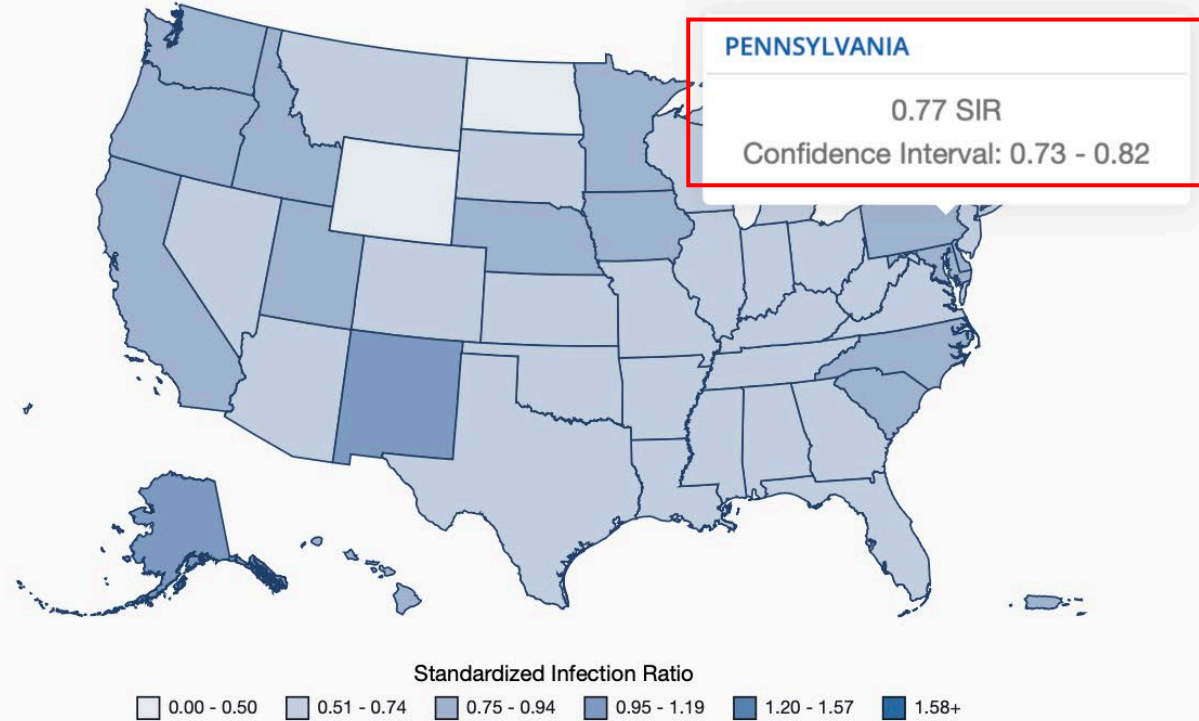
HOSPITAL TYPE

General Acute Care Hospitals

Long Term Acute Care Hospitals

Inpatient Rehabilitation Facilities

This map displays the variation in Catheter-Associated Urinary Tract Infections SIRs across the U.S. for general acute care hospitals in 2022.



CAUTI STANDARDIZED INFECTION RATIO BY STATE LIST

GEOGRAPHY

UNITED STATES

0.70

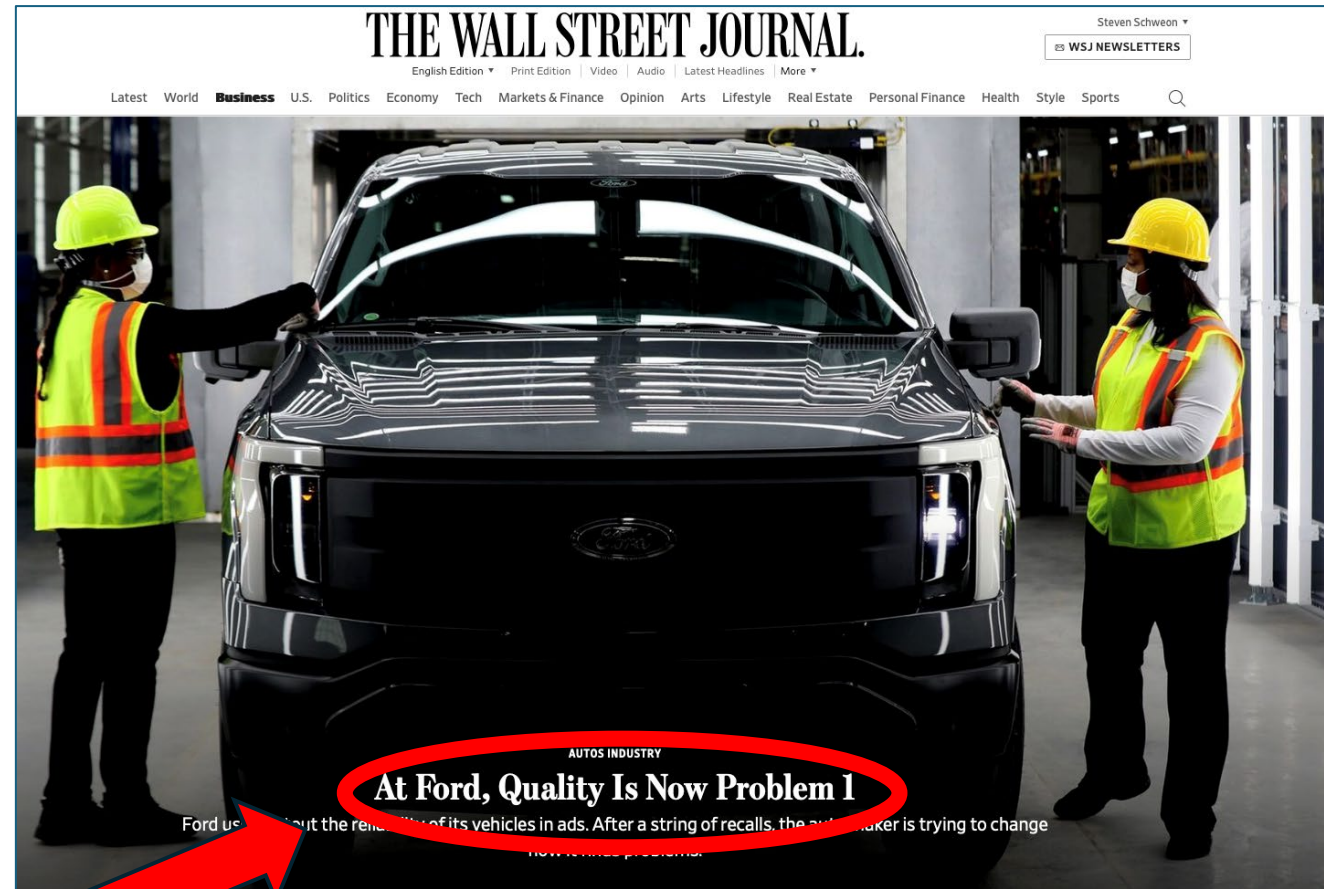


VIEW DATA SAVE IMAGE SHARE

Intersection between Quality and Infection Prevention and Control



Quality is Job 1.



Setting the **INDUSTRY STANDARD**
And helping everyone **ACHIEVE IT**

NAHQ's Healthcare Quality Competency Framework

NAHQ offerings are built around our award-winning, industry-standard framework for healthcare quality competencies that reduce the variability of healthcare delivery.



8 domains

29 competencies

486 skills statements

The skills stated in the Framework are:

- Required to achieve quality objectives
- Stratified from Foundational to Proficient to Advanced
- Not publicly available

How We Reduce Variability in Healthcare Quality Competencies

NAHQ's Healthcare Quality Competency Framework articulates everything that must be present in a high-functioning quality program and offers career pathways for individuals to explore.

QUALITY REVIEW & ACCOUNTABILITY

Direct activities that support compliance with voluntary, mandatory and contractual reporting requirements for data acquisition, analysis, reporting, and improvement.

REGULATORY & ACCREDITATION DEFINITION

Direct organization-wide processes for evaluating, monitoring and improving compliance with internal and external requirements. Lead the organization's processes to prepare for, participate in, and follow up on regulatory, accreditation and certification surveys and activities.

PATIENT SAFETY

Cultivate a safe healthcare environment by promoting safe practices, nurturing a just culture, and improving processes that detect, mitigate or prevent harm.

HEALTH DATA & ANALYTICS

Leverage the organization's analytic environment to help guide data-driven decision-making and inform quality improvement initiatives.



PROFESSIONAL ENGAGEMENT

Engage in the healthcare quality profession with a commitment to practicing ethically, enhancing one's competence and advancing the field.

QUALITY LEADERSHIP & INTEGRATION

Advance the organization's commitment to healthcare quality through collaboration, learning opportunities and communication. Lead the integration of quality into the fabric of the organization through a coordinated infrastructure to achieve organizational objectives.

PERFORMANCE & PROCESS IMPROVEMENT

Use performance and process improvement (PPI), project management and change management methods to support operational and clinical quality initiatives, improve performance and achieve organizational goals.

POPULATION HEALTH & CARE TRANSITIONS

Evaluate and improve healthcare processes and care transitions to advance the efficient, effective and safe care of defined populations.

Intersection between Quality and Infection Prevention and Control

“There is a huge difference between how managers think work is being performed and how work is actually being performed.”

“The map is not the territory” (There’s a difference between what we think should happen and what actually happens).

Resultantly, Quality and IPC both concurrently strive to have the best possible patient outcomes in all healthcare settings

Ways Infection Prevention and Control and Quality can Work Better Together

- Continue to put patient safety and optimal outcomes first
- Peer review graphs, data before releasing to stakeholders for maximum clarity
- Explain, teach, learn from each other...“iron sharpens iron”
- Share evidenced-based resources; help each other understand the “why” with the new direction
- Promote certification for strengthening knowledge and credibility
- Collaborate with pre-wiring meetings before actual committee presentations

Ways Infection Prevention and Control and Quality can Work Better Together

- Partnering with continual, regulatory preparedness
- Co-engage facility leadership for best outcomes
- Provide consultative support
- Be each other's ears and eyes while rounding in the facility
- Use credible data for decision making
- Standing agenda item at each other's committees

Ways Infection Prevention and Control and Quality can Work Better Together

- Take the lead to bridge the gap between these two disciplines.
- Align common goals and desired positive outcomes.
- Understand both specialties work for the common goal of patient safety and consider each other as one team.
- Organize inservice training activities and workshops together explaining how to implement quality tools in infection prevention and control in healthcare.
- Conduct facility rounding together at least once a month to observe the real practices and challenges faced by the staff while implementing IPC and quality practices.

How can certification
through CBIC & NAHQ
improve collaboration?

How can certification
through CBIC & NAHQ
promote growth in IPC and
quality?

**Questions for
our panelists?**



Contact Us:



CBIC
info@cbic.org
202-454-2625



NAHQ
info@nahq.org
847-375-4720