

THE PROVIDENCE CENTER



INFECTION CONTROL RESPONSE SYSTEM

528 North Main Street

Providence, Rhode Island 02904

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Performance Improvement Department

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SCOPE OF THE ORGANIZATION:

Since its inception in 1969, The Providence Center has become the largest community mental health center in Rhode Island providing comprehensive services to adults, adolescents and children experiencing mental health, substance abuse, emotional and behavioral difficulties. Serving more than 11,000 people annually, psychiatrists, counselors, nurses and case managers assist individuals and families who are coping with serious mental illness, depression, anxiety, alcohol and drug use problems, social, emotional and school issues, stress, ADHD, family conflict, teen problems and childhood behavior challenges. Just as the treatment needs of those we serve are varied, so are the programs that serve them. We specialize in providing treatment services that respond to the entire spectrum of mental health needs. These services range from weekly outpatient therapy, to six-hour and three-hour-a-day outpatient programs, to intensive services delivered in the home and the community, to short and long term residential programs. In recognition of our richly diverse community, we offer specialized services that acknowledge unique gender and cultural values.

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INTRODUCTION

With the growing health risks that abound in healthcare facilities, organizational stakeholders, including clients, staff and leadership, play an important role in the promotion of health and safety. Proper education of all stakeholders will increase reporting of illnesses and infections which will assist organizations in monitoring and reducing critical health risks and liability. Infection control has always been a critical piece of risk management in the healthcare sector. Though not traditionally applied in behavioral healthcare settings, the need for health risk management has become more evident as the population we serve is exposed to more environmental infections, such as *Cimex lectularius*, (more commonly known as bed bugs), Methicillin-resistant *Staphylococcus aureus*, (MRSA), influenza and other infections that can be transmitted to clients and staff. (Attachment 1) Up-to-the-minute infection control information is critical to minimize risk to clients and staff at any organization.

The Providence Center (TPC) is an urban behavioral healthcare organization in Rhode Island that operates eight group homes, two residential facilities, one sober house, a school and three outpatient service facilities. Clientele served through TPC programs are predominately of low socio-economic status, with 77.5% meeting 100% of the federal poverty level. Many live in urban areas in substandard housing, or are homeless. A number of clients do not have easy access to healthcare, which can lead to the development of co-morbid disorders, some of which are infectious and can be spread to other clients and staff. Infection control is critical to maintaining a safe and clean environment for all staff and clients.

INFECTION CONTROL TRAINING AS A RISK MANAGEMENT TOOL

Educating staff and clients about infection control is essential. At TPC, all staff are required to complete an Infection Control training upon hire. Clients residing in 24-hour care facilities are required by state regulation to complete infection control training as it relates to their treatment in order to foster understanding of infection control and ensure that consistent and healthy practices are followed. Staff and client training is one facet in the overall process of risk management for illness and disease prevention. On an annual basis, all staff members are required to complete an online learning course through the

Essential Learning System directed at Infection Control and Safety. The course is a refresher to all staff on the importance of risk management around the health and safety of clients and themselves. Client training is also vital and is provided by Residential Managers and Residential Counselors on a regular basis to all persons living in a residential setting. The client training focuses on the common infections that can be spread in close living quarters, the responsibility of each person for decreasing the spread of illness through prevention activities and the importance of informing staff of any infection or illness they have acquired.

ORGANIZATIONAL MONITORING OF INFECTION CONTROL

Leadership at TPC is invested in identifying, assessing and controlling the spread of infections among staff and clients. Proper monitoring has led TPC to swiftly and accurately respond to infections and illnesses that occur among clients, especially those residing in a TPC residential facility. In September 2007, one of our group homes was found to have a bed bug infestation in a client's bedroom. Though bed bugs themselves are not considered an infectious disease, they are a public health concern and increase the possibility of secondary skin infections. Therefore, this issue became front and center to Risk Management staff at TPC. Staff needed to move swiftly to get an extermination team into the house to ensure that the bed bugs did not infest other living or sleeping areas of the home. The Environment of Care Committee (EOCC), acting as a Risk Management team, was designated to come up with a response to the growing issue of bed bugs and the risk to all clients residing in a 24-hour care setting, as well as for the staff working in those facilities. The EOCC is comprised of staff from Performance Improvement, Safety, Facilities, Nursing and Programs that are invested in building a system of care focused on infection intervention and prevention. In response to the bed bug infestation, the EOCC instituted a new policy for all clients entering a 24-hour program. All new admissions must have their belongings examined upon arrival to determine if there are any potential infectious or contaminants that can be carried to other residents. Precautionary measures and prompt response to infections can greatly reduce the scope of illness and the spread between clients and staff.

PAST INFECTION CONTROL EFFORTS

For years, TPC has been collecting infection control information in a laborious fashion that involved redundant data entry of infection control reports and review by various staff, such as the Physician with oversight of Infection Control, the Director of Nursing and the Director of Performance Improvement. Although the system was successful at tracking infections, it lacked the ability to respond to potential health crisis in a timely manner. In the past, the system was activated when a staff member called the Infection Control Hotline to report an illness for themselves, a client, or another staff member. The time between the receipt of a call to the hotline and the review by the Director of Performance Improvement could be days to weeks because of the paper tracking system that was in place. This system has been changed to allow more immediate access to infection control reports and provide a quicker intervention by staff. In turn, the new system reduces the liability and increases the safety of all TPC staff members and clients.

INFECTION CONTROL RESPONSE SYSTEM - PROCESS AND EFFECTS:

An essential part of an infection control plan is the timely and accurate reporting of infections, collection of data and utilization of the data in the decision making process. A new infection control system, coined the Infection Control Response System or ICRS, was developed in-house in 2007 by TPC staff. (Attachment 2) The intent of the ICRS is to (1) minimize the delay from the time of the call to the review of the report, (2) eliminate the paper report, which reduces the delay in processing of the information, (3) provide up-to-the-minute infection data that allows for infection control monitoring and prevention as needed and (4) utilize data to monitor infections within the organization, complete trend analysis and improve the reporting system.

The process begins when a staff member places a call into the confidential hotline to report an illness and/or infection for themselves, another staff member, or a TPC client. In order to ensure all staff, especially those new to the organization, are aware of the hotline, email reminders are sent from the Performance Improvement (PI) Department on a frequent basis, the hotline phone number is printed on

the back of every staff identification badge and random reminders are written in the “TPC Weekly,” a weekly e-newsletter.

The next step in the process involves the intervention of a staff member, trained in Infection Control, who is responsible for checking the hotline on a daily basis. S/he enters the infection information into the Infection Control Response System (ICRS) that has been developed using Microsoft Access 2003. The staff opens the ICRS database and completes the applicable information on the Infection Control form. (Attachment 3) The form feeds directly into an Access table for storage. The form consists of a variety of buttons that are used to (1) create a new infection control record, (2) save the record, (3) create a report based off a record and (4) generate an automatic email message and attachment to the Director of Performance Improvement who monitors infections throughout the organization.

The e-mailing functionality allows the PI Department access to all infection control reports from anywhere in a TPC facility or in the community. The Director of PI, also the Risk Manager, has access to the emailed report through a workstation in his/her office, as well as immediate real-time access through a cellular phone with e-mail capability. This feature has increased the timely response to all potential infections. Up-to-the minute reporting is a key feature of the ICRS as it allows for PI staff to manage risks to the health and safety of the organization’s staff and clientele.

DATA: AN IMPORTANT TOOL FOR EVALUATING ORGANIZATIONAL LIABILITY AND RISK

The ability to generate reports from the system is an important component of the ICRS. PI Department members have access to the data and to a variety of pre-developed reports that contain up-to-date infection control data. Reports are presented monthly at the EOCC meeting to discuss new infection findings and take appropriate action, if required. Infection Control data is also distributed at the Quarterly Quality Council meeting at which TPC leadership discuss trends in infections and make suggestions to the EOCC and Risk Manager for potential action to reduce liability to staff and clients. The PI Department creates comprehensive aggregate reports containing counts and percents of infection type,

mode of transmission, and communicability, as well as trends in infections throughout the organization over time.

CONCLUSION:

The Providence Center has made great strides in 2007 to ensure that infection control planning focuses on training, monitoring and quick intervention. The updated system has increased our ability to respond more quickly and efficiently. The ability to have real time, up-to-the-minute information has increased our response time while attempting to maintain a healthy and infection free environment.

ATTACHMENT 1: REPORTABLE INFECTIONS AND ILLNESSES

Amoebic Infection

Bed Bugs

Chicken Pox

Common Cold

Conjunctivitis

Diarrhea

Influenza

Lice

Meningitis

MRSA

Other medical condition cited by physician

Other Respiratory Illness

Salmonella

Scabies

Shingles

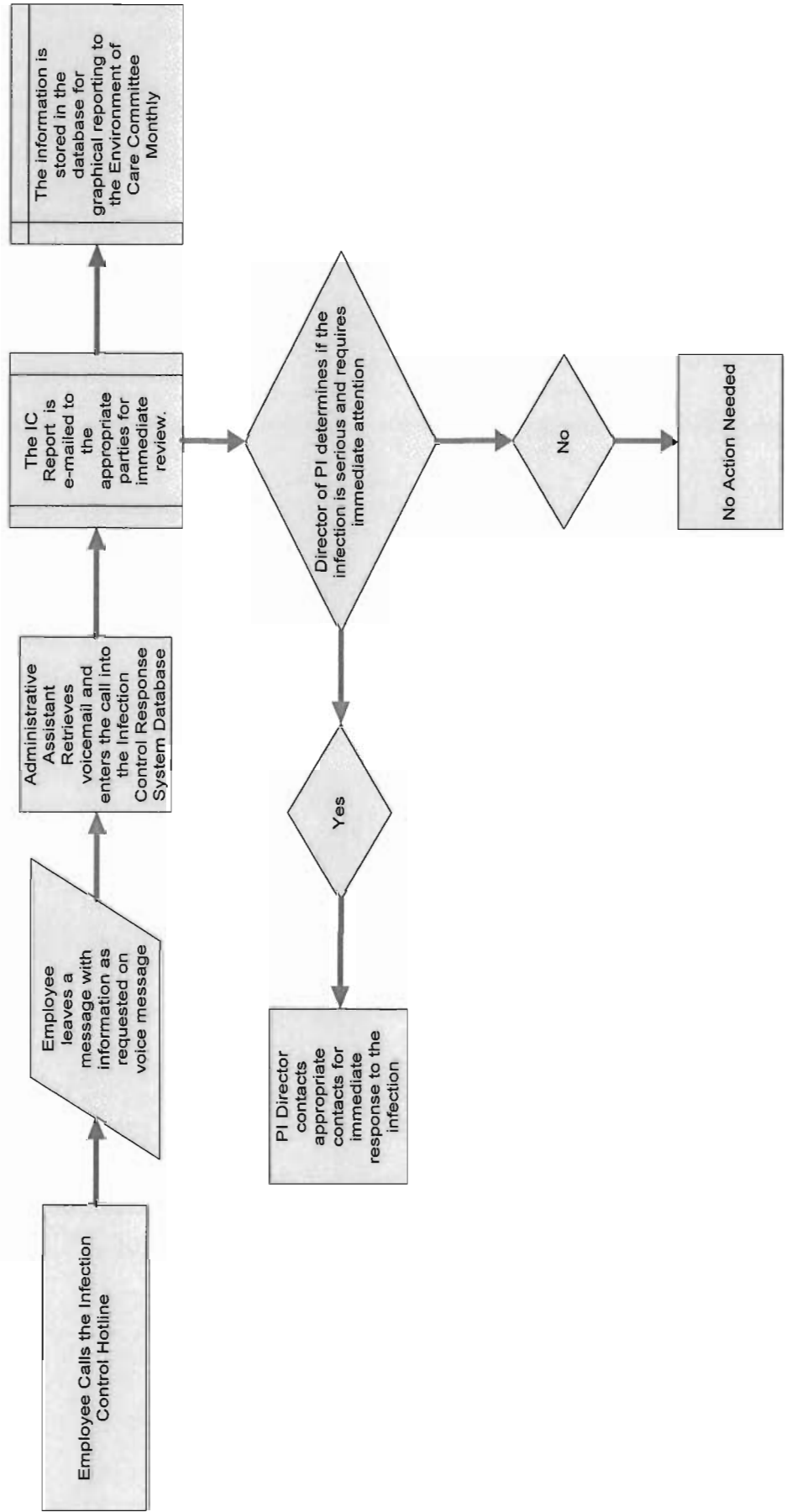
Skin Condition (boils, rashes, open wounds)

Strep Throat

TB - Positive

Attachment 2: The Providence Center Infection Control Response System

11/26/2007



ATTACHMENT 3: INFECTION CONTROL RESPONSE SYSTEM SCREEN SHOT

Microsoft Access - [Infection Control Form] 192.168.1.187

File Edit View Insert Format Records Tools Window Help Type a question for help

MS Sans Serif

INFECTION CONTROL RESPONSE SYSTEM

[Add New Record](#)

Ill or Infected Client/Staff Information

Call Date	First Name	Last Name	Client or Staff?	StaffID/ClientID	Program
9/20/2007			Client	0	Altwood

Caller/ Reporter Information (if different from above)

First Name	Last Name	Staff ID
		0

Illness/Infection Information

Date Report Completed	Report Completed By	Primary Infection
		MRSA

Secondary Infection: Tertiary Infection:

Comments reported by caller:

Was the person seen by a Physician? Date seen by Physician: 9/20/2007 # Days Absent: 0

Laboratory Work Completed to verify diagnosis? Diagnosis Information:

Medications Given:

Other Treatment/Recommendations:

Measures taken to prevent spread:

Comment/Follow-up:

Where was the infection acquired? Community Transmission Type: Communicable

Auto Report #: Use this # for 10

Record: 1 of 25

Form View NUM

Start G:\Infection Control IC : Database (Access 2... Infection Control Form 1:34 PM