



One team.
Patients first.

**Cleveland Clinic Florida
Infection Control & Influenza Vaccine Program**



Dear Colleague,

At Cleveland Clinic Florida we are committed to maintaining the safety of our patients. Infection control will be one of our priorities as part of the National Patient Safety Goals.

Cleveland Clinic Florida Medical Staff, residents/ fellows, employees, volunteers, students, and contracted service providers will be required to incorporate infection control practices into their work and personal habits.

The Joint Commission has published the National Patient Safety Goals. Goal 7 addresses the importance of Infection Control. The following are initiatives mandated by Joint Commission:

Prevent Infection:

- NSPG 07.01.01 Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.
- NSPG 07.03.01 Use proven guidelines to prevent infections that are difficult to treat.
- NSPG 07.04.01 Use proven guidelines to prevent infection of the blood from central lines.
- NSPG 07.05.01 Use proven guidelines to prevent infection after surgery.
- NSPG 07.06.01 Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

Infection Prevention Guide

Hand Hygiene: NO artificial nails or excess jewelry

Soap and Water

- *use warm water and soap
- *rub hands using friction for at least 15 seconds until areas between fingers, backs of hands, palms and areas around fingernails are cleaned.
- *dry hands with paper towel, turn off faucet with paper towel

When to perform hand hygiene:

- *beginning and end of work shift
- *before eating, drinking, or applying cosmetics
- *following contact with contaminated items or surfaces
- *after gloves are removed
- *after using the bathroom or blowing nose
- *before handling food, drugs, or cleaning supplies
- *before and after each patient contact

Alcohol hand foam

- *apply enough rub to cover both hands
- *rub hands until dry.
- *do not rinse or wipe dry

May use almost anytime hands should be washed. CDC recommends alcohol rub for routine hand hygiene in most clinical situations.

Two exceptions: 1) hands visibly dirty

- 2) the patient has, is suspected of having or is being ruled out for Clostridium difficile infection.

Multidrug Resistant Organisms (MDRO):

To prevent the transmission of multi-drug resistant organisms such as Vancomycin Resistant Enterococcus (VRE) or Extended Spectrum Beta Lactamase resistant (ESBL) organisms, patients will be placed into Contact Precautions.

- *gowns and gloves will be worn upon entry into the patient room
- *tasks are to be done from clean to dirty
- *handwashing and change of gloves are necessary after contact with material with high concentration of MDRO (eg blood, stool)
- *gloves and gown are to be removed before leaving patient's room
- *wash hands with soap and water after removing gloves and gown
- *take care not to touch any environmental surface with clothing, hands after having removed gowns, gloves and washing hands.
- *prudent use of Vancomycin is recommended
- *charts and clipboards are not to be taken into patient rooms.

Central Line associated bloodstream Infections:

Insertion of a central vascular access catheter is considered a sterile procedure. When inserting a central vascular catheter the following steps are to be done:

- *wash hands
- *prepare the insertion site with Chloro Prep
- *drape the patient in a sterile fashion
- *during the procedure the following are to be done by the physician(s) and personnel directly assisting with the procedure—
 - use of sterile gloves
 - use of hat, mask, sterile gown
 - maintenance of sterile field
- *all personnel in room during procedure are to wear hat and mask.
- *site dressing is applied using sterile technique
- *BioPatch used for non-Arrow catheters.

Prevention of Surgical Site Infections

The following protocol is to be followed for all surgical patients:

- *prophylactic antibiotics are to be administered one hour prior to the surgical incision
- *appropriate selection of prophylactic antibiotics
- *prophylactic antibiotics discontinued within 24 hours after surgery (48 hours after cardiac surgery)
- *cardiac surgery patients have perioperative glucose control (perioperative = 24 hours prior to surgery until 48 hours after surgery)
- *appropriate hair removal ie: no shaving
- *colorectal surgery patients have normothermia immediately postoperative

Core Measures:

Influenza and Pneumococcal Vaccination Measures

At Cleveland Clinic Florida we are committed to quality. Every patient admitted is screened for eligibility to receive the influenza and pneumococcal vaccination. It is initiated during the admission assessment and concluded upon discharge.

The Influenza vaccination is indicated in:

Pneumonia patients age 50 years and older, hospitalized during October, November, December, January, or February who are screened for influenza vaccine status and are vaccinated prior to discharge. At Cleveland Clinic Florida patients are screened all year round.

Influenza accounts for 10,000 to 40,000 or more deaths each year in the United States. Older adults are at high risk for developing serious infections (such as pneumonia) following the flu. For this reason, experts recommend that all adults over 65 receive a flu shot every year to reduce the risk of developing serious complications if they become infected. Vaccination programs against influenza have been shown to reduce the incidence of illness and death and are cost-effective, as well.

This measure looks at how well organizations help protect America's seniors from potentially life-threatening influenza outbreaks. It looks at the percentage of members over 65 years of age who received the influenza vaccine during the flu season. The specifications for this measure are consistent with current recommendations from Advisory Committee on Immunization Practices (ACIP). ACIP, the American College of Physicians (ACP) and the Infectious Diseases Society of America recommend yearly influenza vaccination for adults age 65 and older to protect against infection and reduce the risk of complications from infection.

Organizations can implement a variety of interventions to increase influenza coverage. Successful vaccination programs combine publicity and education for health care workers and other potential vaccine recipients. Programs include developing a plan for identifying people at high risk; use of patient reminder/recall systems; assessment of practice-level vaccination rates with feedback to health care providers and staff; and efforts to remove administrative and financial barriers that prevent people from receiving the vaccine, including use of standing orders programs. Organizations can also contribute to cooperative and communitywide clinics scheduled just prior to the start of the flu season.

Pneumococcal Vaccination:

This measure is used to assess the percent of pneumonia patients, age 65 and older, who were screened for pneumococcal vaccine status and were administered the vaccine prior to discharge, if indicated. The measure has been publically reported as part of the Centers for Medicare & Medicaid Services (CMS) Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) program since 2005

Pneumococcal vaccination is indicated for persons 65 years of age and older because it is up to 75% effective in preventing pneumococcal bacteremia and meningitis. It is also an important vaccine due to increasing antibiotic resistance among pneumococci. In the United States today, vaccine coverage is suboptimal. Although inpatient vaccine screening and administration are recommended, hospitalization is an underutilized opportunity for adult vaccination.

In 2004, 60,207 people died of pneumonia. There were an estimated 651,000 hospital discharges in males (44.9 per 10,000) and 717,000 discharges in females (47.7 per 10,000) all attributable to pneumonia in 2005. The highest pneumonia discharge rate that year was seen in those 65 and over at 221.3 per 10,000. *Streptococcus pneumoniae* is among the leading infectious causes of illness and death worldwide for young children, persons who have underlying chronic systemic conditions, and the elderly.

In the United States, pneumonia is the sixth most common cause of death. From 1979-1994, the overall rates of death due to pneumonia and influenza increased by 59%. Much of this increase is due to a greater population of persons aged 65 years or older and a changing epidemiology of pneumonia, including a greater proportion of the population with underlying medical conditions at increased risk of respiratory infection.

Streptococcus pneumoniae accounts for two-thirds of over 7,000 cases in which an etiologic diagnosis was made, and for two-thirds of the cases of lethal pneumonia. Annually, 2 to 3 million cases of community-acquired pneumonia result in 10 million physician visits, 500,000 hospitalizations, and 45,000 deaths.

It is estimated that 125,000 cases of pneumococcal pneumonia necessitate hospitalization each year. It is therefore the reason why we actively screen our patients throughout the year.

Reference:

National Quality Measures Clearinghouse. (2012). www.qualitymeasures.ahrq.gov

Annual Influenza Vaccination Program at Cleveland Clinic Florida

The Centers for Disease Control and Prevention (CDC) and The Joint Commission agree that healthcare employees should understand the importance of receiving flu shots for the protection of patients; and we agree, too. Patients should be able to trust that we are doing everything possible to keep them safe, so the flu vaccine is free to all employees. Unless you have a known allergy to the vaccine, please plan to be vaccinated. Not only will you protect patients, but you will also protect yourself, your colleagues and your loved ones. You don't want to take any nasty flu bugs home with you!

The Influenza type A strains varies from year to year which necessitates annual vaccination against influenza. It is important for all healthcare workers from patient care technicians to physicians to get the influenza vaccine in order to decrease the potential of transmitting the virus to patients and others. If a healthcare worker chooses not to receive the Influenza vaccine, the healthcare worker should consider wearing a mask when doing patient care to protect patients and other healthcare workers and themselves. The rationale behind wearing a mask is a person can be infected with the influenza virus and shed the virus at least one day prior to exhibiting signs and symptoms of influenza. Also, all healthcare workers practice hand hygiene to prevent hand to mucous membrane transmission of the "flu" virus. And to prevent spread of the virus covering your coughs and sneezes is essential.

Transmission of the Influenza virus is through close contact with another person infected with the virus. The incubation period is from one to four days with an average of two days.

The major routes of transmission are

- droplet exposure of mucous membranes (nose, mouth, eyes) by respiratory secretions from coughing and sneezing.
- Contact, usually hands, with infectious person or contaminated surfaces followed by touching the eyes, nose, and/or mouth
- Particle aerosols generated by an infectious individual

NOTE: All respiratory secretions and bodily fluids, including diarrheal stools are considered to be infectious.

Long distance transmission, such as from one patient room to another, is believed not to occur. Patients and healthcare workers who exhibit signs and symptoms of influenza are to be instructed to stay home and segregate themselves from the others in their households since viral shedding can occur from the day prior to manifestation of influenza symptoms to 5 to 7 days after symptoms occur. Any patient who presents with Influenza like signs and symptoms, in the Emergency Department or Ambulatory clinics, must be treated as if they have influenza. Major symptoms to suspect influenza would be fever and cough. These patients are to be asked to wear a mask and to sit in a designated segregated area to minimize potential transmission of the virus.

Signs and Symptoms of Influenza A:

Fever
Cough

Body aches
Headache

Nausea
Diarrhea

Sore throat
Runny/stuffy nose

Chills
Fatigue

Vomiting

NOTE: A negative rapid influenza test does not entirely rule out Influenza.

Patients who are admitted for influenza are to be placed into a private room, in Droplet Precautions and instructed not to leave their room. It is anticipated that an increase in patients with influenza will occur which will increase the use of personal protective equipment thus it is important to minimize the use of PPE by clustering patient care activities if possible. In addition it is probable that increase in healthcare worker absence due to influenza will occur. See Influenza Surge plan for details on handling these situations.

Frequently Asked Questions:

What kind of protection does the flu vaccine offer? The flu vaccine's ability to protect against the virus depends on the age and health of the person vaccinated, and the similarity or "match" between the virus strains in the vaccine and those in circulation. When there is a close match the vaccine protects most people from serious influenza related complications such as pneumonia, heart attack, stroke and death. But even when there is not a close match, the vaccine can provide some protection.

Why do I need to get vaccinated every year? You need annual flu protection because the influenza virus changes from year to year. The flu vaccine from last year will not fight the virus strains for this flu season. A CDC advisory committee meets early in the year to determine which strains of influenza virus are circulating in the world and are expected to be the most prevalent during our upcoming flu season. Manufacturers produce vaccines based on the recommendations.

Who should get the flu vaccine? Anyone over the age of 6 months who wants to reduce the risk of getting influenza should get a flu shot. The CDC recommends the flu vaccine each year if you:

- Are between the ages of 6 months and 18 years old, or you are older than 50
- Will be pregnant during influenza season
- Have a chronic medical condition such as asthma or diabetes; or heart, kidney or lung disease
- Have a weakened immune system from medications or HIV infection
- Are a resident of a nursing home or other long-term care facility
- Are a parent, household contact or caregiver of children from birth to 5 years old
- Are a childcare or healthcare worker, or you live with or care for someone at a high risk of complications from the flu

Who shouldn't get the flu shot? Don't get a flu shot if you have had an allergic reaction to the vaccine in the past or if you are allergic to chicken eggs. If you have a fever, get your vaccine once your symptoms improve.

How do you I get my flu shot? CCF employees should check with Employee Health Services to find out dates, times and locations. Contracted Employees should check with their supervisor for additional information. Students should check with their faculty instructor for additional information. Clinicians also should encourage their patients to get protected against influenza.

For questions regarding our Employee Vaccination Program please contact:

Employee Health Services - Extension 65029

Infection Control Coordinator – Extension 65865

For Outpatients Flu Vaccine appointments please contact:

(954) 659-5124

2014 Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify patients correctly

NPSG.01.01.01

Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

NPSG.01.03.01

Make sure that the correct patient gets the correct blood when they get a blood transfusion.

Improve staff communication

NPSG.02.03.01

Get important test results to the right staff person on time.

Use medicines safely

NPSG.03.04.01

Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.

NPSG.03.05.01

Take extra care with patients who take medicines to thin their blood.

NPSG.03.06.01

Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Use alarms safely

NPSG.06.01.01

Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Prevent infection

NPSG.07.01.01

Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

NPSG.07.03.01

Use proven guidelines to prevent infections that are difficult to treat.

NPSG.07.04.01

Use proven guidelines to prevent infection of the blood from central lines.

NPSG.07.05.01

Use proven guidelines to prevent infection after surgery.

NPSG.07.06.01

Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

Identify patient safety risks

NPSG.15.01.01

Find out which patients are most likely to try to commit suicide.

Prevent mistakes in surgery

UP.01.01.01

Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.

UP.01.02.01

Mark the correct place on the patient's body where the surgery is to be done.

UP.01.03.01

Pause before the surgery to make sure that a mistake is not being made.



This is an easy-to-read document. It has been created for the public. The exact language of the goals can be found at www.jointcommission.org.

Acknowledgement Form

National Patient Safety Goal (NPSG) 7
Reducing the Risk of Healthcare Associated Infections
And
Cleveland Clinic Influenza Vaccine Program

Students please sign the acknowledgement form after reviewing the National Patient Safety Goal 7 - Infection Control Initiative program and Cleveland Clinic Florida Influenza Vaccine Program.

Please submit the signed form to: Marta Gonzalez-Kanfer:

I acknowledge that:

- I have received information on the Cleveland Clinic Florida NSPG #7 Infection Control Goal initiative and understand that it is my responsibility to read and comply with infection control practices contained in the infection control initiative.
- I have the responsibility to report potential infection control outbreaks and noncompliance with infection control practices to the Infection Control Coordinator.
- I have received information on Cleveland Clinic Florida Influenza Vaccination Program.

Printed name _____

Signature _____ Date _____

Title or Position _____

School _____ Phone Number _____

Facility _____

Institute/Division/Department _____

Director/Manager/Supervisor _____