

# Infection Prevention Program Analysis 2016

## **I. Scope**

County of Santa Barbara Psychiatric Health Care Facility is a 16 bed facility that provides inpatient care for acute and chronic psychiatric illness.

## **II. Geographical and Community**

Santa Barbara County has a population of over 400,000 residents; the median age is approximately 35 years.

There is a high incidence of heart disease, diabetes, and obesity in our community as well as underinsured.

## **III. Goals**

The goals of the infection prevention program are to:

- A. Decrease infection to patients and personnel
- B. Monitor for occurrence of infection and implement appropriate control measures
- C. Identify and correct problems relating to infection prevention practices
- D. Limit unprotected exposure to pathogens throughout the hospital
- E. Maintain compliance with state and federal regulations relating to infection prevention
- F. Provide infection prevention education to hospital and medical staff

## **IV. Risk Analysis**

County of Santa Barbara Psychiatric Health Care Facility established 2016 Infection Prevention & Control priorities based on the IC Risks identified from the analysis. Those with the highest relative risk at our facility receive the highest priority. Ratings may be obtained by comparing data between the last 2 years or from one year to the next. Issues to consider but are not limited to, are: increases in rates above the national standards or internal benchmarks. We also consider increase in new cases, financial impact, legal issues, and communicability. The probability of occurrence, risk of event, and preparedness are used in evaluating any potential event. See Risk Analysis Grid attached.

The areas identified with highest relative risk at our facility receive the highest priority. Priorities for 2016 are:

- 1. Improper disinfection of environmental surfaces
- 2. Improper cleaning of equipment between patients
- 3. Improper disinfection of the washers and dryers
- 4. Hand Hygiene Compliance
- 5. Influenza immunization compliance
- 6. Ineffective notification of preconstruction and renovation planning

## **V. Infection Control Surveillance Activities**

Total House Surveillance will be conducted. Patients who acquire a healthcare-associated infection will be monitored and evaluated with emphasis on those infections, which can be prevented by timely intervention or by increased education of the employees.

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Targeted surveillance is performed based on risks identified from hospital surveillance data and the community environment. Patients with positive lab cultures will be reviewed for evidence of a healthcare-associated infection.

### **VI. Infection Control Program Reporting**

The results of the infection surveillance are reported quarterly to the Infection Control Committee and are documented in the minutes of these meetings. These minutes are forwarded to the Quality Committee. Infection Control will also report activities monthly to the Quality Committee. When a problem is identified measures such as observation, peer review, or meeting with departments will be implemented.

Infection control works with Quality Care Management in unison to provide quality patient care.

The Infection Control Committee may organize task forces to address unusual situations or special problems in an effort to improve patient outcomes and quality care. At any point the Infection Control Plan can be evaluated if a risk issue is identified. The Infection Control Plan and Risk Assessment are living documents and can be adjusted to add additional events as needed.