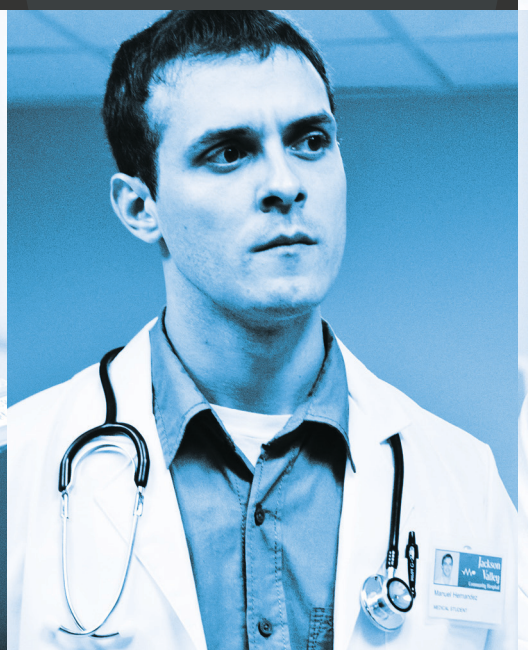
Partnering to Heal

TEAMING UP AGAINST
HEALTH CARE-ASSOCIATED INFECTIONS

FACILITATOR'S GUIDE



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DISCLAIMER:

This dramatization was developed by the U.S. Department of Health and Human Services in consultation with subject matter experts from various disciplines and sectors, as well as patient advocates. It is intended to increase awareness of the risks of health care-associated infections and the opportunities for preventing such infections. It is not intended to reflect common clinical care. Certain scenes demonstrate a worst-case scenario of how lapses in medical judgment, communication, teamwork, and attention to infection control practices might impact patient outcomes. The intent is to provide a training tool for use by health professionals, students, patients, and their families about patient safety concepts, rather than provide an accurate or comprehensive depiction of conditions caused by specific pathogens.

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INTRODUCTION

***Partnering to Heal**: Teaming-Up Against Health Care-Associated Infections* is a Virtual Experience Interactive Learning Simulation (VEILS®). This interactive simulation was created to encourage different audiences to understand the goal of infection prevention and to make the personal commitment to zero-percent Health Care-Associated Infections (HAIs).

Participants will assume one or more of five playable roles in the simulation: a family caregiver, a physician in charge of a post-operative unit, an infection preventionist, a medical student, or a registered nurse. In each segment, participants make decisions for the character about HAIs and then witness the positive or negative consequences of their choices. Those decisions have consequences that affect not only them but others in the hospital as well.

This VEILS® program includes:

- Simulation
- Infection Prevention Resource Library
- This Facilitator's Guide

SYNOPSIS

The simulation begins in a hospital board room where the case of Whitney Ross is under discussion. Whitney was a sophomore in college who came into the post-operative unit after an appendectomy. She contracted an infection that could have been prevented by better infection prevention practices. Several health care providers and a family caregiver had the opportunity to make better decisions to ensure everyone's safety. The decisions they made contributed to Whitney's death. Anthony, an Infection Preventionist who also serves as the narrator, tells the audience that they have the opportunity to change this outcome by playing the characters involved and making better decisions.

TEACHING POINTS

The following themes can be found in the simulation:

- Preventing health care-associated infections requires both a change in behavior and a change in the organization's culture.
- For change to work, health care providers must work in teams and hold each other accountable at every level.
- Process Improvement Teams can bring about lasting, positive change.
- If leaders make zero-percent health care-associated infections (HAIs) a personal goal, then others will likely follow.
- Encouraging others to embrace infection prevention protocols requires effective communication skills, even in the face of confrontation.

LEARNING METHODS

Partnering to Heal can be used with groups with a facilitator or as a self-instructed, self-paced activity. Choosing either instructional method depends on available time, resources, and personal preferences.

- Facilitated instruction allows for structured discussions and integration of teaching points with existing course materials.
- Self-instruction allows the participant to reflect and assess the training at his or her own pace.

If participants are doing the simulation together as a group, then play the opening introduction and choose a character to play that is most applicable to the audience. When the program comes to the first decision point, discuss each option with the group. Poll the participants to see what they want to do, make the choice, and then continue playing until the next decision point.

When the group has completed the simulation, watch the other outcome for that character. Go back to some of the key decisions, using the questions in this guide to stimulate discussion. Emphasize the key learning points for the character.

PREPARATION

To effectively lead your participants through the simulation and discussion, prepare by doing the following:

- Test the DVD or the online connection and the computer equipment to make sure the program starts up.
- Complete the simulation. Go through it several times, exploring all the different choices available.
- Read through this guide. Think about how to stress key points and which discussion questions to use.
- Think through your own experiences. Looking back, have you faced similar decisions and challenges? What did you choose to do?

NAVIGATING THE PROGRAM

Here's how the game controls work:

CONTROL	WHAT IT DOES
NEXT	Goes to the next screen
BACK	Returns to the previous screen
PROGRESS METER	Shows how much of the segment has been completed.
	Plays the clip
	Stops the action.
	Movie clips automatically play to conclusion, but clicking and dragging this bar allows you to move back and forth within the clip.

The controls above appear briefly with each movie clip and then reappear if you roll the cursor over the bottom of the screen.

TIME NEEDED

For facilitated instruction, the times needed for each segment are shown below. While each segment can be done in about an hour, it may be desirable to schedule more time in order to allow for extended discussion. For self-instruction, use the times given below for just the simulation.

Introduction — 6.5 minutes

Kelly — approximately 50 minutes (25 for the simulation itself and 25 for discussion)

Nathan — approximately 50 minutes (28 for the simulation itself and 22 for discussion)

Janice — approximately 50 minutes (27 for the simulation itself and 23 for discussion)

Manuel — approximately 50 minutes (26 for the simulation itself and 24 for discussion)

Dena — approximately 50 minutes (26 for the simulation itself and 24 for discussion)

WATCHING THE INTRODUCTION

The Introduction segment will likely cause strong emotional reactions in audience members. After they have watched it, you may want to note that the way that Whitney contracts a MRSA infection, through the removal of a peripheral line, is plausible but not typical.

After participants have watched the opening segment, use one or more of the questions below to stimulate discussion.

- What do you think about what you saw?
- How do you interpret the actions of the different health care providers?
- Have you ever seen something like this occur?

You may want to tailor the questions to resonate more with your particular audience.

Instruct participants that by playing one of the characters, they will have the opportunity to go back in time, well before Whitney ever arrives at the hospital. Although their decisions will not affect Whitney directly, by changing the particular character's approach to infection prevention, they will also change the environment in the hospital, so that the chain of events that results in Whitney's death never occurs. Encourage participants to make bad choices occasionally as well; a lot can be learned by exploring the negative consequences and outcomes.

Add that no matter what decisions they make, they will still have the option at the end to view another outcome, based on the results of different decisions.

Choose one of the following five characters for your participants to play:

- Kelly McTavish, Family Caregiver
- Nathan Green, Unit Director
- Janice Upshaw, Infection Preventionist
- Manuel Hernandez, Medical Student
- Dena Gray, Registered Nurse

For your reference on the following pages are diagrams that overview the decisions each character makes. After the diagrams, each character and their decisions are described separately. Key points and discussion questions are also provided.

KELLY MCTAVISH, FAMILY CAREGIVER

Character synopsis: Kelly's father is in the hospital for emergency bypass surgery. Having lost her mother two years ago after surgery, she is very worried about her father. Kelly has a son named Tommy.

The decisions she faces are listed below, along with key teaching points and discussion questions.

Time to completion: Approximately 50 minutes are needed to play and discuss this segment.

1. The nurse has asked you to wash your hands. How should you respond?

- Wash them now.
- Wash them later.

KEY POINTS

- Family members and visitors have a key role in infection prevention; they are part of the health care team.
- Some may ask why they have to wash their hands in a hospital when they would not do so around the same patient at home. They need to know that the germs they bring in, although they may not affect a healthy person, can have a devastating effect on patients weakened from sickness or surgery.
- Hand washing with soap and warm water or using an alcohol-based hand rub will eliminate 99 percent of the germs that can lead to harmful and potentially deadly infections.
- Family members and visitors may be concerned that following infection protocols may worry or upset patients.
- If a family member or visitor does not understand why something is required, such as hand washing, they should ask a health care provider.
- Clear, respectful communication between patient and provider is important.

DISCUSSION QUESTIONS

- Is it fair of health care providers to expect family members to remember and follow safety protocols when they are worried about their loved ones?
- What if the nurse hadn't explained why hand washing was needed? How would that have possibly affected Kelly's reaction?
- How do the emotions of the family member or visitor affect decision making about infection prevention?

2. Should you ask about the hand washing procedures?

- No. Just stay out of her way.
- Yes. Ask about the hand washing procedures.
- Confront her about washing her hands.

KEY POINTS

- Everyone who enters a patient's room should wash their hands when they come in and again when they leave.
- Hand sanitizer can be as effective as soap and water in killing germs. (Some studies suggest that it is even more effective than soap and water.) However, it should be noted that hand sanitizer is not effective in removing *clostridium difficile* spores, and soap and water is preferred.
- When family members and visitors approach health care personnel in a positive, respectful manner, the result can be an open and compassionate exchange of information.

DISCUSSION QUESTIONS

- What are some constructive ways to approach health care providers with questions?
- What are the potential consequences of not asking questions?
- What are the potential consequences of confronting health care workers and putting them on the defensive?

3. What do you do about your dad's bed being lowered?

- Ask the nurses about it.
- Wake up your dad and ask him.
- Wait and ask later. He needs his rest.

(If participants decide to wake up Dad and ask, he says it was okay. Participants then face another decision about whether they take his word for it.)

KEY POINTS

- Family members and visitors can, and should be patient advocates. They let health care providers know when there is a potential problem. They also advocate for the health care providers by helping the patient to see the big picture—and persuading the patient to follow the treatment plan and any recommendations.
- Family members and visitors know the patient the best and are more likely to spot any subtle changes that might herald problems.
- If the lines of communication are open and family members and visitors have treated health care providers with respect, then they will find it much easier to go to the health care providers with their concerns.

DISCUSSION QUESTIONS

- What advantages and disadvantages are there in addressing the patient first as opposed to a member of the health care staff?
- If Kelly hasn't set up lines of communication and treated the health care providers with respect, how would that affect her decision making about her dad's bed?
- What's more important—adhering strictly to protocols or making Kelly's dad comfortable so he can rest?

4. Do you talk to the doctor about washing her hands?

- Talk to her before she begins the procedure.
- Wait and ask the friendly nurse tomorrow.

(If participants choose to talk to the doctor, they will face another question about whether they should insist that she wash her hands when the doctor is resistant.)

KEY POINTS

- Health care providers should wash hands upon entering a patient's room if patient contact is required, before putting on gloves, and wash again after removing gloves as they leave.
- Health care providers are also human beings who have good and bad days. They may not always respond pleasantly to a request from the family member or visitor.
- If family members or visitors don't see a health care provider wash hands or if something about a procedure doesn't make sense, they should ask questions or address the issue as soon as possible.

DISCUSSION QUESTIONS

- What are the potential consequences of insisting the doctor wash her hands? What are the potential consequences of not insisting?
- What approaches could be considered if the doctor refuses?
- How does a health care provider's disposition affect the ability of patient advocates to do their job?

5. What do you do about your Dad touching his bandage?

- Don't say anything at all.
- Ask nurse to come in the room and tell him.
- Stop him from touching it.

KEY POINTS

- Sometimes the job of a patient advocate is to regulate the patient's behavior and persuade the patient to follow the treatment plan and any recommendations.
- The patient advocate may need to educate other family members or visitors about infection prevention protocols.
- If the patient or other family members or visitors continue to resist, the patient advocate may need to ask for a health care provider's help.

DISCUSSION QUESTIONS

- Is it likely that one lapse, such as a patient touching his bandage, will result in a serious problem?
- What if the visitors hadn't washed their hands? What's the best way to approach them about doing so?

Watching and Monitoring Dad

There is no decision to be made here, but there are some very important teaching points in this short segment.

KEY POINTS

- A family member or visitor knows the patient best and may be in the room to detect what others cannot. If something seems wrong, the patient advocate should speak up.
- The role of the patient advocate is to get the health care team to pay extra attention to what might be an emerging problem and to insist that the patient receive the quality of care that he or she deserves.

DISCUSSION QUESTIONS

- Some family members and visitors take advocacy too far and end up hindering the patient's recovery. What's the right balance between too much advocacy and passive acceptance?
- What if Whitney, the college student from the introduction, had had a family member or visitor acting as her advocate? How might the outcome have been different?

6. What do you do about your son (who is recovering from the flu) visiting your dad?

- Tell Dad your son can't visit.
- Let your son visit.
- Ask the nurse if it is fine for him to visit.

KEY POINTS

- Emotions are always present when people are sick and can affect how strictly they and their loved ones follow infection prevention protocols.
- Patients are especially vulnerable to germs and infections during their time in the hospital, so do not allow sick friends or family members to visit.
- Patients often feel powerless, lacking the control they had in the outside world and this can also affect their decision making.
- Patients may value emotional well-being above physical safety, so family members and visitors can help by urging patients to keep the big picture in mind.
- It is not acceptable to lift spirits by compromising the patient's physical health.
- If family members and visitors have kept the lines of communication open with health care providers, who may have experience dealing with tricky emotional situations, then they may be able to offer guidance and suggestions.

DISCUSSION QUESTIONS

- Who else could be affected if a sick person visits a patient in the hospital?
- Are there other creative ways to help the patient feel better emotionally that still meet safety requirements?
- What's the balance between attending to emotional needs and maintaining physical health?
- What else could Kelly have tried?

As the facilitator, after you have taken participants all the way through Kelly's segment, have them watch the other outcome as well. The summary below captures the main teaching points and concludes with discussion questions for the segment as a whole.

Summary

KEY POINTS FOR KELLY'S SEGMENT

- Family members and visitors are part of the infection prevention team and need to work constructively with health care providers.
- Family members and visitors are uniquely qualified to be the patient's advocate; they may notice subtle changes that could indicate emerging problems.
- Everyone who enters a patient's room must wash their hands or use hand sanitizer when they come in and again when they leave.
- Don't sacrifice a patient's physical well-being for emotional well-being.

DISCUSSION QUESTIONS FOR KELLY'S SEGMENT

- What kinds of decisions led to a positive outcome?
- What kinds of decisions led to a negative outcome?
- How did Kelly need to change her approach?

NATHAN GREEN, UNIT DIRECTOR

Character synopsis: Dr. Green is the director of the post-operative unit of the hospital and soon to be a grandfather. Having recently returned from a conference about patient safety, he is motivated to make a difference in the hospital.

Time to completion: Approximately 55 minutes are needed to play and discuss this segment.

1. Do you go to the meeting?

- Yes.
- No.
- Delegate meeting to Tammy.

(If participants decide to delegate to Tammy, then they face the decision again. If they still decide no, then the game ends, and they have to start again.)

KEY POINTS

- To enable effective change, leaders must prioritize and make a personal time commitment.
- Change begins with the leader.
- Those in a leadership position should lead by example.
- It is difficult to focus attention on an effort with an uncertain outcome, in which results don't come quickly.
- The unit director is the bridge between the staff and senior hospital leadership. To make a difference, the person has to be in the position to exercise influence both up and down the chain of command.

DISCUSSION QUESTIONS

- Why wouldn't delegating the initial meeting to someone else be effective?
- How can one sell an idea in which results do not happen quickly?

2. What do you do about the checklist?

- Start using it immediately.
- Postpone until adjustments are made.
- Ask for volunteers to help tailor it.

(If participants postpone, then they face another decision about whether to start using it or not.)

KEY POINTS

- Incremental, but sustained changes are better than larger immediate changes that aren't sustained.
- While the unit director is an expert on the unit, it makes sense to engage infection preventionists to help with infection prevention efforts.
- Pulling in volunteers to help tailor the checklist also builds ownership in the process.

DISCUSSION QUESTIONS

- Can something as simple as a list really represent effective change?
- Why isn't using the checklist immediately as effective an approach?
- Is it more effective for Nathan to work on the list by himself or to get resources from outside?
- What if you can't find volunteers to help you tailor the checklist? What else might you consider?

Managing Up and Down the Chain

There is no decision to be made here, but there are some very important teaching points in this short segment.

KEY POINTS

- It's never too early to introduce patient safety concepts to senior hospital leadership to get their buy-in.
- A unit director is in a unique position to manage both up and down the chain.
- Recognize potential obstacles to change.
- Work within the hospital system to reduce any obstacles to change.

DISCUSSION QUESTIONS

- Could a senior nurse or other person in Nathan's unit have met with Mr. Hopkins?
- Do you know how to make a business case for infection prevention? If not, what resources could you consult to help sell the idea to senior hospital leadership?

3. Will you start a team?

- Yes, start a comprehensive team.
- No, build a smaller, more practical team.

KEY POINTS

- Best practice in infection prevention has involved the creation of Process Improvement Teams, similar to the ones created to maximize efficiency and quality in the business and manufacturing worlds.
- Because infection prevention is about making behavioral and cultural changes, a comprehensive team with wide representation may be more effective than a team limited to a specific area(s) of expertise…
- Good research is available, along with many practical examples of models to imitate.

DISCUSSION QUESTIONS

- What are the pros and cons of building a comprehensive team that represents all of the interested parties?
- Do teams need to involve all levels of health care personnel?
- What are the advantages of building a small team of experienced professionals? What are the disadvantages?

4. Will you…

- Defend the idea and ask for support?
- Agree and go with smaller team?

KEY POINTS

- Resistance to change can be found at every level of an organization.
- Remember that health care providers do not typically receive professional development on teamwork or change management. The leader must teach the team members how to operate effectively in teams in order to create significant changes.
- Just as the leader has to build support for the reduction of health care-associated infections up the chain of command, he or she may also have to do the same down the chain as well.

DISCUSSION QUESTIONS

- Does Tammy have a point, that all change is not necessarily good?
- What are some ways of selling change down the chain of command?

5. How do you respond to comment about the charts?

- Reassure him by explaining that the spikes are just finicky data reporting.
- Reassure him, but explain the data and don’t hide the problems.

KEY POINTS

- Transparency on infection reporting is required, but the staff also needs objective, timely data on infection rates to make improvements.
- Treat people as educated consumers of information. Providing a full explanation of the data helps to build trust and ownership.

Discussion Questions

- What are the potential secondary effects of discounting the data discrepancies to Jake?
- What might happen if Jake shares Nathan's comments with others?

(Note: if participants choose to start a small team, then they will not see question six below.)

6. What do you want to do about the kits?

- Let Janice handle it.
- Speak up and support the idea.

KEY POINTS

- Large Process Improvement Teams are inherently harder to manage because everyone brings their own priorities to the table. Good leaders recognize and balance these competing priorities and help team members understand different points of view.
- Leaders must manage the team and be vocal advocates of change.

DISCUSSION QUESTIONS

- What are some ideas for "managing up" in an organization? How do you bring those above you on board?
- What are some ways to make sure everyone's voice is heard in a team?

7. Do you hold your friend accountable?

- No, you trust him.
- Yes, talk to him.

KEY POINTS

- Peers often fail to hold peers accountable. That is part of the necessary change. Accountability has to take place at all levels of the organization.
- Focusing on the science is a good way to both defend best practices and to hold people accountable.

DISCUSSION QUESTIONS

- What are the secondary effects of Dr. Brennan's behavior? What message does that send to the rest of the staff?
- If Nathan felt uncomfortable holding Dr. Brennan accountable, were there other ways to try to change his behavior?

As the facilitator, after you have taken participants all the way through Nathan's segment, have them watch the other outcome as well. The summary below captures the main teaching points and concludes with discussion questions for the segment as a whole.

Summary

KEY POINTS FOR NATHAN'S SEGMENT

- Leaders must make a personal commitment to bringing about change.
- Those in a leadership position should lead by example.
- Lasting change does not happen quickly, and results may take a long time.
- Best practices in infection prevention have shown that Process Improvement Teams can effect lasting change.
- Unit directors are uniquely qualified to be advocates for change, selling new ideas both up and down the chain of command.
- Accountability must take place at every level of the organization.

DISCUSSION QUESTIONS FOR NATHAN'S SEGMENT

- What kinds of decisions led to a positive outcome?
- What kinds of decisions led to a negative outcome?
- How did Nathan need to change his approach?

JANICE UPSHAW, INFECTION PREVENTIONIST

Character synopsis: Janice Upshaw is a busy wife and mother, who had worked in Epidemiology in a large hospital for five years. She has recently made the transition to a community hospital to work in infection prevention and control.

Time to completion: Approximately 50 minutes are needed to play and discuss this segment.

1. Do you let the construction workers continue?

- Yes.
- No, safety comes first.
- No, but explain your reasons.

(Please note that Janice's outcome is more complicated than those of the other characters. This first choice is crucial. If she makes the wrong decision here, she never has the opportunity to make the big presentation to hospital leadership.)

KEY POINTS

- An infection preventionist wears many different hats: coach, scientist, accountant, nurse, educator, and business person.
- An infection preventionist must communicate with and adapt to many different audiences, at all levels, from administrators and clinicians to patients and their loved ones.
- When patients and loved ones are given information about why infection prevention procedures are in place, they often take ownership of the process.
- The infection control risk assessment was an important first step in this scenario.

DISCUSSION QUESTIONS

- How can the dual pressures of time and money affect decision making in this situation?
- What are the risks of merely giving Bob orders?

2. How do you handle the environmental services workers?

- Take their side.
- Take the administration's side and explain it to them.
- Stay neutral; don't take a side.

KEY POINTS

- An infection preventionist is above all a team builder and has to treat everyone as a potentially valuable member of the infection prevention team.
- Not many positions get to interact with so many professions and staff at so many levels, so this person can bridge the gap between them.
- It is important to recognize competing priorities; try to see everyone's side.

DISCUSSION QUESTIONS

- What are the challenges in building a team of people across all professions and hierarchies with competing priorities?
- What effect could Janice's response have on the morale of the environmental services unit and how well the hospital is cleaned in the future?
- Is there a need for team building at your facility across different levels?

3. How do you handle Dr. Brennan's criticism?

- Be assertive.
- Listen, observe, and look for ways to improve care.

KEY POINTS

- Resolve conflicts with evidence and science, and then bring the conversation back to infection prevention and the best interest of patients.
- Despite pressures, the infection preventionist's commitment to honest reporting and the patients' best interests must be absolute.

DISCUSSION QUESTIONS

- How is the team building effort challenged when dealing with administrators and physicians?
- Does Dr. Brennan have a valid argument? Why or why not?
- Why do you think Dr. Brennan went to Janice and not her boss?
- How do politics and hospital hierarchies affect decision making?

4. What is the best way to work with this team?

- Delegate.
- Allow them to decide what to implement.
- Guide them to choose one item with quick impact.

KEY POINTS

- It is important to find the balance between teamwork and leadership.

- Look for actionable goals that can be accomplished and consider the secondary effects of failure on future initiatives.

DISCUSSION QUESTIONS

- How much leadership is effective leadership? At what point must a group receive guidance?
- Given this group's history, how does the risk of failure affect their enthusiasm for future endeavors?
- Have you seen other occasions where groups became frustrated by trying to accomplish too much all at once?

5. How do you answer the question in training?

- Tell them what to say.
- Ask them how they would handle it.

KEY POINTS

- Clinicians and nurses interact with patients and families more than anyone else. The important thing is to encourage their ownership of infection prevention as a goal.
- Consider the characteristics of a particular group to decide what method of training will be most effective.

DISCUSSION QUESTIONS

- Will the Socratic Method work with every group? Why or why not?
- What is the appropriate response if patients ask if they could have been infected at the facility?

As the facilitator, after you have taken participants through Janice's segment, have them watch the other outcome as well. The summary below captures the main teaching points and concludes with discussion questions for the segment as a whole.

Summary

KEY POINTS FOR JANICE'S SEGMENT

- The infection preventionist wears many hats but is above all a team builder. Everyone is a potentially valuable member of the infection prevention team.
- Communicating effectively with many different audiences, with competing priorities, is crucial for success.
- Despite the challenges and pressures, the infection preventionist must stay committed to the patients' best interests.

DISCUSSION QUESTIONS FOR JANICE'S SEGMENT

- How have Janice's seemingly minor decisions played into her making a presentation to hospital leadership?
- Are there any barriers in your facility to having successful relationships with senior leadership?
- In the positive outcome, did Janice make an effective business case for infection prevention and control?

MANUEL HERNANDEZ, MEDICAL STUDENT

Character synopsis: Manuel is a third-year medical student, beginning a new rotation in the post-operative unit.

Time to completion: Approximately 50 minutes are needed to play and discuss this segment.

1. What do you want to do about the catheter?

- Admit the mistake.
- Carry on with the catheter insertion.

KEY POINTS

- When a patient contracts an infection as a result of their treatment for another condition, it's called a health care-associated infection (HAI).
- For decades, HAIs were accepted as an inevitable problem, but when individuals and institutions work together, infection rates can drop drastically and save thousands of lives.
- Fighting infection isn't just about science; a change in behavior and practice is required.
- As a new professional, it's never too early to dedicate oneself to infection prevention.

DISCUSSION QUESTIONS

- What factors would Manuel weigh in making his decision about the catheter?
- How likely is it that someone would carry on without admitting the mistake?

2. Do you speak up to Tasha?

- Yes.
- No.
- Offer to help get disinfectant.

KEY POINTS

- No one can go through a career doing everything perfectly. As part of a team, support the other members and help them to do their jobs.

- Your greatest concern is for the health of the patient. Helping Tasha protect the patient is the most important thing, and communicating that in a way that is respectful to your colleague is even better.
- Use tact in dealing with professional peers to maintain best practices.

DISCUSSION QUESTIONS

- How does one's relationship with a health care professional affect the decision to hold him or her accountable?
- What are some of the potential consequences of Tasha's mistake? What are some of the potential consequences of speaking up the wrong way?

Mr. Jackson's Sepsis

Although there is no decision to be made here, there is an important teaching point about how little things can make a huge difference in infection prevention. You may want to note that no matter what Manuel decided to do about Tasha previously, Mr. Jackson still gets sepsis. The difference is in how Manuel feels about his actions, whether he was at fault in not correcting Tasha previously.

3. Do you speak up about the drape?

- Yes.
- No.

KEY POINTS

- Doing the right thing may be inconvenient or risky socially with peers and superiors.
- Focus on the science and fixing the problem when trying to change behavior.
- Fighting HAIs takes teamwork, and everyone must be held accountable.
- Infection prevention protocols are critical in preventing bloodstream infections via central line insertions.

DISCUSSION QUESTIONS

- Should Manuel trust the checklist or Dr. Kennedy's experience?
- What are the possible ramifications of verifying that steps on a list were done correctly when they were not?
- How does the physician's disposition affect how one approaches the situation?
- What's the balance between being proactive and being a nuisance?

4. How do you talk to Scott?

- Confront him with rules.
- Talk about the science.

KEY POINTS

- Keep the discussion professional and focused on the patient rather than on what the health care provider did or didn't do.
- Focusing on the science rather than the rules may lead to long-term changes.
- How one handles a situation like this is a measure of personal communication skills and will change based on the personalities of the people involved.

DISCUSSION QUESTIONS

- What's the best way to speak up and motivate Scott to change his behavior?
- Should the risk of sounding like a know-it-all in this situation be considered?
- What are the potential medical ramifications of working around someone's mouth without gloves?
- How does the failure of mentors to follow best practices influence the behavior of others?

5. Who do you talk to about your idea?

- Dr. Kennedy.
- Do all you can on your own.
- Infection preventionist.

(If participants have chosen before to keep quiet, then even if they decide here to talk to someone, the option is taken away from them. If they decide to talk to Dr. Kennedy, then they are given one more chance to decide to talk to the infection preventionist.)

KEY POINTS

- The infection preventionist is the best person to talk to about this. The attending physician likely does not have the expertise, time, or authority to effect administrative change.
- There is no harm in making a suggestion.

DISCUSSION QUESTIONS

- Why would Manuel consider inaction?

As the facilitator, after you have taken participants all the way through Manuel's segment, have them watch the other outcome as well. The summary below captures the main teaching points and concludes with discussion questions for the segment as a whole.

Summary

KEY POINTS FOR MANUEL'S SEGMENT

- Small steps can make a big impact.

- It is never too early to be part of an infection prevention team.
- Always make the patient's best interests your top priority.

DISCUSSION QUESTIONS FOR MANUEL'S SEGMENT

- What kinds of decisions led to a positive outcome?
- What kinds of decisions led to a negative outcome?
- How do you think the habits Manuel has established will affect his future?
- With his emphasis on making empowered decisions, do you think Manuel now has a better shot at saving Whitney?

DENA GRAY, REGISTERED NURSE

Character synopsis: Dena Gray is a 28-year-old nurse who loves her job. She is married, with one child. Since her husband has been unemployed, she has been picking up extra shifts of work

Time to completion: Approximately 50 minutes are needed to play and discuss this segment.

1. What do you do about isolation procedures?

- Do nothing.
- Address the issue before she goes back in.

(If participants fail to stop Ashley, then about midway through the simulation, the patient next to Mr. Jameson contracts the same infection, and participants reach the negative outcome quickly.)

KEY POINTS

- Even one small lapse can cause serious problems.
- Help others to see the big picture, the reasons behind the rules.
- Taking all required precautions when entering a room is important so that the health care professional is ready to provide whatever the patient needs.
- Nurses are always leaders; what they do has an effect on other staff, patients, and visitors. If they see a nurse cutting corners, then they are more likely to cut corners too.

DISCUSSION QUESTIONS

- How do circumstances in one's personal life affect commitment and attention to the job?
- How might previous reprimands affect Dena's willingness to speak up?
- Is it easier for Dena to speak up because she is senior to Ashley? What if she were not?
- What might be the secondary effects on Ashley's future behavior of permitting her once to return to a patient's room without re-gowning?

2. Do you speak up and share the catheter idea?

- Yes.
- No.

KEY POINTS

- Making significant changes requires advocacy.
- Anyone can take a leadership position and influence others.
- Great teams learn from the collective ideas of everyone.
- Be prepared for resistance to change and focus on what's best for patients to change minds and behavior.

DISCUSSION QUESTIONS

- When more work is involved with a new idea, how does that affect someone's willingness to speak up? Does doing better always mean doing more?
- How do you decide where and when it's appropriate to share new ideas?

(If participants choose to voice the idea, then they encounter resistance from a senior nurse. They also face another question about how they handle the situation: do they back off or offer some practical suggestions for implementation?)

3. Do you join the team?

- Yes.
- No.
- You'd like to think about it.

(If participants decide to take time to think more about it, or say no to Janice, then they face another decision later at home about joining the team. If participants decide not to join the team, then this has negative consequences down the road, and options for action are taken away from them.)

KEY POINTS

- Leadership requires a personal commitment and a willingness to step out of one's comfort zone.
- Sometimes taking on new responsibilities can reenergize one's passion for the work.

DISCUSSION QUESTIONS

- How might Dena's decision have differed if her husband hadn't been supportive?
- Do factors like long hours and the nursing shortage affect decision making in this situation?

4. How do you respond to the patient?

- Admit the mistake and wash your hands.
- Wash your hands, but tell her you already did so outside the room.

KEY POINTS

- Everyone makes mistakes. What matters is how they deal with the mistake. Always thank a patient for reminding you to wash your hands, even if you have followed proper procedure.
- Admitting a mistake will build trust with the patient, and he or she will be more likely to communicate freely with you in the future.

DISCUSSION QUESTIONS

- Does the disposition of the patient or his/her identify determine how one handles the situation? Should it?
- Have you ever made a mistake and felt intimidated, so that you were not forthcoming about it?
- What is more important—transparency and honesty or safeguarding one's credibility with a patient?
- How do pressures at home and work contribute to making mistakes?

5. How do you handle it? You can't force her.

- Keep her happy; make her wash hands.
- Calm her down and see if compromise is possible.

KEY POINTS

- Quality of life can be a challenge in a hospital, and emotions run high.
- Try to understand the family member's perspective about not wanting to wear a mask and gown and gloves around a loved one.
- Stress to family members and visitors that the procedures help to keep all of the patients, visitors, and health care workers safe.

DISCUSSION QUESTIONS

- What are the secondary effects on Ashley's behavior if Dena overrules what she has told the family member?
- As a health care professional, how does your mood and disposition affect how patients, family members, and visitors behave?
- How much of your job involves customer service? Is that stressful?
- What creative strategies could you use in dealing with this situation?
- When is compromise acceptable?

6. What do you do with Dr. Green?

- Speak up quickly.
- Say nothing.
- Ask to speak with him privately.

KEY POINTS

- Because Dena and Nathan are on a Process Improvement Team together, the lines of communication are open, and both have accepted the responsibility of holding other team members accountable for their actions.
- Significant change requires health care professionals at all levels to hold each other accountable.

DISCUSSION QUESTIONS

- Had they not been on a team together, would this kind of communication be possible?
- How does the disposition of the physician affect a nurse's ability to speak up?
- What would you do if the response was not as gracious as Dr. Green's?
- Do you have suggestions for how Dena could have handled this even better?
- Can you think of other situations where you might have to speak up immediately in front of a patient rather than waiting to do so in private? If so, what's the best communication strategy?

As the facilitator, after you have taken participants all the way through Dena's segment, have them watch the other outcome as well. The summary below captures the main teaching points and concludes with discussion questions for the segment as a whole.

Summary

KEY POINTS FOR DENA'S SEGMENT

- Guard against burnout from pressures in your personal or professional life.
- You're always a leader in some way, and your decisions and actions will have an effect on other nurses, patients, family members, and visitors.
- When there is a conflict of interest, your ethical obligation is to do what's best for the patient.
- Maintain and cultivate the mindset that everyone is a member of the infection team.

DISCUSSION QUESTIONS FOR DENA'S SEGMENT

- In the positive outcome, how did Dena's extra responsibilities reward her emotionally and professionally?
- What kinds of decisions led to a positive outcome?
- What kinds of decisions led to a negative outcome?
- How did Dena need to change her approach?

TECHNICAL SOLUTIONS AND SUGGESTIONS

Partnering to Heal is available in both disc and online formats. If you are using the disc version, the program should automatically launch in your default web browser when it is inserted in your computer's DVD drive. If your computer does not have the required version of Adobe Flash, you will automatically be prompted to install it. If the program does not self-start, please complete the following steps:

For Windows Users

- Insert *Partnering to Heal* into your DVD-ROM drive.
- If the simulation does not self-start within 30 seconds, follow the next steps:
  - Open Windows Explorer (My Computer) and browse to your DVD drive.
  - Double-click on "Partnering_to_Heal.exe."

For Mac Users

- Insert *Partnering to Heal* into your DVD-ROM drive.
- Double click on the *Partnering to Heal* disc icon on your desktop (or browse to its location in the Finder).
- Double-click on "Partnering_to_Heal.app."

MINIMUM SYSTEM REQUIREMENTS

- Windows XP, Vista, or 7 / Mac OS 10.4 or higher
- Adobe Flash Player 10+
- 1Ghz or faster processor (2GHz recommended for full-screen playback at high resolutions)
- 256MB of RAM (512MB recommended)
- DVD-ROM Drive
- Video Card & Display (1024 * 768 minimum resolution)

- Sound Card & Speakers / Headphones
- Keyboard & Mouse

PROJECTING FOR A LARGE AUDIENCE

This simulation can be projected onto a screen for large audiences, given the right equipment. If the classroom/auditorium is already set up to project multimedia, contact your computer support technicians to help plug your computer in to the projection system. If the classroom auditorium is only set up to use or project TV/VCR images and you want to project the simulation, you have two options:

- Large Computer Monitor (21” or more)
- Computer Projection System

A large computer monitor can be very heavy to move and quite expensive but is an easy and high quality-option. The advantages to getting a larger monitor are that technically the process is the same as hooking up a small monitor, and computer monitors are superior in picture quality to TVs or projection systems. Unfortunately, even a 36” monitor may be too small for audiences of more than 40.

A computer projection system is like a fancy slide projector. It uses its own light source to project a computer monitor signal onto a flat wall or projection screen. The LCD projector projects up to 20” – 300”. A computer projection system allows you to project with nothing but a computer, the projector, and a screen.

GRAPHICS AND COLOR ISSUES

Depending on the settings of your computer, the graphics, buttons, and backgrounds of the simulation can be attractive and functional or difficult to see and use. This simulation is designed to look best in a screen resolution of at least 1024 by 768, with at least High Color (16 bit) color palette/depth.

TROUBLESHOOTING

If the video skips or hesitates …

Part of your computer can't keep up. The problem could be lack of CPU processor speed, amount of memory (RAM), or both. If you have minimum system requirements, try closing any open applications and/or decreasing screen resolution to improve performance.

If there is no sound …

- Double check the connections.
- Do the speakers have power?
- Are the speakers on?
- Is the volume turned up?

After those checks, if you still don't have sound, contact your AV folks and tell them there may be a problem in the sound card or speakers.

APPENDIX A: FACILITATION

Effective facilitators allow the group to teach itself, providing the necessary structure and encouragement. The role of the facilitator is to make the learning process easier for participants by encouraging open communication, helping guide conversations, encouraging effective listening, and managing conflicts or misunderstandings. Skilled facilitators create an environment where participants feel engaged, safe, and enthusiastic about the simulation.

The goals of the facilitator are to:

- Create a forum for group discussion
- Encourage participation
- Assist in the learning (or education) of the pertinent issues
- Clarify and address questions, issues, and concerns of the participants
- Reinforce the key points of each segment

Remember that facilitators do not have to have all the answers. Everyone should contribute to the discussion, so be open to learning from others. Each participant will bring his or her strengths, experiences, and perspectives to the discussion. By listening carefully, you will be able to reflect and translate both what is being said and not said. On the other hand, don't be afraid of silence. Give people time to think.

Set ground rules for the discussion with the group and make sure that everyone follows them. Don't let an inaccurate or unhealthy remark go by unchallenged. If that happens, a facilitator could ask the group: "How do you feel about that statement?"

Good facilitators acknowledge their own humanity. Be willing to be introspective and self-critical. If you don't know the answer to a question or make a mistake, don't be afraid to acknowledge this when working with the group.

Encourage all participants to engage in the discussion, no matter what their position or training. A healthy learning environment can gain as much from the questions of the novice as the wisdom of an expert.

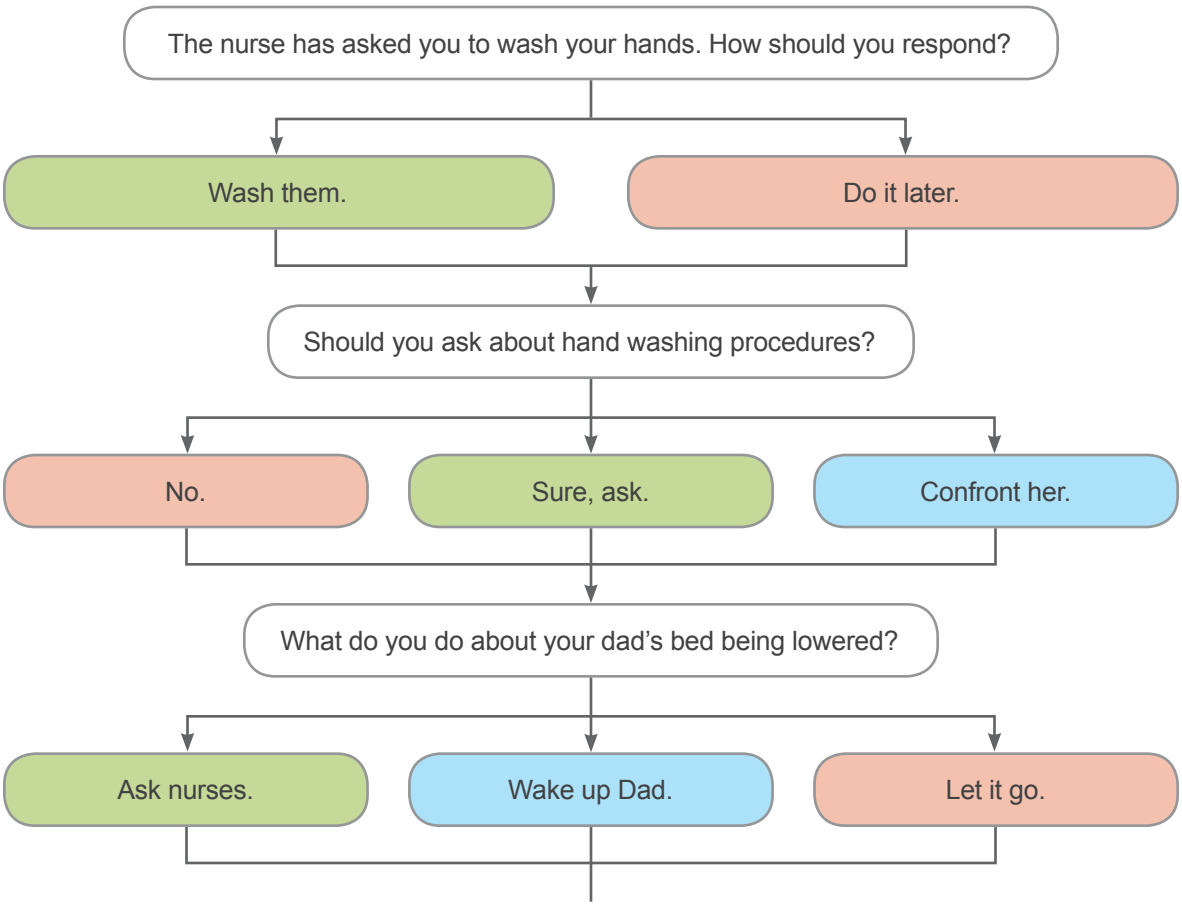
Finally, be flexible. Schedules don't always work out as planned. Try to balance the interests and needs of the group with the purpose and teaching goals of the simulation. Although the facilitator should keep the group on track, do not immediately refocus the group when someone goes off on a tangent. Sometimes a tangent has learning value.

APPENDIX B: DECISION DIAGRAMS

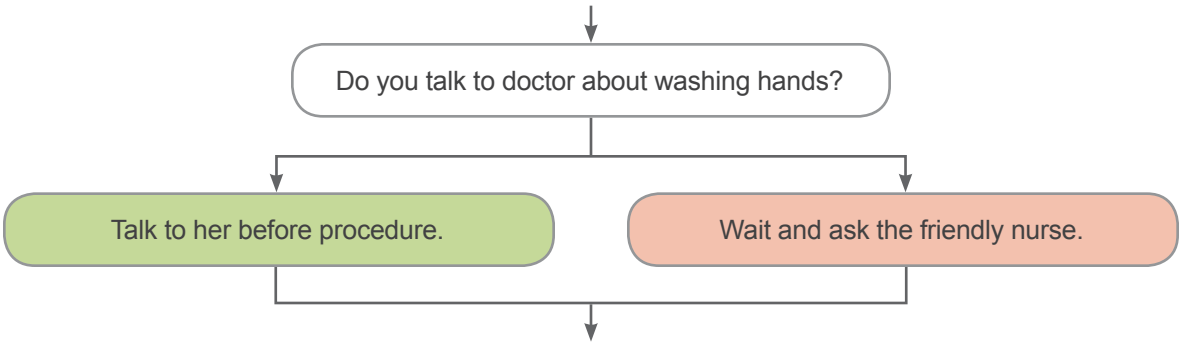
Diagram Key

No Fill	=	**Question**
Blue Fill	=	**Choice/Active Link — No effect on the outcome**
Green Fill	=	**Choice/Active Link — Leads to the optimal outcome**
Red Fill	=	**Choice/Active Link — Contributes to a negative outcome**

Kelly McTavish, Family Caregiver



If participants decide to wake up Dad and ask, he says it was okay. Participants then face another decision about whether they take his word for it.



If yes, then she faces another decision about whether to insist the doctor washes her hands.

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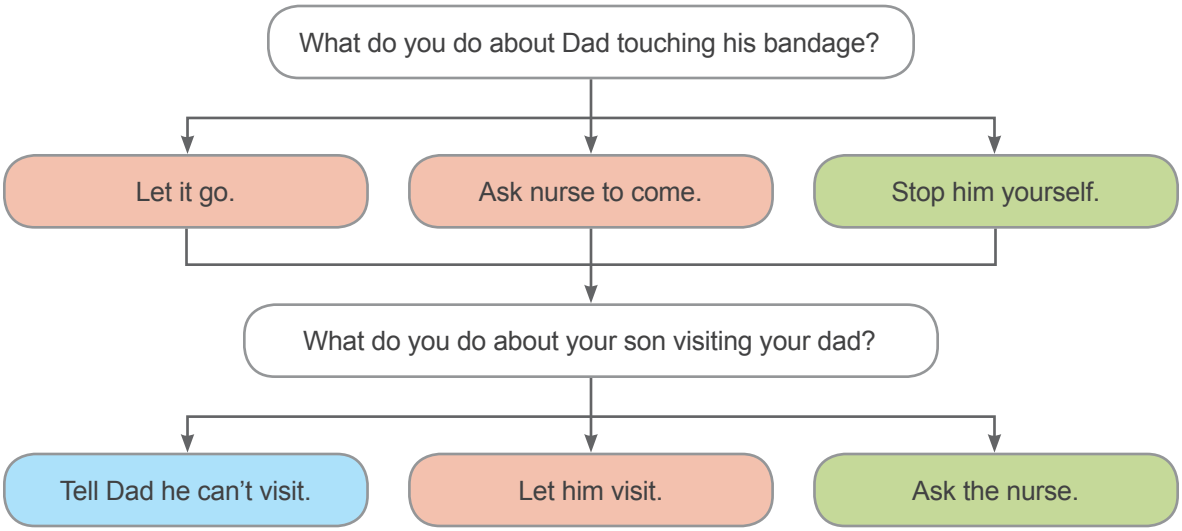
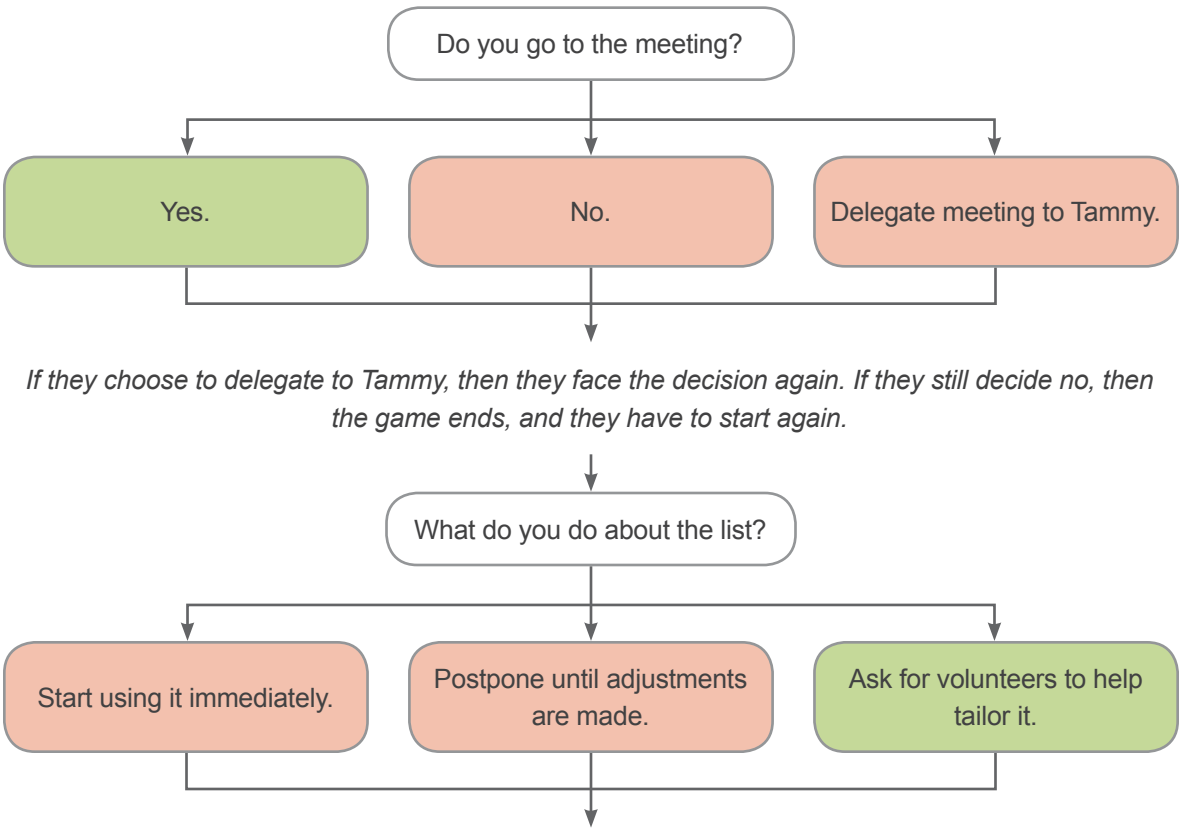


Nathan Green, Unit Director



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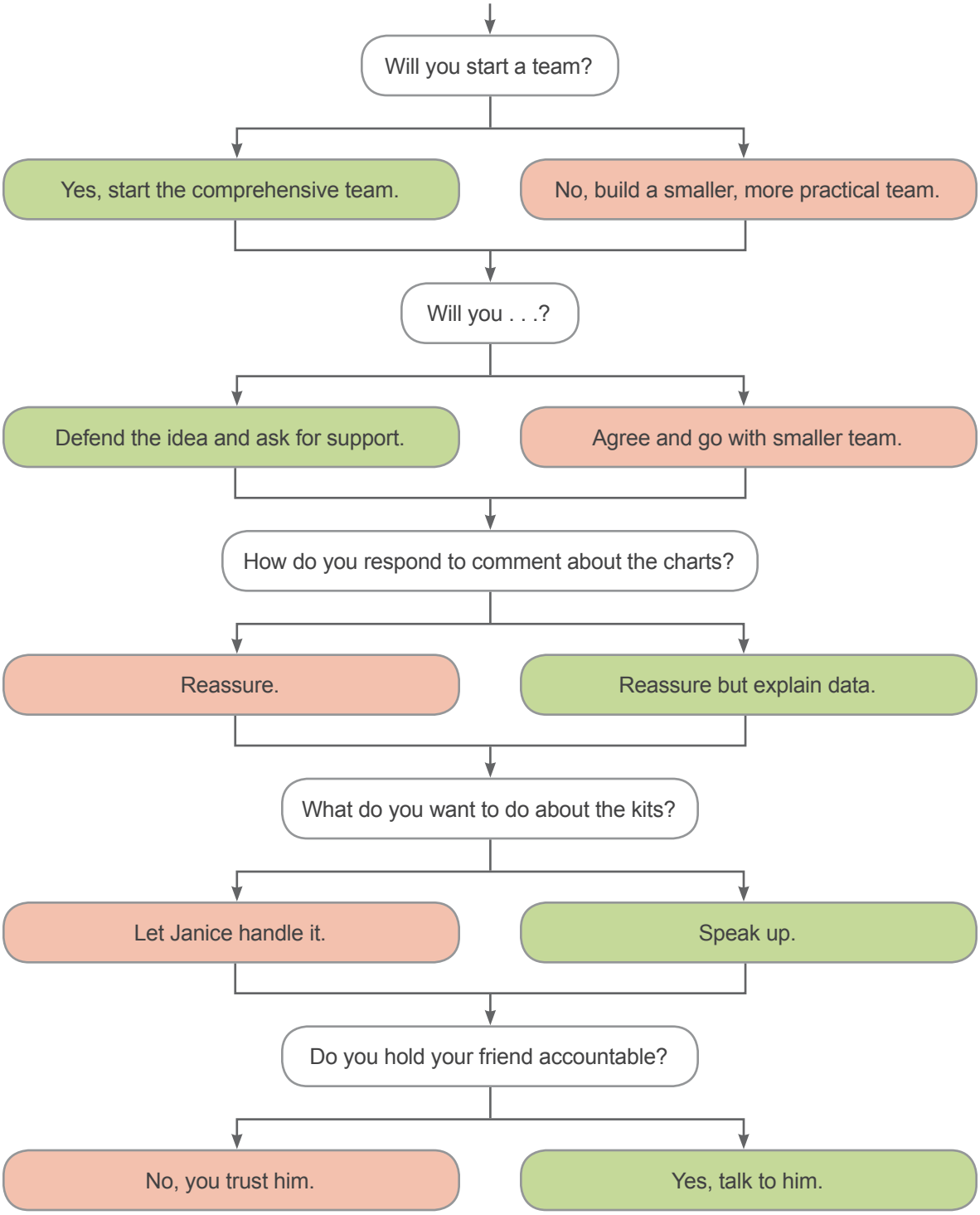
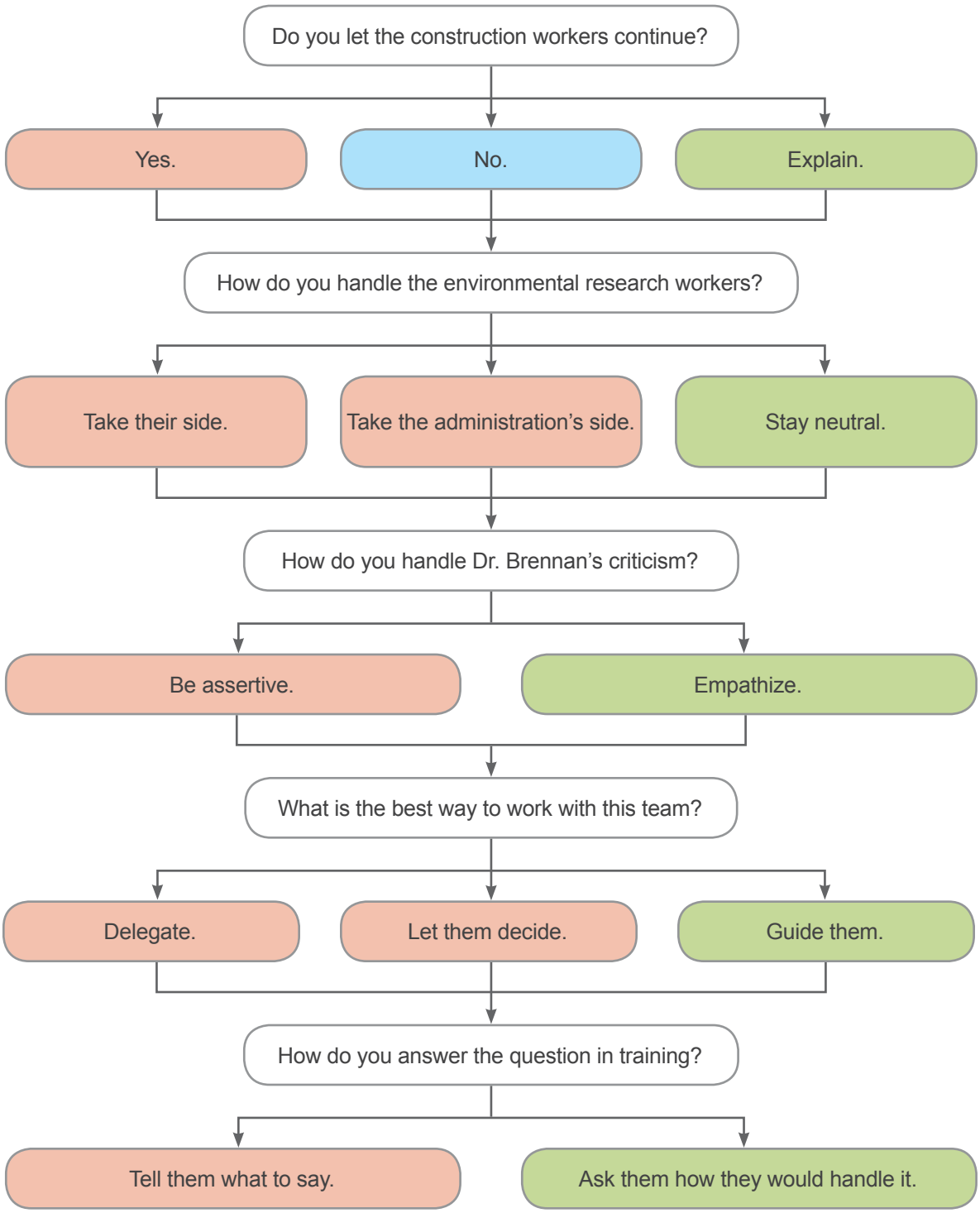
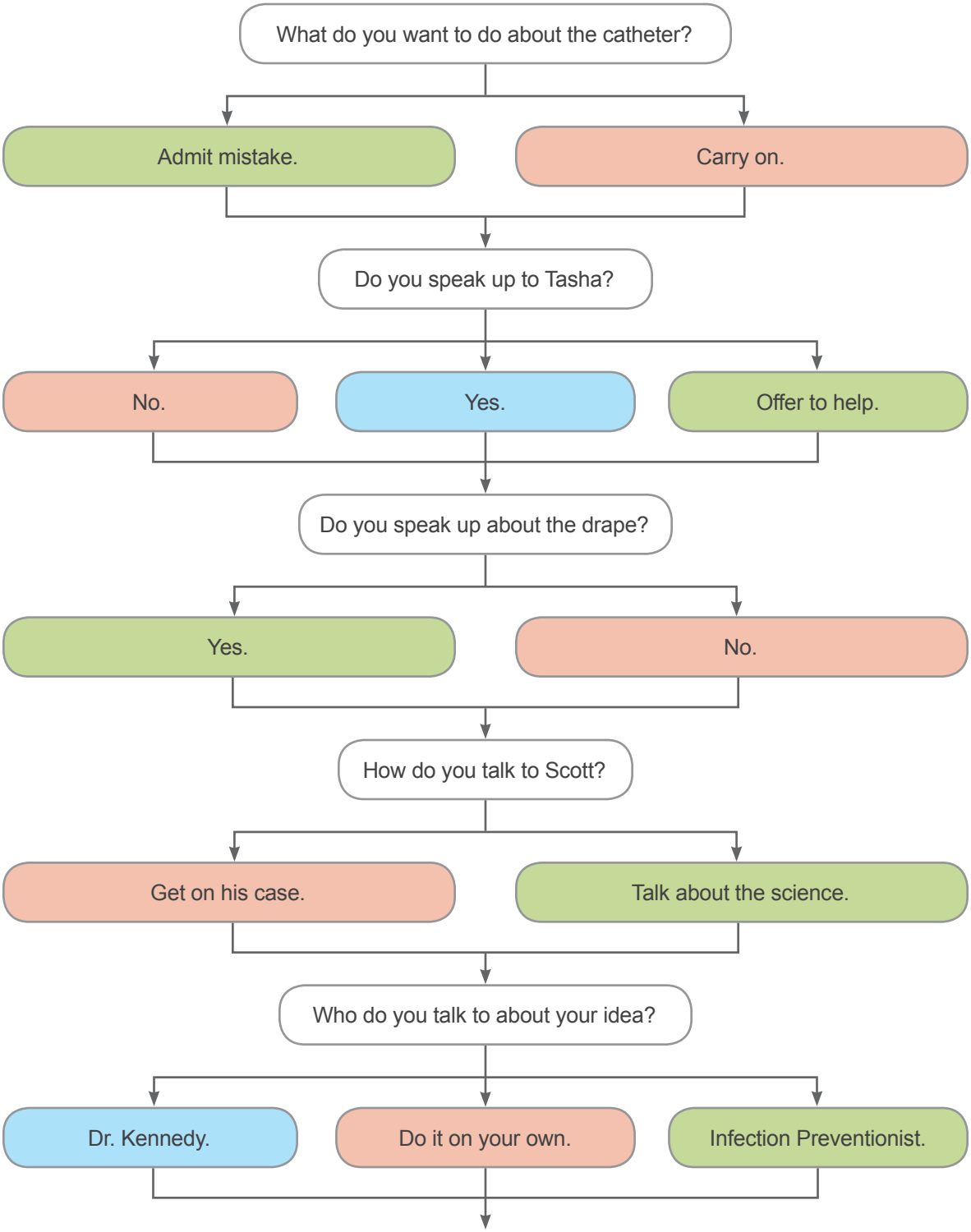
If participants postpone, then they face another decision about whether to start using it or not.



Janice Upshaw, Infection Preventionist



Manuel Hernandez, Medical Student



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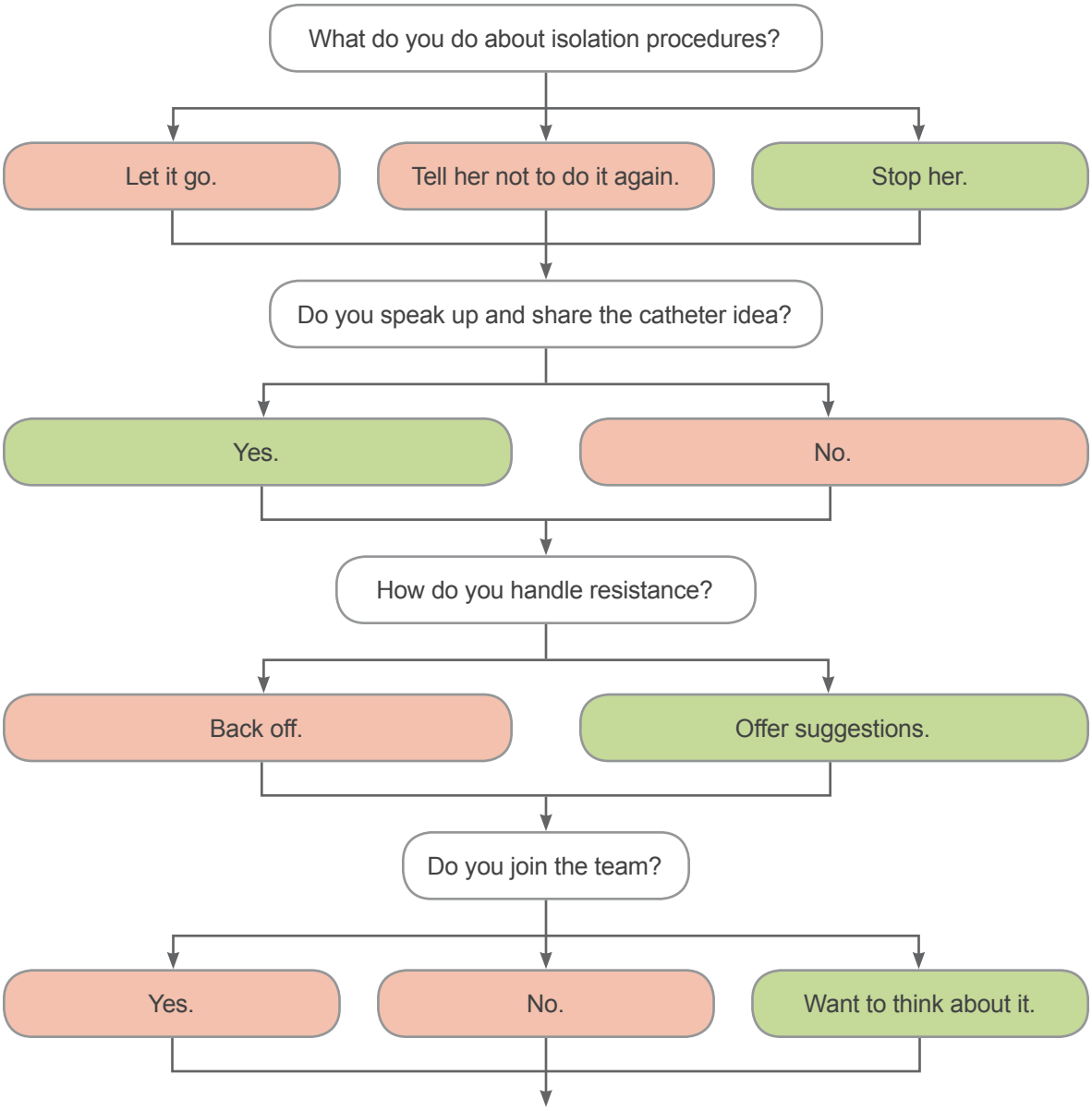
If participants have chosen before to keep quiet, then even if they decide here to talk to someone, the option is taken away from them. If they decide to talk to Dr. Kennedy, then they are given one more chance to decide to talk to the infection preventionist.

Dena Gray, Registered Nurse



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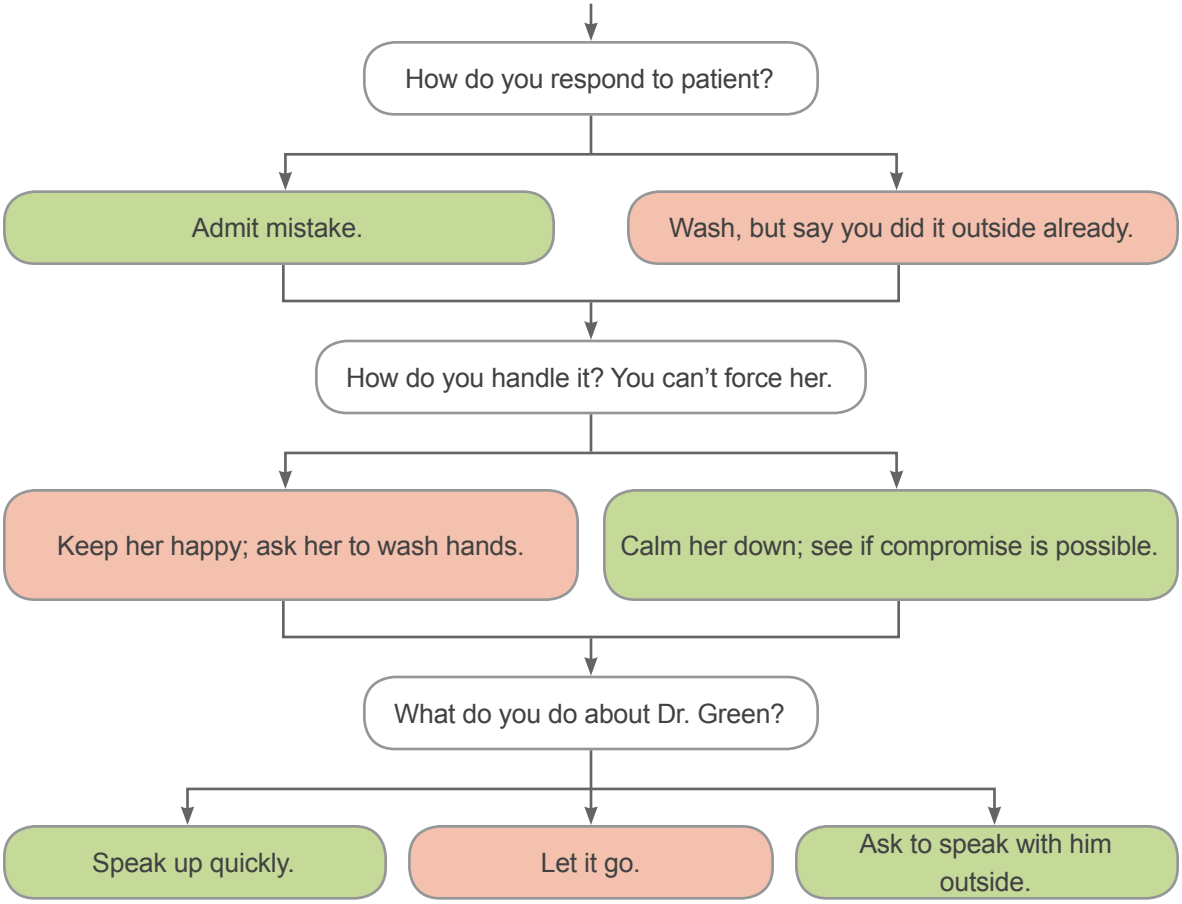
If participants decide to say no to Janice or take time to think more about it, then they face another decision later about joining the team. If participants decide not to join the team, then this has negative consequences down the road, and options for action are taken away from them.



APPENDIX C: INFECTION PREVENTION RESOURCE LIBRARY

Tools and Resources for Health Care Providers, Patients and Caregivers

** Links and resources from non-Federal organizations are provided solely as a service to our users. These links do not constitute an endorsement of these organizations or their programs by HHS or the Federal Government, and none should be inferred. HHS is not responsible for the content of the individual organization Web pages, tools or resources. Opinions expressed in non-Federal resources are solely those of the organization or the author, and do not constitute official HHS policy statements or guidance.*

I. Federal and Organizational Resources

1. U.S. Department of Health and Human Services (HHS) Action Plan to Prevent HAIs
   http://www.hhs.gov/ash/initiatives/hai/
2. HHS Resources for Consumers and Providers **http://www.healthcare.gov**
3. Agency for Health Care Research and Quality (AHRQ) **http://psnet.ahrq.gov/**
   Features a National Web-based resource that posts news and resources on patient safety, including HAIs.
4. Centers for Disease Control and Prevention (CDC) **http://www.cdc.gov/hai**
   Provides links to CDC resources, including estimates of HAIs, lists of infectious diseases in health care settings, and information on antimicrobial resistance.
5. **Centers for Medicare and Medicaid Services (CMS)**
   a. Hospital-Acquired Conditions Present on Admission Indicator **http://www.cms.gov/HospitalAcqCond/**
      Features CMS' list of conditions that hospitals will not receive additional payment for if one of the conditions was not present on admission.
   b. Hospital-Acquired Conditions Fact Sheet
      http://www.cms.gov/HospitalAcqCond/Downloads/HACFactsheet.pdf (PDF Download 1.6MB)
      Offers a fact sheet on conditions that hospitals will not receive additional payment for if one of the conditions was not present on admission.
6. Food and Drug Administration (FDA) **http://www.fda.gov/ForConsumers**
   Provides information on topics of interest to consumers, including infections, medicines, and recalls.
7. National Institute of Allergy and Infectious Diseases (NIAID) **http://www.niaid.nih.gov**
   Offers information on antimicrobial drug resistance, including its causes, diagnosis, and treatment.
8. National Library of Medicine (NLM) **http://www.nlm.nih.gov/medlineplus/bacterialinfections.html**
   Links to information on bacteria, including preventing and treating infections.
9. American Hospital Association **http://www.aha.org**
   The AHA is a not-for-profit association of health care provider organizations and individuals that are committed to the improvement of health in their communities. The AHA is the national advocate for its members, which includes more than 5,000 member hospitals, health systems and other health care organizations, and 38,000 individual members. Founded in 1898, the AHA provides education for health care leaders and is a source of information on health care issues and trends. Their website offers a variety of resources for health care organizations on quality improvement, hospital trends and policy research.

10. Association for Professionals in Infection Prevention and Epidemiology (APIC). **http://www.apic.org**
    APIC is a membership organization of Infection Prevention and Control experts with many infection prevention resources and materials.
11. Infectious Diseases Society of America **http://www.idsociety.org**
    The Infectious Diseases Society of America (IDSA) represents physicians, scientists and other health care professionals who specialize in infectious diseases. IDSA's purpose is to improve the health of individuals, communities, and society by promoting excellence in patient care, education, research, public health, and prevention relating to infectious diseases. The site offers resources and advocacy tools.
12. Institute for Health Care Improvement (IHI) **http://www.ihi.org/**
    IHI's mission is to promote the improvement of health care quickly and broadly. The website provides many tools and resources. One such resource is IHI's Five Million Lives Campaign **http://www.ihi.org/offerings/Initiatives/PastStrategicInitiatives/5MillionLivesCampaign/Pages/default.aspx.** The campaign formally ended in 2008 but there are many resources and materials still available on HAI Prevention and Team Building.
13. The Joint Commission **http://www.jointcommission.org/**
    An independent, not-for-profit organization, The Joint Commission accredits and certifies more than 17,000 health care organizations and programs in the United States. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards.
14. National Quality Forum's Safe Practices for Better Health Care **http://www.qualityforum.org/Publications/2009/03/Safe_Practices_for_Better_Healthcare%E2%80%932009_Update.aspx**
    Features a document listing 34 safe practices that should be universally used in applicable clinical care settings to reduce the risk of harm to patients.
15. The Society for Health Care Epidemiology of America (SHEA) **http://www.shea-online.org/**
    SHEA works to maintain the utmost quality of patient care and health care worker safety in all health care settings.

II. A Selection of Campaigns and Initiatives to Prevent HAIs

1. ***On the Cusp: Stop Blood Stream Infections*** **http://www.ahrq.gov/qual/cusp.htm**
   On the CUSP: Stop HAI is a joint effort of the Health Research & Educational Trust (HRET), the Johns Hopkins University Quality and Safety Research Group (JHU QSRG), and the Michigan Health and Hospital Association Keystone Center for Patient Safety and Quality (MHA Keystone), through a contract with the Agency for Health Care Research and Quality (AHRQ), to dramatically reduce hospital-acquired infections in all 50 states, the District of Columbia and Puerto Rico.Focusing on the prevention of central line-associated bloodstream infections, the campaign works to improve safety and overcome mistakes in clinical settings, by integrating safety practices into the daily work of participating hospitals. It also provides tools for implementation, focusing on staff education and empowerment, equipment availability/modifications, and improved evaluation techniques and procedures. Although national in scope, On the Cusp encourages hospitals to localize the campaign resources to best suit their individual programs.
2. ***Safe Care Campaign*** **http://www.safecarecampaign.org/**
   HAI-focused campaign that was started by a couple who have close family members who were affected by an HAI, the campaign is both consumer and providerfocused.The campaign has produced a number of materials, including prevention guides (in the form of online content and Web video shorts) for consumers, and training kits and videos for providers. The consumer message places a strong emphasis on patient participation in care as a way to reduce medical errors and prevent HAIs. The campaign stresses hand hygiene and other best practice prevention behavior to reduce HAIs. The founders' point of view is that health care providers and patients need to be partners in health care.

3. ***Safe Patient Project*** (Consumer's Union) **http://www.safepatientproject.org**
   This campaign aims to promote health care quality through the reduction of medical harms (including HAIs, drug safety, and physician accountability). The campaign website is very comprehensive, with considerable policy and advocacy information aimed at helping the public influence legislators. It serves primarily as an information portal, aggregating articles and reports at both the state and national levels. The site promotes public participation, encouraging visitors to submit stories about their personal experiences with HAIs or medical errors; sign petitions; view videos and Webinars; and share and link information.
4. ***Speak Up*** (The Joint Commission) **http://www.jointcommission.org/speakup**
   Messages focus broadly on patient empowerment and encourage patients to be active participants in their care. "You are the center of the health care team" is one of the key messages.

III. HAI Prevention Basics

1. **Hand Hygiene**
   a. CDC Hand Hygiene Education **http://www.cdc.gov/HandHygiene/index.html**
   b. Hand Hygiene Interactive Training Course **http://www.cdc.gov/handhygiene/training/interactiveEducation/**
   c. World Health Organization (WHO): Save Lives: Clean Your Hands Campaign
   http://www.who.int/gpsc/5may/en/
   Features an overview of the campaign and offers tools and resources to prevent infections
2. **Helpful Tools and Resources for HAI Prevention**
   a. A Compendium of Strategies to Prevent Health Care-Associated Infections in Acute Care Hospitals
   http://www.sheaonline.org/about/compendium.cfm
   The Compendium includes strategies to prevent all the top HAIs including central line-associated bloodstream infections, catheter-associated urinary tract infections, ventilator-associated pneumonia, surgical site infections, MRSA, and *clostridium difficile*.
   b. Importance of the team-based approach in preventing HAIs **http://www.onthecuspstophai.org/**
   c. Background of the Comprehensive Unit-Based Safety Program approach to preventing HAIs
   http://www.ahrq.gov/qual/haicusp.htm#backcusp
   d. Information about barrier precautions for infection control
   http://www.cdc.gov/hicpac/2007IP/2007ip_ExecSummary.html
   e. Central Line Insertion Checklist **http://www.ahrq.gov/qual/clichklist.htm**
3. **Health Care Personnel Influenza Vaccination**
   a. Seasonal Flu
   - **http://www.flu.gov**
   - **http://www.cdc.gov/flu/freeresources/**

   b. Recommendations of the Health Care Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP)
   http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5502a1.htm
   c. Information for Health Care Professionals **http://www.cdc.gov/flu/professionals**
   d. Influenza Training **http://www.cdc.gov/flu/professionals/training/index.htm**
   e. SHEA Position Paper: Influenza Vaccination of Health Care Workers
   http://www.sheaonline.org/Assets/files/position_papers/HCW_Flu_SHEA_Position_Paper.pdf (PDF Download 390KB)

IV. More About Specific HAIs

1. **Central Line-Associated Blood Stream Infections (CLABSIs)**
   a. CDC FAQ Sheet **http://www.cdc.gov/hai/pdfs/bsi/BSI_tagged.pdf** (PDF Downlaod 191KB)
   b. Compendium of Strategies to Reduce CLABSIs in Acute Care Settings
   http://www.shea-online.org/about/compendium.cfm
   c. Guidelines for the Prevention of Intravascular Catheter-Related Infections
   http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5110a1.htm
2. **Catheter-Associated Urinary Tract Infections (CAUTIs)**
   a. CDC FAQ Sheet **http://www.cdc.gov/hai/pdfs/uti/CA-UTI_tagged.pdf** (PDF Download 225KB)
   b. Compendium of Strategies to Reduce CAUTIs in Acute Care Settings
   http://www.shea-online.org/about/compendium.cfm
   c. Guide to Elimination of Catheter-Associated Urinary Tract Infections
   (The link to this PDF can be found through the Resource Library off of the main menu of the program)
   d. HICPAC Guideline for Prevention of Catheter-Associated Urinary Tract Infections 2009
   http://www.cdc.gov/hicpac/cauti/002_cauti_toc.html
3. **Surgical Site Infections (SSIs)**
   a. CDC FAQ Sheet **http://www.cdc.gov/hai/pdfs/ssi/SSI_tagged.pdf** (PDF Download 208KB)
   b. Compendium of Strategies to Reduce SSIs in Acute Care Settings
   http://www.shea-online.org/about/compendium.cfm
4. **Ventilator-Associated Pneumonias (VAPs)**
   a. CDC FAQ Sheet **http://www.cdc.gov/hai/pdfs/vap/VAP_tagged.pdf** (PDF Download 182KB)
   b. Compendium of Strategies to Reduce VAP in Acute Care Settings
   http://www.shea-online.org/about/compendium.cfm
   c. Guidelines for Preventing Health Care-Associated Pneumonia
   http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5303a1.htm
5. ***Clostridium Difficile (C-Diff)***
   a. CDC FAQ Sheet **http://www.cdc.gov/hai/pdfs/cdiff/Cdiff_tagged.pdf** (PDF Download 177KB)
   b. 2010 Update to the Compendium of Strategies to Reduce ***C difficile*** in Acute Care Settings
   (The link to this PDF can be found through the Resource Library off of the main menu of the program)
   c. General Information About ***Clostridium difficile*** Infections
   http://www.cdc.gov/HAI/organisms/cdiff/Cdiff_infect.html
   d. Information for Health Care Providers **http://www.cdc.gov/HAI/organisms/cdiff/Cdiff_faqs_HCP.html**
6. **Methicillin-Resistant Staphylococcus aureus (MRSA)**
   a. CDC FAQ Sheet **http://www.cdc.gov/mrsa/pdf/SHEA-mrsa_tagged.pdf** (PDF Download 216KB)
   b. Compendium of Strategies to Reduce MRSA in Acute Care Settings
   http://www.shea-online.org/about/compendium.cfm
   c. MRSA Infections **http://www.cdc.gov/mrsa/index.html**
   d. Information about MRSA for Health Care Personnel
   http://www.cdc.gov/mrsa/groups/advice-for-healthcare.html
   e. S. aureus and MRSA Surveillance Summary (2007)
   http://www.cdc.gov/mrsa/statistics/MRSA-Surveillance-Summary.html
   f. MRSA in Health Care Settings (for the General Public) **http://www.cdc.gov/mrsa/prevent/healthcare.html**
   g. MRSA Key Facts (podcast), Including Schools and Health Care Settings (for the General Public)
   http://www2a.cdc.gov/podcasts/player.asp?f=6936

V. Additional Patient and Family Resources

1. AHRQ Patient Safety Network (AHRQ PSNet) **http://psnet.ahrq.gov/**
   Features a National Web-based resource that posts news and resources on patient safety, including HAIs.
2. APIC's ***How to be a Good Visitor***
   http://www.apic.org/For-Consumers/ip-topics/Article?id=keeping-loved-ones-safe-from-infection-in-hea
3. ***Condition H: The Josie King Story*** (PDF Download 81.5KB)
   http://josieking.org/uploads/WordDocs/ConditionH_FAQs.pdf
   Condition H means "Condition Help" – patients/families can initiate in the case of any change they notice in their loved one's condition after they have tried to express an urgent concern to the health care team and felt they were not listened to or there is a conflict in an acute, emergent situation.
4. The Joint Commission's ***Speak Up*** **http://www.jointcommission.org/speakup** patient safety materials encourage patients to ask questions about their care and actively participate in health care decision-making.

VI. Resources for Health Care Personnel

1. *Delivering Great Care: Engaging Patients and Families as Partners*
   http://www.ihi.org/knowledge/Pages/ImprovementStories/DeliveringGreatCareEngagingPatientsandFamiliesasPartners.aspx
2. *Patient-Centered Communication*
   http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/the-ethicalforce-program/patient-centered-communication.page
3. **Environmental Services**
   a. Guidelines for Disinfection and Sterilization in Health Care Facilities 2008
      http://www.cdc.gov/hicpac/Disinfection_Sterilization/toc.html
4. **Executives**
   a. Leader Rounding
      (The link to this PDF can be found through the Resource Library off of the main menu of the program)
   b. Raising Standards and Watching the Bottom Line **http://www.journals.uchicago.edu/doi/pdf/10.1086/521852**
5. **Infection Prevention and Clinicians**
   a. AHRQ Morbidity and Mortality Rounds (AHRQ WebM&M) **http://www.webmm.ahrq.gov/**
      Provides a searchable online journal and forum on patient safety and health care quality, including the topic of HAIs. Physicians and nurses can receive free continuing medical education (CME), continuing education units (CEU), or trainee certification by taking the Spotlight Quiz.
   b. AHRQ Patient Safety Organizations (PSOs) **http://www.pso.ahrq.gov/**
      PSOs are organizations that share the goal of improving the quality and safety of health care delivery. Organizations that are eligible to become PSOs include: public or private entities, profit or not-for-profit entities, provider entities such as hospital chains, and other entities that establish special components to serve as PSOs.
   c. APIC State-of-the-Art Report: The role of infection control during construction in health care facilities
      http://www.apic.org/Resource_/TinyMceFileManager/Practice_Guidance/IC-During-Construction-HC-Fac.pdf (PDF Download 160KB)
   d. APIC's Elimination Guides **http://www.apic.org/eliminationguides**
      The Guides provide practical, evidence-based best practices for the elimination of specific infections. Each guide is designed for easy implementation and provides program interventions, surveillance methodology, and strategies for process improvement. Online tools and resources are available for many Elimination Guides.

e. Guidance of Public Reporting of Health Care-Associated Infections
http://www.cdc.gov/hicpac/pdf/PublicReportingGuide.pdf (PDF Download 150KB)

f. Guidelines for Environmental Infection Control in Health Care Facilities
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm

g. National Health Care Safety Network (NHSN) **http://www.cdc.gov/nhsn**
NHSN is a voluntary, secure, internet-based surveillance system that integrates and expands legacy patient and health care personnel safety surveillance systems managed by CDC. Enrollment is open to all types of health care facilities in the United States.

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