

Transparent Communication Strategy for Infection Prevention and Control

Rita Owsiak, MS, MT(ASCP), CIC
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Patient Safety Academy



Paul R. LePage, Governor *Ricker Hamilton, Acting Commissioner*

Abstract

Transparent Communication Strategy for Infection Prevention and Control

Are you ready to have an honest and open discussion with the media and the public regarding a healthcare associated infection outbreak, drug diversion that resulted in Bloodborne pathogen exposure to patients, or being the first facility in Maine to identify and care for a patient with a highly transmissible emerging pathogen? This workshop will provide you with a strategy that will help to prepare your facility for transparent communication.

Objectives

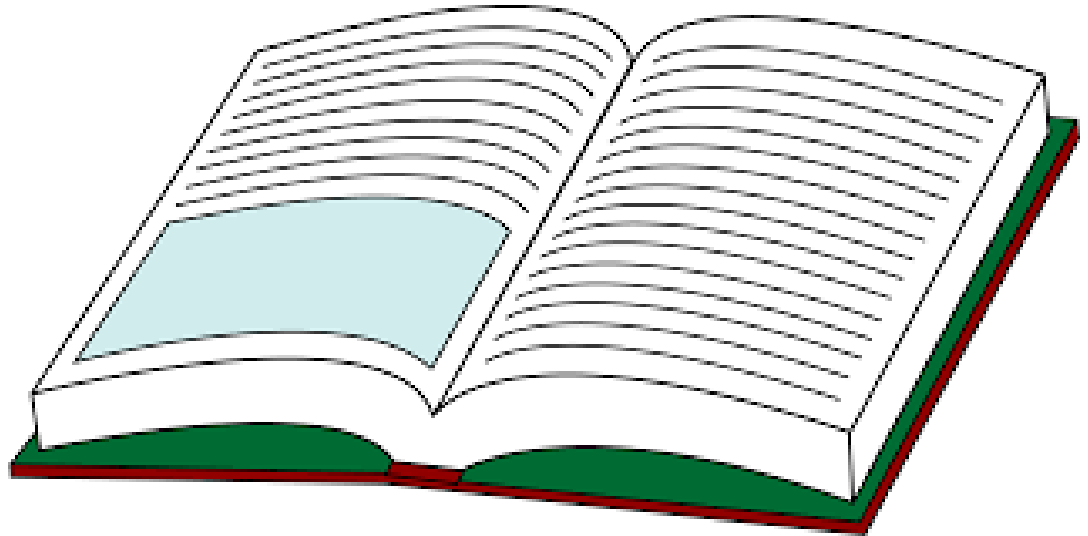
- Explain which events in Infection Prevention and Control warrant transparent communication and/or patient notification
- Describe three ways to prepare your facility for transparent communication
- Discuss four key elements for success when having an honest and open discussion

Transparency in Communication

Implies...

- Openness
- Communication
- Accountability

Operating in such a way that it is easy for others to see what actions are performed



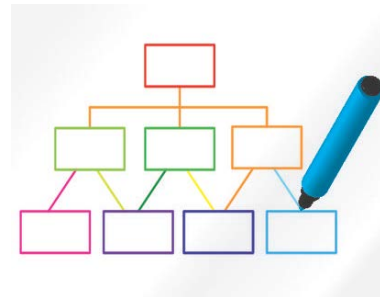
Reasons for lack of transparent communication...



Freedom
of
Information
ACT

Freedom of Access Act
(FOAA)

Maine's Freedom of Access Act (FOAA) requires that State agencies make available to the public or media any government records that are requested, unless specifically exempted by the Statute due to privacy concerns.



Benefits...



$$\text{Perception} = \text{Reality} \times \text{Emotion}^2$$

The number one benefit...



Identifying appropriate level of transparency



Ask these 3 questions...

Is the information needed by at-risk parties to avoid illness or reduce the spread of a disease?

YES

The information should be communicated to at-risk and implicated audiences in a timely, accessible and proactive manner

Is the information relevant to decisions made by public health authorities?

YES

This information should be made available to stakeholders and the public

Is there a compelling reasons to withhold or modify the information?

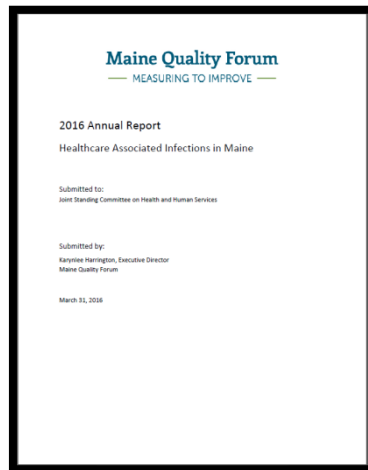
YES

Modification to the information may be appropriate, if modification is not possible, then the information maybe justifiably withheld

Moments for...



Public Reporting of HAIs



Hospital Compare

[About Hospital Compare](#) [About the Data](#) [Resources](#) [Help](#)

Find a Hospital

Required Search:
Location - ZIP Code or City, State or State
Example: 21204 or Baltimore, MD or Maryland

Optional Search:
Hospital Name - Full or Partial

[Search Hospitals](#)




Nursing Home Compare

Find a Nursing Home

Location - ZIP Code or City, State (required)
Example: 21244 or Baltimore, MD

Nursing Home Name - Full or Partial (optional)

[Show Nursing Homes](#)



Patient Notification during Infection Control Breaches



Breach Notification Letter to Patient

Letterhead.

Date

Patient Name

Address

Dear [Patient Name]:

I am the [Privacy/Security Officer] at [name of practice] located at [address] and am writing to inform you of a [breach/potential breach] of your personal health information. We believe this [breach/potential breach] occurred on [date of discovery].

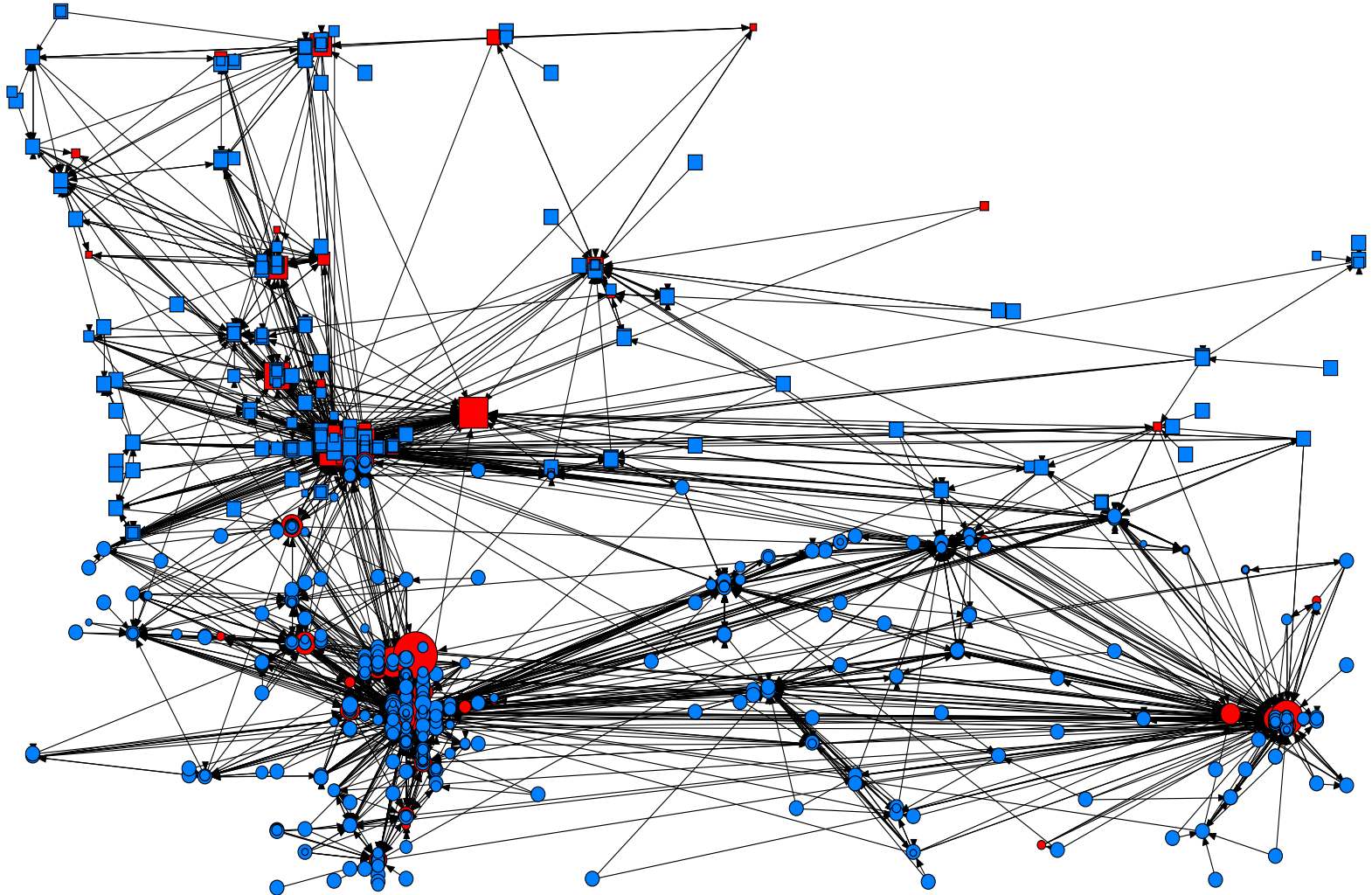
The following information is required to be addressed in the letter:

1. A brief description of what happened, including the date of the breach and the date of the discovery, if known.
2. A description of the types of unsecured PHI that were involved (name, SSN, DOB, etc.).
3. Any steps the individual should take to protect themselves from potential harm resulting from the breach.
4. A brief description of what the Covered Entity involved is doing to investigate the breach, mitigate the harm to individuals and to protect against any future breaches.
5. Contact procedures for individuals to ask questions or learn additional information which shall include a toll-free telephone number, an e-mail address, web site or postal address.

The breach notices must be:

1. Written in plain language so that the individual will be able to understand them and at an appropriate reading level (7th to 8th grade level is recommended), using clear language and syntax without extra material that would diminish the message.
2. Written in the language the individual would understand. E.g., Spanish

Admission/Discharge Notification during Outbreak



Emerging Threats for Patient Safety

NCBI Resources How To

PubMed.gov
US National Library of Medicine
National Institutes of Health

PubMed Search

Advanced

Format: Abstract Send to

See comment in PubMed Commons below

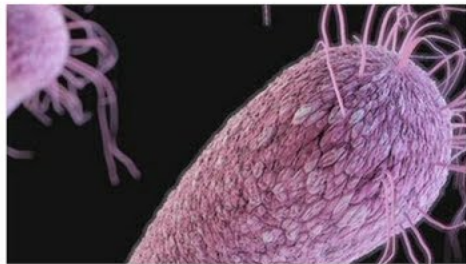
[Lancet Infect Dis](#). 2016 Feb;16(2):161-8. doi: 10.1016/S1473-3099(15)00424-7. Epub 2015 Nov 19.

Emergence of plasmid-mediated colistin resistance mechanism MCR-1 in animals and human beings in China: a microbiological and molecular biological study.

[Liu YY](#)¹, [Wang Y](#)², [Walsh TR](#)³, [Yi LX](#)¹, [Zhang R](#)⁴, [Spencer J](#)⁵, [Doi Y](#)⁶, [Tian G](#)⁷, [Dong B](#)², [Huang X](#)¹, [Yu LF](#)¹, [Gu D](#)⁴, [Ren H](#)², [Chen X](#)¹, [Lv L](#)¹, [He D](#)¹, [Zhou H](#)⁴, [Liang Z](#)¹, [Liu JH](#)⁸, [Shen J](#)⁹.

CDC identifies first US cases of drug-resistant fungal infection

By Susan Scutti, CNN
Updated 3:01 PM ET, Fri November 4, 2016



New Patient Safety Initiatives



HOW MANY
GERMS
LIVE ON YOUR
CELL PHONE?

Challenges in...



Media Coverage



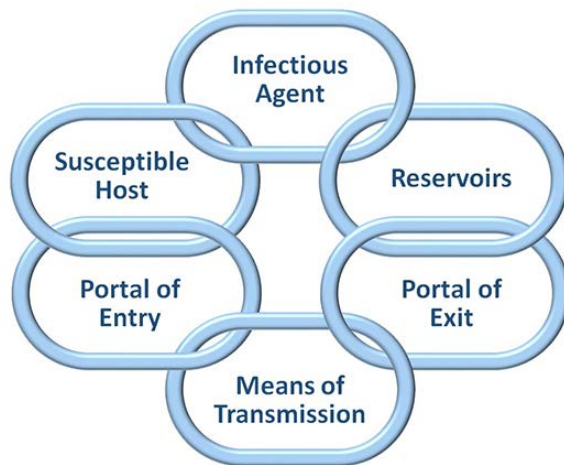
Broad Audience



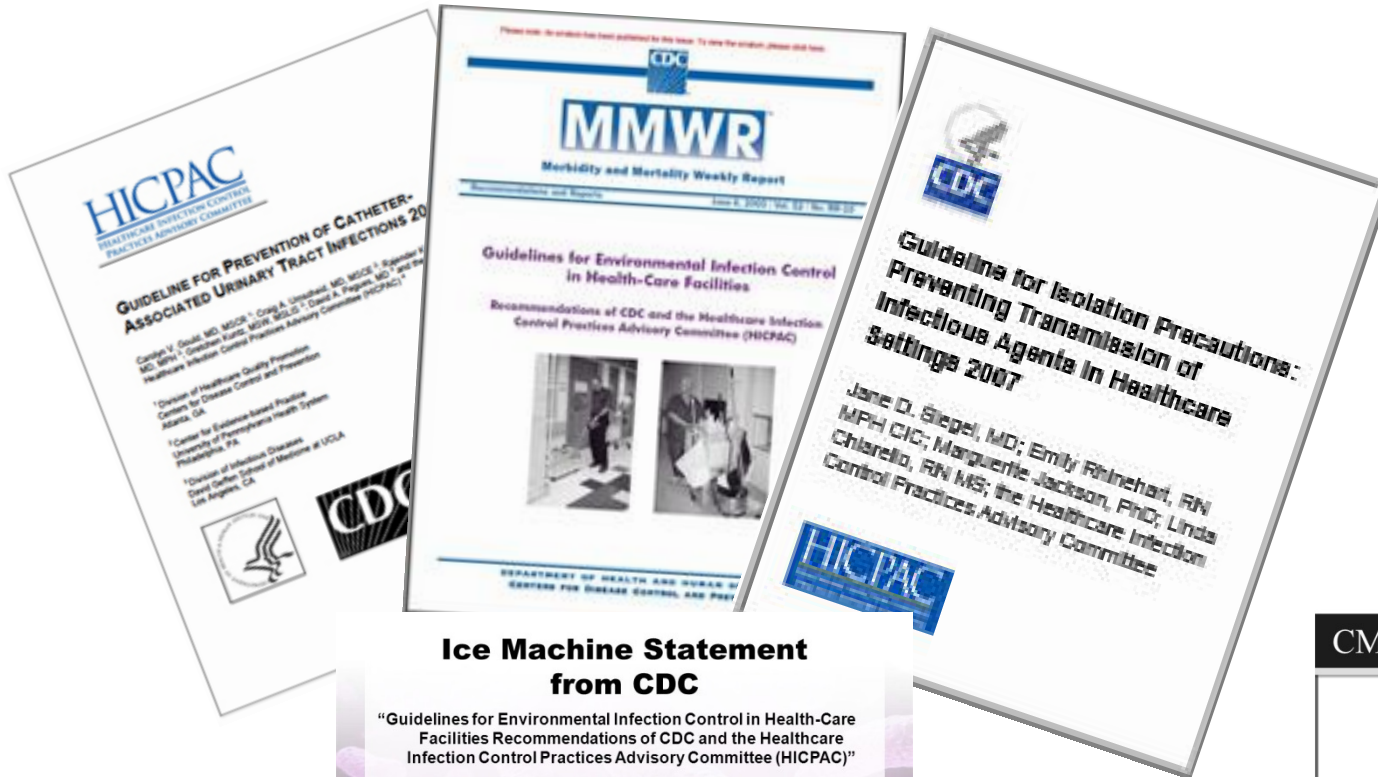
Our Science is Complex



DEFINITIONS PHRASES TAG GLOSSARY
TERMINOLOGY
TERMS DESCRIPTIONS NAMES WORDS
VERNACULAR LABELS



Prevention Recommendations are numerous



2017 Infection Control Webinar Series

[LEARN MORE](#)

Joint Commission Resources

Ice Machine Statement from CDC

“Guidelines for Environmental Infection Control in Health-Care Facilities Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC)”

Ice Machines are a possible source of infection due to microorganism contamination

“Microorganisms may be present in ice, ice storage chests, and ice-making machines. The two main sources of microorganisms in ice are the potable water from which it is made and a transferral of organisms from hands. Ice from contaminated ice machines has been associated with patient colonization, blood stream infections, pulmonary and gastrointestinal illnesses, and pseudoinfections. Microorganisms in ice can secondarily contaminate clinical specimens and medical solutions that require cold temperatures for either transport or holding.”

CMS Infection Control

4-0717

(Rev. 37, Issued: 10-17-05; Effective/Implementation Date: 10-17-05)

§482.42 Condition of Participation: Infection Control

The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable disease.

Interpretive Guidelines §482.42

This regulation requires the hospital to develop, implement, and maintain an active, hospital-wide program for the prevention, control, and investigation of infections and communicable diseases. The National Institute of Allergy and Infectious Diseases defines an infectious disease as a change from a state of health to a state in which part or all of a host's body cannot function normally because of the presence of an infectious agent or its product. An infectious agent is defined by the NIAID as a living or quasi-living organism or particle that causes an infectious disease, and includes bacteria, viruses, fungi, protozoa, helminths, and prions. NIAID defines a communicable disease as a disease associated with an agent that can be transmitted from one host to another. (NIAID website glossary)

Dealing with Strong Feelings



TRUST



What Patients Want to Hear

ACTION PLAN			
WHO	WHAT	WHEN	HOW



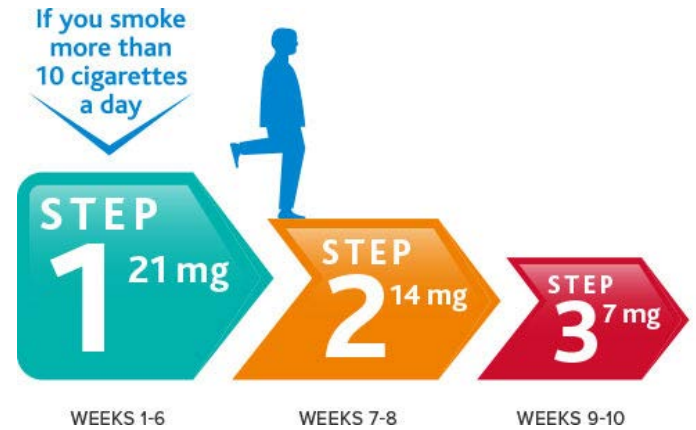
Steps for Successful



Step 1: Prepare in Advance



Prepare your Staff



Document Storage

Background
 Problem: There is delay in the OSD's responding to document requests both at the front counter and through public record requests. The City has a secondary duty to professionally manage documents to the public. Cost of creating documents adds strain on staff and to budget documents.

% FTE spent tracking files
 Over 40% of all front counter requests must wait more than 30 minutes to receive data.

Annually, there are over 500 Public Records requests City wide.

Current Condition
 # of Items & Avg Delay by Person / QTR

Goal
 The goal is to be able to provide any document a requested document within 3 days or less, preferably through their own search online.

Root Cause Analysis
 CAUSES OF DELAY IN DOCUMENT REQUESTS

Countermeasures

- **Sub-Budgeting**
 - Implement standard work for the storage for both secondary and project management staff.
 - Look into secondary organizational structural changes to increase identification/creation of secondary functions. Public records and requests processed by admin staff instead of OSD's.
 - Require electronic versions of every document with project approval.
 - Build visual controls for meeting public records and requests.
- **Staffing**
 - Train the four OSD divisions (Building, Code, Planning, Land/Development) how to find information.
 - Train the public how to find information on line.
 - Personnel checks are in place to ensure documents are being managed properly with assets for accuracy and timeliness.
- **Public Support**
 - Look at possible equipment upgrades such as a CD burner for the front counter and related software.
 - Integrate the three databases where information is stored: GIS, LaserFile and Permit Plus.
 - Integrate OSD Training Public/Staff, Inspection files.

Implementation Plan

No.	Address	Measures	Target	Responsible	Status
1	1000	Implement standard work for the storage for both secondary and project management staff.	2014-01-01	John Doe	Completed
2	1000	Look into secondary organizational structural changes to increase identification/creation of secondary functions. Public records and requests processed by admin staff instead of OSD's.	2014-03-01	Jane Smith	In Progress
3	1000	Require electronic versions of every document with project approval.	2014-02-01	John Doe	Completed
4	1000	Build visual controls for meeting public records and requests.	2014-04-01	Jane Smith	In Progress
5	1000	Train the four OSD divisions (Building, Code, Planning, Land/Development) how to find information.	2014-05-01	John Doe	Completed
6	1000	Train the public how to find information on line.	2014-06-01	Jane Smith	In Progress
7	1000	Personnel checks are in place to ensure documents are being managed properly with assets for accuracy and timeliness.	2014-07-01	John Doe	Completed
8	1000	Look at possible equipment upgrades such as a CD burner for the front counter and related software.	2014-08-01	Jane Smith	In Progress
9	1000	Integrate the three databases where information is stored: GIS, LaserFile and Permit Plus.	2014-09-01	John Doe	Completed
10	1000	Integrate OSD Training Public/Staff, Inspection files.	2014-10-01	Jane Smith	In Progress

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Foster a Culture of Patient Safety

AHRQ national survey in 2016 (447,584 hospital staff from 680 hospitals)

- We are actively doing things to improve patient safety: **84%**
- Hospital leadership provides a work climate that promotes patient safety: **81%**
- My supervisor seriously considers staff suggestions for improving patient safety: **80%**
- Our procedures and systems are good at prevention errors from happening: **73%**

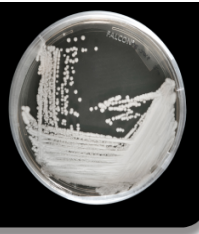
- When an error is made, it is reported: **62%**
- We are given feedback about changes put into place based on event reports: **60%**
- Staff feel like their mistakes are held against them: **51%**
- Staff feel free to question decisions or actions of those with more authority: **49%**

Respondents Patient Safety Grade:

- Grade A = 34%
- Grade B = 42%
- Not making the Grade = 24%



Have a Plan



Candida auris: A drug-resistant germ that spreads in healthcare facilities

Candida auris (also called *C. auris*) is a fungus that causes serious infections. Patients with *C. auris* infection, their family members and other close contacts, public health officials, laboratory staff, and healthcare workers can all help stop it from spreading.

Why is *Candida auris* a problem?



It causes serious infections. *C. auris* can cause bloodstream infections and even death, particularly in hospital and nursing home patients with serious medical problems. More than 1 in 3 patients with invasive *C. auris* infection (for example, an infection that affects the blood, heart, or brain) die.



It's often resistant to medicines. Antifungal medicines commonly used to treat *Candida* infections often don't work for *Candida auris*. Some *C. auris* infections have been resistant to all three types of antifungal medicines.



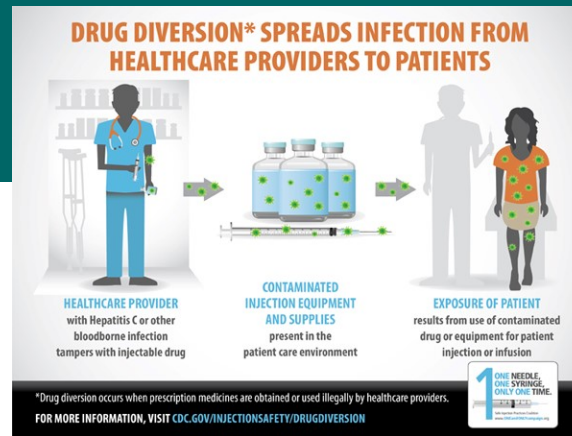
It's becoming more common. Although *C. auris* was just discovered in 2009, it has spread quickly and caused infections in more than a dozen countries.



It's difficult to identify. *C. auris* can be misidentified as other types of fungi unless specialized laboratory technology is used. This misidentification might lead to a patient getting the wrong treatment.



It can spread in hospitals and nursing homes. *C. auris* has caused outbreaks in healthcare facilities and can spread through contact with affected patients and contaminated surfaces or equipment. Good hand hygiene and cleaning in healthcare facilities is important because *C. auris* can live on surfaces for several weeks.



Scenario: _____

1. How event occurred
2. Clear actions patient or providers need to take
3. Description of investigation steps
4. Timelines
5. Steps to minimize risk and harm



An outbreak of ESBL-producing *Klebsiella pneumoniae* blood stream infection in a neonatal intensive care unit at University Hospital in Egypt

F. Amer, E. Elbehedy, H. Mohtady, R. Elbehedy*, A. Al-Hejin**

Microbiology and Immunology Department, Pediatrics Department*, Zagazig Faculty of Medicine, Zagazig, Egypt. Department of Biological Sciences, Faculty of Science**.

Have a Plan...for the Media



How to
SURVIVE
media
interview?



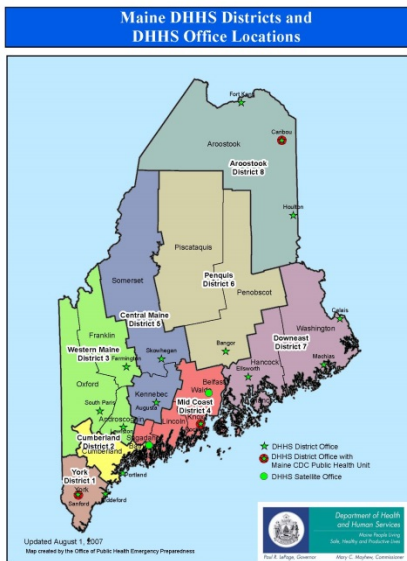
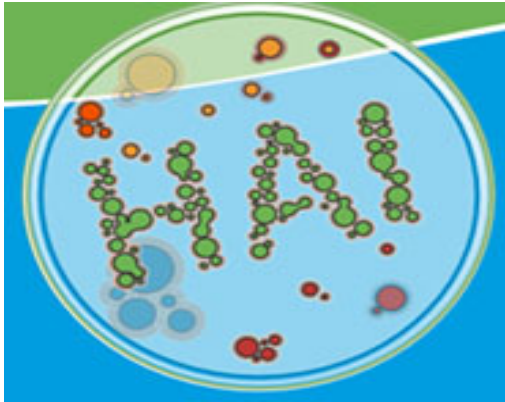
Have a Plan...for the Media

Media Response Checklist:

- Respond promptly
- Match spokesperson skill set to situation
- Speak with one voice
- Apologize
- Own your responsibility to prevent this event
- Keep customers and employees informed
- Use the same channels as your customers



Step 2: Notify and Work with State Partner





Maine Center for Disease Control and Prevention

Maine CDC

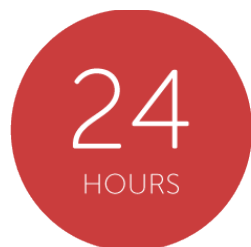
Department of Health and Human Services

Call Us...

Phone: 1-800-821-5821

Fax: 1-800-293-7534

TTY: Maine relay 711



Step 3: Act in the Moment



Acknowledge the Situation

- Present a short, concise, and focused message with limited details
- Cut to the chase
- Give action steps in positives, not negatives
- Repeat the message
- Create action steps in threes or fours, or create acronyms
 - “Stop, Drop, and Roll”
- Use personal pronouns for the organization – e.g. “We”
- Avoid technical jargon – ~~surveillance~~ monitoring
- Do not use unnecessary filler – e.g. background information
- Avoid condescending or judgmental phrases
- Attack the problem, not a person or organization
- Promise or guarantee only what you can actually deliver
- Avoid speculation and assumption
- Do not use humor
- Do not use PHI

Convey Empathy



Value Transparency

- State credentials – do not ask or expect to be trusted by public
- Express willingness to follow up with answers if questions cannot be answered at the time you are speaking
- Make corrections if errors are made
- Disclose risk information as soon as possible
- Do not minimize or exaggerate the level of risk
- Lean toward sharing more information, not less
- Discuss data uncertainties, strengths and weaknesses

Listen to and Acknowledge Concerns

~~PANIC~~

Uncertainty

Hopelessness
Helplessness

Denial

Fear, Anxiety, Dread

Keys to Success



Maine Department of Health and Human Services

Maine CDC

Maine Center for Disease Control and Prevention

Sometime in the future, probably on a Friday at 4:45pm...

The HAI Coordinator at the Maine CDC has been reviewing data on central line associated bloodstream infections (CLABSI), and notices an increase in CLABSIs related to yeast at a hospital in Maine. Could this be an outbreak?

Upon closer inspection of the data, the HAI Coordinator discovers that two of the infections identified the pathogen as *Candida heamulonii*.

The astute HAI Coordinator knows that *Candida heamulonii* is not capable of surviving at body temperature and that this could actually be *Candida auris*, an emerging pathogen that is highly transmissible, fatal in 30-60% of invasive cases, and often misidentified as *Candida heamulonii*. The HAI Coordinator reaches for the phone and dials the hospital...

I may be calling YOU... Are You Ready?



References:

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Questions?

Rita Owsiak MS, MT(ASCP), CIC
Healthcare Associated Infections Coordinator

Rita.Owsiak@maine.gov

Phone: 207-287-6028

Jennifer Liao, PharmD
Antibiotic Resistance Coordinator

Jennifer.Liao@maine.gov

Phone: 207-287-6516

Brittany Roy, MPH
Healthcare Associated Infections Specialist

Brittany.Roy@maine.gov

Phone: 207-287-2682



Paul R. LePage, Governor *Ricker Hamilton, Acting Commissioner*

Maine Center for Disease Control and Prevention