

DENISE MURPHY

Selling infection control to the C-suite

INTRODUCTION: Denise Murphy, MPH, BSN, RN, CIC, vice president for safety and quality at Barnes-Jewish Hospital at Washington University Medical Center in St. Louis, and immediate past president of the Association of Professionals in Infection Control and Epidemiology (APIC), has spent her career working to prevent healthcare-associated infections in hospitals ranging from 200 to 1,200 beds. As a member of the Centers for Disease Control and Prevention's Hospital Infection Control Practice Advisory Council, she helps shape national policy aimed at reducing HAIs.

With the knowledge that real change will come only when supported by top leadership, APIC launched its "Targeting Zero" initiative to change the way healthcare organizations view infection control. In this podcast, Murphy talks about how healthcare organizations are working to create a sense of buy-in among their most influential leaders.

INTERVIEWER: What key steps can healthcare administrators take to support a culture of zero tolerance?

D. MURPHY: Well, I think that one opportunity, huge opportunity, that they have right now is to stop looking at this as something that is either regulated by state for your license protection, or provided, mandated, by the Joint Commission in order to keep accreditation, or something that's a change that CMS is making so that we will continue to get the reimbursement that we've gotten in previous years, because that is changing as a result of them not wanting to pay extra for complications. Leadership can now look at this and say, "But what is the right reason that we should be engaged in this?"

One thing that I find is so important is the understanding that this results in a loss of societal trust. People come in to our organizations expecting to be cared for and kept safe, and they end up with a life-threatening infection. Society, in not trusting hospitals—this has started a snowball down the hill that is so big, and in many ways I think that's a good thing, but it could get out of control like anything rolling down a hill quickly.

You've got new legislation that isn't the same in all states. So you really don't have the same standards of infection prevention from state to state. You've got

the government getting really involved, the GOA and the CMS and the CDC, and everyone is looking very carefully at what should be the national standards or national targets or national mandates for what all programs need to do.

Well, that could be a little dangerous because all programs don't have the same needs. The 1,250-bed hospital that I work in—attached to a medical school and it's a teaching center—has very different needs than the small community hospital that is doing some general surgeries and they're taking care of a lot of chronic diseases of the elderly. So our need for our transplant population has to focus at the kind of patient care we promise to deliver to the communities. If we're all told we have to do the same thing across the country, that might not be great for patient care. What is driving all of this is the loss of societal trust. If they don't trust us to do the right thing then we will have to be mandated to do the right thing. So there is huge impact there.

INTERVIEWER: What role do you think the new CMS rule will have on the trend of healthcare institutions adopting this zero-tolerance culture? And do you think that targeting zero would still be a priority if CMS and many private insurers weren't cracking down?

D. MURPHY: Oh, I think so. Because as I said, you know, I can only speak for us personally when I say that we started this work very seriously in 1999. And long before we heard anything about the new CMS rule, we were at zero in our 56 ICU, our neuro ICU, many of our units. Our surgical ICU had put in these prevention modules years ago, and we're really working toward—you know, we decided many years ago here to stop even putting the CDC benchmarks on a lot of our presentations and our graphs because we don't want any infections.

So many places have been doing this before CMS, but yes, of course, CMS is having an impact because hospital administrators are paying much more attention to this than they ever have. There was a small pocket of really committed administrators doing great things for infection prevention programs for many years, but it was not the standard across America, and it is going to be now. I think every hospital will worry about it.

Here's the good news though: when you get them into discussions—they meaning our chief operating and chief financial officers—you really start to talk about this stuff, every one of them will say, "But, you know, this really is the right thing to do. Now let's talk that you're not going to get paid extra for complications

but, you know what, all the more reason to not let the complication ever occur." So I applaud CMS for taking a stand. I think it is important that they remain collaborative and continue to work with and learn from experts. I was at a meeting yesterday that CDC pulled together around HAI elimination as a national target, and CMS was very verbal and very much involved and very much there, as was the Joint Commission, as was the FDA, as were all the societies, not just the societies associated with infection prevention but American College of Surgeons and the American College of Chest Physicians. I could go on and on. We had incredible representation, and we were in breakout sessions where we talked about metrics and targets and what's reasonable and what timeframes are reasonable. That's new behavior for our government, to be able to pull all these folks together and say we want to hear from you.