

KATHY WARYE

Targeting Zero

NARRATOR: At a recent conference for the Association for Professionals in Infection Control and Epidemiology (APIC), Kathy Warye, CEO of APIC, discussed the aspirational goal of zero infections. In this podcast, Warye speaks about the initiatives APIC has implemented to educate members on best practices to decrease infections acquired in healthcare settings.

INTERVIEWER: Tell me a little bit about the Targeting Zero initiative. What was the impetus behind launching this initiative back in December and where are you in the process of having things happen?

K. WARYE: Sure, well it really started before December, when APIC was in the process of developing its strategic plan, Vision 2012, and we were looking at the concept of zero as an aspirational goal. It was at that point in time when we really set the vision of striving for zero. We know that not all infections are preventable. Even when healthcare workers do everything right in a process, an infection can still occur. But at the same time we think that if they work well together that we can prevent a significant number of infections, perhaps the vast majority of them.

So we set zero as an aspirational visionary kind of goal at that point in time. So then our Targeting Zero programs have...the goal of them has been to provide very practical tools for our members in terms of leading performance and proven initiatives and helping their institutions get closer to zero. So we started in 2006 with MRSA. We knew it was increasing in prevalence; our members were concerned it was increasing in virulence. We were seeing increases even in the community-associated strain in young healthy people. So we started with a consensus conference because we really wanted to understand the lay of the land and what was going on out there, so we gathered together the foremost experts on MRSA and looked at what they were doing, what their practices were and really developed some consensus around what APIC's approach should be moving forward. Then we undertook the nation's first prevalence study on MRSA...or I would say the first nationwide prevalence study...there have been other studies undertaken. But this was really the first one with the scope of APIC's because of our 12,000 members representing every type of healthcare institution in America. We were very fortunate; we got a response rate that was equivalent to about 20 percent of our nation's healthcare institutions and we found some very interesting things from that study. We were not surprised that MRSA had increased in prevalence. We found that 46 in 1,000 patients were either colonized

or had an active infection. We found that 67 percent of those patients were on medical services. So it wasn't just in the ICU and some of the more traditionally understood places where MRSA was most prevalent. From that, we rolled out a series of educational programs for our members and we created a guide to the elimination of MRSA transmission in healthcare settings. The guide laid out the five prevailing strategies for MRSA prevention: hand washing, barrier precautions, environmental decontamination, risk assessment – being the most important and first part of that step – and then surveillance, whether it is active surveillance or other forms of that. Then we conducted webinars around that guide so that our members would understand how to best implement each aspect of that. We have had a second conference on MRSA to kind of see where we are and we have conducted two Pace of Progress polls to see how our members are doing since the prevalence study results were released.

We are very pleased to find from those Pace of Progress polls that our members are able to do more. Up to this point in time we have done two polls and the last one in June indicated that about 76 percent of our members were able to conduct additional interventions. That is everything from greater hand hygiene compliance to budgets for everything from surveillance technology to active surveillance testing technology and everything in between. We also found there was no silver bullet. You can't just do one of these things; you have to do all of these things (and) do them consistently and well. That was really the first Targeting Zero initiative we undertook. Then, understanding that we could combine all of our core competencies – education, research, practice guidance – into an initiative that would have this kind of impact, we rolled forward in late 2007 with our 2008 initiative.

The second part of that Targeting Zero initiative for this year is the focus on the three infections that CMS will no longer be reimbursing for as of October. So we will be providing guides for our members of UTIs, surgical site infections – we are going a little bit beyond mediastinus to attack surgical site infections – and central-line-associated catheter bloodstream infections. We will have those guides ready for our members some time later this summer and we will also be holding a conference on the implications of the CMS regulation, looking at both the clinical and economic implications of that to not only better prepare our members, but also the people who have oversight responsibilities for infection prevention and control, whether they are CMOs, CNOs, COOs so they can better

understand the role that infection and prevention control can play in reducing these infections and how that impacts not only saving lives and corporate reputation, but also the bottom line, which CMS is making pretty prominent these days.

INTERVIEWER: Do you see that ICPs are more empowered now to go to their leadership to ask for the resources that they need? Is that also then leading to improvements?

K. WARYE: I think we are seeing a trend. We are seeing in the last Pace of Progress poll that (76 percent) of them were able to do more. I think that really does speak to empowerment. That was the ultimate goal of everything we have been doing, to be able to more effectively integrate them across the system, to position them appropriately and to ensure they have the resources they need to manage these programs effectively in order to protect patients.

INTERVIEWER: What has been the biggest change in infection control in recent years?

K. WARYE: I think by far the biggest change has been the growing awareness of infection control from outside of the four walls of the hospital. It has been astounding the power of the consumer and the patient; and I put state legislators and the federal government in that same kind of bucket, because we are all patients; and the power and influence these individuals can have on driving patient safety and the fact that so many of them have recognized that it is the ICPs that are the good guys, they are the ones who are out there trying to protect them, leading these efforts; but that they need to be better resourced and better positioned and that is beginning to happen. But I think it is that movement to create change that will protect patients, specifically in infection prevention as opposed to all of patient safety that has been the most dramatic change in the last four years.

INTERVIEWER: It seems like a lot has happened in the last four years and if you just go four years into the future, if as much changes as it did in the past you will be a long way.

K. WARYE: If we see change, I think, of the same magnitude in the next four years as we have seen in the last, I think it is going to be a good day for infection prevention and control professionals and a very good day for patients.