



Standards of Excellence for Infection Prevention and Control

The APIC® Program of Distinction (POD) recognizes organizations that have excelled in the prevention and control of infections. While a highly competent infection prevention department is one component of such a successful organization, the Program of Distinction awards facilities that have developed organization-wide, outstanding infection prevention and control programs that are effectively implemented and demonstrated by organizational ownership and accountability. The organizational culture supports data transparency. To receive the APIC® Program of Distinction, an organization must meet and maintain the following standards, and incorporate a system of responsibility for compliance and mutual accountability:

SURVEILLANCE

Each organization must have a comprehensive, organization-wide surveillance program that is based on the results of the annual and/or updated risk assessment. The surveillance plan is written, and includes outcome and process indicators. Results must be interpreted and shared with key stakeholders (clinicians as well as administrators) in a timely way so that the data drives improvement efforts. Clinical managers, and their front-line staff, must be able to discuss surveillance data and demonstrate surveillance improvement efforts associated with their roles and responsibilities.

Key Components

1. All aspects of surveillance are directed by an infection preventionist who is certified in infection prevention and control.
2. There is a written surveillance plan based on the risk assessment and includes both outcome and process indicators.
3. Surveillance is conducted by trained individuals. Individuals that conduct surveillance for healthcare-associated infections using the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) definitions have competency validated initially and on an annual basis.
4. Surveillance data are based on CDC NHSN definitions where applicable. If NHSN definitions do not apply, definitions are written and approved.
5. Surveillance data are analyzed using benchmark or comparative data to drive performance.
6. Surveillance findings are disseminated throughout the institution with the goal of improving patient safety. Clinicians, administrators, clinical managers, and front-line staff can describe at least one application of the surveillance findings to their practice setting and/or an organizational priority.
7. Surveillance data are evaluated as part of the organizational infection control risk assessment.



HAND HYGIENE

The hand hygiene program is integrated throughout the organization.

Key Components

1. Hand hygiene improvement is an organizational priority that includes all disciplines.
2. A hand hygiene measurement system is in place. One hundred percent of departments that have contact with patients, their supplies, or environment are included in the hand hygiene measurement system.
3. Hand hygiene performance data are disseminated throughout the organization for the purpose of driving improvement.
4. Patients and families are engaged in the hand hygiene program.
5. Hand hygiene products are easily accessible to support the hand hygiene program.
6. Artificial nail enhancements are prohibited in departments that have contact with patients, their supplies, or environments.

UNUSUAL OCCURRENCE AND OUTBREAK INVESTIGATION

The organization must have a systematic, organized process for the identification and investigation of unusual occurrences and outbreaks.

Key Components

1. The Annual Infection Control Risk Assessment or Infection Program Evaluation or Plan addresses outbreaks or actionable infection incidents.
2. A defined interdisciplinary process is used for outbreak investigation and unusual occurrences.

ISOLATION PRACTICES

An isolation system is used to reduce the risk of infection for patients, staff, volunteers, students, and visitors.

Key Components

1. An isolation system is in place and is based on nationally recognized standards or published studies.
2. Healthcare workers are educated about their role in reducing risk of infection, and can articulate at least one example of the correct isolation category for a specific disease process.
3. A system is in place to alert for potentially “isolatable” organisms.
4. Safe injection practices are enforced throughout the organization.
5. Isolation system practices are enforced throughout the organization. An annual donning and doffing competency is in place.



SAFE PATIENT CARE EQUIPMENT

The facility will maintain a disinfection and sterilization plan that addresses all critical, semi-critical, and non-critical patient care items.

Key Components

1. Providing clean/sterile equipment for patient care is an organizational priority.
2. Healthcare workers are educated, trained, and in some cases, competency assessed based on their specific function

FREQUENCY/CRITICALITY	Non-critical	Semi-critical	Critical
Education	Orientation	Orientation; Annually	Orientation; Annually
Training	Orientation	Orientation; Annually	Orientation; Annually
Competency		Orientation; Annually	Orientation; Annually

3. All locations that perform low or high-level disinfection or sterilization use consistent processes. Exceptions based on manufacturers' recommendations are approved by the Infection Preventionist.
4. All locations that perform low-level disinfection, high-level disinfection, and sterilization have a process for validating efficacy.
5. All locations that perform sterilization have a consistent process for reporting failed biological indicators or other quality indicators to the Infection Prevention Department.
6. The process for reprocessing endoscopes is based on a multi-disciplinary risk assessment, review of current guidelines/standards, and organizational policy.

SAFE PATIENT ENVIRONMENT

The organization provides a safe environment that reduces the risk of healthcare-associated infections.

Key Components

1. Key stakeholders (e.g., Plant Operations and Maintenance, Environmental Services, Nutrition and Dietetics, Sterile Processing, Pharmacy, Laundry) are involved in the infection prevention program risk assessment and are able to articulate their area of responsibility with maintaining a safe environment. Construction staff and others participate in the Infection Control Risk Assessment (ICRA) process.
2. Process and outcome measures (e.g., cleaning efficacy results, water quality results, air exchange rates, airflow measurements, United States Pharmacopeia (USP) 797 sterile compounding environment monitoring plan) are interpreted and communicated in a timely manner to mitigate risks within the environment. Critical results are communicated immediately to the Infection Prevention Department.
3. Healthcare workers can articulate or are observed performing specific environmental activities defined in policies and/or the annual Infection Prevention Plan.



EMERGENCY MANAGEMENT

The organization has an Emergency Management Plan that includes infection prevention measures essential for responding to disasters as well as an influx of infectious patients and emerging pathogens.

Key Components

1. The emergency management plan encompasses basic infrastructure, biologicals, and specifics to infectious diseases, including influx of such patients.
2. The emergency management plan is updated for current infectious diseases of epidemiological importance.
3. At least one of the organization's annual emergency drills involves an infectious disease influx which includes lessons learned from the after-action report. The Infection Preventionist is involved with the infectious disease drill.
4. The Infection Prevention Team provides leadership and content expertise for planning, and participates during, active infectious disease events.

EMPLOYEE HEALTH

The organization minimizes infection risk to promote a healthy work force and support safe patient care.

Key Components

1. The Infection Preventionist collaborates with Employee Health to integrate infection prevention and control into the Employee Health and Safety Program.
2. The immunization program is based on the current Advisory Committee on Immunization Practices (ACIP) recommendations for healthcare personnel.
3. The infectious disease exposure management policy/procedures are based on current CDC recommendations.
4. Work restrictions for infectious diseases are enforced.

ANTIBIOTIC STEWARDSHIP

The antibiotic stewardship program (ASP) has demonstrated improvement in antibiotic usage.

Key Components

1. The Infection Preventionist participates in the interdisciplinary ASP.
2. The organization can articulate how ASP data has been used to drive sustained improvement.
3. Trends, including antibiograms and compilation in resistance data over time, are communicated and disseminated to key stakeholders, committees, and task forces.



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