



APIC
PROGRAM
OF DISTINCTION
Excellence in Infection Prevention & Control

Vanderbilt receives inaugural APIC Program of Distinction award

BY MELANIE PADGETT POWERS

“The Program of Distinction confers a designation of excellence to acute care facilities for IPC programs that meet a set of high-level standards established by leaders of APIC. The new program also aims to assist facilities in maintaining an increased level of readiness with standards developed for infection prevention teams by experienced infection preventionists.”

When patients and their families walk through the Vanderbilt University Medical Center in Nashville, Tennessee, they can easily spot “quality boards” that highlight updated, easy-to-understand metrics about infection prevention and control (IPC). Each department—and the hospital as a whole—has embraced transparency when it comes to infection prevention efforts.

Back in 2009, when the neonatal intensive care unit (NICU) posted the first quality board, it was controversial among some staff, said Tom Talbot, MD, MPH, Vanderbilt’s chief hospital epidemiologist. NICU staff updated the board daily to show how long the unit had gone without a central line-associated bloodstream infection (CLABSI). “When they hit a hundred days without an event, we could go to everyone else and say, ‘Here is a unit with extremely vulnerable patients, yet look what they were able to accomplish. If we can make gains in that population, we can do it anywhere,’” Talbot said. Now, every unit in the hospital maintains a transparent quality board, and staff at all levels are enthusiastic about the IPC program.

Vanderbilt’s dedication and ability to create a hospital-wide culture committed to infection prevention has earned it APIC’s first Program of Distinction recognition. The Program of Distinction confers a designation of excellence to acute care facilities for

IPC programs that meet a set of high-level standards established by leaders of APIC. The new program also aims to assist facilities in maintaining an increased level of readiness with standards developed for infection prevention teams by experienced infection preventionists (IPs).

“It shines a light on our program and really shines a light on our partners...all the people who make up the entire infection control family,” said Vicki Brinsko, MSN, RN, CIC, FAPIC, Vanderbilt’s director of infection prevention. “It’s not just the people that have IP after their name.” Brinsko pointed to all the frontline staff, including techs, assistants, and nurses, as well as those who work in facilities management and environmental health and safety. “It’s every single frontline nurse that’s taking care of the patients, and washing their hands, and scrubbing the hub, and keeping the Foley bag off the floor, and doing all those things that we are ingraining in them. It’s working.”



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THE APPLICATION PROCESS

Applying for the Program of Distinction starts with an online self-assessment (<https://programofdistinction.org>) to see if a hospital is ready to apply. Next is the online application process, followed by an onsite assessment by a team of IPC experts.

The online self-assessment was easy to understand and complete, Brinsko said. The application itself was straightforward and allowed her to upload policies, forms, and data to a HIPAA-compliant site without the need to mail anything. It did take some prep time to gather the documents that showed how Vanderbilt was meeting the standards. The next step was to prepare for the visit by the IPC expert team.

“We prepared for the surveyors by lining up infection prevention partners and groups they thought the surveyors would like to interview,” Brinsko said, “but most of the frontline staff didn’t know the reviewers were coming.”

Vanderbilt didn’t change any IPC processes to prepare for the survey. Hospitals should not create systems solely to meet application requirements, Talbot said. Instead, “just continue to build your program and work on your priorities, and as you do that and bring in best practices, you’ll be cultivating that application.”

THE ASSESSMENT

The surveyors started their days by reviewing documents, and then meeting with various staff members. But most of their time was spent visiting individual units, speaking directly with frontline staff who didn’t know they were coming. Unprompted, time and time again, staff members led the surveyors over to the quality boards to point out the unit’s successes.

The surveyors observed staff washing their hands as they entered and exited rooms, and they visited Vanderbilt’s offsite sterilization facility. They praised areas that were working well. “They were impressed with a couple of our processes, our flow diagrams, and our flowcharts,” Brinsko said. “They took a couple of samples with them of things that we were doing that were pretty innovative and they had not seen at other places.”

For example, Vanderbilt received high marks on its infection control risk assessment.

At the end of an assessment, staff list what they think were the key drivers to different infections, such as CLABSI, catheter-associated urinary tract infections, and surgical site infections. The assessment color-codes processes by green, yellow, and red—green for systems that are working well, yellow for those that have just started, and red for those that still need to be implemented.

At the end of each day, the surveyors met with the IPC department to ask questions and provide feedback. Talbot said it was rewarding and educational to have surveyors who truly understood infection prevention, unlike with a more general hospital review program. The surveyors spotted a few areas for improvement, pointing them out to the staff. “They would find things and see things that we’d miss because we look at it every day,” Talbot said.

THE REWARD

By earning the Program of Distinction designation, Vanderbilt can use the program’s logo in its marketing and communications outreach, promoting its exceptional quality control to the public and partners. The IPC department is also touting the designation internally to reaffirm to all staff that they are moving in the right direction. “This wouldn’t have been done with just the IP team we have,” Talbot said. “Sometimes you get in the weeds so much and you don’t see the change and the impact, so to have this third-party expertise come in and [confer to us this designation], it’s an honor. And we want our team to know that.”

As a teaching hospital and one of the larger hospitals in Tennessee, Vanderbilt was already accustomed to working with other hospitals in the South, as well as the state hospital association and department of health. “I think it [Program of Distinction award] allows our hospital to be a beacon, if you will, of good practice, best practices, in the way that all hospitals aspire to be, for preventing patient harm and preventing infections on a day-to-day basis and making sure that this is filtering down to the frontline,” Brinsko said. 

Melanie Padgett Powers is a medical writer based in the Washington, D.C., metropolitan area.