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Major Article

The Project Protect Infection Prevention Fellowship: A model for advancing infection prevention competency, quality improvement, and patient safety

Janine D. Reisinger MPH ^{a,*}, Anna Wojcik MPH ^{a,2}, Ian Jenkins MD ^b,
Barbara Edson MBA, MHA, RN ^a, David A. Pegues MD ^c, Linda Greene MPS, RN, CIC, FAPIC ^d

^a Health Research & Educational Trust, American Hospital Association, Chicago, IL

^b Department of Medicine, UCSD Health System, San Diego, CA

^c Division of Infectious Diseases, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA

^d Infection Prevention Department, University of Rochester Highland Hospital, Rochester, NY

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Background: The Centers for Disease Control and Prevention 2016 Healthcare-Associated Infections (HAI) Progress Report documented no change in catheter-associated urinary tract infections (CAUTIs) between 2009 and 2014. There is a need for investment in additional efforts to reduce HAIs, specifically CAUTI. Quality improvement fellowships are 1 approach to expand the capacity of dedicated leaders and infection prevention champions.

Methods: The fellowship used a model that expanded collaboration among disciplines and focused on partnership by recruiting a diverse cohort of fellows and by providing 1-on-1 mentoring to enhance leadership development. The curriculum supported the Association for Professionals in Infection Control and Prevention Competency Model in 2 domains: leadership and performance improvement and implementation science.

Results: The fellowship was successful. The fellows and mentors had self-reported high level of satisfaction, fellows' knowledge increased, and they demonstrated leadership, quality improvement, and implementation science competency within the completed capstone projects.

Conclusions: A model encompassing diverse educational topics, discussions, workshops, and mentorship can serve as a template for developing infection prevention champions. Although this project focused on CAUTI, this template can be used in a variety of settings and applied to a range of other HAIs and performance improvement projects.

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Health care-associated infections (HAIs) are a significant cause of illness, death, and excess cost in all health care settings. HAIs affect 1 out of every 25 hospitalized patients and are among the most common preventable causes of mortality in the United States. In 2011, there were an estimated 93,300 urinary tract infections in US

acute care hospitals.¹ Approximately 70%-80% of these infections were catheter-associated urinary tract infections (CAUTI), making CAUTI among the most prevalent HAIs.² Notably, the Centers for Disease Control and Prevention 2016 HAI Progress Report documented no improvement in CAUTI between 2009 and 2014.³ Although evidence-based guidelines for CAUTI prevention exist, implementation of these guidelines remains suboptimal.⁴ To bridge the gap between evidence and implementation, health systems need infection prevention leaders who can engage health care workers on collaborative projects that may eclipse their traditional roles, disciplines, and past experiences.⁵ Quality improvement (QI) fellowships are an approach to train leaders in infection prevention.

Existing fellowship models have focused on delivering comprehensive education and training through a variety of techniques, including didactic lectures, online learning platforms, in-person train-

* Address correspondence to Janine D. Reisinger, MPH, Director Maternal-Infant Health Initiatives, Washington State Hospital Association, 999 Third Ave, Ste 1400, Seattle, WA 98104.

E-mail address: janine.reisinger@gmail.com (J.D. Reisinger).

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¹JDR is currently affiliated with Washington State Hospital Association, Seattle, WA.

²AW is currently affiliated with University of Illinois Hospital & Health Sciences System, Chicago, IL.

ing, and peer-to-peer coaching while supporting fellows through their implementation of a QI action plan.^{5,7} Although the Project Protect Infection Prevention Fellowship utilized many of these techniques, it differed from other fellowship models by expanding collaboration among disciplines and focusing on partnership. The fellowship recruited a diverse cohort of fellows, recognizing interdisciplinary training as the foundation for building effective and collaborative health care teams.⁸ Individual mentorship was provided by experts from 4 partner organizations engaged in CAUTI-prevention efforts: Association for Professionals in Infection Control and Epidemiology (APIC), Society for Healthcare Epidemiology of America, Society of Hospital Medicine, and Emergency Nurses Association. The fellowship also provided in-person and virtual education sessions and culminated in a capstone project addressing CAUTI-prevention needs at the fellows' organizations. This model provides a framework for developing fellowship programs that provide enriched training, leadership development, and expert mentorship.

METHODS

The Project Protect fellowship was a part of the national On the CUSP: Stop CAUTI project administered by the Health Research & Educational Trust (HRET) and funded by the Agency for Healthcare Research and Quality. The On the CUSP: Stop CAUTI project commenced in 2011 and included 9 cohorts of 2,385 hospital units representing 42 states, the District of Columbia, and Puerto Rico. As the final contract year approached, HRET created the Project Protect fellowship as an opportunity to expand the number of health care personnel with QI and leadership training who could continue the CAUTI-prevention effort after the national project ended.

Establishing the fellowship model

The American College of Healthcare Executives Fellowship Development Guide⁹ outlines 8 tasks integral to developing a fellowship program, which informed the structure of the Project Protect fellowship (Table 1).

The resulting fellowship model (Fig 1) combines 3 foundational elements: educational opportunities, 1-on-1 mentoring by expert faculty, and a capstone improvement project.

The education curriculum used in-person and virtual sessions to train fellows in leadership skills and QI/implementation science. The curriculum ties directly to the APIC competency model with a strong focus on learning how to apply translational research methods, process improvement tools and methods, and the importance of reliability and sustainability. The curriculum emphasized both technical and socioadaptive concepts of patient safety and QI—not only the what, but also the why and how. Addressing socioadaptive elements such as promoting culture change, identifying and empowering physician and nursing champions, and navigating institutional barriers to improvement is critical for successful implementation of QI projects and aligns with the APIC leadership competency model.

The fellowship was conducted over a 11-month period and included 4 in-person meetings that allowed the fellows to network and build a sense of camaraderie with each other, augmenting the relationships in the distance learning environment. Three of the 4 in-person meetings brought the fellows together for targeted education and networking. One highlight of the targeted education and networking sessions associated with the APIC leadership competency model was a group project in which participants made a business case for infection prevention. For the fourth in-person meeting, each fellow traveled to his or her mentor's organization for individual shadowing experiences.

The virtual curriculum focused on foundational concepts presented in assigned Institute for Healthcare Improvement Open School courses (Fig 2).

The fellowship experience culminated in CAUTI-prevention capstone projects. Fellows leveraged the foundational curriculum and expert mentor coaching to advance CAUTI-prevention efforts within their organization. To encourage capstone project completion within the short fellowship time frame, fellows were required to submit an initial proposal with project aims, scope, metrics, and milestones that was reviewed with mentors at the kick-off meeting. Steady progress was ensured by regular mentor-fellow contact and review of a midyear capstone project report. All fellows submitted a final capstone project poster for the poster session at the graduation meeting. The posters presented project foundational elements (aim, milestones, and results), highlighted lessons learned, outlined next steps, and described how participation in the fellowship influenced the fellows and their organizations.

Table 1

American College of Healthcare Executives fellowship development guide task outline and Project Protect fellowship structure

Task 1: Define the purpose for the fellowship

- Statements of purpose and value provided the applicant and his/her organization with a clear picture of the program's benefits

Task 2: What is the role of the fellow?

- The fellows were either formal or informal leaders who could make and sustain advances in the implementation of the quality improvement project by applying knowledge gained through participation

Task 3: Establish objectives for the fellowship

- Health Research & Educational Trust sought to train catheter-associated urinary tract infection-prevention leaders by providing fellows with quality improvement and leadership principles training, customized to address the needs of the fellow's organization

Task 4: Establish the duration and structure of the fellowship

- The fellowship program was constrained to an 11-month time frame to end within the On the CUSP: Stop CAUTI contract year. Health Research & Educational Trust structured the fellowship to maximize mentor-fellow and peer-to-peer learning during the short time frame

Task 5: Support the fellowship

- HRET provided dedicated personnel to staff the fellowship and convened an advisory board for expert input into fellowship structure and function.
- The fellows' organizations submitted a letter of support committing time and resources to the fellowship and capstone project

Task 6: Determine compensation and benefits

- The fellows' organizations received a stipend for their participation

Task 7: Attract and select candidates

- Health Research & Educational Trust recruited fellows from a variety of disciplines and settings by using a structured, standardized, and unbiased evaluation process

Task 8: Onboarding, gather evaluations and feedback, and conclude the fellowship

- Health Research & Educational Trust conducted a pre-fellowship needs assessment to optimize the program and prepared both mentors and fellows with onboarding sessions
- Health Research & Educational Trust used the Kirkpatrick model for program assessment
- The fellowship program conclusion showcased the fellows' capstone project achievements

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