Targeting zero health care–associated infections

Kathy L. Warye, CEO APIC, a and Denise M. Murphy, MPH, BSN, RN, CIC b
Washington, DC, and St. Louis, MO

In January of 2006, the Association for Professionals in Infection Control and Epidemiology published APIC Vision 2012, a strategic approach to the future of the practice and profession. Goal 1 of the plan stated that APIC will “promote prevention and zero tolerance for healthcare-associated infections (HAIs).” Since that time, APIC’s approach has evolved and focused instead on promoting a culture where targeting zero health care-associated infections is fully embraced.

Insertion of the word culture is an important addition as APIC’s intent is to promote a cultural change within health care wherein providers strive to eliminate preventable HAIs. While few organizations in the early 2006 time frame were contemplating the possibility of reaching zero HAIs, zero tolerance first emerged in 2000 when Julie Gerberding, director of the CDC, introduced the concept. She noted that, over time, the goal of elimination had been applied to other public health concerns, such as TB and polio. Elimination may not have occurred, but ambitious goals drove positive change and dramatic reductions.

As APIC’s strategic plan was taking shape, a small but influential group of health care organizations were discovering that many more infections are preventable than previously thought. They were setting goals to reduce HAIs significantly below previously accepted benchmarks, reaching and sustaining them.

With a declining arsenal of antibiotics to treat infections, it was increasingly clear that the traditional orientation toward control of HAIs needed to shift to one where preventing the occurrence was the priority throughout the institution. APIC was hearing from leaders across the spectrum of health care from providers to patients and patient safety advocates. It was in this context that APIC’s leaders agreed that the Association should be at the forefront in promoting significant and sustained reductions in preventable health care-associated infections.

Since that time, APIC has moved forward to promote prevention and provided members with a host of resources to help them set and reach ambitious goals for reduction of HAIs. Targeting Zero encourages all organizations to set the goal of elimination rather than remain comfortable when local or national averages or benchmarks are met. Every single HAI impacts the life of a patient and family—even one HAI should feel like too many.

APIC also believes that willful nonadherence by health care workers with proven infection prevention and control measures should be unacceptable. References to “zero tolerance” today are generally intended as a response to unsafe behaviors and practices that place patients and health care workers at risk. In the context of HAIs, zero tolerance does not mean that people or organizations should be penalized for infections that may not be preventable, but this language may be used to stress the need for accountability and a culture built on inquiry and learning as opposed to punishment.

A culture of targeting zero health care-associated infections and zero tolerance for unsafe practices is characterized by the following:

- Setting the theoretical goal of elimination of HAIs;
- an expectation that infection prevention and control (IPC) measures will be applied consistently by all health care workers, 100% of the time;
- a safe environment for health care workers to pursue 100% adherence, where they are empowered to hold each other accountable for infection prevention;
- systems and administrative support that provide the foundation to successfully perform IPC measures.
• transparency and continuous learning where mistakes and/or poor systems and processes can be openly discussed without fear of penalty;
• prompt investigation of HAI’s of greatest concern to the organization and/or community; and
• focus on providing real time data to front-line staff for the purpose of driving improvements.

New technologies and procedures, more virulent pathogens, and increasing resistance will continue to challenge the health care community in its efforts to reduce HAI’s. Because of this, even where large scale cultural change and consistent application of IPC measures exists—even when no break in practice can be identified—health care-associated infections will still occur. However, where the goal of zero has been set and the culture is consistent with this goal, APIC is confident that new approaches will emerge to better protect patients from health care-associated infections.

For more information on infection prevention practice and other resources see www.apic.org.