



Defense Health Agency

PROCEDURAL INSTRUCTION

NUMBER 6200.01

April 24, 2017

Operations (J-3)

SUBJECT: Comprehensive Infection Prevention and Control (IPC) Program

References: See Enclosure 1

1. **PURPOSE.** This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (j), assigns responsibilities and establishes procedures for implementing a comprehensive infection prevention plan across the Military Health System (MHS).

2. **APPLICABILITY.** This DHA-PI applies to:
 - a. OSD, the Military Departments, the Office of the Chairman of the Joint Chiefs of Staff and the Joint Staff, the Combatant Commands, the Office of the Inspector General of the DoD, the Defense Agencies, the DoD Field Activities, and all other organizational entities within the DoD (referred to collectively in this DHA-PI as the “DoD Components”).

 - b. DoD medical treatment facilities (MTFs) and DoD healthcare practitioners who are involved in the delivery of healthcare services to eligible beneficiaries.

3. **POLICY IMPLEMENTATION.** It is DHA instruction, in accordance with References (d) through (f), that:
 - a. The MHS shall maintain active and effective organizational structures, management emphasis, and program activities to ensure quality, safe healthcare throughout the MHS. Clinical quality management activities include clinical performance measurement and improvement, risk management, adverse event monitoring, and patient safety.

 - b. Standards for implementing and maintaining quality in the delivery of health services in MTFs will be followed in accordance with current national, DoD, and Service-specific regulatory guidance.

c. Training standards, core competencies, and clinical and administrative standards will be established and/or followed by existing, as well as newly appointed Infection Preventionists (IPs) across the MHS in accordance with current national, DoD, and Service-specific regulatory guidance.

4. RESPONSIBILITIES. See Enclosure 2.

5. PROCEDURES. See Enclosure 3.

6. RELEASABILITY. **Cleared for public release.** This DHA-PI is available on the Internet from the DHA SharePoint site at: <http://www.health.mil/dhapublications>.

7. EFFECTIVE DATE. This DHA-PI:

a. Is effective upon signature.

b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with DHA-PI 5025.01 (Reference (c)).



R.C. BONO
VADM, MC, USN
Director

Enclosures

1. References
2. Responsibilities
3. Procedures

Glossary

ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013
- (b) DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013
- (c) DHA-Procedural Instruction 5025.01, “Publication System,” August 21, 2015
- (d) Final Report to the Secretary of Defense, “Military Health System Review,” August 2014
- (e) Health Affairs Policy Memorandum 12-005, “Reporting Infection Prevention and Control Data to the Centers for Disease Control and Prevention using the National Healthcare Safety Network,” May 22, 2012
- (f) DoD Instruction 6025.13, “Medical Quality Assurance (MQA) and Clinical Quality Management in the Military Health System (MHS),” February 17, 2011, as amended
- (g) Murphy, Denise M.; Hanchett, Marilyn; Olmstead, Russell; Farber, Michelle; Lee, Terri B.; Haas, Janet P.; Streed, Stephen A. (2012). “Competency in infection prevention: A conceptual approach to guide current and future practice”. *American Journal of Infection Control*, 40, 296–303
- (h) Section 712 of Public Law 114-92, “National Defense Authorization Act (NDAA) for Fiscal Year 2016,” November 30, 2015
- (i) DoD Directive 6490.02E, “Comprehensive Health Surveillance,” February 8, 2012, as amended
- (j) Section 713 of Public Law 114-92, “National Defense Authorization Act (NDAA) for Fiscal Year 2016,” November 30, 2015

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. Under the authority, direction, and control of the Assistant Secretary of Defense for Health Affairs, and in accordance with DoD policies and issuances, the Director, DHA, will:

a. Oversee the implementation of this DHA-PI to ensure consistent application across the MHS.

b. Provide ongoing guidance and support to the Services to ensure successful implementation of the IPC plan by understanding, developing, disseminating, and/or communicating resources/resource needs, as requested by the Services.

c. Establish an Infection Prevention and Control Work Group (IPCWG) in the DHA under the Operations Directorate (J3) that will meet, at minimum, on a quarterly basis to manage a comprehensive infection prevention plan across the MHS.

d. Designate an Infection Preventionist/IPC Program Manager (IP PM) from the DHA.

2. THE SECRETARIES OF THE MILITARY DEPARTMENTS. The Secretaries will implement this DHA-PI through the Surgeons General of the Military Departments and the relevant IPC requirements outlined by their respective Military Medical Departments.

3. SERVICE SURGEONS GENERAL. The Service Surgeons General will:

a. Monitor Service/MTF improvement action plans developed by the Services with support from the Service IP PM.

b. Review and update current Service-specific doctrine and training plans to incorporate use of the procedures in Enclosure 3.

c. Appoint Service IPs in the appropriate civilian grade or military rank to serve as the IP PM for each Service.

d. Designate Service representatives to the IPCWG.

e. Publish comprehensive IPC instructions and practice standards of care and core interdisciplinary competencies.

4. SERVICE/NATIONAL CAPITAL REGION MEDICAL DIRECTORATE (NCR MD) IP PM. The Service/NCR MD IP PM will:

- a. Operate as a full-time position.
- b. Serve as a representative on the DoD IPCWG.
- c. Serve as a Subject Matter Expert for IPC, as well as provide oversight of the Service or NCR MD IPC Program.
- d. Serve as the Service or NCR MD team leader for planning, coordinating, and conducting IPC reviews.
- e. Represent his/her respective Military Medical Department in DHA and other inter-agency meetings involving matters relating to IPC.
- f. Collaborate with interdisciplinary experts to optimize the effectiveness of their Military Medical Department plan and the enterprise-wide goal to reduce Healthcare-Associated Infections (HAIs) and improve infection prevention measures within clinics and MTFs.
- g. Serve on committees established to review proposed regulations and guidelines, and assist facilities in preparing for accreditation and regulatory readiness.
- h. Facilitate educational programs, training, and consultation regarding complex issues as the leading IP expert.
- i. Provide consultative guidance on linen and housekeeping contracts to incorporate IPC practices.
- j. Provide information and guidance to organizational IPs within the Service to ensure that standards and protocols are implemented and followed in all Service medical facilities.
- k. Manage measureable metrics, and prepare reports to include analysis of MTF data from national database(s), as well as identify trends and prioritize risk(s).
- l. Develop a Service-level community of practice to provide training and disseminate information.
- m. Analyze any special studies or reviews of enterprise IPC policies and practices, and develop standard procedures and informational material to correct any identified conditions or problems.
- n. Assess various systems to understand how they interface to produce actionable data; develop corrective action plans for improving data based on this information. Provide expert consultation support to other MTFs regarding HAI data. Further, ensure all required MTFs are part of the National Healthcare Safety Network (NHSN).

o. Remain current and relevant to IPC through webinars, completing required training, maintaining required certifications, and staying current with the professional literature on new developments and trends.

p. Support the development of data driven action plans and recommendations for improvement for their respective MTFs to be shared with the IPCWG on a quarterly basis.

5. SERVICE/NCR MD IP PMs' ROLE IN THE IPCWG. Service/NCR MD IP PMs are imperative to the success of the IPCWG and will:

a. Brief the IPCWG on best practices and lessons learned from implementation of MTF improvement activities on a quarterly basis.

b. Be actively involved in setting annual priorities and identifying any new initiative(s). Initiatives will be prioritized based on effort and impact with low effort and high impact initiatives prioritized first. While the IP PMs can prioritize proposed initiatives, all requests for Tri-Service initiatives need to go through MHS Governance for Service approval.

6. SERVICE/NCR MD IP PM ROLE WITH MTF IP. The responsibility of the Service/NCR MD IP PM to communicate and work with the individual MTF IPs will be detailed by the Service-level instruction.

7. MTF IP. Designation of an MTF IP is a Service-level responsibility of the Service Surgeons General for the IPC program. MTF IPC responsibilities will be detailed by the Service-level instruction.

ENCLOSURE 3

PROCEDURES

1. DoD IPCWG. The DoD IPCWG will:

a. Serve as the oversight board for DoD issues pertaining to IPC, including HAIs. The IPCWG is a collaborative committee chaired by a voluntary Service infectious disease physician and including representatives from Health Affairs, the Services, and DHA with responsibilities for providing oversight, direction, and guidance to improve and maintain the quality of infection prevention activities in the MHS.

b. Facilitate DoD participation in national reporting collaboratives, such as the Centers for Disease Control and Prevention's NHSN. The NHSN collects data from healthcare facilities across the United States regarding device associated infections, as well as adherence to practices known to be associated with the prevention of HAIs.

c. Facilitate the analysis of the NHSN data by the Patient Safety Analysis Center on a quarterly basis. The analysis will include Standardized Infection Ratio trends with identification of high performing MTFs and MTFs that have an opportunity for improvement.

d. Facilitate discussion of and provide ad-hoc support to the Service IP PMs' development of action plans for MTFs demonstrating an opportunity for improvement based upon their data.

e. Share NHSN trends for MHS on a quarterly basis with the Clinical Quality Integration Board and the Medical Operations Group.

f. Carry out program evaluation plans for HAIs, (e.g., Catheter-Associated Urinary Tract Infection, Central Line-Associated Bloodstream Infection, and possible/probable ventilator-associated pneumonia) trends, and findings reported through NHSN.

g. Facilitate partnership between the IPCWG and the Services to obtain additional information on addressing challenges and successes from top performing MTFs.

h. Meet every other month to review NHSN data, lessons learned, and emerging issues or media-related concerns (e.g, *Clostridium difficile* infection and Methicillin-resistant *Staphylococcus aureus*).

i. Coordinate IPC activities affecting other working groups, including but not limited to:

- (1) Antimicrobial stewardship
- (2) Electronic health record documentation and data collection
- (3) National Surgical Quality Improvement Program

2. **CERTIFICATION.** Service IP PMs will maintain national certification (certified in infection prevention and control/CIC®) awarded by the Certification Board of Infection Control and Epidemiology, Inc. and endorsed by the Association for Professionals in Infection Control and Epidemiology (APIC), as well as competencies across the levels of practice at the advanced level. The competencies listed below are derived from competencies provided by APIC (Reference (g)).

Entry-level	<ul style="list-style-type: none"> ○ Seeks information and develops fundamental IPC skills. ○ Conducts surveillance, performs data abstraction and collection, and creates reports based on data. ○ Possesses basic knowledge of epidemiology and outbreak investigation. ○ Uses data to identify the need for change, and can propose basic intervention/improvement projects. ○ Develops policies and procedures based on understanding of regulatory/accreditation requirements. ○ Participates in infection prevention committees and program support, as requested.
Experienced	<ul style="list-style-type: none"> ○ Meets all requirements for the entry-level IP. ○ Skilled at using NHSN, and may validate NHSN surveillance conducted by others. ○ Independently performs electronic surveillance, applies data mining principles, and can integrate both manual and electronic findings for comprehensive reporting. ○ Uses more advanced statistical skills. ○ Understands and uses data display tools appropriate for different audiences. ○ Able to interpret research data and apply findings to current practice. ○ Knowledgeable about accreditation and other quality requirements pertaining to IPC. ○ Is an effective educator and presenter, using a variety of skills and techniques. ○ Mentors new IPs. ○ Functions successfully in team-based activities.
Advanced	<ul style="list-style-type: none"> ○ Demonstrates competence at both the entry and experienced level knowledge and skills. ○ Demonstrates expertise in leadership, management, education, consultation, advanced analysis, and strategic planning. ○ Is a recognized leader and champion of patient safety and infection prevention. ○ Presents educational programs at the local MTF, Service, and MHS levels. ○ Designs, facilitates, and/or leads multidisciplinary team projects, utilizing performance improvement methodologies and implementation science. ○ Serves as a role model and coaches others.

3. **CONTINUOUS IMPROVEMENT.** Reviewing the items mentioned in References (h) and (j) (which refers to Sections 712 and 713 of Public Law 114-92, NDAA for Fiscal Year 2016) may allow for improved data outcomes. Additionally, during IPCWG meetings, the Service IP PM may be responsible for identifying variance amongst their respective Service MTFs’

April 24, 2017

performance and for identifying improvement actions. This review and data transparency required by the National Defense Authorization Act for Fiscal Year 2016 (References (h) and (j)) will further drive improvement across the MHS.

GLOSSARY

ABBREVIATIONS AND ACRONYMS

APIC	Association for Professionals in Infection Control and Epidemiology
DHA	Defense Health Agency
DHA-PI	Defense Health Agency-Procedural Instruction
HAI	Healthcare-Associated Infection
IP	Infection Preventionist
IPC	Infection Prevention and Control
IPCWG	Infection Prevention and Control Work Group
IP PM	Infection Preventionist/Infection Prevention and Control Program Manager
MHS	Military Health System
MTF	medical treatment facility
NCR MD	National Capital Region Medical Directorate
NHSN	National Healthcare Safety Network