



**SCOPE OF SERVICE AND
AUTHORITY STATEMENT**

I. OFFICE OF ORIGIN: HOSPITAL EPIDEMIOLOGY AND INFECTION PREVENTION (HEIP)

II. Purpose:

To define the Scope of the program and articulate the Authority accorded to HEIP.

III. SCOPE OF SERVICE

A. The program encompasses the following areas under the UCSF Health hospital license:

1. Inpatient areas,
2. Outpatient areas that provide patient care services
3. Procedural areas that provide patient care services

B. Customers:

1. Internal: UCSF patients, visitors, staff, faculty and volunteers
2. External: Regulatory and accrediting agencies, including local and state health departments, and The Joint Commission (TJC)

IV. PROCEDURES/SERVICES

- A. Manage critical data and information required for prevention of healthcare-associated infections.
- B. Identify and report infections in accordance with the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) guidelines to meet California State mandates and the requirements of other regulatory bodies and quality organizations.
- C. Develop infection prevention policies and procedures for preventing, identifying, reporting, investigating and controlling the spread of healthcare-associated infections.
- D. Implement interventions to prevent transmission of infectious agents.
- E. Educate and train healthcare personnel.
- F. Provide guidance on infection prevention aspects of occupational health.
- G. Communicate and collaborate with local and state health departments (e.g., San Francisco Department of Public Health, California Department of Public Health)
- H. Participate in product review.
- I. Provide input for decisions on facility design, renovation, and construction.
- J. Participate in emergency preparedness planning.
- K. Communicate and collaborate with infection prevention staff from referring hospitals regarding infections found on admission to UCSF Health. HEIP works closely with departments throughout the medical center to assure adherence to infection prevention standards and evaluate their effectiveness. HEIP shares information and communicates with other departments, regulatory agencies, and when appropriate with other hospitals, using a variety of communication modalities including but not limited to staff meetings, committee meetings, in-service programs, memos, email, computer generated reports.
- L. The Infection Preventionists, Director and Medical Directors are the UCSF designated Infection Prevention Officers.

V. HOURS OF OPERATION

- A. HEIP staff members are available during business hours, generally Monday-Friday, 8:00 am-4:00 pm. via the main phone at 415-353-4343; Field Unit Infection Preventionists are available



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by Voalte Infection Preventionist Roles (adult and pediatric).

- B. Nonbusiness hours access is through the nursing supervisors:
1. Benioff Children's Hospital SF: 415-502-0728
2. Adult Hospital - Parnassus/Mission Bay: 415-353-8036
3. Adult Hospital - Mt. Zion: 628-248-9911

VI. STAFFING

Table with 2 columns: Position, FTE. Rows include Infection Preventionists (Field Unit, Surveillance and Clinical Analytics), Medical Directors, Administrative and Technical staff, and a Total row.

VII. QUALIFICATIONS OF STAFF

- 1. Education and training are consistent with regulatory requirements and UCSF Health policy.
2. Infection Preventionist: Baccalaureate of science degree in Nursing or other healthcare field...
3. Medical Directors: Board certified in Infectious Diseases...

VIII. QUALITY MONITORING

- 1. HAI data is used to identify opportunities for improvement of infection prevention-related practices and processes.
2. Quality monitoring uses results of HAI surveillance to identify, investigate and contain possible clusters of infections...
3. HEIP staff collaborate with interdisciplinary colleagues in the organization to design and implement improvement initiatives as needed.

IX. GOVERNANCE STRUCTURE

- 1. HEIP reports to the Department of Quality and Safety.
2. The HEIP Medical Directors report to the Chief Quality Officer.
3. The System Director reports to the Executive Director of Quality and Patient Safety.
4. The System Director and Medical Directors co-chair the Infection Prevention Committee (IPC) which:
a. Meets at least 4 times per year

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- b. Consists of members who represent a variety of adult and pediatric disciplines and departments including but not limited to medicine, nursing, pharmacy, clinical lab/microbiology, respiratory therapy, hospitality services, facilities management, sterile processing, occupational health, quality, behavioral health and environment health & safety
- c. Presents summaries and updates as appropriate to the Quality Improvement Executive Committee (QIEC)
- d. Develops and submits the Annual Infection Prevention Risk Assessment and Plan to QIEC.

X. HEIP CHARGE/AUTHORITY STATEMENT

- A. HEIP is responsible for leading prevention and control of healthcare-associated infection efforts within the medical center. HEIP has authority to develop, approve and institute policies and procedures to accomplish these aims. HEIP considers within its scope and activities the following:
 - 1. Surveillance and reporting of selected infections occurring in patients and visitors.
 - 2. Requiring auditing of practices (e.g., hand hygiene) that are critical to preventing healthcare-associated infections in inpatient and ambulatory settings.
 - 3. Authority to initiate and conduct investigations when there is reason to believe that any patient, employee, or visitor is at risk of acquiring infection within the scope areas.
 - 4. Authority to institute prevention and control measures, such as isolation precautions.
 - 5. Authority to initiate special studies, including employee or patient cultures, or other diagnostic tests to determine causative agents responsible for infections.
 - 6. Authority to intervene in activities of the hospital and its staff when deemed necessary to control the spread of infection, including but not limited to:
 - a. Ensuring that patients with infectious diseases who may be contagious and pose a risk to the health and/or safety of others are isolated according to policies approved by the Infection Prevention Committee (IPC) and based on recommendations of the Centers for Disease Control and Prevention (CDC) and other nationally recognized infection prevention guidelines.
 - b. Providing expert consultation and educational activities to control and prevent infection.
 - c. Determining appropriate resources and allocation of time for surveillance, control, and prevention activities. Additional needs for resources will be forwarded to UCSF Health leadership by the Executive Director, Department of Quality and Safety.
 - d. Determining appropriateness of materials and equipment.
 - e. Reviewing departmental guidelines for appropriateness and adequacy. Policies are reviewed as needed, with all policies being reviewed at least once every three years.

XI. DELEGATION OF AUTHORITY

- A. HEIP is responsible for coordinating and implementing the infection prevention work plan under the leadership of the Director and Medical Directors.
- B. HEIP provides guidance to and works in close collaboration with UCSF Health entity leaders, managers, and unit/area leadership on implementation of infection prevention policies and procedures.
- C. Director and Medical Directors:
 - a. Advise the Infection Preventionists in prevention and investigative activities,



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- b. Direct the implementation of prevention measures as needed that have potential impact on the daily operations of the medical center
- c. Consult with Hospital Administration for prevention measures with a significant impact on the delivery of care or patient care services
- D. The Director, Medical Directors, and Infection Preventionists are responsible for the HEIP goals and objectives and daily operational activities such as the surveillance of assigned areas for the detection and prevention of healthcare-associated infections.

XII. GOALS OF DEPARTMENT/SERVICE

- A. HEIP goals and work plans are established annually as per California state law in the Annual Infection Prevention Risk Assessment and Plan (“Plan”).
- B. The Plan’s priorities will be reassessed based upon findings from surveillance data and other relevant information.

HISTORY OF POLICY

Revised 8/92, 10/95, 4/01, 4/02, 9/03, 12/05, 5/07, 5/10, 8/11, 6/15, 2/19, 3/22

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