

Module 3

Section A: Risk-Based IPC Programs

Term

All-hazards approach

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Section A: Risk-Based IPC Programs

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Breach of duty

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Section A: Risk-Based IPC Programs

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Capability targets

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Section A: Risk-Based IPC Programs

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Consequence

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Section A: Risk-Based IPC Programs

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IPC team

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Section A: Risk-Based IPC Programs

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Implementation science

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Section A: Risk-Based IPC Programs

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Infection preventionist (IP)

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Section A: Risk-Based IPC Programs

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Likelihood

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A deviation from the recognized standard of care.

An integrated approach to emergency preparedness planning that focuses on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters; the approach is specific to the location of the provider or supplier and considers the particular types of hazards most likely to occur in their areas. (Federal Register)

Effect of an event, incident, or occurrence. (DHS)

The level of capability that a community plans to achieve over time in order to manage the threats and hazards it faces. (FEMA)

Methods to promote the use of evidence-based practices to improve healthcare quality.

The group of people responsible for carrying out all aspects of the IPC program as delegated by facility leadership; the core of this team includes the IP, the chair of the IPC committee, the healthcare epidemiologist (if this position is staffed at the facility), and possibly someone responsible for occupational health or administration.

Chance of something happening, whether defined, measured or estimated objectively or subjectively, or in terms of general descriptors (such as rare, unlikely, likely, almost certain), frequencies, or probabilities. (DHS)

Professionals who make sure that healthcare workers and residents are doing all the things they should to prevent infections. (APIC)

Module 3

Section B: Antimicrobial Stewardship

Term

Antimicrobial stewardship

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Section B: Antimicrobial Stewardship

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Antimicrobial stewardship programs (ASPs)

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Section B: Antimicrobial Stewardship

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Diagnostic stewardship

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Section B: Antimicrobial Stewardship

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Empiric therapy

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Section B: Antimicrobial Stewardship

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Half life

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Section B: Antimicrobial Stewardship

Term

Minimal inhibitory concentration (MIC)

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Module 3

Section C: The Infection Preventionist

Term

Active learning

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Module 3

Section C: The Infection Preventionist

Term

Audits

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Programs that optimize the selection, dosage, and duration of antimicrobial treatment to produce the best clinical outcome with minimal toxicity to the resident.

Practices dedicated to improving and optimizing antimicrobial selection, dosage, and duration while minimizing resident harm.

Involves administering an antimicrobial to a patient before definitive information about a causative pathogen is available, typically because the results of the culture are pending.

Coordinated guidance and interventions to improve appropriate use of microbiological diagnostics to guide therapeutic decisions; should promote appropriate, timely diagnostic testing, including specimen collection, and pathogen identification and accurate, timely reporting of results to guide patient treatment. (WHO)

The lowest concentration of a drug that can inhibit microbial growth in vitro (in the lab).

The time it takes for the body to metabolize half of a drug.

Direct observations of HCP practices in the healthcare setting, often facilitated using checklists.

The concept that learners learn more and retain their learning longer if they acquire it in an active rather than a passive manner.

Module 3

Section C: The Infection Preventionist

Term
Certification

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Section C: The Infection Preventionist

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Cohort

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Continuing education

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Formative evaluation

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Section C: The Infection Preventionist

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Hawthorne effect

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In-service training

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Section C: The Infection Preventionist

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Licensure

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Section C: The Infection Preventionist

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Return demonstration

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A group sharing a common experience, such as the use of central lines.

A standardized measure enabling a person to demonstrate a predetermined competency level deemed necessary for persons practicing infection prevention and control.

A training evaluation conducted during the planning of an educational session to provide immediate feedback and to allow appropriate changes to be made.

Opportunities to acquire general or focused knowledge through lecture, discussion, or interactive methods.

Formal and/or informal work-related systematic training delivered on site in a group training session by the employer to provide continuing professional development related to HCP knowledge, skills, and behaviors.

When individuals modify their behavior in response to their awareness of being observed.

An activity in which HCP demonstrate proper exercise of a given competency by performing the required processes as they were taught.

Recognition by a governmental agency (e.g., a state or provincial nursing or medical board) that an individual has met the minimum requirements to practice in the jurisdiction.

Module 3

Section C: The Infection Preventionist

Term

Summative evaluation

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Module 3

*Section D: Quality Assurance and
Performance Improvement (QAPI)*

Term

Care bundle

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Clinical measure

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Failure mode and effect analysis (FMEA)

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Gap analysis

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Minimum performance threshold

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Mission statement

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*Section D: Quality Assurance and
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Off-label use

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A small, straightforward set of evidence-based practices that, when performed collectively and reliably, have been proven to improve patient outcomes. (IHI).

A training evaluation that occurs after a program is completed to determine impact and overall effectiveness.

A systematic, proactive method for evaluating a process to identify where and how it might fail and to assess the relative impact of different failures in order to identify the parts of the process that are most in need of change.

A type of performance measure designed to evaluate the processes or outcomes of care associated with the delivery of clinical services, to allow for intra- and interorganizational comparisons to be used to continuously improve resident health outcomes, and to focus on the appropriateness of clinical decision making and implementation of these decisions.

The level below which the process being used to reach a higher goal needs revision or improvement.

A technique to compare best practices with current processes and determine the steps to take to move from a current state to a desired future state.

The application of a product for a purpose that is not included in the approved device labeling.

A description of the organization's purpose or goal; used to guide decision making and actions.

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*Section D: Quality Assurance and
Performance Improvement (QAPI)*

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Performance improvement

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*Section D: Quality Assurance and
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Performance measure

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Product evaluation

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Project charter

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*Section D: Quality Assurance and
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Quality assurance

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Reproducibility

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Root cause analysis (RCA)

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Sentinel event

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A quantitative tool that provides an indication of an organization's performance in relation to a specified process or outcome.

An ongoing continuous cycle that focuses on resident clinical outcomes, customer satisfaction, and service.

A brief document that adds formality to the project process, sets the scope of the project, identifies a project manager and invests that person with budget and staffing authority, discusses high-level risks and assumptions, and sets budget and resource constraints.

A process of appraisal that considers the value and significance of quality, cost, safety, and practitioner choice for product selection. (APIC)

Evaluates whether findings can be repeated consistently when applied to new populations, to different institutions, or by different individuals. (Quality Indicator Study Group)

A process of meeting quality standards and assuring that care reaches an acceptable level. (CMS)

An event resulting in death or serious physical or psychological harm or the risk thereof.

A process for identifying the basic or causal factors that underlie variation in performance.

Module 3

*Section D: Quality Assurance and
Performance Improvement (QAPI)*

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Structural measure

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*Section D: Quality Assurance and
Performance Improvement (QAPI)*

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Vision statement

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Section E: Emergency Preparedness

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All-hazards approach

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Section E: Emergency Preparedness

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Bioterrorism attack

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Module 3

Section E: Emergency Preparedness

Term

Incident Command System (ICS)

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Module 3

Section F: Safety and Occupational Health

Term

Adverse event

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Module 3

Section F: Safety and Occupational Health

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Barrier precautions

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Section F: Safety and Occupational Health

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Bloodborne pathogens (BBP)

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A snapshot of an organization's intended future.

A measure that assesses features of a healthcare organization or clinician relevant to its capacity to provide healthcare. (CMS)

The deliberate release of viruses, bacteria, or other germs (agents) used to cause illness or death in people, animals, or plants. (CDC)

An integrated approach to emergency preparedness planning that focuses on capacities and capabilities that are critical to preparedness for a full spectrum of emergencies or disasters; the approach is specific to the location of the provider or supplier and considers the particular types of hazards most likely to occur in their areas. (Federal Register)

Any negative impact event involving one or more patients in a healthcare setting, including but not limited to sentinel events, drug-related errors, HAIs (including surgical site infections), technical or nontechnical competency errors, diagnostic mishaps, therapeutic mishaps, or process errors.

A standardized management tool for meeting the demands of small or large emergency or nonemergency situations. (FEMA)

Pathogenic microorganisms present in human blood that can cause disease in humans. Examples include the hepatitis B virus (HBV) and the human immunodeficiency virus (HIV).

Methods employed to prevent the spread of infection from one person to another.

Module 3

Section F: Safety and Occupational Health

Term

Lapse

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Section F: Safety and Occupational Health

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Near-miss

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Section F: Safety and Occupational Health

Term

Occupational health

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Module 3

Section F: Safety and Occupational Health

Term

Organizational culture

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Module 3

Section F: Safety and Occupational Health

Term

Sentinel event

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Section F: Safety and Occupational Health

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Slip

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An event in which the unwanted consequences were prevented because there was a recovery by planned or unplanned identification and correction of the failure. (AHRQ)

An internal failure occurring from failures of memory and memory storage.

The set of values, guiding beliefs, or ways of thinking that are shared among members of an organization.

A discipline dedicated to the well-being and safety of employees in the workplace.

An external failure in a plan due to reduced intentionality.

An event resulting in death or serious physical or psychological harm or the risk thereof.