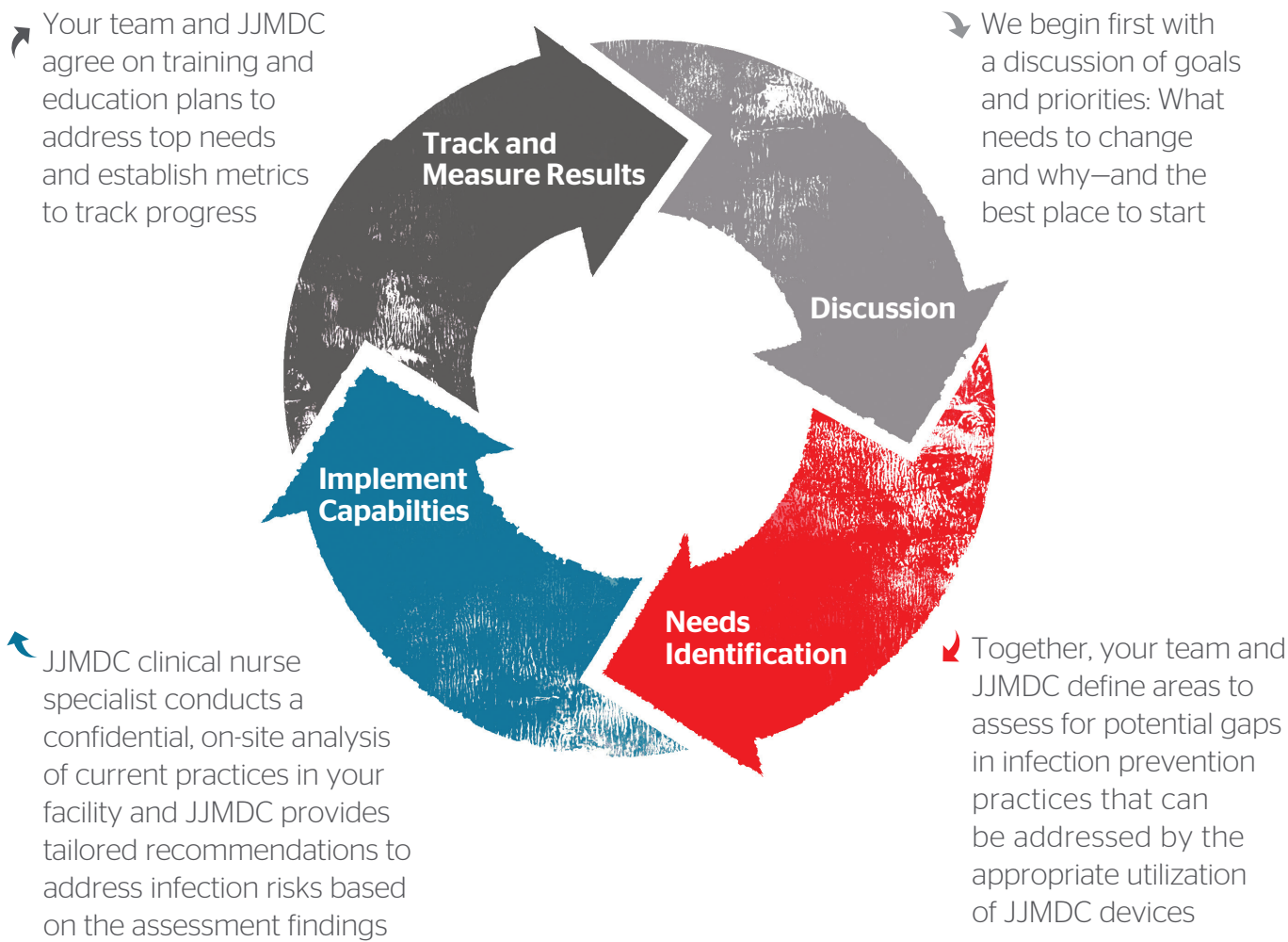


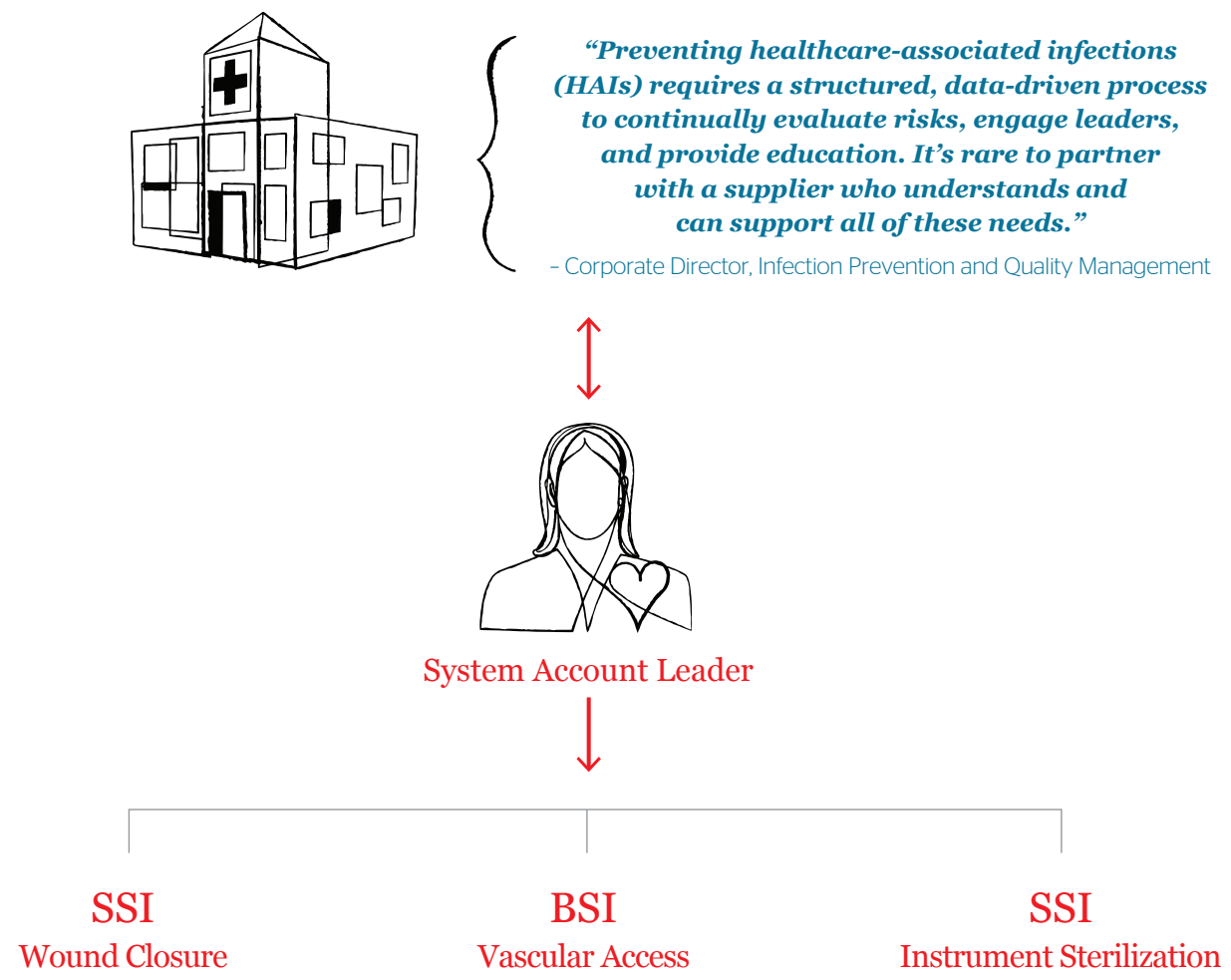
Your Trusted Partner in Infection Risk Management

4 steps designed to identify and address potential
gaps in current infection prevention practices
when using JJMDC products



Infection Risk Management Capability Objective

Help providers implement evidence-based practices to address risk factors for surgical site infections (SSIs) and bloodstream infections (BSIs) through the appropriate use of JJMDC products.



Delivering Results

Through the CareAdvantage Infection Risk Management capability, health systems have realized meaningful, measurable results such as:

Reduced SSI rates

Standardized infection control practices

Clinicians educated on evidence-based infection prevention protocols

These are examples only and do not guarantee or predict future results, which will vary depending on individual circumstances

How is Data Collected During the Observation?

The Clinical/Team Specialist:

- Follows your facility’s credentialing requirements, as well as attire and behaviors in restricted-access areas
- Enters patient areas, departments and/or ORs only with permission or accompanied by facility designee
- Utilizes a data collection tool to record information accurately
- Does not collect patient- or staff-identifiable information, keeping data confidential

What Happens During the Observation?

The Clinical/Team Specialist:

- Conducts a confidential analysis of current practices related to the use of JJMDC devices for wound closure, vascular access, and instrument sterilization
- Collects, summarizes, and presents this data, which addresses risk factors associated with SSIs and/or BSIs
- Creates a tailored educational plan and works with your facility to execute the plan through the appropriate use of JJMDC products
- A follow up observation can be planned to measure results and identify any further gaps in infection prevention through the appropriate use of JJMDC products

What Data is Collected During Observation?

Wound Closure	Vascular Access	Instrument Sterilization
<ul style="list-style-type: none">• Use of wound closure devices and potential effects as a foreign body for bacterial colonization• Use of topical skin adhesives• Use of wound dressings• Incision care practices• Use of surgical drains• Adherence to evidence-based guidelines for reduction of SSI risks	<ul style="list-style-type: none">• Unit and room number• Type and location of catheter• Dressing change date within policy• Condition of dressing (clean/dry/intact, etc)• Catheter securement method• BIOPATCH® Protective Disk with CHG placement• Adherence to evidence-based guidelines for reduction of BSI risks	<ul style="list-style-type: none">• Adherence to Biological Indicator (BI) processing protocols, evidence-based guidelines for SSI risk reduction, and manufacturer’s IFU• Chemical Indicator (CI) evaluation/ consumable evaluation• Number of cancellations and root-cause analysis• Cycle counts and productivity per unit• Instrument validations• Observance of wrap and pouch procedures

What Will Happen to the Data That is Collected?

The Clinical/Team Specialist:

- Delivers robust data on JJMDC product use by device type and clinical unit for each facility
- Gives your facility all accumulated data and a corresponding comprehensive report
- Ensures all information collected remains confidential and will be provided only to your facility

HAIs are associated with high mortality rates

- SSIs are the most common HAI¹
 - A patient with an SSI is 2x more likely to die after surgery²
- In 2002, over **30,000** US patients died due to BSIs³

HAIs present hospitals with significant challenges⁴

- **On a per-case basis**, central line-associated BSIs and SSIs are among the costliest HAIs
- Together, BSIs and SSIs account for more than **50%** of the total annual cost associated with the most common HAIs
- With Medicare's nonpayment policy for treatment of preventable HAIs, hospitals are at financial risk. Prevention of HAIs may help hospitals with cost savings

To learn more please visit www.CareAdvantageJJMDC.com
or email CareAdvantageJJMDC@its.jnj.com.

References

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2. World Health Organization. WHO Guidelines for Safe Surgery 2009. http://apps.who.int/iris/bitstream/10665/44185/1/9789241598552_eng.pdf. Accessed December 5, 2017.
3. Kallen AJ, Patel PR, O'Grady NP. Preventing catheter-related bloodstream infections outside the intensive care unit: Expanding prevention to new settings. *Clin Infect Dis*. 2010;51:335-341.
4. Zimlichman E, Henderson D, Tamir O, et al. Health Care-Associated Infections: A Meta-analysis of Costs and Financial Impact on the US Health Care System. *JAMA Intern Med*. 2013;173(22):2039-2046.