JOB TITLE = INFECTION PREVENTIONIST...

WHAT NOW?

PART 2

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Moderator: Heather Ridge
Nurse Consultant
OBJECTIVES

• Discuss the role of the Infection Preventionist in program evaluation.

• Identify key elements of an Infection Prevention long-term care program.
NO DISCLOSURES
CORE ELEMENTS

Evaluation

Education

Policies
Procedures

Infection
Control Plan
EDUCATION
EDUCATION TIPS

• Shared responsibility (IP needs to know the “what”)
• Tailor to audience (adult learners, cognitive ability)
• Computer based vs. live
• Key times:
  ✓ Upon hire
  ✓ Annual
  ✓ When changes occur
• Documentation
• Competencies
ESSENTIAL HCP EDUCATION

- Bloodborne Pathogen (BBP) Exposure Control Plan
- Tuberculosis (TB) Infection Control Plan
- Standard precautions/transmission based precautions
  - MDROs
  - Hand hygiene
  - PPE selection, donning & doffing
  - Safe injection practices including glucometer care/use
  - Respiratory hygiene/cough etiquette
- Cleaning & disinfection
- Antibiotic stewardship
ESSENTIAL EDUCATION

Residents and families need education too!

- Hand hygiene
- Respiratory hygiene
- Flu & pneumococcal immunization benefits/potential side effects
- Antibiotic stewardship
- Transmission based precautions*

* As applicable
COMPETENCY TIPS

• Based on population served, determine who requires competencies
  → High risk, resident contact, service provided, device related, data collected, regulatory, outbreaks
  → Employee specific and goes into employee file

• Upon hire, annually and if issues identified

• Performed by someone who is deemed competent to observe
  → Employee health, IP, unit supervisor, SDC, ancillary staff leadership

• Utilize a standardized checklist for measuring performance

• Have a plan for remediation with identified concerns
# Hand Hygiene Competency Validation

**Soap & Water**

Alcohol Based Hand Rub (ABHR) (60% - 95% alcohol content)

<table>
<thead>
<tr>
<th>Type of validation:</th>
<th>Return demonstration</th>
<th>Orientation</th>
<th>Annual</th>
<th>Other</th>
</tr>
</thead>
</table>

**Employee Name:** ____________________________  **Job Title:** ____________________________

## Hand Hygiene with Soap & Water

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Competent</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Checks that sink areas are supplied with soap and paper towels</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Turns on faucet and regulates water temperature</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Wets hands and applies enough soap to cover all surfaces of hands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Vigorously rubs hands for at least <strong>15 seconds</strong> including palms, back of hands, between fingers, and wrists</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Rinses thoroughly keeping fingertips pointed down</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Dries hands and wrists thoroughly with paper towels</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Discards paper towel in wastebasket</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Uses paper towel to turn off faucet to prevent contamination to clean hands</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Hand Hygiene with ABHR

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Competent</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Applies enough product to adequately cover all surfaces of hands</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Rubs hands including palms, back of hands, between fingers until all surfaces dry</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## General Observations

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Competent</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Direct care providers—no artificial nails or enhancements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Natural nails are clean, well groomed, and tips less than ⅛ inch long</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Skin is intact without open wounds or rashes</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Comments or follow up actions:

---

**Sample Competency**
EVALUATION
Surveillance Criteria

Clinical Diagnosis
Or MDS
SURVEILLANCE
HEALTHCARE ASSOCIATED INFECTIONS (HAI)

• Standardized, nationally recognized surveillance criteria
  → E.g., 2012 updated McGeer, CDC National Healthcare Safety Network (NHSN), etc.
  → Include in infection control plan

• Specific criteria must be met (documentation required)
  → “All or none”; If not all criteria met, exclude from IC data

Outcome Measure
SURVEILLANCE TIPS

• Focus is on facility acquired infections based on risk assessment
  → Facility-wide (total) surveillance
  → Targeted (focused) surveillance

• Be consistent

• Try to do it “real time” to take action if necessary

• Educate staff on S&S for documentation
SURVEILLANCE TIPS

• Triggers for investigation
  → Antibiotic report
  → Culture report (also helps with monitoring appropriate isolation)
  → Provider orders
  → Daily huddles/stand up
  → Be aware of residents admitted with MDROs or C. difficile for risk of transmission

• Infection Line List
  → This can include all of your investigation
  → Include a column for “meets criteria”
SURVEILLANCE DEFINITION COMPARISON

**McGeer 2012 Criteria**

- Publication
- Not routinely updated
- Explains rationales behind surveillance
- Infection definitions
  - Urinary tract
  - Respiratory tract
  - Skin, soft tissue and mucosal
  - GI tract

**CDC NHSN**

- Periodically updated
- Training available online
- Potential for national benchmarking
- Limited infection definitions
  - C. difficile & MRSA (LabID)
  - Urinary Tract
- Other measures
  - Prevention: HH, glove & gown use
  - HCP exposures
  - HCP influenza vaccination
MCGEER CRITERIA

2012

https://www.jstor.org/stable/10.1086/667743?seq=1
MCGEER CRITERIA

Appendix

3 important conditions that should be MET when applying surveillance definitions

- All symptoms must be NEW or acutely WORSE
- Alternative noninfectious causes of signs and symptoms (e.g., dehydration, medications) should be evaluated
- Identification of infection should NOT be based on one single piece of evidence but should always consider both clinical and microbiologic/radiologic findings
  - Microbiologic and radiologic findings should NOT be the sole criteria
  - Diagnosis by a physician alone is NOT sufficient for a surveillance definition of infection and must include compatible signs and symptoms

Definitions for Constitutional Criteria in Residents of Long-Term Care Facilities (LTCFs)*

<table>
<thead>
<tr>
<th>Fever</th>
<th>Leukocytosis</th>
<th>Acute change in mental status from baseline</th>
<th>Acute functional decline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single oral temperature &gt;37.8°C (&lt;100°F) OR Repeated oral temperatures &gt;37.2°C (99°F) or rectal temperatures &gt;37.5°C (99.5°F) OR Single temperature &gt;1.1°C (2°F) over baseline from any site (oral, tympanic, axillary)</td>
<td>Neutrophilia (&gt;14,000 leukocytes/mm³) OR Left shift (&gt;6% bands or ≥1,500 bands/mm³)</td>
<td>ALL criteria must be present (See Table 1 below)</td>
<td>A new 3-point increase in total activities of daily living (ADL) score (range, 0-28) from baseline, based on the following 7 ADL items, each scored from 0 (independent) to 4 (total dependence)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Bed mobility</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Transfer</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Locomotion within LTCF</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dressing</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Toilet use</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Personal hygiene</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Eating</td>
</tr>
</tbody>
</table>

Table 1

<table>
<thead>
<tr>
<th>Acute Onset</th>
<th>Fluctuating</th>
<th>Inattention</th>
<th>Disorganized thinking</th>
<th>Altered level of consciousness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence of acute change in resident’s mental status from baseline</td>
<td>Behavior fluctuating (e.g., coming and going or changing in severity during the assessment)</td>
<td>Resident has difficulty focusing attention (e.g., unable to keep track of discussion or easily distracted)</td>
<td>Resident’s thinking is incoherent (e.g., rambling conversation, unclear flow of ideas, unpredictable switches in subject)</td>
<td>Resident’s level of consciousness is described as different from baseline (e.g., hyperalert; sleepy, drowsy, difficult to arouse, nonresponsive)</td>
</tr>
</tbody>
</table>
Case Study
- 86 year old male
- Admitted 18 months ago
- Alert & Oriented
- Room air
- Occasional cough
- No COPD or CHF
- Uses a walker
- Non-smoker
- VS WNL

Today
- Coughed all night
- Respirations 30 per/min
- Temperature: 100°F
- CXR normal
**Case Study**

- 86 year old male
- Admitted 18 months ago
- Alert & Oriented
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- Non-smoker
- VS WNL

**Today**

- Coughed all night
- Respirations 30 per/min
- Temperature: 100°F
- CXR normal

---

**Pneumonia**

- MUST HAVE interpretation of a chest radiograph as demonstrating pneumonia or presence of a new infiltrate
- MUST HAVE at least 1 of the following:
  - New or increased cough
  - New or increased sputum production
  - \( O_2 \) saturation < 94% on room air or a reduction in \( O_2 \) saturation of > 3% from baseline
  - New or chronically increased heart rate
  - Pleuritic chest pain
  - Respiratory rate ≥ 25 breaths/min

**Lower respiratory tract (bronchitis or tracheobronchitis)**

- MUST HAVE pneumonia
- MUST HAVE at least 1 of the constitutional criteria (Refer to Appendix):
  - Fever*
  - Leukocytosis*
  - Acute change in mental status from baseline*
  - Acute functional decline*
Centers for Disease Control and Prevention (CDC) - National Healthcare Safety Network (NSHN)

Tracking Infections in Long-term Care Facilities

CDC NHSN

http://www.cdc.gov/nhsn/ltc/index.html
APPLYING UTI NSHN CRITERIA
CASE STUDY (#2)

- 63 year old female
- Admitted 1 week ago for rehab after bilateral hip replacement
- Alert with mild confusion at times
- Uses a walker
- Independent to the bathroom/no catheter
- Poor nutrition

Past 48 hours
- Fell when ambulating
- MD ordered lab work
  - CBC
  - UA/Culture if positive
  - VS Q12 hours
- Temp WNL
- White count = 16,000
- Urine culture obtained via I/O catheter
  - Urine color dark yellow/strong odor
  - >50,000 E. coli
APPLYING UTI NSHN CRITERIA (#2)

Step 1

Do you have a urine culture report?

YES

Grew >50,000 E. coli

Laboratory Testing -- If NO culture, STOP (does not meet UTI surveillance definitions)

<table>
<thead>
<tr>
<th>Date of culture</th>
<th>MUST HAVE a positive urine culture with 1 of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>/</strong>/_______</td>
<td>□ Clean catch voided urine; ≥ 10^8 (100,000) CFU/ml of no more than 2 species of microorganisms</td>
</tr>
<tr>
<td>Organism(s)</td>
<td>X In/out straight catheter; ≥ 10^9 (100) CFU/ml of any microorganism(s)</td>
</tr>
<tr>
<td></td>
<td>□ Indwelling catheter; ≥ 10^9 (100,000) CFU/ml of any microorganism(s)</td>
</tr>
</tbody>
</table>

NOTE: Yeast and other microorganisms, which are NOT bacteria, are NOT acceptable UTI pathogens. “Mixed flora” is NOT considered an organism.

Attach culture report with drug sensitivities
### APPLYING UTI NSHN CRITERIA (#2)

<table>
<thead>
<tr>
<th>Type of Infection</th>
<th>Signs and Symptoms</th>
<th>Comments</th>
</tr>
</thead>
</table>
| Resident WITHOUT an indwelling catheter | Criteria 1a  
___ MUST HAVE 1 of the following:  
- Acute dysuria  
- Acute pain, swelling or tenderness of the testes, epididymis or prostate | Fever can be used to meet SUTI criteria even if the resident has another possible cause for the fever (e.g., pneumonia)  
Fever*  
- Single temperature $\geq 37.8^\circ$C ($\geq 100^\circ$F) **OR**  
- $>37.2^\circ$C ($>99^\circ$F) on repeated occasions **OR**  
- An increase of $>1.1^\circ$C ($>2^\circ$F) over baseline |
| Symptomatic Urinary Tract Infection (SUTI) | Criteria 2a  
___ MUST HAVE 1 of the following:  
- Fever*  
- Leukocytosis* | Leukocytosis*  
- $>14,000$ cells/mm³ **OR**  
- Left shift ($>6\%$ or $1,500$ bands/mm³) |
| Criteria 1a |  
| Criteria 2a |  
| Criteria 3a |  
| Criteria 3a |  
___ MUST HAVE 2 or more of the following:  
- Costovertebral angle pain or tenderness  
- New or marked increase in suprapubic tenderness  
- Gross hematuria  
- New or marked increase in incontinence  
- New or marked increase in urgency  
- New or marked increase in frequency |  

#### What S&S documented?
- NP wrote in order “suspected UTI”  
- Nursing documented “Resident stated she fell because she kept having to go to the bathroom to make water but hardly nothing came out!”
### APPLYING UTI NSHN CRITERIA (#2)

<table>
<thead>
<tr>
<th>Type of Infection</th>
<th>Signs and Symptoms</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident WITHOUT an indwelling catheter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Symptomatic Urinary Tract Infection (SUTI)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Criteria 1a

**X** MUST HAVE 1 of the following:
- Acute dysuria
- Acute pain, swelling or tenderness of the testes, epididymis or prostate

### Criteria 2a

**X** MUST HAVE 1 of the following:
- **Leukocytosis**
  - >14,000 cells/mm² *OR*
  - Left shift (>6% or 1,500 bands/mm²)

### Criteria 3a

**X** MUST HAVE 2 or more of the following:
- Costovertebral angle pain or tenderness
- New or marked increase in frequency
- Gross hematuria
- New or marked increase in incontinence
- New or marked increase in urgency

---

What S & S documented?

- NP wrote in order “suspected UTI”
- Nursing documented “Resident stated she fell because she kept having to go to the bathroom to make water but hardly nothing came out!”
WHY AUDIT?

A method/tool to validate compliance of...

- Process
- Procedure
- Standard

Gaps in practice or trends can be measured, analyzed for actions
AUDIT TIPS

• Team effort (leadership, champions, etc.)
• Includes all shifts
• Purposeful
• Monitor the audited process entirely
• Different from competencies
  ✓ Anonymous data not directly tied to an individual “secret shopping”

• Crucial element for program evaluation & resident safety
• Frequency is based off of prioritized risks
  ✓ Monthly, quarterly, twice a year, annually (point prevalence)
• Determine a compliance percentage
• Staff need to know to impact change/compliance

Process measure
AUDITS
ITEMS TO CONSIDER

- Resident Vaccines
- Hand hygiene
- PPE use
- Isolation
- Glucometers/POC
- Safe injections
- Wound care
- Urinary catheters
- Central lines
- Environmental cleanliness
- Environmental Rounds
# SAMPLE AUDIT

## Point of Care (POC) Audit Tool
(Glucometers, PT/INR, etc.)

<table>
<thead>
<tr>
<th>Date</th>
<th>Hand Hygiene performed</th>
<th>New gloves worn</th>
<th>*Single-use lancet used?</th>
<th>**Shared Testing meter</th>
<th>Dedicated Testing meter</th>
<th>Gloves removed</th>
<th>Hand Hygiene performed</th>
<th>Total Compliance (All Yes = compliant)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Cleaned &amp; disinfected after use</td>
<td>No</td>
</tr>
<tr>
<td>Sample 1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Sample 2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Sample 3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Total Counts</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

| Single Element Compliance | 67% | 100% | 100% | 100% | 100% | 100% | 100% | 67% |

% Compliance = 
\[
\frac{\# \text{ of yes compliant}}{\# \text{ of audits}}
\]

**Notes:**
- *Lancet holder devices are not suitable for multi-patient use.*
- **If the manufacturer does not provide instructions for cleaning & disinfection, then the testing meter should not be used for more than 1 patient.**

Adapted from the CDC long-term care ICAR tool

NC SPICE; 9-2018
DATA SHARING/COMMUNICATION
FEEDBACK TIPS

• Share analyzed data with frontline staff and leadership.

• “Just in time” is a form of feedback but does explain the overall story & trends.

• Find a forum
  - Staff meeting, bulletin boards, etc.
  - Visual, verbal, etc.

• Sharing engages staff to take ownership, develop solutions and celebrate successes.
TIPS FOR PRESENTING AT QUALITY MEETING

• IP must be part of the team
• Present monthly or quarterly
• IP discusses trends and makes recommendations
• May include raw numbers, calculated rates, tables, graphs, etc.

Opportunity to majorly impact resident safety!
COMMUNICATION TOPICS TO CONSIDER

• Surveillance HAI data
• Audit data (HH, POC, etc.)
  ✓ Includes IC data collected by other departments
• Antibiotic stewardship
  ✓ Shared duty
• Policy review/revisions and approval
• Performance Improvement (PI) projects

• Adverse/near miss events
  ✓ Outbreaks, safe injection practices, etc.
• Annual program requirements
  ✓ (Risk assessments, goals, etc.)
• Employee health issues
  ✓ Influenza vaccine compliance, TST compliance
• Construction/renovation
SAMPLE DATA TOOLS
# Healthcare Associated Infection Data

<table>
<thead>
<tr>
<th>HA-Infections</th>
<th>July Overall</th>
<th>July by Hall # Infections</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Resident Days</td>
<td># Infections</td>
</tr>
<tr>
<td>UTI</td>
<td>134</td>
<td>6</td>
</tr>
<tr>
<td>Respiratory</td>
<td>134</td>
<td>3</td>
</tr>
<tr>
<td>Skin</td>
<td>134</td>
<td>2</td>
</tr>
<tr>
<td>C. difficile</td>
<td>134</td>
<td>0</td>
</tr>
</tbody>
</table>

*Rate = (# Infections/# Resident days) x 1000
<table>
<thead>
<tr>
<th>Year</th>
<th>Observations</th>
<th>Compliant</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>40</td>
<td>14</td>
<td>35</td>
</tr>
<tr>
<td>Feb</td>
<td>40</td>
<td>18</td>
<td>45</td>
</tr>
<tr>
<td>Mar</td>
<td>30</td>
<td>14</td>
<td>47</td>
</tr>
<tr>
<td>1st Quarter</td>
<td>110</td>
<td>46</td>
<td>42</td>
</tr>
<tr>
<td>Apr</td>
<td>30</td>
<td>15</td>
<td>50</td>
</tr>
<tr>
<td>May</td>
<td>30</td>
<td>14</td>
<td>47</td>
</tr>
<tr>
<td>Jun</td>
<td>20</td>
<td>11</td>
<td>53</td>
</tr>
<tr>
<td>2nd Quarter</td>
<td>80</td>
<td>40</td>
<td>50</td>
</tr>
<tr>
<td>Jul</td>
<td>30</td>
<td>18</td>
<td>60</td>
</tr>
<tr>
<td>Aug</td>
<td>30</td>
<td>21</td>
<td>70</td>
</tr>
<tr>
<td>Sep</td>
<td>20</td>
<td>16</td>
<td>80</td>
</tr>
<tr>
<td>3rd Quarter</td>
<td>80</td>
<td>55</td>
<td>69</td>
</tr>
<tr>
<td>Oct</td>
<td>30</td>
<td>22</td>
<td>75</td>
</tr>
<tr>
<td>Nov</td>
<td>30</td>
<td>27</td>
<td>90</td>
</tr>
<tr>
<td>Dec</td>
<td>20</td>
<td>17</td>
<td>85</td>
</tr>
<tr>
<td>4th Quarter</td>
<td>80</td>
<td>66</td>
<td>83</td>
</tr>
<tr>
<td>Year End Total</td>
<td>350</td>
<td>207</td>
<td>59</td>
</tr>
</tbody>
</table>

**Goal = 90%**

- Greater than or equal to 90 = Green
- Between 60 - 89 = Yellow
- 59 or below = Red
RUN CHART WITH TREND LINE

Hand Hygiene Percent Compliance
2017
Bar Graph

Hand Hygiene Percent Compliance
2017

Percent Compliance

<table>
<thead>
<tr>
<th>Month</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>35</td>
<td>45</td>
<td>47</td>
<td>50</td>
<td>47</td>
<td>53</td>
<td>60</td>
<td>70</td>
<td>80</td>
<td>75</td>
<td>90</td>
<td>85</td>
</tr>
<tr>
<td>Name of Policy</td>
<td>Date Reviewed</td>
<td>Changes/Revisions</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Transmission Based Precautions</td>
<td>8/15/2018</td>
<td>Added new category of Contact Enteric Precautions requiring soap/water for hand hygiene when leaving room. Room and equipment cleaning/disinfecting to be performed with 1:10 bleach wipes.</td>
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<tr>
<td>Standard Precautions</td>
<td>8/21/2018</td>
<td>Grammar only; no content changes</td>
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<tr>
<td>Outbreaks</td>
<td>9/7/2018</td>
<td>New policy. Details on how to recognize, respond and address outbreaks in facility. Specific examples include influenza, gastroenteritis &amp; scabies.</td>
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<tr>
<td>Hand Hygiene</td>
<td>9/7/2018</td>
<td>Added statement: Alcohol based hand rub is the preferred method for cleaning hands unless visibly soiled or caring for a resident on Contact Enteric Precautions.</td>
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</tbody>
</table>
(AKA...FINDING TIME)
**HOW MUCH TIME?**

<table>
<thead>
<tr>
<th>NC ICAR findings</th>
<th>CMS requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average of 10.1 hours/week</td>
<td>Part time at facility</td>
</tr>
<tr>
<td></td>
<td>Participates in QAPI</td>
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</tbody>
</table>

Leadership support is CRITICAL!
## ORGANIZING YOUR TIME

<table>
<thead>
<tr>
<th>Daily</th>
<th>Weekly</th>
<th>Monthly</th>
<th>Quarterly</th>
<th>Annually</th>
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</thead>
<tbody>
<tr>
<td>Isolation rounds</td>
<td>Audits</td>
<td>Audits</td>
<td>Audits</td>
<td>Review all plans/risk assessments</td>
</tr>
<tr>
<td>Surveillance</td>
<td>Surveillance (Trends)</td>
<td>Analyze infection data</td>
<td>Present data &amp; analysis to QAPI</td>
<td>Summarize surveillance data (Goals)</td>
</tr>
<tr>
<td>Lab review</td>
<td>Staff feedback</td>
<td>Analyze audits/rounds</td>
<td>Environmental rounds</td>
<td>HCP education</td>
</tr>
<tr>
<td>Antibiotic orders</td>
<td>Provide staff audit/rounds feedback</td>
<td></td>
<td></td>
<td>Environmental rounds</td>
</tr>
<tr>
<td>Daily stand up</td>
<td>Daily stand up (per schedule)</td>
<td>Policy review</td>
<td></td>
<td>Annual skills competencies</td>
</tr>
<tr>
<td>1 on 1 feedback</td>
<td>1 on 1 feedback</td>
<td>Education (staff/residents)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
• Computer/software/printer
• Email
• Private space
• Phone
  ✓ Availability & notifications
• Education
  ✓ SPICE training/notebook/certificate
  ✓ Current CMS regulations
  ✓ CDC guidelines
  ✓ Surveillance definitions/map
  ✓ Policies
RESOURCES & REFERENCES
### SPICE Resources

<table>
<thead>
<tr>
<th>Sample IC risk assessment template</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample policy for LTC IC Program</td>
</tr>
<tr>
<td>Hand Hygiene competency checklist</td>
</tr>
<tr>
<td>Injection Safety competency checklist</td>
</tr>
<tr>
<td>PPE competency checklist</td>
</tr>
<tr>
<td>LTC surveillance tools (2012 McGeer &amp; CDC-NHSN)</td>
</tr>
<tr>
<td>- UTI</td>
</tr>
<tr>
<td>- GI including C. difficile &amp; norovirus</td>
</tr>
<tr>
<td>- Respiratory infections</td>
</tr>
<tr>
<td>- Skin &amp; soft tissue infections</td>
</tr>
</tbody>
</table>

REFERENCES

Statewide Program for Infection Control & Epidemiology (SPICE)
https://spice.unc.edu/

Centers for Disease Control & Prevention (CDC)
https://www.cdc.gov/longtermcare

Association for Professionals in Infection Control and Epidemiology
https://apic.org/


Centers for Medicare & Medicaid Services (CMS)
https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html
Questions?

- Un-mute your line
- Type in the chat box
THANK YOU FOR YOUR ICAR PARTICIPATION AND SUPPORTING RESIDENT SAFETY!