

JOB TITLE = INFECTION PREVENTIONIST... WHAT NOW? PART 2



September 20, 2018

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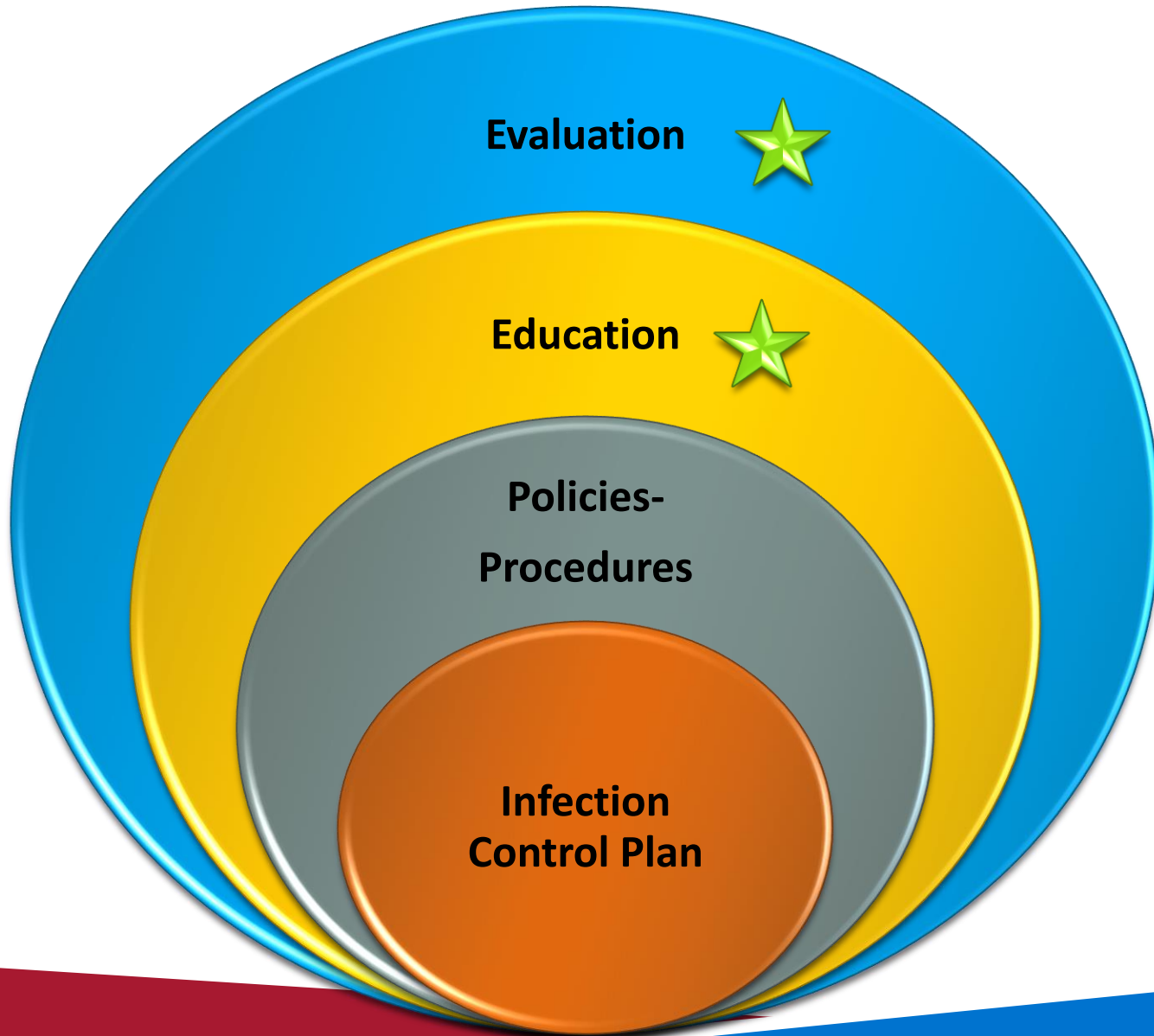
Moderator: Heather Ridge
Nurse Consultant

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





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

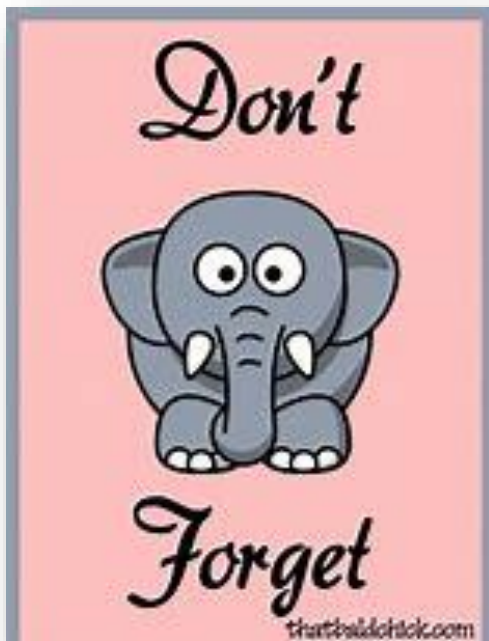


ESSENTIAL HCP EDUCATION

- 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

SAMPLE COMPETENCY

Hand Hygiene Competency Validation Soap & Water Alcohol Based Hand Rub (ABHR) (60% - 95% alcohol content)		
Type of validation: Return demonstration	<input type="checkbox"/> Orientation <input type="checkbox"/> Annual <input type="checkbox"/> Other	
Employee Name: _____ Job Title: _____		
Hand Hygiene with Soap & Water	Competent	
	YES	NO
1. Checks that sink areas are supplied with soap and paper towels		
2. Turns on faucet and regulates water temperature		
3. Wets hands and applies enough soap to cover all surfaces of hands		
4. Vigorously rubs hands for at least 15 seconds including palms, back of hands, between fingers, and wrists		
5. Rinses thoroughly keeping fingertips pointed down		
6. Dries hands and wrists thoroughly with paper towels		
7. Discards paper towel in wastebasket		
8. Uses paper towel to turn off faucet to prevent contamination to clean hands		
Hand Hygiene with ABHR		
9. Applies enough product to adequately cover all surfaces of hands		
10. Rubs hands including palms, back of hands, between fingers until all surfaces dry		
General Observations		
11. Direct care providers—no artificial nails or enhancements		
12. Natural nails are clean, well groomed, and tips less than ¼ inch long		
13. Skin is intact without open wounds or rashes		
Comments or follow up actions: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		



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

Surveillance Definitions of Infections in Long-Term Care Facilities: Revisiting the McGeer Criteria

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for the Society for Healthcare Epidemiology Long-Term Care Special Interest Group*

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)*

Fever	Leukocytosis	Acute change in mental status from baseline	Acute functional decline
<ul style="list-style-type: none"> • Single oral temperature >37.8°C (>100°F) OR • Repeated oral temperatures >37.2°C (99°F) or rectal temperatures >37.5°C (99.5°F) OR • Single temperature >1.1°C (2°F) over baseline from any site (oral, tympanic, axillary) 	<ul style="list-style-type: none"> • Neutrophilia (>14,000 leukocytes/mm³) OR • Left shift (>6% bands or ≥1,500 bands/mm³) 	<p><u>ALL</u> criteria must be present (See Table 1 below)</p> <ul style="list-style-type: none"> • Acute onset • Fluctuating course • Inattention <p><u>AND</u></p> <ul style="list-style-type: none"> • Either disorganized thinking or altered level of consciousness 	<p>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)</p> <ul style="list-style-type: none"> • Bed mobility • Transfer • Locomotion within LTCF • Dressing • Toilet use • Personal hygiene • Eating

Table 1

Acute Onset	Evidence of acute change in resident's mental status from baseline
Fluctuating	Behavior fluctuating (e.g., coming and going or changing in severity during the assessment)
Inattention	Resident has difficulty focusing attention (e.g., unable to keep track of discussion or easily distracted)
Disorganized thinking	Resident's thinking is incoherent (e.g., rambling conversation, unclear flow of ideas, unpredictable switches in subject)
Altered level of consciousness	Resident's level of consciousness is described as different from baseline (e.g., hyperalert, sleepy, drowsy, difficult to arouse, nonresponsive)

APPLYING RESPIRATORY MCGEER CRITERIA (#1)

<input type="checkbox"/> Pneumonia	<p>___ MUST HAVE interpretation of a chest radiograph as demonstrating pneumonia or presence of a new infiltrate</p> <p>___ MUST HAVE at least 1 of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> New or increased cough <input type="checkbox"/> New or increased sputum production <input type="checkbox"/> O₂ saturation < 94% on room air or a reduction in O₂ saturation of > 3% from baseline <input type="checkbox"/> New or changed lung examination abnormalities <input type="checkbox"/> Pleuritic chest pain <input type="checkbox"/> Respiratory rate ≥ 25 breaths/min <p>___ MUST HAVE at least 1 of the <i>constitutional criteria</i> (Refer to Appendix):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fever* <input type="checkbox"/> Leukocytosis* <input type="checkbox"/> Acute change in mental status from baseline* <input type="checkbox"/> Acute functional decline* 	<p>For both pneumonia and lower respiratory tract infection (RTI), the presence of underlying conditions that could mimic the presentation of a RTI (e.g., congestive heart failure or interstitial lung diseases) should be excluded by a review of clinical records and an assessment of presenting symptoms and signs.</p>
<input type="checkbox"/> Lower respiratory tract (bronchitis or tracheo-bronchitis)	<p>___ MUST HAVE chest radiograph not performed OR negative results for pneumonia or new infiltrate</p> <p>___ MUST HAVE at least 2 of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> New or increased cough <input type="checkbox"/> New or increased sputum production <input type="checkbox"/> O₂ saturation < 94% on room air or a reduction in O₂ saturation of > 3% from baseline <input type="checkbox"/> New or changed lung examination abnormalities <input type="checkbox"/> Pleuritic chest pain <input type="checkbox"/> Respiratory rate ≥ 25 breaths/min <p>___ MUST HAVE at least 1 of the <i>constitutional criteria</i> (Refer to Appendix):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fever* <input type="checkbox"/> Leukocytosis* <input type="checkbox"/> Acute change in mental status from baseline* <input type="checkbox"/> Acute functional decline* 	<p style="text-align: center;"><u>Case Study</u></p> <ul style="list-style-type: none"> • 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 <p style="text-align: center;"><u>Today</u></p> <ul style="list-style-type: none"> • Coughed all night • Respirations 30 per/min • Temperature: 100°F • CXR normal

ANSWER #1

<input type="checkbox"/> Pneumonia	<p>___ MUST HAVE interpretation of a chest radiograph as demonstrating pneumonia or presence of a new infiltrate</p> <p>___ MUST HAVE at least 1 of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> New or increased cough <input type="checkbox"/> New or increased sputum production <input type="checkbox"/> O₂ saturation < 94% on room air or a reduction in O₂ saturation of > 3% from bas <input type="checkbox"/> New or c <input type="checkbox"/> Pleuritic <input type="checkbox"/> Respirat <p>___ MUST HAV</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fever* <input type="checkbox"/> Leukocyt <input type="checkbox"/> Acute ch <input type="checkbox"/> Acute fu 	<p>For both pneumonia and lower respiratory tract infection (RTI), the presence of underlying conditions that could mimic the presentation of a RTI (e.g., congestive heart failure or interstitial lung diseases) should be excluded by a review of clinical records and an assessment of presenting symptoms and signs.</p>
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***Centers for Disease Control and Prevention (CDC)-
National Healthcare Safety Network (NHSN)
Tracking Infections in Long-term Care Facilities***

CDC NHSN

<http://www.cdc.gov/nhsn/ltc/index.html>

APPLYING UTI NSHN CRITERIA

CASE STUDY (#2)

Past 48 hours

- 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
- 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?

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

Date of culture

__/__/__

Organism(s)

MUST HAVE a positive urine culture with 1 of the following:

- Clean catch voided urine; $\geq 10^5$ (100,000) CFU/ml of no more than 2 species of microorganisms
- In/out straight catheter; $\geq 10^2$ (100) CFU/ml of any microorganism(s)
- Indwelling catheter; $\geq 10^5$ (100,000) CFU/ml of any microorganism(s)

**Attach culture report
with drug sensitivities**

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

YES

Grew >50,000 E. coli

APPLYING UTI NSHN CRITERIA (#2)

Type of Infection	Signs and Symptoms	Comments
<p>Resident WITHOUT an indwelling catheter</p> <p><input type="checkbox"/> Symptomatic Urinary Tract Infection (SUTI)</p> <p>___ Criteria 1a</p> <p>___ Criteria 2a</p> <p>___ Criteria 3a</p>	<p>Criteria 1a</p> <p>___ MUST HAVE 1 of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Acute dysuria <input type="checkbox"/> Acute pain, swelling or tenderness of the testes, epididymis or prostate <p>Criteria 2a</p> <p>___ MUST HAVE 1 of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fever* <input type="checkbox"/> Leukocytosis* <p>___ MUST HAVE 1 or more of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Costovertebral angle pain or tenderness <input type="checkbox"/> New or marked increase in suprapubic tenderness <input type="checkbox"/> Gross hematuria <input type="checkbox"/> New or marked increase in incontinence <input type="checkbox"/> New or marked increase in urgency <input type="checkbox"/> New or marked increase in frequency <p>Criteria 3a</p> <p>___ MUST HAVE 2 or more of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Costovertebral angle pain or tenderness <input type="checkbox"/> New or marked increase in suprapubic tenderness <input type="checkbox"/> Gross hematuria <input type="checkbox"/> New or marked increase in incontinence <input type="checkbox"/> New or marked increase in urgency <input type="checkbox"/> New or marked increase in frequency 	<p>Fever can be used to meet SUTI criteria even if the resident has another possible cause for the fever (e.g.; pneumonia)</p> <p style="text-align: center;">Fever*</p> <ul style="list-style-type: none"> • Single temperature $\geq 37.8^{\circ}\text{C}$ ($>100^{\circ}\text{F}$) OR • $>37.2^{\circ}\text{C}$ ($>99^{\circ}\text{F}$) on repeated occasions OR • An increase of $>1.1^{\circ}\text{C}$ ($>2^{\circ}\text{F}$) over baseline <p style="text-align: center;">Leukocytosis*</p> <ul style="list-style-type: none"> • $>14,000$ cells/mm^3 OR • Left shift ($>6\%$ or $1,500$ bands/mm^3) <div style="background-color: #90EE90; padding: 10px; margin-top: 10px;"> <p style="text-align: center;"><u>What S&S documented?</u></p> <ul style="list-style-type: none"> • 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!” </div>

APPLYING UTI NSHN CRITERIA (#2)

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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.)

Date	Hand Hygiene performed		New gloves worn		*Single-use lancet used?		**Shared Testing meter <i>choose only 1 column based on meter type</i>		Dedicated Testing meter		Gloves removed		Hand Hygiene performed		Total Compliance (All Yes = compliant)		
	Yes	No	Yes	No	Yes	No	Cleaned & disinfected after use	No	Cleaned & disinfected per policy	No	Yes	No	Yes	No	Yes	No	
Sample 1	1		1		1		1				1		1		1		
Sample 2		1	1		1				1		1		1			1	
Sample 3	1		1		1		1		1		1		1		1		
Total Counts	2	1	3	0	3	0	2	0	2	0	3	0	3	0	2	1	3
Single Element Compliance	67%		100%		100%		100%		100%		100%		100%		67%		

% Compliance =

of yes compliant /total # 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

HA-Infections	July Overall			July by Hall # Infections		
	Resident Days	# Infections	Rate*	100 Hall	200 Hall	300 Hall
UTI	134	6	44.8	5	1	0
Respiratory	134	3	22.4	0	1	2
Skin	134	2	14.9	1	0	1
<i>C. difficile</i>	134	0	0.0	0	0	0

**Rate = (# Infections/# Resident days) x 1000*

STOPLIGHT TABLE

HAND HYGIENE

2017	# observations	# compliant	Percentage
Jan	40	14	35
Feb	40	18	45
Mar	30	14	47
1st Quarter	110	46	42
Apr	30	15	50
May	30	14	47
Jun	20	11	53
2nd Quarter	80	40	50
Jul	30	18	60
Aug	30	21	70
Sep	20	16	80
3rd Quarter	80	55	69
Oct	30	22	75
Nov	30	27	90
Dec	20	17	85
4th Quarter	80	66	83
Year End Total	350	207	59

Goal = 90%

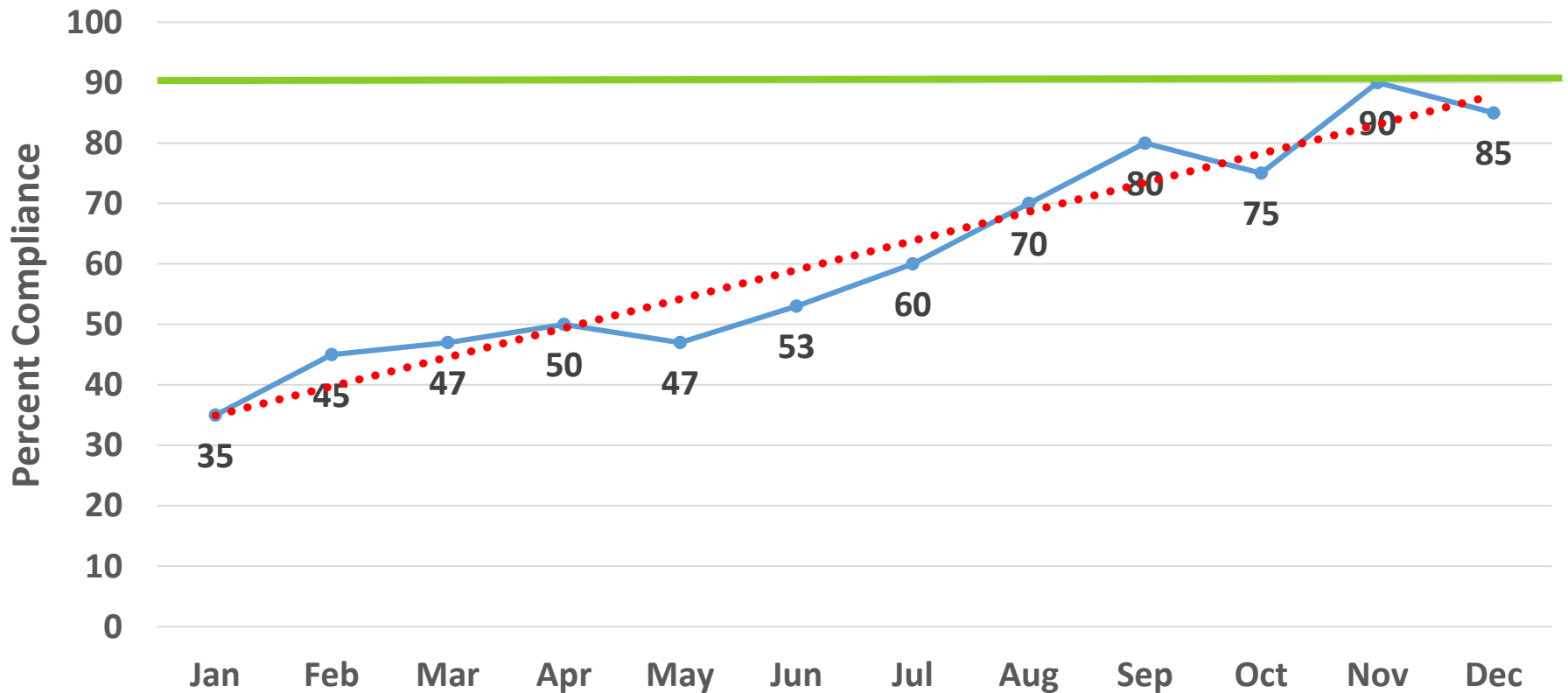
Greater than or equal to 90 = Green

Between 60 - 89 = Yellow

59 or below = Red

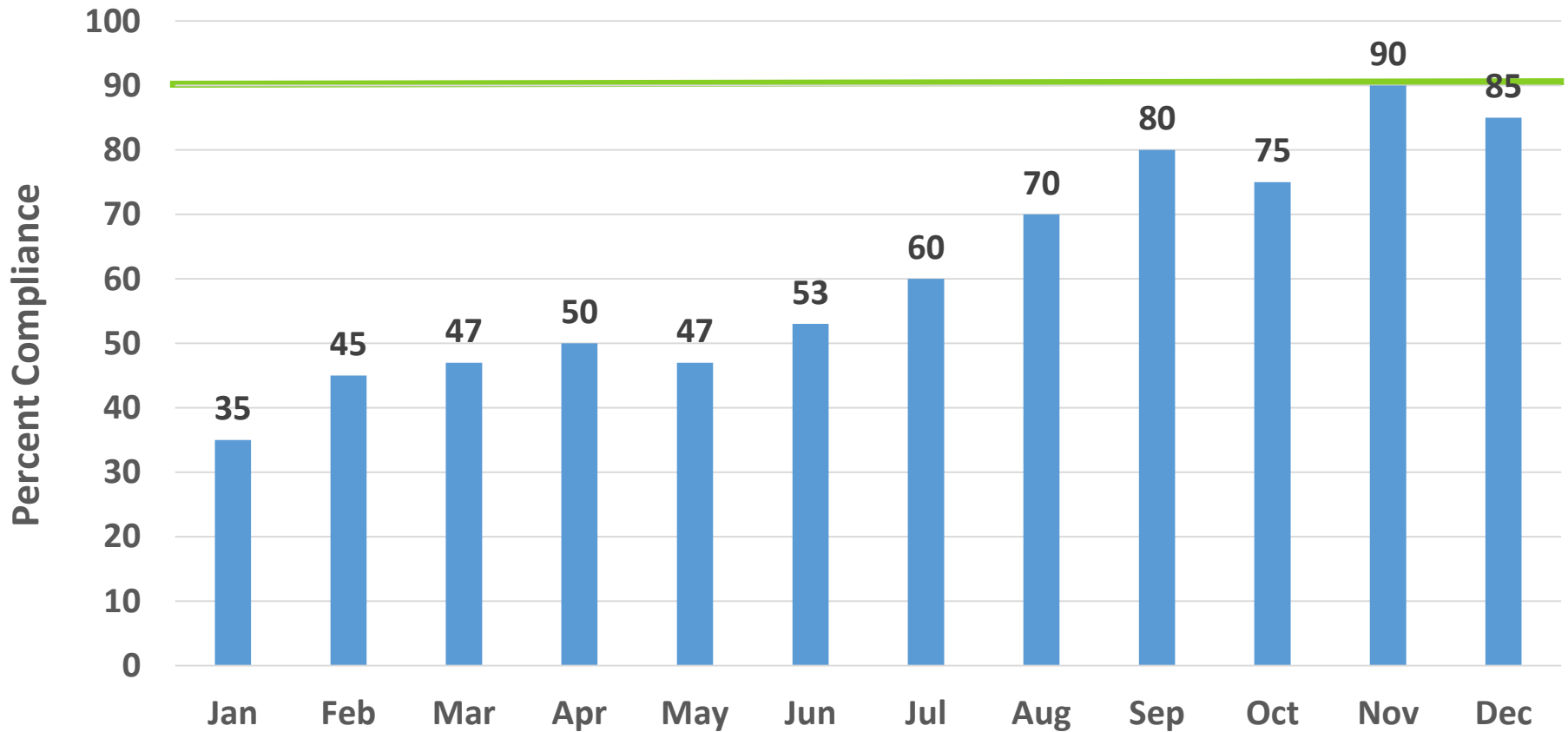
RUN CHART WITH TREND LINE

Hand Hygiene Percent Compliance 2017



BAR GRAPH

Hand Hygiene Percent Compliance 2017



POLICY SUMMARY FOR APPROVAL

Name of Policy	Date Reviewed	Changes/Revisions
Transmission Based Precautions	8/15/2018	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.
Standard Precautions	8/21/2018	Grammar only; no content changes
Outbreaks	9/7/2018	New policy. Details on how to recognize, respond and address outbreaks in facility. Specific examples include influenza, gastroenteritis & scabies.
Hand Hygiene	9/7/2018	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.

**PUTTING
IT
TOGETHER**

(AKA...FINDING TIME)



Develop, Implement & Evaluate

HOW MUCH TIME?

NC ICAR findings

Average of 10.1 hours/week

CMS requirements

Part time at facility
Participates in QAPI

Leadership
support is
CRITICAL!



ORGANIZING YOUR TIME

Daily	Weekly	Monthly	Quarterly	Annually
Isolation rounds	Audits	Audits	Audits	Review all plans/risk assessments
Surveillance	Surveillance (Trends)	Analyze infection data	Present data & analysis to QAPI	Summarize surveillance data (Goals)
Lab review	Staff feedback	Analyze audits/rounds	Environmental rounds	HCP education
Antibiotic orders		Provide staff audit/rounds feedback		Environmental rounds
Daily stand up		Policy review (per schedule)		Annual skills competencies
1 on 1 feedback		Education (staff/residents)		

- Computer/software/printer
- Email
- Private space
- Phone
 - ✓ Availability & notifications
- Education
 - ✓ SPICE training/notebook/certificate
 - ✓ Current CMS regulations
 - ✓ CDC guidelines
 - ✓ Surveillance definitions/map
 - ✓ Policies



SPICE RESOURCES

SPICE Resources

This is a risk assessment template with columns for 'Risk Level', 'Description', and 'Actions'. It includes a header section for facility information and a table for recording findings and corrective actions.

This is a policy document titled 'INFECTION PREVENTION AND CONTROL PROGRAM'. It includes sections for 'Purpose of Program', 'Scope', and 'References'. The purpose is to establish an organized, effective, and sustainable program designed to prevent, identify, and control the spread of infectious and emerging infections among residents, visitors, and health care workers.

This is a competency checklist for hand hygiene. It includes sections for 'Hand Hygiene Competency Checklist', 'Hand Hygiene Competency Checklist', and 'Hand Hygiene Competency Checklist'. It lists various tasks and skills related to hand hygiene, such as 'Perform hand hygiene at appropriate times' and 'Use appropriate technique for hand hygiene'.

This is a competency checklist for injection safety. It includes sections for 'Injection Safety Competency Checklist', 'Injection Safety Competency Checklist', and 'Injection Safety Competency Checklist'. It lists various tasks and skills related to injection safety, such as 'Perform hand hygiene before and after injection' and 'Use aseptic technique for injection'.

This is a competency checklist for PPE. It includes sections for 'PPE Competency Checklist', 'PPE Competency Checklist', and 'PPE Competency Checklist'. It lists various tasks and skills related to PPE, such as 'Perform hand hygiene before and after PPE use' and 'Use PPE correctly'.

This is a surveillance tool form titled 'LTC Infection Surveillance'. It includes sections for 'Infection Surveillance', 'Infection Surveillance', and 'Infection Surveillance'. It lists various types of infections and the surveillance methods used to monitor them, such as 'UTI', 'GI', 'Respiratory', and 'Skin & soft tissue'.

Sample IC risk assessment template

Sample policy for LTC IC Program

Hand Hygiene competency checklist

Injection Safety competency checklist

PPE competency checklist

LTC surveillance tools (2012 McGeer & CDC-NHSN)

- UTI
- GI including C. difficile & norovirus
- Respiratory infections
- Skin & soft tissue infections

<https://spice.unc.edu/infection-control-tools-policy-risk-assessment-competency-and-more/>

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/>

Grota P., et. al. (eds). (2014). APIC text (4th Edition).

Centers for Medicare & Medicaid Services (CMS)

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>



Questions?

- ✓ ***Un-mute your line***
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