



# Ask an IP

## Learning and Communication Series

Infection Control Assessment and Response (ICAR)  
Part 3 of 3

November 8, 2023  
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Acute Communicable Disease Control Program  
Los Angeles County Department of Public Health





## Disclosures

There is no commercial support for today's call

Neither the speakers nor planners for today's call have disclosed any financial interests related to the content of the meeting

This call is meant for healthcare facilities and is off the record and reporters should log off now



## Housekeeping

- **Microphones** are disabled. For questions, please use the chat.
- **Cameras:** please keep them turned off during the presentation.
- **Recording:** the presentation is being recorded and will be posted on the Ask an IP Website within 1 week following the session.
- We will not review COVID-19 guidelines during these sessions.



## LAC DPH Infection Prevention Team

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**Contact Us:** [LACSNF@ph.lacounty.gov](mailto:LACSNF@ph.lacounty.gov)

**Ask an IP Website:**

<http://publichealth.lacounty.gov/acd/AskAnIPProgram/index.htm>



## Objectives

1. Prioritize IPC findings and feedback
2. Recommend IPC interventions to facility leadership
3. Follow up on feedback and IPC interventions

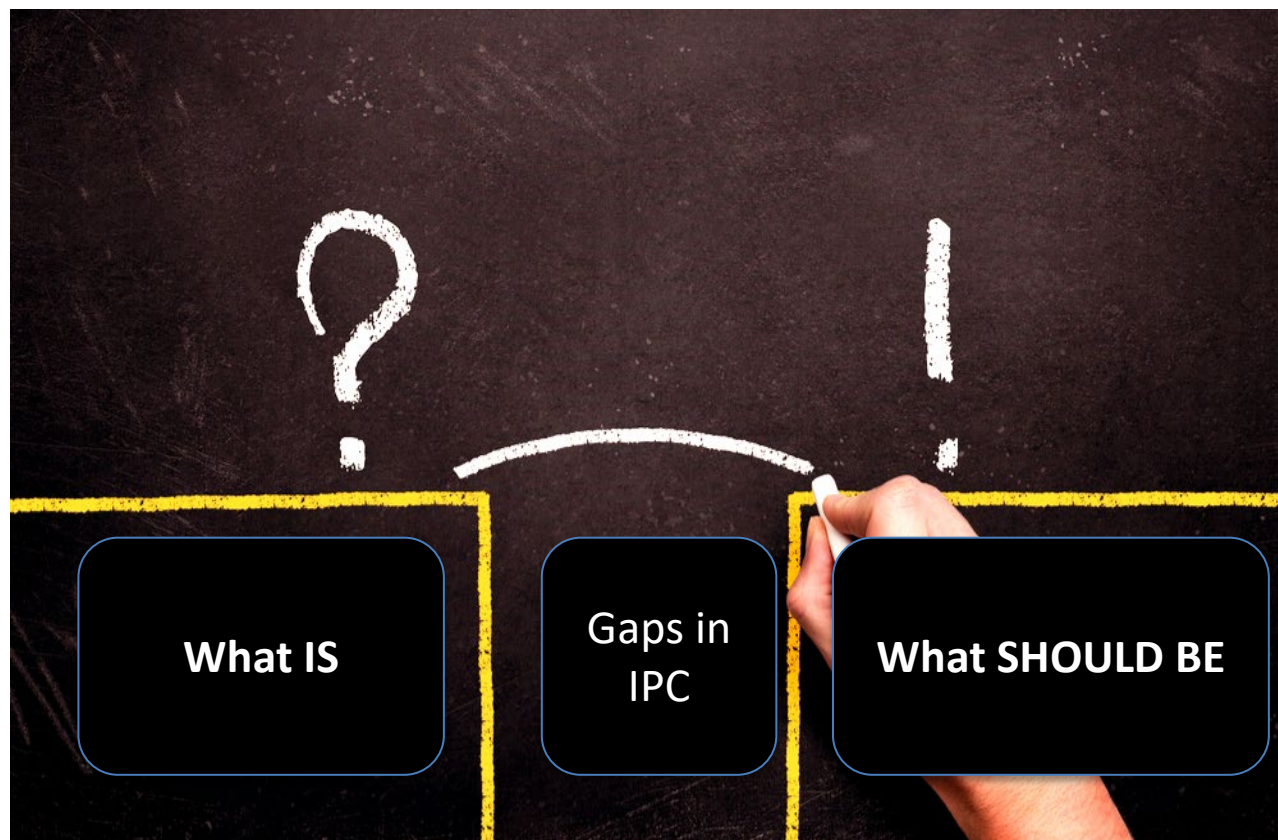


# Quick Review!



# ICAR ↔ Gap Analysis

- Tool for **assessing** your facility's IPC practices
- Tool for **guiding** your facility's QAPI programs



1. <https://readytrainingonline.com/articles/gap-analysis/>

# ICAR Process

Identify a  
need for an  
ICAR



Schedule  
the ICAR



Conduct the  
ICAR



Disseminate  
findings and  
feedback



Follow up  
on feedback

The infection preventionist plays a significant role within each step





# LAC DPH Skilled Nursing Facility ICAR

## Facility Demographics

- Building layout, location, point of contact information

## Infection Prevention Program

- IPC team, IP training

## Training, Auditing, Feedback

- Staff training, job-specific training, audit frequency, feedback approaches

## Surveillance and Disease Reporting

## Antimicrobial Stewardship



# LAC DPH Skilled Nursing Facility ICAR

## Occupational Health

- Immunizations and tracking

## Resident Health

## Hand Hygiene

## Respiratory Hygiene

- Cough etiquette and source control

## Standard and Transmission-based Precautions



# LAC DPH Skilled Nursing Facility ICAR

## Injection Safety

- Point of care testing

## Wound Care

## vSNF

- Preventing ventilator-associated pneumonia

## Environmental Cleaning and Disinfection

## Dietary

## Laundry



## Recording Answers

- Follow the instructions
  - Review the ICAR questions in advance
  - Understand the types of questions
    - Open vs close-ended
    - Select all that apply
    - Interview vs observation
- Option to list out conversations, observations, and interventions
  - Examples:
    - Contact time of a disinfectant product you checked
    - Reasoning behind staff improperly wearing PPE
    - Observed barrier to performing hand hygiene



# On the Spot Feedback

- This is a direct intervention
  - You personally witnessed the behavior
  - The situation is fresh on minds
  - Correction can be implemented immediately

## Compared to:

- Delayed feedback
  - Relying on memory
  - Correction is applied to the next scenario

How you handle these scenarios can strengthen your relationships with staff



## Once the ICAR is Complete...

- Is there a theme?
  - New staff? → is new hire orientation up to par? Are staff's competencies to IPC practices assessed?
  - Lack of training? → how frequently are staff trained? (asked in the ICAR)
  - Obstacles in the way of good IPC practices? → can PPE or ABHR dispensers be placed in a better location?
  - No theme?
- Which areas is your facility performing well in? → e.g., dietary passes with flying colors
  - Why is this? Ask the staff and leadership; perhaps we can learn something from them



## Audience Question

Now that we've completed the ICAR, what comes next?



# What's Next?

Identify a  
need for an  
ICAR



Schedule  
the ICAR



Conduct the  
ICAR



Disseminate  
findings and  
feedback



Follow up  
on feedback

# Disseminate Findings and Feedback

- Summarize the ICAR results (many options)

Example	
Training, Auditing Feedback	Laundry Services
<ul style="list-style-type: none"><li>• Environmental Services staff do not receive infection prevention training after onboarding</li></ul>	<ul style="list-style-type: none"><li>• One dryer is currently out of service, causing a delay in laundering; piles of linen were found without a tag or sign indicating if the linen is clean or dirty</li></ul>

# Disseminate Findings and Feedback

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Example				
Training, Auditing Feedback	Laundry Services	Occupational Health	Hand Hygiene	Standard and Transmission-based precautions
<ul style="list-style-type: none"> <li>• Environmental Services staff do not receive infection prevention training after onboarding</li> </ul>	<ul style="list-style-type: none"> <li>• One dryer is currently out of service, causing a delay in laundering; piles of linen were found without a tag or sign indicating if the linen is clean or dirty</li> </ul>	<ul style="list-style-type: none"> <li>• Master list of staff who are required to receive annual fit testing is outdated</li> </ul>	<ul style="list-style-type: none"> <li>• The majority of missed opportunities are: after contact with the patient environment</li> <li>• 3 ABHR dispensers were found to be defective</li> </ul>	<ul style="list-style-type: none"> <li>• Multiple rooms with residents on TBP did not have the isolation signage posted at room entry</li> <li>• Several isolation carts were found without the appropriate disinfectant product</li> </ul>

# Disseminate Findings and Feedback

- Summarize the ICAR results (many options)

## Example

Training, Auditing Feedback	Laundry Services	Occupational Health	Hand Hygiene	Standard and Transmission-based precautions	Wound Care	Antimicrobial Stewardship	Environmental Services
<ul style="list-style-type: none"> <li>• Environmental Services staff do not receive infection prevention training after onboarding</li> </ul>	<ul style="list-style-type: none"> <li>• One dryer is currently out of service, causing a delay in laundering; piles of linen were found without a tag or sign indicating if the linen is clean or dirty</li> </ul>	<ul style="list-style-type: none"> <li>• Master list of staff who are required to receive annual fit testing is outdated</li> </ul>	<ul style="list-style-type: none"> <li>• The majority of missed opportunities are: after contact with the patient environment</li> <li>• 3 ABHR dispensers were found to be defective</li> </ul>	<ul style="list-style-type: none"> <li>• Multiple rooms with residents on TBP did not have the isolation signage posted at room entry</li> <li>• Several isolation carts were found without the appropriate disinfectant product</li> </ul>	<ul style="list-style-type: none"> <li>• Few CHG wipes are available to the wound care team</li> </ul>	<ul style="list-style-type: none"> <li>• The committee is set to meet quarterly, but was not able to meet in Q3</li> </ul>	<ul style="list-style-type: none"> <li>• Staff did not know when to change mop water</li> <li>• Microfiber towels are overused, torn, and discolored</li> <li>• 2 staff were found using detergent-based products for disinfecting surfaces</li> </ul>

# Disseminate Findings and Feedback

- Summarize the ICAR results (many options)

ICAR Module	Fallout	Priority Level
Training, Auditing Feedback	Environmental Services staff do not receive infection prevention training after onboarding	Low
Laundry Services	One dryer is currently out of service, causing a delay in laundering; piles of linen were found without a tag or sign indicating if the linen is clean or dirty	Moderate
Occupational Health	Master list of staff who are required to receive annual fit testing is outdated	Low
Hand Hygiene	The majority of missed opportunities are: after contact with the patient environment	High
Hand Hygiene	3 ABHR dispensers were found to be defective	High
Standard and Transmission-based precautions	Multiple rooms with residents on TBP did not have the isolation signage posted at room entry	High
Standard and Transmission-based precautions	Several isolation carts were found without the appropriate disinfectant product	High
Wound Care	Few CHG wipes are available to the wound care team	High
Antimicrobial Stewardship	The committee is set to meet quarterly, but was not able to meet in Q3	Low
Environmental Services	Staff did not know when to change mop water	Moderate

## Audience Question

# What stands out to you about these fallout

ICAR Module	Fallout
Training, Auditing Feedback	Environmental Services staff do not receive infection prevention training after onboarding
Laundry Services	One dryer is currently out of service, causing a delay in laundering; piles of linen were found without a tag or sign indicating if the linen is clean or dirty
Occupational Health	Master list of staff who are required to receive annual fit testing is outdated
Hand Hygiene	The majority of missed opportunities <u>are</u> : after contact with the patient environment
Hand Hygiene	3 ABHR dispensers were found to be defective
Standard and Transmission-based precautions	Multiple rooms with residents on TBP did not have the isolation signage posted at room entry
Standard and Transmission-based precautions	Several isolation carts were found without the appropriate disinfectant product
Wound Care	Few CHG wipes are available to the wound care team
Antimicrobial Stewardship	The committee is set to meet quarterly, but was not able to meet in Q3
Environmental Services	Staff did not know when to change mop water

## Disseminate Findings and Feedback

- Summarize the ICAR results (many options)
- ICAR debrief
  - Structured meeting
  - Discuss results and prioritization
  - Present IP recommendations
  - General brainstorm, action planning
  - Inform departments that require further conversation



Present IP recommendations



# Present IP Recommendations



ICAR Module	Fallout	Priority Level	Recommendation	Reference
Training, Auditing Feedback	Environmental Services staff do not receive infection prevention training after onboarding	Low	EVS to implement regular IP training annually; IP to assist in creating the education	<ul style="list-style-type: none"><li>• Facility policy</li><li>• External regulation</li><li>• Best practice or guidance</li></ul>



# Present IP Recommendations



ICAR Module	Fallout	Priority Level	Recommendation	Reference
Training, Auditing Feedback	Environmental Services staff do not receive infection prevention training after onboarding	Low	<ul style="list-style-type: none"> <li>EVS to implement regular IP training annually</li> <li>IP to assist in creating the education</li> </ul>	
Laundry Services	One dryer is currently out of service, causing a delay in laundering; piles of linen were found without a tag or sign indicating if the linen is clean or dirty	Moderate	<ul style="list-style-type: none"> <li>Maintenance &amp; Engineering to investigate delay in servicing the broken dryer.</li> <li>Receiving and Delivery to deliver additional shelving to Laundry.</li> <li>Laundry Services to post “clean” and “dirty” signage.</li> </ul>	<ul style="list-style-type: none"> <li>Facility policy</li> <li>External regulation</li> <li>Best practice or guidance</li> </ul>

## Audience Question

What would you add to the Laundry Services fallout recommendation? What would you change?

ICAR Module	Fallout	Priority Level	Recommendation	Reference
Training, Auditing Feedback	Environmental Services staff do not receive infection prevention training after onboarding	Low	<ul style="list-style-type: none"> <li>EVS to implement regular IP training annually</li> <li>IP to assist in creating the education</li> </ul>	
Laundry Services	One dryer is currently out of service, causing a delay in laundering; piles of linen were found without a tag or sign indicating if the linen is clean or dirty	Moderate	<ul style="list-style-type: none"> <li>Maintenance &amp; Engineering to investigate delay in servicing the broken dryer.</li> <li>Receiving and Delivery to deliver additional shelving to Laundry.</li> <li>Laundry Services to post “clean” and “dirty” signage.</li> </ul>	<ul style="list-style-type: none"> <li>Facility policy</li> <li>External regulation</li> <li>Best practice or guidance</li> </ul>

# Present IP Recommendations



ICAR Module	Fallout	Priority Level	Recommendation	Reference
Hand Hygiene	The majority of missed opportunities are: after contact with the patient environment	High	<b>Quality improvement team to conduct additional RCA</b>	<ul style="list-style-type: none"> <li>Hand hygiene policy</li> <li>WHO's 5 Moments for Hand Hygiene guidance</li> </ul>
Hand Hygiene	3 ABHR dispensers were found to be defective	High	IP to submit work orders	
Standard and Transmission-based precautions	Multiple rooms with residents on TBP did not have the isolation signage posted at room entry	High	<ul style="list-style-type: none"> <li>Nursing to post signage</li> <li>IP to increase observations and report to nursing leadership when TBP signs are not posted</li> </ul>	<ul style="list-style-type: none"> <li>Transmission-based precautions policies</li> </ul>
Standard and Transmission-based precautions	Several isolation carts were found without the appropriate disinfectant product	High	<b>Quality improvement team to conduct additional RCA</b>	<ul style="list-style-type: none"> <li>Transmission-based precautions policies</li> </ul>



# Present IP Recommendations



ICAR Module	Fallout	Priority Level	Recommendation	Reference
Wound Care	Few CHG wipes are available to the wound care team	High	Quality improvement team to conduct additional RCA	<ul style="list-style-type: none"><li>Wound care SOPs</li><li>CHG bathing policy</li></ul>
Antimicrobial Stewardship	The committee is set to meet quarterly, but was not able to meet in Q3	Low	IP to send reminder to committee about Q4 meeting	
Environmental Services	Staff did not know when to change mop water	Moderate	IP to assist EVS with in-service to all EVS staff	<ul style="list-style-type: none"><li>CDC guidance</li></ul>

## Disseminate Findings and Feedback

- Summarize the ICAR results (many options)
- ICAR debrief
  - Structured meeting
  - Discuss results and prioritization
  - Present IP recommendations
  - General brainstorm, action planning
  - Inform departments that require further conversation
    - Quality improvement team to conduct additional RCA



Further Conversation

# Quality improvement team to conduct additional RCA

ICAR Module	Fallout	Priority Level	Recommendation	Reference
Hand Hygiene	The majority of missed opportunities are: after contact with the patient environment	High	Quality improvement team to conduct additional RCA	
Standard and Transmission-based precautions	Several isolation carts were found without the appropriate disinfectant product	High	Quality improvement team to conduct additional RCA	
Wound Care	Few CHG wipes are available to the wound care team	High	Quality improvement team to conduct additional RCA	<ul style="list-style-type: none"> <li>Wound care SOPs</li> <li>CHG bathing policy</li> </ul>

- Tap into your QAPI or QIT team!
- Utilize tools to better understand how to improve the process
  - People vs process

# Using QAPI Tools

- These examples are from TNT
  - Fishbone, 5 Why's, A3/PDCA

**Problem: Mr. Johnson fell at 0200 on 4/12/22**

<p><i>Why?</i></p> <ul style="list-style-type: none"> <li>- Because he got up at 0200, in the middle of night.</li> </ul> <p><i>Why?</i></p> <ul style="list-style-type: none"> <li>- Because he was hungry.</li> </ul> <p><i>Why?</i></p> <ul style="list-style-type: none"> <li>- Because he did not eat an evening snack during regular snack time.</li> </ul> <p><i>Why?</i></p> <ul style="list-style-type: none"> <li>- He was documented as sleeping when snacks were passed out.</li> </ul> <p><i>Why?</i></p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Keep asking why!</p>	<p><i>Why?</i></p> <ul style="list-style-type: none"> <li>- Because he got out of bed without his walker.</li> </ul> <p><i>Why?</i></p> <ul style="list-style-type: none"> <li>- Because it wasn't in its usual place.</li> </ul> <p><i>Why?</i></p> <ul style="list-style-type: none"> <li>- It was moved when his room was cleaned.</li> </ul> <p><i>Why?</i></p> <ul style="list-style-type: none"> <li>- Because the room was cleaned by a new EVS staff member, and they are not familiar with Mr. Johnson's preferences.</li> </ul> <p><i>Why?</i></p>
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**Resident's usual routine was affected when his daughter took him out on pass.**

**Because new EVS staff member did not know there are documented resident preferences for items in rooms.**

**A3 Project Title** \_\_\_\_\_ **Project Lead:** COORDINATION **Project Team:** \_\_\_\_\_  
**Facilitator:** \_\_\_\_\_ **Project Champion(s):** \_\_\_\_\_  
**Date Updated:** \_\_\_\_\_

**1) Problem Statement:** (description of the problem and its effect)

**2) Current State:** (depiction of the current state, its processes, and problems)

**Best Practices/Literature Search:**

**3) Goal:** (how will we know the project is successful; standard/basis for comparison)

**PLAN**

**4) Root Cause Analysis:** (investigation depicting the problems' root causes)

**5) Solutions:** (action plans and findings of tested solutions)

Root Cause	Tested Solution	Responsible	Due	Finding
		<b>DO</b>		

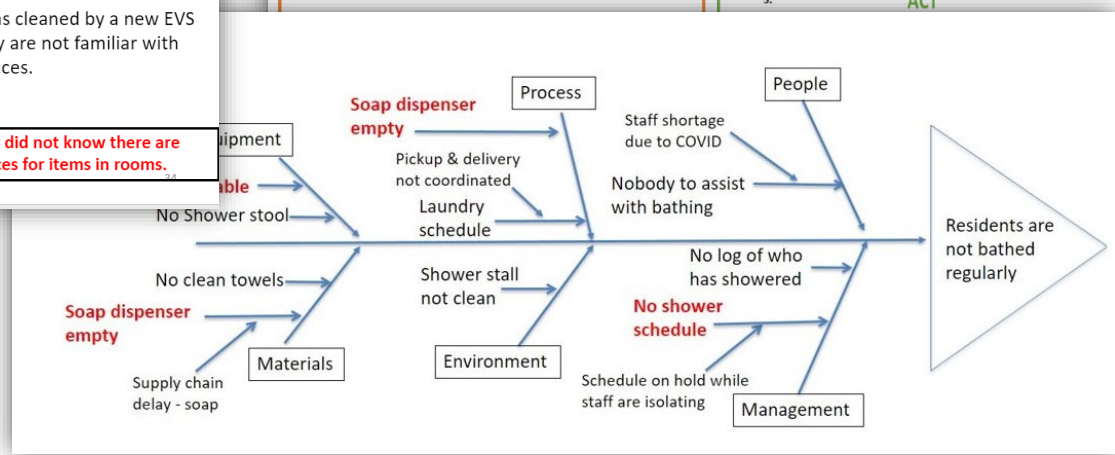
**6) Check:** (summary of the solutions' results, overall goal success, and any supporting metrics)

Goals and Metrics	Baseline	Target	Current
Goal		<b>CHECK</b>	
Supporting Metric			
Supporting Metric			

**7) Act:** (action taken as a result of the Check, and a plan to sustain results)

- 
- 
- 

**ACT**



1. <http://publichealth.lacounty.gov/acd/TNTProgram/index.htm>
2. [http://publichealth.lacounty.gov/acd/docs/TNTS8QAPI\\_PIP.pdf](http://publichealth.lacounty.gov/acd/docs/TNTS8QAPI_PIP.pdf)

# Quality improvement team to conduct additional RCA

ICAR Module	Fallout	Priority Level	Recommendation	Reference
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Wound Care	Few CHG wipes are available to the wound care team	High	Quality improvement team to conduct additional RCA	<ul style="list-style-type: none"> <li>• Wound care SOPs</li> <li>• CHG bathing policy</li> </ul>

- Tap into your QAPI or QIT team!
- Utilize tools to better understand how to improve the process
  - People vs process
- Design a SMART goal





## Audience Question

What is a SMART goal?



## Audience Question

If we do not choose to further investigate, what is your recommendation?

ICAR Module	Fallout	Priority Level	Recommendation	Reference
Standard and Transmission-based precautions	Several isolation carts were found without the appropriate disinfectant product	High	?	

## **Follow Up**

- Check in with teams that own action items
- Offer your expertise
  - You are a resource
  - You are an advocate
- Talk with staff

## Follow Up

- Close the loop
  - Is additional investigation required?
  - Do we need to extend the performance improvement project?
  - Do we need to conduct a focused ICAR?
  - Have we documented our findings, interventions and follow up?
  - Have we shared progress updates with staff?

# ICAR Process

Identify a  
need for an  
ICAR



Schedule  
the ICAR



Conduct the  
ICAR



Disseminate  
findings and  
feedback



Follow up  
on feedback



## References

- <https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html>
- <http://publichealth.lacounty.gov/acd/ICARProgram/index.htm>
- <http://publichealth.lacounty.gov/acd/TNTProgram/index.htm>
- <https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/MonitoringAdherenceToHCPracticesThatPreventInfection.aspx>
- [http://publichealth.lacounty.gov/acd/docs/TNTS8QAPI\\_PIP.pdf](http://publichealth.lacounty.gov/acd/docs/TNTS8QAPI_PIP.pdf)



## Resources

- LAC DPH
  - <http://publichealth.lacounty.gov/acd/SNF/index.htm>
  - <http://publichealth.lacounty.gov/acd/ICARProgram/index.htm>
  - <https://forms.office.com/Pages/ResponsePage.aspx?id=SHJZBzjqG0WKvqY47dusgf0FV6Ohxd1GqLpEMjW1UPtUNVdPRDY3VEJZOUIBMkc3RFdQT0s1SVZHWi4u>
- CDPH
  - <https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/MonitoringAdherenceToHCPPracticesThatPreventInfection.aspx>
- CDC
  - <https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html>



# Questions?

*Disclaimer: Recording has now stopped. The Q&A will not be recorded.*

Thank you!







## Questions

[LACSNF@ph.lacounty.gov](mailto:LACSNF@ph.lacounty.gov)



Ask an IP will return in **January 2024!**

