Ask an IP
Learning and Communication Series

Infection Control Assessment and Response (ICAR)
Part 2 of 3

October 11, 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

Ask an IP Website: http://publichealth.lacounty.gov/acd/AskAnIPProgram/index.htm

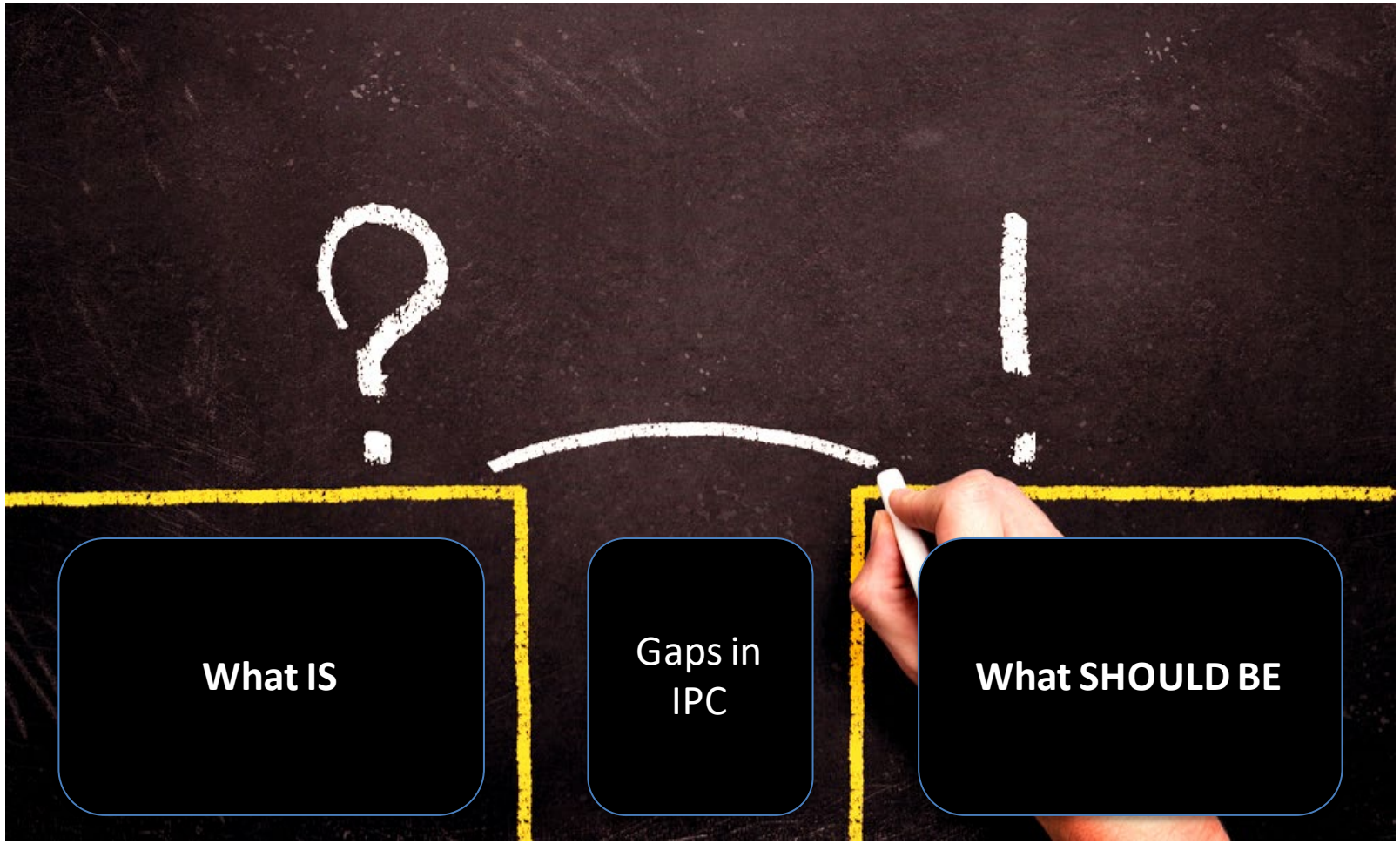
Objectives

1. How to record ICAR answers and direct observations
2. Provide frontline staff with on-the-spot feedback
3. Interpret assessment answers as findings

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

The infection preventionist plays a significant role within each step

Establish Your Own Goal

We invite you to start the ICAR process

1. **When do you want to complete your ICAR by?**
2. **Who should be involved in the assessments and observations?**
3. **Is there a focus?**
4. **If yes, what is your focus?**
5. How will you disseminate findings and feedback?
6. By when will you follow up on intervention implementation?
7. Who will you report intervention progress to?

Before our next Ask an IP session, consider the first 4 questions

Audience Question

When do you want to complete your ICAR by?

Audience Question

Who should be involved in the assessments and observations?

Audience Question

Is there a focus?

If yes, what is your focus?

LAC DPH Skilled Nursing Facility ICAR

- Our Long-Term Care Facility team offers comprehensive and targeted ICARs
- No cost
- Infection prevention training
- Direct observations
- And more!

http://publichealth.lacounty.gov/acd/SNF/index.htm

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1.http://publichealth.lacounty.gov/acd/SNF/index.htm

LAC DPH Skilled Nursing Facility ICAR

1. Building a SNF Infection Prevention Program

2. SNF ICAR

SNF ICAR: Infection Control Assessment and Response

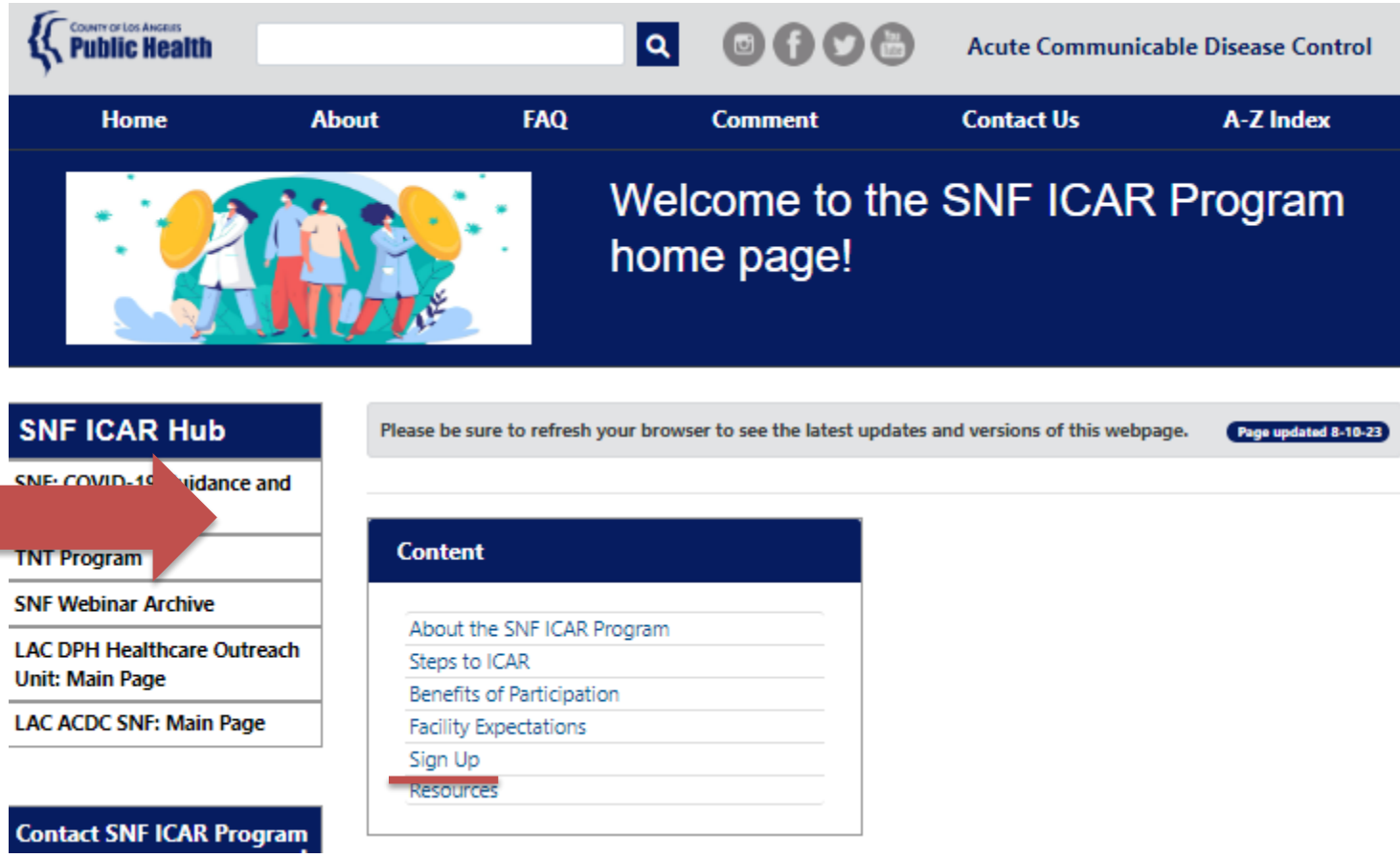
The Skilled Nursing Facility (SNF) Infection Control Assessment and Response (ICAR) Program is a collaboration between the Los Angeles County Department of Public Health (LAC DPH) and LAC SNFs to work towards the common goal of improving safety and quality of care for residents, staff, and visitors. The LAC DPH Acute Communicable Disease Control Program (ACDC) Long Term Care team assesses a facility's Infection Prevention and Control (IPC) practices following a standardized gap assessment based off the Centers for Disease Control and Prevention (CDC)'s ICAR tool in order to provide feedback to the facility on how they can improve their IPC practices.

This program aims to assist facilities with implementing IPC best practices and improving IPC programs. Our purpose is to serve one of the most vulnerable populations (e.g., nursing home residents) by serving their providers – the SNFs.

Please note: We are not inspectors or surveyors, so this is not a licensing or certification visit, but an opportunity to share information and provide consultation.

All LAC SNFs (excluding Long Beach and Pasadena) are eligible to participate in the SNF ICAR Program. Follow this link to learn more about the SNF ICAR Program.

3. Transmission-based Precautions



1. http://publichealth.lacounty.gov/acd/SNF/index.htm
2. http://publichealth.lacounty.gov/acd/ICARProgram/index.htm

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

LAC DPH Skilled Nursing Facility ICAR

Are there situations where patients/residents might be placed on TBP pending a diagnosis (i.e., empiric TBP)?

- [ ] Acute diarrhea
- [ ] Respiratory infections
- [ ] Rash/exanthems
- [ ] Meningitis
- [ ] Skin or wound infections
- [ ] Following the exposure to others with a contagious disease/pathogen
- [ ] Fever or other changes in health status until contagious diseases are ruled out
- [ ] None of the above
- [ ] Unknown or unsure

Select all that apply

Answer the immediate question. Additional thoughts and recommendations are noted separately.

LAC DPH Skilled Nursing Facility ICAR

What criteria does the facility use to determine discontinuation of TBP?

- [ ] Following CDC guidance (link to appendix A)
- [ ] Following internal facility policy
- [ ] Following physician/clinical provider orders
- [ ] When repeat testing/cultures are negative
- [ ] When antibiotics are discontinued

Select all that apply

Who can discontinue TBP for patients/residents in the facility?

- [ ] Infection preventionists
- [ ] Physician assistants (PAs), nurse practitioners (NPs)
- [ ] Physicians including the Medical director
- [ ] RN
- [ ] LVN
- [ ] CNA

Select all that apply

LAC DPH Skilled Nursing Facility ICAR

How frequently do residents who are high-risk (presence of indwelling device or presence of unhealed wounds/pressure ulcer) receive chlorhexidine baths?

- ○ Twice per day
- ○ Daily
- ○ Twice weekly
- ○ Frequency less than the above
- ○ As needed

LAC DPH Skilled Nursing Facility ICAR

Who is assigned responsibility for cleaning and disinfecting the following reusable, non-critical resident care equipment:	*Select all that apply*
Infusion equipment (e.g., IV poles, pumps)?	☐ EVS personnel ☐ Nursing personnel ☐ CNA ☐ User: licensed nursing staff ☐ Unknown or unsure
Lifts/scales?	☐ EVS personnel ☐ Nursing personnel ☐ CNA ☐ User: CNA, PT/OT, RNA, LVN, etc. ☐ Unknown or unsure
Respiratry Therapy (RT) equipment (e.g., ventilators)?	☐ EVS personnel ☐ Nursing personnel ☐ CNA ☐ User: Respiratory therapist ☐ Unknown or unsure

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

Example on next slide

Who is assigned responsibility for cleaning and disinfecting the following reusable, non-critical resident care equipment:	*Select all that apply*
Infusion equipment (e.g., IV poles, pumps)?	☐ EVS personnel ■ Nursing personnel ☐ CNA ■ User: licensed nursing staff ☐ Unknown or unsure
Lifts/scales?	■ EVS personnel ☐ Nursing personnel ☐ CNA ☐ User: CNA, PT/OT, RNA, LVN, etc. ☐ Unknown or unsure
Respiratry Therapy (RT) equipment (e.g., ventilators)?	☐ EVS personnel ☐ Nursing personnel ■ CNA ☐ User: Respiratory therapist ☐ Unknown or unsure

Observations & recommendations

- Licensed nursing staff using infusion equipment are expected to clean and disinfect the equipment. Nursing staff were **not aware** of this expectation. **Many of the nurses are new**.
- EVS personnel are cleaning & disinfecting lifts/scales, but are **not** always attending to these items **after use**. EVS typically cleans and disinfects these **weekly**.
- Overall recommendation to **revisit protocols** for cleaning and disinfecting reusable, noncritical resident care equipment. Then we need to **re-educate staff** accordingly, and **increase audits** following this reeducation.

Recording Answers- Direct Observations

✓Trained observers

Healthcare-Associated Infections Program Adherence Monitoring
Hand Hygiene

Assessment completed by:
Date:
Unit:

Regular monitoring with feedback of results to staff can improve hand hygiene adherence. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of patient care location.

Instructions: Observe at least 10 hand hygiene (HH) opportunities per unit. Observe
hygiene opportunity you are observing. Indicate if HH was performed. Record the t

HH Opportunity	Discipline	What type of HH opportunity was obser
Example	N	☐ before care/entering room* ☐ before task ☐ after bo *Remember: Hand hygiene should be perfor
HH1.		☐ before care/entering room ☐ before task ☐ after bod
HH2.		☐ before care/entering room ☐ before task ☐ after bod
HH3.		☐ before care/entering room ☐ before task ☐ after bod
HH4.		☐ before care/entering room ☐ before task ☐ after bod
HH5.		☐ before care/entering room ☐ before task ☐ after bod
HH6.		☐ before care/entering room ☐ before task ☐ after bod
HH7.		☐ before care/entering room ☐ before task ☐ after bod
HH8.		☐ before care/entering room ☐ before task ☐ after bod
HH9.		☐ before care/entering room ☐ before task ☐ after bod
HH10.		☐ before care/entering room ☐ before task ☐ after bod

Disciplines:
CNA = Nurse Assistant
D = Dietary
N =Nurse
P = Physician
RT = Respiratory Therapist
S = Student
VIS = Visitor
VOL = Volur
W = Social V
OTH = Othe
U = Unknov

For HH1-HH10:

Total # HH Successful ("# ✓"): _____ | Total # HH Opportunities Obser

Healthcare-Associated Infections Program Adher
Contact Precautions

Regular monitoring with feedback of results to staff can maintain or improve adh opportunities for improvement. Monitoring may be performed in any type of pat

Instructions: Observe 3-4 patients/residents on contact precautions. Observe each
record the total number of "Yes" for adherent practices observed and the total nu
last row.

	Contact Precautions Practices	Contact Precautions Patient/Resident 1	Con Pat
CP1.	Gloves and gowns are available and located near point of use.	☐Yes ☐No	☐
CP2.	Signs indicating the patient/resident is on contact precautions are clear and visible.	☐Yes ☐No	☐
CP3.	The patient/resident on contact precautions is housed in single-room or cohorted based on a clinical risk assessment.	☐Yes ☐No	☐
CP4.	Hand hygiene is performed before entering the patient/resident care environment.	☐Yes ☐No	☐
CP5.	Gloves and gowns are donned before entering the patient/resident care environment.	☐Yes ☐No	☐
CP6.	Gloves and gowns are removed and discarded, **and** hand hygiene is performed before leaving the patient/resident care environment. *Soap & water is used if it is hospital policy or if the patient/resident has C.difficile infection.*	☐Yes ☐No	☐
CP7.	Dedicated or disposable noncritical patient-care equipment (e.g. blood pressure cuffs) is used; if dedicated/disposable equipment is unavailable, then equipment is cleaned and disinfected prior to use on another patient/resident according to manufacturers' instructions.	☐Yes ☐No	☐Yes ☐No ☐Yes ☐No ☐Yes ☐No

# of Correct Practices Observed ("# Yes"): _____
Total # Contact Precautions Observations ("# Observed"): _____ (Up to 28 total)
If practice could not be observed (i.e. cell is blank), do not count in total # Observed.
Adherence _____% (Total "# Yes" ÷ Total "# Observed" x 100)

Version 2016.10.12

Healthcare-Associated Infections Program Adherence Monitoring
Environmental Cleaning and Disinfection

Assessment completed by:
Date:
Unit:

Regular monitoring with feedback of results to staff can maintain or improve adherence to environmental cleaning practices. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of patient care location.

Instructions: Observe at least two (2) different environmental services (EVS) staff members. Observe each practice and check a box if adherent ("Yes") or not adherent ("No"). In the right column, record the total number of "Yes" responses for adherent practices observed and the total number of observations ("Yes" + "No"). Calculate adherence percentage in the last row.

	Environmental Cleaning Practices	EVS Staff 1	EVS Staff 2	EVS Staff 3	Adherence by Task # Yes	Adherence by Task #Observed
ES1.	Detergent/disinfectant solution is mixed and stored according to manufacturer's instructions.	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No		
ES2.	Solution remains in wet contact with surfaces according to manufacturer's instructions.	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No		
ES3.	Cleaning process avoids contamination of solutions and cleaning tools; a clean cloth is used in each patient area, and the cloth is changed when visibly soiled.	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No		
ES4.	Standard cleaning protocol is followed to avoid cross-contamination *(e.g. from top to bottom, patient room to bathroom, and clean to dirty)*	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No		
ES5.	Environmental Services staff use appropriate personal protective equipment *(e.g. Gowns and gloves are used for patients/residents on contact precautions upon entry to the Contact precautions room.)*	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No		
ES6.	Hand hygiene is performed throughout the cleaning process as needed, including before and after glove use.	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No		
ES7.	High-touch surfaces* are thoroughly cleaned and disinfected after each patient. *Mark "Yes" if Fluorescent Marker Assessment Tool result is 100%; mark "No" if <100%.*	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No		
ES8.	There are no visible tears or damage on environmental surfaces or equipment.	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No		
ES9.	The room is clean, dust free, and uncluttered.	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No		

***Examples of high touch surfaces:**

Bed rail	Chair	Room light switch	TV remote	Bathroom door knob/handle	Bathroom sink
Tray table	In-room medical cart	IV pole ("grab area")	Room inner door knob/handle	Bathroom handrail	Bathroom faucet
Side table	Room sink	Call button	In-room cabinet	Bathroom light switch	Toilet flush handle
Side table handle	Room sink faucet	PPE container	In-room computer/keyboard	Toilet seat	Toilet/bedpan cleaner

# of Correct Practice Observed ("# Yes"): _____
Total # Environmental Services Observations ("# Observed"): _____ (Up to 27 Total)
If practice could not be observed (i.e. cell is blank), do not count in total # Observed.
Adherence _____% (Total "# Yes" ÷ Total "# Observed" x 100)

Version 2020.01.30

1.https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/MonitoringAdherenceToHCPracticesThatPreventInfection.aspx

The ICAR Process- Direct Observations

Anyone completing this form needs to know:

- What hand hygiene is
  - HW
  - HR
- How hand hygiene is performed correctly vs incorrectly

Healthcare-Associated Infections Program Adherence Monitoring
Hand Hygiene

Assessment completed by:
Date:
Unit:

Regular monitoring with feedback of results to staff can improve hand hygiene adherence. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of patient care location.

Instructions: Observe at least 10 hand hygiene (HH) opportunities per unit. Observe a staff member and record his/her discipline. Check the type of hand hygiene opportunity you are observing. Indicate if HH was performed. Record the total number of successful HH opportunities and calculate adherence.

HH Opportunity	Discipline	What type of HH opportunity was observed? (select/ ☑ 1 per line)	Was HH performed for opportunity observed? ✔ or Ø
Example	N	☐ before care/entering room* ☐ before task ☐ after body fluids ☐ after care* ☑ upon leaving room ***Remember**: Hand hygiene should be performed before and after glove use	✔
HH1.		☐ before care/entering room ☐ before task ☐ after body fluids ☐ after care ☐ upon leaving room	
HH2.		☐ before care/entering room ☐ before task ☐ after body fluids ☐ after care ☐ upon leaving room	
HH3.		☐ before care/entering room ☐ before task ☐ after body fluids ☐ after care ☐ upon leaving room	
HH4.		☐ before care/entering room ☐ before task ☐ after body fluids ☐ after care ☐ upon leaving room	
HH5.		☐ before care/entering room ☐ before task ☐ after body fluids ☐ after care ☐ upon leaving room	
HH6.		☐ before care/entering room ☐ before task ☐ after body fluids ☐ after care ☐ upon leaving room	
HH7.		☐ before care/entering room ☐ before task ☐ after body fluids ☐ after care ☐ upon leaving room	
HH8.		☐ before care/entering room ☐ before task ☐ after body fluids ☐ after care ☐ upon leaving room	
HH9.		☐ before care/entering room ☐ before task ☐ after body fluids ☐ after care ☐ upon leaving room	
HH10.		☐ before care/entering room ☐ before task ☐ after body fluids ☐ after care ☐ upon leaving room	

Disciplines:
CNA = Nurse Assistant
D = Dietary
N =Nurse
P = Physician
RT = Respiratory Therapist
S = Student
VIS = Visitor
VOL = Volunteer
W = Social Worker
OTH = Other, Specify
U = Unknown

Opportunities:
✔ = Opportunity Successful
Ø = Opportunity Missed

For HH1-HH10:

Total # HH Successful ("# ✔ "): _____ | Total # HH Opportunities Observed: _____ | Adherence: _____%
(Total # HH Successful ÷ Total HH Opportunities Observed x 100)

Version 2016.10.14

1. https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/AdherenceMonitoringHandHygieneApproved101516.pdf

The ICAR Process- Direct Observations

Healthcare-Associated Infections Program Adherence Monitoring
Hand Hygiene

Assessment completed by: Krystal Smith
Date: 5/23/23
Unit: Wing 3

Regular monitoring with feedback of results to staff can improve hand hygiene adherence. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of patient care location.

Instructions: Observe at least 10 hand hygiene (HH) opportunities per unit. Observe a staff member and record his/her discipline. Check the type of hand hygiene opportunity you are observing. Indicate if HH was performed. Record the total number of successful HH opportunities and calculate adherence.

HH Opportunity	Discipline	What type of HH opportunity was observed? (select/ ☑ 1 per line)	Was HH performed for opportunity observed? ✔ or Ø
Example	N	☐ before care/entering room* ☐ before task ☐ after body fluids ☐ after care* ☑ upon leaving room *Remember: Hand hygiene should be performed before and after glove use	✔
HH1.	CNA	☒ before care/entering room ☐ before task ☐ after body fluids ☐ after care ☐ upon leaving room	☒
HH2.	P	☐ before care/entering room ☐ before task ☐ after body fluids ☐ after care ☒ upon leaving room	☒
HH3.	CNA	☐ before care/entering room ☒ before task ☐ after body fluids ☐ after care ☐ upon leaving room	☒
HH4.	EVS	☒ before care/entering room ☐ before task ☐ after body fluids ☐ after care ☐ upon leaving room	✔
HH5.	P	☒ before care/entering room ☐ before task ☐ after body fluids ☐ after care ☐ upon leaving room	✔
HH6.	CNA	☐ before care/entering room ☐ before task ☐ after body fluids ☐ after care ☒ upon leaving room	☒
HH7.	EVS	☐ before care/entering room ☒ before task ☐ after body fluids ☐ after care ☐ upon leaving room	☒
HH8.	EVS	☐ before care/entering room ☒ before task ☐ after body fluids ☐ after care ☐ upon leaving room	✔
HH9.	OTH	☐ before care/entering room ☐ before task ☐ after body fluids ☐ after care ☒ upon leaving room	☒
HH10.	D	☒ before care/entering room ☐ before task ☐ after body fluids ☐ after care ☐ upon leaving room	✔

Disciplines:
CNA = Nurse Assistant
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RT = Respiratory Therapist
S = Student
VIS = Visitor
VOL = Volunteer
W = Social Worker
OTH = Other, Specify
U = Unknown

Opportunities:
✔ = Opportunity Successful
Ø = Opportunity Missed

For HH1-HH10:

Total # HH Successful ("# ✔ "): 4	Total # HH Opportunities Observed: 10	Adherence: 40 % (Total # HH Successful ÷ Total HH Opportunities Observed x 100)

Version 2016.10.14

Notes:

CNA hands full

EVS missed glove change as well

D stated they were not aware they needed to perform HH before entering pt. room

The ICAR Process- Direct Observations

Healthcare-Associated Infections Program Adherence Monitoring
Contact Precautions

Assessment completed by: Krystal Smith
Date: 5/23/23
Unit: Wing 3

Regular monitoring with feedback of results to staff can maintain or improve adherence to contact precautions practices. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of patient care location where patients are on contact precautions.

Instructions: Observe 3-4 patients/residents on contact precautions. Observe each practice and check a box if adherent, Yes or No. In the column on the right, record the total number of "Yes" for adherent practices observed and the total number of observations ("Yes" + "No"). Calculate adherence percentage in the last row.

Contact Precautions Practices		Contact Precautions Patient/Resident 1	Contact Precautions Patient/Resident 2	Contact Precautions Patient/Resident 3	Contact Precautions Patient/Resident 4	# Yes	# Observed
CP1.	Gloves and gowns are available and located near point of use.	☐ Yes ☒ No	☑ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☐ No	1	3
CP2.	Signs indicating the patient/resident is on contact precautions are clear and visible.	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	3	3
CP3.	The patient/resident on contact precautions is housed in single-room or cohorted based on a clinical risk assessment.	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	3	3
CP4.	Hand hygiene is performed before entering the patient/resident care environment.	☐ Yes ☒ No	☐ Yes ☒ No	☑ Yes ☐ No	☐ Yes ☐ No	1	3
CP5.	Gloves and gowns are donned before entering the patient/resident care environment.	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	3	3
CP6.	Gloves and gowns are removed and discarded, **and** hand hygiene is performed before leaving the patient/resident care environment. *Soap & water is used if it is hospital policy or if the patient/resident has C.difficile infection.*	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☒ No	☐ Yes ☐ No	2	3
CP7.	Dedicated or disposable noncritical patient-care equipment (e.g. blood pressure cuffs) is used; if dedicated/disposable equipment is unavailable, then equipment is cleaned and disinfected prior to use on another patient/resident according to manufacturers' instructions.	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	3	3

# of Correct Practices Observed ("# Yes"): 16

Total # Contact Precautions Observations ("# Observed"): 21
(Up to 28 total)
If practice could not be observed (i.e. cell is blank), do not count in total # Observed.

Adherence 76.2%
(Total "# Yes" ÷ Total "# Observed" x 100)

Version 2016.10.12

Notes:

PPE storage is down the hall; difficult to get to without contaminating yourself

One staff did not discard PPE before leaving the "dirty" environment

One staff incorrectly doffed their gown- reached behind their neck

1. https://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/AdherenceMonitoringContactPrecautionsApproved101516.pdf

On the Spot Feedback

Audience Question

You observe an employee walking out of a multi-occupancy resident room with gloves on. They walk to the nurse's station, work on a computer for a moment, and then you watch them walk to the medication room with those same gloves on. You stop them before re-entering the resident room.

What do you say?

Audience Question

Why is it important to provide on the spot feedback to staff regarding infection prevention fallouts?

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

How you handle these scenarios can strengthen your relationships with staff

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

Navigating On the Spot Feedback

- Explain what you observed
  - What is vs. what should be (gap analysis!)

Navigating On the Spot Feedback

- Explain what you observed
  - What is vs. what should be (gap analysis!)
- Ask staff why they were doing it this way
  - What is their thought process?
  - Were they trained this way?

Navigating On the Spot Feedback

- Explain what you observed
  - What is vs. what should be (gap analysis!)
- Ask staff why they were doing it this way
  - What is their thought process?
  - Were they trained this way?
- Demonstrate the correct IP practice
  - Requires that you are **trained** and are **confident**

Navigating On the Spot Feedback

- Explain what you observed
  - What is vs. what should be (gap analysis!)
- Ask staff why they were doing it this way
  - What is their thought process?
  - Were they trained this way?
- Demonstrate the correct IP practice
  - Requires that you are trained and are confident
- Ask for a return demonstration, when appropriate

Navigating On the Spot Feedback

- Explain what you observed
  - What is vs. what should be (gap analysis!)
- Ask staff why they were doing it this way
  - What is their thought process?
  - Were they trained this way?
- Demonstrate the correct IP practice
  - Requires that you are trained and are confident
- Ask for a return demonstration, when appropriate
- Offer staff the opportunity to ask questions
- Thank staff for their partnership

Navigating On the Spot Feedback

- Explain what you observed
  - What is vs. what should be (gap analysis!)
- Ask staff why they were doing it this way
  - What is their thought process?
  - Were they trained this way?
- Demonstrate the correct IP practice
  - Requires that you are trained and are confident
- Ask for a return demonstration, when appropriate
- Offer staff the opportunity to ask questions
- Thank staff for their partnership

Audience Question

Does anyone else have tips to share?

Navigating On the Spot Feedback

- Perfect opportunity to involve the department's leadership
- Talk the scenario through with the department manager, supervisor or designee
  - They are conducting the ICAR with you
- Perhaps they make the direct intervention
- They are a resource

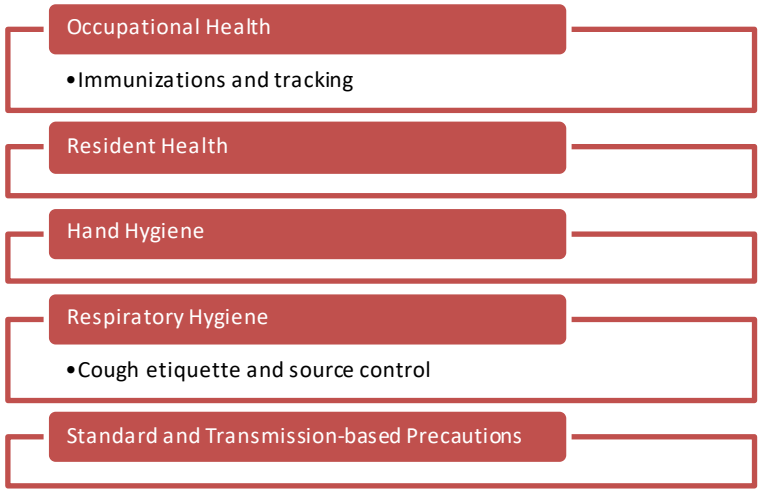
Navigating On the Spot Feedback

- What if staff have questions?
  - Hear them out
    - Staff ask good questions!
  - Explain your common goals (resident safety, staff safety; infection prevention)
  - Know where staff can find relevant policies and protocols

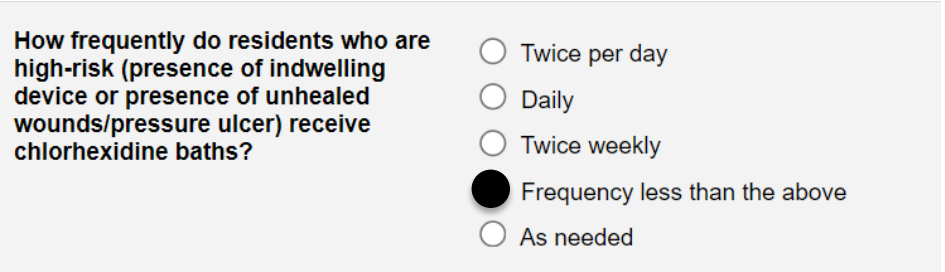
Answers → Findings

Once the ICAR is Complete…

- Breakdown results by module
  - # satisfactory answers
  - # unsatisfactory answers



- What are the major fallouts?



Once the ICAR is Complete…

- Is there a theme?
  - New staff?
  - Lack of training?
  - Obstacles in the way of good IPC practices?
  - No theme?

- Which areas is your facility performing well in?
  - Why is this?

Once the ICAR is Complete…

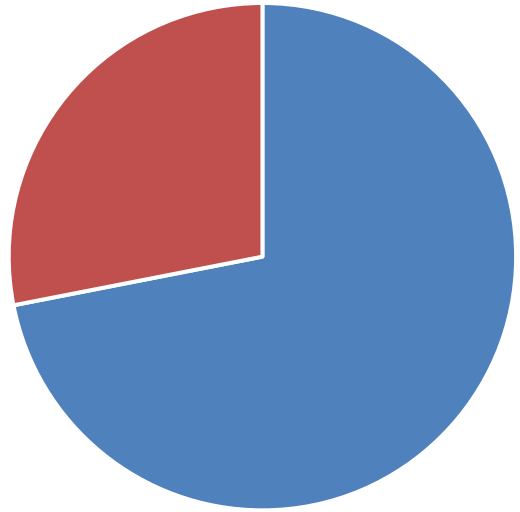
- Is there a theme?
  - New staff? → is new hire orientation up to par? Are staff's competencies to IPC practices assessed?
  - Lack of training? → how frequently are staff trained? (asked in the ICAR)
  - Obstacles in the way of good IPC practices? → can PPE or ABHR dispensers be placed in a better 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

Once the ICAR is Complete…

- Compare the ICAR direct observation findings to your regular audits

- Things to note:
  - Sample size
  - Snapshot



Next ICAR Session:

- How to prioritize ICAR findings that need intervention
- How to recommend interventions to leadership
- How to follow up on IPC interventions

References

- https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html
- http://publichealth.lacounty.gov/acd/ICARProgram/index.htm
- https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/MonitoringAdherenceToHCPracticesThatPreventInfection.aspx

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=SHJZBzjqG0WKvqY47dusgf0FV6Ohxd1GqLpEMjW1UPtUNVdPRDY3VEJZOUlBMkc3RFdQT0s1SVZHWi4u
  - LAC DPH ICAR Tool
- CDPH
  - https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/MonitoringAdherenceToHCPracticesThatPreventInfection.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

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Our next Ask an IP Session will be on
November 8, 2023