Infection Prevention and Control Assessment: Long-term Care Facilities

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Objectives

1. State the purpose of infection control assessment in skilled nursing facilities.

2. Describe infection control domains for gap assessment.

3. Share most commonly identified gaps for each domain.
Agenda

• Background & Purposes- CDC Infection Control Assessment Response (ICAR)
• LAC IC Assessment Process
• Overview of the CDC Infection Control Assessment
• Most Commonly Identified Practices/Gaps during LAC IC Assessment
• Resources
Infection Control Assessment and Response (ICAR)

- **Background:** supported by funding from the Centers for Disease Control and Prevention (CDC) to perform on-site ICAR.

- **LAC DPH ACDC Staff to perform on-site ICAR in LA County in 2016:**
  - Acute Care Hospitals (ACHs)
  - Skilled Nursing Facilities (SNFs)
  - Ambulatory Surgery Centers (ASCs)
  - Emergency Medical Services (EMS) Providers
Infection Control Assessment and Response (ICAR) (2)

Purposes:

• To identify gaps in infection control policies and practices and provide feedback and resources.

• To better understand needs of SNFs broadly so ACDC can better develop programs and materials to meet those needs.
LAC IC Assessment Process

• **Recruitment Process**: Invitation email/letter sent out to some of the nursing home corporations and California Association of Health Facilities
  
  • **Purpose and Process of Visits**
    
    – **4 Components to the assessment**
      
      » Preparation
      
      » Initial face-to-face meeting (3-4 hours)
      
      » Direct Observation & Feedback/Resources (1-day)
      
      » Report-comprehensive written summary to the facility & ‘Certificate of Participation’

• **Collaborative, not regulatory**

• **Conducted by trained ACDC staff**

• **A sample of SNFs (10) were selected.**
Overview of Infection Control Assessment Tool & Most Commonly Identified Practices/Gaps
Infection Control Assessment Tool

Section 1: Facility Demographics
- Completed prior to the site visit

Section 2: Infection Control Program and Infrastructure
- Completed prior to the site visit and reviewed and validated during visit
- Devote the majority of the time (initial & direct observation)

Section 3: Direction Observation of Facility Practices (optional)
- Point of Care Testing and hand hygiene/gown and glove adherence (LAC-Hand hygiene, PPE, Point of Care Testing, Injection Safety, and Environmental Cleaning, Wound Care)

Section 4: Infection Control Guidelines and Other Resources
- Links to guidelines and on-line resources that can be used to mitigate identified gaps
Section 1: Facility Demographics

<table>
<thead>
<tr>
<th>Facility Name (for health department use only)</th>
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<tbody>
<tr>
<td>NHSN Facility Organization ID (for health department use only)</td>
<td></td>
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<tr>
<td>State-assigned Unique ID</td>
<td></td>
</tr>
<tr>
<td>Date of Assessment</td>
<td></td>
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<tr>
<td>Type of Assessment</td>
<td>☐ On-site ☐ Other (specify):</td>
</tr>
<tr>
<td>Rationale for Assessment (Select all that apply)</td>
<td>☐ Outbreak ☐ Input from accrediting organization or state survey agency ☐ NHSN data (if available) ☐ Collaborative (specify partner[s]): ☐ Other (specify):</td>
</tr>
<tr>
<td>Is the facility licensed by the state?</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>Is the facility certified by the Centers for Medicare &amp; Medicaid Services (CMS)</td>
<td>☐ Yes ☐ No</td>
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<tr>
<td>Facility type</td>
<td>☐ Nursing home ☐ Intermediate care facility ☐ Assisted living facility ☐ Other (specify):</td>
</tr>
<tr>
<td>Number of licensed beds</td>
<td></td>
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<tr>
<td>Total staff hours per week dedicated to infection prevention and control activities</td>
<td></td>
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<tr>
<td>Is the facility affiliated with a hospital?</td>
<td>☐ Yes (specify – for health department use only):</td>
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<td>☐ No</td>
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Section 2: Infection Control Domains for Gap Assessment

I. Infection Control Program and Infrastructure
II. Healthcare Personnel and Resident Safety
III. Surveillance and Disease Reporting
IV. Hand Hygiene
V. Personal Protective Equipment (PPE)
VI. Respiratory/ Cough Etiquette
VII. Antibiotic Stewardship
VIII. Injection safety and Point of Care Testing
IX. Environmental Cleaning
### Domain 1: Infection Control Program and Infrastructure

#### Section 2: Infection Control Program and Infrastructure

<table>
<thead>
<tr>
<th>Elements to be assessed</th>
<th>Assessment</th>
<th>Notes/Areas for Improvement</th>
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<tbody>
<tr>
<td>A. The facility has specified a person (e.g., staff, consultant) who is responsible for coordinating the IC program.</td>
<td>Yes/No</td>
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<tr>
<td>B. The person responsible for coordinating the infection prevention program has received training in IC</td>
<td>Yes/No</td>
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<tr>
<td>Examples of training may include: Successful completion of Initial and/or recertification exams developed by the Certification Board for Infection Control &amp; Epidemiology; Participation in infection control courses organized by the state or recognized professional societies (e.g., APIC, SHEA).</td>
<td>Yes/No</td>
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<tr>
<td>C. The facility has a process for reviewing infection surveillance data and infection prevention activities (e.g., presentation at QA committee).</td>
<td>Yes/No</td>
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<tr>
<td>D. Written infection control policies and procedures are available and based on evidence-based guidelines (e.g., CDC/HICPAC), regulations (F-441), or standards.</td>
<td>Yes/No</td>
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<tr>
<td>Note: Policies and procedures should be tailored to the facility and extend beyond OSHA bloodborne pathogen training or the CMS State Operations Manual</td>
<td>Yes/No</td>
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<tr>
<td>E. Written infection control policies and procedures are reviewed at least annually or according to state or federal requirements, and updated if appropriate.</td>
<td>Yes/No</td>
<td></td>
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<tr>
<td>F. The facility has a written plan for emergency preparedness (e.g., pandemic influenza or natural disaster).</td>
<td>Yes/No</td>
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</table>
Domain 1: Infection Control Program and Infrastructure

- Specified a person who is responsible for coordinating the IC program & formal training in IC
- Process for reviewing infection surveillance data and infection prevention activities
- Written infection control policies and procedures
  – reviewed at least annually or according to state or federal requirements, and updated if appropriate.
- Written plan for emergency preparedness (e.g., pandemic influenza or natural disaster)
Commonly Identified Practices & Gaps

Domain I: Infection Control Program and Infrastructure

- Not clear on role and responsibilities of IP
- Lacks formal training in IC
- Need more support or personnel
- Outdated written infection control policies and procedures

LAC DPH Basics of Infection Prevention 2 Day Mini Course
Domain II: Healthcare Personnel and Resident Safety

• Healthcare Personnel
  – Includes review of personnel sick leave policies, immunizations and TB screening procedures.
  – Review of bloodborne pathogen exposure plan including personnel training and competency validation.

• Resident Safety
  – Includes review of resident immunizations and TB screening procedures.
Commonly Identified Practices & Gaps

Domain II: Healthcare Personnel and Resident Safety

• Healthcare Personnel
  – NO work-exclusion policies for staff with potentially transmissible conditions
  – Lack annual training and competency validation on managing a potential blood-borne pathogen exposure

• Personnel & Residents Vaccination
  – Increase influenza vaccination rate since LAC DPH Health Officer’s Order
Domain III: Surveillance and Disease Reporting

**Surveillance**
- Reviews procedures to identify residents with risk of illness
- Identifies process for infection prevention program notifications of antibiotic resistant organisms or *C. difficile*
- Assesses infection surveillance plan
- Reviews communication practices during inter-facility transfers

**Disease reporting**
- Assesses outbreak response plan
- Ensures facility has awareness of reportable conditions and has point of contact for state/local public health authorities
Commonly Identified Practices & Gaps

- **Domain III: Surveillance and Disease Reporting**
  - Utilize the latest McGeer’s criteria
  - Lack in follow-up on clinical information when residents are transferred to acute care hospitals
  - A lot of questions on management of MDROs
  - Outbreak management
Domain IV, V, VI

- Hand hygiene (IV), Personal protective equipment (V) and Respiratory hygiene/Cough etiquette (VI)
  - Reviews policies and procedures and availability of supplies
  - Assesses Training and Competency/Education for HCP
  - Verifies regular audits of adherence to recommended practices
  - Verifies feedback to personnel regarding performance
Commonly Identified Practices & Gaps

Domain IV: Hand Hygiene

• Guideline for Hand Hygiene in Health-care Settings.  MMWR 2002; vol. 51, no. RR-16

  “If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands except for spore-forming bacteria, e.g., C. difficile, certain non-enveloped viruses, e.g., norovirus, protozoan oocysts and prions.”

  – Did not promote preferential use of alcohol-based hand rub (ABHR). Generally soap and water is preferred over ABHR.

  – Insufficient amount of supplies for hand hygiene-not easily accessible from patient care areas.
Commonly Identified Practices & Gaps (2)

Domain IV: Hand Hygiene

• Lack training & competency validation on HH, audit (monitors and documents) adherence to HH and provide feedback their HH performance.

• Hand Hygiene was not consistent among the staff.
  – Wash hands less than 10 seconds
  – Wash their hands, but did not dry hands thoroughly
  – Performed HH before assisting resident, but not after, or no HH before assisting resident, but HH after.
  – Hand sanitizer was used incorrectly at times, did not rub all surfaces of their hands and allow to air dry.
CDC ‘Hand Hygiene in Healthcare Setting –Clean Hands Count” educational materials

Poster, World Health Organization (WHO)
Commonly Identified Practices & Gaps

Domain V: Personal protective equipment

- Lack in **job-specific training and competency validation** on proper use of PPE at the time of employment and annually
- Lack in **audit** (monitors and documents) adherence to PPE use (e.g., adherence when indicated, donning/doffing).

- **Isolation signage**
  - Instructions are not clear
  - Concern about posting transmission based precautions signage
Commonly Identified Practices & Gaps

Domain VI: Respiratory Hygiene/Cough Etiquette

No or Lack of signs posted at entrances with instructions to individuals with symptoms of respiratory infection to:

• cover their mouth/nose when coughing or sneezing,
• use and dispose of tissues
• perform hand hygiene after contact with respiratory secretions
Domain VII: Antibiotic stewardship

Assessment questions are based on the CDC Core elements of antibiotic stewardship in Nursing Home

- Reviews leadership support and accountability for stewardship activities along with facility access to individuals with antibiotic expertise
- Reviews policies and practices in place to improve antibiotic prescribing
- Monitoring of antibiotic use and outcomes related to antibiotic use such as antibiotic resistance (e.g., antibiogram)
- Provision of education for clinicians, staff, residents and families
Commonly Identified Practices & Gaps

Domain VII: Antibiotic stewardship

• Aware of California Senate Bill 361
• The facility has not:
  – Identified individuals accountable for leading ASP activities.
  – Implemented practices in place to improve antibiotic use.
  – Provided clinical prescribers with feedback about their antibiotic prescribing practices, training on antibiotic use to all nursing staff and all clinical providers with prescribing privileges within the last 12 months.
• The facility does not have written policies (facility specific) on antibiotic prescribing.
Domain VIII: Injection Safety and Point of Care Testing

- Heavily focused on point of care testing (e.g., assisted blood glucose monitoring)
- Reviews policies and procedures and availability of supplies
- Assesses Training and Competency/Education for HCP
- Verifies regular audits of adherence to recommended practices
- Verifies feedback to personnel regarding performance
Commonly Identified Practices & Gaps

Domain VIII: Injection Safety and Point of Care Testing

• Lack:
  – training and competency validation on injection safety procedures at time of employment & annually.
  – auditing (monitors and documents) adherence to injection safety procedures during point of care testing (e.g., AMBG).
  – providing feedback to personnel regarding their adherence to injection safety procedures during point of care testing (e.g., AMBG).

www.oneandonlycampaign.org
Commonly Identified Practices & Gaps (2)

Domain VIII: Injection Safety and Point of Care Testing (2)

- Glucometer - multiple resident use and 1 meter per station.
- Contact time – staff will dry product or not use enough to allow for contact time.
- Multi-dose vials not dated correctly.
Domain IX: Environmental Cleaning

- Includes assessment of terminal and daily cleaning practices and management of shared equipment
  
  One element specifically about procedures for reprocessing of semicritical equipment used in specialty care (wound care, podiatry, dental) even if performed by external consultants

- Reviews policies and procedures and availability of supplies
Domain IX: Environmental Cleaning (2)

• Assesses Training and Competency/Education for HCP
  ▪ Training provided to all relevant personnel (includes contract staff)
    I. Upon hire, prior to provision of care or being allowed to perform practice
    II. Annually
  ▪ Personnel must demonstrate competency following each training
• Verifies regular audits of adherence to recommended practices
• Verifies feedback to personnel regarding performance
Commonly Identified Practices & Gaps

Domain IX: Environmental Cleaning

• Lack:
  – job-specific training and competency validation on cleaning and disinfection procedures at the time of employment and annually.
  – audit (monitors and documents) quality of cleaning and disinfection procedures.
  – provide feedback to personnel regarding the quality of cleaning and disinfection procedures.
Commonly Identified Practices & Gaps (2)

Domain IX: Environmental Cleaning (2)

External consultants/contractors
- Monitoring external consultants’ infection prevention and control practices (e.g., dentists or podiatrist)
- Included, but not limited to:
  - Dentists
  - Podiatrists
  - Housekeeping
  - Therapy (Physical, Respiratory, Occupational)
Section 3: Direct Observation of Facility Practices (optional)

- Hand hygiene
- Point-of-care Testing (e.g., blood glucose meters)
- Use of personal protective equipment
- Wound Care
- Safe Injection
- Environmental cleaning
Section 4: Infection Control Guidelines and Other Resources & Assessment Summary

• Links to guidelines and on-line resources organized by subject
  – Assist with mitigation of identified gaps

• Assessment Summary- Provide detailed report of findings and specific resources
Exit Meeting & Follow-Up

Exit Meeting (during the observation visit)

- Summary of gaps by each domain
- Discuss type of gaps that were challenging to mitigate and/or where additional guidance or resources are needed to assist with mitigation
- Provide toolkits and resource materials

Follow-Up (after the visit)

- Provide detailed report of findings and specific resources
- 6 month follow-up by reaching out to facilities to see what they have changed since our visit
  - Discuss changes made, in progress, or in planning stages
Other Resources Provided

[Images of various resources and guidelines related to public health and infection prevention]
Coming Soon - ACDC SNF Website

- A resources page for Skilled Nursing Facilities
- [http://publichealth.lacounty.gov/acd/SNF.htm](http://publichealth.lacounty.gov/acd/SNF.htm)

1. Calendar
2. Partners/Coalitions
3. Useful links
Thank You!!

Questions?