Infection Prevention and Control Assessment: Long-term Care Facilities

Karen Young Cho, RN, PHN, CIC
Acute Communicable Disease Control
Los Angeles County Department of Public Health
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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

Section 1. Facility Demographics

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

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

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

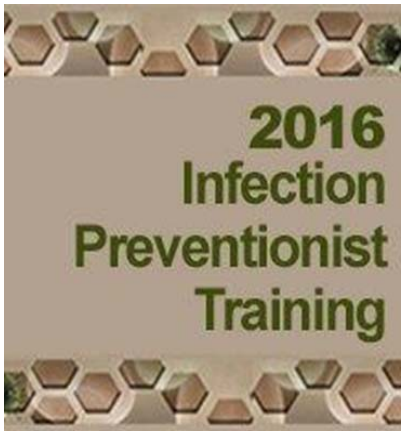
Domain 1: Infection Control Program and Infrastructure

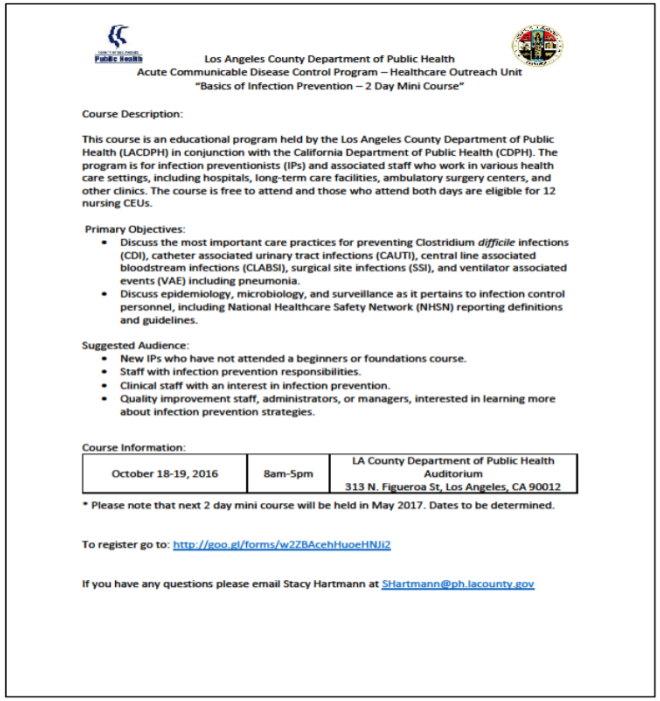
- Specified a person who is responsible for coordinating the IC program & formal training in IC
- Process for reviewing infection surveillance data and infection prevention activities
- Written infection control policies and procedures
  - reviewed at least annually or according to state or federal requirements, 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





Los Angeles County Department of Public Health
Acute Communicable Disease Control Program – Healthcare Outreach Unit
"Basics of Infection Prevention – 2 Day Mini Course"

Course Description:

This course is an educational program held by the Los Angeles County Department of Public Health (LACDPH) in conjunction with the California Department of Public Health (CDPH). The program is for infection preventionists (IPs) and associated staff who work in various health care settings, including hospitals, long-term care facilities, ambulatory surgery centers, and other clinics. The course is free to attend and those who attend both days are eligible for 12 nursing CEUs.

Primary Objectives:

- Discuss the most important care practices for preventing Clostridium *difficile* infections (CDI), catheter associated urinary tract infections (CAUTI), central line associated bloodstream infections (CLABSI), surgical site infections (SSI), and ventilator associated events (VAE) including pneumonia.
- Discuss epidemiology, microbiology, and surveillance as it pertains to infection control personnel, including National Healthcare Safety Network (NHSN) reporting definitions and guidelines.

Suggested Audience:

- New IPs who have not attended a beginners or foundations course.
- Staff with infection prevention responsibilities.
- Clinical staff with an interest in infection prevention.
- Quality improvement staff, administrators, or managers, interested in learning more about infection prevention strategies.

Course Information:

October 18-19, 2016	8am-5pm	LA County Department of Public Health Auditorium 313 N. Figueroa St, Los Angeles, CA 90012

* Please note that next 2 day mini course will be held in May 2017. Dates to be determined.

To register go to: http://goo.gl/forms/w2ZBAcehHuoeHNJi2

If you have any questions please email Stacy Hartmann at SHartmann@ph.lacounty.gov

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

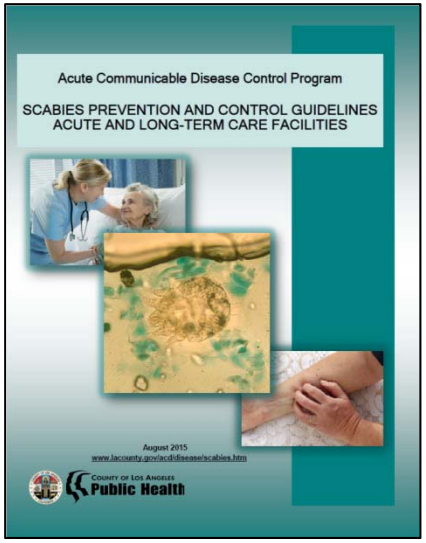
- Reviews procedures to identify residents with risk of illness
- Identifies process for infection prevention program notifications of antibiotic resistant organisms or *C. difficile*
- Assesses infection surveillance plan
- Reviews communication practices during inter-facility transfers

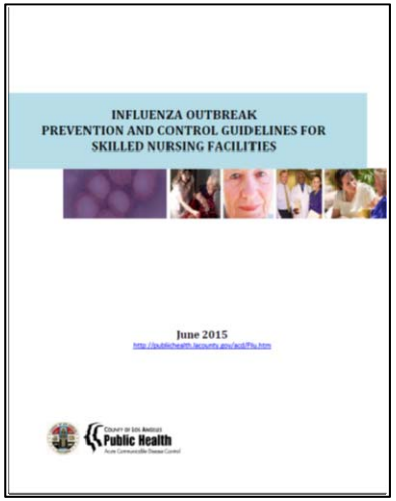
Disease reporting

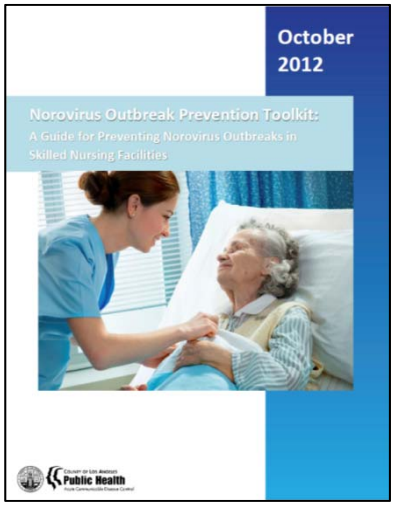
- Assesses outbreak response plan
- Ensures facility has awareness of reportable conditions and has point of contact for state/local public health authorities

Commonly Identified Practices & Gaps

- **Domain III: Surveillance and Disease Reporting**
  - Utilize the latest McGeer's criteria
  - Lack in follow-up on clinical informationwhen 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.

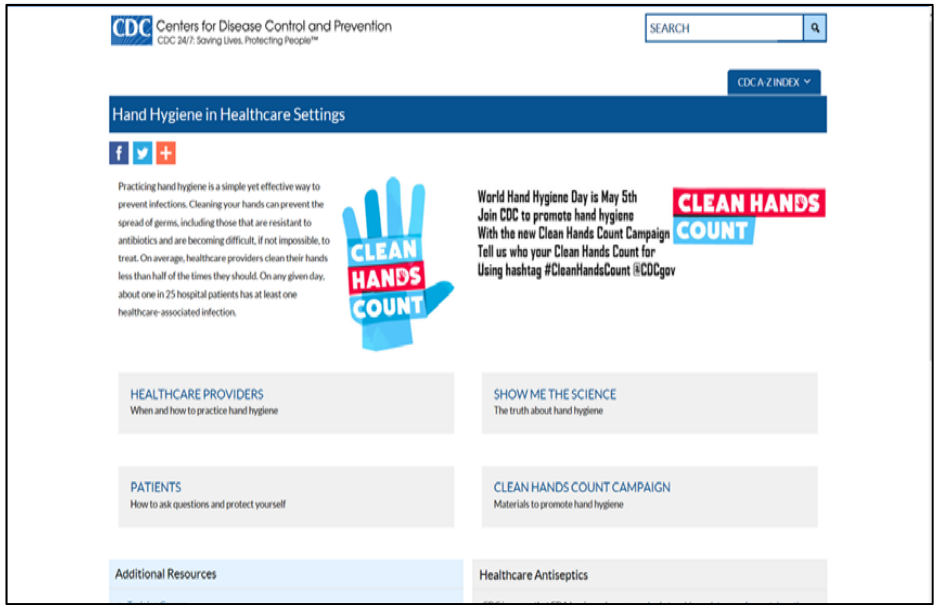
  – Insufficient amount of supplies for hand hygiene-not easily accessible from patient care areas.

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).

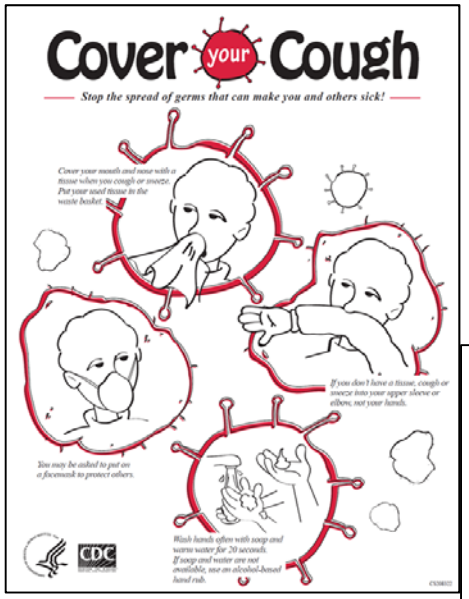
- **Isolation signage**
  - Instructions are not clear
  - Concern about posting transmission based precautions signage

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.

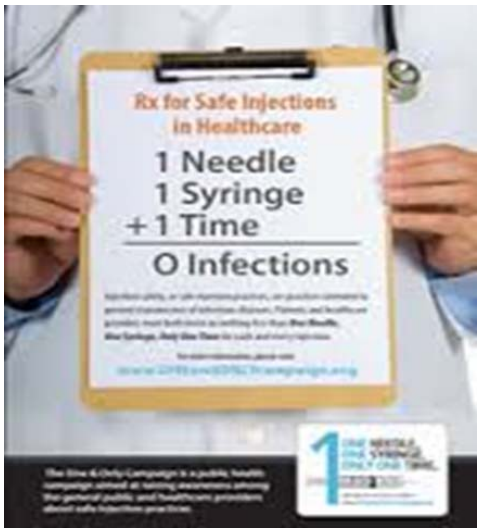
Domain VIII: Injection Safety and Point of Care Testing

- **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).

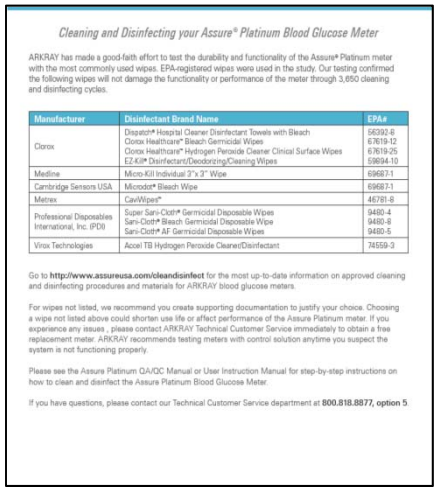


www.oneandonlycampaign.org

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.



Cleaning and Disinfecting your Assure® Platinum Blood Glucose Meter

ARKRAY has made a good-faith effort to test the durability and functionality of the Assure® Platinum meter with the most commonly used wipes. EPA-registered wipes were used in the study. Our testing confirmed the following wipes will not damage the functionality or performance of the meter through 3,650 cleaning and disinfecting cycles.

Manufacturer	Disinfectant Brand Name	EPA#
Clorox	Dispatch® Hospital Cleaner Disinfectant Towels with Bleach Clorox Healthcare® Bleach Germicidal Wipes Clorox Healthcare® Hydrogen Peroxide Cleaner Clinical Surface Wipes EZ-Kill® Disinfectant/Deodorizing/Cleaning Wipes	56392-8 67619-12 67619-25 69694-10
Medline	Micro-Kill Individual 3"x 3" Wipe	69687-1
Cambridge Sensors USA	Microdot® Bleach Wipe	69687-1
Metrex	CaviWipes®	46781-8
Professional Disposables International, Inc. (PDI)	Super Sani-Cloth® Germicidal Disposable Wipes Sani-Cloth® Bleach Germicidal Disposable Wipe Sani-Cloth® AF Germicidal Disposable Wipes	9480-4 9480-8 9480-5
Virox Technologies	Accel TB Hydrogen Peroxide Cleaner/Disinfectant	74559-3

Go to **http://www.assureusa.com/cleandisinfect** for the most up-to-date information on approved cleaning and disinfecting procedures and materials for ARKRAY blood glucose meters.

For wipes not listed, we recommend you create supporting documentation to justify your choice. Choosing a wipe not listed above could shorten use life or affect performance of the Assure Platinum meter. If you experience any issues , please contact ARKRAY Technical Customer Service immediately to obtain a free replacement meter. ARKRAY recommends testing meters with control solution anytime you suspect the system is not functioning properly.

Please see the Assure Platinum QA/QC Manual or User Instruction Manual for step-by-step instructions on how to clean and disinfect the Assure Platinum Blood Glucose Meter.

If you have questions, please contact our Technical Customer Service department at **800.818.8877, option 5**.

EPA-registered-disinfectants

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

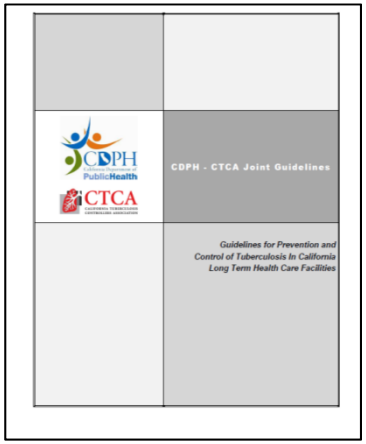
Exit Meeting (during the observation visit)

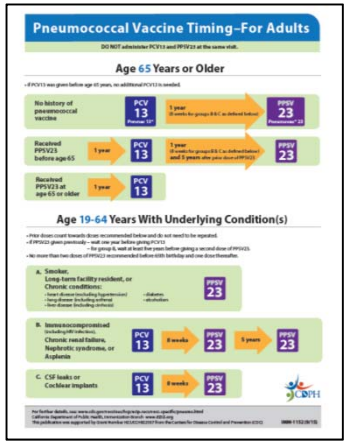
- Summary of gaps by each domain
- Discuss type of gaps that were challenging to mitigate and/or where additional guidance or resources are needed to assist with mitigation
- Provide toolkits and resource materials

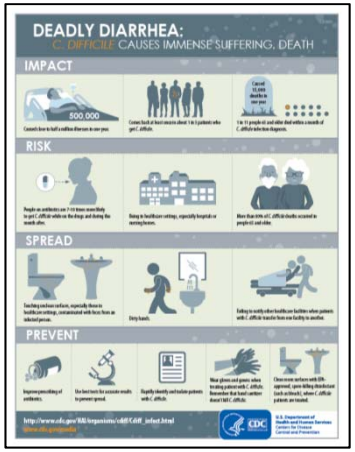
Follow-Up (after the visit)

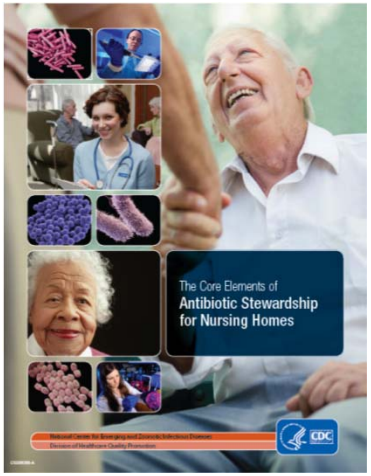
- Provide detailed report of findings and specific resources
- 6 month follow-up by reaching out to facilities to see what they have changed since our visit
  - Discuss changes made, in progress, or in planning stages

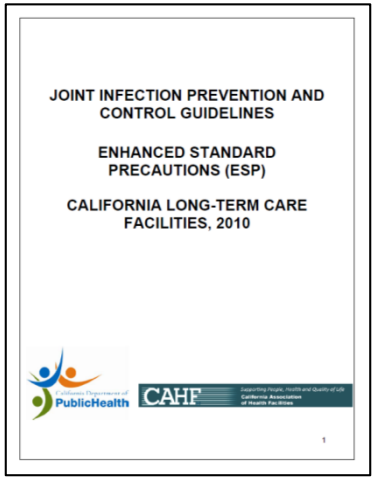
Other Resources Provided











Coming Soon - ACDC SNF Website

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

1. Calendar
2. Partners/Coalitions
3. Useful links

Thank You!!

Questions?