A Review of the National Infection Control and Prevention Initiative (NIPCI) Findings

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New York City Department of Health and Mental Hygiene

2018 APIC Chapter 13, Greater New York Long Term Care Conference
October 26, 2018
Impact of Infections in LTCFs

- 1,600,000 to 3,800,000 infections each year
- ~400,000 deaths
- $673mil to $2billion

American Journal of Infection Control
May 2011, Vol. 39, p.263
Shift in National Priorities

Back to the Basics!

- Surveillance
- Risk assessment
- Isolation precautions
- Personal protective equipment
- Hand and respiratory hygiene
FOR IMMEDIATE RELEASE
July 13, 2015

HHS proposes to improve care and safety for nursing homes residents

Revisions mark first major rewrite of long-term care conditions of participation since 1991

A proposal announced today at the White House Conference on Aging would make major changes to improve the care and safety of the nearly 1.5 million residents in the more than 15,000 long-term care facilities or nursing homes that participate in the Medicare and Medicaid programs. If finalized, unnecessary hospital readmissions and infections would be reduced, quality care increased, and safety measures strengthened for the more than one million residents in these facilities.

“This proposal is just one part of the administration’s overall commitment to transform our health system to deliver better quality care and spend our health care dollars in a smarter way,” said HHS Secretary Sylvia M. Burwell. “Today’s measures set high standards for quality and safety in nursing homes and long-term care facilities. When a family makes the decision for a loved one to be placed in a nursing home or long-term care facility, they need to know that their loved one’s health and safety are priorities.”

Many of the proposals build on improvements that nursing homes have already made since 1991, the last time these conditions of participation were comprehensively updated. This rule would bring these best practices for resident care to all facilities that participate in Medicare or Medicaid and implement a number of important safeguards that have been identified by patient advocates and other stakeholders, and include additional protections required by the Affordable Care Act.
Updating the nursing home’s infection prevention and control program, including requiring an infection prevention and control officer, and an antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use.
The National Infection Prevention and Control Initiative (NIPCI)

- National Initiative
  - CDC funded
  - State and local health Departments
- Voluntary + Non-regulatory
- Utilize IC assessment tools developed by CDC
  » Long term care facilities, Outpatient clinics, Hospitals, Dialysis
NIPCI Goals

To enhance infection control capacity in
- Individual facilities
- Long-term care sector
- NYC healthcare system
NIPCI Objectives

- Build Relationships
- Assess infection control programs
- Identify areas for improvement
- Provide education and resources
Methods

- Complete survey prior to visits
- Information packets distributed at the visit
- Good ideas were recorded during visits
- Follow-up feedback report to facilities
Methods

- Who completed the survey
- How the survey was completed
- Length of time
- How the information was collected
  - Paper vs. electronic
Areas Assessed

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

### 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>
</tr>
</thead>
<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>
<td></td>
</tr>
<tr>
<td>B. The person responsible for coordinating the infection prevention program has received training in IC</td>
<td>○ Yes ○ No</td>
<td></td>
</tr>
<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>
<td></td>
</tr>
<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>
<td></td>
</tr>
<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>
<td></td>
</tr>
<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>
<td></td>
</tr>
<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>
</tr>
<tr>
<td>F. The facility has a written plan for emergency preparedness (e.g., pandemic influenza or natural disaster).</td>
<td>○ Yes ○ No</td>
<td></td>
</tr>
</tbody>
</table>
July 10, 2017

To: Mr. Infection Preventionist, RN
Assistant Director of Nursing Services
Nursing Home for Rehabilitation and Nursing
Brooklyn, NY 11236

FROM: Dr. Mary Foote, MD
NYC Department of Health and Mental Hygiene (DOHMH)
Office of Emergency Preparedness and Response (OEP)
Bureau of Healthcare Systems Readiness (BHISER)

RE: Participation in the National Infection Prevention and Control Initiative

Dear Mr. Carroll,

Thank you for your participation in the National Infection Prevention and Control Initiative (NIPC), a federally funded project created to assess and improve infection prevention and control preparedness across the country. Your contribution to this critical effort during the site visit conducted at Arthur Center for Rehabilitation and Nursing, March 27, 2017, is greatly appreciated.

Overall, Arthur Center for Rehabilitation and Nursing has some key Infection Control (IC) policies and procedures in place, including a dedicated Infection Control Practitioner (ICP) staff position. A Best Practice observed at your facility is the robust implementation of the Antibiotic Stewardship Program.

The following is an abbreviated plan that addresses opportunities for improvement of infection control practice.

### Areas for Improvement and Improvement Plan

<table>
<thead>
<tr>
<th>Areas for Improvement</th>
<th>Improvement Plan</th>
</tr>
</thead>
</table>
| I. Infection Control Program (ICP) and Infrastructure | Please consider supporting (time and release from duty) your Infection Control Practitioner in obtaining training in infection control through either the Association for Professionals in Infection Control and Epidemiology (APIC) or the Society for Healthcare Epidemiology of America (SHEA). At a minimum, please support your Infection Control Practitioner’s membership in APIC and his/her attendance at the annual generating New York Chapter APIC meetings.  
  ✓ Formal training in infection prevention and control is a required element of the new CMS rules for long-term care facilities.  
  ✓ Your facility is encouraged to have a system in place that will ensure that infection control policies and procedures are kept up to date; they should be reviewed at least annually or according to state or federal requirements, and updated as appropriate.  
  ✓ Your facility is encouraged to have a written plan for emergency preparedness (e.g., pandemic influenza or natural disaster).  
  ✓ You can contact Danielle Scolamiero (dscolamiero@health.nyc.gov) at the NYU DOHMH for further information on emergency planning resources for long-term care facilities. |
| II. Healthcare Personnel and Resident Safety | Please ensure that your Staff are offered hepatitis B vaccination if they may be exposed to blood or body fluids as part of their duties.  
  ✓ Please refer to the CDC guidance on healthcare worker vaccinations for more information: https://www.cdc.gov/vaccines/adults/rec-one/hbv.html  
  ✓ You are strongly encouraged to develop and implement an exposure control plan that addresses potential hazards posed by specific services provided by the facility.  
  ✓ Your staff should receive training and competency validation on managing bloodborne pathogens exposure, training should take place at the time of hire and should be repeated annually.  
  ✓ See https://www.osha.gov/pls/oshaweb/owadisp.show_content?c=standard_oconnections&i=bd6c01.pdf  
  ✓ For an overview of requirements and https://www.osha.gov/Publications/osha2186g.pdf for guidance on developing an exposure control plan.  
  ✓ A sample employee training chart can be found here http://www.piedmontjob.org/internet/BBF_Ques%20%20%20Answers.pdf  
  ✓ Please refer to https://www.osha.gov/SILTC/bloodbornepathogens/index.html for additional information and resources |
| III. Surveillance and Disease Reporting | Your facility is encouraged to have a formal (written) system that will ensure notification of the infection prevention coordinator when antibiotic-resistant organisms or C. difficile are reported by the clinical laboratory.  
  ✓ Your facility is encouraged to develop a system that will allow you to follow up on clinical information, (e.g., laboratory results, procedure notes and diagnoses), when residents are transferred to acute care hospitals for management of suspected infections, including sepsis.  
  ✓ Your facility is encouraged to have a formal, written plan for outbreak response which includes a definition, procedures for surveillance and containment, and a list of syndromes or pathogens for which monitoring is performed. |
| IV. Hand Hygiene | Your facility is encouraged to routinely audit (monitor and document) adherence to Hand Hygiene (HH)  
  ✓ Your facility is encouraged to provide feedback to personnel regarding their HH performance, a process you have already started. |
| V. Personal Protective Equipment (PPE) | Your facility is encouraged to have a policy on Transmission-based Precautions that includes the clinical conditions for which specific PPE should be used (e.g., C. difficile, Influenza).  
  ✓ Your facility is encouraged to have appropriate personal receive job-specific |
Results

Summary of findings and Good Ideas
### New York City: Total NIPCI Site Visits Completed

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>2016</th>
<th>2017</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals</td>
<td>6</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Nursing Homes</td>
<td>33</td>
<td>40</td>
<td>73</td>
</tr>
<tr>
<td>Primary Care</td>
<td>9</td>
<td>10</td>
<td>19</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>0</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Dental</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>49</td>
<td>63</td>
<td>112</td>
</tr>
<tr>
<td>Characteristic</td>
<td>Median</td>
<td>Range</td>
<td></td>
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<tr>
<td>--------------------------------------------</td>
<td>---------</td>
<td>-----------</td>
<td></td>
</tr>
<tr>
<td>Number of Licensed Beds</td>
<td>200</td>
<td>30-850</td>
<td></td>
</tr>
<tr>
<td>Staff Hours/Week dedicated to IP activities</td>
<td>17.5</td>
<td>0-352</td>
<td></td>
</tr>
<tr>
<td>Affiliated with Hospital</td>
<td>13 (18%)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I. Infection Control Program and Infrastructure

- **A.** The facility has specified a person who is responsible for coordinating the IC program.
- **B.** The person responsible for coordinating the infection prevention program has received training in IC.
- **C.** The facility has a process for reviewing infection surveillance data and infection prevention activities.
- **D.** Written infection control policies and procedures are available and based on evidence-based guidelines, regulations, or standards.
- **E.** Written infection control policies are reviewed at least annually and updated if appropriate.
- **F.** The facility has a written plan for emergency preparedness (e.g., pandemic influenza or natural disaster).

<table>
<thead>
<tr>
<th>Opportunities (% No)</th>
<th>Strengths (% Yes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>11%</td>
<td>89%</td>
</tr>
<tr>
<td>74%</td>
<td>26%</td>
</tr>
<tr>
<td>3%</td>
<td>97%</td>
</tr>
<tr>
<td>9%</td>
<td>91%</td>
</tr>
<tr>
<td>23%</td>
<td>77%</td>
</tr>
<tr>
<td>9%</td>
<td>91%</td>
</tr>
</tbody>
</table>
Infection Control Program and Infrastructure

Good Ideas

• Engage with local APIC chapter
• Designate “Infection Control Champions” or “Mentors”
• Convene multidisciplinary IC team
• Host periodic “skills day” or “skills fairs”
• Phone app for competency checks
  – E.g. Speedy Audit
II. Healthcare Personnel Safety

A. The facility has work-exclusion policies when personnel have potentially transmissible conditions which do not penalize with loss of wages, benefits, or job status.

D. The facility has a policy to assess healthcare personnel risk for TB and requires periodic (at least annual) TB screening if indicated.

E. The facility offers Hepatitis B vaccination to all personnel who may be exposed to blood or body fluids as part of their job duties.

F. The facility offers all personnel influenza vaccination annually.

H. The facility has an exposure control plan which addresses potential hazards posed by specific services (e.g., blood-borne pathogens).

I. All personnel receive training and competency validation on managing a blood-borne pathogen exposure at the time of employment.

J. All personnel received training and competency validation on managing a potential blood-borne pathogen exposure annually.

<table>
<thead>
<tr>
<th>Opportunities (% No)</th>
<th>14%</th>
<th>11%</th>
<th>18%</th>
<th>1%</th>
<th>14%</th>
<th>34%</th>
<th>31%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengths (%Yes)</td>
<td>86%</td>
<td>89%</td>
<td>82%</td>
<td>99%</td>
<td>86%</td>
<td>66%</td>
<td>69%</td>
</tr>
</tbody>
</table>
Healthcare Personnel & Resident Safety

Good Ideas

• Flu vaccine raffle
• Daily “safety huddles”
• Regular infection control in-services
  – Include non-clinical staff
• Family engagement
  – Family advisory council
  – Active outreach and communication
### III. Disease Surveillance

<table>
<thead>
<tr>
<th></th>
<th>Opportunities (% No)</th>
<th>Strengths (% Yes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>The facility has written intake procedures to identify potentially infectious persons at the time of admission.</td>
<td>5%</td>
</tr>
<tr>
<td>B</td>
<td>The facility has system for notification of infection prevention coordinator when antibiotic-resistant organisms or C.difficile are reported by clinical laboratory.</td>
<td>7%</td>
</tr>
<tr>
<td>C</td>
<td>The facility has written surveillance plan outlining the activities for monitoring/tracking infections occurring in residents of the facility.</td>
<td>9%</td>
</tr>
<tr>
<td>D</td>
<td>The facility has system to follow-up on clinical information, (e.g., laboratory results) when residents are transferred to hospitals for management of suspected infections.</td>
<td>15%</td>
</tr>
</tbody>
</table>
A. The facility has a written plan for outbreak response which includes a definition, procedures for surveillance and containment, and a list of syndromes or pathogens for which monitoring is performed.

B. The facility has a current list of diseases reportable to public health authorities.

C. The facility can provide point(s) of contact at the local or state health department for assistance with outbreak response.

<table>
<thead>
<tr>
<th></th>
<th>Opportunities (% No)</th>
<th>Strengths (% Yes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Opportunity</td>
<td>19%</td>
<td>81%</td>
</tr>
<tr>
<td>B. Strength</td>
<td>11%</td>
<td>89%</td>
</tr>
<tr>
<td>C. Opportunity</td>
<td>5%</td>
<td>95%</td>
</tr>
</tbody>
</table>
Surveillance and Disease Reporting

Good Ideas

• Daily infection control rounds
  – Discuss infections, antibiotic treatments, invasive devices, isolation needs

• Hospitalized patient rounds
  – Review course and IC issues in returning patients

• Use standard interfacility transfer forms
Hand hygiene (HH) policies promote preferential use of alcohol-based hand rub over soap and water except when hands are visibly soiled or after caring for a resident with known or suspected C. difficile or norovirus.

All personnel receive training and competency validation on HH at the time of employment.

All personnel received training and competency validation on HH within the past 12 months.

The facility audits (monitors and documents) adherence to HH.

The facility provides feedback to personnel regarding their HH performance.

Supplies necessary for adherence to HH (e.g., soap, water, paper towels, alcohol-based hand rub) are readily accessible in resident care areas (i.e., nursing units, resident rooms, therapy rooms).

IV. Hand Hygiene (HH)

<table>
<thead>
<tr>
<th>Opportunities (% No)</th>
<th>Strengths (% Yes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20%</td>
<td>80%</td>
</tr>
<tr>
<td>15%</td>
<td>85%</td>
</tr>
<tr>
<td>19%</td>
<td>81%</td>
</tr>
<tr>
<td>32%</td>
<td>68%</td>
</tr>
<tr>
<td>24%</td>
<td>76%</td>
</tr>
<tr>
<td>0%</td>
<td>100%</td>
</tr>
</tbody>
</table>
Hand Hygiene

Good Ideas

• Have staff sign a “Hand Hygiene Pledge”
• Use “secret shoppers” for audits
• Post unit hand hygiene rates
• “Care Coins”
  – Recognize good performance
• Hand hygiene “champions”
  – Can educate and assist with audits
V. Personal Protective Equipment (PPE)

A. The facility has a policy on Standard Precautions which includes selection and use of PPE

B. The facility has a policy on Transmission-based Precautions including the clinical conditions for which specific PPE should be used.

C. Appropriate personnel receive job-specific training and competency validation on proper use of PPE at the time of employment.

D. Appropriate personnel received job-specific training and competency validation on proper use of PPE within the past 12 months.

E. The facility audits (monitors and documents) adherence to PPE use.

F. The facility provides feedback to personnel regarding their PPE use.

<table>
<thead>
<tr>
<th>Opportunities (% No)</th>
<th>3%</th>
<th>4%</th>
<th>24%</th>
<th>36%</th>
<th>54%</th>
<th>51%</th>
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<tbody>
<tr>
<td>Strengths (%Yes)</td>
<td>97%</td>
<td>96%</td>
<td>76%</td>
<td>64%</td>
<td>46%</td>
<td>49%</td>
</tr>
</tbody>
</table>

- Opportunities (% No)
- Strengths (%Yes)
Personal Protective Equipment

Good Ideas

• Store PPE outside isolation rooms
• Utilize “secret shoppers” for audits
• Annual hands-on training
  – Skills in-services

CDC.gov
VI. Respiratory/Cough Etiquette

A. The facility has signs posted at entrances with instructions to individuals with symptoms of respiratory infection.

B. The facility provides resources for performing hand hygiene near the entrance and in common areas.

C. The facility offers facemasks to coughing residents and other symptomatic persons upon entry to the facility.

D. The facility educates family and visitors to notify staff and take appropriate precautions if they are having symptoms of respiratory infection during their visit.

E. All personnel receive education on the importance of infection prevention measures to contain respiratory secretions to prevent the spread of respiratory pathogens.

<table>
<thead>
<tr>
<th>Opportunities (% No)</th>
<th>Strengths (% Yes)</th>
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<tbody>
<tr>
<td>A. 34%</td>
<td>66%</td>
</tr>
<tr>
<td>B. 12%</td>
<td>88%</td>
</tr>
<tr>
<td>C. 23%</td>
<td>77%</td>
</tr>
<tr>
<td>D. 5%</td>
<td>95%</td>
</tr>
<tr>
<td>E. 5%</td>
<td>95%</td>
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</tbody>
</table>
Respiratory Hygiene

Good Ideas

• Focus on front desk
  – Train how to recognize ill visitors and offer masks
• Influenza education sessions
  – Residents and families
• Make masks available in entrances and common areas

NYC Health
A. The facility can demonstrate leadership support for efforts to improve antibiotic use.

B. The facility has identified individuals accountable for leading antibiotic stewardship activities.

C. The facility has access to individuals with antibiotic prescribing expertise (e.g., ID physician or pharmacist).

D. The facility has written policies on antibiotic prescribing.

E. The facility has implemented practices in place to improve antibiotic use.

<table>
<thead>
<tr>
<th></th>
<th>Opportunities (% No)</th>
<th>Strengths (% Yes)</th>
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<tbody>
<tr>
<td>A</td>
<td>39%</td>
<td>61%</td>
</tr>
<tr>
<td>B</td>
<td>41%</td>
<td>59%</td>
</tr>
<tr>
<td>C</td>
<td>22%</td>
<td>78%</td>
</tr>
<tr>
<td>D</td>
<td>64%</td>
<td>36%</td>
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<tr>
<td>E</td>
<td>46%</td>
<td>54%</td>
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</table>
VII. Antibiotic Stewardship cont.

<table>
<thead>
<tr>
<th></th>
<th>Opportunities (% No)</th>
<th>Strengths (%Yes)</th>
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<tbody>
<tr>
<td>F.</td>
<td>30%</td>
<td>70%</td>
</tr>
<tr>
<td>G.</td>
<td>35%</td>
<td>65%</td>
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<tr>
<td>H.</td>
<td>65%</td>
<td>35%</td>
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<tr>
<td>I.</td>
<td>73%</td>
<td>27%</td>
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<tr>
<td>J.</td>
<td>65%</td>
<td>35%</td>
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</table>

The facility has a report summarizing antibiotic use from pharmacy data created within last 6 months.

The facility has an antibiogram from the laboratory created within the past 24 months.

The facility provides clinical prescribers with feedback about their antibiotic prescribing practices.

The facility has provided training on antibiotic stewardship to all nursing staff within the last 12 months.

The facility has provided training on antibiotic stewardship to all prescribing providers within the last 12 months.
Antibiotic Stewardship

The good ideas…

• Daily stewardship rounds
  – Review abx need, treatment duration, test and culture results

• Standardize watchful waiting procedures
  – Offer alternate comfort therapies

• Engage with families on stewardship education
VIII. Injection Safety

A. The facility has a policy on injection safety which includes protocols for performing finger sticks and point of care testing.

B. Personnel who perform point of care testing (e.g., AMBG) receive training and competency validation at time of employment.

C. Personnel who perform point of care testing (e.g., AMBG) receive training and competency validation within the past 12 months.

D. The facility audits (monitors and documents) adherence to injection safety procedures during point of care testing.

E. The facility provides feedback to personnel regarding their adherence to injection safety procedures during point of care testing.

<table>
<thead>
<tr>
<th>Opportunities (% No)</th>
<th>Strengths (% Yes)</th>
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<tr>
<td>4%</td>
<td>96%</td>
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<tr>
<td>16%</td>
<td>84%</td>
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<tr>
<td>20%</td>
<td>80%</td>
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<td>39%</td>
<td>61%</td>
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<tr>
<td>39%</td>
<td>61%</td>
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Injection Safety

Good Ideas

- Utilize “One and Only” campaign resources
- Injection safety “champions”
- Elicit staff input on safe injection equipment

One and Only Campaign (CDC, NYSDOH)
A. The facility has written cleaning/disinfection policies which include routine and terminal cleaning and disinfection of resident rooms.

B. The facility has written cleaning/disinfection policies which include routine and terminal cleaning and disinfection of rooms of residents on contact precautions (e.g., C. diff).

C. The facility has written cleaning/disinfection policies which include cleaning and disinfection of high-touch surfaces in common areas.

D. The facility cleaning/disinfection policies include handling of equipment shared among residents (e.g., blood pressure cuffs, rehab therapy equipment, etc.).

E. Facility has policies and procedures to ensure that reusable medical devices (e.g., podiatry equipment) are cleaned and reprocessed appropriately prior to use on another patient.

<table>
<thead>
<tr>
<th>Opportunities (% No)</th>
<th>8%</th>
<th>8%</th>
<th>14%</th>
<th>15%</th>
<th>2%</th>
</tr>
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<tbody>
<tr>
<td>Strengths (%Yes)</td>
<td>92%</td>
<td>92%</td>
<td>86%</td>
<td>85%</td>
<td>84%</td>
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IX. Environmental Cleaning
**IX. Environmental Cleaning cont.**

<table>
<thead>
<tr>
<th></th>
<th>Opportunities (% No)</th>
<th>Strengths (% Yes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>F.</td>
<td>Appropriate personnel receive job-specific training and competency validation on cleaning and disinfection procedures at the time of employment.</td>
<td>18%</td>
</tr>
<tr>
<td>G.</td>
<td>Appropriate personnel received job-specific training and competency validation on cleaning and disinfection procedures within the past 12 months.</td>
<td>28%</td>
</tr>
<tr>
<td>H.</td>
<td>The facility audits (monitors and documents) quality of cleaning and disinfection procedures.</td>
<td>26%</td>
</tr>
<tr>
<td>I.</td>
<td>The facility provides feedback to personnel regarding the quality of cleaning and disinfection procedures.</td>
<td>23%</td>
</tr>
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Environmental Cleaning

Good Ideas

• Use a fluorescent marker for audits
  – Useful teaching tool as well
• Meet routinely with environmental services
  • Cleaning/disinfection checklists

Evaluating Environmental Cleaning (CDC)

*% of facilities who answered no
Thoughts?
How Did we Address Gaps?

Resources

• Information packets
  – Competency checklists
• Follow-up report with
  – Improvement plan
  – Links to resources
• “Best Practices and Good Ideas Handbook”
  – In development

Trainings

• Antibiotic Stewardship Symposia in March 2017
• Webinars series on antibiotic stewardship
• APIC EPI 101 and 102 for LTCF (May + July 2018)
  – Certificate course
  – Meets CMS training requirements
Follow-Up Evaluation Survey

99% completed follow-up survey!
Data analysis in progress
Next Steps

• Complete data analysis
  – What are persisting gaps?
  – Identify facilitators and barriers to implementation

• Develop strategies to continue infection control support for LTCFs
  – How do we incorporate IC into ongoing programs?
Conclusions

- NYC LTCFs have significant strengths
  - IPC program infrastructure
  - Disease reporting and surveillance
- Opportunities for improvement
  - Formal IPC training
  - Competency-based training
  - Audits and feedback
  - Building out stewardship programs
Enhanced Infection Control = Enhanced Preparedness

• Prepare to prevent infections
• Prepare to detect in your facility
• Prepare to protect healthcare workers and patients
• Prepare to respond to an outbreak
Resources

Handouts available with list of resources

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### Standard Precautions: Observation of Personal Protective Equipment Provision

**Instructions:** Observe patient care areas or areas outside of patient rooms. For each category, record the observation. In the column on the right, sum (across) the total number of “Yes” and the total number of observations (“Yes” + “No”). Sum all categories (down) for overall performance.

<table>
<thead>
<tr>
<th>Standard Precautions: Observation Categories</th>
<th>Room 1</th>
<th>Room 2</th>
<th>Room 3</th>
<th>Room 4</th>
<th>Room 5</th>
<th>Summary of Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Are gloves readily available outside each patient room or any point of care?</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>2 Are cover gowns readily available near each patient room or point of care?</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>3 Is eye protection (face shields or goggles) readily available near each patient room or point of care?</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>4 Are face masks readily available near each patient room or point of care?</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>5 Are alcohol dispensers readily accessible and functioning?</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

Total YES and TOTAL OBSERVED

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[http://ipcobservationtools.site.apic.org/observation-tools-library/](http://ipcobservationtools.site.apic.org/observation-tools-library/)
Acknowledgements

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Questions and Feedback
Thank You

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