The Secret Life of an Infection Preventionist:
How to create a Work Plan and actually accomplish it! (You don't have to daydream about it.)

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1

What are we going to cover?

- ▶ Why are goals so important?
- ▶ What is a "Risk Assessment" and how is it connected to setting goals?
- ▶ What is an Work-Plan and how do I write one that's actually useful?
- ▶ How do I execute my Work-Plan after it is written?

Practice question #1 in chat

Type your first name only, and, the number of years you've been doing infection prevention.

Practice question #2 in chat

► What is your main focus at the beginning of each workday?

a) Navigating the emergent issues of the day.

b) Getting that second cup of coffee.

c) Checking your email to see what happened during night-shift.

d) Checking your outlook calendar to see what meetings were added since you last looked.

e) Making progress toward accomplishing your goals.

f) All of the above.

An evidence-based approach

- Michigan State University - August 26, 2014
- "The results of the study showed that 76 percent of participants who wrote down their goals, actions and provided weekly progress to a friend successfully achieved their goals. This result is 33 percent higher than those participants with unwritten goals, with a success rate of only 43 percent of goals achieved. This study shows the value of taking the time to write down your goals, create an action plan and develop a system of support".

Infection Preventions most important documents

▶ These are the documents that give focus and provide direction. They give shape to your infection control program.

   ▶ Risk Assessment
   ▶ Strategic Work Plan

What is a Risk Assessment?

▶ Process to identify potential hazards that could negatively impact the organization.

▶ Some risk assessments also evaluate the likelihood and impact of those hazards.

▶ May involve data gathering, or, may just be instinctive.

▶ May work as part of a group, or, work independently.

▶ May be more a descriptive written text, or, numerical chart.

▶ Time needed for reflection: Strengths and weaknesses.

INFECTION CONTROL RISK ASSESSMENT GRID

Event / Conditions and Problems	What is the potential impact of this condition/problem on patients, staff, and visitors?				What is the probability of this condition/problem impacting patients and staff?				What is your organization's preparedness to deal with this condition / problem?				Numerical risk level
2021	Serious Harm (3)	Potential Harm (2)	No Harm (1)		Likely (3)	Some times (2)	Unlikely (1)		Poor (3)	Fair (2)	Good (1)		Total
INFECTION SURVEILLANCE:													
Surgical Site Infection	3						1				1		5
Catheter Associated UTI	3					2				2			7
Central Line Associated Blood Stream Inf.	3						1				1		5
C. difficile	3					2				2			7
MRSA (incl. bacteremia)	3						1				1		5
Vancomycin-resistant Enterococcus (VRE)		2					1				1		4
Carbapenem-resistant Enterobacteriaceae (CRE)	3						1				1		5
Pneumonia: Healthcare Associated	3						1				1		5
Outbreaks	3					2	1				1		6
M. tuberculosis	3						1				1		5
COMMUNICATION:													
Notification of presence of HAI		2				2					1		5
Notification of employee with illness/disease		2				2					1		5
EMPLOYEE HEALTH:													
Flu Vaccine Compliance		2				2					1		5
Risk of Needle-stick/Sharps Injury		2				2					1		5
Blood & Body Fluid Exposure		2				2					1		5
Respiratory Protection Plan		2				2					1		5
PREVENTION ACTIVITIES:													
Hand Hygiene Compliance	3					2					1		6
Compliance with Standard Precautions		2				2					1		5

My 10 question Risk Assessment guide

1. What are the characteristics of your patient/resident population?
2. What services are provided, and NOT provided at your organization?
3. Did you accomplish last years goals?
4. What are you highest ranked risks from the numerical risk assessment?
5. Do you have concerns about the facilities infrastructure?

My 10 question Risk Assessment guide

6. What were the results of the last DOH survey?
7. Are there any new regulations or recommendations (DOH, CDC, CMS)?
8. Any new products, new procedures, or new managers?
9. What input has administration given you, priorities have been set by the health care team?
10. What emerging or reemerging infections are in your community?

Scenario: a risk assessment for the Lazidaze Hospital

- Lets say you are new to the role of infection control. You've been working at the Lazidaze Hospital for a few years, and, you've noticed a few things:

  - Staff have to carry dirty linens to soiled utility room the far end of the building. During the last DOH inspection the surveyor saw staff doing this and made a comment about this being a problem, but, it was never cited in the their final report.

  - The patients on Unit 3 have more Foleys than patients on other units; you're not sure if all those patients in unit 3 actually need Foleys, or, if they are being used for convenience.

  - There has been a leak in the roof on Unit 3 for months. Facilities has been trying to repair it, but in the meantime resident rooms in that part of the building smell damp. You heard that renovations are planned.

Lazidaze cont.

- There's a new housekeeper on Unit 3 and she doesn't seem to clean quite as well as the housekeeper that just retired. There is an uptick in *C diff* on that unit and you've seen staff not washing their hands with soap and water.

- An RSV outbreak occurred last year an about 15 residents expired.

- A new manager of activities was just hired. The EVS manager will be retiring next month.

- Last year, you heard a rumor about the DOH not requiring TB skin testing annually. Your not sure if policies have been updated yet.

- When you sit down to work on your risk assessment, which things are you going to rank as potential 'risks' for the nursing home? If you have access to past infection data, this is a good time to review it!

What are the Potential Risks at Lazidaze?

- Another RSV outbreak
- Transport of linens
- Foley utilization
- Environmental cleanliness
- C. difficile
- Leaking roof
- Policies
- Hand hygiene

What does Lazidaze seem to be doing good?

- ▶ The fact that we haven't mentioned anything about MRSA, CAUTIs and CLABSIs might mean that Lazidaze is doing okay with these, or, it might mean that we just simply don't know because we're not paying attention to those things. This is where having historical data on infections can be really helpful in developing a slightly more objective risk assessment.

10 question Risk Assessment sample

Infection Prevention Risk Assessment: This assessment is conducted annually and/or whenever any major change in services occur. Consultation, advisement, and data is collected from a variety of sources. Infection Prevention goals are stratified and placed into the Infection Control Work Plan.

1. **Geographic location, community environment and characteristics of the population:**
   There is a shortage of healthcare professionals in this rural setting. There is a high turnover rate of staff. The region has a relatively high number of Germanic and Scandinavian foreign language speakers. Some communities in the region have differing opinions about vaccination. Travel to and from healthcare facilities is problematic due to distance and rural roads. Visitation from family members is low due to the recent pandemic. Due to the congregate setting there is increased risk of transmissible disease spreading quickly through the facility.

2. **Healthcare Services Provided:** Lazidaze is a 125 nursing home with 72 beds being general skilled nursing, 46 rehab beds, and a 7-bed ventilator unit. The most common diagnosis is psychiatric/mood-disorders with approximately 50% of the resident population having dementia. Therapy and Dental services are provided on site. Laboratory, medical imaging and dialysis services are provided nearby. Bi-weekly rounding of physician specialties include podiatry, orthopedics, ophthalmology, and general surgery. There is no epidemiologist or infectious disease physician.

3. **Assessment of the success or failure of preventing infections based on last year's goals:**
   - Two of the 2020 goals were met and 3 of the remaining goals will be ongoing for 2021

4. **High-Risk Categories Scored from Risk Grid:**
   - Highest risk scores are in the areas of isolation precautions, linen transport, environmental cleanliness, and C difficile. *(See Risk Assessment Chart for scores)*.

5. **Emerging and reemerging infections in the community:**
   - An RSV outbreak affected the nursing home in 2020.
   - A Covid-19 outbreak in the Nursing home occurred in January 2021.

6. **Concerns about the facilities infrastructure that may affect infection prevention:**
   - Leaks in the roof of unit 3 has led to damp areas in the building. Renovations planned for the nursing home will begin in 2022.
   - Testing of tap water for legionella will continue per NYSDOH guidelines. No positives.

7. **Changes in the infection prevention program resulting from surveys, NYSDOH regulations, or recommendations from accreditation bodies:**
   - Transport, collection and handling of linens was noted as an area for improvement during the last DOH survey.

8. **New infection prevention guidelines that are based on evidence or expert consensus:**
   - NYSDOH has published new guidelines regarding annual TB testing. Infection Control will collaborate with occupational health to revise policies/practices.

9. **Any new products, new managers, or new instrumentation/procedures in the organization that would impact infection control efforts:**
   - New Manager of Activities (begin this month)
   - New Director of Housekeeping (started last November)
   - Switching to new glucose monitor kits (in March).

10. **Input from Administration, Nursing and Medical Staff:**
    - The administrator has communicated that a priority during 2022 will be to achieve a hand-hygiene compliance level above 95%.

Improvements needed for 2022:
1. Administration has a goal for hand-hygiene compliance rate above 95%.
2. Transport, collection and handling of linens was noted as an area for improvement by the DOH.
3. Policies regarding annual TB testing need revision.
4. Consider RSV prevention strategies (i.e. RSV vaccination?).
5. Improve staff compliance with PPE in isolation rooms.
6. Monitor C difficile rates.
7. Glucose monitor kit will need new policy/staff education
8. Collaboration with new activities and housekeeping leaders needed.
9. Collaboration with facilities leadership for renovations.

Infection Prevention and Control
Risk Assessment

INFECTION EVENT Outcomes	PROBABILITY OF OCCURRENCE (How likely is this to occur?)				LEVEL OF HARM FROM EVENT (What would be the most likely?)				IMPACT ON CARE (Will new treatment/care be needed for resident/staff?)				READINESS TO PREVEN (Are processes/resources in place to identify/address this event?)			RISK LEVEL (Scores 7-9 are considered highest priority for improvement efforts.)
Score	High	Med.	Low	None	us Harm	ate Harm	Temp. Harm	None	High	Med.	Low	None	Poor	Fair	Good	
	3	2	1	0	3	2	1	0	3	2	1	0	3	2	1	
:ility-onset Infections(s)																
Device- or care-related																
Catheter-associated urinary tract infection (CAUTI)																
associated bloodstream infection (CLABSI)																
gastrostomy insertion site infection																
Wound infection																
Other (specify):																
related																
Symptomatic urinary tract infection (SUTI)																
Pneumonia																
Cellulitis/soft tissue																
Clostridioides difficile infection		2					2		3					2		9
Tuberculosis*																
Other (specify):																
related																
Influenza*																
Other viral respiratory pathogens* RSV		2			3				3				3			11
Norovirus gastroenteritis*																
Bacterial gastroenteritis (e.g., *Salmonella, Shigella*)																
Scabies																
Conjunctivitis																
Group A *Streptococcus* *																
MDRO																
Other (specify):																

16

* Risk assessment should take into account the frequncy of this disease in the community as part of determining probability of occurrence. Data from State/local health department may be informative.

Process Measures	PROBABILITY OF OCCURRENCE (How likely is this to occur?)				IMPACT ON RESIDENT/STAFF SAFETY (Will this failure directly impact safety?)				CAPACITY TO DETECT (Are processes in place to identify this failure?)			READINESS TO PREVENT (Are policies, procedures, and resources available to address this failure?)			RISK LEVEL (Scores ≥ 8 are considered highest priority for improvement efforts.)
Score	High	Med.	Low	None	High	Med.	Low	None	Poor	Fair	Good	Poor	Fair	Good	
	3	2	1	0	3	2	1	0	3	2	1	3	2	1	
Care activity															
Lack of accessible alcohol-based hand rub															
Lack of accessible personal protective equipment (PPE)	3					2			3			3			11
Inappropriate selection and use of PPE															
Inadequate staff adherence to hand hygiene															
Inadequate staff adherence to glove and gown use when resident in Contact Precautions	3					2			3			3			11
Inadequate staff adherence to facemask use when resident in Droplet Precautions															
Timeliness of Isolation Precautions															
Other (specify):_____															
Occupational health															
Low influenza immunization rates among staff															
Lack of notification of employee illness or working sick															
Low compliance with annual tuberculosis (TB) screening among staff															
Other (specify):_____															
Resident/visitor health															
Low rates of TB screening among new resident admissions															
Low rate of resident acceptance of influenza immunization															
Low rate of resident acceptance of pneumococcal															
Visitors entering facility when ill															
Lack of notification to visitors during facility outbreaks															
Inadequate resident/visitor education on facility hand hygiene policies															
Inadequate resident/visitor education on facility respiratory etiquette policies															

Environment													
Lack of access to U.S. Environmental Protection Agency (EPA)-registered products for routine cleaning and disinfection													
Lack of access to EPA-registered products with sporicidal activity for cleaning and disinfection (e.g., for *C. difficile*)													
Inadequate cleaning and disinfection of high touch surfaces in resident room	3				2		3		3				11
Inadequate terminal cleaning and disinfection of resident rooms													
Inadequate cleaning and disinfection of resident common areas													
Other (specify):_____													
Medical Devices and Equipment													
Improper handling of medications and injection equipment (e.g., reuse of syringes)													
Lack of access to single-use, auto-disabling fingerstick devices													
Inappropriate sharing of devices labeled for single-patient use													
Improper cleaning and disinfection of point-of-care devices (e.g., blood glucose meter) between residents													
Improper cleaning and disinfection of shared equipment (e.g., blood pressure cuff) between residents													
Lack of separation between clean supplies and dirty/contaminated medical supplies													
Improper storage and/or transport of linen	3				2			1	3				9
Improper Foley Care (CAUTI)													
Antibiotic Stewardship													
Lack of leadership support for antibiotic stewardship													
Inadequate written policies guiding antibiotic use													
Unable to obtain antibiotic usage report from pharmacy													
Unable to obtain report summarizing antibiotic resistance patterns (e.g.,													

Why is a Risk Assessment important? Which one of these describes you?

- You care about your residents and don't want to see them get healthcare acquired infections. You want to make a difference in their lives.

- You wear multiple hats. You have limited time and resources to dedicate to infection prevention, you don't have time to waste.

- There are competing priorities and a lot of problems to fix. You can't fix every thing at once, and, not every problem deserves the same amount of attention. You're constantly pulled into daily 'fires' that need to be put out.

- You want your infection prevention program to have high-impact. You want you administrator to know that you are valuable and your work in infection control helps the bottom-line, and, helps maintain compliance with regulatory agencies.

- Now its time to write those goals in our Work Plan!

"If you don't know where you are going, you might wind up someplace else."
– Yogi Berra

What is a Work-Plan?

▶ "Work Plan" is just a special term we use for 'goal-setting'. It is your "to-do" list for the year. It will build on your previous work.

▶ But more than just a list of goals:

  ▶ A work plan also tracks progress over time (monthly/quarterly).

  ▶ It describes how your going to implement your goals, includes strategies, includes methods of evaluation and sets time frames for reporting.

▶ Your Work Plan will often be one of the first documents a surveyor will ask to see when they walk in the building.

Infection Control Work Plan

For each prioritized risk, goals, strategies, responsible person, time frame and evaluation of effectiveness are identified.

EVENTS/CONDITIONS (RISKS)	GOALS & OBJECTIVES	STRATEGIES	IMPLEMENTATION	
			Method of Evaluation and Time Frame	Progress

Infection Control Work Plan

For each prioritized risk, goals, strategies, responsible person, time frame and evaluation of effectiveness are identified.

EVENTS/CONDITIONS (RISKS)	GOALS & OBJECTIVES	STRATEGIES	IMPLEMENTATION	
			Method of Evaluation and Time Frame	Progress
1. Healthcare acquired *C. difficile* Infections (HA-CDI)	Decrease the incidence of HA-CDI to achieve a rate less than 0.3 infections per 1000 patient days	Implement recommendations of Multidisciplinary *C diff* Team.	-Diagnosis monitored daily by Infection control staff. Isolation status of patient being checked – ongoing.	Four HA-CDIs occurred during 2019. *C. diff* rate is 0.48 GOAL NOT MET
2. Catheter Associated Urinary tract Infection (CAUTI)	Maintain CAUTI rate below national benchmark.	Standardize Foley insertion and daily care. # of infections/cath. days x 1000. # of cath. days/# patients days.	Review products and educate staff. Infection Control staff to report quarterly report at IC committee. Provide feedback to frontline nursing staff and clinicians.	No CAUTIs occurred during 2019. Rate = 0 GOAL MET
3. UV light cleaning	Achieve 95% compliance rate	Improve method to notify ENV staff of rooms. # of isolation rooms cleaned with UV light/ # of total patients on isolation.	Infection Control staff to report quarterly report at IC committee. Provide feedback to frontline ENV staff.	96% compliance rate. GOAL MET
4. Compliance with Transmission based Precautions	Achieve compliance rate above 90%.	"Secret shoppers" will perform observations. Perform approximately 100 observations.	Report to Patient Safety Team and Infection Control Committee quarterly. Provide feedback to frontline staff.	98% compliance rate. GOAL MET
5. Hand-hygiene	Achieve compliance rate above 95%.	"Secret shoppers" will perform observations. Provide observation tool. Perform at least 100 observations.	Review observation tools and report to Patient Safety team and Infection Control Committee. Continue installation of new hand-sanitizer that started end of 2017. Provide feedback to staff.	98% compliance rate. GOAL MET

A word about writing goals:

- Goals should be SMART
  - **S**pecific – must be well defined
  - **M**easurable – include precise amounts/rates/percentages
  - **A**ttainable – don't set a goal that you have no hope of achieving
  - **R**elevant – keep goals aligned with you risk assessment
  - **T**ime – goals should have deadline, or, timeline for measurement.

Polling Question

- Which of these two goals is SMART?

  1) Hand-hygiene will be performed 100% of the time.

  2) Secret shoppers will perform 100 hand-hygiene observations of nursing home staff. Observations will be recorded using an standard tool. The compliance rate will remain above 95%. This data will be reported at the quarterly QUAPI meeting.

Outcome-measures vs. Process-measures

- Outcome-measures are the high level clinical outcomes that healthcare systems target (infections)
  - CAUTI rates
  - CLABSI rates
  - MRSA rates
- Process-measures are the specific steps in a process that lead to a particular outcome (things that lead to preventing infection).
  - Hand-hygiene
  - Daily Foley care
  - Environmental cleaning

- Must have both!

Polling question

- Which of these goals is a Process-measure and which is an Outcome-measure?

    1) At least 75% of nursing home staff will be vaccinated with influenza vaccine by November 1st .

    2) Decrease the incidence of *C. difficile* to a rate of less than 0.3 infections per 1000 resident days by the end of the 4th quarter.

Based on our Lazidaze Risk Assessment, what goals should be in our Work Plan?

▶ One of the first things we noticed was that not all staff are wearing PPE when in an isolation room. We *think* this might be related to staff not having access to isolation PPE supplies. But, it also might be related to a lack of education, or, maybe staff know exactly what to do, but aren't complying because nobody is monitoring them.

  ▶ Our goal could focus on ensuring adequate PPE supplies, or,

  ▶ We could focus on educating staff and then monitoring them daily, or,

  ▶ We could write our goal to include all of the above.

Sample of a PPE Work Plan goal

Infection Control Work Plan

For each prioritized risk, goals, strategies, responsible person, time frame and evaluation of effectiveness are identified.

EVENTS/CONDITIONS (RISKS)	GOALS & OBJECTIVES	STRATEGIES	IMPLEMENTATION	
			Method of Evaluation and Time Frame	Progress
1. Compliance with PPE in isolation rooms	NH staff will wear appropriate PPE while in isolations rooms. Compliance will remain above 95%.	1. IP will partner with supply chain to set par levels of PPE. Purchase additional isolation carts 2. IP will provide education to staff on don/doff and appropriate PPE for isolation types. 3. Create checklists for direct observations of PPE and supplies.	1. Infection control to assist supply-chain with setting par-levels. Supply chain will monitor storage room daily for adequate supplies by direct observation using a checklist. Iso cart purchased by March 30 2. Infection control will provide PPE education to all staff by February1. Infection control will monitor at least one PPE opportunity for each isolation room and record on checklist. Findings will be presented quarterly at QAPI.	

Lets try writing another Work Plan goal

▶ There is a new housekeeper on unit 3 who doesn't seem to be cleaning as well as the housekeeper that just retired. We also know that *C. difficile* cases are increasing on that unit and you've seen that staff are not washing their hands with soap and water.

   ▶ Our goal could focus on:

      ▶ Measuring *C diff* cases (outcome measure).

      ▶ Measuring hand-hygiene compliance (process measure).

      ▶ Measuring environmental cleanliness (process measure).

      ▶ or a combination of all-of-the-above

C diff goal example

Infection Control Work Plan

For each prioritized risk, goals, strategies, responsible person, time frame and evaluation of effectiveness are identified.

EVENTS/CONDITIONS (RISKS)	GOALS & OBJECTIVES	STRATEGIES	IMPLEMENTATION	
			Method of Evaluation and Time Frame	Progress
2. Decrease the incidence of *C difficile*	Decrease *Cdiff* rate by 15% compared to previous year's cases.	1. Director of ENV service will re-train housekeeping staff on Cdiff room cleaning and then monitor iso rooms for cleanliness. 2. IP will monitor hand-hygiene of staff exiting Cdiff iso rooms and provide real-time education for those not washing with soap and water.	1. Director of housekeeping will inspect 25% of isolation rooms for cleanliness using CleanTrace and report results quarterly to QAPI. 2. IP will report Cdiff infection rates to QAPI quarterly by calculating number of cases divided by resident days x 1000.	

What is a 'gap-analysis' and how to include one into your Work Plan

▶ Designed to help you take an inventory on where your facility stands compared to a gold-standard.

▶ A gap analysis is a comparison of actual performance with desired performance.

▶ In healthcare, "desired-performance" is generally a list of practices that are published in best-practice guidelines, self-assessment tools, professional guidelines, or survey-readiness documents.

▶ These are extremely helpful (and usually required) and can be easily incorporated into your Work Plan.

Self-assessment tools

The New York State Department of Health (NYSDOH) has identified **long term care facilities (LTCFs) to be one of the most vulnerable places for spread of COVID-19**. Given the burden of COVID-19 cases in NY, we have noted many introductions of COVID-19 into LTCFs, widespread transmission within some facilities once introduced, and high mortality rates among residents. It is imperative that LTCFs take steps to prevent introduction, recognize staff and residents with possible COVID-19, and minimize transmission within the facility, while keeping staff safe from further illness.

Below is the **NYSDOH COVID-19 Infection Prevention and Control (IPC) preparedness checklist**. This tool is meant to be a **self-assessment and provides LTCFs with all the IPC elements** that need to be in place both before and after recognition of a confirmed, suspect, or possible COVID-19 case in the facility. The elements of the checklist are adapted from CDC guidance to LTCFs, CDC Infection Control Guidance and NYSDOH-issued Health Advisories. This checklist may need to be updated as the situation evolves.

The items on the checklist do not replace clinical judgement and are an adjunct to all available infection prevention and control guidance. Nursing Homes should call their NYSDOH regional epidemiologist or write to icp@health.ny.gov with questions and for additional guidance.

Nursing Home COVID-19 Preparedness Self-Assessment Checklist

Visitor and non-essential personnel restriction

- [ ] Suspend all visitation, except when essential for resident's medical care or for end of life care.
- [ ] Screen essential visitors for fever and respiratory symptoms upon entry to the facility, provide them with mask, if available, remind them to perform hand hygiene, and restrict them to the room of their family member.
- [ ] Restrict non-essential personnel, including volunteers and non-essential consultants (e.g., barbers), from facility.
- [ ] Post signs at all entrances advising that no visitors may enter the facility.
- [ ] Inform family members about visitor restriction. (Example letter)
- [ ] Provide alternative methods for visitation (e.g., video conferencing).
- [ ] Cancel communal dining and any other activity that brings multiple residents together into the same room without adequate spacing (e.g., physical therapy).
- [ ] Keep residents and families informed about the COVID-19 situation in your facility.

DNV·GL

Hospital Self-Assessment Tool for COVID-19 Preparedness and Planning

	Standard	CoP	MET? Y/N/P/NA	Supporting Documentation/Comments
Infection prevention and control policies and training for healthcare personnel (HCP):				
Has organization leadership, including the Chief Medical Officer, quality officers, hospital epidemiologist, and heads of services (e.g., infection control, emergency department, environmental services, pediatrics, critical care) reviewed the Centers for Disease Control and Prevention's COVID-19 guidance?	QM.2 (SR.3f)	482.11(a)		
Has organization provided education and job-specific training to HCP regarding COVID-19 including: - Signs and symptoms of infection - How to safely collect a specimen - Correct infection control practices and personal protective equipment (PPE) use - Triage procedures including patient placement - HCP sick leave policies and recommended actions for unprotected exposures (e.g., not using recommended PPE, an unrecognized infectious patient contact) - How and to whom COVID-19 cases should be reported	SM.6; ED.1 (SR.1-3); ED.2 (SR.2); ED.4 (SR.1); IC.1 (SR.4c); PE.1 (SR.4) (SR.5); PE.3 (SR.4)	482.55(b)(2) 482.12(f)(3) 482.42(a) 482.41(a) 482.41(d)(2)		
Has the organization reviewed, updated, and monitored contracts and contingency plans for needed supplies?	GB.4; PE.6 (SR.2)	482.12(e) 482.15(a)(1)		
Has the organization evaluated waste management contracts for any addendums required for increased volumes or special handling of waste due to COVID-19?	GB.4; PE.3 (SR.8) PE.5 (SR.2)	482.12(e) 482.41(b)(4)		
Has the organization reviewed laboratory processes for routine specimen collection, transportation, and lab processes related to COVID-19?	QM.2 (SR.3b); LS.1; PE.5 (SR.2)	482.27(a) 482.41(b)(4)	33	

COVID-19 Focused Survey for Nursing Homes

not having certain supplies (e.g., PPE such as gowns, N95 respirators, surgical masks) if they are having difficulty obtaining these supplies for reasons outside of their control. However, we do expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact their healthcare coalition for assistance (https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx), follow national and/or local guidelines for optimizing their current supply or identify the next best option to care for residents. Among other practices, optimizing their current supply may mean prioritizing use of gowns based on risk of exposure to infectious organisms, blood or body fluids, splashes or sprays, high contact procedures, or aerosol generating procedures (AGPs), as well as possibly extending use of PPE (follow national and/or local guidelines). Current CDC guidance for healthcare professionals is located at: https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html and healthcare facilities is located at: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html. Guidance on strategies for optimizing PPE supply is located at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the State Agency should contact the CMS Regional Location.

General Standard Precautions ☐

Are staff performing the following appropriately:

- Respiratory hygiene/cough etiquette,
- Environmental cleaning and disinfection, and
- Reprocessing of reusable resident medical equipment (e.g., cleaning and disinfection of glucometers per device and disinfectant manufacturer's instructions for use)?

Hand Hygiene Are

☐ staff performing hand hygiene when indicated?

☐ If alcohol-based hand rub (ABHR) is available, is it readily accessible and preferentially used by staff for hand hygiene?

☐ If there are shortages of ABHR, are staff performing hand hygiene using soap and water instead?

☐ Are staff washing hands with soap and water when their hands are visibly soiled (e.g., blood, body fluids)?

☐ Do staff perform hand hygiene (even if gloves are used) in the following situations:

- Before and after contact with the resident;
- After contact with blood, body fluids, or visibly contaminated surfaces;
- After contact with objects and surfaces in the resident's environment;
- After removing personal protective equipment (e.g., gloves, gown, facemask); and
- Before performing a procedure such as an aseptic task (e.g., insertion of an invasive device such as a urinary catheter, manipulation of a central venous catheter, and/or dressing care)?

☐ When being assisted by staff, is resident hand hygiene performed after toileting and before meals?

Incorporate the self-assessment tool

Infection Control Work Plan

For each prioritized risk, goals, strategies, responsible person, time frame and evaluation of effectiveness are identified.

EVENTS/CONDITIONS (RISKS)	GOALS & OBJECTIVES	STRATEGIES	IMPLEMENTATION	
			Method of Evaluation and Time Frame	Progress
3. COVID19 response compliance	No 'non-conformities' related to infection control.	Perform Gap analysis using NYSDOH and CMS tool (see attached).	Perform audit/gap-analysis by 3/31/21 Develop corrective action plans, as needed, based on audit findings.	

Infection Control Work Plan

For each prioritized risk, goals, strategies, responsible person, time frame and evaluation of effectiveness are identified.

EVENTS/CONDITIONS (RISKS)	GOALS & OBJECTIVES	STRATEGIES	IMPLEMENTATION	
			Method of Evaluation and Time Frame	Progress
1. Healthcare acquired *C. difficile* Infections (HA-CDI)	Decrease the incidence of HA-CDI to achieve a rate less than 0.3 infections per 1000 patient days	Implement recommendations of Multidisciplinary *C diff* Team.	-Diagnosis monitored daily by Infection control staff. Isolation status of patient being checked – ongoing.	Four HA-CDIs occurred during 2019. *C. diff* rate is 0.48 GOAL NOT MET
2. Catheter Associated Urinary tract Infection (CAUTI)	Maintain CAUTI rate below national benchmark.	Standardize Foley insertion and daily care. # of infections/cath. days x 1000. # of cath. days/# patients days.	Review products and educate staff. Infection Control staff to report quarterly report at IC committee. Provide feedback to frontline nursing staff and clinicians.	No CAUTIs occurred during 2019. Rate = 0 GOAL MET
3. UV light cleaning	Achieve 95% compliance rate	Improve method to notify ENV staff of rooms. # of isolation rooms cleaned with UV light/ # of total patients on isolation.	Infection Control staff to report quarterly report at IC committee. Provide feedback to frontline ENV staff.	96% compliance rate. GOAL MET
4. Compliance with Transmission based Precautions	Achieve compliance rate above 90%.	"Secret shoppers" will perform observations. Perform approximately 100 observations.	Report to Patient Safety Team and Infection Control Committee quarterly. Provide feedback to frontline staff.	98% compliance rate. GOAL MET
5. Hand-hygiene	Achieve compliance rate above 95%.	"Secret shoppers" will perform observations. Provide observation tool. Perform at least 100 observations.	Review observation tools and report to Patient Safety team and Infection Control Committee. Continue installation of new hand-sanitizer that started end of 2017. Provide feedback to staff.	98% compliance rate. GOAL MET

Now that your Work-Plan is complete, how do you actually accomplish it?

► "Life doesn't make any sense without interdependence. We need each other, and, the sooner we learn that, the better for us all." – Erik Erikson

► "I can't talk right now. I'm on my way to a volcano." – Walter Mitty

You cant do this job alone!

▶ **Delegating** – an act of assigning or entrusting something to someone.

▶ **Champions** – a person who vigorously supports or defends a person or cause.

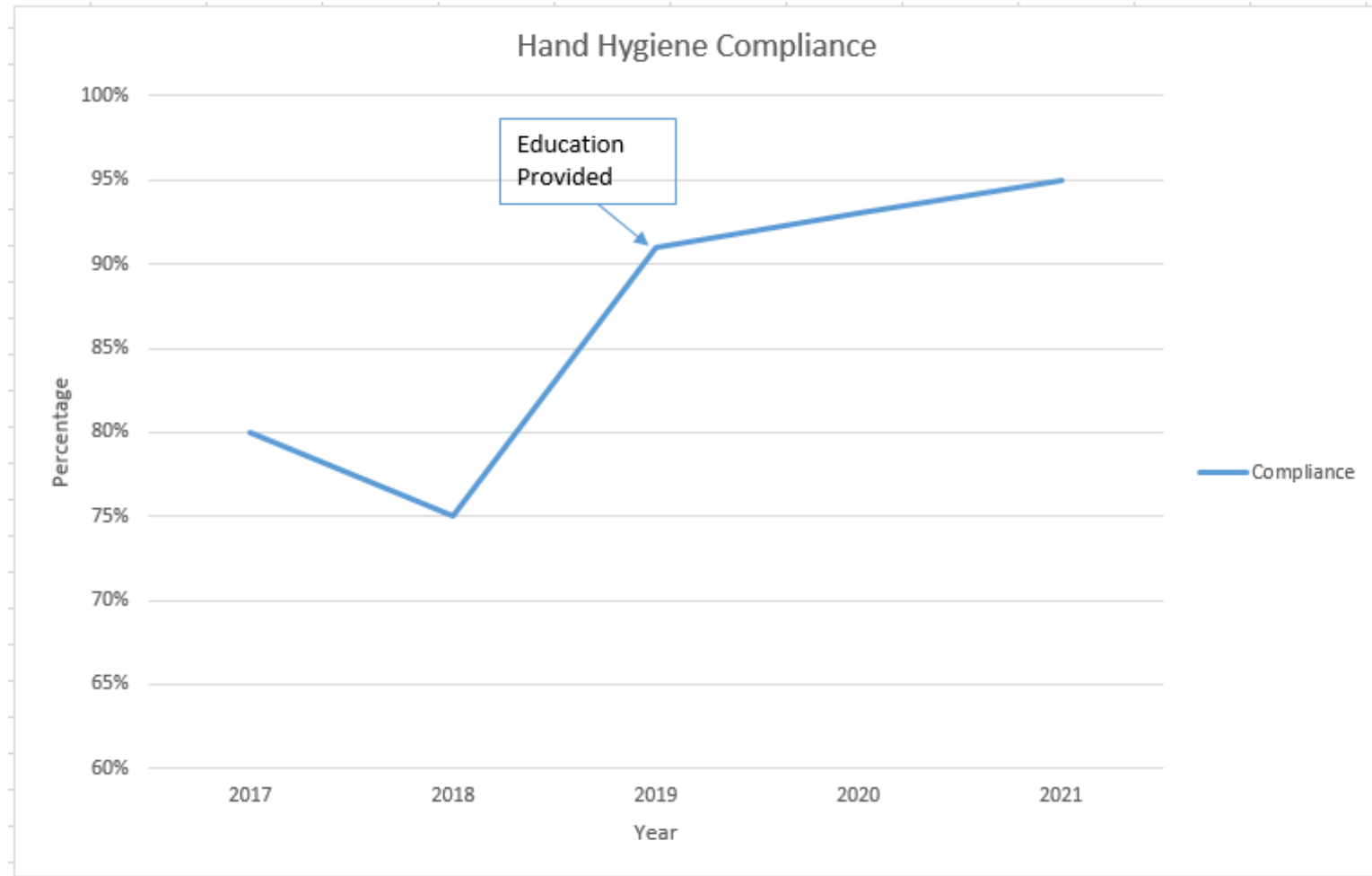▶ **Networking** – interact or engage with others to exchange ideas or information.

Stay focused!

- In the movie, Walter finds himself caught up in an adventure, but in real life most of us just have to persist

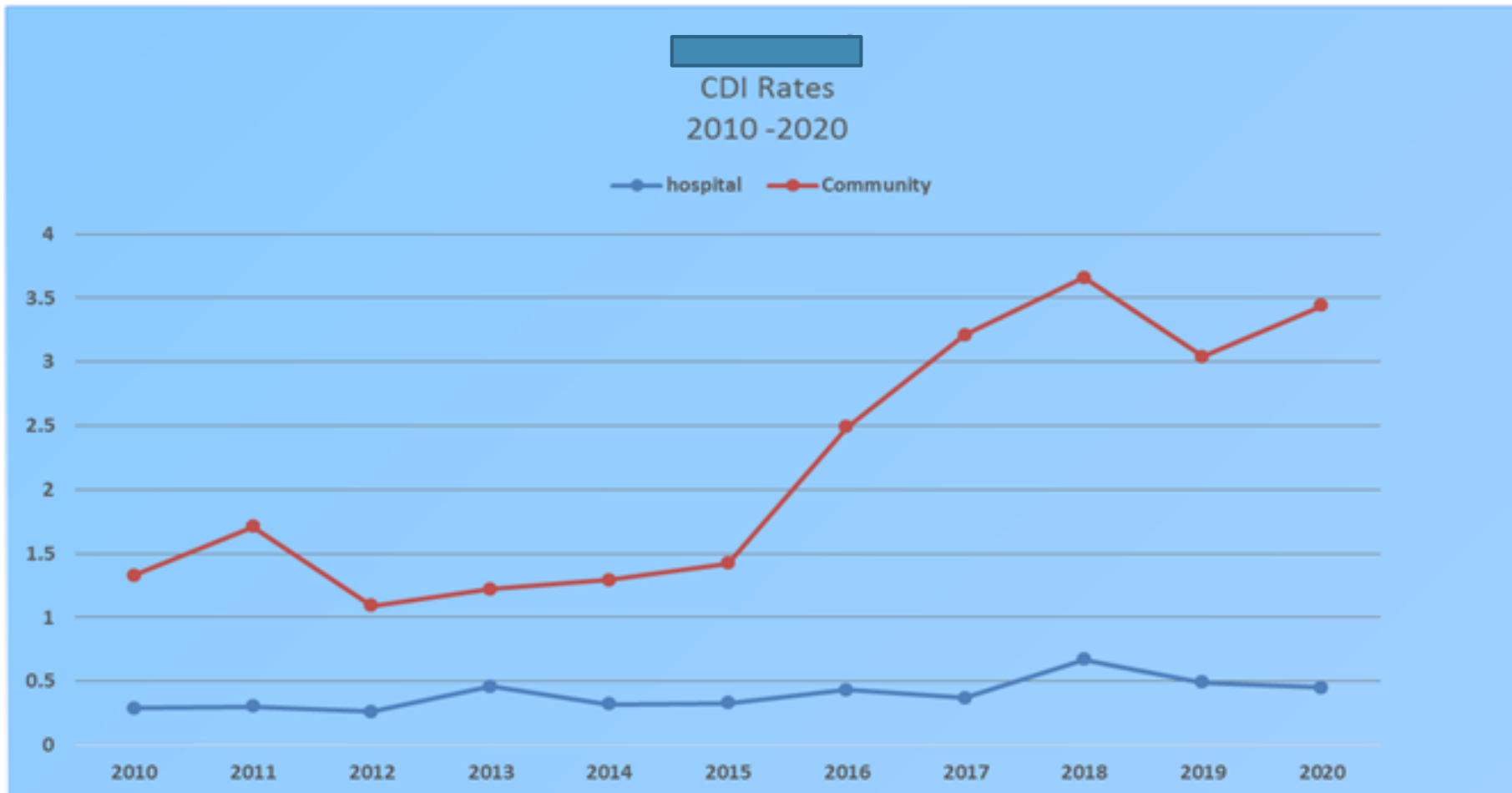- Discipline yourself to think about one goal each day and do one small thing toward accomplishing it.

Meetings are your friend

▶ Chance to showcase your work

▶ Platform for increasing awareness

▶ Cast a vison and get buy-in

▶ Help to hold you accountable

▶ Beware the pitfalls of meetings:

  ▶ Give some thought to how you present your data

  ▶ No surprises - campaign prior to the meeting

40

Adding a text box to a graph

Graphs should "tell a story"

CDI Rates
2010 -2020

hospital — Community

Resources:

- https://www.cdc.gov/longtermcare/training.html

- www.apic.org
  - Search bar at top right corner
  - Am J Infect Control 2007;35:427-40

AJIC major articles

Recommended practices for surveillance: Association for Professionals in Infection Control and Epidemiology (APIC), Inc.

Terrie B. Lee, RN, MS, MPH, CIC, Ona G. Montgomery, RN, MSHA, CIC, James Marx, RN, MS, CIC, Russell N. Olmsted, MPH, CIC, and William E. Scheckler, MD

Surveillance in public health is defined as "the ongoing, systematic collection, analysis, interpretation, and dissemination of data regarding a health-related event for use in public health action to reduce morbidity and mortality and to improve health." [1] Infection control professionals apply this definition to both reduce and prevent health care–associated infections (HAIs) and enhance patient safety. Surveillance, as part of infection prevention and control programs in health care facilities, contributes to meeting the pro-

the frequency of adverse events such as infection or injury. Although the goal of contemporary infection prevention and control programs is to eliminate HAIs, epidemiologic surveillance is still required for accurate quantification of events and demonstration of performance improvement.

Although there is no single or "right" method of surveillance design or implementation, sound epidemiologic principles must form the foundation of effective systems and be understood by key participants in the

Thank you!!

Questions???

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