Health Quality Innovation Network

Prepare, Prevent, Protect
7/19/22

Program Plan, Policies and Resources

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Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
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Disclosure of Conflict(s) of Interest

Mary Locklin, MSN, RN, CIC has no relevant financial relationships or relationships with ineligible companies of any amount during the past 24 months.

Deb Smith, MLT, BSN, CIC has no relevant financial relationships or relationships with ineligible companies of any amount during the past 24 months.

Prepare, Prevent, Protect

These brief learning opportunities will introduce essential infection prevention concepts and allow for recipients to connect directly to a certified infection preventionist for support.

Series Goals and Learning Objectives:

- Introduce and tutor audience in creation and implementation of infection prevention components essential to a robust infection prevention program
- Collaborate with nursing home staff with an infection prevention role/duties to bolster the facility's infection prevention program

Your Team

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Project Assistant

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Senior Quality Improvement Advisor – Infection Prevention

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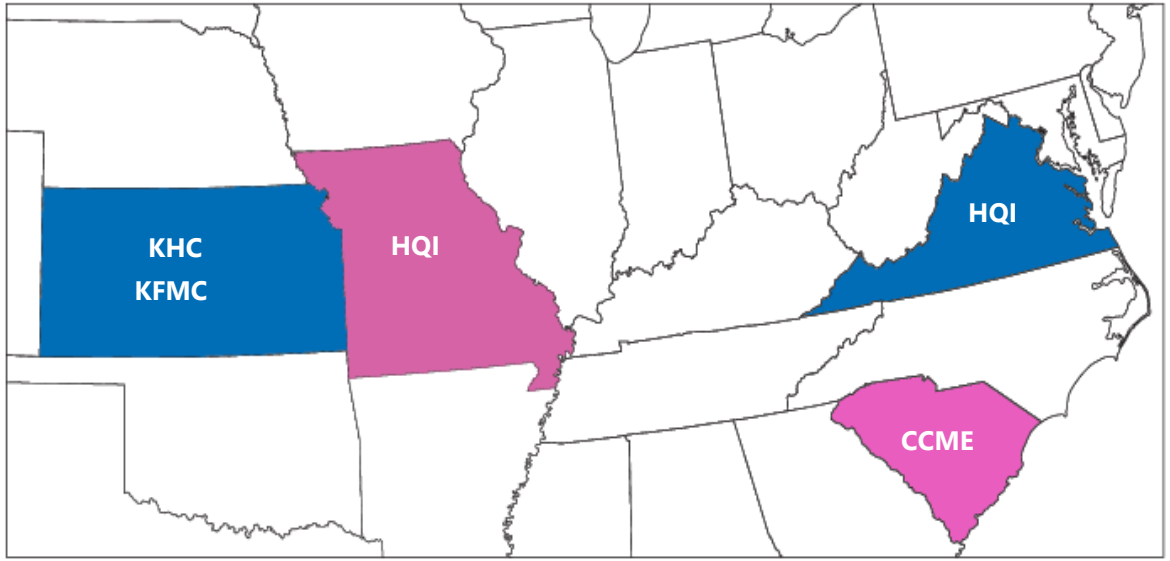
MLT, BSN, CIC, CPQH
Consulting Manager

Health Quality Innovation Network



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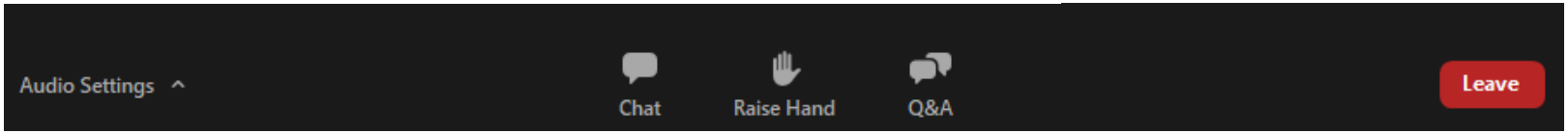


To ask a question, click on the **Q&A** icon.

Raise your hand if you want to verbally ask a question.

Resources from today's session will be posted in **Chat**.

You may adjust your audio by clicking **Audio Settings**.

You have been automatically muted with video turned off.

Infection Prevention Blog

- What priorities from your risk assessment are reflected in your infection prevention plan?
- Is anything keeping you from moving forward with your priorities?

Join the Conversation

https://hqin.org/join-the-conversation-on-infection-prevention

Infection Prevention Program Oversight

- **Authority Statement** by facility/corporation
- **Centers for Medicare & Medicaid Services (CMS) Quality, Safety and Oversight (QSO)**
  - "The Infection Prevention and Control Program (IPCP) program must be facility-wide and include all departments and contracted services."

Infection Prevention Program Oversight

AUTHORITY STATEMENT

The Infection Prevention Professional will be responsible to demonstrate competency through interest in the field, formal and informal training, and experience as defined in the job description. The Infection Prevention Professional will be responsible to abide by and enforce the Infection Prevention Policies and Procedures.

Authority Statement-Infection Prevention Nurse
For:
(Facility Name)

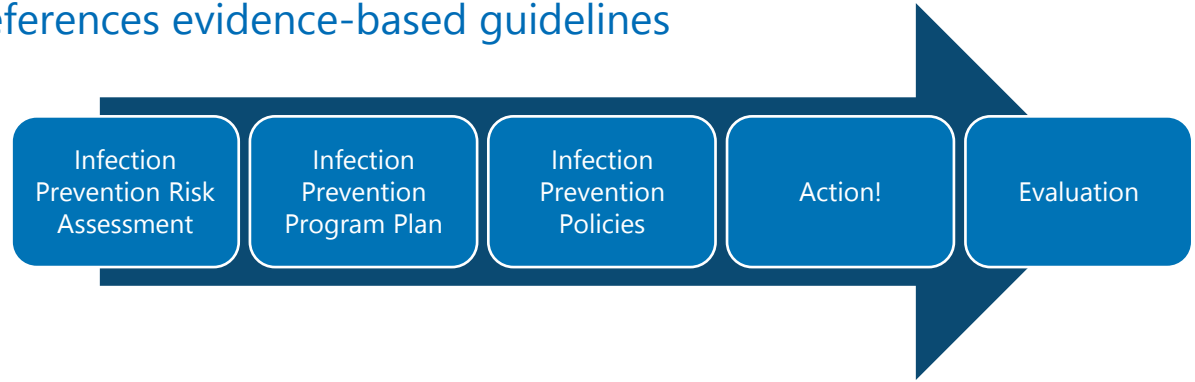
The Governing Body of (Facility Name) and the Administrator hereby delegate authority to the Infection Prevention Professional to act on all matters regarding infection prevention, carry out the functions of the Infection Prevention Program and institute measures in the interest of safety associated with residents and staff.

_____	_____
Administrator	Date
_____	_____
Director of Nursing	Date
_____	_____
Quality Committee Chair	Date

Infection Prevention Plan

What is the Infection Prevention Plan?

- Outlines the priorities from the infection prevention risk assessment
- Includes authority statement
- Details approach to infection prevention activities and surveillance
- Describes approach to outbreak investigation
- Supports infection prevention policies
- References evidence-based guidelines



Infection Prevention Plan Responsibilities

Medical Director/Provider:

- Reports communicable diseases
- Observes/reports IP issues
- Adheres to all policies/procedures
- Provides expertise on facility-associated infections
- Participates in performance improvement

Staff:

- Adhere to all policies/procedures
- Participate in performance improvement projects
- Utilize the IP as a subject matter expert
- Assist with monitoring residents, staff and visitors for communicable diseases
- Adhere to employee health expectations

Infection Prevention Plan Responsibilities

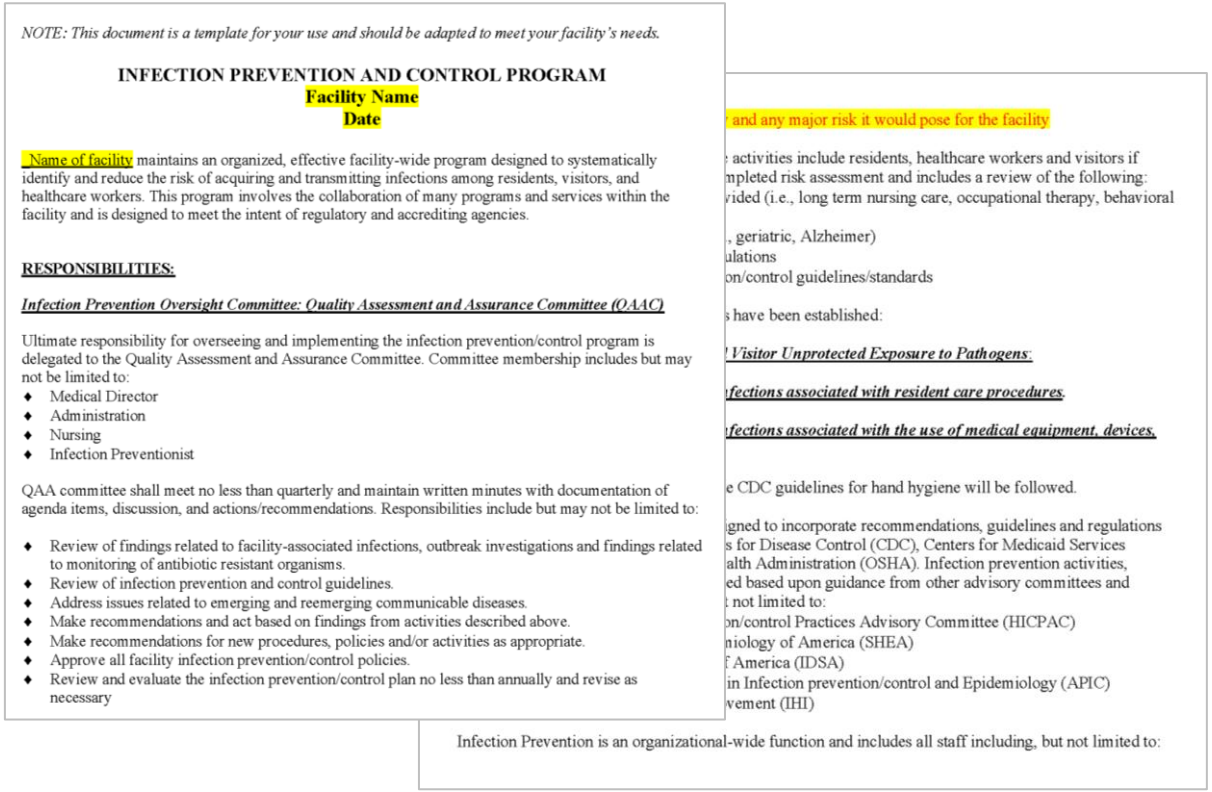
Quality Committee:

- Guidelines for infection prevention program
- Frequency of surveillance reports
- Approach to communicable diseases
- Approval of infection prevention plan
- Approval of infection prevention policies

Infection Preventionist:

- Goals (short/long term)
- Surveillance
- Compliance oversight (federal, state, regulatory)
- Communicable disease notification
- Data compilation/reporting
- Educational programs (orientation, in-services, annual updates)
- Product evaluation

Example Program Plan



NOTE: This document is a template for your use and should be adapted to meet your facility's needs.

INFECTION PREVENTION AND CONTROL PROGRAM
Facility Name
Date

Name of facility maintains an organized, effective facility-wide program designed to systematically identify and reduce the risk of acquiring and transmitting infections among residents, visitors, and healthcare workers. This program involves the collaboration of many programs and services within the facility and is designed to meet the intent of regulatory and accrediting agencies.

RESPONSIBILITIES:

Infection Prevention Oversight Committee: Quality Assessment and Assurance Committee (QAAC)

Ultimate responsibility for overseeing and implementing the infection prevention/control program is delegated to the Quality Assessment and Assurance Committee. Committee membership includes but may not be limited to:

- Medical Director
- Administration
- Nursing
- Infection Preventionist

QAA committee shall meet no less than quarterly and maintain written minutes with documentation of agenda items, discussion, and actions/recommendations. Responsibilities include but may not be limited to:

- Review of findings related to facility-associated infections, outbreak investigations and findings related to monitoring of antibiotic resistant organisms.
- Review of infection prevention and control guidelines.
- Address issues related to emerging and reemerging communicable diseases.
- Make recommendations and act based on findings from activities described above.
- Make recommendations for new procedures, policies and/or activities as appropriate.
- Approve all facility infection prevention/control policies.
- Review and evaluate the infection prevention/control plan no less than annually and revise as necessary

and any major risk it would pose for the facility

activities include residents, healthcare workers and visitors if
mpleted risk assessment and includes a review of the following:
vided (i.e., long term nursing care, occupational therapy, behavioral

, geriatric, Alzheimer)
ulations
on/control guidelines/standards

s have been established:

Visitor Unprotected Exposure to Pathogens;

fections associated with resident care procedures.

fections associated with the use of medical equipment, devices.

e CDC guidelines for hand hygiene will be followed.

gned to incorporate recommendations, guidelines and regulations
s for Disease Control (CDC), Centers for Medicaid Services
alth Administration (OSHA). Infection prevention activities,
ed based upon guidance from other advisory committees and
not limited to:
on/control Practices Advisory Committee (HICPAC)
niology of America (SHEA)
f America (IDSA)
in Infection prevention/control and Epidemiology (APIC)
vement (IHI)

Infection Prevention is an organizational-wide function and includes all staff including, but not limited to:

Infection Prevention and Control Program Sample Policy

Include in Your Infection Prevention Plan

Facility Details:

- Location/community
- Resident population
- Roles of staff
- Focus areas from risk assessment

Program Details:

- Authority/scope
- Infection preventionist
- Resources

Broad Goals:

- Measurable objective for each goal
- Strategies to reduce risk

Policies and Procedures:

- Multidisciplinary input

It's in the Details!

[Infection Control Plan, UNC Medical Center]

Polling Question 1

My IC plan is updated:

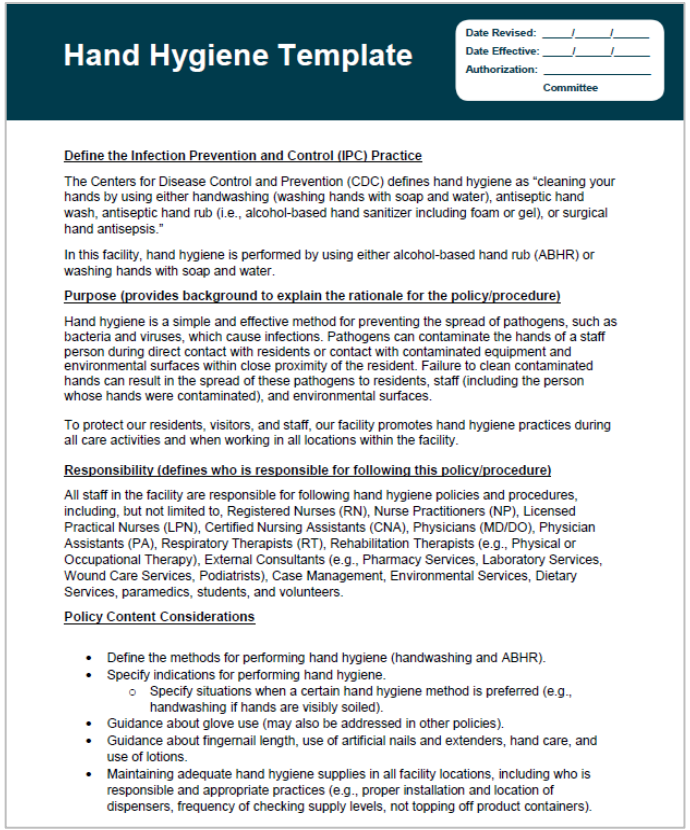
A. Every 5 years
B. At least annually
C. Once it is developed since there are no changes, there is no need to review
D. I'm new in the IP role and need assistance with the program plan

Policies

- Air handling
- Antimicrobial stewardship
- Bloodborne pathogens
- Cleaning and disinfection
- Communicable disease
- Reporting
- Exposures
- Hand hygiene
- Isolation
- Linen management
- Medical waste
- Nutrition services
- Outbreak investigation
- Personal protective equipment
- Pet therapy
- Respiratory hygiene and cough etiquette
- Sharps (handling and disposal)
- Surveillance
- Water quality

Policy Creation

- Define the practice and explain how the activity is supported
- Explain the reason the activity is necessary
- Identify responsibility
- Provide details about the policy content



Hand Hygiene Template

Date Revised: ____/____/____
Date Effective: ____/____/____
Authorization: _____
Committee

Define the Infection Prevention and Control (IPC) Practice

The Centers for Disease Control and Prevention (CDC) defines hand hygiene as "cleaning your hands by using either handwashing (washing hands with soap and water), antiseptic hand wash, antiseptic hand rub (i.e., alcohol-based hand sanitizer including foam or gel), or surgical hand antisepsis."

In this facility, hand hygiene is performed by using either alcohol-based hand rub (ABHR) or washing hands with soap and water.

Purpose (provides background to explain the rationale for the policy/procedure)

Hand hygiene is a simple and effective method for preventing the spread of pathogens, such as bacteria and viruses, which cause infections. Pathogens can contaminate the hands of a staff person during direct contact with residents or contact with contaminated equipment and environmental surfaces within close proximity of the resident. Failure to clean contaminated hands can result in the spread of these pathogens to residents, staff (including the person whose hands were contaminated), and environmental surfaces.

To protect our residents, visitors, and staff, our facility promotes hand hygiene practices during all care activities and when working in all locations within the facility.

Responsibility (defines who is responsible for following this policy/procedure)

All staff in the facility are responsible for following hand hygiene policies and procedures, including, but not limited to, Registered Nurses (RN), Nurse Practitioners (NP), Licensed Practical Nurses (LPN), Certified Nursing Assistants (CNA), Physicians (MD/DO), Physician Assistants (PA), Respiratory Therapists (RT), Rehabilitation Therapists (e.g., Physical or Occupational Therapy), External Consultants (e.g., Pharmacy Services, Laboratory Services, Wound Care Services, Podiatrists), Case Management, Environmental Services, Dietary Services, paramedics, students, and volunteers.

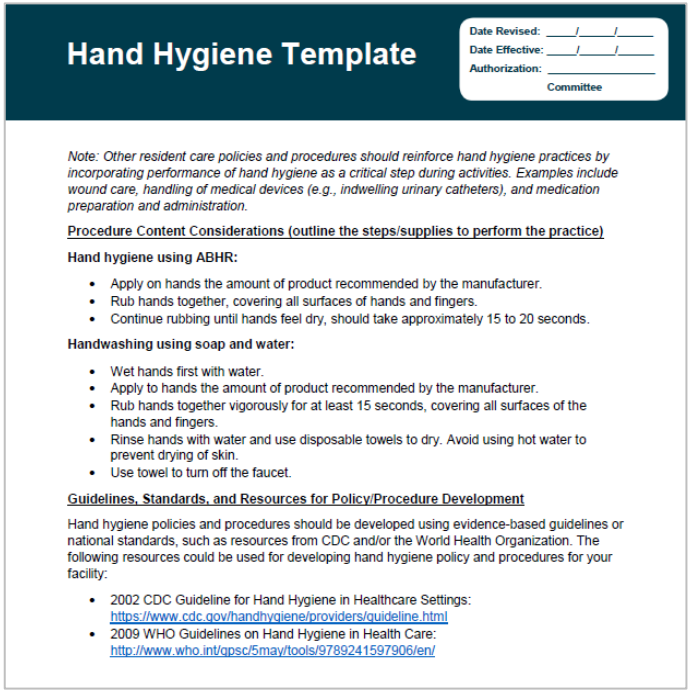
Policy Content Considerations

- Define the methods for performing hand hygiene (handwashing and ABHR).
- Specify indications for performing hand hygiene.
  - Specify situations when a certain hand hygiene method is preferred (e.g., handwashing if hands are visibly soiled).
- Guidance about glove use (may also be addressed in other policies).
- Guidance about fingernail length, use of artificial nails and extenders, hand care, and use of lotions.
- Maintaining adequate hand hygiene supplies in all facility locations, including who is responsible and appropriate practices (e.g., proper installation and location of dispensers, frequency of checking supply levels, not topping off product containers).

Nursing Homes and Assisted Living Infection Prevention Training | CDC

Policy Creation, continued

- Outline steps/supplies needed for the activity
- Reference all guidelines, standards, etc.



Hand Hygiene Template

Date Revised: ____/____/____
Date Effective: ____/____/____
Authorization: _____
Committee

Note: Other resident care policies and procedures should reinforce hand hygiene practices by incorporating performance of hand hygiene as a critical step during activities. Examples include wound care, handling of medical devices (e.g., indwelling urinary catheters), and medication preparation and administration.

Procedure Content Considerations (outline the steps/supplies to perform the practice)

Hand hygiene using ABHR:

- Apply on hands the amount of product recommended by the manufacturer.
- Rub hands together, covering all surfaces of hands and fingers.
- Continue rubbing until hands feel dry, should take approximately 15 to 20 seconds.

Handwashing using soap and water:

- Wet hands first with water.
- Apply to hands the amount of product recommended by the manufacturer.
- Rub hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers.
- Rinse hands with water and use disposable towels to dry. Avoid using hot water to prevent drying of skin.
- Use towel to turn off the faucet.

Guidelines, Standards, and Resources for Policy/Procedure Development

Hand hygiene policies and procedures should be developed using evidence-based guidelines or national standards, such as resources from CDC and/or the World Health Organization. The following resources could be used for developing hand hygiene policy and procedures for your facility:

- 2002 CDC Guideline for Hand Hygiene in Healthcare Settings: https://www.cdc.gov/handhygiene/providers/guideline.html
- 2009 WHO Guidelines on Hand Hygiene in Health Care: http://www.who.int/gpsc/5may/tools/9789241597906/en/

Putting It Into Action

Infection Prevention and Control Action Plan Template

Facility Name: _____ **Date:** _____

TOPIC AREA

☐ Antibiotic Stewardship	☐ Infection Control Surveillance	☐ Vaccination/Immunization
☐ Environmental Hygiene	☐ Staff Infection Exposure Prevention	☐ Other
☒ Hand Hygiene	☐ Testing/Screening, Cohorting Residents	
☐ Isolation Precautions	☐ Visitors Restriction Infection Prevention	

Conduct Root Cause Analyses for Each Identified Gap or Opportunity:

- Determine contributing factors, events, system issues and processes involved
- Utilize RCA tools as appropriate (e.g., 5 Whys, Fishbone, Cause & Effect Diagram)
- Conduct a Plan-Do-Study-Act (PDSA) to test intervention, review results and adjust actions needed

Identify Infection Prevention and Control Gaps & Areas of Opportunity:

- CDC Infection Control Assessment for Long-term Care Facilities
- Review previous survey findings, federal and state regulations and CDC updates for long-term care facilities
- Check CMS Quality Safety & Oversight memos

The sample RCA, actions, interventions, best practices and metrics illustrated here to address identified infection prevention areas of opportunity are solely intended as example guidance. Your team should perform an infection prevention gap analysis/risk assessment and build a customized action plan to best meet the needs of your specific organization and community.

Putting It Into Action

Infection Prevention and Control Action Plan Template

Facility Name: _____ **Date:** _____

Area of Opportunity:
Proper hand hygiene is not being performed consistently by direct care staff and other employees
Root Cause Analysis (specify each root cause and address each within the action plan):
1. All staff do not receive the same frequency of hand hygiene education
2. All staff are not audited on hand hygiene
3. Hand hygiene stations not conveniently located on the units
4.
5.
S.M.A.R.T. Goal: (Specific, Measurable, Achievable, Relevant, Time-based)
Achieve 95% compliance with hand hygiene by

Putting It Into Action

Infection Prevention and Control Action Plan Template

Facility Name: **Date:**

Project Start Date	Specific Actions and Interventions *HQIN IP Intervention Resources (optional)*	Projected Completion Date	Person/Team Responsible *To include QAPI Committee*	Ongoing Monitoring and Surveillance	Additional Comments
	• Review hand hygiene policy and update if needed		Administrator, DON, IP	Annually and as needed	**Ensure P&Ps are evidence-based (e.g., APIC, CDC, WHO guidelines)** • Hand Hygiene Infection Prevention (APIC) • Hand Hygiene in Healthcare Settings (CDC) • Your 5 Moments for Hand Hygiene Poster (WHO)
	• Develop tools to monitor and track/trend compliance		Administrator, DON, IP		• Notify a Health Quality Innovators (HQI) Quality Improvement Advisor (QIA) if auditing and monitoring tools are needed • Measuring Hand Hygiene Adherence: Overcoming the Challenges (JCAHO) • Hand Hygiene Self-Assessment Framework (WHO)
	• Establish facility baseline compliance		Administrator, DON, IP, QAPI Team		

Putting It Into Action

Infection Prevention and Control Action Plan Template

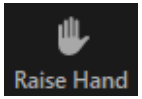
Facility Name: _____ **Date:** _____

Project Start Date	Specific Actions and Interventions *HQIN IP Intervention Resources (optional)*	Projected Completion Date	Person/Team Responsible *To include QAPI Committee*	Ongoing Monitoring and Surveillance	Additional Comments
	• Give feedback and on-the-spot education if individual hand hygiene performance does not follow guidelines • Encourage accountability, questions and a culture of safety that is not punitive		Administrator, IP, Department Managers		• COVID-19: Team and Human Factors to Improve Safety (AHRQ) • TeamSTEPPS® in LTC: Communication Strategies to Promote Quality and Safety (QIO Program)
	• Report findings and compliance at monthly/quarterly QAPI meeting		QAPI Team		• QAPI At a Glance: A Step by Step Guide to Implementing Quality Assurance and Performance Improvement (QAPI) in Your Nursing Home

Resources

- Advisory Committee on Immunization Practices (ACIP)
- Agency for Healthcare Research and Quality (AHRQ)
- Association for Professionals in Infection Control and Epidemiology (APIC)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- Infectious Diseases Society of America (IDSA)
- Institute for Healthcare Improvement (IHI)
- National Association for Healthcare Quality (NAHQ)
- Occupational Safety and Health Administration (OSHA)
- The Society for Healthcare Epidemiology of America (SHEA)
- U.S. Food & Drug Administration (FDA)

What Are Your Questions?
Share What is Working for Your Team!



Raise your hand to verbally ask a question

Type a question by clicking the **Q&A** icon

Don't hesitate to ask a question after the webinar is over.
Email **LTC@hqi.solutions** *or your HQIN Quality Improvement Advisor.*

Resources

- SPICE LTC Infection Prevention Risk Assessment - Statewide Program for Infection Control & Epidemiology | UNC
- Risk Assessment for Infection Surveillance, Prevention and Control Programs in Ambulatory Healthcare Settings
- IPC Risk Assessment Spreadsheet
- Inter-Facility Infection Control Transfer Form for States Establishing HAI Prevention Collaboratives | CDC
- Incorporating Infection Prevention and Control into an Emergency Preparedness Plan | AHRQ
- Long Term Care Requirements CMS Emergency Preparedness Final Rule
- Appendix PP - November 22, 2017 | CMS

Resources

- APIC Toolkit for Rural and Isolated Settings
- State Operations Manual Appendix Z- Emergency Preparedness for All Provider and Certified Supplier Types Interpretive Guidance | CMS
- Emergency Preparedness Exercises | FEMA
- Sample Policy for Emergent Infectious Diseases for Skilled Nursing Care Centers | AHCA NCAL
- Disaster Preparedness Plan Template for use in Long Term Care Facilities | ASPR TRACIE
- Infection Prevention Annual Risk Assessment Email Template | HQIN
- Safe Linen and Laundry Management Audit Tool | HQIN
- Safe Linen/Laundry Management IPC Action Plan Template | HQIN
- Infection Prevention Plan FY2022 | UNC Medical Center

Resources

- Forms & Checklists for Infection Prevention | APIC
- Nursing Homes and Assisted Living Infection Prevention Training | CDC
- Infection Prevention and Control Program Sample Policy
- Hand Hygiene Action Plan Template | HQIN
- Staff Infection Exposure Prevention Action Plan Template | HQIN
- Isolation Precautions Action Plan Template | HQIN
- Environmental Hygiene Action Plan Template | HQIN

Contact Hours Certificate

- Complete the attestation form at https://go2certificate.com to receive the contact hours you deserve. This activity awards 0.5 contact hours for nurses. A general certificate of participation is also available.
- If you receive an error when you click the link, copy and paste the URL into your browser. Chrome is recommended for an optimal portal experience.
  - Enter Access Code: 2754-RC
  - Enter your email address
  - Click the Confirm button
- If you are a returning user of Go2Certificate, the system will alert you to this fact and request that you enter your password.
- If you are a first-time visitor to Go2Certificate, complete the demographic information, set-up a password and click the Submit button.
- Select the Activity you attended by clicking the box to the left of the activity title. There is only one activity assigned to this access code.
- Click the Continue button.
- Complete the Activity Evaluation by using the Next buttons. Your input is invaluable. At the end of the evaluation, please click the Submit button.
- Please confirm how you would like your name to appear on the certificate.
- Select the box requesting the accreditation you wish to earn. Multiple selections are acceptable. Click the Confirm button.

The portal will expire on August 19, 2022, at 11:59 p.m. ET.

In future visits, the system automatically recognizes your account based on your email address. It will ask you to enter your own created password after you have entered the Access Code and your email address.

FOR MORE INFORMATION

Call 877.731.4746 or visit www.hqin.org

LTC@hqin.solutions

***Next Session: 8/16/22 @ 2 p.m. EST**
Compliance Monitoring, Analysis and Feedback

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Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
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HQIN
Health Quality Innovation Network

From HQIN:

To all essential care giving teams supporting residents and families,

Thank you for attending