



Health Quality Innovation Network

Prepare, Prevent, Protect
8/16/22

Compliance Monitoring, Analysis and Feedback

Presented by:

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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.

Sue Moeslein, MSA, BSN, RN, ACM, 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



Sandra Atkins
Project Assistant



Mary Locklin
MSN, RN, CIC
Senior Quality Improvement
Advisor – Infection Prevention

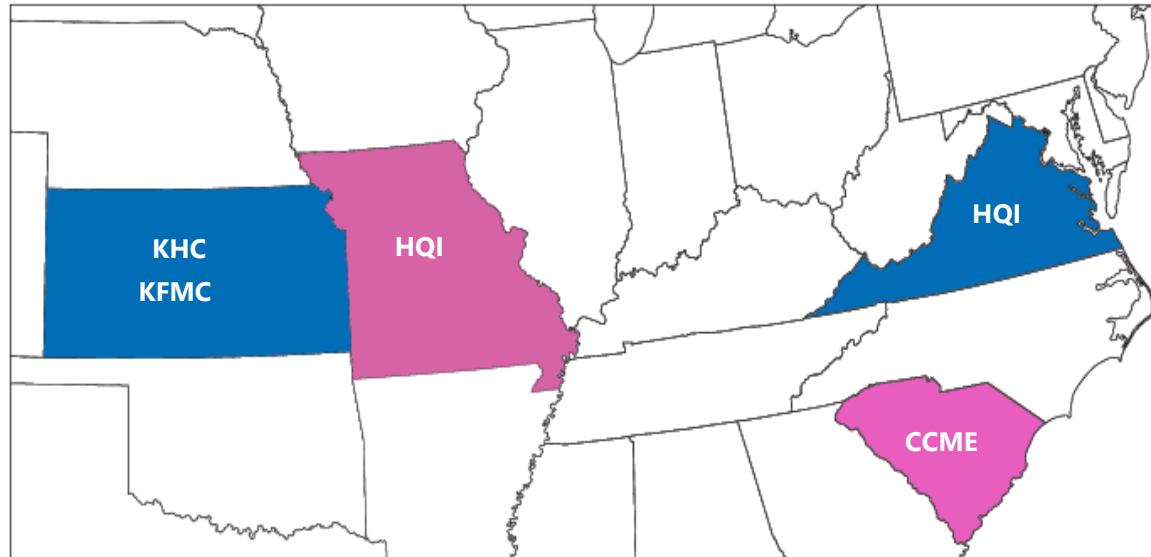


Deb Smith
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Consulting Manager

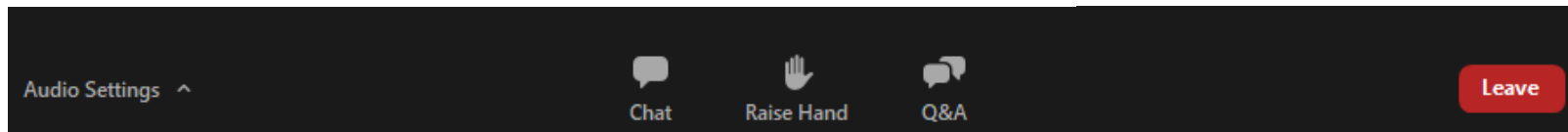


Sue Moeslein
MSA, BSN, RN, ACM, CIC
Infection Prevention
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Health Quality Innovation Network



Logistics – Zoom Webinar



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

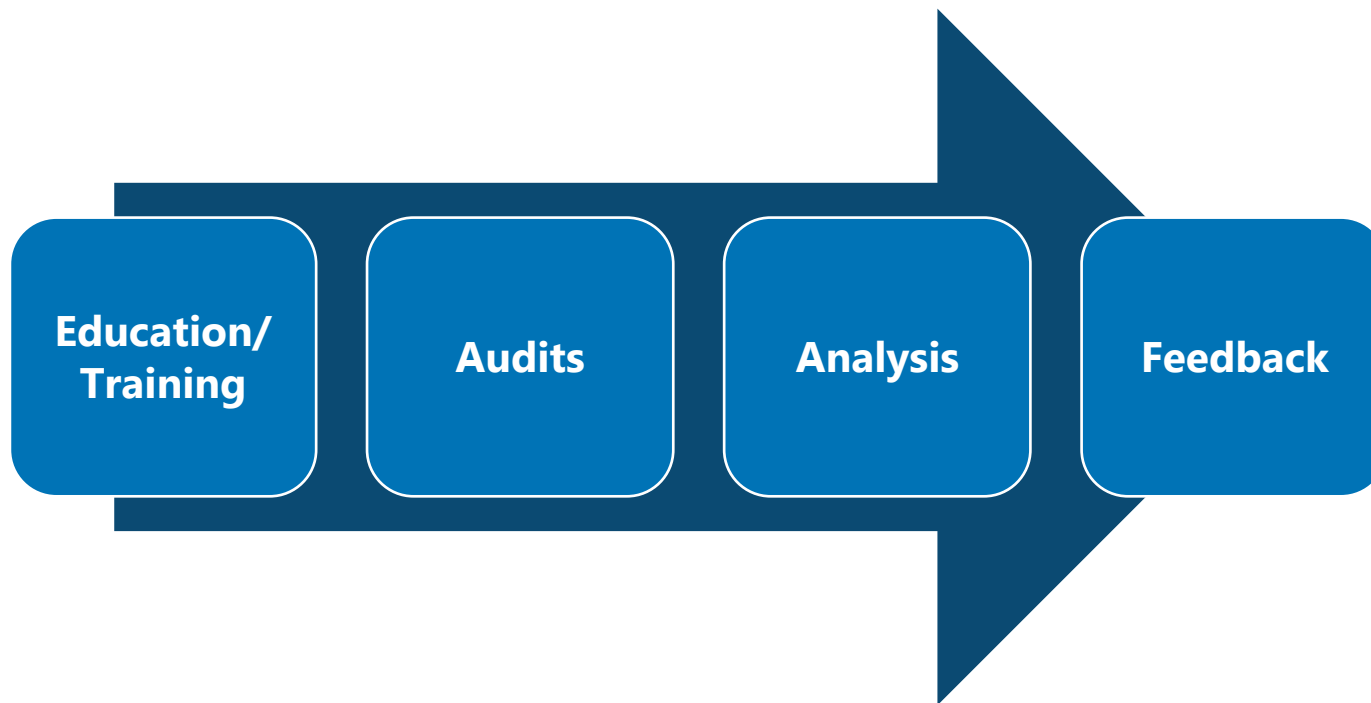
- What Are Your Auditing Priorities?
- How Are You Providing Feedback?



Join the Conversation

[Join the Conversation on Infection Prevention Blog](#)

Reaching the Goal is a Process



Competency-Based Training



Competency-Based Training

Hand Hygiene Competency Validation		
Soap & Water Alcohol Based Hand Rub (ABHR) (60% - 95% alcohol content)		
Type of validation: Return demonstration	<input type="checkbox"/> Orientation <input type="checkbox"/> Annual <input type="checkbox"/> Other	
Employee Name: _____ Job Title: _____		
Hand Hygiene with Soap & Water	Competent	
	YES	NO
1. Checks that sink areas are supplied with soap and paper towels		
2. Turns on faucet and regulates water temperature		
3. Wets hands and applies enough soap to cover all surfaces of hands		
4. Vigorously rubs hands for at least 15 seconds including palms, back of hands, between fingers, and wrists		
5. Rinses thoroughly keeping fingertips pointed down		
6. Dries hands and wrists thoroughly with paper towels		
7. Discards paper towel in wastebasket		
8. Uses paper towel to turn off faucet to prevent contamination to clean hands		
Hand Hygiene with ABHR		
9. Applies enough product to adequately cover all surfaces of hands		
10. Rubs hands including palms, back of hands, between fingers until all surfaces dry		
General Observations		
11. Direct care providers—no artificial nails or enhancements		
12. Natural nails are clean, well groomed, and tips less than ¼ inch long		
13. Skin is intact without open wounds or rashes		
Comments or follow up actions:		



Hand Hygiene Competency Validation (UNC)

Auditing



Hand Hygiene and Contact Precautions Observations

Staff type*	Type of opportunity	HH performed?	Gown or glove
Click here to enter text.	<input type="radio"/> Room entry <input type="radio"/> Room exit <input type="radio"/> Before resident contact <input type="radio"/> After resident contact <input type="radio"/> Before glove <input type="radio"/> After glove <input type="radio"/> Other: Click here to enter text.	<input type="radio"/> Alcohol-rub <input type="radio"/> Hand Wash <input type="radio"/> No HH done	<input type="radio"/> Gown only <input type="radio"/> Glove only <input type="radio"/> Both <input type="radio"/> No
Click here to enter text.	<input type="radio"/> Room entry <input type="radio"/> Room exit <input type="radio"/> Before resident contact <input type="radio"/> After resident contact <input type="radio"/> Before glove <input type="radio"/> After glove <input type="radio"/> Other: Click here to enter text.	<input type="radio"/> Alcohol-rub <input type="radio"/> Hand Wash <input type="radio"/> No HH done	<input type="radio"/> Gown only <input type="radio"/> Glove only <input type="radio"/> Both <input type="radio"/> No
Click here to enter text.	<input type="radio"/> Room entry <input type="radio"/> Room exit <input type="radio"/> Before resident contact <input type="radio"/> After resident contact <input type="radio"/> Before glove <input type="radio"/> After glove <input type="radio"/> Other: Click here to enter text.	<input type="radio"/> Alcohol-rub <input type="radio"/> Hand Wash <input type="radio"/> No HH done	<input type="radio"/> Gown only <input type="radio"/> Glove only <input type="radio"/> Both <input type="radio"/> No
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Click here to enter text.	<input type="radio"/> Room entry <input type="radio"/> Room exit <input type="radio"/> Before resident contact <input type="radio"/> After resident contact <input type="radio"/> Before glove <input type="radio"/> After glove <input type="radio"/> Other: Click here to enter text.	<input type="radio"/> Alcohol-rub <input type="radio"/> Hand Wash <input type="radio"/> No HH done	<input type="radio"/> Gown only <input type="radio"/> Glove only <input type="radio"/> Both <input type="radio"/> No

Hand Hygiene Observational Audit Tool

Month_1

Assessment Information

Employee Name	Job Title	Location (e.g. Room #, Unit,..)	Assessment Date (mm/dd/yyyy)	Assessment Time Block	Assessment Type

Audit Information					
Employee Name	Job Role	Location (e.g. Room #, Unit,..)	Audit Date (mm/dd/yyyy)	Audit Time Block	
John Smith	Dietary	Room #325	2/25/2021	<div> <div>7a - 11a</div> <div>11a - 3p</div> <div>3p - 7p</div> <div>7p - 11p</div> <div>11p - 3a</div> <div>3a - 7a</div> </div>	1. Checks that sink areas are supplied with soap and paper towels

Hand Hygiene Observational Audit Tool

1. Checks that sink areas are supplied with soap and paper towels	2. Turns on faucet and regulates water temperature	3. Wets hands and applies enough soap to cover all surfaces of hands	4. Vigorously rubs hands for at least 20 seconds including palms, back of hands, between fingers, and wrists	5. Rinses thoroughly keeping fingertips pointed down	6. Dries hands and wrists thoroughly with paper towels

Hand Hygiene Observational Audit Tool

7. Discards paper towel in wastebasket	8. Uses paper towel to turn off faucet to prevent contamination to clean hands	9. Applies enough product to adequately cover all surfaces of hands	10. Rubs hands including palms, back of hands, between fingers until all surfaces dry	11. Direct care providers—no artificial nails or enhancements	12. Natural nails are clean, well groomed, and tips less than ¼ inch long	13. Skin is intact without open wounds or rashes

Hand Hygiene Observational Audit Tool

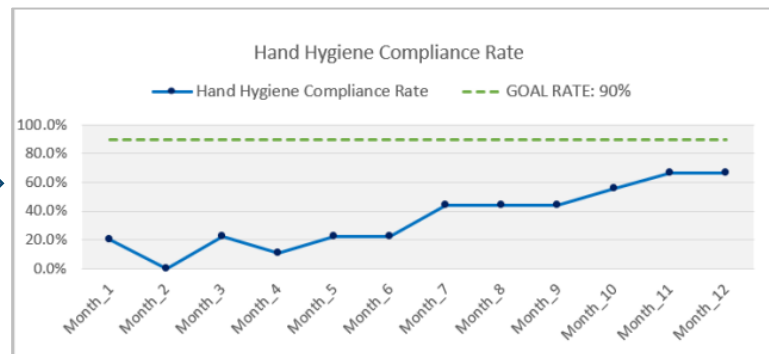
NURSING HOME MONTHLY SUMMARY



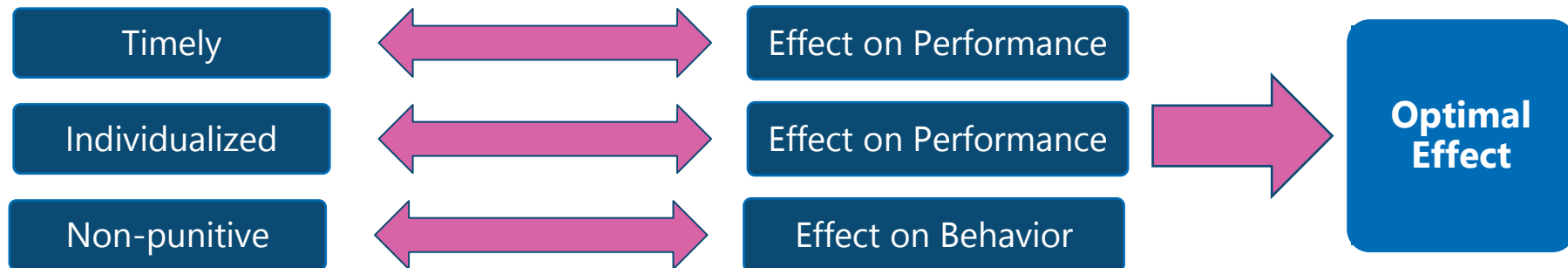
Reporting Month		Month_1	Month_2	Month_3	Month_4	Month_5	Month_6	Month_7	Month_8	Month_9	Month_10	Month_11	Month_12
		Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21
HAND HYGIENE COMPLIANCE	# of Employees Assessed	30	40	12	0	0	0	0	0	0	0	0	0
	# of Perfect Assessments	29	36	9	0	0	0	0	0	0	0	0	0
	Hand Hygiene Compliance Rate	96.7%	90.0%	75.0%									
	Average # Failures per Assessment	0.03	0.10	0.25									
NUMBER OF FAILURES BY LINE ITEM	1. Checks that sink areas are supplied with soap and paper towels	0	0	0									
	2. Turns on faucet and regulates water temperature	0	0	0									
	3. Wets hands and applies enough soap to cover all surfaces of hands	1	4	3									
	4. Vigorously rubs hands for at least 20 seconds including palms, back of hands, between fingers, and wrists	0	0	0									
	5. Rinses thoroughly keeping fingertips pointed down	0	0	0									
	6. Dries hands and wrists thoroughly with paper towels	0	0	0									
	7. Discards paper towel in wastebasket	0	0	0									
	8. Uses paper towel to turn off faucet to prevent contamination to clean hands	0	0	0									
	9. Applies enough product to												

Hand Hygiene Observational Audit Tool

Reporting Month		Month_1	Month_2	Month_3	Month_4	Month_5	Month_6	Month_7	Month_8	Month_9	Month_10	Month_11	Month_12
		Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
HAND HYGIENE COMPLIANCE	# of Employees Audited	9	9	9	9	9	9	9	9	9	9	9	9
	# of Perfect Audits	2	0	2	1	0	2	2	1	2	2	2	2
	Hand Hygiene Compliance Rate	22.2%	0.0%	22.2%	11.1%	0.0%	22.2%	22.2%	11.1%	22.2%	22.2%	22.2%	22.2%
	Average # Failures per Audit	1.89	3.44	2.22	2.78	3.00	2.44	2.00	2.78	2.33	2.22	2.78	2.33
NUMBER OF FAILURES BY LINE ITEM	Hand Hygiene with Soap & Water												
	1. Checks that sink areas are supplied with soap and paper towels	2	4	1	4	4	3	3	4	3	3	3	3
	2. Turns on faucet and regulates water temperature	3	4	1	2	3	2	3	2	2	3	3	3
	3. Wets hands and applies enough soap to cover all surfaces of hands	0	2	1	2	2	2	1	2	1	1	2	1
	4. Vigorously rubs hands for at least 20 seconds including palms, back of hands, between fingers, and wrists	1	2	1	1	1	0	1	1	1	2	1	1
	5. Rinses thoroughly keeping fingertips pointed down	3	4	1	2	3	2	3	2	2	3	3	3
	6. Dries hands and wrists thoroughly with paper towels	0	1	0	1	1	1	1	1	0	0	1	1
	7. Uses paper towel to turn off faucet to prevent contamination to clean hands	0	2	1	1	1	1	0	1	1	0	1	1
	Hand Hygiene with ABHR												
	9. Applies enough product to adequately cover all surfaces of	2	3	4	3	3	3	1	3	3	2	3	2
	10. Rubs hands including palms, back of hands, between fingers until all surfaces dry	2	3	4	3	3	3	1	3	3	2	3	2
	General Observations												
	11. Direct care providers—no artificial nails or enhancements	1	1	1	1	1	1	1	1	1	1	1	1
	12. Natural nails are clean, well groomed, and tips less than ¼ inch	2	2	2	2	2	1	2	2	2	2	1	2
	13. Skin is intact without open wounds or rashes	1	2	2	2	2	2	1	2	1	1	2	1
NUMBER OF FAILURES BY CATEGORY	Hand Hygiene with Soap & Water	9	20	7	14	16	12	12	14	11	12	15	13
	Hand Hygiene with ABHR	4	6	8	6	6	6	2	6	6	4	6	4
	General Observations	4	5	5	5	5	4	4	5	4	4	4	4



Feedback



Graphs and Data and Results, Oh My

Getting buy-in from front line staff may at times not go the way you want – ever see this?



Or worse...

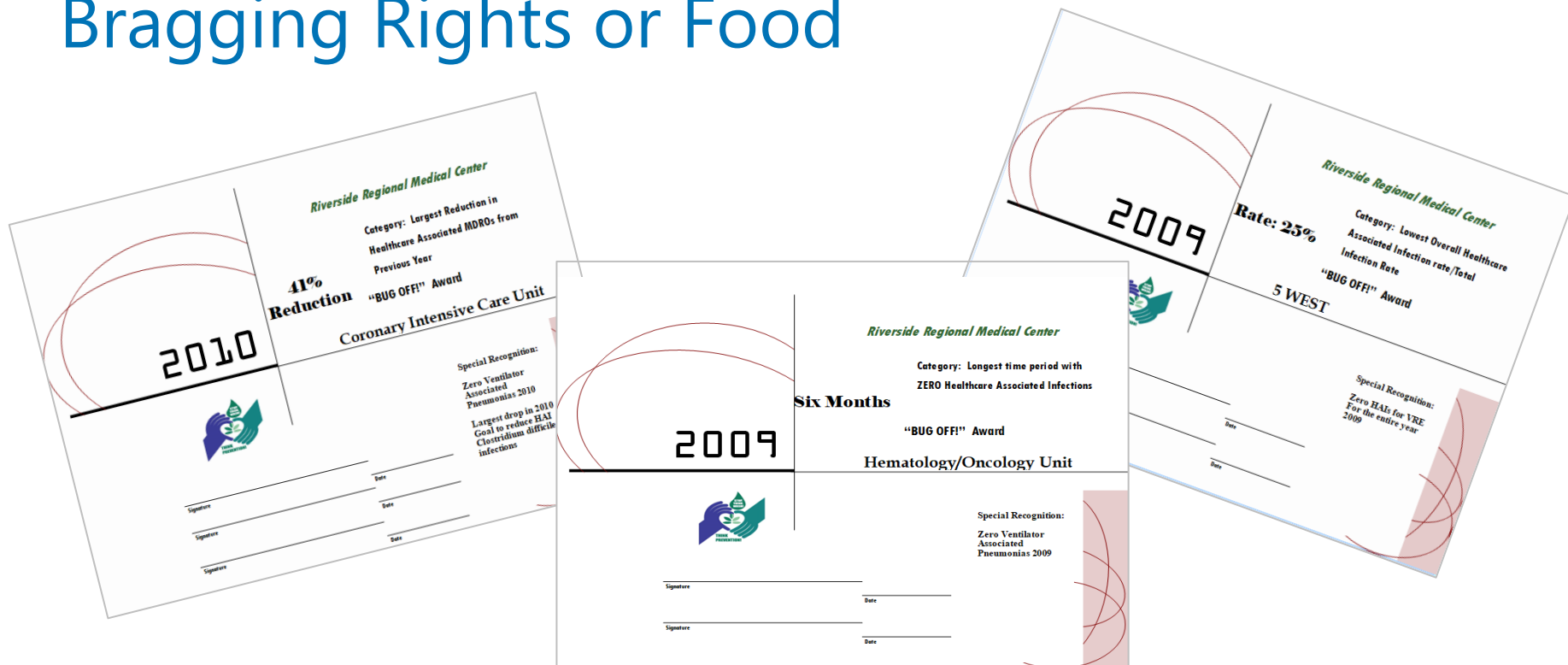


Consider...Sue's Sneaky Strategies for Improving Compliance

True tales – data is great, but pride in work wins every time.
Who are your silent heroes? This is Chris' story.

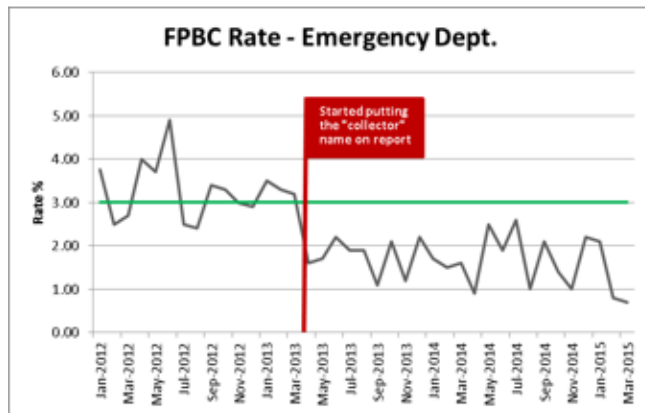


Never Underestimate the Power of Bragging Rights or Food



Another Way to Look at Improving Care...

The "Down Under" Party



ED ROCKS w/ "BUG OFF" AWARD FOR MOST SIGNIFICANT COST AVOIDANCE 2010



SAVINGS FOR REDUCING FALSE POSITIVE BLOOD CULTURES:
\$1,777,000!!!

Polling Question 1

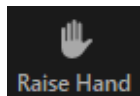
Audits are an opportunity to

- A. Highlight a need for improvement
- B. Showcase improvement
- C. Initiate disciplinary action



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

- 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)



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](#)
- [Competency-Based Training 102 | CDC](#)
- [Break the Chain of Infection with Better Hand Hygiene | HQIN](#)
- [Hand Hygiene Module 1 | HQIN](#)
- [Hand Hygiene Competency Validation | HQIN](#)
- [Hand Hygiene Competency Tracking Tool | 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: **2808-MON**
 - 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 September 16,
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: 9/20/22 @ 2 p.m. EST**

Lab Services, Epidemiology, Surveillance, Outbreak Investigation

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From HQIN:

To all essential care giving teams
supporting residents and families,

Thank you for attending