Connecticut Department of Public Health
Healthcare Associated Infections Program

Overview on Conducting Infection Control Assessment and Readiness Site Visits in CT Long Term Care Facilities: 2016 - 2017

DPH | Connecticut Department of Public Health

Overview:

- Discuss Role of CT DPH HAI Program
- CDC Plan for State Health Departments - Infection Control Assessment and Response (ICAR) Tool
- CT DPH Site Visit Structure for LTC
- Next Steps after CT DPH Site Visit

DPH | Connecticut Department of Public Health | 2

Role of CT State Health Department – Healthcare Associated Infection (HAI) Program

DPH | Connecticut Department of Public Health | 3

Role of Health Department in HAIs & Infection Prevention

- Connecticut Department of Public Health (DPH)
  - HAI-related reporting regulations (CGS 19a-490n-o)
    - Law passed in 2006 for the mandatory reporting of HAIs
    - HAI Advisory Committee established
    - CDC National Healthcare Safety Network (NHSN) chosen as the surveillance and reporting system
    - Reporting began in 2008 for central line-associated bloodstream infections (CLABSI) in adult ICUs in CT acute care hospitals

DPH Keeping Connecticut Healthy

Connecticut Department of Public Health   4
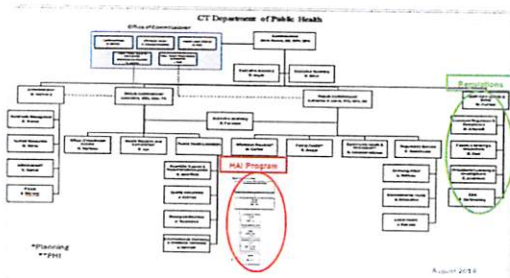

Role of DPH HAI Program: Partner and Collaborate – *Not Regulate*

- Provide oversight of public reporting of HAI infection rates.
- Provide information on infection risks and best prevention practices in healthcare settings.
- Provide infection prevention education
- Provide consultation and assistance to hospitals and local public health for infection outbreaks
- Partner with professional associations, patient advocacy groups and the public to inform, improve and advance the sciences of infection control, healthcare epidemiology and patient safety.

DPH Keeping Connecticut Healthy

Connecticut Department of Public Health   5

State of CT: Department of Public Health

DPH Keeping Connecticut Healthy

Connecticut Department of Public Health   6

Types of Healthcare Facilities in CT Reporting HAI Data to CT DPH/NHSN/CMS in 2016

CT Healthcare Facilities Reporting to CMS via NHSN:
Current # of Facilities and # of HAI Events (4/1/16)

	Type of Healthcare Facility *	# of Facilities	# of HAI Events Reported to NHSN
1.	Acute Care Hospitals (ACHs)	29	8
2.	ESRD (Dialysis)	44	2
3.	Long Term Acute Care (LTACs)	3	6
4.	Inpatient Rehabilitation (IRFs)	8	4
5.	Ambulatory Surgical Centers (ASCs)	44	1
6.	In Patient Psychiatric Facilities (IPFs)	30	1
7.	Long Term Care Facilities (Nursing Homes)	TBD	1 - C diff LabID
	TOTAL	158	22

DPH

HAI Data Reported to CT DPH/NHSN/CMS in 2016

- Central Line-Associated Bloodstream Infections (CLABSI)
- Catheter-Associated Urinary Tract Infections (CAUTI)
- Surgical Site Infections (SSI): COLO (Colon Surgery)
- Surgical Site Infections (SSI: HYST (Abdominal Hysterectomy)
- Lab ID Event: Methicillin Resistant Staph aureus (MRSA)
- Lab ID Event: *Clostridium difficile* (C. diff)
- Multi Drug Resistant Organisms: CRE
- Healthcare Worker Influenza Vaccination
- Ventilator Associated Events (VAE)

DPH

CDC

Healthcare Infection Control Assessment and Response (ICAR)

DPH

Background

- In March of 2014, West Africa began experiencing the largest Ebola outbreak on record.
- In October 2014, the U.S. public health system was challenged with the first of three domestic cases of Ebola.
- The Ebola outbreak response highlighted vulnerabilities in infection control practices within the U.S. healthcare system.
- The CDC response efforts provided an opportunity to identify gaps in the nation's capacity to deal with Ebola or other emerging/re-emerging infectious diseases.

CDC Plan for State HD's

- May 1, 2015: CDC issued 3 year funding to state health dept.'s (HD) through the Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)-Domestic Ebola Supplement to provide support to states to address some of the gaps identified.
- The funding supports efforts to define and apply basic standards of infection control in various healthcare settings to:
  - bolster policy and capacity at local and state levels to promote good infection control, and
  - actively assess and intervene to achieve best practices across all healthcare facilities.
- Aligns with ELC's existing purpose which is to protect the public health and safety of the American people by enhancing the capacity of public health agencies to effectively detect, respond, prevent and control known and emerging/re-emerging infectious diseases.

ICAR Activity B
Targeted Infection prevention

B.1 (required): Expand Assessments
  - ❑ Expand both number and depth/content
    - General infection control (beyond Ebola)
    - Consider LTC, ambulatory care, other acute care
    - Incorporate follow up assessments to document mitigation

B.2: Increase infection control competency and practice
  - ❑ Incorporate improved competency into credentialing, CE, licensing
  - ❑ Sustainable training (with partners)

B.3: Enhance surveillance analytic and reporting capacity
  - ❑ Add capacity to state to analyze HAI data to target prevention activities
  - ❑ Access and use NHSN data
  - ❑ Improve outbreak detection and reporting

CDC

Activity B, Strategy 1:
Expanded Infection Control Assessments

❑ Expand infection control assessments both in number of facilities and depth/content of assessments

- Expand content to include infection control domains that align with local and federal priorities beyond Ebola assessment preparedness

- Expand beyond prioritized Ebola designated facilities

- Prioritize assessments based on local determinations made in consultation with advisory group (Activity A)

❑ Early detection of infection control gaps

- Identify gaps in infection control practices and procedures at both the facility and provider level

❑ Perform follow-up assessments to confirm and document mitigation of identified gaps

DPH *Keeping Connecticut Healthy*

Connecticut Department of Public Health   13

CDC Infection Control Assessment Tools

http://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html

DPH *Keeping Connecticut Healthy*

Connecticut Department of Public Health   14

CDC

ICAR Tools Organized
into 4 Sections

❑ Section 1: Facility Demographics

❑ Section 2: Infection Control Program and Infrastructure

- Interview re: policies, practices, and facility features

❑ Section 3: Direct Observation of Facility Practices

❑ Section 4: Infection Control Guidelines and Other Resources

- Links to guidelines and online resources that can be used to mitigate identified gaps

DPH *Keeping Connecticut Healthy*

Connecticut Department of Public Health   15

CDC

Example of Domains in Section2: Infection Control Program and Infrastructure

Infection Control Domains for Gap Assessment

I. Infection Control Program and Infrastructure

II. Infection Control Training, Competency, and Audits

III. Healthcare Personnel Safety

IV. Surveillance and Disease Reporting

V. Personal Protective Equipment (PPE)

VI. Environmental Cleaning

VII. Equipment Reprocessing (if applicable)

DPH Keeping Connecticut Healthy

Connecticut Department of Public Health   16

CDC

Assessment Tool: Section 2 (partial)

Section 2: Infection Control Program and Infrastructure

I. Infection Control Program and Infrastructure		
Elements to be assessed	Assessment	Notes/Areas for improvement
A. Written infection prevention policies and procedures are available, current, and based on evidence-based guidelines (e.g., CDC/HICPAC), regulations, or standards. *Note: Policies and procedures should be appropriate for the services provided by the facility and should extend beyond OSHA bloodborne pathogens training.*	O Yes O No	Click here to enter text.
B. Infection prevention policies and procedures are re-assessed at least annually or according to state or federal requirements, and updated if appropriate.	O Yes O No	Click here to enter text.
C. At least one individual trained in infection prevention is employed by or regularly available (e.g., by contract) to manage the facility's infection control program. *Note: Examples of training may include: Successful completion of initial and/or recertification exams developed by the Certification Board for Infection Control & Epidemiology, participation in infection control courses organized by the state or recognized professional societies (e.g., APIC, SHEA).*	O Yes O No	Click here to enter text
D. Facility has system for early detection and management of potentially infectious persons at initial points of patient encounter. *Note: System may include testing a travel and occupational history, no appointments, and elements described under respiratory hygiene/cough etiquette.*	O Yes O No	Click here to enter text

DPH Keeping Connecticut Healthy

Connecticut Department of Public Health   17

Domains and Gaps Identified during Infection Prevention and Control Activity Assessment in Long Term Care Facility

Domain	Policy Gap (s) Identified	Practice Gap(s) Identified
Infection Control Program and Infrastructure	Process for reviewing surveillance, facility specific policies, annual policy review	Infection prevention/control training
Personnel and Resident Safety	Tuberculosis risk assessment, policy statement for removing barriers (ie. supportive sick leave policy with no penalty) for reporting illnesses among employees	Process for tracking employee absence associated with communicable diseases during outbreaks, breaks in aseptic technique, during care, use of topical skin care products for more than one resident
Surveillance and Disease Reporting	Written surveillance and outbreak response plans	Transition of care communication and follow up after acute care admission for infection
Hand Hygiene	Policy statement about preferential use of alcohol based hand rub	Education, hand hygiene compliance availability of hand hygiene supplies
Personal Protective Equipment (PPE)	Policy statement about selection, indications, donning, doffing	Education, correct use, failure to comply with transmission based precautions, compliance audits and feedback, PPE supplies
Respiratory/Cough Etiquette	None	None
Antibiotic Stewardship	Policies identifying leader and defining prescribing practices	Antibiograms, practices to improve antibiotic utilization, feedback on prescribing education
Infection Safety/Point of Care Testing	Competency	Compliance audits and feedback
Environmental Cleaning	Policies and procedures for cleaning/disinfection	Education, contact time, compliance audits and feedback, availability of cleaning/disinfection products, visibly soiled environment

10-239 APIC 43rd Annual Educational Conference & International Meeting | Charlotte, NC | June 11-13, 2016
Poster Abstracts / American Journal of Infection Control 44 (2016) S36-S82
The Infection Control Assessment and Response Tool: Is It Useful during an Outbreak? Jodi Morgan, RN, BSN, CIC, Infection Control Coordinator, Illinois Department of Public Health; Mary Alice Lavin, RN, MJ, CIC, Project Director, Heldson Institute, LLC

DPH Keeping Connecticut Healthy

Connecticut Department of Public Health   18

Structure of the Visit

CT DPH Assessment of Infection Control Programs and Practices in CT Long Term Care (LTC) Facilities

Agenda for Facility Name: _____
Site Visit Date: _____

Time	Minutes	General Topic Area	Suggested Participants	Location
9:00 - 10:00 AM	60 min	Introductions, Review purpose and goal of visit, Slide presentation on the future of infection modeling in LTC	CT DPH Team Facility Administrator Medical Director Director of Nursing Infection Preventionist Staff Development	Location (TBD) Please assign
10:00 - 11:00 AM	60 min	Review of CDC Assessment Tool for Long Term Care Facilities	CT DPH Team Director of Nursing Infection Preventionist Staff Development	Location (TBD)
11:00 - 12:30 PM		Facility tour and observations 1. Hand hygiene 2. Blood glucose monitoring 3. Injection practices 4. Urinary Catheter-au/UI 5. Environmental Service room cleaning 6. Medication administration/injection safety	CT DPH Team Director of Nursing or designee Infection Preventionist Staff Development	Tour
12:30 - 1:00 PM	30 min	Working Lunch/Open discussion on needs	CT DPH Team Facility Staff	Location (TBD)
1:00 - 2:00 pm	60 min	Infection Prevention Program Review · Review infection surveillance & Outbreak reports · Review Education & Training Documents	CT DPH Team Director of Nursing or designee Infection Preventionist	Location (TBD)
2:00-2:30PM	30 min	Exit Conference	CT DPH Team Facility Administrator Director of Nursing Infection Preventionist Staff Development	Location (TBD)

DPH Keeping Connecticut Healthy   Connecticut Department of Public Health   19

Steps in Enrolling LTC Facility

1. One-pager will be sent describing project overview, background, objectives, project team, structure of the visit, length of visit, and what to expect after the visit.

2. Site visits are voluntary, non-regulatory, no-cost, collaborative and educational.

3. LTC facility (DON/IP) willing to participate will be asked to contact DPH HAI program.

4. Date of visit will be scheduled. (October start date)

5. Introductory letter with site visit documents (agenda & ICAR tool) will be sent to LTC administrator.

6. LTC IP will be asked to submit completed ICAR tool to DPH before visit

DPH Keeping Connecticut Healthy   Connecticut Department of Public Health   20

Examples of One-Pager

DPH Keeping Connecticut Healthy   Connecticut Department of Public Health   21

CT DPH ICAR Consultation Team

- Richard Melchreit, MD, HAI Program Coordinator

- Lauren Backman, RN, MHS, HAI Program, Epidemiologist III, former IP

- Diane D' Abbaddo, RN, Nurse Consultant Contractor/Retired

Site Visit Evaluation Tools

1. Attachment A: (name of LTC) Agenda for Long Term Care Facility Assessment Visit scheduled for _____, 2016.

2. Attachment B: Suggested list of Long Term Care Facility participants. Please complete and submit to CT DPH HAI Program by _____, 2016.

3. Attachment C: CDC Infection Prevention and Control Assessment Tool for Long Term Care Facilities: Please have the Infection Prevention Manager complete and submit to CT DPH HAI Program by _____, 2016.
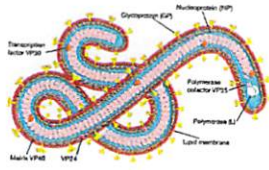

Next Steps after Visit

- Provide you with a summary report
- Provide resources to address areas identified for improvement
- Develop IC training and education programs to address the needs of CT healthcare facilities.

Structure of Ebola Virus

Thank you!

Lauren A. Backman, RN, MHS
lauren.backman@ct.gov
(860) 509-7917

DPH — Connecticut Department of Public Health

25