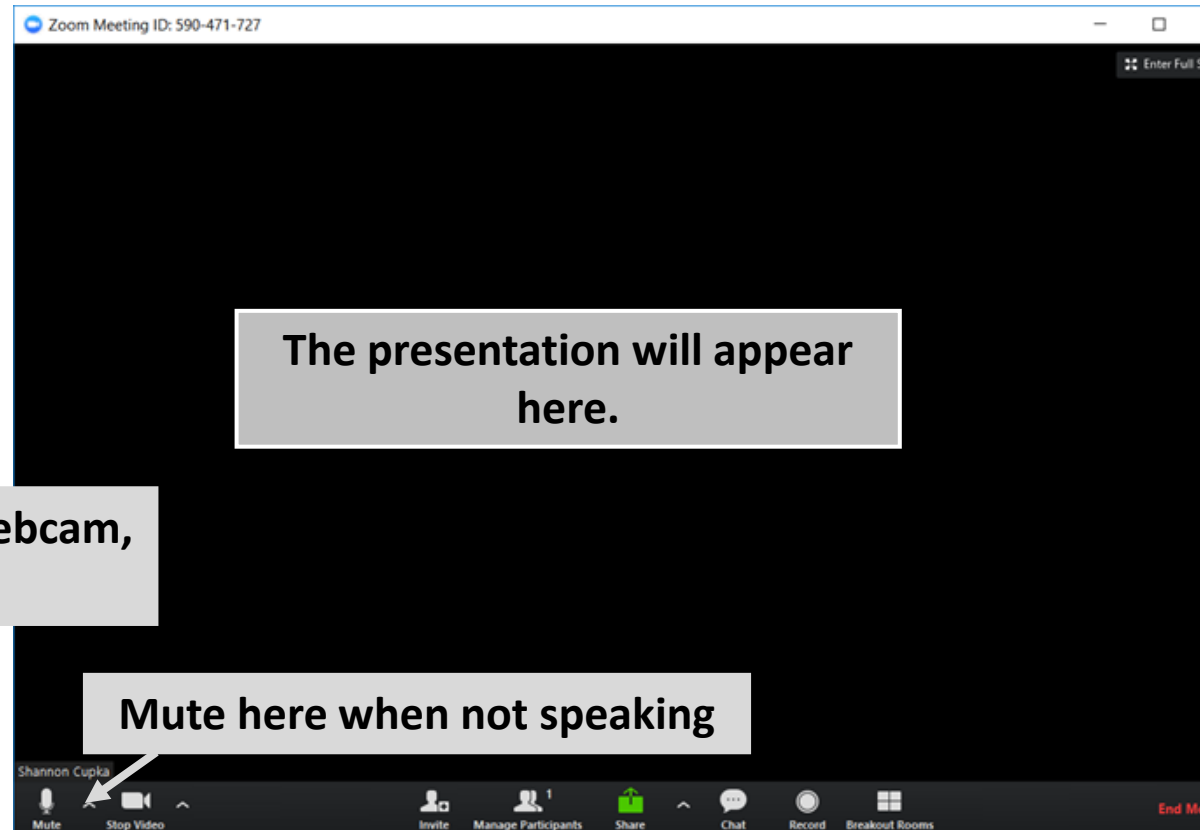


Utah Infection Prevention Solutions

Blueprint For Success

A four-part webinar series designed to provide assisted living community leadership teams with education and a toolkit to successfully follow a proven, “blueprint” approach of building a strong infection prevention program

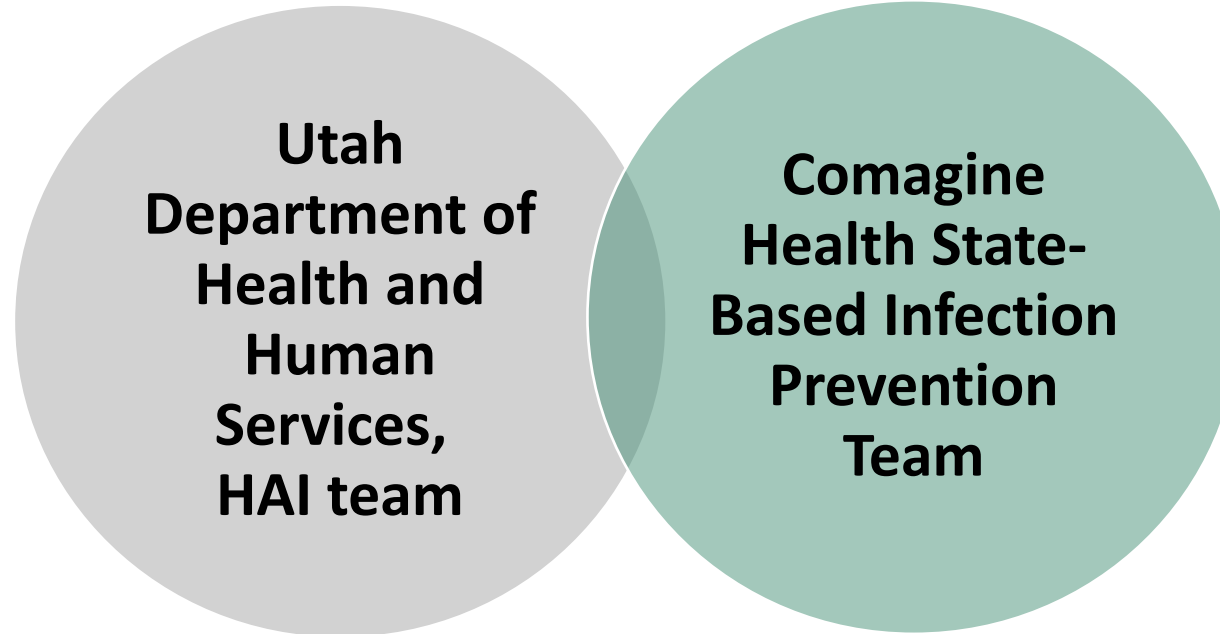
Zoom Attendee Controls



For phone participants:
*6 to mute/un-mute

1. Click "Join Audio"
2. Identify Participant ID
3. On the phone keypad, dial:
#[Participant ID]#
Example: #49#

Utah Infection Prevention Solutions Team



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Utah Infection Prevention Solutions

Blueprint For Success: Session 4 Building Strong Assisted Living Infection Prevention Programs Together

Debbie Hurst, RN, BSN, FAPIC, CIC, infection prevention control consultant

Jen Roeder, MSN, RN, CIC, infection prevention control consultant

Violet Brown, CHES, improvement advisor

Tiffany Chuning, associate improvement advisor

Dec. 13, 2022

Our Infection Prevention and Control (IPC) Experts

Debbie Hurst, RN, BSN, CHESP, FAPIC, CIC IPC consultant, subject matter expert

- Nearly 30 years of specialized health care infection control experience
- Board-certified infection prevention and control (CIC) since 1998; awarded recognition as a Fellow of APIC (FAPIC) in 2017
- Special interests include IPC program development, environmental hygiene, IPC training and mentoring of IPC staff

Jen Roeder, MSN, RN, CIC IPC consultant, subject matter expert

- Registered nurse for 19 years
- Specializing in infection prevention for 16 years (acute, LTC, sub-acute)
- Board-certified in infection prevention
- Passion for developing and evaluating infection prevention programs
- Special interest in training and mentoring new infection preventionists

Learning Objectives

Upon the completion of this session, assisted living (AL) community participants will be able to:

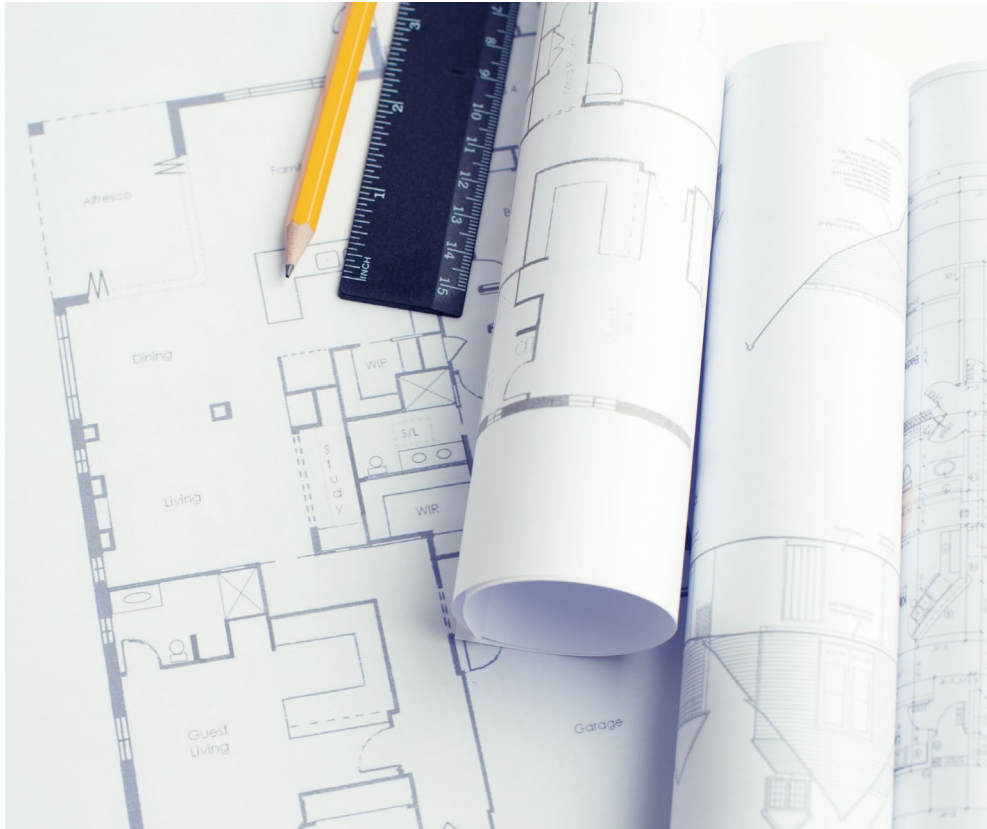
1. Describe the four major components of infection control surveillance
2. Describe the major components of an emerging infectious diseases preparedness plan
3. Demonstrate how to take the surveillance data and develop performance improvement projects (PIP) for their Quality Assurance programs

About the Blueprint for Success IC Series



- An infection prevention and control focused mentoring program specifically designed for the assisted living health care settings
- Intended to be used as a tool by the ALs in Utah to strengthen and sustain their IPC Programs
- Developed by certified infection control experts (CIC) using nationally recognized sources and references

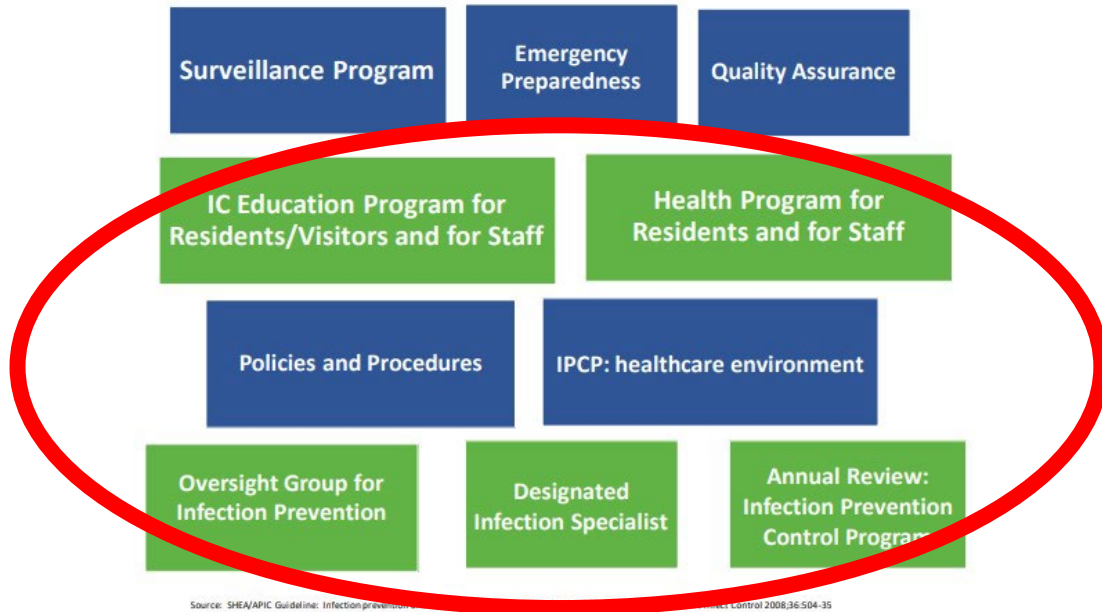
About the Blueprint for Success IC Series (cont.)



- Content is presented “live” in one hour webinar sessions, four sessions total in the series
- Recordings will be available on Padlet resource site for ALs
- A “Blueprint for Success Toolkit” for developing best practice IPC Programs is being developed as a companion guide document to the four webinars. It will also be located on the Padlet AL resource site

Prerequisite Session(s): Nos. 1, 2 & 3*

Foundational Parts of the Assisted Living Community's Infection Prevention and Control Program (IPCP)



- Session 1 included:
 - Designated infection prevention specialist
 - Annual review process of the IPC program
- Session 2 included:
 - Policies and procedures
 - IPCP: health care environment
- Session 3 included:
 - IC education programs for residents/visitors & staff
 - IC health programs for residents & staff

***See the Padlet posting for Session 1, 2 & 3 recordings and the related downloadable documents**

Today's Session: Building Blocks on Level 4

Foundational Parts of the Assisted Living Community's Infection Prevention and Control Program (IPCP)



Session 4: begins here

- Surveillance program
- Emergency preparedness
- Quality assurance

Source: SHEA/APIC Guideline: Infection prevention and control in the long-term care facility, Philip W. Smith, et. al, Am J Infect Control 2008;36:504-35

Surveillance Programs

WHAT is the surveillance process?

- It begins with data!
 - Systematic collection
 - Consolidation
 - Analysis and interpretation
 - Dissemination of results



Surveillance Programs

WHY?

- Improve outcomes and processes
- Assist in problem identification
- Give you baseline data for future reference
- Motivate clinicians with sharing of data results
- Meet requirements of outside agencies

Surveillance Programs

HOW?

- Clear and easy-to-use written definitions of infection or process measurement are required before beginning
- Approve a standardized data collection form that you will use
- We will use collection from Session 1 for our example today

SESSION #1

Annual IPC Program Assessment Process

WHY? Fundamental process for IC programs in health care, required in acute and SNF, and ALFs, provides structured process to look at all key aspects and develop improvement plans

HOW? Use forms in toolkit and template to complete



Annual IPC Program Assessment Process

Refer to Session 1 and Session 2 of the “Blueprint” series for tools and explanations of how to complete the IPC Program assessment process and develop your surveillance list

IPCP Annual Assessment Checklist: Assisted Living Facilities (ALF)

First:

- Complete the IPCP Annual Assessment Tool for Assisted Living Facilities (use Comagine Health tool or comparable including ICAR, etc.).
- Complete the IC Risk Assessment Tool.

Next:

- Use the IPCP Planning Worksheet summarize the assessment information together from the two tools.
- On the IPC Planning Worksheet, complete the section for identifying the IPC Program Goals.
- On the IPC Planning Worksheet, add the surveillance activities needed for the IPCP for the upcoming year from the information learned from the tools and from any requirements or needs requested by the IPCP oversight committee/group, etc.

Once completed:

- This IPC Plan Worksheet can be used as the IPCP annual assessment summary document for the upcoming year that can be used to present to the IPCP oversight committee/group for review and approval.
- Using the IPCP Plan Template, this information can be used to complete a written IPCP plan for your program. This can be put into a special notebook for your facility's Infection Prevention and Control Program. Place the completed template at the beginning, followed by examples of training activities, data trends, PIP documentation and other similar information to use to “showcase” your program and activities.

Attachment 7 | v.1: 10-25-22

Example of Surveillance Activity: Monthly EVS Cart and Closet Audits

REMEMBER from our previous slide: Collect/Consolidate/Analyze/Disseminate

- 28 total opportunities to meet definition of successful 3 months' worth of data
- **Total possible in 3 months:** $28 \times 3 = 84$
- **Total number that met definition in 3 months:** 75
- $75/84 = .893$
- **To get the percent:** $.893 \times 100 = 89.3\%$ rate of compliance with policy for the quarter

ALF Rounding Tool: EVS Carts and Closets Practices				
Date: _____		Completed by: _____		Unit/Location: _____
IPC Monthly Rounds	Yes	No	N/A	Comments
EVS Carts				
1. Are disinfectants being used all approved by IC and are EPA-registered hospital-grade disinfectants?				
2. Are all chemicals in appropriate containers and labeled correctly?				
3. Are disinfectant and antiseptic products within expiration dates?				
4. Are chemicals being used per manufacturer's directions for mixing and use?				
5. Is there physical separation of clean and dirty items?				
6. Is paper stored above liquids to reduce contamination risk?				
7. Is "Johnny mop" located on front deck or similar area of cart with other "dirty" tools and processes?				
8. Is the cart lock in working order?				
9. Is cart locked when unattended?				
10. Is cart clean in appearance, well-organized and all surfaces cleanable?				
11. Are dusting tools being used in resident care areas that support damp dusting techniques (no feather dusters or Swiffers in use, etc.) with high-reach handles?				
12. Do textiles (cloths/mops) appear to be in good condition and visibly clean in appearance prior to use?				
13. Do disinfectant bottles have pour spouts (vs. spray bottles)?				
14. Is cart free from food and drink?				
15. Is cart free from personal items (purse, phones, etc.)?				

Activity – Poll Questions

Scenario

Rounding Tool: Hand Hygiene Audit

Completed by: Jennifer Roeder, RN, infection preventionist

Date	Shift	Unit/Dept	Discipline Observed	Hand Hygiene INTO ROOM	Hand Hygiene OUT OF ROOM	Artificial Nails	Name of person observed
12/3/22	Day	1 West	Nurse	<input checked="" type="checkbox"/> No <input type="checkbox"/> Wash for 20 sec <input type="checkbox"/> Rub until dry	<input type="checkbox"/> No <input type="checkbox"/> Wash for 20 sec <input checked="" type="checkbox"/> Rub until dry	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Sarah Smith
12/3/22	Day	1 West	EVS	<input type="checkbox"/> No <input type="checkbox"/> Wash for 20 sec <input checked="" type="checkbox"/> Rub until dry	<input type="checkbox"/> No <input type="checkbox"/> Wash for 20 sec <input checked="" type="checkbox"/> Rub until dry	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	John Parks
12/3/22	Day	1 West	Therapy	<input checked="" type="checkbox"/> No <input type="checkbox"/> Wash for 20 sec <input type="checkbox"/> Rub until dry	<input type="checkbox"/> No <input checked="" type="checkbox"/> Wash for 20 sec <input type="checkbox"/> Rub until dry	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Kelsey Adams
12/3/22	Night	1 West	C.N.A.	<input type="checkbox"/> No <input type="checkbox"/> Wash for 20 sec <input checked="" type="checkbox"/> Rub until dry	<input checked="" type="checkbox"/> No <input type="checkbox"/> Wash for 20 sec <input type="checkbox"/> Rub until dry	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Jessica Jones
12/3/22	Night	1 West	Nurse	<input type="checkbox"/> No <input type="checkbox"/> Wash for 20 sec <input checked="" type="checkbox"/> Rub until dry	<input type="checkbox"/> No <input checked="" type="checkbox"/> Wash for 20 sec <input type="checkbox"/> Rub until dry	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	David Wright
12/3/22	Night	1 West	C.N.A	<input type="checkbox"/> No <input type="checkbox"/> Wash for 20 sec <input checked="" type="checkbox"/> Rub until dry	<input type="checkbox"/> No <input type="checkbox"/> Wash for 20 sec <input checked="" type="checkbox"/> Rub until dry	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Kevin Smith

Next Block: Emergency Preparedness

WHAT?

Mitigate potential disease transmission

- Supplies (e.g., PPE, soap, hand rub, disinfectant, etc.)
- Trash and biohazardous waste
- Environmental contamination
- Potable water
- Communication internally/externally

Emerging infectious diseases

- Novel outbreaks
- Highly communicable diseases
- Pandemics
- Infectious resident surge
- Bioterrorism

Emergency Preparedness

WHY?

- Preparedness plans capture the community's approach to meeting the health, safety, and security needs of staff and residents during an emergency or disaster
- Protect residents, families, and staff from harm resulting from exposure to an emergent infectious disease while they are in the community

Emergency Preparedness HOW?

- Develop an emerging infectious disease plan consisting of:
 - person assigned responsibility
 - facility communication
 - supplies/resources
 - identification/management of ill residents
 - considerations about visitors
 - occupational health
 - education and training
 - surge capacity
- Utilize checklists to assist in preparedness
- Practice the plan

Comagine Health

Assisted Living Facility (ALF) Checklist: Emerging Infectious Diseases Preparedness

Date: Click or tap to enter a date. Completed by: Click or tap here to enter name.

Structure for planning and decision making	Completed	In progress	Not started	Comments
1. Emerging infectious disease preparedness has been incorporated into emergency management planning for the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
2. A multidisciplinary planning committee or team* has been created specifically to address emerging infectious disease preparedness planning <i>*An existing emergency or disaster preparedness team may be assigned this responsibility</i> List committee's or team's name: Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
3. People assigned responsibility for coordinating emerging infectious diseases preparedness planning Insert name(s), title(s), and contact information: Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
4. Members assigned to the planning committee or team Insert names, titles, & contact information: Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
5. The facility's emerging infectious diseases coordinator has contacted local or regional planning groups to obtain information on coordinating the facility's plan with other emerging infectious diseases plans Insert groups and contact information: Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Development of a written emerging infectious diseases preparedness plan	Completed	In progress	Not started	Comments
6. A copy of the emerging infectious diseases preparedness plan is available at the facility and is accessible by staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

Quality Assurance

WHAT?

- "QAPI" stands for "Quality Assurance and Performance Improvement"
- QAPI is a systematic, comprehensive, data-driven, proactive approach to performance management and improvement.
- "QAPI at a Glance" is step by step guide from CMS

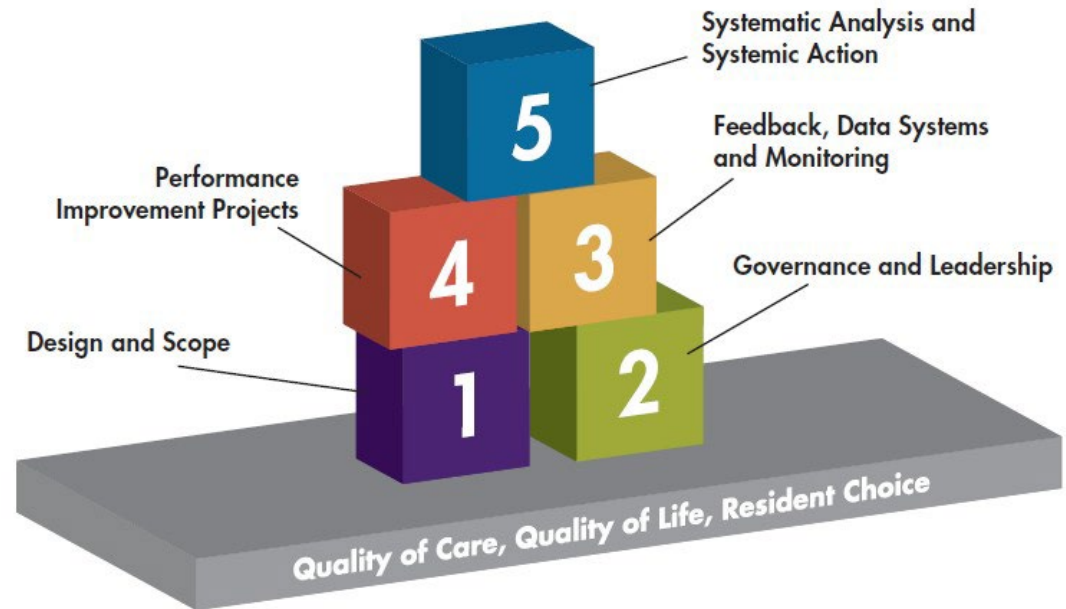
Quality Assurance

WHY?

- Solve quality problems and prevent their recurrence
- Seize opportunities to achieve new goals
- Better care and better quality of life for your residents

Five Elements for Framing QAPI in Nursing Homes

CMS has identified five strategic elements that are basic building blocks to effective QAPI. These provide a framework for QAPI development.



Centers for Medicaid and Medicare Services (CMS): [QAPI at a Glance](#)

QAPI

HOW?

From Blueprint Series Session 1:

- Use when you identify opportunities
- Identify the goal
- Identify the activity (measurable)
- Example: EVS Carts & Closet Audits

Performance Improvement Project (PIP) Template

The purpose of this PIP is to address an identified opportunity for improvement in the infection prevention and control program at the assisted living facility. This form should be completed by the PIP team and used as a guide to support improvement efforts.

Date:

Title of PIP:

Identify the concern/opportunity being addressed by this PIP:

Identify the goal – write one sentence on what this PIP aims to achieve:

Activity goals - list activities that will help you reach goal:

Document lessons learned - after completing the PIP and reporting it to the quality IPC group:

Determine next steps, based on results of surveillance audits after interventional training and coaching process. It is important to ensure the intervention is working and that the performance improvement will be sustained.

Summary

- Surveillance is a major component of your Assisted Living community's infection prevention and control program
- Planning the surveillance program formally each year is critical to having an IPC program that is prepared and effective
- Mitigation of disease transmission during a fire, natural disaster, or utility failure needs to be considered in disaster and emergency preparedness and management
- Emerging infectious disease preparedness needs to be integrated into emergency preparedness plans
- An effective Quality Assurance program is key in identifying and resolving opportunities for improvement in your IPC programs

Q&A



Blueprint Wrap-up

We've now covered all levels of the building blocks to strengthen and sustain your community's IPC Programs.

Foundational Parts of the Assisted Living Community's Infection Prevention and Control Program (IPCP)



Source: SHEA/APIC Guideline: Infection prevention and control in the long-term care facility, Philip W. Smith, et. al, Am J Infect Control 2008;36:504-35

What should I do next?

- Share today's session with IP colleagues. Visit our [Assisted Living Learning Library](#)
- Put this information to use! Free coaching and consultation support: infectionpreventionadvisor@comagine.org

Contact us

For more information on Comagine Health's Infection Prevention Solutions for LTC facilities in Utah, please contact:

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