

# **Infection Prevention Solutions: Prepare, Prevent, Protect**

**Practical tips, tools and resources to assess, strengthen and sustain  
your infection prevention and control program**

**Presented on Tuesday, July 12, 2022 by:**

**Comagine Health's State-Based Infection Prevention Program Team in partnership with the  
Utah Department of Health and Human Services: Healthcare Associated Infections Program**

# Welcome and Project Overview

This infection prevention education and consultation series has been made possible by the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity (ELC) Cooperative Agreement (CK19-1904) “Strike Team” funding through the Department of Health and Human Services (UDHHS) to provide infection prevention education and consultation to Utah’s long-term care facilities.

- **Timeline:** May 2022 – July 2024 (or 12 months after public health emergency ends)
- **Audience:** Staff of long-term care facilities in Utah
- **Activities:** Program Assessment; 1:1 Coaching/Consultation; Educational Learning Collaboratives; Resource Supply Procurement; Fit Testing Events, Online Learning Library

# COVID-19 and Its Impact on Long-term Care

When the COVID-19 pandemic initially took hold in the U.S. in March 2020, long-term care facilities were among the hardest hit, largely for two reasons:

- These settings are home to people at a disproportionately high risk of contracting infectious diseases such as COVID-19.
- Training regulations on topics like infection prevention and control vary widely across states, settings and job titles.

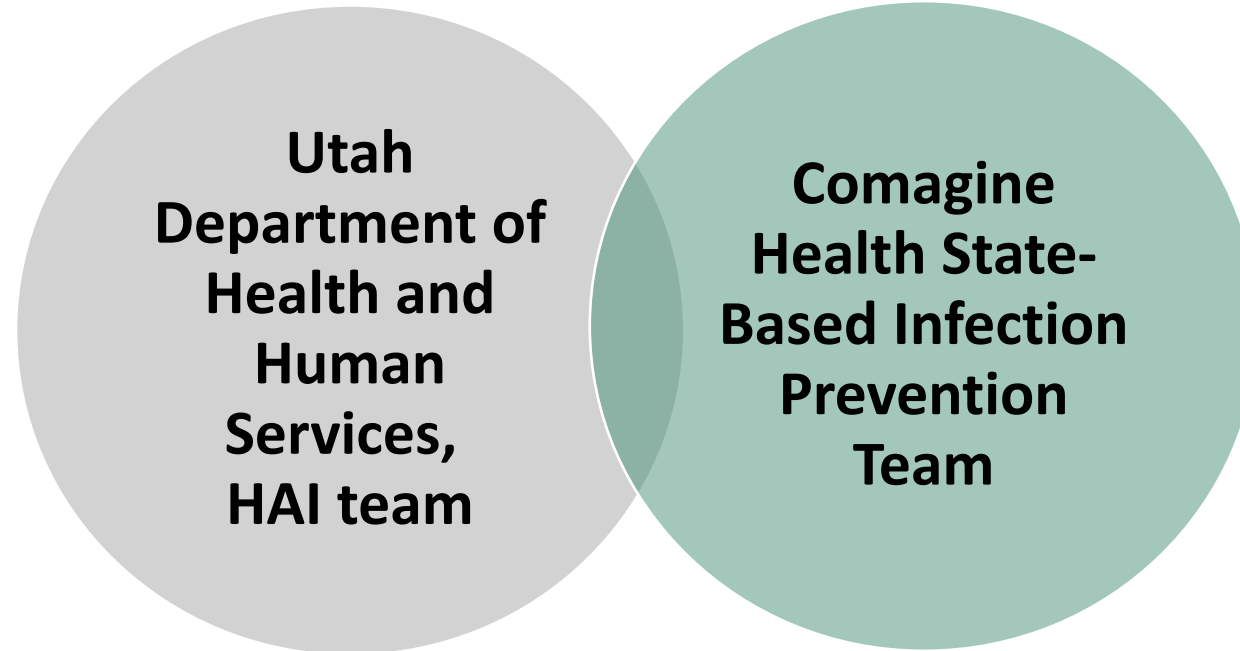


# About Comagine Health

- Comagine Health is a non-profit health care consulting organization
- Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO) across a six-state region
- Work with providers across the spectrum to develop and apply strategies for delivering better care, promote better health at reduced cost
- Long history of working with nursing facilities and other long-term residential care settings in Utah



# Utah Infection Prevention Solutions Team



**April Clements**, RN, BSN, CIC, HAI Program Manager  
**Brittney Lee**, RN, BSN, Nurse Infection Preventionist  
**Pamela Iwamoto**, MSN, RN, CIC, Sr. Nurse Infection Preventionist  
**Julie Bauserman**, RN, Sr. Nurse Infection Preventionist  
**Jonny Griffith**, RN, Infection Preventionist

**Amy Schmidt**, MSW, Patient Safety Director  
**Shannon Cupka**, EdM, Patient Safety Manager  
**Jean Lyon**, PhD, APRN, CIC, Lead Clinical and Curriculum Specialist  
**Debbie Hurst**, RN, CIC, Infection Prevention Consultant and Subject Matter Expert  
**Violet Brown**, BS, CHES, Improvement Advisor  
**Elayne Villa**, Associate Improvement Advisor

# Community Partners

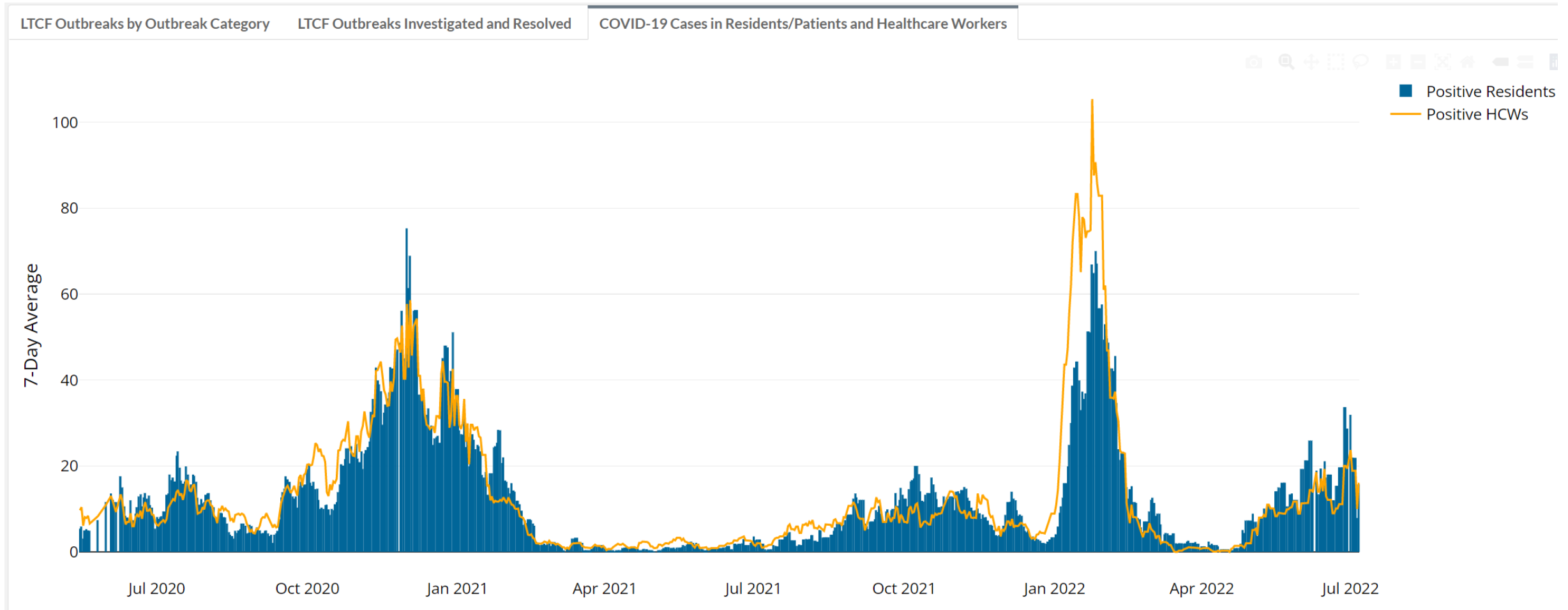
- Utah Department of Health and Human Services
  - Healthcare Associated Infections (HAI) program
  - Bureau of Licensing and Certification
  - Aging and Adult Services, Long-Term Care Ombudsman Program
- Utah Health Care Association
- Utah Assisted Living Association
- AARP
- Industry partners



*Tell us about you: Share an infection prevention win,  
or something you feel proud of from the past year?*

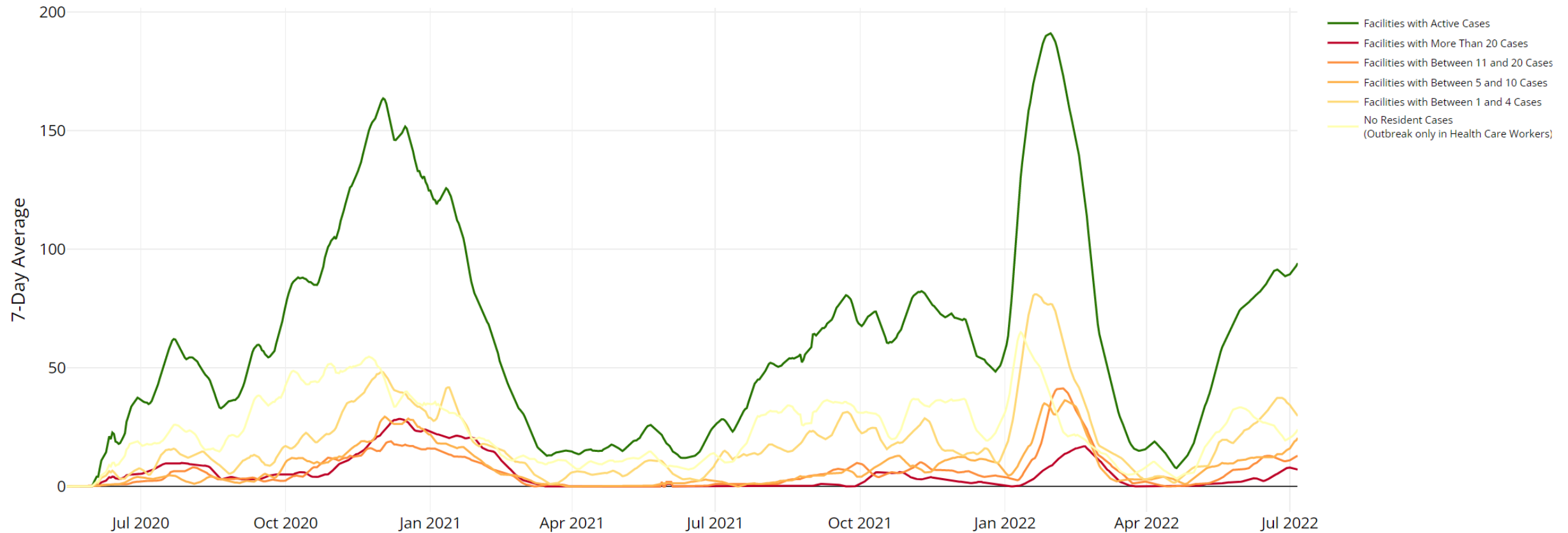
*Please chat!*

# We Are Not Done! Current COVID Trends in UT



**COVID-19 Cases in Residents and Healthcare Workers**





# Licensed Facilities with Active Outbreaks

# COVID-19 Isn't Our Only Concern

## Pathogens and How they Spread

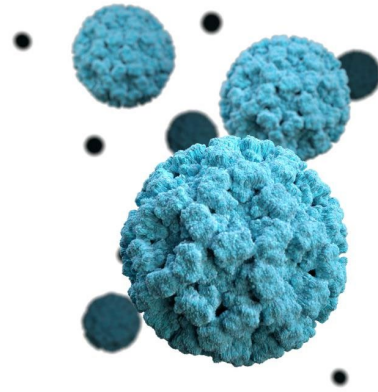
- Airborne
- Droplet
- Contact
- Contaminated sharps exposures



Source: [CDC Public Health Image Library](#)

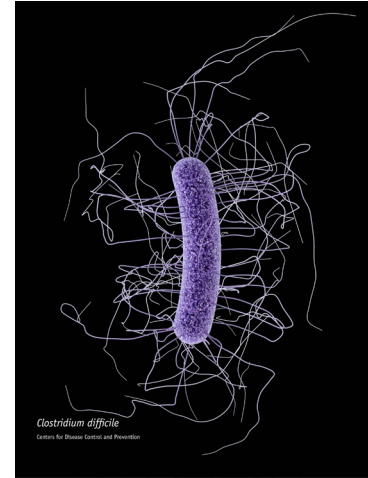
# Many Other Pathogens in LTC Settings

- Norovirus
- *C. difficile*
- *Candida auris*
- Influenza
- And more!



**Norovirus**

Source: CDC, Jessica A. Allen.  
[Public Health Image Library](#)



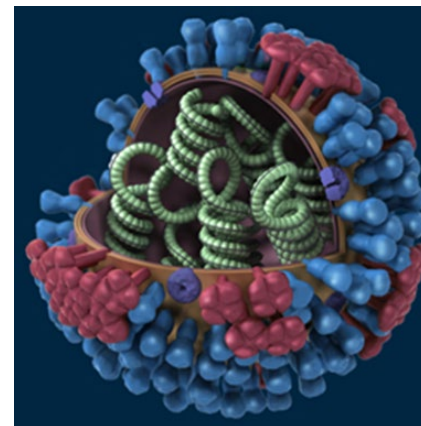
***C. diff***

Source: Jennifer Oosthuizen, [CDC Public Health Image Library](#).



***Candida auris***

Source: Stephanie Rossow. CDC  
[Public Health Image Library](#)

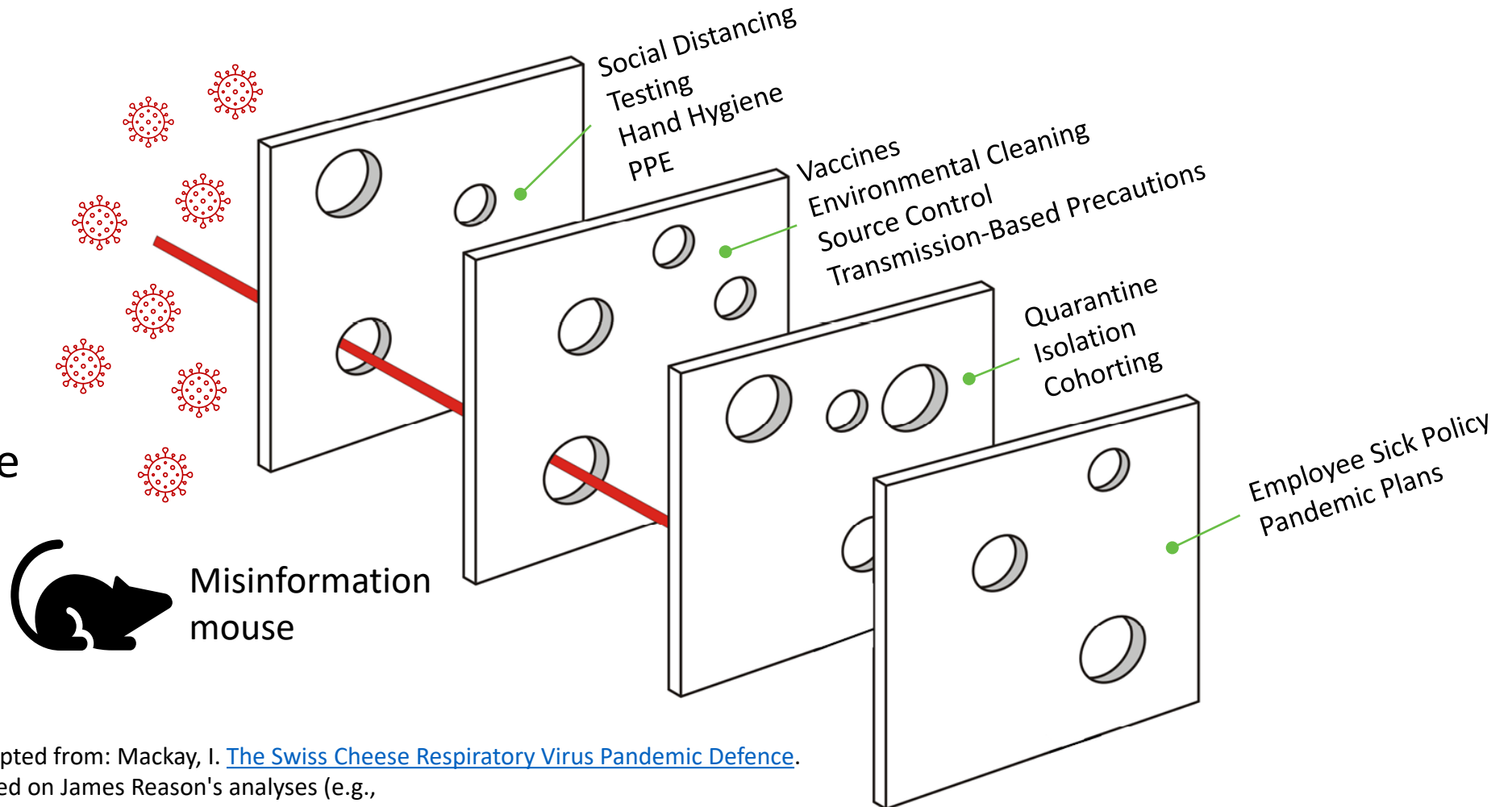


**Influenza**

Source: [CDC Influenza Resource Center](#).

# “Swiss Cheese” Model

No single intervention is perfect at preventing spread. Each intervention (layer) has imperfections (holes). Multiple layers improve success.



Adapted from: Mackay, I. [The Swiss Cheese Respiratory Virus Pandemic Defence](#).  
Based on James Reason's analyses (e.g., <https://royalsocietypublishing.org/doi/10.1098/rstb.1990.0090>).  
Also from: [Swiss Cheese Model of Accident Causation](#). [Wikimedia Commons](#).

# Our Clinical Experts

## Jean Lyon, PhD, APRN, CIC

### Lead Clinical and Curriculum Specialist

- Previous surveyor for the Joint Commission
- AHRQ ECHO National Nursing Home COVID-19 Action Network
  - New Mexico Infection Prevention Collaborative
  - Utah Infection Prevention Collaborative
- Specializes in evaluation and gap analysis of infection prevention programs

## Debbie Hurst, BSN, RN, CIC

### Infection Prevention

### Consultant and Subject Matter Expert

- 30 years experience
- Previously owned a consulting company serving nursing homes, acute care hospitals and other settings
  - Specializes in evaluation and enhancement of infection prevention programs

# Now What?



**Assess**



**Strengthen**



**Sustain**

# How We Can Help: Assisted Living Facilities



**Infection Prevention Assessment Workshops**



**1:1 Coaching/Consultations**



**Targeted Education and Community Collaboration  
Comagine Health's Online Learning Library**



**Access to Fit Testing; Train the Trainer Events**

# Coaching and Consultation Framework

- Virtual and on-site 1:1 consultation; tailored to your needs and setting
- Core components include the following:

## Introduction and program assessment

- Assess current IPC capacity, prioritize need, set calendar for visitation

## Environmental assessment and walkthrough

- Evaluate IPC infrastructure, identify resources and supply needs

## Monitoring, follow up and performance improvement

- Assess progress

## Quality assurance

- Assess uptake and sustainability of recommendations



# Tips, Tools and Resources

- Available 24/7, ready-to-use and customized to your audience and care setting
- Online learning library
- Access to sample policies and guidelines
- Quality improvement tools and worksheets
- Sample Performance Improvement Plans
- Educational videos

### Infection Prevention Quality Improvement (QI) Plan

Responsible Person(s): Administrators, managers, staff  
 Timeline: Implement plan strategies by [cate]. Example: Daily audits for one week, then twice weekly for two weeks, then monthly.

Area of Improvement	Planned Action	Resources	Evaluation of Effectiveness
<b>Hand Hygiene Compliance</b>  Examples: • Poor compliance with accepted best practices	1. Ensure hand hygiene stations and products are readily accessible to staff and patients. 2. Initiate and maintain routine hand hygiene audits, including secret observation. 3. Provide feedback to staff as issues are identified and in monthly reports. 4. Incorporate education at new employee	• <a href="#">CDC Hand Hygiene in Healthcare Settings</a> • <a href="#">Telligent Hand Hygiene Competency Validation Tool</a> • <a href="#">Comagine Health Hand Hygiene Observation Tool</a>	Ongoing compliance demonstrated by <b>XX</b> observations per week/month with a goal of <b>XXX</b> meeting all elements. Report monthly to Quality

Unit	PPE Audit Observations Date							
Employee type	PPE recommended		PPE used		Put on correctly and in order <sup>1</sup>		Removed correctly and in order <sup>2</sup>	
CNA	Gloves	Y N	Gloves	Y N	Gown	Y N	Gloves	Y N
	Gown	Y N	Gown	Y N	Face mask/respirator	Y N	Eye protection	Y N
RN/LPN	Eye protection	Y N	Eye protection	Y N	Face mask/respirator	Y N	Gown	Y N
MD/PA/NP	Face mask	Y N	Face mask	Y N	Eye protection	Y N	Gown	Y N
	N-95 respirator	Y N	N-95 respirator	Y N	Gloves	Y N	Face mask/respirator	Y N

Comments:

### Infection Prevention Risk Assessment Prioritization Worksheet

**How to use this tool:**

- 1) Identify risk events for your organization and edit/add to column 1
- 2) Score each risk event to prioritize activities
  - a) Probability that the event will occur (0-3)
  - b) Potential severity if the risk occurs (0-3)
  - c) How well prepared is the organization to manage risk (1-3)
- 3) Multiply the scores from the 3 categories for a "risk score"
- 4) Rank risk events from high to low to prioritize activities

**Risk Score:**  
 0-4 Low  
 5-11 Medium  
 >12 High

Risk Event	Probability the risk will occur				Potential severity if the risk occurs				How well prepared is the organization?			Risk Score
	High	Med	Low	None	Life-threatening	Permanent Harm	Temporary Harm	None	Poorly	Fairly Well	Well	
Value	3	2	1	0	3	2	1	0	3	2	1	
Example: Multiply the first section score (3) with the second section score (3), then multiply the sum (9) with the third section score (3) to get the total (18).	X				X					X		18
<b>Community and Population Served</b>												
Community spread of COVID-19												
Population not able to comply with infection prevention recommendations												
Elderly population												
Comorbidities												
<b>Staff</b>												
Staff work at other facilities												
Staff have exposures to COVID-19 outside of work.												

# Where to Find More Information

- Go to our [webpage](#)
- Access IP resources, recorded sessions, slides, tools
  - Self-study option or use for team training

The screenshot shows the Comagine Health website. At the top, there is a navigation bar with the logo and links for Company, Programs, Services, and Resources. The main content area features a large image of a man cooking, with the heading "Infection Prevention and Control" and a sub-heading "Protect patients and providers." Below this, there is a paragraph about effective infection prevention and control procedures and a green button labeled "CONTACT US TO LEARN MORE".

**Infection Prevention and Control**

Protect patients and providers.

Effective infection prevention and control procedures not only safeguard health care workers and patients, they can also reduce costs related to the COVID-19 pandemic.

[CONTACT US TO LEARN MORE](#)

**Our Services**

- Interactive virtual training and education
- Real-time, one-on-one consultation
- Access to recorded training sessions and frequently asked questions

**Our Training and Education**

- Enhance learners' ability to prevent infection-related adverse outcomes
- Focus on coronaviruses, including isolation protocols, prevention of spread and state-specific reporting requirements
- Provide infection prevention and control techniques applicable to a variety of infectious agents beyond COVID-19
- Offer guidance on setting-specific infection control principles, including policies and procedures for visitors, use of personal protective equipment (PPE) and quality improvement processes
- Are literacy-appropriate for all learners
- Meet Centers for Disease Control and Prevention standards for quality training

The page also includes two circular images: one of a woman doing yoga with a dog, and another of two children looking at a rainbow in a window.

# How to Get Started

**Today**

**July 25-26**

**August**

**Beyond**

**Introduction and  
Information  
Session**

**Foundations  
of Infection  
Prevention**

**Small  
Group  
Assessment  
Workshops**

**1:1  
Coaching  
Sessions**

# Next Steps

- Register for our next Prepare, Prevent, Protect support session:
  - **Evaluating the Foundations of your Infection Prevention Program**  
**July 25th or 26th, 2022, 12:00 p.m. – 1:00 p.m. MST**  
[July 25 2022 Registration](#)  
[July 26 2022 Registration](#)
  - **Program Assessment Workshops – Small Group**
    - Walk through your program assessment with our experts!
    - August 2022: Dates TBA
    - *To get the most out of the collaborative – we recommend having your Infection Prevention Specialist and Administrator participate*
- Individual assistance
  - Email: [infectionpreventionadvisor@comagine.org](mailto:infectionpreventionadvisor@comagine.org)
- Questions? Please email us!

# Contact Us

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

Shannon Cupka: (505) 938-9124, [scupka@comagine.org](mailto:scupka@comagine.org)

Debbie Hurst: [dhurst@comagine.org](mailto:dhurst@comagine.org)

Violet Brown: (801) 892-6651, [vbrown@comagine.org](mailto:vbrown@comagine.org)

Elayne Villa: (505) 998-9758, [evilla@comagine.org](mailto:evilla@comagine.org)