

NURSING HOME AND LONG-TERM CARE FACILITY INFECTION PREVENTION AND INFRASTRUCTURE MATCHING GRANT APPLICATION

Complete and submit this form to request Nursing Home and Long-Term Care Facility Infection Prevention and Infrastructure Matching Grant funds from the Wisconsin Department of Health Services (DHS). These funds have been awarded to DHS from the Centers for Disease Control and Prevention (CDC).

Note: This is a cost sharing program, meaning each facility or facility license must first pay for the project in full and can then submit for reimbursement. DHS will grant up to 50% of the total project cost with a cap of \$20,000 in distributed funds per facility or per facility license.

In the event that there are more requests than funds available, a review panel will review applications further. Criteria used to evaluate, score, and award applications include, but are not limited to:

- The longevity and lasting impact of the project beyond the term of the funding.
- The scope of the project and the number of people who may be impacted.
- The impact the project will have on infection prevention and control.

Instructions: Fill out form completely and submit electronically to dhsitcgrant@dhs.wisconsin.gov along with any other supporting materials (for example, estimates for facility improvement or construction projects).

Incomplete applications or applications that do not meet the application guidelines will be returned to applicant so that it can be updated and resubmitted by the due date.

The initial round of applications is due April 25. The matching funds program will remain open until funds are all awarded or April 30, 2023, whichever is sooner.

For additional information and guidance on completing and submitting your application, the selection process, or reimbursement, please visit www.dhs.wisconsin.gov/business/ltcf-ipc-grant.htm or email dhsitcgrant@dhs.wisconsin.gov.

Section I. Applicant Information

Applicant/Organization Name

Example Long-Term Care Facility

Mailing Address 1 LTCF Ln	City Facility	State WI	Zip Code 53000
Facility Type <input checked="" type="checkbox"/> Skilled nursing facility <input type="checkbox"/> Assisted Living facility <input type="checkbox"/> Other type of long-term care facility	If other, please specify		
License Number (if applicable) 123456	Medicaid Occupancy Rate (if applicable) 75 Medicaid beds of 100 total filled beds (75%)		
Project Contact Name First Last	Project Contact Title/Role Administrator	Phone Number 111-111-1111	Email first.last@myfacility.org

Section II. Project Details

- ☐ Funding Category—Select all that apply (for category descriptions, visit www.dhs.wisconsin.gov/business/ltcf-ipc-grant.htm)
- ☐ Staff Retention and recruitment
- ☐ Ancillary services
- ☒ Supplies
- ☐ Technology for infection prevention and control education, outbreak response, or telemedicine
- ☐ Heating, ventilation, and air conditioning (HVAC) improvements
- ☐ Other

If other, please specify

Project Title

Improving Hand Hygiene

Target Audience—Who or what will the project impact?

All residents and staff on A Wing

Needs Statement

Explain why this project is needed. Identify the issue, problem, or opportunity the project will address. State the consequences if this project is not done.

After completing an infection prevention walkthrough, we noted the lack of alcohol-based hand sanitizer (ABHS) in convenient locations on A Wing. Wall-mounted ABHS was located at the end of each hallway and in the communal restroom on the wing, but there were no stations for staff as they were entering and leaving resident rooms or staff supply areas. As a short-term solution, we placed pump bottles of hand sanitizer on a table near the door inside each room, but residents disliked having these bottles intrude on their personal space and staff needed to have ready access to the ABHS as they entered and exited the room. Some staff used pocket bottles, but they did not have enough product to last long and the bottles were trapped in scrub pockets under PPE gowns when staff were in rooms that required transmission-based precautions. Inadequate access to ABHS leads staff to either skip necessary hand hygiene opportunities or implement workarounds to access the supplies they need. Poor hand hygiene rates are directly tied to the transmission of a variety of communicable diseases.

Project Description

Describe the proposed project and how the funds will be used to address the above need.

To fix this situation, 50 wall-mounted hand hygiene stations will be purchased and mounted outside and inside every resident room and staff supply room on A Wing (25 rooms total, 2 units per room). This will provide staff and residents easy access to ABHS as needed and reinforce the importance of regular hand hygiene. Hand hygiene is the foundation of infection prevention and we want to encourage our staff and residents to accept routine use of ABHS as effective, efficient, and the preferred method for most hand hygiene opportunities. We will also purchase three sanitizer refills for each station (150 total).

Results and Long-Term Benefits

Briefly describe how this funding will affect services, staff, and/or residents. Indicate whether this project will address the need short-term or long-term. Explain whether there will be ways to measure the impact of this project (for example, inclusion in a Quality Assurance and Performance Improvement (QAPI) project, survey, etc.)

This project will be monitored by our facility QAPI Committee and integrated into that process for better adoption and accountability. This wing had a noticeably smaller number of hand hygiene stations compared to other areas of the building, so adding supplies there will assist staff in quickly and efficiently using hand hygiene as directed. Residents will become used to seeing these supplies in many locations and will be encouraged to use ABHS as they enter and leave their rooms to reinforce hand hygiene in communal spaces and before returning to their rooms. While this project benefits one specific unit directly, it will indirectly affect all residents and staff in the building through better use of hand hygiene products. It also improves the equity of this necessary supply for this unit. This is an older area of the building that did not have stations installed outside rooms like other newer areas of the facility. We will not only install the systems, but also provide education, and monitor for acceptance and compliance to improve practices and increase hand hygiene rates. In addition to hand hygiene rates, we will also monitor our infection rates for catheter-associated urinary tract infections, skin and soft tissue infections, respiratory infections, and the number, size, and length of outbreaks on this unit to determine if there are noticeable change that may be attributed to increased hand hygiene.

Project Timeline

Proposed Start Date

5/1/2022

Proposed End Date

8/1/2022

List outcome(s) that will be met during the project timeline.

1. Install 50 new wall-mounted hand hygiene stations on A Wing.
2. Educate residents and staff on when to use the stations.
3. Monitor use of the stations through observations of staff hand hygiene opportunities, as well as monitoring sanitizer supplies and the frequency of needed refills.

4. Improved hand hygiene compliance.
5. Reduced infection and outbreak rates on this unit (and across the facility overall?).

Section III. Budget Narrative, Cost Estimate, and Grant Request

DHS will grant up to 50% of the total project cost with a cap of \$20,000 in distributed funds per project.

Itemized Budget Detail

Item Description	Cost Category	Quantity	Cost	Total Cost
XBrand wall-mounted hand hygiene stations	Supplies	50	\$100.00	\$5,000
XBrand ABHS 1,000 mL hand sanitizer refill	Supplies	150	\$100.00	\$15,000
Total Project Cost Estimate				\$20,000

	Dollar Amount
Grant Request—Up to 50% of total project cost estimate up to a maximum of \$20,000.	\$20,000
DHS Cost Share	\$10,000
Applicant Cost Share	\$10,000

Section IV. Certification

I hereby certify that all information provided in this application is true, accurate, and complete. I understand that any information found to be inaccurate, misleading, or falsified may result in disqualification from consideration for funding.

SIGNATURE <i>First Last</i>	Title/Role Administrator	Date Signed 3/24/2022
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