New IP Lunch and Learn

Ashley O'Keefe, MLS(ASCP)^{CM}, CIC, CDIPC

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Infection Preventionist Lunch and Learn Series

- A call series for infection preventionists (IPs) of all care settings that:
  - Encourages learning, growth, and networking.
  - Provides education and information that is non-regulatory.
  - Discusses topics relevant to new IPs.
- Each session will have time set aside for Q&A.

Annual Infection Prevention Risk Assessment and Plan

Do you know whether you have a current infection control risk assessment and plan (considering this should be done at least annually) ?

What is your involvement in the annual risk assessment?

- Sole contributor
- Not involved
- Participant on a multi-disciplinary team

INFECTION EVENT	PROBABILITY OF OCCURRENCE				LEVEL OF HARM FROM EVENT				IMPACT ON CARE				READINESS TO PREVENT			RISK LEVEL
	(How likely is this to occur?)				(What would be the most likely?)				(Will new treatment/care be needed for resident/staff?)				(Are processes/resources in place to identify/address this event?)			(Scores ≥ 8 are considered highest priority for improvement efforts.)
Score	High	Med.	Low	None	Serious Harm	Mod. Harm	Temp. Harm	None	High	Med.	Low	None	Poor	Fair	Good	
	3	2	1	0	3	2	1	0	3	2	1	0	3	2	1	
Facility-onset Infections(s) Device- or care-related																
Wound infection		X					X				X		X			7

[Long-term Care Risk Assessment Template (Excel)]

SMART Goal

- **Objective**: Reduce wound infections in 2023.
- **Goals**:
  - Have a certified wound care nurse in the facility by May 1, 2023.
  - Re-start routine wound rounds by March 15, 2023.
  - Add wound rounds to morning meeting agenda as a standing item (even if no wounds in-house) by March 31, 2023.

IPC PRACTICE FAILURES	PROBABILITY OF OCCURRENCE				IMPACT ON RESIDENT/STAFF SAFETY				CAPACITY TO DETECT			READINESS TO PREVENT			RISK LEVEL
	(How likely is this to occur?)				(Will this failure directly impact safety?)				(Are processes in place to identify this failure?)			(Are policies, procedures, and resources available to address this failure?)			(Scores ≥ 8 are considered highest priority for improvement efforts.)
Score	High	Med.	Low	None	High	Med.	Low	None	Poor	Fair	Good	Poor	Fair	Good	
	3	2	1	0	3	2	1	0	3	2	1	3	2	1	
Care activity															
Inadequate staff adherence to hand hygiene	X				X				X			X			12

[Long-term Care Risk Assessment Template (Excel)]

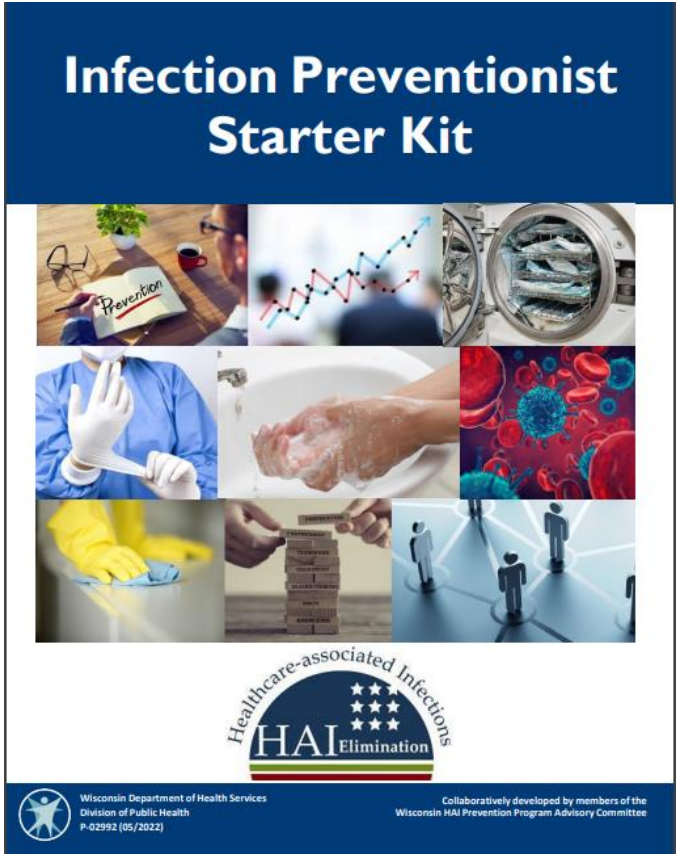
SMART Goal

- **Objective**: Improve hand hygiene compliance in 2023.
- **Goals:**
  - Install hand hygiene dispensers outside each patient room by September 1, 2023.
  - Begin performing at least 10 secret observations monthly of all patient care staff on the medical unit by September 1, 2023.
  - Provide a small incentive at least once per month when ‘catching’ a staff member performing hand hygiene appropriately.

Questions?

What topics or content would you like to see covered on future calls?

Please submit your ideas to Ashley O'Keefe at ashley.okeefe@dhs.wisconsin.gov.



IP Starter Kit

HAI Prevention Program Contact Information

HAI Prevention Program
dhswihaipreventionprogram@dhs.wisconsin.gov
608-267-7711

For additional contact information visit the DHS Wisconsin HAI Prevention Program Contact Information webpage.

Upcoming Lunch and Learn Session

Date: Tuesday, September 12, 2023
Topic: Tuberculosis