WISCONSIN DEPARTMENT of HEALTH SERVICES

Assessing Your Infection Prevention Program

Wisconsin Hospital IP Boot Camp

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October 23, 2019

Objectives

- Describe program and risk assessment tools
- Review documentation and training competencies
- Review antibiotic stewardship (AS) elements
- Review point-of-care testing and injection safety
- Identify construction, renovation, and repair concerns

Key Documents

- IP and control plan and structure
- Healthcare personnel safety policies
- Bloodborne pathogens standard and exposure control plan
- Tuberculosis (TB) risk assessment
- CMS worksheets for hospitals and ambulatory surgery centers
- Infection control assessment and response (ICAR) survey
- Infection control risk assessment (ICRA) matrix
- IP program risk assessment
- Targeted assessment and prevention (TAP) strategy

Infection Prevention/Quality Committee Review

- Healthcare-associated infection (HAI) data
- Education and competencies of infection prevention (IP) practices
- Changes in products or practices
- Facility construction, renovation, repair, or monitoring
- Employee health issues

Infection Prevention/Quality Committee Review

- Reportable diseases
- Antibiotic stewardship (AS)
- Sterilization and disinfection monitoring
- Annual and as needed infection prevention policy review
- Unusual events

Who is on your team?

Administration Environmental Services Nursing Surgical Services Sterile Processing Pharmacy Physicians Surgeons Employee Health Dietary Admitting Human Resources Laundry Patients Visitors Purchasing Vendors Therapists Architects Maintenance Radiology Laboratory Informatics Social Services Medical Records Finance Transport Engineering Contractors Public Health

You are Not Alone

Infection Control Assessment and Response (ICAR)

- ICARs are educational, non-regulatory assessments that cover CDC minimum standards.
- The Wisconsin HAI Prevention Program conducts ICARs after outbreaks or infection control breaches, and upon request.

ICAR Assessment Access

- The hospital assessment includes 25 pages of questions, five pages of resources, and takes three or more hours to complete.
  - Hospital assessment: https://www.cdc.gov/infectioncontrol/pdf/icar/hospital.pdf
  - Outpatient assessment: https://www.cdc.gov/infectioncontrol/pdf/icar/outpatient.pdf
- The DHS ICAR visit offers a facility walk-through with “fresh eyes.”

Centers for Medicare and Medicaid (CMS) Assessment Access

- The 49-page **Hospital** assessment is available at: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-cert-letter-15-12-Attachment-1.pdf

- The 17-page **Ambulatory Surgical Center** (ASC) assessment is available at: https://www.cms.gov/Regulations-and-Guidance/Guidance/manuals/downloads/som107_exhibit_351.pdf

ICAR and CMS Domains

- Infection prevention program and infrastructure
- Respiratory and cough etiquette
- AS
- Employee health and safety
- Communicable disease reporting
- Environmental cleaning
- Device reprocessing
- Methods to detect, protect, and respond to MDROs
- Transmission-based precautions (i.e., isolation)

Documentation and Competency Training

- Hand hygiene (HH)
- Personal protective equipment (PPE)
- Prevention of:
  - Catheter-associated urinary tract infections (CAUTI)
  - Central line-associated bloodstream infections (CLABSI)
  - Ventilator-associated events (VAE)
  - Surgical site infections (SSI)
  - *Clostridioides difficile* infection (CDI)
  - Safe injection practices

Targeted Assessment for Prevention (TAP)

- Quality improvement framework developed by CDC
- Three components:
  1. Target: Use NHSN data TAP reports
  2. Assess: Administer TAP survey tool
  3. Prevent: Compile and review survey results and link them to resources for “leading” and “lagging” issues identified

Available TAP Assessments

- CAUTI
- CLABSI
- CDI

*Electronic and manual paper copies available

TAP Process

I. General Infrastructure, Capacity, and Processes

1. Does your facility's senior leadership actively promote CLABSI prevention activities?	☐ Yes ☐ No ☐ Unknown
2. Is unit-level leadership involved in CLABSI prevention activities?	☐ Yes ☐ No ☐ Unknown
3. Does your facility currently have a team/work group focusing on CLABSI prevention?	☐ Yes ☐ No ☐ Unknown
4. Does your facility have a staff person with dedicated time to coordinate CLABSI prevention activities?	☐ Yes ☐ No ☐ Unknown
5. Does your facility have a nurse champion for CLABSI prevention activities?	☐ Yes ☐ No ☐ Unknown
6. Does your facility have a physician champion for CLABSI prevention activities?	☐ Yes ☐ No ☐ Unknown
7. Does your facility have a central line insertion bundle?	☐ Yes ☐ No ☐ Unknown
8. Does your facility conduct an assessment to identify potential gaps when a CLABSI occurs?	☐ Yes ☐ No ☐ Unknown
Comments: (Please specify question number as applicable)	

Healthcare Personnel (HCP)

- HCP include almost everyone: staff, students, volunteers, and contracted workers.
- Allow HCP to stay home when sick and document communicable illnesses.
- Look for trends.

HCP Immunizations

- Hepatitis B
- Measles/mumps/rubella (MMR)
- Varicella
- Influenza
- Diphtheria/pertussis/tetanus (DPT)

Immunizations can be checked in the Wisconsin Immunization Registry (WIR).
https://www.dhswir.org/

Influenza Immunizations

- Offer annual influenza vaccine to HCP.
- Develop a vaccine distribution plan during shortages.
- Maintain a list of vaccinated HCP and assess compliance rates.

Immunization Documentation

- A written facility immunization policy is recommended.
- Document reasons for vaccination refusal.
  - Facility policy dictates whether HCP can refuse.
  - HCP that refuse influenza vaccination may be required to wear a mask or be restricted during flu season.
- Document vaccinations in WIR.

Assessing HCP for TB

- Medical evaluation: Assessment of signs and symptoms of active TB disease
- Risk assessment: Questionnaire to determine a person's risk for TB infection
- Testing: Interferon gamma release assay (IGRA) blood test or tuberculin skin test (TST) to determine if a person has been infected with *M. tuberculosis* complex bacteria

Assessing HCP for TB

Upon hire, HCP should:

- Complete baseline medical evaluation and TB risk assessment questionnaire.
- Receive baseline IGRA (preferred) or TST.
- Provide, at the discretion of the facility, previous documented negative IGRA or TST results within 12 months.

Assessing HCP for TB

- Most healthcare facilities in Wisconsin are low risk for TB.
- Serial (annual) testing by IGRA or TST is not recommended.
- Instead of annual testing, low-risk facilities should consider an annual TB risk assessment questionnaire.
- Perform medical evaluation and IGRA or TST after a TB exposure event.

Four TB Risk Assessment Questions

Birth, residence, or travel to country with high TB prevalence?

Close contact to an individual with TB?

Recent TB symptoms:

- Cough longer than 3 weeks **AND**
  - Coughing up blood and/or
  - Fever and/or
  - Night sweats and/or
  - Unexplained weight loss and/or
  - Fatigue

Current or former employee or resident of high risk congregate setting in a state with an elevated TB rate, such as AL, CA, HI, NJ, NY, TX or Washington D.C.?

https://www.dhs.wisconsin.gov/forms/f02314.pdf

Assessing HCP for TB

For HCP with known positive IGRA or TST:

- Do not perform additional IGRA or TST.
- Obtain a baseline medical evaluation and chest x-ray.
- Annual chest x-rays are not recommended.
- An annual TB risk assessment questionnaire should be administered.

TB Screening and Testing Publications

P-02382: *Tuberculosis Screening and Testing: Healthcare Personnel*

https://www.dhs.wisconsin.gov/publications/p02382.pdf

Bloodborne Pathogens (BBP) Standard

Occupational Safety and Health Administration (OSHA) standard elements include:

- Exposure control plan with annual review and necessary updates.
- Standard precautions.
- Engineering controls for safer practices.
- Readily available PPE in appropriate sizes.

BBP Standard

- Offer Hepatitis B vaccine within 10 days of employment.
- Conduct post-exposure evaluation and prophylaxis (PEP) with a ready plan.
- Use biohazard labels, bags, sharps containers, and regulate medical waste.
- Provide annual BBP training and documentation.
- Keep HCP medical records for 30 years.

https://www.osha.gov/OshDoc/data_BloodborneFacts/bbfact01.pdf

PEPline

- Provides expert healthcare post-exposure management guidance seven days a week from 11 a.m. to 8 p.m. ET
- Addresses immediate PEP needs for HIV/AIDS and Hepatitis B and C

1-888-448-4911

Hand Hygiene

Alcohol-based hand rub (ABHR) preferred in HH policy

Soap and water for *C. difficile* and Norovirus

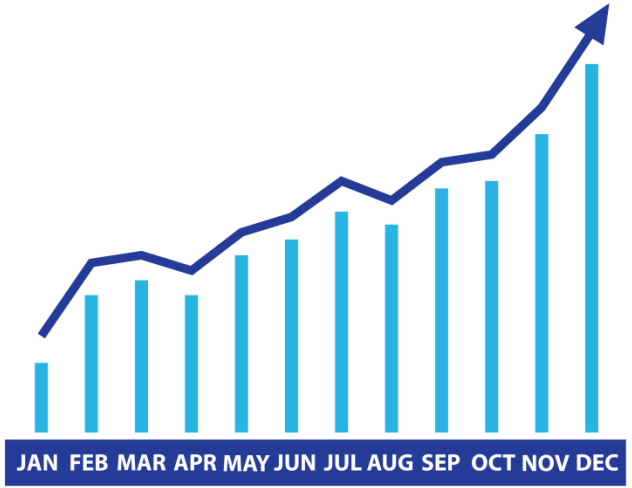
World Health Organization
HH Five Moments

1. Before touching patient
2. Before clean (aseptic) procedure
3. After blood or body fluid exposure or risk
4. After touching patient
5. After touching patient's surroundings

https://www.who.int/gpsc/tools/Five_moments/en/

HH Audits of HCP

- Perform competency training on both methods upon hire and annually.
- Conduct “secret shopper” observations of current practice.
- Report data to the quality committee, provide feedback to staff, and document in HR records.
- Ensure adequate supplies are available.



Respiratory and Cough Etiquette

- Make stations visible and available at the front entrance (not hidden or difficult to reach).
- Ensure stations are available and fully stocked year-round, not just during flu season.
- Provide education for HCP, patients, families, and visitors. Include information in newsletters and posters.

Station Supplies

- “Cover your cough” instructional poster
- Box of tissues
- Open wastebasket (i.e., so users don’t have to touch a lid)
- Face masks for visitors with a (new) cough
- ABHR

https://www.cdc.gov/flu/pdf/protect/cdc_cough.pdf

Seven Antibiotic Stewardship (AS) Core Elements

1. Demonstrate leadership support.
2. Establish committee member expertise in antibiotics (e.g., infectious disease, physician, or pharmacist).
3. Develop written antibiotic prescribing policies and protocols, including indication, dose, and duration.
4. Review a six-month summary of antibiotic use, including new starts, type, and number of days.

Seven AS Core Elements

5. Provide feedback about usage to clinical prescribers.
6. Provide AS education to all nursing staff within the past 12 months.
7. Provide AS education to all clinical prescribers of antibiotics within the past 12 months.

https://www.cdc.gov/antibiotic-use/core-elements/hospital.html

Injection Safety and Point-of-Care Testing

- Establish injection safety policies and protocols and review annually and as needed.
- Train and assess competency for HCP who perform finger sticks or give IM/IV fluids/injections (include contracted personnel):
  - On hire
  - Annually
  - When products change

Injection Safety and Point-of-Care Testing

- Conduct routine audits to monitor and document adherence to policy.
- One needle, one use, one patient, one time.
- Provide HCP audit feedback with follow-up documentation.
- Ensure availability of necessary supplies (e.g., single use needles and syringes, auto-disabling lancets, and sharps containers).

Injection Safety and Point-of-Care Testing

- Ensure proper cleaning after each resident glucometer use.
- Have cleaning instructions readily accessible.
- Track HCP access to controlled substances to prevent drug diversion.*

*Important in case non-sterile injections are given.

Infection Control Risk Assessment (ICRA)

ICRA must be carried out to assess infection hazards and risks and ensure that, where possible, infection risks are eliminated, reduced, contained, and managed appropriately.

www.ashe.org/resources/tools/pdfs/assessment_icra.pdf

IC Matrix - Class of Precautions: Construction Project by Patient Risk

Patient Risk Group	Construction Project Type: TYPE A	TYPE B	TYPE C	TYPE D
LOW Risk Group	I	II	II	III/IV
MEDIUM Risk Group	I	II	III	IV
HIGH Risk Group	I	II	III/IV	IV
HIGHEST Risk Group	II	III/IV	III/IV	IV

Note: Infection Control approval will be required when the Construction Activity and Risk Level indicate that **Class III** or **Class IV** control procedures are necessary.

Next ICRA Class Offered

Date: Thursday, December 19, 2019
8:00 a.m. to 4:00 p.m.

Location: Carpenters Training Institute
N25W2055 Paul Road
Pewaukee, WI 53072

Register online: Doug Volland, dvolland@ncsrcc.org,
phone: (262) 389-5432, https://conta.cc/2HhLm3K

IP Program Risk Assessment

- Used to stratify or rank infection risks and guide your IP program.
- Divided into three sections:
  - Probability—How likely is it to occur?
  - Impact—How serious is it if it occurs?
  - Current systems—How good are your current systems in preventing it from occurring?

What are Your Risks?

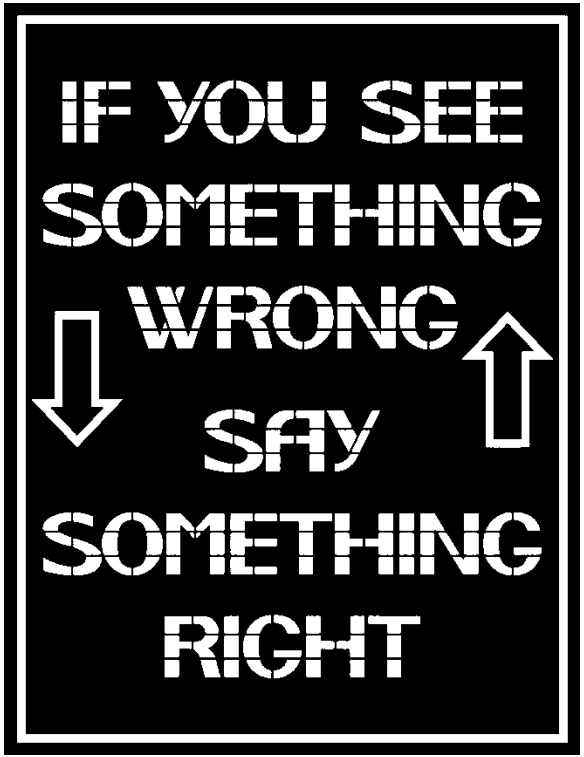
- Surgical procedures (e.g., new, different, implants, transplants)
- Special venous access (e.g., PICCs, ports, fistulas)
- Instrument reprocessing concerns (e.g., new items, endoscopes, lack of space in department)
- Immunocompromised populations (e.g., neonatal, elderly, oncology, transplant)
- Outbreaks (e.g., measles, Legionella, MDROs, others)
- Building concerns (e.g., new construction, old construction)

IP Program Risk Assessment Exercise

Infection Control Program Risk Assessment

Program Components	Probability					Risk/ Impact	(Health, Financial, Legal, Regulatory)				Current Systems					Score
	Expect it	Likely	Maybe	Rare	Never	Loss of life/limb/ function	Temp loss of Function	Prolonged Length of Stay	Moderate Clinical/ Financial	Minimal Clinical/ Financial	None	Poor	Fair	Good	Solid	
	4	3	2	1	0	5	4	3	2	1	5	4	3	2	1	
Failure of Prevention Activities																
Lack of Hand Hygiene																
Lack of Respiratory Hygiene																
Lack of Staff Education																

Stop the Line



Questions?

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