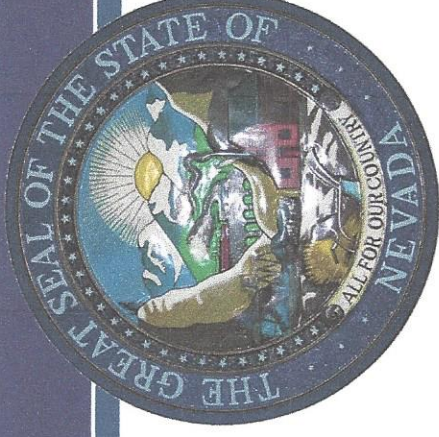


Brian Sandoval  
Governor

Richard Whitley, MS  
Director



Cody Phinney, MPH  
Administrator

John DiMuro, DO  
Chief Medical Officer

# Summary of Gaps in Infection Control Programs

Domestic Ebola Supplement to ELC  
Project A, Activity B, Strategy 1  
Expanded Infection Control Assessments

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Division of Public and Behavioral Health  
Office of Public Health Informatics and  
Epidemiology

HAI Task Force Meeting

January 20<sup>th</sup>, 2017



## Facility Settings

### Acute Care Facilities

- **Hospitals: 10**
- **Long-term Acute Care Hospitals (LTACH): 8**
- **Critical Access Hospitals: 2**
- **Other Facilities: 0**
- **Missing/Invalid Facility Type: 2**
- **Total: 22**



## Facility Settings, Continued

### Long-term Care Facilities

- **Small Nursing Homes <100 beds: 0**
- **Large Nursing Homes 100+ beds: 4**
- **Intermediate Care Facilities: 1**
- **Assisted Living Facilities: 0**
- **Other Facilities: 5**
- **Missing/Invalid Facility Type: 1**
- **Total Long-term Care Facilities: 11**



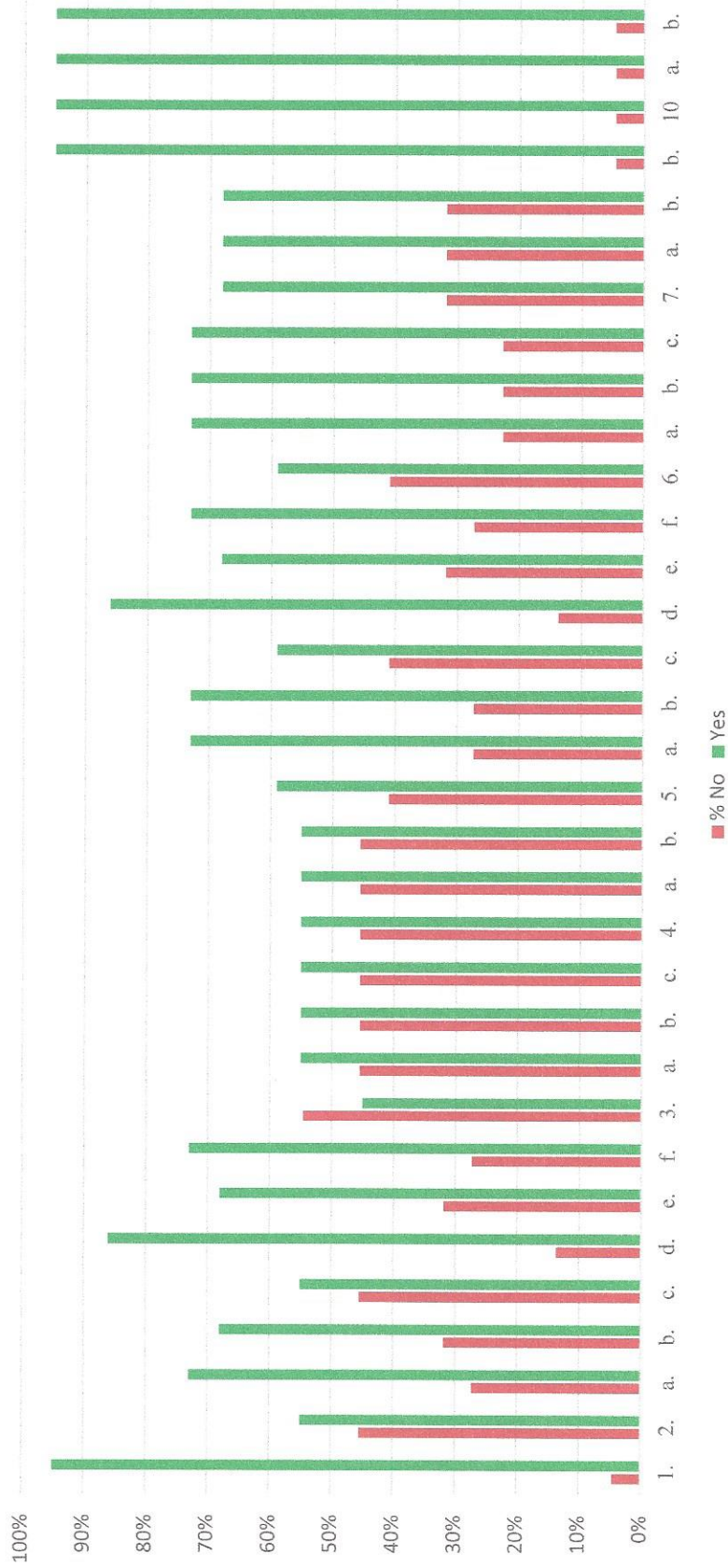
## Facility Settings, Continued

### Outpatient Facilities

- **Accredited Facilities: 9**
- **Non-Accredited Facilities: 0**
- **Missing/Invalid Accreditation: 2**
- **Total Outpatient Facilities: 11**



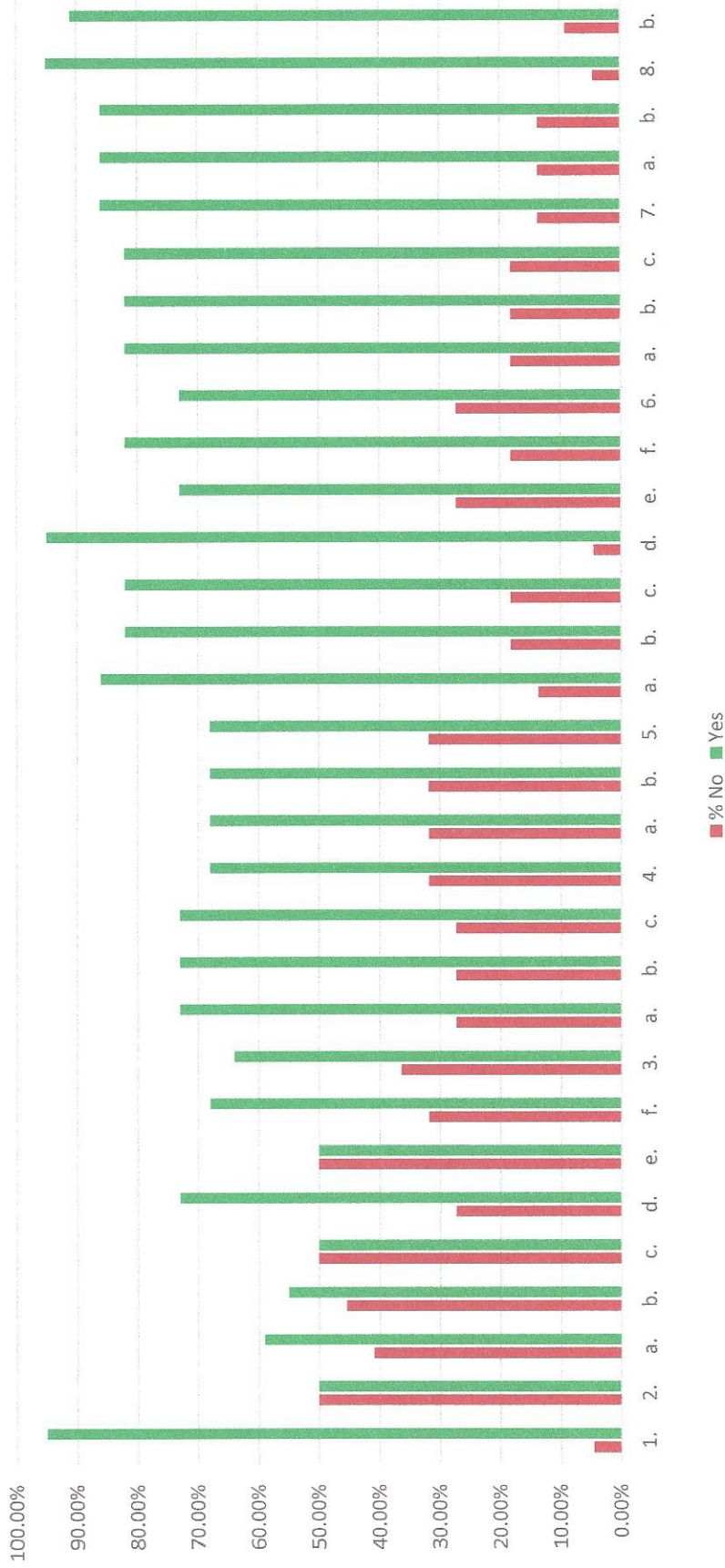
II. Infection Control, Training, Competency and Implementation of Policies and Practices  
Catheter-associated Urinary Tract Infections (CAUTI) Sub-Domain



#3. Documentation of adherence to recommended practices for insertion on urinary catheters was identified as biggest deficiency



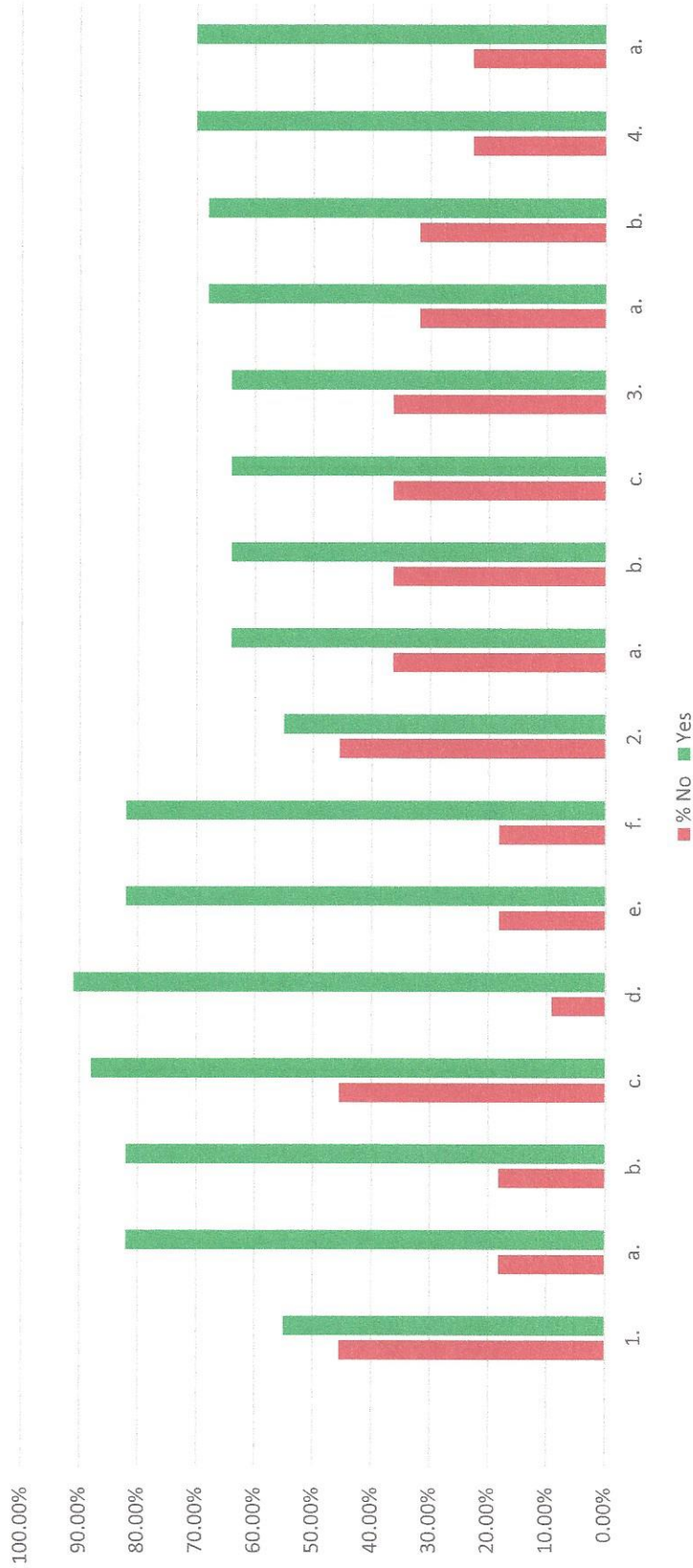
II. Infection Control Training, Competency and Implementation of Policies and Practices  
 Central line-associated Bloodstream Infection (CLABSI)



#2. Competency-based training program for insertion of central venous catheters was identified as biggest deficiency



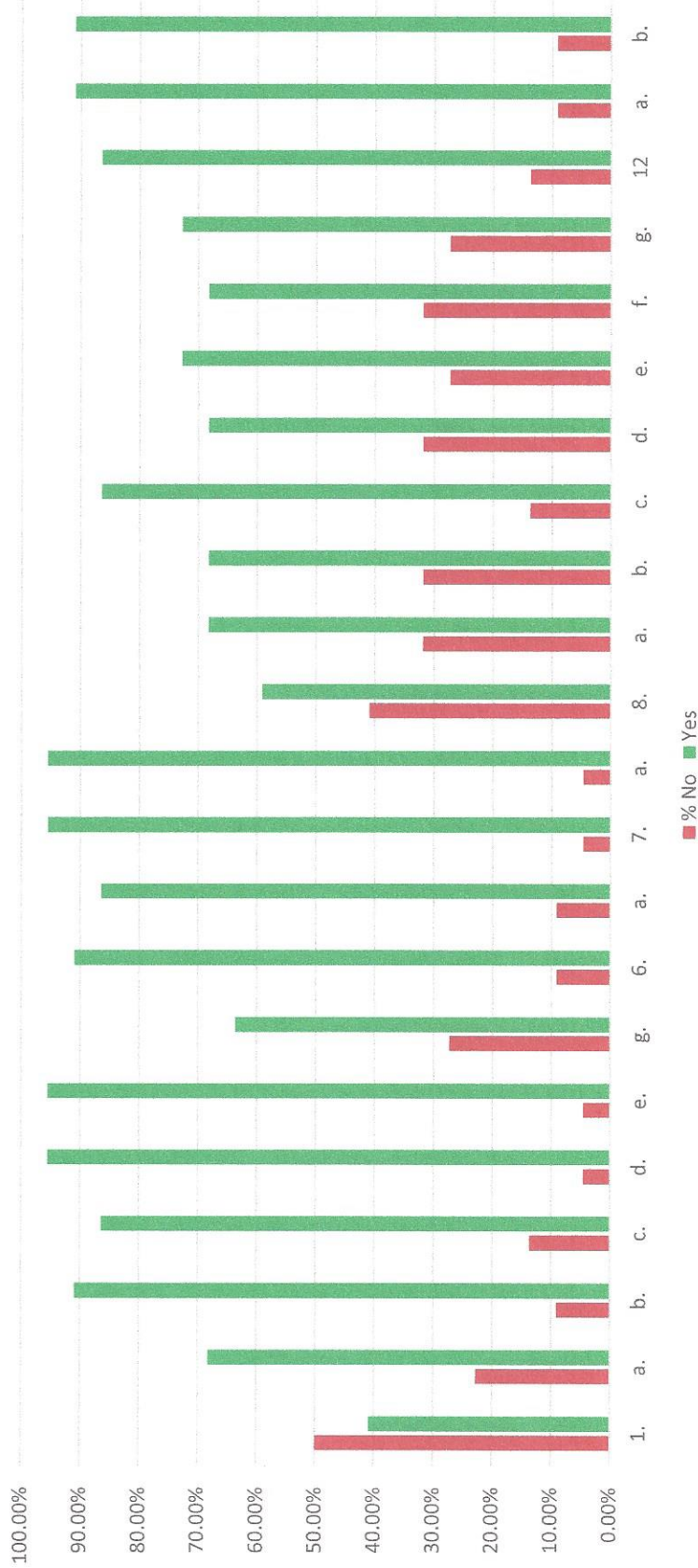
## II. Infection Control Training, Competency, and Implementation of Policies and Procedures Injection Safety Sub-Domain



#1 & 2. Competency-based training programs for administration of parenteral medications outside of pharmacy, as well as monitoring and documentation to adherence were identified as biggest deficiencies



III. Systems to Detect, Prevent, and Respond to Healthcare-Associated Infections and Multidrug-Resistant Organisms (MDROs)



#1. Hospital has system in place for early detection and management of potentially infectious persons was identified as biggest deficiency





# Opportunities for Improvement

## Based on Highest Average of Non-Compliance

### **1. Injection Safety- 30%**

- Hospital has competency-based training program for preparation and administration of parenteral medications outside of the pharmacy - **45%**
- Hospital regularly audits (monitors and documents) adherence to safe injection practices - **45%**

### **2. CAUTI/CLABSI – 22%**

- Hospital maintains current documentation of competency with insertion and maintenance of urinary/central venous catheters - **45%**
- Hospital has competency-based training program for insertion and maintenance of urinary/central venous catheters - **45%**

### **3. System for Healthcare Associated Multidrug-Resistant Organisms (MDRO) – 19%**

- Hospital has system in place for early detection and management of potentially infectious persons at initial points of entry to the hospital, including rapid isolation – **50%**
- Hospital has an antibiotic stewardship program that meets the 7 CDC elements- **41%**



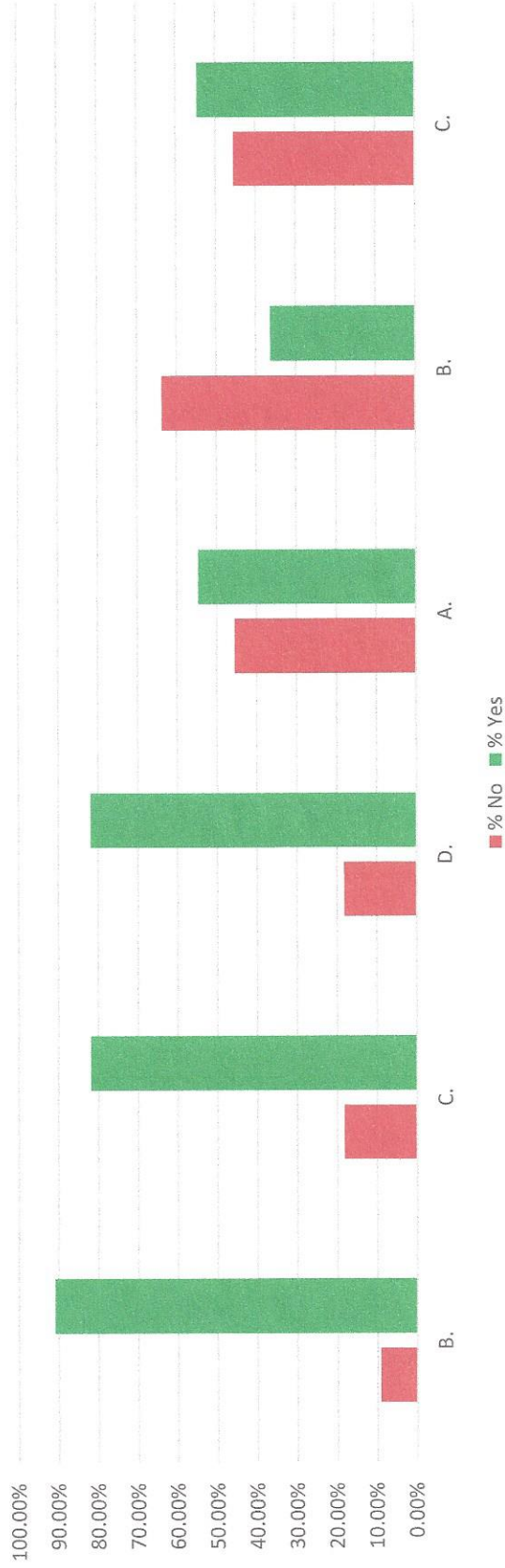
# Long-term Care Facilities

## Infection Control Domains

- I. Infection Control Program and Infrastructure
- II. Healthcare Personnel and Resident Safety
- III. Surveillance and Disease Reporting
- IV. Hand Hygiene
- V. Personal Protective Equipment (PPE)
- VI. Respiratory/Cough Etiquette
- VII. Antibiotic Stewardship
- VIII. Injection Safety and Point of Care Testing
- IX. Environmental Cleaning



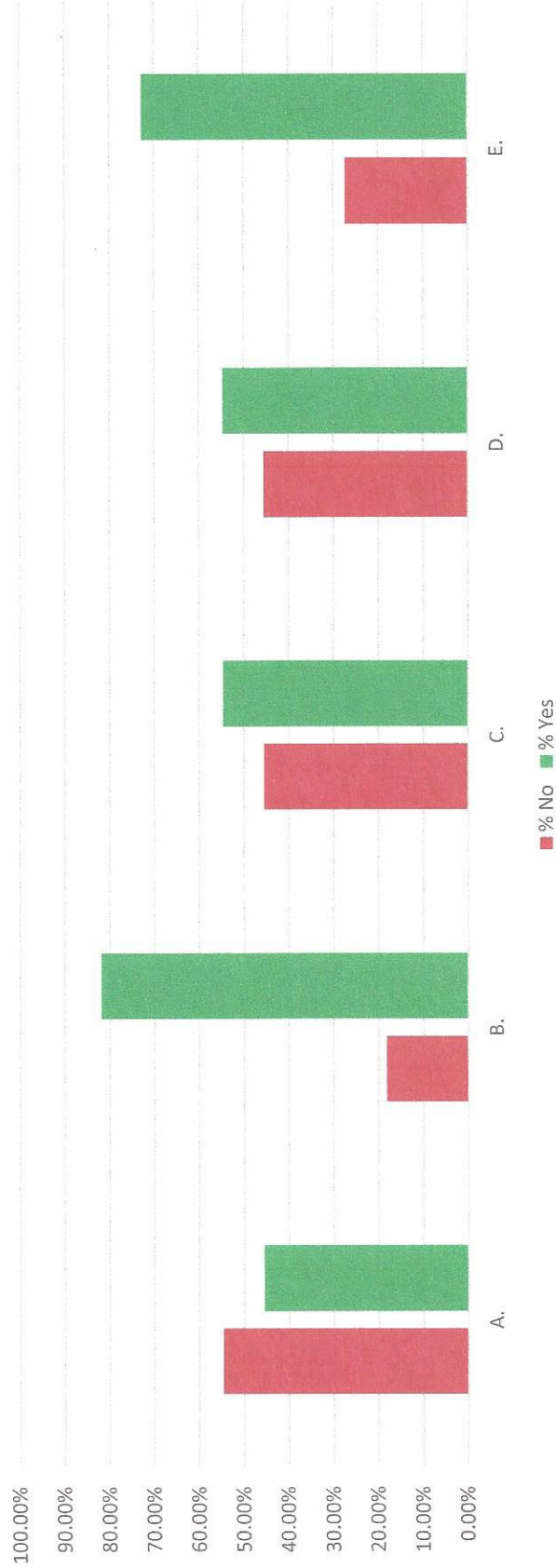
### III. Surveillance and Disease Reporting



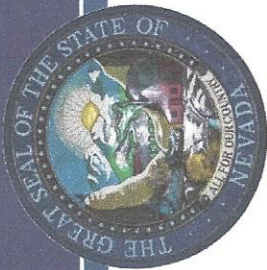
Surveillance		Disease Reporting	
The facility has system for notification of infection prevention coordinator when antibiotic-resistant organisms or <i>C.difficile</i> are reported by clinical laboratory.	The facility has a written surveillance plan outlining the activities for monitoring/tracking infections occurring in residents of the facility.	The facility has system to follow-up on clinical information, (e.g., laboratory, procedure results and diagnoses), when residents are transferred to acute care hospitals for management of suspected infections, including sepsis.	The facility has a written plan for outbreak response which includes a definition, procedures for surveillance and containment, and a list of syndromes or pathogens for which monitoring is performed.
		The facility has a current list of diseases reportable to public health authorities.	The facility can provide point(s) of contact at the local or state health department for assistance with outbreak response.



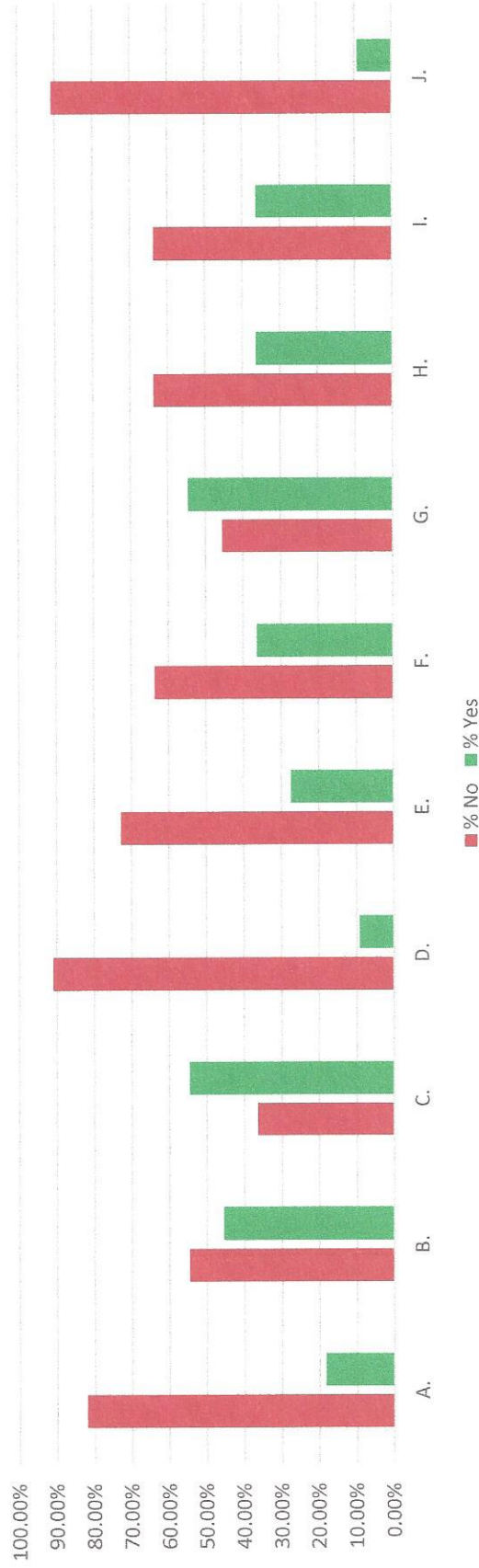
## VI. Respiratory/Cough Etiquette



<p>The facility has signs posted at entrances with instructions of individuals with symptoms of respiratory infection to: cover their mouth/nose when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after contact with respiratory secretions?</p>	<p>The facility provides resources for performing hand hygiene near the entrance and in common areas.</p>	<p>The facility offers facemasks to coughing residents and other symptomatic persons upon entry to the facility.</p>	<p>The facility educates family and visitors to notify staff and take appropriate precautions if they are having symptoms of respiratory infection during their visit?</p>	<p>All personnel receive education on the importance of infection prevention measures to contain respiratory secretions to prevent the spread of respiratory pathogens</p>
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## VII. Antibiotic Stewardship



The facility can demonstrate leadership support for efforts to improve antibiotic use (antibiotic stewardship).	The facility has identified individuals accountable for leading antibiotic stewardship activities.	The facility has access to individuals with antibiotic prescribing expertise (e.g. ID trained physician or pharmacist)	The facility has written policies on antibiotic prescribing.	The facility has implemented practices in place to improve antibiotic use.	The facility has a report summarizing antibiotic use from pharmacy data created within last 6 months.	The facility has a report summarizing antibiotic resistance (i.e., antibiogram) from the laboratory created within the past 24 months.	The facility provides clinical prescribers with feedback about their antibiotic prescribing practices.	The facility has provided training on antibiotic use (stewardship) to all nursing staff within the last 12 months.	The facility has provided training on antibiotic use (stewardship) to all clinical providers with prescribing privileges within the last 12 months.
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# Opportunities for Improvement

Based on Highest Average of Non-Compliance

## 1. Antibiotic Stewardship – 66%

- The facility has written policies on antibiotic stewardship – **91%**
- The facility has provided training on antibiotic use (stewardship) to all clinical providers with prescribing privileges within the last 12 months – **91%**
- The facility can demonstrate leadership support for efforts to improve antibiotic use (stewardship)– **82%**

## 2. Respiratory/Cough Etiquette – 38%

- The facility has signs posted at entrances with instructions to individuals with symptoms of respiratory infection to: cover their mouth/nose when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after contact with respiratory – **55%**
- The facility educates family and visitors to notify staff and take appropriate precautions if they are having symptoms of respiratory infection during their visit – **45%**

## 3. Surveillance and Disease Reporting – 29%

- The facility has a current list of diseases reportable to public health authorities – **64%**
- The facility has a written plan for outbreak response which includes a definition, procedures for surveillance and containment, and a list of syndromes or pathogens for which monitoring is performed – **45%**



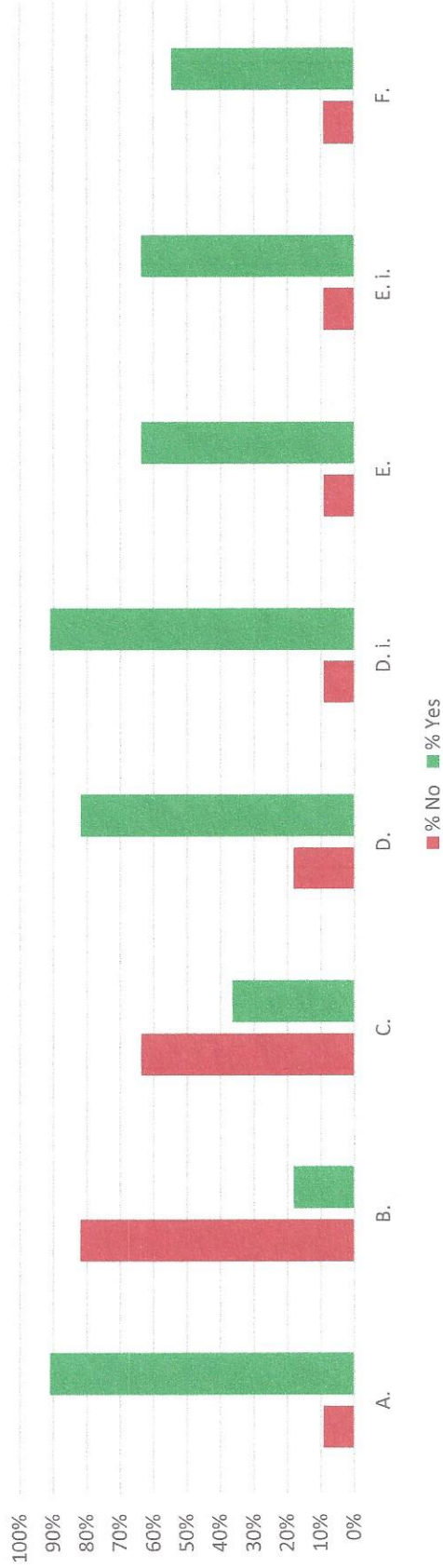
# Outpatient Care Facilities

## Infection Control Domains

- I. Infection Control Program and Infrastructure
- II. Infection Control Training and Competency
- III. Healthcare Personnel SAFETY
- IV. Surveillance and Disease Reporting
- V. Hand Hygiene
- VI. Personal Protective Equipment (PPE)
- VII. Injection Safety
- VIII. Respiratory Hygiene/Cough Etiquette
- IX. Point-of-Care Testing
- X. Environmental Cleaning
- XI. Device Reprocessing
- XII. Sterilization of Reusable Devices
- XIII. High Level of Disinfection of Reusable Devices



## VI. Personal Protective Equipment (PPE)



HCP who use PPE receive training on proper selection and use of PPE at least annually.	HCP are required to demonstrate competency with hand hygiene following each training.	Facility regularly audits (monitors and documents) adherence to proper PPE selection and use.	Facility provides feedback from audits to personnel regarding their performance with selection and use of PPE.	HCP wear gloves for potential contact with blood, body fluids, mucous membranes, non-intact skin, or contaminated equipment.	HCP wear gowns to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated.	HCP do not wear the same gown for the care of more than one patient.	HCP wear mouth, nose, and eye protection during procedures that are likely to generate splashes or sprays of blood or other body fluids.
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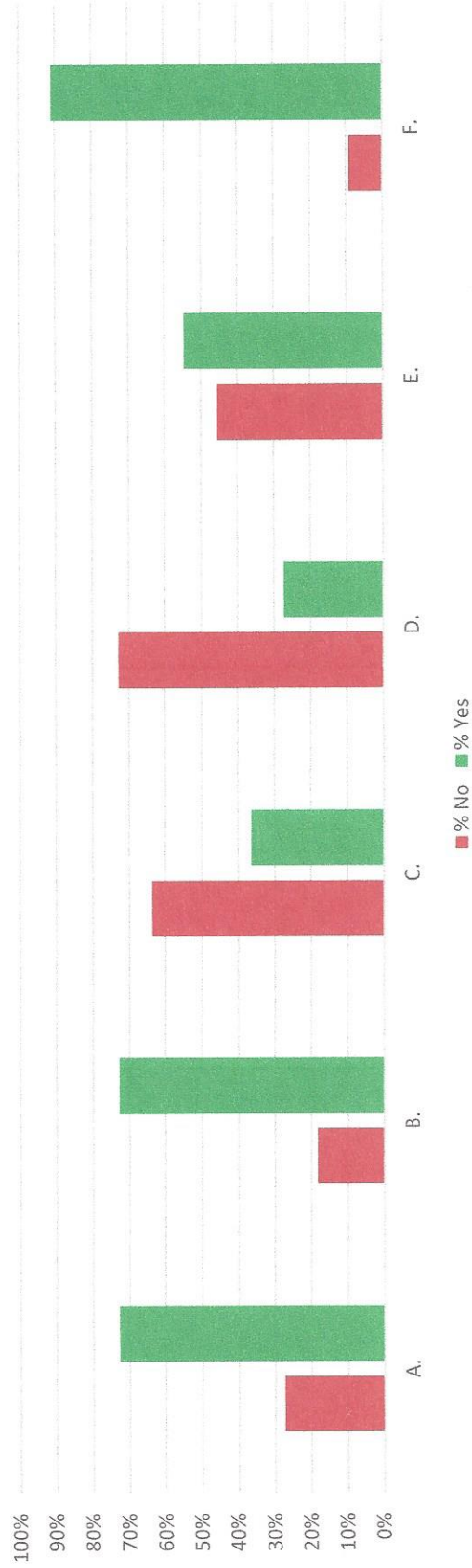
## VII. Injection Safety



I.				II.	
HCP who prepare and/or administer parenteral medications receive training on safe injection practices at least annually.	HCP are required to demonstrate competency with safe injection practices following each training.	Facility regularly audits (monitors and documents) adherence to safe injection practices.	Facility provides feedback from audits to personnel regarding their adherence to safe injection practices.	Facility has policies and procedures to track HCP access to controlled substances to prevent narcotics theft/diversion.	The rubber septum on a medication vial is disinfected with alcohol prior to piercing.
					Multi-dose vials are to be kept in a centralized medication area and do not enter the immediate patient treatment area.



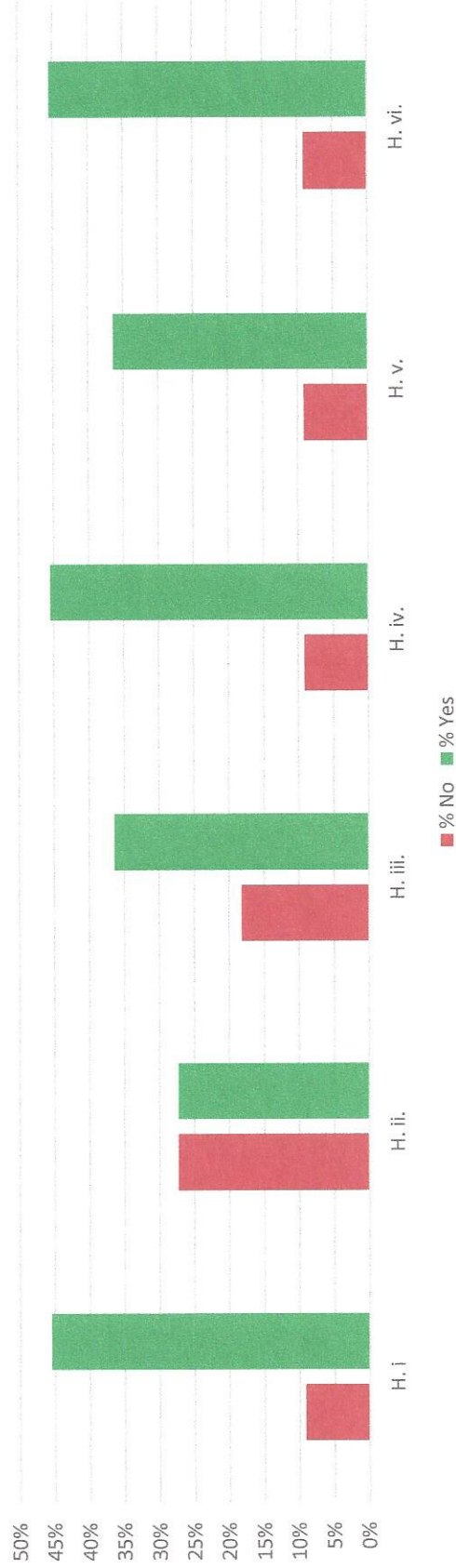
## X.a Environmental Cleaning



<p>A. Facility has written policies and procedures for routine cleaning and disinfection of environmental surfaces, including identification of responsible personnel.</p>	<p>B. Personnel who clean and disinfect patient care areas (e.g., environmental services, technicians, nurses) receive training on cleaning procedures.</p>	<p>C. HCP are required to demonstrate competency with environmental cleaning procedures following each training.</p>	<p>D. Facility regularly audits (monitors and documents) adherence to cleaning and disinfection procedures, including using products in accordance with manufacturer's instructions (e.g., dilution, storage, shelf-life, contact time).</p>	<p>E. Facility provides feedback from audits to personnel regarding their adherence to cleaning and disinfection procedures.</p>	<p>F. Facility has a policy/procedure for decontamination of spills of blood or other body fluids.</p>
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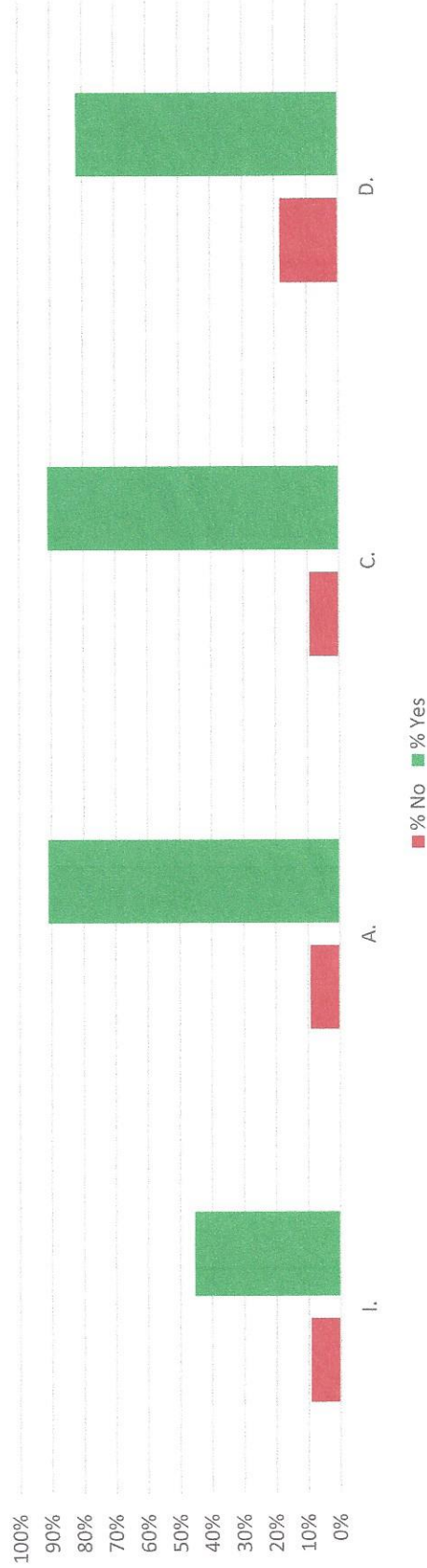
## X.a Environmental Cleaning (con't)- Operating Room



Hospital regularly audits surgical scrub and hand hygiene.	Hospital regularly audits adherence to aseptic technique and sterile field.	Hospital regularly audits ventilation requirements in surgical suites.	Hospital regularly audits minimization of traffic in the operating room.	Hospital regularly audits adherence to cleaning and disinfection of environmental surfaces.
H. i.	H. iii.	H. iv.	H. v.	H. vi.



## X.a Environmental Cleaning (con't)- Operating Room



<p>Hospital provides feedback from audits to personnel regarding their adherence to surgical infection prevention practices.</p>	<p>Supplies necessary for appropriate cleaning and disinfection procedures (e.g., EPA-registered disinfectants) are available.</p>	<p>Cleaners and disinfectants are used in accordance with manufacturer's instructions (e.g., dilution, storage, shelf-life, contact time).</p>	<p>HCP engaged in environmental cleaning wear appropriate PPE to prevent exposure to infectious agents or chemicals (PPE can include gloves, gowns, masks, and eye protection).</p>
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# Opportunities for Improvement

## Based on Highest Average of Non-Compliance

### **1. Injection Safety – 30%**

- Healthcare providers are required to demonstrate competency with safe injection practices following each training – **45%**
- Facility regularly audits (monitors and documents) adherence to safe injection practices – **45%**
- Facility provides feedback from audits to personnel regarding their adherence to safe injection practices – **45%**

### **2. Personal Protective Equipment - 26%**

- Healthcare providers are required to demonstrate competency with selection and use of PPE following each training – **82%**
- Facility regularly audits adherence to proper PPE selection and use – **64%**

### **3. Environmental Cleaning – 23%**

- Facility regularly audits (monitors and documents) adherence to cleaning and disinfection procedures, including using products in accordance with manufacturer's instructions (e.g., dilution, storage, shelf-life, contact time) - **73%**
- HCP are required to demonstrate competency with environmental cleaning procedures following each training – **64%**



# Summary

## Limitations

- Limited number of assessments
- Some degree of subjectivity with assessments, particularly related to elements assessing training, policies, and procedures
- Observations represent a snapshot in time of limited number of personnel

## Opportunities for improvement across domains

- Antibiotic Stewardship, Respiratory/Cough Etiquette, Injection Safety
- Competency-based training
- Auditing (monitoring and documenting) and feedback



# Thank you!



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- (775) 684-5283

## Hand Hygiene Questions

1. Does your program educate on the purpose of proper hand hygiene?
2. Does your program educate on when to wash hands?
3. Does your program educate on how germs are spread by improper hand hygiene and glove use?
4. Does your program educate on proper glove use and how to don and doff gloves?
5. Does your program educate on how and when to use hand sanitizer?
6. Does your program educate on the need to use soap and water when working with patients infected with *Clostridium difficile* and/or norovirus?
7. Does your program educate on fingernail care and jewelry  
(i.e nail tips less than ¼ inch long, no false or gel nails, removing jewelry to decrease the spread of germs)?
8. Do students have to demonstrate written knowledge of hand hygiene and its ability to eliminate the spread of germs?
9. Do students have to demonstrate proper hand hygiene and glove use throughout the course?
10. If yes does a lack of knowledge (written and demonstration) equate in a failing grade for the student?
11. Does your program have available the following items available in the classroom setting to encourage proper hand hygiene behaviors. (clean sink, warm water, soap, and paper towels)?
12. Do you monitor hand hygiene compliance among staff and physicians?
13. If hand hygiene among staff and physicians is monitored, how do you follow up with noncompliant staff? (insert comments box for answers)