Infection Control Assessment and Response: Identifying Barriers and Recommendations for improvement

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Wednesday, October 9th, 2019

Importance of Infection Control Assessment and Response (ICAR) in Skilled Nursing Facilities

1. Identify gaps in infection control policies and practices
2. Provide real-time feedback for improvement
3. Provide evidence-based resources
4. Prevent the spread of Multi-Drug resistant organisms (MDROs)

Details of ICAR visits

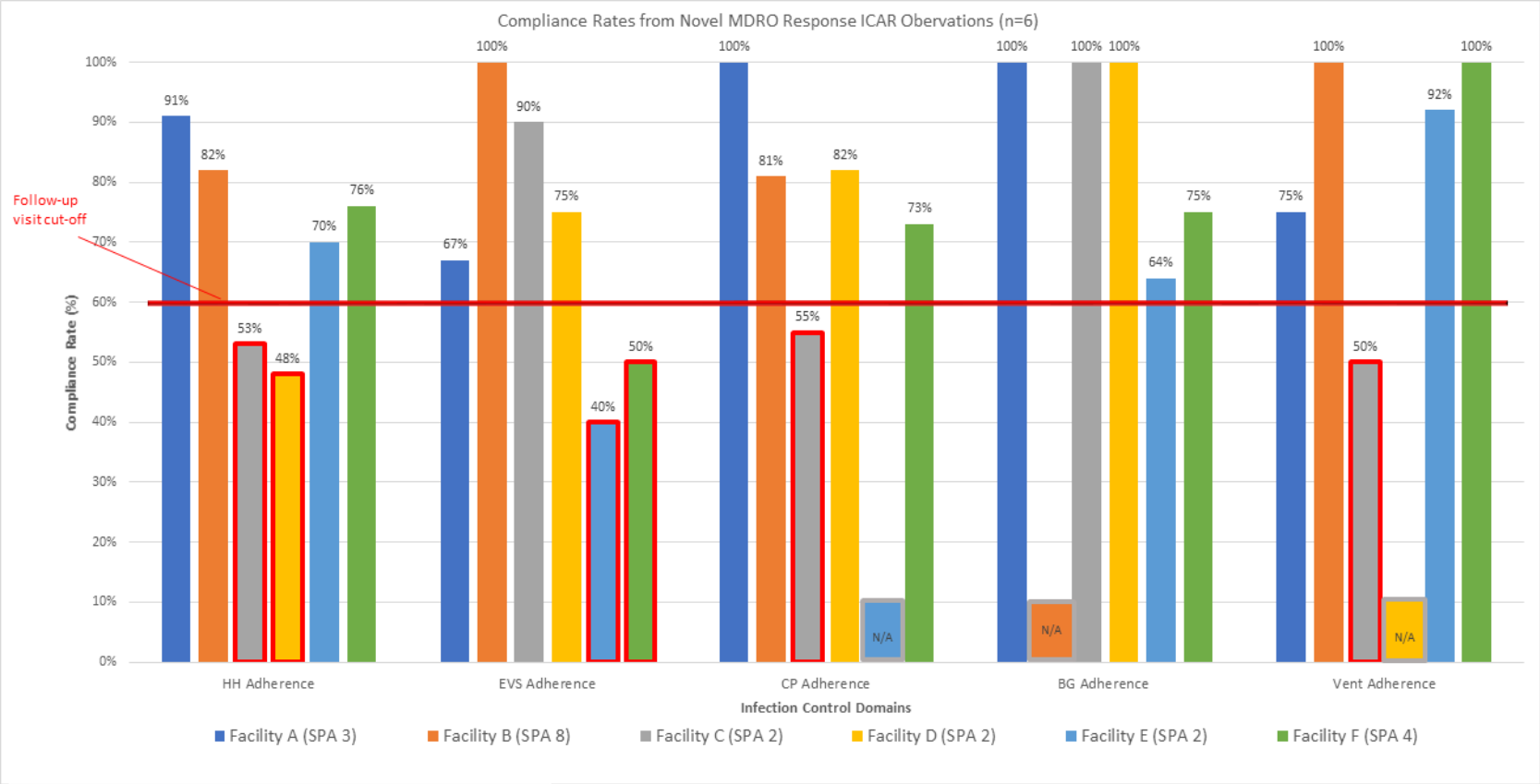
Pre-conference with Infection Preventionist, Nursing Director, and/or Administrator to discuss the plan for the day

Observation of infection control practices (i.e. Hand Hygiene, Contact Precautions, Ventilator Observation, Wound Care, Environmental Services, etc.)

Post conference to identify barriers in infection control program utilizing an assessment tool

Verbal and written feedback provided for improvement

Summary of ICAR Findings (11/2018-02/2019)



Key

HH = Hand Hygiene

EVS = Environmental Services

CP = Contact Precautions

BG = Blood Glucose

Vent = Ventilator

N/A = Infection control domain was not observed

Infection Control Domains

Hand Hygiene

- Common barriers include:
  - Lack of staff performing HH prior to entering residents' rooms, before/during/after performing tasks, and upon leaving rooms
  - Limited amount of alcohol based hand sanitizer dispensers or sinks available in the units for staff to use
  - Lack of HH signage to promote HH

HH Recommendations for Improvement

- Conduct HH in-services with staff including return demonstration on the proper technique
- Perform HH audits to increase compliance
- Promote HH by placing signs near sinks
- Add additional alcohol based hand sanitizer dispensers, as needed to increase adherence

Sax, H., et al. Journal of Hospital Infection. 2007; 67 (1): 9-21.

Environmental Services (EVS)

- Common barriers include:
  - Lack of cleaning of high touch surfaces
  - Staff not working from clean-to-dirty and high-to-low areas
  - Lack of knowledge of contact time for cleaning solutions being used (i.e. when using a disinfectant, staff were unaware of the amount of minutes required for the disinfectant to remain on the surface)
  - Unclear responsibilities between front-line and EVS staff

EVS Recommendations for Improvement

Encourage EVS supervisor to conduct EVS in-services with staff including return demonstration

Educate staff on high touch surfaces (i.e. telephones, call lights, chairs, light switches, IV poles, door knobs, sinks, flush handles, bedrails, etc.)

Consider utilizing supplemental technologies to assess EVS cleaning (i.e. Glo Germ, etc.)

Perform EVS audits to increase adherence and ensure staff are aware of responsibilities

Contact Precautions/Personal Protective Equipment (PPE)

- Common barriers include:
  - Incorrect donning/doffing sequence of PPE
  - Contact precaution signage is difficult to understand (i.e. donning sequence is incorrect on signage and contact vs. droplet precautions is unclear)
  - Staff being unaware of the reason residents are on isolation
  - Isolation carts not fully stocked with adequate PPE
  - Isolation policies are not specific for MDROs (i.e. Novel MDROs, CRE, etc.)

Contact Precautions/PPE Recommendations for Improvement

Educate staff on correct donning/ doffing sequence

Perform PPE in-services and audits to increase compliance

Revise isolation signage to reflect correct donning/ doffing sequence and consider different colors and appropriate PPE for each type of isolation (i.e. contact = gown and gloves; droplet = mask)

Educate staff on the importance of being knowledgeable of the resident's isolation status

Revise isolation policies

Blood Glucose Monitoring: Infection Control Practices while Utilizing Glucometers

- Common barriers include:
  - Lack of disinfecting the glucometer after use
  - Lack of disinfecting equipment used to carry the glucometer after exiting a resident's room
  - The same gloves utilized to perform the procedure, were the same gloves used to clean and disinfect the glucometer

Glucometer Practices: Recommendations for Improvement

- Educate staff on disinfecting the glucometer and equipment used to carry the glucometer after use
- When glucometers are shared, ensure they are cleaned and disinfected after each use, per the manufacturer's instructions
- After the blood glucose test is completed, educate staff on changing gloves prior to cleaning and disinfection

Ventilator Observation/Respiratory Therapy Practices

- Common barriers include:
  - Heads of ventilated beds not being elevated at least 30-45 degrees
  - Oral care supplies and suction supplies unavailable near the residents' bedsides

Ventilator Observation/Respiratory Therapy Practices: Recommendations for Improvement

Implement audits to ensure compliance with ventilated beds

Recommend placing signs at the heads of beds to remind staff to keep the head of the bed elevated at least 30-45 degrees

Recommend placing suction supplies and oral care supplies near the resident's bedside in case the resident aspirates and to increase safety

Summary and Next Steps

As a result of LAC DPH's observations during the ICAR visits, ongoing education, on-site visits, and accountability is needed

Once infection control gaps are identified, work with your staff and infection control committee to mitigate gaps

Engage your leadership (e.g. Administrator, Medical Director, Nursing Director, etc.) in your infection prevention program to identify areas for improvement

Reach out to LAC DPH's ACDC program for consultation

References

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- Centers for Disease Control and Prevention. 2019. *Clean Hands Count for Healthcare Providers*. Retrieved from https://www.cdc.gov/handhygiene/providers/index.html
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Resources

- LAC DPH ACDC SNF website: http://publichealth.lacounty.gov/acd/SNF.htm
- LAC DPH ACDC educational materials and posters: http://publichealth.lacounty.gov/acd/HealthEdFlu.htm

Questions?

- Contact Information
  - Acute Communicable Disease Control Program
  - Phone: 213-240-7941