Infection Control Assessment and Response (ICAR) Tools

Fresh Eyes

Collaborative Approach
Infection Control Assessment and Response (ICAR) Tools

Comprehensive documents/questionnaires identify elements of infection prevention programs

- Hospitals
  - acute/short-term
  - critical access (CAH)
  - long-term (LTACH)
- Long-term care (LTC)
- Outpatient [including ambulatory surgical centers (ASC)]
- Hemodialysis [end stage renal disease (ESRD)]

Source: CDC Infection Control Assessment Tools
Centers for Disease Control and Prevention (CDC) ICAR Program Goals

- Assist health departments and facilities
- Assess infection prevention practices
- Identify gaps
- Guide quality improvement activities

Source: CDC Infection Control Assessment Tools
United States ICAR Visits

- Over 1500 facilities have participated
- Each State has a different approach
- All collaborative and non-regulatory
Collaboration

Thank you!!!!

IDPH
Illinois Department of Public Health

APIC
Association for Professionals in Infection Control and Epidemiology

HEALTHY CHICAGO
Chicago Department of Public Health

ILLINOIS

RUSH UNIVERSITY MEDICAL CENTER

CONSULTING SERVICES, INC.
ICAR Program in Illinois

- CDC funded program
  - Illinois Department of Public Health
  - Chicago Department of Public Health
- Identify gaps
- Provide education and training
- Detect, respond to, and prevent healthcare associated infections and multidrug-resistant organisms

Source: IDPH, CDPH, Lavin, MA Prevention Strategist
APIC Consulting and the ICAR Program

- Full time and part time nurse consultants
- Specialties in acute care, ambulatory care, dialysis, Ebola, and long-term care
- All certified in infection control (CIC ®)
- Advisor and data managers
- Subject matter experts
- APIC Consulting Staff

Source: IDPH, CDPH, APIC Consulting, Lavin, MA Prevention Strategist
APIC Consulting and the ICAR Program

- APIC Consulting Team provides
  - ICAR assessments and feedback
  - Ebola preparedness support
  - Outbreak support
  - Education and training

Source: IDPH, CDPH, APIC Consulting, Lavin, MA Prevention Strategist
APIC Consulting and Additional Assessment Tools

- Supplemental Tools
  - Disinfection/Sterilization
  - Ventilator care
  - Wound care
- Allow for more in-depth collection of information

Source: IDPH, CDPH, APIC Consulting, Lavin, MA Prevention Strategist
Illinois ICAR Process Summary

- Overall goal is safety of patients, residents and healthcare providers
- Voluntary and collaborative
- Interdisciplinary team (IDT), APIC Consulting and public health participants
- Pre-assessment
- Onsite visit with “fresh eyes” with over 200 years of collective experience!
- Report of findings to facilities
  - Verbal and written

Source: IDPH, CDPH, APIC Consulting, Lavin, MA Prevention Strategist
Healthcare Personnel (HCP) Infection Prevention (IP) Competency and Basic Training

• The proven ability to apply essential knowledge, skills and abilities to prevent the transmission of pathogens during the provision of care

• The provision of job-specific education, training and assessment to ensure that healthcare personnel possess IP competency

Source: CDC Infection Control Assessment Tools
Competency Assessment

- Knowledge-based testing and direct observation
- Direct observation or alternative method
- Ensure HCP possess
  - Essential knowledge
  - Skills
  - Abilities

Source: CDC Infection Control Assessment Tools
Audit

• Direct observation or monitoring of healthcare personnel adherence to job-specific IP measures

Source: CDC Infection Control Assessment Tools
Feedback

- Feedback: A summary of audit findings that is used to target performance improvement

Source: CDC Infection Control Assessment Tools
CDC Infection Control Assessment and Response (ICAR) Common Domains

- Infection Control Program and Infrastructure
- Hand Hygiene
- Personal Protective Equipment (PPE)
- Injection Safety
- Environmental Cleaning
ICAR Acute Care
Site Specific Domains

- Central Line Associated Blood Stream Infection (CLABSI) Prevention
- Catheter Associated Urinary Tract Infection (CAUTI) Prevention
- Ventilator Associated Event (VAE) Prevention
- Surgical Site Infection (SSI) Prevention
- *Clostridium difficile* infection (CDI) Prevention
- Healthcare Associated Infection/Multi Drug-Resistant Organism (HAI/MDRO) Systems Prevention
ICAR Long Term Care
Site Specific Domains

- Healthcare Personnel and/or Resident Safety
- Respiratory/Cough Etiquette
- Surveillance and Disease Reporting
- Antibiotic Stewardship
ICAR Outpatient Site Specific Domains

• Healthcare Personnel and/or Resident Safety
• Respiratory/Cough Etiquette
• Surveillance and Disease Reporting
• Sterilization and High Level Disinfection
ICAR Hemodialysis Site Specific Domains

- Healthcare Personnel and/or Resident Safety
- Respiratory/Cough Etiquette
- Surveillance and Disease Reporting
- Dialyzer Reprocessing Use
Illinois ICAR
Preliminary Trends and Patterns

• Convenience sample from the over 125 facilities that have been visited by APIC Consultants
• No facility identifiers
• Both quantitative and qualitative data is being collected
• Facilities receive recommendations at verbal exit and written report
17 Acute Care Facilities ICAR Gap Analyses

- Hand Hygiene: 17
- Injection Safety: 17
- PPE: 16
- CAUTI: 16
- SSI: 16
- CLABSI: 15
- Reprocessing: 15
- CDI: 14
- VAE: 13
- Environmental: 13
- MDRO/XDRO: 11

Gap
31 Long Term Care Facilities ICAR Gap Analyses

- Antibiotic Stewardship: 31
- Hand Hygiene: 29
- PPE: 29
- Infection Program: 28
- Injection Safety/Point of Care: 28
- Respiratory/Cough: 25
- Environmental: 24
- Surveillance and Monitoring: 24
- Healthcare Personnel: 20

Gaps
9 Outpatient ICAR Gap Analyses

- PPE: 9
- Injection Safety: 9
- Environmental: 9
- Device Reprocessing: 8
- Point of Care Testing: 8
- Hand Hygiene: 6
- Sterilization of Reusable: 5
- Respiratory/Cough: 3
- Infection Program: 2
- Healthcare Personnel: 2
- Infection Control: 2
- High-Level Disinfection: 2
- Surveillance and: 0

**Gap**
3 Freestanding Hemodialysis ICAR GAP Analyses

- Infection Program: 3
- Injection Safety: 3
- Surveillance and...: 3
- Respiratory/Cough...: 3
- Vascular Access Care: 3
- Environmental: 2
- PPE: 1
- Healthcare...: 1
- Training Competency...: 0
- Hand Hygiene: 0

Gap
Major Gaps

• Infection Prevention and Control Program
• Hand hygiene perceptions and performance
• Environment
• PPE
• Competency and audits
• Reprocessing
• Policy and Procedure Review
• Antibiotic Stewardship
• Injection Safety
GAP Themes

Environment

Hand-Hygiene

PPE

Care

Policy-Review

Multi-dose-vials

Drug-Diversion

TB-screening

Infection-Preventionist

Surgical Transport Line Sites Care care

Competency Audit Feedback

Central

Sterilization

Surveillance

Audits

Standard

Enough-Hours

Reprocessing

Vaccine Storage

Station-Disinfection

Precautions Training

Catheter
Exercise
• Define Personal Protective Equipment
• Demonstrate the donning and doffing of PPE
OSHA Definition of Personal Protective Equipment (PPE)

- Does not permit blood or other potentially infectious materials to pass through
- Protects employee clothes, skin, eyes, mouth, or other mucous membranes
- Under normal conditions of use
- For the duration of time which the protective equipment will be used

Occupational Safety and Health Administration. Standard 29 CFR 1910.1030 Bloodborne Pathogens
PPE from the CDC

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN
   - Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
   - Fasten in back of neck and waist

2. MASK OR RESPIRATOR
   - Secure ties or elastic bands at middle of head and neck
   - Fit flexible band to nose bridge
   - Fit snug to face and below chin
   - Fit-check respirator

3. GOGGLES OR FACE SHIELD
   - Place over face and eyes and adjust to fit

4. GLOVES
   - Extend to cover wrist of isolation gown

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)
EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES
   - Gown front and sleeves and the outside of gloves are contaminated
   - If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
   - Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
   - While removing the gown, fold or roll the gown inside-out into a bundle
   - As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container

2. GOGGLES OR FACE SHIELD
   - Outside of goggles or face shield are contaminated!
   - If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
   - Remove goggle or face shield from the back by lifting head band and without touching the front of the goggle or face shield
   - If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3. MASK OR RESPIRATOR
   - Front of mask/respirator is contaminated — DO NOT TOUCH!
   - If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
   - Grasp bottom deck or elastic of the mask/respirator, then the ones at the top, and remove without touching the front
   - Discard in a waste container

4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE

PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE
Next Steps
Working With Public Health

- Continue ICAR Visits
- Contact Ruth Belflower, APIC Consulting if interested: Rbelflower@apicconsulting.com
- No cost to the facility
- Collaborative, not regulatory
- Follow-up support after ICAR
- Focus on observed gaps
To Schedule ICAR Visits

- Ruth Belflower, MPH, RN, CIC
- APIC Consultant
- Email: rbelflower@apicconsulting.com
Thank you!

• APIC
• APIC Consulting Team
• Chicago Department of Public Health
• Illinois Department of Public Health
• Rush University Epicenter

Questions? Dburdsall@apicconsulting.com