

NO LONGER “BAPTISM BY FIRE”:

DEVELOPING AN INFECTION CONTROL PLAN IN THE HOME ENVIRONMENT

Peg Gilbert, RN, MS, CIC, FAPIC
Quality IC, LLC



- Relate the key components of an infection prevention program
- Define a general process for surveillance in the home health setting including the variables collected for process or outcome measurement
- Discuss different types of surveillance definitions that could be used in home health care
- Identify key resources used to determine actions and recommendations for infection prevention

Objectives

Lillian Wald and Henry Street Settlement

3

7. INFECTION PREVENTION AND CONTROL (PROPOSED § 484.70)

- We proposed to establish a new CoP at § 484.70, “Infection prevention and control,” organized under the following three standards: (1) Prevention, (2) Control, and (3) Education.
- We proposed in § 484.70(a) that HHAs follow infection prevention and control best practices, which include the use of standard precautions, to curb the spread of disease.
- Under proposed standard § 484.70(b), “Control,” we would expect the HHA to maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases.
- Additionally, under this proposal, the program would be expected to be an integral part of the agency's QAPI program.
- We proposed an education standard within this CoP at § 484.70(c). HHAs would be expected to provide education on “current best practices” to staff, patients, and caregivers.
- These regulations are effective on July 13, 2017

Conditions of Participation

- Infection Prevention
 - Standard Precautions
- Infection Control
 - Surveillance program: Identify, prevent, control, and investigate infectious and communicable diseases.
 - Integral part of the agency's QAPI program
 - Provide education on “current best practices” to staff, patients, and caregivers.

Infection Prevention and Control

- Risk Assessment
- Surveillance
- Analysis of Data
- Reporting
- Education and Competency Assessment

Infection Prevention and Control Program Plan (IPC)

- Written plan: Updated with Annual Risk Assessment Priorities
- Evidenced based guidelines
- Program reflective of scope and complexity of services provided
- A description including data collection **frequency, measures, and selection rationale**
- Performance improvement (PI) **activities, findings, and corrective actions documented and shared** with employees and providers
- Process for investigating outbreaks of infectious diseases
- Governing body oversight
- If contract IP with a hospital – show how they are involved in policy development, review and ongoing surveillance

IPC Program Plan

- Select a tool
 - Many available
 - Scoring method: Numerical
- Probability
- Risk impact to patients, families
- Preparedness

Potential Risks/Problems	Probability					Risk/Impact (Health, Financial, Legal, Regulatory)					Current Facility Preparedness					Score
	Very Likely	Likely	Maybe	Rare	Never	Catastrophic Loss (life/limb/function/financial)	Serious Loss (Function/Financial/Legal)	Risk of Re-Admission or Transfer to High	Moderate Clinical/Financial	Minimal Clinical/Financial	None	Poor	Fair	Good	Very Good	
	4	3	2	1	0	5	4	3	2	1	5	4	3	2	1	
ABX Resistant Organisms																
MRSA																
C Diff																
VRE																
ESBL/other Gram Negative bacteria																
Prevention Activities																
Lack of Hand Hygiene																
Lack of Respiratory Hygiene/ Cough Etiquette																
Improper Glove Use																
Lack of ABX Stewardship Program																
Lack of Resident Influenza Vaccination																
Lack of Resident Pneumovax Vaccination																
Isolation Activities																
Lack of Standard Precautions																
Lack of Contact																

Risk Assessment

NIOSH Hazard Review: Occupational Hazards in HH Care

8.1 Checklists For Home Healthcare Workers' Safety

Employer	YES	NO
Is there an active safety program with a safety manager and a safety committee that includes employees from across the company?	<input type="checkbox"/>	<input type="checkbox"/>
Does initial and annual training include safety hazards and prevention?	<input type="checkbox"/>	<input type="checkbox"/>
Does annual training review new safety issues identified throughout the previous year?	<input type="checkbox"/>	<input type="checkbox"/>
Do workers have a way to obtain necessary ergonomic equipment for the home they work in?	<input type="checkbox"/>	<input type="checkbox"/>
Does initial and annual training include information on latex allergies?	<input type="checkbox"/>	<input type="checkbox"/>
Are nonlatex gloves available?	<input type="checkbox"/>	<input type="checkbox"/>
Is a bloodborne pathogens plan available?	<input type="checkbox"/>	<input type="checkbox"/>
Is the bloodborne pathogens plan updated annually?	<input type="checkbox"/>	<input type="checkbox"/>
Is the bloodborne pathogens plan part of initial training?	<input type="checkbox"/>	<input type="checkbox"/>
Is the bloodborne pathogens plan part of annual training?	<input type="checkbox"/>	<input type="checkbox"/>
Are workers part of the selection process for needle devices with safety features?	<input type="checkbox"/>	<input type="checkbox"/>
Are workers taught how to identify stressors?	<input type="checkbox"/>	<input type="checkbox"/>
Are workers taught techniques to reduce stress?	<input type="checkbox"/>	<input type="checkbox"/>

- Surveillance is defined as “the ongoing collection, collation, and analysis of data and the ongoing dissemination of information to those who need to know so that action can be taken.”
- Based on sound epidemiological and statistical principles

Surveillance Definition

- Determine baseline and endemic rates of occurrences
- Detect and investigate clusters or outbreaks
- Assess the effectiveness of prevention & control measures
- Target & monitor performance improvement activities
- Observing practice to promote compliance with recommendations & standards

Actions for Surveillance

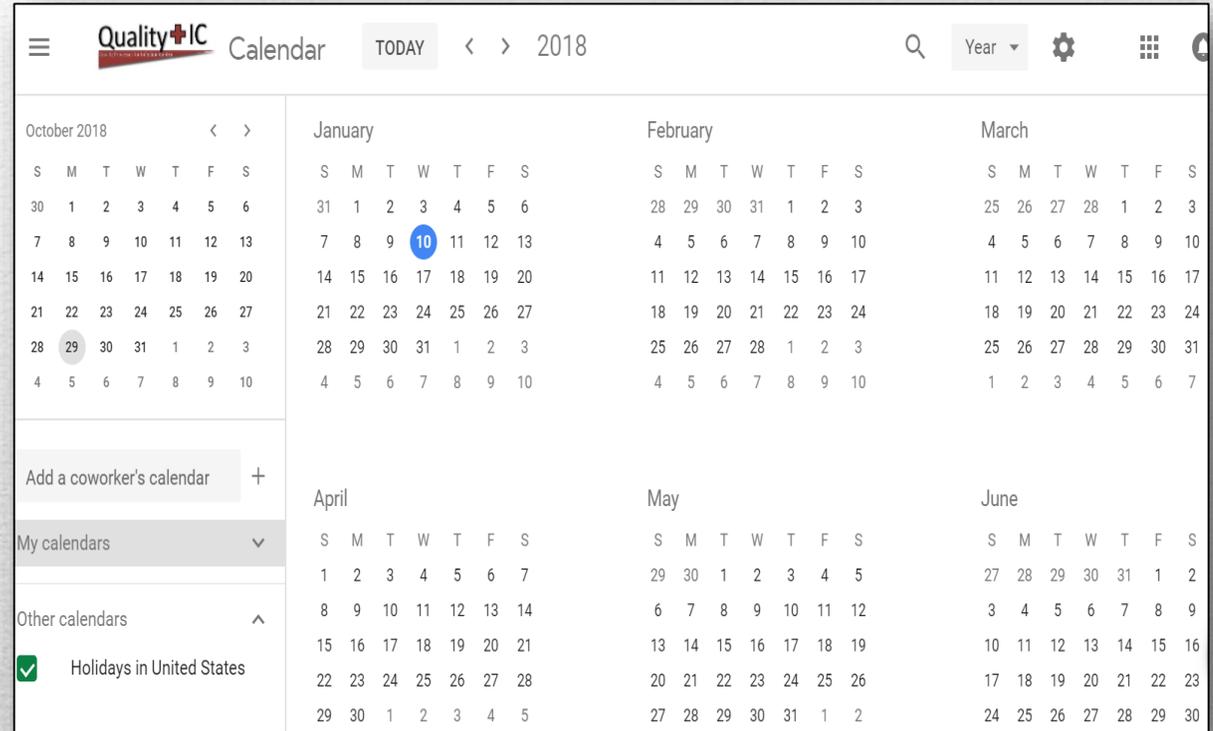
- Lack of Nationally Accepted Definitions and Methods
- Patient Follow-up
- Lack of Trained Personnel
- Difficulty in Capturing Clinical and Laboratory Data
- Difficulty in Obtaining Numerator and Denominator Data

Challenges in HH Surveillance

12

Surveillance Methods: Type and Frequency

- Daily
- Periodic (Quarterly)
- Facility wide
- Prevalence
- Targeted
- Outbreak Thresholds



- Gather Information
 - Shadow visits
 - Talk to patients
 - Case finding: OASIS data

HAND HYGIENE OBSERVATION RECORD

Center _____
Date _____
Observer _____

Health Care Worker (HCW) Codes:
1 = Physician 3 = Technician 5 = Environmental Services Worker
2 = Nurse 4 = Aide or Orderly 6 = Other

HR = Handrubbing HW = Handwashing

HCW Code	Hand Hygiene Before Patient Contact (Mark the appropriate column)			Gloves Worn if Required (Mark the appropriate column)			Hand Hygiene After Contact with Patient, Equipment, Environment or Removing Gloves (Mark the appropriate column)			Hand Hygiene Before and After	
	HR	HW	No	Yes	No	N/A	HR	HW	No	Yes	No
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
Totals				Totals				Totals			
Percent Adherence*				Percent Adherence*				Percent Adherence*			

* For glove use: Total number of "Yes" = (Number of rows with data - Number of "N/A") x 100
For hand hygiene, Total number of "Yes" = Number of rows with data x 100
For an example, please see the next page.

- Determine Process
 - Individualize tool to collect data
 - Determine frequency based on priorities
 - Focus from risk assessments
 - Required surveillance
 - State and Federal Mandates
 - Handwashing

Methods

Collect Relevant Data

- Use Standardized Definitions for data collection
 - Determine the population or event to study
 - Use established criteria
 - Apply the definition consistently with a tool
 - Different choices – state in ICP Plan
 - Concurrent or retrospective data collection
 - Review your data collection for accuracy and effectiveness
 - Check for flaws in the data (Does it make sense?)
 - Check your data sources (patient based, lab based, other)
 - Validate if you make changes
-

• Standard Precautions

- Guidelines for preventing exposure to blood, body fluids, secretions, excretions, broken skin, or mucous membranes
 - Based on the concept that body fluids from ANY patient can be infectious
 - Use PPE for protection to prevent exposure with every patient
- Include: Hand hygiene, respiratory etiquette, cleaning and disinfection of equipment, injection safety, handling of linens

Infection Prevention

- Standard Precaution Surveillance
 - Isolation equipment use and availability
 - Compliance with PPE use
 - Handwashing rates
 - Disinfection of equipment
 - Injection Safety education and compliance



Processes requiring surveillance

- Define the authoritative standard
 - Cannot cover every situation
- Educate and Reeducate staff
 - Minimum on hire and annually
 - Include competency assessment

6. When to Use Alcohol-Based Hand Rub (*use at least with 60%- 95% alcohol based content/CDC guidelines*):

- Only when visible soil or dirt is absent
 - After contact with a resident's intact skin (as in taking blood pressure, pulse, after lifting, giving regular eye drops such as artificial tears, nose spray, etc.)
 - Before and after handling an invasive device (e.g. urinary catheters, IV access sites)
 - Before handling clean or soiled dressing, gauze pads
 - Before moving from a contaminated body site to a clean body site during resident care;
 - After contact with inanimate objects in the immediate vicinity of the resident/patient (including medical equipment)
 - Before and after donning gloves
 - Before entering a patient/resident's room
 - Before leaving/exiting a resident/patient's room
 - Before and after eating or handling food to resident/patient during mealtime.
 - Before and after assisting resident/patient with meals.
 - Residents may use alcohol-based hand rub, when visible soil/dirt is absent.
- 7. When It is not Appropriate to Use Alcohol-Based Hand Rub, and Hands Must be Washed with Soap and Water:**
- When healthcare personnel's hands are visibly soiled/dirty, they should wash with soap and water (non antimicrobial or antimicrobial)
 - When hands are visibly contaminated with blood or body fluids
 - When caring for a resident/patient who has spore-forming disease (i.e. C. Diff Infection) or specific bacteria (i.e. MRSA, VRE, MDRO, etc.).

Define Process

Measure Compliance: Hand Hygiene Tool for Home Health Providers

 Indiana University Health	Record every opportunity for hand hygiene observed. Those performed in the Yes column and those missed in the No column.	
Date:	Employee Observed:	Observer:
Moment #1	YES	NO
Upon Entry to the Home		
Before Touching the Patient		
Before Touching the Environment or Patient Equipment		
Other:		
Moment #2		
Before Clean/Aseptic Procedure		
Before Insertion or Manipulation of Any Invasive Devices		
Before Medication Preparation		
Before Accessing Clean Supplies		
Before Entry Into Clinical Bag		
Before Donning Gloves		
Other:		
Moment #3		
After Body Fluid Exposure Risk		
After Removing Gloves Related to Body Fluid Exposure Risk		
After Contact with a Contaminated Body Site Before Moving to a Clean Body Site		
Other:		
Moment #4		
After Touching a Patient		
Upon Exit of the Home		
After Touching the Environment		
After Discarding Contaminated Items		
After Touching Soiled Equipment or Utensils		
After Removal of Gloves Related to Touching Soiled Equipment or Utensils		
Other:		
Comments:		

• Infection Control Related

- How often home health patients had to be admitted to the hospital
- How often patients receiving home health care needed any urgent, unplanned care in the hospital emergency room – without being admitted to the hospital
- How often home health patients, who have had a recent hospital stay, had to be re-admitted to the hospital
- How often home health patients, who have had a recent hospital stay, received care in the hospital emergency room without being re-admitted to the hospital
- How often the home health team made sure that their patients have received a flu shot for the current flu season
- How often the home health team made sure that their patients have received a pneumococcal vaccine
- For patients with diabetes, how often the home health team got doctor's orders, gave foot care, and taught patients about foot care

- 36,360 (18.2%) HHC patients had unplanned hospitalizations. Seventeen percent of these unplanned hospitalizations were caused by infections;
 - 2,787 (7.7%) were caused by respiratory infections;
 - 1,702 (4.7%) were for wound infection or deterioration;
 - 1,587 (4.4%) were because of urinary tract infections

Reasons for Unplanned Hospitalizations

21

- **APIC - HICPAC**
Surveillance Definitions
for Home Health Care
and Home Hospice
Infections, Embry FC,
Chinnes LF. AJIC
2000;28:449-53
- Original Authors,
Updated in February 2008

APIC - HICPAC Surveillance Definitions for Home Health Care and Home Hospice Infections

February 2008

Original Authors

APIC Home Care Membership Section 2000
Freda C. Embry, RN, MSN, CIC, Chair 1998-1999
Libby F. Chinnes, RN, BSN, CIC, Chair 2000-2001

HICPAC Ad Hoc Committee

Nancy B. Bjerke, RN, MPH, CIC HICPAC/APIC Facilitator
Russell Olmsted, MPH, CIC, HICPAC
Dr. Kurt Stevenson, MPH, HICPAC
Dr. Philip Smith, HICPAC
Dr. Nalini Singh, MPH, HICPAC
Freda C. Embry, RN, MSN, CIC, APIC
Libby F. Chinnes, RN, BSN, CIC, APIC
Mary Jane Ruppert, APIC
Emily Rhinehart, RN, MPH, CIC, CPHQ, AIG Consultants
Mary McGoldrick, MS, RN, CRNI, Home Care and Hospice
Consultant
Teresa Horan, MPH, NHSN
Mary Andrus, BA, RN, CIC NHSN

HICPAC Members 2006 and 2007

Dr. Patrick J. Brennan, Chair
Vicki L. Brinsko, RN, BA
Dr. Jeffrey Engel
Dr. Steven M. Gordon
Lizzie J. Harrell, PhD
Dr. David A. Pegues
Carol O'Boyle, PhD, RN
Dennis M. Perrotta, PhD, CIC
Harriett M. Pitt, RN, MS, CIC
Dr. Keith M. Ramsey
Dr. Nalini Singh, MPH
Dr. Kurt Stevenson, MPH
Dr. Philip W. Smith
Lillian A. Burns, MPH
Dr. E. Patchen Dellinger
Yvette S. McCarter, PhD
Denise M. Murphy, RN, MPH, CIC
Russell N. Olmsted, MPH, CIC
Barbara M. Soule, RN

Standardized Definitions

CAMBRIDGE
UNIVERSITY PRESS



Surveillance Definitions of Infections in Long-Term Care Facilities: Revisiting the McGeer Criteria

Author(s): Nimalie D. Stone MD, Muhammad S. Ashraf MD, Jennifer Calder PhD, Christopher J. Crnich MD, Kent Crossley MD, Paul J. Drinka MD, Carolyn V. Gould MD, Manisha Juthani-Mehta MD, Ebbing Lautenbach MD, Mark Loeb MD, Taranisia MacCannell PhD, Preeti N. Malani MD, Lona Mody MD, Joseph M. Mylotte MD, Lindsay E. Nicolle MD, Mary-Claire Roghmann MD, Steven J. Schweon MSN, Andrew E. Simor MD, Philip W. Smith MD, Kurt B. Stevenson MD...

Source: *Infection Control and Hospital Epidemiology*, Vol. 33, No. 10 (October 2012), pp. 965-977

Published by: Cambridge University Press on behalf of The Society for Healthcare Epidemiology of America

McGeer – NHSN Definitions

23

- CDC's **National Healthcare Safety Network** is the nation's most widely used healthcare-associated infection tracking system.
- NHSN provides facilities, states, regions, and the nation with data needed to identify problem areas, measure progress of prevention efforts, and ultimately eliminate healthcare-associated infections.
- Provides the nation with data collection and reporting capabilities to:
 - Identify infection prevention problems by facility, state, or specific quality improvement project
 - Benchmark progress of infection prevention efforts
 - Comply with state and federal public reporting mandates
 - Drive national progress toward elimination of HAIs.\
- May be a benefit for Home Health to follow if part of a hospital system

What is NHSN?

National Healthcare Safety Network (NHSN)

CDC > NHSN > Materials for Enrolled Facilities

Tracking Infections in Long-term Care Facilities

Eliminating infections, many of which are preventable, is a significant way to improve care and decrease costs. CDC's National Healthcare Safety Network provides long-term care facilities with a customized system to track infections in a streamlined and systematic way. When facilities track infections, they can identify problems and track progress toward stopping infections. On the national level, data entered into NHSN will gauge progress toward national healthcare-associated infection goals.

NHSN's long-term care component is ideal for use by: nursing homes, skilled nursing facilities, chronic care facilities, and assisted living and residential care facilities



C. difficile & MRSA Infections

Surveillance for C. difficile, MRSA, and other Drug-resistant Infections

- Training
- Protocols
- Forms
- Support Materials
- Analysis Resources
- FAQs

Urinary Tract Infections (UTI)

Surveillance for Urinary Tract Infections (UTI)

- Training
- Protocols
- Forms
- Support Materials
- Analysis Resources
- FAQs

Prevention Process Measures

Surveillance for Prevention Process Measures – Hand Hygiene, Gloves and Gown Adherence

- Training
- Protocols
- Forms
- Support Materials
- Analysis Resources
- FAQs

National Healthcare Safety Network (NHSN)

CDC > NHSN > Materials for Enrolled Facilities > Long-term Care Facilities

Report Urinary Tract Infections

Resources for NHSN Users Already Enrolled

- > Training
- > Protocol
- > Data Collection Forms
- > Supporting Material
- > Guidance Documents
- > FAQs

New Users - Start Here



- Step 1: Enroll into NHSN
- Step 2: Set up NHSN
- Step 3: Report

[Click here to enroll](#)

Resources to Help Prevent Infections

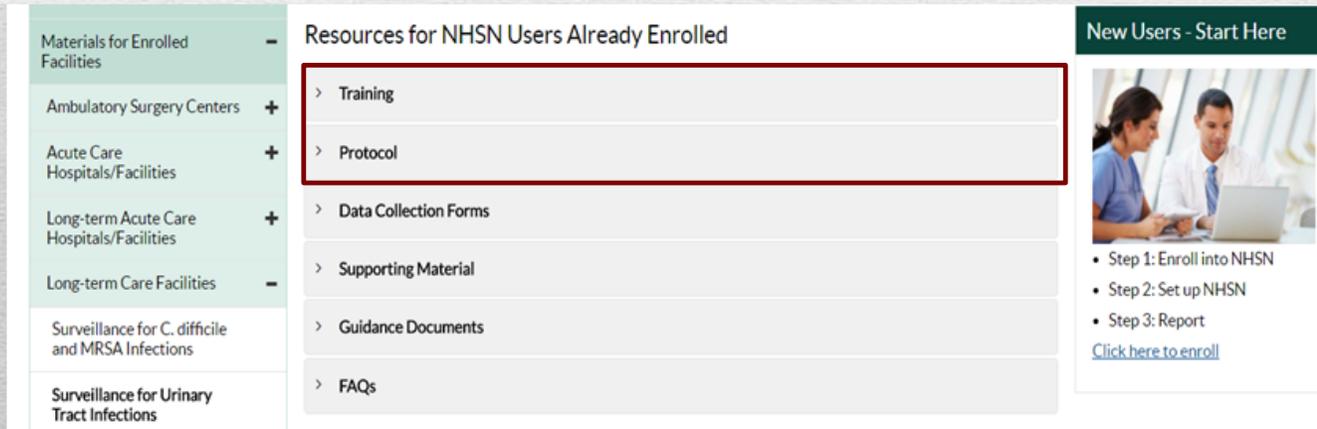
- [HAI Prevention in long-term care settings](#)
- [Resources for Healthcare Providers](#)
- [HHS Action Plan to Prevent Healthcare-associated Infections](#)
- [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, 2007](#)
- [Guideline for Environmental Infection Control in Healthcare Facilities, 2003](#)
- [See: C. difficile Excerpt](#)

Location of definitions, forms and protocol manuals

- Indwelling Catheter

- A drainage tube that is inserted into the urinary bladder through the urethra, is left in place, and is connected to a collection system.
- This includes a collection system that is used for irrigation of any type or duration (e.g., intermittent, continuous).

- Urine cultures with > 2 organisms are routinely regarded as contaminated cultures and not used for NHSN CAUTI surveillance.



The screenshot shows the NHSN website navigation menu. On the left is a sidebar with categories like 'Materials for Enrolled Facilities', 'Ambulatory Surgery Centers', 'Acute Care Hospitals/Facilities', 'Long-term Acute Care Hospitals/Facilities', 'Long-term Care Facilities', 'Surveillance for C. difficile and MRSA Infections', and 'Surveillance for Urinary Tract Infections'. The main content area is titled 'Resources for NHSN Users Already Enrolled' and contains a list of links: Training, Protocol, Data Collection Forms, Supporting Material, Guidance Documents, and FAQs. The 'Training' and 'Protocol' links are highlighted with a red border. To the right is a 'New Users - Start Here' section with a photo of two healthcare professionals and a list of steps: Step 1: Enroll into NHSN, Step 2: Set up NHSN, and Step 3: Report, followed by a 'Click here to enroll' link.

NHSN definitions

Respiratory Tract Infections

Influenza-like Illness (ILI)

An **Influenza-like Illness (ILI)** must meet **both** of the following criteria:

1. Fever
2. Presence of **three** of the following six signs or symptoms:
 - a. Chills
 - b. New headache **OR** eye pain
 - c. Myalgia
 - d. Malaise **OR** loss of appetite
 - e. Sore throat
 - f. New **OR** increased cough

NOTE: This diagnosis will usually be made during influenza season: October through March, except in an influenza pandemic.

NOTE: During influenza season, if criteria for influenza-like illness **AND** upper **OR** lower respiratory tract infection are met at the same time, the infection should be recorded only as an influenza-like illness.

Respiratory Surveillance

Lower Respiratory Infections (LRI) (i.e., Bronchitis, Pneumonia)

The patient has not had a chest film **OR** the chest film did not confirm pneumonia **AND** three of the following seven signs or symptoms are present:

1. New **OR** increased cough
2. New **OR** increased sputum production
3. New **OR** increased purulence of sputum
4. Fever
5. Pleuritic chest pain
6. New **OR** increased physical finding on chest examination
 - a. Rales
 - b. Rhonchi
 - c. Bronchial breathing
7. Change in status or breathing difficulty
 - a. New **OR** increased shortness of breath
 - b. Respiratory rate >25 per minute
 - c. Worsening mental or functional status

NOTE: Noninfectious causes, such as congestive heart failure, should be ruled out.

NOTE: If the patient has a chest x-ray interpreted as pneumonia, probable pneumonia, or the presence of an infiltrate, and meets the above criteria for LRI, it is counted as Pneumonia.

Lower Respiratory Infections

A. Fever

1. Single oral temperature $>37.8^{\circ}\text{C}$ ($>100^{\circ}\text{F}$)

OR

2. Repeated oral temperatures $>37.2^{\circ}\text{C}$ (99°F) or rectal temperatures $>37.5^{\circ}\text{C}$ (99.5°F)

OR

3. Single temperature $>1.1^{\circ}\text{C}$ (2°F) over baseline from any site (oral, tympanic, axillary)

B. Leukocytosis

1. Neutrophilia ($>14,000$ leukocytes/ mm^3)

OR

2. Left shift ($>6\%$ bands or $\geq 1,500$ bands/ mm^3)

C. Acute change in mental status from baseline (all criteria must be present; see Table 3)

1. Acute onset
2. Fluctuating course
3. Inattention

AND

4. Either disorganized thinking or altered level of consciousness

D. Acute functional decline

1. A new 3-point increase in total ADL score (range, 0–28) from baseline, based on the following 7 ADL items, each scored from 0 (independent) to 4 (total dependence)
 - a. Bed mobility
 - b. Transfer
 - c. Locomotion within LTCF
 - d. Dressing
 - e. Toilet use
 - f. Personal hygiene
 - g. Eating

Table 4. (A – D) Criteria

A. Common cold syndrome or pharyngitis (**at least 2** criteria must be present)

1. Runny nose or sneezing
2. Stuffy nose (i.e., congestion)
3. Sore throat or hoarseness or difficulty in swallowing
4. Dry cough
5. Swollen or tender glands in the neck (cervical lymphadenopathy)

Comments: Fever may or may not be present. Symptoms must be new and not attributable to allergies.

McGeer

Respiratory Tract Infections (RTIs)

B. Influenza-like illness (**both criteria 1 and 2 must be present**)

1. Fever
2. At **least 3** of the following **influenza-like illness subcriteria**
 - a. Chills
 - b. New headache or eye pain
 - c. Myalgias or body aches
 - d. Malaise or loss of appetite
 - e. Sore throat
 - f. New or increased dry cough

If criteria for influenza-like illness and another upper or lower RTI are met at the same time, only the diagnosis of influenza-like illness should be recorded.

Because of increasing uncertainty surrounding the timing of the start of influenza season, the peak of influenza activity, and the length of the season, “seasonality” is no longer a criterion to define influenza-like illness.

Influenza

C. Pneumonia (**all 3 criteria must be present**)

1. Interpretation of a chest radiograph as demonstrating pneumonia or the presence of a new infiltrate
2. At **least 1** of the following **respiratory subcriteria**
 - a. New or increased cough
 - b. New or increased sputum production
 - c. O₂ saturation <94% on room air or a reduction in O₂ saturation of >3% from baseline
 - d. New or changed lung examination abnormalities
 - e. Pleuritic chest pain
 - f. Respiratory rate of ≥ 25 breaths/min
3. At **least 1** of the **constitutional criteria** (see Table 2 – Gives criteria for fever, leukocytosis, and functional decline)

Pneumonia

D. Lower respiratory tract (bronchitis or tracheobronchitis; **all 3 criteria** must be present)

1. Chest radiograph not performed or negative results for pneumonia or new infiltrate
2. At **least 2** of the **respiratory subcriteria** (a–f) listed in section C previous slide
3. At **least 1** of the **constitutional criteria** (see Table 2)

Lower Respiratory Tract

Urinary Tract Infections (UTI)

Symptomatic Urinary Tract Infections (SUTI)

Symptomatic urinary tract infections (SUTI) can occur without prior instrumentation (e.g., intermittent catheterization), but this is rare.

Catheter-associated Urinary Tract Infections (CAUTI)

Catheter-associated urinary tract infections (CAUTI) are associated with instrumentation of the patient's urinary tract prior to onset. To associate these infections with an indwelling urinary catheter requires presence of an indwelling urinary catheter at the time of or within 7 days before the onset of the symptomatic UTI.

Symptomatic and catheter-associated urinary tract infections must meet **one** of the following criteria:

1. **Two** of the following four signs or symptoms:
 - a. Fever **OR** chills with no other external urinary source noted
 - b. Flank pain **OR** suprapubic pain **OR** tenderness **OR** frequency **OR** urgency
 - c. Worsening of mental **OR** functional status
 - d. Changes in urine character (e.g., new bloody urine, foul odor, increased sediment) **AND** urinalysis or culture is not done
2. **One** of the following two signs or symptoms:
 - a. Fever **OR** chills
 - b. Flank pain **OR** suprapubic pain **OR** tenderness **AND both** bacteriuria (determined by a positive urine culture for a potential pathogen or a positive nitrite assay by dipstick) **and** pyuria (determined by 10 or more wbc/hpf on urinalysis or positive leukocyte esterase assay by dipstick).

NOTE: Asymptomatic urinary tract infections are not included in these definitions.

Urinary Tract Infection Definition

- A. For residents **without an indwelling catheter** (both criteria 1 and 2 must be present)
1. At **least 1** of the following **sign or symptom subcriteria**
 - a. Acute dysuria or acute pain, swelling, or tenderness of the testes, epididymis, or prostate
 - b. Fever or leukocytosis (see Table 2) **and at least 1** of the following localizing **urinary tract subcriteria**
 - i. Acute costovertebral angle pain or tenderness
 - ii. Suprapubic pain
 - iii. Gross hematuria
 - iv. New or marked increase in incontinence
 - v. New or marked increase in urgency
 - vi. New or marked increase in frequency
 - c. In the absence of fever or leukocytosis, **then 2 or more** of the following localizing **urinary tract subcriteria** (See above I – vi)
 2. **One** of the following **microbiologic subcriteria**
 - a. At least **10⁵ cfu/mL** of no more than 2 species of microorganisms in a voided urine sample
 - b. At least **10² cfu/mL** of any number of organisms in a specimen collected by in-and-out catheter

McGeer: Urinary Tract Infections

B. For residents with an indwelling catheter (**both criteria 1 and 2 must be present**)

1. At **least 1** of the following sign or symptom subcriteria
 - a. Fever, rigors, or new-onset hypotension, with no alternate site of infection
 - b. Either acute change in mental status or acute functional decline, with no alternate diagnosis and leukocytosis
 - c. New-onset suprapubic pain or costovertebral angle pain or tenderness
 - d. Purulent discharge from around the catheter or acute pain, swelling, or tenderness of the testes, epididymis, or prostate
2. Urinary catheter specimen culture with at least **10⁵ cfu/mL** of any organism(s)

Table 5. Urinary Tract Infections

Skin and Soft Tissue Infections

Cellulitis/soft tissue/non-surgical wound/decubitus ulcer/foreign body site (e.g., gastrostomy, jejunostomy, tracheostomy)/around foreign bodies (e.g., PEGs, drains, catheters) infections must meet at least **one** of the following two criteria:

1. Purulent drainage at the wound, skin or soft tissue site **OR**
2. **Four** or more of the following six signs or symptoms with no other recognized cause:
 - a. Fever **OR** worsening mental or functional status
 - b. Pain **OR** tenderness at the affected site
 - c. Localized swelling at the affected site
 - d. Redness at the affected site
 - e. Heat at the affected site
 - f. Serous discharge at the affected site

Skin and Soft Tissue Definition

A. Cellulitis, soft tissue, or wound infection (**at least 1** of the following criteria must be present)

1. Pus present at a wound, skin, or soft tissue site

2. New or increasing presence of at **least 4** of the following **sign or symptom subcriteria**

a. Heat at the affected site

b. Redness at the affected site

c. Swelling at the affected site

d. Tenderness or pain at the affected site

e. Serous drainage at the affected site

f. One **constitutional criterion** (see Table 2)

- Pressure Ulcer Definition
- Classification System
- Item set description
- Glossary

**Wound, Ostomy and Continence
Nurses Society's Guidance on
OASIS-C2 Integumentary Items:
Best Practice for Clinicians**



The Wound, Ostomy, Continence Nurses Society Definition



Collection Tools for measures

- NHSN website:
- <https://www.cdc.gov/nhsn/ltc/uti/index.html>

Safety Network (NHSN)

CDC > NHSN > Materials for Enrolled Facilities > Long-term Care Facilities

Report Urinary Tract Infections

f t +

Resources for NHSN Users Already Enrolled

- > Training
- > Protocol
- > **Data Collection Forms**
- > Supporting Material
- > Guidance Documents
- > FAQs

Event Form



Form Approved
OMB No. 0920-0666
Exp. Date: 11/30/2019
www.cdc.gov/nhsn

Urinary Tract Infection (UTI) for LTCF

Page 1 of 4 *required for saving

*Facility ID:	Event #:
*Resident ID:	*Social Security #:
Medicare number (or comparable railroad insurance number):	
Resident Name, Last:	First: Middle:
*Gender: M F Other	*Date of Birth: / /
Ethnicity (specify):	Race (specify):
*Resident type: <input type="checkbox"/> Short-stay <input type="checkbox"/> Long-stay	
*Date of First Admission to Facility: / /	*Date of Current Admission to Facility: / /
*Event Type: UTI	*Date of Event: / /
*Resident Care Location:	
*Primary Resident Service Type: (check one)	
<input type="checkbox"/> Long-term general nursing <input type="checkbox"/> Long-term dementia <input type="checkbox"/> Long-term psychiatric <input type="checkbox"/> Skilled nursing/Short-term rehab (subacute) <input type="checkbox"/> Ventilator <input type="checkbox"/> Bariatric <input type="checkbox"/> Hospice/Palliative	
*Has resident been transferred from an acute care facility to your facility in the past 4 weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, date of last transfer from acute care to your facility: / /	
If Yes, did the resident have an indwelling urinary catheter at the time of transfer to your facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Indwelling Urinary Catheter status at time of event onset (check one):	
<input type="checkbox"/> In place <input type="checkbox"/> Removed within last 2 calendar days <input type="checkbox"/> Not in place If indwelling urinary catheter status in place or removed within last 2 calendar days: Site where indwelling urinary catheter inserted (check one): <input type="checkbox"/> Your facility <input type="checkbox"/> Acute care hospital <input type="checkbox"/> Other <input type="checkbox"/> Unknown Date of indwelling urinary catheter insertion: / /	
If indwelling urinary catheter not in place, was another urinary device type present at the time of event onset? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, other device type: <input type="checkbox"/> Suprapubic <input type="checkbox"/> Condom (males only) <input type="checkbox"/> Intermittent straight catheter	
Event Details	
*Specify Criteria Used: (check all that apply)	
Signs & Symptoms	
<input type="checkbox"/> Fever: Single temperature $\geq 37.8^{\circ}\text{C}$ ($>100^{\circ}\text{F}$), or $> 37.2^{\circ}\text{C}$ ($>99^{\circ}\text{F}$) on repeated occasions, or an increase of $>1.1^{\circ}\text{C}$ ($>2^{\circ}\text{F}$) over baseline <input type="checkbox"/> Rigors <input type="checkbox"/> New onset hypotension <input type="checkbox"/> New onset confusion/functional decline <input type="checkbox"/> Acute pain, swelling, or tenderness of the testes, epididymis, or prostate <input type="checkbox"/> Acute dysuria <input type="checkbox"/> Purulent drainage at catheter insertion site	
New and/or marked increase in (check all that apply):	
<input type="checkbox"/> Urgency <input type="checkbox"/> Costovertebral angle pain or tenderness <input type="checkbox"/> Frequency <input type="checkbox"/> Suprapubic tenderness <input type="checkbox"/> Incontinence <input type="checkbox"/> Visible (gross) hematuria	
Laboratory & Diagnostic Testing	
<input type="checkbox"/> Specimen collected from clean catch voided urine and positive culture with $\geq 10^5$ CFU/ml of no more than 2 species of microorganisms <input type="checkbox"/> Specimen collected from in/out straight catheter and positive culture with $\geq 10^2$ CFU/ml of any microorganisms <input type="checkbox"/> Specimen collected from indwelling catheter and positive culture with $\geq 10^5$ CFU/ml of any microorganisms <input type="checkbox"/> Leukocytosis ($> 14,000$ cells/mm ³), or Left shift ($> 6\%$ or 1,500 bands/mm ³) <input type="checkbox"/> Positive blood culture with 1 matching organism in urine culture	
*Specific Event (Check one):	
<input type="checkbox"/> Symptomatic UTI (SUTI) <input type="checkbox"/> Symptomatic CA-UTI (CA-SUTI) <input type="checkbox"/> Asymptomatic Bacteremic UTI (ABUTI)	
Secondary Bloodstream Infection: Yes No Died within 7 days of date of event: Yes No	
*Transfer to acute care facility within 7 days: Yes No	
*Pathogens identified: Yes No *If Yes, specify on page 2	
<small>Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 306(d) of the Public Health Service Act (42 USC 242b, 242c, and 242c(d)). Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., NE, D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666). CDC 57-145 (Front) v8.3</small>	



Form Approved
OMB No. 0920-0666
Exp. Date: 11/30/2019
www.cdc.gov/nhsn

Denominators for LTCF

Page 1 of 1

*required for saving

Facility ID:		*Location Code:			*Month:	*Year:
Date	*Number of residents	*Number of residents with a urinary catheter	*New antibiotic starts for UTI indication	*Number of urine cultures ordered	*Number of admissions	Number of admissions on <i>C. diff</i> treatment
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Resources for NHSN Users Already Enrolled

> Training

> Protocol

> Data Collection Forms

- [57.140 UTI Event for LTCF January 2017](#) [PDF - 112K]
 - [Customizable form](#) [DOCX - 39K]
 - [Table of Instructions - UTI Event for LTCF](#) [PDF - 329K]
- [57.142 Denominators for LTCF January 2017](#) [PDF - 40K]
 - [Customizable form](#) [DOCX - 29K]
 - [Table of Instructions - Denominators for LTCF](#) [PDF - 162K]
- [57.141 Monthly Reporting Plan for LTCF January 2017](#) [PDF - 42K]
 - [Customizable form](#) [DOCX - 27K]
 - [Table of Instructions - Monthly Reporting Plan for LTCF](#) [PDF - 112K]
- [57.137 Annual Facility Survey for LTCF January 2017](#) [PDF - 71K]
 - [Table of Instructions - Annual Facility Survey for LTCF](#) [PDF - 485K]

> Supporting Material

Customizable forms

- Based on measure
 - Total Foley Catheter
 - Total Patient Days
 - Admissions
- Collect same way from same system
- Electronic if (+/- 5%) of manual

Monthly Denominator Data

Line list infection tracking trial 1 (1) - Excel

File Home Insert Draw Page Layout Formulas Data Review View Help Tell me what you want to do

Clipboard: Cut, Copy, Paste, Format Painter

Font: Calibri, 11, Bold, Italic, Underline, Text Color, Background Color

Alignment: Wrap Text, Merge & Center

Number: General, Currency, Percentage, Decimals, Thousands Separator

Styles: Conditional Formatting, Format as Table, Cell Styles

Cells: Insert, Delete, Format

Editing: AutoSum, Fill, Clear, Sort & Filter, Find & Select

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	Name	Admit date	Room Number	infection type/site	surveillance definition met	Community onset	facility onset	symptoms onset date	device insert/remove date	other risk factors	diagnostics	collection/testing date	type of test/specimen source	results (colony for urine)	Antibiotic Resistant Organism	which tr one(s) a
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																
16																
17																
18																
19																
20																

Ready | General | URI | **UTI** | Wound | Employee

Line List

Managing Data

- Record data systematically
 - Be consistent (data collection tool)
 - Flow sheet or line list
 - Can others look at the data and understand it?
 - Think about how you may want to manipulate/analyze later
 - Computer system
 - Software for analysis
-

Analyzing Data

- Analyzing is the reason we do measurement
 - Analyze promptly to identify needs for intervention
 - Comparable Data
 - Same definitions
 - Same patient population, risk group
 - Specific diagnosis
 - Devices
 - Proper denominator
 - Device days
 - Patient days
 - Readmissions
-

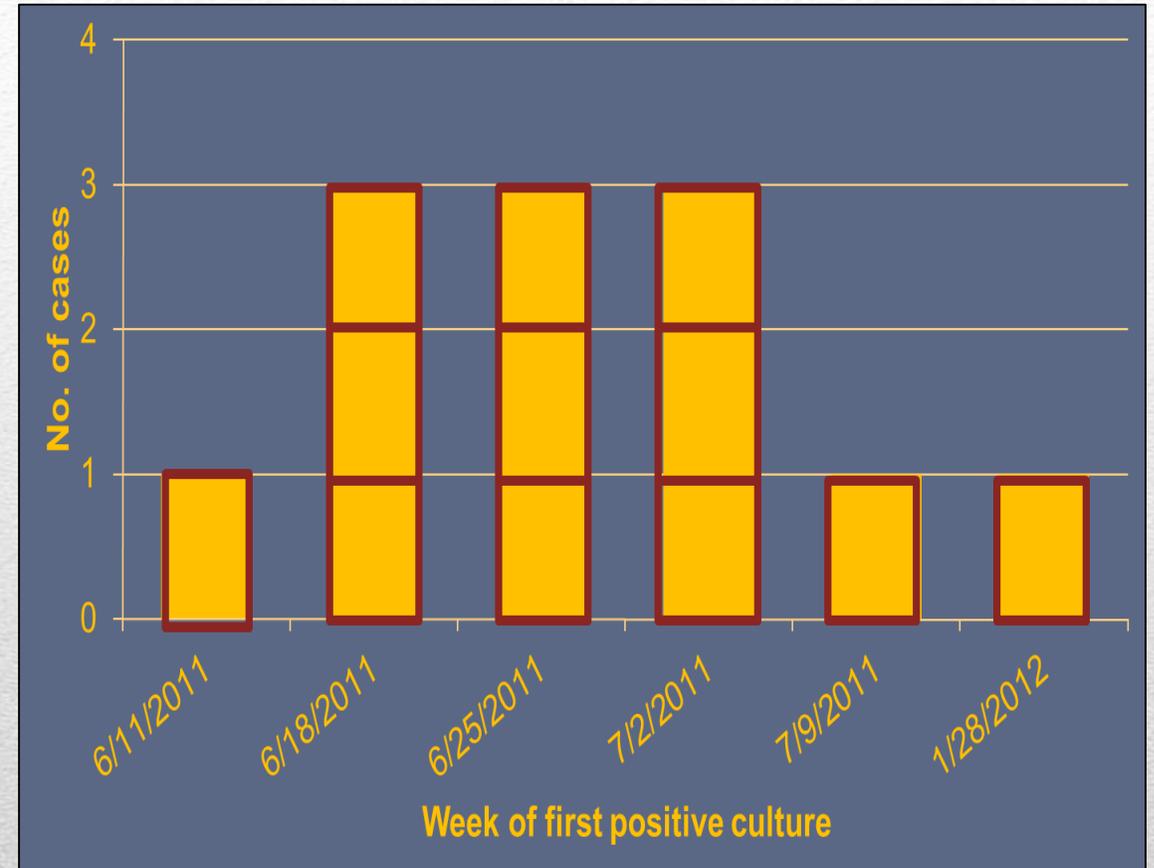
Analyzing Data

- Compare or Benchmark
 - Historically against your own rates
 - Against other Home Health services of similar size
 - National benchmarks
 - Interpretation and Significance
 - Statistical
 - Establish threshold or critical limits
 - Clinical: Is this new for you?
 - Outbreak identification
-

Interpreting Data

A high rate does not always mean a problem.

- Intensity of surveillance
- Intrinsic risk uncontrolled
- Small denominator
 - Sample Size usually not less than 25
- NHSN calculates if adequate sample size (Predicted >1)
- Process change?
- Know when to intervene!



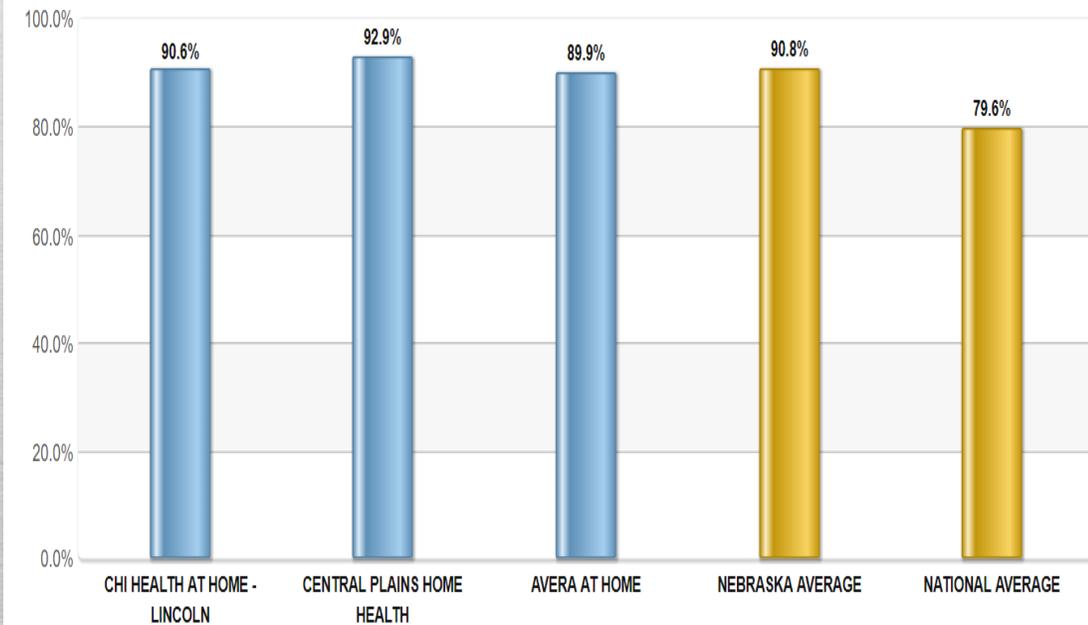
- Infection Control Committee
- Quality Improvement Committee
 - **Must be integral part**
- Employees
- Stakeholders
- Government entities
- Public

How often the home health team made sure that their patients have received a pneumococcal vaccine (pneumonia shot)

[Why is this important?](#)

[Hide Graph](#)

This information comes from the Home Health Outcome and Assessment Information Set (OASIS) C during the time period **January 1, 2016 - December 31, 2016**



Communicate Data

- Provide feedback in an understandable format to staff and leadership
 - Dashboards
 - Posters
 - Statistics
- Celebrate success!!
- Revise your plan as identify new barriers
- Reassess

**Bulletin Board Template
Immunization & Infection Prevention**

The follow are templates that you can copy, edit, and enlarge for bulletin boards [or use the content for email tips]. We've included enough ideas that you can change the information or better yet—add ideas of your own!

We urge you to share your bulletin board ideas on HHQI's Facebook page:
<https://www.facebook.com/MyHHQI>

M1041 Influenza Vaccine

_____ % of our patients are currently vaccinated against this year's strain of influenza compared to _____ % in (month / year)

Compare last season's or month's rates to current season / month.

Use data from the HHQI Immunization Report either the actual (first table in report) or risk-adjusted rate (last table in report)

M1051 Pneumococcal Vaccine

Healthy People 2020 target for pneumococcal immunizations is 90%.

_____ % of our patients were vaccinated against pneumococcal by discharge or transfer

Use data from the HHQI Immunization Report either the actual (first table in report) or risk-adjusted rate (last table in report)

Use internal data to show current immunization rate.

DO YOU KNOW??
A person can spread the flu virus for one entire day before having any signs or symptoms indicating they are sick



**Bulletin Board Template
Immunization & Infection Prevention**

Display a bar graph indicating which discipline / group has the highest percentage of immunized members. Update weekly

SN	<div style="width: 58%;"></div>	58%
Therapists	<div style="width: 74%;"></div>	74%
Office Staff	<div style="width: 40%;"></div>	40%
Aides	<div style="width: 49%;"></div>	49%
Leadership	<div style="width: 15%;"></div>	15%

Post the monthly "FluVaxView" map indicating influenza immunization rates by state



According to the CDC, this month our state currently has _____ % of the population vaccinated against influenza.

<https://www.cdc.gov/flu/fluview/trends.htm>



Evaluate, Revise, Reassess

Education and Competency Assessment

Develop Resource Teaching Tool

- Take a picture of every item to be cleaned
- Note frequency and method of cleaning
- Excellent teaching tool and reference
- Easy to update



Close lid prior to transport, Disinfect sharps container with a disposable wipe

	A	B	C	D	E
1	Appendix A: Medical Devices and Patient-care Equipment list				
2					
3	Equipment	When to Clean	Who Places in Soiled Utility	Who Cleans	Type of Cleaner
4	Baby Warmer (Panda)	AFTER EACH PATIENT USE	N/A	SURGICAL SERVICES ASSISTANT	HOSPITAL APPROVED DISINFECTANT
5	Baby Incubator	AFTER PATIENT DISCHARGE	N/A	ENVIRONMENTAL SERVICES	HOSPITAL APPROVED DISINFECTANT
6	Backboards (code cart)	AFTER EACH PATIENT USE	NURSING	STERILE PROCESSING DEPARTMENT (NURSING IF VISIBLY CONTAMINATED, BEFORE SENDING TO	HOSPITAL APPROVED DISINFECTANT
7	Bed/Chair Alarms	AFTER EACH PATIENT USE	NURSING	MOBILE MEDICAL	HOSPITAL APPROVED DISINFECTANT
8	Beds/Mattresses/Stretchers				
9	Bed, Bariatric	AFTER PATIENT DISCHARGE	N/A	MOBILE MEDICAL	HOSPITAL APPROVED DISINFECTANT
10	Bed frame/Bedrails (all beds)	DAILY AFTER PATIENT DISCHARGE	N/A	ENVIRONMENTAL SERVICES	HOSPITAL APPROVED DISINFECTANT
11	Mattress	AFTER PATIENT DISCHARGE	N/A	ENVIRONMENTAL SERVICES	HOSPITAL APPROVED DISINFECTANT
12	Mattress, Specialty	AFTER PATIENT DISCHARGE	N/A	ENVIRONMENTAL SERVICES (INITIAL CLEAN IN PATIENT ROOM)	HOSPITAL APPROVED DISINFECTANT
13	Stretchers, Transport	AFTER EACH PATIENT USE	N/A	TRANSPORT SSA	HOSPITAL APPROVED DISINFECTANT
14	Stretchers, Unit based	AFTER EACH PATIENT USE	N/A	ENVIRONMENTAL SERVICES	HOSPITAL APPROVED DISINFECTANT
15	Bedside Table	DAILY WHEN VISIBLY CONTAMINATED AFTER PATIENT DISCHARGE	N/A	ENVIRONMENTAL SERVICES NURSING ENVIRONMENTAL SERVICES	HOSPITAL APPROVED DISINFECTANT
16	Bili bank lights	AFTER EACH PATIENT USE	ENVIRONMENTAL SERVICES	NURSING	HOSPITAL APPROVED DISINFECTANT
17	Biohazardous Waste Container (patient room)	AFTER PATIENT DISCHARGE WHEN VISIBLY CONTAMINATED	N/A	ENVIRONMENTAL SERVICES	HOSPITAL APPROVED DISINFECTANT
18	Biohazardous Waste Container (soiled utility)	WHEN EMPTIED	N/A	ENVIRONMENTAL SERVICES	HOSPITAL APPROVED DISINFECTANT
19	Birthing Ball	AFTER EACH PATIENT USE	NURSING	NURSING	HOSPITAL APPROVED DISINFECTANT
20	Bladder scanner	BEFORE AND AFTER EACH PATIENT	NURSING	NURSING	HOSPITAL APPROVED DISINFECTANT
21	Blood Warmer	AFTER EACH PATIENT USE	NURSING	MOBILE MEDICAL	HOSPITAL APPROVED DISINFECTANT
22	Bouncers (Pediatrics)	AFTER EACH PATIENT USE	ENVIRONMENTAL SERVICES	NURSING	HOSPITAL APPROVED DISINFECTANT
	BP machine/cables (Dynamap)	BEFORE EACH PATIENT USE AND	NURSING	NURSING	HOSPITAL APPROVED DISINFECTANT

Cleaning Resource

Competency Assessment

- Cognitive
 - Written test, online learning packages
 - Skills
 - Observation: some limits
 - Not all skills are reproducible
 - Different cues
 - Time consuming and can be expensive
 - Experts skip steps
 - Role play, games, skills fair, drills
 - Peer review, train the trainer, department educator
-

Skill Building

- Demonstrate
 - All can see and hear
 - Smooth and skilled
 - Identify all equipment
 - Guided Practice
 - Immediately
 - Warm, accepting environment
 - Stay silent unless positive or safety hazard
 - Encourage rehearsing visually or verbally
 - Evaluation
 - Intervene only if risk
 - Pre-established criteria for passing
 - Allow additional attempts
-

- Campaign theme
 - Posters
 - Video
 - Policy
 - Reminders
 - Key word
- Degree of Familiarity?
- Intensity?
- Student Characteristics?
- Teaching method?
- Measurement tool?



Develop a Plan: Visual Clues

- Administrative Leadership buy in
- Demonstrate why there is a threat to patient and staff safety
- Educate that the intervention works
 - Share research
 - Consider small tests of new process
- Remove barriers
- Reminders, cues to action, clear steps, checklists
- Social pressure
- Motivation to do it right
- Celebrate success

Implement



- What are the important safety measures they need to take
 - Cleaning
 - What to watch for?
 - Medication administration
 - Activity Level
- Literacy and language

PATIENTS AND VISITORS

CLEAN HANDS COUNT

KNOW THE TRUTH TO PROTECT YOURSELF FROM SERIOUS INFECTIONS

TRUTH
On average, healthcare providers clean their hands less than half of the times they should.

THE NITTY GRITTY:
This can put you at risk for a serious infection. It's OK to ask your care team questions like, "Before you start the exam, would you mind cleaning your hands again?" Another way to bring it up is to thank them for cleaning their hands if you are uncomfortable asking.

TRUTH
Alcohol-based hand sanitizer does not create antibiotic-resistant superbugs.

THE NITTY GRITTY:
Alcohol-based hand sanitizers kill germs quickly and in a different way than antibiotics. Using alcohol-based hand sanitizers to clean your hands does not cause antibiotic resistance.

ALCOHOL-BASED HAND SANITIZER
is a product that contains at least 60% alcohol to kill germs on the hands.

TRUTH
Alcohol-based hand sanitizer kills most of the bad germs that make you sick.

THE NITTY GRITTY:
Your hands have good germs on them that your body needs to stay healthy. Your hands can also have bad germs on them that make you sick. Alcohol-based hand sanitizers kill the good and bad germs, but the good germs quickly come back on your hands.

TRUTH
Alcohol-based hand sanitizer does not kill *C. difficile*.

THE NITTY GRITTY:
If you have a *C. difficile* infection, make sure your healthcare providers wear gloves to examine you. You and your loved ones should wash your hands with soap and water to prevent the spread of *C. difficile*.

WHAT IS C. DIFFICILE?
C. difficile or "*C. diff*" is a common healthcare-associated infection that causes severe diarrhea.

TRUTH
Your hands can spread germs.

THE NITTY GRITTY:
Make sure you and your visitors are cleaning your hands at these important times:

- AFTER TOUCHING BED RAILS, BEDSIDE TABLES, REMOTE CONTROLS, OR PHONE
- BEFORE TOUCHING YOUR EYES, NOSE, OR MOUTH
- BEFORE RATING (Use soap and water)
- AFTER TOUCHING DOORKNOBS
- AFTER USING RESTROOM (Use soap and water)
- BEFORE AND AFTER CHANGING BANDAGES
- AFTER BLOWING YOUR NOSE, COUGHING, OR SNEEZING

www.cdc.gov/HandHygiene

This material was developed by CDC. The Clean Hands Count Campaign is made possible by a partnership between the CDC Foundation and QOJO.



Involve Patient/Families



Reminders

Resources

CDC A-Z INDEX

National Healthcare Safety Network (NHSN) Training



Our mission is to offer learning opportunities in a variety of formats that enhance the knowledge and skills of NHSN facility- and group-level participants and their partners in order that they may effectively use the data obtained from the surveillance system to improve patient and healthcare personnel safety.

Objectives

- Convey NHSN data collection methods, submission requirements, and analysis options to participants so that they may acquire, submit, and disseminate high quality, actionable data.
- Prepare participants to use the NHSN reporting application accurately and efficiently.
- Enhance participants' and their partners' understanding of data quality and the value of adverse event monitoring.
- Encourage collaboration among participants and partners to improve the patient and healthcare personnel safety across the spectrum of care.



COURSE CATALOG

Course descriptions for NHSN components, modules and events.



ENROLLMENT AND SETUP TRAINING

Self-paced training for new NHSN enrollment and existing facility set-up.



DATA ENTRY AND ANALYSIS

Self-paced training for data entry, import, customization and analysis.



REQUEST CDC LED TRAINING

Webinar / In-person training policy and request.



CONTINUING EDUCATION

CE available free of charge for all NHSN education course work.



PATIENT SAFETY COMPONENT TRAINING

Self-paced training for specific module and events.



DIALYSIS COMPONENT TRAINING

Self-paced training for outpatient dialysis facilities.



HEALTHCARE PERSONNEL SAFETY COMPONENT TRAINING

Self-paced training for specific module and events.



BIOVIGILANCE COMPONENT TRAINING

Self-paced training for specific module and events.



LONG-TERM CARE FACILITY COMPONENT TRAINING

Self-paced training for long-term care facilities enrollment and set-up.



Request a Demo

Access NHSN Demo



Quick Learn Videos

- Home Health Quality Improvement
- <http://www.homehealthquality.org/Education/Best-Practices/BPIPs/Immunization-Infection-Prevention.aspx>

The screenshot shows the website header with the HHQI logo (Home Health Quality Improvement), a search bar, and social media icons. The navigation menu includes Home, About Us, Education, Resources, Data, Cardiovascular Health, Network, News, UP, Webinars, and Registration. The breadcrumb trail is Education > Best Practices > Immunization & Infection Prevention BPIP.

Immunization & Infection Prevention BPIP

The Immunization & Infection Prevention BPIP is designed to guide leaders to ensure agency immunization and infection prevention programs are evidence-based and focus on patient and employee safety. This BPIP will assist leaders to develop strategies to improve immunizations for both patients and employees. Immunization and infection prevention tools and Web links on current guidance and standards are included in the BPIP.

This package has been revised to include current immunization guidelines as of August 2017, including recommendations for the 2017-18 influenza season. Statistics and resource links have also been updated.

New additions to the 2017 Immunization & Infection Prevention BPIP include:

- Herpes zoster (shingles) information (p. 16)
- Updated recommendations regarding flu vaccinations for people with egg allergies

ICON LEGEND			
BPIP	Bulletin Board Material	HHQI University	Data
Informational Resource	Interactive Tool	Podcast	Poster
Promotional Material	Success Story	Video	Webinar / Presentation

Resources

- Home Health Toolkits
 - Respiratory Infections
 - Urinary Tract Infections
 - Wound Infections

Respiratory Infections



Home care for respiratory patients includes a complex array of services delivered in an uncontrolled setting. Home health care providers are expected to assist patients and their caregivers to manage day-to-day living with respiratory diseases, to identify and respond to complications, to teach patients the proper use of respiratory equipment and assist with medication management. Physicians and nurses providing care need clinical knowledge and skills, a patient centered perspective, and understanding of the cost and reimbursement structures for home care services.

Respiratory infections can spread in several ways. Infections, such as a cold, distribute tiny droplets of fluid containing the cold virus into the air whenever someone sneezes or coughs. If these droplets are breathed in by someone else, they may become infected. Infections can also be spread through indirect contact such as on door handles, utensils, hand airways or lungs. They are us infections are thought to be The common cold is the mos

Urinary Tract Infections



Urinary Tract infections are the most common type of healthcare associated infections and pose serious health problems affecting people each year. An estimated 560,000 patients develop CAUTI (catheter associated urinary tract infections) each year. According to the National Healthcare Safety Network, this accounts for approximately thirty percent of acute care infections. By implementing consistent infection control practices, it is estimated that seventy percent of urinary tract infections can be prevented. Urinary catheters increase the likelihood of infection, length of stay, cost, antibiotic use, and patient discomfort. The prolonged use of a urinary catheter is the greatest risk factor for developing a urinary tract infection. The longer a catheter is used, the more likely bacteria and yeast will travel up the catheter and result in an infection. Evidence has shown that urinary catheters should be used only when necessary and should be removed as soon as possible.

Clinicians generally classify r
 1. Upper respiratory tra
 common cold, tonsill
 2. Lower respiratory tra
 pneumonia, bronchit

Women are especially prone to
 develops a UTI during her lifeti
 varies on the amount of fluids c
 from bacteria, viruses, and fungi
 to the opening of the urethra an
 (E. coli), which normally lives in
 population. Urinary sepsis may a
 Incontinent products should also

Quality Improvement Organizations
 Great Plains
 Quality Improvement Network

Wound Infections

Given the complexity of wound care and the multiple factors that affect healing, wound care in the home can be a challenge. Chronic health conditions and multiple co-morbidities, such as diabetes, cancer, or heart failure must all be taken into account. Home care nurses treat a variety of wounds. The plan of care must address the whole patient and must take into account any assistance the patient may need due to physical or mental deficits, nutritional needs, family support, wound care strategies, and reimbursement.

Wound Infection continues to be a challenging problem and represents a healthcare burden.

Most wounds contain micro-organisms; many heal successfully with proper cleansing and wound care. However, micro-organisms and bacteria, can multiply, invade and damage tissues that delay healing and cause systemic infections.

It is important to be aware of the normal healing process of wound care. The phases of wound healing are outlined below.

Who is at risk of wound infection?

The risk of infection is increased by any factor that debilitates the patient, impairs immune resistance or reduces tissue perfusion such as:

- co-morbidities (diabetes, immunocompromised states, hypoxia, poor tissue perfusion due to anemia, arterial, cardiac, respiratory, and renal impairment, malignancy, obesity and malnutrition)
- Medication including corticosteroids, cytotoxic agents, and immunosuppressant medications
- Psychosocial factors: hospitalizations, poor personal hygiene, unhealthy lifestyles and economics.

- Key components
 - Risk Assessment
 - Surveillance
 - Measure and Analysis of Data
 - Standardized Definitions
- Report to Quality Committee, Staff, Patients and Families
- Educate and Evaluate Learning
- April Webinar
 - Specific processes: (Isolation precautions, injection safety, PPE, and more)

Develop a Plan based on Prevention and Control 63



Lillian Wald identified in 1892 the need
for Home Health Care

No longer “Baptism by Fire”

Thank you for your work!



Peg Gilbert, RN, MS, CIC, FAPIC

PegGilbert@qualityic-llc.com

Quality IC, LLC

Contact Information
