



The influential voice of Nebraska's hospitals

Infection Control in the Critical Access Hospital

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Tell me a little about yourself?

- Name and Title
- Where you work
- Are you the infection preventionist at your facility?
- What is one thing that you want to learn about infection control?

Infection Prevention Regs

- Infection Prevention and Control was 3rd in the top 10 most common deficiencies for CAH
- Infection Prevention and Control Program was 6 out the 10 most common

Infection Prevention Regs Cont.

- Designated IP with evidence they are qualified and maintain qualification through education, training, etc.
- P&P on general infection practices, construction, reportable illnesses, etc.
- Have to show how the infection control program is a part of QAPI

AHRQ

- Agency for Healthcare Research and Quality
- CUSP toolkits
 - Antibiotic usage
 - Surgical care
 - Preventing CLABSI and CAUTI

AHRQ

AHRQ Safety Program for Improving Antibiotic Use



Toolkit Implementation Guide for Acute Care Antibiotic Stewardship Programs

Introduction

Developing an antibiotic stewardship program (ASP) or improving an existing ASP can take time. If you are starting a program or growing a nascent program, the resources provided in the [AHRQ Safety Program toolkit](#) are intended to be introduced and implemented over several months. If you have an existing ASP, you should assess what elements of the toolkit will improve your program. Regardless of the stage of your ASP, you should begin by reviewing all elements of the toolkit, which are described below. Implementation of the AHRQ Safety Program for Improving Antibiotic Use can help hospitals address the Centers for Disease Control and Prevention's [Core Elements of Hospital Antibiotic Stewardship Programs](#).

Develop and Improve Your Stewardship Program

It may be most useful to begin with the first four presentations under the "[Develop and Improve Your Stewardship Program](#)" tab to ensure that you have the basics in place for a functioning ASP. Each presentation throughout the toolkit includes both a slide set and a script, referred to in the toolkit as a facilitator guide. The presentations in this section are directed at ASP leaders and cover [developing an ASP](#), [determining core interventions that the ASP will perform on a regular basis](#), [measuring the success of the ASP](#), [managing behavior change as a steward](#), and [sustaining an ASP](#).

What is an IP?

- Infection Preventionist
 - According to the CMS regulation §485.635(a)(3)(vi)
 - A designated individual who is qualified by education and/or experience and who is responsible for the infection control program.

But we are so much more...

Roles of an IP

- Leader
- Mentor
- Subject Matter Expert
- Educator
- Mediator
- Liaison
- Collaborator
- Evaluator
- Customer Service



Get Your COVID-19 Vaccine

**THIS WEDNESDAY | APRIL 7
GET SCHEDULED NOW**

**Even if you have signed up previously,
vaccines ARE available.**

Most Restrictions Have Been Lifted, so GO ONLINE to

[https://nalhd.sjc1.qualtrics.com/jfe/form/
SV_9uHzwp45Bh4GpRY](https://nalhd.sjc1.qualtrics.com/jfe/form/SV_9uHzwp45Bh4GpRY)
to make your appointment.

You Do NOT have to work or live in Saunders County.

If you are able to travel to Wahoo (Starlight Event Center), we will provide you a vaccine if you are 18 or older. (Parent or Guardian required for 18 year olds.)



Help us spread the word and share with others.

If you are interested in getting the vaccine is available. Previous State signups are not available to SAC.

190 County Road | Wahoo, NE 68086 | 402.443.4100



Regulations - What You Need

- Infection Control Plan
 - A system to identify, report, investigate, and control infections and communicable disease for patients and employees
 - Document surveillance activities, including measures selected for monitoring, collection, and analysis.
 - Address issues in a timely manner and monitor interventions

Regulations - What You Need

- Legionella Water Management Plan
 - 42 CFR §485.635(a)(3)(vi) for critical access hospitals (CAHs):
 - CMS expects Medicare certified healthcare facilities to have water management policies and procedures to reduce the risk of growth and spread of *Legionella* and other opportunistic pathogens in building water systems.
 - Tool Kit
 - <https://www.cdc.gov/legionella/maintenance/wmp-toolkit.html>

Measurements and Outcomes

- Hand Hygiene
- HAI (Hospital Acquired Infection)
 - SSI (Surgical Site Infection)
 - C. Diff (Clostridium Difficile)
 - CAUTI (Catheter Associated Urinary Tract Infection)
 - CLABSI (Central Line and Blood Stream Infection)
 - NHSN Training
 - <https://www.cdc.gov/nhsn/acute-care-hospital/index.html>

Measurements and Outcomes

- CAUTI Criteria

1.	Patient had an indwelling urinary catheter (IUC) that had been in place for more than 2 consecutive days in an inpatient location on the date of event AND was either:
	<ul style="list-style-type: none">Present for any portion of the calendar day on the date of event <p>OR</p> <ul style="list-style-type: none">Removed the day before the date of event
2.	Patient has at least one of the following signs or symptoms:
	<ul style="list-style-type: none">Fever (>38.0°C): To use fever in a patient > 65 years of age, the IUC needs to be in place for more than 2 consecutive days in an inpatient location on date of eventSuprapubic tenderness*Costovertebral angle pain or tenderness*Urinary urgency ^Urinary frequency^Dysuria ^
3.	Patient has a urine culture with no more than two species of organisms identified, at least one of which is a bacterium of $\geq 10^5$ CFU/ml

***No other recognized cause**

^These symptoms cannot be used when catheter is in place

Measurements and Outcomes

- CLABSI

- Devices that are NOT considered central lines for NHSN reporting

- Arterial Catheters
- Arteriovenous fistula
- Arteriovenous graft
- Atrial catheters (also known as transthoracic intra-cardiac catheters)
- Extracorporeal membrane oxygenation (ECMO)

- Hemodialysis reliable outflow (HERO) dialysis catheters
- Intra-aortic balloon pump (IABP) devices
- Ventricular Assist Devices (VAD)
- Peripheral IV's

Metrics for Infection Prevention

- Take number of infections over patient/line days or procedures performed by 1000 patient days
- Count your Foley and Central Line days at the same time every day
- NHSN reporting can give you benchmark reports to show how you are doing compared to other CAHs

Challenges in Infection Control

- MDROs (Multi Drug Resistant Organisms)
 - Track and Identify Trends
- Safe Practices by Staff
 - Exposures
- Ambulatory Care
 - Quick turn around of patients
- Communicable Disease Outbreaks and Bioterrorism
 - Emergency Preparedness
 - Ebola, Zika, SARS-CoV-2...

“It’s for your own good. You’ve got to stop touching your face.”



Mitigating Risk

- Hand Hygiene
- Respiratory Hygiene/Cough Etiquette
- Use of Transmission-Based Precautions such as: contact precautions, droplet precautions, and airborne precautions
- Use of personal protective equipment (PPE) for healthcare personnel such as gloves, gowns, masks, respirators, face shields/eye protection
- Appropriate use of Foleys and central lines
- Safe work practices to prevent healthcare worker exposure to blood borne pathogens
 - Annual Sharps Safety Evaluation
- Safe medication preparation and administration practices
 - Safe Injection Champion(s)
- Patient Dedicated Equipment
- Policies to ensure that reusable patient care equipment is cleaned and reprocessed appropriately before use on another patient
- Role specific education for staff
- Education to patients and visitors

Audit Techniques: Trust... But Verify

- Chart Review
 - 100% or Random Sampling
- Secret Shoppers
 - Hand Hygiene
- Watch and Wait
- Patient Rounds with Providers
- ATP Testing, Glow Spray, and Powder
 - High Touch Areas
 - Hand Hygiene

IP Daily Activity

- Review Patient Charts
 - Look for:
 - Foleys
 - Central lines
 - Infections requiring isolation
 - Updated lab results
- Round on Patients and Visit with Nurses and Providers
- Verify Isolation Signage is up
 - Educate patients and family on isolation precautions
 - Educate staff on isolation precautions
- Conduct Hand Hygiene Observation
- Review Daily Microbiology Report
 - Address any gaps in treatment

IP Weekly Activity

- Run report on 30 day and 90 day SSIs
 - Create SSI cases as needed
- Run report for possible CAUTIs and CLABSIs
 - Create HAI cases as needed
- Perform room cleaning surveillance
 - Spray high touch areas in patient room prior to environmental services cleaning and go through with black light
 - Swab with ATP tester swab after EVS cleaning

IP Monthly Activity

- Prepare infection control report for med staff
- Collect hand hygiene observations from secret observers
 - Remind secret observers for upcoming month to perform duties
- NHSN reporting
 - Abstract all procedures
 - Abstract HAIs
 - Export procedures and HAIs
 - Upload procedures and denominator data into NHSN
 - Upload any SSI, CAUTI, or CLABSI cases into NHSN
- Check negative airflow rooms
- MDRO Report

IP Yearly Activity

- Conduct and collaborate with department managers for education in these areas
 - Hand Hygiene
 - Standard & transmission-based precautions
 - Asepsis
 - Sterilization
 - Disinfection
 - Food Sanitation
 - Housekeeping
 - Linen Care
 - Medical/Infectious Waste
 - Injection Safety
 - Separation of clean from dirty
- Send letters to specialty providers' office for documentation of influenza vaccine for their staff that come to facility
- Perform Annual Sharps Review
- Perform Annual Infection Control Risk Assessment
- Send out letters to surgeons for previous year regarding SSI rate at facility

Know Your CAH

- Get comfortable with the following departments:
 - Operating Room
 - Sterile Supply and Processing
 - Lab
 - Radiology
 - Nursing Floor
 - Emergency Department
 - Nutrition
 - Environmental Services and Facility Maintenance
 - Clinic

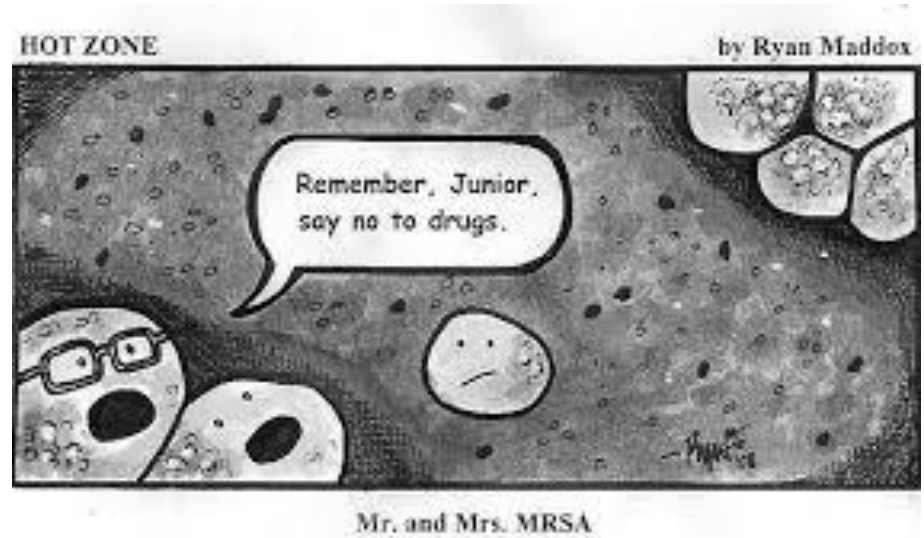
ICRA (Infection Control Risk Assessment)

- Used for construction to assure any and all precautions regarding infection control and patient safety are addressed and followed.
- Must work closely with maintenance.
- Daily audits of work being done.
 - Document audits and any interventions.

Antibiotic Stewardship

- CDC Published the 7 Core Elements for CAHs in 2014, then updated in 2019
 - <https://www.cdc.gov/antibiotic-use/healthcare/pdfs/core-elements-small-critical.pdf>
- ASAP with UNMC can provide education and assist in building your stewardship
 - <https://asap.nebraskamed.com/>

Why Antibiotic Stewardship?



Resources and Guidelines for Best Practice

- APIC
- SHEA
- ASAP
 - <https://asap.nebraskamed.com/>
- ICAP
 - <https://icap.nebraskamed.com/>
- NHSN
 - <https://www.cdc.gov/nhsn/index.html>
 - Healthcare Infection Control Practices Advisory Committee (HICPAC)
- CDC
 - <https://www.cdc.gov>
- AORN
- OSHA
- Clarkson College Infection Control Training
 - <https://www.clarksoncollege.edu/academics/professional-development/courses/primary-infection-prevention-courses/>

Some good policies:

ATP Testing 	Purpose: To ensure high touch patient care areas are properly cleaned. Policy: High touch areas in the hospital, clinic, and long term care will be ...	Infection Control	August 25, 2022	August 2, 2023	August 2, 2023
Bed Bug Management	Purpose: To prevent bed bug infestation at Saunders Medical Center. Policy: A confirmed identification of a bed bug is obtained before any pest control procedures ...	Infection Control	January 3, 2023	January 3, 2023	January 3, 2023
Body Fluid Special Precautions	Purpose: To ensure Saunders Medical Center (SMC) staff's safety when handling body fluids of patients receiving hazardous drugs. Policy: There are many drugs patients take ...	Infection Control	April 13, 2022	May 12, 2023	May 12, 2023
Cleaning and Disinfecting of the Rural Health Clinic 	POLICY: 1. Environmental Services (EVS) staff will perform clean and disinfect the Rural Health Clinic (RHC) following the attached checklists. 2. For blood or bodily ...	Infection Control	November 28, 2022	September 12, 2023	September 12, 2023
Clostridium Difficile Management 	Purpose: _Clostridium difficile (C. difficile)_ is a spore-forming, gram-positive anaerobic bacillus that produces two toxins, toxin A and toxin B. It is the cause of ...	Infection Control	April 13, 2022	May 12, 2023	May 12, 2023
Coronavirus Prevention, Response, & Reporting	PURPOSE: Saunders Medical Center (SMC) will ensure that appropriate interventions are implemented to prevent the spread of COVID-19 and promptly respond to any suspected or ...	Infection Control	May 16, 2023	May 16, 2023	May 16, 2023
Coronavirus Testing	POLICY: The Saunders Medical Center (SMC) will implement testing of SMC patients and staff, including individuals providing services under arrangement and volunteers, for COVID-19. Definitions: ...	Infection Control	January 11, 2023	January 11, 2023	January 11, 2023
Criteria for Defining a Hospital Acquired Infection (HAI) 	Purpose: The purpose of this procedure is to provide well-defined criteria to enable us to define an infection as HAI or community and identify its ...	Infection Control	August 1, 2017	February 14, 2023	February 14, 2023

References

- State Operations Manual. Appendix W - Survey Protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAHs) and Swing-Beds in CAHs. (Rev. 183, 10-12-18)42 CFR §485.635(a)(3)(vi)
- <https://www.youtube.com/watch?v=5rPk9XhA700>
- <https://www.cdc.gov/antibiotic-use/healthcare/implementation/core-elements-small-critical.html>