Nebraska Hospital Association

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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?

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…

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Roles of an IP

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

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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

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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

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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:
	• Present for any portion of the calendar day on the **date of event** **OR**
	• Removed the day before the **date of event**
2.	Patient has at least *one* of the following signs or symptoms:
	• 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 event**
	• Suprapubic 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

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Measurements and Outcomes

- CLABSI

  ▪ Devices that are <u>NOT</u> 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

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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

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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…

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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

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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

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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

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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

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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

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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
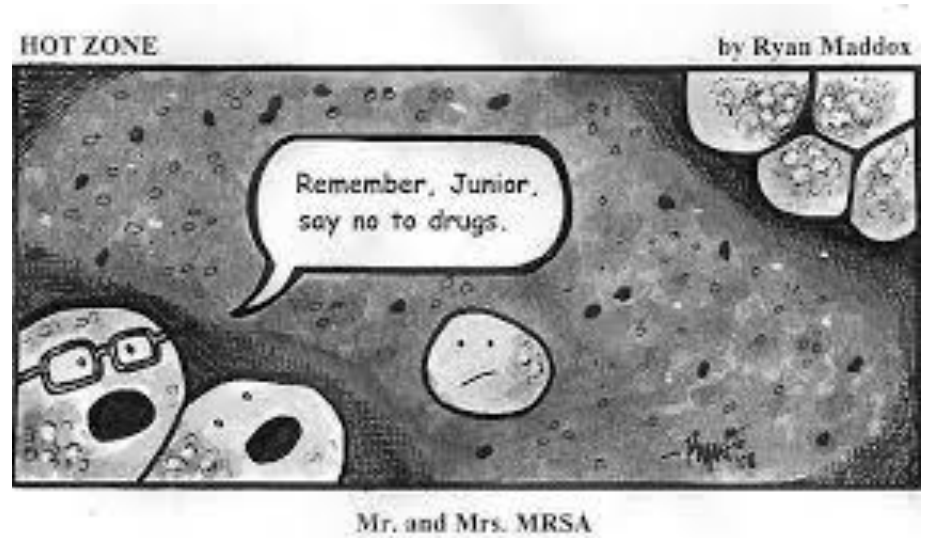 - Clinic

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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 2015
  - 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/

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Ongoing COVID-19 PANDEMIC

- Has and will continue to change IP world

- Increase in HAI, CLABSI, and CAUTI's

- PPE important but then complacent again

- Learn as you go is okay

- Prepare for the next highly infectious illness outbreak

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That was A LOT of information...

Lets talk about it!

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