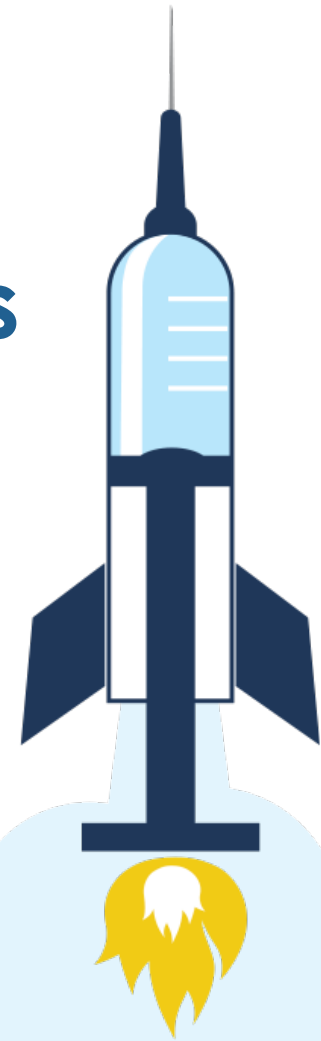# BOOST Education and Office Hours BINGO!
Activity and Meal Guidance Through Risk Assessment

ALLIANT
HEALTH SOLUTIONS

BINGO!
Activity and Meal Guidance Through Risk Assessment
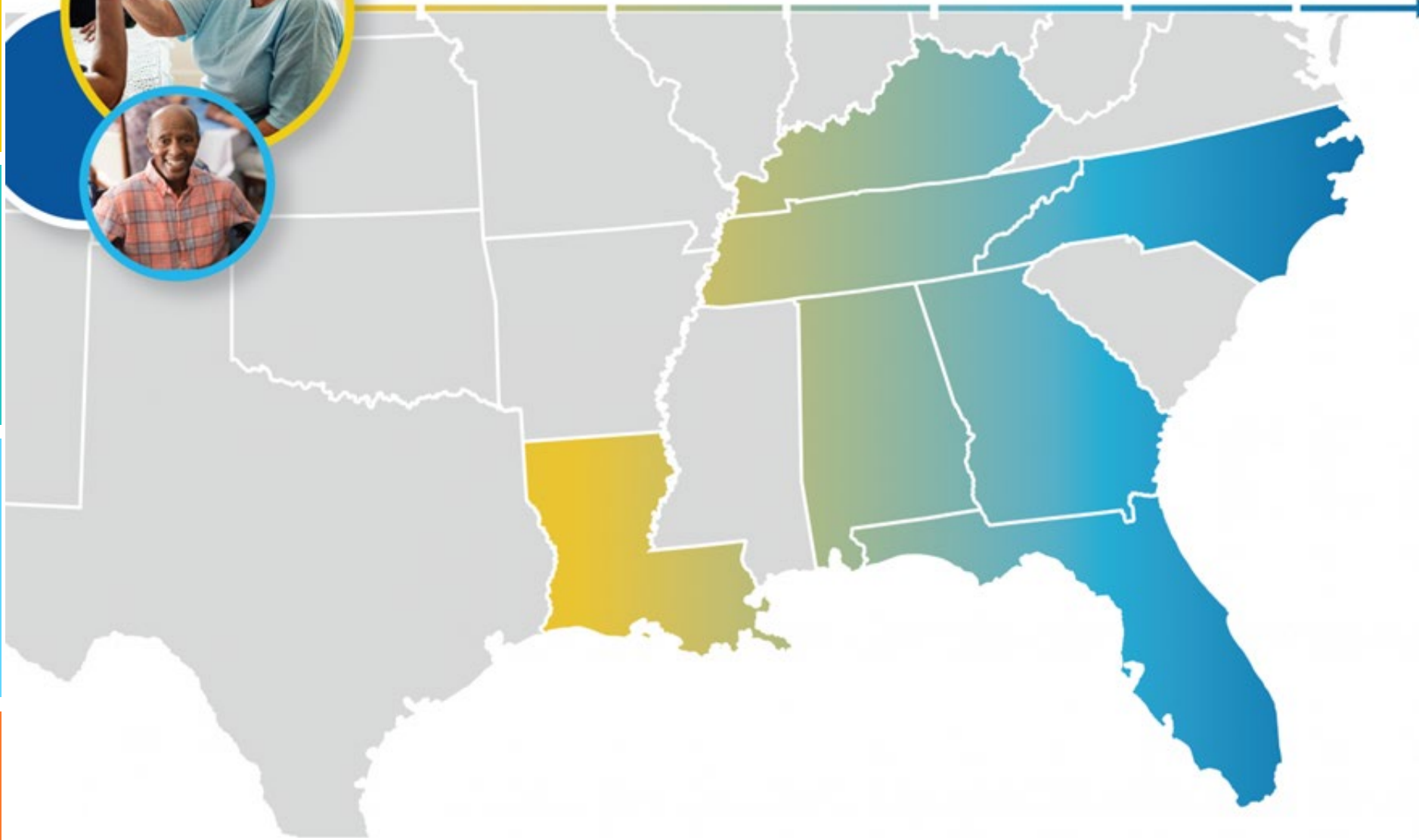

Amy Ward, MS, BSN, RN, CIC, FAPIC
Patient Safety Manager
Alliant Health Solutions

September 1, 2022

ALLIANT HEALTH SOLUTIONS

QIN–QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

About Alliant Health Solutions

Amy Ward, MS, BSN, RN, CIC, FAPIC

INFECTION PREVENTION SPECIALIST

Amy is a registered nurse with a diverse background in acute care nursing, microbiology, epidemiology and infection control. She is passionate about leading and mentoring new and future infection preventionists in their career paths and assisting them in reducing healthcare-associated infections across the continuum of care.

Amy enjoys spending time with her family. She loves all the time she can get outdoors camping, bicycling and running.

Contact: Amy.Ward@AlliantHealth.org

Lisa Davies, CPHQ, LNHA, RD, LD

QUALITY IMPROVEMENT INITIATIVE MANGER

Lisa is a health care professional with over 20 years of experience in long-term care. Her work experience includes facility administration, implementation of quality improvement frameworks, legislative affairs and project management. Lisa has also served in board and chair positions supporting strategic quality initiatives across Georgia. Her current work includes applying quality improvement methodologies to support improved outcomes across healthcare organizations.

**"The right thing to do with regard to quality of care: improve it."
– Donald Berwick**

Contact: lisa.davies@allianthealth.org

Infection Prevention Risk Assessment

- Completed annually *and* when risks change
- Completed by a multidisciplinary team
- When risks change, used to develop preparedness plans and mitigation responses if needed
- Regulatory requirement
- Use a template (adding or deleting line items!)
- Use to develop priorities and goals for the upcoming year

Considerations and Data-Gathering

- Facility
- Services provided, care and treatment
- Data analysis
  - Incident reports
  - Hand hygiene compliance
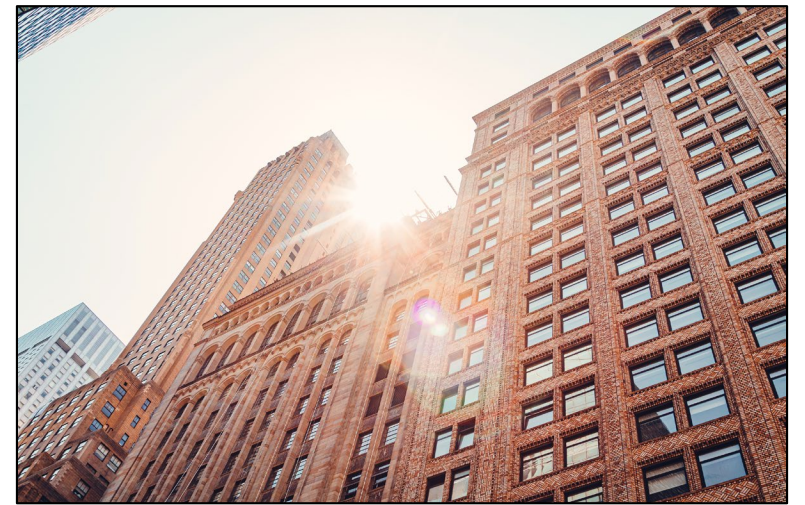 - Infection rates
  - TB rates
- Patients/residents/personnel

Enter to chat – do these two facilities have the same risks?

Risks to Consider

Facility
- Location
  - Risks for hurricanes/flooding
- Community
- Population
  - Urban versus rural
- Care/services provided
- Personnel

Enter to chat – do these two facilities have the same risks?

Services/Treatments/Procedures

- Intravenous infusions or central lines
- Indwelling urinary catheters
- Intubation/ventilation
- Wound care/hyperbaric

Equipment

- Disposable versus Reusable
  - Are single-use disposable items reused?
- Re-usable equipment
  - Cleaning and disinfection between uses
  - Are the instructions for use followed?
  - How is cleaning or disinfection evaluated?
  - When is cleaning required?
  - When is disinfection required?

Environmental Rounds

- What do you see during rounds?
  - Cleanliness
  - Ventilation
  - Space (clean, separated from dirty, storage of supplies and equipment – away from outside walls, off the floor, etc.)
- Construction/Renovation
- Furnishings and mattresses in good repair?

Residents

- Age - young, elderly or both
- Lifestyle risks
- Migrant or ethnic groups
- Immunocompromised or oncology
- Post-surgical or rehab
- Drug-resistant organisms
- Respiratory infections/trach unit
- UTI risks

Personnel

- Compliance with:
  - o Work restrictions
  - o Health screenings (TB, COVID-19, etc.)
- Vaccinations
- Workplace exposures

Consider all those who work in the facility and what infection risks may be present during their course of work.

Surveillance Data

- Hand hygiene trends
- Outbreak data - GI infections, COVID-19, influenza
- Compliance with precautions
- Compliance with sharps safety program
- Environmental cleaning audit data
- Education and competency completion

Completing the Risk Assessment

Discuss these main risk areas:

- Facility-associated infections
  - o Device- or care-related
- Resident-related
- Outbreak-related

Fill out the IP risk assessment as a multidisciplinary group

- Add or remove line items as they pertain to your own facility's risks
- Example: If you do not care for residents (and will never accept) with a tracheostomy, this line is not applicable and should be removed

https://www.cdc.gov/longtermcare/excel/IPC-RiskAssessment.xlsx

Completing the Risk Assessment

Rate each risk for:
- Probability of occurrence
- Level of harm if an event occurs
- Impact on care
- Readiness to prevent

Find the sum for each row to determine the risk score
- Scores > 8 are likely high-priority items that should be addressed in your annual infection prevention plan

INFECTION EVENT	PROBABILITY OF OCCURRENCE (How likely is this to occur?)				LEVEL OF HARM FROM EVENT (What would be the most likely?)				IMPACT ON CARE (Will new treatment/care be needed for resident)				READINESS TO PREVENT (Are processes/resources in place)			RISK LEVEL (Scores ≥ 8 are considered highest priority for improvement efforts.)				
Score	High	Med.	Low	None	Serious Harm	Moderate Harm	Temp. Harm	None	High	Med.	Low	None	Poor	Fair	Good					
	3	2	1	0	3	2	1	0	3	2	1	0	3	2	1					
Facility-onset Infections(s)																				
Device- or care-related																				
Catheter-associated urinary tract infection (CAUTI)																				
Central line-associated bloodstream infection (CLABSI)																				
Tracheostomy-associated respiratory infection																				
Percutaneous-gastrostomy insertion site infection																				
Wound infection																				
Other (specify):																				
Resident-related																				
Symptomatic urinary tract infection (SUTI)																				
Pneumonia																				
Cellulitis/soft tissue																				
Clostridioides difficile infection																				
Tuberculosis*																				
Other (specify):																				
Outbreak-related																				
Influenza*																				
Other viral respiratory pathogens*																				
Norovirus gastroenteritis*																				
Bacterial gastroenteritis (e.g., *Salmonella, Shigella*)																				
Scabies																				
Conjunctivitis																				

Risk Mitigation

- Now that risks have been identified, they should be mitigated according to priority.
    - Look to the relative risk level and create an action plan that prioritizes the highest risks first.
- The action plans for high-risk items will be included in surveillance, planning, policies, education, etc., in the IP plan.

Example Risk Assessment – Dining and Activities

Care activity	Probability of occurrence 3=High 2=Med 1=Low	Impact on residents/staff safety 3=High 2=Med 1=Low	Capacity to detect 3=Poor 2=Fair 1=Good	Readiness to prevent 3=Poor 2=Fair 1=Good	Risk Level (Sum of row)	Notes
Communal Dining	2	3	2	1	8	
Group Activities	1	3	2	1	7	Only 3-5 residents participate at a time, room is large, pause when transmission levels high or substantial

Considerations:
- The probability will be lower if all staff and residents are up to date on vaccination.
- The impact will be lower if all staff and residents are up to date on vaccination.
- Capacity to detect – supplies for testing available? Is staff available to perform testing?
- Readiness to prevent - are you reviewing community transmission levels regularly and pausing activities when levels are substantial or high? Do you regularly audit infection prevention practices (hand hygiene, source control, cleaning and disinfection)?

Risk Assessment Best Practices

Complete as a team, not in a silo
- This helps you get the most information and to consider risks or mitigation that you may not have considered previously

Complete at the same time as the facility Hazard Vulnerability Assessment
- The assessments are very similar and should include the same group of people to contribute

Think outside the box/lines of the template
- Don't be limited by the risks in the template – many of the true risks to your facility may not be listed on the template

Complete annually and when risks change
- You don't need to complete the entire assessment when risks change; however, if a major event occurs, the assessment as it relates to that event should be reviewed and added to the template
  - Example: previously rated low risk, there is a norovirus outbreak at the facility that affected 12 residents and five staff. This section should be re-evaluated, and all data and findings from the outbreak should be considered as the assessment is completed.

Creative Activities During High Community Transmission Rates

Doorway Bingo
Supplies Needed: Usual Bingo Supplies, Masks

Deer Hunting
Supplies: Nerf Guns, Antlers

Hallway Bowling
Supplies: Plastic or Inflatable Bowling set, Sanitizing Wipes, Mask

Tattoo Day:
Supplies: Cart, Temporary Tattoos, Water, small towels/washcloths

Horse Window Visits
Supplies: Community Member with horse trailer and horses

Questions?

Nursing Home and Partnership for Community Health:
CMS 12th SOW GOALS

OPIOID UTILIZATION AND MISUSE

Promote opioid best practices

·

Reduce opioid adverse drug events in all settings

PATIENT SAFETY

Reduce hospitalizations due to c. diff

·

Reduce adverse drug events

·

Reduce facility acquired infections

CHRONIC DISEASE SELF-MANAGEMENT

Increase instances of adequately diagnosed and controlled hypertension

·

Increase use of cardiac rehabilitation programs

·

Reduce instances of uncontrolled diabetes

·

Identify patients at high-risk for kidney disease and improve outcomes

CARE COORDINATION

Convene community coalitions

·

Reduce avoidable readmissions, admissions to hospitals and preventable emergency department visits

·

Identify and promote optimal care for super utilizers
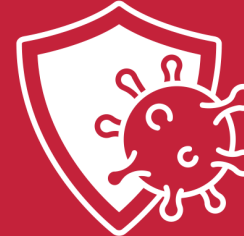
COVID-19

Support nursing homes by establishing a safe visitor policy and cohort plan

·

Provide virtual events to support infection control and prevention

·

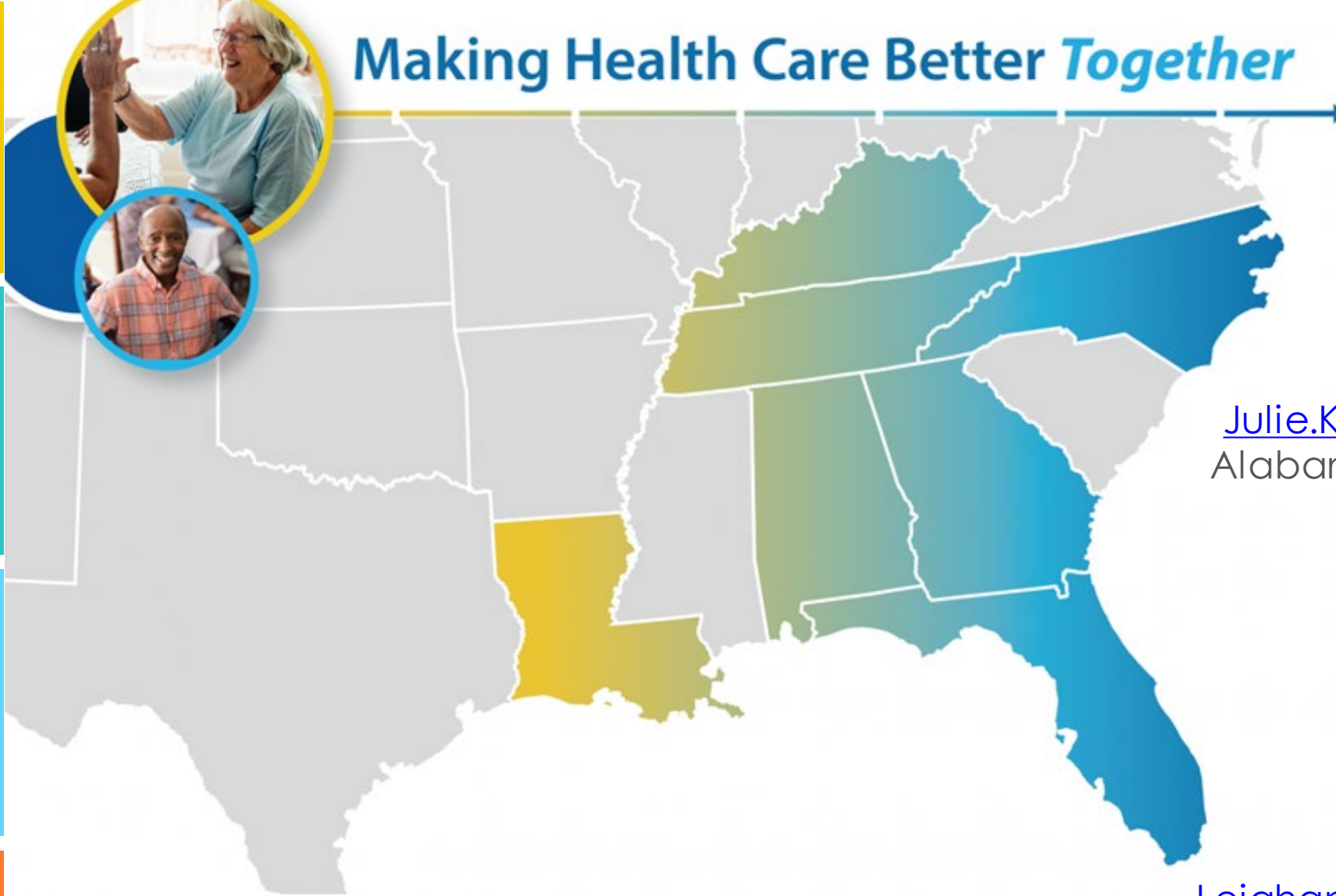Support nursing homes and community coalitions with emergency preparedness plans

IMMUNIZATION

Increase influenza, pneumococcal, and COVID-19 vaccination rates

TRAINING

Encourage completion of infection control and prevention trainings by front line clinical and management staff

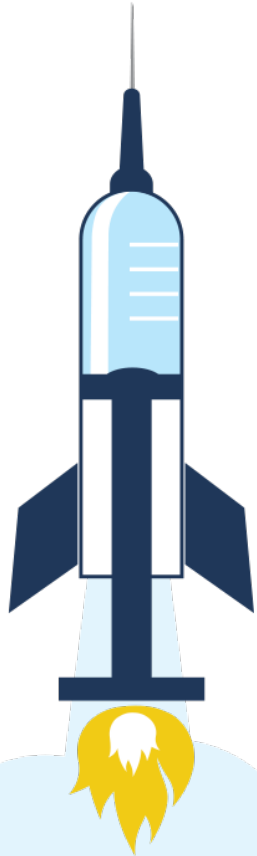## Making Health Care Better *Together*

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Thank you