



Georgia Department of Public Health:
Strike & Support Team GADPH Office Hours for NHs & SNFs
February 17, 2023

Meet the Team



Presenters:

Swati Gaur, MD, MBA, CMD, AGSF

Medical Director, Alliant Health Solutions

Erica Umeakunne, MSN, MPH, APRN, CIC

Infection Prevention Specialist

Alliant Health Solutions

Swati Gaur, MD, MBA, CMD, AGSF

MEDICAL DIRECTOR, POST-ACUTE CARE NORTHEAST GEORGIA HEALTH SYSTEM

Dr. Swati Gaur is the medical director of New Horizons Nursing Facilities with the Northeast Georgia Health System. She is also the CEO of Care Advances Through Technology, a technology innovation company. In addition, Dr. Gaur is on the electronic medical record (EMR) transition and implementation team for the health system, providing direction to EMR entity adaption to the long-term care (LTC) environment. She has also consulted with post-acute long-term care (PALTC) companies on optimizing medical services in PALTC facilities, integrating medical directors and clinicians into the QAPI framework, and creating frameworks of interdisciplinary work in the organization. Dr. Gaur established the palliative care service line at the Northeast Georgia Health System.

She also is an attending physician in several nursing facilities. Dr. Gaur attended medical school in Bhopal, India, and started her residency in internal medicine at St. Luke's–Roosevelt Medical Center in New York. She completed her fellowship in geriatrics at the University of Pittsburgh Medical Center and is board certified in internal medicine, geriatrics, hospice, and palliative medicine. In addition, she earned a master's in business administration at the Georgia Institute of Technology with a concentration in technology management.



Erica Umeakunne, MSN, MPH, APRN, CIC

Erica Umeakunne is an adult-gerontology nurse practitioner and infection preventionist with experience in primary care, critical care, health care administration and public health.

She previously served as the interim hospital epidemiology director for a large health care system in Atlanta and as a nurse consultant in the Centers for Disease Control and Prevention's (CDC) Division of Healthcare Quality Promotion. While at CDC, she served as an infection prevention and control (IPC) subject matter expert for domestic and international IPC initiatives and emergency responses, including Ebola outbreaks and, most recently, the COVID-19 pandemic.



Thank You to Our Partners

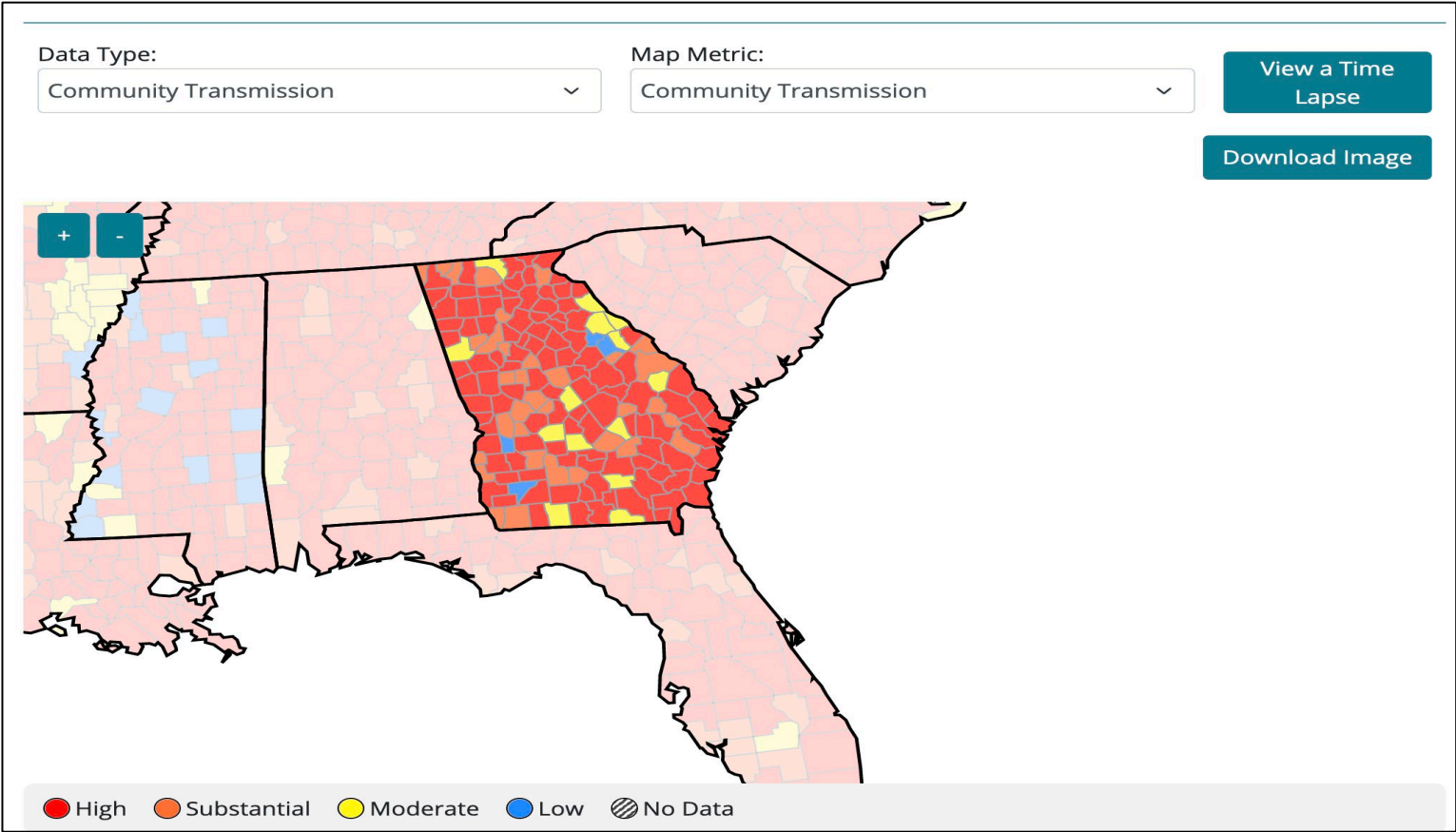
- Georgia Department of Public Health
- University of Georgia



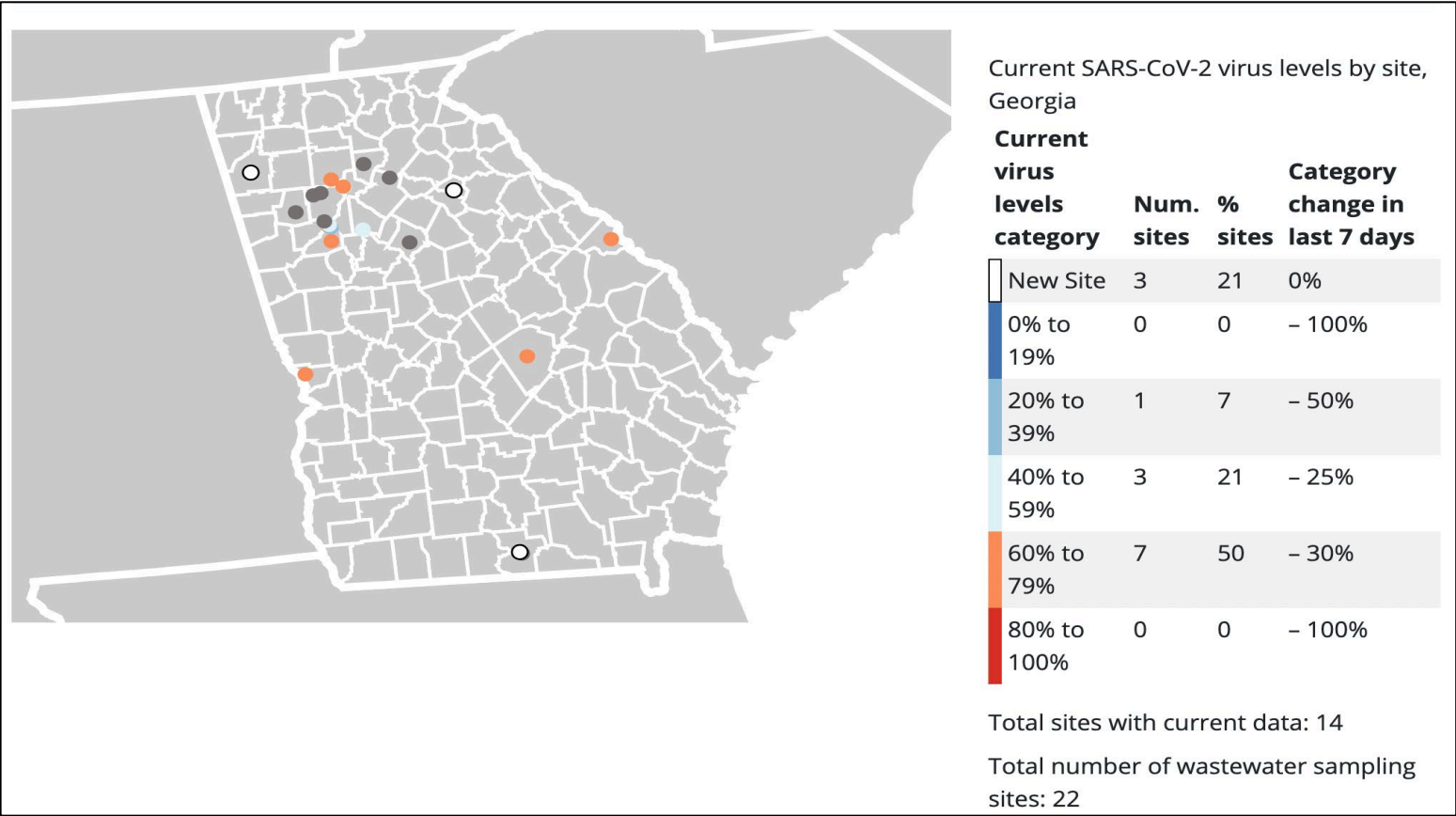
Objectives

- Provide updates on the COVID-19 pandemic vaccination and treatment recommendations
- Discuss respiratory illness burden in the community and discuss mitigation strategies, including COVID-19 and Influenza-like illnesses (ILI)
- Examine the difference between infection prevention and control (IPC) audits and competency checks
- Share Alliant Health Solutions resources to support COVID-19 IPC activities
- Address any facility-specific IPC questions or concerns

COVID-19 Community Transmission: Georgia



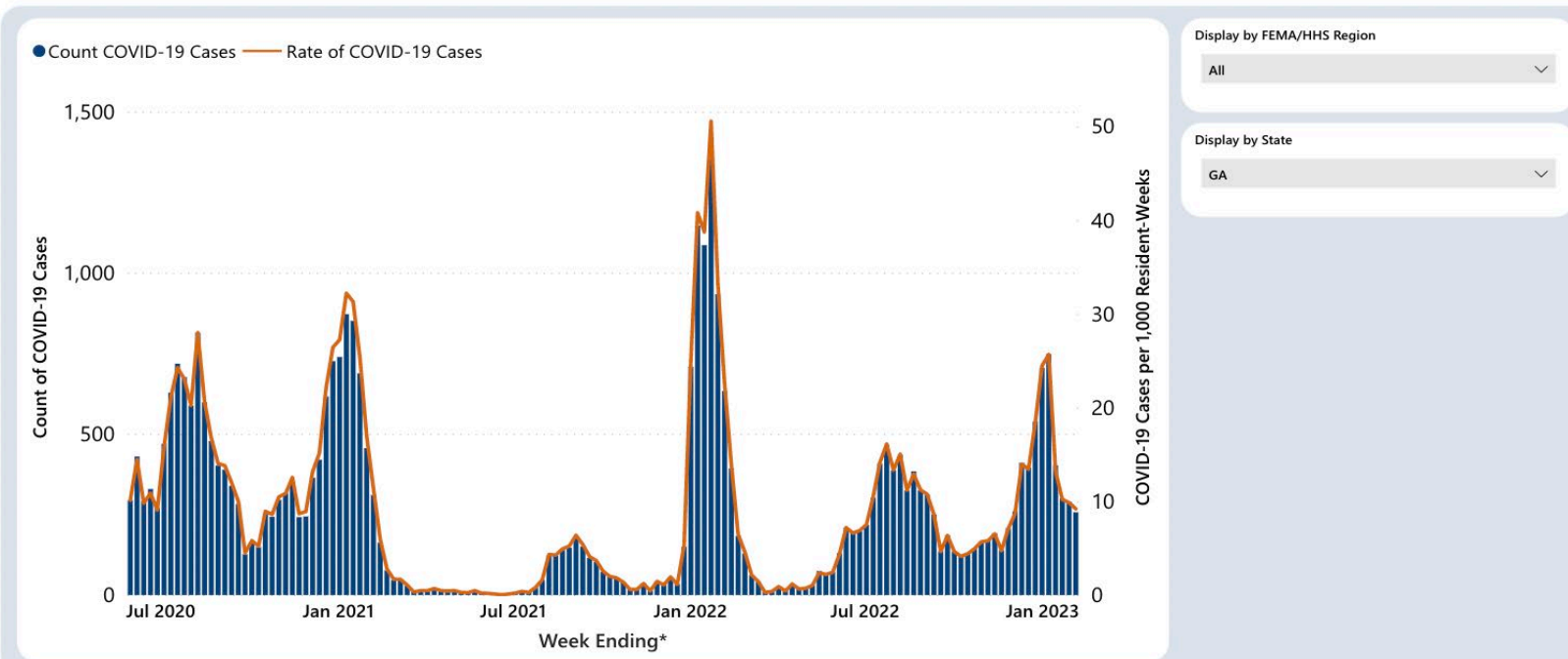
COVID-19 Wastewater Surveillance: Georgia



Confirmed COVID-19 Cases among Residents and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States



Confirmed COVID-19 Cases among Residents and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States



* Data are likely accruing, all data can be modified from week-to-week by facilities

For the purpose of creating this time-series graph, data that fail certain quality checks or appear inconsistent with surveillance protocols are assigned a value based on their patterns for data-entry or excluded from analysis

Data source: Centers for Disease Control and Prevention, National Healthcare Safety Network. Accessibility: [Right click on the graph area to show as table]

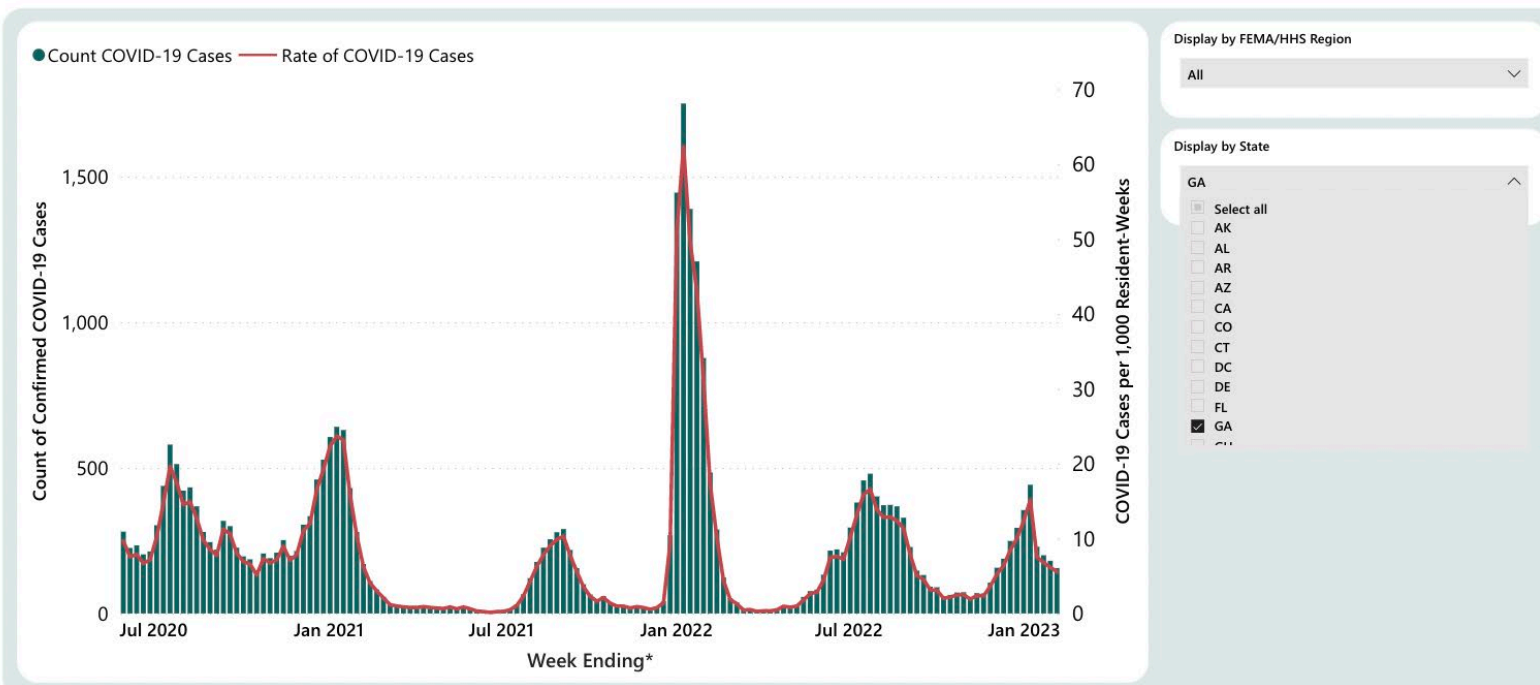
For more information: <https://www.cdc.gov/nhsn/ltc/covid19/index.html>

Data as of 2/6/2023 5:30 AM

Confirmed COVID-19 Cases among Staff and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States



Confirmed COVID-19 Cases among Staff and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week — United States



* Data are likely accruing, all data can be modified from week-to-week by facilities

For the purpose of creating this time-series graph, data that fail certain quality checks or appear inconsistent with surveillance protocols are assigned a value based on their patterns for data-entry or excluded from analysis

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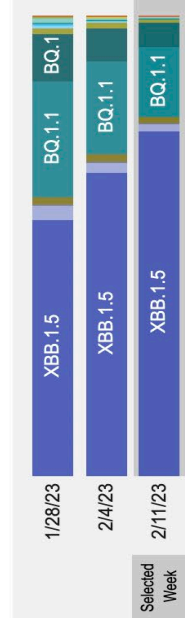
For more information: <https://www.cdc.gov/nhsn/ltc/covid19/index.html>

Data as of 2/6/2023 5:30 AM

Nowcast Estimates in United States for 2/5/2023 – 2/11/2023

Hover over (or tap in mobile) any lineage of interest to see the amount of uncertainty in that lineage's estimate.

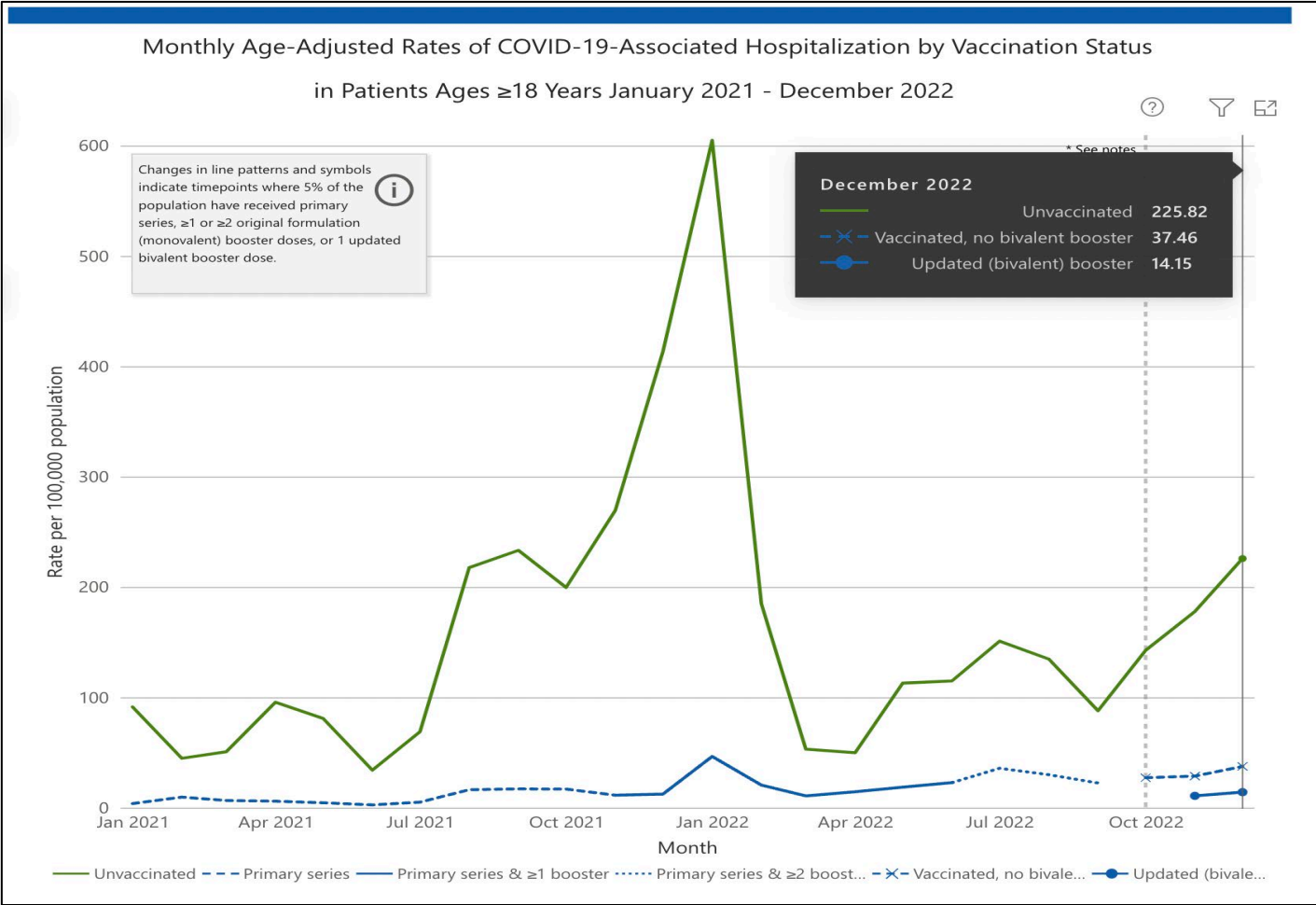
Model-based
projected
estimates of
variant



USA				
WHO label	Lineage #	US Class	%Total	95%PI
Omicron	XBB.1.5	VOC	74.7%	67.0-81.2%
	BQ.1.1	VOC	15.3%	11.4-20.2%
	BQ.1	VOC	5.1%	3.7-6.8%
	XBB	VOC	1.9%	1.4-2.5%
	CH.1.1	VOC	1.3%	0.9-1.9%
	BN.1	VOC	0.8%	0.5-1.1%
	BA.5	VOC	0.3%	0.2-0.5%
	BF.7	VOC	0.3%	0.2-0.4%
	BA.5.2.6	VOC	0.1%	0.1-0.2%
	BA.2	VOC	0.1%	0.0-0.1%
	BF.11	VOC	0.0%	0.0-0.1%
	BA.2.75	VOC	0.0%	0.0-0.0%
	BA.2.75.2	VOC	0.0%	0.0-0.0%
	BA.4.6	VOC	0.0%	0.0-0.0%
	B.1.1.529	VOC	0.0%	0.0-0.0%
	BA.2.12.1	VOC	0.0%	0.0-0.0%
	BA.4	VOC	0.0%	0.0-0.0%
	BA.1.1	VOC	0.0%	0.0-0.0%
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%
Other	Other*		0.1%	0.0-0.1%

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COVID-19 Hospitalizations by Vaccine Status

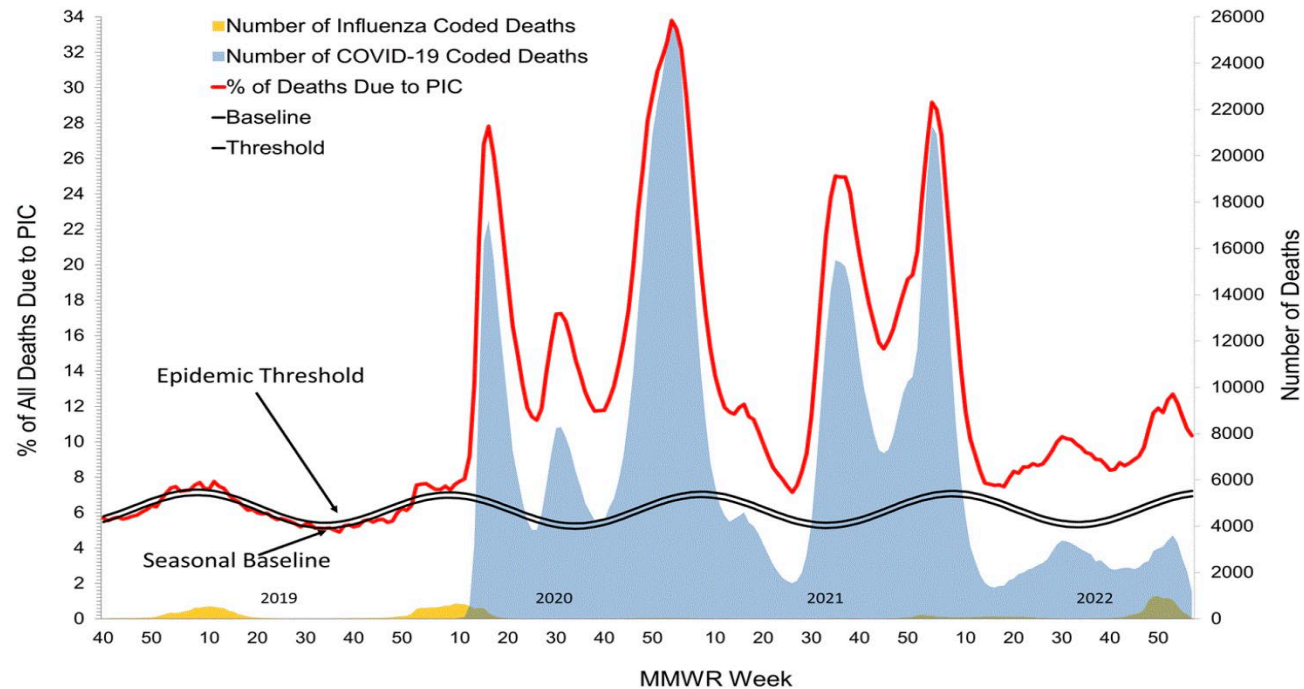


CDC Data Tracker



Pneumonia, Influenza and COVID-19 Mortality

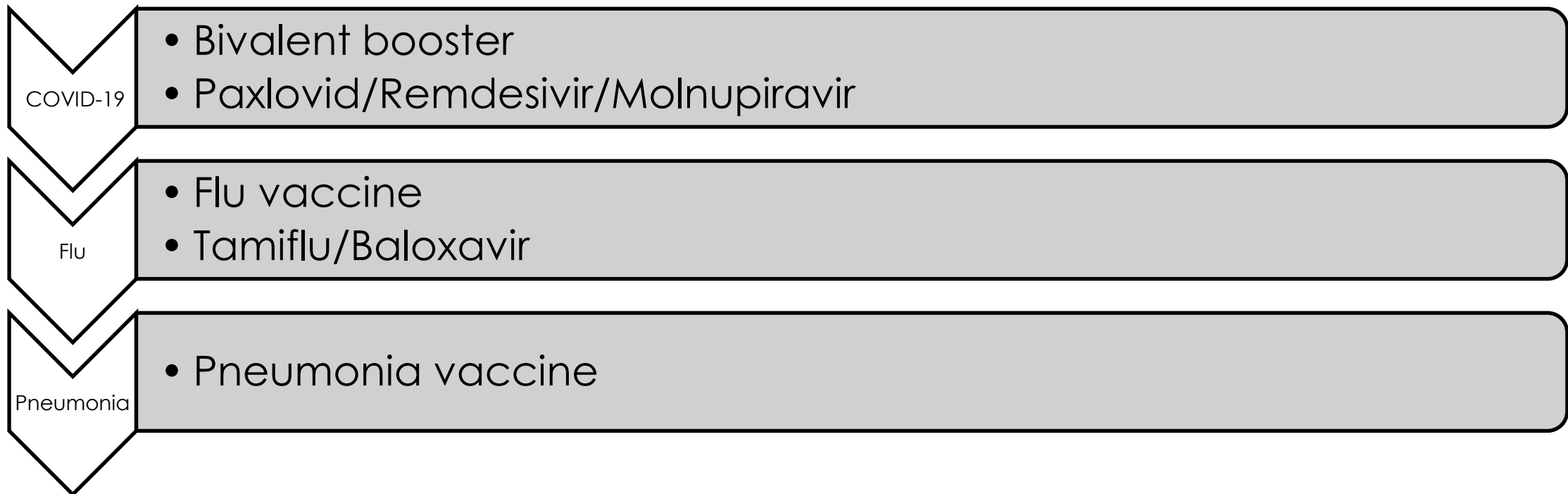
Pneumonia, Influenza, and COVID-19 Mortality from
the National Center for Health Statistics Mortality Surveillance System
Data as of February 9, 2023



[View Chart Data](#) [View Full Screen](#)

CDC Data Tracker

Drivers to Decrease Mortality Related to PIC



Performance Measures: Managing IPC Practices

- Measures
 - Valid and reliable indicators to monitor and evaluate the quality of clinical, environmental and safety components of care
- Performance measures
 - Way of measuring and reporting quality of care
 - Outcomes or processes used for:
 - Internal improvement
 - Inter-facility comparison
 - Organizational comparisons
 - Care decision-making

Performance Measures

- Types of measures
 - Outcome measures
 - Indicates the result of the performance (or nonperformance) of a function or process
 - Expected or non-expected clinical outcomes
 - Process measures
 - Focuses on a process or the steps in a process that leads to a specific outcome
 - Evaluate compliance with desired care or support practices
 - Capture variances in practices



Outcome Measures

- CMS Quality Metrics
- Resident care experience/satisfaction
- Healthcare-associated infection surveillance
 - Urinary Tract Infections
 - COVID-19 Infections
 - Multi-drug resistant organisms (MDROs)

Process Measures

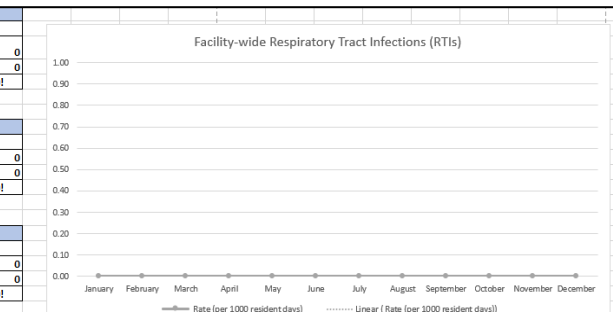
- Hand hygiene compliance
- Foley catheter care/bundle compliance
- Ventilator-associated pneumonia (VAP) Bundle compliance
- Transmission-based precautions (TBP) compliance
- Cleaning & disinfection

- | FY2023 (Jan-Dec 2023) | | | | | | | | | | | | | |
|-----------------------------------------------------------------|---------|----------|-------|-------|------|------|------|--------|-----------|---------|----------|----------|-------|
| Facility-wide HAI | January | February | March | April | May | June | July | August | September | October | November | December | YTD |
| Total Infections (UTIs, GI, SSTIs) | 1 | 2 | 3 | 4 | 5 | 6 | 10 | 15 | 22 | 8 | 3 | 1 | 68 |
| Resident Days | 1000 | 1250 | 950 | 1150 | 1300 | 1400 | 1250 | 800 | 1100 | 1225 | 1300 | 1000 | 11825 |
| HAI Rate (per 1000 resident days) | 1.00 | 1.60 | 3.16 | 3.48 | 3.85 | 4.29 | 8.00 | 18.67 | 20.91 | 6.86 | 2.31 | 1.00 | 4.81 |
| Mean (Average) Rate (per 1000 resident days) from previous year | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
- ### Healthcare-associated Infections (HAIs) FY2023

Month	Count
January	1
February	2
March	3
April	4
May	5
June	6
July	10
August	15
September	22
October	8
November	3
December	1

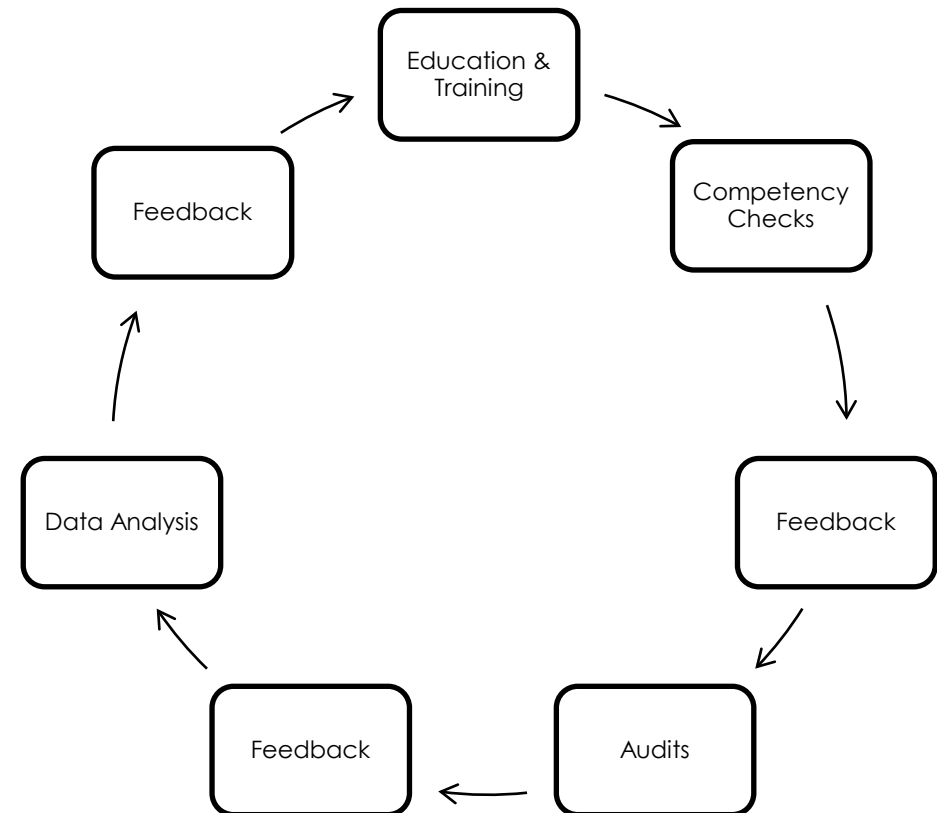
Healthcare-associated Infection (HAI) Rate FY2023

Month	Rate (per 1000 resident days)
January	1.00
February	1.60
March	3.16
April	3.48
May	3.85
June	4.29
July	8.00
August	18.67
September	20.91
October	6.86
November	2.31
December	1.00

[illegible][illegible]

Monitoring Infection Prevention & Control Practices: Process Measures

- Education
- Competency checks
- Feedback
- Audits
- Data analysis



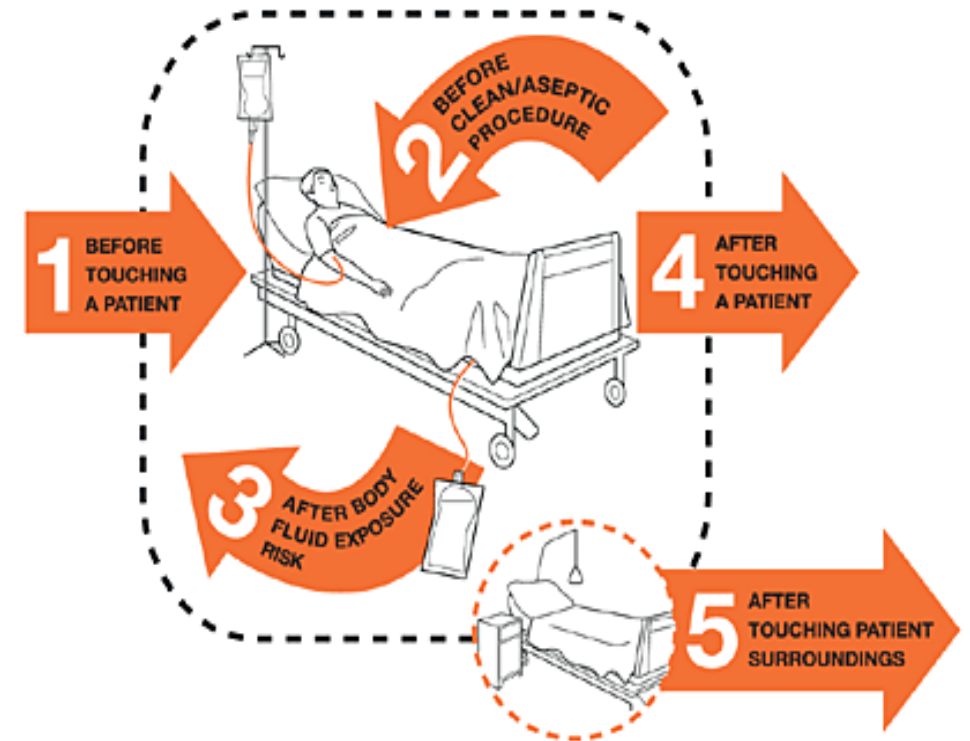
Monitoring Infection Prevention & Control Practices: Process Measures

Type of Feedback	How it Works	Benefits
Immediate Feedback	Feedback given at the time of the occurrence	Can be given by anyone; including observers, managers, supervisors or peers
Planned Feedback	Feedback given at pre-determined intervals through a type of measurement system	Usually the responsibility of a designated department or assigned role

<https://www.cdc.gov/infectioncontrol/pdf/strive/PPE104-508.pdf>

Hand Hygiene (HH) Training: Hand Hygiene in Health Care Settings

- [CDC Hand Hygiene in Healthcare Settings Training](#)
- [Guideline for Hand Hygiene in Healthcare Settings](#)
- [Hand Hygiene in Healthcare Settings-Core Slides](#)
- [Hand Hygiene in Healthcare Settings-Supplement Slides](#)
- [Project Firstline](#)

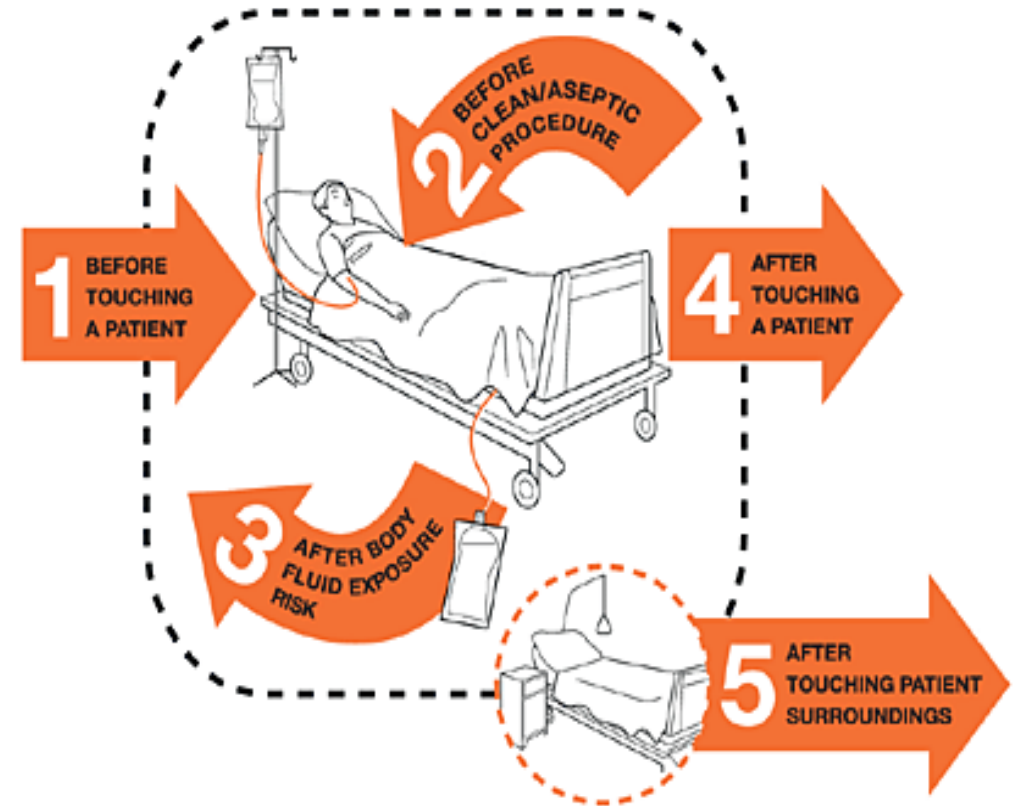


Staff Education

- Staff education about the role of hand hygiene in preventing infections is a priority for healthcare organizations
- Free training and promotional materials
 - www.cdc.gov/handhygiene/traning.html
- Education does not ensure adherence

Indications for Hand Hygiene

- Alcohol-based hand rub (ABHR)
- Soap and water
 - When hands are visibly soiled
 - Before eating
 - After using the bathroom
 - After exposure to spore-forming bacteria or during GI outbreaks (C. difficile or Norovirus)
- WHO five moments for hand hygiene



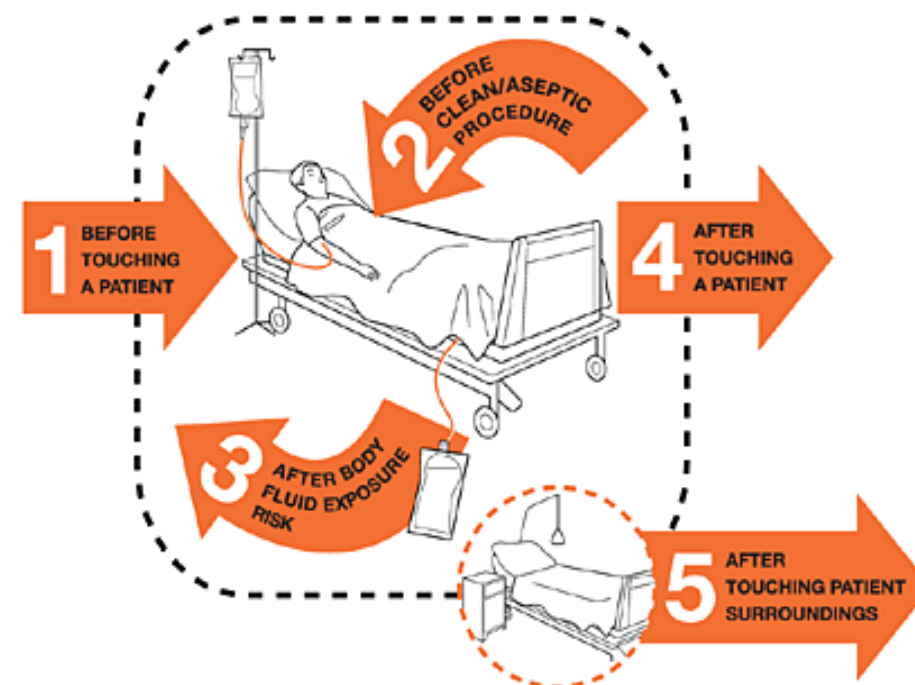
Technique and Competency

- ABHR
 - Volumen dispensed should take 15-20 seconds to rub in and dry
 - Some dispensers have adjustments for volume dispensed
- Soap and water
 - Wet hands
 - Apply soap and lather for 20 seconds, covering all surfaces and under rings
 - Rinsed thoroughly
 - Dry using a disposable towel
 - Turn off the faucet with a dry towel

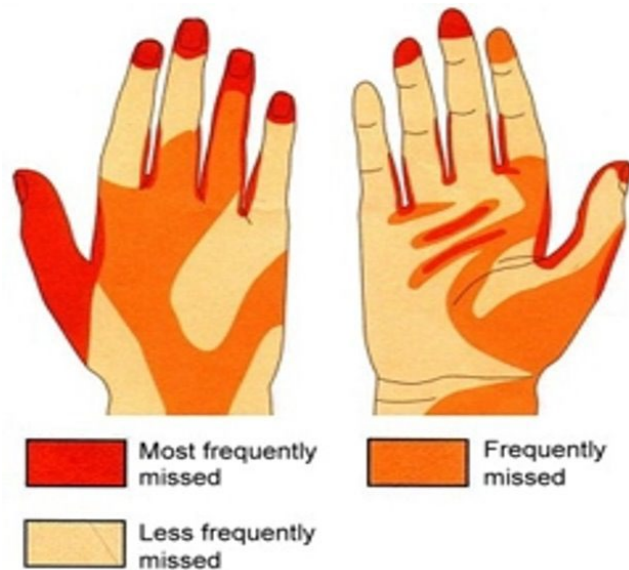
OPPORTUNITY	INDICATION	EXAMPLE(S)
1. Before Touching a Patient	<p>When? Clean hands before touching a patient when approaching him/her</p> <p>Why? To protect against harmful germs carried on hands</p>	<p>A health care personnel (HCP) or environmental services staff, etc. entering the room to provide patient care or clean patient room.</p> <p>Note: If the patient is on any type of transmission-based precaution (e.g., contact, airborne, droplet) this step should be performed before donning any PPE.</p>
2. Before clean/aseptic procedure	<p>When? Clean hands immediately before performing a clean/aseptic procedure</p> <p>Why? To protect against harmful germs, including the patient's own from entering his/her body</p>	<p>A HCP is already in the room and is preparing to conduct a procedure. For instance, cleaning a tracheostomy, providing urinary catheter care, entering a central venous catheter, etc.</p>
3. After body fluid exposure risk	<p>When? Clean hands immediately after an exposure risk to body fluids AND after glove removal (between tasks)</p> <p>Why? To protect oneself and the health care environment from harmful patient germs</p>	<p>A HCP is draining and measuring urine from the patient's urinary catheter bag and then proceeds to give the patient her/her medication.</p>
4. After touching a patient	<p>When? Clean hands after touching a patient and his/her immediate surroundings, when leaving the patient's side</p> <p>Why? To protect oneself and the health care environment from harmful patient germs</p>	<p>A HCP exiting a patient room after administering medication and moving the patient bedside table.</p> <p>Note: If the patient is on contact precautions for <i>Clostridioides difficile</i> the HCP MUST use soap and water as the method for hand hygiene.</p>
5. After touching patient surroundings	<p>When? Clean hands after touching any object or furniture in the patient's immediate surroundings, when leaving the room—even if the patient HAS NOT been touched</p> <p>Why? To protect oneself and the health care environment from harmful patient germs</p>	<p>A HCP exiting a patient room after silencing an alarm on the patient's IV pole.</p> <p>An environmental services employee completing a daily clean in a patient room.</p> <p>Note: If the patient is on contact precautions for <i>Clostridioides difficile</i>, the HCP MUST use soap and water as the method for hand hygiene.</p>

Source: World Health Organization. My 5 moments for hand hygiene. Geneva, Switzerland: World Health Organization

https://www.who.int/gpsc/5may/Your_5_Moments_For_Hand_Hygiene_Poster.pdf



Hand Hygiene Competency



- Return demonstrations
- Training Tools - Fluorescent "Glow Germ"
 - Helps learners to find commonly missed areas when performing hand hygiene

Hand Hygiene Competency Validation		
Soap & Water Alcohol Based Hand Rub (ABHR) (60% - 95% alcohol content)		
Type of validation: Return demonstration	<input type="checkbox"/> Orientation <input type="checkbox"/> Annual <input type="checkbox"/> Other	
Employee Name: _____	Job Title: _____	
Hand Hygiene with Soap & Water	Competent	
	YES	NO
1. Checks that sink areas are supplied with soap and paper towels		
2. Turns on faucet and regulates water temperature		
3. Wets hands and applies enough soap to cover all surfaces of hands		
4. Vigorously rubs hands for at least 20 seconds including palms, back of hands, between fingers, and wrists		
5. Rinses thoroughly keeping fingertips pointed down		
6. Dries hands and wrists thoroughly with paper towels		
7. Discards paper towel in wastebasket		
8. Uses paper towel to turn off faucet to prevent contamination to clean hands		
Hand Hygiene with ABHR		
9. Applies enough product to adequately cover all surfaces of hands		
10. Rubs hands including palms, back of hands, between fingers until all surfaces dry		
General Observations		
11. Direct care providers—no artificial nails or enhancements		
12. Natural nails are clean, well groomed, and tips less than ¼ inch long		
13. Skin is intact without open wounds or rashes		
Comments or follow up actions:		
<div style="display: flex; justify-content: space-between;"> <div>Employee Signature _____</div> <div>Validator Signature _____</div> <div>Date _____</div> </div>		

<https://www.ahrq.gov/nursing-home/resources/hand-hygiene-competency.html>

Hand Hygiene Audits: Adherence Considerations

- Multimodal and multidisciplinary strategies must be used to improve adherence to hand hygiene.
 - Administrative support
 - Convenient and acceptable products and dispensers
 - Monitoring and feedback
 - Role modeling of desired HH practices
 - Motivational or incentive programs
 - Behavioral and motivational components

Monitoring for Adherence

- CDC, WHO and the Joint Commission require monitoring programs with performance feedback
- Direct observation
- Product volume monitoring
- Automated monitoring

Direct Observation

- Person observes a sample of hand hygiene opportunities and calculates the adherence rate.
 - $\text{Number of episodes performed} / \text{number of opportunities to perform} \times 100 = \text{percent compliance}$
 - Quick and easy to monitor
 - Include in the IP plan the number of observations per month that will be collected
 - Include date, time, unit and role (PT, MD, RN, aide) for more actionable data

Hand Hygiene Audits

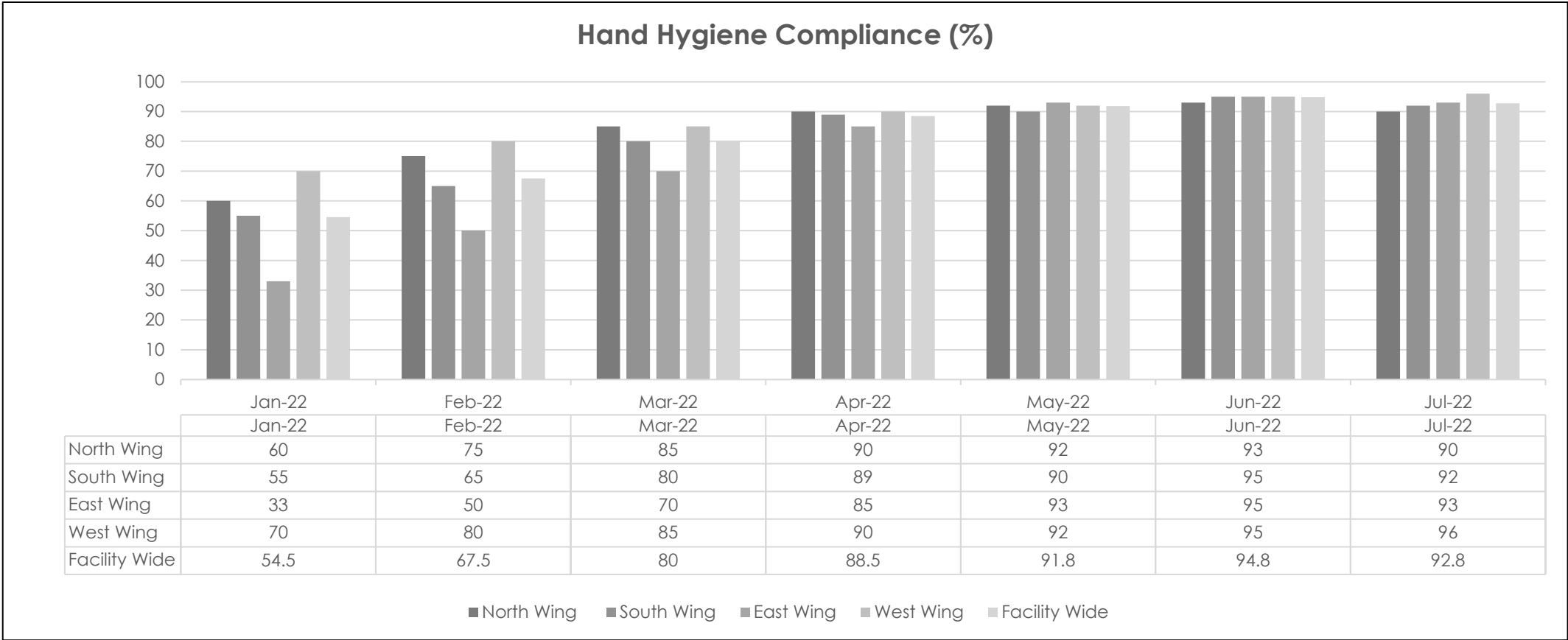
Staff Initials/Date <i>PLEASE NOTE INTERVENTIONS ON BACK OF FORM</i>	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10
HW (hand wash) or Gel										
1. Nails are appropriate length (<1/4 inch of free nail tip), unpolished or without chips, no artificial nails/nail tips (acrylic polish is acceptable if not chipped)										
2. Chose hand gel or soap/water appropriately for resident/type of contact/HH indication										
Alcohol Based Hand Gel										
1. GEL-Apply alcohol based hand rub to palm of one hand. Amount per manufacturer recommendation. Nickel size gel/Golf ball foam										
2. GEL-Rub alcohol into <u>all</u> areas of hands/wrists. Special attention to under free edge of nails, cuticles, thumbs, knuckles, sides of fingers/hands. If rings not removed, move up & down fingers during scrub.										
3. GEL-Continue rubbing until <u>all</u> of product has dried.										
Soap and Water Hand Wash										
1. HW-Turn on faucet, adjust flow to avoid splash, temp to comfortable warmth										
2. HW-arms angled down to faucet keeping hands below elbows										
3. HW-Wet hands before applying soap from dispenser (promotes distribution/foaming)										
4. HW-Work up generous lather by vigorous rubbing hands together for at least 20 seconds										
5. HW- All areas of hands/wrists. Special attention to under free edge of nails, cuticles, thumbs, knuckles, sides of fingers/hands. If rings not removed, move up and down fingers during scrub.										
6. HW-Rinse hands/wrist well										
7. HW-Pat hands/wrists dry w dry paper towel										
8. HW-If sink without foot/knee control, turn off faucet using unused paper towel and discard.										
9. HW-Do not clean up counter w towel (done at time of splashing before readjusting flow as contaminates hands if done at end)										
Numerator (number of components observed as in compliance) exclude NA										
Denominator (number of observed components) exclude NA										

Direct Observation Example

Date/Time: _____ Location:	Role	HH Before (Y/N)	HH After (Y/N)	Comments
1 East	RN	Y	N	Feedback provided
1 East	CNA	N	N	Unable to provide feedback
1 East	CNA	Y	Y	

Analysis: $3/6 = 50\%$ compliance rate OR $1/3 = 33\%$ compliance, depending on how you are defining adherence
 Aides compliant 50% (2/4) of the time, and RNs compliant 50% ($1/2$) of the time

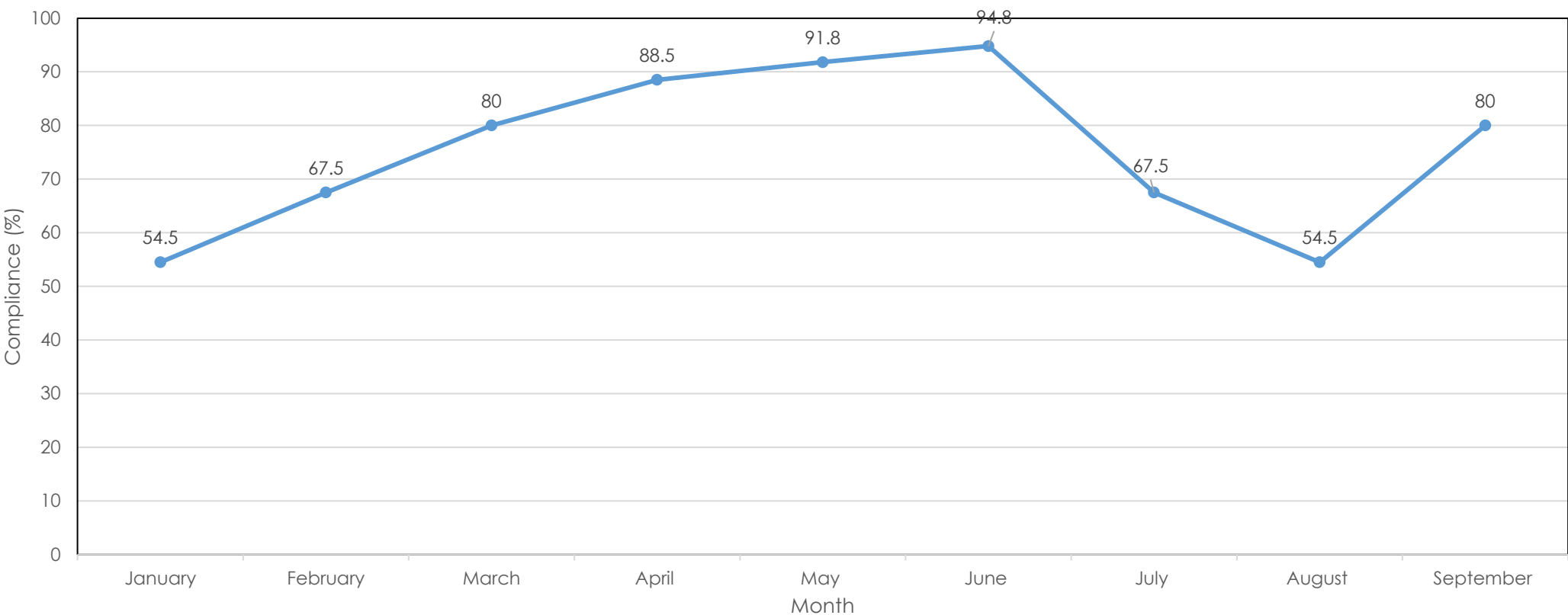
Hand Hygiene Data Analysis



*Data for demonstration purposes only

Hand Hygiene Data Analysis

Facility Wide Hand Hygiene Compliance



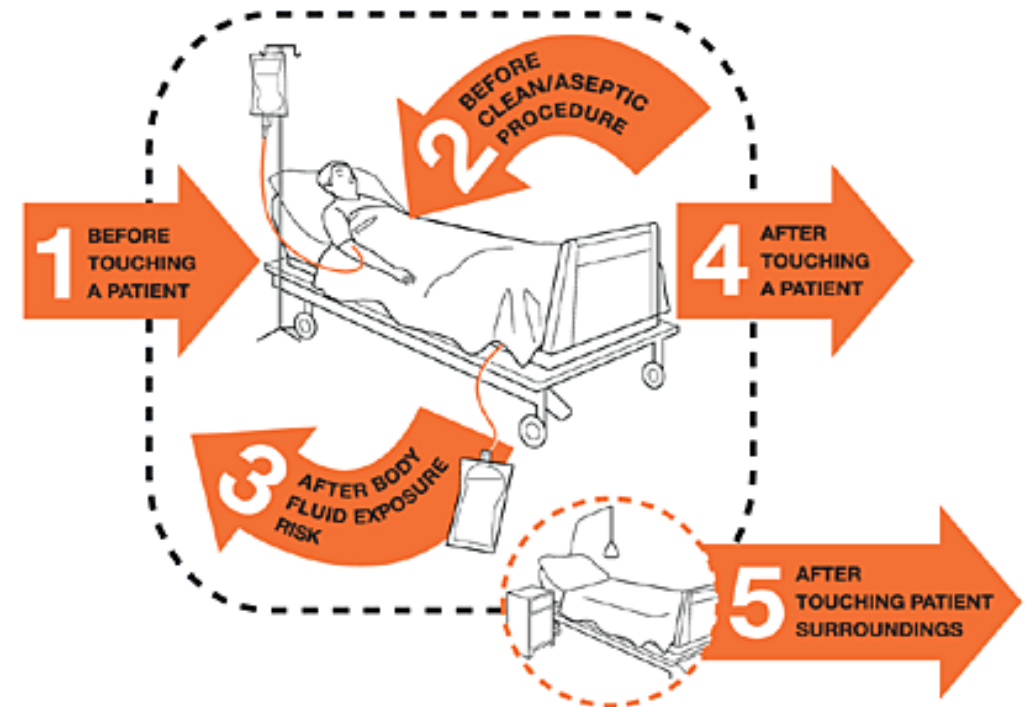
*Data for demonstration purposes only

Pros and Cons of Direct Observation

- Pros
 - Considered the gold standard for HH monitoring
 - Real-time feedback can be given, encouraging behavior change
 - Barriers can be identified and addressed
- Cons
 - Time-consuming
 - Difficult to recruit observers
 - Sample may have inherent bias and subjectivity
 - Subject to Hawthorne effect – people will perform better when they know they are being observed

Personal Protective Equipment (PPE) in Health Care Settings

- [CDC Personal Protective Equipment \(PPE\): Coaching and Training Frontline Health Care Professionals](#)
- [Guideline for Infection Control in Healthcare Personnel](#)
- [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007](#)
- [Core Infection Prevention Practices for Safe Healthcare Delivery in all Settings](#)
- [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#)



PPE Education and Training

- Engage senior leaders and staff at different times
 - New employee orientation
 - Staff meetings
 - Huddles
- Hold live demonstrations
- Solicit feedback from staff:
 - Why is PPE use important?
 - What are the barriers to consistent PPE use?
 - Relevant outbreaks
 - COVID-19
 - Respiratory viruses
 - Multi-drug resistant organisms (MDROs)

Types of PPE in Health Care

Gloves – protect hands and allow efficient removal of organisms from hands

Gowns and Aprons – protect skin and clothing

Face masks – protect mucous membranes of mouth and nose

Respirators – prevent inhalation of infectious material

Goggles – protect eyes

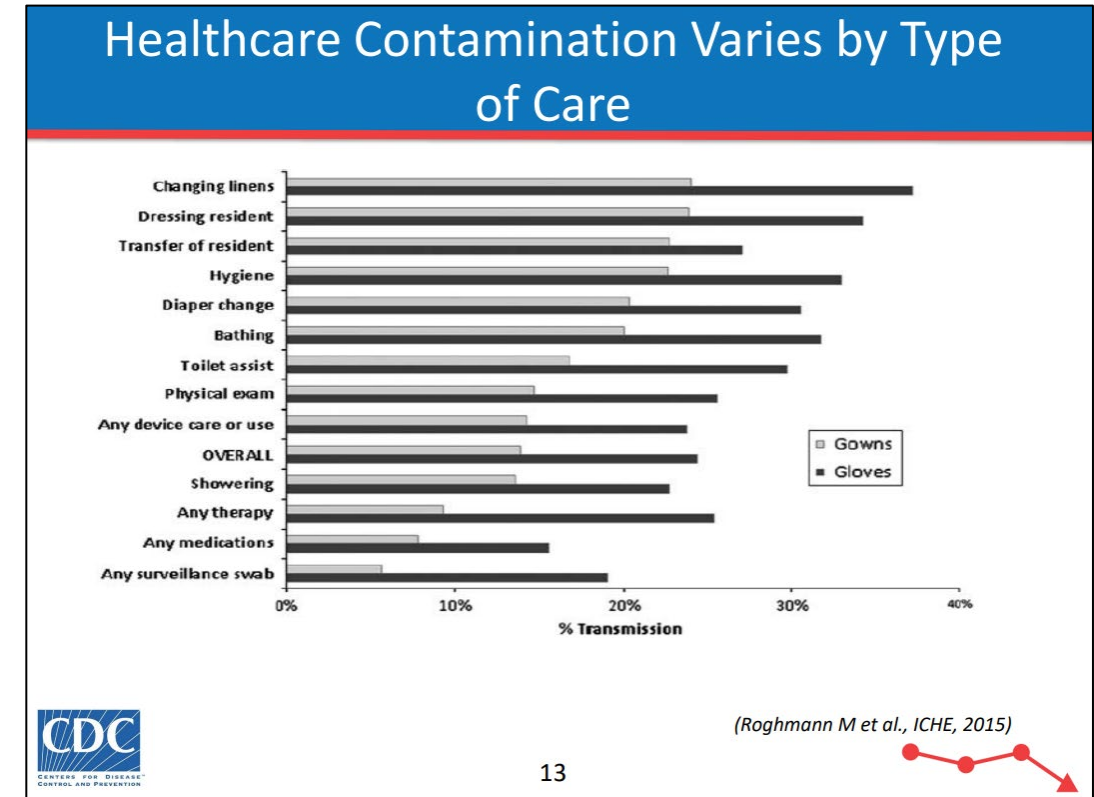
Face shields – mucous membranes of face, mouth, nose and eyes



<https://www.cdc.gov/infectioncontrol/pdf/strive/PPE103-508.pdf>

Principles for PPE Use

- Understand which PPE is needed and for what activity
- Perform HH before donning PPE
- Don PPE before contact with the resident or resident's environment (generally before entering the resident's room)
- Avoid touch contamination (as much as possible)
- Remove (doff) and discard PPE carefully
- Immediately perform HH



<https://www.cdc.gov/infectioncontrol/pdf/strive/PPE103-508.pdf>

PPE Use Competency: Return Demonstration

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

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

1. GOWN

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



2. MASK OR RESPIRATOR

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



3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

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

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container



4. MASK OR RESPIRATOR

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



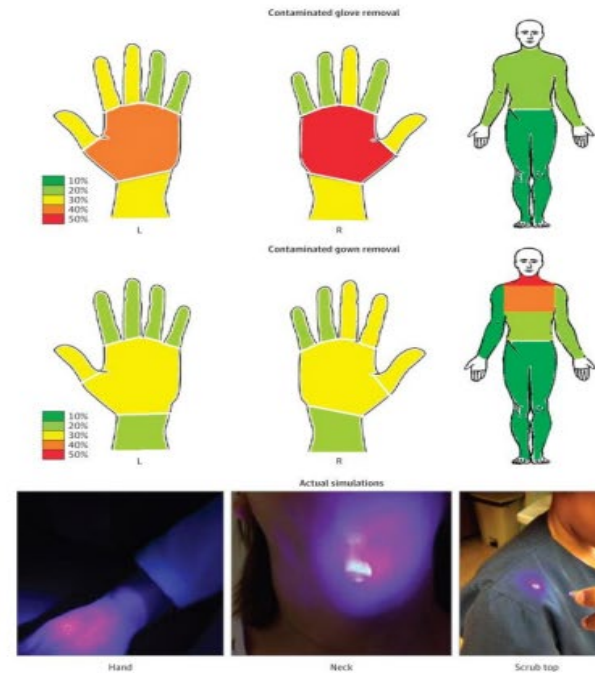
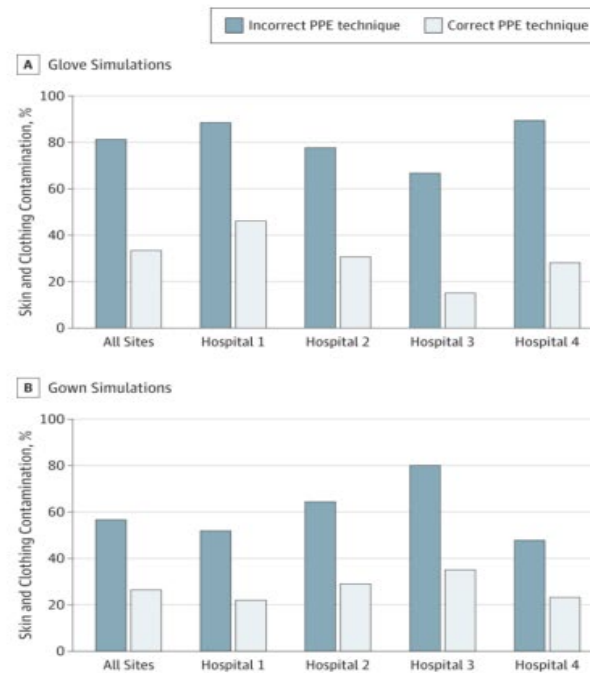
5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



Contamination During PPE Removal



(Tomas M et al., JAMA Intern Med, 2015)

PPE Use Audits

- Engage senior leaders and staff at different times
 - New employee orientation
 - Staff meetings
 - Huddles
- Hold live demonstrations
- Solicit feedback from staff:
 - Why is PPE use important?
 - What are the barriers to consistent PPE use?
 - Relevant outbreaks
 - COVID-19
 - Respiratory viruses
 - Multi-drug resistant organisms (MDROs)

Types of PPE in Health Care

Gloves – protect hands and allow efficient removal of organisms from hands

Gowns and Aprons – protect skin and clothing

Face masks – protect mucous membranes of mouth and nose

Respirators – prevent inhalation of infectious material

Goggles – protect eyes

Face shields – mucous membranes of face, mouth, nose and eyes



<https://www.cdc.gov/infectioncontrol/pdf/strive/PPE103-508.pdf>

PPE Auditing Data

Month	Appropriate selection of PPE	Glove Donning	Glove Doffing Compliance	Gown Donning	Gown Doffing	Mask Donning	Mask Doffing
Jan 2016	49 /50 98%	45/50 90%	42/50 84%	44/50 88%	42/50 84%	22/24 92%	21/24 88%
Feb 2016	52/52 100%	50/52 96%	47/52 90%	49/52 94%	50/52 96%	18/19 95%	19/19 100%
Mar. 2016	59/60 98%	60/60 100%	58/60 97%	59/60 98%	59/60 98%	27/28 96%	27/28 96%
April 2016	61/61 100%	61/61 100%	59/60 98%	59/60 98%	59/60 98%	16/16 100%	15/16 94%

Initial gaps observed:

- Glove and gown donning and doffing
- Failure to wear gown if indicated
- Touching face when removing face mask

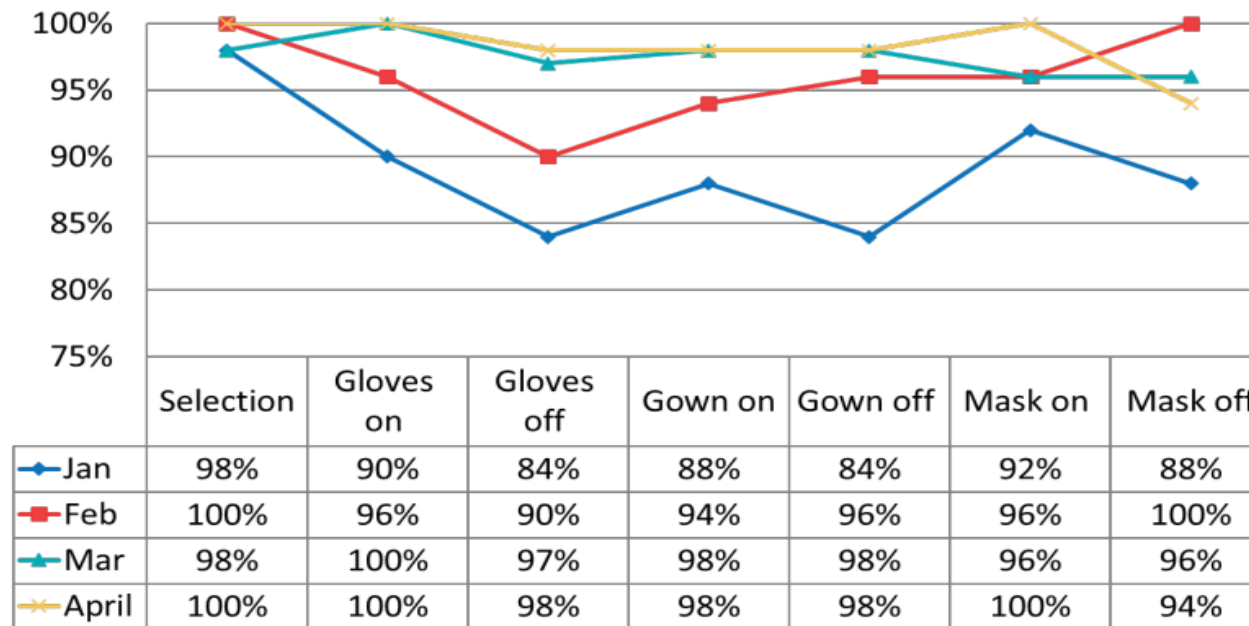


15



<https://www.cdc.gov/infectioncontrol/pdf/strive/PPE104-508.pdf>

Aggregate Audit Data



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<https://www.cdc.gov/infectioncontrol/pdf/strive/PPE104-508.pdf>

Planned vs. Random Observations

PLANNED OBSERVATIONS

PROS	CONS
Can be scheduled to ensure that all individuals demonstrate regular competency	Unable to determine behavior during the routine course of duties
Scenarios can provide feedback on individual's ability to choose PPE appropriate for the situation	



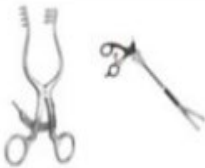
RANDOM OBSERVATIONS

PROS	CONS
Ability to assess adherence during normal work	Requires large number of observations on all shifts



Sharing Equipment Cleaning and Disinfection in Health Care Settings

- [Spaulding Classification System](#)
 - Based on intended use of equipment AND potential risk of disease transmission
 - Non-critical
 - Semi-critical
 - Critical
- [CDC Guideline for Disinfection and Sterilization in Healthcare](#)
- [CDC: Cleaning and Disinfection Strategies for Non-Critical Surfaces and Equipment](#)

Patient Contact	Examples	Device Classification	Minimum Inactivation Level
Intact skin		Non-Critical	Cleaning and/or Low/Intermediate Level Disinfection
Mucous membranes or non-intact skin		Semi-Critical	High Level Disinfection
Sterile areas of the body, including blood contact		Critical	Sterilization

Principles for Cleaning and Disinfection of Shared Equipment

- Outline process in policy and procedures
 - Identify what needs cleaning
 - Who does the cleaning
 - Process for identifying equipment (dirty vs. clean)
 - Process for storing clean equipment
- Use dedicated disposable devices when available
- If a dedicated, disposable device is not available, disinfect all noncritical patient care equipment before removing the device from the room and before using it with another patient
- Disinfect non-critical medical devices with an EPA-registered hospital disinfectant following the label's instructions
- Assure staff responsible for device cleaning receive training on cleaning procedures that follow the equipment manufacturer's instructions

<https://www.cdc.gov/infectioncontrol/pdf/strive/EC102-508.pdf>

Responsibility of Equipment Cleaning

- Collaborative effort to determine responsibility for cleaning of non-critical equipment
- Staff should be trained on who is responsible for cleaning equipment and how and when cleaning should occur
- Non-Critical Equipment:
 - Infusion pumps
 - Sequential compression device pumps
 - Glucometers
 - Blood pressure monitors
 - Mobile computers and workstations
 - Tablets or smartphone
 - Ventilators



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Auditing the Effectiveness of Cleaning

Visual assessment: is not a reliable indicator of surface cleanliness

Direct observation: measures individuals' adherence to processes

Fluorescent marker: determines if a particular area was wiped

- **ATP bioluminescence:** measures actively growing microorganisms through detection of adenosine triphosphate (ATP)
 - Each unit has own reading scale, <250-500 RLU



(Cooper RA, Am J Infect Control, 2007)

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Shared Equipment Cleaning and Disinfection Audit

Month: _____ Year: _____
 Unit: _____
 Observer: _____

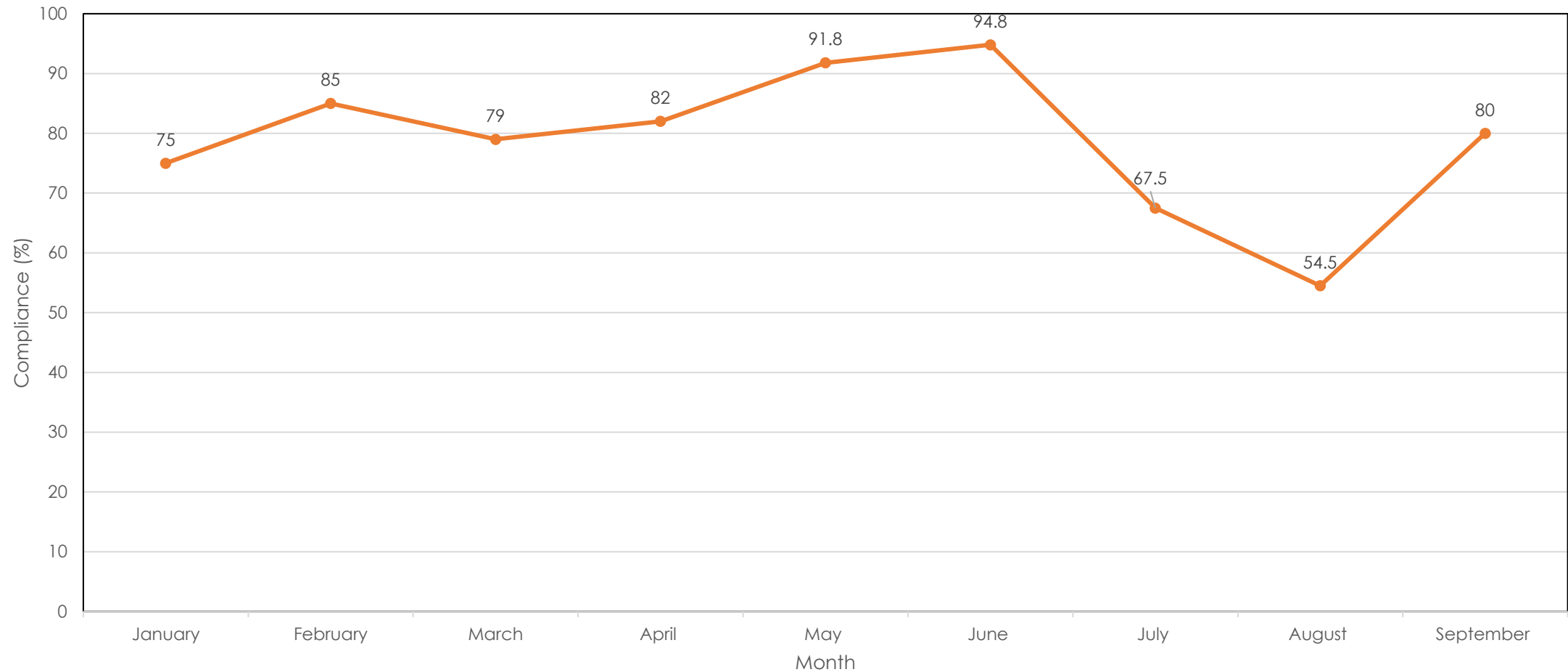
	Hand Hygiene		PPE			Shared Equipment	
	Before resident contact (Y)	After resident contact (Y)	Appropriate selection of PPE (Y or N)	Appropriate donning of PPE (Y or N)	Appropriate doffing and disposal (Y or N)	Appropriate "wet time" adherence (Y/N)	Clean and disinfection of shared equipment after use (Y)
1							
2							
3							
4							
5							
6							
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22							
23							
24							
25							
26							
27							
28							
29							
30							
Totals							
Rate							

At least 30 observations of each category should be done per month.
 To obtain a rate, add all the "Y"s and divide that number by the total observations. Rate may be obtained for each category (for quality reporting) or for each column (to determine where education would be most beneficial).

Confidential: This is a confidential & privileged document entitled to protection of the quality assurance, accreditation, credentialing, peer review & any other similar privileges provided for by state & federal law


- Based on what is outlined in your policy and procedures
 - Item type and manufacturer's recommendations
 - Disinfect solution type
- Data assessed
 - Appropriate "wet time" adherence
 - Cleaning and disinfection completed
 - Clean equipment appropriately identified
 - Fluorescent marker
 - Measuring organic material (ATP)

Facility-wide Shared Equipment Cleaning & Disinfection Compliance



*Data for demonstration purposes only

COVID-19 IPC Practices

- 
- A vertical line on the left side of the list, with circles at each item's starting point. The line starts at the top circle, goes down, and then has a small hook at the bottom.
- Source control / Respiratory etiquette/ **Hand hygiene**
 - Personal protective equipment (PPE)** use (N95 respirator or surgical mask, goggles, etc.)
 - Transmission-based precautions** for COVID-19 cases and contacts
 - Early screening, testing, isolation, and work restrictions
 - Increased frequency **environmental & shared equipment cleaning**
 - Cohort residents, re-establishing **COVID-19 unit**
 - Appropriate vaccinations, therapeutics, and treatments

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

CDC COVID-19 Infection Prevention and Control Guidance Updates


A vertical line of three white circles with black outlines, connected by a black line. The circles are positioned to the left of the three text boxes.

[Interim IPC Recommendations for Healthcare Personnel](#)




[Interim Guidance for Managing Healthcare Personnel with Infection or Exposure](#)

[Strategies to Mitigate Healthcare Personnel Staffing Shortages](#)

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GA STRIKE & SUPPORT TEAM

Join us for the Georgia Department of Public Health Strike (& Support) Team Office Hours. These sessions will consist of a regularly scheduled monthly webinar for skilled nursing facilities (SNFs) as well as SNF medical directors. Office hours are your opportunity to come and learn, share, vent and more!

Each month we will have updates on infection prevention, clinical protocols and ideas for new tools and resources. This is your chance to access subject matter experts on infection control and clinical practice in long term care.

Come prepared to pose your questions to subject matter experts and learn from your peers about their best practices and their barriers.

Strike & Support Team Office Hours


Office Hours for SNF and MD's:

- [Click here](#) to register – November 18, 2022 at 11 a.m. ET
- [Click here](#) to register – December 16, 2022 at 11 a.m. ET

Office Hours for Non-SNF:

- [Click here](#) to register – November 18, 2022 at 1 p.m. ET
- [Click here](#) to register – December 16, 2022 at 1 p.m. ET

Bite Sized Learning:



<https://quality.allianthealth.org/topic/georgia-department-of-public-health/>




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Infection Control Resources

Sepsis

[HQIC Sepsis Gap Assessment and Action Steps](#)
[HQIC Sepsis: Spot the Signs Magnet](#)
[HQIC Sepsis Provider Engagement](#)
[AQ Sepsis-ZoneTool](#)
[Recognition and Management of Severe Sepsis and Septic Shock](#)

[SHOW MORE](#)

Catheter Associated Urinary Tract Infection (CAUTI)

[CAUTI Gap Assessment Tool](#)
[Urinary Catheter Quick Observation Tool](#)
[CDC-HICPAC Guideline for Prevention of CAUTI 2009](#)
[AHRQ Toolkit for Reducing CAUTI in Hospitals](#)
[CDC TAP CAUTI Implementation Guide](#)

[SHOW MORE](#)

Hand Hygiene

[Handwash the FROG Way – Badges – English](#)
[Handwash the FROG Way – Badges – Spanish](#)
[Handwash the FROG Way – Poster – English](#)
[Handwash the FROG Way – Poster – Spanish](#)
[Frequently Asked Questions – Alcohol Based Hand Rub](#)

NHSN

[Joining the Alliant Health Solutions NHSN Group](#)
[Instructions for Submitting C. difficile Data into NHSN](#)
[5-Step Enrollment for Long-term Care Facilities](#)
[CDC's National Healthcare Safety Network \(NHSN\)](#)
[NHSN Enrollment/ LAN Event Presentation](#)

Clostridioides Difficile Infection (C. difficile)

[C.difficile Training](#)
[Nursing Home Training Sessions Introduction](#)
[Nursing Home C.difficile Infection](#)

Antibiotic Stewardship

[Antibiotic Stewardship Basics](#)
[A Field Guide to Antibiotic Stewardship in Outpatient Settings](#)
[Physician Commitment Letter](#)
[Be Antibiotics Aware](#)
[Taking Your Antibiotics](#)

[SHOW MORE](#)

Training

[Options for Infection Control Training in Nursing Homes Flyer](#)

COVID-19

[Invest in Trust \(AHRQ Resource for CNA COVID-19 Vaccines\)](#)
[Nursing Home Staff and Visitor Screening Toolkit – PDF](#)
[Nursing Home Staff and Visitor Screening Toolkit – Excel](#)

<https://quality.allianthealth.org/topic/infection-control/>

Questions?



Georgia Department of Public Health HAI Team Contacts

Contact Information by District

State Region/Districts	Contact Information
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Atlanta Metro (Cobb-Douglas, Fulton, Clayton, Lawrenceville, DeKalb, LaGrange) Districts 3-1, 3-2, 3-3, 3-4, 3-5, 4	<u>Teresa.Fox@dph.ga.gov</u> (404-596-1910) <u>Renee.Miller@dph.ga.gov</u> (678-357-4797)
Central (Dublin, Macon, Augusta, & Columbus) Districts 5-1, 5-2, 6, 7	<u>Theresa.Metro-Lewis@dph.ga.gov</u> (404-967-0589) <u>Karen.Williams13@dph.ga.gov</u> (404-596-1732)
Southeast (Albany, Valdosta) Districts 8-1, 8-2	<u>Connie.Stanfill1@dph.ga.gov</u> (404-596-1940)
Southwest (Savannah, Waycross) Districts 9-1, 9-2	<u>Lynn.Reynolds@dph.ga.gov</u> (470.218.9515)
Backup/Nights/Weekends	<u>Jeanne.Negley@dph.ga.gov</u> (404-657-2593) <u>Joanna.Wagner@dph.ga.gov</u> (404-430-6316)

Thank You for Your Time!

Contact the AHS Patient Safety Team



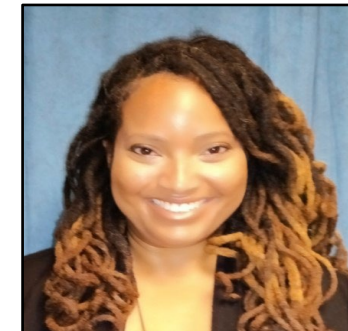
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Save the Date

SNF and Medical Directors Office Hours:

March 17, 2023 | 11 a.m. ET

ALF and PCH

February 24, 2023 | 11 a.m. ET

March 24, 2023 | 11 a.m. ET



Thanks Again...

- Georgia Department of Public Health
- University of Georgia



Making Health Care Better



This material was prepared by Alliant Health Solutions, under contract with the Georgia Department of Public Health as made possible through the American Rescue Plan Act of 2021. GA DPH--3285-02/13/23

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