Connecting Your Audio

Want to ask a question over the audio? Make sure you are dialed-in.

**Number:** 1-877-280-9413  
**Passcode:** 54567205

Dialed-in? Check if the phone icon is next to your name.

If not, connect your audio to your name

1. Click the information icon near the top right corner of your screen.
2. Press 89# on your telephone keypad.
3. Wait for the prompt and then enter the rest of numbers.

Using an Infection Control Assessment and Response (ICAR) Approach

Onboarding 2
Connecting Your Audio

Want to ask a question over the audio?
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Passcode: 54567205

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If not, connect your audio to your name
1. Click the information icon near the top right corner of your screen.
2. Press 89# on your telephone keypad.
3. Wait for the prompt and then enter the rest of numbers.

Asking Questions

Please use the “Chat Pod” or “raisehand” feature to ask a question during today’s onboarding
Objectives

• Describe the need for assessing infection prevention practices

• Explain how to use the Infection Control Assessment and Response (ICAR) tool

• Discuss how to use data to drive change

Today’s Presenters

Marcia Cooke, DNP, RN-BC
Director, Clinical Quality
AHA/HRET

Jordan Steiger, MPH
Program Specialist
AHA/HRET

Shelby Lassiter, BSN, RN, CPHQ
Clinical Content Development Lead
AHA/HRET
Introduction to ICAR

Domestic Ebola Supplement to ELC
Project A, Activity B, Strategy 1: Expanding Infection Control Assessments for Acute Care Hospitals, Long Term Care, Dialysis and Outpatient Settings

- Assists state HAI coordinators to help hospitals assess their infection prevention practices and quality improvement activities
- Provides systematic assessment of broad infection prevention practices within hospitals
- Addresses key infection prevention domains
- Assesses process and policy, competency-based training, audit and feedback processes

The Purpose of the ICAR Assessment

- Expand infection control assessments both in number of facilities and depth/content of assessments
- Identify gaps in infection control practices and procedures at both the facility and provider level
- Perform follow-up assessments to confirm and document actions taken to address identified gaps
Use of the ICAR

• State, Territorial and Local Health Departments

• States may target assessments based on
  – Facilities with elevated HAI rates:
    • Standardized Infection Ratio (SIR)
    • Device Utilization Ratio (DUR)
    • Targeted Assessment for Prevention (TAP) reports
  – Facilities that have had outbreaks or complaints
  – Facilities within networks or communities associated with high rates of multidrug-resistant organisms (e.g., CRE) or Clostridium difficile infection

A Comprehensive Assessment of an Infection Prevention Program

<table>
<thead>
<tr>
<th>Infection Control Domains for Gap Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Infection Control Program and Infrastructure</td>
</tr>
<tr>
<td>II. Infection Control Training, Competency, and Implementation of Policies and Practices</td>
</tr>
<tr>
<td>A. Hand Hygiene</td>
</tr>
<tr>
<td>B. Personal Protective Equipment (PPE)</td>
</tr>
<tr>
<td>C. Catheter-associated Urinary Tract Infection (CAUTI)</td>
</tr>
<tr>
<td>D. Central Line-associated Bloodstream Infection (CLABSI)</td>
</tr>
<tr>
<td>E. Ventilator-associated Event (VAE)</td>
</tr>
<tr>
<td>F. Injection Safety</td>
</tr>
<tr>
<td>G. Surgical Site Infection</td>
</tr>
<tr>
<td>H. Clostridium difficile Infection (CDI)</td>
</tr>
<tr>
<td>I. Environmental Cleaning</td>
</tr>
<tr>
<td>J. Equipment Reprocessing</td>
</tr>
<tr>
<td>III. Systems to Detect, Prevent, and Respond to Healthcare-Associated Infections and Multidrug-Resistant Organisms (MDROs)</td>
</tr>
</tbody>
</table>
Building Infection Prevention Capacity

- **Identification of Common Gaps**
  - *Provide data for CDC to focus future efforts*

- **Assist in Closing Gaps**
  - *Identify resources to assist facilities in improvement efforts*

- **Enhance Collaboration**
  - *Develop working relationships between public health and facilities*

---

**Common Gaps by ICAR Domain (Acute Care Setting)**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Most common gap</th>
<th>% of “No” responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand Hygiene</td>
<td>Competency-based training</td>
<td>53%</td>
</tr>
<tr>
<td>Personal Protective Equipment</td>
<td>Competency-based training</td>
<td>54%</td>
</tr>
<tr>
<td>CAUTI</td>
<td>Audits and Feedback (catheter insertion)</td>
<td>70%</td>
</tr>
<tr>
<td>CLABSI</td>
<td>Competency-based training (catheter insertion)</td>
<td>59%</td>
</tr>
<tr>
<td>CDI</td>
<td>Antibiotic stewardship strategies</td>
<td>54%</td>
</tr>
<tr>
<td>Environmental Cleaning</td>
<td>Competency-based training</td>
<td>38%</td>
</tr>
</tbody>
</table>

*Competency-based training: Most common reason for “No” response was lack of requirement that personnel demonstrate competency following training.*

Based on 397 facility assessments completed by 36 state/local health departments.
Introduction to Practice Change Assessment

- Utilizes questions from CDC’s ICAR
- Asses current HAI prevention practices, policies and procedures in your hospital
- If ICAR was completed with your SHD within 12 months, those results will be used as baseline

ICAR and PCA Submission Guidelines

<table>
<thead>
<tr>
<th>Practice Change Assessment</th>
<th>ICAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Enter your responses into the Comprehensive Data System (CDS)</td>
<td>• Send the full ICAR to your state lead, who will enter your data into CDS</td>
</tr>
<tr>
<td>• Complete paper version/fillable PDF and send data to your state lead, who will then enter your data into CDS</td>
<td>• Email, fax or mail the full ICAR to HRET</td>
</tr>
<tr>
<td>• Email completed fillable PDF form to HRET</td>
<td></td>
</tr>
<tr>
<td>• Fax or mail the paper version to HRET</td>
<td></td>
</tr>
</tbody>
</table>
### STRIVE Practice Change Reports

#### Personal Protective Equipment (PPE)

<table>
<thead>
<tr>
<th>Topic</th>
<th>Response</th>
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<tbody>
<tr>
<td>Training is provided for all personnel who use PPE</td>
<td>Yes</td>
</tr>
<tr>
<td>Training is provided upon hire; prior to provision of care at the hospital</td>
<td>Yes</td>
</tr>
<tr>
<td>Training is provided at least annually</td>
<td>Yes</td>
</tr>
<tr>
<td>Training is provided when new equipment or protocols are introduced</td>
<td>Yes</td>
</tr>
<tr>
<td>Training includes appropriate indications for specific PPE components</td>
<td>Yes</td>
</tr>
<tr>
<td>Training includes proper donning, doffing, alignment, and care of PPE</td>
<td>Yes</td>
</tr>
<tr>
<td>Training includes proper care, maintenance, useful life, and disposal of PPE</td>
<td>Yes</td>
</tr>
<tr>
<td>Personnel are required to demonstrate competency with selection and use of PPE following training (e.g., correct donning is observed by a trainer)</td>
<td>No</td>
</tr>
<tr>
<td>Hospital maintains current documentation of PPE competency for all personnel who use PPE</td>
<td>No</td>
</tr>
<tr>
<td>Hospital has a defined process for auditing PPE selection and use, including donning and doffing</td>
<td>No</td>
</tr>
<tr>
<td>Hospital has a defined improvement process for when non-adherence to PPE policies is observed, including donning and doffing</td>
<td>No</td>
</tr>
<tr>
<td>Hospital has a defined feedback process for providing audits to personnel regarding their performance with selection and use of PPE</td>
<td>No</td>
</tr>
<tr>
<td>Necessary supplies for adherence to PPE recommendations specified under Standard and Transmissible Infection Precautions (e.g., gloves, gowns, masks, eye, nose and face protection) are available and located near point of use</td>
<td>Yes</td>
</tr>
<tr>
<td>Hospital has policies that clearly delineate responsibilities for cleaning and disinfection of non-critical equipment, mobile devices and other electronic devices (e.g., ICU monitors, ventilator surfaces, bar code scanners, point-of-care devices, mobile work stations, code carts, chair trays, etc.)</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**References**

1. CDC Guidelines for Selection and Use of PPE (2015)
2. 2017 Guidelines for Isolation Precautions: Preventing the Transmission of Infectious Agents in Healthcare Settings (CDC)
3. 10 Ways to Protect Patients Using PPE the Right Way (APIC)
4. Putting On and Removing Personal Protective Equipment (CDC)
5. PPE: Work Consistency Check-Measure: Association for Nosocomial Assessment Compliance

---

### Targeted Assessment for Prevention (TAP) Strategy

**Target**

Facilities and individual units

**Assess**

Gaps in infection prevention in targeted areas

**Prevent**

Infections by implementing interventions to address the gaps

TAP allows you to take a focused approach to prevention:

- CDC strategy used to engage hospitals in HAI specific quality improvement
- TAP reports can be generated in NHSN, using data hospitals are already required to submit
- TAP reports quantify the number of infections to prevent to achieve a specific HAI reduction goal
- HAI specific assessment tools assist in targeted infection prevention gaps
- TAP can be accessed at: [http://www.cdc.gov/hai/prevent/tap.html](http://www.cdc.gov/hai/prevent/tap.html)
**Targeting: Running a TAP Report**

*Clostridium difficile* infections (CDIs) at Anywhere Hospital USA 2015

<table>
<thead>
<tr>
<th>HO Cases</th>
<th>Expected</th>
<th>SIR</th>
<th>P Value</th>
<th>CAD</th>
</tr>
</thead>
<tbody>
<tr>
<td>81</td>
<td>72</td>
<td>1.13</td>
<td>0.3</td>
<td>29.87</td>
</tr>
</tbody>
</table>

30 infections need to be prevented to reach the hospital’s infection prevention goal


---

**Assessing: Using Data for Action**

<table>
<thead>
<tr>
<th>Date of Assessment:</th>
<th>Facility Name or ID:</th>
<th>Facility Type:</th>
<th>Unit Name or ID:</th>
<th>Unit Type:</th>
<th>Title or role of person completing tool:</th>
<th>Years of experience at facility:</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

1. General Infrastructure, Capacity, and Processes

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Comments (and/or “As Evidenced By”)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does your facility’s senior leadership actively promote CDI prevention activities?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Is unit-level leadership involved in CDI prevention activities?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Does your facility have a team/work group focusing on CDI prevention?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Does your facility have a staff person with dedicated time to coordinate CDI prevention activities?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Does your facility have a nurse champion for CDI prevention activities?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Does your facility have a physician champion for CDI prevention activities?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
C. difficile Infection Prevention Gaps at Anywhere Hospital USA

Common gaps identified during TAP facility assessments:

- Antibiotic stewardship
  - Poor inter-facility communication

- Early and appropriate diagnosis
  - Poor adherence by HCP as well as visitors/families

- Hand hygiene
  - Lack of sink infrastructure
  - Poor adherence by HCP as well as visitors/families

- Environmental cleaning
  - Poor adherence to daily cleaning of patient rooms and shared medical equipment
  - Unclear delineation of responsibilities

Based on CDI TAP assessments from 8 hospitals in 3 states

Preventing: Guides, Tools and Resources

CDI Implementation Guide: Links to Example Resources:
http://www.cdc.gov/hai/prevent/tap/cdiff.html
TAP Resources

Target

- Individual Facility User - TAP How To Guide [PDF - 1.4 MB]
- Group User - TAP How To Guide [PDF - 1.35 MB]
- Targeted Assessment for Prevention of Healthcare-Associated Infections: A New Prioritization Metric - Journal article by Swe et al. published in Infection Control & Hospital Epidemiology describing the cumulative activity odds difference (CAAD) metric.
- Example Letter [SOC - 2018] - From a State Health Department to a Healthcare Facility, encouraging participation in state and regional prevention collaboratives.
- TAP Training - NIST SN Data Entry and Analysis

Assess

- CAUTI TAP Facility Assessment Tool v2.0 - May 2018 [PDF - 1.1 MB]
- CDI/Facility Assessment Tool - Instructions [PDF - 2016]
- CDI/Facility Assessment Tool [PDF - 1.1 MB]
- CDI/Facility Assessment Tool - Lab section [PDF - 2016]
- CDI Facility Assessment Tool - Standards Instructions [PDF - 2016]
- CABS TAP Facility Assessment Tool v2.0 - August 2016 [PDF - 1.1 MB]

Prevent

- TAP CAUTI Toolkit Implementation Guide - Links to Example Resources
- TAP CDI Implementation Guide - Links to Example Resources
- TAP CLABS Implementation Guide - Links to Example Resources

For questions pertaining to the TAP (Toolsets and the accompanying TAP tools), please contact MAPPreventionLink.gov

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USING THESE DATA TO DRIVE ACTIONS

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Teamwork Beyond the Hospital Walls

State Hospital Association (SHA)

Hospital ICAR/PCA Assessment

State Health Department (SHD)

Other State / Regional Partners

Assessing for Gaps in Infection Prevention

- Assessments identify gaps and strengths
- Require input from stakeholders with direct knowledge
- Should include be multi-modal (data, observation, process review)

Non-regulatory Consultative Quality Improvement
ICAR and PCA Central Themes

Leader and champion support

IP program, policy and process

Competency based training

Audit and feedback

Policy and Procedure

Assess basic infection prevention processes:

Hand Hygiene
- Supplies readily accessible

Environmental Cleaning
- Policies for cleaning of non-critical items

Antibiotic Stewardship
- Formal procedure for antibiotic time out

CDI
- Educate patients and family members about the risk of CDI with antibiotics
Discussion Question

How do you ensure that your IP processes are evidence-based?

How do you review that processes are in line with current IP standards?

Leadership and Champions

Assess engagement of leaders and clinical champions:

– Does your hospital have physician and/or nurse champions for:
  • CDI prevention activities?
  • CAUTI prevention activities?
  • CLABSI prevention activities?

– Does leadership provide a written statement of support for efforts to improve antibiotic use?
Assessing Infection Prevention Practices

Competency-Based Training

Assess if competency-based training is provided to health care personnel:

- Does your hospital have a competency-based training program for key IP domains?

- Other competency-based training related issues:
  - Who is trained?
  - Are key concepts included in the training?
  - How often is training conducted?
  - How do HCP demonstrate competency?
Discussion Question

How do you conduct competency based training and tailor training to different HCP roles?

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Auditing

Assess how infection prevention practices are being audited:

• Does your hospital routinely audit (monitor and document) adherence to key IP domains?

• Other audit related issues:
  • defined process to conduct audits
  • defined frequency that audits are conducted
  • defined process for improvement when non-adherence is observed

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Feedback

Provide feedback from audits to personnel regarding their performance

Polling Questions

1. What IP practices do you routinely audit?
   - Hand hygiene
   - Personal protective equipment selection and use
   - Cleaning and disinfection procedures
   - Recommended practices for urinary catheter and central line insertion
   - Recommended practices for urinary catheter and central line maintenance

2. Do you have a defined feedback process for all of the practices that you audit?
   - YES
   - NO
Opportunity for Infection Prevention

- Hand Hygiene
- Personal Protective Equipment
- Environmental Cleaning
- Antibiotic Stewardship
- CAUTI
- CLABSI
- CDI
- MRSA
- Practice & policy
- Socio-adaptive
- Training
- Audit
- Feedback

Use Results to Drive Improvement

- Create your plan for improvement
- Implement interventions
- Study impact
- Modify or re-educate if needed
Support and resources

- State HAI partners can provide coaching support to assist in action planning
- Peer to peer collaboration within each state to share best practices and common challenges
- Work with your state HAI partners to gain new insight into local efforts and resources

Supportive Foundations

- Competency-based training, audit, and feedback
- Uber adaptive strategies
- Business case for infection prevention
- Patient and family engagement
Next Steps

✓ Confer NHSN Data Rights to HRET
  • Due May 1

✓ Work with SHA to set up your CDS account

✓ Complete the ICAR or PCA
  • Due May 31, 2017

✓ Attend Onboarding 3: Connecting the Dots: Using Program Tools and Resources
  • Tuesday, May 9, at 11:00 am CT

References and Resources


• Kwon J, Olsen MA, Dubberke ER. The morbidity, mortality, and costs associated with Clostridium difficile infection. Infect Dis Clin N Am. 2015; 29[1]: 123-34.


## Contact Person

Main person to contact is from your **State Hospital Association**

<table>
<thead>
<tr>
<th>State</th>
<th>Contact Lead</th>
<th>Contact Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arkansas</td>
<td>Nancy Godsey</td>
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<tr>
<td></td>
<td>Beth Rowett</td>
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<td>Victoria Cech</td>
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</tr>
<tr>
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<td>Pat Dimino</td>
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<tr>
<td>North Dakota</td>
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<tr>
<td>Ohio</td>
<td>Rosalie Weakland</td>
<td><a href="mailto:Rosalie.Weakland@ohiohospitals.org">Rosalie.Weakland@ohiohospitals.org</a></td>
</tr>
<tr>
<td>West Virginia</td>
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<td><a href="mailto:vjividen@wvha.org">vjividen@wvha.org</a></td>
</tr>
</tbody>
</table>

If you’re not sure who this is, then email **STRIVE@aha.org**

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## Questions?

Email: **STRIVE@aha.org**

### EVALUATION

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