

Upper Cumberland CMP Reinvestment Program

AGENDA

Date: June 6, 2019

Time: 11:00 AM

- Welcome and Introductions
- Self Assessment
- Video: *Not Just a Maid Service*
- Infection Control Assessment and Response Program
- Antibiotic Stewardship
- Networking Lunch
- Upper Cumberland Project
- ATP Demo
- Questions & Discussion
- Adjournment

Upper Cumberland CMP Reinvestment Program

Sign-in Sheet

Your Name	Organization	Title/Position	Email
Brenda Jones LPW	Signature HealthCare of Fentress Cty	LPW	bjones-fhn.fentress@signaturehealthcare.com
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Ruthie Brockwell	Signature Healthcare	Don	
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Civil Monetary Penalty Reinvestment Project

Upper Cumberland
Healthcare
Preparedness Coalition



Problem

- 1.6 to 3.8 million infections occur in US Nursing Homes each year
- Approximately 388,000 deaths occur each year as a result
- Estimated cost if \$637 million upwards to \$2 billion
- 55 – 70% are preventable

Source: Cohen, Catherine C et al. "State focus on health care-associated infection prevention in nursing homes." *American journal of infection control* vol. 42,4 (2014): 360-5. doi:10.1016/j.ajic.2013.11.024



Facilities work together to protect patients.

Common Approach *(Not enough)*

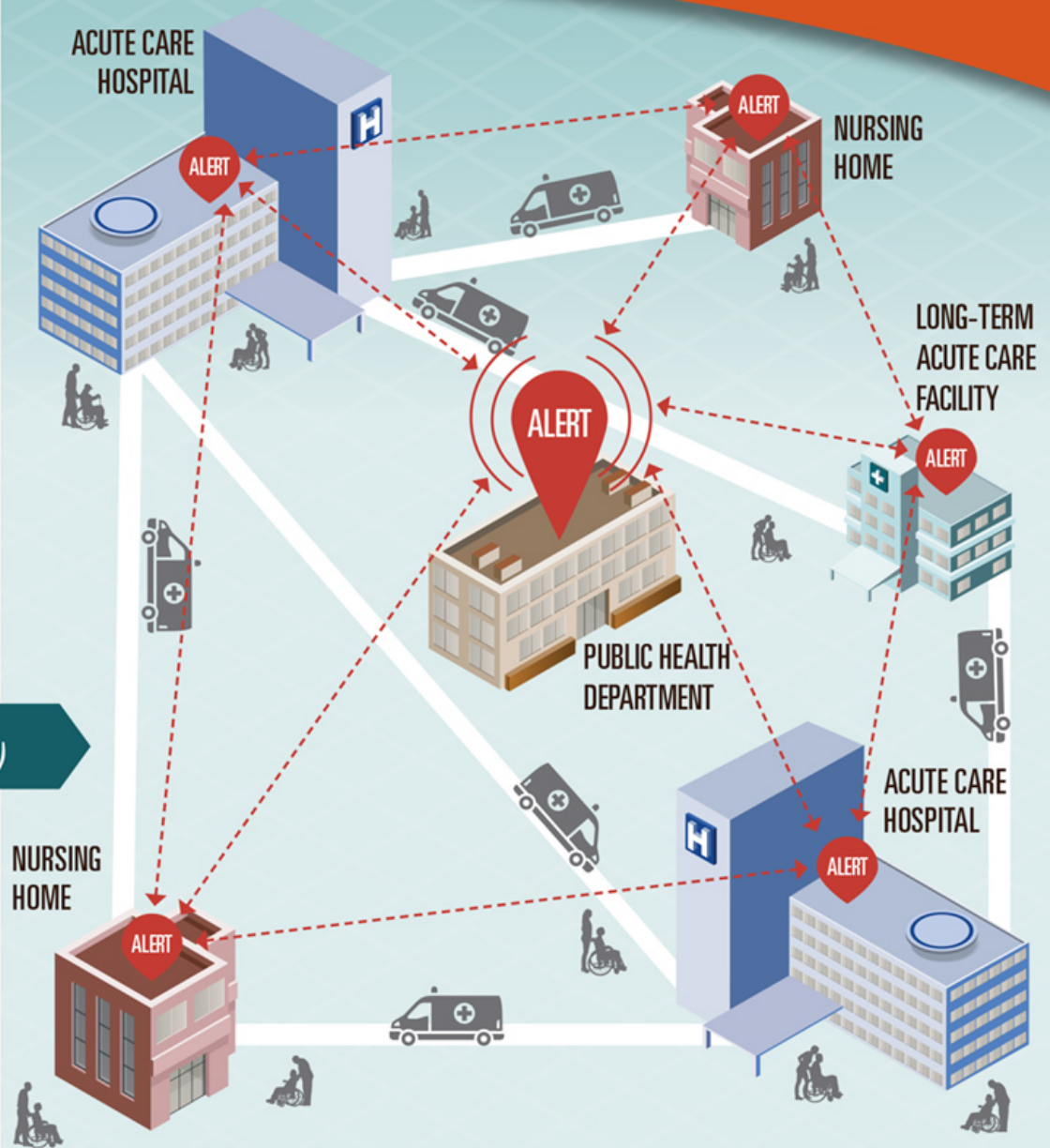
- Patients can be transferred back and forth from facilities for treatment without all the communication and necessary infection control actions in place.

Independent Efforts *(Still not enough)*

- Some facilities work independently to enhance infection control but are not often alerted to antibiotic-resistant or *C. difficile* germs coming from other facilities or outbreaks in the area.
- Lack of shared information from other facilities means that necessary infection control actions are not always taken and germs are spread to other patients.

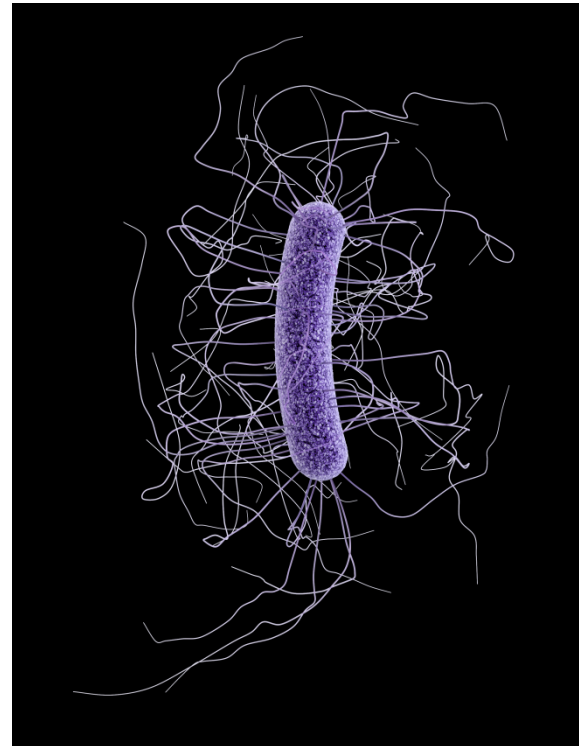
Coordinated Approach *(Needed)*

- Public health departments track and **alert** health care facilities to antibiotic-resistant or *C. difficile* germs coming from other facilities and outbreaks in the area.
- Facilities and public health authorities share information and implement shared infection control actions to stop spread of germs from facility to facility.



Overarching Goal

- Reduce healthcare-associated infections
- Specifically, *C. difficile*



WHY *C.difficile*?

Among nursing homes residents:

- One of the most common HAIs
- Frequent antibiotic exposure
- Multiple co-morbidities
- Communal living conditions
- Asymptomatic colonization
- Resists most routine environmental cleaning agents

Interventions

- Training to increase environmental services competencies
- Equipping with appropriate environmental services equipment
- Equipping with isolation caddies
- Equipping with devices to monitor environmental surfaces

Training

Two offerings of an 8-hour Environmental Services Training by expert industrial hygienist Shari Solomon with CleanHealth Environmental focusing on:

- Infection prevention
- Protection of the workers, patients, and the environment
- Best practices and industry standards



Equipment

- Standardized
- Rubbermaid HYGEN commercial cleaning carts
- Microfiber cleaning system
- Industry best practice



Safety

- PPE organizer
- Protect patients, staff and visitors
- Designed to hang over the door or on any flat surface
- Easily stores away
- Microban material



Monitoring

- Hygiena- Adenosine Triphosphate (ATP) system
- Indicates surface cleanliness
- Measures Relative Light Units (RLU)
- Quantitative Results



Measures

- Obtain baseline ATP measures of high touch surfaces
- Obtain new ATP measures of high touch surfaces every two months
- Track *C. difficile* rates

To Participate

- Commit to send at least two EVS staff and your infection control nurse to one EVS training offered
- Implement EVS best practices
- Swab 15 to 20 high-touch environmental surfaces every two months and submit quantitative results
- Track your *C. diff* infection rates and submit data every two months

Environmental Cleaning Assessment

Facilities can use this assessment to see how their current activities compare to best practices.

Elements to be Assessed	Assessment	Notes / Areas for improvement
A. The facility has written cleaning / disinfection policies which include routine and terminal cleaning and disinfection of resident rooms	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. The facility has written cleaning / disinfection policies which include routine and terminal cleaning and disinfection of rooms of residents on contact precautions (e.g. <i>C. difficile</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. The facility has written cleaning / disinfection policies which include cleaning and disinfection of high-touch surfaces in common areas	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. The facility cleaning / disinfection policies include handling of equipment shared among residents (e.g., blood pressure cuffs, rehab therapy equipment)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Facility has policies and procedures to ensure that reusable medical devices (e.g., blood glucose meters, wound care equipment, podiatry equipment, and dental equipment) are cleaned and reprocessed appropriately prior to use on another patient <i>Note: If external consultants (e.g., wound care nurses, dentists, or podiatrists) provide services in the facility, the facility must verify these providers have adequate supplies and space to follow appropriate cleaning / disinfection (reprocessing) procedures to prevent transmission of infectious agents</i> <i>Note: Select <u>not applicable</u> for the following reasons:</i> <ol style="list-style-type: none"> <i>All medical devices are single use only or dedicated to individual residents</i> <i>No procedures involving medical devices are performed in the facility by staff or external consultants</i> 	<input type="checkbox"/> Yes <input type="checkbox"/> No	

ENVIRONMENTAL CLEANING ASSESSMENT

Elements to be Assessed	Assessment	Notes / Areas for improvement
3. <i>External consultants providing services which involve medical devices have adequate supplies so that no devices are shared on-site and all reprocessing is performed off-site</i>		
F. Appropriate personnel receive job-specific training and competency validation on cleaning and disinfection procedures at the time of employment <i>Note: If environmental services are performed by contract personnel, facility should verify that training is provided by contracting company</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
G. Appropriate personnel received job-specific training and competency validation on cleaning and disinfection procedures within the past 12 months <i>Note: If environmental services are performed by contract personnel, facility should verify that training is provided by contracting company</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H. The facility routinely audits (monitors and documents) quality of cleaning and disinfection procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I. The facility provides feedback to personnel regarding the quality of cleaning and disinfection procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
J. Supplies necessary for appropriate cleaning and disinfection procedures (e.g., EPA-registered, including products labeled as effective against <i>C. difficile</i> and Norovirus) are available <i>Note: If environmental services are performed by contract personnel, facility should verify that appropriate EPA-registered products are provided by contracting company</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

For more self-assessments, visit CDC [ICAR Assessment Tool](https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html)
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