Management & Communication of the Infection Prevention Program

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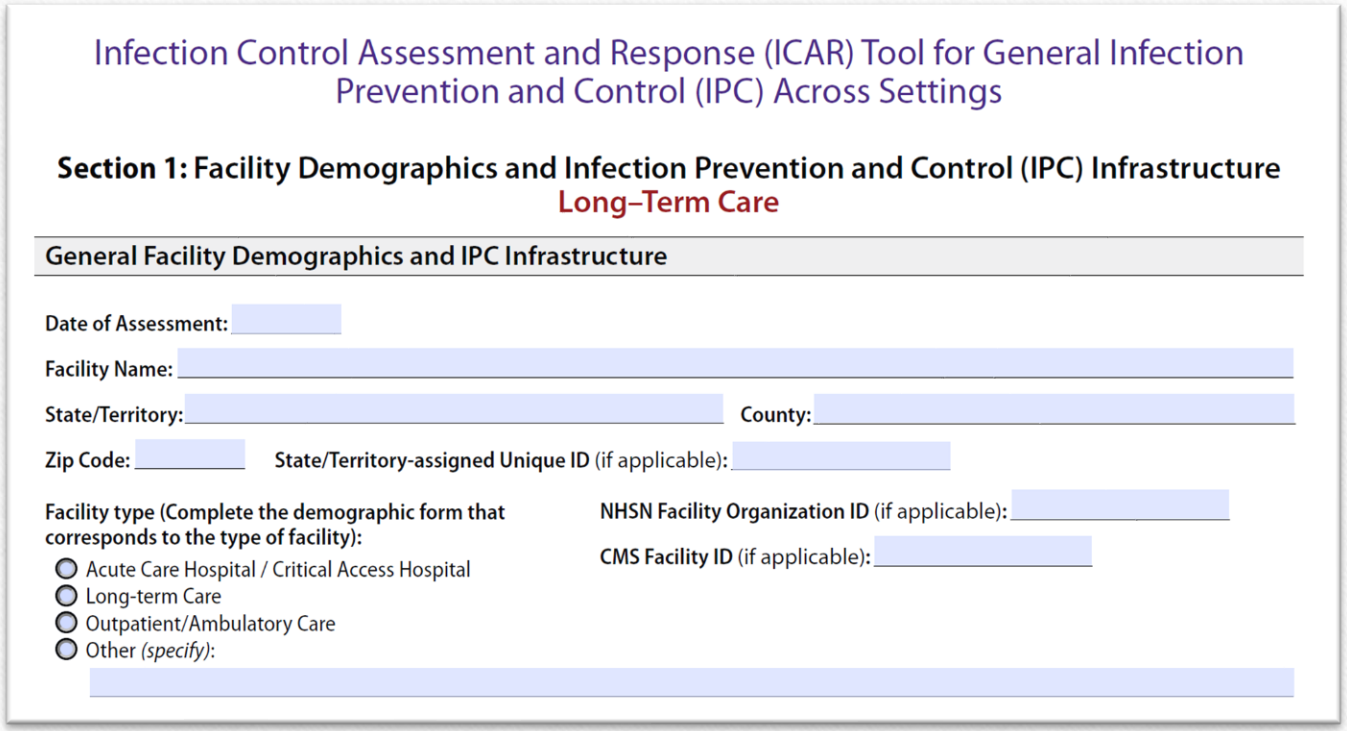
Jeri started her healthcare career as an Army Medic and Surgical Technician 30 years ago and is currently serving as the Manager of Infection Prevention and Control at Santa Clara Valley Medical Center, in San Jose. Jeri earned her Doctor of Nursing Practice (DNP) from Capella University, specializing in System Management, Healthcare Delivery, and Leadership, and holds a Bachelor of Science in Nursing from South Dakota State University. She is board certified in Infection Prevention and Control (CIC), Long-Term Care Infection Prevention (LTC-CIP), and recently Advanced Leadership- CIP and maintains multiple certifications in sterile processing and endoscope reprocessing, including CRCST, CER, and CHL. She presented at the APIC 2024 Annual Conference on Infection Prevention in Sterile Processing, sharing insights on mitigating risks and enhancing patient safety. In addition, Jeri was the lead author on APIC's Issue Brief: The Science Behind Endoscope Reprocessing.

Objectives

- Understand key components of an Infection Prevention Plan
- Apply regulatory and implementation science principles
- Integrate education and QAPI into practice
- Explore leadership in infection prevention

Risk Assessment / Gap Analysis



Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings

Section 1: Facility Demographics and Infection Prevention and Control (IPC) Infrastructure
Long–Term Care

General Facility Demographics and IPC Infrastructure

Date of Assessment:

Facility Name:

State/Territory: **County:**

Zip Code: **State/Territory-assigned Unique ID** (if applicable):

Facility type (Complete the demographic form that corresponds to the type of facility):

- Acute Care Hospital / Critical Access Hospital
- Long-term Care
- Outpatient/Ambulatory Care
- Other *(specify)*:

NHSN Facility Organization ID (if applicable):

CMS Facility ID (if applicable):

https://www.cdc.gov/healthcare-associated-infections/php/toolkit/icar.html

Risk Assessment / Gap Analysis

Facilitator Guide Assessment Modules:

- Module 1 – Training, Audits, Feedback PDF
- Module 2 – Hand Hygiene PDF
- Module 3 – Transmission-Based Precautions (TBP) PDF
- Module 4 – Environmental Services (EVS) PDF
- Module 5 – High-level Disinfection and Sterilization PDF
- Module 6 – Injection Safety PDF
- Module 7 – Point of Care (POC) Blood Testing PDF
- Module 8 – Wound Care PDF
- Module 9 – Healthcare Laundry PDF
- Module 10 – Antibiotic Stewardship PDF
- Module 11 – Water Exposure PDF

https://www.cdc.gov/healthcare-associated-infections/php/toolkit/icar.html

Risk Assessment / Gap Analysis

Observation Forms:

- Observation Form – Hand Hygiene PDF
- Observation Form – Transmission-Based Precautions (TBP) PDF
- Observation Form – Environmental Services (EVS) PDF
- Observation Form – High-level Disinfection and Sterilization PDF
- Observation Form – Injection Safety PDF
- Observation Form – Point of Care (POC) Blood Testing PDF
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Risk Assessment / Gap Analysis

Facility and infection-specific risk assessments

EVENT	PROBABILITY OF OCCURRENCE (How likely is this to occur)[1]				RISK LEVEL OF FAILURE (What would be the most likely)[2]				POTENTIAL CHANGE IN CARE (Will treatment/care be needed for resident/staff)[3]				PREPAREDNESS (Are processes in place and can they work)[4]			YEAR: _____ RISK LEVEL Add rankings (score of 8 or >are considered highest priority for improvement efforts)
Score	High	Med	Low	None	Life Threatening	Permanent 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	
Example: Lack of Communication with Transfering Facility		*2*					*1*			*2*					*1*	*6*
External Factors (Community, Demographics) Identify other risk factors in the community based on geographic location (coast, mountains etc.)																
Risk of TB in the community																
Risk of emerging infectious disease in the community																
Internal Factors (Facility Related)																
Facility Associated Infection(s)																
Symptomatic urinary tract infection (SUTI)																
Influenza like illness																
Pneumonia																
LRTI (bronchitis)																
Cellulitis/soft tissue infection																
Scabies																
Gastroenteritis																
Norovirus																
Clostridium difficile																
Conjunctivitis																

https://spice.unc.edu/resources/spice-ltc-infection-prevention-risk-assessment/

Risk Assessment / Gap Analysis

Facility and infection-specific risk assessments

INFECTION EVENT	PROBABILITY OF OCCURRENCE				LEVEL OF HARM FROM EVENT				IMPACT ON CARE				READINESS TO PREVENT			RISK LEVEL
	(How likely is this to occur?)				(What would be the most likely?)				(Will new treatment/care be needed for resident/staff?)				(Are processes/resources in place to identify/address this event?)			(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																

https://www.cdc.gov/long-term-care-facilities/media/excel/IPC-RiskAssessment.xlsx

Risk Assessment Application

- Prioritization and stratification
- Linking risk data to planning

IP Plan – Core Components

- Regulatory requirements (e.g., CMS, CDC, OSHA, state regs)
- Standards and Best Practices
- Facility demographics and resident acuity
- Emergency preparedness: Mitigation, Preparedness, Response, Recovery

Policies & Procedures

- Based on CDC, APIC, CMS F-tags, OSHA standards
- Regular review, with updates as needed
- Accessibility and proper staff use critical

Implementation Science in LTC IP

- Engage key stakeholders (nursing, EVS, admin, etc.)
- Build staff buy-in through visibility and communication
- Use rounding, coaching, and huddles as change tools

Education & Training Principles

- Adult learning theory: relevance, experience, self-direction
- Methods: Just-in-time, in-services, microlearning
- Use interactive sessions to build engagement

Competency & Assessment

- Return demonstration and hands-on validation
- Post-tests and audits for reinforcement
- Document all outcomes and follow-up actions

Research & Evidence-Based Practice

- Literature review process and sources
- Peer-reviewed vs. non-reviewed
- Study design: qualitative, quantitative, experimental
- Statistics: p-values, confidence intervals, test use

Interpreting Basic Charts

Line Chart

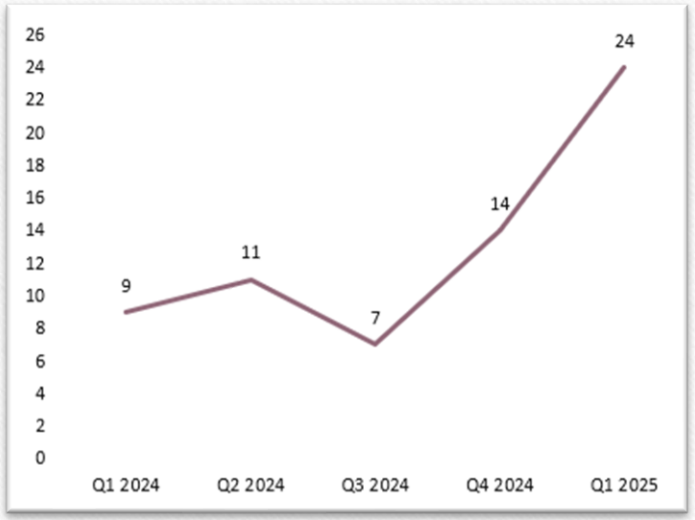
often shows trends over time and is used to look for patterns

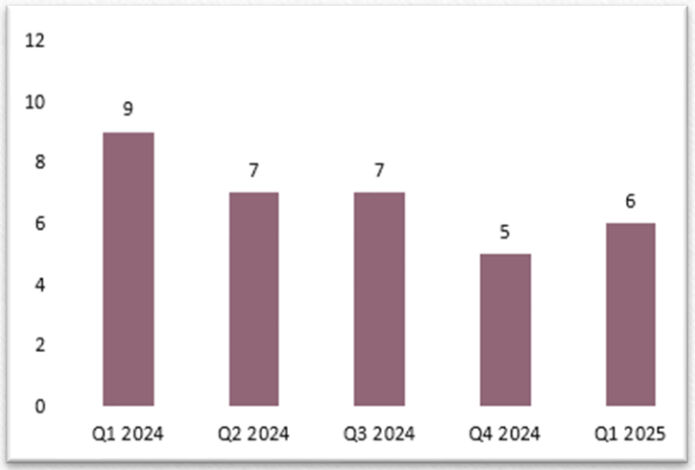
Bar Chart

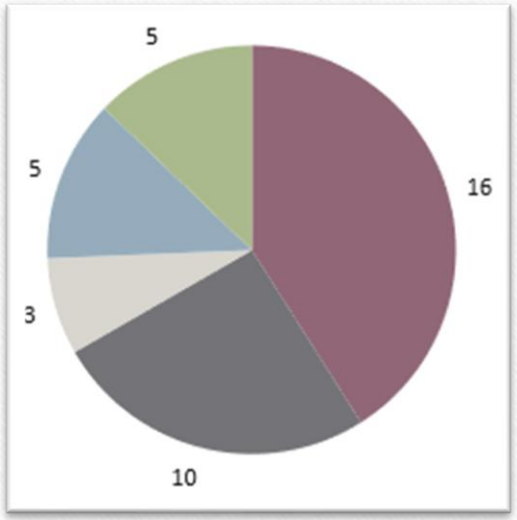
is good to compare categories

Pie Chart

is best to show parts of a whole







Interpreting Basic Charts

Trend

A general direction

Look for consistency over time rather than single spikes or drops

P-Value

Statistical significance vs. random variation

Confidence Interval (CI)

How sure are we?

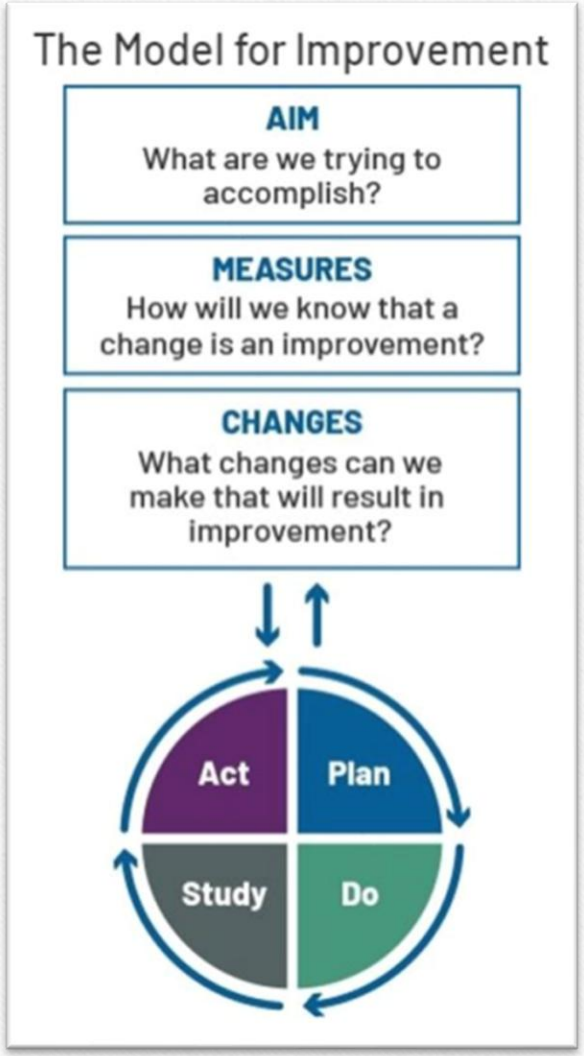
QAPI & Performance Improvement

Agency for Healthcare Research and Quality

https://www.ahrq.gov/

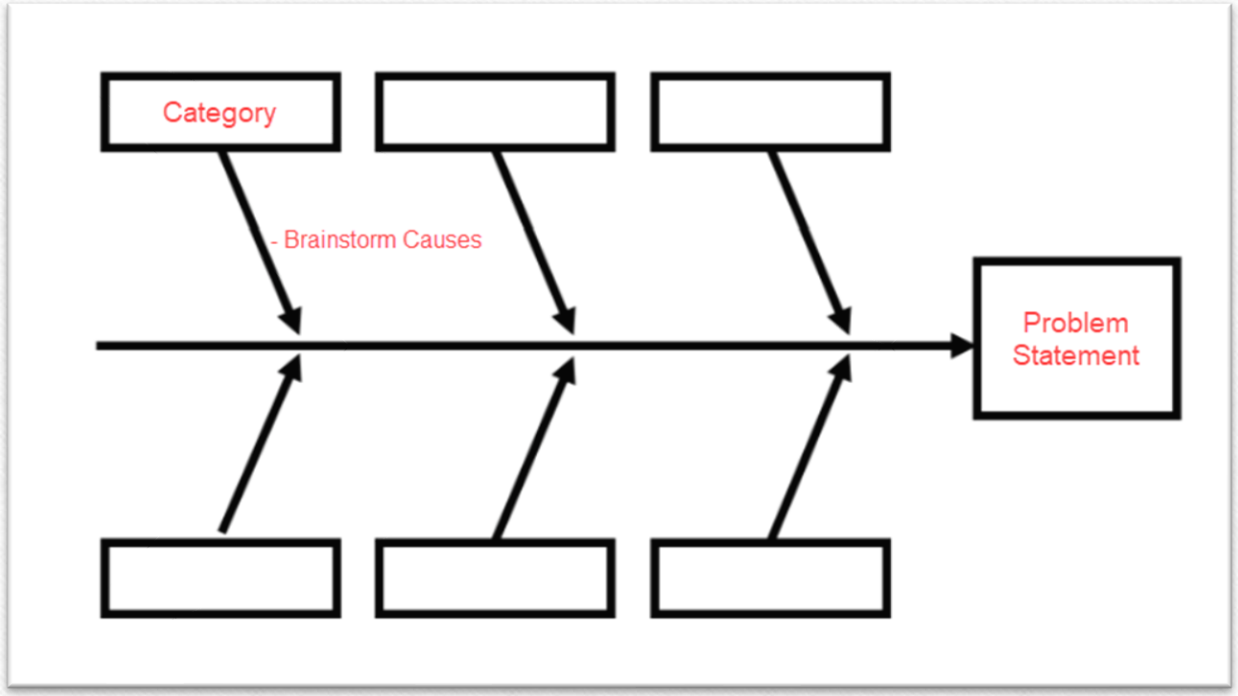
Institute for Healthcare Improvement

https://www.ihi.org/



QAPI & Performance Improvement

RCAs
&
Fishbone Diagrams



https://www.ahrq.gov/

QAPI & Performance Improvement

FEMA

Steps in the Process	Failure Mode	Failure Causes	Failure Effects	Likelihood of Occurrence (1-10)	Likelihood of Detection (1-10)	Severity (1-10)	Risk Profile Number (RPN)	Actions to Reduce Occurrence of Failure
1								
2								
3								

https://www.ihi.org/

QAPI & Performance Improvement

- Align performance indicators to IP outcomes
- Develop a Culture of Safety
  - HAI, hand hygiene, and ABX use as measures
- Evaluation
  - Processes
  - Products

Leadership

- Transformational
- Servant
- Situational

Professional Growth

- Path to certification: CIC, LTC-CIP, AL-CIP
- CEs & IPUs: APIC courses, regional IP groups, webinars

Summary

- Plan → Policy → Implementation → Education → Evaluation
- Build a culture of infection prevention and system-wide safety.
- Encourage professional growth and proactive engagement at every level.

Group Discussion

- How are you currently incorporating QAPI into your infection prevention planning?
- What challenges have you faced with implementing new policies?

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Questions?

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