



Texas Healthcare Safety Conference

The Annual Infection Prevention Risk Assessment, Plan & Review:

An Interactive Demonstration

Prepared & presented by:

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Disclosures

Rebecca is employed by Diversey. Her expenses to attend this presentation (travel, accommodation, and salary) are paid by this company. Diversey has had no input into this presentation from a commercial interest.

She is not a salesperson. Her salary is completely independent of product sales.

Rebecca has worked in the field of infection prevention & control since 2005, when she began her career as the department assistant. She became an IP in 2013, and joined Diversey in 2022.



Me, in 2005, the infection control assistant

Today's Goals

- Understand the interconnected, cyclical relationship between the annual risk assessment, annual infection prevention plan & the annual evaluation.
- Confidently conduct a risk assessment with a multidisciplinary team.
- Create prioritized goals directly related to the risk assessment.
- Summarize your program's accomplishments & opportunities in an annual evaluation.



Definition: Risk Assessment

Broadly speaking, a risk assessment is the combined effort of:

- identifying and **analyzing potential (future) events** that may **negatively impact individuals**, assets, and/or the environment (i.e. hazard analysis); and **making judgments "on the tolerability of the risk** on the basis of a risk analysis" while considering influencing factors (i.e. risk evaluation).
- Put in simpler terms, a risk assessment determines possible mishaps, their likelihood and consequences, and the tolerances for such events. The results of this process may be expressed in a quantitative or qualitative fashion.



Not To Be Confused with . . .

- Construction, renovation & remediation Infection Control Risk Assessments (aka, ICRA).
- Point-of-care risk assessment (PCRA):
 - Evaluate the likelihood of exposure to an infectious agent
 - for a specific interaction
 - with a specific patient
 - in a specific environment (e.g., single room, hallway)
 - under available conditions (e.g., no designated handwashing sink)
 - Choose the appropriate actions/PPE needed to minimize the risk of exposure

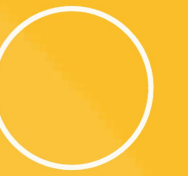


APIC Text: Where to Find the Annual Risk Assessment, Plan & Evaluation

Chapter: Infection Prevention & Control Programs

- The risk assessment:
 - Is the source of an IPC program's goals & objectives
 - Identifies high-volume, high-risk & problem-prone activities
 - Can assist in setting priorities & obtaining support key stakeholders
- The annual evaluation:
 - Is a **required element** for accreditation
 - Should outline program achievements & describe support requirements

WHY?



CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings

Updated November 2022!

4. Performance Monitoring and Feedback

References and resources: 1-14

1. Identify and monitor adherence to infection prevention practices and infection control requirements.
2. Provide prompt, regular feedback on adherence and related outcomes to healthcare personnel and facility leadership.
3. Train performance monitoring personnel and use standardized tools and definitions.
4. Monitor the incidence of infections that may be related to care provided at the facility and act on the data and use information collected through surveillance to detect transmission of infectious agents in the facility.

Performance measures should be tailored to the care activities and the population served.

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IC.01.03.01

The hospital identifies risks for acquiring and transmitting infections.

IC.01.04.01

IC.01.05.01

IC.02.01.01

The hospital *implements* its infection prevention and control plan.



Key Related Joint Commission IC Standards*

*Subject to change. Always refer to your facility's regulatory expert for most recent set of standards.

Accreditation standards are available to you if your organization is a member.

#2 most frequently scored RFI, 2019-2022



Think Like a Surveyor!

- **You have the answers to the test!**
 - CMS State Operations Manual **clearly** states the your hospitals IPC plan is one the first documents the team will be reviewing!
- If *you* don't understand your written risk assessment, plan & evaluation, how will a team of surveyors?
- **You should be able to recite these documents in your sleep!**

Entrance Conference

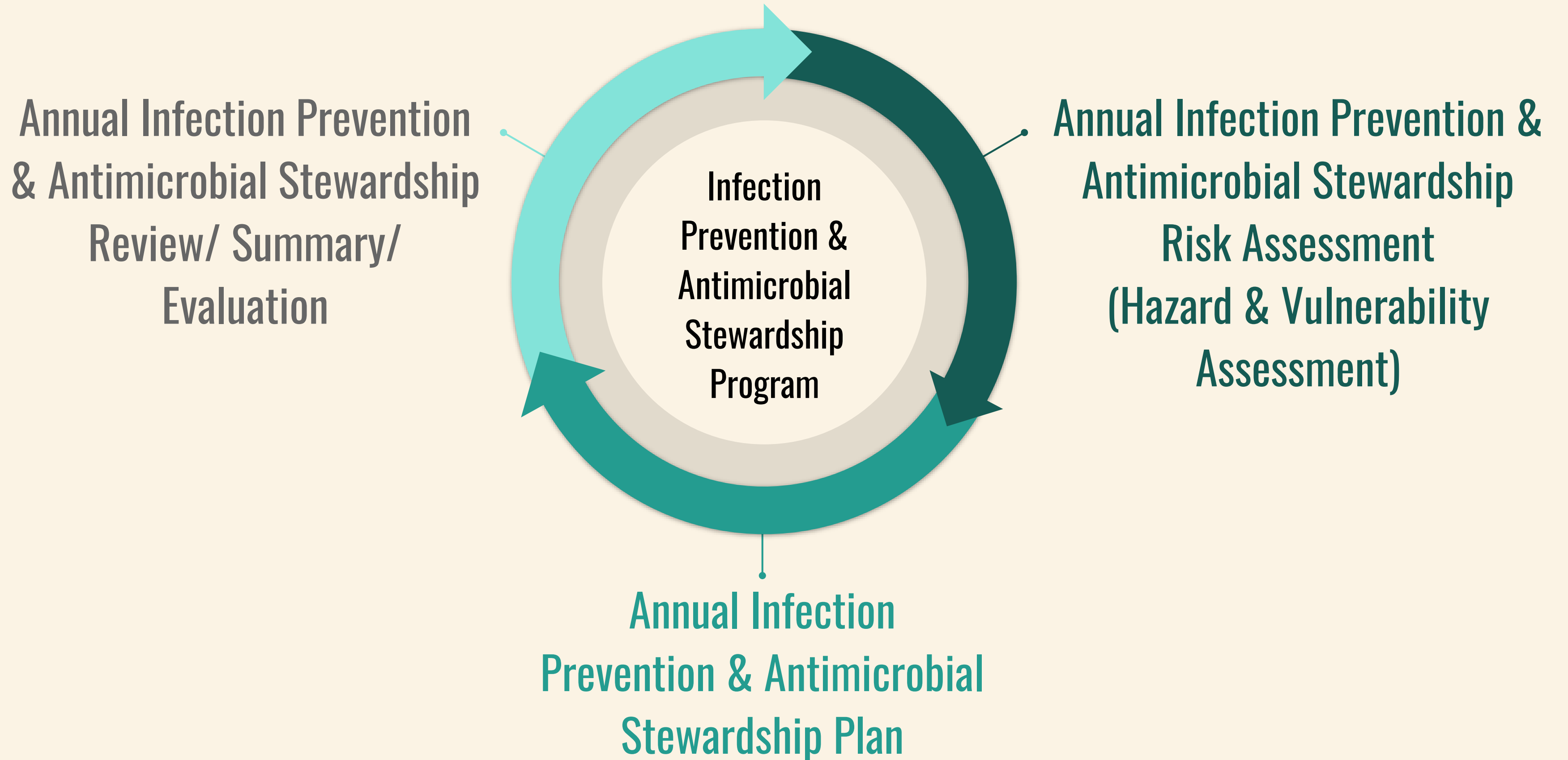
The entrance conference sets the tone for the entire survey. Be prepared and courteous, and make requests, not demands. The entrance conference should be informative, concise, and brief; it should not utilize a significant amount of time. Conduct the entrance conference with hospital administrative staff that is available at the time of entrance. During the entrance conference, the Team Coordinator should address the following:

- A list of current inpatients, providing each patient's name, room number, diagnosis(es), admission date, age, attending physician, and other significant information as it applies to that patient. The team coordinator will explain to the hospital that in order to complete the survey within the allotted time it is important the survey team is given this information as soon as possible, and request that it be no later than 3 hours after the request is made. SAs may develop a worksheet to give to the facility for obtaining this information;
- A list of department heads with their locations and telephone numbers;
- A copy of the facility's organizational chart;
- The names and addresses of all off-site locations operating under the same provider number;
- The hospital's infection control plan;
- A list of employees;
- The medical staff bylaws and rules and regulations;
- A list of contracted services; and
- A copy of the facility's floor plan, indicating the location of patient care and treatment areas;



WHAT?

WHAT: The Interconnected, Cyclical Relationship



WHEN?

I'm new to IP. Where do I begin?Á

1

Identify your facility-specific risks, at least annually, but also as new risks are identified.

2

Create a plan based on identified risks with prioritized goals.

3

Evaluate the progress of your prioritized goals at least quarterly.





The annual infection prevention risk assessment & plan are living, breathing documents. They grow & evolve alongside the needs of your program.

Examples of When to Update Your Risk Assessment & Plan



New high-risk surgery?



Increase in water intrusions/flooding?



Missing lab culture reports?

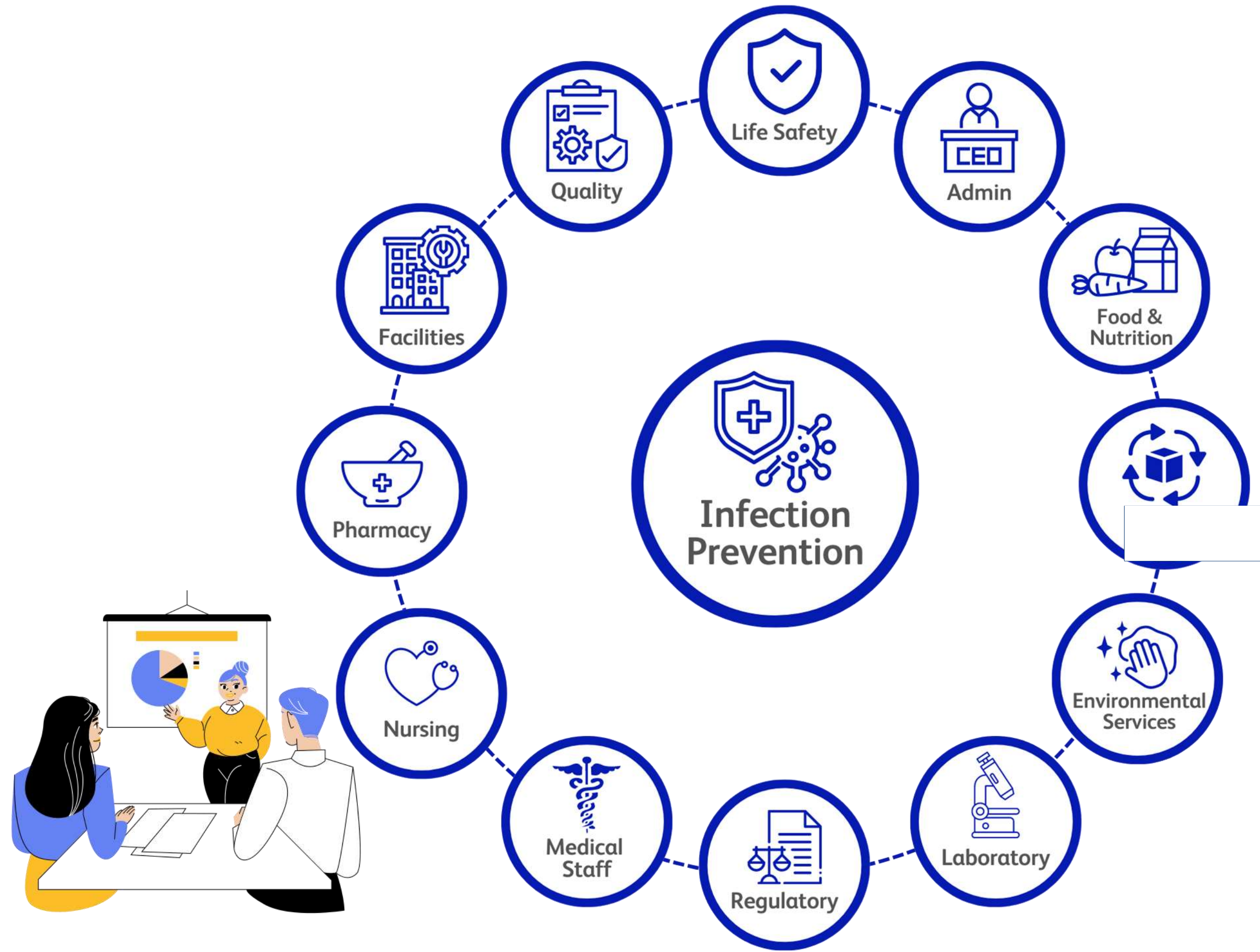
Consider issues that impact the facility as a whole. Including them in your documentation may give you the leadership support you've been looking for! Surveys *can* work to your advantage!






Engaging Stakeholders

- Consider scheduling a meeting **separate from IC committee.**
- Communicate the risk assessment as an **opportunity to allocate appropriate resources.**
- **“How can I/IPC help you?”**



TIPS FROM FORMER AUDIENCES!

Use Google or Microsoft Forms to collect responses!



Annual Infection Prevention & Control Risk Assessment

Questions Responses Settings

Section 1 of 2

Annual Infection Prevention & Control Risk Assessment

You are being asked to participate in the FACILITY's annual infection prevention and control risk assessment. Your responses will help the IP&C team determine where to focus its resources in the coming year, based on the prior year's data, experiences and

After section 1 Continue to next section

Section 2 of 2

Multidrug Resistant Organisms (MDROs)

Description (optional)

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Multidrug Resistant Organisms (MDROs)

Description (optional)

Candida auris: Probability of Occurring

- 4 = Expected
- 3 = Likely
- 2 = Maybe
- 1 = Rare
- 0 = Not likely to occur

Candida auris: Risk/Impact

- 5 = Possibility of death or permanent injury
- 4 = Temporary physical losses & damages

A hand-drawn speech bubble with a thick black outline and a small tail pointing towards the top right. Inside the bubble, the word "HOW?" is written in a bold, black, hand-drawn font. The bubble is centered on a yellow background that has a white torn corner at the top right. To the left of the bubble, there are two thin white lines forming a crosshair. In the bottom right corner of the yellow area, there is a small white circle.

HOW?

Let's dig into a risk assessment, plan & evaluation together!

We've reviewed multiple resources citing that you must perform an annual risk assessment, but no one has told **HOW** to perform a risk assessment.



Open IC Risk Assessment template here:

https://docs.google.com/spreadsheets/d/1VQ81ZbikZwvkjuV_HA8UtI8S485cNY0DKLHXmT5LjI/edit?usp=sharing

ADDRESS HIGHEST RISK EVENTS

PRIORITY	EVENT	SCORE
1	Multidrug-resistant organisms – <i>Candida auris</i>	53%
2	COPY FROM THE ANNUAL RISK ASSESSMENT	45%
3	COPY FROM THE ANNUAL RISK ASSESSMENT	38%
4	COPY FROM THE ANNUAL RISK ASSESSMENT	38%
5	COPY FROM THE ANNUAL RISK ASSESSMENT	38%
6	COPY FROM THE ANNUAL RISK ASSESSMENT	38%
7	COPY FROM THE ANNUAL RISK ASSESSMENT	38%
8	COPY FROM THE ANNUAL RISK ASSESSMENT	38%
9	COPY FROM THE ANNUAL RISK ASSESSMENT	38%
10	COPY FROM THE ANNUAL RISK ASSESSMENT	35%
11	COPY FROM THE ANNUAL RISK ASSESSMENT	35%
12	COPY FROM THE ANNUAL RISK ASSESSMENT	35%
13	COPY FROM THE ANNUAL RISK ASSESSMENT	35%



Creating Prioritized Goals Based upon the Risk Assessment!

2022 INFECTION PREVENTION PRIORITIZED GOALS

BELOW ARE EXAMPLES ONLY. CREATE SPECIFIC GOALS BASED ON YOUR RISK ASSESSMENT!

1. Partner with laboratory to monitor and improve turn-around-time in communicating reference laboratory microbiology/culture results to ordering providers.
2. 80% of employees will be considered up to date with COVID-19 vaccination per CDC definitions.
3. Decrease XXX surgical site infections by 50%.
4. Ensure ongoing compliance with facility-specific FACILITY COVID-19 Plan and FACILITY General COVID-19 Guidelines.
5. 100% compliance with air flow/pressurization monitoring of clean and soiled utility rooms.
6. 100% compliance with all water intrusion remediations.
7. Collaborate with Materials Management, nursing and other departments to ensure product substitutions meet minimum standards.
8. 95% compliance with the FACILITY employee influenza vaccination policy (current compliance is 71%).
9. Maintain current standardized infection ratios of all CDC NHSN CMS reportable conditions under HHS-specific goals.
10. Monitor, track & trend all potential healthcare-associated infections via laboratory reports, readmissions/returns to OR, post-discharge surveillance, antibiotic reports, patient satisfaction surveys and patient safety event reporting by all associates.

Annual Plan Characteristics: IPC Program Purpose

PURPOSE

The risk of development of a healthcare-associated infection (HAI) is minimized through a system-wide infection control program. The purpose of the infection control program at [FACILITY NAME], and all its affiliated sites, is to influence, support and improve the quality of healthcare through the practice and management of infection prevention/control and the application of epidemiology in health settings, and the maintenance of a sanitary environment in all areas of the organization. The mission of the FACILITY infection control program is to improve health and patient safety by reducing risks of infection and other adverse outcomes. The primary goal of the organization-wide infection control program is to identify, prevent, and reduce risks of endemic and epidemic HAIs in patients, employees, physicians and other licensed independent practitioners, contract service workers, volunteers, students and visitors and to ensure optimal operation of the health care facility by:

- Addressing our prioritized risks,
- Preventing infections,
- Limiting unprotected exposure to pathogens,
- Limiting the transmission of infections associated with procedures and the use of medical equipment, devices, and supplies,
- Identify organisms of epidemiological importance coming into the organization,
- Intervening directly to interrupt the transmission of infectious diseases;
- Maintaining compliance with hand hygiene;
- Educating and training healthcare workers and providers; and,
- Emphasizing ongoing, open communication and collaboration.

Annual Plan Characteristics: Who Are We?

Annual Plan Development

On a yearly basis, as part of FACILITY's continuous Quality Assessment Performance Improvement (QAPI) program, the ICBTC reviews the past year, completes an infection prevention and antibiotic stewardship risk assessment and establishes goals and plans for the future, primarily focused on the upcoming year. The goals, recommendations, and expected outcomes outlined in the annual plan become the core measurements of an effective Infection Prevention and Control Program and are used to define and evaluate the program's efficacy at the conclusion of each year. Changes or improvements in the program may occur as a result of the plan review annually and/or during the year. The annual plan design is prioritized based on risks identified in the Infection Prevention and Control Hazard & Vulnerability Assessment (refer to Appendix A), based on sound research, analysis of existing data, demographic considerations, published guidelines, and identified opportunities for improvement.

Quality improvement tools and collaborative efforts are applied and may include development of action plan(s) as part of the process.

AUTHORITY STATEMENT

Please see the 2022 Infection Control Authority Statement, designating in writing the individual as the infection preventionist/infection control officer.

ASSESSMENT - SCOPE OF SERVICE

CARE AND SERVICES

Assessment of the services and patient population at FACILITY and XXX allows us to tailor a plan to reduce horizontal transmission of the pathogens most likely prevalent in our unique setting. FACILITY is a ##-bed inpatient facility.

[ENTER A FACILITY-SPECIFIC SUMMARY HERE. PARTNER WITH QUALITY/RISK MANAGEMENT.]

Annual Plan Characteristics: Who Do We Serve?

ASSESSMENT – POPULATION AND COMMUNITY SERVED

POPULATION

FACILITY, including all affiliated sites, provides services to an urban population, generally of lower to middle socioeconomic class. FACILITY is located in
DESCRIBE COMMUNITY POPULATION HERE.

COMMUNITY

PLEASE NOTE BELOW IS FACILITY SPECIFIC AND SERVES AS AN EXAMPLE ONLY.

MDHHS reports that XXXX County's tuberculosis rates increased to 23 cases (2.3 case rate) from 2020's 16 cases (and 1.3 case rate. The IP conducts an annual TB risk assessment, utilizing the *CDC Division of Tuberculosis Elimination's MMWR: Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005*. Based on this risk assessment, FACILITY is a low-risk facility and therefore adheres to Appendix C recommendations for screening frequency. Per 2019 CDC recommendations, annual skin testing is no longer recommended. Two-step TB skin-testing continues for all new hires (second skin test required if no skin test available within the last 12 months). Patients with known or suspected pulmonary tuberculosis would not be accepted for admission to FACILITY, as the facility does not have airborne infection isolation rooms (AIIR). Persons identified with tuberculosis post admission would be transferred to a facility with AIIR promptly.

Annual Plan Characteristics: What Communicable Diseases Are Impacting Us?

According to a 2021 State Health Alert Network notification, STATE experienced an increase in reports of Legionnaires' disease. In the first two weeks of July 2021, there was a 569% increase from referrals compared to similar time frame in 2020. Michigan has continued to experience an unusual amount of precipitation, flooding and warmer weather in the later months of 2021. FACILITY has a water management program that is reviewed regularly. Should any patients at FACILITY develop pneumonia with an onset equal or greater than 48 hours after admission, a period of enhanced surveillance (for a minimum of 2 months) during which healthcare facility staff will proactively and systematically identify patients with healthcare-associated pneumonia through activities such as daily review of chest radiographs for pneumonia and laboratory testing for pneumonia diagnosis. The facility will ensure that clinicians perform *Legionella*-specific testing and public health department reporting.

Please note that likely due to the COVID-19 pandemic and limited public health resources, Oakland County has not published an annual health report since 2018 (<https://www.oakgov.com/health/news/Pages/reports-pubs.aspx>). The IP continues to monitor regional communicable disease surveillance updates. In February 2022, an MDHHS HAN reported three new cases of *Candida auris* in Michigan. *C. auris* is a yeast that may cause serious illness or invasive infections, including bloodstream infections, which may result in death, particularly in hospital and long-term care patients. *C. auris* is a public health threat because it is often multidrug-resistant, is difficult to identify, and can persist on surfaces in healthcare environments, resulting in the spread of *C. auris* among patients in healthcare facilities. 90% of the isolates are resistant to fluconazole, 30% resistant to polyene and 5% resistant to echinocandins. Patients exposed to *C. auris* may remain colonized for an extensive amount of time, putting them at risk for a future *C. auris* infection and further spreading the yeast.

Annual Summary/Evaluation:

Celebrate wins. Identify ongoing opportunities.

2021 INFECTION PREVENTION PRIORITIZED GOALS

2021 INFECTION PREVENTION PRIORITIZED GOALS	2021 GOAL ACHIEVED?	INFECTION PREVENTION SUMMARY
1. Increase monitoring of turn-around-time to completion of medium and high priority environmental rounding requests for improvement (RFIs).	Yes	Newly hired quality manager created compliance reports and began tracking manager response to RFIs. Prior rounding reports will be available at subsequent rounding to ensure RFIs have been addressed.
2. Implement trial of Help Desk/Work Order online system as new tracking mechanism for Environmental Tours/Safety Rounds for all RFIs.	No	Trial of work order system was not successful, however, see Goal #1 for RFI tracking improvement.
3. Completion of Infection Control Risk Assessment (ICRA) prior to any construction/renovation/repair activities.	Yes	While projects had completed prior to June without an ICRA, compliance obtained in the second half of 2021.
4. Infection Prevention to perform daily infection control monitoring for all Class III and Class IV construction projects. Compliance will be reported at quarterly Infection Control Committee.	Yes	Newly hired IP created Class III and IV daily monitoring log, though no III/IV projects occurred in the second half of the year. A log is also maintained for all Class I and II projects.
5. No cardboard shipping boxes in patient care, clinical, central supply areas.	No	Cardboard continues to be identified in patient care areas. Will continue to work with managers and Materials to reduce cardboard.

Annual Summary/Evaluation:

Keeping track on a quarterly basis alleviates end-of-year overwhelm.

INFECTION PREVENTION & CONTROL ANNUAL SUMMARY				
RISK	GOAL	STRATEGIES	METRICS	CONTROL/ACTIVITY
3. Cleanability of all surfaces and items, including, breaks in laminate, flooring, punctured furniture covering in patient care areas, rust,	Increase turn-around-time to completion of environmental rounding requests for improvement.	<ul style="list-style-type: none"> Report Noncompliance to Leadership, MEC and BOD at least quarterly. CEO, CFO, MEC and BOD acknowledgement of infection risk and financial commitment to replacement of compromised equipment. Obtain FDA-registered <u>CleanPatch</u> for small punctures & tears. Tracers conducted at least two times per month by IP to identify rusty equipment and torn or punctured pads/positioning devices. OR Manager will conduct daily rounds to proactively identify and prompt removal of compromised equipment. 	Q1: Noncompliant RFIs identified in prior rounds not yet corrected.	Q1: Safety officer communicated RFIs to managers; managers were to place work orders.
			Q2: Noncompliant	Q2: Safety officer communicated RFIs to managers; managers were to place work orders. IP to continue weekly rounding, entering all identified issues into work order tool. IP will escalate ongoing issues to senior leadership.



WHERE?

Consider Where Your Program Materials Go

Per APIC Text, “disseminate to leaders throughout your organization.”

- Chief Medical Officer, Chief Exec Officer, Chief Nursing Officer & board members
- Ensure document **approvals** are **clearly indicated**
- Is attaching to meeting minutes sufficient?

- Presented to & approved by Infection Control Committee:
- Presented & approved at QAPI:
- Presented & approved by FACILITY Medical Executive Committee:
- Presented & approved by FACILITY Governing Board:

In Summary

- The annual IPC risk assessment & plan are **living, breathing documents** that reflect your facility's tailored needs.
 - Don't stick them on a shelf for 10 months!
- Engage a **multidisciplinary team** when performing annual risk assessments.
- Create **prioritized goals** based directly upon the risk assessment calculations.

CONTACT INFO



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Where
it all
began!

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