

Infection Preventionists in Long-Term Care



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Infection Preventionist Job Description

Position Overview

The Infection Preventionist reports to the Director of Nursing and partners with the Medical Director, the Administrator or Quality Officer, and other stakeholders to develop a system of care that promotes sound and scientific infection prevention principles and practices.

This individual is accountable for decreasing the incidence and transmission of infectious diseases between patients, staff, visitors and the community.

Through strategic planning, leadership and consultation, you will lead and direct a robust team in the identification and implementation of infection prevention goals and objectives throughout the facility.

Infection Preventionist Job Description (Cont'd)

Position Responsibilities and Qualifications

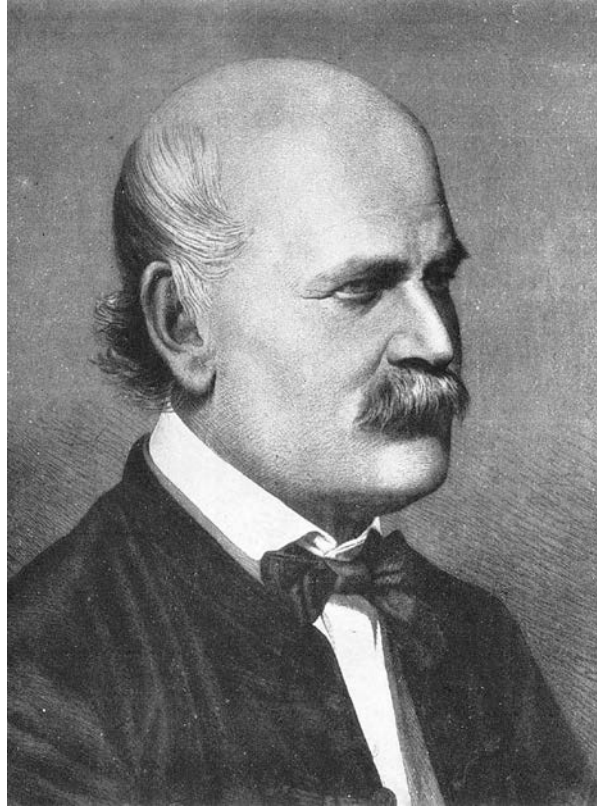
In this key position, essential job duties and responsibilities include:

- Partners with the Medical Director for Epidemiology/Infectious Disease to develop, implement and evaluate annual infection prevention goals and action plan
- Partners with facility leaders, physicians, local, state, and national agencies on activities related to infection prevention
- Oversees the operations of the infection prevention, epidemiology, industrial hygiene, and relevant safety programs
- Accountable for surveillance of healthcare acquired and community acquired infections
- Manages goal setting process for system, unit and physician goals related to healthcare acquired infections and conditions
- Lead industrial hygiene program to anticipate, recognize, evaluate, mitigate and control workplace conditions
- Participates in the national collaboratives and external reporting to CDC NHSN system, and other post acute-care specific quality organizations

How Do I Set My I.P. Priorities?



Challenge: Who is this?



Make Training Fun...Not Just “Paper-Compliant”

https://www.youtube.com/watch?v=5uZjgGD_9vY



Hand Hygiene Options (In Most Cases)

When using alcohol-based hand sanitizer:

PUT PRODUCT ON HANDS AND RUB HANDS TOGETHER

COVER ALL SURFACES UNTIL HANDS FEEL DRY

THIS SHOULD TAKE AROUND 20 SECONDS



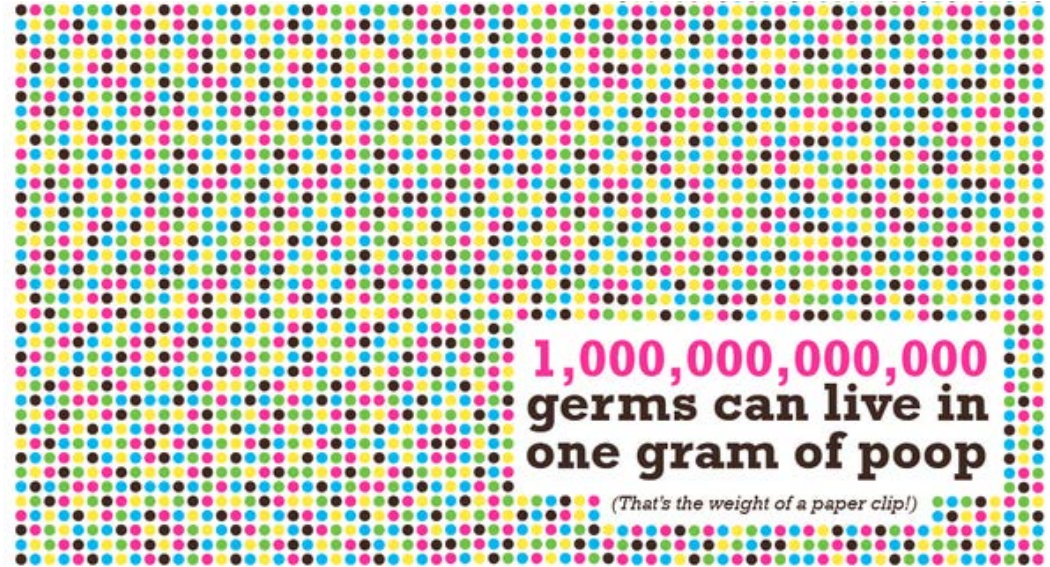
When to Handwash and When to Sanitize

According to the CDC, these are the Hand Hygiene Guidelines for Routine Patient Care:

Wash your hands when:	You may use hand sanitizer when:
When hands are visibly dirty	Almost all other times!!!
After known or suspected exposure to <i>Clostridium difficile</i> if your facility is experiencing an outbreak or higher endemic rates	
After known or suspected exposure to patients with infectious diarrhea during <i>norovirus</i> outbreaks	
If exposure to <i>Bacillus anthracis</i> is suspected or proven	
Before eating	
After using a restroom	
Your facility may have a case of a rare organism...you should ask about it before you decide how to perform hand hygiene	

<https://www.cdc.gov/handhygiene/providers/index.html>

Nasty to Think about...but Necessary to Know



Franks AH, Harmsen HJM, Raangs GC, Jansen GJ, Schut F, Welling GW. [Variations of bacterial populations in human feces measured by fluorescent *in situ* hybridization with group-specific 16S rRNA-targeted oligonucleotide probes.](#) [External](#) Appl Environ Microbiol. 1998;64(9):3336-3345.

How Do Hand Hygiene Mistakes Cause Harm?

<https://www.youtube.com/watch?v=SealY7kP2uI>



Handwashing Videos! CDC: “Clean Hands Save Lives”

<https://www.cdc.gov/cdctv/healthyliving/hygiene/fight-germs-wash-hands.html> (English)

<https://www.cdc.gov/cdctv/spanish/healthyliving/acabe-con-los-microbios.html> (Español)



Other Nice Videos for You to Use

A basic infection prevention video

<https://www.youtube.com/watch?v=bylVejlZa1A>

A video on donning/doffing PPE

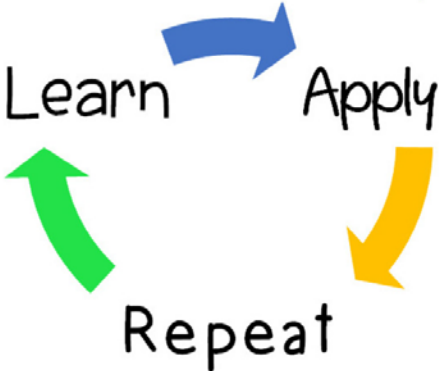
<https://www.youtube.com/watch?v=06xA-tsnBEY>

There are these and so many other videos that you may find or buy, but always check that guidance in videos is consistent with your own organization's policies and procedures!

How Does Inservice Training Work Best?



Or....



Director of Staff Development- Required

Criteria for the Director of Staff Development (DSD) position in accordance with the California Code of Regulations, Title 22, Division 5, Chapter 2.5, Section 71829.

Within six (6) months of employment and prior to teaching a certification program, DSD candidates must obtain a minimum of 24 hours of continuing education courses in planning, implementing, and evaluating educational programs.

TOPICS COVERED:

- Characteristics of the Adult Learner
- Elements of an Instructional Objective
- CNA Training Requirements in Long-Term Care Facilities
- Instructional Methods for Preparing and Presenting Lesson Plans
- Teacher Behaviors that Affect Student Classroom Interaction

DSD QUALIFICATIONS:

To qualify as a DSD, the candidate must be an RN or LVN and satisfy one of the following:

Option 1: Have one year experience as a licensed nurse providing direct patient care in a long-term care facility, IN ADDITION to having one year of experience planning, implementing, and evaluating educational programs in nursing (for a total of two years).

Option 2: Have two-years full time experience as a licensed nurse, at least one of which must be in the provision of direct patient care in a nursing facility.

Infection Preventionist- Required

New Infection Preventionist specialized training requirement finalized by CMS in the Reform of Requirements of Participation for Long Term Care Facilities. **Infection Preventionist Specialized Training (IPCO) course, individuals will be specially trained to effectively implement and manage an Infection Prevention and Control Program at their center.**

- A thorough explanation of the impact of infections on the people who live, work and visit nursing centers.
- Definitions of essential components of an effective infection prevention and control program.
- Identification and management of common infections.
- Strategies to prevent the spread of infections.
- Identification and description of the steps necessary for infection surveillance, antibiotic stewardship, investigating, tracking and reporting infections
- Successful implementation strategies.

It addresses both clinical and organizational systems, processes and cultural aspects of infection prevention and control which are fundamental to effectively leading and administering a center's Infection Prevention & Control program.

Annual Survey - Entrance Conference Checklist (What Does It Tell Us?)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

ENTRANCE CONFERENCE WORKSHEET

INFORMATION NEEDED FROM THE FACILITY IMMEDIATELY UPON ENTRANCE	
<input type="checkbox"/>	1. Census number
<input type="checkbox"/>	2. Complete matrix for new admissions in the last 30 days who are still residing in the facility.
<input type="checkbox"/>	3. An alphabetical list of all residents (note any resident out of the facility).
<input type="checkbox"/>	4. A list of residents who smoke, designated smoking times, and locations.
ENTRANCE CONFERENCE	
<input type="checkbox"/>	5. Conduct a brief Entrance Conference with the Administrator.
<input type="checkbox"/>	6. Information regarding full time DON coverage (verbal confirmation is acceptable).
<input type="checkbox"/>	7. Information about the facility's emergency water source (verbal confirmation is acceptable).
<input type="checkbox"/>	8. Signs announcing the survey that are posted in high-visibility areas.
<input type="checkbox"/>	9. A copy of an updated facility floor plan, if changes have been made.
<input type="checkbox"/>	10. Name of Resident Council President.
<input type="checkbox"/>	11. Provide the facility with a copy of the CASPER 3.
INFORMATION NEEDED FROM FACILITY WITHIN ONE HOUR OF ENTRANCE	
<input type="checkbox"/>	12. Schedule of meal times, locations of dining rooms, copies of all current menus including therapeutic menus that will be served for the duration of the survey and the policy for food brought in from visitors.
<input type="checkbox"/>	13. Schedule of Medication Administration times.
<input type="checkbox"/>	14. Number and location of med storage rooms and med carts.
<input type="checkbox"/>	15. The actual working schedules for licensed and registered nursing staff for the survey time period.
<input type="checkbox"/>	16. List of key personnel, location, and phone numbers. Note contract staff (e.g., rehab services).
<input type="checkbox"/>	17. If the facility employs paid feeding assistants, provide the following information: <ul style="list-style-type: none"> a) Whether the paid feeding assistant training was provided through a State-approved training program by qualified professionals as defined by State law, with a minimum of 8 hours of training; b) The names of staff (including agency staff) who have successfully completed training for paid feeding assistants, and who are currently assisting selected residents with eating meals and/or snacks; c) A list of residents who are eligible for assistance and who are currently receiving assistance from paid feeding assistants.
INFORMATION NEEDED FROM FACILITY WITHIN FOUR HOURS OF ENTRANCE	
<input type="checkbox"/>	18. Complete matrix for all other residents. Ensure the TC confirms the matrix was completed accurately.
<input type="checkbox"/>	19. Admission packet.
<input type="checkbox"/>	20. Dialysis Contract(s), Agreement(s), Arrangement(s), and Policy and Procedures, if applicable.
<input type="checkbox"/>	21. List of qualified staff providing hemodialysis or assistance for peritoneal dialysis treatments, if applicable.
<input type="checkbox"/>	22. Agreement(s) or Policies and Procedures for transport to and from dialysis treatments, if applicable.
<input type="checkbox"/>	23. Does the facility have an onsite separately certified ESRD unit?
<input type="checkbox"/>	24. Hospice Agreement, and Policies and Procedures for each hospice used (name of facility designee(s) who coordinate(s) services with hospice providers).

Infection Prevention / Antibiotic Stewardship / Immunization!

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

ENTRANCE CONFERENCE WORKSHEET

<input type="checkbox"/>	25. Infection Prevention and Control Program Standards, Policies and Procedures, and Antibiotic Stewardship Program.
<input type="checkbox"/>	26. Influenza / Pneumococcal Immunization Policy & Procedures.
<input type="checkbox"/>	27. QAA committee information (name of contact, names of members and frequency of meetings).
<input type="checkbox"/>	28. QAPI Plan.
<input type="checkbox"/>	29. Abuse Prohibition Policy and Procedures.
<input type="checkbox"/>	30. Description of any experimental research occurring in the facility.
<input type="checkbox"/>	31. Facility assessment.
<input type="checkbox"/>	32. Nurse staffing waivers.
<input type="checkbox"/>	33. List of rooms meeting any one of the following conditions that require a variance: <ul style="list-style-type: none">• Less than the required square footage• More than four residents• Below ground level• No window to the outside• No direct access to an exit corridor
INFORMATION NEEDED BY THE END OF THE FIRST DAY OF SURVEY	
<input type="checkbox"/>	34. Provide each surveyor with access to all resident electronic health records – do not exclude any information that should be a part of the resident’s medical record. Provide specific information on how surveyors can access the EHRs outside of the conference room. Please complete the attached form on page 4 which is titled “Electronic Health Record Information.”
INFORMATION NEEDED FROM FACILITY WITHIN 24 HOURS OF ENTRANCE	
<input type="checkbox"/>	35. Completed Medicare/Medicaid Application (CMS-671).
<input type="checkbox"/>	36. Completed Census and Condition Information (CMS-672).
<input type="checkbox"/>	37. Please complete the attached form on page 3 which is titled “Beneficiary Notice - Residents Discharged Within the Last Six Months”.

Survey Changes / Penalties / Awards / Quality Measures: They Tell Us What's Most Important

- Survey changes tell us what's important to surveyors
- Penalties exist for readmissions (why do people readmit?)
- Flu/Pneumonia Vaccines and QASP money
- Quality Measures and “5-Star” Program

THE SOM... “So What?” or “So Important!!”

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf>

DO YOU USE IT?

The SOM... **Infection Preventionist**

- **F882**
- **(To Be Implemented November 28, 2019)**
- ***The facility must designate one or more individual(s) as the infection preventionist(s) (IP)(s) who are responsible for the facility's IPCP. The IP must:***
 - *Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;*
 - *Be qualified by education, training, experience or certification;*
 - *Work at least part-time at the facility; and*
 - *Have completed specialized training in infection prevention and control.*
 - *IP participation on quality assessment and assurance committee.*
 - *The individual designated as the IP, or at least one of the individuals if there is more than one IP, must be a member of the facility's quality assessment and assurance committee and report to the committee on the IPCP on a regular basis.*

Unique Role of the IP

“There are two pieces that are unique to what IPs and healthcare epidemiologists bring to the table:

Data --- knowing what is happening in your institution.

Knowledge--- knowing what needs to be done to prevent infections.

Those are the reasons people will invite you when discussing problems related to healthcare safety --- because it's something the others don't know. It's what gives us the power.”

Denise Cardo, MD, Director CDC's Division of Healthcare Quality Promotion

Professional Standards for IPs

Professional Accountability:

Acquire and maintain knowledge and skills –

Attend educational conferences –

Join professional organizations like APIC

Participate in State and local public health events

Who is APIC?

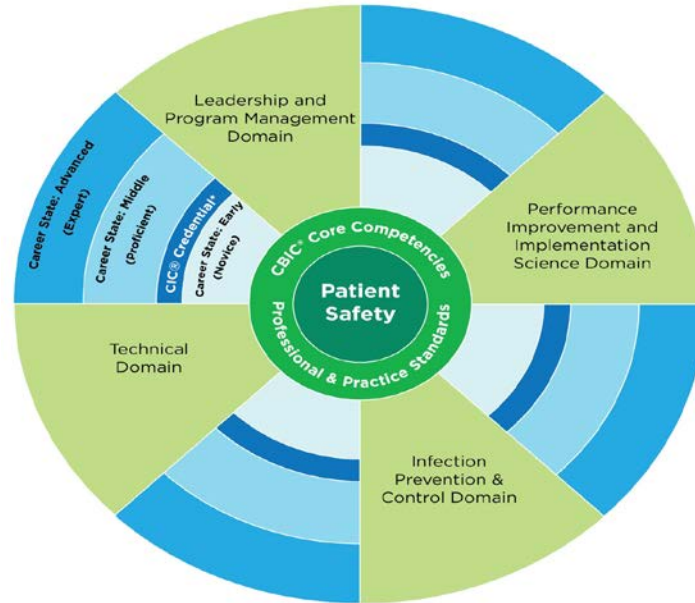
<https://apic.org/About-APIC/About-APIC-Overview>

<https://apic.org/Education-and-Events/Overview>

APIC Developed A Competency Self-Check

http://webinars.apic.org/IP_Competency_Quick_Reference.pdf

APIC Competency Model
for the Infection Preventionist



Green areas indicate critical competencies required for the expanding IP role.

* The CIC® Credential is available from CBIC® The Certification Board of Infection Control and Epidemiology, Inc.

IP as Evaluator



- Annual Risk Assessment
- Infection Prevention Plan
- Rounding
- Perform surveillance
- Investigate suspected outbreaks
- Educate based on prevention needs/problems

IP as HAI Prevention Expert



- Use epidemiology and microbiology skills
- Analyze, interpret, and feedback surveillance data
- Frequent review of HAI surveillance findings with healthcare providers and leadership:
- Identifies areas for prevention focus
- Spurs new prevention efforts
- Measures progress and sustainability of prevention efforts over time

IP as Educator



- Teach others: staff, visitors, and patients
- Evidence-based infection prevention practices
- Stewardship and the Antibioqram Champion
- Infection risk, prevention and control methods
- Annual Bloodborne Pathogens and Aerosolized Transmissible Diseases (ATD) classes
- Updates on Pandemics • Influenza, Pertussis, Measles
- New Employee Orientation
- Volunteers
- Community Classes

IP as Mentor and Leader



- Staff watch your behaviors
- You make decisions related to ethics and regulations
- You are responsible for IP policies and procedures
- IPs should identify needs/desire for mentorship • Staff nurses interested in IP • Students needing a preceptor
- Begin an IP Liaison team

IP as Consultant and Influencer



- Family and visitor issues
- Help nursing help doctors prescribe
- Dietary, EVS, Lab
- Pet Therapy
- Pandemic!!!
- Construction
- Floods, Fires

IP as Customer Service



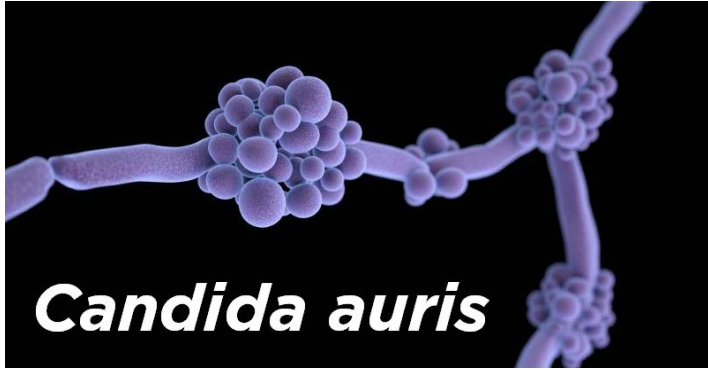
- Who are infection prevention customers?
- Residents/Family Members
- Staff
- Physicians
- Visitors/Community
- Public Health
- Anyone who calls for your consultation services!

Infection Preventionist- Required

Even though nursing facilities are not required to have a designated “Infection Preventionist” until November 28, 2019, BUT....it’s critical to register for this training now:

- As of November 28, 2016 nursing facilities are being held accountable to more expansive infection prevention and control federal regulations.
- Beginning November 28, 2017, the federal requirements for nursing facilities expand further and require that every nursing facility develop and implement an antibiotic stewardship program. This is a new requirement that should be conducted with oversight from specially trained healthcare professionals.
- Surveyors nationwide were to survey for the expanded infection prevention & control and antibiotic stewardship requirements.

You Can Learn and Teach US Every Day...

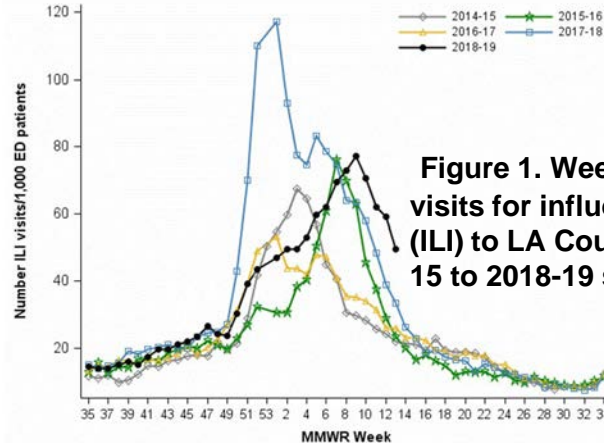


Medical scopes still causing superbug infections and deaths, FDA says

NYC officials declare public emergency after measles outbreak



E. coli mystery solved: Ground beef is source of outbreak, CDC says



*Thank you for all
you do....*