

Infection Preventionist in Long-Term Care

How Can One
Person Do It All?

Herding Cats



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.

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

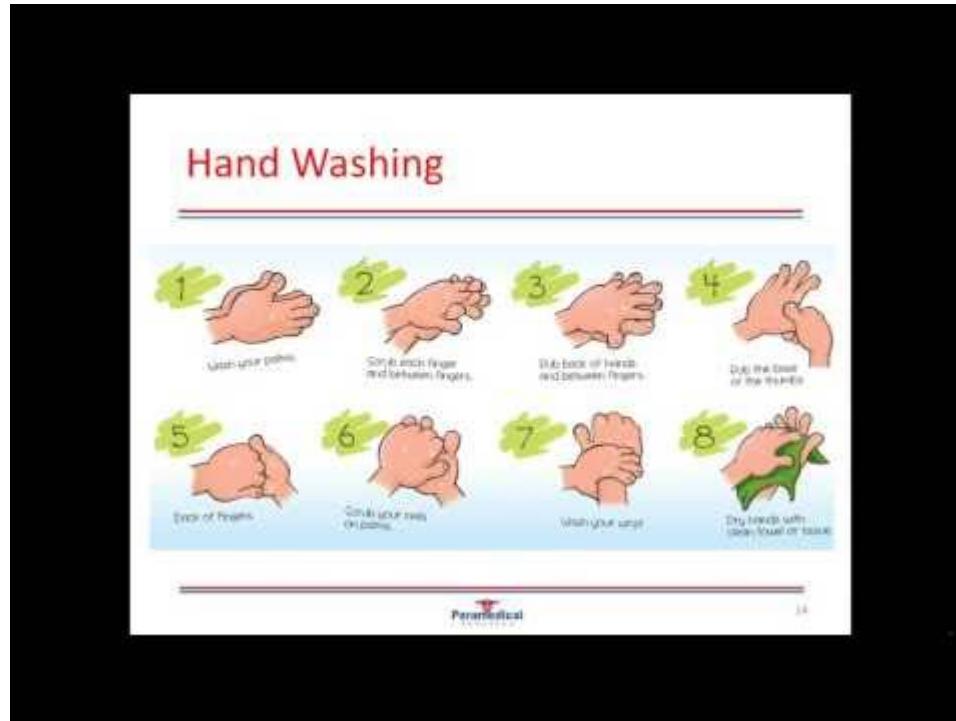
Great tools exist for training associates easily

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



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



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



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



Why Is It So Hard?

Back to Herding Cats!

Infection Preventionist/ Director of Staff Development/ Assistant Director of Nursing

3 AM-5 AM Call from Noc shift CNA that he is sick and going home early. Call from AM CNA that her child is sick and she can't come to work today. Start sending texts to fill the vacant shifts.

6 AM-8 AM Personal prep. Continue to worry about everyone showing up to work on time. Get to work.

9 AM-11 AM Verify new admissions are comfortable. Gather data for review of infection present in facility, trends, proper prevention and notification in place. Attend Inter-Disciplinary Team meeting.

Infection Preventionist/ Director of Staff Development/ Assistant Director of Nursing

12 PM-3 PM Training class for AM/PM shift. Interview 2 CNA candidates. Verify staffing levels correct for remainder of the day and night. Round to verify Prevention and Protection techniques are being correctly followed.

4 PM-6 PM Help in the dining room to cover feeding a resident for the PM CNA who was late due to car problems. Verify the Infection Prevention monthly summary presentation including comparing facility-acquired and community-acquired infections. Start tracking 1 new case of possible GI concern.

7 PM- 2 AM Dream about doing it all over again the next day

How Many Hats Can One Person Wear?



All at the same time?



Infection
Preventionist



Staffing
Coordinator



Assistant
DON



Director of
Staff
Development

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.

CMS/State Survey- Regulation Requirements

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).

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”.

CMS/State Survey- Regulation Requirements

- Provide evidence within 4 hours
- Infection Prevention and Control Program Standards, Policies and Procedures, and Antibiotic Stewardship Program
- Influenza/ Pneumococcal Immunization Policy and Procedure

CMS/State Survey- Regulation Requirements

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

CMS/State Survey- Regulation Requirements

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>

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 » APIC » SHEA –

Participate in State and local public health events

APIC

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

APIC

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

SHEA

<https://www.shea-online.org/index.php/practice-resources/2015-04-25-18-30-42/retired-guidelines/392-infection-prevention-and-control-in-the-long-term-care-facility>

IP as Evaluator



- Annual Risk Assessment
- Infection Prevention Plan
- Unit 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
- 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



- IPs are role models and leaders
- 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
- Dietary, EVS, Lab
- Pet Therapy
- Pandemic!!!
- Construction
- Floods, Fires

IP as Customer Service



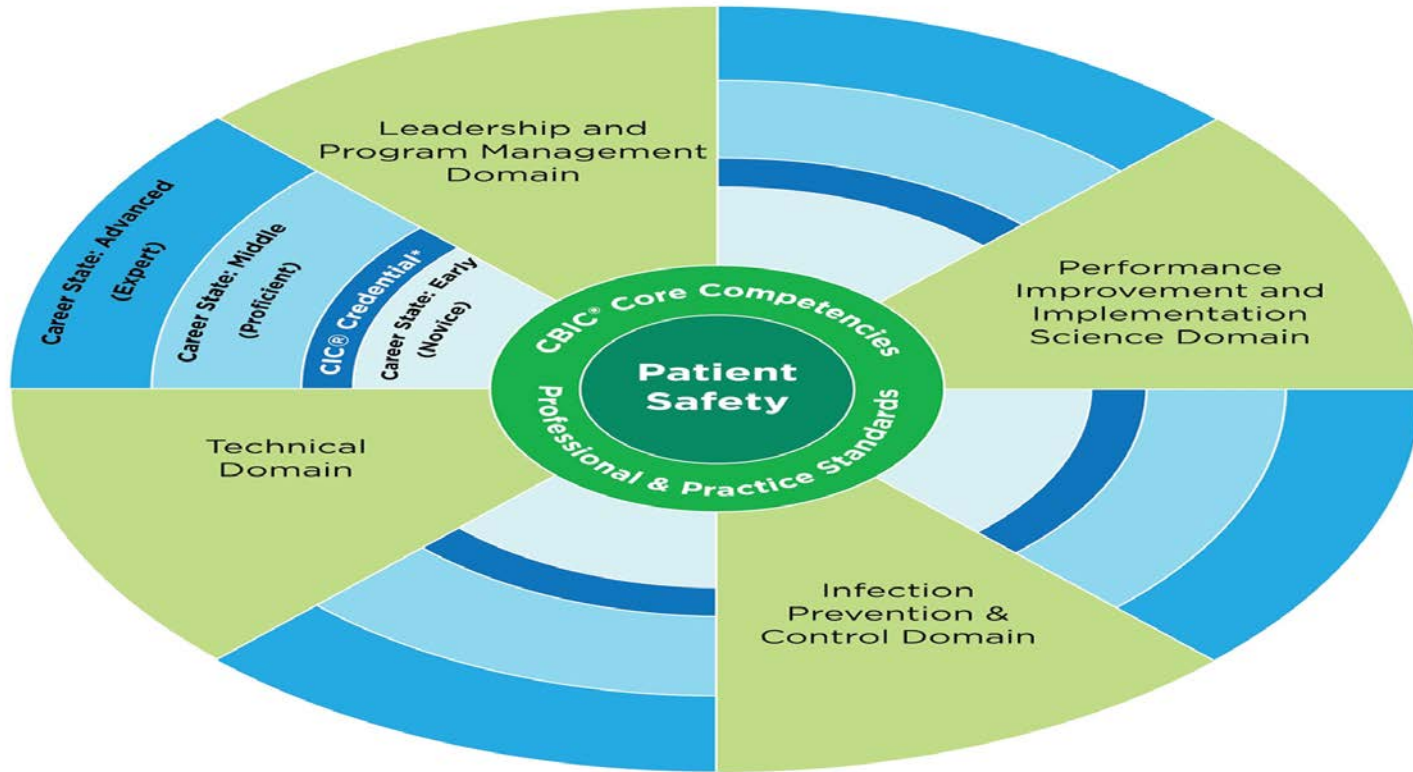
- Who are infection prevention customers?
- Residents/Family Members
- Staff
- Physicians
- Visitors/Community
- Public Health
- Anyone who calls for your consultation services!

Infection Preventionist- Required

Even though nursing facilities are not required to have a designated “Infection Preventionist” until November 2019, there are three compelling reasons why it is 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 trained this summer to survey for the expanded infection prevention & control and antibiotic stewardship requirements.

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.



APIC

Spreading knowledge.
Preventing infection.®