



INFECTION PREVENTION & CONTROL: **THE IMPORTANCE OF A HANDS-ON, IN- PERSON APPROACH**



A: EXISTING CHALLENGES MAGNIFIED BY A PANDEMIC

While a sense of normalcy is returning to many communities due to a strong vaccination effort, our long-term care industry continues to be the frontlines of the war on COVID-19. The nursing home population is most disproportionately affected by this virus. Less than 1% of America's population lives in long-term care facilities, yet this tiny fraction accounted **for almost 40% of coronavirus fatalities in the U.S. at one point**. As of February 2022, **over 200,000 staff and residents have died from COVID-19**.

These numbers are infuriating, but IPCWell has been infuriated well before the pandemic struck.

Looking at pre-pandemic 'normalcy', we see that the change we are attempting to instill need not only defend us against deadly outbreaks, but also common killers in this setting such as Urinary Tract Infections (UTI), upper respiratory infections, skin and soft tissue infections, and multi-drug resistant organisms such as MRSA.

Yes, the pandemic ripped fast and furious through this health care setting, but the long-term care industry saw **380,000 deaths annually due to serious infections** before COVID-19. The most frequently cited deficiency on state surveys was infection control practices. **40% of nursing homes were cited in this category**, and this shows the scope of challenges these facilities are facing. IPCWell has conducted hundreds of in-person nursing home visits and sees that these numbers do not represent a blatant dereliction of duty, nor a lack of effort. These numbers tell us **this is an industry that needs intrinsic change and needs immersive help in doing so**.

These challenges existed well before the pandemic hit, and **now is the time to not only eradicate the spread of COVID-19, but lay the foundation needed for facilities to move forward with robust infection prevention and control practices**.

B: RESPONSE AND REFORM



As policymakers attempt to bring relief to the industry, we must hold close our primary objective: keeping the residents and staff of these facilities safe. They deserve it. We must pay attention to the response to ensure that it doesn't hinder the efforts of the frontline staff. An example of a misguided attempt would be the CMS response during the height of the pandemic. While hospital quality surveys were suspended, CMS issued 15 million dollars in fines to nursing homes. A punitive rather than supportive effort was moot. Neither quality ratings nor infection citations were determining factors in COVID-19 outbreaks. IPCWell understands the importance of accountability, but who did these fines effect? The frontline workers going through massive amounts of scarce, overpriced personal protective equipment, hindering the safety of our residents.

IPCWell agrees that reform is needed at many levels. Starting at the top, taking a closer look at the private equity model that too often places profits before people is a great start, but in the meantime, this industry needs dire support from the bottom up.

C: BOOTS ON THE GROUND



Traditional methods of guidelines and best practices distributed in print form or online weren't getting the job done. Being on-site is the only way to begin to understand what immediate action nursing homes need to take to reduce the spread and risk of COVID-19 and other deadly viruses among residents and staff.

Our team at IPCWell has been implementing the in-person, boots-on-the ground approach since our conception in 2017. We have found that evaluating infection prevention and control (IPC) procedures in-person has allowed us to make positive changes through a collaborative, supportive visit in nursing homes before CMS surveyors have the chance to penalize a facility.

IPCWell has always known the importance of data collection, and in its inception sought to assist nursing homes in collecting and reporting health care acquired infection data. The mission was always to keep residents and staff safe from infections, and it still is. However, what we found was that facilities weren't ready for higher level infection prevention and control practices. They needed clear and precise training and guidance on fundamentals.

Since June 2018, we have been on over 350 site visits, offering an initial assessment with follow up guidance and support in implementing an action plan geared toward a robust infection prevention and control program. We have been told that one day of in-person support and training is more valuable than months of searching and studying online material.

We collected data for internal use on these visits, and our data shows gaps in basic infection prevention and control practices such as hand hygiene. We found that in 2021, only 30% of the nursing homes had alcohol-based hand rub (ABHR) outside of the resident's room while 45% had it only inside of the room. The CDC recommendations is to have ABHR inside and outside of the resident's room to increase access. Many facilities, even after several COVID-19 peaks do not have access to ABHR inside or outside of the resident rooms.

We found that the resident-shared equipment, such as blood pressure cuffs, thermometers, and Hoyer lifts were only cleaned and disinfected in-between residents about 42% of the time, thereby increasing the risk of cross-contaminating the equipment from one resident to the next.

We continue to identify challenges with the staff wearing the appropriate personal protective equipment. We found that 75% of the facilities still do not have their staff N-95 fit-tested (thus rendering the masks ineffective) to wear the N-95 respirator which keeps them protected from COVID-19 airborne particles and is an OSHA requirement.



D: ON-SITE SUPPORT: IMMEDIATE, EFFECTIVE, & PROACTIVE

The initial on-site visit, expanded upon from the CDC ICAR assessment tool and the CMS IPC assessments, is the bedrock on which a facility can begin to effectively build and improve the infection prevention and control program. By immediately identifying gaps in practices and executing instant training, the visit more productively assesses the needs of the facility and can drive an appropriate, specific plan of action.

The on-site visit consists of direct observation of facility practices, not only on the clinical side, but including often overlooked areas such as housekeeping, food services, water management, and laundry services. The visit includes in-depth interviews with staff from all areas of the facility. We observed in 2020, that only 13% of the housekeepers were cleaning from the “cleanest” area to the “dirtiest” area (living area to restroom).

On-the-spot training with the housekeeping and other staff is conducted throughout the visit, allowing for the immediate correction of issues that are found. What began with the Doctors Without Borders U.S. mission, “embedded” trainers were side-by-side during the cleaning of a resident room, allowing for the trainer to observe the process and provide the training needed for the appropriate infection prevention and control steps.

The baseline assessment generates a detailed analysis, serving as the blueprint for the post-visit report. The post-visit report includes a facility-specific action plan, a toolkit for implementation of current evidence-based best practices, and resource-rich infection prevention and control recommendations based on current guidelines and protocols.

After the fundamental on-site visit, on-going traditional support becomes much more effective. Broad, general IPC information is substituted for targeted information specified for the facility.

IPCWell supports the in-person assessment and training offered by a more personalized and hands-on approach. We support the approach that begins with the experiential, action-based instruction followed by on-going traditional support. We support this because it delivers more functional, effective, and substantial results. We support the opportunity not only to eradicate COVID-19, but to lay the foundation needed for facilities to move forward with the strongest infection prevention and control practices in place.