

INFECTION PREVENTION  
AND CONTROL  
IN LONG TERM CARE

MORE THAN JUST  
GOOD HANDWASHING

# YES

- HANDWASHING IS STILL THE SINGLE MOST EFFECTIVE WAY TO PREVENT AND CONTROL INFECTION
- BUT WHAT ELSE DO YOU NEED TO DO??
- AND HOW DO YOU GET COOPERATION FROM STAFF, VISITORS AND RESIDENTS??



# INFECTION CONTROL IS NOT ABOUT POLICIES WRITTEN IN A MANUAL

- IT'S ABOUT WHAT WE ALL DO EVERYDAY AT WORK TO PREVENT INFECTION
- IT'S ABOUT IDENTIFYING A PROBLEM AND PUTTING A TEAM TOGETHER TO COME UP WITH A PLAN
- IT'S ABOUT EVALUATING YOUR PLAN AND REACHING YOUR GOALS

# WHAT HAVE WE DONE AT PARKER JEWISH INSTITUTE??

- WE IDENTIFIED SOME KEY AREAS FOR IMPROVEMENT
- WE STARTED WITH ADMINISTRATIVE SUPPORT
- WE TOOK A MULTIDISCIPLINARY APPROACH
- WE CAME UP WITH A PLAN
- WE WANTED TO PREVENT INFECTIONS....  
NOT JUST CONTROL THEM



# HANDWASHING

- WE BELIEVED THAT HANDWASHING WAS A KEY COMPONENT OF A SOLID INFECTION PREVENTION APPROACH
- WE PROVIDED HAND HYGIENE EDUCATION AND WE REQUIRED ALL EMPLOYEES TO COMPLETE A HAND HYGIENE COMPETENCY ASSESSMENT
- WE LOOKED AT THE AVAILABILITY OF HAND HYGIENE PRODUCTS IN THE FACILITY AND REALIZED WE NEEDED TO MAKE PRODUCTS MORE ACCESSIBLE

# HANDWASHING

- WE PROVIDED ANTIBACTERIAL SOAP AT ALL SINKS IN THE FACILITY
- WE ADDED ALCOHOL BASED HAND RUB DISPENSERS ALL OVER THE FACILITY FOR USE BY STAFF AND VISITORS
- WE PROVIDE PRODUCTS FOR HANDWASHING AT THE FRONT DESK FOR VISITORS TO USE
- WE ADDED HANDWASHING SIGNAGE THROUGHOUT THE FACILITY TO REMIND VISITORS AND STAFF TO HELP US PREVENT INFECTION. THE SIGNAGE IS TRANSLATED INTO MULTIPLE LANGUAGES.



# HANDWASHING

- WE ENCOURAGED EMPLOYEES WHO WORK IN OFFICES TO HAVE HANDWASHING PRODUCTS AT THEIR DESKS.
- WE PROVIDED EDUCATION TO RESIDENTS AND THEIR FAMILIES
- WE PROVIDED A SPECIAL PRODUCT FOR HANDWASHING FOR OUR RESIDENTS
- WE MONITOR HANDWASHING PRACTICES

# BEYOND HANDWASHING

- ONCE WE HAD HANDWASHING UNDER CONTROL WE IDENTIFIED SOME OTHER KEY AREAS FOR IMPROVEMENT



# WHAT NEXT.....

- WE LOOKED AT SOME OF THE HIGHER VOLUME INFECTION CONTROL ISSUES AND CAME UP WITH A PLAN
- C-DIFFICILE
- INFLUENZA
- GI OUTBREAKS
- EMPLOYEE HEALTH

# C-DIFFICILE

- OUR FACILITY ACQUIRED NUMBERS WERE TOO HIGH IN THE LONG TERM CARE UNITS
- OUR TEAM IDENTIFIED AND IMPLEMENTED SOME INTERVENTIONS TO DECREASE THE SPREAD OF FACILITY ACQUIRED CDIFF



# WE CAME UP WITH A PLAN

- HANDWASHING
- ENVIRONMENTAL CLEANING WITH BLEACH
- AVOID SHARING OF CONTAMINATED EQUIPMENT
- IMPROVE ADHERENCE TO CONTACT PRECAUTIONS
- APPROPRIATE COHORTING OF RESIDENTS
- JUDICIOUS USE OF ANTIBIOTICS ASSOCIATED WITH CDIFF IN THE ELDERLY POPULATION

# SO, OUR PLAN WORKED

- WE WERE ABLE TO BRING OUR RATE OF FACILITY ACQUIRED CDI/CF INFECTIONS IN OUR LONG TERM CARE UNITS DOWN SIGNIFICANTLY
- AND THEY REMAIN LOW STILL



# INFLUENZA

- FLU CAN BE DEADLY IN THE ELDERLY
- WE STARTED TO TRACK OUR VACCINATION STATISTICS AND REALIZED THAT MOST RESIDENTS TOOK THE FLU VACCINE YEARLY
- WE ALSO REALIZED THAT MOST EMPLOYEES DID NOT TAKE THE FLU VACCINE
- YOU CAN BE A CARRIER OF THE FLU WITHOUT EVER REALLY GETTING ILL

# WE CAME UP WITH A PLAN

- MASSIVE EDUCATION EFFORT FOR EMPLOYEES REGARDING VACCINATION AND RESPIRATORY EDIQUETTE (COVER YOUR COUGH)
- AND OF COURSE HANDWASHING
- WE ENCOURAGED ILL EMPLOYEES AND VISITORS TO STAY AT HOME BECAUSE THE FLU IS SO CONTAGIOUS
- EMPLOYEE INCENTIVES FOR VACCINATION
- EXPANDED AVAILABILITY OF VACCINE
- MOBILE FLU CART
- ONE ON ONE APPROACH TO CULTURE CHANGE RELATED TO VACCINATION



# INFLUENZA - OUR STATISTICS

FLU SEASON	% EMPLOYEES VACCINATED
2003-2004	29%
2004-2005	47%
2005-2006	60%
2006-2007	62.5%
2007-2008	67%
2008-2009	70.5%
2009-2010	Over 75% AND COUNTING

## SO, OUR PLAN WORKED

- IN THE PAST THREE FLU SEASONS WE HAVE HAD ONLY ONE DIAGNOSED CASE OF FLU
- PRIOR TO THAT WE HAD AN OUTBREAK ALMOST EVERY FLU SEASON



# GI OUTBREAKS

- NEXT WE LOOKED AT GI OUTBREAKS AND DECIDED THAT WE COULD DO BETTER
- WE USUALLY HAD AN OUTBREAK TWICE A YEAR, SPRING AND WINTER

# WE CAME UP WITH A PLAN

- HANDWASHING
- ENVIRONMENTAL CLEANING WITH BLEACH
- IMPROVED ADHERENCE TO CONTACT PRECAUTIONS
- APPROPRIATE COHORTING OF RESIDENTS
- MASSIVE EDUCATION EFFORTS FOR OUR EMPLOYEES, OUR RESIDENTS AND VISITORS
- SINCE THE GI VIRUS IS SO CONTAGIOUS, ENCOURAGE ILL EMPLOYEES AND VISITORS TO STAY AT HOME



# SO OUR PLAN WORKED

- WE INITIALLY DECREASED THE FREQUENCY OF GI OUTBREAKS FROM TWICE A YEAR TO ONLY ONCE PER YEAR
- WE HAVE NOT HAD AN OUTBREAK SINCE JANUARY 2009
- WE WILL CONTINUE TO TRY TO IMPROVE

# EMPLOYEE HEALTH

- WE BELIEVED THAT IF OUR EMPLOYEES HAD FEWER INFECTIONS, THEN OUR RESIDENTS WOULD BE SAFER
- IF YOU ARE ILL....STAY AT HOME. PLEASE DON'T COME TO WORK TO SHOW US HOW ILL YOU ARE.
- EMPLOYEE VACCINATION RATES FOR INFLUENZA, PNEUMONIA AND HEPATITIS B HAVE IMPROVED OVER THE PAST 5 YEARS



# EMPLOYEE HEALTH

- WE ALSO TARGETED NEEDLESTICKS AS AN INFECTION CONTROL ISSUE
- WE LOOKED AT OUR NEEDLESTICK RATES AND REALIZED THAT WE COULD DO BETTER
- WITH STAFF INPUT, WE CHANGED ALL OF OUR SYRINGES, NEEDLES, IV CATHETERS AND IV CONNECTIONS TO SAFETY DEVICES
- WE DRASTICALLY REDUCED OUR EXPOSURE RATE THEREBY DECREASING OUR RISK FOR BLOOD BORNE INFECTIONS LIKE HEPATITIS AND HIV

# WHERE DO WE GO FROM HERE??

- TIME WILL TELL WHAT INFECTION PREVENTION CHALLENGES WE WILL FACE IN THE FUTURE
- WITH A MULTIDISCIPLINARY APPROACH AND A STANDARD PLAN OF ATTACK, WE WILL BE READY



# IN CLOSING

- REMEMBER, BECAUSE INFECTION PREVENTION SAVES LIVES.....
- IT IS THE RIGHT THING TO DO FOR:
  - OUR PATIENTS, RESIDENTS AND THEIR LOVED ONES
  - FOR OURSELVES AND OUR COLLEAGUES
  - AND FOR OUR OWN LOVED ONES

- THANK YOU FOR  
YOUR ATTENTION