
End-of-Collaborative Self-Assessments

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Review: Importance of Establishing an Adherence Monitoring Program

*“Measuring the results of process changes will tell you if the changes are leading to an improved, safer system. Examples include percent of patient encounters in compliance with hand **hygiene procedure** and percent of **environmental cleanings** completed appropriately.”*



Review: Adherence Monitoring Program Tools

- **Hand hygiene**
- Safe injection practices
- Blood glucose meter
- **Environmental cleaning and disinfection**
- Device reprocessing
- High level disinfection of reusable devices
- **Contact precautions**

Tools for Monitoring Hand Hygiene

Discipline	What type of HH opportunity was observed? (select/ <input checked="" type="checkbox"/> 1 per line)	<input checked="" type="checkbox"/> Successful <input type="checkbox"/> Missed
N	<input type="checkbox"/> entering room* <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care* <input checked="" type="checkbox"/> leaving room	<input checked="" type="checkbox"/>
N	<input checked="" type="checkbox"/> entering room* <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care* <input type="checkbox"/> leaving room	<input type="checkbox"/>
CNA	<input type="checkbox"/> entering room* <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care* <input checked="" type="checkbox"/> leaving room	<input checked="" type="checkbox"/>
CNA	<input checked="" type="checkbox"/> entering room* <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care* <input type="checkbox"/> leaving room	<input type="checkbox"/>
CNA	<input checked="" type="checkbox"/> entering room* <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care* <input type="checkbox"/> leaving room	<input type="checkbox"/>
CNA	<input type="checkbox"/> entering room* <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care* <input checked="" type="checkbox"/> leaving room	<input checked="" type="checkbox"/>
MD	<input checked="" type="checkbox"/> entering room* <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care* <input type="checkbox"/> leaving room	<input type="checkbox"/>
MD	<input checked="" type="checkbox"/> entering room* <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care* <input type="checkbox"/> leaving room	<input type="checkbox"/>
N	<input checked="" type="checkbox"/> entering room* <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care* <input type="checkbox"/> leaving room	<input checked="" type="checkbox"/>
N	<input checked="" type="checkbox"/> entering room* <input type="checkbox"/> before task <input type="checkbox"/> after body fluids <input type="checkbox"/> after care* <input type="checkbox"/> leaving room	<input type="checkbox"/>
Total # HH Successful (“# ✓”): 4		Total # HH Opportunities Observed: 10
Adherence: 40 % (Total # HH Successful ÷ Total # HH Opportunities Observed x 100)		

Tools for Monitoring Environmental Cleaning

Environmental Cleaning Practices	EVS Staff 1		EVS Staff 2		Adherence by Task	
	# Yes	# Obs	# Yes	# Obs	# Yes	# Obs
Detergent/disinfectant solution is mixed according to manufacturer's instructions.	Yes	No	Yes	No		
Solution remains in wet contact with surfaces according to manufacturer's instructions.	Yes	No	Yes	No		
A new clean, saturated cloth is used in each room. The cloth is also changed when visibly soiled and after cleaning the bathroom.	Yes	No	Yes	No		
Environmental Services staff use appropriate personal protective equipment (<i>e.g. Gowns and gloves are used for patients/residents on contact precautions upon entry to the contact precautions room.</i>)	Yes	No	Yes	No		
Objects and environmental surfaces in patient care areas that are touched frequently* are cleaned and then disinfected when visibly contaminated or at least daily with an EPA-registered disinfectant.	Yes	No	Yes	No		
# Yes _____ # Observed _____ #Yes/#Observed = % Adherence _____ %						

Review: Establishing an Adherence Monitoring Program

- Engage leadership at the beginning
 - Administration champion and physician champion
- Establish the Adherence Monitoring Program as a hospital policy – not an IP Policy
 - NOT the responsibility of the IP or IP department alone
 - Multidisciplinary buy-in and involvement necessary for success
 - Make it part of the hospital culture

**How has your healthcare facility
implemented adherence
monitoring?**

End-of-Collaborative Self-Assessment

- Objective:
 - Examine and assess facility CRE prevention practices
- Areas Evaluated:
 - CRE prevention practices
 - Adherence to contact precautions, hand hygiene, and environmental cleaning
 - Practice or process changes implemented based on the recommendations suggested at the onsite prevention assessment

End-of-Collaborative Self-Assessment

- **Share experience** at the Final Session
 - Highlight a success
 - Highlight a challenge and/or goal

CRE Prevention Strategies

- Hand Hygiene, EVS, Contact Precaution Adherence
- Education of healthcare personnel including EVS
- Timely notification from the laboratory of pertinent clinical and infection prevention staff whenever CRE or other highly resistant MDRO is identified
- Regular review of devices for indication and discontinuation when no longer needed
- Chlorhexidine bathing of patients at high risk for colonization or transmission of CRE or other highly resistant MDROs

CRE Prevention Strategies

- Screening of roommates or other patient contacts for CRE colonization when a patient is newly identified with CRE
- Use of dedicated primary care-giving staff for patient(s) infected/colonized with CRE
- Notification of a patient's CRE status when patients colonized or infected with CRE are transferred between facilities

Additional CRE Prevention and Control Practices

- Is leadership engaged and supportive of efforts to address CRE or similar MDROs?
- If a patient with CRE were identified, has your facility identified ways to access CRE colonization testing?
- Does your facility have a procedure for identifying patients at high risk of colonization with CRE upon admission
- Does your facility have a procedure in place to flag the records of patients with known history of CRE infection/colonization so they can be placed in contact precautions on readmission?

Additional CRE Prevention and Control Practices

- Do you work directly with facilities in your referral network to address issues like CRE or similar MDRO?

For example, do you routinely meet with SNFs in your referral network to discuss issues like interfacility communication and caring for patients with CRE or similar MDRO?

- Do you work closely with your local health department (LHD) to address issues like MDRO?

For example, do you consult with your LHD when a resident with CRE or similar MDRO is identified at your facility?

SECTION 3: CRE PREVENTION PROCESS IMPROVEMENT SUMMARY (for facilities that had an onsite assessment)

Instructions: Pick one or more recommendations provided during your facility’s onsite prevention assessment, and list them in the left-hand column. Use the right-hand column to describe any process change you implemented. Describe your facility plan or actions taken, including (projected) implementation dates. An example is provided. Use additional pages as needed.

ONSITE ASSESSMENT: Prevention Strategy Recommendation(s)	POST/SELF-ASSESSMENT: Actions taken, Outcomes/Improvements	<u>Date implemented</u>
Example: Hand hygiene adherence was 46%. Utilize peer to peer monitoring.	Example: Posted hand washing checklist at each sink in Nov 2018. Implemented “peer-to-peer” hand hygiene monitoring program to improve compliance. Hand hygiene is improving slowly among staff; struggling with visitor hand hygiene.	

Final Session!

- Post-assessment
- CRE Surveillance and Prevention Review
 - Surveillance Strategies
 - CRE Prevention Strategies in Acute Care and Nursing Homes
 - Antimicrobial Stewardship
 - **Patients and Families**
- Review and discuss self-assessments, process changes implemented
- Discuss ongoing roles of nursing homes, acute care hospitals, and public health in a coordinated approach to CRE prevention

march

25 February	26	27	28	1 March	2/3
				Self-Assessments Due	
4	5	6	7	8	9/10
11	12	13	14	15	16/17
18	19	20	21	22	23/24
	Proposed Dates for Final Session				
25	26	27	28	29	30/31
1 April	2	3	4	5	6/7