Infection Prevention Risk Assessment and Plan

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Healthcare Associated Infections Program

Objectives

The learner will be able to:

- Describe how the annual risk assessment can impact a facility infection prevention plan.
- List three components of an infection prevention and control risk assessment.

CMS §483.80 Infection Control

§483.80 Infection Control.

The facility must **establish and maintain an infection prevention and control program** designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

Centers for Medicare & Medicaid Services. (2024, August 8). *State Operations Manual: Appendix PP – Guidance to surveyors for long term care facilities* (Rev. 225). https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf.

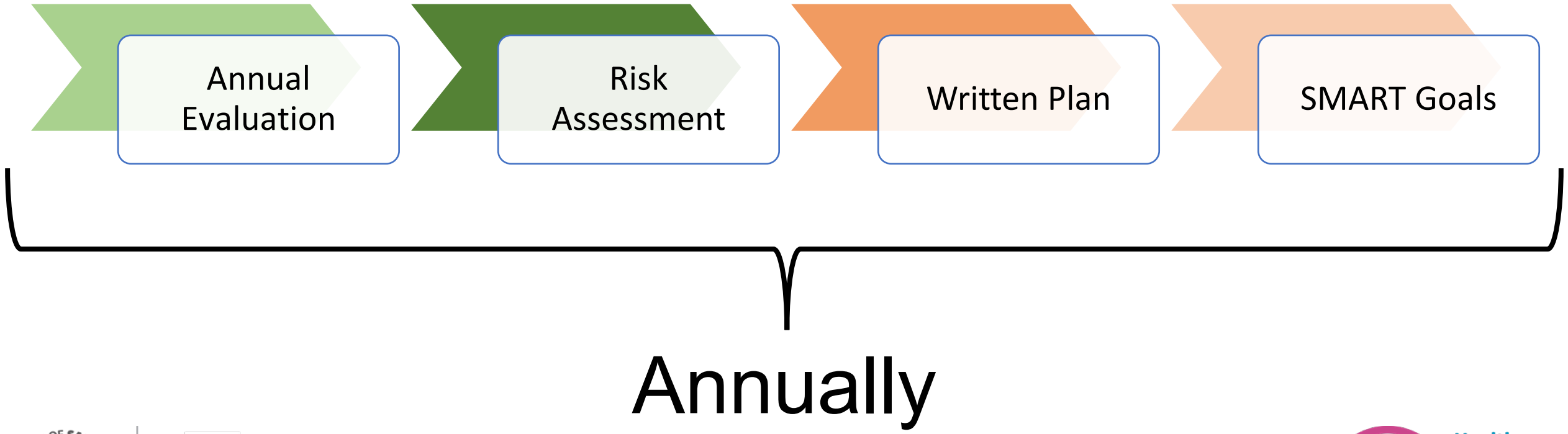
CMS §483.80 Infection Control

§483.80(f) - Annual Review of IPCP

The facility's IPCP and its standards, policies and procedures must be reviewed at least annually to ensure effectiveness and that they are in accordance with the current standards of practice for preventing and controlling infections; the IPCP must be updated as necessary. In addition, the facility population and characteristics may change over time, and the facility assessment may identify components of the IPCP that must be changed accordingly.

Centers for Medicare & Medicaid Services. (2024, August 8). *State Operations Manual: Appendix PP – Guidance to surveyors for long term care facilities* (Rev. 225). https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf.

Annua Written Infection Prevention Planning Cycle



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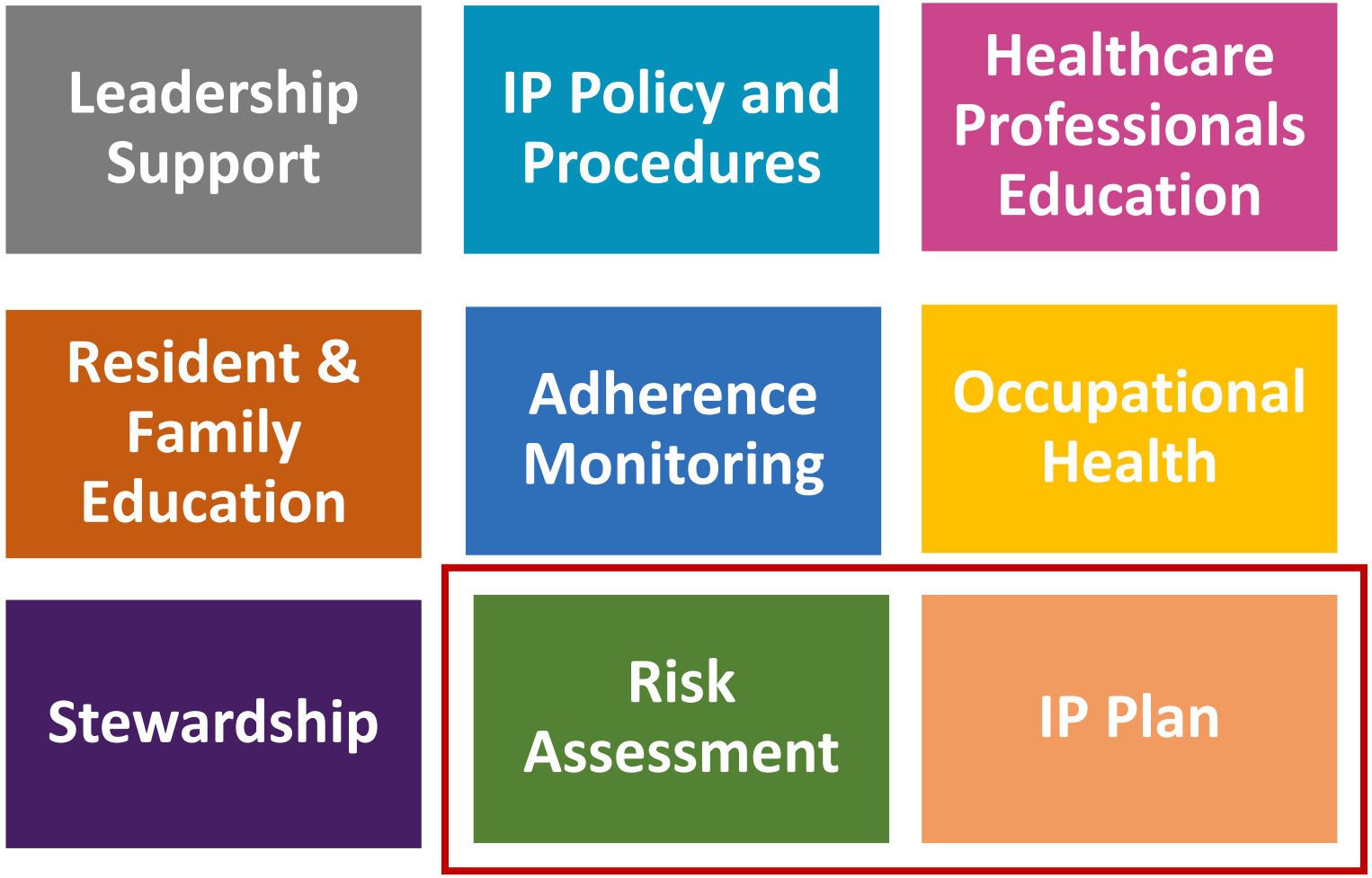
Healthcare Associated Infections Program

Skilled Nursing Facility (SNF) Infection Prevention (IP) Program Elements

- Leadership Support
- IP Policy and Procedures
- Healthcare Professionals Education
- Resident & Family Education
- Adherence Monitoring
- Occupational Health
- Stewardship
- Risk Assessment
- IP Plan

https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_EstablishingIC_Program.aspx

Skilled Nursing Facility (SNF) Infection Prevention (IP) Program Elements



https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_EstablishingIC_Program.aspx

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Healthcare Associated Infections Program

Leadership Support

Leadership Support

IP receives the required infection prevention and control **training** to manage the program.

Authority is given to the IP to manage the program.

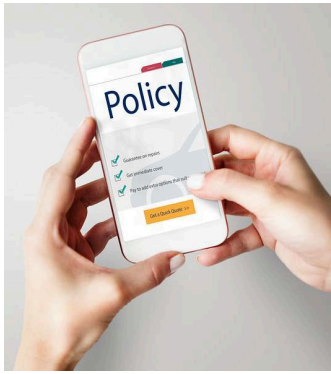
Allocated the **time** required to advocate for infection prevention practice adherence.

Leadership is engaged and advocating for the success of infection prevention activities.

IP Policy and Procedures

Examples:

- Enhances barrier precautions (EBP)
- Care of urinary catheters
- Cleaning and disinfection of the environment
- “Who cleans what” list
- Environmental Protection Agency (EPA)-approved cleaning agents with manufacturer instruction for use
- Respiratory hygiene/cough etiquette
- Vaccination for residents
- Screening for communicable disease



Healthcare Professionals Education

Healthcare Professionals Education

Training (New Hire and Annual Training)

- **Job-specific** infection prevention training:
  - Hand hygiene
  - Standard, Enhanced Barrier Precautions (EBP), and Transmission-based precautions
    - Personal Protective Equipment (PPE)
  - Bloodborne pathogen standard
  - Respiratory protection
  - Environmental cleaning
  - Linen handling
  - Hazardous waste disposal
- **Additional training** when gaps are identified, an increase in infection rates is noted, or when new protocols and equipment are introduced.

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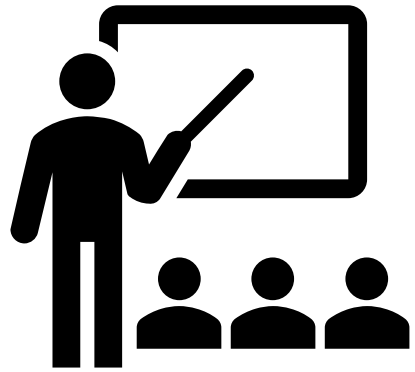
Healthcare Associated Infections Program

Resident & Family Education

Resident & Family Education

Residents & family instructional materials should be created with the attention to the following:

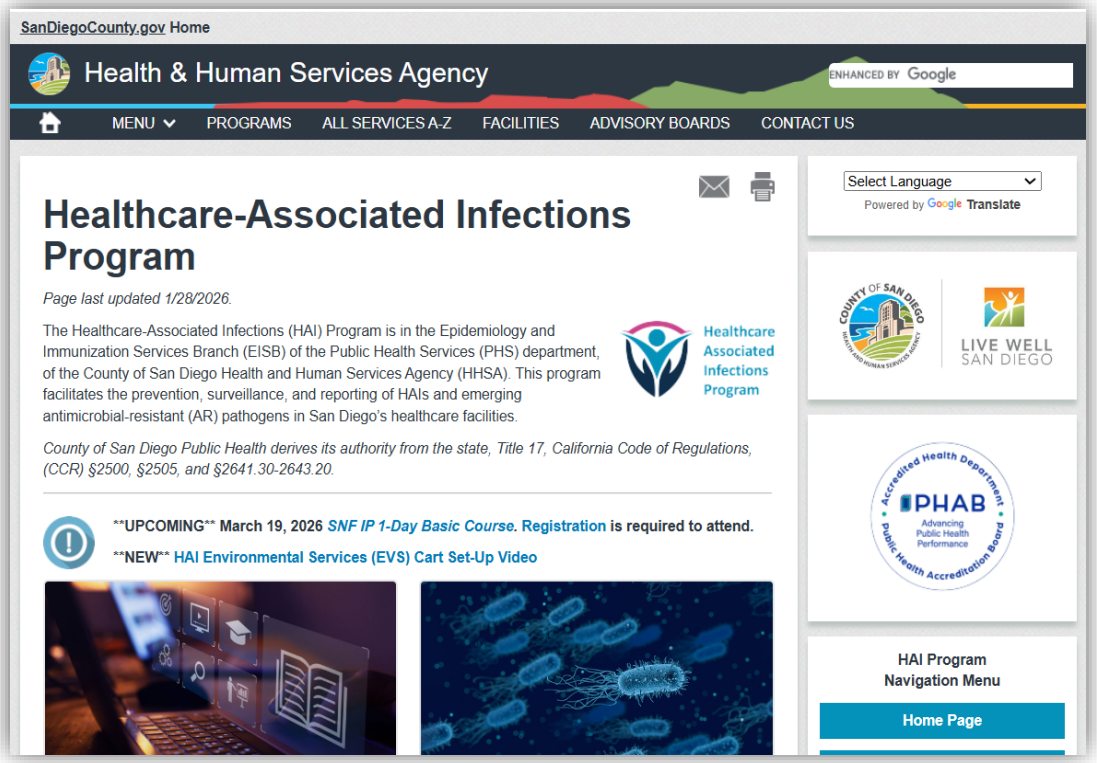


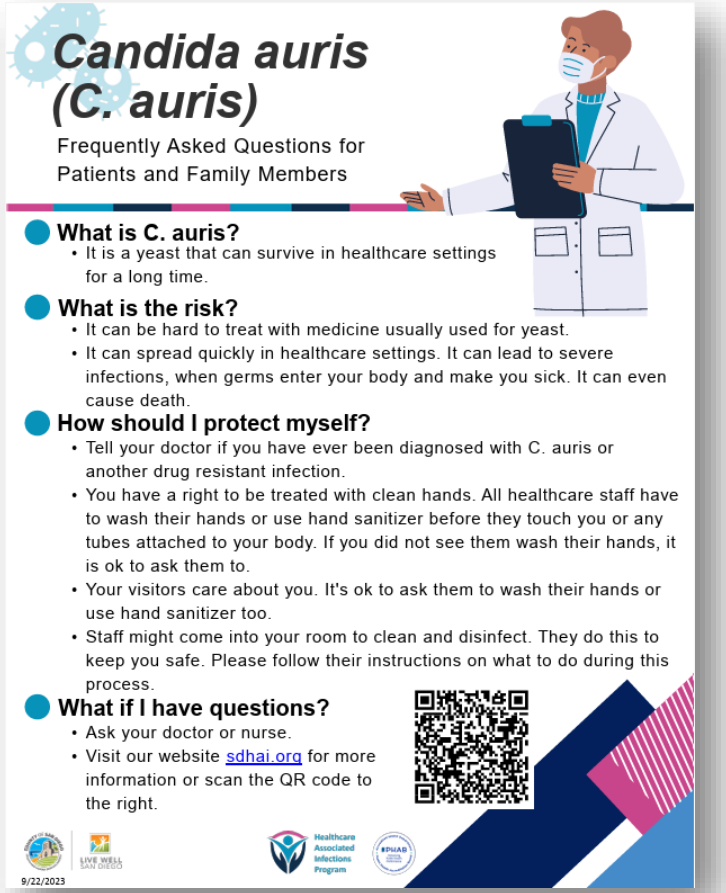
- Education level
- Comprehension level
- Cultural diversity
- Language (available in languages needed)
- **Content** could include:
  - How infections are spread
  - How they can be prevented
  - What signs and symptoms should prompt evaluation

Resident & Family Education

Resident & Family Education

SDHAI.org





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Healthcare Associated Infections Program

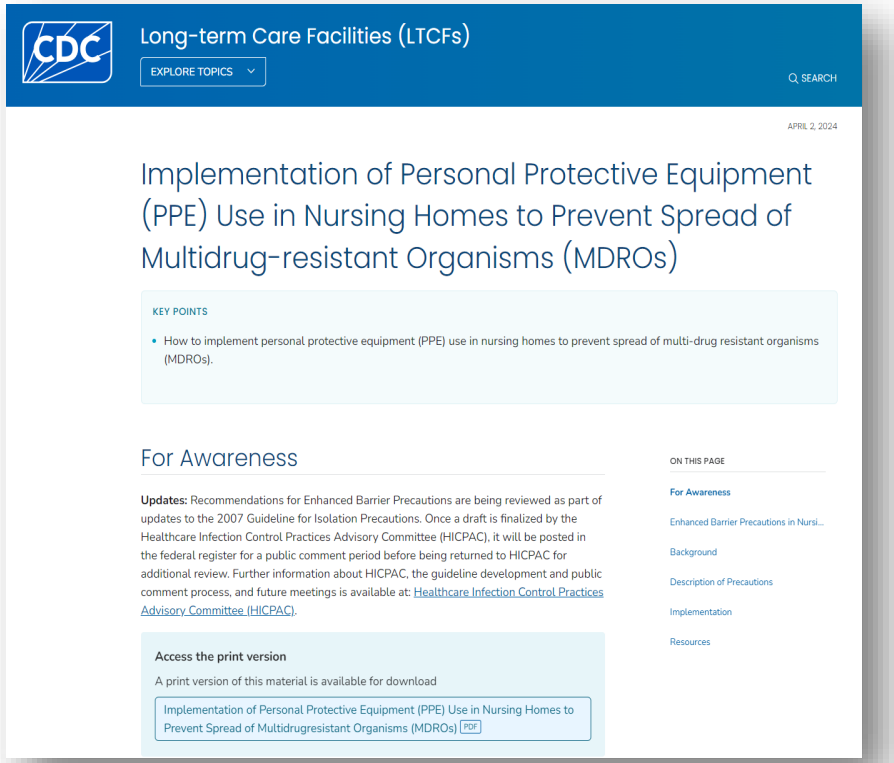
Resident & Family Education

Resident & Family Education

CDPH HAI Program

www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/HAIProgramHome.aspx

CDC LTC Facilities



www.cdc.gov/long-term-care-facilities/about/index.html

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Healthcare Associated Infections Program

Adherence Monitoring

Adherence Monitoring

What: Measure staff adherence to evidence-based infection prevention practices

When: Regularly **– include weekend and evening shifts**

Why: Provides feedback to staff, and assist with risk assessment

How: Standardized tools and definitions

- CDPH Adherence Monitoring Adherence to Health Care Practices that Prevent Infections
- "Secret Shoppers"

Results: What do you do with it???

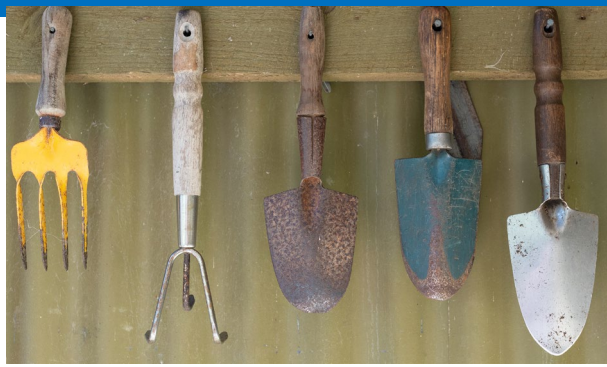
- **Share** with leadership, committees, and staff

www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/MonitoringAdherenceToHCPracticesThatPreventInfection.aspx

Healthcare Associated Infections Program

Adherence Monitoring

Choosing the Right Tool



- **Examples:**
  - Central Line Maintenance Practices Adherence Monitoring Tool
  - Fluorescent Marker Assessment Adherence Monitoring Tool
  - Hand Hygiene Adherence Monitoring Tool
  - Indwelling Urinary Catheter Maintenance Practices Adherence Monitoring Tool
  - Injection Safety Adherence Monitoring Tool

Healthcare-Associated Infections Program Adherence Monitoring
Hand Hygiene

Assessment completed by:
Date:
Unit:

Regular monitoring with feedback of results to staff can improve hand hygiene adherence. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of patient care location.

Instructions: Observe at least 10 hand hygiene (HH) opportunities per unit. Observe a staff member and record his/her discipline. Check the type of hand hygiene opportunity you are observing. Indicate if HH was performed. Record the total number of successful HH opportunities and calculate adherence.

HH Opportunity	Discipline	What type of HH opportunity was observed? (select/ ☑ 1 per line)	Was HH performed for opportunity observed? ✔ or Ø
Example	N	☐ before care/entering room* ☐ before task ☐ after body fluids ☐ after care* ☑ upon leaving room ***Remember**: Hand hygiene should be performed before and after glove use	✔
HH1.		☐ before care/entering room ☐ before task ☐ after body fluids ☐ after care ☐ upon leaving room	
HH2.		☐ before care/entering room ☐ before task ☐ after body fluids ☐ after care ☐ upon leaving room	
HH3.		☐ before care/entering room ☐ before task ☐ after body fluids ☐ after care ☐ upon leaving room	
HH4.		☐ before care/entering room ☐ before task ☐ after body fluids ☐ after care ☐ upon leaving room	
HH5.		☐ before care/entering room ☐ before task ☐ after body fluids ☐ after care ☐ upon leaving room	
HH6.		☐ before care/entering room ☐ before task ☐ after body fluids ☐ after care ☐ upon leaving room	
HH7.		☐ before care/entering room ☐ before task ☐ after body fluids ☐ after care ☐ upon leaving room	
HH8.		☐ before care/entering room ☐ before task ☐ after body fluids ☐ after care ☐ upon leaving room	
HH9.		☐ before care/entering room ☐ before task ☐ after body fluids ☐ after care ☐ upon leaving room	
HH10.		☐ before care/entering room ☐ before task ☐ after body fluids ☐ after care ☐ upon leaving room	

Disciplines:
CNA = Nurse Assistant
D = Dietary
N =Nurse
P = Physician
RT = Respiratory Therapist
S = Student
VIS = Visitor
VOL = Volunteer
W = Social Worker
OTH = Other, Specify
U = Unknown

Opportunities:
✔ = Opportunity Successful
Ø = Opportunity Missed

For HH1-HH10:

Total # HH Successful ("# ✔"): _____	Total # HH Opportunities Observed: _____	Adherence: _____% (Total # HH Successful ÷ Total HH Opportunities Observed x 100)

Occupational Health

Occupational Health

Components

- Vaccines (Influenza, etc.)
- Respirator fit testing
- TB testing
- Infectious disease exposure investigations
- Post-exposure management
- Counseling
  - Infectious disease exposure risk
  - Work restriction
  - Latex allergies
- Compliance with CA regulation
  - Bloodborne Pathogen Standard (www.dir.ca.gov/title8/5193.html)
  - Airborne Transmissible Disease Standard (www.cdph.ca.gov/Programs/CCDPHP/DEODC/OHB/CDPH%20Document%20Library/ATD-Guidance.pdf)

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Stewardship

Diagnostic and Antimicrobial Stewardship Program

- Leadership Commitment
- Leadership has accountability for stewardship outcomes
- Drug expertise access
- Tracking antibiotic use practices and outcomes
  - Reporting antibiotic use to physicians and nurses
  - Education for clinical providers and nursing staff on rationale
  - Action to implement at lease one intervention to improve antibiotic use

https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_ASP_Toolkit.aspx

Risk Assessment

Risk Assessment

What is the Risk Assessment?

- Process to identify risk to facility's resident population
  - Yearly process
  - Gathers information for IP Program
    - Facility infection rates
    - Occupational vaccine, illness and injury data
    - Adherence monitoring rates
    - Community infection rates

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Healthcare Associated Infections Program

Risk Assessment

Why

Helps prioritize risks to address

- Identifies:
  - risks to residents
  - high risk events
  - new risk
- Used to write the IP Plan

Healthcare Associated Infections Program

Risk Assessment

How

Healthcare Associated Infections Program

Risk Assessment

Risk Assessment Tips

- Use a consistent tool
- Determine scores using data
- Get input from others

Risk Assessment

Stakeholders

Involve Relevant Stakeholders

- Infection Preventionist
- Medical Director
- Administrator
- Nursing Representatives
- Licensing Representative
- Occupational Health
- Environmental Services
- Facility Management
- Pharmacist
- Ancillary Services
- Public Health

Risk Assessment

Key Steps – Identify Potential Risks

What are the potential risks at your facility?

- Review all the IP program elements
- Gather adherence monitoring data
- Gather infection rate data
- What has changed at the facility since last year?
- Any changes planned for this year?

Tailor the risk assessment to your facility.

Risk Assessment

Key Steps – Identify Potential Risks

Identify potential risks

Resident population: Consider vulnerable resident groups like immunocompromised individuals, subacute residents, memory care, or those with open wounds.

Procedures: Analyze high-risk procedures like wound care, respiratory treatments, or specimen collection.

Environment: Evaluate cleanliness, air quality/ventilation, and equipment maintenance practices. Is there construction or remodeling planned?

Staff practices: Assess hand hygiene compliance, PPE use, and cleaning practices with shared equipment.

Risk Assessment

Key Steps – Assess Probability

Assess the probability of occurrence

- Review facility's historical infection data
- Consider local disease trends and community factors
- Evaluate staff training and adherence to infection control practices

Probability or likelihood of an event/occurrence to happen.

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Risk Assessment

Key Steps – Potential Harm

Assess the severity of potential harm

- Consider potential complications from infection, including sepsis, prolonged resident stay, or mortality
- Evaluate the **impact on resident well-being and quality of care**

Assign a risk level

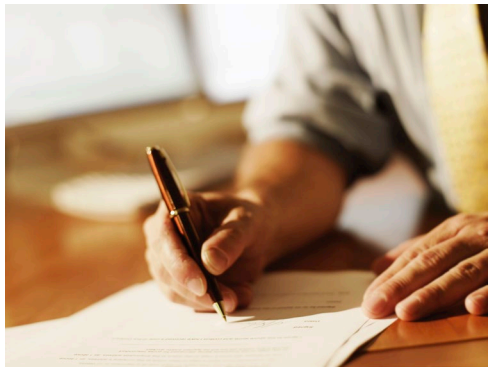
- Most forms use a matrix system to categorize risks based on the probability of occurrence and severity of harm (e.g., **low, moderate, high**)

Risk Assessment

Key Steps - Document

Document findings

- Clearly identify the risks
- Use a form (samples to follow)
- Personalize it to your facility
  - Name and Logo
  - Services and unique risks identified
  - Delete unnecessary items



Risk Assessment

HSAG* Sample Form

Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

HSAG HEALTH SERVICES ADVISORY GROUP

Infection Prevention Post-Acute Risk Assessment Prioritization Worksheet

Risk Priority	Low: 1–4 Risk Score				Medium: 5–11 Risk Score				High: 12–18 Risk Score			
Risk Event	Probability the risk will occur.				Potential severity if the risk occurs.				How well prepared is the organization?			Risk Score
	High	Med	Low	None	Life-threatening	Permanent Harm	Temporary Harm	None	Poorly	Fairly Well	Well	
Value	3	2	1	0	3	2	1	0	3	2	1	
Example: Multiply the first section score (3) with the second section score (3), then multiply the sum (9) with the third section score (3) to get the total (18).	X				X					X		18
External												
Geographical Location and Population Served												
Potential for Industrial Accident												
Food-Borne Illness												
Unvaccinated Populations												
Elderly Population												
Internal												
Potential Device-Associated Infections												
Central Line-Associated Bloodstream Infection												
Ventilator-Associated Pneumonia												
Catheter-Associated Urinary Tract Infection (CAUTI)												
Low Vaccination Rates												
Antibiotic Stewardship/Outcomes												
Inappropriate Antibiotic Use												
Methicillin-Resistant *Staphylococcus aureus* (MRSA)												
Vancomycin-Resistant Enterococci (VRE)												

***Health Services Advisory Group**

Microsoft Word

www.hsag.com/globalassets/qii/ipriskassesprioritizationfinal.docx

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Healthcare Associated Infections Program

Risk Assessment

CDC Sample Form

INFECTION EVENT	PROBABILITY OF OCCURRENCE (How likely is this to occur?)				LEVEL OF HARM FROM EVENT (What would be the most likely?)				IMPACT ON CARE (Will new treatment/care be needed for resider				READINESS TO PREVENT (Are processes/resources in place			RISK LEVEL (Scores ≥ 8 are considered highes
Score	High	Med.	Low	None	Serious Harm	Moderate Harm	Temp. Harm	None	High	Med.	Low	None	Poor	Fair	Good	
	3	2	1	0	3	2	1	0	3	2	1	0	3	2	1	
Facility-onset Infections(s)																
Device- or care-related																
Catheter-associated urinary tract infection (CAUTI)																
Central line-associated bloodstream infection (CLABSI)																
Tracheostomy-associated respiratory infection																
Percutaneous-gastrostomy insertion site infection																
Wound infection																
Other (specify):																
Resident-related																
Symptomatic urinary tract																

https://www.cdc.gov/long-term-care-facilities/media/excel/IPC-RiskAssessment.xlsx

Microsoft Excel Form

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Form Instructions

Risk Assessment

CDC Sample Form

INFECTION EVENT	PROBABILITY OF OCCURRENCE				LEVEL OF HARM FROM EVENT				IMPACT ON CARE				READINESS TO PREVENT			RISK LEVEL
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Pneumonia																
Cellulitis/soft tissue																
Clostridioides difficile infection																
Tuberculosis*																
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Outbreak-related																
Influenza*																
Other viral respiratory pathogens*																
Norovirus gastroenteritis*																
Bacterial gastroenteritis (e.g., *Salmonella, Shigella*)																
Scabies																
Conjunctivitis																
Group A *Streptococcus* *																
MDRO																
Other (specify):																

* Ris[illegible]essment sh[illegible]ing probability of occurrence. Data from State/local health department may be informative.

Infection events | IPC practice failures

2 Tabs

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Healthcare Associated Infections Program

Infection Events Tab

Risk Assessment

Infection Event Tab

INFECTION EVENT	PROBABILITY OF OCCURRENCE (How likely is this to occur?)				LEVEL OF HARM FROM EVENT (What would be the most likely?)				IMPACT ON CARE (Will new treatment/care be needed for				READINESS TO PREVENT (Are processes/resources in			RISK LEVEL (Scores ≥ 8 are considered hig
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Infection events | IPC practice failures | ⊕

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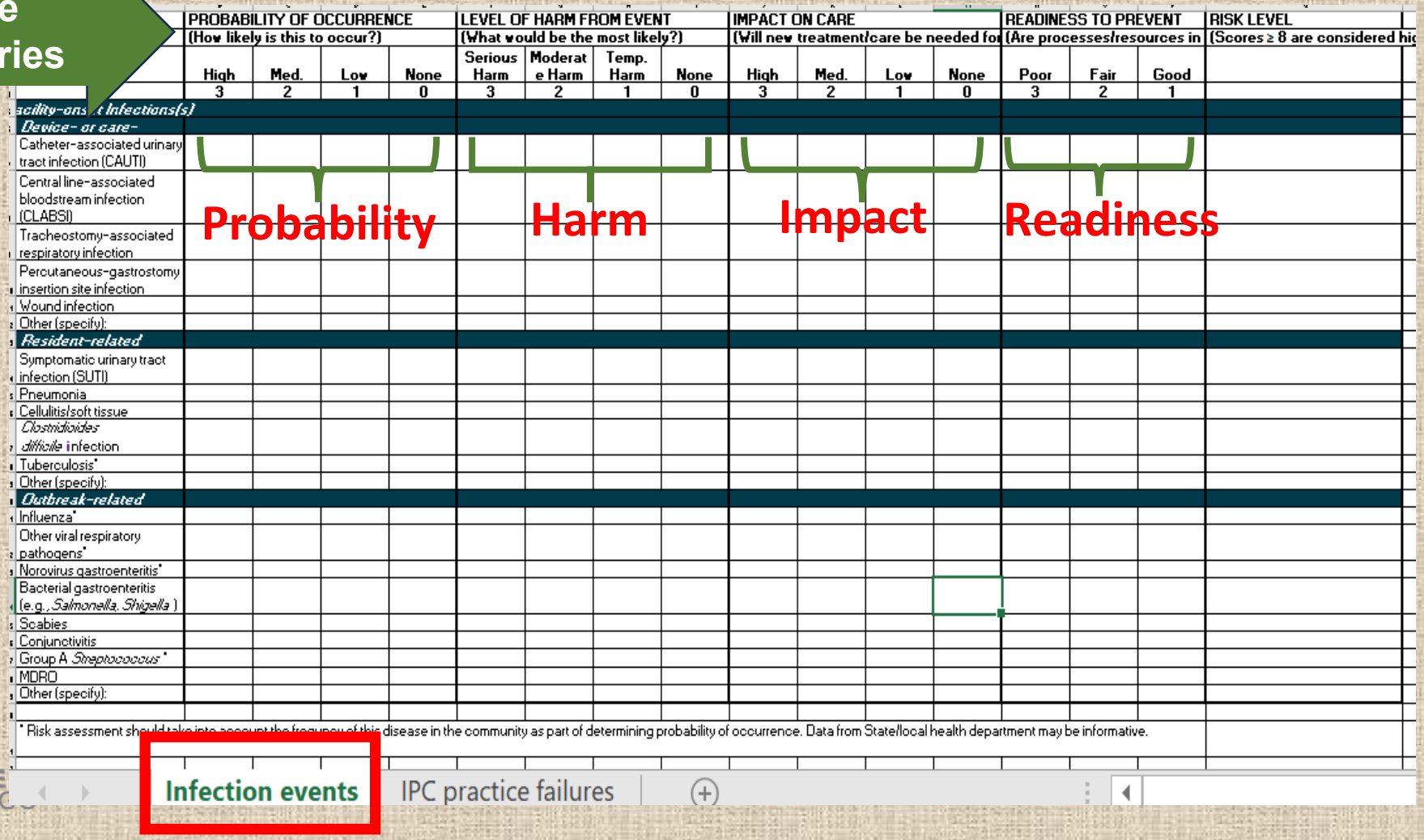
Risk Assessment

Score Categories

Score Categories



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* Risk assessment should take into account the frequency of this disease in the community as part of determining probability of occurrence. Data from State/local health department may be informative.

Probability

Harm

Impact

Readiness

Infection events | IPC practice failures

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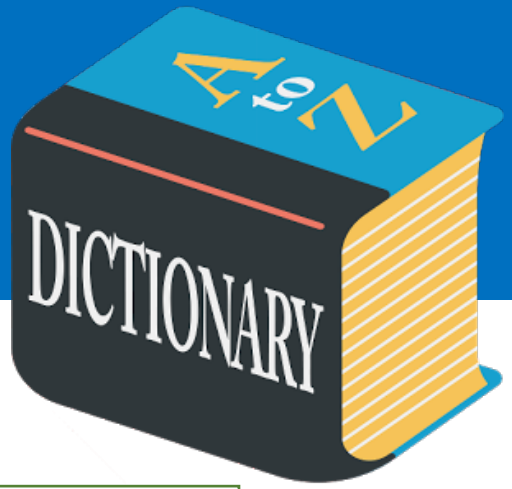
Risk Assessment

Terms



Infection Events Score Categories

Evaluate the risk related to each infection event type:

- Probability of occurrence
  - How likely is the event to occur?
- Level of harm
  - How much harm would occur due to the event?
- Impact on care and prevention strategies
  - Will new treatment be needed for the resident or staff?
- Readiness to prevent
  - Are processes in place to identify or address this event?

Risk Assessment Score

INFECTION EVENT	PROBABILITY OF OCCURRENCE (How likely is this to occur?)				LEVEL OF HARM FROM EVENT (What would be the most likely?)				IMPACT ON CARE (Will new treatment/care be needed for				READINESS TO PREVENT (Are processes/resources in			RISK LEVEL (Scores ≥ 8 are considered hig
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Infection events | IPC practice failures

Score

Probability

Harm

Impact

Readiness

High - 3 points
Med - 2 points
Low - 1 point
None - 0 points

Poor - 3 points
Fair - 2 points
Good - 1 point

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Healthcare Associated Infections Program

Risk Assessment

Infection Events

Infection Event

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Central line-associated bloodstream infection (CLABSI)																
Tracheostomy-associated respiratory infection																
Percutaneous-gastrostomy insertion site infection																
Wound infection																
Other (specify):																
Resident-related																
Symptomatic urinary tract infection (SUTI)																
Pneumonia																
Cellulitis/soft tissue																
Clostridioides difficile infection																
Tuberculosis*																
Other (specify):																
Outbreak-related																
Influenza*																
Other viral respiratory pathogens*																
Norovirus gastroenteritis*																
Bacterial gastroenteritis (e.g., *Salmonella, Shigella*)																
Scabies																
Conjunctivitis																
Group A *Streptococcus**																
MDRO																
Other (specify):																

* Risk assessment sh[illegible] disease in the community as part of determining probability of occurrence. Data from State/local health department may be informative.

Infection events | IPC practice failures

LIVE WELL SAN DIEGO

Healthcare Associated Infections Program

Risk Assessment

Facility-onset Infections

	Probability				Harm				Impact				Readiness			
INFECTION EVENT	PROBABILITY OF OCCURRENCE				LEVEL OF HARM FROM EVENT				IMPACT ON CARE				READINESS TO PREVENT			RISK LEVEL
	(How likely is this to occur?)				(What would be the most likely?)				(Will new treatment/care be needed for reside				(Are processes/resources in place			(Scores ≥ 8 are considered high
Score	High	Med.	Low	None	Serious Harm	Moderate Harm	Temp. Harm	None	High	Med.	Low	None	Poor	Fair	Good	
	3	2	1	0	3	2	1	0	3	2	1	0	3	2	1	
Facility-onset Infections(s)																
Device- or care-related																

Facility-onset Infections(s): Device or care related

- Catheter-associated urinary tract infection (CAUTI)
- Central line-associated bloodstream infection (CLASBI)
- Tracheostomy-associated respiratory infection
- Percutaneous-gastrostomy insertion site infection
- Wound Infection
- Other (specify)

County of San Diego Health and Human Services Agency | Live Well San Diego

Healthcare Associated Infections Program

Risk Assessment

Resident-related

Probability **Harm** **Impact** **Readiness**

INFECTION EVENT	PROBABILITY OF OCCURRENCE (How likely is this to occur?)				LEVEL OF HARM FROM EVENT (What would be the most likely?)				IMPACT ON CARE (Will new treatment/care be needed for reside				READINESS TO PREVENT (Are processes/resources in place			RISK LEVEL (Scores ≥ 8 are considered high
Score	High	Med.	Low	None	Serious Harm	Moderate Harm	Temp. Harm	None	High	Med.	Low	None	Poor	Fair	Good	
	3	2	1	0	3	2	1	0	3	2	1	0	3	2	1	
Resident-related																

Resident-related

- Symptomatic urinary tract infection (SUTI)
- Pneumonia
- Cellulitis/soft tissue
- *Clostridioides difficile* infection
- Tuberculosis*
- Other (specify):
  - MDRO (*Candida auris* and Carbapenemase producing organisms (CPO)

***Consider the frequency of this disease in the community as part of determining probability of occurrence.**

Risk Assessment

Outbreak-related

Probability **Harm** **Impact** **Readiness**

INFECTION EVENT	PROBABILITY OF OCCURRENCE				LEVEL OF HARM FROM EVENT				IMPACT ON CARE				READINESS TO PREVENT			RISK LEVEL
	(How likely is this to occur?)				(What would be the most likely?)				(Will new treatment/care be needed for reside				(Are processes/resources in place			(Scores ≥ 8 are considered high
Score	High	Med.	Low	None	Serious Harm	Moderate Harm	Temp. Harm	None	High	Med.	Low	None	Poor	Fair	Good	
	3	2	1	0	3	2	1	0	3	2	1	0	3	2	1	
Outbreak-related																

Outbreak-related

- Influenza*
- Other viral respiratory pathogens*
- Norovirus gastroenteritis*
- Bacterial gastroenteritis (e.g., Salmonella, Shigella)
- Scabies
- Conjunctivitis
- Group A Streptococcus*
- **MDRO**
- Other (specify):

*Consider the frequency of this disease in the community as part of determining probability of occurrence.

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY | LIVE WELL SAN DIEGO

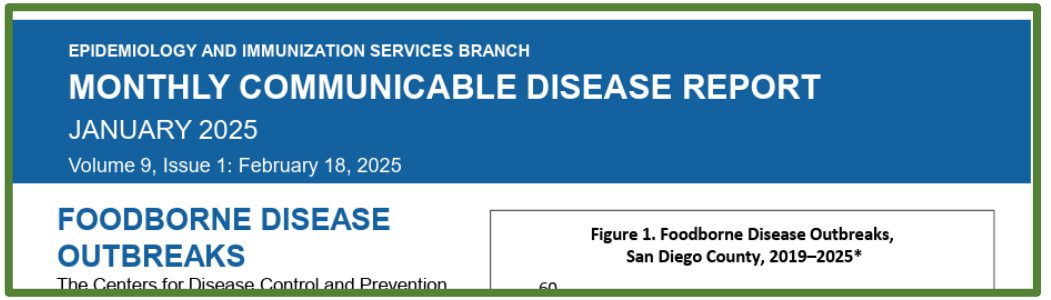
Healthcare Associated Infections Program

Risk Assessment

Community Wide Infectious Disease Information

Where could you obtain community wide infectious disease information?

- **San Diego County Public Health**
  - Respiratory Virus Report
  - CAHAN
  - Tuberculosis Control
  - Communicable Disease Reports
  - HAI
  - Public Health Preparedness and Response
- **CDPH**
- **CDC**


EPIDEMIOLOGY AND IMMUNIZATION SERVICES BRANCH

MONTHLY COMMUNICABLE DISEASE REPORT

JANUARY 2025

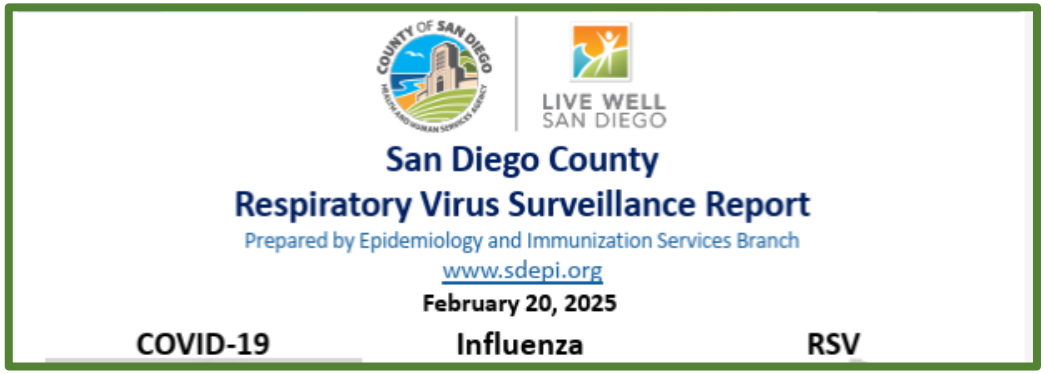
Volume 9, Issue 1: February 18, 2025

FOODBORNE DISEASE OUTBREAKS

The Centers for Disease Control and Prevention

Figure 1. Foodborne Disease Outbreaks, San Diego County, 2019–2025*

60


LIVE WELL SAN DIEGO

San Diego County

Respiratory Virus Surveillance Report

Prepared by Epidemiology and Immunization Services Branch

www.sdepi.org

February 20, 2025

COVID-19 Influenza RSV

www.sdepi.org

https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs.html

Healthcare Associated Infections Program

Risk Assessment

Risk Level

INFECTION EVENT	PROBABILITY OF OCCURRENCE (How likely is this to occur?)				LEVEL OF HARM FROM EVENT (What would be the most likely?)				IMPACT ON CARE (Will new treatment/care be needed for				READINESS TO PREVENT (Are processes/resources			RISK LEVEL (Scores ≥ 8 are considered hig
Score	High	Med.	Low	None	Serious Harm	Moderate Harm	Temp. Harm	None	High	Med.	Low	None	Poor	Fair	Good	
	3	2	1	0	3	2	1	0	3	2	1	0	3	2	1	
acility-onset Infections(s)																
Device- or care-																
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Scabies																
Conjunctivitis																
Group A *Streptococcus* *																
MDRO																
Other (specify):																

* Risk assessment sh[illegible] disease in the community as part of determining probability of occurrence. Data from State/local health department may be informative.

Infection events | IPC practice failures

Scores ≥ 8 are considered high

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

Healthcare Associated Infections Program

Written Annual Risk Assessment - Infection Events

Risk Assessment

Score Categories

Score

Infection Event

	PROBABILITY OF OCCURRENCE (How likely is this to occur?)				LEVEL OF HARM FROM EVENT (What would be the most likely?)				IMPACT ON CARE (Will new treatment/care be needed for				READINESS TO PREVENT (Are processes/resources in			RISK LEVEL (Scores ≥ 8 are considered hig
	High	Med.	Low	None	Serious Harm	Moderate Harm	Temp. Harm	None	High	Med.	Low	None	Poor	Fair	Good	
	3	2	1	0	3	2	1	0	3	2	1	0	3	2	1	
Central line-associated bloodstream infection (CLABSI)																
Tracheostomy-associated respiratory infection																
Percutaneous-gastrostomy insertion site infection																
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Norovirus gastroenteritis*																
Bacterial gastroenteritis (e.g., *Salmonella, Shigella*)																
Scabies																
Conjunctivitis																
Group A *Streptococcus**																
MDRO																
Other (specify):																

Probability Harm Impact Readiness

Scores ≥ 8 are considered high

* Risk assessment should include ... disease in the community as part of determining probability of occurrence. Data from State/local health department may be informative.

1st Tab

Infection events | IPC practice failures

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

Healthcare Associated Infections Program

IPC Practice Failures Tab

Risk Assessment

IPC Practice Failures Tab

IPC PRACTICE FAILURES	PROBABILITY OF OCCURRENCE (How likely is this to occur?)				IMPACT ON RESIDENT/STAFF SAFETY (Will this failure directly impact safety?)				CAPACITY TO DETECT (Are processes in place to identify			READINESS TO PREVENT (Are policies, procedures, and res			RISK LEVEL (Scores ≥ 8 are considered highest
Score	High	Med.	Low	None	High	Med.	Low	None	Poor	Fair	Good	Poor	Fair	Good	
	3	2	1	0	3	2	1	0	3	2	1	3	2	1	
Care activity															
Lack of accessible alcohol-based hand rub															
Lack of accessible personal protective equipment (PPE)															
Inappropriate selection and use of PPE															
Inadequate staff adherence to hand hygiene															
Inadequate staff adherence to glove and gown use when resident in Contact Precautions															
Inadequate staff adherence to facemask use when resident in Droplet Precautions															
Other (specify):_____															
Other (specify):_____															
Occupational health															
Low influenza immunization rates among staff															
Lack of notificati															

ection events | IPC practice failures | +

Next Tab

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY | LIVE WELL SAN DIEGO

Healthcare Associated Infections Program

Risk Assessment

Score Categories

Score Categories

IPC PRACTICE FAILURES	PROBABILITY OF OCCURRENCE (How likely is this to occur?)				IMPACT ON RESIDENT/STAFF SAFETY (Will this failure directly impact safety?)				CAPACITY TO DETECT (Are processes in place to identify			READINESS TO PREVENT (Are policies, procedures, and res			RISK LEVEL (Scores ≥ 8 are considered highest
Score	High	Med.	Low	None	High	Med.	Low	None	Poor	Fair	Good	Poor	Fair	Good	
	3	2	1	0	3	2	1	0	3	2	1	3	2	1	
Care activity															
Lack of accessible alcohol-based hand rub															
Lack of accessible personal protective equipment (PPE)															
Inappropriate selection and use of PPE															
Inadequate staff adherence to hand hygiene															
Inadequate staff adherence to glove and gown use when resident in Contact Precautions															
Inadequate staff adherence to facemask use when resident in Droplet Precautions															
Other (specify):_____															
Other (specify):_____															
Occupational health															
Low influenza immunization rates among staff															
Lack of notification of															

Probability

Impact

Detection

Readiness

Infection events | IPC practice failures

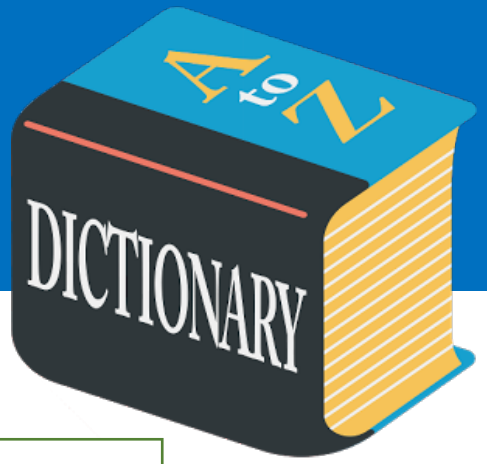
COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

Healthcare Associated Infections Program

Risk Assessment

Terms



IPC Practice Failures Tab

Evaluate the risk related to each infection event type:

- Probability of occurrence
  - How likely is the event to occur?
- Impact
  - Will this failure directly impact safety?
- Capacity to detect
  - Are processes in place to identify this failure?
- Readiness to prevent
  - Are policies, procedures, and resources available to address this failure.

Risk Assessment

Score

IPC PRACTICE FAILURES	PROBABILITY OF OCCURRENCE (How likely is this to occur?)				IMPACT ON RESIDENT/STAFF SAFETY (Will this failure directly impact safety?)				CAPACITY TO DETECT (Are processes in place to identify			READINESS TO PREVENT (Are policies, procedures, and res			RISK LEVEL (Scores ≥ 8 are considered highest
Score	High	Med.	Low	None	High	Med.	Low	None	Poor	Fair	Good	Poor	Fair	Good	
	3	2	1	0	3	2	1	0	3	2	1	3	2	1	
Lack of accessible personal protective equipment (PPE)															
Inappropriate selection and use of PPE															
Inadequate staff adherence to hand hygiene															
Inadequate staff adherence to glove and gown use when resident in Contact Precautions															
Inadequate staff adherence to facemask use when resident in Droplet Precautions															
Other (specify):_____															
Other (specify):_____															
Occupational health															
Low influenza immunization rates among staff															
Lack of notification of															

Score

High - 3 points
Med - 2 points
Low - 1 point
None - 0 points

Poor - 3 points
Fair - 2 points
Good - 1 point

Infection events | IPC practice failures

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY
NextTab
LIVE WELL SAN DIEGO

Healthcare Associated Infections Program

Risk Assessment

IPC Failures

IPC Failures

IPC PRACTICE FAILURES	PROBABILITY OF OCCURRENCE (How likely is this to occur?)				IMPACT ON RESIDENT/STAFF SAFETY (Will this failure directly impact safety?)				CAPACITY TO DETECT (Are processes in place to identify			READINESS TO PREVENT (Are policies, procedures, and res			RISK LEVEL (Scores ≥ 8 are considered highest
Score	High	Med.	Low	None	High	Med.	Low	None	Poor	Fair	Good	Poor	Fair	Good	
	3	2	1	0	3	2	1	0	3	2	1	3	2	1	
Care activity															
Lack of accessible alcohol-based hand rub															
Lack of accessible personal protective equipment (PPE)															
Inappropriate selection and use of PPE															
Inadequate staff adherence to hand hygiene															
Inadequate staff adherence to glove and gown use when resident in Contact Precautions															
Inadequate staff adherence to facemask use when resident in Droplet Precautions															
Other (specify):_____															
Other (specify):_____															
Occupational health															
Low influenza immunization rates among staff															
Lack of notification of															

Infection events | IPC practice failures

Risk Assessment

Care Activity

Probability Impact Detection Readiness

IPC PRACTICE FAILURES	PROBABILITY OF OCCURRENCE (How likely is this to occur?)				IMPACT ON RESIDENT/STAFF SAFETY (Will this failure directly impact safety?)				CAPACITY TO DETECT (Are processes in place to identify			READINESS TO PREVENT (Are policies, procedures, and res			RISK LEVEL (Scores ≥ 8 are considered high
Score	High	Med.	Low	None	High	Med.	Low	None	Poor	Fair	Good	Poor	Fair	Good	
	3	2	1	0	3	2	1	0	3	2	1	3	2	1	
Care activity															
Lack of accessible alcohol-															

Care activity

- Lack of accessible alcohol-based hand rub
- Lack of accessible personal protective equipment (PPE)
- Inappropriate selection and use of PPE
- Inadequate staff adherence to hand hygiene
- Inadequate staff adherence to glove and gown use when resident in Contact Precautions
- Inadequate staff adherence to facemask use when resident in Droplet Precautions
- Other (specify):_____

Risk Assessment

Occupational Health

	Probability				Impact				Detection			Readiness			
IPC PRACTICE FAILURES	PROBABILITY OF OCCURRENCE				IMPACT ON RESIDENT/STAFF SAFETY				CAPACITY TO DETECT			READINESS TO PREVENT			RISK LEVEL
	(How likely is this to occur?)				(Will this failure directly impact safety?)				(Are processes in place to identify			(Are policies, procedures, and res			(Scores ≥ 8 are considered highe
Score	High	Med.	Low	None	High	Med.	Low	None	Poor	Fair	Good	Poor	Fair	Good	
	3	2	1	0	3	2	1	0	3	2	1	3	2	1	
Occupational health															

Occupational Health

- Low influenza immunization rates among staff
- Lack of notification of employee illness or working sick
- Low compliance with annual tuberculosis (TB) screening among staff
- Other (specify):_____

Risk Assessment

Environment

Probability Impact Detection Readiness

IPC PRACTICE FAILURES	PROBABILITY OF OCCURRENCE (How likely is this to occur?)				IMPACT ON RESIDENT/STAFF SAFETY (Will this failure directly impact safety?)				CAPACITY TO DETECT (Are processes in place to identify			READINESS TO PREVENT (Are policies, procedures, and res			RISK LEVEL (Scores ≥ 8 are considered highe
Score	High	Med.	Low	None	High	Med.	Low	None	Poor	Fair	Good	Poor	Fair	Good	
	3	2	1	0	3	2	1	0	3	2	1	3	2	1	
Environment															

Environment

- Lack of access to U.S. Environmental Protection Agency (EPA)-registered products for routine cleaning and disinfection
- Lack of access to EPA-registered products with sporicidal activity for cleaning and disinfection (e.g., for *C. difficile*)
- Inadequate cleaning and disinfection of high touch surfaces in resident room
- Inadequate terminal cleaning and disinfection of resident rooms
- Inadequate cleaning and disinfection of resident common areas
- Other (specify):_____

Risk Assessment

Resident/Visitor Health

Probability Impact Detection Readiness

IPC PRACTICE FAILURES	PROBABILITY OF OCCURRENCE (How likely is this to occur?)				IMPACT ON RESIDENT/STAFF SAFETY (Will this failure directly impact safety?)				CAPACITY TO DETECT (Are processes in place to identify			READINESS TO PREVENT (Are policies, procedures, and res			RISK LEVEL (Scores ≥ 8 are considered highe
Score	High	Med.	Low	None	High	Med.	Low	None	Poor	Fair	Good	Poor	Fair	Good	
	3	2	1	0	3	2	1	0	3	2	1	3	2	1	
Resident/visitor health															
Low rates of TB screening															

Resident/Visitor Health

- Low rates of TB screening among new resident admissions
- Low rate of resident acceptance of influenza immunization
- Low rate of resident acceptance of pneumococcal immunization
- Visitors entering facility when ill
- Lack of notification to visitors during facility outbreaks
- Inadequate resident/visitor education on facility hand hygiene policies
- Inadequate resident/visitor education on facility respiratory etiquette policies
- Other (specify):_____

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY | LIVE WELL SAN DIEGO

Healthcare Associated Infections Program

Risk Assessment

Medical Devices and Equipment

Probability **Impact** **Detection** **Readiness**

IPC PRACTICE FAILURES	PROBABILITY OF OCCURRENCE				IMPACT ON RESIDENT/STAFF SAFETY				CAPACITY TO DETECT			READINESS TO PREVENT			RISK LEVEL
	(How likely is this to occur?)				(Will this failure directly impact safety?)				(Are processes in place to identify			(Are policies, procedures, and res			(Scores ≥ 8 are considered highe
Score	High	Med.	Low	None	High	Med.	Low	None	Poor	Fair	Good	Poor	Fair	Good	
	3	2	1	0	3	2	1	0	3	2	1	3	2	1	
Medical Devices and Equipment															

Medical Devices and Equipment

- Improper handling of medications and injection equipment (e.g., reuse of syringes)
- Lack of access to single-use, auto-disabling fingerstick devices
- Inappropriate sharing of devices labeled for single-resident use
- Improper cleaning and disinfection of point-of-care devices (e.g., blood glucose meter) between residents
- Improper cleaning and disinfection of shared equipment (e.g., blood pressure cuff) between residents
- Lack of separation between clean supplies and dirty/contaminated medical supplies
- Improper storage and/or transport of linen
- Other (specify):_____

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY | LIVE WELL SAN DIEGO

Healthcare Associated Infections Program

Risk Assessment

Stewardship

	Probability				Impact				Detection			Readiness			
IPC PRACTICE FAILURES	PROBABILITY OF OCCURRENCE				IMPACT ON RESIDENT/STAFF SAFETY				CAPACITY TO DETECT			READINESS TO PREVENT			RISK LEVEL
	(How likely is this to occur?)				(Will this failure directly impact safety?)				(Are processes in place to identify			(Are policies, procedures, and res			(Scores ≥ 8 are considered highe
Score	High	Med.	Low	None	High	Med.	Low	None	Poor	Fair	Good	Poor	Fair	Good	
	3	2	1	0	3	2	1	0	3	2	1	3	2	1	
Antibiotic Stewardship															

Stewardship

- Unable to obtain report summarizing antibiotic resistance patterns (e.g., antibiogram)
- Inadequate resident/family education on facility antibiotic stewardship policies
- Lack of leadership support for antibiotic stewardship
- Inadequate written policies guiding antibiotic use
- Unable to obtain antibiotic usage report from pharmacy
- Other (specify):_____

Written Annual Risk Assessment – IPC Practice Failures Tab

Risk Assessment

Score Categories

Score

IPC Failures

Next Tab

CE FAILURES	PROBABILITY OF OCCURRENCE (How likely is this to occur?)				IMPACT ON RESIDENT/STAFF SAFETY (Will this failure directly impact safety?)				CAPACITY TO DETECT (Are processes in place to identify			READINESS TO PREVENT (Are policies, procedures, and res			RISK LEVEL (Scores ≥ 8 are considered highest
	High	Med.	Low	None	High	Med.	Low	None	Poor	Fair	Good	Poor	Fair	Good	
	3	2	1	0	3	2	1	0	3	2	1	3	2	1	
Lack of accessible personal protective equipment (PPE)															
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Inadequate staff adherence to glove and gown use when resident in Contact Precautions															
Inadequate staff adherence to facemask use when resident in Droplet Precautions															
Other (specify):_____															
Other (specify):_____															
Occupational health															
Low influenza immunization rates among staff															
Lack of verification of															

Probability **Impact** **Detection** **Readiness**

Infection events | IPC practice failures | +

Scores ≥ 8 are considered high

LIVE WELL SAN DIEGO

Healthcare Associated Infections Program

Practice

Risk Assessment

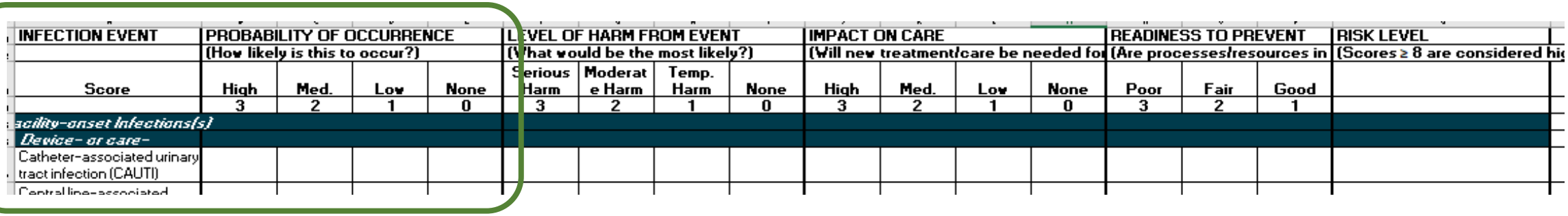
Pro Tips

Scoring

- The IP should **not** determine the scores alone.
- The IPC Committee should be included in determining risk with the guidance and consultation of the IP.
- The facility Leadership should be included.
  - Leadership determines **where resources** are allocated, and this document demonstrates where IPC activities should be a focused.

Risk Assessment

Catheter-associated urinary tract infection (CAUTI)



INFECTION EVENT	PROBABILITY OF OCCURRENCE (How likely is this to occur?)				LEVEL OF HARM FROM EVENT (What would be the most likely?)				IMPACT ON CARE (Will new treatment/care be needed for				READINESS TO PREVENT (Are processes/resources in			RISK LEVEL (Scores ≥ 8 are considered hig
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	3	2	1	0	3	2	1	0	3	2	1	0	3	2	1	
acility-onset Infections(s)																
Device- or care-																
Catheter-associated urinary tract infection (CAUTI)																
Central line-associated																

Evaluate the risk related to each infection <u>event type</u>:

Probability of occurrence

- **How likely is the event to occur?**

High - 3 points
Med - 2 points
Low - 1 point
None - 0 points

*The **Kash House SNF** has about **70% of our residents with catheters and we had a 40% rate of CAUTI infections last year.** **How likely will there be CAUTIs at my SNF this next year?***

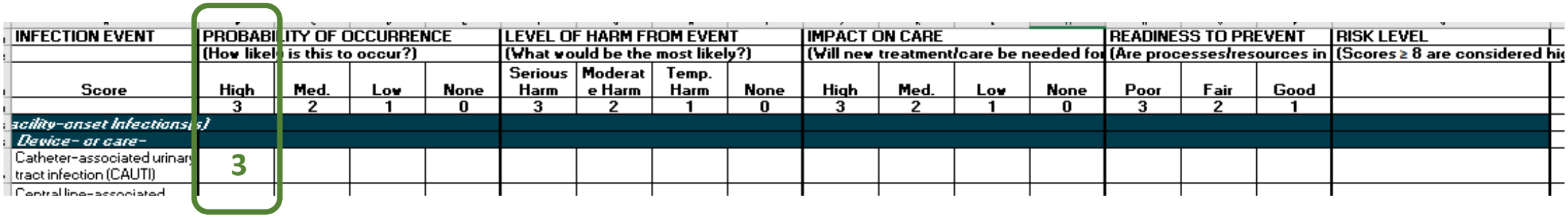
COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

Healthcare Associated Infections Program

Risk Assessment

Catheter-associated urinary tract infection (CAUTI)



INFECTION EVENT	PROBABILITY OF OCCURRENCE (How likely is this to occur?)				LEVEL OF HARM FROM EVENT (What would be the most likely?)				IMPACT ON CARE (Will new treatment/care be needed for				READINESS TO PREVENT (Are processes/resources in			RISK LEVEL (Scores ≥ 8 are considered hig
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	3	2	1	0	3	2	1	0	3	2	1	0	3	2	1	
acility-onset Infections)																
Device- or care-																
Catheter-associated urinary tract infection (CAUTI)	3															
Central line-associated																

Evaluate the risk related to each infection event type:

Probability of occurrence

- **How likely is the event to occur?**

High - 3 points
Med - 2 points
Low - 1 point
None - 0 points

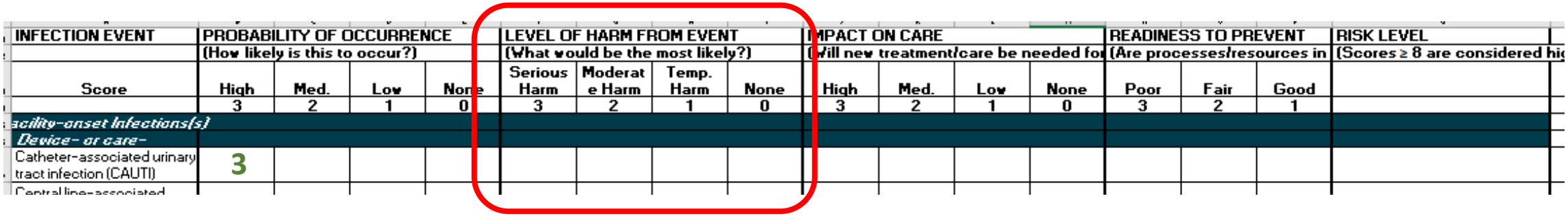
*The **Kash House SNF** has about **70% of our residents with catheters and we had a 40% rate of CAUTI infections last year.** How likely will there be CAUTIs at my SNF this next year? **High***

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY | LIVE WELL SAN DIEGO

Healthcare Associated Infections Program

Risk Assessment

Catheter-associated urinary tract infection (CAUTI)



INFECTION EVENT	PROBABILITY OF OCCURRENCE (How likely is this to occur?)				LEVEL OF HARM FROM EVENT (What would be the most likely?)				IMPACT ON CARE (Will new treatment/care be needed for				READINESS TO PREVENT (Are processes/resources in			RISK LEVEL (Scores ≥ 8 are considered hig
Score	High	Med.	Low	None	Serious Harm	Moderate Harm	Temp. Harm	None	High	Med.	Low	None	Poor	Fair	Good	
	3	2	1	0	3	2	1	0	3	2	1	0	3	2	1	
acility-onset Infections(s)																
Device- or care-																
Catheter-associated urinary tract infection (CAUTI)	3															
Central line-associated																

Evaluate the risk related to each infection <u>event type</u>:

Level of harm

- **How much harm would occur due to the event?**

High - 3 points
Med - 2 points
Low - 1 point
None - 0 points

*The **Kash House SNF** has about **70% of our residents with catheters and we had a 40% rate of CAUTI infections last year.** **How much harm would occur due to a CAUTI?***

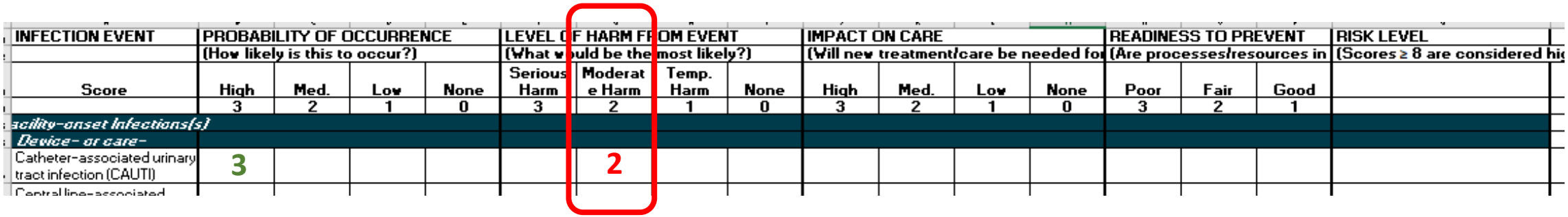
COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

Healthcare Associated Infections Program

Risk Assessment

Catheter-associated urinary tract infection (CAUTI)



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Facility-onset Infection(s)																
Device- or care-																
Catheter-associated urinary tract infection (CAUTI)	3					2										
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Evaluate the risk related to each infection <u>event type</u>:

Level of harm

- **How much harm would occur due to the event?**

High - 3 points
Med - 2 points
Low - 1 point
None - 0 points

*The **Kash House SNF** has about **70% of our residents with catheters and we had a 40% rate of CAUTI infections last year.** **How much harm would occur due to a CAUTI? (Moderate harm - 2)***

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY

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Healthcare Associated Infections Program

Risk Assessment

Catheter-associated urinary tract infection (CAUTI)

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Central line-associated																

Evaluate the risk related to each infection event type:

Impact on care

- **Will new treatment be needed for the resident or staff?**

High - 3 points
Med - 2 points
Low - 1 point
None - 0 points

*The **Kash House SNF** has about **70% of our residents with catheters and we had a 40% rate of CAUTI infections last year.** **Will new treatment be needed for the resident?***

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY

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Healthcare Associated Infections Program

Risk Assessment

Catheter-associated urinary tract infection (CAUTI)

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acility-onset Infections(s)																
Device- or care-																
Catheter-associated urinary tract infection (CAUTI)	3					2				2						
Central line-associated																

Evaluate the risk related to each infection <u>event type</u>:

Impact on care and prevention strategies

- **Will new treatment be needed for the resident or staff?**

High - 3 points
Med - 2 points
Low - 1 point
None - 0 points

*The **Kash House SNF** has about **70% of our residents with catheters and we had a 40% rate of CAUTI infections last year.** **Will new treatment be needed for the resident? (Medium - 2)***

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Risk Assessment

Catheter-associated urinary tract infection (CAUTI)

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Device- or care-																
Catheter-associated urinary tract infection (CAUTI)	3					2				2						
Central line-associated																

Evaluate the risk related to each infection <u>event type</u>:

Readiness to prevent

- **Are processes in place to identify or address this event?**

Poor - 3 points
Fair - 2 points
Good - 1 point

*The **Kash House SNF** has about **70% of our residents with catheters and we had a 40% rate of CAUTI infections last year. Are processes in place to identify or address CAUTIs?***

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Healthcare Associated Infections Program

Risk Assessment

Catheter-associated urinary tract infection (CAUTI)

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Central line-associated																

Evaluate the risk related to each infection <u>event type</u>:

Readiness to prevent

- **Are processes in place to identify or address this event?**

Poor - 3 points
Fair - 2 points
Good - 1 point

*The **Kash House SNF** has about **70% of our residents with catheters and we had a 40% rate of CAUTI infections last year.** **Are processes in place to identify or address CAUTIs? (Fair – 2 points)***

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Healthcare Associated Infections Program

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Catheter-associated urinary tract infection (CAUTI)

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acility-onset Infections(s)																
Device- or care-																
Catheter-associated urinary tract infection (CAUTI)	3					2				2				2		9
Central line-associated																

Score

Risk Assessment

Catheter-associated urinary tract infection (CAUTI)

INFECTION EVENT	PROBABILITY OF OCCURRENCE (How likely is this to occur?)				LEVEL OF HARM FROM EVENT (What would be the most likely?)				IMPACT ON CARE (Will new treatment/care be needed for				READINESS TO PREVENT (Are processes/resources in			RISK LEVEL (Scores ≥ 8 are considered hig
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acility-onset Infections(s)																
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Catheter-associated urinary tract infection (CAUTI)	3					2				2				2		9
Central line-associated																

Scores ≥ 8 are considered high

Risk Assessment

Analysis/Results

Risk Assessment/Results

- What do I do with it?
- How do I choose what is important?
  - I can’t do everything?
  - Look for the highest scores first
  - Consider which items are required for monitoring
- Committee selects areas for improvement for the next year
  - Verify agreement of the numbers with others

Risk Assessment

Pro Tip

Benefits:

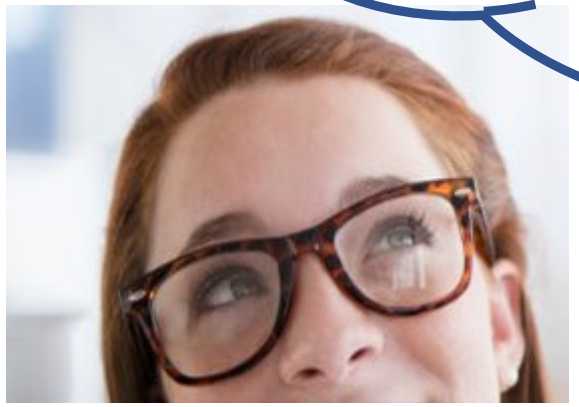
- This process makes the IPs work visible.
- If someone is asking for a new program, look at the risk assessment, and if it did not rate high –
  - "It was not identified for this year's priorities, but we could look at it next year." Helps the IP to say no.
- Leadership buy-in, they were part of the process.

Purpose of an Infection Prevention and Control (IPC) plan

IP Plan

Infection Prevention and Control Plan

A written IPC plan is based on the annual risk assessment



Content_of_an_Infection_Prevention_and_Control_Plan.pdf (apic.org)

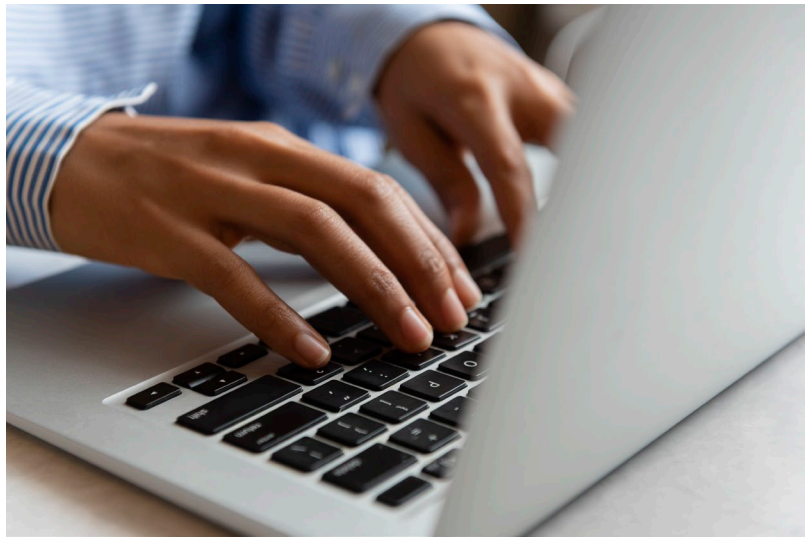
Healthcare Associated Infections Program

IP Plan

What is it?

- It is a written plan completed annually.
- Includes findings from the annual risk assessment.
- Gives direction for the facility's IPC program.
- Explains how a facility will meet the IPC program objectives.
- Outlines the role of the IP and the surveillance to be conducted.
- Describes how infections will be recorded or reported.
- Outlines strategies to prevent infections.
- Defines adherence monitoring practices.
- Explains how feedback will be given to the HCP.
- **When changes are made in the facility** (e.g., higher level of care in a unit changing from skilled to subacute, start of an in-facility dialysis program) **the plan and risk assessment must reflect the facility changes**

IP Plan Example



https://www.naccho.org/uploads/downloadable-resources/Programs/Community-Health/Project-Firstline/LTC-IC-program-policy-sample-5_20.pdf

NOTE: This document is a template for your use and should be adapted to meet your facility's needs.

INFECTION PREVENTION AND CONTROL PROGRAM

Facility Name

Date

_Name of facility maintains an organized, effective facility-wide program designed to systematically identify and reduce the risk of acquiring and transmitting infections among residents, visitors, and healthcare workers. This program involves the collaboration of many programs and services within the facility and is designed to meet the intent of regulatory and accrediting agencies.

RESPONSIBILITIES:

Infection Prevention Oversight Committee: Quality Assessment and Assurance Committee (QAAC)

Ultimate responsibility for overseeing and implementing the infection prevention/control program is delegated to the Quality Assessment and Assurance Committee. Committee membership includes but may not be limited to:

- Medical Director
- Administration
- Nursing
- Infection Preventionist

QAA committee shall meet no less than quarterly and maintain written minutes with documentation of agenda items, discussion, and actions/recommendations. Responsibilities include but may not be limited to:

- Review of findings related to facility-associated infections, outbreak investigations and findings related to monitoring of antibiotic resistant organisms.
- Review of infection prevention and control guidelines.
- Address issues related to emerging and reemerging communicable diseases.
- Make recommendations and act based on findings from activities described above.
- Make recommendations for new procedures, policies and/or activities as appropriate.
- Approve all facility infection prevention/control policies.
- Review and evaluate the infection prevention/control plan no less than annually and revise as necessary

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IP Plan

IP Plan

Components:

- Intro about the facility
- Responsibilities
  - Infection Prevention Oversight committee
  - Infection Preventionist
  - Director of Nursing or Facility Administrator
- Demographic – major risk factors to facility
- Statement based on completed risk assessment and what it included

IP Plan

Components Continued

- Roles: program, medical Director, providers, and employees
- Surveillance for Facility-Associated Infections
  - Surveillance priorities
- **Communication**
  - What information is communicated and to whom

    ***When a resident is referred or transferred and a facility-associated infection is identified, the infection prevention/control department will communicate with the referring and/or receiving health care facility.**
- Healthcare Personnel and Resident/Family Education

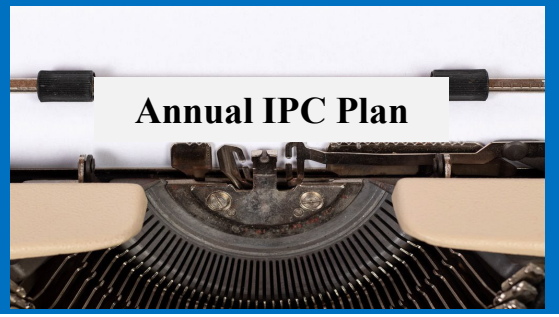
IP Plan

Components Continued

- Policies and procedures
- Antibiotic Stewardship Program
- Employee/Resident Health
- Program Evaluation
  - How do you assess the IPC program?

IP Plan

Contents - Goals



- Goals established for the year

SMART GOALS

Specific:
Clearly state what you want to achieve, including details like who, what, where, when, and how.

Measurable:
Identify a way to track your progress with quantifiable metrics like numbers, percentages, or specific milestones.

Achievable:
Set a goal that is realistic and within your capabilities, considering your skills and resources.

Relevant:
Ensure your goal aligns with your broader objectives and contributes meaningfully to your overall aspirations.

Time-bound:
Establish a clear deadline for achieving your goal.

IP Plan

Smart Goals

SMART GOALS

Specific
Measurable
Achievable
Relevant
Time-bound

Is this a SMART Goal?

Reduce the CAUTI infection rate by 2% by 2026

Is this goal Achievable?

Is the goal Relevant?

IP Plan

Smart Goals

SMART GOALS

Specific

Measurable

Achievable

Relevant

Time-bound

Is this a SMART Goal?

Reduce the spread of *Candida auris.*

Is the goal Achievable?

Is the goal Relevant?

IP Plan

Smart Goals

SMART GOALS

Specific

Measurable

Achievable

Relevant

Time-bound

Is this a SMART Goal?

Increase hand hygiene adherence on the 2nd floor unit by 5% by June 2025.

Is the goal Achievable?

Is the goal Relevant?

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY | LIVE WELL SAN DIEGO

Healthcare Associated Infections Program

IP Plan

Smart Goals

SMART GOALS

Specific

Measurable

Achievable

Relevant

Time-bound

Increase hand hygiene adherence on the 2nd floor unit by 5% by June 2025

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY | LIVE WELL SAN DIEGO

Healthcare Associated Infections Program

IP Plan

Strategies

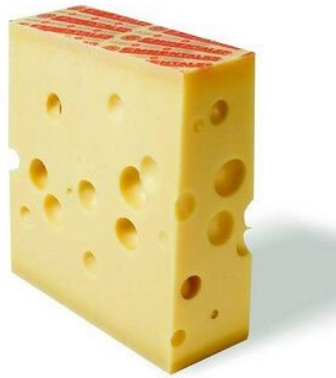
Develop strategies based on the Risk Assessment

Preventive measures: Adherence to standard precautions, proper hand hygiene, appropriate PPE use, and cough etiquette.

Environmental controls: Regular cleaning and disinfection protocols, proper waste disposal

Staff education and training: Ongoing training on infection prevention practices and policies

Surveillance and monitoring: Track infection rates and conduct regular audits to identify areas for improvement



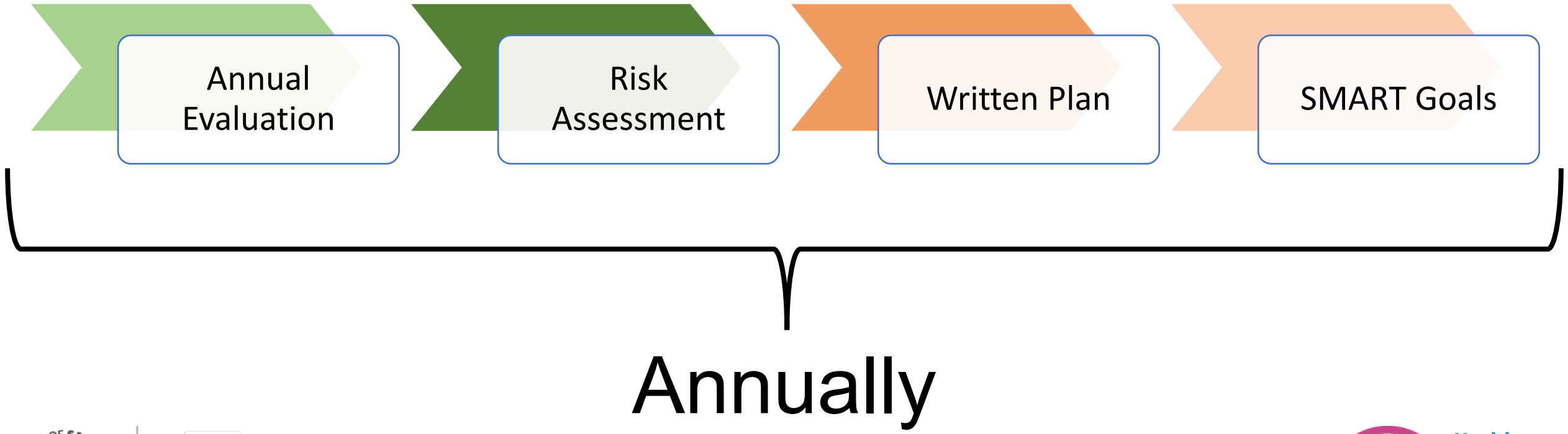
IP Plan

Contents – Goals – Action Plan

Area of Focus	Risk Score	Evaluation	Gaps	Plan
Facility-onset Infections(s) Device- or care-related	**9**	**Reduce the CAUTI infection rate by 2% by 2026**	• Inconsistent peri-care • Increase in catheter days • Increase in number of catheters inserted	• Conduct peri-care policy review and update • Conduct catheter insertion policy and procedure review. • Conduct catheter insertion and peri-care staff training • Conduct catheter insertion competency

Review

Annua Written Infection Prevention Planning Cycle



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Healthcare Associated Infections Program

SNF IP Program Elements

- Leadership Support
- IP Policy and Procedures
- Healthcare Professionals Education
- Resident & Family Education
- Adherence Monitoring
- Occupational Health
- Stewardship
- Risk Assessment
- IP Plan

https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_EstablishingIC_Program.aspx

Important to Remember

Regularly review and update

- Periodically reassess risks and update strategies as needed based on new information and changing circumstances
- Use a template, but customize to the healthcare facility
  - licensing is looking for this
- Collaborate – don't do this alone
  - **Pro-tip:** Fill it in and email sections to the department to get their agreement. Then when presented in QAPI Meeting, this is the risk assessment everyone agreed to.

Resources

California Department of Health (CDPH)
www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/SNF_EstablishingIC_Program.aspx#
World Health Organization
www.who.int/teams/integrated-health-services/infection-prevention-control/core-components
Bloodborne Pathogen Standard
www.dir.ca.gov/title8/5193.html
Airborne Transmissible Disease Standard
www.cdph.ca.gov/Programs/CCDPHP/DEODC/OHB/CDPH%20Document%20Library/ATD-Guidance.pdf
Code of Federal Regulations
www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B/section-483.80
Centers for Medicare & Medicaid Services. (2024, August 8). *State Operations Manual: Appendix PP – Guidance to surveyors for long term care facilities* (Rev. 225)
www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf.

Questions?

For more information, contact the HAI Program at
phs.hai.hhsa@sdcounty.ca.gov

Thank you!

www.sdhai.org
phs.hai.hhsa@sdcounty.ca.gov