We will begin in a moment

Please join us in our activity before we get started.
Enter **"What is your dream vacation?"** in the chat.

Instructions for Contact Hour

1. Update your Zoom name to reflect your full name
2. Zoom name <u>MUST</u> match your evaluation name
3. Enjoy the entire program
4. Complete the post-evaluation by January 27, 2023, 5:00 PM (available on the last slide)
5. Certificate will be emailed to you by February 15, 2023

San Diego
Skilled Nursing Facility
Infection Prevention Collaborative

Grow - Collaborate - Succeed

Coordinated by the County of San Diego
Healthcare-Associated Infections (HAI) Program

Reminders

Recording is on!

Keep your lines muted

Use the chat box for questions

"Right click" to rename

PHS.HAI.HHSA@ sdcounty.ca.gov

Participate in the polls and chat

Slides will be emailed

Type into the chat your:
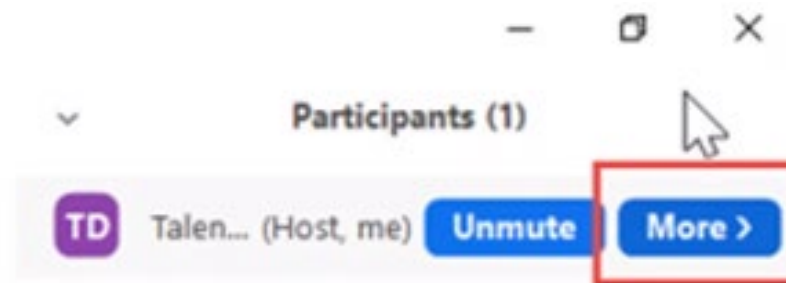- Name
- Title
- Facility

Reminders

Please update your name on the participant list

1. Find your name on the participant list
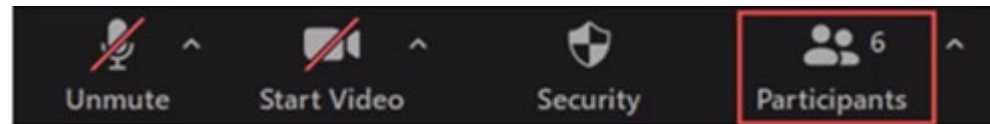
2. Hover over your name and click "MORE"

3. Click "RENAME:
4. Type your full name

Land Acknowledgement

Public Health Services would like to begin by acknowledging the Indigenous Peoples of all the lands that we are on today. While we are meeting on a virtual platform, I would like to take a moment to acknowledge the importance of the lands, which we each call home. We respectfully acknowledge that we are on the traditional territory of the Kumeyaay. We offer our gratitude to the First Nations for their care for, and teachings about, our earth and our relations. May we honor those teachings.

Agenda

Welcome

General Updates

Featured Topic: Achieving Infection Control Progress

Announcements

Next Collaborative

HAI WEBSITE

Main Page

Antimicrobial Resistance

Health Alerts

General Updates

- **New Health Alerts**

- **Respiratory Virus Update**

- **AFL Updates**

CDC Health Alert

Important Updates on COVID-19 Therapeutics for Treatment and Prevention

Summary
The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Update to supplement the CDC HAN Health Advisories issued on April 25, 2022 and May 24, 2022 to emphasize to healthcare providers, public health departments, and the public that the majority of Omicron sublineages circulating in the United States have reduced susceptibility to the monoclonal antibody, bebtelovimab and the monoclonal antibody combination, cilgavimab and tixagevimab (Evusheld™).

Because of this reduced susceptibility, on November 30, 2022, the Food and Drug Administration (FDA) announced that the use of bebtelovimab is not currently authorized for use for patients with COVID-19. The monoclonal antibody combination, cilgavimab and tixagevimab (Evusheld™), currently recommended for pre-exposure prophylaxis, remains authorized for persons with moderate to severe immunosuppression and for those whom vaccination with any available COVID-19 vaccine, according to the approved or authorized schedule, is not recommended due to a history of severe adverse reaction to a COVID-19 vaccine(s) and/or COVID-19 vaccine component(s). However, providers should be aware and communicate to patients that its effectiveness may be increasingly limited against circulating Omicron sublineages.

Antiviral therapeutics for the treatment of COVID-19, ritonavir-boosted nirmatrelvir (Paxlovid™), remdesivir (Veklury®), and molnupiravir (Lagevrio™), retain activity against currently circulating Omicron sublineages. These medications can prevent severe disease, hospitalization, and death and are widely available but have been underused.

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CDC Epi-X Update

Update #1: Multistate Cluster of VIM- and GES-producing Carbapenem-resistant Pseudomonas aeruginosa Associated with Artificial Tears -- January 20, 2023

Dear Colleagues,

The Centers for Disease Control and Prevention (CDC) released the following update through the Epidemic Information Exchange (Epi-X), linking an artificial tears product to the multistate cluster of VIM-producing carbapenem-resistant Pseudomonas aeruginosa infections.

The Centers for Disease Control and Prevention (CDC) is investigating a multistate cluster of Verona Integron-mediated Metallo-β-lactamase (VIM)- and Guiana-Extended Spectrum-β-Lactamase (GES)-producing carbapenem-resistant Pseudomonas aeruginosa (VIM-GES-CRPA) associated with multiple different infection types, including eye infections.

The Centers for Disease Control and Prevention (CDC) is investigating a multistate cluster of Verona Integron-mediated Metallo-β-lactamase (VIM)- and Guiana-Extended Spectrum-β-Lactamase (GES)-producing carbapenem-resistant Pseudomonas aeruginosa (VIM-GES-CRPA) associated with multiple different infection types, including eye infections. Recent epidemiology and laboratory evidence link these infections to use of EzriCare Artificial Tears.

Respiratory Virus Update

San Diego County
Respiratory Virus Surveillance Report
Prepared by Epidemiology and Immunization Services Branch
www.sdepi.org
January 19, 2023

COVID-19

Cases
131,804

Deaths
293

Outbreaks*
314

7/3/2022 – 1/14/2023

Influenza

Cases
20,542

Deaths
37

Outbreaks*
21

7/3/2022 – 1/14/2023
*In residential congregate settings

Respiratory Virus Update

COVID-19 and Influenza Cases by Episode Week, Fiscal Year-to-Date

Figure 2.1. San Diego County COVID-19 Confirmed and Probable Cases by CDC Episode Week*, 2022-23 Fiscal Year-to-Date (N=148,726)
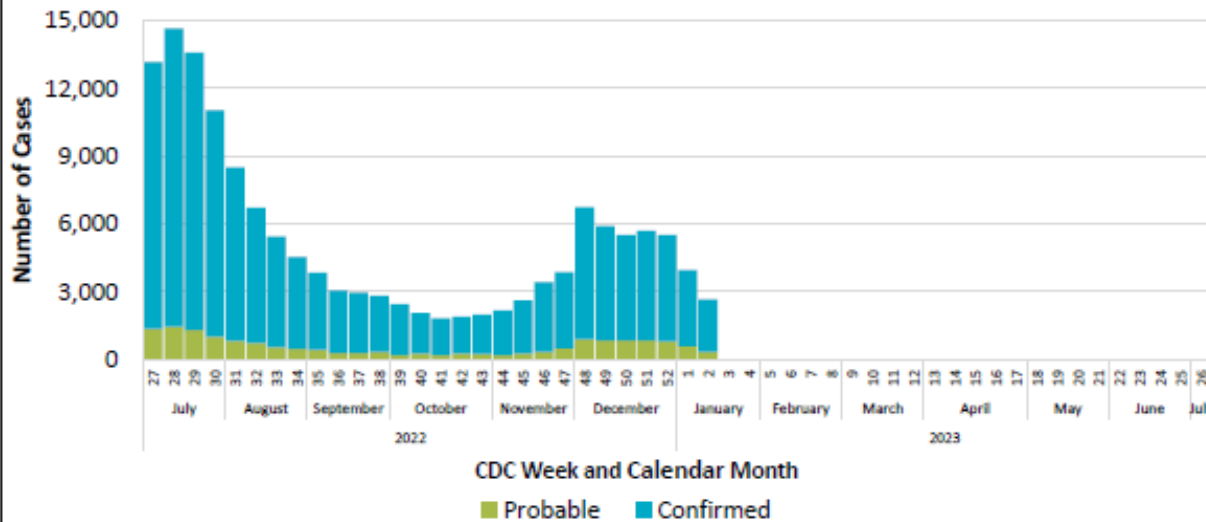
Figure 2.2. San Diego County Influenza Cases by Type and CDC Episode Week*, 2022-23 Fiscal Year-to-Date (N=20,542)

Respiratory Virus Update

COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL
SAN DIEGO

Healthcare
Associated
Infections
Program

PHAB
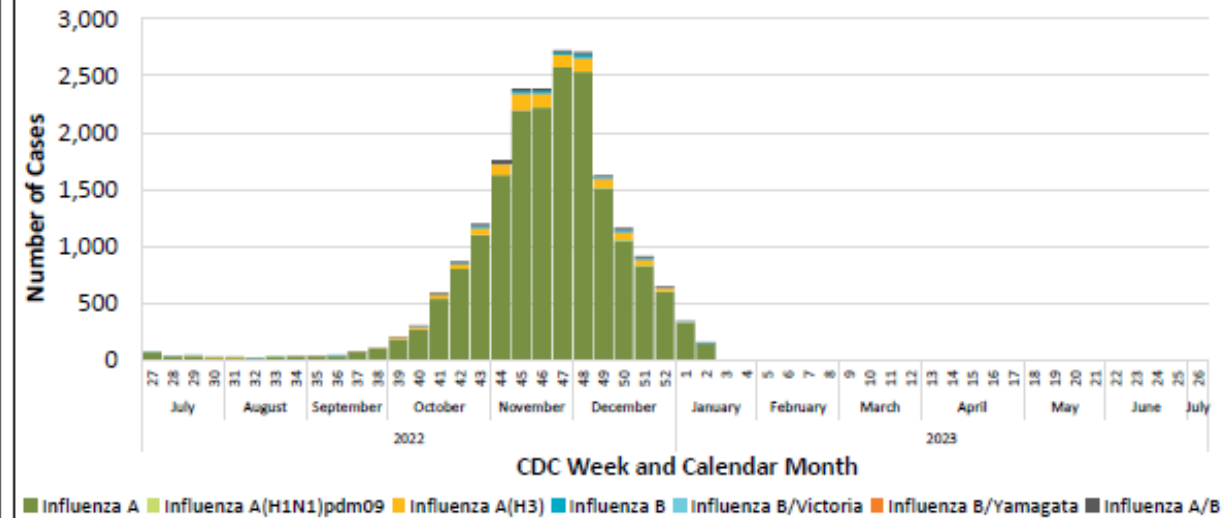
Wastewater Surveillance

Figure 24. RSV Detection in Wastewater
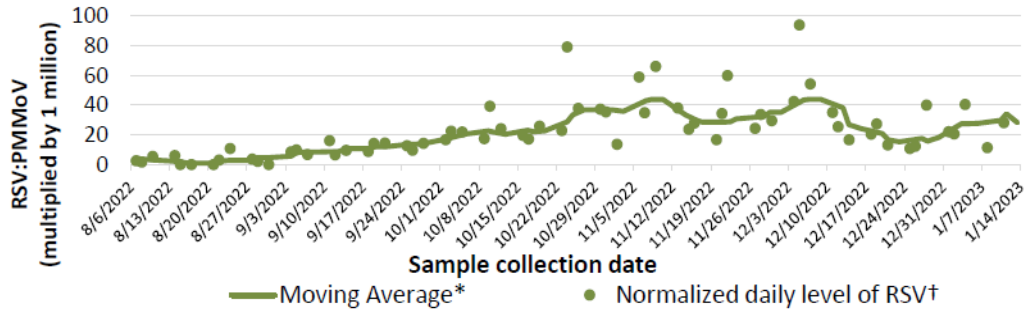
Figure 22. SARS-CoV-2 Detection in Wastewater
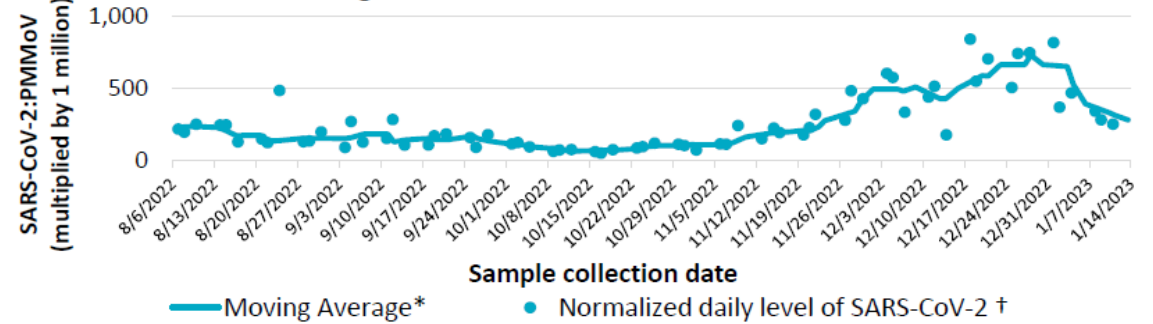
Figure 23. Influenza A‡ Detection in Wastewater
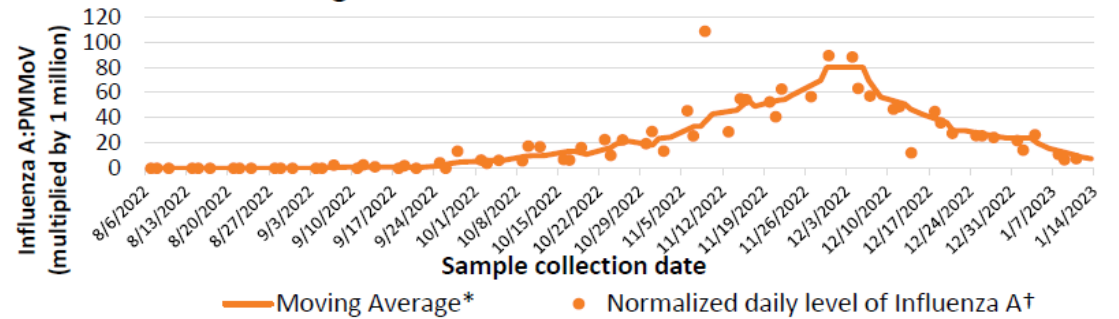
New AFLs

- **AFL 21-34.5** (Updated 1/23/23) - COVID-19 Vaccine Requirement for HCP

- **AFL 22-07.2** (Updated 1/23/23) - Guidance for Limiting Transmission of COVID-19 in SNFs

- **AFL 23-08** (1/18/23) - Requirements to Report Outbreaks/Unusual Infectious Disease Occurrences

- **AFL 23-09** (1/18/23) - COVID-19 Outbreak Investigation and Reporting Thresholds

- **AFL 23-10** (1/18/23) - Recommendations for the Prevention & Control of Influenza in CA SNFs for the 22-23 season during the COVID-19 Pandemic

- **AFL 23-12** (1/24/23) - COVID-19 Recommendations for PPE, Resident Placement/Movement, and Staffing in SNFs

Contact Hour Instructions

- **Ensure your full name identifies you on Zoom**
- **Enjoy the full presentation**
- **Complete the post-evaluation**

Israel Sanchez
BSN, BSPH, RN, a-IPC

Margaret M. Turner
M.Ed., BSN, PHN, FAPIC, CIC

Speaker Introductions

Adult Learning Principles
Making a Positive Impact on Learning

Healthcare-Associated Infections Program
Center for Health Care Quality
California Department of Public Health

Objectives

- Review adult learning principles and how they can be applied to infection prevention education

- Discuss educational concerns for the adult learner when planning infection prevention education sessions

- Identify how to address at least one adult learning barrier while conducting infection prevention presentations

KNOWLES' ANDRAGOGY: ADULT LEARNING THEORY

Need to Know

Self Concept

Experience

Motivation to Learn

Orientation to Learn
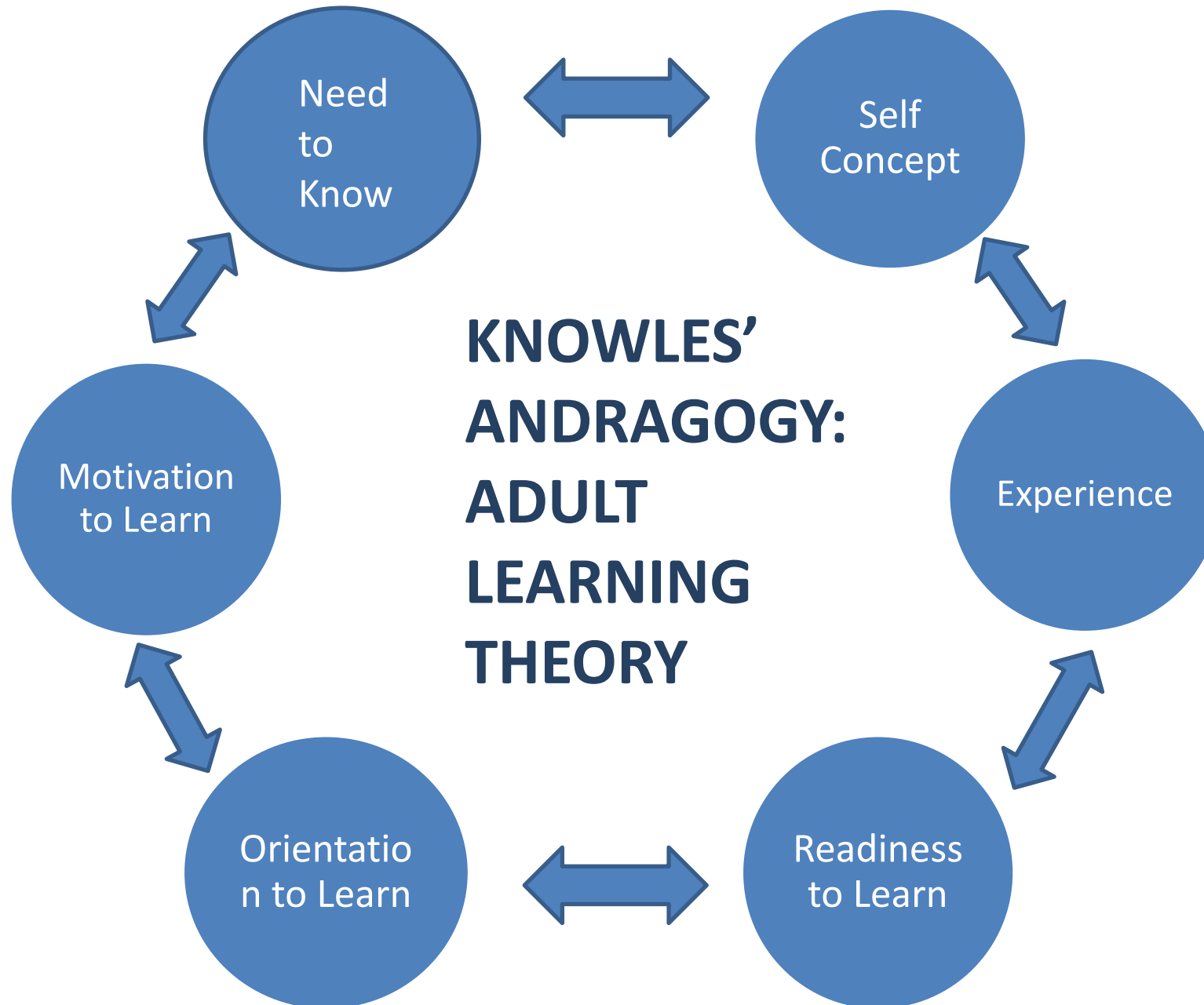
Readiness to Learn

Knowles' Andragogy - Conceptual Model

- Need to Know: *Why do I need to know this?*

- Self Concept: *I am responsible for my own decisions*

- Experience: *I have experiences which I value, and you should respect*

- Readiness to Learn: *I need to learn because my circumstances are changing*

- Orientation to Learn: *Learning will help me deal with the situation in which I find myself*

- Motivation to Learn: *I learn because I want to*
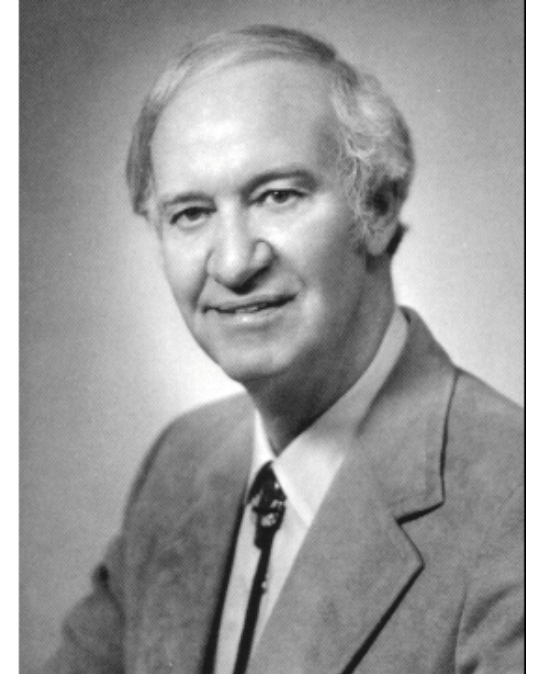
Malcolm Knowles
educationaltechnology.net/andragogy-theory-malcolm-knowles/

Knowles, M. (1990)

For internal use only, not for distribution

Principles of Adult Education

- Learners may decide to listen or not based on the topic
  - Why do I need to know this?
  - What's in it for me?
  - How can I use this?
- Self-concept and taking ownership for learning
  - Adults are self-directed
  - Take responsibility for their own learning experiences
    - Apply what they heard, or ignore it if it doesn't apply
- New knowledge is based on past experiences
  - Build on knowledge already acquired
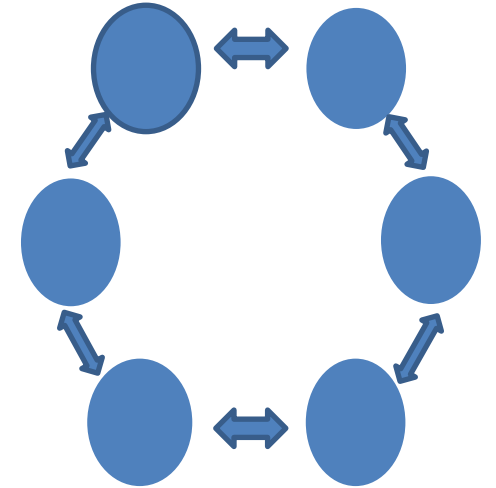
Principles of Adult Education (continued)

- Readiness to learn
  - Applies new knowledge immediately to current setting
- Orientation to learn
  - Problem oriented
  - Not content oriented
- Motivation to learn
  - Job satisfaction (performance evaluation)
  - Sense of relatedness/belonging
- Sign of successful learning is a change in behavior
  - Adherence monitoring is one way to measure this

Types of Adult Learners

- Visual learners
  - Lectures are of no benefit
  - Use pictures, diagrams, step-by-step instructions
- Auditory learners
  - Lectures for these types
  - Must be able to hear the content
- Kinesthetic learners
  - Hands-on to learn a concept
  - Skills lab is an example
  - Virtual presentations, lectures, or providing handouts have limited effectiveness
- Combination of visual, auditory, or kinesthetic
  - Use a combination as much as possible when presenting

California Department of **PublicHealth**
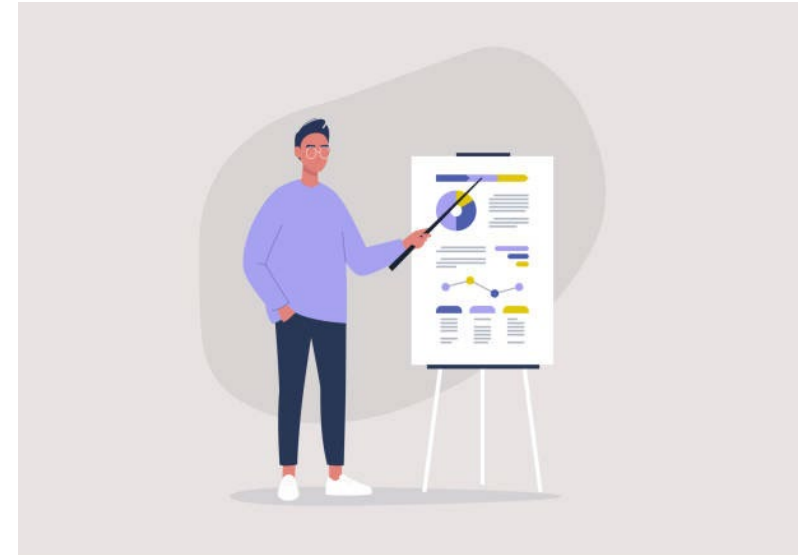
Motivation to Learn

- Job satisfaction increases motivation
  - Some adults are motivated by their performance evaluation
    - Some are motivated by a job well done
  - Some by seeing positive changes in their workplace
  - If staff seem supported and happy, there is more likelihood of positive changes in the facility after the presentation

Readiness to Learn in Adults
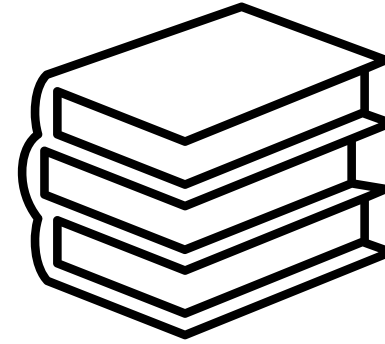
- How to apply previous learning to new setting
  - When scheduling a learning event obtain information from the facility
    - Who will be attending
      - Nursing staff, respiratory therapists, housekeepers - everyone?
    - Facility leadership may think *all* need to hear the message
      - If PPE donning and doffing demo, those who do not enter resident rooms will never apply what is learned
    - Explain to the leadership that the information is for certain job categories
      - Provide a listing of job categories that should be present ahead of time

The Adult Audience

- Adults have a wealth of experience
  - Treat them with respect of their experiences and knowledge
- Reason for attending
  - Satisfy an immediate need
    - Knowledge gap
    - Validate what is already known
  - Mandated by the facility
  - Interested in what is said
    - Information will impact how they deliver care
    - Impacts how they care for their patients
- Focus on the safety of the patients and themselves

Staff Learn Based on Their Need to Know

- If a patient was admitted and found to have an MDRO
  - Sense of urgency increases the staff's willingness to learn
- If actual transmission has been determined:
  - Staff will listen more closely
  - Staff will voice concern about taking home MDRO
  - Staff will ask specific questions
    - May have done their own research and would like clarity about a concept
  - If potential case that has not been admitted:
    - Is theoretical
    - "That won't happen here" attitude
    - Staff may not find attendance is necessary unless told it is mandatory
      - Pushback if creates overtime or staying after the shift is over

Planning for Different Types of Adult Learners

- Lectures aren't helpful to visual learners
    - Focus on what the facility is managing, not theoretical concepts or studies
    - Use posters or other visual aids
    - Attendees' participation
        - Immediate application of concepts
- Auditory Learners – Can they can hear you?
    - Use microphones
    - Arrange room or space to accommodate
    - Limit outside noise
- Kinesthetic learners – How can they learn?

Designing Presentations for Different Types of Learners

- Some learn in group setting
  - Bouncing idea off each other is stimulating
  - Others may find it confrontational
  - Depends on the culture of the facility
  - Leadership can help by starting the conversation
- Some learn sitting by themselves
  - How to navigate both these types
    - Offer an opportunity to download resources or handouts
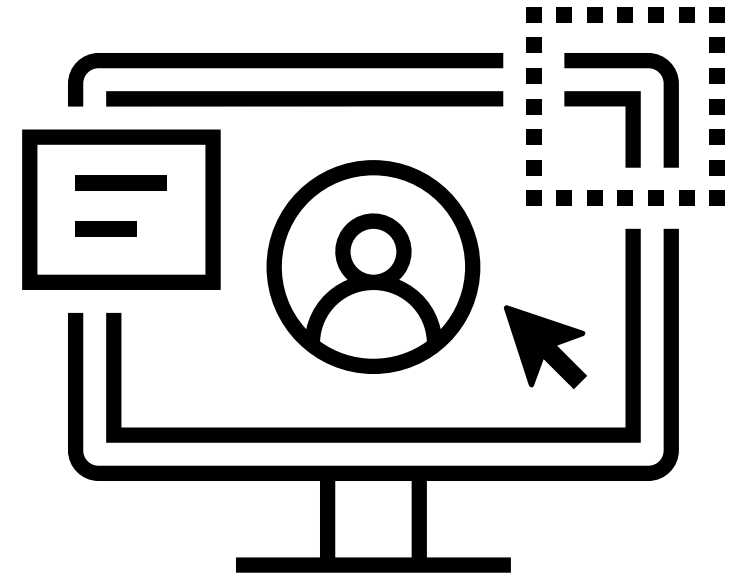
Planning Presentations Conducive to Learning

- Audience as message receivers
  - Plan the event to be interactive to engage the audience
  - Plan to ask the audience what they think is a good solution
    - If they fear their leadership reaction, give some ideas that may start conversations
- Apply the content to the facility
  - Obtain equipment
  - Give examples of areas that the staff are familiar with
- Humor delivered correctly and sensitively to engage the audience
  - If used inappropriately humor can sound flippant or condescending
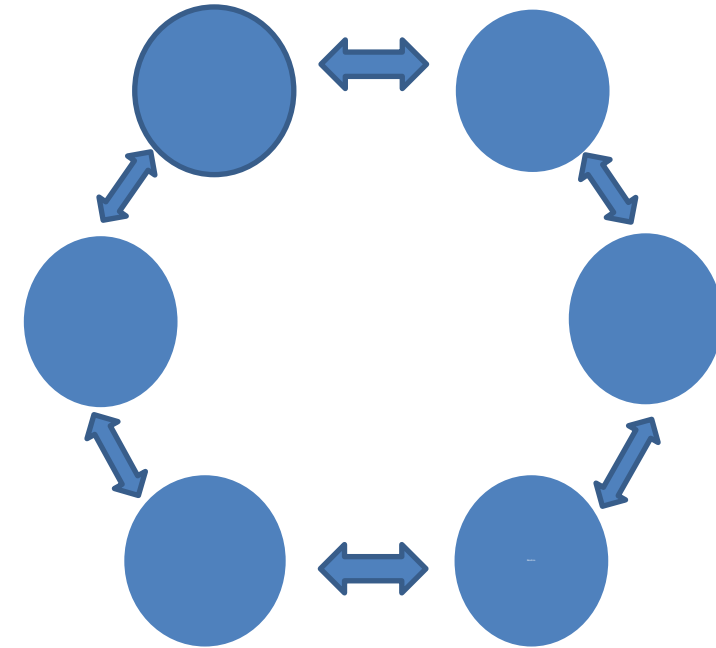
Planning the Inservice

ADULT LEARNING THEORY

Ideas for Inservices

- Adherence monitoring results review
  - Hand hygiene
    - Use 'Glo-Germ' type demonstrations
  - PPE donning and doffing
    - If adherence is below goal, a hands-on demonstration and return demonstration with small groups may be needed
- Housekeeping practice observations that general staff need to know
  - Cite findings during rounding
    - Everyone assumed everyone else was cleaning the bed rails, when actually no one was

Infection Prevention Education for Staff

- Special situations that require staff education
  - Example: Local public health determined there is MDRO transmission
    » An MDRO was discovered after patient admission
  - Outbreak or ongoing transmission of an MDRO
- Discovery of practice gaps during adherence monitoring
  - Goal is to correct practice gaps before MDRO patient is admitted
- Required infection prevention education
  - New employee orientation
    » OSHA Bloodborne Pathogens
    » ATD Standard

Planning Your Presentation

- More topics to consider
  - If leadership requests an IP education session, discuss content with the nurse educator
    - Review education expectations
    - Potential additional topics that staff are requesting
    - May have materials that pertain ready – no reinventing the wheel!

Patient Interview

- Ask for a patient who is alert and oriented
  - After a brief introduction, you can tell if the patient is appropriate for the interview
  - The patient may worry about repercussions if the answers make the facility look bad
- Patient interview questions
  - Did your housekeeper clean your room today?
  - Did your doctors wash their hands before examining you?
  - Did your respiratory therapist perform hand hygiene after finishing your treatment?
- Use deidentified information obtained to give feedback to staff

Facility Situations That Call for Immediate Change

- Choosing words that get their attention
  - 'Urgent', 'public health emergency'
- Your body language
  - Leaning in indicates interest in questioner
  - Leaning away indicates possible rejection and dismissal
- Top issues to cover within the first five minutes
  - Interruptions – how to reset the conversation

This message is important!

Know the Facility's Circumstances

Avoid situations such as:

- Suggesting UV light technology when the finance just announced hiring freezes, pay freezes, and layoffs
- Giving directions to change signs and posters when the facility spent a significant amount to implement new signage very recently
- Request automated software for hand hygiene adherence monitoring before a randomized, case-control, unbiased study of its efficacy has been published
- Proposing use of equipment without discussions of safety or other department staff
  - Housekeeping may not be able to clean the equipment
  - Could be a trip or other hazard

Barriers to learning – What If's

- Abundance of background noise in the venue
  - Confirm there are microphones available
  - Reduce the background noise by contacting departments ahead of time to reschedule what is making the noise
    - Floor buffing or vacuuming during the presentation is disruptive
- Staff feel pressured to get back to their duties
  - Plan for make-up sessions
- Leadership doesn't support learning
  - Staff are allowed to miss inservices without repercussions
  - Rooms are reserved but taken by another department the day of the inservice
  - Fail to increase staffing to allow regular staff to attend
  - No scheduling allowance for off-shifts, weekends, LOA, or per diem
- Planning for late arrivals and disruptions

Presentation Slides

- Presentation Slide Development
  - Too many animations
    - Distract from the message
    - Size of the font depends on the room size
    - Regular font can't be seen in the back of a large conference room
  - Text color
    - Color blindness or low vision may not be able to see color changes
  - Font styles
    - Serif means 'footed'
    - Sans serif means 'without feet'
  - The two lines above are both font size 24 but different font types
  - Note how one looks larger than the other

Planning for a Great Presentation

Think about…

- What was the worst presentation or class lecture you've attended?
  - Instructor did not acknowledge the audience or audience reactions
    - Did not allow for questions
    - Embarrassed attendees
    - Was boring
      - Monotone or flat affect
      - Too much excitement/inappropriate excitement

Making a Connection with the Audience

- Applicability of what you are teaching
  - How to reach different levels of job descriptions
    - Housekeepers
    - Dietary aides
    - DONs
    - CNAs
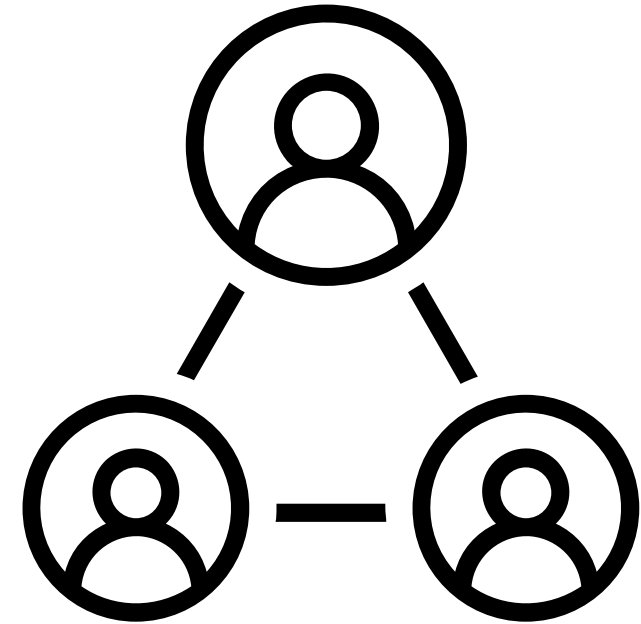
Handouts and Visual Aids

- Materials to consider
  - Handouts
    - What and when to distribute
    - Multiple pages – double sided or stapled
  - Posters
    - Colors that are eye catching but not too overwhelming
    - Too many colors or pictures may take away from the message
  - PowerPoint with projector
  - Virtual platform (Zoom, Webex, GoToMeeting)
- Need to know vs. nice to know information
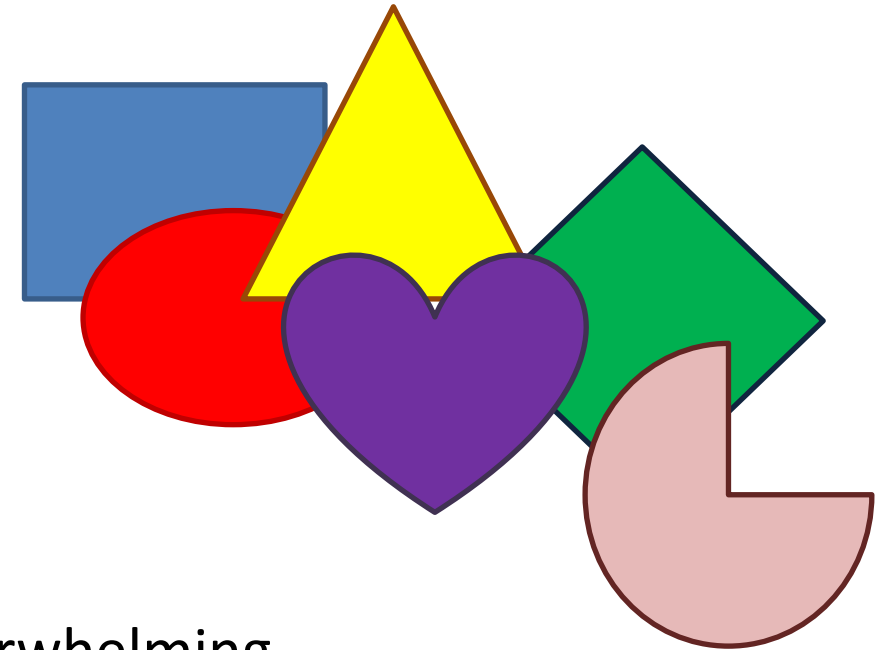
Rehearsals

- Presentations given informally ahead of scheduled event
  - Use a mirror or someone who will give you honest feedback
  - Feedback helps with ums, ahs, stumbling
  - Videotaping (if possible) makes the presenter aware of doing unconscious movements or habits
    - Distracting movements
    - Nervous habits
    - Facial expressions that could be misinterpreted

Rehearsals (continued)

- Rehearsals help with pre-event nervousness
- Smooths out a rough delivery
  - Repeated practice of hard to pronounce words
  - Changing around the order of topics to make sense
- Adding or taking out information
- Timing
  - If scheduled for thirty minutes, time the presentation and allow ten to fifteen minutes for questions
  - Add or subtract material to adjust for timing
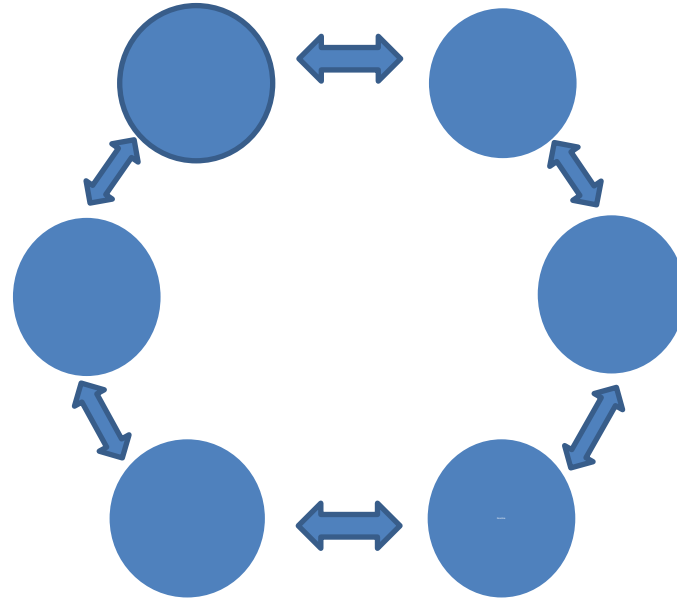
Executing Education Sessions

ADULT LEARNING THEORY

Setting Up the Presentation Venue

- Look at the setting
  - Arrange for a private area ahead of time
    - Last-minute scrambling to find a space may find less than ideal spaces
  - Is the room:
    - Quiet?
    - Or noisy from motors, fans, TVs?
    - Are other staff not attending the inservice using the space?
- Request a conference room or quiet area to present your topic
  - Make sure there is no other activity scheduled in that space

Attendees

- Know your audience
  - Experience and level of knowledge about the subject
  - Presence of their supervisor at the presentation(or not)
    - Leadership may be curious or data collecting to plan for facility changes
    - Leaders who interrupt or interject information
      - Repeated correction of the IP's presentation
- During your presentation, watch your audience reactions
  - Can they hear you?
  - Can they understand you?
    - If the answer is 'no', how to correct

Encourage Participation

- Look for ways to gain participation
  - Engage the audience by asking:
    - "Have you ever had to deal with an outbreak before?"
    - "Tell us about your experiences at other facilities before you came here"
    - "Tell us what resources you have to help you manage this situation"
- Audience participation
  - Present topic information first
  - Question and answer allowance afterward
    - Allows for new information to be assimilated into already gained knowledge

Body Language of the Audience

- Reading non-verbal cues
  - Tapping their feet
    - Nervousness or pressure to go back to work
  - Arms crossed over their chest or stomach
    - One is defensive, one is protective
  - Turning their head around constantly
  - Looking at their watch/phone
  - Moving away vs. moving toward you
  - Looking bored vs. looking overwhelmed
  - Other cues have you seen that tell you they may not agree with your message
    - Eye-rolling
    - Reading texts and laughing out of context

Planning for Audience Challenges

- How to keep staff engaged when your topic is theoretical
  - No MDRO cases in the facility at the time of your presentation about *Candida auris*
- Negativity
  - Staff who challenge any information as incorrect
  - Staff who have worked the night shift and need to go home and care for children
  - Staff who sign in and immediately leave
- Body language of staff
  - Folded arms
  - Scowling, frowning
  - Possible causes
    - Language barrier
    - Information is too technical

Reaction of the Audience

- Stress that the inservice information keeps *them* safe

- Limit your inservice length

  - May need to give two shorter inservices instead of one long one

  - Most important information at the beginning

  - Place 'nice to know' information at the end if there's time

- Use immediate application of knowledge

  - Example: Issue of transmission of MDRO in the community

  - "If a case of Candida auris were found on your unit, based on what was just presented, what would you do to handle it?"

There Can Be Too Much Positivity…

- Attendee who uses unreliable websites for their information and passes along that information during the presentation

- Staff member who continuously interrupts with questions or comments during important parts of the presentation

- Someone in leadership position pushes those who will never use the information
  - Dietary aide is mandated to attend an inservice about a new IV infusion pump
  - Office worker attending a CLABSI prevention workshop
    - Leader stated they thought all knowledge is good

Evaluating the Audience's Reaction

- Gravity of the situation
  - Do they seem to understand?
    - How to get their attention before the end of the presentation
      – Review the seriousness of the situation
      – May need to review the situation
        » Easy transmission of organisms and how to mitigate
  - Did they seem confused? Did they hear the message?
    - Stay away from front lobby where visitors, vendors, or patients may congregate
      – Who might overhear and misinterpret
      – May cause a delay while moving to a quiet setting
        » Your message may get lost

Conducting Q&A Sessions

- Steer away from questions that do not pertain to the subject being presented
  - Offer to present that topic at a later date
- Keep a time limit for questions and answers
  - Offer to discuss any questions after excusing others to be respectful of time
- Write down questions that were asked after others had left
  - Important points that may have caused confusion
  - Information that wasn't in the original presentation
  - Return the answer within a short timeframe
    - Newsletter with update
    - Huddles

For internal use only, not for distribution

The Most Important Things

- There are different learning styles for every adult
- Present urgent items first
  - Attention span may cause drift after a few moments
    - Pressure to return to work
    - Fatigue
    - Other priorities: children, family issues
  - Handouts help support education
  - Plan for those who are on leave, vacation, working off-shift
    - Consult with nursing educator on creating a sign in sheet and handouts to review for those who cannot attend
    - Possible videotaping that can be viewed later

Adult Learning Theory Case Study
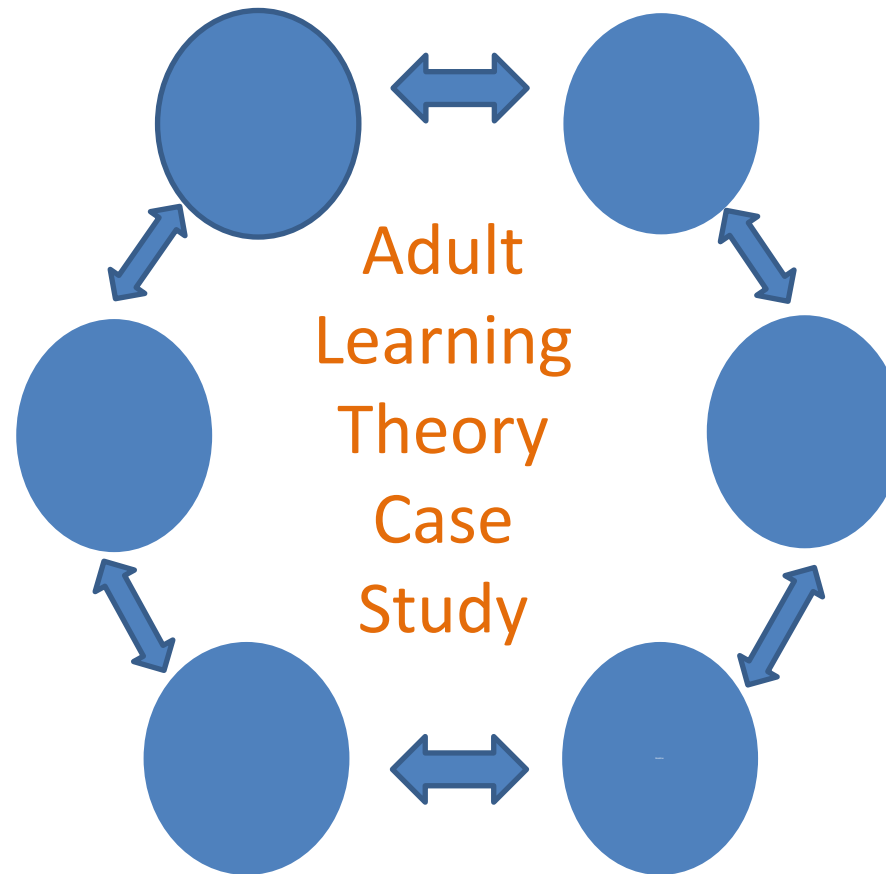
APPLICATION OF LEARNING THEORY

IP Education Situation

- You are a new IP in an acute care hospital. You are asked to give an infection control presentation for new hire orientation to approximately 50 new hires

- Previously the IP would have the education staff run a video covering the OSHA bloodborne pathogens mandated education, but as a new IP you would like to meet the new oncoming staff and to get to know them

- After being introduced, you attempt to bring up your PowerPoint slides, and realize that due to IT security, the laptop won't run your slides off the flash drive where you saved the presentation

How Would You Proceed?

- Apologize for the glitch

- Come prepared
  - Have handouts printed and ready to distribute
  - Use whatever you have available
    - White board
    - Chalk board
  - Say hello, then have the previous IP's video available to play

Resources

- Adult learning theories: Implications for learning and teaching in medical education. https://www.tandfonline.com/doi/full/10.3109/0142159X.2013.828153

- Educating Public Health Professionals for the 21st Century: paeaonline.org/wp-content/uploads/imported-files/Educating-Public-Health-Professionals-for-the-21st-Century.pdf

- Knowles, M. S., Holton III, E. F., & Swanson, R. A. (2014). *The adult learner: The definitive classic in adult education and human resource development*. Routledge.

- Illeris, K. (Ed.). (2018). Contemporary Theories of Learning: Learning Theorists… In Their Own Words (2nd ed.). Routledge. https://doi.org/10.4324/9781315147277

- Lawler, P. A. (1991).*The Keys to Adult Learning: Theory and Practical Strategy.* https://files.eric.ed.gov/fulltext/ED345108.pdf

- Sudak, D. (ed.) 2021. *Handbook of Psychiatric Education* (2nd ed.). Washington D.C.: American Psychiatric Association

Questions???

Contact Hour Instructions

- **Ensure your Zoom name is your full name**

- **Complete the post-evaluation by Friday, January 27th, 5:00PM**

- **Expect your certificate by February 15th.**

County/CDPH Briefings

- **County LTC Sector COVID Monthly Telebriefing:**
  - 4th Thursday @ 2PM-3PM
  - Next briefing is on 1/26/2023

- **CDPH Healthcare Facility Call:**
  - Bi-weekly Tuesday @ 8AM-9AM
  - Next call is on 1/31/2023 & 2/14/2023

- **CDPH/HSAG SNF IP Webinars:**
  - 2nd/4th Wednesday @ 3PM-4PM
  - Next webinar is on 1/25/2023 & 2/8/2023

Next Collaborative

February 22, 2023
11:00AM – 12:00PM
ZOOM
Featured Topic:
"Enhanced Standard Precaution"
1 Contact Hour Offered
Registration Link

Submit questions about Enhanced Standard Precautions
or
Feedback about today's collaborative meeting to:
PHS.HAI.HHSA@sdcounty.ca.gov

UPDATE

Contact us at:

PHS.HAI.HHSA@sdcounty.ca.gov

References

- ## County Resources
  - [HAI website](#)
  - [Subscribe to CAHAN](#)
  - [Access the Respiratory Virus Surveillance Report](#)
  - COVID/Influenza Vaccine Clinic Request [Email-covid-healthcarestatus@sdcounty.ca.gov](mailto:covid-healthcarestatus@sdcounty.ca.gov)
  - [County LTC Sector Webpage](#)

- ## CDPH Resources
  - [CDPH AFLs](#)
  - [CDPH/HSAG IP Webinars](#)