

Building Strategy, Capacity, and Engagement: Implementation in Practice Microbursts

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Session Details:

- This session will comprise three 10-minute presentations addressing different aspects of IPC implementation in practice
- Each 10-minute presentation will immediately follow with a 10-minute Q&A. Please line up by the standing microphones in the audience if you'd like to ask a question during the Q&A segment of a given session.



Project Firstline Implementation

Shane Zelencik, MPH, CIC, FAPIC

Project Firstline is a national collaborative led by the U.S. Centers for Disease Control and Prevention (CDC) to provide infection control training and education to frontline healthcare workers and public health personnel. National Association of County and City Health Officials (NACCHO) is proud to partner with Project Firstline to host the NACCHO Healthcare Infection Prevention and Control Summit (Summit), as supported through CDC Grant # 6NU380T000306-03-05. CDC is an agency within the Department of Health and Human Services (HHS). This presentation is being hosted as part of the Summit; the contents of this presentation and Summit do not necessarily represent the policies of CDC or HHS and should not be considered an endorsement by the Federal Government.

PFL Infrastructure



- Build Bridges
 - Warm introductions between facilities or other groups within the health department.
 - Contracted with the Illinois Health and Hospital Association to support the initial project and connect us with their healthcare partners.
 - Leverage existing relationships from general Infection Prevention and Control work, particularly ICARs, outbreak investigations, or roundtables/meetings (e.g., tip of the month).
 - Cold calls.
- Build an Effective Team
 - Used IPC Training funding to hire a contracted staff (3 Public Health Administrators, 1 Project Manager, 1 Public Health Nurse) for:
 - Administrative support
 - Content delivery
 - Content creation
 - Marketing



★ PFL Infrastructure cont.

- Equip yourself for onsite trainings
 - Be flexible.
 - Be prepared to deliver training in any setting.
 - We purchased portable projectors, screens, carts, web cameras (hybrid meetings), laptops, and plenty of extension cords.
 - Be able to access presentations without internet (e.g., on a flash drive) or bring paper copies.



★ PFL Infrastructure cont.

- Marketing
 - Create a social media presence
 - Free giveaways
 - QR Codes – on everything
 - Staffed tables at local conferences
 - Monthly newsletters



PFL Infrastructure cont.

- Create a process for tracking attendance
 - Sign in sheets
 - QR linked to attendance surveys
- Offer CEUs for better attendance and to incentivize participation.
 - QR codes for evaluations are helpful
 - Consider partnering with other organizations or health departments



Project Firstline Training Feedback and CEU/CEC Submission

Please take a few minutes to select the appropriate response to each of the following questions regarding the training.

In order to receive CEU/CEC credit from IDPH, you must complete and submit this form within **seven (7) days** of the training.

Participant Information

Name

* must provide value

Email

* must provide value

Phone Number

* must provide value

Are you requesting Continued Education Units for this training course.

* must provide value

reset

Professional Occupation

* must provide value

Your Healthcare Setting

* must provide value

Which Sessions did you attend?
Choose all that apply

* must provide value


★ Facility Engagement

- Learning Needs Assessment – Give facilities what they want, in the format they want.
 - In-Person
 - Virtual
 - Hybrid
- Healthcare skills days
- New hire orientations





Facility Engagement cont.

- Consider Health Equity while engaging with facilities.
 - CDPH has developed a prioritization scheme while engaging with facilities for all Infection Prevention and Control activities, including Project Firstline trainings, which includes:
 - HAI SIRs
 - Transfer Networks
 - Infection Prevention Staffing
 - Payor Mix
 - Hardship Index for the community surrounding the facility – crowded housing, poverty rates, unemployment, education level, age dependency ratio, and per-capita income
 - IPs at resource-limited facilities tend to need additional support.
 - PFL can take some of the educational burden off the IP.
- 



Content Development

- Remember to leverage the content that has already been created by Project Firstline and other jurisdictions.
- Prioritize content creation based on the Learning Needs Assessments and the quantity of requests for specific topics.
- Consider choosing topics that are getting media attention.
 - Mpox
 - Measles
- Develop a process for getting materials (e.g., PowerPoint presentations, handouts, newsletters, etc.) approved by the PFL CDC team.
 - Tracking submissions of documents and resources – product briefs, materials, and revisions as they come in.
 - Remember to provide enough time for items to be reviewed, revised, and approved.





Content Development cont.

- Consider your audience!
 - When developing content speak with HCP doing the work to create content that is relevant and accessible for them.
 - Put yourself in the shoes of the HCP – what is the essential information you need to know?
- Break up lecture with live demonstrations
 - Hand hygiene with florescent markings.
 - Cleaning Products – Ask the facility to bring actual cleaners and disinfectants they use.
- Create Content that can be adapted to various lengths.
 - The most common sessions were 20-30 minutes.
 - Try to learn in advance how long the facility will be able to dedicate to each training.



★ Thanks to the Team!

- Alison VanDine
- Gus Turner
- Nairobi Williamson
- Jasmine Vergara
- Sandra Romano
- Maria Rayson
- Kimberly Goitia
- Patricia Okotete





Questions?

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Building Strategy, Capacity, and Engagement

Leveraging the HAI/AR Implementation Strategy Plan: Enhancing Response Capacity and Strengthening Partnerships

Megan Westcott, MPH
Epidemiologist, Internship Coordinator
West Hartford-Bloomfield Health District

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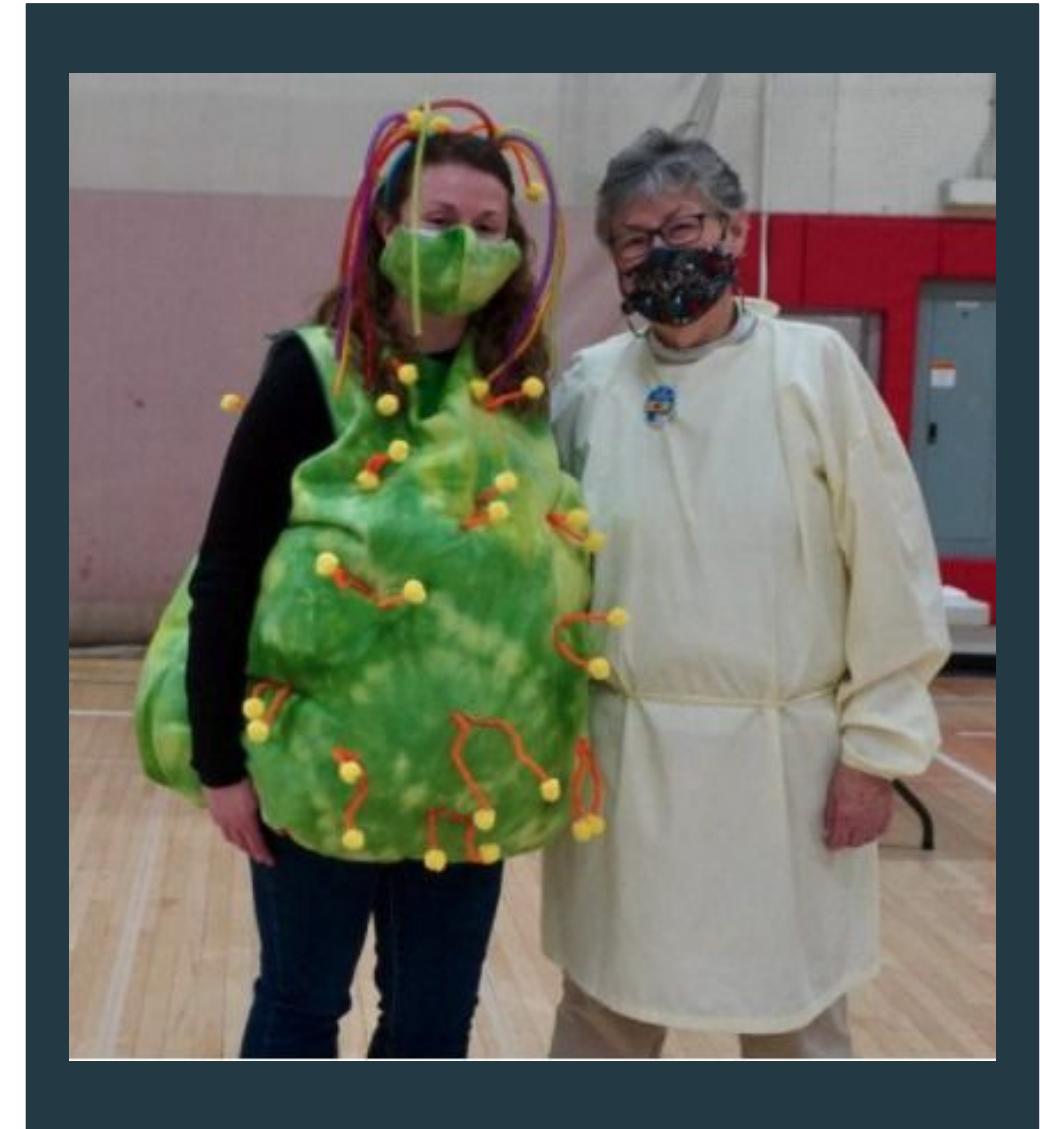


Background

Projects in collaboration with NACCHO:

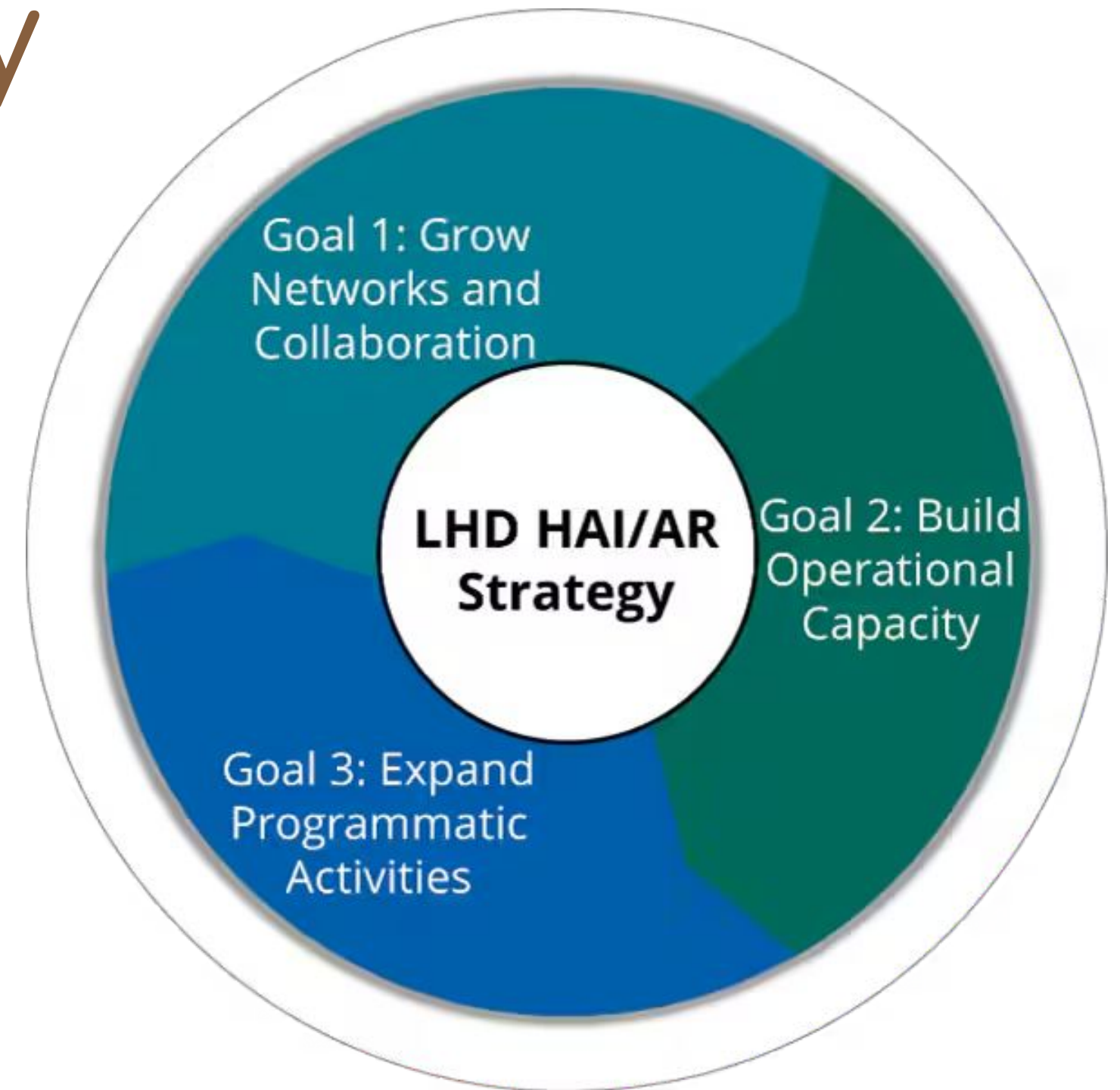
- BLOC COVID/BLOC COVID+
- HAI/AR Strategy
- BUILD HAI/AR
- IPC Learning Collaborative

Focus is on increasing our internal capacity to respond to and support facility partners with HAIs and outbreaks while strengthening relationships.



LHD HAI/AR Strategy

Utilized the CDC framework for enhancing local health department capacity to respond to HAIs/AR, support facilities, and prevent HAIs/AR



LHD HAI/AR Strategy Plan

- Planning process included regular meetings and collaboration with the WHBHD's epidemiologist, emergency preparedness specialist, and public health nurse
- Building upon previous IPC work, internal needs and training gaps were assessed to identify plan objectives and activities that were both achievable and could have the greatest impact
- Primary goal is to strengthen partnerships to improve collaborative response to HAIs/AR
- These objectives are being achieved through communication, local collaboration, and resource-sharing



Communication



Building partnerships and trust has been accomplished through:

- Maintaining local contact lists for facility partners
 - Increased frequency of communication - consistency is key!
- Hosting CT Coalition Against HAIs quarterly meetings
- Updated internal infectious disease communication plan
- Facilitating communication with facility partners to share guidance, recommendations, and provide support for IPC during and outside of outbreaks
- Engaging facilities in Infection Control Assessment and Response (ICARs) assessments and providing follow-up IPC trainings
 - Emphasis on support

Local Collaboration

- Internal staff training
 - Participated in an outbreak response training with CT DPH
 - Support staff becoming Certified in Infection Control (CIC)
- CT Coalition Against HAIs
- Participation in local and regional workgroups including: CT DPH-led HAI/AR meetings, ESF-8 emergency preparedness, and local health epidemiology workgroup
- Planned: Facilitation of a local measles response tabletop exercise May 10
 - Participation by WHBHD staff
 - Observers from other LHDs, regional ESF-8 members, CT DPH, and NACCHO



Resource-Sharing

- Regularly share resources through the CT Coalition Against HAIs
- Promote Project Firstline materials and utilize in IPC trainings
 - To support infection control and patient safety education and training needs
- Resource development
 - Checklists for GI illness, C. diff, etc.



Outcomes

- Early reporting of cases
- Mitigation of transmission during outbreaks
- Improved relationships with facility partners
- Collaboration with other LHDs across CT
 - Contributes to consistency and standardization
- Time dedicated to these projects and being physically present and available has allowed our team to become familiar, friendly faces



Thank you!

Megan Westcott, MPH

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West Hartford-Bloomfield Health District

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Bridging Education and Practice: Transforming Infection Control with a Hybrid Approach

Marco Marquez, MPH, CIC

Infection Preventionist

Los Angeles County Department of Public Health

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Objectives

- Demonstrate the efficacy of a hybrid program integrating online education from CDC's Project Firstline (PFL) curriculum with onsite Infection Control and Response (ICAR) visits, aimed at enhancing infection control practices in long-term care facilities (LTCFs)
- Provide insights into the process of designing and implementing a comprehensive infection prevention and control (IPC) education program
- Discuss the outcomes and impact of the hybrid program


Why is IPC important in Long-Term Care Facilities

- Elderly and immunocompromised
- Strong IPC in these facilities mitigates disease spread among residents, staff, visitors, and the community
- We want to keep this population safe and healthy



LTCF Challenges

- LTCFs are resource limited
- Less oversight
- IPC is not a main priority, often
- Pandemic highlighted tremendous challenges to IPC in this setting
- Less IPC educational opportunities from public health department
- Less communication and collaboration with public health department




How did we address these challenges?

- Adapted PFL curriculum from CDC that was tailored to the LTCF setting
- Live, Virtual PFL Trainings with Q & A from an Infection Preventionist
- Conducted onsite Infection Control Assessment and Response (ICAR) visits



Project Firstline (PFL) Trainings

- Our team conducted 10-20 live, virtual training sessions a month
- Each had a knowledge quiz and evaluation
- Topics included:
 - Recognizing Risk & How Do Germs Make People Sick
 - Environmental and Body Reservoirs
 - Source Control & Hand Hygiene
 - PPE: Intro to PPE & Eye Protection
 - PPE: Gloves and Gowns
 - Recognizing Risks
 - PPE: N95 Respirators
 - Environmental Cleaning and Disinfection
 - Basic Science of Viruses
 - Virus Strains & Asymptomatic Spread
 - How COVID-19 Spreads



Infection Control Assessment and Response (ICAR) visits

- Onsite visit
- Ranging from 2-4 hours in length
- ICAR Domains covered:
 - Infection and Control Program
 - Occupational Health
 - Resident Health
 - Surveillance and Disease Reporting
 - Hand Hygiene
 - Standard and Transmission Based Precautions
 - Respiratory Hygiene, Cough Etiquette, and Source Control
 - Injection Safety and Point of Care Testing
 - Environmental Services (Cleaning and Disinfection)
 - Dietary
 - Laundry
 - Direct Observations



Challenges Prior to Hybrid Program

Duplicated outreach efforts

Less than 50% attendance for those who registered for training

Low engagement during virtual trainings

Low interest in onsite ICAR visits

Low confidence and comprehension with IPC concepts among facilities at ICAR Visits



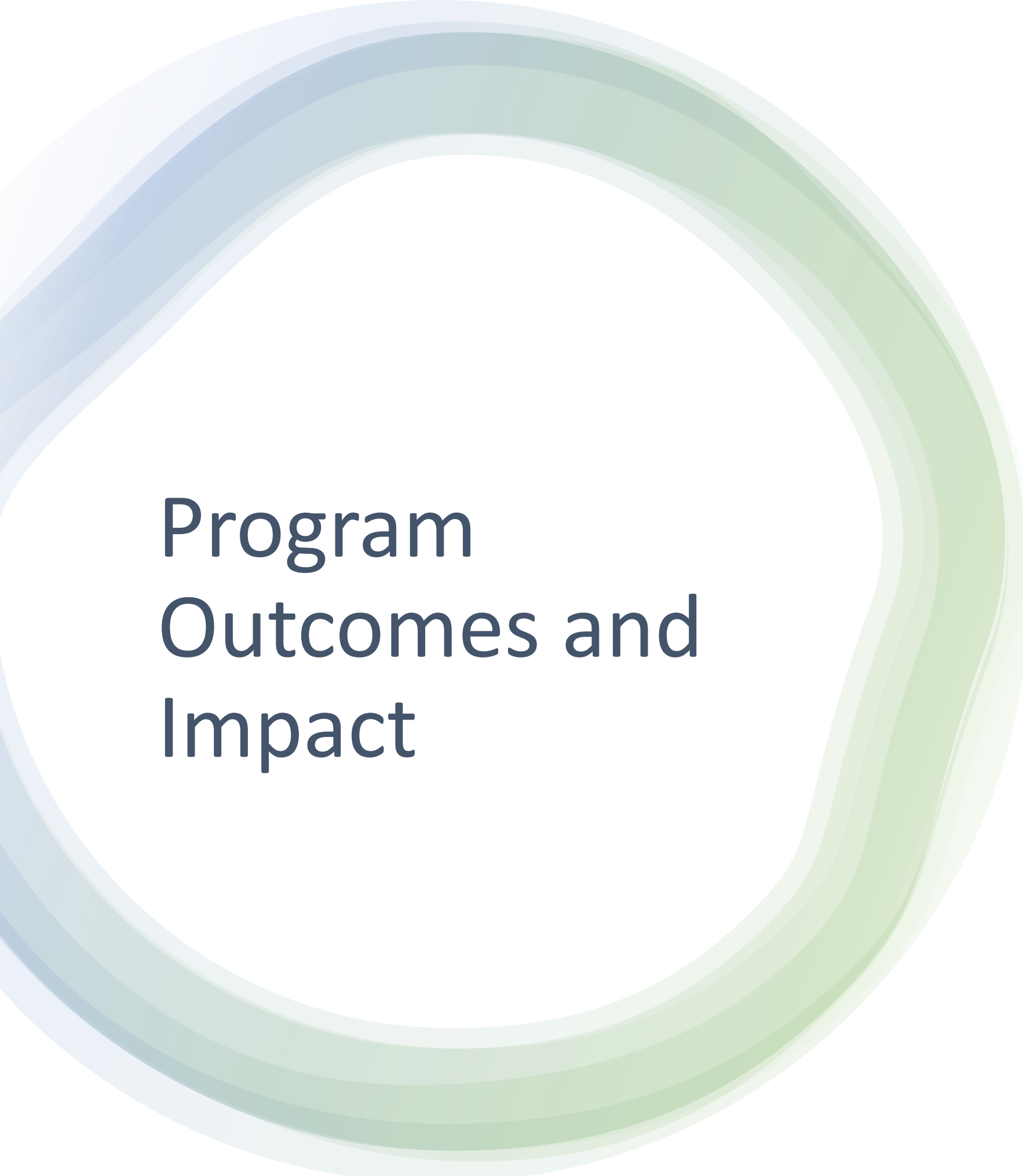
Hybrid Program Development

- Need for a change
- Saw value in combining outreach efforts
- Partnership with licensing
- Created hybrid incentive program
- 10 PFL Trainings + 1 ICAR
- If all 10 trainings + ICAR Completed, received certificate of completion, a resource binder, and a glo germ kit



Implementation

- We ran this hybrid program for 1 year
- Our health educators tracked progress through 10 trainings
- Once a participant reached 10 trainings, a nurse consultant scheduled onsite ICAR
- Once ICAR was completed, status was updated and certificate and incentives were sent to participant



Program Outcomes and Impact

- Overall number of participants registering for trainings increased
- Attendance rate increased
- Participant engagement during virtual trainings increased
- Number of ICAR visits increased
- Post-training IPC confidence levels had a statistically significant increase
- Increased comprehension of IPC concepts at ICAR visits
- 105 participants completed all 10 trainings
- 71 completed the entire program (including 10 trainings + ICAR)

Feedback

Lessons Learned

Participants loved live training Q & A

Keep Q & A for trainings moving forward

100 % would recommend and take trainings in the future

Develop further trainings for participants to take

Some delays with ICAR scheduling, post-completion of 10 trainings

Enhance scheduling process to schedule ICAR prior to 10th training being completed

Participants preferred virtual training to in-person training

Continue with virtual trainings, possibly include self-paced modules

Participants enjoyed meeting team onsite at ICAR visits, after virtual trainings

Continue with hybrid program that blends onsite and virtual components

Conclusion

- Success through integration
- Hybrid Model, Maximum Impact
- Tangible Benefits
- Future Focus
- Gratitude





Q & A

Thank You!

