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

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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 # 6NU38OT000306-03-05. 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.

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