

Talking About Parts of Partnership: Partnership Development Microbursts

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Session Details:

- This session will comprise three 10-minute presentations addressing different aspects of Partnership Development
- 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.

Partnering with the Experts – How to Connect with Certified Infection Preventionists



Objectives



1. Discuss how to engage local IPC networks to support and build trust with long-term care facilities.
2. Review successes and lessons learned from multiple LHD IPC consultant partnership train-the-trainer projects.
3. Understand available LTC IPC resources for future support of IPC programs for the LTC community.

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.



Your IPC Network

Near, Far, Wherever They Are!

Building Your IP Network

You Are Not Alone!

National Network

- Government IPC friends:
 - CDC, CMS
- NACCHO
 - Virtual Communities
 - Toolbox
 - Workgroups
- SHEA (Society for Healthcare Epidemiology of America)
- APIC (Association for Professionals in Infection Control and Epidemiology)
 - Infection Prevention and You

Local Network

- Local APIC Chapters
 - www.apic.org/chapters
- Local Hospital IPs
 - LHD participation in hospital Infection Control Committee meetings
- IP Consulting Firms
 - Outsource grant funding/projects to the experts!

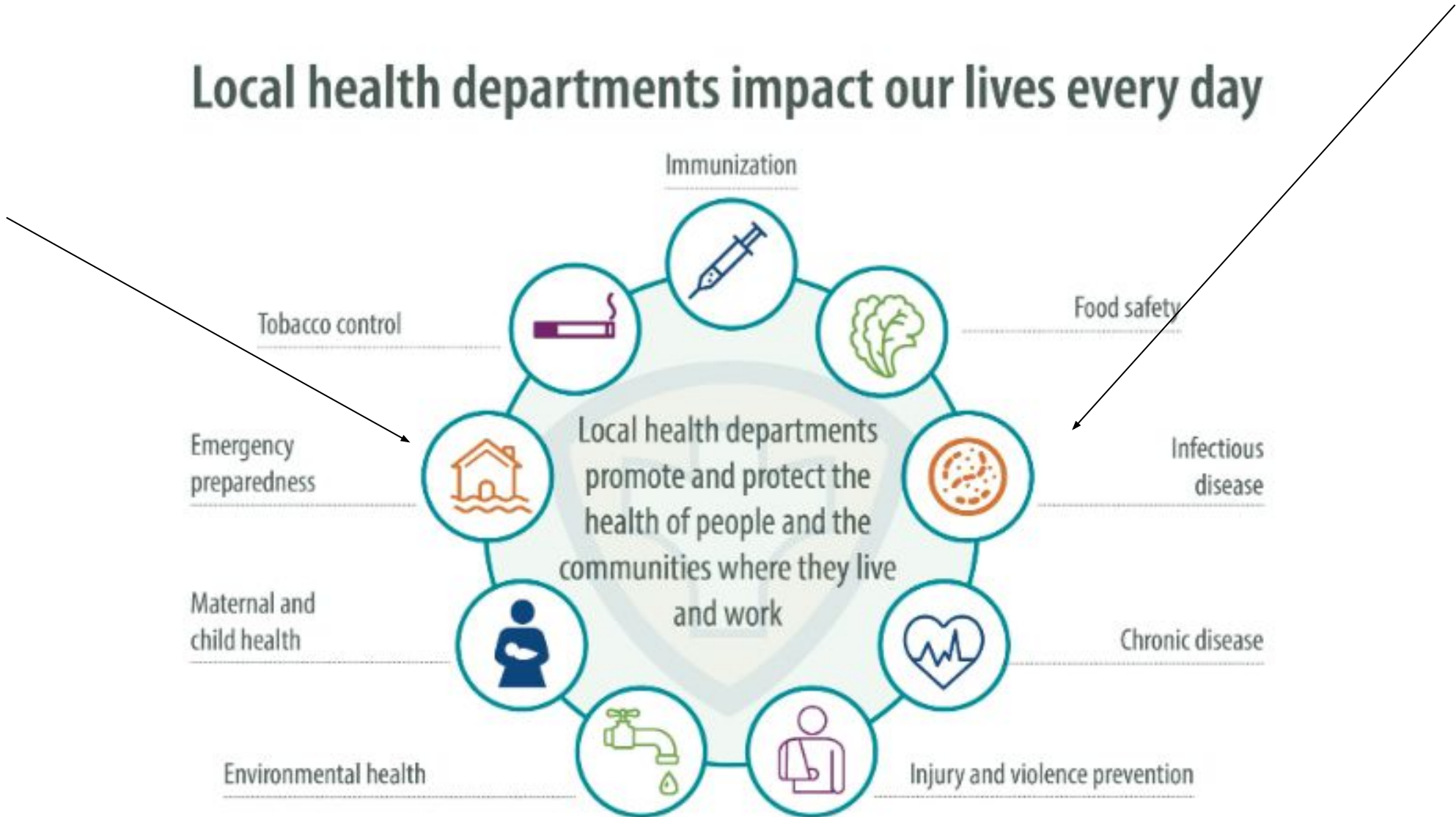


Partnership Successes

NACCHO!

Not Your Average Association

Local health departments impact our lives every day



NACCHO!

Not Your Average Association

IPC-AT Infection Prevention and Control Assess and Train

- Trained 35 LHDs via CDC/NACCHO funded project, deploying over 22 local(ish) consultants.
- APIC Consulting tapped local and regional networks to deliver train-the-trainer education.
 - Project included a customized toolkit which included email templates and resources.
- Access to customized ICAR (Infection Control Assess and Response) education and training to better equip LHDs to perform IPC assessments at LTCFs, including a tele-ICAR.

NACCHO

IPC Toolkit

- Developed by IPC SMEs who supported LHDs on the IPC- AT project
- Estimated publish date July 2024
- 23 chapters of curated IPC tools and for LHDs
 - Including checklists, PPT decks to use as training tools, and more.



Mock TeleICAR Interactive Tool

- Interactive course to train LHDs to utilize the new CDC ICAR tool/modules
- CDC/NACCHO collaboration
- Estimated publish date TBD
- Stay tuned to NACCHO communications and the Education and Training Library!

NACCHO

MDRO Toolkit

- Create resources on 4 MDROs: CRE, CP-CRE, *C. Auris*, CRAB
- MDRO Decision Trees on next steps
- 6-part webinar series, testing/screening, org reviews, transmission, etc.
- MDRO Fact Sheets org overview, most affected patient populations, prevention & treatment

NACCHO HAI Technical Assistance BUILD HAI/AR

- Provide technical assistance for BUILD HAI/AR demonstration sites
- Strengthen capacity for HAI prevention and response,
- Support LHD engagement in AR-related initiatives
- Webinars, CoP calls, Resource Repository, communication products
- Build strategic approaches to HAI/AR with focus on addressing health equity

NYSACHO

IPC Consultant utilized to develop and deliver training.

Partnership to deliver CDC Project Firstline training and education for NY-LHDs

- Tailored education based on learning needs assessment
- Trainings included two regional in-person courses and 4 regional virtual courses.
 - Virtual courses recorded to ensure global access
- Topics included: Intro to IPC, PPE, COVID-19, Introduction to Reservoirs, Environmental Cleaning, Source Control, and Virus Strains

State and City DOH Collaborations

Building Trust in LTCFs

Enhanced Infection Control Support

- Placed certified IP consultant in LTCF for 2-4 weeks
- Emphasized non-regulatory and non-punitive
- Placement included:
 - Personalized Assessment and Tracking Tool
 - Audits and Observations
 - Education
 - Weekly summary reports of findings, resources, sustainability

IPC Capacity Building and Technical Support

- Placed certified IP consultants in SNFs to conduct a comprehensive IPC program assessment
- After assessment, delivered a customized and trackable action plan to monitor and mitigate identified IPC gaps and areas of improvement
- Timeline with each facility between 3-6 months



Questions?

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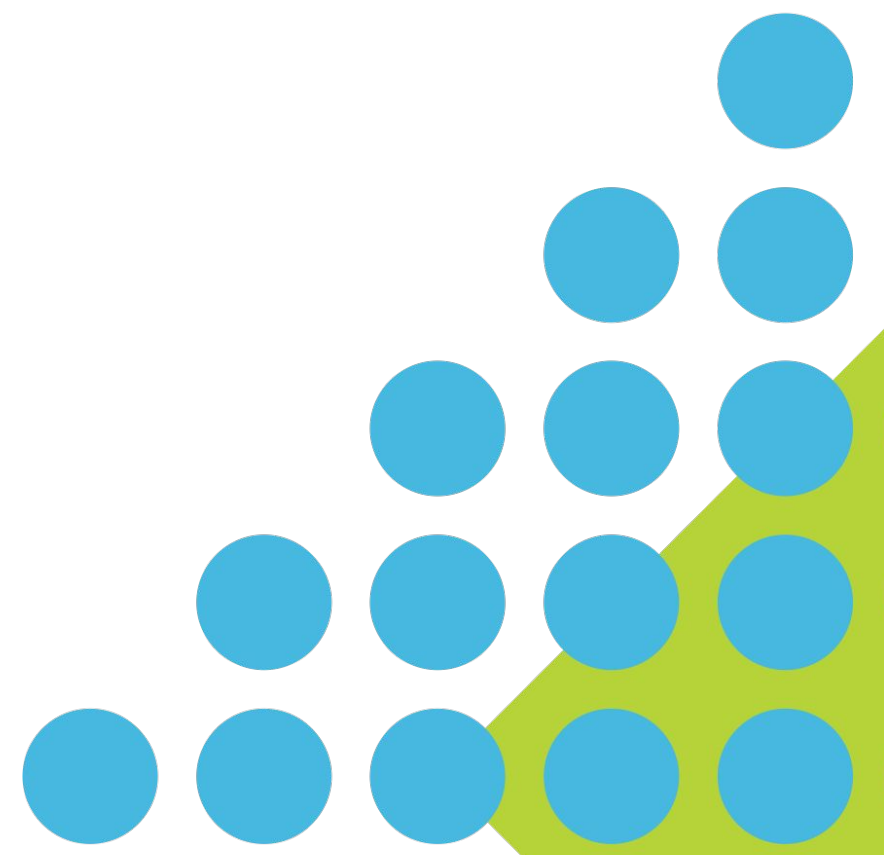
Central District

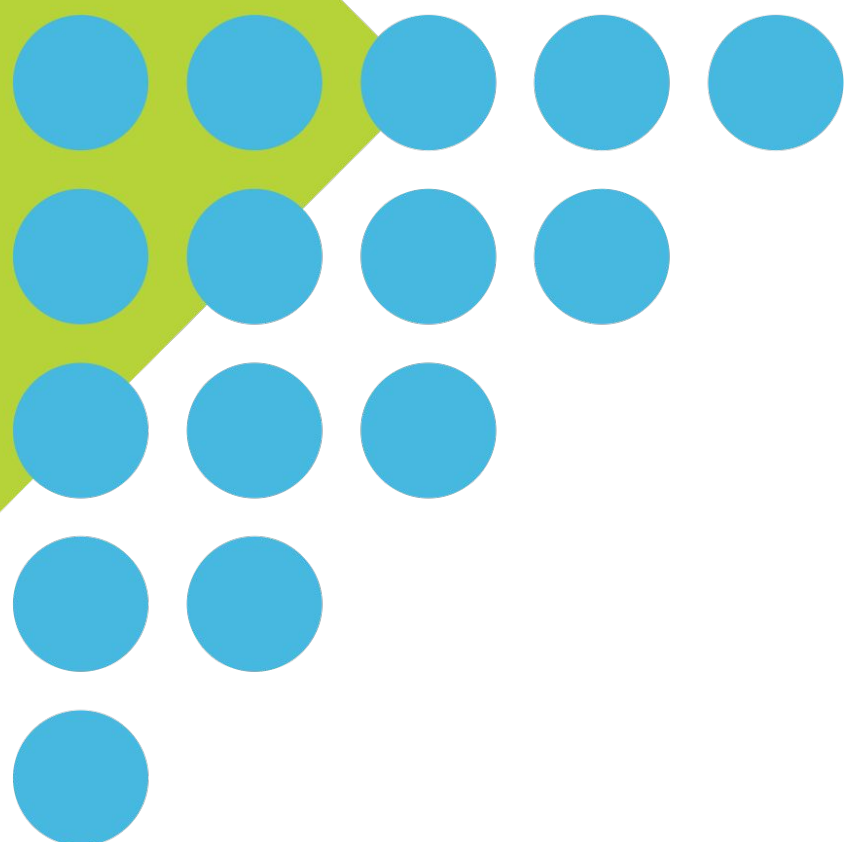
HEALTH DEPARTMENT



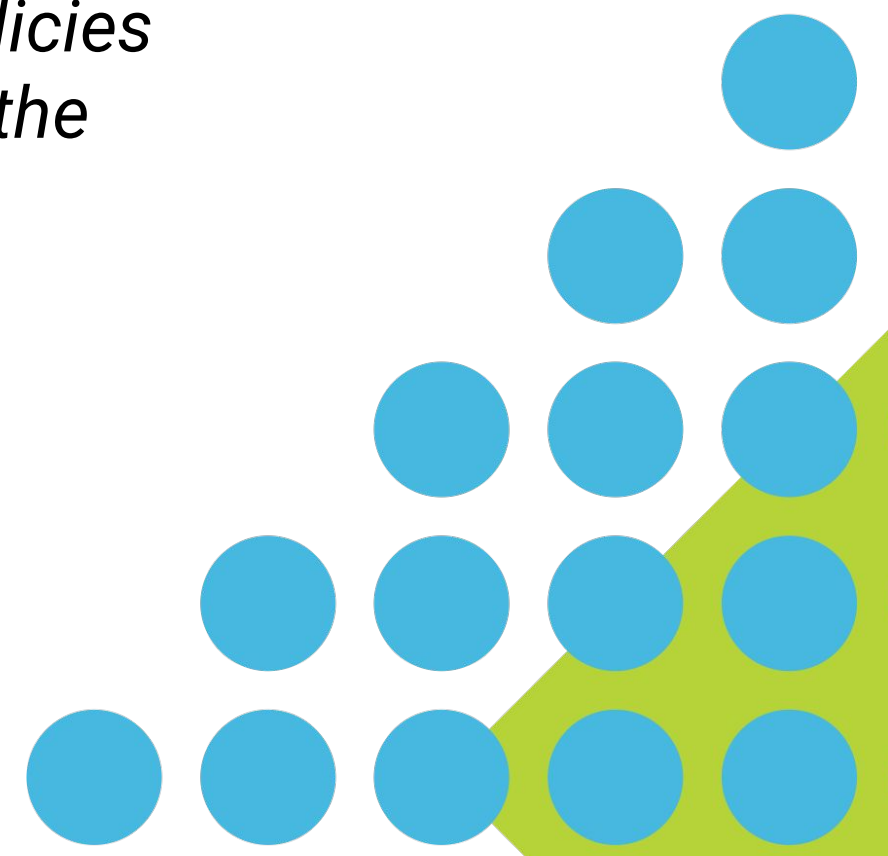
NEBRASKA

PARTNERSHIP DEVELOPMENT






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Objectives

1. Demographics - Central District
 2. Building Partnerships During a Pandemic, Using a Customer Service Approach.
 3. Future IPC Partnership Building using Lessons Learned
- 



Central District

HEALTH DEPARTMENT

79,000 people in three counties (Hall, Hamilton, and Merrick)

LTC/SNF – 12

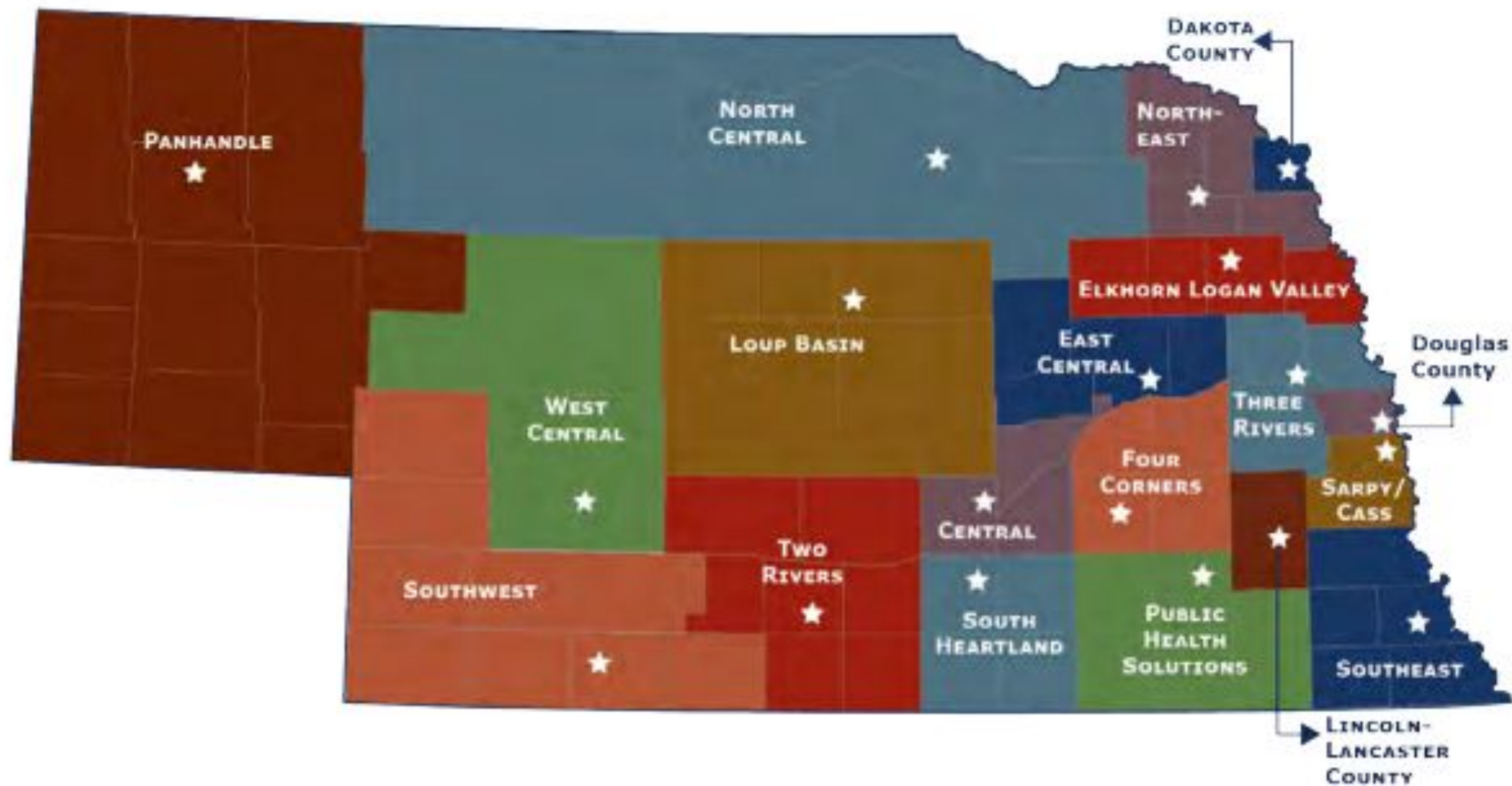
AL – 23

35% minority rate (Nebraska 22% minority rate)

Medically Underserved Area and Population designation
(data.hrsa.gov)

Social Vulnerability Index (CDC SVI 2023) – more vulnerable than
73.4% of U.S. counties = more vulnerable to HAI/AR outbreaks.

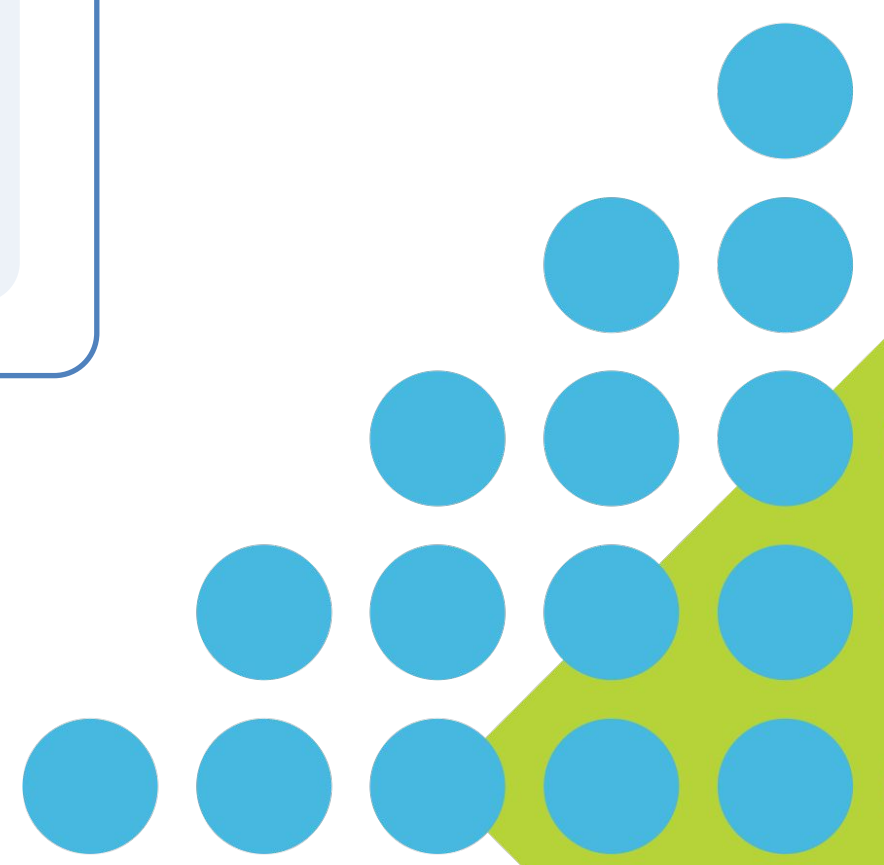
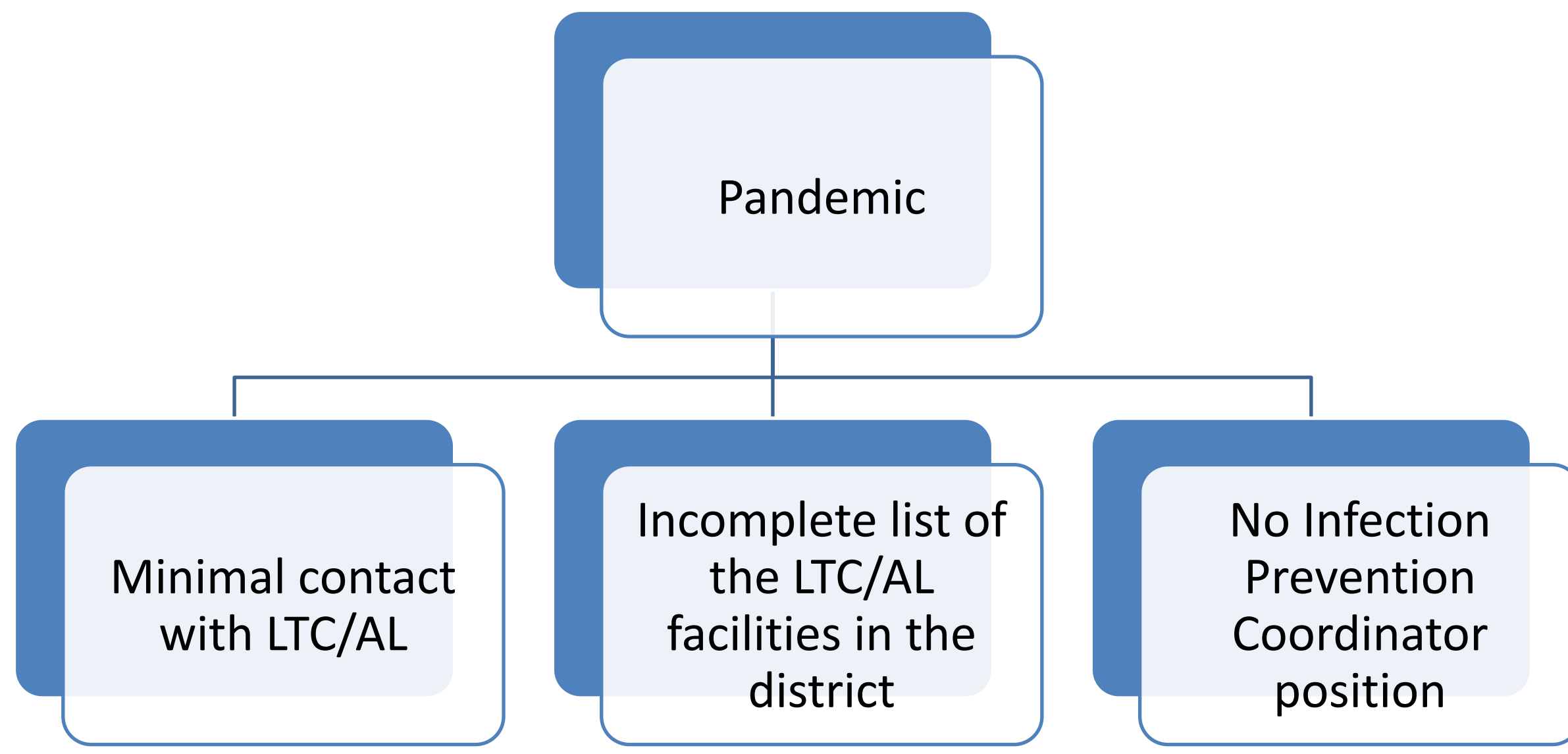
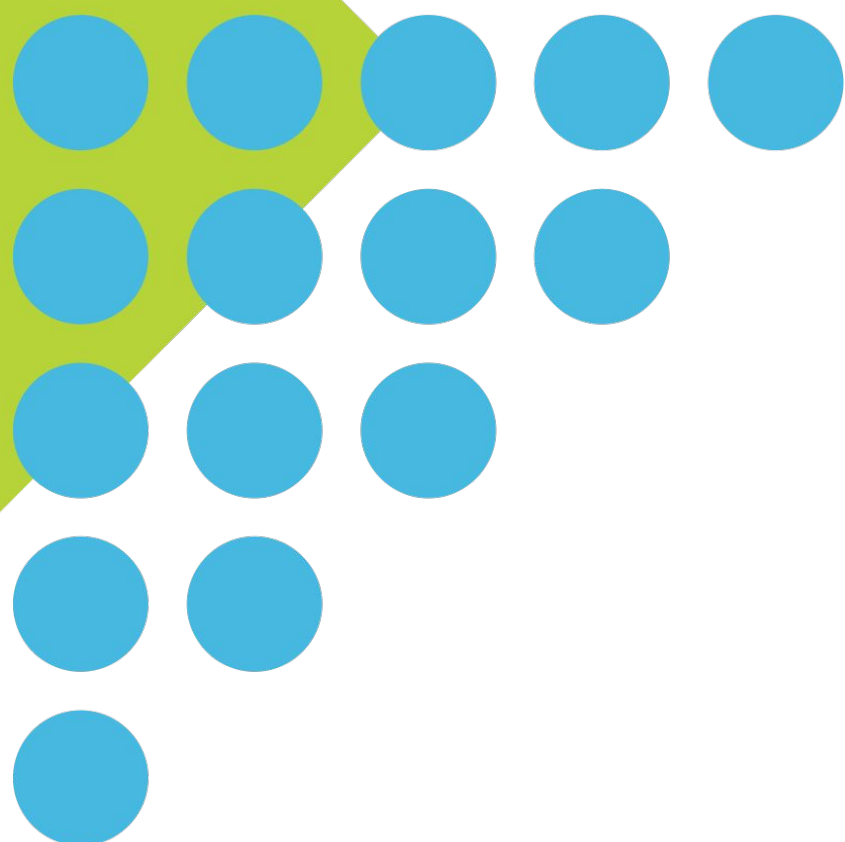
Nebraska Local Public Health Departments (LHDs)



DEVELOPING PARTNERSHIPS



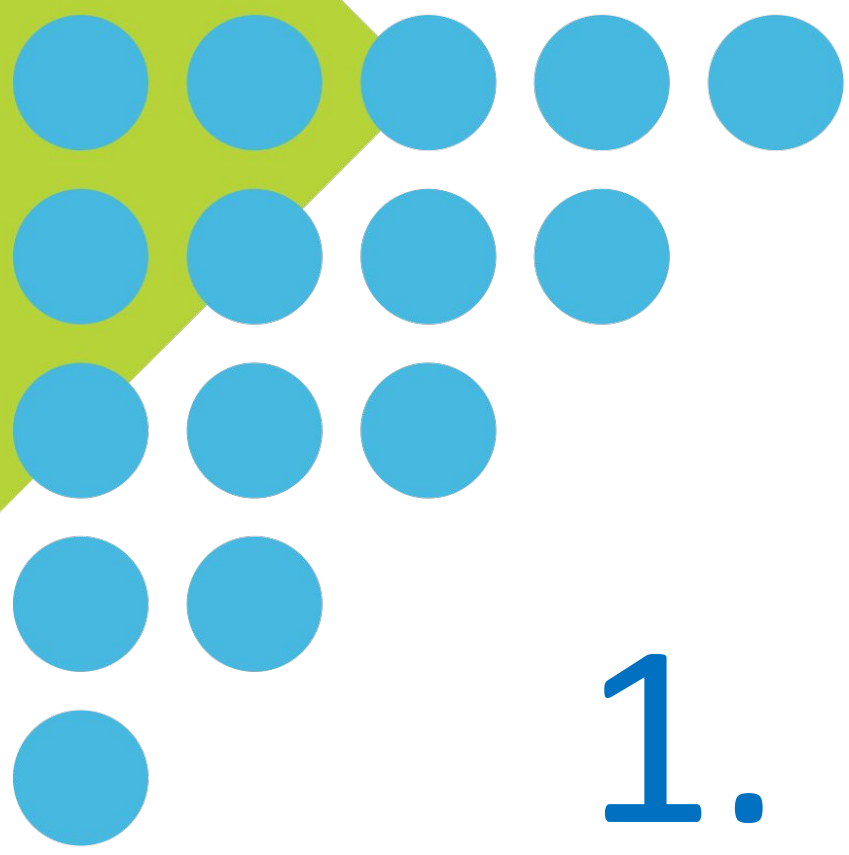
DURING A PANDEMIC



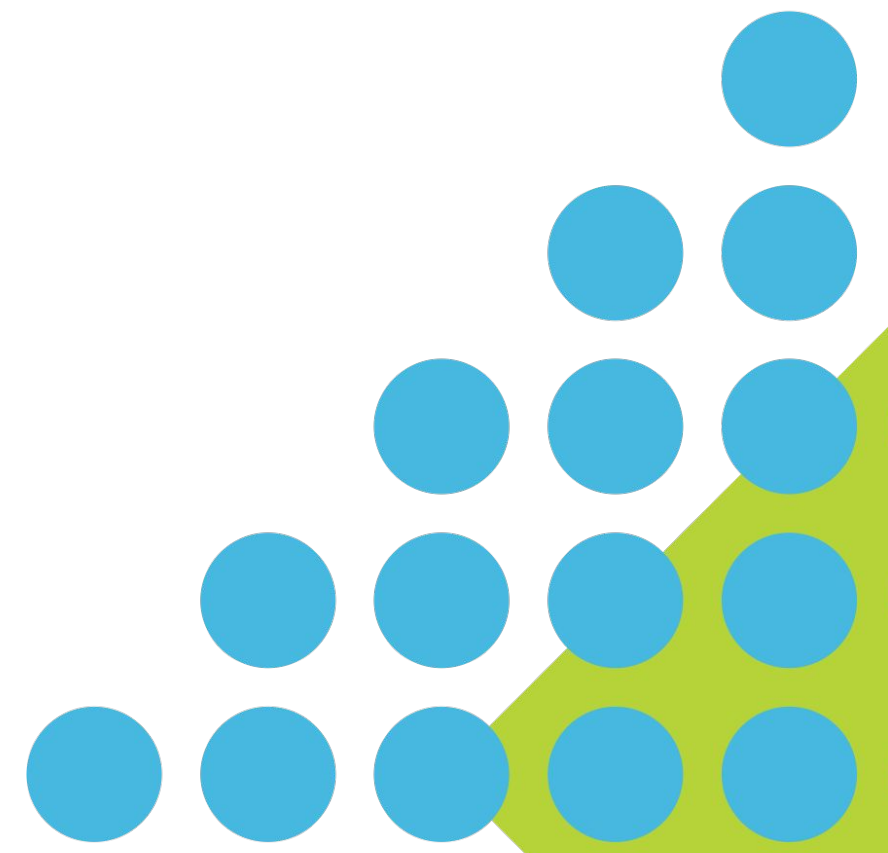
CUSTOMER SERVICE



APPROACH



1. Approachable
2. Reliable
3. Invested



Approachable



Validate Concerns



Encourage
Questions

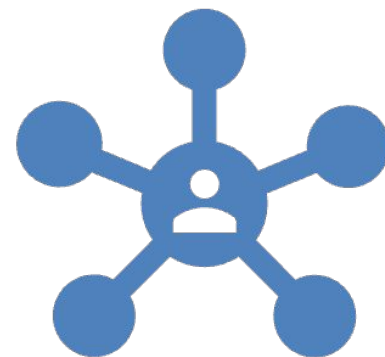
Reliable



Respond quickly and follow through on commitments.



Provide up to date CDC/CMS recommendations

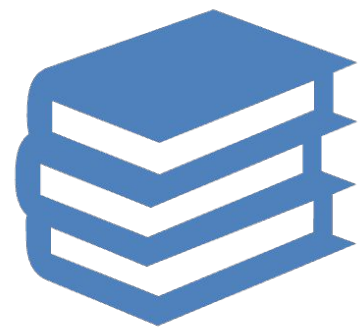


Connect and build a strong IP network.

Invested



Resources & tools



Education & Training



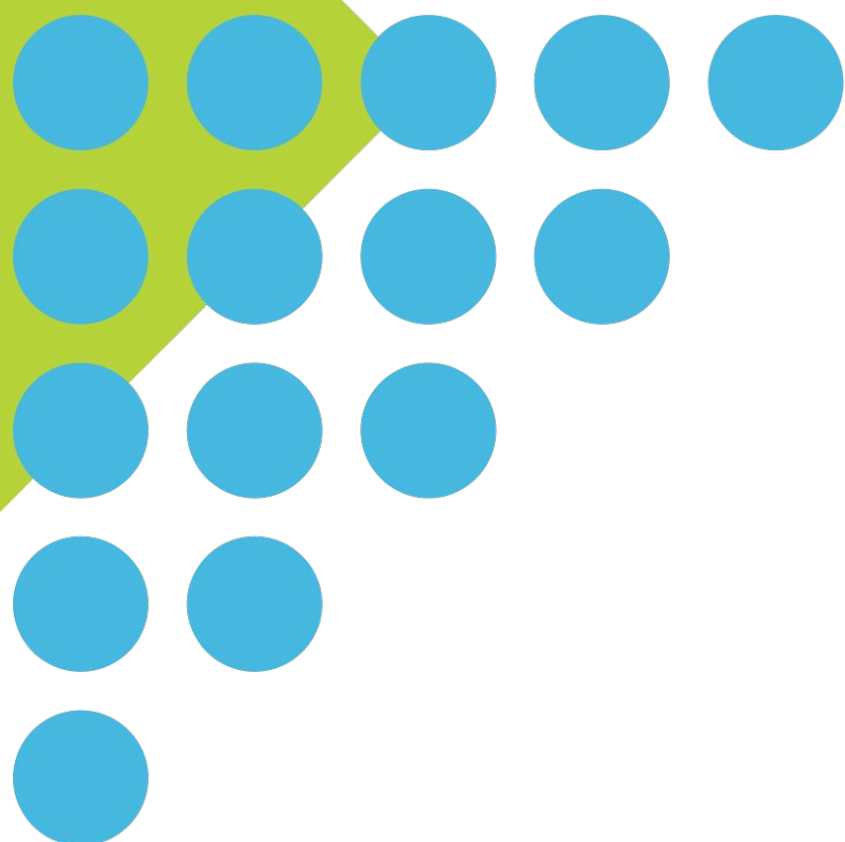
Sustainability



Future IPC Partnership Building using Lessons Learned

Antimicrobial Stewardship
Medical Clinics



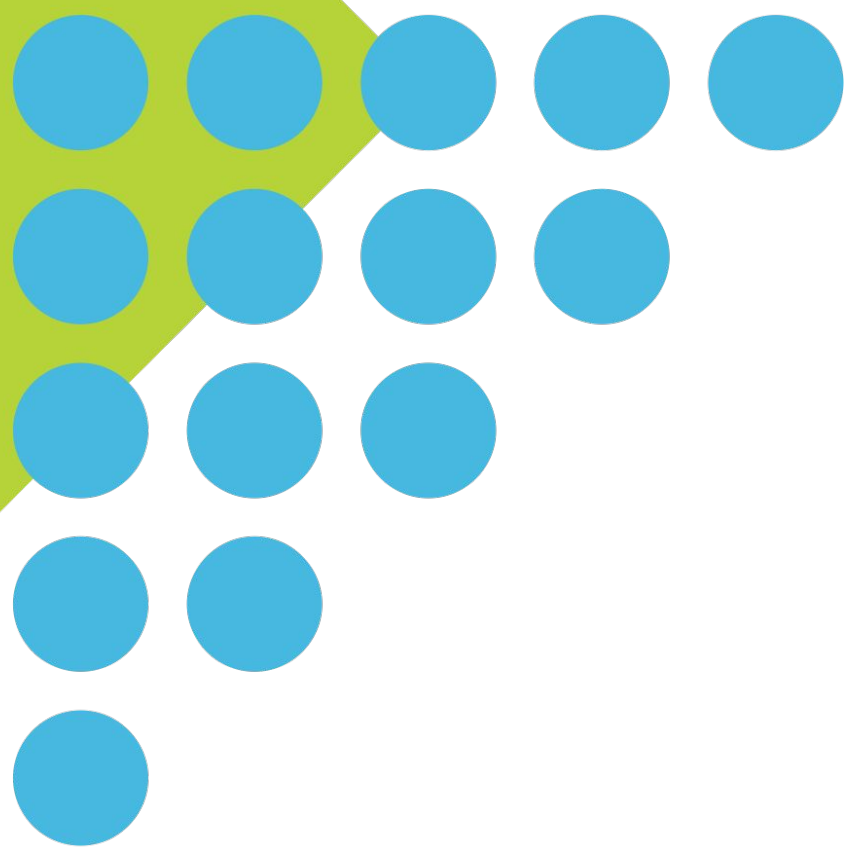


Prioritize partnerships and relationship-building

Maintain a current contact list with healthcare facilities – minimum 3 contacts from each facility

How can I add value to the relationship?





Questions?





GOOD COP, BAD COP: STRATEGIES FOR BUILDING AND MAINTAINING RELATIONSHIPS WITH LONG-TERM CARE FACILITIES TO IMPROVE IPC OUTCOMES

NACCHO Local Infection Prevention & Control Summit, Chicago, IL, May 7-May 9 2024.

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DuPage County

- One of the collar counties west of suburban Cook County and Chicago
- Main office located in Wheaton, IL
- County population about 930,000 residents
- 6 acute care hospitals, 1 rehabilitation hospital, 37 skilled nursing facilities, and ~50 assisted living/memory care/sheltered care/etc. facilities



HAI Program Activities

- DCHD HAI/AR prevention efforts have been supported by the National Association of County and City Health Officials (NACCHO) since 2011.
- Activities **have included**:
 - DuPage County LTCF infection prevention capacity survey
 - DuPage County LTCF webpage development
 - Training to perform CDC [Infection Control Assessment and Response \(ICAR\) Tool for General Infection Prevention and Control \(IPC\) Across Settings](#) with IDPH/Hektoen IPC Consultants
 - Performing ICARs (for both prevention and response)
 - Performing PPSs (point prevalence surveys)
 - Implementing [CDC Core Elements of Antibiotic Stewardship for Nursing Homes](#)
 - Coordination with other LHDs, IDPH, and CDC on HAI/AR prevention issues



Case Investigation

1. Cases are reported to CDE
2. Disease Specialists follow-up with affected healthcare facilities in our jurisdiction to obtain clinical information
 - Complete I-NEDSS module (acute care) or case report form (LTCF)
 - Prioritize investigations for LTCF
 - Ensure information on facility history within the last 6 months is received
 - Entered in XDRO Registry
3. Email resources and provide just-in-time education
 - Isolation status, roommate status should be addressed immediately
 - Focusing on any gaps in IPC identified
4. Review information to look for common facilities
 - Look at facility tracking sheets to identify potential clusters or related cases



Case Investigation

5. Transfer case to other jurisdictions (if indicated)
 - Info from case report form may involve a healthcare facility in another county
6. Review MDRO Containment Guidance for recommended next steps
 - Screening, PPS, other actions depending on tier of organism, facility history, and gaps in IPC
7. Work with IDPH, Hektoen staff to complete ICARs, PPSs, and other actions
 - Follow up as needed
 - Track additional case activity
 - Be available for questions



General Approach to Building/Maintaining Relationships





General Approach to Building/Maintaining Relationships

- Reach out and establish contacts
 - Master list of facilities and contacts
 - Update regularly
 - REDCap reporting for COVID-19
 - Provide direct contact information (no call trees)
 - Mass emails
 - Be persistent in outreach
- Share educational opportunities with the facility
 - Webinars
 - SIREN/IDPH webinars
 - Quarterly DuPage/Cook Technical Advisory Group (TAG) meetings
 - Project Firstline, CDC Nursing Home IP Training Course





General Approach (cont.)

- Provide support and access in multiple modalities
 - Outbreak response (on site)
 - Educational opportunities
 - One on one consultation
 - Tele-ICAR
 - Conference calls
- Be available for questions
 - Approachable attitude
 - If you don't have the answer, get it from someone
- Be empathetic and supportive
 - Working at an LTCF is not easy
 - Reassure the facility that they are not alone



General Approach (cont.)

- Don't assume they know everything
 - IPs are often new to the position and in the process of learning
 - Wearing multiple hats
- Reassure the facility that you are not the regulatory authority
- Create a specific LHD LTCF resource website
 - Contact information, outbreak reporting guidelines, infection control guidelines, disease specific content
 - Make it convenient for them to access information



General Approach (cont.)

- Leverage your relationship with your state health department when appropriate
 - Corporate buy-in
 - Additional support for ICARs/PPS
 - Difficult facilities, multiple challenges
- Perspective of patient/resident safety
 - Both entities have the same goal
 - Not us vs. them





General Approach (cont.)

- Include LTCF representatives in LHD related meetings/presentations
 - DuPage/Cook County TAG meeting
- Foster relationships between LTCF and acute care
 - Introduce them via email
 - Provide direct contact information





ICAR Approach

- Communicate to the facility the reason why you would like to come on site for an ICAR
 - Preventative vs. responsive
- Be flexible
 - Tele-ICAR vs. in person, attendees, timing
- Make sure the facility knows they don't have to fix everything at once
 - Marathon, not a sprint
 - Focus on most important issues first
- Follow up
 - Be available for questions
 - Check in on progress



ICAR Approach (cont.)

- Ensure the facility knows that this is a **NON-PUNITIVE** assessment
 - Collaborative & educational assessment to improve IPC program
 - Keeps residents and employees safe
 - View the ICAR as an opportunity to prepare for an actual regulatory survey
 - Addressing problems can help avoid fines



PPS Approach

- Share guidance being referenced
- Facilities may think: “why is this necessary?”
- Give specific reasons why the PPS is indicated
 - CDC MDRO Containment Response Tiers
 - CORHA (Council for Outbreak Response: Healthcare Associated Infections and Antimicrobial Resistant Pathogens)
 - *Candida auris* Recommended Practices for Healthcare Outbreak Response August 2022:
<https://www.corha.org/resources/candida-auris-recommendations-for-healthcare-outbreak-response/>



PPS Approach

- Collaborate with state health department
 - Joint education/training
 - Provide on-site support
- Start small (where indicated)
 - Facility would be more likely to agree to a targeted PPS



Summary

- Be accessible
 - Establish and maintain a specific contact at each facility
 - Proactive outreach
 - Provide direct contact information
- Be helpful
 - Collaborative and non-punitive approach
 - Engage facilities with different educational opportunities



Questions?
THANK YOU!

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Thank You!

