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

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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
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

DID WE JUST BECOME BEST FRIENDS?
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
• 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
• 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
• 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)
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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