



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

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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.

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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





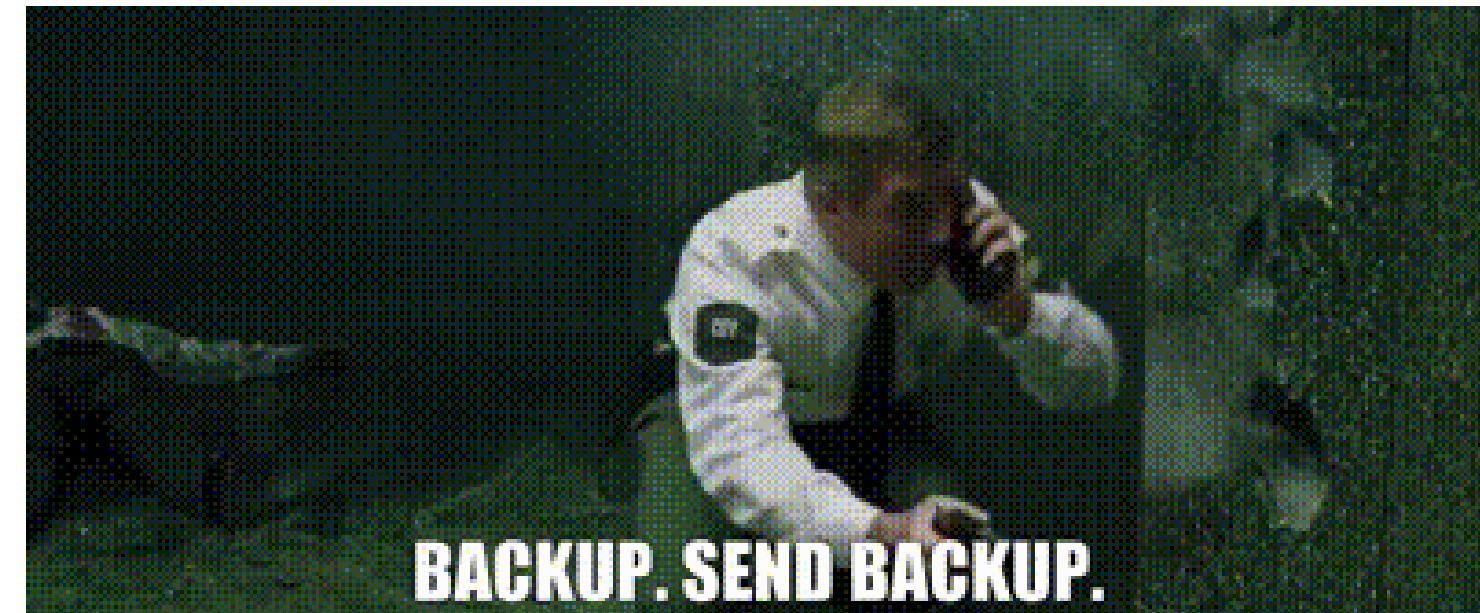
## General Approach (cont.)

- 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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