

## **One Local Health Department's Perspective: How Teamwork makes the Dream Work**

Having an infection control consultant provided at no-cost by the public health department can be a dream come true for a novice or overwhelmed Director of Nursing (DON) or Infection Preventionist (IP) at a long-term care facility (LTCF). However, when multiple consultants from multiple agencies all want to come and “help” onsite at the same time, it can become a logistical nightmare!



In response to the COVID-19 pandemic and the escalating presence of emerging pathogens in LTCFs, our State health department (SHD) began conducting Infection Control Assessment and Response (ICAR) visits. At the same time, some local health departments (LHD) were fortunate to secure enough funding to hire infection prevention program consultants or partnered with non-governmental organizations -- like Project Hope -- to provide comprehensive on-site assessments and consultation on the development and implementation of infection control policies and procedures, as well as provide education and resources directly to nursing and environmental staff. As expected, the primary focus of the visits was to control the spread of communicable infections within and between LTCFs.

In the process of providing this valuable resource, we learned that it can be overwhelming for LTCFs when multiple public health agencies and other strategic partners are also providing similar infection control resources without clearly communicating with each other. Although the intervention was greatly appreciated, we unknowingly were causing stress for the staff, especially when they were experiencing operational challenges.

After this realization, our different public health programs, teams, and initiatives began collaborating to identify and prioritize facilities that may have more needs and are struggling with effective infection control programs or mitigating outbreaks. As a result of our teamwork, the recommendations and guidance we provide to LTCFs are shared between entities. They are tailored and focused on an individual facility's opportunities for improvement while building upon their current strengths. We also collaborate with fellow local health departments to provide training, resources, and roundtable discussions.

In the climate of pandemics and emerging pathogens, our lesson learned is that concurrent independent efforts in the same location from State or LHD infection control consultants can hinder and confuse LTCFs that are already short-staffed and under time constraints with reporting and responding to disease outbreaks while providing patient care. We also learned that it is important for the consultants to share their assessments with all parties involved. By developing an assessment record repository, each consultant and health department can not only improve communication among themselves, but also further improve our collaborative efforts to ensure that facilities across our jurisdiction receive consistent support.

Coordinating facility consultation visits between SHD and LHDs is demonstrably beneficial in the identification of facilities that need and want help with their infection control program development and implementation. Effective planning builds upon their existing strengths, nurtures health department and LTCF relationships, opens lines of communication, and most importantly, avoids overwhelming DONs or IPs while providing public health support. Our collaborative venture with our SHD is a prime example of how teamwork can make a dream work!