

Infection Prevention and Control Assessment Training (IPC-AT): Supporting Local Health Departments in Conducting TeleICARs at Long-term Care Facilities with APIC Consulting Services

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Introduction

Infection prevention and control (IPC) describes a set of practices which aim to prevent the spread of infections, including healthcare-associated infections (HAIs) and emerging infectious diseases, in healthcare settings. IPC practices include hand hygiene, use of personal protective equipment, safe injection practices, and proper environment of care cleaning.

NACCHO recognizes the growing role local health departments (LHDs) play in IPC and the opportunities to strengthen IPC capacity. LHDs are well-positioned to support IPC activities, including in long-term care facilities (LTCFs), by assessing IPC practices, sharing resources, and providing education to facility staff. People who live in LTCFs are at high-risk of being affected by pathogens, including SARS-CoV-2 and *Candida auris*.¹ A public health network that quickly and effectively responds to infections and helps implement prevention and control measures across settings is vital to the safety of communities.

NACCHO will provide technical assistance to increase IPC capacity in up to 30 LHDs via a contract with APIC Consulting Services (APIC Consulting) who will work with LHDs to refine their IPC skills. NACCHO anticipates participation in these technical assistance activities will help LHDs in their prevention and response to infection threats, such as COVID-19 and HAIs, at LTCFs. NACCHO will cover the cost of an APIC Consultant, identified by APIC Consulting, to reduce the burden on LHDs. Therefore, LHDs will receive support through this mechanism at no cost within the partnership parameters. Refer to the project activities in the [Timeline of Activities](#) for clarification of the partnership parameters. Please note that LHDs will not receive any direct funding from NACCHO.

Detailed Expectations

APIC Consulting will match LHDs with an Infection Preventionist (IP) who will train LHD staff on the use of the Centers for Disease Control and Prevention (CDC) Infection Control Assessment and Response ([ICAR](#)) tool. The training will include review of the ICAR tool and practice implementing the TeleICAR assessment. Implementation support includes shadowing and co-implementation of up to four remote TeleICARs conducted with LTCFs within the applicant's jurisdiction. Note there must be at least two LTCFs within the applicant's jurisdiction to be considered for this opportunity.

Detailed expectations of LHDs that will work with an APIC Consultant are noted below:

- Coordinate IPC outreach and assessment efforts with state health departments, particularly the healthcare-associated infection/antibiotic resistance (HAI/AR) program, and as appropriate, other local IPC partners (e.g., academic universities, IPs, regulatory agencies). Coordination activities include sharing data, prioritizing facilities to not duplicate efforts, and promoting ongoing communication for assessment follow-up.
- Attend remote online sessions with the APIC Consultant for TeleICAR training and shadowing. These trainings will help LHDs effectively execute the TeleICAR and appropriately follow up with IPC resources and recommendations. The point-of-contact identified in the request for technical assistance will coordinate with APIC Consulting the remote TeleICAR trainings (e.g., training dates, times, tools).

¹ CDC. (2021, March 29). *Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes*. Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>.

- Shadow up to two TeleICARs and lead up to two TeleICARs with facilities in the applicant’s jurisdiction. The TeleICAR assessment results will be shared with CDC.
 - APIC Consulting will provide tools to assist LHDs in recruiting LTCFs to participate in this opportunity.
 - Before conducting the TeleICAR assessments, LHDs will confirm participation of up to four LTCFs and send participating LTCFs the pre-assessment and project requirements, with return instructions. LHDs will also coordinate directly with LTCFs to schedule the TeleICAR assessments. Each TeleICAR will take about four hours and occur remotely (e.g., via Zoom). APIC Consulting will send meeting invitations to LHDs and LTCFs once the dates and times are set.
 - Along with each ICAR assessment, a short recap outlining general findings and recommendations will be completed—APIC Consultants and LHDs will manage completion of summary reports for the TeleICARs they lead. These summaries will help identify strengths, gaps, and recommendations across the participating LTCFs. LHDs will return these summary reports to the participating LTCFs.
- Participate in occasional peer-sharing and technical-assistance calls, facilitated by NACCHO, to review progress of planned activities and share lessons learned.
- Complete evaluation-related activities to track and measure progress. LHDs will participate in post-training discussions, write up their experiences in a project summary report, and complete two brief electronic post-training surveys (one upon completion of the project and one 90 days later). The post-training surveys will provide valuable information for improving future IPC-specific LHD trainings.

Timeline of Activities

The table below gives a general outline and timing of the activities associated with this project:

Project Activities	Date
Applicant selection and notification	
IPC-AT request for technical assistance opens.	August 25
Optional informational webinar (note no new information will be shared during the webinar) <ul style="list-style-type: none"> Registration link: https://bit.ly/3ARrgXI A recording of the webinar will be available here. 	September 15 from 2:00 – 3:00 pm ET
Application submission deadline.	October 1
NACCHO will notify selected LHDs.	Now through October 22
Applicant confirmation	
LHDs will return signed letter of commitment to NACCHO via email.	Within 10 days of notification
NACCHO will connect LHDs with APIC Consulting.	Within 1 week of receipt of signed letter of commitment
Picking LTCFs to engage	
<p>LHDs will:</p> <ul style="list-style-type: none"> Confirm participation of up to four LTCFs and share project requirements with the LTCFs, Work with each engaged LTCFs to complete the pre-assessment and share the completed pre-assessment with APIC Consulting, Coordinate directly with LTCFs to schedule the TeleICAR assessments, and Provide APIC Consulting with dates and times for each TeleICAR and the LTCF contact information for each (including first and last name, direct phone number, and email address). <p>APIC Consulting will:</p> <ul style="list-style-type: none"> Assign an APIC Consultant to the LHD, Schedule and send invitations for Zoom TeleICAR educational trainings with LHDs, and Send invitations for Zoom TeleICARs to LHDs and LTCFs. 	Within 30 business days of NACCHO receiving signed letter of commitment
TeleICAR assessment	
<p>LHDs will:</p> <ul style="list-style-type: none"> Shadow the APIC Consultant during up to two, four-hour remote TeleICAR assessments; After shadowing the APIC Consultant for up to two TeleICAR assessments, LHDs will conduct (APIC Consultant to supervise) up to two, four-hour remote TeleICAR assessments on the mutually agreed upon dates and times; Along with each TeleICAR, submit a summary report recapping the recommendations and findings. TeleICARs will consist of virtual discussion with facility leadership prior to remote facility tour, observations, interviews, and IPC policy and/or procedure review. Additionally, there will be a Q&A session about COVID-19 and other IPC topics. 	Within 60 business days of providing APIC Consulting contact information for engaged LTCFs
LHDs will submit via email the summary report to each LTCF that was assessed.	Within 5 business days post assessment
Follow-up activities	
LHDs will complete a post-training/assessment electronic survey.	Within 3 business days of the last assessment

Project Activities	Date
LHDs will complete a post-training phone discussion with the APIC Consultant.	Within 10 business days of the last assessment
LHDs will write and submit to NACCHO a final report detailing successes, challenges, and lessons learned during the project.	Within 10 business days of the last assessment
LHDs will complete a 90-day post-training electronic survey.	Within 90 business days of the last assessment

Application Questions

The questions below mirror those included in the [request for technical assistance](#). NACCHO recommends applicants compile answers to the questions below in a word processing document (e.g., Word), then copy and paste the responses in the request for technical assistance.

Background

1. Please share the following information about your LHD.
What is the name of your LHD?: Click or tap here to enter text.
What is the mailing address of your LHD?: Click or tap here to enter text.
2. Please enter the following information for the lead point-of-contact at your LHD for this project. *The lead point-of-contact is the individual responsible for coordinating with NACCHO and APIC Consulting.*
First and last name: Click or tap here to enter text.
Title: Click or tap here to enter text.
Direct phone number: Click or tap here to enter text.
Email: Click or tap here to enter text.
3. Please enter the following information for the backup point-of-contact at your LHD for this project. *The backup point-of-contact is the individual responsible for coordinating with NACCHO and APIC Consulting should the lead point-of-contact identified in question 2 not be available.*
First and last name: Click or tap here to enter text.
Title: Click or tap here to enter text.
Direct phone number: Click or tap here to enter text.
Email: Click or tap here to enter text.
4. What is the size of the jurisdiction your LHD serves? *Select one option.*
 Less than 50,000 people
 50,000 to 499,999 people
 500,000 or more people
5. Is your jurisdiction rural, suburban, urban, or a combination? *Select all that apply.*
 Rural
 Suburban
 Urban
6. What counties does your LHD serve? *Please list the counties included within the jurisdiction of your LHD.*
7. Approximately how many LTCFs are in the jurisdiction your LHD serves? *LHDs must have at least two LTCFs in the jurisdiction they serve to be considered for this opportunity.*

Capacity to implement project

8. Does your LHD have experience conducting ICARs or TeleICARs? *NACCHO will select LHDs that do and do not have experience conducting ICARs and TeleICARs to work with an APIC Consultant.*
 Yes
 No
9. Describe your jurisdiction's capacity to implement this project. *This should include but is not limited to: (a) designating who at your LHD will contribute to this project, (b) their role and*

qualifications, and (c) additional information on your response to the previous question (i.e., question 8). Note this is an open-text field. Please limit your response to 3,000 characters, including spaces.

Project narrative and statement of need

10. Describe your LHD's current IPC-specific response efforts. *This should include but is not limited to: (a) information on LTCFs in your jurisdiction, including any known IPC gaps and strengths; (b) your LHD's current IPC efforts with LTCFs; and (c) your LHD's current IPC coordination with your state's HAI program or other partners. Note this is an open-text field. Please limit your response to 3,000 characters, including spaces.*
11. How will participation in this project enhance your LHD's IPC efforts? *Note this is an open-text field. Please limit your response to 3,000 characters, including spaces.*
12. Describe the impact of COVID-19 on your jurisdiction. *Note this is an open-text field. Please limit your response to 1,500 characters, including spaces.*
13. Describe the impact of HAIs and antibiotic resistance on your jurisdiction. *Note this is an open-text field. Please limit your response to 1,500 characters, including spaces.*
14. NACCHO will consider the impact of this work on health equity, including its impact on how LHDs engage with groups that are marginalized (see the [Application Scoring](#) section for more information about what data NACCHO will consider). Beyond the data NACCHO will reference, what information about your jurisdiction, including social determinants of health, demographics, and plans to work with specific facilities, is important to consider for this project? *Note this is an open-text field. Please limit your response to 2,500 characters, including spaces.*
15. If you are applying for this opportunity with another LHD, please state which LHD you are partnering with and explain why you are jointly applying for this opportunity. *Note if the TeleICARs will be conducted across both jurisdictions, the answers to questions 6-14 in the request for technical assistance should reflect both jurisdictions. Note this is an open-text field. Please limit your response to 1,500 characters, including spaces.*

Application Scoring

NACCHO will score applications based on how well they demonstrate the criteria for this project. The score has two components: a general application score and a health equity score. The maximum total score an applicant may receive is 6.00 (i.e., 5.00 general application + 1.00 health equity).

- *General application score.* Applicants may receive up to 5.00 points for their general application score. The table below outlines the criteria used to score the general application.

Criteria – General Application Score	Weight
Jurisdiction need <i>Score based on responses to questions 10-14 and, if applicable, question 15 in the request for technical assistance.</i>	60%
Jurisdiction capacity <i>Score based on responses to questions 8 and 9 in the request for technical assistance.</i>	40%

- *Health equity score.* In addition to the general score, applicants will be awarded between 0.00 and 1.00 additional points based on pre-selected metrics related to health equity. NACCHO will calculate the health equity score for applicants after receiving a completed application.

Criteria – Health Equity Score	Weight
<u>Medically Underserved Areas/Populations</u> designation <i>Score based on MUA/P status for service areas within applicant’s jurisdiction.</i>	48%
<u>CDC/ATSDR Minority Health Social Vulnerability Index</u> score (MH SVI) <i>Score based on composite MH SVI for counties within applicant’s jurisdiction. The MH SVI builds on the <u>CDC/ATSDR SVI</u> and includes additional variables for race, ethnicity, language, medical vulnerability, and health care infrastructure.</i>	48%
New engagement with NACCHO Infectious Disease Program <i>Score based on whether applicant worked with NACCHO’s Infectious Disease Program within the last two years.</i>	4%

Sample Letter of Commitment

Below is a sample letter of commitment. LHDs selected for this support will sign a letter of commitment like that below after receipt of award notification.

[Organizational letterhead]

[Date]

Michelle Cantu, MPH
Director, Infectious Disease & Immunization
National Association of County & City Health Officials (NACCHO)
1201 I St. NW, 4th Floor
Washington, DC 20005
Phone: (202) 507-4251; Fax: (202) 783-1583
mcantu@naccho.org

Dear Michelle Cantu:

[Name of applicant] is a committed partner of the *Infection Prevention and Control Assessment Training (IPC-AT): Supporting Local Health Departments in Conducting TeleICARs at Long-term Care Facilities with APIC Consulting Services* project. Our goal as a committed partner organization is to enhance our local health department's infection prevention and control (IPC) capacity to better respond to infection threats, such as COVID-19 and healthcare-associated infections (HAIs), at long-term care facilities (LTCFs).

As a committed partner to the project, we will work with NACCHO and APIC Consulting Services (APIC Consulting), a subsidiary of the Association for Professionals in Infection Control and Epidemiology (APIC), to complete the project activities and deliverables specified in the application instructions, including:

1. Coordinating IPC outreach and assessment efforts with state health departments, particularly the healthcare-associated infection/antibiotic resistance (HAI/AR) program, and as appropriate, other local IPC partners (e.g., academic universities, infection preventionists [IPs], regulatory agencies). Coordination activities include sharing data, prioritizing facilities to not duplicate efforts, and promoting ongoing communication for assessment follow-up.
2. Attending remote online sessions with the APIC Consultant for TeleICAR training and shadowing. These trainings will help LHDs effectively execute the TeleICAR and appropriately follow up with IPC resources and recommendations. The point-of-contact identified in the request for technical assistance will coordinate with APIC Consulting the remote TeleICAR trainings (e.g., training dates, times, tools).
3. Shadowing up to two TeleICARs and leading up to two TeleICARs with facilities in the applicant's jurisdiction. The TeleICAR assessment results will be shared with CDC.
 - a. APIC Consulting will provide tools to assist LHDs in recruiting LTCFs to participate in this opportunity.
 - b. Before conducting the TeleICAR assessments, LHDs will confirm participation of up to four LTCFs and send participating LTCFs the pre-assessment and project requirements, with return instructions. LHDs will also coordinate directly with LTCFs to schedule the TeleICAR assessments. Each TeleICAR will take about four hours and occur remotely (e.g., via Zoom). APIC Consulting will send meeting invitations to LHDs and LTCFs once the dates and times are set.
 - c. Along with each ICAR assessment, a short recap outlining general findings and recommendations will be completed—APIC Consultants and LHDs will manage completion of summary reports for the TeleICARs they lead. These summaries will

help identify strengths, gaps, and recommendations across the participating LTCFs.

LHDs will return these summary reports to the participating LTCFs.

4. Participating in occasional peer-sharing and technical-assistance calls, facilitated by NACCHO, to review progress of planned activities and share lessons learned.
5. Completing evaluation-related activities to track and measure progress. LHDs will complete two brief electronic post-training surveys (one upon completion of the project and one 90 days later), participate in post-training discussions, and write a final assessment report. The post-training surveys will provide valuable information for improving future IPC-specific trainings for LHDs.

We are dedicated to building infection control and prevention capacity through partnership with NACCHO and APIC Consulting and look forward to continued collaboration with both organizations!

Sincerely,

[Signature]

[Name, title, and organization of the representatives from the applicant that signed the letter]