1. Non-profit healthcare quality consulting company

2. Approximately 50 team members in Virginia and beyond
   a. Clinicians with subject matter expertise
   b. Experienced managers from many settings of care
   c. Credentialed quality improvement experts
   d. Communications, analytic, IT, finance and administrative

2. Wide range of skills and expertise
   a. Quality improvement – CPHQs, Six Sigma/LEAN
   b. Clinical – nursing, pharmacy, laboratory, therapies
   c. Business – practice management, healthcare administration
   d. Analytics – statistics, epidemiology, database management
   e. Communications – patient and provider; digital, print and social
1. Deep roots in CMS Quality Programs:
   a. QIO since 1984
   b. Practice Transformation Network
   c. Hospital Quality Improvement Contract

2. Other major grants and contracts:
   a. CMMI Accountable Health Community
   b. AHRQ EvidenceNOW subgrantee
   c. Former ONC Health IT Regional Extension Center
Examples of our work:

1) Help nursing homes collect and interpret infection data
2) Link practices to community-based diabetes self management programs
3) Improve communication between hospitals and post-acute providers
4) Implement best practices for nursing home quality (e.g., skin care, fall prevention)
5) Increase the availability of treatment for opioid misuse

PDSA = Plan-Do-Study-Act; PHM = Population Health Management
HQI Experience

HQI Has...

• Prior experience with state health department conducting hospital and nursing home ICARs
• Current experience conducting nursing home ICARs
• Experience interpreting dialysis NHSN data to determine ICAR target facilities
• Experience with ICAR preparation, In-person assessment, Report preparation
• Experience in health care facility outbreak investigations
• Nurse Infection Preventionist with Certification in Infection Prevention and Control (CIC) and 13 years experience in infection control
• Epidemiologist with 10 years experience in healthcare-associated infections and antibiotic stewardship
Infection Control Assessment and Response Program
Full ICAR Goals

- Identify infection prevention and control (IPC) gaps in health care facilities.
- Provide both immediate and comprehensive feedback to facilities.
- Strengthen collaboration between PGCHD and health care partners.
- Gain insight into IPC practices in aggregate to identify common themes across facilities.
- Facility types:
  - Acute Care Hospitals
  - Long-term Care Facilities
  - Outpatient Settings
  - Hemodialysis Facilities

ICAR for COVID-19 Goals

- Keeping COVID-19 out of the facility
- Identifying infections as early as possible
- Preventing spread of COVID-19 in the facility
- Assessing and optimizing personal protective equipment (PPE) supplies
- Identifying and managing severe illness in residents with COVID-19
- Facility type:
  - Nursing Homes
1. Infection Control Program and Infrastructure¹,²,³,⁴
2. Infection Control Training, Competency, and Audits³,⁴
3. Health care Personnel and Patient/Resident Safety²,³,⁴
4. Surveillance and Disease Reporting¹,²,³,⁴
5. Hand Hygiene¹,²,³,⁴
6. Personal Protective Equipment (PPE)¹,²,³,⁴
7. Respiratory Hygiene/Cough Etiquette²,³,⁴
8. Antibiotic Stewardship²
9. Injection Safety and Point of Care Testing¹,²,³,⁴
10. Environmental Cleaning¹,²,³,⁴
11. Catheter and Other Vascular Access Care⁴
12. Device Reprocessing/Sterilization¹,³,⁴

*Domains vary by facility type:
1. Acute Care
2. LTCF
3. Outpatient
4. Dialysis
ICAR for COVID-19 Domains

1. Visitor restriction
2. Education, monitoring, and screening of health care personnel (HCP)
3. Education, monitoring, and screening of residents
4. Ensuring availability of PPE and other supplies
5. Ensuring adherence to recommended infection prevention and control (IPC) practices
6. Communicating with the health department and other health care facilities
HQI ICAR Training

- Identifying priority facilities
- How to prepare for an ICAR visit
  - Who to bring
  - What to bring
  - What to send the facility beforehand
- Tips for during an ICAR visit
- Assessment Follow-up
- Sustaining Improvements
- What to do with the data
- Review ICAR Tools
  - Important to familiarize ahead of time!
- Review Infection Control Guidelines and other resources

HQI staff will attend initial ICARs with you to provide on-site support.
Follow the Data

- Outbreaks
- Survey Reports
- NHSN Data
- Publicly Reported Data
- High Risk Procedures
- Community Infections
  - City/County
  - Transferring Facilities
Your ICAR Team

Best Practice = At least 2 people: one Facilitator and one Scribe

Team members may include:

- Infection prevention
- Emergency Preparedness
- Epidemiology
- Public Health
- Local Health Department
- Lab safety experts
- Facility specialty
- Regulatory
- Other Stakeholder/Partners
Preparing for an ICAR Visit

Communicating with the facility

1. Emphasize that this is not a regulatory visit, and is to help the facility identify infection control and preparedness needs.

2. Consultations will be kept confidential.

3. Provide ahead of time:
   a. ICAR Tool
   b. List of team members attending
   c. Agenda
   d. List of facility staff needed
   e. List of process(es) to observe, protocols to review
Suggested Facility Staff to Include:

- Infection Prevention
- Health Care Epidemiology
- Quality Improvement/Assurance
- Environmental Services
- Laboratory
- Pharmacy
- Transport
- DON
- Unit Heads
- Administration
Sample Agenda

• Introductory Meeting – introductions, goals, expectations
• Facility Walk-Through
  o Direct Observation of infection control practices
• Staff interviews with various departments
• Verbal summary of findings provided
• Next steps – written report
### In-Person ICAR

- Preferred whenever possible, especially for facilities experiencing an outbreak
- Not prone to the same technical limitations of a remote ICAR
- Allow the facilitator performing the ICAR to visualize more of the facility’s IPC practices

### Virtual ICAR

- Allow for a larger number of facilities to be reached in a shorter amount of time
- Allow for social distancing
- Unlikely to identify as many gaps in practices as in-persons visits, even with the addition of a video component
Preparing for an ICAR Visit

What to bring

1. Credentials
2. Phone/Tablet/Laptop
3. ICAR Tool(s)
4. Facility Contacts (Names and phone numbers!)
5. Main Point of Contact at Headquarters
6. These slides for reference
7. Other references
Tips and Tricks During the ICAR

• Plan visits collaboratively
• Leverage existing relationships
• Set clear expectations
• Understand facility culture and needs
• Minimize burden
• Divide and Conquer
• Know the tool before you go

• Walk-thru is an important piece for observing practices “in the wild”
• Ask more leading questions than yes/no questions
• Have conversations
• Ask about their challenges/concerns/opportunities, beyond the tool
• Compliment best practices
## Assessment Follow-Up

### Day of
- 2-3 noted gaps
- Strengths

### Days after
- Resources
- Contact info for relevant stakeholders

### Weeks after
- Full report
- Mitigation Follow-Up

### Months/Years after
- Hold regular meetings with facilities
- Provide new tools and resources as identified
Dear [POINT OF CONTACT/ FACILITY TEAM],

Thank you for participating in the infection prevention and control assessment (IPCA) for COVID-19. You demonstrated and provided us with great information about the infection prevention and control activities implemented by [FACILITY NAME].

During the infection prevention and control assessment (IPCA) we discovered many of your facility’s strengths including:

1. [STRENGTH 1]
2. [STRENGTH 2]
3. [STRENGTH 3]

We identified opportunities for improvement in your facility’s infection prevention and control practices. The recommendations to address each are as follows:

Visitor Restrictions and Non-Essential Personnel Restrictions
Recommendations:
[RECOMMENDATIONS]

Education, Monitoring, and Screening of Healthcare Personnel (HCP)
Recommendations:
[RECOMMENDATIONS]

Education, Monitoring, and Screening, and Cohorting of Residents
Recommendations:
[RECOMMENDATIONS]

Availability of PPE and Other Supplies
Recommendations:
[RECOMMENDATIONS]
ICAR Data Considerations

Use data to:

• Target efforts and resource development
• Inform coordinated HAI/AR efforts
• Conduct a gap analysis
• Conduct qualitative analysis
• Conduct quantitative analysis

Decisions:

• How to collect data
  • Day of: Electronic vs Paper
  • After: Spreadsheet, REDCap
• How to classify variables for analysis
Sustaining Improvement

- Pivot Toward Future Threats
- Serve as a Resource
- Convene and Coordinate
- Support Workforce Capacity
- Create a Framework for Ongoing Assessment
