SURVEILLANCE—A KEY ELEMENT TO INFECTION PREVENTION & CONTROL

Presented by:

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Effective September 30, 2009 new guidelines from CMS for surveys.

There will be a stronger emphasis on Infection Control Program

- Prevention & management of Infections
- Not necessarily a NEW concept but higher expectations and scrutiny of your program.
At the end of this presentation the participant will be able to:

- Understand the importance of establishing a Surveillance Program
- Demonstrate knowledge in utilizing McGeer’s Criteria
- Evaluate forms to utilize in a formal Surveillance Program
- Compile a formal Surveillance Program to collect data, analyze and act upon the information gathered and re-evaluate the systems in place
PURPOSE FOR TRACKING

- Looking for trends and clusters of infections before they become a full-blown outbreak
- Quality Improvement for Nursing care
RESPONSIBILITIES OF IP

- Surveillance tracking and trending
- Clinical Assessments
- Co-ordinates all Departments in area of infection control
- Investigates outbreaks
- Monitors personnel
- Educating staff, residents and families
- Keeping records and Follow-up
POLICIES & PROCEDURES

- Have an up-to-date Infection Control Manual
- Know your policies & procedures
- Make sure your nurses are familiar with the current policies
- Know where your manual is stored
- Make your manual accessible to your staff
Performs resident assessments
Performs clinical rounds in all depts.
Reviews culture reports and Antibiograms
Investigates clusters and outbreaks
Reviews utilization of antimicrobials
Documents findings as part of Surveillance Program
Ensures exchange of essential information between all departments
Acts as liason between the facility & Public Health Department
Advises Healthcare Team & Visitors of Isolation policies, as appropriate.
Provides surveillance summaries to the Infection Control/QA/Safety Committee
The IP is responsible for detecting clusters of infections through surveillance program before. Once clusters are detected, further investigation is needed. IP reports trends to Administrator and DON before contacting Public Health Department. Writes a summary report of...
MONITORS PERSONNEL

- Continuous rounds & observation of staff’s infection control practices
- Regular review of surveillance data
- Regular auditing of isolation rooms
- Reviews appropriateness of utilization of antimicrobials & notifies DON and medical director when needed
Provides staff with information needed on infection control.

Provides resident and their families with information on infection control practices.

Provides information to all those who enter the facility (i.e.,
FOLLOW UP

- Go back and evaluate the practices of your staff
- Have return demonstration
- Review data from previous month and compare

"If you had a bad review, you'll know right away."
SURVEILLANCE PROGRAM

- Data collection
- Analysis of the data collected
- Action taken on information gathered from the analysis process (root cause analysis)
- Action taken once problem is identified (In–services)
- Review after In–service given for improvement
Choose what is most effective to track & be able to assess the information gathered (logs or individual assessment forms)

- Monthly summary form
- Quarterly report form
- Plotting infections (mapping)
- Interdisciplinary checklists (each department)
- Antimicrobial management review form
- Root cause analysis form
- MDRO logs
- IP nurse’s note for each month
STOP AND THINK!
HEALTHCARE ACQUIRED INFECTION (HAI) vs COMMUNITY ACQUIRED INFECTION

- HAI (nosocomial):
  - When clinical signs of an infection are found to be present AFTER the resident has been in your facility for 72 hours

- Community:
  - When clinical signs or symptoms are present on admission or manifested WITHIN first 72 hours after admission
INFECTION VS NO INFECTION?
Definition of infection for LTC Surveillance Program

- Residents who clinically manifest symptoms
- Distinguish between colonization and infection

Consistent criteria to be used
- These are the criteria considered the standard of practice in long-term care.
WHERE THE CONFUSION LIES

- “No Infection” for surveillance purposes still may be considered an infection by the physician
- Because the symptoms for infection (by McGeer’s criteria) don’t meet the actual criteria is NOT a reason to NOT call the physician
- If a patient is asymptomatic, but a lab

CASE EXAMPLE
During survey at a SNF, the surveyor asked the IP about a resident with a fever and documented dysuria why the physician was not called. The nurse answered that there were only two (2) symptoms and the resident did not have a foley catheter, so this did not meet the criteria for an infection, therefore she did not call the doctor.

WHAT DO YOU THINK?
## SURVEILLANCE LOG

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# MONTHLY SURVEILLANCE REPORT

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Infection Control Designee: ____________________________ Fax Number ____________________________ Date: ____________________________

HAI: Healthcare-Aquired Infections
ESTABLISH YOUR BENCHMARK INFECTION RATE

- Compare your infection rates from the past to establish your own benchmark.
- National or state averages may not reflect the same resident population you have.
To calculate the rate of infection gather this information:

- # of resident days (not your average daily census)
- # of infections by site
Formula to be used:

\[
\frac{\text{# of new infections}}{\text{# of total resident days}} \times 1000 = \text{Number of infections per 1000 resident days}
\]

Example: 11 nosocomial infections in the month of June at a facility with a total of 4030 resident days

\[
\frac{11}{4030} \times 1000 = 2.73 \text{ infections per 1000}
\]
IS THIS A GOOD RATE?

- That depends
  - Level of acuity?
  - Census?
- Compare it to your previous rates
Nurse’s note for Surveillance Workbook is where you record your observations & findings and your actions

- Give yourself credit for doing a great job
- This may become your memory after long periods of time have elapsed
- DOCUMENT, DOCUMENT, DOCUMENT!!!!!!
**Problem/Concern:** Increasing number of UTIs for East station by the 15th of the month of April

**Observations:** Went out on the floor to audit the infection control practices of the staff. The following areas were observed:
1. Handwashing
2. Linen handling
3. Peri-care procedures
4. Checked on specimen collection techniques
5. Checked fluid intake of residents

**Conclusion/Action Taken:** Observed poor peri-care administered by CNAs

**In-services given:** I/S to CNAs on 4/20/10, with return demonstration. Also stressed good hand washing techniques and importance of adequate fluid intake.

**Follow-up:** On 5/5/10 performed audit of CNAs techniques. Great improvement shown. Numbers of new UTIs have decreased.
MDRO LOGS

- Track each MDRO on its own form
- Invaluable for cohorting & room placement decisions
- Documents that your resident had an MDRO before admission to your
ANTIMICROBIAL REVIEW

- ATIMICROBIAL STEWARDSHIP
  - CDC Defines this as effective management of utilization of antibiotics
  - Antibiotics are to be prescribed for infections NOT colonizations
  - Frequent use of ATBs leads to antibiotic resistance
  - CMS HAS MADE IT YOUR RESPONSIBILITY TO MONITOR THE PHYSICIAN’S PRESCRIBING PATTERNS.
Also referred to as SUSCEPTIBILITY report

Used to track the changing sensitivity pattern of the bacteria that exist in a facility

Can be used by physicians to guide prescribing decisions regarding appropriate empiric antimicrobial treatment choices when susceptibility report not yet available

Can be used to assess changes in
ROOT CAUSE ANALYSIS

- Process that investigates the reasons or causes for increased infections or clusters.
- Tracking tool to find commonalities between the infected residents or staff.
Another form to assist IP with auditing the compliance with infection prevention & control techniques of healthcare workers and
EMPLOYEE HEALTH PROGRAM

- Education on BBP
- Developing criteria and policies for when to send employees home if they are sick.
- Developing an Immunization Information program for personnel (Tracking other immunizations as well)
- Know your employees history of childhood diseases
- Education on TB prevention
The most important element in any IC program is hand sanitation.

Soap & Water vs. ABHR

Hand hygiene has been proven to reduce the spread of infection
REMEMBER!!!
References

- APIC—Association for Professionals in Infection Control (www.apic.org)
- CDC—Centers for Disease Control (www.cdc.gov)
- CDPH—(www.cdph.ca.gov)