Infection Prevention Plan and Risk Assessment Development for Outpatient Program

Lynn Skelton, BSN, RN, CIC
Manager Epidemiology and Infection Prevention
Advocate Medical Group
Objectives

At the conclusion of this presentation, participants will be able to:

• Assess scope of services for each specialty, the community served, county specific communicable diseases, high risk patient/services, and employee risks

• Identify components for the development of the Infection Prevention Plan

• Construct goals with actionable steps

• Develop outpatient Infection Prevention Plan

• Develop a comprehensive infection prevention and TB risk assessment
Advocate Medical Group (AMG)

- More than 400 locations throughout Chicagoland and Central Illinois
  - Including 56 Advocate Clinics at Walgreens
- More than 1,500 physicians and 500 advanced practice clinicians
  - Primary Care, Family Medicine, Immediate Care, and more than 70 medical and surgical specialties
Infection Prevention

• No dedicated Infection Prevention Program prior to January 2015

• Currently 3.0 FTE
  – January 2015 - Manager of Infection Prevention and Epidemiology RN hired
  – July 2015 - Infection Preventionist RN hired
  – August 2016 - Infection Preventionist MT hired
What is an Infection Prevention...

• **Risk Assessment**
  – A tool used to evaluate potential risk for infection/contamination/exposure
  – Helps to determine what to focus on first

• **Plan**
  – A detailed document that outlines how an organization will reduce the risk of acquiring and transmitting infections among patients, associates, physicians and other licensed independent practitioners, students and visitors.

• **Goals**
  – What we want to achieve over the next year
Where do I start?

- Obtain a comprehensive list of all practice sites including location and specialty
- Group practice locations by county
- Develop map
Map Examples

City of Chicago

60616 Location:
Immediate Care / Pediatrics / Internal Medicine /
Family Medicine / Allergy / Pulmonology / Cardiology /
Dermatology / Rheumatology / OB / Gyn / GI /
Infectious Disease / Oncology / Endo / Surgery / TNT – 2545 S. Dr. Martin Luther King Dr.

60617 Locations:
OB / Gyn / Dermatology / Cardiology – 2320 E. 93rd St
Family Medicine / Internal Medicine – 2301 E. 93rd St, Suite 117, 201, 213, 301
OB / Gyn / Dermatology / Cardiology – 2301 E. 93rd St, Suite 117, 201, 213, 302
Family Medicine – 3550 E. 118th St
General Surgery / Cardiology - 2301 E. 93rd St, Suite 115
Family Medicine / Internal Medicine – 2301 E. 93rd St, Suite 222
Employee Health / Emergency Medicine – 2320 E. 93rd St.

60618 Location:
Primary Care / OB / Gyn / Immediate Care – 4025 N. Western Ave

60619 Locations:
Occupational Health / Internal Medicine – 1111 E. 87th St, Suite 900A
Sleep Lab – 1111 E. 87th St.

60622 Locations:
Primary Care – 1460 N. Halsted, Suite 401
OB / Gyn – 1460 N. Halsted

60625 Locations:
Heart Institute – 3111 N. Ashland Ave
Map Examples

Cook County

**Algonquin Location:**
Primary Care – 2284 County Line Rd.

**Arlington Heights Location:**
General Pediatrics / Primary Care – 825 E. Golf Rd, 2nd Floor

**Burbank Location:**
Family Medicine / Internal Medicine / Pediatrics / Burbank Center – 4901 W. 79th St.

**Chicago Locations:**
Primary Care – 1301 E. 47th St, Suite 2
Primary Care – 6434 W. North Ave

**Des Plaines Locations:**
Internal Medicine – 150 N. River Rd, Suite 100
Pediatric Urology – 1901 W. Golf Rd, Suite 301
Addiction Medicine / Behavior Health – 701 Lee St, Suite 800
IPHP – 701 Lee St, Suite 100

**Elgin Location:**
Internal Medicine – 901 S. Center St, Suite 3001

**Elk Grove Village Location:**
Occupational Health – 1502 S. Eimhurst

**Evergreen Park Location:**
General Pediatrics / Pediatric Urology – 9730 S. Western Ave, Suite 500

Cook County Health Department: 708.492.2150 / afterhours 708.492.2000

Infection Prevention
3.10.2016
Map Examples

McLean County

**Bloomington Locations:**
- Neurology - 2204 Eastland Dr.
- Family Medicine / Geriatrics – 3024 E. Empire, Suite 3A
- Immediate Care – 3024 E. Empire, 1st Floor
- Internal Medicine – 2103 E. Washington, Suite 2C
- Pediatrics – 3024 E. Empire, Suite 3E & F
- Internal Medicine / Pediatrics / Rheumatology – 1401 Eastland Dr.
- Immediate Care – 3024 E. Empire, Suite 3A
- Employee Health / Occupational Health – 3024 E. Empire

**LeRoy Location:**
- Family Medicine – 911 S. Chestnut

**Lexington Location:**
- Family Medicine – 307 W. Main St.

**Normal Locations:**
- Physical Medicine / Rehab / Neurology – 1302 Franklin Ave, Suite 2500
- Endocrinology / Family Medicine / Immediate Care – 1302 Franklin Ave, Suite 1100
- ENT – 207 Landmark, Suite A
- General Surgery / Colorectal Surgery – 1300 Franklin Ave, Suite 210
- Behavioral Health – 403 W. Virginia Ave, 1st & 2nd Floor
- Pulmonology – 1302 Franklin Ave, Suite 3400
- Heart Institute – 1302 Franklin Ave, Suite 4500
- Emergency Medicine – 1304 Franklin Ave
- Vein Clinic – 1302 Franklin Ave, Suite 3500

McLean County Health Department: 309.888.5450

Infection Prevention
3.10.2016

TOMORROW STARTS TODAY.
County Communicable Disease Report

• Obtain each county communicable disease report
  – County Website
  – Contact County

• Review for the top 5 communicable disease for each county

• Review the sexually transmitted infections (STI) for each county
Indiana Health Department Challenges

For TB:

• Do not provide case counts for counties with less than 5 cases per year to protect confidentiality

• Do not calculate incident rates at the county level
  – Requires IP to calculate rate based on publically reported county population
Additional Data to Collect

• High risk patients seen
  – Transplant
  – Cystic Fibrosis
  – Immunocompromised (BMT)
  – Oncology

• High risk procedures preformed

• Risk Management trends
  – Bed bugs

• Employee Health trends
  – Needle stick injuries
  – Communicable disease exposures

• Laboratory
Additional Data to Collect

• Laboratory

• MICROBIOLOGY SURVEILLANCE

The Infection Prevention Department utilizes manual data mining form ACL Laboratory IT reports to assist in microbiology identification for surveillance.

Communicable Disease Reporting:

o ACL Laboratory IT reports all reportable communicable diseases from AMG directly to IDPH every 10 minutes. IDPH then sends the reportable to the appropriate Local Health Department (LHD). The LHD then will follow up as appropriate.

o AMG Laboratory reports all reportable communicable disease via fax to Kane County Health Department daily. Kane County will then enter this data into INEDSS and the data will then be disseminated to appropriate local health departments. The LHD will follow up as appropriate.

o Quest Laboratory is utilized at times for send out labs that are not done at ACL or AMG. Quest laboratory IT has a direct feed to IDPH and reportable communicable diseases are sent to IDPH throughout the day. IDPH then sends the reportable to the appropriate LHD. The LHD then will follow up as appropriate.

o LabCorp is utilized at a variety of lab tests. LabCorp has a direct feed to IDPH and reportable communicable diseases are sent to the IDPH lab. IDPH then forwards these reports to the LHD. The LHD will follow up as appropriate.

o MedLab Clinical Laboratory is utilized at times. This is an independent lab located in Elk Grove Village. MedLab utilizes LabCorp as their reference laboratory for microbiology. MedLab’s scope includes traveling to sites, homes and facilities to draw and deliver specimens.

o The Quality Department reviews and reports treatment of AMG Sexually Transmitted Diseases (STD) to IDPH.
# Risk Assessment Example

<table>
<thead>
<tr>
<th>EVENT</th>
<th>PROBABILITY</th>
<th>RISK</th>
<th>PREPAREDNESS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HIGH</td>
<td>MED</td>
<td>LOW</td>
<td>NONE</td>
</tr>
<tr>
<td>SCORE</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Community</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outbreaks of other transmissible diseases</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Meningitis</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Community Acquired MDRO</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Community Acquired C. diff</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Sexually Transmitted Diseases</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Foodborne illness (Salmonella)</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Norovirus</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Scabies</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Bed Bugs</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Chickenpox</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL**

- Outbreaks of other transmissible diseases: 8
- Influenza: 24
- Tuberculosis: 8
- Meningitis: 4
- Community Acquired MDRO: 16
- Community Acquired C. diff: 16
- Sexually Transmitted Diseases: 12
- Foodborne illness (Salmonella): 12
- Norovirus: 36
- Scabies: 16
- Bed Bugs: 12
- Chickenpox: 8
## Risk Assessment Example

<table>
<thead>
<tr>
<th>EVENT</th>
<th>PROBABILITY</th>
<th>RISK</th>
<th>PREPAREDNESS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HIGH MED LOW NONE</td>
<td>LIFE THREAT</td>
<td>HEALTH AND SAFETY</td>
<td>MOD DISRUPTION TO SITE</td>
</tr>
<tr>
<td>Score</td>
<td>3 2 1 0</td>
<td>5 4</td>
<td>3 2 1</td>
<td>3 2 1</td>
</tr>
<tr>
<td>Organizational Programs &amp; Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vein Center</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthopedics</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oncology and Specialties</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obstetrics/Gynecology/Midwifery/Antenatal Maternal/Fetal Medicine</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pediatrics and Sub-Specialties</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical Services</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immediate Care Center</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walk in Clinic</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Risk Assessment Example

<table>
<thead>
<tr>
<th>EVENT</th>
<th>PROBABILITY</th>
<th>RISK</th>
<th>PREPAREDNESS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HIGH</td>
<td>MED</td>
<td>LOW</td>
<td>NONE</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>------</td>
<td>-----</td>
<td>-----</td>
<td>------</td>
</tr>
<tr>
<td>Score</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Risk Patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cystic Fibrosis</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunocompromised</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oncology</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical/Procedures</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Risks</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge deficit of disease transmission &amp; prevention</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard Precautions non-compliance</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand Hygiene non-compliance</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BBP Exposures</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HAI Potential</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clostridium Difficile</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Components of an Infection Prevention Plan

• Purpose
• Geographic Location and Community/Patient Population
• Authority
• Infection Prevention Program
  – Responsibility of the Infection Prevention Committee
  – Scope
• Program Risk Assessment
• Program Goals and Strategies
Components of an Infection Prevention Plan

- **Infection Prevention and Control Policies, Procedures and Guidelines**
  - Single Point Lessons (SPL)
  - Job Instruction Aids (JI)
  - Product Formulary

- **Regulatory Accreditation**
  - One region with accreditation from the Accreditation Association for Ambulatory Health Care (AAAHC)
  - Behavioral Health locations accredited through The Joint Commission (TJC)

- **Surveillance Definition**

- **Surveillance Activities**
  - Microbiology Surveillance
  - Environmental Surveillance (EVS with bioluminescence)
  - Employee Surveillance

- **Benchmarking**
Alcohol-based hand rub are designed for application to the hands to reduce the number of the hands.

1. Apply product to palm of one hand and rub over all parts of the hands, including under nails and between fingers.

2. Rub hands together for at least 20 seconds.
Components of an Infection Prevention Plan

• Medical Equipment, Devices, and Supplies
• Outbreak Investigation
• Communication and Education
• Influx of Potentially Communicable Patients
• Influenza Vaccinations
• Construction and Design
• Hand Hygiene
• Annual Program and Policy Review
• References
Goals

• Identify areas for improvement based off of the risk assessment and practice site visits
• Create goals that are specific, measurable, action oriented, realistic, and time based (SMART)
• For each goal, identify actionable steps to achieve goal
• Monitor ongoing progress of each goal
Goal Example

ADVOCATE HEALTH CARE

Advocate Medical Group and Advocate Dreyer

Infection Prevention Plan 2016

Attachment B

This is the first Infection Prevention plan and Risk Assessment for AMG and Advocate Dreyer. The risk assessment identifies several opportunities for improvement related to Infection Prevention. The 2016 year will focus on foundational elements related to Infection Prevention.

2016 Infection Prevention goals:

1. Hand Hygiene
   a. Align with the Advocate Health Care system Hand Hygiene strategy
   b. Educate associates on hand hygiene expectations
   c. Educate Hand Hygiene Observers on techniques and form completion.
   d. Collaborate with the AMG Quality department on updating the current Facility Site Review and a hand hygiene database
   e. Collaborate with Advocate Dreyer on development of a hand hygiene database
   f. Monthly reporting of hand hygiene data to all sites

2. Personal Protective Equipment (PPE)
   a. Establish a site PPE standard
   b. Implement a standard PPE cabinet
   c. Collaborate with Employee Health on revision of exposure categories and potential risk chart
   d. Educate associates on PPE requirements

3. Environmental Cleaning
   a. Collaborate with Supply Chain on revision of the housekeeping contract
   b. Addition of Quality Control measure requirements for the new housekeeping contract
   c. Participate on the Request for Proposal (RFP) for housekeeping services for AMG and Advocate Dreyer
   d. Collaborate with Supply Chain on development of a chart that identifies cleaning responsibilities delineation by site and by housekeeping contract.
TB Risk Assessment

2. What is the usual transport time for specimens to reach the laboratory for the following tests: AFB smears, culture using liquid media (e.g. Bactec, MB-Bact), culture using solid media, drug-susceptibility testing, NAA testing? ACL lab receives specimens within 1 day of collection. Specimens are sent to lab in original collection container and processed in house.

3. Does the laboratory at your health-care setting or the reference laboratory used by your health-care setting report AFB smear results for all patients within 24 hours of receipt of specimen? Yes ☐ No ☐

Section G- ASSIGNING A RISK CLASSIFICATION

☐ 1. If (≤) 3 TB cases in part B this region may be classified LOW RISK.

☐ 2. If (≥) 3 TB cases in part B may be classified MEDIUM RISK.

☐ 3. If evidence of ongoing M. tuberculosys transmission this region may be classified as POTENTIAL ONGOING TRANSMISSION.

<table>
<thead>
<tr>
<th>Frequency of TB Screening Depending on Risk</th>
<th>LOW RISK SETTING</th>
<th>MEDIUM RISK SETTING</th>
<th>POTENTIAL ONGOING TRANSMISSION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Baseline two-step TST or single IGRA and symptom screening upon hire</td>
<td>Baseline two-step TST or single IGRA and symptom screening upon hire/admission</td>
<td>Report to local health department for guidance</td>
</tr>
<tr>
<td></td>
<td>Annual risk assessment</td>
<td>Annual risk assessment</td>
<td>This is a temporary classification only, warranting immediate investigation</td>
</tr>
<tr>
<td></td>
<td>Chest x-ray and medical evaluation if TB test positive</td>
<td>Chest x-ray and medical evaluation if TB test positive</td>
<td>Testing will be performed as needed (per the local health jurisdiction recommendations) until there is no evidence of transmission</td>
</tr>
<tr>
<td></td>
<td>Perform annual TB tests, symptom screening, and risk assessment for each employee*</td>
<td>Perform annual TB tests, symptom screening, and risk assessment for each employee*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Perform annual symptom screening if prior TB infection or TB disease</td>
<td>Perform annual symptom screening if prior TB infection or TB disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The CDC does not require annual TB testing for employees in low risk settings. Advocate Health Care (with the exception of the Central region Hospital and clinics) has opted to continue with annual TB screening for all low risk settings.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If a person is identified as a contact to an infectious case TB testing will be performed in accordance with local health jurisdiction protocols.

Risk assessment completed by: **AMG Infection Prevention** Date: **4/19/2017**
Documents Accessible to Employees

Infection Prevention

Announcements

Documents

- Hand Washing (2)
- Infection Prevention Document (1)
- Infection Prevention Documents (4)

2017 AMG Infection Prevention Plan, Risk Assessment and Goals | Advocate Medical Group  
Modified: Tuesday, August 29, 2017 By: Wilczek, Dawn

Central Region - TB Risk Assessment 4-19-17 | Advocate Medical Group  
Modified: Tuesday, August 29, 2017 By: Wilczek, Dawn

North Region - TB Risk Assessment 4-19-17 | Advocate Medical Group  
Modified: Tuesday, August 29, 2017 By: Wilczek, Dawn

South Region - TB Risk Assessment 4-19-17 | Advocate Medical Group  
Modified: Tuesday, August 29, 2017 By: Wilczek, Dawn