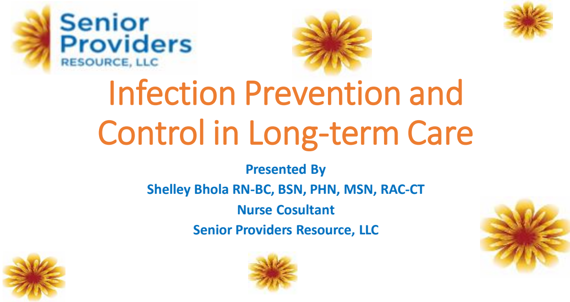

Infection Prevention and Control in Long-term Care

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Objectives

- Upon completion of this course, the participant will be able to:

1. Discuss how appropriate Infection Prevention and Control measures enhance the quality of life for the resident.
2. Identify elements that will promote the development of an effective infection prevention and control program.
3. Integrate elements of the infection prevention and control program into current policy and procedures.

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Travel back in time............

- The year is 1941.
- Average life expectancy in the United States was 63.62 years of age for all races and gender.
- Males – were at 61.60 years of age
- Females were at 65.89 years of age.
- Leading cause of death was heart disease, cancer and stroke. Pneumonia was the 5th leading cause of death.

(Hoyert, 2012)

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Fast forward to today……………….

- Average life expectancy is 78.8 for all races and gender.
- Males – 76.4 years of age
- Females – 81.2 years of age
- Leading cause of death remains heart disease, cancer and stroke, however, pneumonia is now #8 on the list.
  (Hoyert, 2012)

What has changed?

Antibiotic Use……………

History of Antibiotics

- The first U.S. civilian saved by antibiotics was in 1942.
- She was 33 years old and suffered with a life-threatening streptococcal infection.
- She was hospitalized for more than a month.
- Treatments such as sulfa drugs, blood transfusions and surgery had no effect.
- Her fever reached 107 F – as a last resort, her doctors injected her with a tiny amount of an experimental drug.
- That drug was penicillin.
  (MMWR Weekly, 1999)

The results?

- Not only did her temperature drop overnight, by the next day the delirium was gone.
- She survived to marry, raise a family, & to meet Sir Alexander Fleming, the scientist who discovered penicillin.
- She not only survived – she lived to be 90 years of age. (MMRW Weekly, 1999)

The Pre-Antibiotic Era Ended

- 1942 marked the end of the pre-antibiotic era
- Pneumonia was suddenly treatable
- Life expectancy increased
- What has happened in the past 64 years?

Antibiotic Resistance

The joy has been short lived………

Near the 'end of the road' for antibiotics

- Story headline reported in the Orlando Sentinel
- Confirmed by the CDC
- For the first time – researchers have found a person in the United States carrying a bacteria resistant to antibiotics of last resort – a strain of E. coli resistant to colistin.
- We do not want to enter into a post-antibiotic era.

What does this mean for us?

- As Providers – we are charged with maintaining the highest practicable level of wellness and function possible.
- With the growing threat of antibiotic resistance – that wellness is threatened.
- With the proposed changes to the Infection Control Regulation – the provider will need to be able to identify possible communicable diseases and infections quickly – to avoid spreading to other residents.
- Always remember – what spreads between residents – also resides in us.

The Changes

- Facilities have always been charged to:
  - "Investigates, controls and prevents infections in the facility, decide was procedures, such as isolation should be applied, and maintain a record of incidents and corrective actions related to infections" and
  - "The facility must prohibit employees with communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease" and
  - "Require staff to wash their hands after each direct resident contact for which hand-washing is indicated by accepted professional practice"
  (CMS, 2015)

Currently

- Handling of linens and immunization programs are also part of the current regulation

Proposed changes to include:

- Changing name to Infection *Prevention* and Control Program – emphasis will be on prevention……
- An ***antibiotic stewardship program*** that will include tracking antibiotic use, as well as protocols and a system of monitoring their use.
- Facility assessment that is updated annually and as indicated.

Proposed Changes

- An ***Infection Prevention and Control Officer***
  - *Must be a clinician who works at least part-time in the facility*
  - *Must have specialized training in infection prevention and control beyond their initial professional degree*
  - *Must participate in the QAA committee to report to the committee not only on infection rates, but on the antibiotic DOT (days of therapy)*
    (Federal Register, 2015)

Where to begin

- Infection Prevention starts with the basics – which includes proper hand hygiene.
- We can all say we know that Handwashing is the single most effective way to prevent infection – however –
- A study done from 2000 – 2009 indicated that 9% of all nursing homes in the United States received a deficiency for basic hand hygiene.

  (Castle, Wagner, Ferguson & Handler, 2014)

Where to Begin

- Looking deeper into the issue – infections are the primary reason one fourth of all nursing home residents are hospitalized.
- The cost associated with these hospitalizations are estimated at $38 – 137 million for the antimicrobial therapy and $673 to 2 billion for the hospitalization

  (Castle et al, 2014).
- Considering the spiraling cost of health care – and the threat of antibiotic resistance – we can not afford to stay status quo.

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The Starting Point

- ***Training of the Infection Prevention and Control Officer***

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IPCO Training

- The assignment of this role can not be taken lightly.
- It must be an area where the assigned nurse is allowed to become the expert on the care and treatment for not only the residents – but the staff.

IPCO training

- Positive leadership is considered a prerequisite in effectively preventing and controlling infections (Ward, 2012).
- The interface the IPCO will have with the front line staff providing hands on care will be the on-going education and support the staff requires.
- Through diligent surveillance and reporting when appropriate, educating and auditing the staff, all staff, not just caregivers, infection rates can fall.
- Environmental controls are an important piece in the transmission of infections.

IPCO training

- This nurse will need to assure that polices and procedures are in place and being followed through with on a daily basis, not end of month reporting time.
- Discussion on safe transfer of residents within the facility, as well as outside the facility will take place to assure prevention and control of infections during this process.
- There needs to be an understanding of occupational health programs that need to be in place for all staff to prevent infections being spread to the residents.

IPCO training

- The Antibiotic Stewardship program can not be overemphasized.
- It is quite simply the right thing to do.
- The IPCO will need to learn to meet with those with prescribing privileges within your facility to seek their assistance in only prescribing when appropriate will be essential.
- This means daily monitoring of labs, orders and resident status.
- Educating families will be a challenge, especially if this is their first time hearing these words.

IPCO training

- The last component will be taking a look at the most common illnesses seen in the long-term care setting.
- Having a basic knowledge of these illnesses will help the IPCO create policies and procedures of care surrounding them.
- With this knowledge comes responsibility…..
- When to isolate, what to report, when an illness is considered treatable, that is the expertise that is required of the IPCO.
- Feeling confident in this knowledge is the first step in success.

Course Overview

- The overview was brief, however, this is a two-day training designed to bring that confidence and knowledge to the novice or seasoned.
- Along with this training, there is an option for a visit that will consist of policy and procedure review, audits of staff and additional training unique to the facility.

In Conclusion

- One of the many roles of a leader is to focus on quality and patient safety.
- It is important that the IPCO engage the staff in ways that promotes improvement in practice.

  (Ward, 2012)

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"I did then what I knew, then when I knew better, I did better."

Maya Angelou

We now know better – we need to begin to do better……….

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Thanks for your participation!!!

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