

Communicable Disease Epidemiology
Healthcare Associated Infections & Antimicrobial Resistance



**2022
Annual
ICAR
Report**

February 2023



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Executive Summary

During 2022, the Washington State Department of Healthcare Associated Infection and Antimicrobial Resistance Section (HAI/AR) worked alongside Local Health Jurisdictions (LHJs) to conduct 831 Infection Control Assessment and Response (ICAR) consultations in healthcare facilities, the majority were in Long-term Care (LTC) settings. In addition to LTC, we supported hospitals, supported living services, behavioral health, and outpatient clinics with their infection prevention and control (IPC) needs.

- Our primary focus was to promote long-term relationship building between public health and LTC, and support sustained healthcare IPC practices.
- We conducted a facility-level engagement survey to gain a stronger understanding of which IPC topics are most helpful during the consultations.
- Facility-level feedback was vital as it allowed us to incorporate feedback and suggestions into future ICAR consultations.
- We also continued to maintain additional efforts towards the importance of onsite consultations.
- Continuing on-site ICARs allowed us to take a hands-on approach alongside the LHJs to offer resources and support to facilities.



Infection Prevention Program and Services

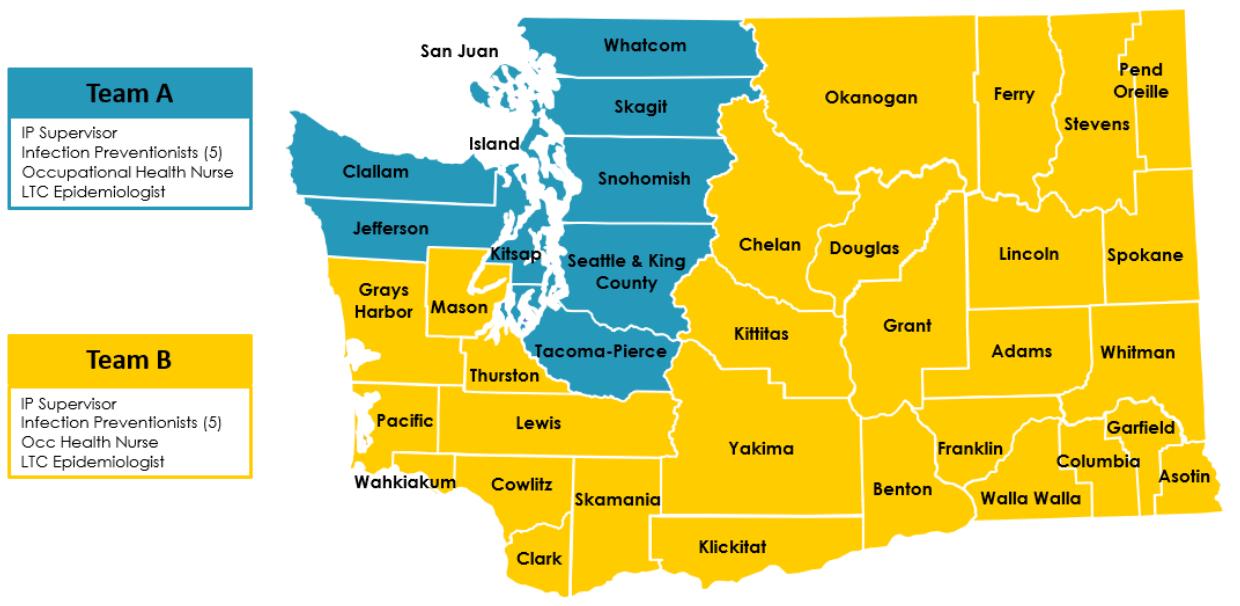
The Infection Prevention Program (IPP) is a program within the HAI/AR Section. We provide infection prevention resources, education, and support to healthcare facilities and LHJs. We have built trust with our LHJs and the facilities in their communities because of our commitment to transparency, compassion, and equity. This allows us to customize our approach to infection prevention.

We provide tele and on-site visits called ICAR consultations. During visits we provide real time feedback on how facilities can prioritize and improve their IPC programs. We also provide facilities with a detailed report with concrete recommendations on improving IPC and offer support via webinars and individual consultations. We expanded our focus from LTC facilities to include settings such as hospitals, supported living services, behavioral health, and outpatient clinics such as dental, dialysis and oncology settings. We respond to various outbreaks and IPC situations, including:

- Influenza
- Acute Gastrointestinal Illness
- Carbapenamse & Non- Carbapenamse Producing Carbapenem Resistant Organisms
- Infection control breaches (e.g., not sterilizing equipment properly)

IPP has grown significantly in the last three years. We hired additional nurses and epidemiologist to serve as Infection Preventionists (IP) and additional coordinators to schedule ICARs. Our IP staff are divided into two teams based on geographical location and population density. The regional teams also include support from our epidemiology, occupational health, industrial hygiene programs. An expanded staff has allowed us to have a wider range of expertise and more individualized relationships with healthcare facilities and LHJs. It has also given us the capacity to respond to more outbreaks quickly while also continuing our prevention-based (proactive) work, ultimately resulting in fewer and shorter COVID-19 outbreaks in our communities.

Map of Counties Team A and B



2022 Overview

We focused on increasing our proactive outreach efforts to adult family homes in 2022, while continuing to support LHJs with HAI outbreaks. Being able to proactively provide facilities with infection prevention materials, guidance and support during this time was essential. We experienced many waves with the COVID-19 pandemic and wanted to support facilities before a potential outbreak could occur. Our ICAR Coordinators increased outreach calls to facilities during this time and worked closely in collaboration with LHJ partners to plan, schedule and organize ICAR visits. We believe this approach has led to a lower rate and length of outbreaks in our communities.

Table 1: Yearly ICAR totals at a glance

	Total ICARs	Proactive	Response-based	Onsite	Tele-visits
2020	684	342	342	139	491
2021	1,193	755	438	732	461
2022	832	330	502	430	401



Proactive and Response-based ICARs

In 2020, we balanced our focus on conducting both response-based and proactive ICARs as COVID-19 outbreaks swept through long term care facilities. While we worked hard to conduct proactive ICARs visits during this time, our focus was equally divided among our communities' needs. In 2021, we had an increase in proactive visits, which assisted facilities in preparing for potential outbreaks and bolstering infection control practices. In 2022, we experienced a surge in COVID-19 response-based visits. While most of our response-based visits were COVID-19 focused, we did respond to a variety of disease conditions. This data really demonstrates our continued dedication to our long-term and non-long-term care facilities!

Figure 1: Yearly ICAR Totals for Response-Based and Proactive Visits

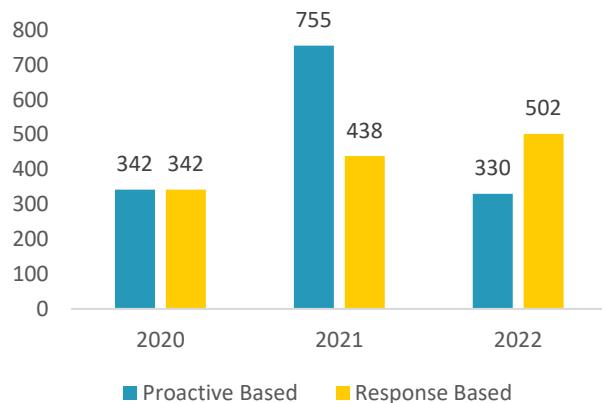
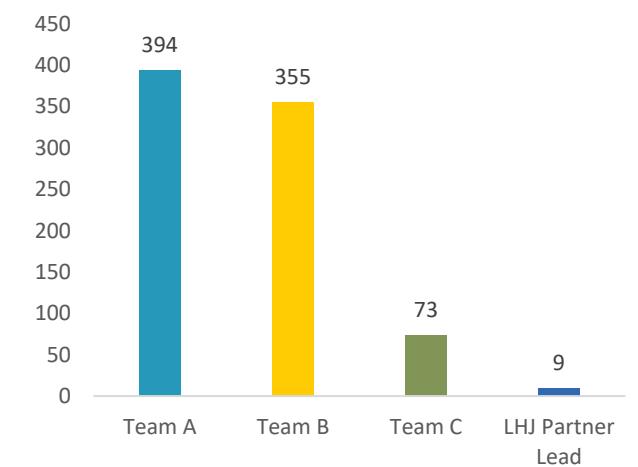


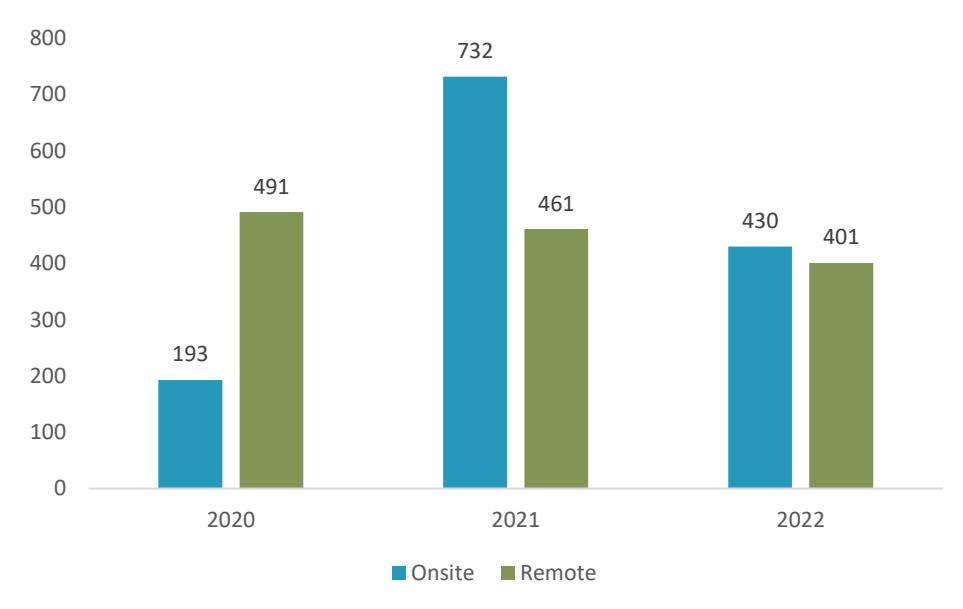
Figure 2: 2022 ICAR Distribution by Team



Onsite and Televisit ICAR

We offer both onsite and televisit options from facilities to choose from. In general, we prefer to do the onsite visits since our Infection Preventionist can also tour the facility and get a better sense of how the facility implements their infection prevention protocols. We also highly recommend the onsite option for response-based ICARs for that very reason. The televisit option is excellent for proactive, follow up ICARs or if scheduling and travel are an issue and timely response is needed.

Figure 3: 2022 Onsite and Televisit ICAR Totals by Year



Facility by Type

Each healthcare facility type has unique needs when it comes to effective infection prevention and control programs and procedures. Since our IPs have a wide variety of specialties, we are able to assign them to specific facility types for the best possible outcomes.

Figure 5: Long-term Care Facilities We Serve

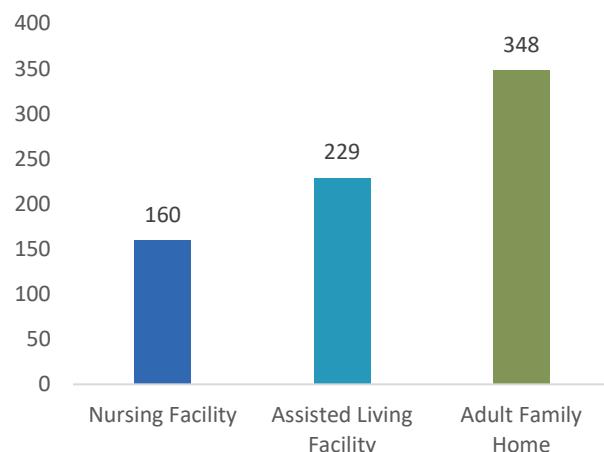


Figure 6: Long-Term Care Facility Types by Year

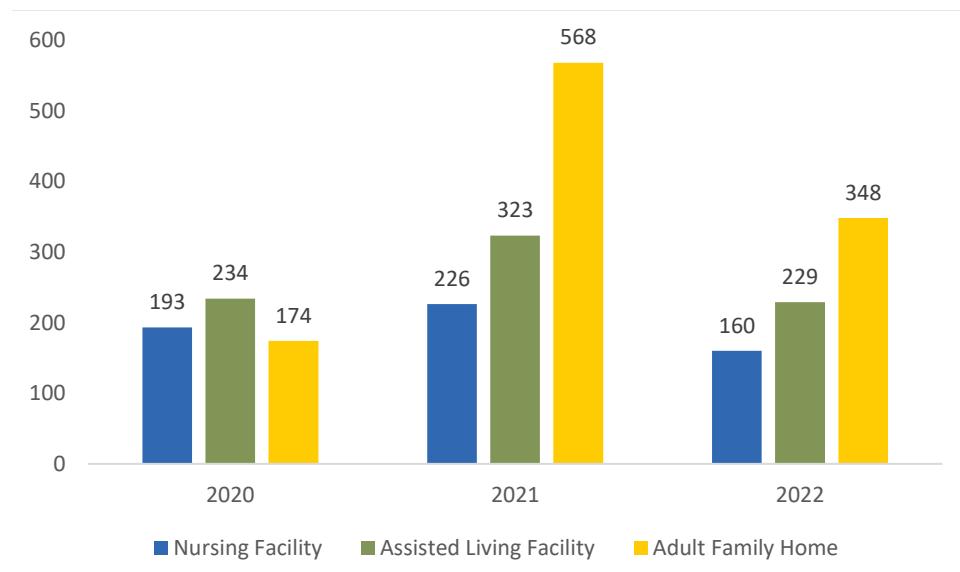
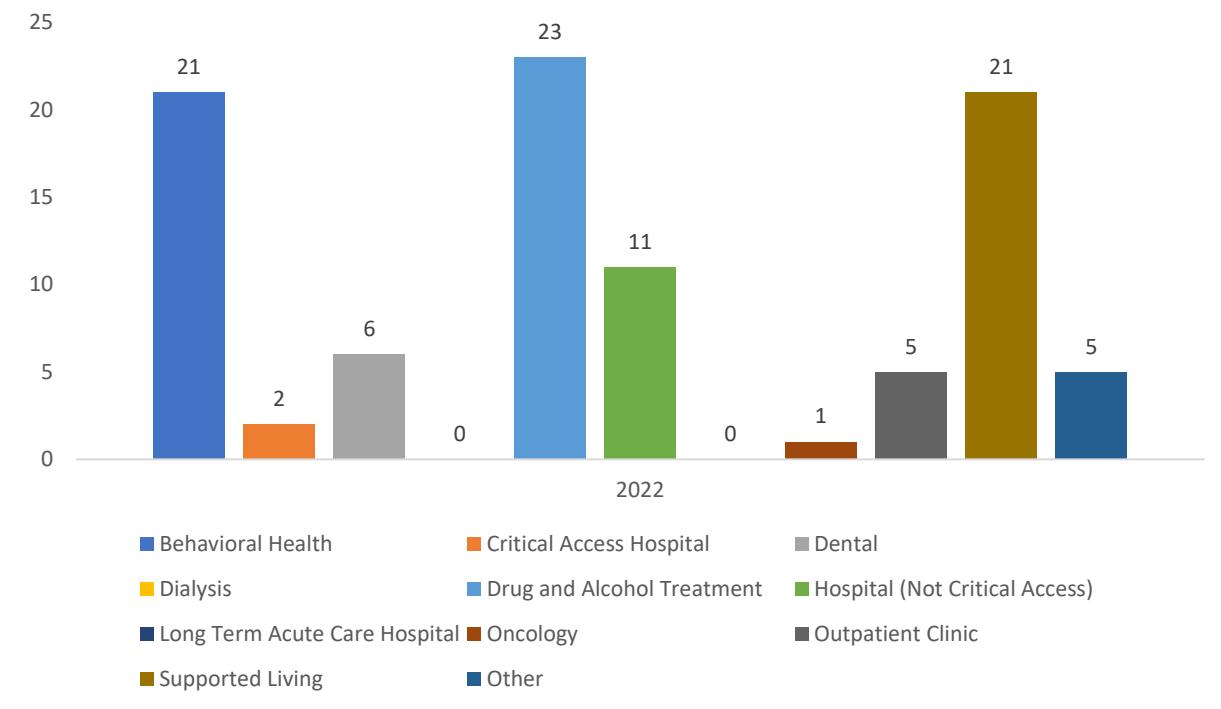


Figure 7: Non-Long-Term Care Facility Types 2022

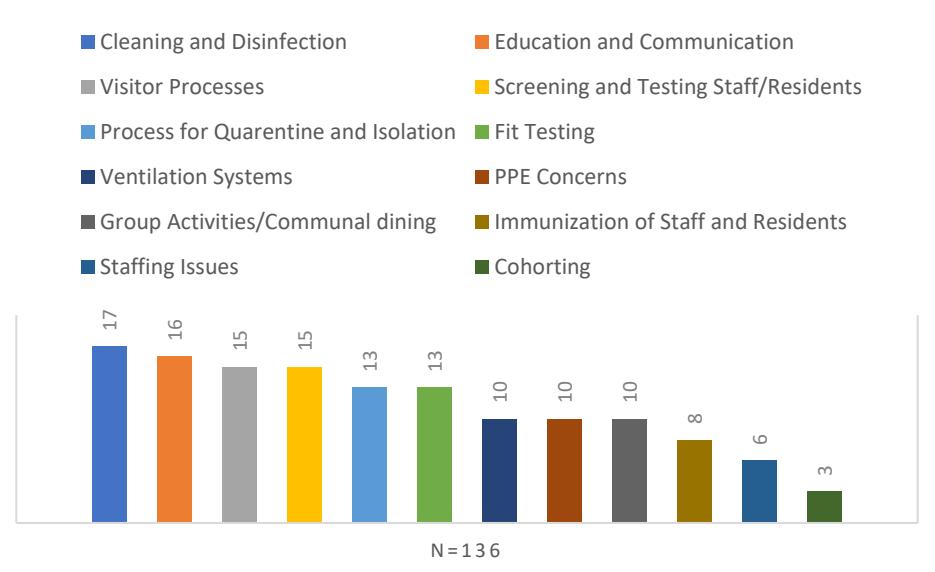


Customer Satisfaction- Perpetual ICAR Survey

Our initial ICAR customer service survey to the facilities was so well received last year we decided to continue the practice. Feedback from 2021's customer service survey indicated that more respondents would like a survey closer to their ICAR consultation date. We designed an automatic survey attached to our data system. Once our IP completed their ICAR report, the systems sent out the perpetual ICAR survey asking facilities for feedback after consultations. Our goal was to promptly identify which parts of the ICAR are useful to facilities and if there was any additional feedback, we could use to improve our program processes.

ICAR Consultation topics facilities found to have helped them make a least one change in facility level practice.

Figure 8: Impact on Facility



The three most common Infection Prevention and Control Domains (IPCDs) discussed during an ICAR that led to change in facility practice were:

- Cleaning and disinfection
- Education and communication
- Visitor processes

The three least commonly recognized IPCDs leading to a change in practice were:

- Immunization of staff and residents
- Staffing issues
- Cohorting

- 59% (N=136) of Facilities indicated that completion of the survey meant that it was their first non-regulatory ICAR, whereas 40% indicated it was their secondary or tertiary consultation.
- 90% (N=136) of surveyed facilities expressed the need for continued supportive infection prevention services beyond the COVID-19 pandemic, with broad interest in participating in annual ICARs.
- 71% (N=136) of facilities were experiencing an outbreak of COVID-19 during their consultation, while 28% were either participating in a proactive consultation or related to another outbreak (non-COVID-19).

I was very pleased that both individuals found value in what we were already doing and made suggestions to help enhance and/or streamline our practices.

It was so helpful. I learned more ideas of controlling infection around the home if it has Negative and Positive infected individuals.

Great information - very helpful.

Miriam Mina was beyond amazing, helpful and had great feedback. She was kind, patient and listened. ICAR program is helpful for us to use when we would like to verify our infection control at Eliseo.

Kristin Bass was extremely professional and helpful.

This was very good and helpful.

The ICAR program is a very good resource, and I would encourage health facilities to participate in it. Thanks!

2022 Accomplishments

We are honored that we have been able to continue our response to COVID-19 and other HAI outbreaks while working with trusted partners at local health jurisdictions, healthcare facilities, state agencies and professional associations. During the response efforts, we additionally worked on quality improvement projects and capacity. Below are several of our accomplishments.

COLLECTING DATA

Data collection in REDCAP had another successful year! In 2022, we continued to refine our data collection tools to better understand and support facility level infection control and prevention practices (IPC). Our first REDCAP project (2021-2022) was originally designed to capture ICAR consultation data but as it grew so did helpful additions to the project. Occupational health, a very large section of the project grew so large in it's data collection that it needed to be moved to it's own project. The project held over 707 variables, 4,998 facility records, survey distribution, and automated schedule reminders sent via alerts and notifications. The automated schedule reminders using an alert and notification system was a nice upgrade and helped to facilitate automated reminders for facilities at 24 and 48 hours before their scheduled visit!

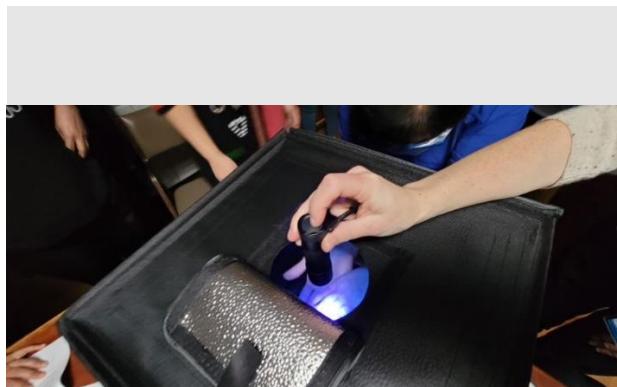
CENTERS OF DISEASE CONTROL & PREVENTION – DIALYSIS TRAINING PARTNERSHIP

In March 2022, several WA DOH infection prevention staff members, along with staff from 5 WA LHJs, attended the Outpatient Hemodialysis Training: Infection Prevention Recommendations and ICAR training. This training was facilitated by the CDC's [Making Dialysis Safer for Patients Coalition](#). The trainings covered a comprehensive introduction to outpatient hemodialysis centers, the hemodialysis process, and the unique infection prevention challenges in outpatient hemodialysis centers. Additionally, attendees were trained on ICAR fundamentals for this unique healthcare setting and the importance of completing observations during the ICAR visits.



SKILLS DEMONSTRATIONS

Late in the year, Redmond Care Center requested that our IP team come in and do a Hand Hygiene Skills Training for their staff. The training was well attended various type of staff that included the infection preventionist, administration, environmental services, dietary, maintenance and rehabilitation staff. Our team presented on the importance of hand hygiene, how to do it properly and how to audit the process. The highlight of the day was using the germ simulator gel and the black box! This training was so successful, we decided to develop a skills demonstration program. Please reach out to schedule your Hand Hygiene Skills Training!



I can't tell you how much it means to all of us to know that we are not alone in this. Our residents are happy to see that we can respond and care for them so well, even in the midst of a cluster outbreak." – Nikki Storms

Our visit was both validating and informative. We received feedback about clearly delineating clean and dirty areas in sanitation and testing. We felt it was a very positive experience. Many thanks!

Looking to the Future

As Washington communities' needs for infection prevention and control resources change, we are working on evolving our program services to meet them. Our main focus continues to be prevention and education while maintaining our ability to respond quickly to outbreaks and breaches as they occur. With this approach we will further develop and expand our partnerships. We have a number of great projects planned for 2023.

MENU OF SERVICES

- We are excited to build on our well received Infection Control Assessment and Response (ICAR) consultations and have developed additional services to train and support our community infection preventionists. We encourage you to review our additional, new services. If you have questions, please reach to our Infection Prevention (IP) team at HAI-FieldTeam@doh.wa.gov Let's get your next support appointment scheduled!
- Take advantage of our Train the Trainer (TTT) program for **Infection Prevention Skills Demonstration and Auditing**. One of our Infection Preventionists will come to your facility and educate staff on the skill of your choice. This includes training your Infection Preventionist on the skills auditing process. We currently offer the Hand Hygiene Skills TTTs and are developing additional TTTs for Donning and Doffing PPE, Disinfection for EVS Staff, Safe Injection Practices, and Flow of Equipment and Supplies - Dirty to Clean. The full array of training topics are anticipated be available in Summer 2023.
- Our Infection Preventionists are available as **Guest Educators** on a variety of infection prevention and control topics. Educational presentations and special events are excellent opportunities to unify multiple levels of staff on IPC practices.
- The **Critical Access Hospital Infection Preventionist Coffee Hour** provides a monthly networking opportunity for CAH Infection Preventionists. This forum encourages interaction with other Infection Preventionists to form connections, seek advice and discuss current topics in a supportive, non-regulatory platform. This group is facilitated by experienced, Infection Preventionists from the DOH HAI program who have worked in the Critical Access Hospital Setting.
- The **IP Informal Mentorship Program** provides ongoing support to infection preventionists at long term and health care facilities. The DOH IP provides ongoing support to the IP at these facilities by conducting regular check-ins which can be in-person, phone call, email or video-conferenced. The mentorship promotes relationship building and aims to help the facility IP move from novice to expert level using the APIC Competency model [Infection preventionist \(IP\) competency model - APIC](#).

CERTIFIED IN INFECTION CONTROL (CIC) STAFF

Our infection preventionists receive extensive on the job training that will ultimately result in successfully earning their certification in infection and control. The Certification Board of Infection Control and Epidemiology (CBIC) credential (CIC) is awarded to individuals that thoroughly understand, practice and teach evidence-based infection prevention and control concepts. Our goal is to have all of our IPs fully certified by the end of 2023.



EXPANDING ICARS BEYOND LONG TERM CARE FACILITIES

Having strong infection prevention and control practices is vital for all healthcare settings. Now that our relationships with long term settings is well established, we are expanding our outreach. In order to offer ICARs to specialty settings, we need to train our IPs to consider addition factors when assessing a facility's IPC practices. Our first set of IPs have gone through the dental settings training and are now actively doing outreach and conducting ICARs in the community. We are starting our first cohort of IP training for oncology settings in early spring, with a goal of starting outreach in mid-summer. The IPs in the dialysis cohort are currently being trained should be ready to do ICARs in early summer.



