DEFINITIONS:

- **Infection**: The transmission of a pathogenic microorganism to a host, with subsequent invasion and multiplication, with or without resulting symptoms of disease.

- **Endemic Infection**: The usual level or presence of an agent or disease in a defined population during a defined period.

- **Epidemic Infection**: A higher than expected level of infection by a common agent in a defined population during a defined period.

PURPOSE:

- To reduce the risk of acquired or transmitted infections among HHA patients and staff through a formalized, coordinated process to reduce those risks.

- To comply with applicable laws, regulations, guidelines and standards.

- To improve patient health outcomes by identifying and reducing the risks of infection in patients and HHA staff.

POLICY:

- Clinch River Home Health’s Infection Prevention and Control Program shall ensure that this organization develops, implements and maintains an active, organization wide program for the prevention, control and investigation of infections and communicable diseases in order to reduce the risks of endemic and epidemic infections in patients, visitors and staff, and to optimize use of resources.

- The Infection Prevention and Control Program at the HHA shall incorporate the following in a continuing cycle:
  - Surveillance, prevention and control of infections throughout the organization
  - Development of alternative practices to address real and potential exposures
  - Selection and implementation of best practices to minimize adverse outcomes
● Evaluation and monitoring results and revising prevention activities as needed

● HHA administration, with the approval of the Governing Body, shall design and implement an Infection Prevention and Control Program that is reflective of:
  ● The patient population served by the organization
  ● Any special risks for infection within that population
  ● The types of care, treatment and/or services provided by the HHA

● The HHA’s Infection Prevention and Control Program shall be a systematic and coordinated process designed to incorporate the following information:
  ● Current scientific methods and epidemiologic principles for infection surveillance and prevention of adverse outcomes determined by a review of current literature
  ● Recognized practice guidelines such as those published by the Centers for Disease Control and Prevention, the Infusion Nurses Society and the APIC
  ● Current local, state and federal laws and regulations related to compliance with prevention activities and legally mandated reporting requirements such as OSHA guidelines
  ● Demographics of the patient population served by the HHA including but not limited to community studies to identify the prevalence of infections within the HHA’s geographic service area, patient census, distribution of diagnoses
  ● Care, treatment and/or services provided by the HHA

● To coordinate the infection prevention and control activities, infection prevention and control management functions shall be delegated to the Infection Prevention and Control Committee to investigate and follow-up on identified infections.
The Director of Nursing shall be responsible for implementation of the Infection Prevention and Control Program and serve as a member of the Infection Prevention and Control Committee.

Infection prevention and control inservice education shall be provided to all HHA staff, including contracted staff, during orientation and at least annually thereafter.

Infection prevention and control data shall be an integral part of the organization’s Quality Assessment and Performance Improvement (QAPI) program.

**ACTIVITIES:**

Infection prevention and control activities shall include, but not be limited to, the following identified after the patient’s admission to the HHA:

- Monitoring and evaluation of key performance aspects of infection prevention and control surveillance, prevention and management:
  - Post operative wound infections
  - Device-related infections
  - Antibiotic-resistant organisms
  - Tuberculosis
  - Other communicable diseases
  - Staff health trends
  - Other as deemed appropriate by the infection control committee
Continuously collecting and/or screening data to identify isolated incidents or potential infectious outbreaks.

Analyzing data for problems or undesirable trends

Determining if infections are organization acquired or community acquired

Examining data for common factors related to the HHA’s processes, systems or functions that could have resulted in infection transmission

Participation in an organization wide proactive education program in an effort to reduce and control the spread of infection

Facilitating a multidisciplinary approach to the prevention and control of infections

Utilizing sound epidemiologic principles and infection research from recognized authoritative sources

Integrating outcomes from surveillance and control activities into the Information Management Program processes throughout the HHA/organization to allow for internal comparison, for trend analysis and comparison with external databases for benchmarking purposes

Interacting with and reporting to governmental agencies, as appropriate

**PROGRAM ELEMENTS:**

- Review and evaluation of confirmed infections, acquired while under care of agency, to assure correct implementation of Standard Precautions.

- Periodic site visits to patients’ place of residence for direct observation of care, treatment and/or service delivery to assure adherence to Standard Precautions on all patients.

- Periodic checks of clinicians’ automobile trunks to assure adherence to Standard Precautions.
● Staff health in service education related to infection prevention and control practices, to ensure a safe environment for patients and HHA staff.

● Regular the HHA site evaluation to ensure a safe environment for HHA staff.

● Review of the HHA hazardous waste management and disposal practices.

● Participation in product evaluation.

● Reporting to governmental agencies.

**PERFORMANCE ASPECTS:**

● Key performance aspects are related to high-risk, high volume, problem-prone for frequent infectious complications, high potential for adverse patient outcome and substantial for prevention (not all inclusive):
  
  ● Wound infections
  
  ● Device-related infections, including those that address intravascular devices, ventilators and tube feedings
  
  ● Epidemiologically important and antibiotic-resistant organisms
  
  ● Tuberculosis, hepatitis B and C and other communicable diseases, particularly vaccine preventable infections
  
  ● Staff health trends
PERFORMANCE MEASURES:

- Key performance measures, related to process and outcome in an effort to continuously improve the management of infections within the HHA shall include, but not be limited to:
  - Comprehensive periodic surveillance (baseline rates established) outcomes
  - Clean surgical wound infections
  - Clustering of infections
  - Bacteremias
  - Unusual organisms

RESPONSIBILITIES AND REPORTING STRUCTURE:

- When evaluation identifies an area of concern, a specific problem or an opportunity for improvement, a corrective action plan shall be developed. The corrective action plan shall be collaborative in nature and identifies:
  - What action is appropriate in view of the cause, scope and severity of the problem
  - Who is responsible for implementing the action
  - Who or what is expected to change
  - When change is expected to occur
  - When follow-up monitoring and evaluation will occur
  - Who is responsible for follow-up monitoring and evaluation
● When problems or opportunities for improvement are identified, evaluation of the problem/opportunity for improvement and interventions taken/recommended shall be documented in the Infection Prevention and Control Committee minutes. Minutes shall be forwarded to the Quality Assessment and Performance Improvement (QAPI) Committee for review and assistance in resolution, as necessary.

● If immediate action is necessary, the Director of Nursing or his/her designee shall have the authority to institute any surveillance, prevention and control measures if there is reason to believe that any patient or HHA staff member is at risk.

● Minutes from the Infection Prevention and Control Committee and QAPI Program shall be forwarded to the Governing Body on a quarterly basis to assist in a timely and thorough implementation of recommended corrective measures and process outcome revisions.

● The Infection Prevention and Control Committee shall be responsible for infection prevention and control activities at this HHA.

● The responsibility and direct accountability for the surveillance, data gathering, aggregation and analysis shall be assigned to the Infection Prevention and Control Committee Chair.

**INTERACTION WITH THE HHA QUALITY ASSESSMENT AND PERFORMANCE IMPROVEMENT (QAPI) PROGRAM:**

● The HHA QAPI Program shall be recognized as an integral element in the HHA’s infection prevention and control processes and systems.

● The QAPI Director/Director of Nursing shall supply information to the Infection Prevention and Control Committee Chair involving epidemiological issues.

● The Committee Chair shall supply the QAPI Director/Director of Nursing with information that may be useful in identifying quality problems within the HHA.
The link between performance improvement and infection prevention and control activities is information gathering and clinical analysis. Both shall be designed to identify patterns of patient care, treatment and/or service events that might lead to suboptimal outcomes, thus identifying areas of improvement in patient care, treatment and/or services.

The Infection Prevention and Control Plan shall be evaluated annually and whenever risks have significantly changed. Revisions shall be made as appropriate.

Any problems identified through performance measurement shall be addressed with a written corrective action plan.

Corrective action plans shall be reported to the Administration and Governing Body, who shall hold joint responsibility for linking the Infection Prevention and Control Program with the organization wide QAPI program.

Administration shall be explicitly responsible for implementing successful corrective action plans by monitoring adherence to corrective action plans, as well as assessing the effectiveness of actions taken, with implementation of revised corrective actions as needed.

INTERACTION WITH PATIENT CARE FUNCTION:

The purpose of interacting with the patient care function is to enhance communication and to identify potential infections in patients and HHA staff.
MONITORING:

● Monitoring the results of the Infection Prevention and Control Program shall allow the HHA to determine if the processes and/or systems already in place are working well or if changed conditions (internal or external) require new or revised practices.

● Monitoring shall be achieved through:
  ● Infection Prevention and Control Committee interaction with HHA departments, functions, systems and processes
  ● Comparisons of current statistical information, historical data and benchmarking on a regular basis
  ● Regular policy and procedure reviews to ensure that infection prevention and control practices are incorporated into the appropriate policies and procedures
  ● Internal and external surveys and inspections

EDUCATION OF STAFF, PATIENTS AND VISITORS:

● Education addressing the principles and practices for preventing transmission of infectious agents shall be provided to all HHA staff.

● All staff shall receive infection prevention and control education at the time of orientation, annually and whenever needed.

● Patients and families shall also receive infection prevention and control education, as applicable and appropriate.
REFERENCES:

