

# Infections: Essential Systems for Quality Care

The following information suggests areas to focus on while evaluating facility processes for reducing infections.

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## Systems to Review

## Key Interventions to Reduce Infections

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### *Organizational Commitment To Infection Control*

- Establish an interdisciplinary infection control team with designated leadership, accountability and meeting schedule.
  - Identify and install a comprehensive infection control management program.
  - Establish and implement policies and protocols for an infection control and surveillance program.
  - Provide adequate time for infection control role performance including time for training in surveillance protocols.
  - Provide an appropriate educational program for staff and physicians.
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### *Infection Management and Prevention*

- Maintain a standardized infection control program.
  - Develop standard formulary of antibiotics, following current APIC guidelines.
  - Implement protocols for admission assessment of immunization status [PPV, influenza (in season)] and protocols for standing orders (if applicable by State Law) of necessary immunizations.
  - Implement isolation policies to protect residents from infected individuals (including staff).
  - Appropriate identification of, and responses to, outbreaks.
  - Surveillance cultures may be used for VRE/MRSA for residents and staff in order to identify antimicrobial-resistant organisms, **however**, routine surveillance cultures are not recommended for such things as pressure ulcers and urinary tract infections.
  - Make handwashing/sanitizing easy (with waterless wash, easy access to clock for timing handwashing, monitoring soap dispensers etc)
  - Maintain skin integrity for residents by assigning accountability for turning, examining, providing appropriate skin care.
  - Ensure access to appropriate respiratory therapy (RT) through contracting with RTs, training of staff in chest physical therapy, etc.
  - Help residents maintain mobility to assist in respiratory and skin health; assign accountability for mobility of residents.
  - Perform TB screening on residents and staff at regular intervals.
  - Limit use of sedatives such as benzodiazepines in order to prevent aspiration.
  - Note with colored sticker on chart, bed, table, etc. if a patient is on sedatives.
  - Note with colored sticker on chart, bed, table, etc. if a patient needs help with appropriate positioning for feeding.
  - Implement system for routine assessment of swallowing function.
  - Encourage adequate hydration for all residents; make water easily available; reminder system to staff to provide hydration to residents unable/unwilling to access fluids; train staff in assessment of hydration status.
  - Implement protocols for the use of invasive devices (e.g., Foley catheters, central intravenous lines).
  - Educate family on infection control prevention.
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### *Staff Education*

- Provide training to staff and assign accountability for components of infection prevention, surveillance, and antibiotic use.
  - Designate responsibility for educating all patient care staff with regards to antibiotic resistance profiles in the facility.
  - Empower staff to assess for inadequate hydration, skin care, etc.
  - Reward staff who are vigilant with regards to infection prevention and detection.
  - Use clear, standardized charting process so that all staff may understand the residents' risks for infection and current prevention status and/or treatment regardless of staff turnover issues.
  - Use reminder systems (stickers, signage) to increase reporting and appropriate treatment of patients either with, or at risk for, infection
  - Utilize information systems (decision support, electronic medical record) for tracking.
  - Infection Control Nurse issues: provide enough time for this role; provide appropriate training in surveillance protocols; clarify role of IC nurse in staff training; use standardized definitions and calculation methods (again to reduce impact of staff turnover).
  - Adopt a system of feedback of surveillance data to staff.
  - Contract with pharmacist to provide either in-facility services or consultation regarding use of antibiotics.
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### *Screening, Assessing and Care Planning*

- Utilize standard screening process and provide screening on admission and/or readmission as well as any change in condition.
- Identify residents at high risk of infection.
- Perform comprehensive assessment of residents with active signs or symptoms of infection .
- Assessment should contain elements based on current clinical practice guidelines for the prevention and treatment of infection.
- Obtain necessary laboratory, radiological studies to determine origin of infection and treat based on type of infection and organism identified as ordered by the resident's primary care physician.
- Designate responsibility and accountability for care plan development and oversight.
- Ensure care plan adherence to accepted current clinical care guidelines that involve pharmaceutical and non-pharmaceutical modalities.
- Define goals for resident to maintain their current function and abilities throughout course of infection (i.e. provide activities in resident room, continue physical therapy in room, etc.)
- Monitor response to plan of care, review and adjust as indicated by response to treatment.