Objectives
Objectives

- Define: Define infection control risk assessment;
- Describe: Describe the process for completing an infection control risk assessment;
- Complete: Complete an infection control risk assessment; and
- Discuss: Discuss process for developing objectives for your infection prevention and control plan.

Risk Assessments
What is a Risk Assessment?

- A risk assessment is a process to identify potential hazards and analyze what could happen if a hazard occurs.
- Used in many fields including emergency management, business, infection control, occupational safety, engineering, etc.
- Can also be called or part of hazard analysis, gap analysis, or other systematic safety protocols.

Risk Assessments

- Proactive process
- May be used for strategic planning
- May be part of business impact analysis
- Provide direction on priorities
- Assist with decision making for resource allocation
- Identify potential for harm and or opportunities to reduce risk
- Evaluate if precautions have been taken to prevent harm
Types of IPC Risk Assessments

- Annual Risk Assessments
  - Infection prevention and control program
  - TB
  - Water Management

- As needed Risk Assessments
  - Construction
  - New Service
  - Practice change
  - For policy & procedure development

Infection Control § 483.80

...The results of the facility assessment must be used, in part, to establish and update the IPCP, its policies and/or protocols to include a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for residents, staff, and visitors.

NOTE: A community-based risk assessment should include review for risk of infections (e.g., multidrug-resistant organisms- MDROs) and communicable diseases such as tuberculosis and influenza.
Infection Control Risk Assessment (ICRA)

- Evaluation tool for infection prevention and control program
- Drive decision making for infection prevention and control (strategic) plan
  - Goals
  - Measurable objectives
- Quantify threats to prioritize action plans
  - Identify focus areas

CDC Risk Assessment Tool - This specific risk assessment is not required for compliance.
This specific risk assessment is not required for compliance.

Infection Control Risk Assessment

Annual Risk Assessment Basics
What?

- **Process**: Process to evaluate potential risk for acquiring and transmitting infections in the facility and to/from the community
- **Threats**: Identify threats to resident’s health
- **Opportunities**: Identify opportunities for improvement in practice and policy
- **Gaps**: Identify gaps in practices

Why?

- **Foundation of infection prevention and control plan**: Use to establish goals and objectives
- **Identify focus areas for surveillance**: What to track and why
- **Prioritize infection prevention and control activities/initiatives**
How?

- Created with multidisciplinary team
- Identify and use risk assessment tool
- Identify the hazards (brainstorming potential hazards)
- Score hazards/threats
- Review prioritized list threats
- Develop objectives and strategies to address that are incorporated into IPCP
- Monitor progress

Risk Score

Qualitative Scoring for Risk Assessments
Four Basic Categories

- Probability of Occurrence
- Severity
- Current Capacity
- Training/Education Program

Other tools may vary categories slightly

- CDC tool uses “Impact” rather than training/education and “Readiness” rather than Capacity

Probability of Occurrence Risk Score

- Has this happened in the past?
- Is this likely to occur in the future?
- How well do staff adhere to policy and/or practice?
- How often does event occur or is it likely to occur?
## Scoring

### Probability of occurrence

<table>
<thead>
<tr>
<th></th>
<th>(1) Rarely</th>
<th>(2) Sometimes</th>
<th>(3) Frequently</th>
<th>(4) Almost always or ongoing event</th>
</tr>
</thead>
</table>

## Severity Rating Risk Score

- What is the impact to the patient/resident? Loss of life or loss of function?
- Will event lead to significant morbidity? Loss of quality of life?
- To what extent will the patient/resident experience harm?
- What is the impact to the facility?
- Are there financial, legal, or regulatory issues associated with the event?
- What does the literature tell us about the event?
Scoring

Severity rating

<table>
<thead>
<tr>
<th></th>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Minimal harm</td>
<td>Some harm</td>
<td>Major harm</td>
<td>Catastrophic harm</td>
</tr>
</tbody>
</table>

Current Capacity Risk Score

DO YOU HAVE POLICIES/PROCEDURES IN PLACE TO ADDRESS EVENT?

ARE THE NECESSARY RESOURCES (I.E. SUPPLIES, TECHNOLOGY, ETC.) AVAILABLE TO ADDRESS EVENT?
# Scoring

## Current capacity

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>No gaps - Have policies and sufficient resources</td>
<td>(2)</td>
<td>Few gaps - Have most policies and/or most resources necessary</td>
</tr>
<tr>
<td>(3)</td>
<td>Some gaps - Gaps in policies and/or resources</td>
<td>(4)</td>
<td>Major gaps in policies and/or lack resources</td>
</tr>
</tbody>
</table>

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# Training Program

- Do you have training materials or does training need to be developed?
- Have staff been trained?
- Are staff trained annually and as needed?
- Have competencies been assessed and verified?
Scoring

<table>
<thead>
<tr>
<th>Training Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) No gaps - All staff have been trained (based on job function) and validated competencies</td>
</tr>
<tr>
<td>(2) Few gaps - Most staff have been trained and validated competencies</td>
</tr>
<tr>
<td>(3) Some gaps in training and/or competency validation</td>
</tr>
<tr>
<td>(4) Major gaps in training and/or competency validation</td>
</tr>
</tbody>
</table>

The Process

- Present tool to multidisciplinary team
- Provide instructions on how tool will be used
- Solicit feedback and update tool
  - Score events (i.e., generate consensus on each score for probability, severity, and current capacity and performance)
  - Modify or add events as needed
- Rank events from highest score to lowest score
- Higher score = higher priority
Methods for Completion

- Convene a meeting of multi-disciplinary group
- Discuss each item and come to a consensus on each score
- Complete tool and rank

Group Discussion

- Each team member completes separately
- Scores are calculated and a group score created from the responses
- Send to group as results and update tool

Rank/Voting

Pros and Cons

- Group can discuss issues all at once
- Identifies potential gaps or new risks
- Can create lengthy discussion
- Requires good attendance

Group Discussion

- Good if team cannot meet together
- Can avoid lengthy meetings and discussions
- Does not leave much room for discussion
- Completion bias

Rank/Voting
Next Steps

- Use results to update infection prevention and control plan
- Develop measurable objectives to address top priorities
- Develop strategies to achieve objectives
- Identify what data needs to be collected to determine if objective is met and how the data will be collected
- Develop tools to support data collection and reporting
- Identify how and what feedback will be provided to staff
Infection Prevention and Control Plan

- Serves as foundation of infection prevention and control program
- Updated annually based on results of risk assessment, surveillance data, and other outcomes from the previous year
- Used to evaluate effectiveness of IPC program

Components of IPC Plan

- Introduction
- Purpose
- Authority
- Scope of Program
- Surveillance
- Outbreaks
- Employee Health
- Goals and Objectives
- Reporting and Evaluation
- Antibiotic Stewardship
Objectives

Based on risk assessment

- Must complete and update annually
- Priorities/focus areas identified by the infection control risk assessment need to be reflected in infection prevention and control plan
- Include copy of risk assessment as an appendix to the infection prevention and control plan

Example Objective – Process Measure

By May 31, 2022 achieve 95% compliance with performing hand hygiene when entering and exiting a resident room and to sustain compliance through the end of the year.

Strategies - Installation of additional alcohol-based hand rub dispensers. Monitor compliance by job role, summarize data, and provide feedback to staff on compliance monthly. Coaching to staff is provided as needed. Competition between staff by job role will be used to help foster behavior change. Positive reward (i.e. recognition, gift card) will be given to the best performing staff by job role each month.
**Example Objective – Outcome Measure**

By December 31, 2021, decrease *C. difficile* infection rate to < 1.00/1000 resident days.

*Strategies* – Increase access to bleach wipes, immediately implement precautions upon first suspicion of *C. difficile* infection, monitor compliance with precautions, and coordinate with antibiotic stewardship committee for targets to reduce inappropriate antibiotic use (See antibiotic stewardship plan for more information.)

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**QAPI Report**

**Objective – 95% compliance with hand hygiene**

![Hand Hygiene Compliance by Job Role 2021](chart.png)
QAPI Report

Objective - Decrease C. difficile infection rate to <1.0/1000 resident days

Antibiotic Stewardship Plan

- Minimum of one process measure
- Minimum of one outcome measure
- Define what is tracked and how it is tracked
  - Do not have to track all antibiotic starts on a line list!
  - Target what you are tracking to align with measurable objectives and why you choose those targets
    - Based on point prevalence study
    - Based on review of inappropriate antibiotic starts
    - Based on antibiogram
- Consider excluding topical antimicrobials
- May include antibiogram in appendix to plan
How To Create Plan?

- Establish committee
  - Infection prevention and control committee
  - May include members of QAPI committee
  - May include ad hoc participation from front line staff for development of strategies to achieve objectives

- Review priority areas identified by risk assessment

- Review analysis of surveillance data

- Determine goals and objectives

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How to Create Plan?

- Identify how goals and objectives can be achieved
  - Consider competition to motivate staff for change
  - Consider positive re-enforcement/positive rewards

- Determine what data needs to be collected and how it will be collected

- Define what will be reported and to whom and when
  - Documented feedback to staff
  - QAPI reports
Updating Your IPC Plan

- Complete risk assessment (again)
- Analyzed and review surveillance data for the past year
  - Annual rates
  - Overall compliance with process measures
- Review previous year’s objectives and determine if they were met or not met and why or why not?
- Define new objectives and strategies
- Identify what actions need to be taken to ensure sustainment of achievements of previous year
Complete Risk Assessment

- Work in small groups of 3-5 people
- Review tool and how to complete tool
- Complete the risk assessment
- Identify top 2 priorities
- Develop measurable objectives to address priorities
- Develop strategies to meet each objective
- Share experience

Summary
Summary

- Infection Control Risk Assessments (ICRA) are vital component of the annual Infection Prevention Plan.
- Serves to prioritize risks and set goals
- Completed as part of annual plan review through multidisciplinary process
- Results are used to set goals, objectives, and strategies for the next year

Questions???
Thank you for your participation

To learn more about this topic please contact
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