

# COMMUNITY-BASED BEHAVIORAL HEALTH INFECTION CONTROL PROGRAM

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# CONFLICT OF INTEREST

Dr. Gardner and Mr. Di Guiseppe have no actual or potential conflicts of interest in relation to this program/presentation.

# LEARNING OBJECTIVES

1. Discuss the need for an infection control program in community-based behavioral health settings.
2. List three areas within an infection control program.
3. Describe opportunities and challenges to implementing an infection control plan in a community-based behavioral setting.

# DEVEREUX ADVANCED BEHAVIORAL HEALTH

- National organization with 14 Centers across 13 states
  
- Populations
  - Children with behavioral/mental health conditions
  - Children with intellectual and developmental disabilities (IDD)/Autism diagnoses
  - Adults with IDD/Autism diagnoses
  
- Health care settings
  - Inpatient hospital
  - Residential treatment facilities
  - Community-based group homes
  - Outpatient clinics

# Infection Control Program Overview



# INFECTION CONTROL – NATIONAL FOCUS

- Centers for Medicare and Medicaid Services (CMS)
  - Long Term Care Facilities 2017 requirements
    - Antibiotic Stewardship Program
  - Long Term Care Facilities 2019 requirements
    - Infection Preventionist
- Devereux Infection Control activities
  - Infection Control Coordinators
  - Plans varied across centers



# STANDARDIZATION

- Assures basic IC components are in place.<sup>4</sup>
- Prevents a one-size-fits-all approach.<sup>4</sup>
- Use critical thinking and evidence-based information is indispensable to keeping care safe and effective.<sup>4</sup>
- Consistent application requires a systems approach that takes into account special considerations (e.g., state/local regulations, staff responsibilities).



# INFECTION CONTROL (IC)

- Spring 2018 - nursing leaders developed standardized plan
- Incorporated evidence-based standards (APIC reference)
  - Program Goals and Objectives
  - Staff roles and requirements
  - IC components
    - Surveillance/Monitoring
    - Anti-infective Stewardship
    - Reporting
    - Education
    - Influenza Vaccination
    - Tuberculosis Screening

**PREVENTION  
WORKS!**



# INFECTION CONTROL GOALS



- Identify and evaluate occurrence of health care associated infections
- Keep abreast of guidelines and regulatory requirements
- Provide education to individuals and staff
- Conduct center specific IC program evaluation annually
- Prioritize risks

# IMPORTANCE OF INFECTION CONTROL FOR IDD POPULATION

- Vulnerable population
- Basic hygiene practices in many cases are beyond their scope
- Lack understanding of the importance of hygiene practices
- Require 24-hour staff assistance to help maintain their independence
- Risk factors
  - Colonization with Methicillin Resistant Staphylococcus Aureus (MRSA) and other Multi-Drug Resistant Organisms (MDROs) such as Clostridium Difficile (C. Diff) and Vancomycin Resistant Enterococcus (VRE)
  - Compulsively picking/scratching/rubbing/washing
  - Trichotillomania (pulling own hair)
  - History of poor dental care
  - Exposure to blood, saliva, sputum, urine, feces or wound drainage of a peer
  - Infestation with lice or scabies or bed bugs
  - Community living environment

# INFECTION CONTROL OBJECTIVES

- Prevent disease transmission in different settings, including group homes
- Recommend methods for early identification and appropriate therapy
- Support employee health service, QI, risk management
- Facilitate compliance with reporting requirements to external organizations, e.g., public health and regulatory agencies, accrediting organizations
- Limit unprotected exposure to pathogens
- Meet and remain current with requirements from federal, state, and local regulations and accrediting organizations



# INFECTION CONTROL ROLES AND RESPONSIBILITIES

- Infection Preventionist (IP) oversees the ongoing review and analysis of day-to-day activities
- IC Committee
  - Nursing
  - Medical Director or designee
  - Facilities
  - Safety
  - Quality Management
  - Program Director or designee
  - Reach out to individuals or family as appropriate



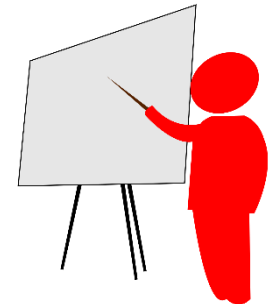
# INFECTION CONTROL COMPONENTS

- Surveillance
  - Active and ongoing observation of infectious diseases
  - Evaluating placement of individuals to ensure optimum control of infection
  - Creating monthly and/or quarterly reports
  - Reviewing and monitoring the list of reportable infections and revise based on prevalence data annually
  - Calculating Infection Metrics
    - Incident rates
    - Prevalence rates
  
- Monitoring
  - Establishing and maintaining routine activities
  - Working with department managers to develop IC indicators



# INFECTION CONTROL COMPONENTS

- Anti-infective (i.e., antimicrobial) stewardship program
  - Identify and monitor antibiotic medication use
  - Track and monitor infectious diseases
  - Recognize need for and provide education regarding antibiotic use and disease management
  - Provide quarterly and annual summary reports to IC Committee on use of antibiotics
  
- Reporting
  - Share IC reports with appropriate center committees
  - Compliance reporting by department heads to the IP
  
- Education
  - Staff
  - Individuals
  
- Tuberculosis Screening



# INFECTION CONTROL PLAN

- Initial release - May 2018
- Joint Commission approval during a center site visit
- Hold placed - June 2018
  - Implementation challenges in community-based group homes
    - Translation of requirements into actual activities
    - Center operations vary
    - Staffing varies – medically and non-medically trained
    - No standardized processes or metrics
    - Cost implications
- Addressing implementation challenges began - July 2018

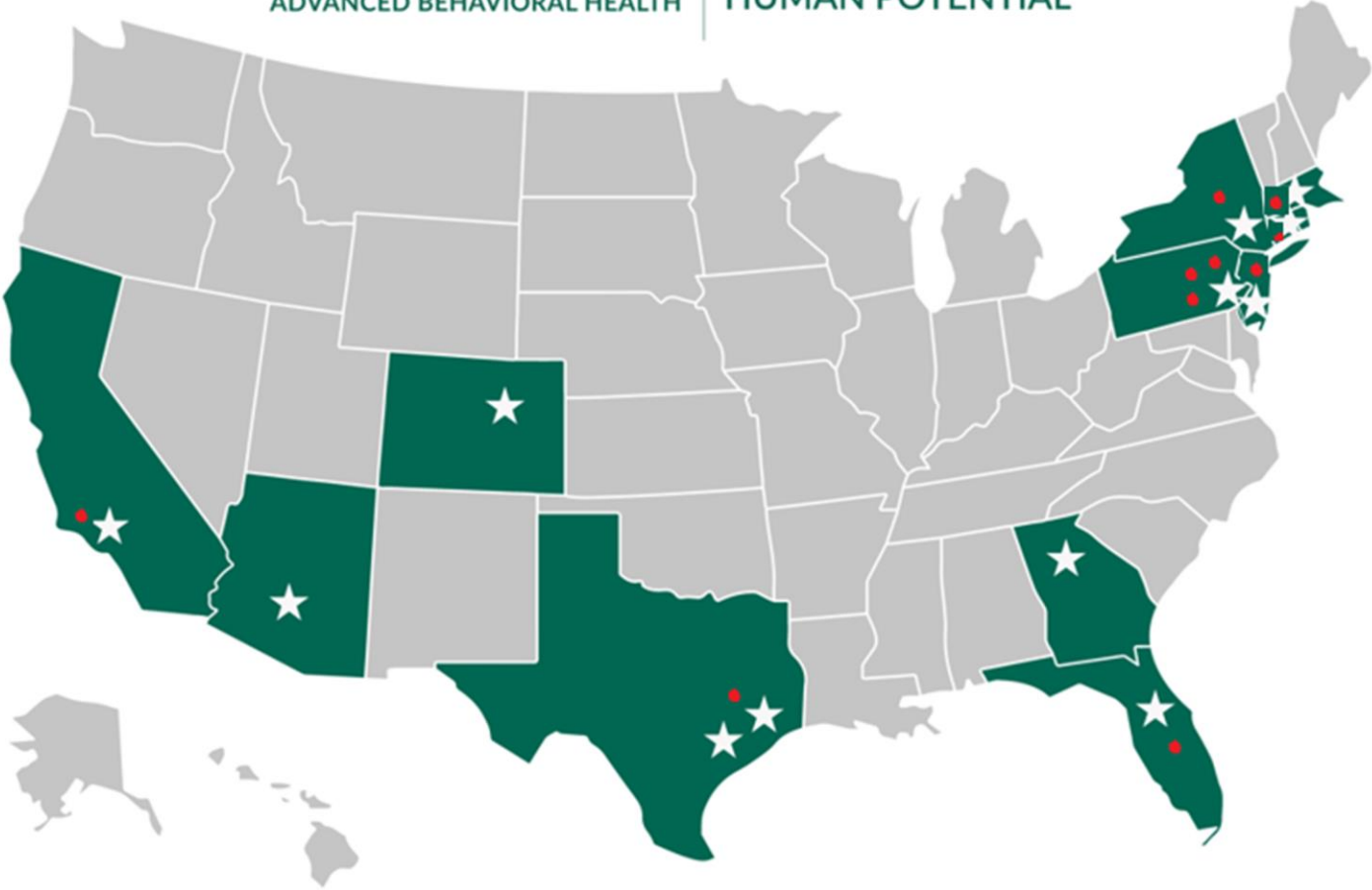
# INFECTION CONTROL – ADDRESSING CHALLENGES

- Where challenges arose and how they were addressed
  - Community-based group homes
    - Center
      - Location
      - Number of homes
      - Staffing
  - Executive leadership meetings
    - Corporate
    - Center
  - IDD Affinity Group
    - Composition
    - Responsibilities





# CENTER LOCATIONS

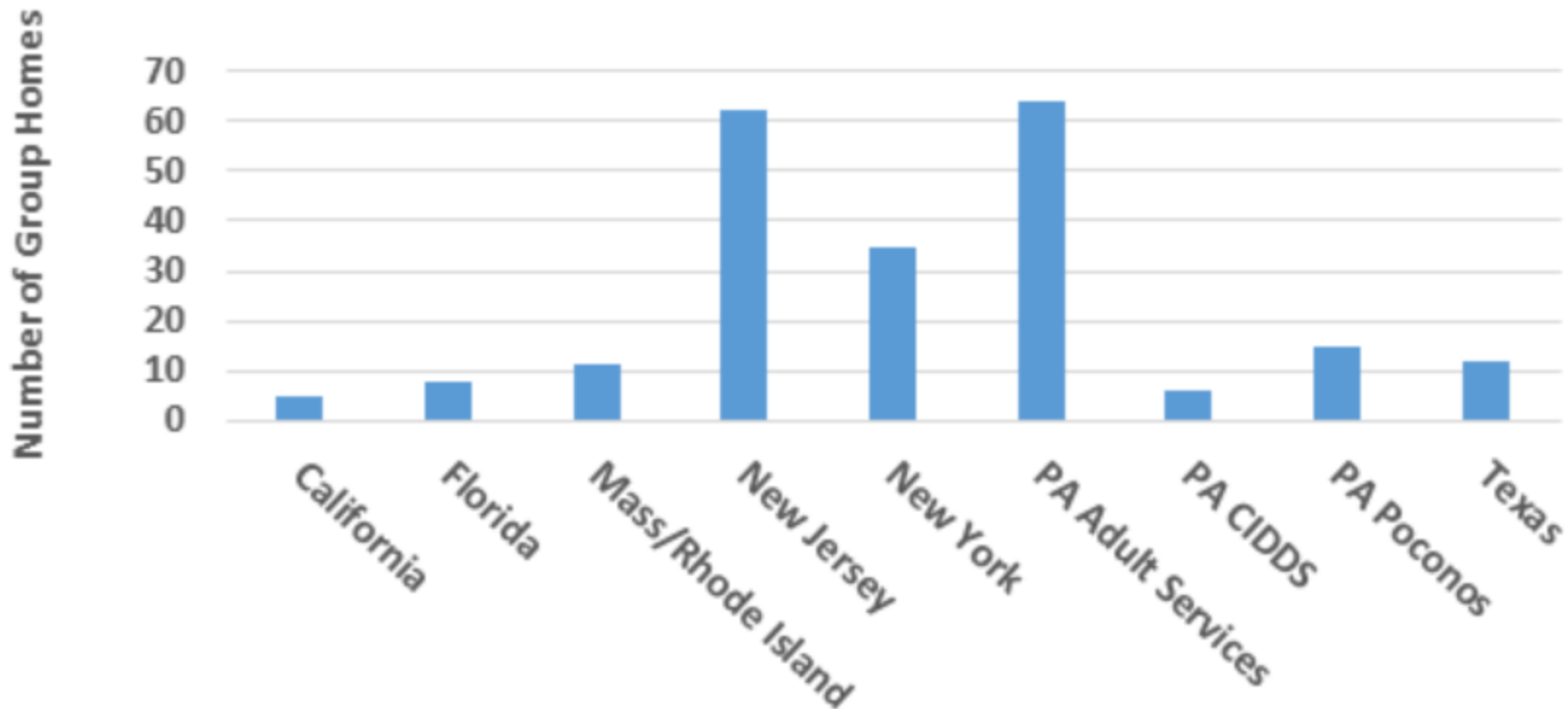


Arizona | California | Colorado | Connecticut | Delaware | Florida | Georgia  
Massachusetts & Rhode Island | New Jersey | New York | Pennsylvania | Texas

● Center location of group homes with individuals with developmental disabilities

# NUMBER OF GROUP HOMES BY CENTERS

Devereux Advanced Behavioral Health  
Group Homes by Center, 2019, N = 218



# GROUP HOME STAFFING CONSIDERATIONS

- Nursing
  - Address infection control in group homes\*
    - Daily 46.67% (n = 7 of 15 respondents)
    - Weekly 6.67%, (n = 1)
    - Monthly 40%, (n= 6)
    - Quarterly 0%
    - None 6.67%, (n = 1)
  
- Program Managers and Supervisors
  - Oversee group home operations
  
- Direct Care Professionals
  - Provide 24 hour care for individuals



\*Nursing survey results. Survey conducted in November 2018. Fifteen community group home nurse respondents.

# EXECUTIVE LEADERSHIP MEETINGS

- Corporate
  - Met with Director of Direct Care Training Personnel
    - Determined that each center will identify appropriate staff to perform group home IC observations
  
- Center
  - Met with Executive Director, Assistant Executive Director, and Program Manager
    - Learn more about their operations and how to incorporate IC activities
  
- IDD Affinity Group
  - Presented and discussed IC program and group home IC observation items
  
- Senior Leadership and Executive Directors
  - Final approval, August 2019

# INITIAL GROUP HOME INFECTION CONTROL ACTIVITIES

- Develop group home IC observation tool
  - Initial tool had 14 items reduced to 9 items
  - IDD Affinity group reduced to 7 items
  - Determined initial frequency of observations and data collection and reporting
  - Incorporated IC items into annual group home assessment
  
- Identification of Infection Preventionist (IP) from every Center
  - IP Background – nursing, epidemiology, medical technician, biology or microbiology
  - IP Activities
    - Develop training program
    - Create surveillance forms and reports in electronic health record
    - Develop anti-infective stewardship program

# COMMUNITY-BASED GROUP HOME OBSERVATIONS

## GROUP HOME INFECTION CONTROL REVIEW

Center/Program Name \_\_\_\_\_ Date \_\_\_\_\_ **OVERALL SCORE:** \_\_\_\_\_

Reviewer(s) \_\_\_\_\_ Number of People Served \_\_\_\_\_ **SAFETY SCORE:** \_\_\_\_\_

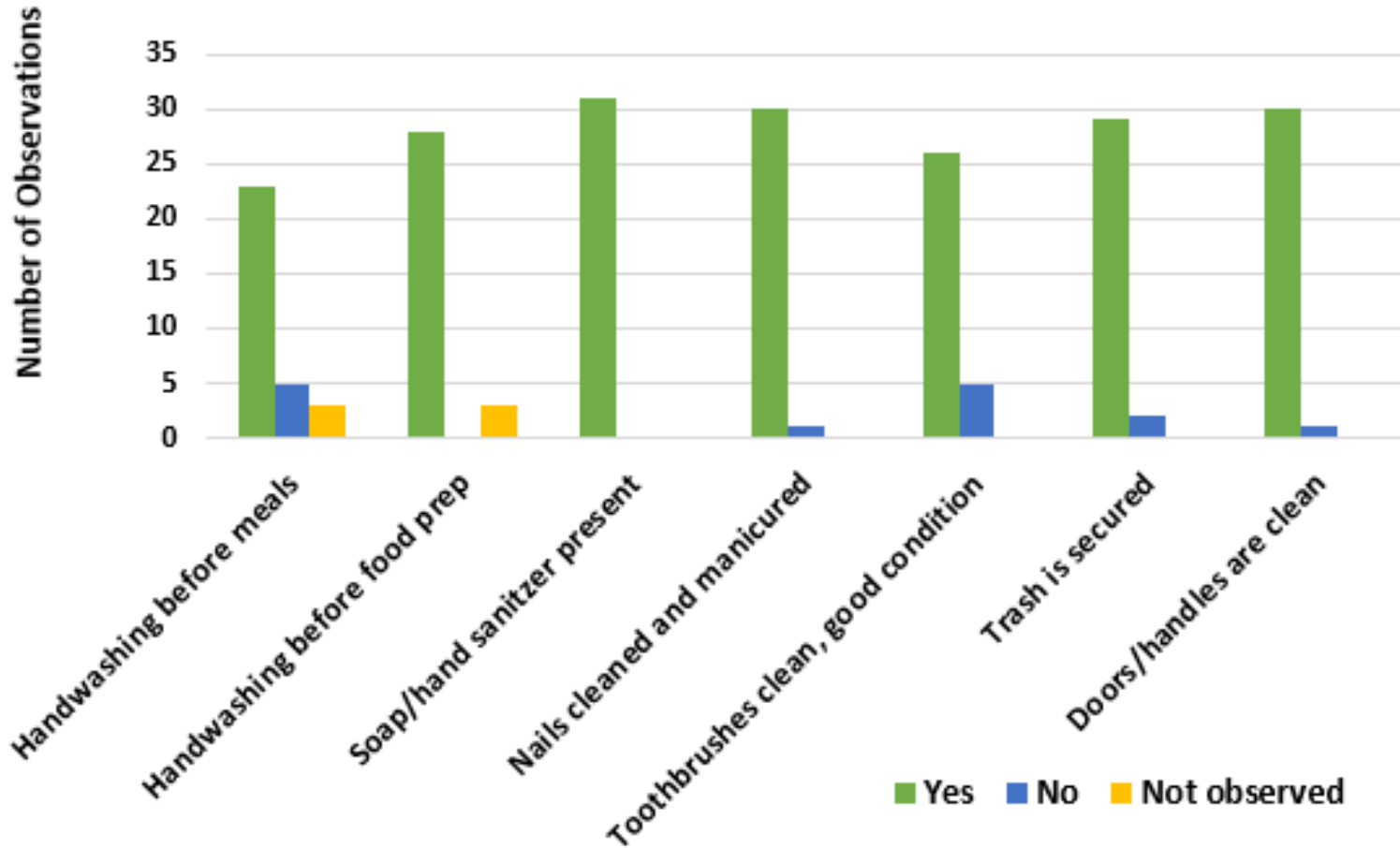
Population Served \_\_\_\_\_ Age Range \_\_\_\_\_ Supervisor: \_\_\_\_\_

Note if house is: \_\_\_\_\_ rented \_\_\_\_\_ owned. Years of service as a group home \_\_\_\_\_. (Corporate office can provide info if needed.)

Activity	Yes	No	N/A	Comments
<b>Environmental Considerations</b>				
Handwashing performed by individuals before meals are served.				
Handwashing and use of utensils are performed by staff and/or individuals when preparing or handling food.				
Soap or hand sanitizer is present by sinks in bathrooms and kitchen.				
Individual's nails are appropriately cleaned and manicured.				
Toothbrushes are clean, in good condition, and stored separately.				
Trash is secured properly.				
Areas around door handles and door handles are clean and do not feel sticky.				

# GROUP HOME OBSERVATION RESULTS

Group Home Infection Control Observations  
April 1, - August 31, 2019; N = 31



## NEXT STEPS

- Incorporate IC group home observations into mobile group home assessment app
- Training of Infection Preventionists
- Determine the number of observations per home annually
- Information resources staff will incorporate IC surveillance data collection and reporting capabilities into our Electronic Health Record.
- Devereux will follow the revised McGeer Criteria for IC surveillance definitions



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**Questions?**

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