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REFERENCES

Center for Disease Control and Prevention (CDC) Infection Control Assessment Tool for Long Term Care Facilities: https://www.cdc.gov/nhslii/ltcf/toolkit.html

Infection Prevention & Control Network and Nebraska DHHS IAP program: https://www.epicommunity.org/1990115.html

DISCUSSION

• EVSS in LTCP in NE were observed to perform especially well during cleaning and disinfection practices, and adequately addressed high-touch surfaces.

• Gaps related to best practice recommendations that related to environmental cleaning and disinfection policies and procedures still exist, which can be a threat to continuity of a good environmental cleaning and disinfection program and make the facility vulnerable during outbreaks.

• Infection preventionists and more dedicated time to IP versus IPCP may help mitigate some of the gaps.

• Training should include:
  ▪ Cleaning and disinfection procedures.
  ▪ Methods to evaluate competency of staff doing cleaning and disinfection.
  ▪ Best practices/methods to audit the quality of cleaning and disinfection.

• Facilities may benefit from resources or templates to guide policy development for:
  ▪ Routine and terminal cleaning and disinfection of resident rooms.
  ▪ Cleaning and disinfection of rooms for residents on Contact Precautions.
  ▪ Cleaning and disinfection of high touch surfaces.
  ▪ Cleaning and disinfection of equipment shared among residents.
  ▪ Cleaning and disinfection of reusable medical devices.

• NE IAP has provided facility-specific guidance to each facility on how to mitigate the most pressing challenges observed during the course of the assessment.

• NE IAP has partnered with the Nebraska Infection Control Network and Nebraska DHHS IAP program to offer a training course on primary infection prevention to all infection preventionists that includes education on cleaning and low-level disinfection (as suggested above).

• Members of the team are currently partnering with LTCP and critical access hospitals on a pilot project designed to implement environmental disinfection and cleaning audit and feedback programs.

• Future studies will evaluate the impact of such efforts on environmental cleaning and disinfection programs and practices on a statewide basis.

Figure 1. Performance of Best Practice Recommendations in Environmental Cleaning in Long-Term Care Facilities, Onsite Interview

Figure 2. Performance of Best Practice Recommendations in Environmental Cleaning Observations in Long Term Care Facilities

Figure 3. Gaps in Observations of Environmental Cleaning Practices: High-Touch Surfaces in Patient Care Areas

Table 1. Characteristics of Long-term Care Facilities

Table 2. Factors Associated with Presence of Best Practice Recommendation

Table 3. Presence of Best Practice Recommendations for Environmental Cleaning in Long-term Care Facilities (n = 30)

The authors of this study have declared to the editors of this year.