Guidance and responses were provided based on information known on 6/14/2023 and may become out of date. Guidance is being updated rapidly; users should look to CDC and NE DHHS guidance for updates.

Infection Prevention Updates for Acute Care and Outpatient Settings

June 14, 2023

ICAP
Infection Control Assessment and Promotion Program

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Presenters & Questions and Answer Session

Presenters today are:

Rebecca Martinez, BA, BSN, RN, CIC	remartinez@nebraskamed.com
Daniel Brailita, MD	dabrailita@unmc.edu
Sarah Stream, MPH, CDA, FADAA	sstream@nebraskamed.com

Panelists today are:

Jody Scebold, EdD, MSN, RN, CIC	jodscebold@nebraskamed.com

Moderated by Margaret Deacy mdeacy@nebraskamed.com

Please use the Q&A box in the webinar platform to type a question to be read aloud. If your question is not answered during the webinar, please e-mail it to nebraskaicap@nebraskamed.com or call Monday – Friday 8:00 am – 4:00 pm CST to speak with one of our Infection Preventionists.

Slides and a recording of this presentation will be available on the Nebraska ICAP website https://icap.nebraskamed.com/events/webinar-archive/

Continuing Education

1.0 Nursing Contact Hour is awarded for the LIVE viewing of this webinar

Nebraska Medicine is approved as a provider of nursing continuing professional development by the Midwest Multistate Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

In order to obtain either contact hour, you must be present for the entire live webinar and complete the post webinar survey

No conflicts of interest were identified for any member of the planning committee, presenters or panelists of the program content

This CE is hosted by Nebraska Medicine and UNMC along with Nebraska ICAP and Nebraska DHHS

Disclosure Declaration

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The accredited provider has mitigated and is disclosing identified relevant financial relationships for the following faculty, planners, and others in control of content prior to assuming their roles:

FACULTY

The faculty have nothing to disclose: Rebecca Martinez, BA, BSN, RN, CIC Daniel Brailita, MD

PLANNING COMMITTEE

The planning committee members have nothing to disclose:

Kate Tyner, RN, BSN, CIC	Josette McConville, BSN, RN, CIC	Lacey Pavlovsky, MSN, RN, CIC	Margaret Deacy
Chris Cashatt, RN, BSN, CIC	Sarah Stream, MPH, CDA, FADAA	Jenna Preusker, Pharm.D., BCPS	Jody Scebold, EdD, MSN, RN, CIC

Webinar Frequency Poll:

How often would you like to attend Nebraska ICAP acute and outpatient settings webinars?

- Continue twice per month (2nd and 4th Wednesdays)

- Change to once per month (2nd Wednesdays) with special webinars if needed. Change would start in July.

COVID-19 End of PHE - Updates

Rebecca Martinez, BA, BSN, RN, CIC
Infection Preventionist, NE ICAP

ICAP
Infection Control Assessment and Promotion Program

Withdrawn - COVID-19 Health Care Staff Vaccination Requirements

QUESTION

Did the "CMS Vaccine Mandate" end and if yes, do we have to wait 60 days until August 4th?

ANSWER

Yes, it ended and it is effective now, you don't have to wait.

Per the Federal Registrar dated 6/5/23, CMS has withdrawn the COVID-19 Health Care Staff Vaccination Requirements (a.k.a. "CMS Vaccine Mandate"). See excerpt from page 36490.

G. Enforcement of Staff Vaccination Provisions

Federal rules generally become effective 60 days after publication; however, the COVID–19 PHE expired on May 11, 2023. Our decision to terminate the omnibus facility staff vaccination requirements in this final rule reflect our determination that the emergency circumstances which occasioned these vaccination provisions no longer exist. Since facilities are no longer operating under PHE circumstances, and considering the lower policy priority of enforcement within the remaining time, we will not be enforcing the staff vaccination provisions between now and August 4, 2023.

https://www.govinfo.gov/content/pkg/FR-2023-06-05/pdf/2023-11449.pdf

COVID-19 Hospital Data Reporting – Changes Implemented 6/11/23

COVID-19 Guidance for Hospital Reporting and FAQs
For Hospitals, Hospital Laboratory, and Acute Care Facility Data Reporting
Updated: June 11, 2023
Implementation Date: June 11, 2023

- Less elements to report on
- Changed from daily to weekly submissions
- Resources for more information
  - HHS COVID-19 Guidance for Hospital Reporting and FAQs
  - CDC NHSN COVID-19 Hospital Data Reporting Guidance 3 Page Update
  - NHSN COVID-19 Hospital Data Guidance Update – Office Hours Session
    - Thursday, June 15, 2023 from 2-3pm Eastern Time
    - Register: https://cdc.zoomgov.com/webinar/register/WN_2CnKZ7bnTE-wTAeRmOpm_g

COVID-19 Vaccination Modules – Healthcare Personnel Safety Component

The NHSN Vaccination Team will be hosting a webinar to review important changes and information regarding reporting Healthcare Personnel COVID-19 vaccination data through the NHSN Healthcare Personnel Safety Component (HPS). These changes will be effective beginning in Quarter 3 2023 (June 26, 2023).

Initial Session Wednesday, June 21st

When: Wednesday, June 21, 2023, 02:00 PM Eastern Time ***(1pm Central Time)***

Topic: Updates to COVID-19 Vaccination Modules for June 2023 - Healthcare Personnel Safety Component

Register in advance for this webinar:

https://cdc.zoomgov.com/webinar/register/WN_MYyidsbpQtGDt2UDYdEM6w [t.emailupdates.cdc.gov]

NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

And

Replay Session Wednesday, June 28th

When: June 28, 2023, 02:00 PM Eastern Time ***(1pm Central Time)***

Register in advance for this webinar:

https://cdc.zoomgov.com/webinar/register/WN_AgqxcEHkSKKEitwZZ86MCg [t.emailupdates.cdc.gov]

For any questions, please send an e-mail to the NHSN Helpdesk at NHSN@cdc.gov with "COVID-19 Vaccination" in the subject line of the e-mail, along with your facility type.

ICAP

Strategies to Prevent Surgical Site Infections in Acute-Care Hospitals

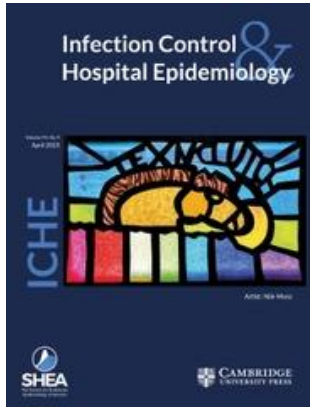
Rebecca Martinez, BA, BSN, RN, CIC
Infection Preventionist, NE ICAP

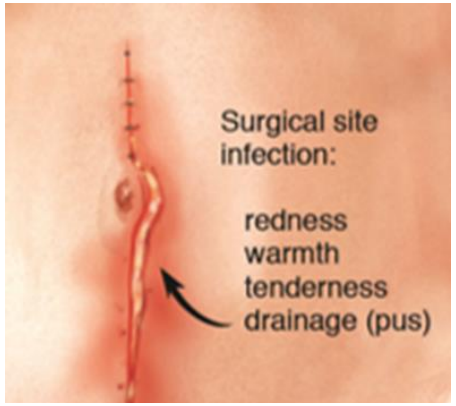
Daniel Brailita, MD
Assistant Professor, Division of Infectious Diseases
Associate Medical Director, Nebraska ICAP

ICAP
Infection Control Assessment and Promotion Program

SSI Prevention - SHEA/IDSA/APIC Practice Recommendations Updated

- This expert guidance document is sponsored by the Society for Healthcare Epidemiology of America (SHEA) and is the product of a collaborative effort led by SHEA, the Infectious Diseases Society of America (IDSA), the Association for Professionals in Infection Control and Epidemiology (APIC), the American Hospital Association (AHA), and The Joint Commission with major contributions from representatives of a number of organizations and societies with content expertise.
- The intent of this document is to highlight practical recommendations in a concise format designed to assist acute-care hospitals to implement and prioritize their surgical site infection (SSI) prevention efforts.
  - **19 Essential Practices**
  - **4 Additional Approaches**
    - 5 Unresolved Issues
      - 3 Approaches Not to Consider





2022 SHEA Strategies to Prevent SSI in Acute Care Hospitals

SHEA IDSA Infectious Diseases Society of America APIC American Hospital Association The Joint Commission

Images by SHEA and AHRQ

ICAP

Preventing SSI is a Team Effort - Collaborate

It really takes a takes a multi-disciplinary team for SSI prevention. The team includes the surgeons and peri-operative staff, the infection preventionist, quality and performance improvement staff and others.

- Each team member brings their expertise and ideas.
- Working as a team and communicating effectively can be pivotal for success.
- We encourage you to learn more about the policies and practices in your facility through self-review and developing relationships within your team and learning more from them.
- Promote a culture of safety.
- Ensure SSI committee meetings are collaborative.

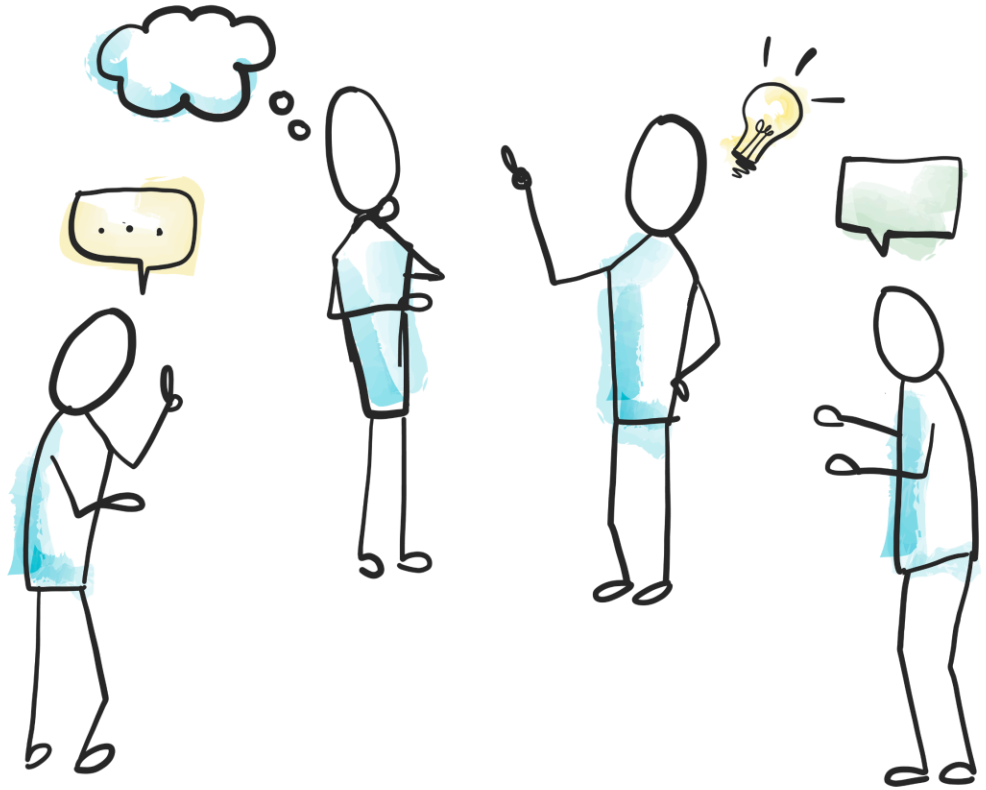


Image by rawpixel.com

SSI & Team Approach

The surgeon has been regarded as the "captain of the ship" in the operating room (OR) for many years but cannot accomplish successful operative intervention without the rest of the team.

- *(Dellinger EP. Teamwork and Collaboration for Prevention of Surgical Site Infections. Surg Infect (Larchmt). 2016 Apr;17(2):198-202. doi: 10.1089/sur.2015.260. Epub 2016 Feb 17. PMID: 26885871.);*
- *(Staubitz L. Approach is crucial: Preventing Surgical Site Infections through Lean Methods and Teamwork, American Journal of Infection Control, Volume 47, Issue 6, Supplement,2019,Pages S28-S29,https://doi.org/10.1016/j.ajic.2019.04.058)*

Likewise, the QI/ compliance managers, infection preventionists, RN OR managers cannot accomplish a successful SSI avoidance program without involving other team members

Team approach to prevention starts OUTSIDE the hospital- involving the patient

- *(Linda Easton, Deborah Spratt, et al:, Reducing Surgical Site Infections: A Team Approach- American Journal of Infection Control, Volume 45, Issue 6, Supplement 2017,Pages S110-S111,https://doi.org/10.1016/j.ajic.2017.04.185.)*

Example of SSI Prevention Team- Complex Surgery

Jones NJ, Villavaso CD. An Interprofessional Team Approach to Decreasing Surgical Site Infection After Coronary Artery Bypass Graft Surgery. Crit Care Nurs Clin North Am. 2017 Mar;29(1):1-13. doi: 10.1016/j.cnc.2016.09.001. Epub 2016 Nov 15. PMID: 28160951.

Box2
Interprofessional roles to consider for inclusion in surgical site infection prevention team

- Infection Preventionist
- Surgery Circulating Nurse and Leader
- Surgery Concurrent Review Nurse
- Surgeon
- Nurse Educator
- Nurse from acute care and critical care
- Pharmacist
- Anesthesiologist
- Certified Registered Nurse Anesthetist
- Endocrinologist
- Licensed Dietician
- Certified Diabetes Educator
- Preoperative Assessment and Education Nurse
- Surgery Informatics Nurse
- Clinical Nurse Specialist
- Chief Nursing Officer
- Chief Medical Officer

" You have a SSI"

- We have to assign this SSI to you. It is part of your QI profile. It will be reported to the QI committee and reviewed as part of your performance
- You had 2 SSI's this year. Your surgeries have a 33% infection rate. This is much worse than last year.
- Your surgeries take much longer than your peers

" No I don't"

- It's not my fault, the patient must not have scrubbed at home. You need to have the OR nurse prepare the patients better
- This hospital is really bad. I never get infections in the surgical center.
- Who ordered that culture. I told you not to order one, there was no infection. It's a seroma
- The OR team is all new and they don't follow my instructions
- I wanted vancomycin to be continued for 7 days but you guys want cefazolin for 24 hrs.

Yeah.... Not helpful

Do This Instead

- Involve all team members
- Avoid analyzing data without connection to the field
- Non-confrontational
- Open Audit and feedback
- Identify barriers
- SSI prevention is a continuum of care
- Surgeons, as well as nurses, as well as QI and IP staff, want to DO GOOD for their patients. Give all of them the chance to review and propose changes.
- Any team needs 1-2 leaders.

Example of toolkit to use for audit and feedback :

https://www.ahrq.gov/hai/tools/surgery/tools/surgical-complication-prevention/ssi-investigation.html

Risk Factors for SSI

Table 3 on page 5 provides risk factors for SSI divided into 5 categories and recommendations for each.

- Unmodifiable patient –related
  - Age, history of radiation, history of skin and soft tissue infections
- Modifiable patient-related
  - Glucose control, obesity, smoking cessation, immunosuppressive medications, hypoalbuminemia, *S. aureus* nasal colonization
- Preparation of the patient
  - Hair removal and identifying and treating pre-op infections
- Operative characteristics
  - Surgical scrub, skin prep, antimicrobial prophylaxis, blood transfusion, surgeon skill/technique, appropriate gloving, asepsis, and operative time
- Operating room characteristics
  - Ventilation, traffic, environmental surfaces, sterilization of surgical equipment

Table 3. Selected Risk Factors for and Recommendations to Prevent Surgical Site Infection (SSI)

Risk Factor	Recommendation	Quality of Evidence
Intrinsic, patient-related (preoperative)		
Unmodifiable		
Age	No formal recommendation: relationship to increased risk of SSI may be secondary to comorbidities or immunosenescence[341–343]	N/A
History of radiation	No formal recommendation. Prior irradiation at the surgical site increases the risk of SSI, likely due to tissue damage and wound ischemia.[183]	N/A
History of skin and soft-tissue infections	No formal recommendation. History of a prior skin infection may be a marker for inherent differences in host immune function.[344]	N/A
Modifiable		
Glucose control	Control serum blood-glucose levels for all surgical patients including patients without diabetes.[345]	HIGH
Obesity	Increase dosing of prophylactic antimicrobial agent for morbidly obese patients.[73,346]	HIGH
Smoking cessation	Encourage smoking cessation within 30 days of procedure.[4,347–351]	HIGH
Immunosuppressive medications	Avoid immune-suppressive medications in perioperative period if possible	LOW
Hypoalbuminemia	No formal recommendation. Though a noted risk factor,[352] do not delay surgery for use of total parenteral nutrition.	N/A
S. aureus nasal colonization	Decolonize patients with nasal mupirocin or povidine-iodine prior to surgery	MODERATE
Preparation of patient		
Hair removal	Do not remove unless hair will interfere with the operation[4]; if hair removal is necessary, remove outside of the operating room by clipping. Do not use razors.	HIGH
Preoperative infections	Identify and treat infections remote to the surgical site (eg, urinary tract infection in the presence of prior to elective surgery.[4,353] Do not routinely test or treat for asymptomatic bacteriuria except in urologic procedures.[4,353]	MODERATE
Operative characteristics		
Surgical scrub (surgical team members' hands and forearms)	Use appropriate antiseptic agent to perform preoperative surgical scrub.[4,354] For most products, scrub the hands and forearms for 2–5 minutes.	MODERATE
Skin preparation	Wash and clean skin around incision site. Use a dual agent skin prep containing alcohol unless contraindications exist.[4]	HIGH
Antimicrobial prophylaxis	Administer only when indicated.[4] Select appropriate agents based on surgical procedure, most common pathogens causing SSI for a specific procedure, and published recommendations.[73] Administer within 1 hour of incision to maximize tissue concentration.[73] Discontinue antimicrobial agents after incisional closure in the operating room.[a]	HIGH
Blood transfusion	Blood transfusions increase the risk of SSI by decreasing macrophage function. Reduce blood loss and need for blood transfusion to greatest extent possible.[355–357]	MODERATE
Surgeon skill/technique	Handle tissue carefully and eradicate dead space.[4]	LOW
Appropriate gloving	All members of the operative team should double glove and change gloves when perforation is noted.[358]	LOW
Asepsis	Adhere to standard principles of operating room asepsis.[4]	LOW
Operative time	No formal recommendation in most recent guidelines; minimize as much as possible without sacrificing surgical technique and aseptic practice.	HIGH
Operating room characteristics		
Ventilation	Follow American Institute of Architects' recommendations for proper air handling in the operating room.[4,359]	LOW
Traffic	Minimize operating room traffic.[4,207,208]	LOW
Environmental surfaces	Use an Environmental Protection Agency (EPA)–approved hospital disinfectant to clean visibly soiled or contaminated surfaces and equipment in accordance with manufacturer's instructions.[4]	LOW
Sterilization of surgical equipment	Sterilize all surgical equipment according the device manufacturer's validated parameters: cycle type, time, temperature, pressure, and dry time. Minimize the use of immediate use steam sterilization.[4,360]	MODERATE

[a]Vancomycin and fluoroquinolones can be given 2 hours prior to incision.

Essential Practices Pre-Operative – High or Moderate Quality of Evidence

- ❑ Implement policies and practices to reduce the risk of SSI for patients that align with applicable evidence-based standards, rules and regulations, and medical device manufacturer instructions for use.

- ❑ Use a checklist and/or bundle to ensure compliance with best practices to improve surgical patient safety.
  - This was an unresolved issue and now an essential practice.

- ❑ Decolonize surgical patients with an anti-staphylococcal agent in the preoperative setting for orthopedic and cardiothoracic procedures.
  - This was upgraded from an additional approach to an essential practice for *S. aureus* carriers using mupirocin or povidone-iodine.
    - ❑ Decolonize surgical patients in other procedures at high risk of staphylococcal SSI, such as those involving prosthetic material. (Quality of evidence: LOW)

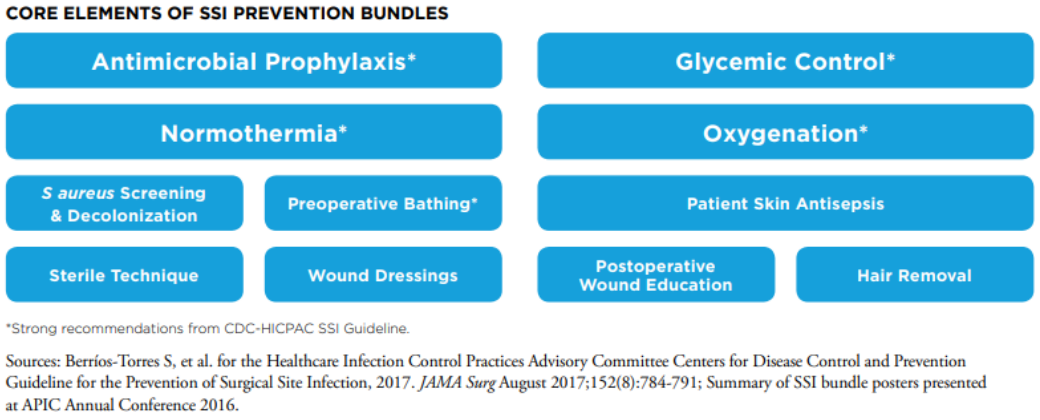


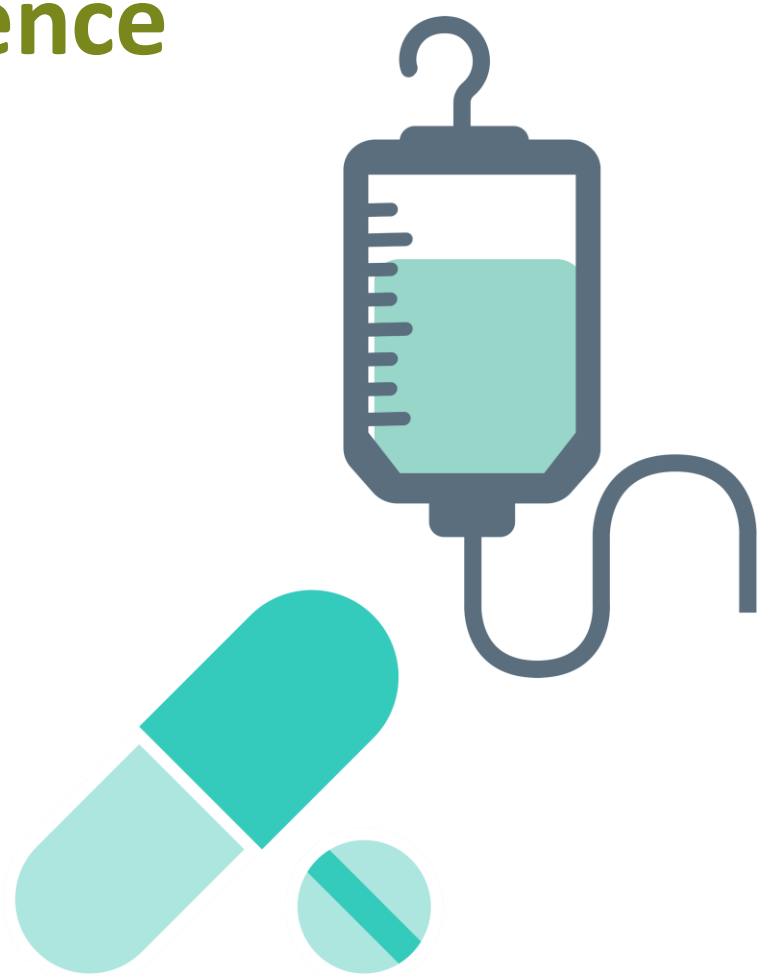
Image by rawpixel.com

Essential Practices Pre-Operative – High or Moderate Quality of Evidence

- Do not remove hair at the operative site unless the presence of hair will interfere with the surgical procedure.
  - If needed use clippers or depilatory agent.
    - Razors in very limited cases such as male genitalia.

- Administer antimicrobial prophylaxis according to evidence-based standards and guidelines.
  - Weight based dosing
  - Up to 1 hour prior
    - Up to 2 hours prior allowed for vancomycin and fluroquinolones
  - Don't routinely use vancomycin but consider for MRSA colonization particularly if involving prosthetic material.
  - Re-dose for long procedures or excessive blood loss.
  - Discontinue at time of surgical closure.

- Use a combination of parenteral and oral antimicrobial prophylaxis prior to elective colorectal surgery to reduce the risk of SSI.
  - Upgraded to an essential practice and perform mechanical bowel prep if not contraindicated.



Images by rawpixel.com

Essential Practices Intra-Operative - High or Moderate Quality of Evidence

- ❑ For procedures not requiring hypothermia, maintain normothermia (temperature > 35.5°C/ >95.9 °F) during the perioperative period.

- ❑ Use impervious plastic wound protectors for gastrointestinal and biliary tract surgery.

- ❑ Use alcohol-containing preoperative skin preparatory agents in combination with an antiseptic.
  - Don't use alcohol if contraindicated such as if will pool and not dry in hair or may be contraindicated on mucosa, cornea, or ear.
  - Always follow instructions for use for both antiseptic and alcohol.

- ❑ Use antiseptic-containing preoperative vaginal preparation agents for patients undergoing cesarean delivery or hysterectomy.
  - This is added as an essential practice.
  - Povidone-iodine or CHG

- ❑ Perform intraoperative antiseptic wound lavage.
  - Upgraded to an essential practice.
  - Ensure sterility is maintained.

Image by CDC

Essential Practices Post-Operative - High or Moderate Quality of Evidence

- ❑ Control blood-glucose level during the immediate postoperative period for all patients.
  - ❑ Regardless of diagnosis of diabetes.
  - ❑ Target range tightened to 110-150 mg/dL
  - ❑ Post-op time frame about 1-2 days (24-48 hours)

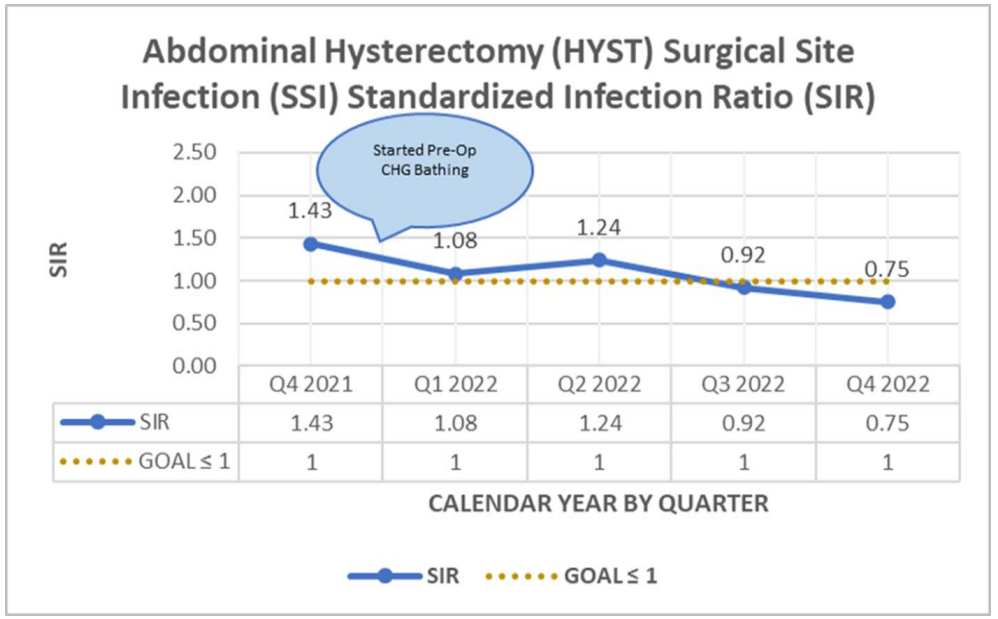
- ❑ Perform surveillance for SSI.
  - Use NHSN case definitions and validate application.
  - NE ICAP did a 6/22/22 webinar on SSI surveillance.

- ❑ Increase the efficiency of surveillance by utilizing automated data.
  - Maximize your electronic health record and other systems to reduce burden.

- ❑ Provide ongoing SSI rate feedback to surgical and perioperative personnel and leadership.

NE ICAP - Sample SSI Chart Template

https://icap.nebraskamed.com/events/webinar-archive/



Essential Practices Post-Operative - Low Quality of Evidence

These next four essential practices related to education, auditing, and feedback should be adopted within your facility and their importance is considered foundational along as with the other essential practices.

Image by CDC

- ❑ Educate patients and their families about SSI prevention as appropriate.
  - Assess what patient risk factors are modifiable and apply recommendations as appropriate such as glucose control and smoking cessation.
  - Patients should know who to contact for questions or to report a potential surgical site infection.

- ❑ Educate surgeons and perioperative personnel about SSI prevention measures.
  - E.g. outcomes with SSI, SSI rates by procedure, MRSA rates, trends

Image by rawpixel.com

- ❑ Observe and review operating room personnel and the environment of care in the operating room and in central sterile reprocessing.
  - This was upgraded to an essential practice.

- ❑ Measure and provide feedback to HCP regarding rates of compliance with process measures.
  - Measuring can indicate process reliability
  - Keep surgeon specific SIRs or SSI rates confidential.

Reminder - CMS Hospital Infection Control Worksheet

The CMS Hospital Infection Control Worksheet could be helpful to help guide observations in your facility.

- The guidance for the worksheet used during an on-site survey to determine compliance with the Infection Control Condition of Participation was made available to the public 1/1/2020.
  - Pages 46-49 are observations of IPC practices to assess if:
    - Surgical procedures are performed in a manner consistent with hospital IPC policies and procedures to maximize the prevention of infection and communicable disease.
    - Processes ensuring infection control in the OR are accomplished in a manner consistent with hospital IPC policies and procedures to maximize the prevention of infection and communicable disease.

Section 4.I. Surgical Procedures

Elements to be assessed		Surveyor Notes		Surveyor Notes
Surgical procedures are performed in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:				
Processes ensuring infection control in the OR are accomplished in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:				

CMS Hospital Infection Control Worksheet

NE ICAP Webinar Series on SSI and SPD

Nebraska ICAP is here for you and in case you missed it, we have our recent webinar slides and recordings available on-line. The below are some recent webinars related to SSI prevention and the sterile processing department with lots of helpful tips on observing and auditing.

Acute and Outpatient Facilities

2.8.23 Acute & OP – SSI Prevention

Slide deck

Acute and Outpatient Facilities

6.22.22 Acute & OP – Surgical Site Infections

Slide deck

Acute and Outpatient Facilities

2.22.23 Acute & OP – SSI: Intraoperative Anesthesia Infection Prevention Audit Tool

Slide deck

Acute and Outpatient Facilities

4.12.23 Acute & OP – Observing and Auditing in the OR – Opening Sterile Supplies

Slide deck

Acute and Outpatient Facilities

4.26.23 Acute & OP – Observing and Auditing in Sterile Processing

Slide deck

https://icap.nebraskamed.com/events/webinar-archive/

Additional Approaches to Consider - High or Moderate Quality of Evidence

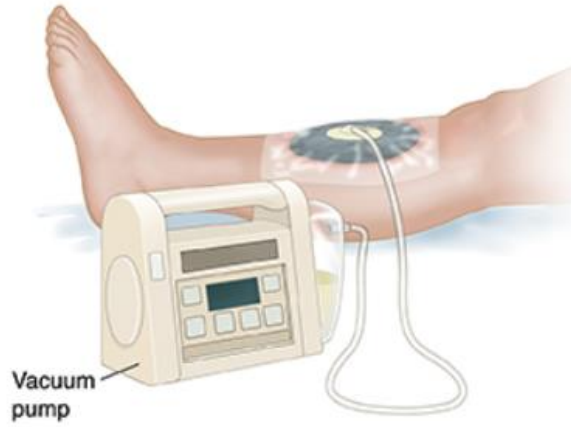
Additional approaches that can be considered when SSIs are not controlled with essential practices are below and can be applied to facility wide or to specific locations and/or patient populations.

- ❑ Observe and review practices in the pre-operative clinic, post-anesthesia care unit, surgical ICU and/or surgical ward.
  - Consider observing wound care, hand hygiene, environmental cleaning and disinfection.

- ❑ Use antiseptic-impregnated sutures as a strategy to prevent SSI.
  - Previously was not recommended.

- ❑ Consider use of negative pressure dressings in patients who may benefit (e.g. abdominal procedures, high BMI)
  - Added as an additional approach.

- ❑ Perform an SSI risk assessment.
  - Reclassified to an additional approach.
  - Identify gaps, improve performance, measure compliance, assess interventions impact, and provide feedback.
  - Develop a plan based on an assessment of risk that is sustainable.



https://www.saintlukeskc.org/health-library/negative-pressure-wound-therapy

Unresolved Issues & Approaches Not to Consider

Unresolved issues to which there are no specific recommendations include:

- ❑ Use of surgical attire
  - "Although there are longstanding traditions and opinions regarding surgical attire in the operating room, no strong evidence exists for many of them. It has not been demonstrated that surgical attire affects SSI rates. One approach to managing issues pertaining to surgical attire is to form a multidisciplinary body including infection control, surgery, nursing, and anesthesia to discuss and agree to some sensible, not overly aggressive or cumbersome attire standards, and to establish policies and procedures that are compliant with state and CMS requirements."
- ❑ Preoperative intranasal and pharyngeal CHG treatment for patients undergoing cardiothoracic procedures
- ❑ Optimize tissue oxygenation at the incision site
  - Previously an essential practice for supplemental oxygen for patients requiring mechanical ventilation
- ❑ Use of gentamicin-collagen sponges
- ❑ Use of antimicrobial powder

Approaches that should <u>not</u> be considered a routine part of SSI prevention based on high or moderate quality of evidence include:

- ❑ Do not routinely delay surgery to provide parenteral nutrition.
- ❑ Do not routinely use vancomycin for antimicrobial prophylaxis.
- ❑ Do not routinely use antiseptic drapes as a strategy to prevent SSI.

Image by rawpixel.com

ICAP

Focused ICAR Visits Are Available

Nebraska ICAP is available for on-site infection control assessment and response (ICAR) non-regulatory voluntary visits. Based on your request, we can provide a more focused assessment including some, or all of the below domains. An example would be an SSI focused ICAR looking at surgical suite practices including device reprocessing.

- Surgical Site Infection (SSI) Prevention
- Device Reprocessing including sterilization and high-level disinfection
- Infection Control Program and Infrastructure
- Hand Hygiene
- Personal Protective Equipment (PPE)
- Catheter-associated Urinary Tract Infection (CAUTI) Prevention
- Central Line associated Bloodstream Infection (CLABSI) Prevention
- Ventilator-associated Event (VAE) Prevention
- Injection Safety
- Clostridioides difficile infection (CDI) Prevention
- Environmental Cleaning & Disinfection (ATP testing offered during visit)
- Surveillance and Systems to Detect, Prevent, and Respond to HAIs and MDROs
- Healthcare Personnel Safety
- Water Management
- COVID-19 Prevention and Response
- Antimicrobial Stewardship (the NE ASAP program remains a resource for comprehensive assessments)

Please let us know if interested

nebraskaicap@nebraskamed.com
(402) 552-2881

Questions and Answer Session

Please use the QA box in the webinar platform to type a question

Attendees also have the option to upvote other attendee's questions

Questions will be read aloud by the moderator

If time does not allow and we are unable to answer your question, please email us at NE ICAP or call 402.552.2881

A recording of the discussion will be made available on the Nebraska ICAP website
https://icap.nebraskamed.com/events/webinar-archive/

Events > Past Webinars and Slides

Past Webinars and Slides

Acute Care and Outpatient Setting Webinars

ICAP

Speakers/ Panelists:

Rebecca Martinez, BA, BSN, RN, CIC

Daniel Brailita, MD

Jody Scebold, EdD, MSN, RN, CIC

Sarah Stream, MPH, CDA, FADAA

Misc. Updates & Reminders

Sarah Stream, MPH, CDIPC, CDA, FADAA
Infection Preventionist, NE ICAP

ICAP
Infection Control Assessment and Promotion Program

Join Nebraska ICAP for 6 weeks of live infection control classes for Certified Nursing Aides, Medication Aides, Direct Care Workers, Home Health Aides and any other frontline staff.

We will be discussing how to recognize risk in a healthcare setting and different reservoirs pathogens can live in.

Now is your chance to ask the experts!

WHO

Certified Nursing Aides, Medication Aides, Direct Care Workers, Home Health Aides

WHAT

Free, online, infection control class with Nebraska ICAP experts

ICAP
Infection Control Assessment and Promotion Program

WHEN

Every Friday

12:30-1:00 PM

June 23, 2023

June 30, 2023

July 7, 2023

July 14, 2023

July 21, 2023

July 28, 2023

WHERE

Register at:

WHY

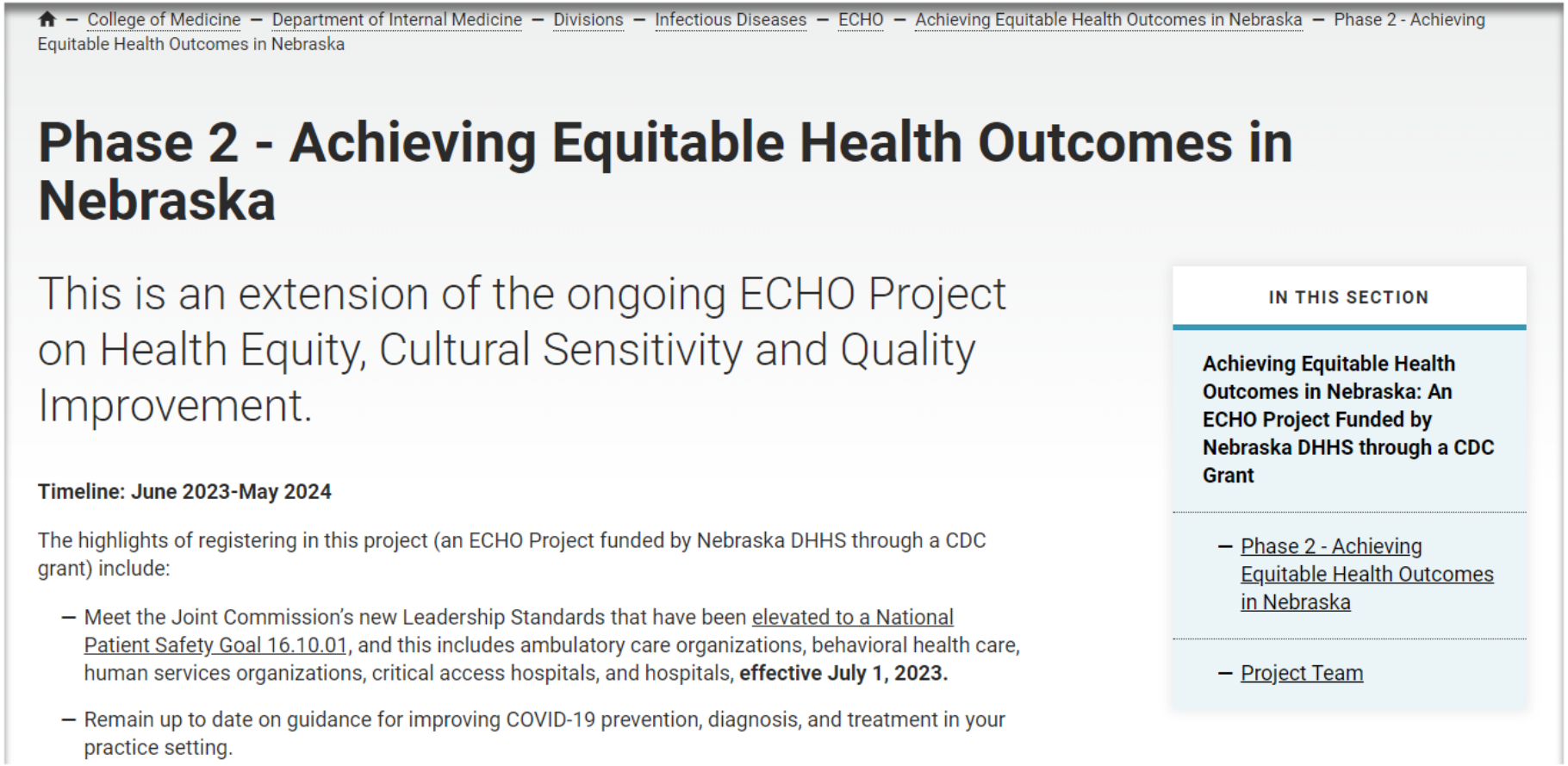
Infection Control Education Works!

Call us with questions at 402.552.2881

PROJECT FIRSTLINE The Power To Stop Infections. Together.

CDC

Educational Opportunity



College of Medicine – Department of Internal Medicine – Divisions – Infectious Diseases – ECHO – Achieving Equitable Health Outcomes in Nebraska – Phase 2 - Achieving Equitable Health Outcomes in Nebraska

Phase 2 - Achieving Equitable Health Outcomes in Nebraska

This is an extension of the ongoing ECHO Project on Health Equity, Cultural Sensitivity and Quality Improvement.

Timeline: June 2023-May 2024

The highlights of registering in this project (an ECHO Project funded by Nebraska DHHS through a CDC grant) include:

- Meet the Joint Commission's new Leadership Standards that have been elevated to a National Patient Safety Goal 16.10.01, and this includes ambulatory care organizations, behavioral health care, human services organizations, critical access hospitals, and hospitals, **effective July 1, 2023.**
- Remain up to date on guidance for improving COVID-19 prevention, diagnosis, and treatment in your practice setting.

IN THIS SECTION

Achieving Equitable Health Outcomes in Nebraska: An ECHO Project Funded by Nebraska DHHS through a CDC Grant

- Phase 2 - Achieving Equitable Health Outcomes in Nebraska
- Project Team

When: Third Wednesday of Every Month

Time: 12 noon to 1 PM CST

First ECHO Session On:
June 21st, 2023

Registration Survey Link:

https://redcap.nebraskamed.com/surveys/?s=9D448KMYJTF4JXA4

https://www.unmc.edu/intmed/divisions/id/echo/health-equity/phase2.html

First Quarter Sessions and Objectives

Session 1 | June 21

Topics & Objectives

Implement Quality Improvement to Meet the Joint Commission's Requirements for Health Equity

1. Review the Joint Commission's Health Equity new requirements for health care organizations (effective July 1, 2023)
2. Discuss examples of quality improvement (QI) projects which align with the Joint Commission's requirements
3. Recognize the ways in which different roles can contribute to QI projects to promote health equity

Session 2 | July 19

Topics & Objectives

Getting Leadership Buy-In

1. Summarize strategies for engaging leadership in Quality Improvement projects
2. Demonstrate how the Joint Commission's requirements for health equity can inform conversations with leadership
3. Practice implementing strategies for engaging leadership in case discussion

Session 3 | August 16

Topics & Objectives

Scoping QI Projects for Health Equity

1. Articulate the value of having diverse perspectives in scoping changes
2. Practice developing problem statements focused on health equity
3. Incorporate diverse perspectives into improvement projects in case discussion

Join Us on Upcoming Webinars

- **Notice – There will be no June 28th, 2023 webinar due to overlap with the national APIC conference available in-person and virtual.**
- **July 12, 2023**
    - Observing and Auditing in Sterile Processing: Instrument Preparation, and Sterilization
- If you have suggestions for future webinar topics, please include them in the continuing education (CE) survey or contact us with your requests! Call us at 402.552.2881 or email nebraskaICAP@nebraskamed.com
- You can also be added to our setting specific mailing lists, receive webinar and training invites and be connected to an Infection Preventionist that specializes in your area by filling out the contact form at: https://icap.nebraskamed.com/contact-us/

Image Courtesy AORN Article

Where can you find us?

Follow us on Facebook at @NebraskaICAP or
https://www.facebook.com/NebraskaICAP/

Follow us on Twitter at @dirty_drinks and @Mouthy_IP

Listen to Dirty Drinks and The Mouthy IP wherever you listen to podcasts!

Find resources for all facility types at our website:
https://icap.nebraskamed.com/

ICAP

Does your facility have questions about the NHSN Antibiotic Use and Resistance (AUR) Module?

Nebraska ASAP Pharmacists are here to help!

To schedule a Q&A meeting about AUR,

Call 402-552-2881

Office Hours are Monday – Friday
8:00 AM - 4:00 PM Central Time

NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

ASAP
Nebraska Antimicrobial Stewardship Assessment and Promotion Program

ICAP Contact Info

Call 402-552-2881

Office Hours are Monday – Friday
8:00 AM - 4:00 PM Central Time
Weekends and Holidays 8:00-4:00

On-call hours are available for emergencies only

Scan the QR Code to be taken to our website contact form. You can request a call back from an IP, Sign up for newsletters and reminders and request an ICAR Review for your facility.

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ICAP

Webinar CE Process

1 Nursing Contact Hour is awarded by NE Medicine *

* Nebraska Medicine is approved as a provider of nursing continuing professional development by the Midwest Multistate Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

CNE Nursing Contact Hours:

- Completion of survey is required.
  - The survey must be specific to the individual obtaining credit.
  - (i.e.: 2 people cannot be listed on the same survey)
- One certificate is issued quarterly for all webinars attended
- Certificate comes directly from ICAP via email
- Survey functionality is lost on mobile devices