Infection Prevention Updates for Acute Care & Outpatient Settings

July 10, 2024

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DEPT. OF HEALTH AND HUMAN SERVICES

NE ICAP

NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION PROGRAM

Presenters & Panelists & Moderator

Presenters today:

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Moderator today:

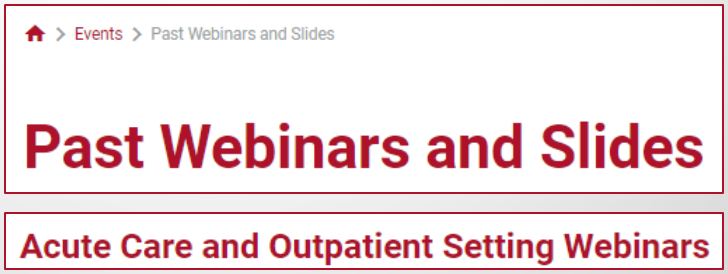
Margaret Deacy	mdeacy@nebraskamed.com

Questions & Answer Session

- 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 call (402) 552-2881 Monday – Friday 8:00 am – 4:00 pm CST to speak with one of our Infection Preventionists or e-mail your question to nebraskaicap@nebraskamed.com

Slides & Webinar Recordings Available

- During this webinar, slides are available on the NE ICAP Acute Care webpage
- Visit the NE ICAP Past Webinars and Slides webpage
  - The slides and a recording of this webinar will be posted soon after the webinar
  - Also, various recent NE ICAP webinar slides and recordings are available



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

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The faculty have nothing to disclose:

Rebecca Martinez, BSN, BA, RN, CIC
Sarah Stream, MPH, CDA, FADAA
Juan Teran Plasencia, MD
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Kate Tyner, RN, BSN, CIC
Josette McConville, BSN, RN, CIC
Jenna Preusker, Pharm.D., BCPS

Respiratory Season Update

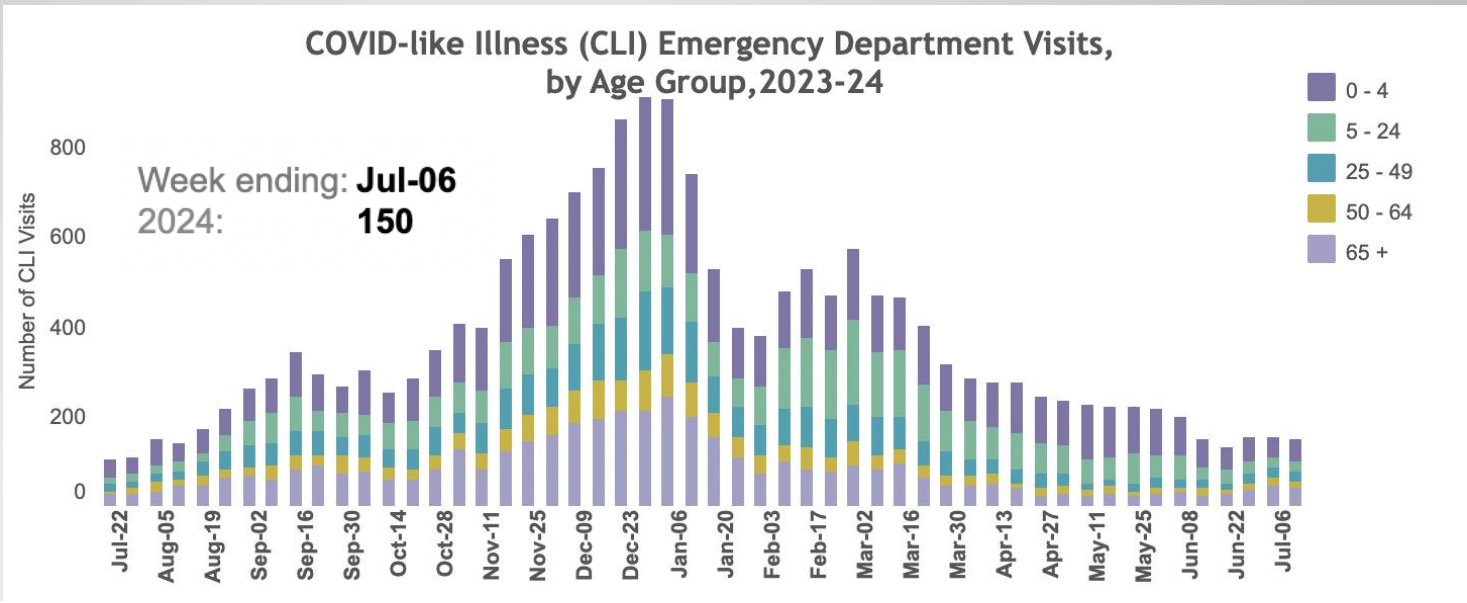
Juan Teran, MD
Medical Director, NE ICAP

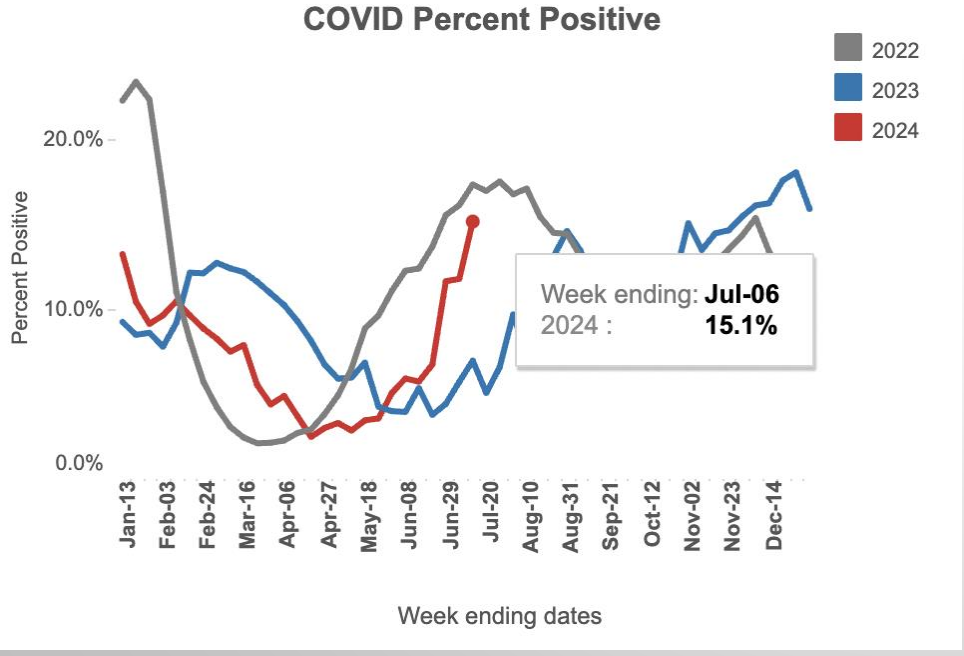
NE ICAP

Key points

- Covid is increasing with expected summer wave
- RSV season is over
- Flu activity is minimal

NE DHHS COVID Data





Week ending dates

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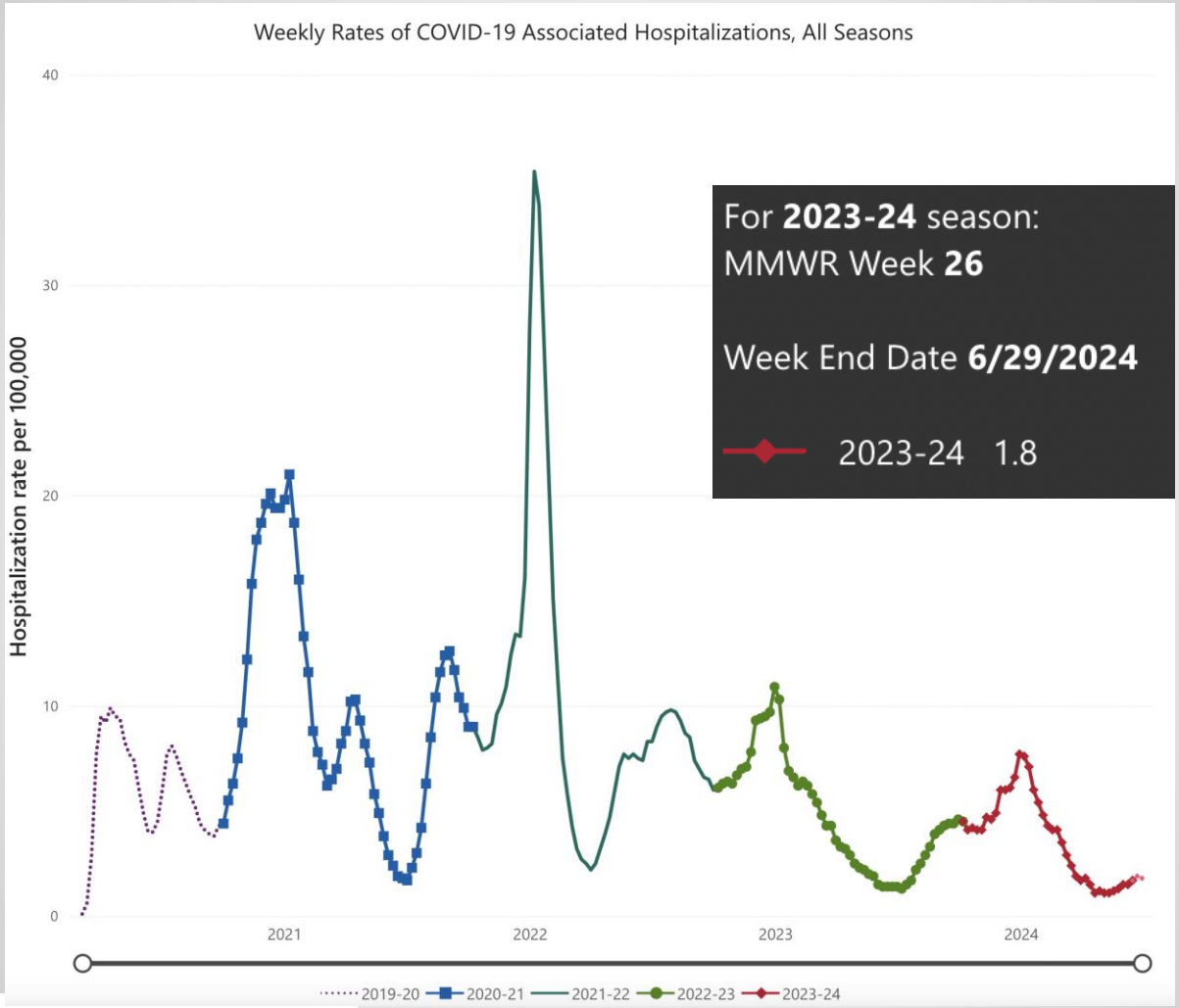
COVID Rate of Hospitalizations US



CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

COVID Data Tracker

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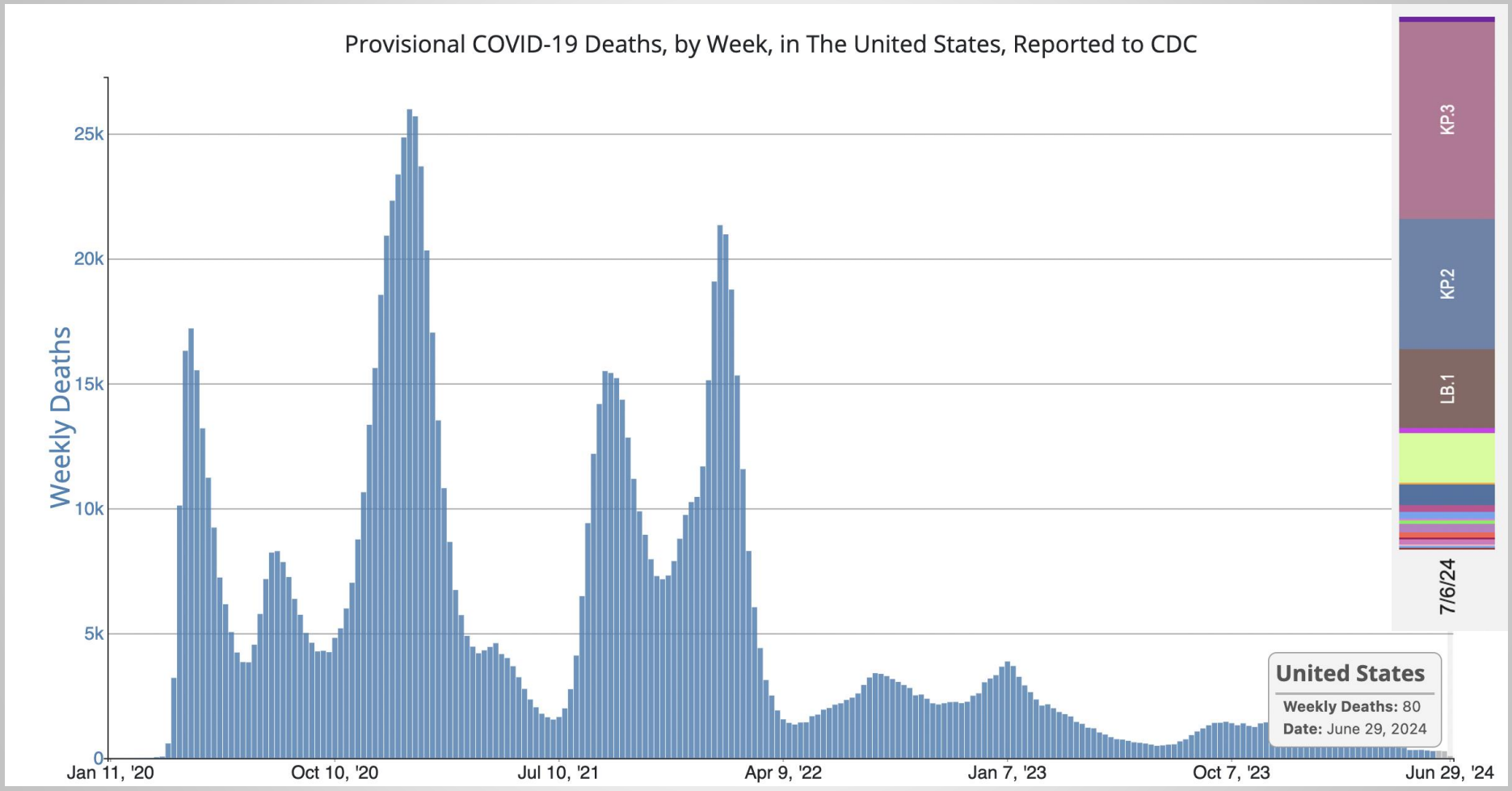
COVID Deaths



CDC Centers for Disease Control and Prevention
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COVID Data Tracker

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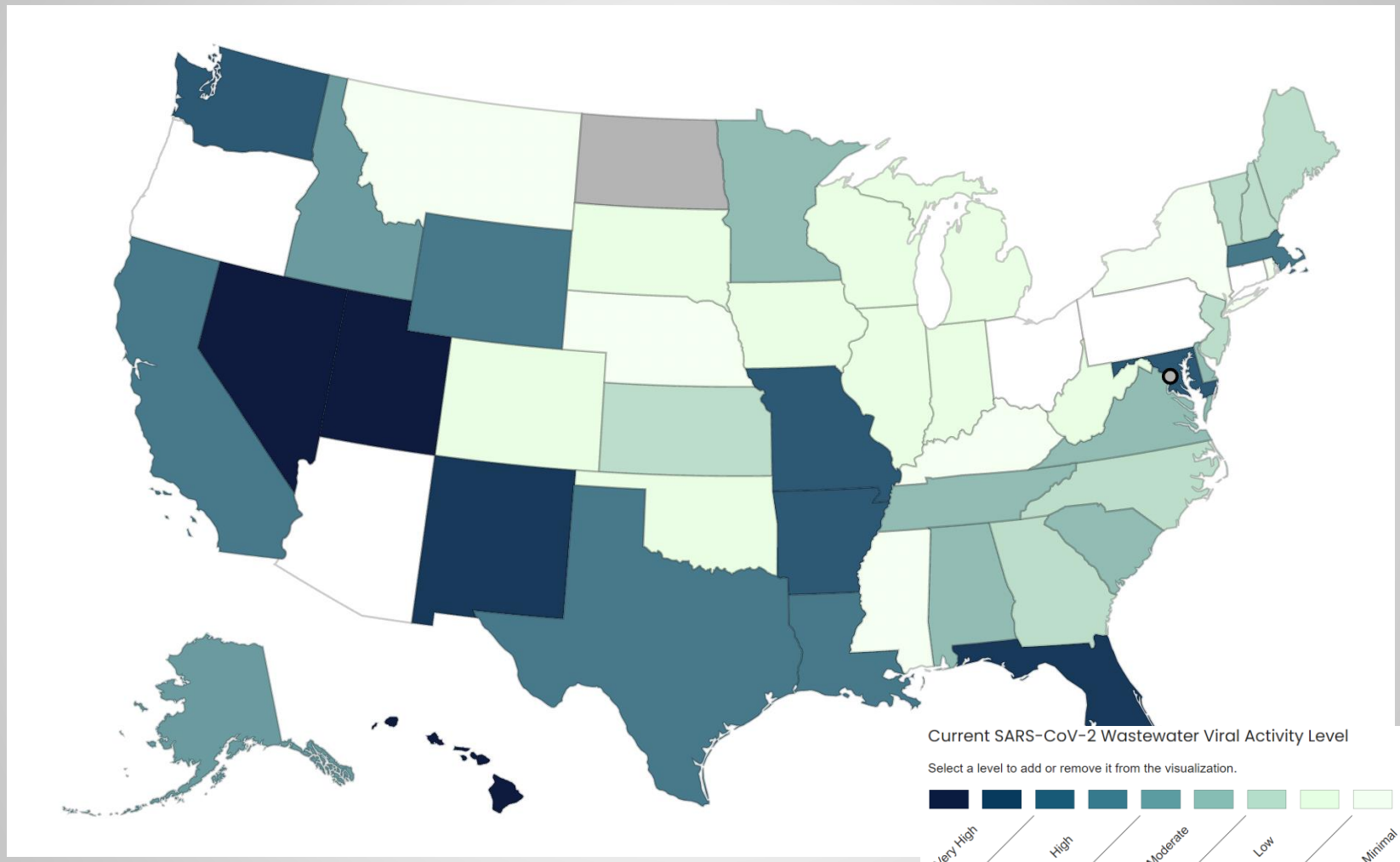
COVID Waste-water activity



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COVID Data Tracker

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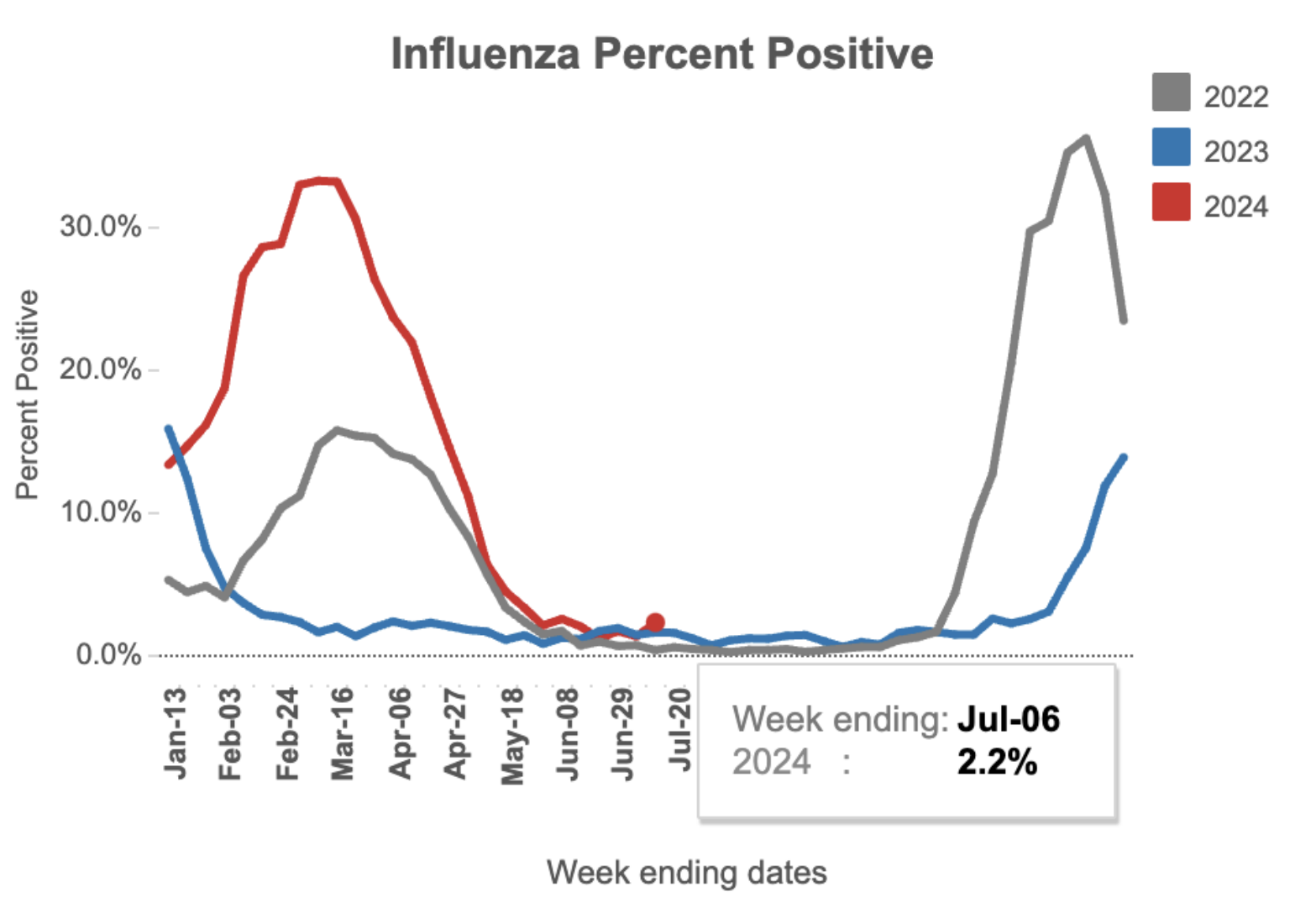
Influenza NE DHHS report



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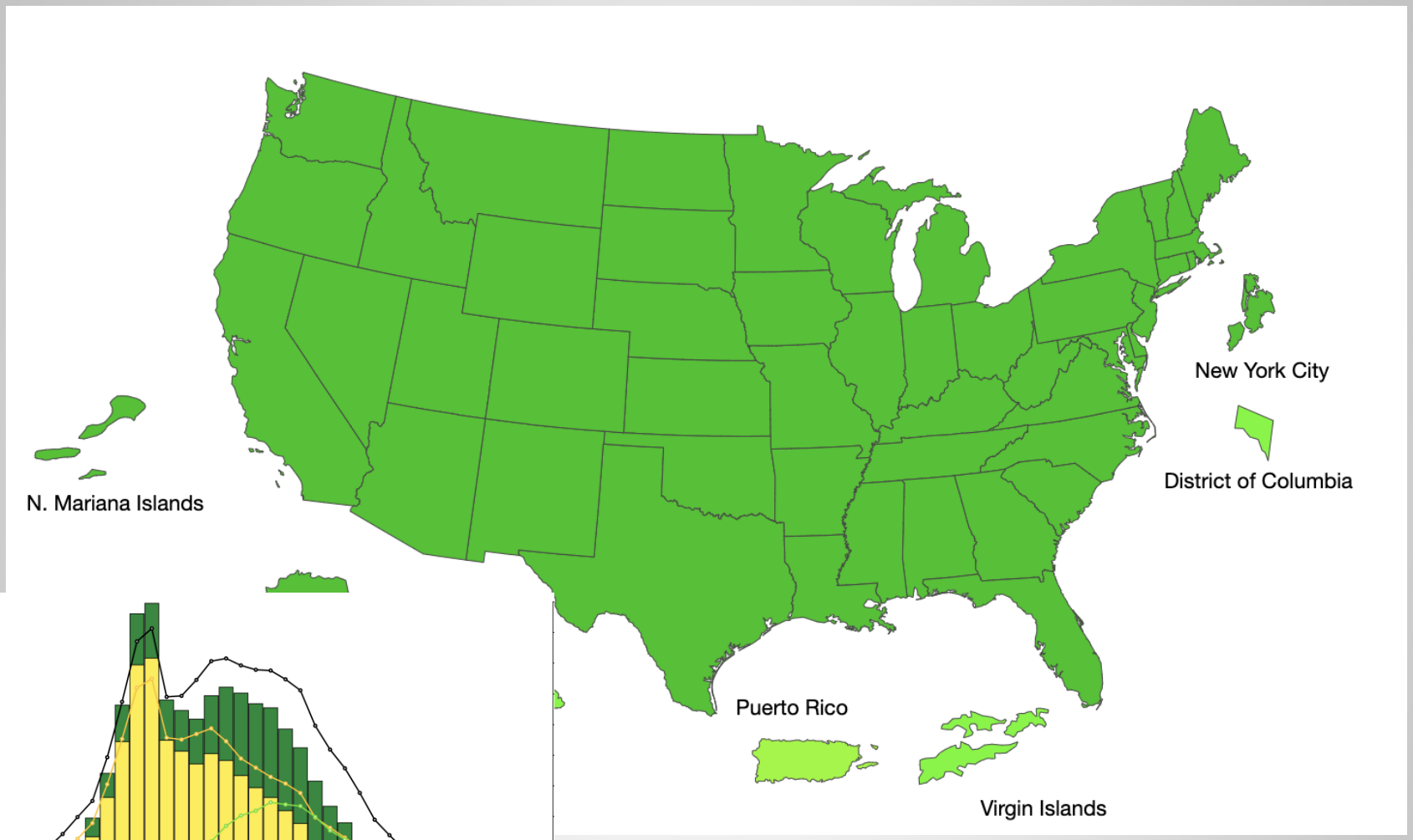
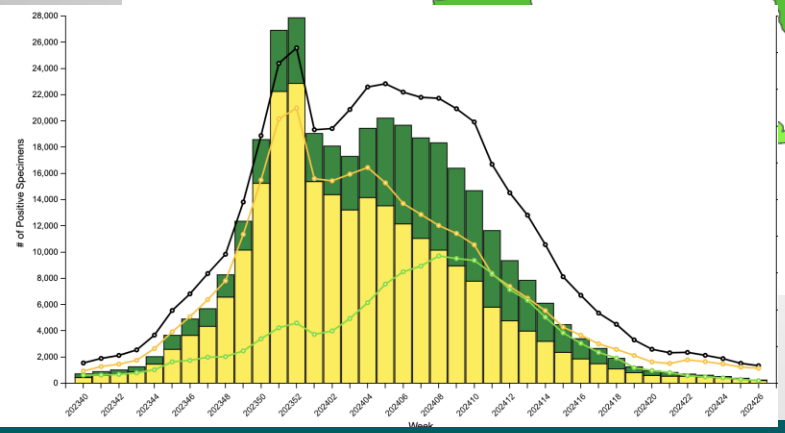
FLUVIEW

National Flu Data





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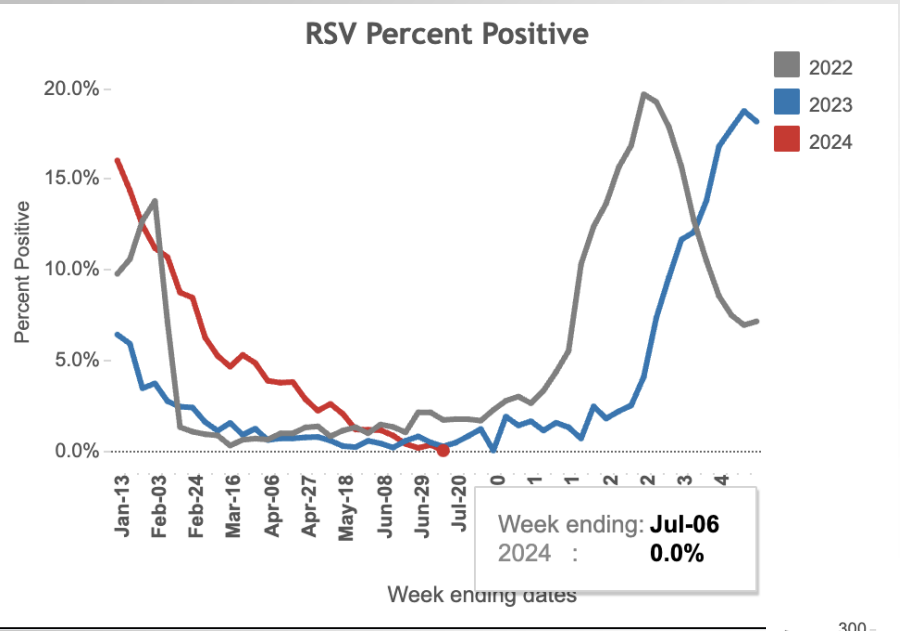
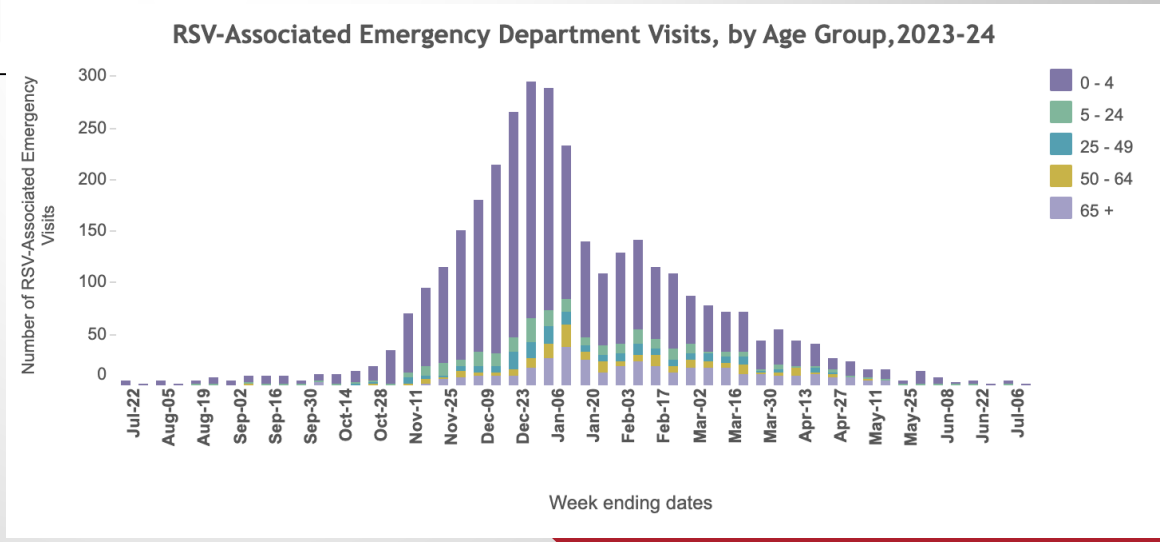
RSV ER Visits By Age Group



RSV Vaccines: Adults

- ACIP recommends adults 75 years of age and older receive a single dose of RSV vaccine

- ACIP recommends adults 60–74 years of age and older who are at increased risk of severe RSV disease receive a single dose of RSV vaccine.



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https://www.cdc.gov/vaccines/acip/recommendations.html

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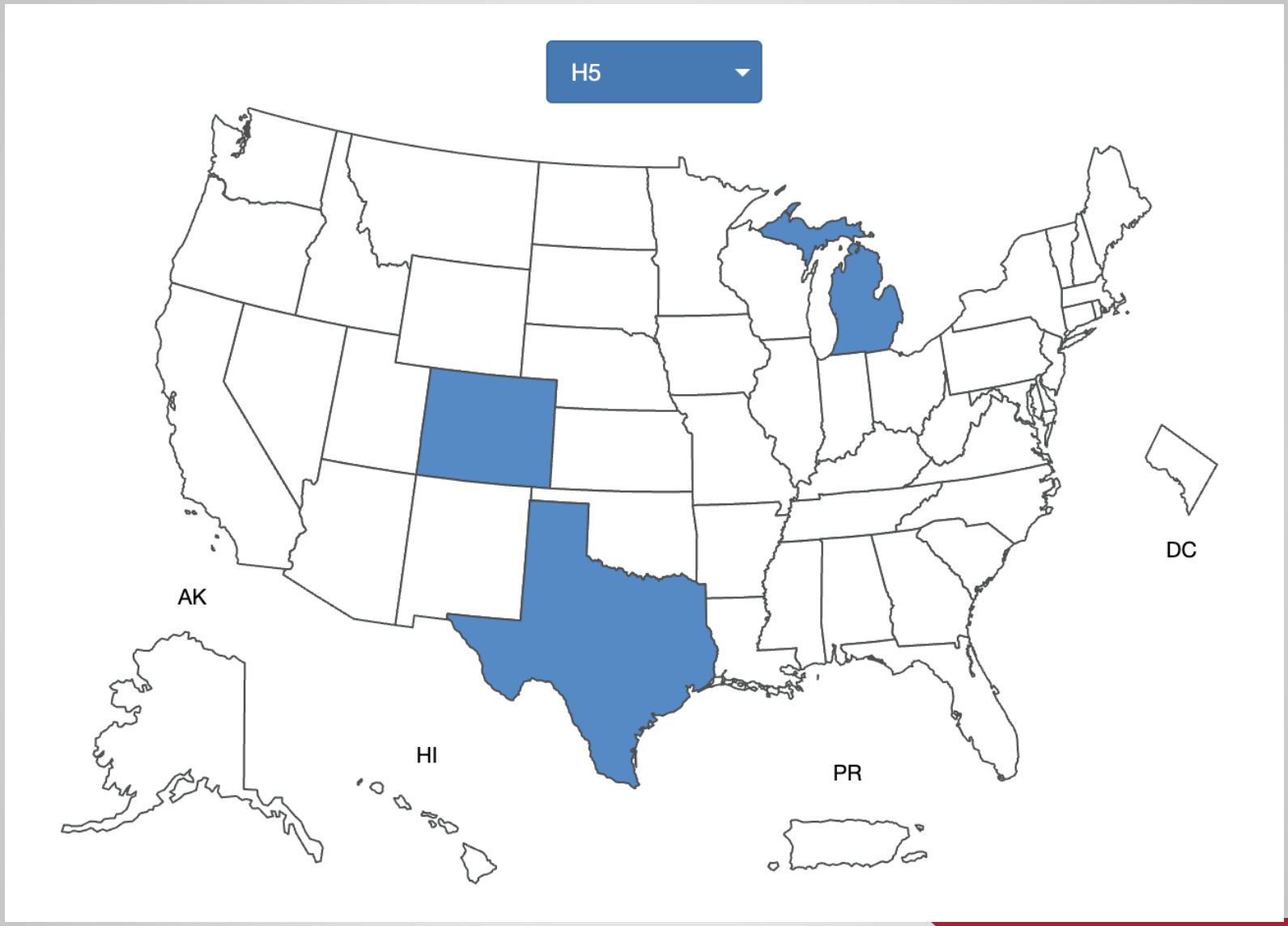
HPAI H5N1



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CDC COCA Call

Update on Highly Pathogenic Avian Influenza A(H5N1) Virus for Clinicians and Healthcare Centers

Call Details

When:

Tuesday, July 16, 2024,
2:00 PM – 3:00 PM ET

Webinar Link:

https://www.zoomgov.com/j/1618350375

Passcode: 143703

https://emergency.cdc.gov/coca/calls/2024/callinfo_071624.asp

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Public Health Reporting Updates for Congenital CMV, Alpha-Gal Syndrome, and Candida Auris

Lacey Pavlovsky, MSN, RN, CIC, LTC-CIP, FAPIC
Infection Preventionist,
NE DHHS HAI/AR Program

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MEMO

Jim Pillen, Governor

To: Clinicians, Healthcare Facilities, & Laboratories

From: Tim Tesmer, M.D., Chief Medical Officer

Date: May 29, 2024

RE: Public Health Reporting Updates for Congenital CMV, Alpha-Gal Syndrome, & *Candida auris*

Reporting *Candida auris* in Nebraska: First identified in 2009, *Candida auris* (*C. auris*) poses a significant public health threat due to its emergence as an antimicrobial-resistant yeast. Its resistance to multiple classes of antifungal medicines leaves healthcare providers with limited or no options for treatment, particularly in immunocompromised patients who are more vulnerable to infections. The rapid progression of infections in these patients can lead to severe outcomes contributing to high morbidity and mortality rates. Additionally, *C. auris* demonstrates a unique ability to persist in healthcare environments and colonize patients' skin, facilitating rapid transmission within healthcare settings. This resilience and transmissibility can result in serious and prolonged outbreaks, underscoring the urgent need to make reporting of *Candida auris* mandatory. Such reporting would enable early detection, prompt intervention, and effective control measures to mitigate the spread and impact of this pathogenic fungus. Although still relatively rare in the United States, the incidence of *C. auris* has been steadily increasing nationwide, with 8,131 cases reported in 2022 compared with just 323 cases in 2018. Nebraska, traditionally considered a low-incidence state with no previous detection of *C. auris* transmission, has seen a notable shift in 2024. Nebraska has reported 5 cases of *C. auris* in 2024, indicating a concerning trend of emerging infections even in regions previously considered less affected by this pathogen.

C. auris DNA testing by NAAT (both positive and negative), C. auris isolation and culture, and C. auris antimicrobial susceptibility testing should be immediately reported to the Nebraska Department of Health and Human Services, Division of Public Health, within 24 hours of testing. All positives require reporting regardless of method of reporting. Please see Electronic Lab Reporting (ELR) in Nebraska for onboarding instructions for reporting.

Available at:
https://dhhs.ne.gov/epi%20docs/PHMEMO_5_29_24_MD.pdf

CAUTI Prevention – Beyond Basics

Lacey Pavlovsky, MSN, RN, CIC, LTC-CIP, FAPIC
Infection Preventionist,
NE DHHS HAI/AR Program

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

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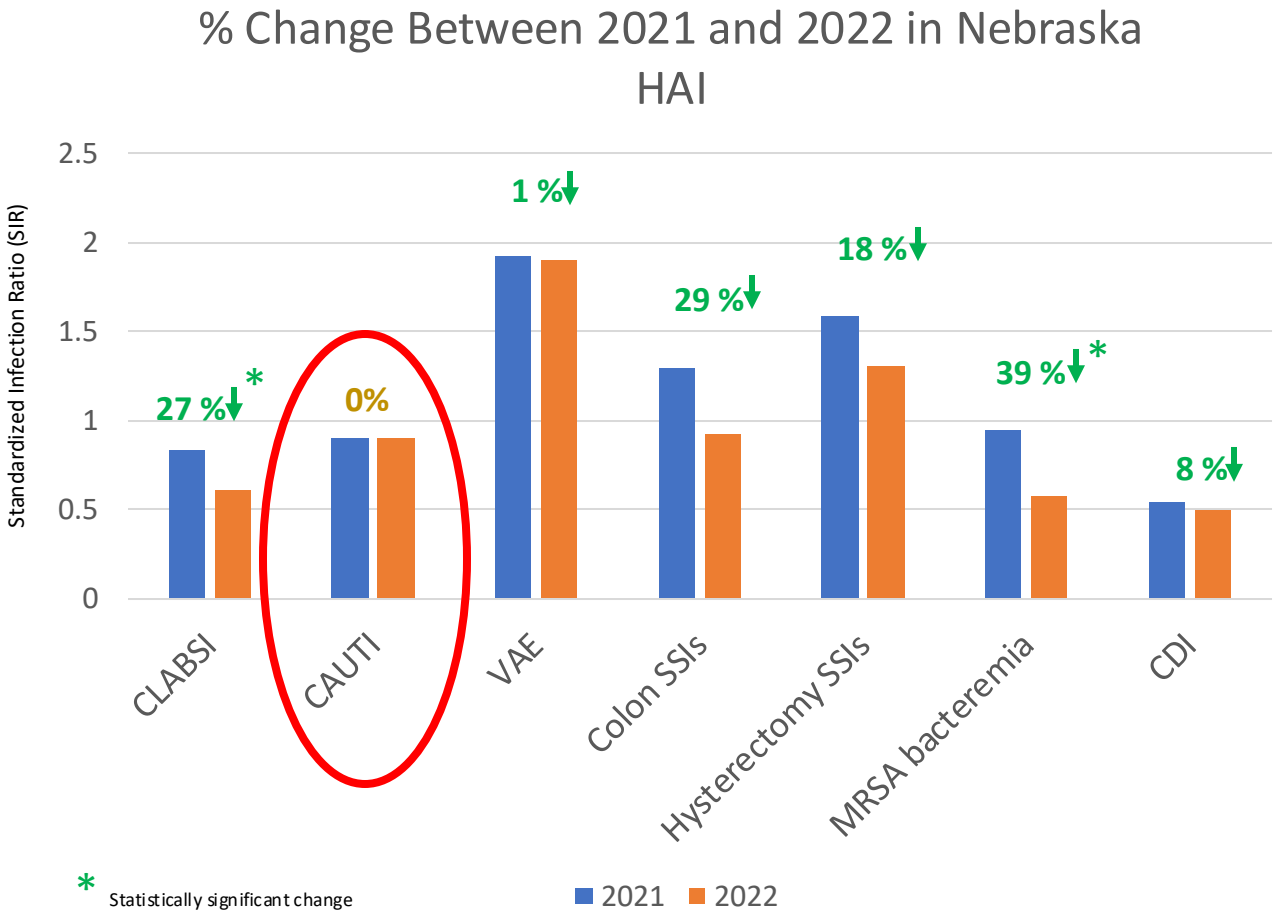
Learning Outcomes

- To share Nebraska data on catheter-associated urinary tract infections (CAUTIs)
- Identify tools for a programmatic review of current CAUTI prevention activities
- To provide examples of CAUTI prevention implementation strategies to build excitement and identify references
  - Increase IP confidence in explaining importance of CAUTI prevention within their healthcare setting
  - Identify strategies to decrease utilization of foley catheter use

2022 National and State HAI Progress Report



HAI	% Change Nationally
CLABSI	9% decrease
CAUTI	12% decrease
VAE	19% decrease
Colon	No significant change
Hysterectomy	No significant change
Hospital onset MRSA bacteremia	16% decrease
Hospital onset CDI	3% decrease

https://www.cdc.gov/nhsn/datastat/progress-report.html#anchor_1700850695274
https://arpsp.cdc.gov/profile/geography/nebraska

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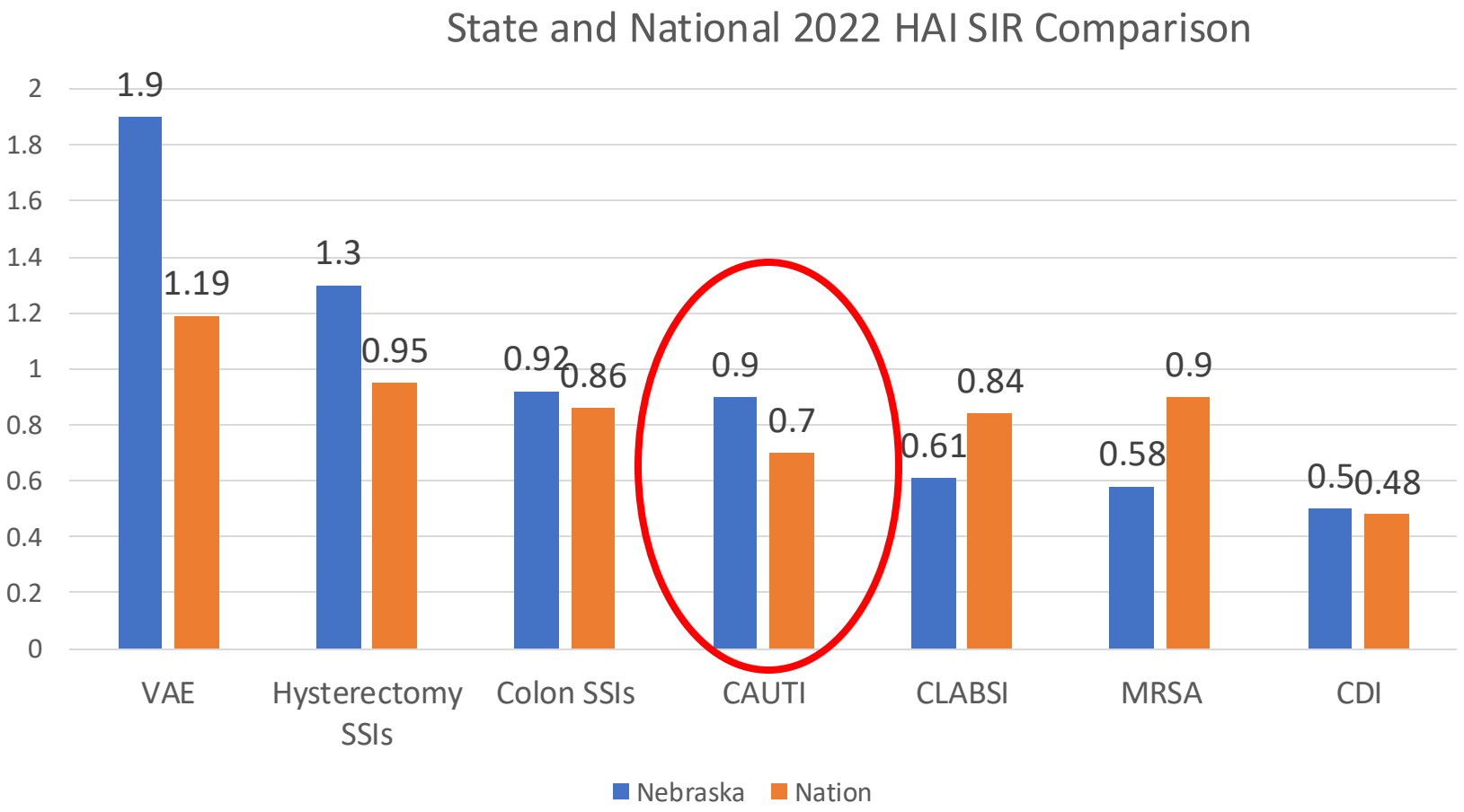
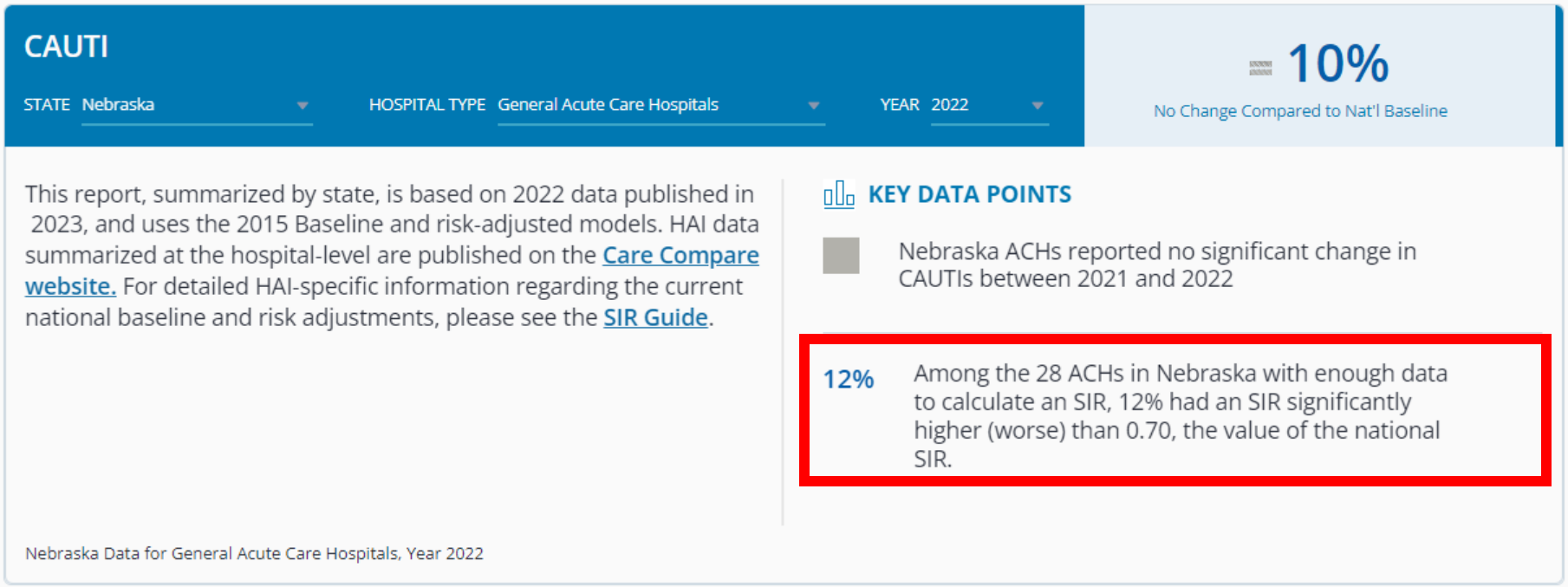
2022 HAI SIR: Nebraska Versus Nation



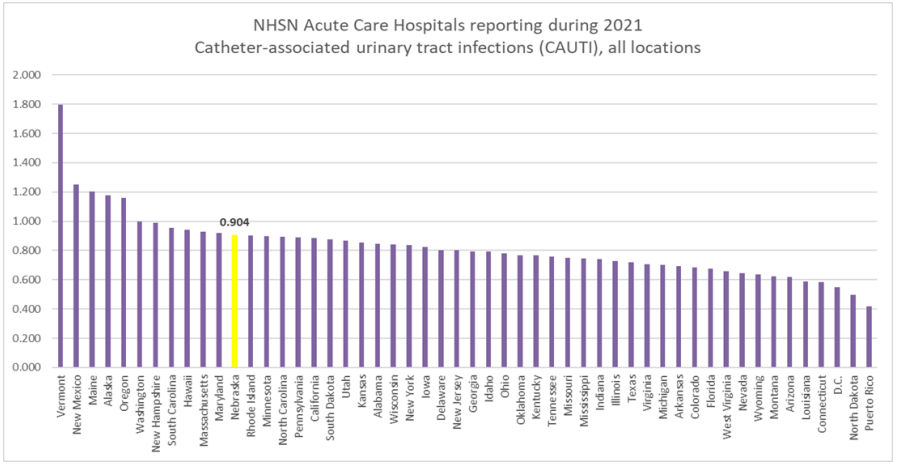
https://arpsp.cdc.gov/profile/geography/nebraska?year-select-common-hais=haiYear2022

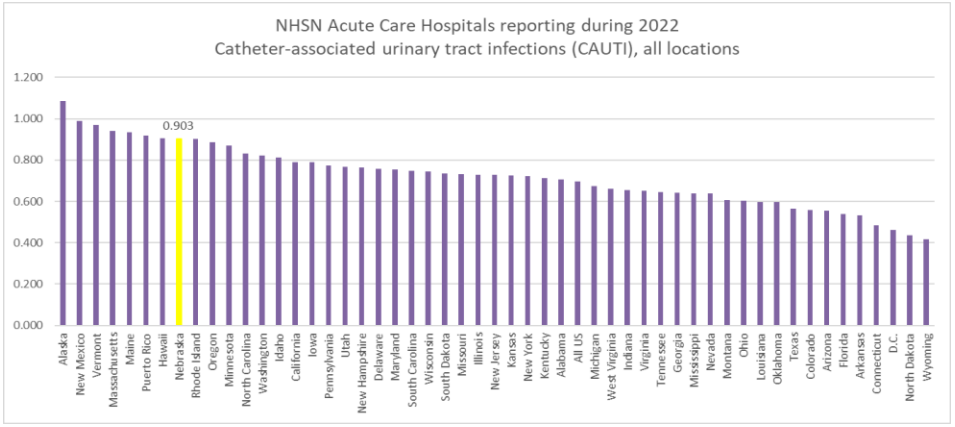


https://arpsp.cdc.gov/profile/nhsn/cauti?state-select-report=state31

ACH CAUTI (All Locations)

Nebraska **ranked 40th** for Catheter-associated urinary tract infections (CAUTI), all locations in 2021.





Nebraska **ranked 45th** for Catheter-associated urinary tract infections (CAUTI), all locations in 2022.

[2022 National and State Healthcare-Associated Infections Progress Report]

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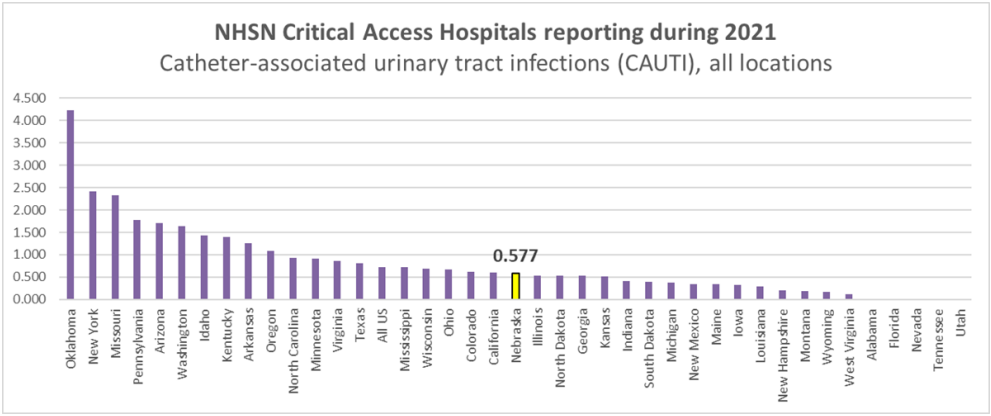
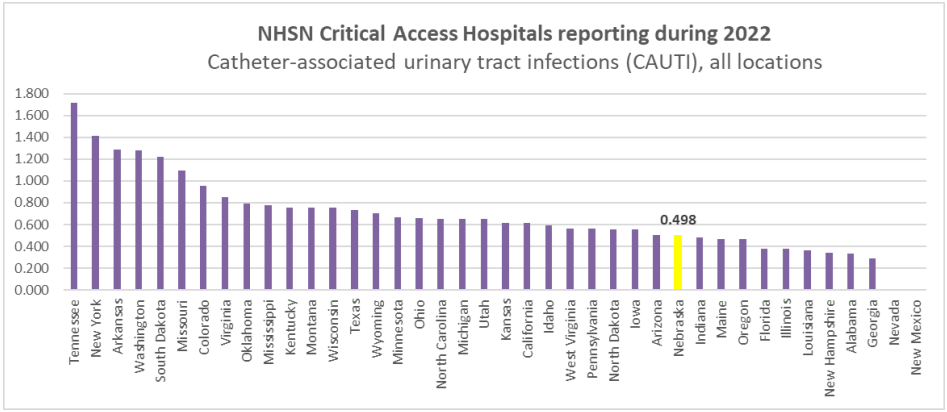
CAH CAUTI (All Locations)

Nebraska **ranked 21st** for Catheter-associated urinary tract infections (CAUTI), all locations in 2021





Nebraska **ranked 12th** for Catheter-associated urinary tract infections (CAUTI), all locations in 2022

[2022 National and State Healthcare-Associated Infections Progress Report]

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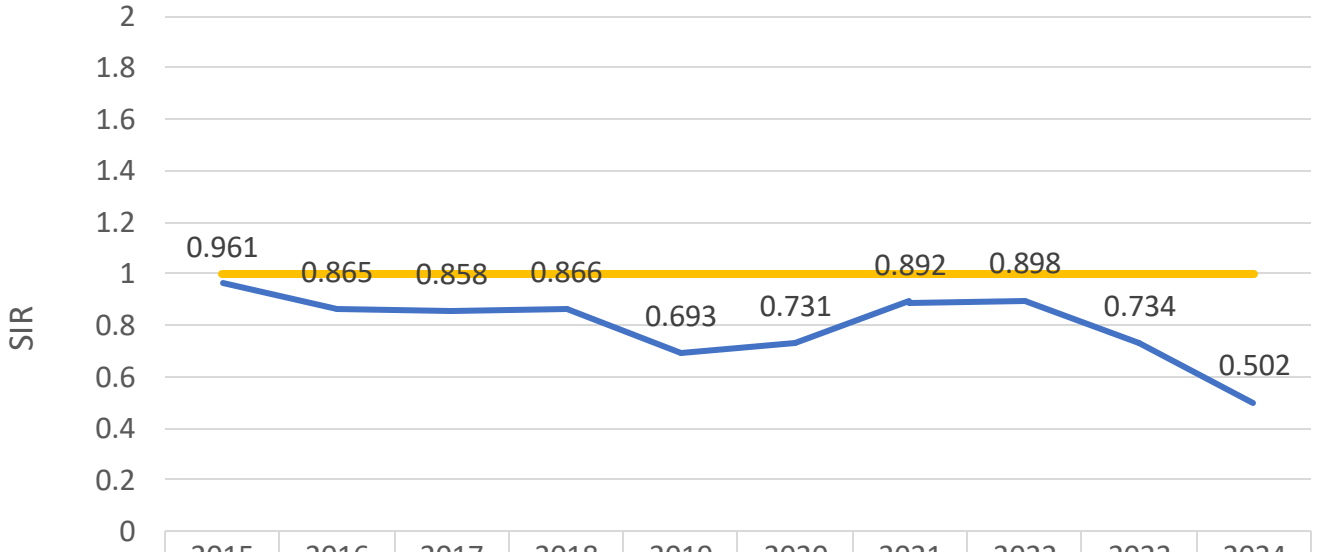
CAUTI [ACH ALL LOCATIONS] Nebraska 2015 to 2024



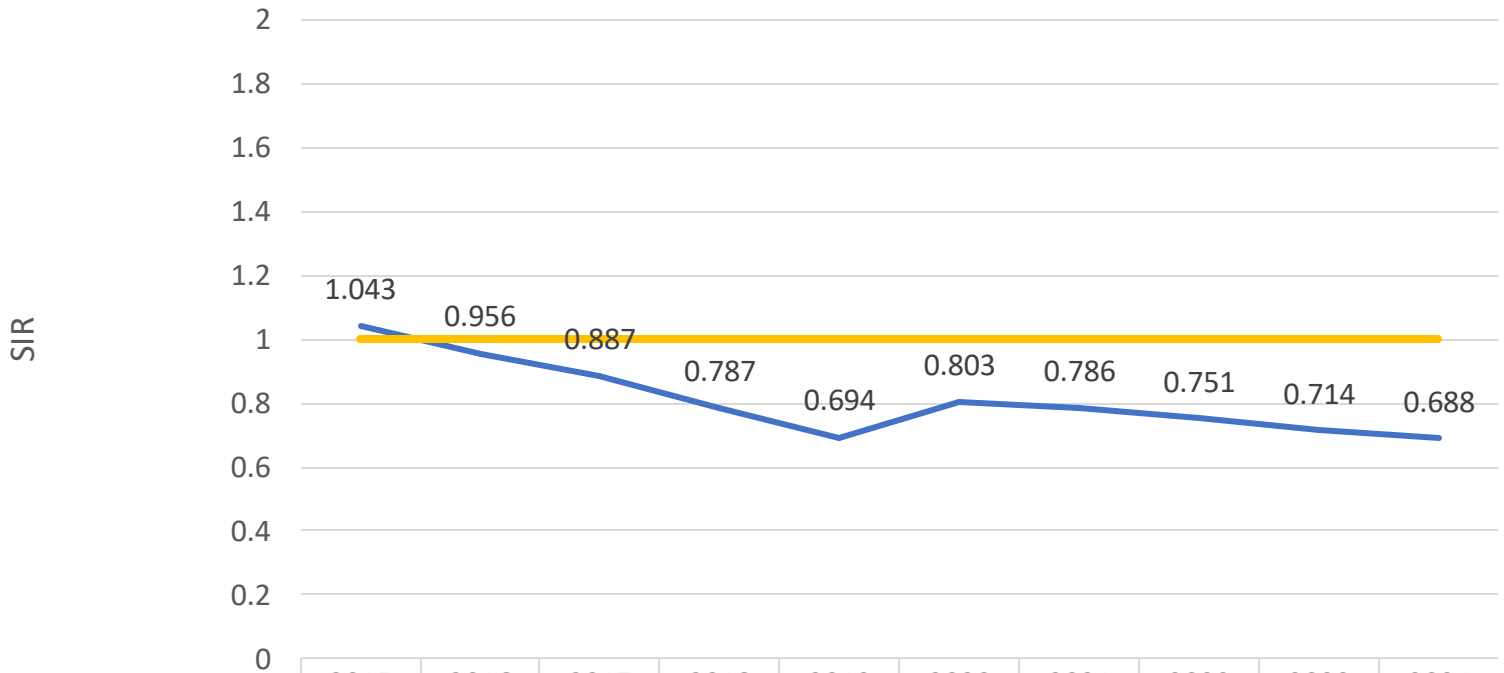
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
SIR	0.961	0.865	0.858	0.866	0.693	0.731	0.892	0.898	0.734	0.502
Observed	135	114	119	114	84	98	129	126	100	17
Predicted	140	132	139	132	121	134	145	140	136	34
Goal	1	1	1	1	1	1	1	1	1	1

*2024 Data is for January 2024-March 2024

2015-2023 Data Source: NHSN – Include acute care hospitals conferring rights to DHHS

2024 Data Source- NHSN DUA Group

Indwelling Urinary Catheter Utilization ACH– Nebraska 2015-2024



	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
SUR	1.043	0.956	0.887	0.787	0.694	0.803	0.786	0.751	0.714	0.688
numucathdays	146682	132488	129409	115822	105964	116755	125609	121333	81648	114650
numPredDDays	140569	138596	145871	147092	152719	145418	159850	161577	114553	160572
Goal	1	1	1	1	1	1	1	1	1	1

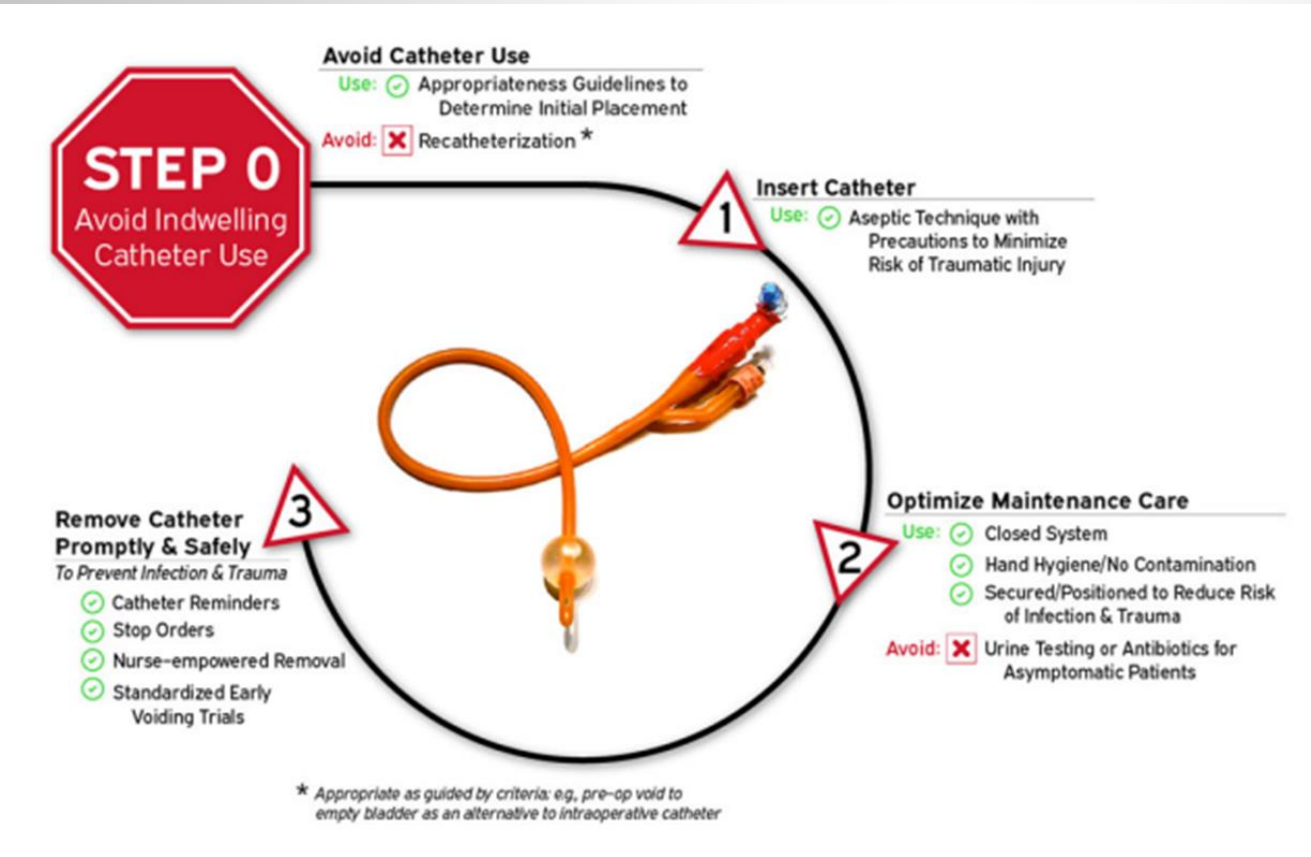
*2024 Data is for January 2024-March 2024

2015-2023 Data Source: NHSN – Include acute care hospitals conferring rights to DHHS

2024 Data Source- NHSN DUA Group

Going Beyond – Prior NE ICAP Webinar

- October 11th, 2023
  - Strategies to Prevent Catheter-Associated Urinary Tract Infections (CAUTIs) in Acute Care Hospitals – 2022 Update
    - Slides
    - Recording



SHEA IDSA APIC Strategies to Prevent CAUTI

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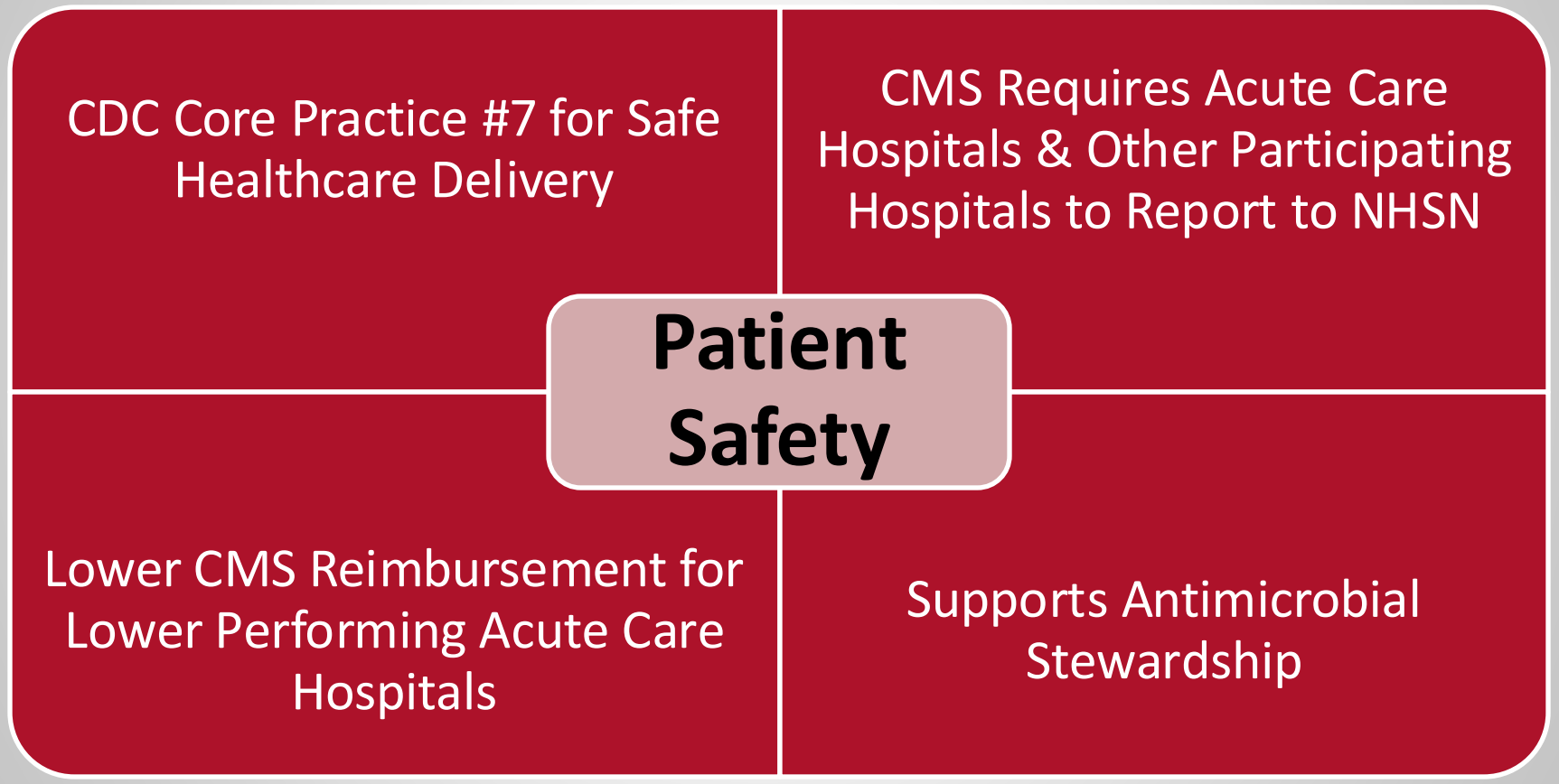
Why CAUTI Prevention Programs Are Important



https://www.cdc.gov/uti/about/cauti-basics.html
https://www.cdc.gov/infection-control/hcp/core-practices/index.html
https://www.cdc.gov/nhsn/pdfs/cms/Final-ACH-CAUTI-Guidance-508.pdf
https://www.cms.gov/medicare/quality/value-based-programs/hospital-acquired-conditions

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CAUTI Prevention Program Review

- Determining what CAUTI prevention activities are occurring within your facility can be enlightening and encouraging. The review can also identify gaps or areas of opportunity to address or strengthen using a targeted prioritized approach.

- Several tools and guidance already exist to assess facets of a CAUTI prevention program.
  - CDC - CAUTI Targeted Assessment for Prevention (TAP) Facility Assessment Tool (2023)
  - Self-Led Infection Control Evaluation (SLICE) tool
  - CMS - Hospital Infection Control Worksheet - Pages 28-30 (2020)

- If you are accredited, your accreditation body might have tools for use.

- Consider if your vendor of catheter associated supplies provides education and program assessment.

- NE ICAP is always available for consultation and assessment as well.

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CDC TAP Facility Assessment Tool

Catheter-associated Urinary Tract Infection (CAUTI)
Targeted Assessment for Prevention (TAP) Facility Assessment Tool

Notes for the Respondent:

- This assessment is meant to capture your *awareness and perceptions of policies and practices* related to catheter-associated urinary tract infection (CAUTI) prevention.
- Responses should refer to what is *currently* in place at the facility or unit in which the assessment is being administered.
- Please use the comment boxes to elaborate and capture information as needed - such detailed comments may help focus additional drill down opportunities and next steps.

I. General Infrastructure, Capacity, and Processes
   - Training
   - Audits and Feedback
II. Appropriate Indications for Indwelling Urinary Catheter Insertion
III. Aseptic Indwelling Urinary Catheter Insertion
IV. Indwelling Urinary Catheter Maintenance
V. Timely Removal of Indwelling Urinary Catheters
VI. Appropriate Urine Culturing Practices

CDC - CAUTI Targeted Assessment for Prevention (TAP) Facility Assessment Tool (2023)

CDC - TAP - CAUTI Deep Dive Tool for IPs

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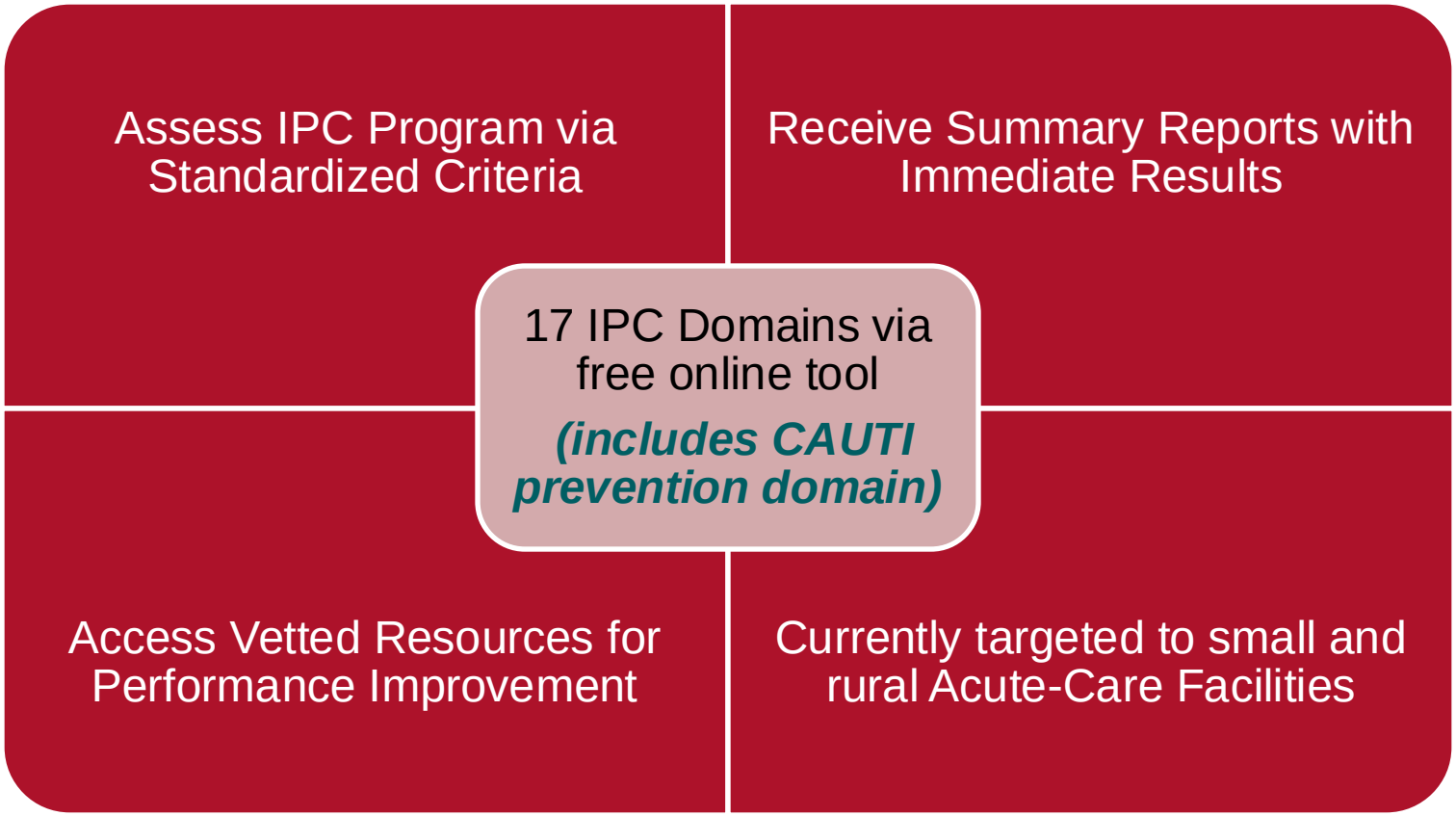
Self-Led Infection Control Evaluation (SLICE) Tool



https://ipslice.nebraskamed.com/

PROJECT FIRSTLINE
CDC's National Training Collaborative for Healthcare Infection Prevention & Control

University of Nebraska Medical Center
Nebraska Medicine

CMS – Indwelling Urinary Catheters Patient Tracer – 3 Pages

Section 4.A. Indwelling Urinary Catheters

Elements to be assessed		Surveyor Notes		Surveyor Notes
Urinary catheters are inserted, accessed, and maintained in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:				
Insertion:				
4.A.1 The hospital has guidelines for appropriate indications for urinary catheters.				
If no to 4.A.1 cite at 42 CFR 482.24(c)(2)(vi) (Tag A-0467)				
4.A.2 The hospital can provide evidence that only properly trained personnel are given the responsibility of inserting and maintaining urinary catheters.				
If no to 4.A.2 cite at 42 CFR 482.23(b)(5) (Tag A-0397)				
If unable to observe any catheter insertions, skip questions 4.A.3 through 4.A.6.				
4.A.3 Hand hygiene is performed before and after insertion of the urinary catheter.				
4.A.4 Catheter is placed using aseptic technique and sterile equipment.				
4.A.5 Catheter is secured properly after insertion. Note: This may not apply to catheters placed in the OR if the catheter is removed in the OR immediately after the procedure.				
If no to any of 4.A.3 through 4.A.5, cite at 42 CFR 482.42(a				
4.A.6 Catheter insertion and indication are documented.				
If no to 4.A.6 cite at to 42 CFR 482.24(c)(2)(vi) (Tag A-046				
Urinary catheter access and maintenance:				
4.A.7 Hand hygiene is performed before and after manipulating catheter.				
4.A.8 Urine bag is kept below level of bladder at all times.				
4.A.9 Catheter tubing is unobstructed and free of kinking.				
4.A.10 Urine bag is emptied using aseptic technique, using a separate, clean collection container for each patient; drainage spigot does not touch collecting container.				
4.A.11 Urine samples are obtained aseptically (via needleless port for small volume).				
If no to any of 4.A.7 through 4.A.11, cite at to 42 CFR 482.42(a) (Tag				
4.A.12 Need for urinary catheters is reviewed and documented daily with prompt removal of urinary catheters no longer needed.				

CMS - Hospital Infection Control Worksheet - Pages 28-30 (2020)

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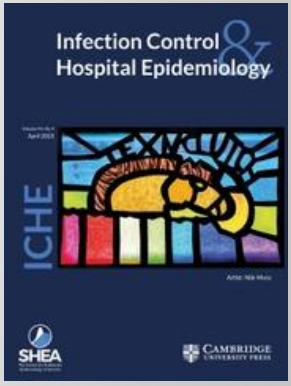
Tool & Implementation Guide: SHEA/IDSA/APIC 2022 CAUTI Prevention Recommendations

- Considering using Table 1 as a tool to assess if the listed essential practices are part of your facility's current practices.

- The document provides considerations for CAUTI prevention program implementation using the 4-E's model
  - Engage
  - Educate
  - Execute
  - Evaluate



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

[SHEA IDSA APIC Strategies to Prevent CAUTI]

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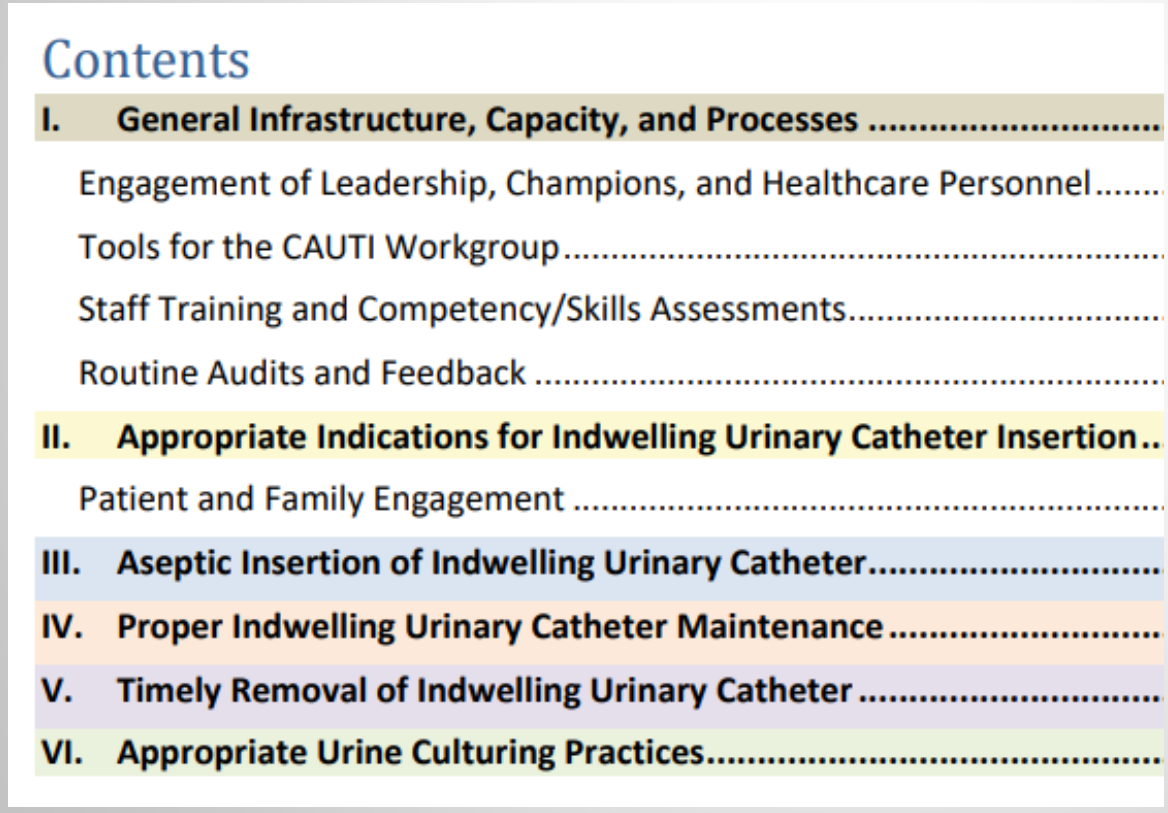
Links to Example Resources for CAUTI Prevention Implementation

*Disclaimer: The links in the domains below are not mutually exclusive nor do they represent an exhaustive list of all the possible resources available. Furthermore, the links presented do not constitute an endorsement of these organizations or their programs by the Centers for Disease Control and Prevention (CDC) or the federal government, and none should be inferred.



Contents

9 Pages of Links Last Updated March 2024

https://www.cdc.gov/healthcare-associated-infections/media/pdfs/HAI-Toolkit-TAP-Strategy-CAUTI-Implementation-Guide-508.pdf

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ARHQ Toolkit for Reducing CAUTI in Hospitals

AHRQ Agency for Healthcare Research and Quality

Toolkit for Reducing CAUTI in Hospitals

The Toolkit for Reducing Catheter-Associated Urinary Tract Infections (CAUTI) in Hospitals helps hospitals prevent CAUTI in patients and improve safety culture at the unit level by implementing concepts from the Comprehensive Unit-based Safety Program (CUSP). Health care professionals can use it to make care safer by following clinical best practices and creating a culture of safety. The toolkit has evidence-based, practical resources that reflect the real-world experiences of the frontline providers and researchers who participated in a national implementation project to reduce CAUTIs. It builds on the core CUSP toolkit by providing specific tools focused on reducing CAUTI in hospitals.

https://www.ahrq.gov/hai/tools/cauti-hospitals/index.html

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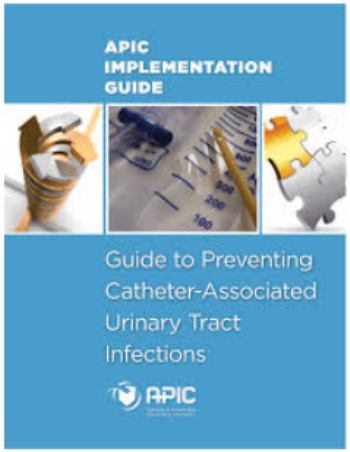
APIC Implementation Guide – Guide to Preventing CAUTIs



Guide to Preventing Catheter-Associated Urinary Tract Infections (2014)

This newly revised Guide provides infection preventionists with new and expanded content on preventing CAUTI, including:

- Expanded content on the epidemiology and pathogenesis of CAUTI, surveillance, and reporting
- New content addresses patient safety, CUSP, and other behavioral models for prevention
- New content on CAUTI prevention in special populations: pediatrics, spinal cord injury, long-term care, and ICU
- More than twice the number of figures, tables and other examples compared to 2008 edition
- New case studies showcase success stories

DISCLAIMER: This document is no longer current and may contain outdated information

https://apic.org/Professional-Practice/Implementation-guides/

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How Can the IP Program Make an Impact?

- Hospital Systems
- HCP Related Factors
- Equipment
- Patient Related Factors
- Environment

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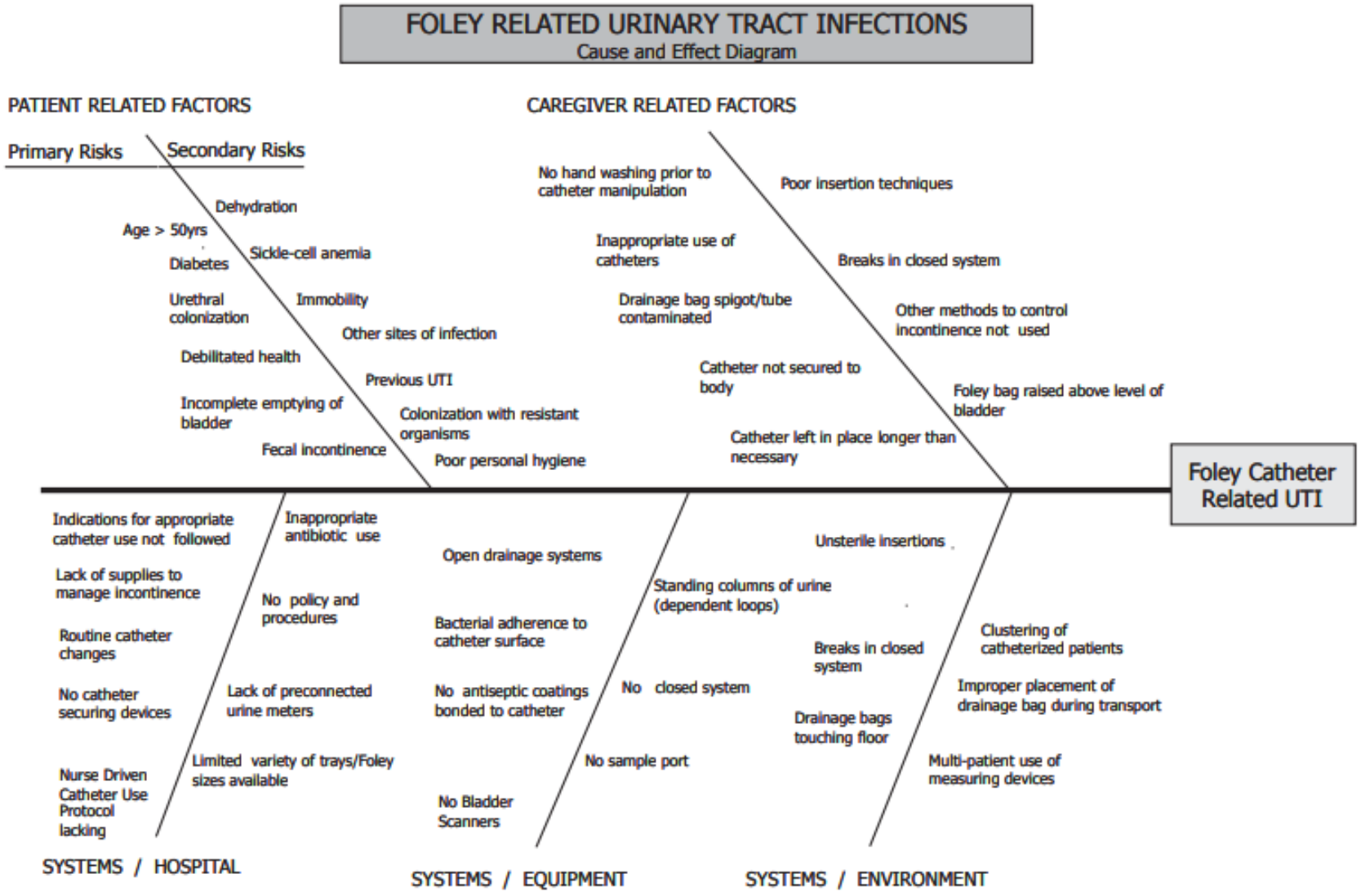
Factors Contributing to CAUTI

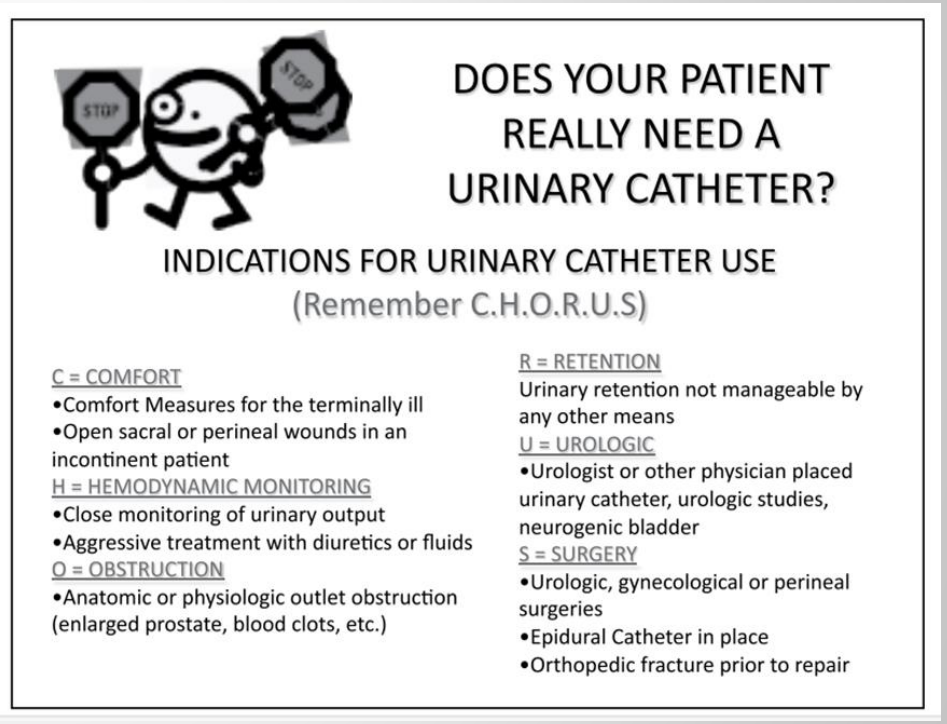
Figure 1.2. Factors Contributing to CAUTI



https://apic.org/Professional-Practice/Implementation-guides/

Examples of how hospital systems can support CAUTI prevention

- Supporting a culture of safety
- Outlining appropriate indications for catheter use
- Clear policies and procedures with nurse driven catheter use and removal protocols
- Providing easy access to supplies to manage urinary needs including needed catheters and catheter alternatives
- Having a product evaluation committee for IP and front-line feedback



https://apic.org/Professional-Practice/Implementation-guides/

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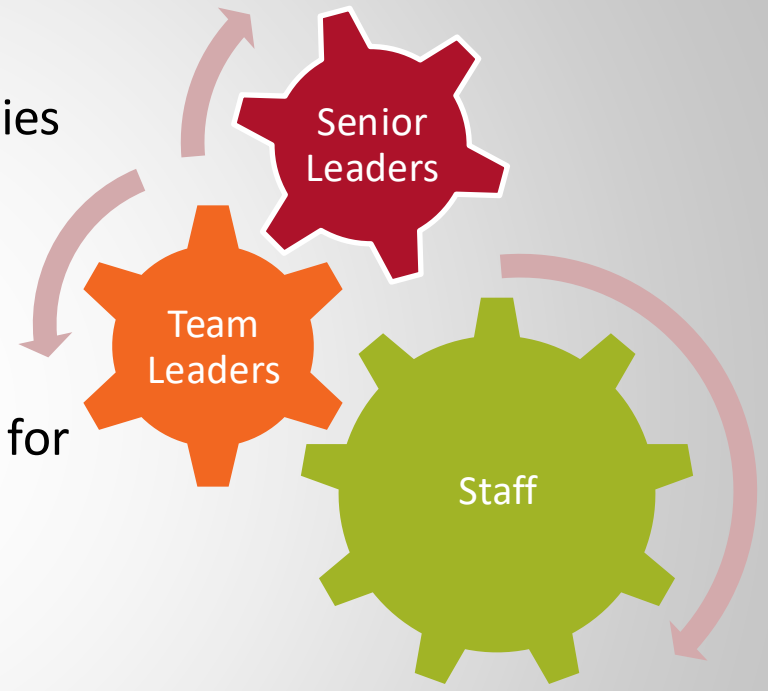
Examples of how hospital systems can support CAUTI prevention

- Supporting the engagement of a multi-disciplinary team for CAUTI prevention activities
  - Daily line communication
  - Enhanced rounding with utilization increases



- Ensuring time for competency-based training for those staff responsible for inserting and/or maintaining urinary catheters or alternatives.

- Performing audits to validate practices and providing feedback

- Conducting CAUTI surveillance and sharing data

- Evaluating interventions for performance improvement

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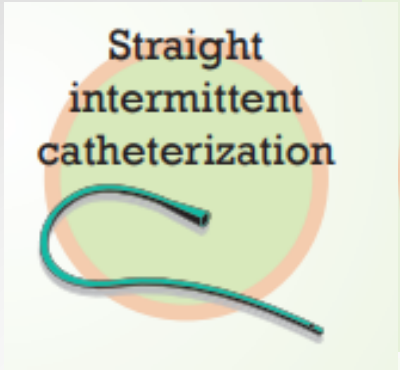
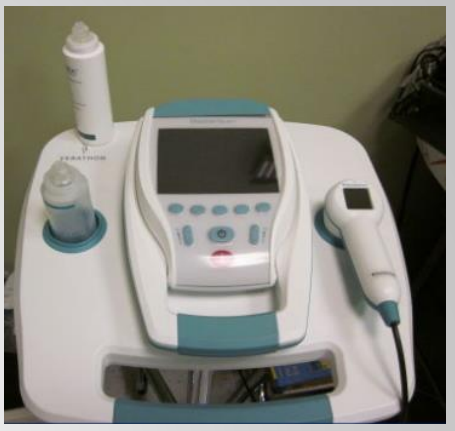
Access to needed equipment and supplies support CAUTI prevention

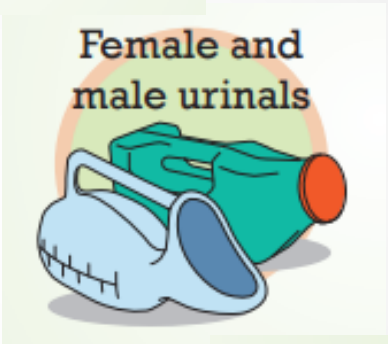
- SHEA Essential Practices
  - “Ensure that the supplies for following best practices for managing urinary issues are readily available to staff in each unit, including bladder scanners, non-catheter incontinence management supplies (urinals, garments, bed pads, skin products), male and female external urinary catheters, straight urinary catheters, and indwelling catheters including the option of catheters with coude tips.
  - Ensure that non-catheter urinary management supplies are as easy to obtain for bedside use as indwelling urinary catheters.
- Don’t forget
  - Use catheter securement devices.
  - Avoid dependent loops.
  - Maintained a closed system when possible.

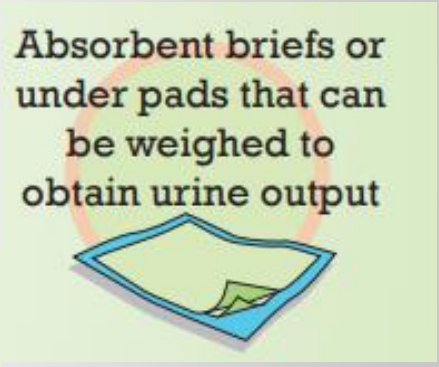
Consider Alternatives to Indwelling Catheters

- Bladder scanners
- Intermittent straight catheters
- Male external catheters
- Female external catheters
- Briefs
- Absorbent pads
- Urinals









- CDC STRIVE – Alternatives to the Indwelling Urinary Catheters
- APIC - Stop CAUTI In Critically Ill Patients

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Poll Question

Does your hospital supply non-invasive collection devices (such as devices that wick away urine or collect them externally)? Exclude use of briefs or underpads.

- ❑ Yes
- ❑ No
- ❑ Unknown
- ❑ Not Applicable- I don't work at a hospital

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Are HCP set up for adherence to best practices?

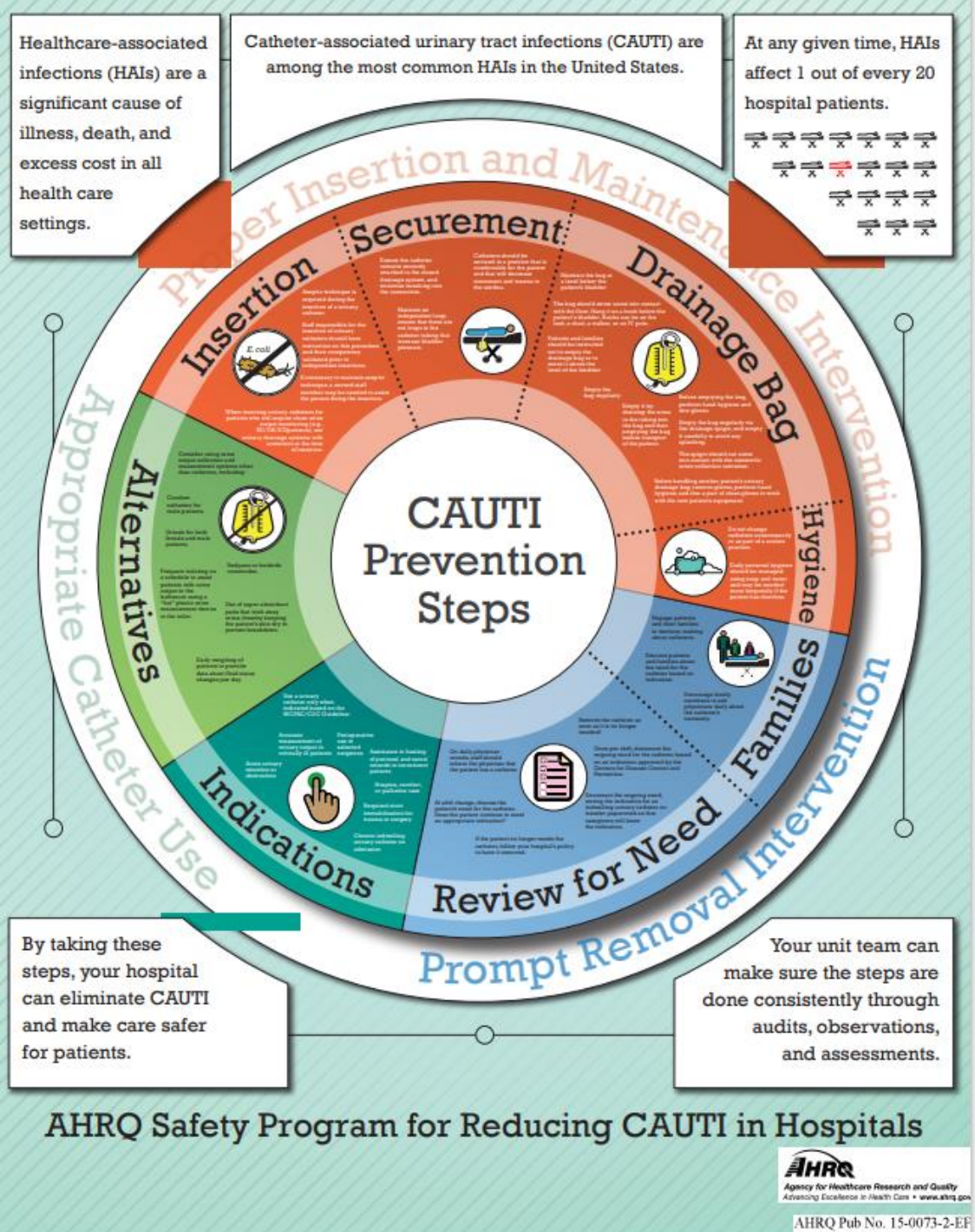
- Do HCP have what they need to be successful
  - Consider shadowing front-line staff or attending a unit-based council to learn more

- Ensure HCP are trained on alternatives to indwelling catheters

- Ensure that only properly trained HCP are given responsibility for inserting and maintaining urinary catheters

- Is periodic auditing being done to validate practices and provide helpful feedback to staff?
  - Consider routine practice of a 2nd HCP for catheter insertion for assistance and auditing to ensure hand hygiene and aseptic insertion is being performed.
  - Is an insertion checklist used?

Poster of CAUTI Prevention Steps for HCP



https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/hais/cauti-tools/impl-guide/implementation-guide-appendix-k.pdf

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Are patient-related factors addressed if modifiable?

- Is possible dehydration addressed?
- Are patients educated about appropriate indication and care for catheters?
- Are fecal containment devices used when appropriate?
- Is proper peri-care and wound care being performed along with hand hygiene to reduce risk of cross contamination?

Image Courtesy of CDC Project Firstline and CA DPH - Skin, Perineal, and Urinary Catheter Care

Ensure the patient care environment supports CAUTI prevention

Don’t let the drainage bag touch the floor

Don’t share urine measuring supplies with other patients

Ensure easy access to hand hygiene supplies within the HCP workflow.

Have disinfectants easily accessible especially for any shared medical equipment like bladder scanners.

Keep equipment in good repair.

Image Courtesy of CDC Archive

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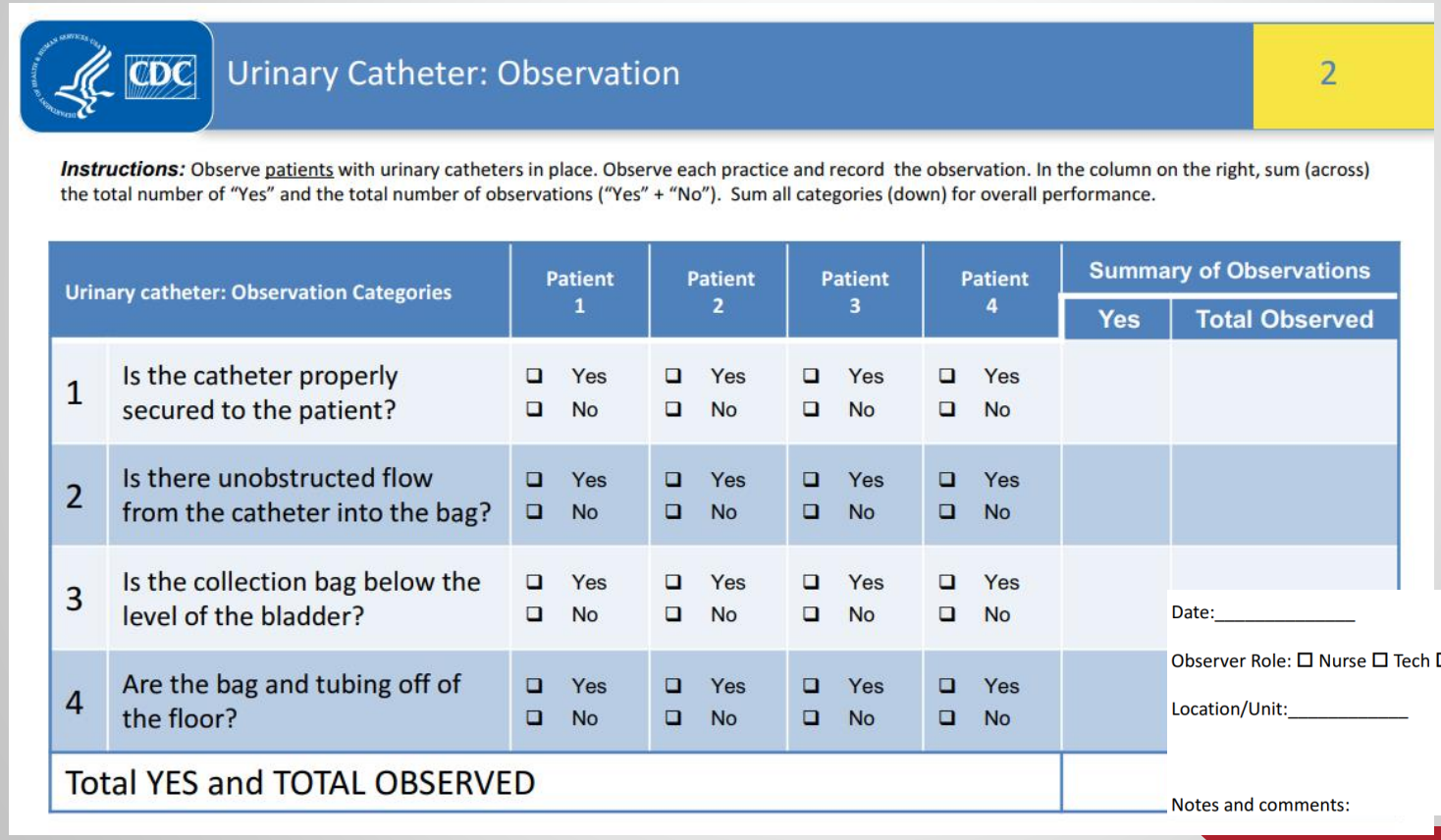
Urinary Catheters Observation Tool



Urinary Catheter: Observation

2

Instructions: Observe patients with urinary catheters in place. Observe each practice and record the observation. In the column on the right, sum (across) the total number of "Yes" and the total number of observations ("Yes" + "No"). Sum all categories (down) for overall performance.

	Urinary catheter: Observation Categories	Patient 1	Patient 2	Patient 3	Patient 4	Summary of Observations	
						Yes	Total Observed
1	Is the catheter properly secured to the patient?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
2	Is there unobstructed flow from the catheter into the bag?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
3	Is the collection bag below the level of the bladder?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
4	Are the bag and tubing off of the floor?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
	Total YES and TOTAL OBSERVED						

Date:_____

Observer Role: ☐ Nurse ☐ Tech ☐ Other_____ Initials:_____

Location/Unit:_____

Notes and comments:

[CDC - Urinary Catheter Maintenance Observation]

Examples of Monitoring Processes

- Process measures represent the ongoing measurement of adherence to recommended CAUTI prevention practices.
- These are generally shared internally with hospital leadership, nursing leadership, and clinical providers.
- Examples could include:
- Documentation of appropriate insertion indication
    - (# with documentation of indication for cath / # of catheters inserted) x 100 = %
- Documentation of daily need for catheter
    - (# with doc. of daily assessment of need / # of patients with cath) x 100 = %
- Device Utilization Ratio

$$\text{DUR} = \frac{\textit{No. of Urinary Catheter Days}}{\textit{No. of Patient Days}}$$

https://www.cdc.gov/nhsn/pdfs/pscmanual/7psccauticurrent.pdf

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Examples of Outcome Measures

- Outcome measures represent the ongoing measurement of outcomes such as catheter use or CAUTIs detected.
- Examples could include:
  - NHSN standardized utilization ratio (SUR)

$$SUR = \frac{Observed\ (O)\ Catheter\ Days}{Predicted\ (P)\ Catheter\ Days}$$

  - NHSN standardized infection ratio (SIR)

$$SIR = \frac{Observed\ (O) HAIs}{Predicted\ (P) HAIs}$$

  - CAUTI rates

$$CAUTI\ Rate = \frac{No.\ of\ CAUTIs}{No.of\ Catheter\ Days} * 1000$$

https://www.cdc.gov/nhsn/pdfs/pscmanual/7psccauticurrent.pdf

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Summary

- Preventing CAUTIs is important for a variety of reasons, but most importantly to prevent patient harm.
- There are tools to help conduct a review of current CAUTI prevention activities.
- Implementation of chosen CAUTI prevention activities is on-going and should be multi-disciplinary.
- Use data to help prioritize interventions to reduce barriers to best practice and to strengthen CAUTI prevention program efforts.
- Explore alternatives to indwelling catheters when possible to decrease catheter use.
- Don’t forget to share positive feedback.

Image by rawpixel.com

Misc. Updates & Upcoming Educational Opportunities

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

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New Course: Optimization and Use of Engineering Controls and Indoor Air Quality

Online, Free

1.0 Hour Nursing Continuing Education Credit

Register at:
https://icapasaplearning.nebraskamed.com

This nursing continuing professional development activity was approved by the Midwest Multistate Division, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

What have we been up to?

HAN
HEALTH ALERT NETWORK

NEBRASKA
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Way Cool Wednesday
Fast Facts

Infection Prevention and Control Programs should include staff vaccinations, exposure management protocols and OSHA's Bloodborne Pathogens Standard.

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https://www.linkedin.com/company/nebraska-icap-asap

Contact Nebraska ICAP to connect with an Infection Preventionist!
Ph: 402.552.2881 Email: NebraskaICAP@nebraskamed.com

NEBRASKA INFECTION CONTROL ASSESSMENT AND PROMOTION PROGRAM
ANTIMICROBIAL STEWARDSHIP ASSESSMENT AND PROMOTION PROGRAM
NE ICAP ASAP

Join Us - Upcoming ICAP Webinar

- **August 14, 2024**
  - 12:00 – 1:00 PM (CST)
  - Resource Revelation: Discovering and Maximizing Your IPC Assets
- **September 11, 2024**
  - 12:00 – 1:00 PM (CST)
  - Antimicrobial Stewardship at Transitions of Care

Image courtesy of rawpixel.com

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ICAP Contact Information

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 NE ICAP Contact Form.
You can request to be connected to an Infection Preventionist that specializes in your area, get added to our setting specific communication list for webinar and training invites, sign up for newsletters and reminders, or request an ICAR review for your facility.

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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)
  - Survey functionality is lost on mobile devices

✓ One certificate is issued quarterly for all webinars attended
  - Certificate comes directly from ICAP via email

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