

Wisconsin HAI Education Series

January 23, 2025



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Infection Control Risk Assessments and Surveillance

HAI Education Series | January 23, 2025

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Onboarding Infection Preventionist

Wisconsin Healthcare-Associated Infections (HAI) Prevention Program



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Agenda

- Annual infection prevention and control (IPC) risk assessment and plan
- Goal setting
- Surveillance
- Situational risk assessment

Annual IPC Risk Assessment and Plan



When all elements of an infection prevention program are practiced consistently, the risk of infection is **reduced**.

Annual IPC Risk Assessments



Should be performed at least annually



Involve key partners



Consider environmental, internal, and external factors

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Annual IPC Risk Assessments



Should be performed at least annually



Involve key partners



Consider environmental, internal, and external factors

Annual IPC Risk Assessment Components

Community factors

Infection risks

Process risks

Identified priorities

Goals

Evaluation

Community Factors



Community
characteristics



Types of care and
services provided



Facility risks

Infection Risks

- COVID-19
- Tuberculosis
- Wound infections
- Gastrointestinal infections

Process Risks

- Hand hygiene compliance
- Transmission-based precaution compliance
- Vaccination rates

	Probability of occurrence					Impact					Readiness to prevent					Risk level
	How likely is this to occur?					Health, financial, legal, regulatory					Are processes or resources in place to identify and address this event?					Score
	Expect it	Likely	Maybe	Rare	Never	Catastrophic loss (life, limb, function, financial)	Serious loss (function, financial, legal)	Prolonged length of stay	Moderate clinical or financial	Minimal clinical or financial	None	Poor	Fair	Good	Solid	Prioritize higher scores for improvement efforts
	4	3	2	1	0	4	3	2	1	0	4	3	2	1	0	Add total for each risk
Facility-onset infection(s)																
Catheter-associated urinary tract infection (CAUTI)																
Central line-associated bloodstream infection (CLABSI)																
Tracheostomy-associated respiratory infection																
Ventilator-associated event (VAE)																
Surgical site infection (SSI)																
Percutaneous-gastrostomy insertion site infection																
Wound infection																
Symptomatic urinary tract infection (SUTI)																
Pneumonia																
Cellulitis or soft tissue infection																
<i>Clostridioides difficile</i> infection (CDI)																
Tuberculosis																
Influenza																
Other viral respiratory pathogens																
Norovirus gastroenteritis																
Bacterial gastroenteritis (such as <i>Salmonella</i> or <i>Shigella</i>)																
Scabies																
Conjunctivitis																
Multidrug-resistant organism (MDRO)																
Legionellosis																
Outbreak																
Other (specify):																

After Completing an IPC Risk Assessment



Prioritize identified risk based on numerical value



Set goals for your program



Develop education opportunities and policies for your facility

Prioritize Risks

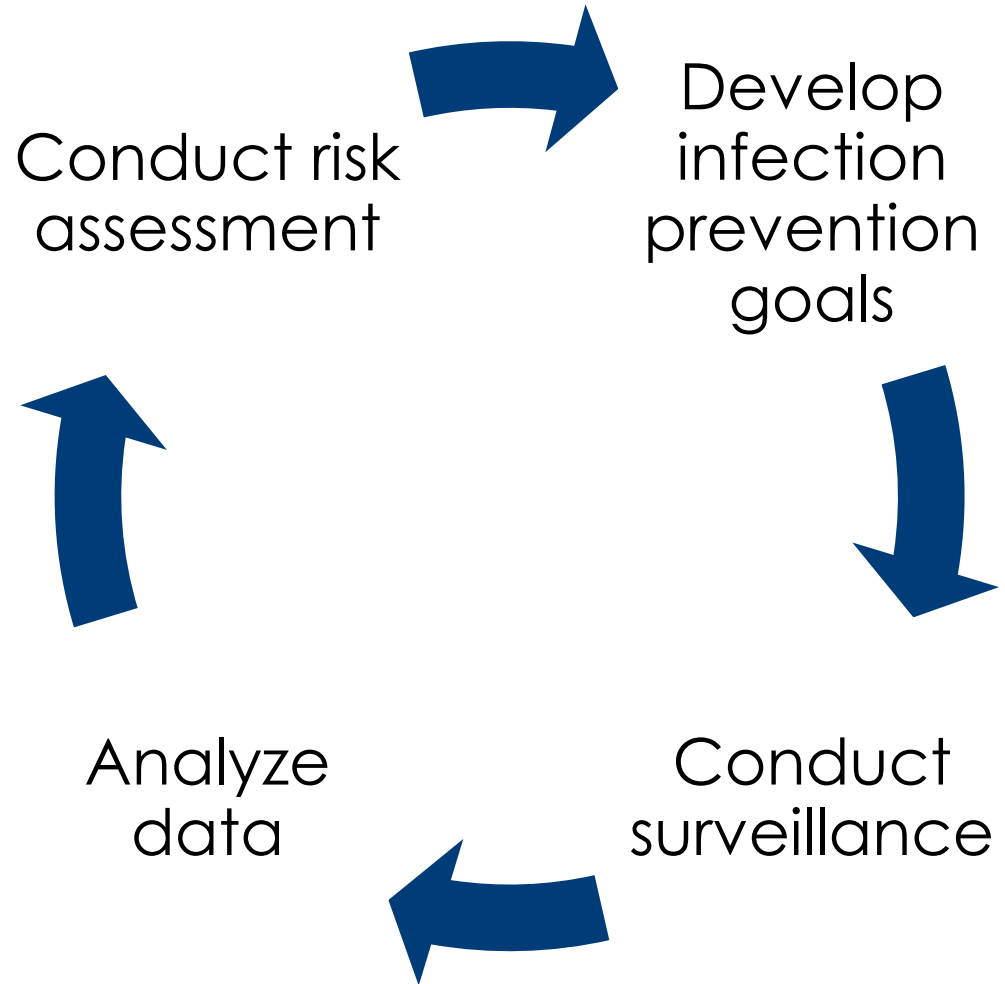
	Probability of occurrence					Impact					Readiness to prevent					Risk level
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	4	3	2	1	0	4	3	2	1	0	4	3	2	1	0	Add total for each risk
Process related																
Inadequate adherence to hand hygiene	3					2					1					6
Inadequate adherence to transmission-based precautions	3					3					3					9

Infection event or process failure	Score
<i>Inadequate adherence to transmission-based precautions</i>	9
<i>Inadequate adherence to hand hygiene</i>	6

Goals

Risk: Example: Inadequate adherence to transmission-based precautions						
Goal	Strategies	Responsible party	Q1 Progress check	Q2 Progress check	Additional action items required	
Improve proper selection of PPE based on the patient's medical symptoms and diagnosis from 50% to 90% by June 1st, 2024	Provide refresher training on proper PPE selection for specific symptoms and diagnoses according to CDC Appendix A	Infection preventionist	Proper selection was at 60% for the first quarter.	Proper PPE selection was at 93% this quarter.	Q1 comments: 3/5 audits showed proper PPE selection. Will work to ensure at least 10 audits are done each month next quarter to get better data.	
	Require all staff to perform a return demonstration of proper PPE selection, donning, and doffing when given a fictitious patient diagnosis	Infection preventionist	Training provided to 100% of staff at mandatory staff meeting in April 2024.	n/a		
	Perform at least 10 PPE audits per month and report findings at infection control committee.	Nurse educator	Completed with 100% of staff at mandatory meeting in April 2024.	n/a		
	Complete hand hygiene audits with clinical staff	Unit manager	Only 5 audits performed first quarter.	Health educators were able to perform 15 audits each month this quarter.	Q1 comments: Unit manager is unable to find time to conduct all the required audits. Will train the health educators to help obtain additional required audits. Q2 comments: health educators were able to perform 15 audits each month. Will work to maintain this level of data collection.	
Risk: Example: Inadequate adherence to hand hygiene						
Goal	Strategies	Responsible party	Q1 Progress check	Q2 Progress check	Additional action items required	
Hand hygiene compliance will increase by 25% over the next three quarters.	Provide refresher training on proper hand hygiene techniques.	Infection Preventionist	HH compliance increased by 10%		Q1 comments: continue to provide in the moment coaching when improper HH is observed, re-check HH compliance in Q2.	
		Nurse educator	Training provided to 100% of staff at mandatory staff meeting in April 2024.			

IPC Risk Assessment Cycle



Surveillance



What is Surveillance?



Standardized method
of collecting and
reviewing data.

Process Surveillance

- Hand hygiene
- Personal protective equipment (PPE)
- Housekeeping and environmental cleaning practices
- Device placement

Process Surveillance Examples

HAND HYGIENE (HH) AND PERSONAL PROTECTIVE EQUIPMENT (PPE) OBSERVATIONS

Staff type*	Type of opportunity	HH performed?	What PPE is indicated? (check all that apply)	PPE used by staff during observation	Comments
<input type="checkbox"/> MED <input type="checkbox"/> EVS <input type="checkbox"/> NUR <input type="checkbox"/> OTH <input type="checkbox"/> CNA <input type="checkbox"/> FAM <input type="checkbox"/> Therapy <input type="checkbox"/> UNK <input type="checkbox"/> DIET	<input type="checkbox"/> Room entry <input type="checkbox"/> Room exit <input type="checkbox"/> Before resident contact <input type="checkbox"/> After resident contact <input type="checkbox"/> Before glove use <input type="checkbox"/> After glove use <input type="checkbox"/> Other: _____	<input type="checkbox"/> Alcohol-rub <input type="checkbox"/> Hand wash <input type="checkbox"/> No HH done <input type="checkbox"/>	<input type="checkbox"/> Gown <input type="checkbox"/> Gloves <input type="checkbox"/> Eye protection <input type="checkbox"/> Mask <input type="checkbox"/> None	<input type="checkbox"/> Gown <input type="checkbox"/> Gloves <input type="checkbox"/> Eye protection <input type="checkbox"/> Mask <input type="checkbox"/> None	

Hand Hygiene Audits

1	Title	Indication	Action	Coached/Comments
	MD/APNP/PA	Before resident		
	Nurse	Before asept	Alcohol rub	
	CNA	After resident	Soap and water	
	EVS	After surroundings	None performed	
	Other Staff	After body fluid		

Process Surveillance Examples

CDC Environmental Checklist for Monitoring Terminal Cleaning¹

Date:	
Unit:	
Room Number:	
Initials of ES staff (optional):²	

Evaluate the following priority sites for each patient room:

High-touch Room Surfaces ³	Cleaned	Not Cleaned	Not Present in Room
Bed rails / controls			
Tray table			
IV pole (grab area)			
Call box / button			
Telephone			
Bedside table handle			
Chair			
Room sink			
Room light switch			
Room inner door knob			
Bathroom inner door knob / plate			
Bathroom light switch			
Bathroom handrails by toilet			
Bathroom sink			
Toilet seat			
Toilet flush handle			
Toilet bedpan cleaner			

Evaluate the following additional sites if these equipment are present in the room:

High-touch Room Surfaces ³	Cleaned	Not Cleaned	Not Present in Room
IV pump control			
Multi-module monitor controls			
Multi-module monitor touch screen			
Multi-module monitor cables			
Ventilator control panel			

Mark the monitoring method used:

- Direct observation Fluorescent gel
 Swab cultures ATP system Agar slide cultures

¹Selection of detergents and disinfectants should be according to institutional policies and procedures

²Hospitals may choose to include identifiers of individual environmental services staff for feedback purposes.

³Sites most frequently contaminated and touched by patients and/or healthcare workers



Outcome Surveillance

- Different types of surveillance criteria used in health care facilities
- For tracking and trending over time
- Standardized definitions used

Symptom Surveillance Example

Unit	Room	Resident	Signs and symptoms	Date of symptom onset	Lab or x-ray result	Pathogen	Linked to facility outbreak? (Yes/No)	Exposed individuals	Antibiotic prescribed
100	111	Jane Doe	Productive cough, Fever	6/1/2024	RLL pneumonia - WBC, Positive	Klebsiella pneumoniae			Keflex 300mg BID
200	222	Jake Fawn	nausea, Loose stools, Emesis	6/10/2024	Norovirus +	Norovirus	Yes	Ben Smith (S)	NA
200	224	Gertrude Martin	Loose stools, Fever	6/11/2024	NA	Presumptive Norovirus	Yes		NA

Employee Infection Surveillance

- Illness policies
- Return to work guidance
- Symptom reporting



Symptom Surveillance Example

Employee name	Signs and symptoms	Date of symptom onset	Worked during infectious period? (Yes/No)	Unit worked	Exposed individuals (residents and staff)	Linked to facility outbreak? (Yes/No)	Follow-up actions
Mindy Jones	nausea, Loose stools	6/9/2024	Yes	200	Jake Fawn (R), Mark Ferrell (S), Gertrude Martin (R), Ben Smith (S)	Yes	Can return to work after 48 hours symptom free. Soonest return date of 6/12/2024
Ben Smith	Loose stools, Emesis	6/11/2024	Yes	200	All 200 unit residents	Yes	Can return to work after 48 hours symptom free. Soonest return date of 6/14/2024

Determining What Surveillance Should be Performed

Follow any
regulatory
requirements



Utilize annual IPC
risk assessment
findings

Immediate Effects



- **Recognize** potentially infectious patients and residents early.
- **Initiate** containment strategies.
- **Prevent** transmission of disease and outbreaks.

Secondary Effects



- **Measure** success of the IP program.
- **Identify** trends and improvement areas.
- **Meet** performance measures and reporting mandates.
- **Provide** additional training.

Situational Risk Assessment



Situational Risk Assessment

1

Form team

2

Complete risk
assessment

3

Come to
decision

4

Assign
responsibilities

Situational Risk Assessment Template

Situational Risk Assessment Tool		
Use this risk assessment template to assess new or current situations, problems, processes, or practices within your facility. Use the template as is or adjust to meet the needs of your facility or organization.		
Situation requiring assessment:		
Locations assessed:		
Departments impacted:		
Date prepared:		
Prepared by (name and title):		
Context and considerations for decision making:		
Identified risk:	Potential impact:	Desired outcome:
Tactics and actions to achieve outcomes:	Responsible department or person:	Due date:
Summary		
Resources used and best practices identified:		
Team members involved in assessment:		
Summary of risk assessment:		
Other tactics or actions considered:		

Infection Prevention

- Is driven by risk assessment and surveillance
- A continuous process
- **A team effort!**



Questions?



Contact Information

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HAI Prevention Program Contacts



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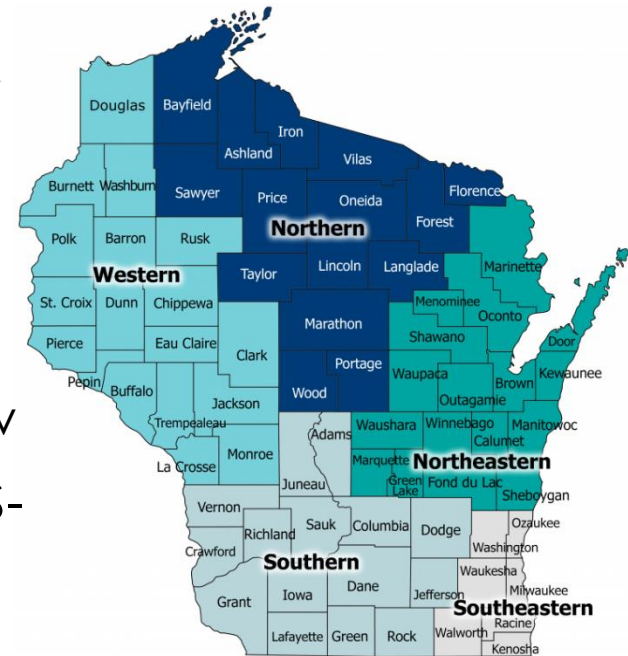
Phone: 608-267-7711



Website: www.dhs.wisconsin.gov/hai/contacts.htm

Regional Infection Preventionists

- **Western Region:** Nikki Mueller, MLS(ASCP)CM, MBA, CIC, Phone: 608-628-4464
- **Northern Region:** Anna Marciniak, MLS(ASCP), CIC, Phone: 608-590-2980
- **Northeastern Region:** Tess Hendricks, BS, MLS, CIC, Phone: 608-338-9071
- **Southeastern Region:**
DHSWIHAIPreventionProgram@dhs.wisconsin.gov
- **Southern Region:** Paula Pintar, MSN, RN, ACNS-BC, CIC, FAPIC, Phone: 608-471-0499



[HAI: Home](#)[For Health Professionals](#)[For Patients & Families](#)[Infection Prevention Education](#)[Infection Preventionist Starter
Kit](#)[Multidrug-Resistant Organisms](#)[Precautions](#)[HAI Data](#)[National Healthcare Safety
Network](#)[Antimicrobial Stewardship](#)

HAI Infection Prevention Education webpage

HAI Infection Prevention Education

The resources below are intended to connect health care facility infection preventionists (IP) with education materials to support their role in preventing, detecting, and responding to healthcare-associated infections (HAI).

IPs play an essential role in facility infection prevention policy development, surveillance, and risk assessment. IPs also serve as a resource to other staff and programs within their facilities.

In addition to the state in-person trainings and online references below, there are a number of links to trusted education resources, including the CDC (Centers for Disease Prevention and Control), the CMS (Centers for Medicare and Medicaid Services), and the Association for Professionals in Infection Control and Epidemiology (APIC).

Monthly webinars for IPs

Long-Term Care Education Series

The Long-Term Care (LTC) Education Series provides education presentations on topics that include infection prevention, HAIs, antibiotic stewardship, disease surveillance, and outbreak response for staff at skilled nursing facilities, assisted living facilities, local health departments, and other LTC stakeholders. Each session features a new, timely topic presented by the Department of Health Services (DHS) program staff, HAI infection preventionists, partner organizations, or other external subject matter experts.

The LTC Education Series is a monthly webinar series, typically held the fourth Thursday of each month. Register for the [LTC Education Series](#).

[Session recordings](#)

+

IP Lunch and Learn

The IP Lunch and Learn is a webinar series that gives IPs from all care settings the opportunity to come together to discuss introductory infection prevention and control (IPC) topics, as well as share information, network, and ask questions. Each session focuses on a different basic IPC topic area and includes a brief overview with resources and time for attendees to ask questions and share tips and tricks. IPs newer to their role will especially benefit from the information shared.

The IP Lunch and Learn is typically held the second Tuesday of each month. Register for the [IP lunch and learn webinar series](#).

Upcoming HAI Education Session

Date: February 27, 2025

Topic: Updated NHSN Standardized Infection Ratio (SIR) National Baseline: Overview and Snapshot of Wisconsin Hospital Data



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