

Communicable Disease Epidemiology
Healthcare Associated Infections & Antimicrobial Resistance



2021
Annual
ICAR
Report

March 2022



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For more information or additional copies of this report:

Communicable Disease Epidemiology

Hospital Associated Infections

1610 NE 150th St

Shoreline, WA 98155

(206) 418-5400

206-367-1790 (fax)

HAI-FieldTeam@doh.wa.gov

Report Authors

Melissa Feskin

ICAR Data Specialist

Melissa.feskin@doh.wa.gov

Sabine Meuse

Infection Prevention Program Manager

Sabine.Meuse@doh.wa.gov

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*photos used with permission from facilities

Infection Prevention Program and Services

The Infection Prevention Program (IPP) sits within HAI/AR and is tasked with providing infection prevention resources, education and support to healthcare facilities and local health jurisdictions (LHJs). Our dedication to building relationships, based on trust, transparency and compassion is the main reason for our success. We work hard to get to know each LHJ and the healthcare facilities in their communities. This allows us to be more customized with our approach to infection prevention.

Our main body of work is done through the tele and on-site visits called Infection Control Assessments and Response (ICAR) consultations. Our Infection Preventionists (IPs) develop supportive relationships with facilities by reviewing infection prevention programs, touring the facilities, and providing a report of observations and prioritized activities to improve IP programs. Our staff also provides support via webinars and individual consultations for healthcare settings. We primarily work with long term care facilities such as skilled nursing facilities, assisted living facilities and adult family homes, however, our IPs also work with other healthcare settings such as hospitals, supported living services, behavioral health, and outpatient clinics. Our program responds to various types of outbreaks throughout the year in addition as well. Other types of outbreaks that we focus on include, but not limited to:

- Influenza
- Hepatitis
- Carbapenamase & Non- Carbapenamase Producing Carbapenem Resistant Organisms

Our IP Program has grown significantly in the last two years. We hired additional nurses and epidemiologist to serve as Infection Preventionists and hired additional coordinators to schedule ICARs. An expanded staff has allowed us to have a wider range of expertise and more individualized relationships with LTCFs and local health jurisdictions. It has also given us the capacity to respond to more outbreaks quickly while also continuing our proactive work, ultimately resulting in fewer and shorter COVID-19 outbreaks in our communities.

2021 Overview

In the beginning of 2021, in collaboration with our local health department partners, we worked towards the common goal of increasing our proactive outreach in the LTC community. Being able to proactively provide facilities with infection prevention materials, guidance and support during this time was essential. We experienced many waves with the COVID-19 pandemic and wanted to support facilities before a potential outbreak could occur. Our ICAR Coordinators increased outreach calls to facilities during this time and worked closely in collaboration with LHJ partners to plan, schedule and organize ICAR visits. We believe this approach has led to a lower rate and length of outbreaks in our communities.

Table 1: Yearly ICAR totals at a glance

	Total ICARs	Proactive	Reactive	Onsite	Tele-visits
2020	721	364	352	200	520
2021	1,328	828	360	519	820

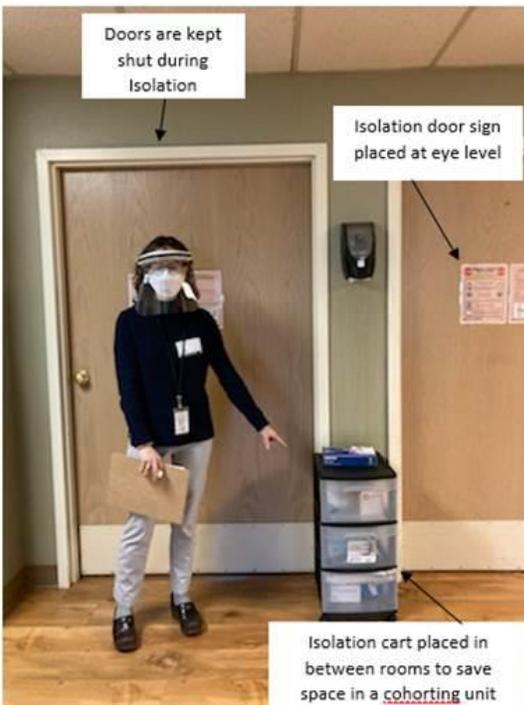


Photo 1: Snohomish Health & Rehabilitation

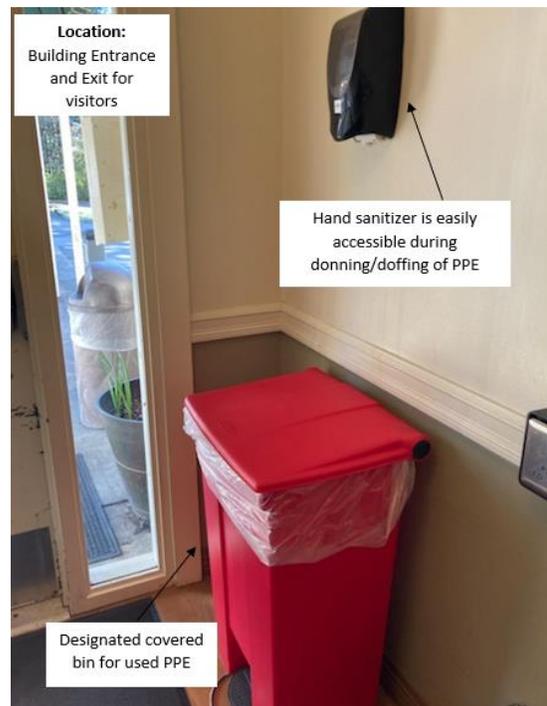


Photo 2: Snohomish Health & Rehabilitation

Proactive and Reactive ICARs

In 2020, we primarily focused on conducting reactive ICARs as COVID-19 outbreaks swept through long term care facilities. While we worked hard to conduct proactive ICARs visits during this time, our focus had to shift with our communities' needs. In 2021, we had an increase in proactive visits, almost an equal number to the reactive visits in 2020. This data really demonstrates our dedication to our long-term care facilities, assisting them in preparation strategies before outbreaks occur.

Figure 1: Yearly ICAR totals for Reactive and Proactive visits

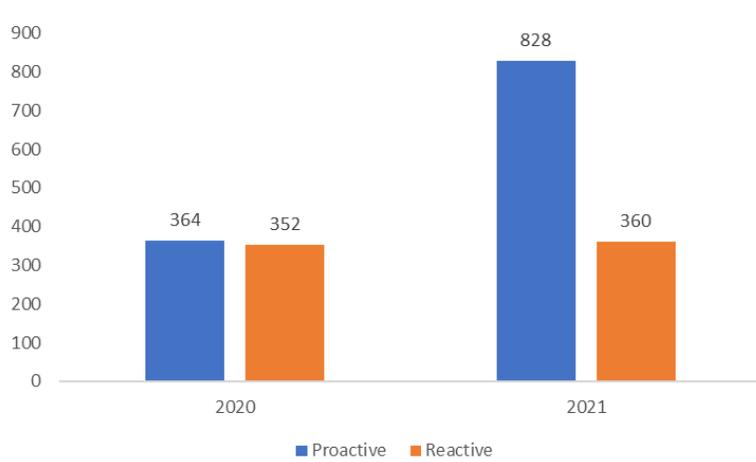
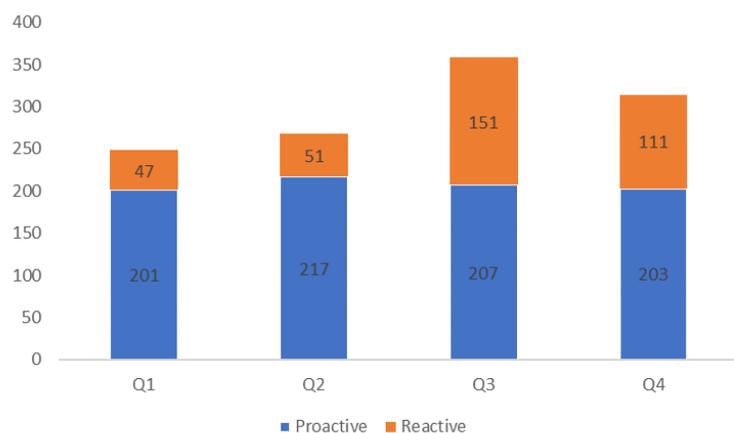


Figure 2: 2021 Proactive and Reactive ICAR Totals by Quarter



In 2021, the number of reactive ICAR assessments increased as the quarters went on, with the third quarter yielding the highest amount of reactive ICARs for the year. The beginning of quarter three aligns with the Delta and Omicron outbreaks, but also our increased capacity with our new staff members. This increase is most notable in the jump of proactive visits.

Onsite and Televisit ICAR

We offer both onsite and televisit options from facilities to choose from. In general, we prefer to do the onsite visits since our Infection Preventionist can also tour the facility and get a better sense of how the facility implements their infection prevention protocols. We also highly recommend the onsite option for reactive ICARs for that very reason. The televisit option is excellent for proactive, follow up ICARs or if scheduling and travel are an issue and timely response is needed.

Figure 3: 2021 Onsite and Televisit ICAR Totals by Year

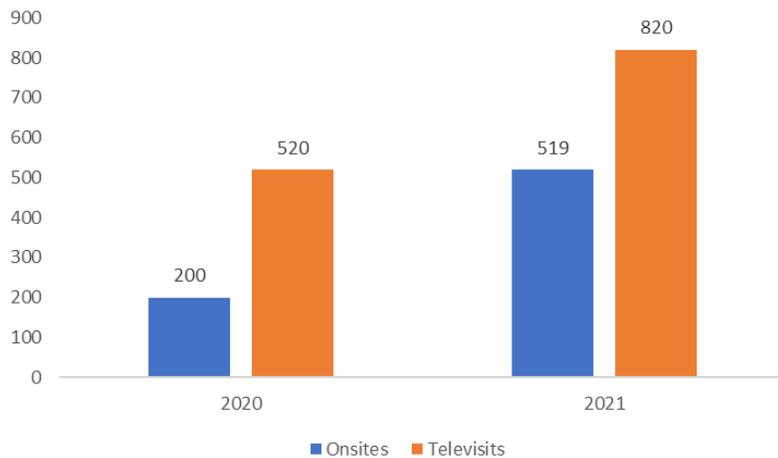
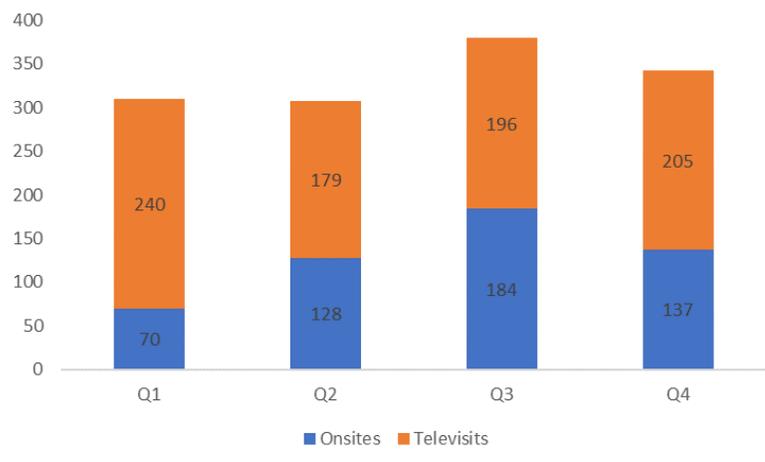


Figure 4: 2021 Onsite and Televisit ICAR Totals by Quarter



Facility by Type

Each healthcare facility type has unique needs when it comes to effective infection prevention and control programs and procedures. Since our IPs have a wide variety of specialties, we are able to assign them to specific facility types for the best possible outcomes.

Figure 5: Facilities Types We Serve

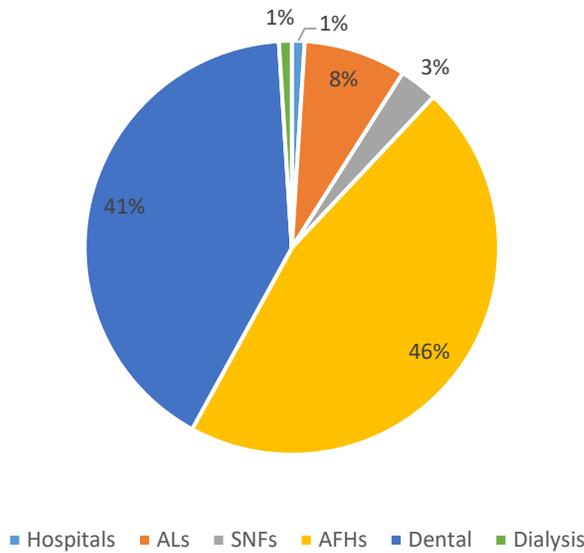
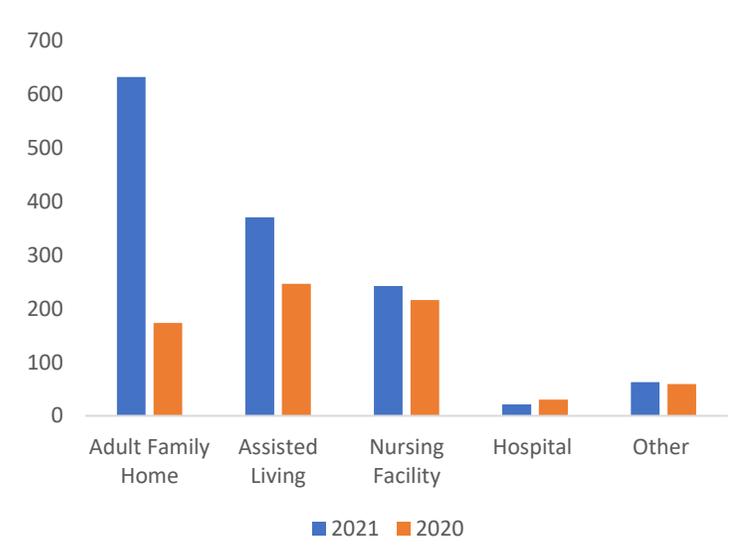


Figure 6: Facility Types by Year



Customer Satisfaction

We recently conducted a customer service survey to the facilities that received voluntary infection control assessment and response (ICAR) over the last 2 years. Our goal was to identify which parts of our program are useful to facilities and if there was a continued community need for our services.

Feedback revealed the ICAR program offered much appreciated infection prevention and control resource support; the top three reoccurring words were *helpful*, *resourceful* and *collaborative*.

- The three most common Infection Prevention and Control Domains (IPCDs) discussed during an ICAR that led to change in facility practice were:
 - fit testing (41.2%),
 - education & communication (36.3%) and
 - personal protective equipment (PPE) concerns (35.5%),
- The three least commonly recognized IPCDs leading to a change in practice were:
 - cohorting (13.7%),
 - staffing issues (10.5%) and
 - immunization of staff and residents (8.1%).
- Facilities indicated that in addition to state level support, collaboration & involvement with the local health department is essential to infection prevention.
- 93% of surveyed facilities expressed the need for continued supportive infection prevention services beyond the COVID-19 pandemic, with broad interest in participating in annual ICARs.
- Facilities also reported multi-drug resistant organisms, aerosol generating procedures and team building/staff morale support as the top three topics they would like to see on future ICARs.

What facilities are saying about the ICAR Program



2021 Accomplishments

It has been an honor to work with local health jurisdictions, healthcare facilities, sister state agencies and professional associations to efficiently and compassionately respond to COVID-19 and other HAI outbreaks. While this excellent response was occurring, we also worked on many projects to improve our ability to prevent and respond to outbreaks. Below are several of our accomplishments.

- Developed and implemented a workplace resiliency training program to provide tools and resources for our staff to avoid burn out and strive for work life balance.
- Converted our manual Facility Outreach and ICAR tracking process into the REDCap system, creating a more efficient and accessible process for reference and data analysis.
- Implemented a pilot local ICAR and REDCap training program. We trained three infection preventionists from two local health jurisdictions to our ICAR process and REDCap system, resulting in more comprehensive data and accessibility for our local partners.
- Developed and shared the Field Team Standard Operating Procedure for Conflict Resolution.
- Welcomed eight new Infection Preventionists to our team, six of which are CIC certified and one certified as an a-IPC. The whole team will be CIC certified by the end of 2022.
- Assigned each Infection Preventionists to a group of counties, so facilities and local health jurisdictions have one person to contact for infection prevention resources and consultations. This has resulted in consistent, trusted relationships.

“It has been such a pleasure to work with you and I am deeply grateful for all you have done to help our LTCFs here in Kitsap!”

— Sarah Kinnear, Disease Intervention Specialist, Kitsap PH



“Thank you so much for spending the morning with us today. I hope you know how helpful it is to feel supported and validated as we navigate our outbreak.”

— Julie Chardi

Looking to the Future

Anticipating the leveling off of COVID-19 outbreaks, we are strategically evaluating our state's needs to continue improving our efforts in infection prevention and control. We have several projects that we are looking forward to completing that will result in a more comprehensive program.

We have begun to expand our healthcare settings capacity to include doing ICARs for dialysis clinics, oncology facilities and dental settings. Our goal is for all our Infection Preventionists to be proficient in each facility type, with 4 specialists in each setting. Our plans also include offering training opportunities to Infection Preventions in local health jurisdictions.

The LHJ ICAR REDCap project will expand to include more local health jurisdictions. We continue to offer Infection Prevention training to our local health colleagues. Once they complete our training program, they will be able to do ICARs and be able enter their data into the state REDCap system. Centralized data will allow us to better anticipate trends and needs in our communities.

The Infection Prevention Program is teaming up with both the Education and Guidance Program and Strategic Partners Program to develop a Competency Base Training program for infection preventionists at healthcare facilities and local health jurisdictions. It will focus on doing audits on Hand Hygiene, Donning and Doffing PPE and EVS carts.

Photo 3: Snohomish Health & Rehabilitation

