

Breaking Down Silos; Building Bridges for Effective Infection Control

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Objectives

Learning Objective 1

- Identify the security challenges posed by infection control protocols, and creative approaches to overcoming them

Learning Objective 2

- Identify the health and safety challenges posed by security processes and procedures and creative approaches to overcoming them

Learning Objective 3

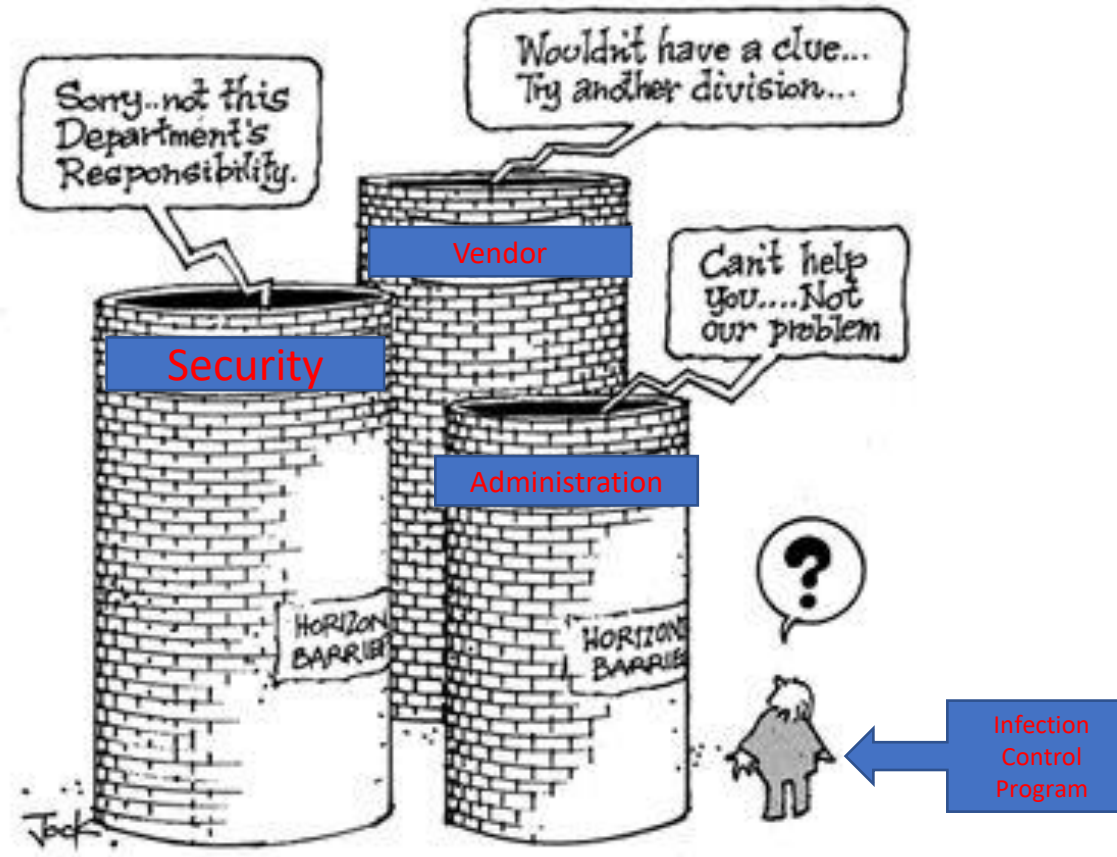
- Develop multidisciplinary, cross-functioning teams (including security, medical, IT, QA and administration and health department) that are able to work collaboratively to prevent and control the spread of infectious diseases within prisons

Infection control in your experience

Which best describes infection control at your facility?



Historic perspective (Pre-COVID)



What are challenges your infection control program has experienced?

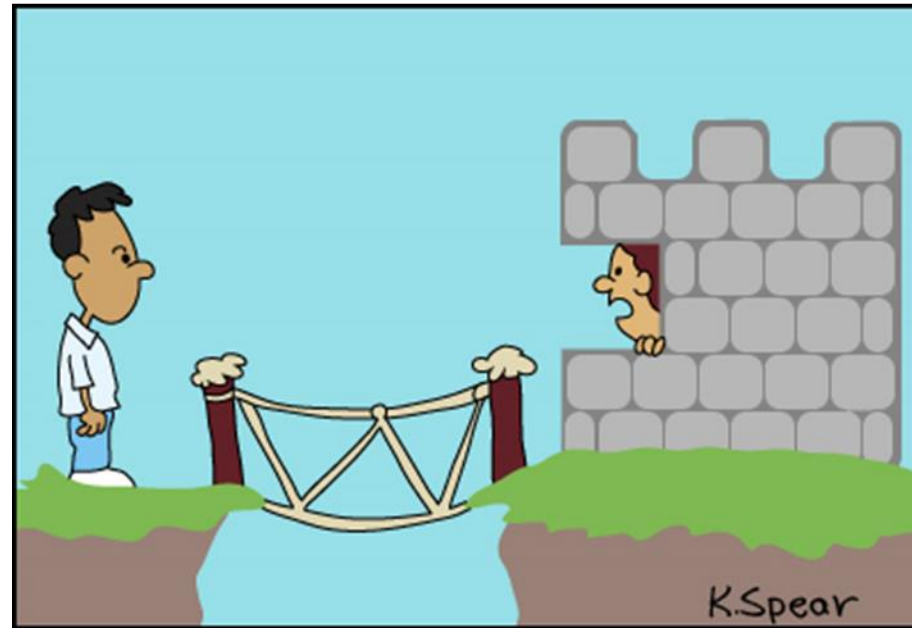
- Infection control challenges posed by security practices?
- Security challenges posed by infection control policies?
 - Masks are a security risk
 - Gowning and extensive PPE → risk potential
- Other?
 - Physical plant/facility lay-out
 - Congregate setting
 - Law Enforcement Culture vs Medical culture

When things fell apart: Spring 2020



Building ~~Back Better~~ Bridges

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"I admit I have built some walls between us,
but I built a bridge too!"

Attaining alignment in infection control: Quality Framework



- Quality Assurance: Multiple definitions:
 - ***A process that looks at activities or products on a regular basis to make sure they are being done at the required level of excellence – www.cancer.gov***
- Theme most stakeholders could get behind
- Adoption → Much more cohesive IC program than previous
- But:
 - What do the hexagons have in common?
 - What is missing in figure to left?
 - QA + Patient safety: Familiar framework for health staff
 - Without missing piece, how stable is structure to external forces?

Quality Assurance as a framework for Infection Control

- Not a new concept: CDC recommends for Nursing Homes/ Hospitals
- Makes sense
- Working with what we have:



- What we did:
 - QA director as key component
 - Formed 2 core groups with ambitious goal "World class IPC"
 - IPC: ICN (State employed) + Statewide ICN (vendor/new position) + ID doc + Quality Assurance Expert
 - Training for group in IPC
 - Antimicrobial stewardship: PharmD, APRN + ID doc
- Established and strengthened relationship with key external stakeholders
 - Health department
 - Outside hospitals
 - Used existing framework (HAIAC) + Personal relationships
 - Transparency & Inclusion

Systems Approach, Providing a Bigger Picture

- Daily infection control meetings with Security, medical → weekly
- Drafting & updating of protocols
 - Review and feedback from security
 - Questions
- Hand sanitizers/PPE available to all
- DOC welcome's feedback during onsite inspections
- Champions of infection control (Safety, BOP)
- Terminal cleaning, fogging
- Ongoing Education

Capitalizing on COVID

- Efforts to entrench gains made during COVID
- Equipment
- EHR updates
- Updating SOP's without issues
- COVID vaccine
- Monkeypox vaccine
- Quarantine

Moving forward: Challenges remain

- Absent immediate threat, some initiative not welcomed: Fit testing, IPC training
- Despite acknowledgement of threat, sometime safety MUST trump IC
 - Eg monkeypox protocol: Gowns, full PPE when transporting offsite (access to weapons difficult with cumbersome PPE)
 - Compromise: Eye covering, Gloves, etc.
- Sometime guidance from local/state/federal Public Health agencies does not take into account the unique situation of prisons
 - Lumps with “congregate settings” eg CDC guidance on COVID
 - Prisons are NOT nursing homes OR homeless shelters
- Sometimes concerns by families/elected officials on prison and IC are emotional rather than grounded in reality
 - “Sentiment that prisons were breeding grounds/amplification point for COVID spilling into community”
 - In almost 3 years of testing with 16,599 tests offered, 4,712 tests completed upon discharge, Only 3 positive cases detected

Take home

- Engaging (internal healthcare staff)
 - Need to frame infection control as a quality assurance issue
 - Clearly show each their role
 - Educate, Evaluate, Provide feedback
- Proactively engage external stakeholders
 - Health department; Outside hospitals
 - Remember most have no clue what goes on in prison healthcare
 - Educate on unique issues with prison health
 - Transparency
 - Provide feedback
 - Facilitate joint meetings/ learning collaboratives
 - Receive feedback (eg non-compliance with masking)
- Need to frame infection control as a safety and security issue
 - Ability to staff facilities
 - Inmate unrest due to fear of contagion
 - Other?

References

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