SURVEILLANCE, PREVENTION, AND INFECTION CONTROL

POLICY: The LightHouse Healthcare surveillance, prevention and infection control program and plan is designed to effectively monitor and evaluate the quality and appropriateness of infection control procedures and practices related to home health care. The surveillance, prevention and infection control program includes activities that will ensure:

- Adherence to published standards, conditions, and/or recommendations from regulatory agencies and accrediting bodies.
- Compliance with Exposure Control and Infection Control practices to include but not limited to hand hygiene, standard precautions, other potentially infectious materials precautions, engineering controls, medical waste disposal, and personal protective equipment (PPE) by agency staff.
- Training and competency testing of agency staff.
- Training and competency testing of care provided by family or other members of the patient’s support system in the home.
- Appropriateness of medical devices and supplies.
- Identification and reporting of healthcare associated infections.
- Identification of possible trends, outbreaks, or newly emergent infectious disease in the community.
- Risk assessment based on population served, geographic location, infection data, care, treatment and services provided.
- Recommendation and implementation of risk reduction strategies by integrating principles of sound infection control management into patient care.
- Assessment and implementation strategies and activities regarding new data and recommendations from the CDC and others including: new valid and reliable definitions and methods for surveillance; additional studies and reports related to risk-factors for home-care acquired infections; additional studies related to the effects of empiric practices for preventing home care acquired infections; new ways of calculating infection rates; valid risks and successful risk-reduction strategies.

PROCEDURE:

1. All staff and agency representatives share responsibility in preventing and controlling infection and reducing or eliminating exposure risks by complying with all exposure control and infection control related policies and procedures. The VNAA Procedure Manual has been selected as the reference manual for all infection control procedures.

2. Managers and supervisors are responsible for disseminating infection prevention and control information under the direction/oversite of the designated Infection Control Program manager.

3. Clinical staff is responsible for implementing the Infection Control Plan at the patient level.

4. Admissions Team, clinical supervisor, or program manager will review hospital records and laboratory records to identify potential HAI (Healthcare-Associated Infection). Clinical staff will be notified at time of assignment (and immediately upon detection if after referral) of the presence of infections/potential infections that require additional precautions or exposure control methods.
5. Clinical staff is to report infections or potential infections to the program manager.

6. The program manager will review potential infections to determine if the infection meets the surveillance definition for infection. LightHouse Healthcare will utilize those surveillance definitions published in The Association for Professionals in Infection Control and Epidemiology (APIC) -HICPAC: Surveillance Definitions for Home Health Care and Home Hospice Infections. The agency has agreed upon the definition of the term “home care associated infection” to mean an infection that was neither present nor incubating at the time of initiation of care in the patient’s place of residence. For those infections appearing in a patient within 48 hours of discharge from a healthcare facility, the infection(s) is reported back to the facility that discharged the patient prior to their home care services. All symptoms must be new or acutely worse. For example, many patients will have chronic symptoms such as cough, which should not be attributed to the presence of a new infection.

7. Where required, reportable infections will be communicated to the appropriate Department of Health.

8. Surveillance can be assessed using both process and outcome measures. These may include, but are not limited to:
   - Catheter Associated Urinary Tract Infections.
   - Skin and Soft Tissue Infections.
   - Central Line Associated Blood Stream Infections.
   - Respiratory Infections.

Outcome objectives may include reduction in mortality and morbidity, emergency care, acute care hospitalizations, and cost.

9. The infection logs and tracking and trending forms will be used to document and collect data regarding infections. The data will be reviewed on a regular basis by the program manager looking for trends, potential problems, and educational opportunities for staff. Negative trends are identified and a response plan developed and implemented. Note: Infections identified within two days’ post-hospital (or other facility) discharge, are not to be included on the infection control log. The discharging facility should be contacted to notify them of the patient’s infection unless that infection is present in hospital/discharge records.

10. Infection rates are calculated per patient days (# infections/patient days x 1,000).

11. The Infection Control Program manager is responsible for reporting outcomes on a regular basis to clinicians and administration. Analysis of information will be used to:
   - Identify trends of product or personnel problems
   - Identify patient populations that may require more frequent or targeted surveillance, patients with indwelling catheters for example.
   - Identify clinical procedures which may increase a patient or employee’s risk of infection.
   - Identify opportunities to provide education and staff development programs.
   - Make recommendations to the Governing Body for revisions to Company policy and/or procedure regarding the issue of infections.
   - Identify specific employees in need of training or closer supervision.

12. Staff education occurs as surveillance trends indicate need; new or revised procedures occur.
REFERENCES:


Association for Professionals in Infection Control and Epidemiology, Inc. (2014) APIC TEXT of INFECTION CONTROL AND EPIDEMIOLOGY 93rd Ed.). Washington, DC.