

SUBJECT: INFECTION PREVENTION AND CONTROL PLAN	REFERENCE #4001
DEPARTMENT: COLORADO PALLIATIVE & HOSPICE CARE	PAGE: 1 OF: 8
APPROVED BY: Medical Director	EFFECTIVE: 05/01/2018 REVISED:

POLICY:

- Healthcare associated infections (HAIs) are infections associated with healthcare delivery in any setting (i.e., hospitals, Hospices, long term care facilities, ambulatory settings, home care). This term reflects the inability to determine with certainty where a pathogen is acquired, as patients may be colonized with or exposed to potential pathogens outside of the healthcare setting, before receiving healthcare, or may develop infection caused by those pathogens when exposed to the conditions associated with the delivery of healthcare.
- The goal of preventing healthcare associated infections (HAIs) shall be an administrative priority for Colorado Palliative & Hospice Care. The Infection Prevention and Control Plan shall assist in providing a high level of patient care by reducing the ever-present risk of HAIs for patients, families, staff and volunteers through:
 - Surveillance:
 - Identification of baseline information about the frequency and type of HAIs
 - Identification of clusters or significant deviations from endemic levels
 - Reporting to departments and outside agencies when necessary
 - Investigation as needed
 - Monitoring handwashing practices of direct care staff
 - Prevention:
 - Infection prevention and control policies and procedures shall be developed using evidence-based national guidelines, expert consensus and a review and evaluation of healthcare literature
 - Educating patients/families, staff and volunteers about infection prevention and control guidelines
 - Procedure review and evaluation

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- Identification of risks for acquiring and spreading of infections shall be based on:
 - ◆ Geographic location
 - ◆ Community
 - ◆ Population served
 - ◆ Care, treatment or services provided by Colorado Palliative & Hospice Care
 - ◆ Analysis of the surveillance activities and other infection prevention and control data
- Risks are prioritized and documented
- Clinical Controls:
 - Identification of patients/families and/or staff and volunteers with communicable or potentially communicable infections
 - Implementation of appropriate infection prevention and control measures
 - Providing advice for Hospice Care staff and volunteers of control procedures indicated
 - Serving as an information resource for staff on various disinfection and cleaning products and procedures
- Performance Improvement:
 - Continuous review and evaluation of infection prevention and control practices

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- Administrative Controls:
 - Ensuring appropriate infection prevention and control staffing
 - Ensuring appropriate nurse staffing levels
 - Providing equipment and supplies to support infection prevention and control activities
 - Providing access to information to support infection prevention and control activities
 - Directing, encouraging and monitoring healthcare worker adherence to recommended infection prevention and control practices
 - Creating an organization culture of safety
 - When transferring patients, Hospice Care shall inform the receiving organization if a patient has an infection
 - If Hospice Care admits a patient who has an infection from another organization, Colorado Palliative & Hospice Care shall inform the referring organization
 - Providing education and training as needed to reduce and or prevent HAIs
 - Infection Control and Prevention Training during New Employee Orientation
 - Annual Infection Control and Prevention Training
 - Assessing hand washing, application and removal of personal protective equipment during annual skills validation class.

- Goals of the Colorado Palliative & Hospice Care Infection Prevention and Control Plan shall include:
 - Addressing prioritized risks
 - Limiting unprotected exposure to pathogens

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- Limiting the spread of infection associated with patient care procedures
- Limiting the spread of infection associated with medical equipment use
- Improving staff compliance with hand hygiene
- The administration of Colorado Palliative & Hospice Care shall delegate the oversight and management of the Infection Prevention and Control Plan to the Medical Director.
- Infection prevention and control management decisions shall be made using data regarding institutional experience/epidemiology, trends in community and institutional HAIs, local, regional and national epidemiology, and emerging infectious disease threats.
- Healthcare associated infection (HAI) control shall be achieved by:
 - Administration support and control
 - Education and training, including staff and patients
 - Standard Precautions
 - Transmission-Based Precautions
- Hospice Care policies and procedures for infection prevention and control shall be reviewed and/or revised as an ongoing practice.
- Interaction with, and mandatory reporting to, the Department of Health shall be performed.
- Colorado Palliative & Hospice Care leadership shall ensure fiscal and human resources are sufficient to:
 - Maintain infection prevention and control and occupational health programs that are responsive to emerging needs, such as:
 - Healthcare staff immunization
 - Post-exposure evaluation and care

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- Evaluation and management of healthcare staff with communicable infections
- Provide supplies and equipment necessary to maintain consistent observance of Standard Precautions, including hand hygiene products and personal protective equipment
- Ensure that reusable patient care equipment is cleaned and reprocessed appropriately before use on another patient
- Develop systems for early detection and management (i.e., use of appropriate infection prevention and control measures, including isolation precautions, PPE) of potentially infectious persons at initial points of patient encounter in outpatient settings (i.e., triage areas, emergency departments, outpatient clinics, physician offices) and at the time of admission to Hospice Care and long term care facilities (LTCFs)
- The prevention of HAIs shall be a consideration when determining nurse staffing levels.
- Medical Director with the support of the compliance officer shall have the ultimate authority to determine infection prevention and control policies for the healthcare organization with the approval of the Hospice care governing body. To integrate this program with overall Hospice Care management, the compliance officer shall report to the Hospice Care governing body and also maintain a close working relationship with administration.
- The medical director will have knowledge of infection prevention and control practices and performance improvement methodologies, and guides the Quality Assurance Program Improvement committee on decisions for improvement of care through the prevention and control of infections.
- The Clinical Director shall be responsible for oversight of infection prevention and control activities throughout the agency.
- The responsibility for surveillance, data collection and analysis lies with Quality Assurance Program Improvement Committee Chairperson.
- The Quality Assurance Program Improvement Committee shall meet every month. Meetings shall be documented in the Quality Assurance Program Improvement Committee meeting minutes, including any identified problems, opportunities for improvement, actions

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References: Medical Consultants, Inc.: Joint Commission of Accreditation Standards: IC.01.01.01: EP 3; IC.01.02.01: EP1,2; IC.01.03.01: EP 1,2,3,5; IC.01.04.01: EP 1,2,3,4,5; IC.01.05.01: EP:1,2,3,10; IC.02.01.01: EP 1,5,8

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taken, recommendations and evaluation of previous actions. Minutes shall be forwarded to compliance officer as necessary.

- Medical Director shall maintain a close working relationship with the Colorado Palliative & Hospice Care management team and the compliance officer for quality assessment and improvement and patient relations functions to achieve goals and objectives of the Hospice Care Infection Prevention and Control Plan.
- As part of the culture of Colorado Palliative & Hospice Care, all healthcare workers and medical staff shall have the responsibility to report any suspected infection, any isolation cases and any positive cultures to the Clinical Director and the Quality Assurance Program Improvement Program Chairperson. There shall be collaboration between the Clinical Director and the Quality Assurance Program Improvement Committee to identify any HAI trends or pattern that may occur as well as identify opportunities to improve outcomes in the reduction and control of infections.
 - Reports of any suspected infections, isolation cases, and positive cultures related to patients are documented in the infection tab of the electronic medical record (EMR).
 - This EMR infection adverse events report is generated by the Quality Assurance Program Improvement Chairperson monthly for review and analysis by the Clinical Director, QAPI Chairperson and the committee members.
 - Reports of any suspected communicable infections related to staff are documented by the affected staff member on the Employee Infection Report and submitted to the clinical director. The clinical director shares the data with the QAPI Chairperson for inclusion in the infection data of the QAPI program. This information is reviewed monthly by the Clinical Director, QAPI Chairperson and the committee members.
- The Clinical Director or designee shall report all reportable infections to the appropriate federal, state and local public health officials in accordance with law and regulation. Additionally, accreditation bodies shall be notified as required by relevant accreditation standards.
- The Clinical Director and Quality Assurance Program Improvement Committee Chairperson shall be authorized to take immediate action, if and when necessary, to institute any surveillance, prevention and control measures, if there is reason to believe that any patient or healthcare worker is at risk.

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- The Clinical Director, Quality Assurance Program Improvement Committee and Medical Director shall be included and consulted in the selection and post-implementation evaluation of medical equipment and supplies, and changes in practice that may affect the risk of HAIs.
- Patient Visitation Management:
 - Patient/Caregiver infection control and prevention education will include the recommendation to limit patient visitation by persons with signs or symptoms of a communicable infection.
- Performance Improvement:
 - Colorado Palliative & Hospice Care Quality Assurance Program Improvement Committee shall review infection prevention and control issues monthly, and summarize and report their findings quarterly to the Compliance Officer. Significant findings and trends shall be documented and discussed and reported to the Governing Body.
 - An evaluation of the organization's function and of the performance improvement processes shall be conducted at least on an annual basis and whenever risks significantly change.
 - The evaluation shall review:
 - The prioritized risks
 - Infection prevention and control goals
 - Implementation of infection prevention and control activities
 - Performance improvement findings and recommendations shall be provided to staff.
 - Information about the Infection Prevention and Control Performance Improvement activities shall be reviewed every quarter in the Colorado Palliative & Hospice Care Quality Assurance Program Improvement Committee. Minutes of these meetings shall be forwarded to Hospice Care administration to assist in a timely and thorough

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implementation of recommended corrective measures and process outcome revisions when needed.

REFERENCE:

Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, *2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*, page last updated September 29, 2010, <http://www.cdc.gov/hicpac/2007ip/2007isolationprecautions.html>, last accessed October 2012.