



LRHA Presents

LOUISIANA RURAL INFECTION CONTROL TRAINING PROGRAM

Educating Rural Hospitals and Rural Health Clinics on the most up to date evidence-based practices to ensure regulatory success and utmost patient safety

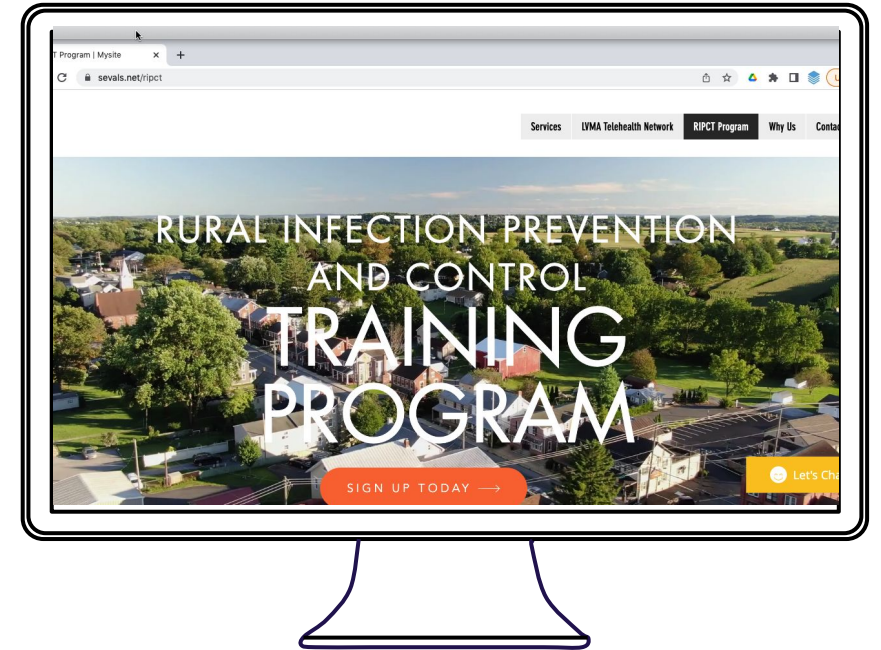




Good Morning Shout-Outs

Let's get comfortable with how this presentation will go forward and how to utilize the platform

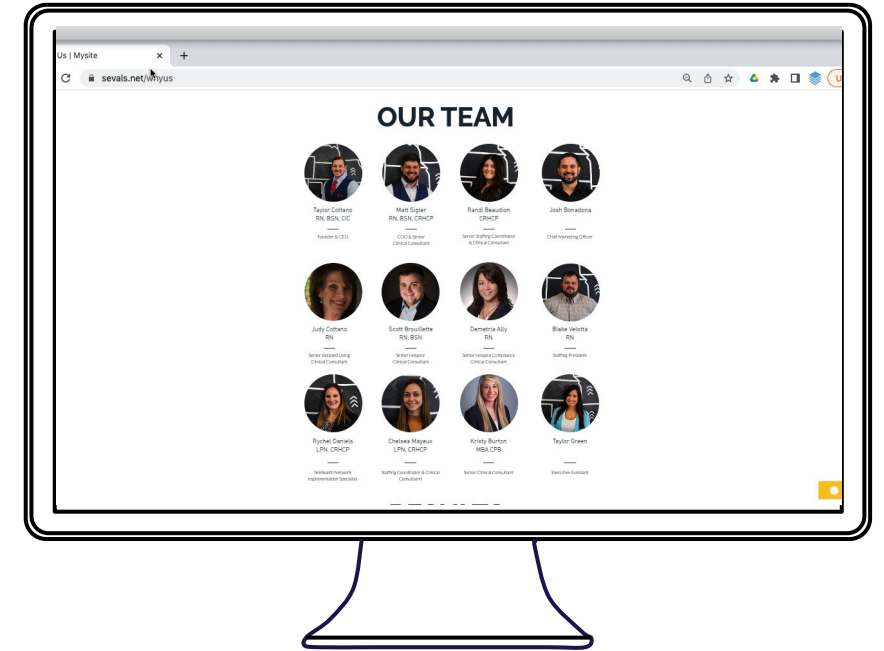
- **Where Are You From?**
- **How long in Infection Control Role?**
- **Want to learn?**








Who Is Southern EVALS

Louisiana Born. Compliance Experts. Problem Solvers.



-  **Mission: Help Hardworking Healthcare Providers Increase Revenue and Maximize Patient Safety**
-  **Values: Honesty. Transparency. Consistency. Hard Work. Compassion**
-  **Vision: Provide Safer Care for 1 Billion Patients by Helping 10,000 Healthcare Providers Succeed.**

“Provide Safer Care For 1 BILLION Patients”




The Four **Activities**

INFECTION CONTROL EDUCATION FOR RURAL HEALTHCARE PROVIDERS

Southern Evals is excited to announce the LRHAs launch of their Rural Infection Prevention and Control Training (RIPCT) Program! This program is aimed at educating Rural Hospitals and Rural Health Clinics on the most up to date evidence-based practices in Infection Prevention and Control to ensure regulatory success and utmost patient safety.



Program Details



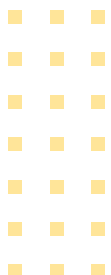
How To Sign Up



Basic Concepts

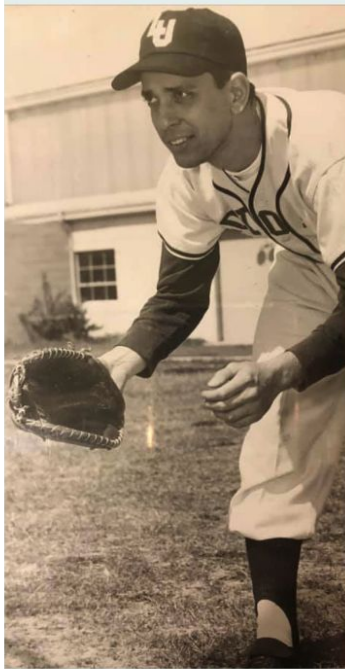


Top 3 Survey Findings





Do You Recognize This Man?



Do You Personally Know Someone
That Was **Affected?**

You Can Make A **DIFFERENCE!!!**



It is up to you as a healthcare leader to make positive changes that will have positive effects on **YOUR COMMUNITY.**





RIPECT PROGRAM DETAILS

Educating Rural Hospitals and Rural Health Clinics on the most up to date evidence-based practices to ensure regulatory success and utmost patient safety





The Partnership

LRHA is working in partnership with the Louisiana Department of Health Bureau of Chronic Disease Prevention and Healthcare Access (known as “Well-Ahead Louisiana”) to deliver this Program in accordance with the Center for Disease Control’s (CDC) *National Initiative to Address COVID-19 Health Disparities among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities*, referred to as “Health Disparities Grant”. This Program shall develop and deliver education and information regarding infection prevention and control, tailored to rural hospitals and/or clinics, in both a virtual and in-person format.



**“Provide Safer Care For 1
BILLION Patients”**





Three Main ELEMENTS



A series of webinars that educate on all Infection Prevention and Control Regulatory Requirements of Rural Hospitals and Rural Health Clinics.



The Program will also include On-Site Infection Prevention and Control Program Assessments and Training for Ten (10) Rural Hospitals and Thirty (30) Rural Health Clinics



All 40 sites will receive custom packages catered to your facility type that could include Personal Protective Equipment (PPE), Infection Prevention and Control Supplies, Infection Prevention and Control Technology, Infection Mitigation Mechanisms, Infection Prevention and Control Signage and much more!!!





Webinar Dates

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There will be 3 types of webinar through this program

- Intro Webinar
- Infection Control/Prevention Basics
 - One Geared towards Hospitals
 - One Geared towards RHCs
- Infection Control/Prevention Advanced
 - One Geared towards Hospitals
 - One Geared towards RHCs





The Basics

The Three P's of Infection Prevention and Control Compliance



➤ Paperwork

Reviewing all of the Paperwork Elements Required including ICP Approval, Program Plans, Risk Assessments, Evaluations, QAPI Data, etc.

➤ Policy and Procedure

Review of best practices in creating, editing and implementing Policies and Procedures along with tips to increase compliance and survey success.

➤ Practice

IC Rounds, Surveillance Activities, and all the items that you will need to do on a daily, monthly, quarterly and Annual Basis for regulatory success.





Turn **THIS**



Into **THIS**



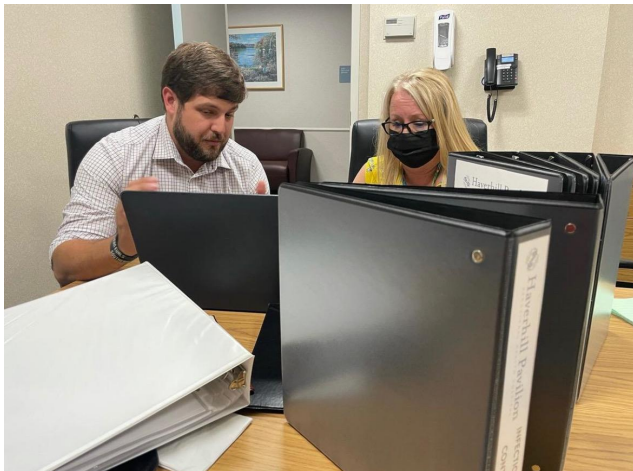
“If they know where to go, the survey will flow”





The Advanced

Higher Level Detail Into Technical Aspects of Infection Control



➤ High Level Disinfection/Sterilization

Reviewing evidence-based practices and procedures when it comes to HLD and Sterilization in your OR, Procedure Room or Clinic Setting.

➤ HAI vs CAI Determination

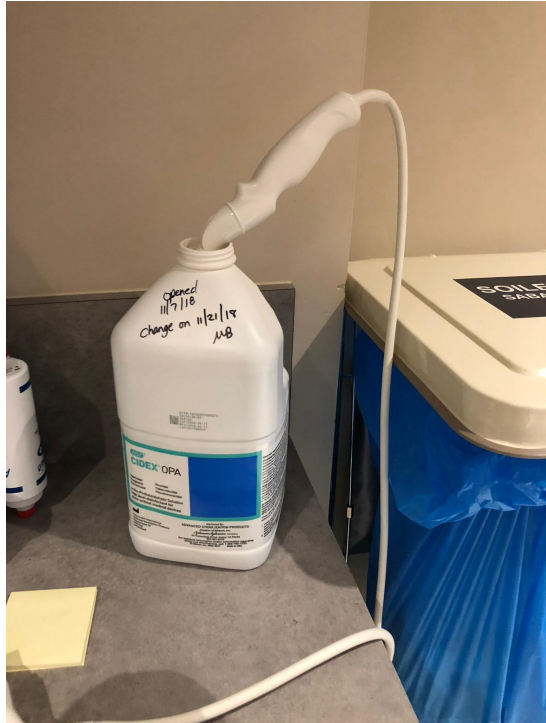
A deep dive into what compromises a Healthcare Associated Infection vs a Community Acquired Infection.

➤ Technical Knowledge

Technical Points in your Infection Prevention and Control Program that move the needle forward.



Don't Do **THIS**



Do **THIS**



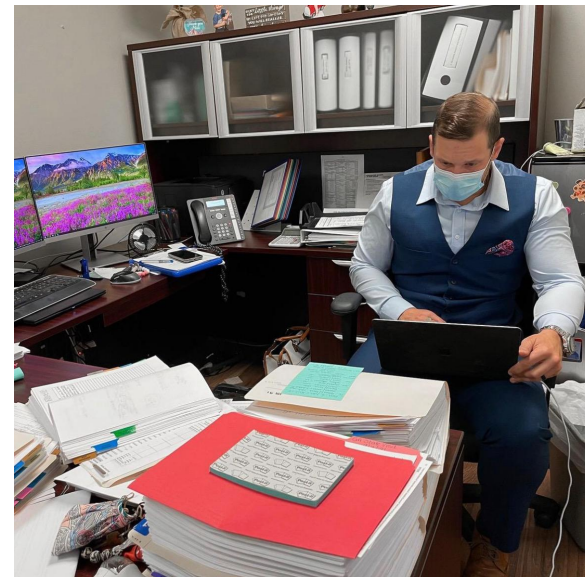
“Step by Step by Step”





On-Site Training

Education and Walkthrough at your Facility



➤ Document Review

Our team of Expert Consultants reviewing all your program documents that to ensure compliance for your Infection Prevention and Control Program

➤ Facility Tour

Our team of Expert Consultants doing a full walkthrough of your facility to identify any deficiencies that may be present. Corrective action given.

➤ Q and A Session

A full-on Q and A Session for anyone on your team to ask any questions about Infection Prevention and Control.



Custom PPE Packages

Infection Prevention and Control Resources Delivered.



➤ Your Choice

The LRHA will provide you a list of items that we have available for you to choose what would best benefit your facility.

➤ Resources Catered to Your Setting

Resources may include N95 masks, gloves, gowns, Air Filtration Units, PAPR systems, UVC Technology, etc. We will work to get a vast array of items that cater to you.

➤ Delivered To You

Once items are chosen, our team will deliver those items to you on the day of your facility walkthrough.





How To SIGN UP

Program Available for 10 Hospital Sites and 30 RHC Sites.
These are the steps you take to be entered for a change to
participate.





Assessment Application

Infection Control & Prevention Project: Hospital On-Site Assessment and Education Application

Contact Information

1. Hospital Name	2. Hospital Location	3. Primary Contact Name	4. Primary Contact Role/Title
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Once the link is open, applicants can complete the Infection Control and Prevention Project: On-Site Assessment and Education Application.

There is one link for Rural Hospitals and one link for Rural Health Clinics. Each has specific questions for that facility type.

Based off of the answers to the questions, your facility will be ranked according to our needs algorithm.





Insider Info

Move Fast

Tie breakers will be who completed the questionnaire first.





Basic Concepts

Take a Second and Frame your mind around the following concepts. Now as we talk through each concept, keep your facility in mind and visualize each scenario.





Linear Flow

The Movement From Dirty To Clean/Problem to Solution/ Bad to Good



➤ Flow Through The Facility

What is the flow when a sick patient enters your facility to where they are being treated? In each treatment area?

➤ Flow of Your Plan

What is the flow when an issue is identified? What is the flow to correct those issues?

➤ Flow of Documentation

What is the clear evidence per your data that issues identified are improving or getting better? Does your data evidence this flow? How does that information flow to Administration/Governing Board/Med Exec





Surveyor Eyes

WHAT WILL THEY SEE?

Our of the Thousands of Surveyors that work throughout the Country, less than 5% specialize in Infection Prevention and Control. Realize that many surveyors that will be looking into this area already have a list of items that they are familiar with and will be checking. Those trends change year to year but many things remain the same.

- **Walking Up to Your Facility**
- **Waiting Area In Your Facility**
- **Patient Care Area/Patient Room**
- **Clean/Dirty Storage Areas**
- **Equipment Processing Areas**





Tracking and Trending

Giving Yourself Credit for what you are doing Great!!!

**Give
yourself
a little
bit of
credit.**

➤ **Top Comment From Surveyors**

“You have a ton of data but what are you doing with it?”

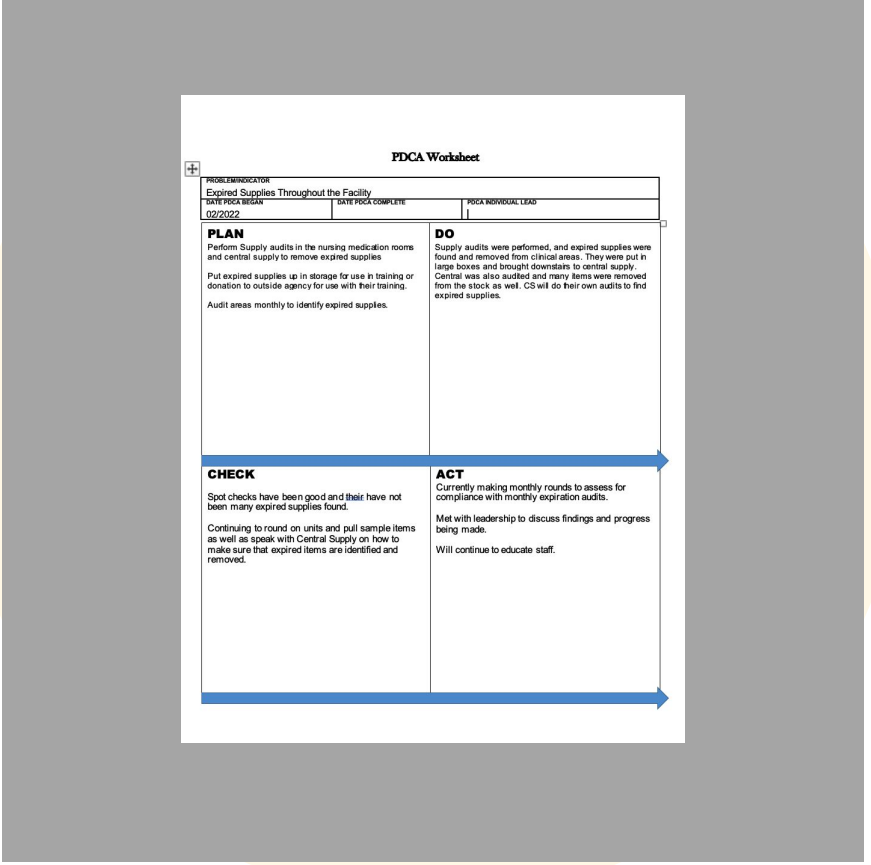
➤ **Give Yourself Credit**

Not only should you be tracking and trending items like Hand Hygiene Compliance, Flu Vaccine Compliance but also document areas that have improved

➤ **Many Different Ways**

Whether you use short form text or you have a full blown QAPI project around an item, make sure that you document all the actions taken and items changed to remedy problems or improve compliance





Insider Info

Plan. Do. Check. Act.

Easy way to evidence the full cycle of corrective action for any deficient practice found in your facility.





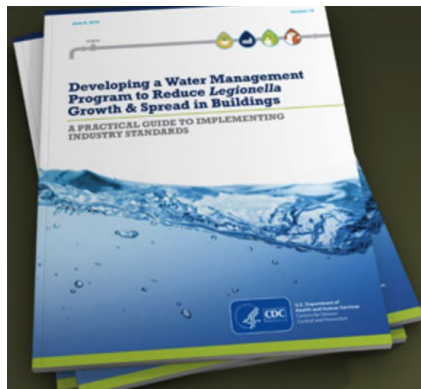
TOP 3 Findings

After 20+ Surveys in the past year, These are the Top 3 Findings in the Rural Hospital Setting and Rural Health Clinic Setting.





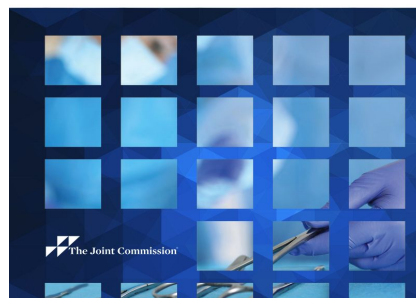
Rural Hospitals



Water Management Plan

Full List of Documentation

High-Level Disinfection (HLD) and Sterilization BoosterPak



Sterilization/HLD Process not per Manufacturer Guidelines

Missed Steps and Incomplete Documentation

COVID-19 Vaccination Requirements for Health Care Providers and Suppliers



- If you are one of the following Medicare or Medicaid providers or suppliers, the CMS staff vaccination requirement applies to you:
- Ambulatory Surgery Centers
 - Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services
 - Community Mental Health Centers
 - Comprehensive Outpatient Rehabilitation Facilities
 - Critical Access Hospitals
 - End-Stage Renal Disease Facilities
 - Home Health Agencies
 - Home Infusion Therapy Suppliers
 - Hospices
 - Hospitals
 - Intermediate Care Facilities for Individuals with Intellectual Disabilities
 - Long-Term Care Facilities
 - Programs for All-Inclusive Care for the Elderly Organizations (PACE)
 - Psychiatric Residential Treatment Facilities (PRTFs)
 - Rural Health Clinics/Federally Qualified Health Centers

How do I meet this requirement?	Phase 1 Requirements	Phase 2 Requirements
	Facilities must have all policies and procedures in place for ensuring staff are fully vaccinated, providing exemptions, and tracking staff vaccinations.	Staff must be fully vaccinated (with the exception of those who have been granted exemptions from the COVID-19 vaccine or for those staff for whom the COVID-19 vaccination must be temporarily delayed, as recommended by CDC).
	Staff at all health care facilities included within the regulation must have received, at a minimum, the first dose of a primary series or a single dose COVID-19 vaccine prior to staff providing any care, treatment, or other services for the facility.	

COVID-19 Vaccination Mandate Non-Compliance

Not Per Policy





Water Management Plan

<https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertificationgeninfo/downloads/survey-and-cert-letter-17-30.pdf>

- This is a program designed to identify hazardous conditions in your water system with regard to Legionella and other waterborne pathogens and then take the necessary steps to address those risks. Some facilities may already have a similar method of doing this, but it may not be up to the new standards.
- The new regulations require a specific plan as well as strict documentation of the monitoring and testing results. This was not mandatory in previous standards and requires some extra work to remain compliant. Developing and maintaining a water management program is a multi-step process that requires continuous review. To get started, there are some important measures that need to be taken:
 - Facilities must first assign a team to oversee development and maintenance of the plan.
 - Goals of the plan must be identified and agreed upon.
 - The team must assign a plan manager to oversee implementation and documentation of the plan criteria.
 - The team must create a diagram that maps all water sources and control measure for the facility.
 - The plan must account for addressing water usage in areas where water may have been stagnant due to construction projects, main water breaks or any other changes in normal activity.
 - An evaluation of the patient populations should be performed to identify those who are immune-compromised.
 - Continuous monitoring of all set protocols and acceptable range for control measures should be completed.





Sterilization and HLD

<https://sdapic.org/wp-content/uploads/2015/12/TJC-HLD-BoosterPak-Dec-2015.pdf>

- The most frequently cited state/accreditation standards in these inspections are standards that call for facilities to protect patients from infections caused by inadequately processed equipment.
- “The most vulnerable locations for lapses in sterilization or HLD of equipment are ambulatory care sites, including office-based surgery facilities, and decentralized locations in hospitals, even though the data shows higher noncompliance rates for critical access hospitals and hospitals,” TJC states.”
- Common lapses in surveys include:
 - Insufficient training or lack of competency in sterilization and HLD equipment.
 - Lack of leadership oversight or Infection Prevention and Control Involvement
 - Manufacturers Guidelines are undermined by “shortcuts” and are not documented fully or correctly
 - No designated staff member assigned to sterilization and HLD
 - Facility design, ventilation or space issues prevent proper sterilization or HLD of equipment.





COVID-19 Vaccine Mandate



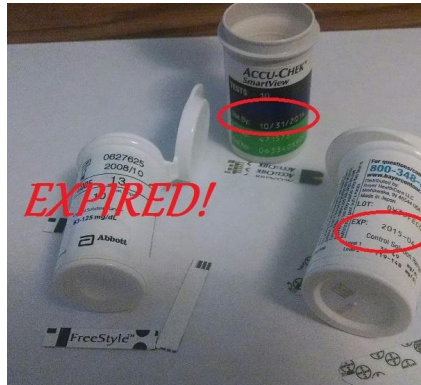
<https://www.cms.gov/files/document/qso-22-07-all-revised.pdf>

- Medicare and Medicaid-certified facilities are expected to comply with all regulatory requirements, and CMS has a variety of established enforcement remedies. This could include civil monetary penalties, denial of payments, and—as a final measure—termination of participation from the Medicare and Medicaid programs.
- The sole enforcement remedy for non-compliance for hospitals and certain other acute and continuing care providers is termination; however, , CMS’s primary goal is to bring health care facilities into compliance. Termination would generally occur only after providing a facility with an opportunity to make corrections and come into compliance.
- Common lapses in surveys include:
 - Insufficient evidence and documentation for contractors
 - Not following policy and procedure for Unvaccinated Staff
 - Do not have a policy on the COVID-19 Vaccine Mandate
 - Do not have proper documentation of all employees





Rural Health Clinic



Supplies Expired and Not Labeled and Dated

Per policy or Manufacturers Guidelines

High-Level Disinfection (HLD) and Sterilization BoosterPak



Sterilization/HLD Process not per Manufacturer Guidelines

Missed Steps and Incomplete Documentation



Patient Care Items not Disinfected Properly

Kill Time. Dwell time. Identify what is clean or dirty





Expired or Unlabeled Supplies

- Many patient care supplies have an expiration date or have manufacturers guidelines as to how to when the supply is good for.
- Many different clinics have policies and procedures around how long supplies are good for. Make sure that you are following your policy and procedure or you align your policy and procedure to your practice.
- A common finding is that some glucometers require that solutions and strips be used for a period of time. The only way to track that is to label the date that the item was opened on the bottle and initial by the date it was opened for verification.
- Other findings include when new items are added to the clinic that required to be inspected before put into use and those items are not inspected or the inspection period has expired.





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- Common lapses in surveys include:
 - Insufficient training or lack of competency in sterilization and HLD equipment.
 - Improper storage of caustic chemicals
 - Manufacturers Guidelines are undermined by “shortcuts” and are not documented fully or correctly
 - Solutions that are in containers are not labeled
 - No documentation of the process to verify it was completed.





Proper Disinfection

- Dwell time, or contact time, is **the appropriate amount of time that a disinfectant has to remain visibly moist on the surface being cleaned to effectively kill the germs, viruses, or bacteria you're combating.**
- Many of these are located on the bottle under contact time.
- Common lapses in surveys include:
 - Not cleaning per the dwell time
 - Not being able to verbalize the dwell time
 - Not able to identify if room or item has been cleaned
 - Not wearing proper protective items





LET'S RECAP





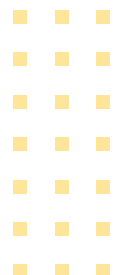
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THANK YOU

If you have any questions at all, please shoot us an email or give us a call.



318-403-3788



support@sevals.net



www.sevals.net

