Mangum Regional Medical Center

2023

Annual Infection Control Risk Assessment

and

Annual Infection Control Program Evaluation

FMIC-002
Revised 12/2023

Annual Infection Control Risk Assessment

Hospital Name: _Mangum Regional Medical Center__

Date of Report: __02_/_27_/_2024_

PURPOSE

- Provides a basis for infection surveillance, prevention, and control activities.
- Identifies at-risk populations/procedures in the Hospital.
- Assists in focusing surveillance efforts on targeted goals.
- Aids in meeting regulatory and other requirements.
- Provides a basis for developing the Infection Control Plan.
- Identify gaps in infection prevention measures/processes.
- Communication Tool-Provide leadership and patient care providers with known and potential risks which can directly affect the patients we serve.
- Identify infections with the highest probability and potential for harm; life threatening, loss of function, loss of community trust, loss of Hospital good will, financial threat, legal and/or regulatory issues.
- Identify environmental issues/concerns.
- Evaluation of the Hospital's preparedness to eliminate or mitigate the harm or risk of harm.
- The identified risks of greatest importance and urgency are then selected and prioritized.

Assessment Process

1. Convene a team (e.g., Administrator, Department Leads, Plant Ops, Clinical Personnel, EVS, and frontline staff) to conduct the risk assessment.
2. Identify potential risk factors in each of the following categories:
    - Geography/Weather of Area Served
    - Population & Community Served

- Communication
- Employees
- Environment of Care
- Risk for Infections
- Emergency Preparedness and Management
- Education
- Treatment and Care Practices
- Other areas identified by the Hospital

3. Assess and score each potential risk factor based on the following:
   a. **Potential impact** of the event/condition on patients and personnel, determined by evaluating the potential for patient illness, injury, infection, death, need for admission as an inpatient; the potential for personnel illness, injury, infection, shortage; potential to impact the Hospital's ability to function/remain open; and degree of clinical and financial impact.
   b. **Probability of the event/condition occurring** determined by evaluating the risk of the potential threat actually occurring. Information regarding historical data, infection surveillance data, the scope of services provided by the Hospital, and the environment of the surrounding area (topography, interstate roads, chemical plants, railroad, ports, etc.) are considered when determining this score.
   c. **Hospital's preparedness** to deal with the event/condition determined by considering policies and procedures already in place, staff experience and response to actual situations, and available services and equipment.
4. After risk scores are assigned in the three assessment groups, total the numbers in each group to provide a numerical risk level for each event/ condition.
5. Rank the events/conditions from the highest to lowest score in the table provided. Select the risks with the highest scores for priority focus for developing the annual Infection Control and Prevention Plan (ICPP). NOTE: Some events/conditions with a lower score may be selected because they are a regulatory requirement.
6. The Infection Control Risk Assessment (ICRA), ICPP, and the Annual Infection Control Program Evaluation should be reviewed and approved by the Hospital's Infection Control and Quality Assurance and Performance Improvement Committees and forwarded to the Medical Staff and Governing Board for review and approval. The ICRA and ICPP should be reviewed annually (and sooner if circumstances change).
7. The following personnel conducted or assisted in the development of the ICRA:

Name & Title	Department	Name & Title	Department	Name & Title	Department	Name & Title	Department	Name & Title	Department
Meghan Smith RN	IP/EH	~~Ivy Bowden, BSN RN~~ April Summerlin BSN, RN, CIC	IP Consultant	Nicholas Walker, BSN RN	CCO	Melissa Tunstall Emergency Prep Manager	Emergency Preparedness	Mark Champman	Plant Oops

8. The ICRA was shared with others to solicit comments and feedback.
9. How to compute the numerical risk level of each item:
    a. Enter a number value for each question in the Risk Grid based on the information and data collected (e.g., med = 2).
    b. Each question should have a numeric value.
    c. Once all the questions are answered add the numeric values for each question for the total Numeric Risk Level Score (e.g., 3 + 2 +1 = 6).
    d. A numerical risk level of nine (9) is identified as the highest perceived potential risk.
    e. Based on the Risk Assessment the Infection Preventionist and Hospital can determine the top three (3) most problematic infection control risks to the Hospital, patients, and/or staff. The Risk Assessment will help guide the IP and the team to establish goals in a collaborative manner. The team will develop goals and measurable objectives to combat these risks and implement plans to ensure the success of the Infection Control Program.
10. Establish time to review risk assessment goals, objectives, strategies, and progress on a routine schedule (e.g., monthly). Document progress, successes, failures, and readjustments to strategies to ensure objectives are successfully met.
11. Ensure initial and ongoing revisions, progress, and action plans of the ICRA are submitted concurrently and reviewed by the appropriate Hospital committees (Infection Control, Quality Assurance & Performance Improvement, Med Staff, and Governing Board.

HOSPITAL DEMOGRAPHICS

Mangum Regional Medical Center is ~~located~~located at 1 Wickersham Dr. Mangum, Oklahoma 73554 Greer County. The hospital is an 18-bed hospital. The hospital maintains an Emergency Department, outpatient, and inpatient services for acute, observation, and skilled levels of care. The hospital employs 68 employees. The medical staff is comprised of 10 providers and/or practitioners which includes Physicians, Nurse Practitioners, and Physician Assistants. Medical specialties include (Infectious Disease, Wound, Pulmonary, etc.). Health care service lines include nursing, respiratory, lab, radiology, dietary, therapy, wound care, telemedicine, and outpatient senior mental health services.

GEOGRAPHY/TOPOGRAPHY/~~WEATHER OF~~WEATHER OF THE AREA SERVED

Geographical & Environmental Factors	Characteristics That Increase Risk	Characteristics That Decrease Risk
1. Mangum, OK- Greer County is a rural area with farming and livestock. 2. Towns include Granite, Willow and Mangum. 3. Nearby- Blair, Duke, Lone Wolf, Hollis, Olustee, Altus, Elk City, Reed, Brinkman, Erick, Sayre. 4. Altus Air Force Base 5. Mangum Brick Plant 6. Rattle Snake Festival- every April 7. Quartz Mountain, Lake Altus-Lugart, Hollis 8. Geography ranges from flat lands to mountains. Many hiking trails with wildlife present.	1. Rural, two-lane roads. 2. Interstate/major highway access is 30 miles/29 minutes away. 3. Large tractors and farm equipment utilizing public access roads. 4. Weather/natural events: drought, high winds, and wildfires (Mangum Fire of 7/15/22). 5. Lack of public transportation. 6. Rural phone and internet service providers. 7. Lack of dependable cellular phone and internet service. 8. 152 miles to major medical services in Oklahoma City.	1. Low crime rate. 2. Low probability for chemical, mass casualty, and hazardous events. 3. Community resources: local police and fire departments, first responders. 4. Appendix 1 Hazard and Vulnerability Assessment performed 2023 by EP Appendix 2 Building Risk Assessment performed 2023 by EP

Event/Condition	What is potential impact of event/condition on patients & staff?				What is probability of event/condition occurring?				What is Hospital's preparedness to deal with this event/condition?				Numerical Risk Level
Risk Level	High (3)	Med (2)	Low (1)	None (0)	High (3)	Med (2)	Low (1)	None (0)	None (3)	Poor (2)	Fair (1)	Good (0)	Total
Weather		2				2						0	4
Wildlife Exposure		2				2						0	4

POPULATION & COMMUNITY SERVED

Population Served	Characteristics That Increase Risk	Characteristics That Decrease Risk
1. Total Population in 2021: 2,677 2. Median age group is 38.3 years.	1. Rising unemployment rate of 3.1% for August 2022. 2. Tobacco abuse of 39.6% compared to 23.3% of OK. 3. Poverty rate of 18.74%	1. 80.4% pop. with health coverage. 2. One local pharmacy, Puckett's

3. Age greater than 65years: 20 % 4. Veteran Status: 4.8% - 130 total registered: 104 males, 26 females. 5. Foreign born population: 1.57%. 6. Language other than English spoken at home: Spanish 4.1%. 7. High School Graduate: 83.5% 8. Bachelors: 11.3%. 9. Median Per Capita income: $40,431 10. Median Household income: $55,351 with average 2.3 persons/household.	4. 13.2% pop. without health insurance. 5. Teen birth rate of 3.2% (24.1% in OK). 6. Declining employment. 7. 25.6% OK pop. with mental illness (national rate: 19.86%). 8. Suicide rate of 27.5-39.2/100k (22/100k in OK). 9. 14.3% adults admit to binge drinking (14.5% in OK). 10. 41% of adults are obese. 11. 40.1% do not engage in physical exercise (33.4% in OK). 12. Poor diet choices: 24.2% get recommended daily serving of vegetables. 13. Unintentional Injury Death rate/100k pop: 96 (Greer) 76 (OK). 14. Housing availability: 1434 housing units; 77% occupied; of those occupied 63% by owner. 15. Limited EMS available. 16. 41.31% of Greer County in an "Severe" drought (Drought.gov). 17. Extreme heat; 113 degrees at highest.	3. Clinics/Free clinics located in Hollis and Altus: Shortgrass. 4. Two Primary Care Clinics: Mangum Family Medicine and JCMH Family Care Clinic of Mangum. 5. One mental health/substance abuse facility: Red Rock in Elk City. 6. One local nursing home: Mangum Skilled Nursing and Rehab. 7. Hospitals nearby: Hobart (Elk View), Elk City (GPRMC), Altus (JCMH). 8. Greer County Health Department in Mangum. 9. #Healthier OK health initiative. Oklahoma Health Improvement Plan (OHIP).

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Event/Condition	What is potential impact of event/condition on patients & staff?				What is probability of event/condition occurring?				What is Hospital's preparedness to deal with this event/condition?				Numerical Risk Level
Risk Level	High (3)	Med (2)	Low (1)	None (0)	High (3)	Med (2)	Low (1)	None (0)	None (3)	Poor (2)	Fair (1)	Good (0)	Total
People with chronic conditions	3					2						0	5
Access to specialty providers. (cardiology, nephrology, etc)	3					2						0	5

COMMUNICATION

Hospital Communications Internal/External	Characteristics That Increase Risk	Characteristics That Decrease Risk
1. Current communication system: Phone, IT, interfacility communication; faxes, email, mail, cell phones, two-way radios. 2. Alternate communication Emergency contact list/phone tree.	1. Communication failure due to weather/natural events. 2. Frequent equipment breakdown. 3. Areas with poor to no cellular service. 4. Lack of copper line to ensure phones work when server is down.	5. Appendix 3: List of Disaster Contacts and Emergency Response Partners available for use. 6. Back-up communication systems to consist of: two-way radios, EMS scanner, employee cell phones. 7. Internal & emergency contact lists. 8. Emergency Preparedness coordinator in-house. 9. Practice drills performed on a regular basis to assess communication systems and development of action plans to address failures. 10. MERC contact and communications and regional planning group. 11. Fiber-optic phone lines underground. 12. Scanners to communicate with emergency partners. 13. Dedicated phone line to call Air-Evac team. 14. Consider use of runners in case of internal communication failures

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Risk Level	High (3)	Med (2)	Low (1)	None (0)	High (3)	Med (2)	Low (1)	None (0)	None (3)	Poor (2)	Fair (1)	Good (0)	Total
Weather			1				1				1		3
Poor internet/phone service			1				1					0	2

EMPLOYEES

Employees	Characteristics That Increase Risk	Characteristics That Decrease Risk
Number of employees:	1. Failure of staff to adhere to infection control standards & safe practices.	1. Staff training upon hire; CAUDI,CLABSI, MDRO, HAI prevention, bloodborne pathogens

68 employees 10 providers Variable agency nurses	2. Mask and PPE fatigue resulting in decreased vigilance of masking while in Hospital. 3. Vaccine hesitancy and declinations to obtain Covid or Influenza vaccines. 4. General lack of knowledge regarding infection prevention and rationales for protocols. 5. Moderate to low rates of community spread of Covid-19. 6. Temporary agency staffing for nursing with relatively few "core" staff nurses to provide continuity and consistency.	2. Annual infection control and prevention training 3. Surveillance activities to monitor PPE and handwashing compliance. 4. Employee illness plan & policy to comply with current CDC isolation guidelines. 5. Employee tracking of illness with mandatory isolation per CDC guidelines for infectious disease. 6. Effective screening program for employee immunizations and required HCW testing in place prior to beginning shifts. 7. Hepatitis B vaccination offered free of charge. 8. Annual influenza vaccine clinic. Vaccine is offered free of charge to all employees.

Event/Condition	**What is potential impact of event/condition on patients & staff?**				**What is probability of event/condition occurring?**				**What is Hospital's preparedness to deal with this event/condition?**				**Numerical Risk Level**
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PPE Fatigue	3					2						0	4

ENVIRONMENT OF CARE

Environment	**Characteristics That Increase Risk**	**Characteristics That Decrease Risk**
1. Biohazard waste management program. 2. Routine upgrades/maintenance to facility. 3. Trained EVS staff. 4. Facility uses EPA & Hospital-approved cleaners and disinfectants.	1. Overall lack of knowledge by staff on cleaning/disinfecting and best practices. 2. Failure of staff to adhere to established cleaning policies. 3. Decreased space available for equipment storage. 4. General age of hospital building and lack of infrastructure. 5. Lack of official tag-out process for malfunctioning equipment. 6. Nursing workstations in hallways. 7. Lab housed in separate facility external to hospital presenting multiple safety issues as lab staff must cross parking lot to	1. Daily reporting to EVS staff of maintenance issues in patient rooms (clipboard at nurses' station). 2. Plant Ops dept. to care for and manage the Hospital's physical, mechanical, and structural environment. 3. Environment of care rounding every quarter with

5. Appropriate storage areas for dirty and clean items. 6. Appropriate infection prevention measures implemented with construction/renovations activities. 7. Appropriate area for high-risk areas (biohazard storage area, dirty utility, etc.)	access hospital. These include exposure to icy conditions, high winds/tornados, snow/rain, etc. as well as exposure to potentially dangerous community members such as disgruntled patients (ED) and family members, patients who left AMA, and those members responsible for local crimes such as drugs and theft.	rapid correction of findings and implementation of new actions. 4. Onboarding education about Safety Data Sheets and where to find them. 5. Dedicated IP nurse and trained EVS staff. 6. Biohazard waste management program with dedicated Biohazard space for waste containment. 7. Continued commitment to upgrades required to facility to maintain compliance. 8. Dedicated aseptic space to prepare intravenous solutions for patients. 9. IV poles and pumps bagged and tagged upon cleaning. 10. Appendix 1 Hazard and Vulnerability Assessment—performed 2022 by EP. 11. Appendix 2 Building Risk Assessment performed 2022 by EP.

Event/Condition	**What is potential impact of event/condition on patients & staff?**				**What is probability of event/condition occurring?**				**What is Hospital's preparedness to deal with this event/condition?**				**Numerical Risk Level**
Risk Level	**High (3)**	**Med (2)**	**Low (1)**	**None (0)**	**High (3)**	**Med (2)**	**Low (1)**	**None (0)**	**None (3)**	**Poor (2)**	**Fair (1)**	**Good (0)**	**Total**
Staff Adherence to Policies		2				2						0	4
General lack of knowledge		2				2						0	4

RISK FOR INFECTIONS

Device Related Infections	**Characteristics That Increase Risk**	**Characteristics That Decrease Risk**
Foley Catheters Ventilators Central Lines PICC Lines.	1. Inconsistent adherence to infection prevention practices. 2. Staffing shortages. 3. Missed preventative care outlined in bundled prevention elements. 4. Altered level of consciousness in patient that interferes with appropriate care of lines and catheters. 5. Bowel incontinence. 6. Catheter insertion not performed using aseptic technique. 7. High-risk patient population.	1. Staff training upon hire and annually. 2. Implementation of CLABSI and CAUTI bundle elements. 3. Surveillance activities to monitor compliance of Bundle elements with associated provision of just in time training, if needed. 4. Consult with patient team re: removal of lines when no longer needed as well as interdisciplinary review of line for necessity. 5. Analyze trends/patterns and implementation of corrective actions to prevent or reduce infections. 6. Weekly dressing changes to PICC lines performed by IP RN for continuity of care.
Diarrheal Diseases	**Characteristics That Increase Risk**	**Characteristics That Decrease Risk**
C. diff	1. Prolonged antibiotic use. 2. Use of PPIs. 3. High-risk patient population. 4. Delayed placement of patient on isolation precautions. 5. Ineffective hand hygiene and PPE compliance of staff. 6. Failure to effectively disinfect the environment and medical equipment. 7. Delayed identification of disease. 8. Patients with past or prolonged Hospitalization. 9. Staffing shortages. 10. Untimely and/or inadequate specimen collection.	1. Effective antibiotic stewardship program. 2. Rapid and strict isolation with use of enteric precautions. 3. Appropriate cleaning & disinfecting techniques by EVS. 4. Staff compliance with C. diff precautions. 5. Education to staff regarding severity of disease and need for early identification. 6. Use of dedicated patient-care equipment. 7. Implementation of daily patient bathing with soap and water. 8. Early identification of at-risk patients.

Respiratory Diseases	**Characteristics That Increase Risk**	**Characteristics That Decrease Risk**
Flu, Colds, MDRO's, Novel Viruses	1. Staffing shortages/inconsistencies, ongoing. 2. Transmissibility and virulence of virus or bacteria. 3. Lack of flu/pneumococcal/COVID immunization of employees & patients. 4. Immunosuppression of patients. 5. Failure of staff to adhere to infection control measures. 6. Community/staff prevalence of illness. 7. Corona virus and subsequent mutations. 8. Monkeypox virus emergence. 9. Data suggestive of identification and lack of care for tuberculosis infections. 10. Reopening of Hospital entrance and decreased restriction on visitation in effort to change from pandemic-level care to endemic precautions. 11. Increase in novel viruses and respiratory illnesses (influenza, RSV). 12. Heightened risk for Ebola, poliovirus, monkey pox, cholera. 13. Lack of screening for recent travel in Hospital and ER patients.	1. Patient/Employee screening for flu vaccination and administration as indicated. 2. Novel coronavirus screening and detection. 3. Properly performed hand hygiene. 4. Transmission and respiratory/cough etiquette precautions. 5. Monitoring updates, OSDH alerts, distribution of educational materials, use of monkeypox screening tool. 6. Consulting Cohesive COVID Task Force. 7. Active surveillance by IP for flu, colds, and novel viruses. 8. Increased awareness of staff to presence of heightened risk of monkeypox, poliovirus, Ebola, RSV, influenza, and respiratory illness of unknown source. 9. Daily monitoring of culture results. 10. Maintain awareness of local, state, national occurrences of respiratory and other diseases such as tuberculosis and implementation of appropriate actions and precautions as indicated.
Significant Organisms	**Characteristics That Increase Risk**	**Characteristics That Decrease Risk**
MRSA, VRE, ESBL's, CRE	1. Staffing shortages/inconsistencies. 2. High-risk patient population, esp. those from long term care facilities. 3. Inadequate/untimely specimen collection. 4. Widespread prevalence of significant organisms. 5. History of hospitalization in patient population. 6. Staff compliance with hand hygiene and PPE use.	1. Daily culture surveillance to monitor results. 2. Rapid identification and strict isolation of patients with infections. 3. PIP in place to improve PPE compliance to reduce spread of infection. 4. Antibiotic stewardship with antibiotic regimen change, if required, based on sensitivities.

	7. Failure to effectively disinfect the environment and medical equipment. 8. Delayed identification of infection. 9. Staff uncertainty with isolation standards and guidelines.	5. Education to staff re: appropriate cleaning & disinfecting techniques. 6. Encouraging staff compliance with transmission precautions. 7. Education to staff regarding severity of disease, consequences of transmission, and need for early identification.

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Risk Level	**High (3)**	**Med (2)**	**Low (1)**	**None (0)**	**High (3)**	**Med (2)**	**Low (1)**	**None (0)**	**None (3)**	**Poor (2)**	**Fair (1)**	**Good (0)**	**Total**
CAUTI		2					1					0	3
MDRO		2				2						0	4

TREATMENT AND CARE PRACTICES

Treatment & Care Practices	**Characteristics That Increase Risk**	**Characteristics That Decrease Risk**
Treatment & Care of the Patient	1. Failure to collect specimens in an appropriate and timely manner. 2. Culture results not received in timely manner. 3. Lack of appropriate hand hygiene and/or PPE use by staff with isolated patients. 4. Ineffective cleaning/disinfecting medical equipment and surrounding environment. 5. Inadequate staff education and training regarding evidence-based practices. 6. Staff not following recommended infection control guidelines. 7. Staff inconsistencies/staffing shortages.	1. Rapid and strict isolation of patients. 2. Low nurse-to-patient ratios. 3. Readily available and plentiful PPE in accessible door-front caddies. 4. Daily stocking of PPE carts. 5. New hand sanitizing devices/equipment (pending delivery). 6. Nursing education/remediation and feedback per required need. 7. Education to housekeeping staff of appropriate cleaning & disinfecting techniques. 8. Encouragement of staff compliance with infection prevention measures. 9. Dedicated IP for program of culture surveillance and practice adherence monitoring.

	8. Failure to identify high risk patients in a timely manner. 9. Lack of dedicated patient care equipment. 10. No official antibiotic stewardship program per pharmacy.	10. Weekly IDT meeting (interdisciplinary team meeting) to discuss patient's plan of care and adjust the patient's plan of care to meet the needs of the patient).

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Lack of appropriate hand hygiene and/or PPE use by staff with isolation patients.		2				2						0	4

EMERGENCY PREPAREDNESS & MANAGEMENT

Emergency Preparedness	Characteristics That Increase Risk	Characteristics That Decrease Risk
1. Emergency Plans/Drills. 2. Safety officer. 3. Staff Training, annual. 4. Plan for emerging infectious disease /influx of infectious patients (e.g., polio, monkey pox, COVID-19 variants, Ebola, RSV).	1. Lack of knowledge surrounding local events and situations with potential for impact on Hospital. 2. Commute time for a large portion of employees who live outside of Mangum and community. 3. No on-site security guards; will require 911 to be called. 4. One true isolation room for airborne illnesses. 5. Lack of EMS transportation for emergency relocation.	1. EP plan in place; safety officer named (M. Tunstall, RTR). Annual Risk Assessments performed per policy. 2. Drills/events with immediate post-drill review of performance to identify need for corrective action. 3. Policy and Procedure for potential infectious outbreaks with hard copy binders at nurses' station (Appendix 12: Pandemic Disease Plan) 4. EMS scanner at nurses' station for up-to-date emergency information and to coordinate with emergency response partners. 5. Staff training upon on hire and annually, and as needed.

	6. Distance to larger communities with more resources: • 25 miles / 32 min drive to Altus, OK. • 42 miles / 44 min drive to Elk City, OK. • 152 miles / 2 hr. 17 min drive to OKC.	6. Materials manager keeps routine emergency supplies readily available to include all PPE needed. 7. Plant Ops maintains 7 negative pressure rooms to be available as needed. 8. OR room 2 can be negative pressure and is reserved for emergency isolation of potentially infectious ED patients.

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Lack of staff training in emergency preparedness	3						1				1		6
Employee commute		2					1					0	3

EDUCATION AND COMPETENCY EVALUATION

Education & Competency Evaluation	**Characteristics That Increase Risk**	**Characteristics That Decrease Risk**
Performed every quarter, upon hire, and on-demand as need arises.	1. Lack of staff awareness of policy and procedure. 2. Lack of consistent core staff familiar with Hospital policies and procedures. 3. Travel distance to extracurricular educational offerings. 4. Difficulty communicating necessary information to entire staff. 5. Few opportunities to conduct in-person meeting and trainings.	1. Quarterly Skills Fair topics with mandatory attendance. 2. Carelearning for annual competencies. 3. Onboarding/new hire education. 4. Read and sign educational bulletins as situation requires. 5. Practice drills/codes performed. 6. Targeted education for all staff to include agency and core.

		7. Analysis of IC data/trends and quality indicators to drive educational offerings. 8. Weekly visits by corporate IP for guidance and direction. 9. BLS/ACLS/PALS classes offered routinely. 10. Cohesive Healthcare educational leadership.

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Attendance		2				2						0	4
Lack of drills/in person training		2				2						0	4

RISK ASSESSMENT & INFECTION CONTROL PLAN FOR 2024

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Summary of Previous Year Goals 2023

1.) Indwelling urinary catheter infection rate per 1000 IUC days will not exceed benchmark. Number of UTIs in patients without an IUC will not exceed 1 in 2023.

2.) Demonstrate sustained PPE compliance as evidenced by meeting or exceeding benchmark by end of Q2 2023.

GOALS FOR 2024					
Risk Event/Condition	**Goal** (a goal is a broad statement indicating the change you want to make, they identify	**Objective** (Who, What, When, Where, How, measurable, includes timeframe for completion)	**Strategies** (Develop strategies to achieve objectives; strategies are the actions that	**Responsible Person**	**Method for Evaluating Effectiveness**

	an issue, i.e., improving hand hygiene)		are designed to achieve the desired improvement)		
CAUTI	By December 2024, decreased number of CAUTI's by 50%	1. The IP and designated surveyors will monitor CAUTI bundle compliance monthly or more often as indicated	• Ensure all patients with catheters have catheter securement device. • Ensure all patients only have catheters for medically acceptable criteria. • Ensure all patients are receiving catheter care twice a day • Educate staff on the importance of following CAUTI compliance bundle. • Follow up on catheter usage at weekly IDT meeting. • Use standardized tool to measure CAUTI compliance.	M. Smith RN, IP	Direct observations and chart audits

			• Weekly rounding on all catheters and as needed.		
HAI	By December 2024, the hospital will decrease HAIs by 50%	1.The IP will continue to educate nursing, Respiratory therapy, and axillary staff on prevention of HAIs.	• Monitor swing bed admissions from outside facilities. Encourage providers to order new sets of labs and review transfer paperwork to monitor any infections that would have occurred at previous facility. • Educate staff on preventions of HAI's. • CAUTI and CLABSI compliance monitoring by IP	M. Smith RN, IP	Direct observations and chart audits

Indicator	**Previous 2022**	**Past Recent 2023**	**Comments/Actions (As Applicable)**

CAUTI	1	2	2 CAUTI/1183 total IUC days for total infection rate for 2023= 1.69%. Benchmark 1.0 **Actions**: 1. Initiate education module for nursing regarding Hospital-acquired urinary tract infections/CAUTIs with focus on maintaining cleanliness in an environment of incontinence. 2. Staff re-educated about the importance of performing excellent peri care and catheter care each shift and more often as needed for linen and incontinence brief changes. 3. Consider addition of peri/catheter care task to EMAR for daily check off by nursing; will discuss with CCO and IT to determine feasibility. 4. Increase use of external urine drainage management systems (example: male condom catheters and Purewicks for females). 5. continue education regarding rationale for bundle compliance measures. 6. Continue monitoring and surveillance of CAUTI bundle compliance and line necessity.
CLABSI	0	1	1 CLABSI/1129 total central line days. **Actions:** 1. -Educate staff that hand hygiene is a key component of any effective patient safety and infection prevention program. 2. Aseptic technique, a method used to prevent contamination with microorganisms, is recommended by the evidence-based guidelines for all instances of insertion and care of central venous catheters (CVCs). 3. When preparing to insert CVCs, health care personnel should be attentive to maximal sterile barrie precautions, skin preparation, catheter selection, and use of catheter kits or carts. 4. Using an insertion checklist can improve adherence to best practices and reduce error. 5. Proper maintenance of CVCs includes disinfection of catheter hubs, connectors, and injection ports and changing dressings over the site every two days for gauze dressings or every seven days for semipermeable dressings. 6. A dressing should also be changed if it becomes damp, loose, or visibly soiled. 7. Health care personnel must ensure that a patient's CVC is removed or replaced at the appropriate time and in a safe manner. Continue monitoring and surveillance of CLABSI bundle
MRSA Bacteremia	0	0	
MDRO	0	0	
C. diff	0	0	
Ventilator Associated Event	0	0	70 ventilator days

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Isolation Days	1345		Unable to collect correct number of isolation days for 2023 due to a change in IP personnel and their documentation of Census days collected was deleted from her profile. IP currently trying to see if number can be pulled from CPSI.
Hand Hygiene Compliance	97%	97%	
PPE Compliance	92%	96%	

ANNUAL INFECTION CONTROL PROGRAM EVALUATION

Review of Infection Control Indicators

Review of Employee Health Program

Indicator	Previous 2022	Past Recent 2023	Comments/Actions (As Applicable)
Employee Injuries	**8**	**8**	Employee Health Nurse will continue to monitor, report, and follow up on all employee injuries. EHN will encourage employees to report all work-related injuries in a timely manner and complete an appropriate incident report and follow u
Employee Light Duty Days	**0**	**0**	
Employee Total Temporary Disability Days	**0**	**0**	
Employee Influenza Vaccination Compliance	**68%**	**67%**	IP will continue to educate and encourage employees to participate in Employee Influenzae Vaccine Program.
Employee Influenza Occurrences	**3**	**0**	

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New Services Added 2023: None

Annual Updates to Infection Control Program 2023

1. Education

a. Staff

- 9/23: Influenza and immunization education
- 10/23: Hand hygiene/PPE
- 10/23: ACLS/PALS
- 12/23: Nursing Skills Fair
    - Blood transfusion and documentation
    - Sepsis and CPSI documentation
    - CAUTI Prevention
    - PICC maintenance
    - PPE/Hand hygiene
    - Pharmacy IV Compounding/Med Dispense

b. IP

- Weekly Education with Cohesive Corporate IP
- EPIC Annual Conference (virtual attendance)
- Monthly In-service Meeting with Cohesive IP team
- Bi-weekly Cohesive Lunch and Learn
- Oklahoma Hospital Association Infection Control Bootcamp

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2. Changes to Program

- 9/23: Appointed new Infection Preventionist (IP), Meghan Smith RN

3. Policies

- 6/23: ICP-032 Medical Equipment, Devices, and Supplies
- 9/23: ICP-015 Seasonal Influenza

4. New Procedures/Protocols

a. Adult and Pediatric Sepsis Protocol
b. IP to track and monitor all patient that have an incident involving accidental removal or damage to:
    i. Central Lines or other IV type lines
    ii. Foley catheters
    iii. Suprapubic catheters
    iv. ET tubes
    v. Drainage tubes
    vi. Other line events

5. Infection Control Initiatives

- 10/23: Employee Flu Clinic

6. Conferences

- 9/23: Oklahoma Hospital Association Infection Prevention Bootcamp
- 10/23: Infection Prevention Boot Camp Webinar
- 11/23: EPIC Annual Conference

7. Other

Hospital Renovation/Construction Projects

Hospital Renovation/Construction Projects 2023

Title of Project	Date Started	Date Completed	ICRA Completed	Outcome
Direct TV Installation	10/19/23	10/25/23	10/19/23	Project completed
Cafeteria floor restoration	10/24/23	10/31/23	10/24/23	Project completed

Special Services (for the previous year; insert year):

- None

Year End Summary Review

MRMC's end of year reviewed showed an increase in CAUTI's and HAI's. The IP has had focused education listed about to help improve care provided by clinical staff. During the months of August and September there was a change in IP leadership. New IP started in September 2023 and is new to Infection Prevention. Corporate IP provided weekly training, as well as monthly call with all IPs within Cohesive network. The annual skills fair was completed in December 2023 and had a great staff turn out. Hospital Leadership changed too with a new CCO and CEO. Both individuals are clinical with a history of active RN licensure and are willing to participate in staff education and training. IP will continue to monitor all measures listed in the current QAPI for the new year 2024, to allow IP to better understand the role of IP program.

Situational Updates:

COVID-19:

- **(something about weekly monitor of local/state/federal rates)**
- **Viral View report to Monthly Meetings**
- **Report positive cases to OSHD when admitted to facility.**
- **Preadmission testing with Rapid on all patients and Rapid/PCR for all patients with s/s of COVID and placed on precautions until results are collected and negative.**

Influenza:

- **Viral View report to monthly meeting**
- **Repot positive cases to PHIDDO when admitted to facility.**
- **Monitor all patients and staff for s/s of influenza.**
- **Report Influenza Vaccination to OSISS**
- **CPSI and HL7 continue to work on interface with OSISS for automatic upload of patient vaccinations into the OSISS system from CPSI.**

Monkeypox:

- **Forward update to clinical staff December 2023.**
- **Encourage ER providers to monitor patients with unknown causes of rash.**
- **Encourage ER providers to assess recent travel for patients with s/s of Monkeypox.**

RSV:

- **Viral View report to monthly meeting.**
- **Report positive cases to PHIDDO when admitted to facility.**

Verification Approval of Infection Control Risk Assessment & Annual Infection Control Program Evaluation

_____ _____

Infection Preventionist *Date*

_____ _____

Quality Manager *Date*

_____ _____

Medical Director *Date*

_____ _____

Governing Board Member *Date*