Mangum Regional Medical Center

2024

Annual Infection Control Risk Assessment

and

Annual Infection Control Program Evaluation

Annual Infection Control Risk Assessment

Hospital Name: ___Mangum Regional Medical Center____

Date of Report: _03_/_19_/_2025_

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 Patient Safety 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, CIC April Summerlin BSN, RN, CIC	IP Consultant	Nicholas Walker, BSN RN	CCO	Kelley Martinez CEO, Emergency Prep Manager	Emergency Preparedness	Mark Chapman	Plant OPS

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 shall help guide the IP and the team to establish goals in a collaborative manner. The team shall 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 and Patient Safety, Medical Staff, and Governing Board.

HOSPITAL DEMOGRAPHICS

Mangum Regional Medical Center is located at 1 Wickersham Dr, Mangum, Ok 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 59 employees. The medical staff is comprised of 9 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 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 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 2025 by EP 5. Appendix 2 Building Risk Assessment performed 2024 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 2024: 2740 2. The median age group is 32.3. 3. Age greater than 65 years: 22 % 4. Veteran Status: 7.1 - 141 total registered: 118 males, 23 females. 5. Foreign born population: 0.8%. 6. Language other than English spoken at home: Spanish 4.1%. 7. High School Graduate: 79.6% 8. Bachelors: 19.2%. 9. Median Per Capita income: $23,538 10. Median Household income: $56,875 with an average of 2.3 persons/household.	1. Rising unemployment rate of 3.5% for December 2024 2. Tobacco abuse of 39.6% compared to 23.3% of OK. 3. Poverty rate of 21.2% 4. 19.9% pop. without health insurance. 5. Teen birth rate of 3.2% (24.1% in OK). 6. Declining employment. 7. 35% OK pop. with mental illness (national rate: 19.86%). 8. Suicide rate of 27.5-39.2/100k (22/100k in OK). 9. 15.7% adults admit to binge drinking 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: 1439 housing units; 79% occupied; 63% of those occupied 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.	1. 80.4% pop. with health coverage. 2. One local pharmacy, Puckett’s 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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People with chronic conditions	3					2						0	5

Access to specialty providers. (cardiology, nephology, 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. 3. The Oklahoma Health Alert Network (OK-HAN) system is an emergency communication system used to distribute emergent health-related information to healthcare providers and public health partners of which the Hospital subscribes as well as communication and guidance from other entities (e.g., CDC, HICPAC, APIC, EPIC, etc.). 4. The Infection Control Department actively communicates with Hospital leadership and staff on infection control prevention, risks, standards, and evidence-based practices.	1. Communication failure due to weather/natural events. 2. Frequent equipment breakdown. 3. Areas with poor to no cellular service.	1. Appendix 3: List of Disaster Contacts and Emergency Response Partners available for use. 2. Back-up communication systems to consist of: two-way radios, EMS scanner, employee cell phones. 3. Internal & emergency contact lists. 4. Emergency Preparedness coordinator in-house. 5. Practice drills performed on a regular basis to assess communication systems and development of action plans to address failures. 6. MERC contact and communications and regional planning group. 7. Fiber-optic phone lines underground. 8. Scanners to communicate with emergency partners. 9. Dedicated phone line to call Air-Evac team. 10. Consider the use of runners in case of internal communication failures. 11. The Infection Control Department maintains situational awareness for active, potential, and/or emerging infectious disease events and/or situations that could impact the health and safety of the Hospital, patients, staff, and community. The hospital takes active steps and actions to plan, prepare, and mitigate any such risks. 12. Education and training by the IC department to staff and department managers on preventing infections, implementation of evidence-based practices, and other topics that affect the care and health of patients and staff.

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Weather			1				1				1		3
Poor internet/phone service			1				1					0	2

EMPLOYEES

Employees	Characteristics That Increase Risk	Characteristics That Decrease Risk
1. MRMC currently employees 59 individuals and 9 medical providers. 2. The hospital does have to utilize several contract and agency staff members. 3. Employee Health Nurse keeps a health record for all core and agency staff members.	1. Failure of staff to adhere to infection control standards & safe practices. 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.	1. Staff training upon hire; CAUTI, CLABSI, MDRO, HAI prevention, bloodborne pathogens 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. Annual influenza vaccine clinic. Vaccine is offered free of charge to all employees. 8. The Hospital has a sharp safety program and utilizes devices equipped with safety mechanisms to prevent a sharp injury. 9. The Hospital has a bloodborne pathogens plan designed to protect staff from exposure to infectious diseases in blood and other body fluids. 10. The Hospital maintains PPE and hand hygiene supplies that are readily available for use by staff and visitors to prevent the transmission of infection. 11. The Hospital utilizes transmission-based signage in the patient care area to inform staff and visitors of the type of precautions and PPE needed for protection.

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	5

ENVIRONMENT OF CARE

Environment	Characteristics That Increase Risk	Characteristics That Decrease Risk
1. Damaged hospital roof 2. Biohazard waste management program. 3. Routine upgrades/maintenance to facility. 4. Trained EVS staff. 5. Facility uses EPA & Hospital-approved cleaners and disinfectants. 6. Appropriate storage areas for dirty and clean items. 7. Appropriate infection prevention measures implemented with construction/renovations activities. 8. Appropriate area for high-risk areas (biohazard storage area, dirty utility, etc.)	1. The roof has significant leaks in several parts of the hospital, causing damage to OR 2 and in Radiology near radiology imaging equipment. Leaks lead to saturated ceiling tiles which can harbor mold growth. 2. Overall lack of knowledge by staff on cleaning/disinfecting and best practices. 3. Failure of staff to adhere to established cleaning policies. 4. Decreased space available for equipment storage. 5. General age of hospital building and lack of infrastructure. 6. Lack of official tag-out process for malfunctioning equipment. 7. Nursing workstations in hallways. 8. Lab housed in separate facility external to hospital presenting multiple safety issues as lab staff must cross parking lot to 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.	1. The hospital administration is working with the hospital board to move through necessary steps to repair the roof. 2. Daily reporting to EVS staff of maintenance issues in patient rooms (clipboard at nurses' station). 3. Plant Ops dept. to care for and manage the Hospital's physical, mechanical, and structural environment. 4. Environment of care rounding every quarter with rapid correction of findings and implementation of new actions. 5. Onboarding education about Safety Data Sheets and where to find them. 6. Dedicated IP nurse and trained EVS staff. 7. Biohazard waste management program with dedicated Biohazard space for waste containment. 8. Continued commitment to upgrades required to facility to maintain compliance. 9. Dedicated aseptic space to prepare intravenous solutions for patients. 10. IV poles and pumps bagged and tagged upon cleaning.

		11. Appendix 1 Hazard and Vulnerability Assessment—performed 2025 by EP. Appendix 2 Building Risk Assessment performed 2024 by EP. 12. The IP and Plant Ops Manager discusses and reviews all construction projects and completes an ICRA if indicated by scope and nature of the project. 13. Sharps containers are available in-patient rooms and areas where sharps are used for safe disposal. 14. Equipment is inspected on a yearly basis or as recommended by manufacturer instructions. 15. PPE and hand hygiene supplies are readily accessible for use by staff.

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Staff Adherence to Policies		2				2						0	4
Roof Damage	3				3					2			8

RISK FOR INFECTIONS

Device Related Infections	**Characteristics That Increase Risk**	**Characteristics That Decrease Risk**
Foley Catheters 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. 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. Nurse driven protocol and IDT communication to encourage 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 staff. IP to monitor. 7. Clinical staff have access to Lippincott's procedural manual for education and assistance with device utilization. 8. Surveillance of staff hand hygiene and PPE practices. 9. Surveillance for adherence to infection control bundles (e.g., CAUTI, CLABSI, and VAE).
Diarrheal Diseases	**Characteristics That Increase Risk**	**Characteristics That Decrease Risk**
C. diff	1. Prolonged antibiotic use.	1. Effective antibiotic stewardship program.

	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. 11. Inappropriate use and/or antibiotic overuse.	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 viruses 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.	1. Patient/Employee screening for flu vaccination and administration as indicated. Employees who refuse flu vaccine are required to wear face mask with direct patient contact until end of flu season. 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.

	13. Lack of screening for recent travel in Hospital and ER patients.	
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. 7. Failure to effectively disinfect the environment and medical equipment. 8. Delayed identification of infection. 9. Staff uncertainty with isolation standards and guidelines. 10. Patients who require use of indwelling devices. 11. Patient colonization of significant organisms that result in infection.	1. Daily culture surveillance to monitor results. 2. Rapid identification and strict isolation of patients with infections. 3. PIP is in place to improve PPE compliance to reduce the spread of infection. 4. Antibiotic stewardship with antibiotic regimen change, if required, based on sensitivity. 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. 8. Subscription to OSDH OK-HAN for updates. 9. PPE and hand hygiene supplies readily available and accessible to staff and visitors. 10. Transmission-based signage posted at patient's room entrance to notify staff and visitors of precautions required prior to entering room.

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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. 8. Failure to identify high risk patients in a timely manner. 9. Lack of dedicated patient care equipment. 10. There is no official antibiotic stewardship program per pharmacy. 11. Inappropriate antibiotic use. 12. Patient non-compliance with prescribed treatment.	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. 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). 11. Appropriate use of antibiotics. 12. Patient education specific and individualized to their medical condition. 13. Include patient and/or family/patient representative in the plan of care.

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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. 6. Emerging or re-emerging infectious disease or novel viruses. 7. 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.	1. EP plan in place; safety officer named (K. Martinez CEO) 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. The IP monitors for influenzae viruses to help establish, maintain, and expand flu surveillance. Utilizes CDC and the OSDH site to find out when and where influenza activity is occurring, tracking influenza related illness, determines what influenza viruses are circulating, and detects changes in influenza viruses. 7. The IP maintains situational awareness of emerging infectious disease events that have the potential to impact patients, staff, visitors, and the community and takes steps to prepare and plan for such an event.

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Lack of staff training in emergency preparedness		2					1				1		4
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 meetings and training.	1. Quarterly Skills Fair topics with mandatory attendance. 2. Care learning for annual competencies. 3. Onboarding/new hire education. 4. Read and sign educational bulletins as a 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 are 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 2025

Summary of Previous Year Goals 2024

1. Decrease number of CAUTIs by 50%.
2. Decrease number of HAIs by 50%.

Summary of Goals for 2025

1. Reduce the number of Hospital Associated Infections. (CAUTI's, MDRO's, CLABSI, C. diff, NVHAP)
2. IP will ensure the Antimicrobial Stewardship Plan is reported and reviewed at each IC Committee meeting.

ANNUAL INFECTION CONTROL PROGRAM EVALUATION

Review of Infection Control Indicators

Indicator	Previous 2024	Past Recent 2023	Comments/Actions (As Applicable)
CAUTI	2	2	2 CAUTI/849 total IUC days for total infection rate for 2024= 2.36%. 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 Pure wicks for females). 5. Continue education regarding rationale for bundle compliance measures. 6. Continue monitoring and surveillance of CAUTI bundle compliance and line necessity.
CLABSI	1	1	1 CLABSI/1223 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 barrier 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 semi-permeable 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	Will continue to monitor this indicator due to the risk nature of MRSA bacteremia. Add what you think contributed to this good result e.g., HH, PPE compliance by staff, lines used for necessary indication and duration and removed when no longer needed, maintaining a clean and sanitary environment or anything else you may feel contributed.
MDRO	3	0	IP will continue to monitor and report for MDRO's in 2025.
C. diff	3	0	IP will continue to monitor and report for C. diff events in 2025.
Ventilator Associated Event	0	0	IP will continue to monitor and report for VAE's in 2025.
Hand Hygiene Compliance	97	97	Indicator demonstrated no change during 2024. IP will continue to monitor negative trends and implement corrective action as needed to ensure threshold is above or exceeds recommended threshold, educate, and report in 2025.
PPE Compliance	96	99	Indicator demonstrated positive increase during 2025. IP will continue to monitor negative trends and implement corrective action as needed to ensure threshold is above or exceeds recommended threshold, educate, and report in 2025.

Review of Employee Health Program

Indicator	Previous 2024	Past Recent 2023	Comments/Actions (As Applicable)
Employee Injuries	**3**	**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 up.
Employee Light Duty Days	**0**	**0**	
Employee Total Temporary Disability Days	**0**	**0**	

Employee Influenza Vaccination Compliance	**60%**	**67%**	IP will continue to educate and encourage employees to participate in Employee Influenza Vaccine Program.
Employee Influenza Occurrences	**3**	**1**	

New Services Added (for the previous year; insert year)

Annual Updates to Infection Control Program (for the previous year; insert year)

1. Education

a. Staff

- 1/9/2024: Veraflow/VAC/Veraflo Cleanse Choice education by J Lindquist, BSN, RN, 3M WCCS
- 2/12/24-2/14/24: ACLS, PALS, BLS
- 2/21/24: C. diff
- 3/28/24: Preventing NVHAP; EKG basics; Nursing Bedside Report; Case management; Legal documentation by Medpro
- 6/28/24: Candida auris
- 9/27/24: Influenza immunization education
- 10/23/24-10/24/24: Skills Fair
    - Advance Directive/DNR; STEMI; Chest Tube; Infection Control; PPE; Isolation; Blood culture draw; CAUTI and CLABSI prevention; Blood Administration; Wound Care; Enteral tube management; Dietary; Documentation; Respiratory

b. IP

- Weekly Education with Cohesive Corporate IP
- EPIC Annual Conference
- Monthly In-service Meeting with Cohesive IP team
- Bi-weekly Cohesive Lunch and Learn

- Oklahoma Hospital Association Infection Control Bootcamp

2. Changes to Program
   i. none

3. Policies

4. New Procedures/Protocols

- Sepsis screening to be completed daily on all inpatient patients and all ED patients

5. Infection Control Initiatives

- Avian Flu plan
- C. auris education and prevention
- OSHD walk through and education to prevent C. auris.
- Antibiotic Stewardship Plan
- Sentri 7 implementation
- Influenza Employee vaccinations

6. Conferences

- Epic Annual Conference 11/15/24 topics included:
  - Preparing to Care for Special Pathogen Patients
  - Foundation to Surgical Stewardship Using a Bundle as a Foundation to Prevent SSI's.
  - You Can't Manage What You Don't Masure.
  - Fostering a Culture of Essential Evidence-Based Patient Care.
  - Oklahoma Disease Update.
- ICRA training 6/2024
- Infectious Disease Training through OSHD 6/2024

7. Other: none.

Hospital Renovation/Construction Projects

Hospital Renovation/Construction Projects 2024				
Title of Project	**Date Started**	**Date Completed**	**ICRA Completed**	**Outcome**
Patient Room 30 remodel	11/15/24	11/22/24	Yes	Project completed
Central supply flooring	7/17/24	7/31/24	Yes	Project completed

Special Services (for the previous year; insert year)

Year End Summary Review

MRMC's end-of-year review showed the same amount of HAI's. The IP has had focused education listed about to help improve care provided by clinical staff. 2024 was the first complete year for the new IP in this appointed position. Corporate IP provided weekly training, as well as monthly call with all IPs within Cohesive network. The annual skills fair was completed in October 2024 and had a great staff turn out. Will continue to monitor all measures listed in the current QAPI for the new year 2025. Several leaks have been noticed throughout the facility, due to roof damage. MRMC is working with the hospital board and city management to repair the roof as quickly and effectively as possible.

The Hospital continued to face the lingering effects of COVID-19 that affected patients and staff during 2024. The COVID-19 virus has continued to mutate and cause infection and illness although less severe than in previous years since the pandemic began in 2020. After a moderate influenza season for 2023 calendar year, flu returned with an increased virulence in the 2024 flu season affecting patients, staff, and the community. Other notable illnesses that occurred in the same time period included RSV and norovirus.

The Infection Control Department in consultation and collaboration with the Hospital's Quality Department reviewed and revised the infection control quality indicators for the calendar year 2025 for relevance and to:

- Focus measures on improving health outcomes and achieving desired outcomes.

- Use measures to analyze and track performance.
- Monitor high volume/high risk and/or problem prone areas in need of improvement.

Situational Updates

COVID-19:

- Monitoring weekly and reported inpatient results to PHIDDO and NHSN
- 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.

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*