HOSPITAL

UNM Hospital Board of Trustees
Quality and Safety Committee
OPEN SESSION – AGENDA
Thursday, November 18, 2021 @ 10:30 AM
Join Zoom Meeting
https://hsc-unm.zoom.us/j/93540216983
Meeting ID: 935 4021 6983 / Passcode: 262016
1-346-248-7799 / 935 402 169 83#,,,,*262016# US (Houston)
1-669-900-6833 / 935 402 169 83#,,,,*262016# US (San Jose)

I. CALL TO ORDER – Mr. Kurt Riley, Chair, UNMH BOT Quality and Safety Committee

II. ANNOUNCEMENTS (Informational)

III. ADOPTION OF AGENDA – Mr. Kurt Riley, Chair, UNMH BOT Quality and Safety Committee (Approval/Action)

IV. PUBLIC INPUT (Informational)

V. APPROVAL OF THE MINUTES – Mr. Kurt Riley, Chair, UNMH BOT Quality and Safety Committee
- 10/22/2021 UNMH BOT Quality and Safety Committee Meeting Minutes – Mr. Kurt Riley, Chair **(Approval/Action)**

VI. REPORTS – Dr. Meghan Brett, UNM Hospital Epidemiologist Medical Director (Approval/Action)
- UNM Hospital Infection Prevention and Control Plan FY22
- UNM Hospital Addendum: Infection Prevention and Control Plan FY22; Addiction and Substance Abuse Program (ASAP) methadone Outpatient Treatment Program
- UNM Hospital Addendum: Infection Prevention and Control Plan FY22; UNM Children's Hospital
- UNM Hospital Addendum: Infection Prevention and Control Plan FY22; UNM Hospitals Adult Home Care and Pediatric Hospice and Palliative Program

VII. CLOSED SESSION: Vote to close the Open Session meeting and to proceed in Closed Session – Mr. Kurt Riley, Chair, UNMH BOT Quality and Safety Committee (Approval/Action – Roll Call Vote)

a. Discussion of limited personnel matters pursuant to Section 10-15-1.H (2), NMSA pertaining to the appointment and reappointment of medical providers to the medical staff of UNM Hospital and expansion of medical staff privileges for certain UNM Hospital medical staff providers, including the discussion of matters deemed confidential under the New Mexico Review Organization Immunity Act, Sections 41-9-1E(7) and 41-9-5, NMSA" as to the following:

b. **After discussion and determination where appropriate, of limited personnel matters per Section 10-15-1.H (2); and discussion and determination, where appropriate of matters subject to the attorney-client privilege regarding pending or threatened litigation in which UNMH is or may become a participant, pursuant to Section 10-15-1.H (7); and discussion of matters involving strategic and long-range business plans or trade secrets of UNMH pursuant to Section 10-15-1.H (9), NMSA, the Board certified that no other items were discussed, nor were actions taken.**

VIII. Certification that only those matters described in Agenda Item VI were discussed in Closed Session; consideration of, and final action on the specific limited personnel matters discussed in Closed Session – Mr. Kurt Riley, Chair, UNMH BOT Quality and Safety Committee (Approval/Action)

IX. Approval of Recommendations made in Closed Session and forward to UNM Hospitals Board of Trustees for review/approval – Mr. Kurt Riley, Chair, UNMH BOT Quality and Safety Committee (Approval/Action)

X. Motion to Adjourn Meeting – Mr. Kurt Riley, Chair, UNMH BOT Quality and Safety Committee (Approval/Action)

UNMH BOT Quality and Safety Meeting Minutes 10 22 2021

Agenda Item	*Subject/Discussion*	*Action/Responsible Person*
UNMH BOT Quality and Safety Committee Members	Mr. Erik Lujan, Mr. Trey Hammond, Mrs. Monica Zamora, Dr. Tamra Mason, and Dr. Nathan Boyd	
Staff Members and Non-BOT Committee Members	Dr. Michael Chicarelli, Mrs. Kate Becker, Dr. Rohini McKee, Dr. Kori Beech, Mrs. Jennifer James, Dr. Sara Frasch, Dr. David Pitcher, Mrs. Brittney Turnbough, and Ms. Fontaine Whitney	
I. Call to Order	A quorum being established, Mr. Erik Lujan, Acting Chair, called the meeting to order at 9:41 AM	
II. Announcements	N/A	
III. Adoption of Agenda	Mr. Erik Lujan, Acting Chair, requested an explanation of the Public Health Order sent out by Department of Health regarding Crisis Standard of Care and how it is affecting UNM Hospital. Acting Chair Lujan requested a motion to adopt the Agenda with the modification requested. Per Mr. Lujan's request, Mrs. Kate Becker stated the Public Health Order entered on Monday officially declared that New Mexico was in crisis standards of care. About a year and a half ago when the crisis standard of care conversation was first introduced all of the hospitals did a lot of work to create a Triage Board and a Triage Officer and being prepared to make difficult decisions such as having one ventilator but having two patients in need of a ventilator and making a decision which patient receive the ventilator. This time it is a little different because medical equipment for COVID patients is not the issue. Now, the issue is there is a lot of patient volume that is stressing all of hospitals in the State, especially the rural and critical access hospitals. This Public Health Order provides an option for hospitals to request that the State credential their providers both physicians and advanced practice providers under the State's Professional Liability Insurance Coverage. This does not impact UNM Hospital because all of our providers are already covered by the State Risk Management Department for Professional Liability so we do not have a need to credential any providers under this Public Health Order. From UNM Hospital's perspective this Public Health Order is a way for the State to publicly acknowledge that they recognize the stress that the health care delivery system is under and they know people are getting into difficult situations. UNM Hospital's difficulty is that we are not able to accept some of the patients that we would normally accept from outline rural and critical access hospitals because we do not have anywhere to put them which has been a difficult internal conversation. Dr. Mike Chicarelli stated that on a state-wide level the rural hospitals are struggling, they have limited capacity and they are full. In looking at the seven hubs across New Mexico everyone is over 100% of their capacity and that may be why the State brought back this Public Health Order. MAT is working on how the Public Health Order fits in with state-wide call-in transfer center. We want the state-wide call-in transfer center to play a role into helping people allocate scarce resources; working with the State and other hospitals.	Mr. Trey Hammond made a motion to adopt the Agenda with the modification as requested by Acting Chair Lujan. Dr. Tamra Mason seconded the motion. The motion passed with no objections.
IV. Public Input	N/A	

V. Approval of Minutes	Mr. Erik Lujan, Acting Chair, requested a motion to approve the September 17, 2021 UNMH BOT Quality and Safety Committee Meeting Minutes.	Dr. Tamra Mason made a motion to approve the September 17, 2021 UNMH BOT Quality and Safety Committee Meeting Minutes. Mr. Trey Hammond seconded the motion. The motion passed with no objections.
VI. Reports	Dr. Michael Chicarelli, UNM Hospital Chief Operating Officer, reviewed the proposed changes to the UNM Hospital BOT Quality and Safety Committee Policy (report in BoardBook). After discussion of policy changes and responsible department assignment, Mr. Erik Lujan, Acting Chair, requested a motion to approve the policy as presented.	Dr. Tamra Mason made a motion to approve the UNM Hospital BOT Quality and Safety Committee Policy changes as presented by Dr. Chicarelli. Mrs. Monica Zamora seconded the motion. The motion passed with no objections.
VII. Closed Session	At 10:03 AM Mr. Erik Lujan, Acting Chair, requested a roll call motion to close the Open Session of the meeting and move into Closed Session.	Mr. Trey Hammond made a motion to close the Open Session and move to the Closed Session. Dr. Tamra Mason seconded the motion. Per Roll Call Vote, the motion passed. Roll Call: Mr. Erik Lujan – yes Dr. Tamra Mason – yes Mrs. Monica Zamora – yes Mr. Trey Hammond – yes Dr. Nathan Boyd – yes Mr. Kurt Riley – not present Dr. Davin Quinn – not present
VIII. Certification	**After discussion and determination where appropriate, of limited personnel matters per Section 10-15-1.H (2); and discussion and determination, where appropriate of matters subject to the attorney-client privilege regarding pending or threatened litigation in which UNMH is or may become a participant, pursuant to Section 10-15-1.H (7); and discussion of matters involving strategic and long-range business plans or trade secrets of UNMH pursuant to Section 10-15-1.H (9), NMSA, the Board certified that no other items were discussed, nor were actions taken.**	Mr. Trey Hammond made a motion to approve the Certification. Dr. Tamra Mason seconded the motion. The motion passed with no objections.
Vote to Re-Open Meeting	At 11:24 AM Mr. Erik Lujan, Acting Chair, requested a roll call motion be made to close the Closed Session and return the meeting to the Open Session.	Mr. Trey Hammond made a motion to close the Closed Session and move to the Open Session. Mrs. Monica Zamora seconded the motion. Per Roll Call Vote, the motion passed with no objections. Roll Call: Mr. Erik Lujan – yes

		Dr. Tamra Mason – yes Mrs. Monica Zamora – yes Mr. Trey Hammond – yes Dr. Nathan Boyd – yes Mr. Kurt Riley – not present Dr. Davin Quinn – not present
IX. Approval of Recommendations Made in Closed Session	Dr. Mike Chicarelli, UNM Hospital Chief Operating Officer, presented the Accreditation and Risk Update (presentation in Closed Session BoardBook) Dr. Rohini McKee, UNM Hospital Chief Quality and Safety Officer, presented a Quality and Safety update (presentation in Closed Session BoardBook). Mr. Erik Lujan, Acting Chair, requested a list of acronyms for the Board Members. Dr. Chicarelli stated that he would have Linda Flaherty, Executive Director Risk Management, give a presentation on Root Cause Analysis (RCA) in January or February 2022 and have her create acronyms.	
	Mr. Erik Lujan, Acting Chair, requested a motion be made to approve the Credentialing and the Clinical Privileges as presented by Dr. Nathan Boyd in Closed Session as follows: • Initial Appointments (Adhi thru Steebs) • Initial Appointments with Discussion (Altarawneh thru Sadr) • Reappointments (Allen thru Zolyomi) • Reappointments with Discussion (Adair thru Bock)	Dr. Tamra Mason made a motion to approve Adhi thru Steebs for Initial Appointments. Mr. Trey Hammond seconded the motion. The motion passed with no objections. Dr. Tamra Mason made a motion to approve Initial Appointments based on discussion. Mr. Trey Hammond seconded the motion. The motion passed with no objections Dr. Tamra Mason made a motion to approve Reappointments Allen thru Zolyomi. Mr. Trey Hammond seconded the motion. The motion passed with no objections. Dr. Tamra Mason made a motion to approve Reappointments based on discussion. Mr. Trey Hammond seconded the motion. The motion passed with no objections.

	• Expansion of Clinical Privileges or Change in Department (Laird thru Vandersluis)	Mr. Trey Hammond made a motion to approve Expansion of Clinical Privileges or Change in Department (Laird thru Vandersluis). Dr. Tamra Mason seconded the motion. The motion passed with no objections.
	• Change in Department or Staff Status (Burr thru Segura)	Mr. Trey Hammond made a motion to approve Change in Department or Staff Status (Burr thru Segura). Dr. Tamra Mason seconded the motion. The motion passed with no objections.
	• Other Business: o CNP/PA Ambulatory Appendix o Pulmonology o Emergency Medicine	Mrs. Monica Zamora made a motion to approve Other Business as discussed. Mr. Trey Hammond seconded the motion. The motion passed with no objection
Acknowledgement of Receipt	Mr. Erik Lujan, Acting Chair, acknowledged receipt of the Medical Executive Committee (MEC) September 15, 2021 Meeting Minutes.	
X. Adjournment	The next scheduled UNMH BOT Quality and Safety Committee Meeting will take place on Thursday, November 18, 2021 at 10:30 AM via Zoom Conference Call. There being no further business, Mr. Erik Lujan, Acting Chair, requested a motion to adjourn the meeting.	Dr. Tamra Mason made a motion to adjourn the meeting. Mrs. Monica Zamora seconded the motion. The motion passed with no objections. The meeting was adjourned at AM 11:25 AM

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Mr. Erik Lujan, Acting Chair
UNMH BOT Quality and Safety Committee

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Infection Prevention and Control Plan FY22

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Approved by:
Infection Control Committee: 7/16/21
Quality Executive Committee: TBD
Medical Executive Committee: TBD
Board of Trustees: TBD

Introduction

The Infection Prevention and Control Department (IPCD) coordinates the infection control plan at UNM Hospitals. This process includes a risk assessment and a defined plan; at a minimum, this process is completed annually but also when significant changes occur.

Purpose

The purpose of the infection control plan is to outline how to prevent infections at UNM Hospitals among patients, visitors, staff, and providers. More specific aims include:

- Reducing preventable healthcare-acquired infections (HAIs) and transmission of antibiotic-resistant organisms among all patients
- Detecting key infectious diseases early in the course of hospital and clinic settings to prevent transmission to above-mentioned groups
- Collecting and analyzing infection-related data to detect trends, to determine risk factors, to create evidence-based interventions, and to assess effectiveness of these interventions.

Scope of Service

The scope of this plan pertains to UNM Hospitals or its clinics. This plan covers all patients, employees, medical personnel including faculty and providers, students, contract personnel, volunteers, and visitors. Ongoing surveillance and consultation on processes informs IPCD and Hospital Epidemiologists about infection trends and risks. Additionally, remaining attuned to local, national or international disease outbreaks or threats is also integrated into this plan. Based on findings, education and resources regarding IPC are created for healthcare workers, students, patients, and visitors at UNM Hospitals.

Mission Statement

The mission of IPCD is:

- What: Support safe and high quality patient care AND create a safe work environment by minimizing infection risks to all healthcare workers
- How: Protect patients, visitors, and staff through ongoing education, surveillance with analysis, information dissemination, and implementation of effective infection prevention methods
- Why: no one deserves an infection; many infections are preventable; reduce the risk of infections for anyone in healthcare settings

IPCD integrates evidence-based recommendations with knowledge, skill, experience and creativity to accomplish our mission. The guiding principles listed below are intended to support UNM Hospitals in the areas of People, Service, Quality, Growth/Community, and Finance.

People

- To engage everyone in a culture of patient safety through the use of infection prevention practices
- To support all healthcare workers in their daily practice to reduce all preventable HAIs
- To promote a safe patient care and working environment for everyone at UNM Hospitals
- To limit unprotected exposure to pathogens among everyone at UNM Hospitals

Service

- To provide timely and useful resources and information to frontline healthcare workers
- To provide ongoing and meaningful analyses, information, and recommendations to leadership about infection control issues

Quality

- To routinely produce timely, valid, and pertinent information for any presentation, report, education, and recommendations for all audiences

- To evaluate IPCD processes, products, and outcomes to continuously improve our effectiveness and efficiency and to evaluate our impact within the organization

Growth/Community

- To provide effective education for patients, visitors, and their families about infection prevention
- To expand the capacity of IPCD to provide support to units and departments at UNM Hospitals
- To improve our response to ongoing or emergent infection control issues

Finance

- To provide evidence-based infection prevention strategies in a cost-effective manner
- To enhance cost savings through continuous HAI reduction

Infection Prevention and Control Program at UNM Hospitals (IC.01.03.01, EP 2)

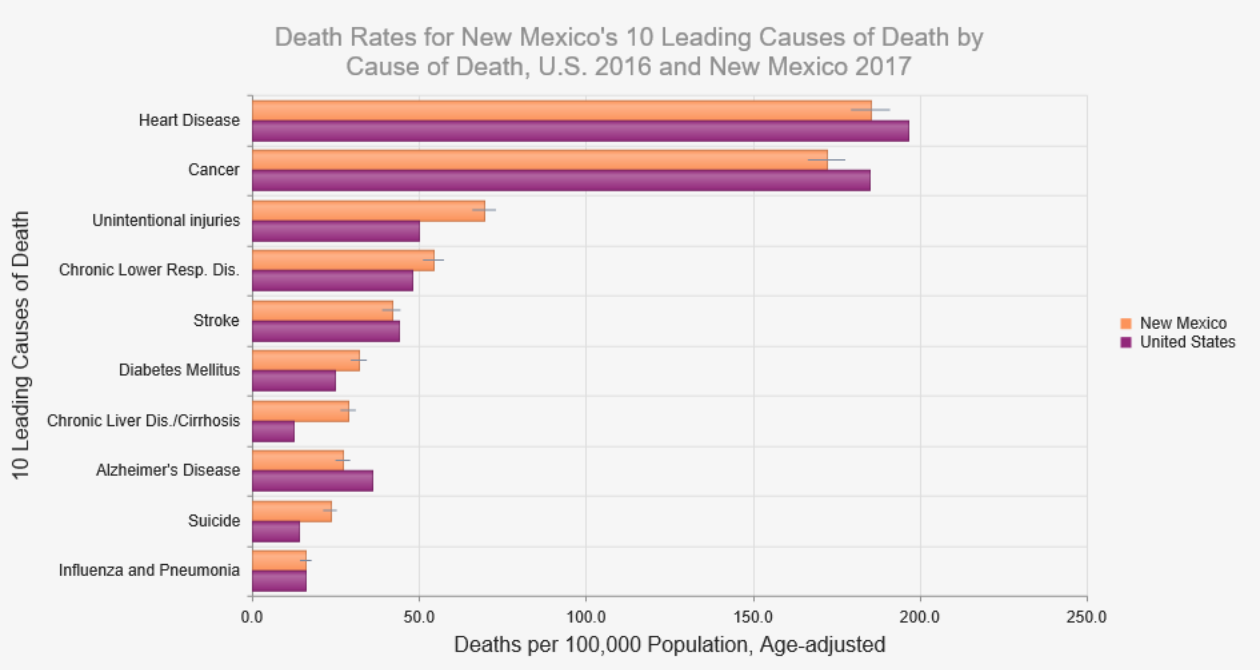
The Unified Operating Plan of the University Health System include achieving the goal of the safest hospital in New Mexico by delivering safe, high quality patient care. To achieve these goals, critical aspects of the Infection Prevention and Control Program include:

- Involvement and integration of key stakeholders for Infection Control Committee Meetings and Work Groups.
- Reporting infection surveillance, prevention and control information to appropriate hospital staff; federal, state and local public health authorities in accordance with law and regulation; accrediting bodies; and the referring or receiving organization when a patient has been transferred or referred and the presence of an infection was not known at the time of the transfer or referral.
- Systems to communicate with licensed independent practitioners, staff, students, volunteers, and, as appropriate, visitors, patients, and families about infection prevention and control issues, including their responsibilities in preventing the spread of infection within the hospital.
- Applicable policies and procedures throughout UNM Hospitals to support the infection control program.
- A written Executive Summary Report to the Quality Oversight Committee and UNM Hospitals Board of Trustees.
- A risk assessment of relevant and prioritized issues related to infection prevention and control performed annually.
- A written Infection Prevention and Control Plan completed annually. Risk assessment may occur more frequently based on perceived need.
- IPCD uses the current CDC National Healthcare Safety Network (NHSN) surveillance definitions for HAIs which enables benchmarking our performance against national trends.

Risk Factors: Services Provided and Geographic Location (IC.01.03.01, EP 1)

UNM Hospitals is located in Albuquerque, New Mexico and includes UNM Hospitals, New Mexico Children's Hospital, and affiliated clinics. UNM Hospitals is currently a 527-bed hospital with 53 affiliated clinics and serves a diverse population within New Mexico. The broader University Health System also includes Sandoval Regional Medical Center and UNM Medical Group Clinics. UNM Hospitals provides emergency, medical, surgical, obstetric, pediatric, neonatal, behavioral health, pediatric hospice and oncologic services. Additionally, renal transplantations and autologous stem cell transplants are performed at UNM Hospitals. It is the only Level 1 Trauma Center in New Mexico and is a tertiary care hospital serving patients with severe illness or those requiring more specialized care. UNM Hospitals serves all of New Mexico and other areas in surrounding southern Colorado, western Texas and eastern Arizona. UNM Hospitals also serves the American Indian/Alaska Native (AI/AN) population through referrals from the Indian Health Service.

Risk Factors: Patient Population (IC.01.03.01, EP 1)
Chronic conditions in New Mexico are prevalent (The State of Health in New Mexico 2018 and NM-IBIS, NM Department of Health). Five of these conditions including cancer, heart disease, emphysema, stroke, and diabetes account for five of the leading six causes of death in New Mexico. Unintentional injuries remained the 3rd leading cause of death in New Mexico since 2012. Approximately 20% of New Mexicans live in poverty and over 30% of the state's children live in poverty. Other issues affecting New Mexico include high rates of substance abuse which contribute to a high rate of deaths due to drug and alcohol use and high rates of violence.



https://ibis.health.state.nm.us/indicator/view/DthRateLdgCause.Cause.html (No updates as of 4/14/21)

Risk Factors: Infection Risks
At UNM Hospitals, infection risks to patients relate to services and care provided and community risk. Risk of healthcare-associated infections depend upon interventions in the healthcare setting which include central line use, indwelling urinary catheters, surgical procedures, and mechanical ventilation. Antibiotic use, hand hygiene, proper personal protective equipment use, and environmental cleaning all contribute to hospital-onset *Clostridioides difficile* infections (CDI). Prolonged hospital stay, antibiotic exposure, and infection control practices all contribute to transmission of antibiotic-resistant organisms (AROs). Surveillance activities, including data collection and analysis, are used to identify infection prevention and control risks pertaining to patients with a focus on HAIs, CDI, respiratory viruses, and AROs.

With the start of the pandemic in early 2020, the landscape of respiratory viruses changed profoundly based on SARS-CoV-2 and its modes of transmission. Ongoing community risk of infection was established the first cases in New Mexico in March 2020. So, robust and multi-pronged screenings for COVID-19 were implemented for patients and visitors (e.g., symptom screening, temperature monitoring, and testing at the time of inpatient admission). Additionally, contact tracing was implemented by infection prevention and control for healthcare personnel based on exposure to patients or other staff

members. Infection Prevention and Control has worked closely with Occupational Health Services and other entities on these efforts. Universal masking was implemented in Spring 2020 and eye protection is recommended in clinical settings to reduce transmission in the healthcare setting. Additionally, personal protective equipment (PPE) guidelines were created and modified over time to account for updates made by Centers for Disease Control and Prevention (CDC) and PPE supplies.

Other infection risks from the community are determined from UNM Hospitals data, from communication with the New Mexico Dept of Health (NMDOH), and from Health Alerts sent out by NMDOH. Influenza and other respiratory viruses circulate annually. Additionally, New Mexico has endemic enzoonotic infections such as Hantavirus, plague and tularemia which occasionally cause infections in people. Lastly, although the incidence of tuberculosis is lower in New Mexico relative to other states, patients are often referred to or treated at UNM Hospitals and also may have more atypical presentations (e.g., extrapulmonary disease).

In the line of care, healthcare workers face the possibility of exposure to the following:

- Bloodborne Pathogen infections such as Hepatitis C, Hepatitis B, and HIV via mucous membrane, cutaneous and parenteral exposure; due to high background rates of Hepatitis C in New Mexico, the risk of transmission is greatest for this bloodborne pathogen.
- Active pulmonary and/or extrapulmonary tuberculosis
- Other communicable diseases such as varicella zoster virus or pertussis
- Antibiotic resistant organisms (AROs) such as methicillin-resistant *Staphylococcus aureus* (MRSA), vancomycin-resistant enterococci (VRE), carbapenem-resistant Enterobacteriaceae (CRE), extended spectrum beta-lactamase-producing Gram negative organisms (ESBLs), multi-drug resistant Gram-negative organisms (MDROs), and *Clostridium difficile* infection (CDI).

Surveillance Process

Based upon risk factors and patient-related impacts, HAI surveillance targets most inpatient areas and currently focuses on both device-associated and key procedure-related Infections. Our methodology is further described in the Appendix A: "Infection Control Surveillance Procedure." IPCD collaborates with other departments who collect and monitor additional data relative to infection incidence or prevention (example: National Surgical Quality Improvement Program [NSQIP]). Surveillance data (key process and outcome data) are not only reported at Infection Control Committee and other quality meetings but also shared with nursing, medical staff, and departments within the UNM School of Medicine.

Surveillance Plan (01.05.01 EP2) (IC.02.01.01 EP1)

The surveillance plan is based upon the annual risk assessment and evaluation of the infection control program for the previous year. Our surveillance plan is described in the table below. It also includes monitoring of important preventive processes, such as hand hygiene compliance and tracking of pertinent environmental infection control issues. Additional surveillance data may be received from other areas regarding infection prevention and control practices. This information will be included as part of the overall infection control program, as appropriate. Infection control data, particularly process measurements, are reviewed over time to determine the effectiveness of interventions.

Surveillance Activity	Scope
CLABSI	Inpatient, Facility wide
CAUTI	Inpatient, Facility wide

SSI	Colon, Abdominal Hysterectomy, and Cesarean Section Surgeries (NHSN), NSIP for targeted surgeries
C. difficile Lab ID Events	Facility wide except infants
VAP/VAE	Critical Care Units including Peds
MRSA Bacteremia Lab ID Event	Inpatient, Facility wide
Healthcare Personnel Influenza Vaccination	All Inpatient Healthcare Personnel
Hand Hygiene	Inpatient and Outpatient, Facility wide
Antibiotic-Resistant Organisms	Facility wide
Infectious & Communicable Diseases	Defined by the New Mexico Department of Health Statutes for Notifiable Infections
Healthcare-acquired respiratory viral infections	Inpatient, facility-wide

Authority and Responsibility

The Infection Control Committee members have the overall authority and responsibility for the Infection Prevention and Control Program. The Infection Prevention and Control Department (IPCD) has primary responsibility for the daily management of infection prevention and control surveillance and support ongoing hospital infection control-related processes. This includes development and implementation of policies and procedures that govern control of infections and communicable diseases and developing a system for identifying, reporting, investigating, controlling and preventing infections. The Infection Preventionist has authority to institute surveillance, prevention, and control measures or studies when there is reason to believe that any patient or personnel may be in danger from a potential or actual outbreak of, or exposure, to infectious disease. All employees have the responsibility to adhere to key infection control practices and if gaps in knowledge are identified, resources may be provided by IPCD.

Annual Tuberculosis (TB) Risk Assessment, 2018 - 2020

	2020	2019	2018
Facility rate UNMH (per 100,000 admissions)	0.0	35.4	19
Total UNMH admissions (n)	31,169	33,856	31,909
Confirmed (n)	1	12	6
Suspected (n)	81	56	47
Cluster of TB infections	No	No	No
Healthcare personnel (HCP)* that converted	0	0	0
Total HCWs (n)	11,652	12,047*	11,346*
HCW conversion rate per 1,000 employees	0	0	0
Any group/trend with increased rate	No	No	No
Risk Classification			
Beds (n)	527	527	527
Risk assigned UNMH †	Medium	Medium	Medium
Risk assigned for New Mexico	Low	Low	Low

*HCPs includes medical staff, residents, and trainees

† Medium Risk > or = 6 MTB patients or Evidence of ongoing TB transmissions

Infection Control Program Risk Assessment (IC 01.05.01 EP3)

An infection control risk assessment is typically performed annually and repeated as needed during the year. This year it was transitioned to follow each fiscal year. A structured tool is used to assess risk for each topic/issue impacting the infection control program (Appendix D). These priorities are adjusted with stakeholder input and shared with the Infection Control Committee (ICC) for final discussion and approval. Then, approved by the Medical Executive Committee and the Board of Trustees.

FY22 Infection Control Program Priorities (IC.01.03.01 EP5)

Topic	Priority
CLABSIs	1
CAUTIs	2
Cleaning & disinfecting of patient care equipment Handling and Transport (preclean, transfer from sites to SPD) Hand Hygiene	3
High level disinfection - scopes Isolation & PPE Practices	4
VAEs	5
CRE/CROs, *Candida auris*	6
SSIs Hospital Environment Cleaning High level disinfection - probes Patient Immunization (Influenza, Pneumococcal, COVID)	7
C difficile ESBLs/MDROs Norovirus outbreaks Highly Infectious Disease (HID) Preparedness	8
Influx of large numbers of infectious patients	9
Resp Viruses/SARS-CoV-2 Communicable Infections among HCWs	10
Pre-Construction IC Planning/Risk Assessments	11
Pandemic Preparedness Infectious Diseases Exposure Management (TB, VZV, meningoccus, SARS-CoV-2, pertussis)	12
Outbreaks of communicable diseases	13
MRSA	14
HCW Vaccine Policy and Associated Compliance	15
Healthcare Worker (HCW) Influenza and COVID Vaccination	16
Blood and Body Fluid Exposures (HIV, Hep B, and Hep C)	17
Water Testing (including Legionella)	18
Infectious Waste Disposal Air Exchange and Pressure Monitoring	19
Hemodialysis Dialysate Testing	20

Infection Control Goals (IC.01.03.01, EPs 5; NPSG 7)

1. Central Line Associated Blood Stream Infections (CLABSI)

Goals

- Reduce central line infection rate among inpatients to 0.855/1,000 central line days (10% decrease relative to FY 21).

Strategies

- Vascular Access Leadership Team (VALT):
  - Complete rollout of pediatric vascular access algorithm to pediatric providers and nursing
  - Ongoing standardized training to adult inpatient areas for ultrasound-guided peripheral IV placement
  - Update and rollout algorithm for management of vascular access from outside institutions
- Continue the Apparent Cause Analysis (ACA) review process for all patients with CLABSIs.
- Resume semi-annual vascular access assessment on all inpatient units (completed by VALT and IPCD team members) to assess overall care for vascular access or establish unit-level vascular access audits with summary data to inform gaps and develop action plans.
- Complete validation of automated data for tally of central line days instead of collecting manual data on inpatient units.
- Determine appropriateness of central line use to gauge extent of opportunity for reduction in device use.

Outcome measurements

- Numbers and rates of CLABSIs among inpatients. Generated by Infection Prevention and Control using CDC NHSN definition.

Key Process Measures

- Central line use on each unit
- Maintenance bundle compliance such as timely dressing changes, microclave changes and alcohol-impregnated cap compliance.

2. Catheter Associated Urinary Tract Infections (CAUTI)

Goals

- Reduce catheter-associated urinary tract infection rate among inpatients to 2.1/1,000 catheter days (10% decrease relative to FY 21).

Strategies

- CAUTI Work Group:
  - Assess impact of a 2-person Foley insertion procedure hospital-wide.
  - Reduce Foley catheter use in the Emergency Department by improving access to alternatives.

  - Improve communication about reasons for Foley insertion by creating a mandatory field for Foley catheter insertion orders.
- Further reduce inappropriate urine culture orders among inpatients by giving providers and nursing improved clinical decision-support tools and by evaluating possible EMR-based interventions.
- Develop an Apparent Cause Analysis (ACA) review process for all inpatients with CAUTIs.

Outcome measurements

- Numbers and rates of CAUTIs among inpatients. Generated by Infection Prevention and Control using CDC NHSN definition.

Key Process Measures

- Foley catheter use on each unit
- Foley catheter care compliance per unit
- Foley insertions by area/unit
- Urine culture ordering practices by unit and (by service, if feasible and facile)

3. Hand Hygiene

Goals

- Achieve hand hygiene compliance rates ≥ 90% each month for all inpatient areas.
- Complete implementation of the inpatient electronic hand hygiene system (eHHS).
- Evaluate full implementation of the electronic hand hygiene surveillance system in the Emergency Department and Procedural Areas.
- Establish ambulatory hand hygiene targets and improve upon data dissemination.

Strategy

- Improve hand hygiene compliance rates by disseminating data and access to compliance dashboards, refining guidance documents for managers to coach individuals performing < 90%, and implementing and evaluating impacts of escalation plans for ongoing low performance.
- Develop ongoing processes for badge assignment, distribution and retrieval all healthcare personnel who work in inpatient areas at UNM Hospitals (e.g., UNMH employees, faculty, other providers, and graduate medical residents).
- Develop ongoing processes for orienting new unit leadership to dashboards in the eHHS and associated interventions or action plans based on available data.
- Continue troubleshooting roles and areas to ensure effective use of the eHHS.
- Continue to implement improvements related to the eHHS including availability of gel dispensers, restocking dispensers, and overall user experience.
- Complete pilot related to beaconing stretchers in the emergency department to assess feasibility of eHHS use and validity in this area.
- Develop a more focused effort around the use of the eHHS in procedural areas (including overall function, data validity, and reporting).
- Improve ambulatory hand hygiene surveillance by working with ambulatory stakeholders to simplify data collection and improve data automation for reporting compliance measures.

Outcome measurements

- Inpatient: Hand hygiene compliance rates and badge compliance rates.
- Outpatient/Ambulatory: Observations performed by patients of staff that are collated and shared with clinics/areas.

3. & 4. Environmental Infection Control Including Cleaning, Disinfection, and Sterilization

Goals

- Standardize processes related to:
  - Handling and transport of contaminated instruments
  - Reprocessing of scopes
  - Low- and high-level disinfection of ultrasound probes
  - Separation of clean vs. dirty patient equipment, instruments, and areas

Strategies

- Infection Control Risk Assessments:
  - Continue Infection Control Risk Assessments for construction/renovation projects and update the associated procedure.
  - Improve process for monitoring ICRAs to facilitate communication among key parties (e.g., facilities, IPCD, etc.).
- Cleaning and Disinfection:
  - Continue to monitor, educate, and improve high-level disinfection practices including support for training and monitoring for high-level disinfection practices.
  - Continue to monitor, educate, and improve low-level disinfection practices including support for training and monitoring for high-level disinfection practices.
- Continue to report to the Environment of Care Committee regarding infection control findings, recommendations, and assist with development of action plans, when needed.
- Perform ongoing surveillance for hospital-onset legionella, mold or fungal infections among inpatients.

Evaluation

- Review of key reports related to environmental infection control
- Review of environmentally associated pathogens from patients
- Ongoing audit and feedback to sites with high-level disinfection (e.g., Trophon, TD100, Automatic Endoscopic Reprocessors)
- Updating of associated procedures with integration of latest best practices and evidence-based practices

4. Isolation and Infection Control Practices including Management and Surveillance of Antibiotic Resistant Organisms (ARO)

Goals

- Improve timing and appropriateness of isolation in the inpatient setting, including for AROs.
- Improve timing of initial isolation based on infectious syndromes in the Emergency Department setting.
- Develop more standardized guidance for infection control practices in ambulatory settings.

- Improve infection control practices, in particular personal protective equipment (PPE) use, in inpatient settings.
- Reduce hospital-onset MRSA BSI rates to 0.10/1,000 patient days (10% reduction relative to FY 21).

Strategies

- Improve upon education for updated Transmission-Based Precautions Procedure, Standard Precautions Procedure, and Strict Contact Precautions Procedure to support nursing practice.
- Establish more efficient and intervention-based surveillance processes for AROs by IPCD.
- Develop clear and concise resources for infection control practices in ambulatory settings with the support of an Ambulatory Infection Control Work Group involving frontline staff.
- Continue in-person and online training in infection prevention and control practices for providers and nursing.
- Develop and improve resources related to isolation and PPE use for providers and nursing with revisiting the need for isolation based on pathogen type.

Outcome measurements

- Numbers of resources developed for PPE and isolation.
- Assess impact of updates to specific policies and procedures with surveys and knowledge assessments.

8. Hospital-Onset *C. difficile* Infections (HO CDI)

Goals

- Reduce hospital-onset CDI rates to 0.47/1,000 patient days (10% reduction relative to FY21).

Strategies

- *C difficile* Work Group:
    - Further reduce inappropriate *C. difficile* testing among inpatients by providing providers and nursing with improve decision-support tools to evaluate hospital-onset diarrhea.
    - Finish expansion of standardized high touch cleaning by nursing to all inpatient units to reduce transmission of *C. difficile*.
- Complete procedure to standardize vaporized hydrogen peroxide machine use by EVS when *C. difficile* clusters are identified by IPCD.
- Create an ongoing report for ATP testing performed by EVS to evaluate impact and improvements in inpatient room cleaning on HO CDI rates.
- Develop maps of adult ICUs and PCUs to evaluate for clusters of HO CDI cases.
- Continue reviewing of HO *C. difficile* cases to inform other interventions by *C difficile* Work Group and to provide feedback to nursing and physicians/providers about HO CDI and testing practices.
- Continue antimicrobial stewardship program reviews of patients on broad spectrum and targeted antibiotics (e.g., fluoroquinolones, 3rd and 4th generation cephalosporins, clindamycin) and provide feedback to providers regarding alternatives.

Outcome measurements

- Numbers and rates of HO CDI among inpatients. Generated by Infection Prevention and Control using CDC NHSN definition.

Process measurements

- ATP testing (i.e., bioburden assessments after cleaning) for inpatient rooms (performed by EVS)
- Review of patients with HO CDI and *C. difficile* tests for apparent causes of infection
- Assessment of high touch cleaning performance on all inpatient units

7. Surgical Site Infections (SSI)

Goals

- Continue improvements in automated, timely and accurate data collection for surgical procedures reported to NHSN.
- Integrate NSQIP data into broader SSI reporting to departments/areas at UNM Hospitals.

Strategies

- Continue improvements in data automation, timeliness, and validity for SSI surveillance by investigating data resources.
- Establish reporting on SSI bundle compliance.
- Evaluate drivers for deep and organ space SSIs using structured review tools and implement this within key departments with ongoing feedback to Post-Operative Complications Work Group and Surgical Quality Improvement Committee.

Outcome measurements

- Numbers and rates of SSIs among patients undergoing specific surgeries. Generated by Infection Prevention and Control using CDC NHSN definition and by NSQIP.

Process measurements

- Overall SSI bundle compliance
- Subbundle (colorectal, abd hysterectomy, c-section) compliance

8. Ventilator Associated Pneumonia/Events (VAP/VAE)

Goals

- Convert pediatric surveillance from VAP to VAEs
- Resume adult ICUs VAE surveillance and provide data regarding numbers, rates and benchmarks to adult ICUs.

Strategies

- Resume efforts around the ICU Liberation Bundle (ABCDEF) by creating a multidisciplinary team and subteams.

- For all ICUs, compare electronic versus manual collection of ventilator days to transition to electronic data collection once valid data captured electronically.

Outcome measurements

- Numbers and rates of VAEs among ventilated patients in adult and pediatric ICUs. Generated by Infection Prevention and Control using CDC NHSN definition.

Process measurements

- Ventilator device use
- Ventilator associated pneumonia prevention bundle compliance

9. Managing Staff and Provider Exposures to Transmissible Infections (IC.02.04.01 EP 4, EP5)

Goals

- Create a useful and user-friendly resource for management at UNM Hospitals and for administrators within departments for management of common occupational exposures.
- Summarize exposure data for each infection type with the assistance of occupational health

Strategies

- Ongoing improvement of the occupational exposure assessment processes for infections such as SARS-CoV-2, Varicella, Meningococcus, Tuberculosis, and Pertussis in collaboration with Occupational Health Entities.

Outcome measurements

- Numbers of overall exposures to key/common pathogens including SARS-CoV-2

10. Healthcare Worker Influenza and COVID-19 vaccination rates (IC.02.04.01 EP 4, EP5)

Goals

- Maintain greater than or equal to 90% influenza vaccination rate for licensed independent practitioners and staff.
- Comply with State Public Health Orders related to COVID-19 vaccination among healthcare workers.

Strategies

- Evaluate 20/21 data for HCW influenza vaccination rates to determine areas for further intervention in collaboration with Occupational Health Entities and the Flu Vaccination Committee.
- Collaborate with Occupational Health entities to track and report COVID-19 vaccination rates among healthcare workers.

Outcome measurements

- Number/percent of healthcare workers receiving influenza vaccinations, stratify by different groups/entities at UNM Hospitals.
- Number/percent of healthcare workers receiving COVID-19 vaccinations, stratify by different groups/entities at UNM Hospitals.

Regulatory Requirement Table

Measure Prioritization Outline	CMS-required reporting via NHSN/Hospital Compare	NPSG 2021	TJC IC standard 2019	Facility goal	New Mexico public reporting
CLABSI rates and processes	All inpatient units	HH		Yes	Yes
SSI rates and processes	Colon and Abd. Hyst started Jan 1, 2012	HH		Yes	
CAUTI rates and processes	All inpatient units (except NBICU)	HH		Yes	Yes
HO CDI and MRSA reporting	MRSA bacteremia and HO CDI Lab ID started Jan 1, 2013	HH		Yes	Yes
Employee influenza vaccination rates	Aggregate rate reporting started Jan 1, 2013		Yes	Yes	Yes
Hand Hygiene		Yes		Yes	
Environmental cleaning			Yes	Yes	
Reusable medical equipment reprocessing at all levels			Yes	Yes	
Other environmental monitoring-construction, airflow etc.			Yes		
VAE (Adults) VAPs (Pediatrics)				Yes	
Infection control in outpatient settings-review of the basic CDC requirements for ambulatory care and oncology			Yes	Yes	
Interfacility communication on MDRO			Yes	Yes	

APPENDIX A

Infection Control Surveillance Procedure

Case Finding

- For HAIs: Cases are identified by review of TheraDoc by Infection Preventionists based on positive cultures or other . (IC.01.02.01)
- Nursing personnel and Medical staff provide information and referrals.
- Phone calls are made by Tricore to for higher alert organisms (e.g., Carbapenemase producing Enterobacteriacae, Meningococcus).
- Notification by print out from the electronic medical record for specific infections based on orders (examples: Varicella, Acid Fast Bacilli etc.).
- The IPs review these reports to determine which cases need to be reviewed for the current surveillance program or for public health reporting.

Case Review

- Antibiotic-resistant organisms (AROs)
    - The IPs log all resistant organisms on appropriate line list these are evaluated as community or hospital-acquired infections.
    - The IPs record all resistant organisms via the Electronic Health Record via an adhoc form to communicate ARO history via the patient information banner as “IC HX:”
- Healthcare associated infections (HAIs)
    - Appropriate laboratory data initiates the process of review for healthcare associated infections.
    - Charts are reviewed to determine if HAIs are present using Centers for Disease Control and Prevention (CDC) criteria and definitions.
- Reportable communicable diseases
    - Records of patients with reportable communicable diseases are reviewed.
    - Reportable diseases as required by state statute are collected and reported to the New Mexico Department of Health.
- Management of occupational exposures to communicable diseases
    - For patients with tuberculosis, varicella/disseminated zoster, meningococcus, pertussis, and other needed diseases lists of potentially exposed healthcare workers are generated. They are screened for exposures using standardized definitions. A refined list of exposed healthcare workers is sent to the appropriate occupational health entity for further follow-up.
- Using ICD-10 PCS codes, patients undergoing specific surgical procedures are identified and then records are reviewed to determine the presence of Surgical Site Infections (SSIs).

Data Analysis

- Benchmarks
    - Benchmarks are established through comparison analysis with external databases, such as the CDC’s National Health Safety Network (NHSN).
- HAI data is compared with national and state-level data.
- ARO data is analyzed as follows:
    - When a trend is identified it may be referred to as a "cluster" or an "outbreak". This situation requires further action.

- If common factors are not identified, no action may be required. If analyses of successive months determine the pattern is continuing, a more aggressive investigation will be implemented. The design of this investigation will be determined by Infection Prevention and Control, the Hospital Epidemiologist, and areas/providers who are involved.
- Data are shared with appropriate leadership. If needed, an action plan is established and implemented.
- The effectiveness of the plan is evaluated.

Reporting of Findings

- Analysis of surveillance findings is presented to the Infection Control Committee on a regular basis.
- The Infection Control Committee summary data are shared with the Infection Control Committee, Quality Outcomes Committee, Quality Implementation Committee, Medical Executive Committee, and/or Medical staff and Nursing staff, as appropriate.

Hand Hygiene (Inpatient)

UNMH Inpatient Hand Hygiene Surveillance: based on electronic hand hygiene surveillance (eHH); for more information about the system, please click here (link)

UNMH Standards for Hand Hygiene Targets

- No national or state-wide standards for hand hygiene targets
- Institutional goal: 90% or greater for all departments, areas, and roles

UNMH Inpatient Nursing Unit Data

- Inpatient Nursing Units overall Hand Hygiene adherence average: 84%

Location Type	Performance
Adult BH	94%
Peds BH	93%
Women's Services	87%
Progressive Care Units	87%
Adult ICUs	86%
Surgical (PACU)	83%
Pediatrics	79%
Emergency	78%
Overall	84%

Role	Compliance (%)	Total Events
Dietary	92	103
Pharmacy	91	639
Lab	88	604
Social Work/Counselor/Chaplain	86	612
Unassigned	86	11,238
Nursing	86	85,862
Provider	85	5,632
Leader	84	11,839
Respiratory Therapy	82	625
Therapy	82	7,047
NA/Tech	82	26,982
Imaging	77	1,961
Transport	69	6,024
EVS	54	8,387
Total		167,555

Central Line Infection (CLABSIs)

CLABSI Targets: 0.855/1,000 central line days (10% decrease relative to FY21)
2019 National Benchmark for CLABSI SIR (2019): 0.69
2019 NM Statewide SIR (2019): 0.58

	CLABSI* (n)	CL days	CLABSI Rate per 1,000 CL days
FY16	46	39,109	1.18
FY17	35	36,485	0.96
FY18	20	36,328	0.55
FY19	17	35,838	0.47
FY20	24	38,423	0.63
FY21	43	45,247	0.95

	CLABSI* (n)	SIR
2019H1	10	0.49
2019H2	7	0.34
2020H1	17	0.84
2020H2	13	0.55
2021H1	30	1.22

*Excludes CLABSIs related to mucosal barrier injuries.

Catheter-Associated UTIs (CAUTIs)

CAUTI Target: 2.1/1,000 catheter days (10% reduction relative to FY 21)
National Benchmark for CAUTI SIR (2019): 0.74
NM Statewide SIR (2019): 0.97

	CAUTI (n)	Urinary Catheter Days	CAUTI rate per 1,000 Urinary Catheter Days
FY16	70	32,113	2.18
FY17	76	30,424	2.50
FY18	44	29,544	1.49
FY19	32	24,864	1.29
FY20	43	27,595	1.56
FY21	78	33,254	2.35

	CAUTIs	SIR
2019H1	10	0.46
2019H2	22	0.93
2020H1	21	0.89
2020H2	45	1.56
2021H1	33	1.20

C. difficile Infection (CDI)

HO CDI Target: 0.47/1,000 patient days (10% reduction relative to FY 21)
National Benchmark for HO CDI SIR (2019): 0.58
NM Statewide SIR (2019): 0.75

	HO CDI	HO CDI Rate per 1,000 Patient days
FY16	99	0.73
FY17	118	0.87
FY18	121	0.89
FY19	119	0.89
FY20	64	0.48
FY21	78	0.53

	HO CDI	SIR
2019H1	54	1.11
2019H2	43	0.90
2020H1	21	0.63
2020H2	39	1.09
2021H1	39	1.01

MRSA Bloodstream Infection (BSI)

HO MRSA BSI Target: 0.10/1,000 patient days (10% reduction relative to FY 21)
National Benchmark for HO MRSA BSI SIR (2019): 0.82
NM Statewide SIR (2019): 0.70

	HO MRSA BSIs	HO MRSA BSI per 1,000 patient days
FY16	3	0.02
FY17	6	0.04
FY18	6	0.04
FY19	10	0.06
FY20	3	0.02
FY21	19	0.12

	HO MRSA BSI	SIR
2019H1	4	0.79
2019H2	3	0.59
2020H1	0	0
2020H2	8	1.55
2021H1	11	1.75

Surgical Site Infection (SSI)

Colon Surgeries and Abdominal Hysterectomies

National Benchmarks (CDC, 2019):

- **Colon SSI SIR:** 0.85
- **Abdominal Hysterectomy SSI SIR:** 0.98

NM Statewide SIR (2019 Data):

- **Colon SSI SIR:** 1.07
- **Abdominal Hysterectomy SSI SIR:** 0.75

	Colon Surgeries		Abdominal Hysterectomies	
	Denominator	SSIs*	Denominator	SSIs*
FY 16	143	14	245	9
FY 17	179	19	237	5
FY 18	115	15	237	4
FY 19	132	9	259	4
FY 20	234**	14	262	2
FY 21	210**	13	313	2

*SSIs include deep and organ space infection (superificial excluded); excludes infections present at the time of admission

**Data will not match NHSN submission and updates will be made when updated data available. Updates to SSI surveillance process in progress.

	Colon Surgeries CMS 30d Complex SIR	Abdominal Hysts CMS 30d Complex SIR
2019H1	2.16	1.15
2019H2	3.02	1.27
2020H1	2.69	1.05
2020H2	2.53	1.26
2021H1	2.59[ǂ]	1.57

[ǂ]Data will change as SSI surveillance systems are updated.

Healthcare Personnel (HCP) Influenza Vaccination Rates

UNM Hospitals HCP Influenza Vaccination Rate (Influenza Season 2020-2021): 77%

	UNMH Employees n (%)	Licensed independent practitioners** n (%)	Adult students, trainees & volunteers n (%)	Other Contract Personnel n (%)
HCP vaccinated	6,909 (77)	1,225 (62)	2,474 (85)	1,404 (84)
HCP with medical contraindication	227 (3)	8 (0)	7 (0)	0 (0)
HCP declined flu vaccination	13 (0)	0 (0)	0 (0)	80 (5)
HCP with unknown vaccination status	1,847 (21)	730 (37)	431 (15)	197 (12)
HCP at UNMH*	8,996	1,963	2,912	1,681

*Present at UNMH for at least 1 day between October 1 and March 31

**LIPs: Physicians, advanced practice nurses, & physician assistants

UNMH Inpatient Psychiatric HCP Influenza Vaccination Rate (Influenza Season 2020-2021): 84%

	Employees n (%)	Licensed independent practitioners** n (%)	Adult students, trainees & volunteers n (%)	Other Contract Personnel N (%)
HCP vaccinated	517 (87)	50 (50)	87 (100)	0 (0)
HCP with medical contraindication	21 (4)	0 (0)	0 (0)	0 (0)
HCP declined flu vaccination	4 (1)	0 (0)	0 (0)	0 (0)
HCP with unknown vaccination status	51 (9)	50 (50)	0 (0)	0 (0)
HCP at UNMH*	593	100	87	0

Prioritization Matrix

Weight	10	8	10	10	8	10	10	6	8	
Categories / Issue Description	Severity	Actionable	Adequacy of Staff Support - IPC	Adequacy of Staff Support - Hospital/Providers	Organizational Readiness	Impact on Patient Safety	Detection/ Surveillance	Probability	Magnitude or Volume of Patients	Ranking Priorization Index
HAIs (pathogen specific)										
C difficile	5	9	5	5	5	5	5	9	5	456
MRSA	5	5	5	5	5	5	5	5	5	400
CRE/CROs, *Candida auris*	9	9	5	5	5	9	5	5	1	480
Resp Viruses/SARS-CoV-2	9	5	5	5	5	9	1	5	5	440
Legionella	5	1	1	1	5	5	1	1	1	192
Fungal infections	5	1	1	1	5	5	5	5	1	256
ESBLs/MDROs	5	9	5	5	5	5	5	9	5	456
HAIs (device/procedure-related)										
CLABSIs	9	5	9	9	5	9	5	9	5	584
CAUTIs	5	5	9	9	5	5	5	9	9	536
VAEs	5	9	9	9	5	9	5	5	1	520
SSIs	5	5	5	5	5	9	5	9	5	464
Emergency Preparedness/Outbreak										
Outbreaks of communicable diseases	5	5	5	5	5	9	5	1	5	416
Norovirus outbreaks	5	5	5	1	9	9	5	9	5	456
Influx of large numbers of infectious patients	5	5	5	9	5	9	5	1	5	456
Pandemic Preparedness	9	5	5	5	1	9	5	1	5	424
Highly Infectious Disease (HID) Preparedness	9	5	1	9	5	9	5	1	5	456
Employee Health and Safety										
Blood and Body Fluid Exposures (HIV, Hep B, and Hep C)	5	5	1	5	5	5	5	5	1	328
Infectious Diseases Exposure Management (TB, VZV, mening, SARS-CoV-2, pertussis)	5	5	5	5	5	5	5	9	5	424
Communicable Infections among HCWs	5	5	5	5	1	9	9	9	1	440
Healthcare Worker (HCW) Influenza and COVID Vaccination	5	5	5	1	1	9	5	5	5	368
HCW Vaccine Policy and Associated Compliance	5	5	5	5	1	9	5	5	1	376
Environment of Care										
Hospital Environment Cleaning	5	5	5	9	5	5	5	9	5	464
Pre-Construction IC Planning/Risk Assessments	5	5	9	5	5	5	5	9	1	432
Infectious Waste Disposal	5	5	5	5	1	1	5	5	1	296
Cleaning & disinfecting of patient care equipment	9	9	5	5	5	9	5	9	9	568
Handling and Transport (preclean, transfer from sites to SPD	9	5	5	5	9	9	5	9	9	568
Hemodialysis Dialysate Testing	5	1	1	1	1	9	5	9	1	288
Water Testing (including Legionella)	5	5	5	1	5	9	1	1	1	304
Air Exchange and Pressure Monitoring	5	5	5	1	1	5	5	5	1	296
Sterilization Biologic Monitoring/IUSS	5	5	5	1	1	5	1	1	1	232
High level disinfection - scopes	9	9	5	5	5	9	5	9	5	536
High level disinfection - probes	5	5	5	5	5	9	5	9	5	464
Contamination/Infection from Pharmacy Environment	5	1	1	1	1	9	5	1	5	272
Prevention Activity										
Hand Hygiene	9	9	5	5	5	9	5	9	9	568
Respiratory Hygiene/Cough Etiquette	5	1	1	1	5	5	1	9	5	272
Isolation & PPE Practices	9	5	5	5	5	9	5	9	9	536
Patient Immunization (Influenza, Pneumococcal, COVID)	5	5	5	5	5	9	5	9	5	464

This Matrix is created based on the relationship between each issue and evaluation criteria.
The relationship between each issue and criterion can be defined as High = 9, Medium = 5, and Low = 1

IPC_Plan_RA_ASAP_FY22-FINAL

Addendum: Infection Prevention and Control Plan FY22

Addiction and Substance Abuse Program (ASAP) Methadone Outpatient Treatment Program

Patient Population in New Mexico and at ASAP

Chronic conditions in New Mexico are prevalent (2013 State of Health, NM Department of Health). Five of these conditions including cancer, heart disease, emphysema, stroke, and diabetes account for five of the leading six causes of death in New Mexico. Unintentional injuries accounted for 10% of the deaths in New Mexico in 2012 (3rd ranked cause of death in 2012). About 18.2% of New Mexicans live in poverty and over 33% of the state's children live in low-income families. Other issues affecting New Mexico include high rates of substance abuse which contribute to a high rate of deaths due to drug and alcohol use and high rates of violence.

Populations served at UNMH and its clinics are described in the UNMH 2020 Infection Control Plan. At the Addiction and Substance Abuse Program serves patients enrolled in methadone treatment. According to the Federal Regulation of Methadone Treatment, "the Methadone treatment population consists of [patients with a Substance Use Disorders] who are more desperate, more physically and mentally ill, poorer and more disabled that the general [Substance Use Disorder] population." In 2018 the CDC reported that New Mexico had 3,621 new cases of Hepatitis C virus (HCV), 1.2 reported cases per 100,000 population, and 50,300 acute infections estimated. The rates of Hepatitis C increased in 2018, particularly among the ages of 20-39 years. The above age group is also most impacted by the opioid crisis.

Infection Risks

ASAP patients with current or previous intravenous drug use (IVDU) history are at risk for blood borne pathogens such as Hepatitis C, Hepatitis B, and HIV and skin and soft tissue infections with pathogens such as methicillin-resistant *Staphylococcus aureus*. Due to high risk behavior associated with opioid abuse or IVDU, ASAP patients are at risk for sexually transmitted infections and tuberculosis (TB).

Based on potential risks, UNMH ASAP patients are screened for hepatitis, HIV, syphilis, and latent TB both by protocol and as indicated. Surveillance data from December 2020 to March 2021 revealed that 43% of ASAP patients tested antibody positive for Hepatitis C. Of these patients with reactive serology, 39% have confirmed positive viral loads. This number has decreased from our last report because we have treated over 100 patients for HCV. Screening for chronic hepatitis C facilitates timely HCV diagnosis and referral and HCV treatment if patients are eligible. Few patients tested positive for hepatitis A antibodies or acute or chronic hepatitis B infection; if indicated, these patients would be vaccinated for hepatitis A and hepatitis B to protect from additional hepatitis infections.

Patients are also screened for latent tuberculosis due to their high risk for acquiring and reactivating latent infection. Patients with positive screens (PPD administration) are sent to UNMH Tricore for a TB Gold Quantitative serum test. In 2019, 5 patients had a positive PPD who were referred to NM Dept. of Health and all of them had a negative Chest XRay. In 2020, TB testing was deferred for all ASAP patients due to COVID-19 and the risk of exposure. This was part of our COVID-19 emergency response plan approved by the UNMH EOC, ASAP's unit and medical director.

2020-2021 Data for ASAP Program:

Hand Hygiene: 98% overall compliance based on 248 patient observations of Nurses, Medical Assistants, Nurse Practitioners, counselors, and Physicians during FY21. Hand hygiene compliant surveys were not being performed during July 2020-September 2020 due to COVID-19 and limited in person services in clinic.

Sharps injuries and blood/body fluid exposures: 0

Employee blood and body fluid exposures: 0

Influenza Vaccination of Healthcare Personnel was provided for 100% (All ASAP staff).

Priority Rank	Addiction and Substance Abuse Program (ASAP) Methadone Outpatient Treatment Program Priorities FY22 Infection Control Risk Assessment
1	Hand Hygiene
2	Pandemic Preparedness
	Highly Infectious Disease (HID) Preparedness
3	Resp Viruses/SARS-CoV-2
4	Isolation & PPE Practices
5	Influx of large numbers of infectious patients
	Blood and Body Fluid Exposures (HIV, Hep B, and Hep C)
	Infectious Diseases Exposure Management (TB, VZV, mening, SARS-CoV-2, pertussis)
6	MRSA
	Outbreaks of communicable diseases
7	ESBLs/MDROs
	Communicable Infections among HCWs
	Healthcare Worker (HCW) Influenza and COVID Vaccination
	HCW Vaccine Policy and Associated Compliance
	Patient Immunization (Influenza, Pneumococcal, COVID)
8	C difficile
	CRE/CROs, Candida auris
9	Respiratory Hygiene/Cough Etiquette
10	Environment Cleaning
	Infectious Waste Disposal
	Cleaning & Disinfecting of patient care equipment
	Contamination/Infection from Pharmacy Environment
11	Pre-Construction IC Planning/Risk Assessments

These priorities were ranked based on data collected from January 2020 – May 2021 by ASAP, an assessment of current practices, and the data provided by completion of the ASAP FY22 Infection Control Risk Assessment. The assessment was completed by Infection Control and ASAP Leadership.

INFECTION CONTROL PRIORITIES AND GOALS FOR FY22

1. Hand Hygiene for Healthcare personnel (HCP) of ASAP

Goals

- Maintain > 90% monthly hand hygiene compliance.
- Include counseling side of clinic in monthly observation process.

Strategy

- Provide staff an annual in-service focusing on hand hygiene.
- Educate patients and visitors about hand hygiene.
- Increase the number of surveys given to patients at the front desk to at least 30 per month and include the counseling side of the clinic.
- Roll out Health Literacy approved hand hygiene observation collection form to patients. Form will be available in three languages.

Evaluation

- Collect and report hand hygiene rates for all of ASAP monthly to ASAP leadership.

Methodology for Hand Hygiene Observations

- HCPs are observed to monitor for hand hygiene opportunities and whether or not hand hygiene is performed. Approved hand hygiene practices include alcohol-based hand sanitizer or hand washing with soap and water.
- Data are collected by direct observations of staff by patients, family, during patient care.
- Calculated by the number compliant divided by the number of observations then multiplied by 100 to produce a percentage.

2. Respiratory Viral Transmission among Staff and Patients Including Healthcare Worker (HCW) Influenza and COVID Vaccination

Goals

- Maintain greater than 90% compliance for all healthcare personnel Influenza vaccination rates within ASAP program.
- Continue educating staff regarding identifying respiratory viral infection and about methods to reduce respiratory viral transmission.
- Continue respiratory viral screening process for patients entering the clinic and offer on the spot education regarding respiratory hygiene (e.g., cough etiquette, mask use, and hand washing) to reduce the risk of respiratory viral transmission.

Strategies

- Report influenza vaccination rates of staff and patients back to team members and ASAP leadership.
- Provide convenient influenza vaccination for all healthcare personnel.
- Provide staff education on COVID vaccination.
- Follow UNM Hospitals deadline to comply with influenza vaccination for healthcare personnel.
- Staff education/communication regarding respiratory viral transmission prevention and annual influenza immunization requirements policy.
- Educate HCP on patient and staff symptoms in order to utilize just in time coaching for proper respiratory hygiene (“Cover your Cough” education).

- Ensure PPE is available for all staff, Providers, and patients during respiratory viral season.

Evaluation

- Occupational Health Database and accompanying reports.
- NHSN HCP influenza vaccination data at the end of the influenza vaccination season.
- Assess HCP compliance of respiratory viral screening process.

3. Managing Staff and Provider exposures to blood and body fluid and communicable diseases

Goals

- Zero Sharps Injuries or Blood/Body Fluid Exposures.
- Zero staff/providers involved in communicable disease exposures.
- Evaluate ASAP patients for immunity against Hepatitis A & Hepatitis B.

Strategies

- Educate and re-educate staff on safe handling and disposal of sharps.
- Review check in processes for identifying communicable diseases.
- Offer Hep A and Hep B Immunization Clinic at ASAP four times throughout the year to capture any patients that are not currently immunized for Hep A & Hep B.

Evaluation

- Occupational Health routinely analyze blood and body fluid exposure data
- Infection Prevention & Control Department tracks communicable disease exposures
- Evaluate success of Immunization Clinic (by end of FY 22, 4 clinics will be set up)

Approved by: Executive Director of UNM Psychiatric Center –
Approved by: Infection Control Committee –
Approved by: Quality Oversight Committee –

Ranking Prioritization Matrix

Addiction and Substance Abuse Program (ASAP) Methadone Outpatient Treatment Program

Issue Selection

Weight	10	8	10	8	10	10	6	
Categories / Issue Description	Severity	Actionable	Staff Support	Organizational Readiness	Impact on Patient Safety	Detection/ Surveillance	Probability	Ranking Priorization Index (PRI)
HAIs (pathogen specific)								
C difficile	1	9	1	5	1	9	1	238
MRSA	1	9	1	5	1	9	5	262
CRE/CROs, Candida auris	1	9	1	5	1	9	1	238
Resp Viruses/SARS-CoV-2	9	9	1	1	9	1	5	310
ESBLs/MDROs	5	5	1	5	1	9	1	246
Emergency Preparedness/Outbreak								
Outbreaks of communicable diseases	5	9	1	5	5	1	5	262
Influx of large numbers of infectious patients	5	5	1	5	9	1	5	270
Pandemic Preparedness	9	9	1	1	9	1	9	334
Highly Infectious Disease (HID) Preparedness	5	9	1	9	5	5	5	334
Employee Health and Safety								
Blood and Body Fluid Exposures (HIV, Hep B, and Hep C)	9	9	1	1	5	1	5	270
Infectious Diseases Exposure Management (TB, VZV, mening, SARS-CoV-2, pertussis)	9	9	1	1	5	1	5	270
Communicable Infections among HCWs	5	9	1	1	9	1	1	246
Healthcare Worker (HCW) Influenza and COVID Vaccination	5	9	1	1	9	1	1	246
HCW Vaccine Policy and Associated Compliance	5	9	1	1	9	1	1	246
Environment of Care								
Environment Cleaning	5	9	1	1	5	1	1	206
Pre-Construction IC Planning/Risk Assessments	5	9	1	1	1	1	1	166
Infectious Waste Disposal	5	9	1	1	1	5	1	206
Cleaning & Disinfecting of patient care equipment	5	9	1	1	5	1	1	206
Contamination/Infection from Pharmacy Environment	5	9	1	1	5	1	1	206
Prevention Activity								
Hand Hygiene	9	9	1	5	9	5	9	406
Respiratory Hygiene/Cough Etiquette	5	9	1	1	5	1	5	230
Isolation & PPE Practices	9	5	1	5	5	5	1	286
Patient Immunization (Influenza, Pneumococcal, COVID)	5	9	1	1	9	1	1	246

This Matrix is created based on the relationship between each issue and evaluation criteria.

The relationship between each issue and criterion can be defined as ***High = 9*** *,* ***Medium = 5*** *, and* ***Low = 1***

Pediatric IC Plan_FY22_FINAL_10.11.21 (1)

Addendum: Infection Prevention and Control Plan FY'22

UNM Children's Hospital

Patient Population in New Mexico and at UNM Children's Hospital

Children comprise approximately 23% of New Mexico's population[1]. The UNM Children's hospital average inpatient census is approximately 4500 children annually.

The UNM Children's Hospital is a 152 bed institution and includes the following units: a). General Pediatric; b). Pediatric Specialty Care; c). Pediatric Intensive Care; d). Carrie Tingley Inpatient; e). Newborn Intensive Care; and f). Intermediate Care Nurseries 3 and 4. As a referral center, the hospital admits a variety of Pediatric patients, including patients with complicated clinical diagnoses.

Infection Prevention in Children

From Jenner's 1796 trial for smallpox vaccination in an 8 year old boy, to Pasteur's 1886 successful rabies immunization of a boy bitten by a rabid dog, children have historically been an important focus in infection prevention and control strategies[2]. Pediatric hospital-acquired infections present a significant financial burden to the hospital system. For example, Goudie et al reported an approximate mean attributable cost of $55,646 for management of central line-associated bloodstream infections[3] (CLABSI).

The pediatric population presents some specialized conditions not generally considered in the adult population when developing infection prevention and control policy. For example, pediatric patients undergo cognitive development in stages. This necessitates consideration of such matters as: a). the effect of masking patients and/or healthcare providers[4]; b). the need for children to have close contact with family and other children[5]; c). hygiene, especially as it relates to frequent oral contact with hands and objects[6]; d). the need for play, i.e. toys[7]; and e). decreased self-sufficiency. Additionally, the social situations in the pediatric population may be complex, necessitating policy development to address these issues. For example, families may have additional children who need to be present with the parents when a sibling is in isolation. Additionally, children with chronic diseases may require prolonged hospitalizations with a need to develop procedure to allow them time outside of their hospital rooms. Infection Prevention and Control policy development must also take prolonged organism shedding in the children compared to adults into consideration.

References:

1 https://www.census.gov/quickfacts/fact/table/NM/PST045216 2 Am J Infect Control 2012;40:35-42
3 (Goudie et al. Attributable cost and length of stay for central line-associated bloodstream infections. Pediatrics 2014;133:e1525-e1532 4 Can J Public Health 2004;95:256-257 5 Drugs R D 2011;11:215-226
6 Infect Control Hosp Epidemiol 2009;30:652-658 7 Paediatr Nurs 2006;18:14-18

Children's Hospital Infection Prevention and Control Score Card

Hand Hygiene Inpatient

Goal: 90% or better among all units and all roles

Hand Hygiene Pediatric Inpatient by Unit (July 2020 through July 2021): Overall Compliance 79%	
Location	**%**
Ped's Dialysis	100%
CPC	94%
Child Life	93%
CTH Inpatient	91%
GPU	90%
PICU	90%
PSCU	90%
Ped's Urgent Care	83%
Ped's ED	79%
NBICU-ICN*	55%

Central Line-Associated Bloodstream Infections (CLABSIs)

Pediatric CLABSI Surveillance		
Unit	**Fiscal Year**	**CLABSI (absolute number)***
PICU		
	FY '19	**0**
	FY '20	**0**
	FY '21	**1**
PSCU		
	FY '19	**2**
	FY '20	**2**
	FY '21	**4**
GPU		
	FY '19	**2**
	FY '20	**0**
	FY '21	**0**
CTH		
	FY '19	**0**
	FY '20	**0**
	FY '21	**0**
NICU		
	FY '19	**5**
	FY '20	**1**
	FY '21	**3**

***includes central line infections related to mucosal barrier injury (MBI)**

Fiscal Year	CLABSI (absolute number)*
FY '19	**9**
FY '20	**3**
FY '21	**8**

Catheter-Associated Urinary Tract Infections (CAUTIs)

Pediatric CAUTI Surveillance		
Unit	**Fiscal Year**	**CAUTI**
PICU		
	FY '19	**0**
	FY '20	**3**
	FY '21	**2**
PSCU		
	FY '19	**1**
	FY '20	**0**
	FY '21	**0**
GPU		
	FY '19	**1**
	FY '20	**0**
	FY '21	**0**
CTH		
	FY '19	**0**
	FY '20	**1**
	FY '21	**0**

Fiscal Year	CAUTIs
FY '19	**2**
FY '20	**4**
FY '21	**2**

Ventilator-Associated Pneumonia

CMS required reporting:

- No required reporting for VAPs for pediatric patients including NBICU
- Reporting changing to ventilator-associated events

Results

VAP Pediatric Surveillance			
Unit	2017	2018	2019
PICU	0	1	2

Based on modeling that uses national baseline VAP data (2015)

Hospital Onset *Clostridioides difficile* (HO CDI)

Pediatric HO *C. difficile* Surveillance		
Unit	**Fiscal Year**	**HO *C. difficile* (absolute number)**
PICU		
	FY '19	**2**
	FY '20	**1**
	FY '21	**5**
PSCU		
	FY '19	**5**
	FY '20	**2**
	FY '21	**1**
GPU		
	FY '19	**1**
	FY '20	**1**
	FY '21	**3**
CTH		
	FY '19	**2**
	FY '20	**0**
	FY '21	**1**

Fiscal Year	HO CDI
FY '19	**10**
FY '20	**4**
FY '21	**10**

Children's Hospital Infection Prevention and Control Risk Stratification Designated Priorities

UNM Children's Hospital IC priorities	Priority rank
Central Line-Associated Blood Stream Infection (CLABSIs)	1
Influx of large numbers of infectious patients (Surge, including COVID-19, resp viruses)	2
Catheter-Associated Urinary Tract Infection (CAUTI)	3
Hand Hygiene	3
BBFExpsoure r/t Expressed Breast Milk (HIV/Hep B/Hep C)	4
C difficile (hospital onset)	5
Antibiotic Resistant Organisms (CRE,VRE,ESBL/MDRO/GN)	6
Ventilator Associated Pneumonia (VAP)	7
Communicable Disease Exposures (e.g., Varicella, Pertussis)	7
MRSA (Screening, Invasive infections)	8

UNM Children's Hospital Specific Infection Control Priorities and Goals for Fiscal Year 2022
(These strategies are in addition to those provided in the main body of the Infection Control Plan)

1. Central Line-Associated Blood Stream Infections (CLABSIs)
Goals

- For UNM Children's Hospital CLABSIs (FY'22): reduce CLABSI rate by 10% compared to the previous fiscal year

Strategies

- Continued use of the needleless connector change process currently being used only on all pediatric units
- Continued use of preventive ethanol locks on Pediatric Gastroenterology patients admitted with a non-infected indwelling central catheter
- Review of NICU central line maintenance bundle
- Consideration of preventive ethanol locks in other Pediatric populations both as outpatients and inpatients (those admitted with a non-infected indwelling central catheter)
- Utilization of the Pediatric US-guided PIV procedure
- Roll out Pediatric vascular access algorithm (decision support tool for choosing appropriate access)

Evaluation

- IPCD HAI surveillance-CLABSI numbers and rates generated through CDC's NHSN
- Survey development to assess provider utilization and satisfaction with the Pediatric US-guided

PIV procedure and the Pediatric vascular access algorithm

2. Influx of Large Numbers of Infectious Patients (including COVID-19)

Goals

- Safely place patients into appropriate rooms
- Maximize flow of the inpatient admission process
- No hospital-acquired respiratory viral infections. One hospital-acquired respiratory viral infection on a unit will prompt an apparent cause analysis, with appropriate intervention. This will be unit specific unless the intervention is determined to be an intervention that should be implemented throughout the Children's Hospital.

Strategies

- Continued utilization and modification of season specific guidelines for cohorting pediatric patients with respiratory infections and/or symptoms
- Continual surveillance and real-time review of admitted pediatric patients with respiratory symptoms

2. Catheter-Associated Urinary Tract Infections (CAUTIs)

Goals

- For UNM Children's Hospital CAUTIs (FY'22): reduce CAUTI rate by 10% compared to the previous fiscal year

Strategies

- Continued utilization of Pediatric CAUTI algorithm
- Focus on utilization of other methods to ensure urine output is adequate

Evaluation

- IPCD HAI surveillance-CAUTI numbers and rates generated through CDC's NHSN
- Survey development to assess provider utilization and satisfaction with the Pediatric CAUTI algorithm

3. *C. difficile* (Hospital Onset)

Goals

- For UNM Children's Hospital C. difficile (Hospital Onset) (FY'22): reduce C. difficile episodes by 10% compared to the previous year

Strategies

- Develop educational tool for providers regarding appropriate *C. difficile* testing for children aged <1 year and aged 1-2 years as differing categories.
- Develop IT prompt for providers to remind of age when ordering testing.
- Develop education regarding utilization of prompt for testing when recently receiving laxative therapy.
- Review literature and best practices for *C. difficile* prevention in the Pediatric Oncology Population and develop appropriate population based intervention(s).

Evaluation

- IPCD HAI surveillance-CAUTI numbers and rates generated through CDC's NHSN

4. Breast milk exposure

Goals

- 30% reduction in inappropriate breast milk exposures compared to the previous year

Strategies

- Update UNM Children's Hospital Breast Milk Storage/Handling Guideline

Evaluation

- Continue active surveillance of inappropriate breast milk exposures
- Develop survey to assess staff breast milk handling knowledge
- Develop PSDA to assess efficacy of updated UNM Children's Hospital Breast Milk Storage/Handling Guideline

Approved by:
Chief Medical Officer, UNM Children's Hospital –
Children's Process Improvement and Patient Safety Committee –
Infection Control Committee –
Quality Oversight Committee –
Medical Executive Committee –

HomeHealth_Mariposa_Infection_Control_Plan_ RA-FY22_FINAL (1)

Addendum: Infection Prevention and Control Plan FY22
UNM Hospitals Adult Home Care and Pediatric Hospice and Palliative Program – Mariposa

Patients Population at UNM Pediatric Hospice & Palliative Program-Mariposa

The Mariposa Hospice & Palliative Program provides care to pediatric patients from infancy to young adults with life threatening conditions and life expectancy of 6 months or less "if the disease runs its normal course." Conditions that may not be terminal but still required palliative care are accepted.

Mariposa Program Admitting Diagnoses:

- Neoplasms 41.7%
- Nervous system 25%
- Blood disorders and immune mechanisms 8.3%
- Respiratory system 8.3%
- Symptoms & Findings, Not classified 16.7%

The Mariposa program's patient population is diverse. Patients generally receive care in their homes by the interdisciplinary team consisting of nursing, licensed social workers, chaplains, home health aides, physicians and other providers. The focus of the care is to support end of life care based on patient and family goals. Many of these goals are focused on patient comfort: this includes pain and symptom management, psychosocial support, spiritual care and personal care. The Registered Nurses (RN) and Physicians are available 24/7 to provide care as needed. Other services include contracted service for Durable Medical Equipment (DME), nutritional support (if needed), IV infusion services, and disposable items for patient care. The Mariposa staff generally provides their services in the patient's residence but may also include care on inpatient units at UNMH In-Patient Unit and/or Skilled Nursing Facility. This past year the Hospice began admitting palliative patients in an effort to ready the agency for Palliative Certification. There is a need for Palliative Services of children in New Mexico.

Patient Population for UNM Hospitals Adult Home Care

The University of New Mexico Hospitals (UNMH) Home Care Program provides care to adult patient from the age of 18 and above. These patients, primarily, will be those patients discharged from UNMH and Sandoval Regional Medical Center who have met homebound criteria and can benefit from a limited amount of skilled care in the home by RNs, Physical Therapists (PT), Occupational Therapists (OT), Speech-Language Pathologists (SLP), Licensed Independent Social Workers (LISWs), and Home Health Aides.

The Program offers services 365 days a year and sees patient in a non-emergent situation. Visits are conducted in the home to teach the patient and family how to contribute to the patient's convalescence. Physician orders will be secured to begin nursing care and other therapies in the home for a specified period of time. Services provided include rehab therapy, wound care, fall prevention, education, new medication management, and support with activities of daily living. Education will be provided using teach back methodology.

Infection Risks

Per the APIC - HICPAC Surveillance Definitions for Home Health Care and Home Hospice Infections (2008):

> "An estimated 1.2 million infections occur annually in approximately 8 million adult and pediatric home health care patients in the US (Manangan et al. EID 2002;8(3):233-236). The predominant risk factor for a HAI is the presence of a medical device (i.e., catheters). Additionally, 20% of home health care patients require wound management. Patte and others identified an overall, single-day HAI point prevalence rate of 6.1% among a group of patients in France receiving home care, using CDC surveillance definitions developed for acute care; the majority of these HAIs involved the urinary tract (Patte R JHI 2005;59:148-51).
>
> A study of the incidence of complications associated with central venous catheters in over 50,000 patients receiving home infusion found an incidence of 0.26 infections/1,000 catheter days and 0.19 infections/1,000 catheter days associated with the local cannula site and bloodstream infection (BSI) respectively (Moureau N et al. JVIR 2002;13:1009-16). This incidence is similar to that reported by Gorski: 0.77 infections/1,000 central venous catheter days; however, site definitions used in this investigation differed from those used by Patte (Gorski LA JIN 2004;27(2):104-11).
>
> Still, there are few studies of infectious outcomes among those receiving home care; and despite calls for validation and reproducibility of definitions and methods for surveillance, progress remains limited to date (Manangan LP et al EID 2002;8:233-6)."

UNMH Home Health and Mariposa Programs monitor the clients for infections. Based on these population risks, surveillance includes device-associated infections using definitions established by the Centers for Disease Control and Prevention (CDC*) APIC/ HICPAC Surveillance for Home Health Care and Home Hospice Infections* includes:

- Central Line-Associated Blood Stream Infections (CLABSI)
- Catheter-Associated Urinary Tract Infections (CAUTI)

Based on the risk assessments performed by Infection Prevention and Control in collaboration with Mariposa Program Staff, additional surveillance related to infection control includes:

- Hand hygiene
- Lower Respiratory Infections
- *Clostridioides difficile* (*C. diff* infections)
- SARS-CoV-2

January 2020 – May 2021 Data for the Mariposa Program:
CLABSI: 0
CAUTI: 1
Lower Respiratory Infections: 0
Sharps injuries and blood/body fluid exposures: 1 blood/body fluid exposure
Staff Influenza Vaccination: 100%
Hand Hygiene:

- Staff Peer Assessments: 100%
- Patient Collected Observations: 100%

January 2020 – May 2021 Data for the Home Health Program:
CLABSI: 0
CAUTI: 0
Lower Respiratory Infections: 0
Sharps Injuries: 0
Staff Influenza Vaccination: 100%
Hand Hygiene:

- Staff Peer Assessments: 100%
- Patient Collected Observations: 100%

Priority Rank	Home Health & Mariposa Programs Priorities FY22 Infection Control Risk Assessment
1	CAUTIs
2	CLABSIs
	VAEs (Mariposa only)
3	CRE/CROs, Candida auris
4	Hand Hygiene
5	Respiratory Hygiene/Cough Etiquette
	Respiratory Viruses/SARS-CoV-2
	Patient Immunization (Influenza, Pneumococcal, COVID)
	Healthcare Worker (HCW) Influenza and COVID Vaccination
	HCW Vaccine Policy and Associated Compliance
6	Isolation & PPE Practices
7	Infectious Diseases Exposure Management (TB, VZV, mening, SARS-CoV-2, pertussis)
8	Pandemic Preparedness
	Highly Infectious Disease (HID) Preparedness
	Environment Cleaning
9	Influx of large numbers of infectious patients
10	SSIs (surgical site infections)
	Communicable Infections among HCWs
	Cleaning & Disinfecting of patient care equipment
11	Lower Respiratory Infection (LRI)
	Blood and Body Fluid Exposures (HIV, Hep B, and Hep C)
12	C difficile
	MRSA
	ESBLs/MDROs
	Outbreaks of communicable diseases
13	Infectious Waste Disposal

These priorities were ranked based on data collected from January 2020 – May 2021 by Home Health & the Mariposa Program, an assessment of current practices, and the data provided by completion of the Home Health & Mariposa Programs FY22 Infection Control Risk Assessment. The assessment was completed by Infection Control, Home Health, and Mariposa Program Leadership.

INFECTION CONTROL PRIORITIES AND GOALS FOR FY22

1. Prevention of Catheter-Associated Urinary Tract infection (CAUTIs)

Goals

- Reduce preventable CAUTIs

Strategies

- Provide staff education about Foley catheter care and indications for urine culture ordering.
- Evaluate current assessment process for Foley catheter need and how to improve time to removal
- Determine current practices related to Foley catheters (e.g., insertion, exchanges).
- Determine current resources related to patient and family education for Foley catheter care.
- Ongoing meetings to discuss current practices

Evaluation

- CAUTI data

2. Surveillance Processes for Infections in Home Health and Mariposa Programs

Goals

- Improve upon infection surveillance for both programs.
- Improve upon data dissemination and reporting.

Strategy

- Create a standardized process for infection reviews.
- Determine if preventable or part of natural disease process using a standardized process.
- Develop a clearer process for reporting.

Evaluation

- Creation of reliable and standardized processes.

***3.* CRE/CRO, Candida auris**

Goals

- Create checklist attachment specifically for Home Health and Mariposa Programs to include in UNM Hospitals Procedure: Strict Contact Precautions for Patients with Carbapenem Resistant Enterobacteriaceae (CRE)

Strategy

- IPCD and Home Health and Mariposa Programs will collaborate to create check lists to include in procedure. Checklist will outline how to safely care for patients with CRE/CRO.

- Provide education about CRE/CRO, Candida auris, and updated procedure to Home Health and Mariposa staff.

Evaluation

- Evaluate for completion by next review of the Strict Contact Precautions for Patients with Carbapenem Resistant Enterobacteriaceae (CRE) policy in 2022

4. Hand Hygiene for Healthcare personnel of Home Health and Mariposa Program

Goals

- Hand hygiene rates for all healthcare personnel of the Home Health and Mariposa Programs > 90% monthly.

Strategy

- Ensure competency of staff hand hygiene with annual in-service.
- Continue education and facilitation of hand hygiene for patients and families.
- Monitor compliance and provide regular feedback regarding hand hygiene to HCP who work in both programs.

Evaluation

- Collect and report hand hygiene rates: Monthly to Home Health and Mariposa Programs and bi-annually to the Professional Advisory.

Methodology for Hand Hygiene Observations

- HCPs are observed to monitor for hand hygiene opportunities and whether or not hand hygiene is performed. Approved hand hygiene practices include alcohol-based hand sanitizer or hand washing with soap and water.
- Data are collected by direct observation of staff by patients, family and peers during patient care.
- Calculated by the number compliant divided by the number of observations then multiplied by 100 to produce a percentage.

5. Respiratory Viral Transmission and Immunizations of Patients and Healthcare Personnel (HCP) (Influenza, COVID, and Pneumococcal vaccinations)

Goals

- Maintain greater than 90% compliance for HCP influenza vaccination rates for all healthcare personnel within Home Health and Mariposa Programs
- 100% of patients will be screened for eligibility to receive influenza vaccination and offered to Home Health and Mariposa patients
- Continue education for staff and families to reduce the risk of respiratory viral transmission

Strategies

- Report influenza vaccination rates of staff and patients back to team members of Home Health and Mariposa Programs regularly.

- Provide convenient influenza vaccination for all healthcare personnel.
- Follow UNM Hospitals deadline to comply with influenza vaccination for healthcare personnel
- Educate staff regarding identifying respiratory viral infections, about methods to reduce respiratory viral transmission, and about annual influenza immunization requirements policy.
- Continue education and provide resources to patients and families about respiratory viral infections and use just-in-time coaching to encourage proper respiratory hygiene (e.g., “Cover your Cough” education)
- Screen 100% of patients for eligibility to receive influenza vaccination; if possible administer in home setting
- Explore the possibility of screening and administering pneumococcal vaccinations
- Provide staff education on COVID vaccination.

Evaluation/Monitoring

- HCP influenza vaccination compliance: via Occupational Health in ReadySet (Electronic Medical Record of OHS).
- See surveillance goal regarding lower respiratory tract infection monitoring.

Approved by: Executive Director –
Approved by: Infection Control Committee –
Approved by: Quality Oversight Committee

Ranking Prioritization Matrix

Issue Selection

Weight	10	8	10	8	10	10	6	
Issue Description \ Categories	Severity	Actionable	Staff Support	Organizational Readiness	Impact on Patient Safety	Detection/ Surveillance	Probability	Ranking Priorization Index (PRI)
HAIs (pathogen specific)								
C difficile	5	5	5	1	5	5	1	254
MRSA	5	5	5	1	5	5	1	254
CRE/CROs, Candida auris	9	5	5	5	9	5	1	366
ESBLs/MDROs	5	5	5	1	5	5	1	254
Resp Viruses/SARS-CoV-2	*9*	*5*	*5*	*1*	*9*	*1*	*9*	*342*
HAIs (device/procedure-related)								
CLABSIs	*9*	*9*	*5*	*5*	*9*	*5*	*1*	398
CAUTIs	*5*	*9*	*5*	*5*	*9*	*5*	*1*	358
Lower Respiratory Infection (LRI)	*5*	*5*	*5*	*5*	*5*	*5*	*1*	286
VAEs (Mariposa only)	*9*	*9*	*5*	*5*	*9*	*5*	*1*	398
SSIs (surgical site infections)	*5*	*5*	*5*	*5*	*5*	*5*	*5*	310
Emergency Preparedness/Outbreak								
Outbreaks of communicable diseases	5	5	5	1	9	1	1	254
Influx of large numbers of infectious patients	9	5	5	1	9	1	5	318
Pandemic Preparedness	9	5	5	1	9	5	1	334
Highly Infectious Disease (HID) Preparedness	9	5	5	1	9	5	1	334
Employee Health and Safety								
Blood and Body Fluid Exposures (HIV, Hep B, and Hep C)	9	9	5	1	5	1	1	286
Infectious Diseases Exposure Management (TB, VZV, mening, SARS-	9	9	5	1	5	5	5	350
Communicable Infections among HCWs	5	9	5	1	5	5	5	310
Healthcare Worker (HCW) Influenza and COVID Vaccination	5	5	5	1	9	5	5	318
HCW Vaccine Policy and Associated Compliance	5	5	5	1	9	5	5	318
Environment of Care								
Environment Cleaning	5	9	5	1	9	1	9	334
Infectious Waste Disposal	5	9	5	1	1	5	1	246
Cleaning & Disinfecting of patient care equipment	5	9	5	1	5	5	5	310
Prevention Activity								
Hand Hygiene	9	9	5	1	9	1	9	374
Respiratory Hygiene/Cough Etiquette	9	9	5	1	5	5	9	374
Isolation & PPE Practices	9	9	5	1	9	5	5	390
Patient Immunization (Influenza, Pneumococcal, COVID)	9	9	5	1	5	1	9	334

This Matrix is created based on the relationship between each issue and evaluation criteria.

The relationship between each issue and criterion can be defined as High = 9 , Medium = 5 , and Low = 1