CHICAGO

Infection Prevention and Control Roundtable with Acute Care Facilities

5-16-24

ACHOO TEAM

Reach out to us!

Our team:

- Medical Director: Stephanie Black, MD
  Do Young Kim, MD
- Projects Administrator: Shane Zelencik
- Project Manager: Maria Bovee
- Infection Preventionist (IP):
  - Andrea Castillo
  - Karen Branch-Crawford
  - Kim Goitia Outpatient Settings (Dialysis, FQHCs, Clinics), Project Firstline
- Public Health Administrator (PHA):
  - Romualdo Chavez
  - Maggie Li

Major role: Build infection control capacity across healthcare facilities in Chicago

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NEW: ACHOO HAN page: Acute Care Facilities - HAN (chicagohan.org)

Agenda

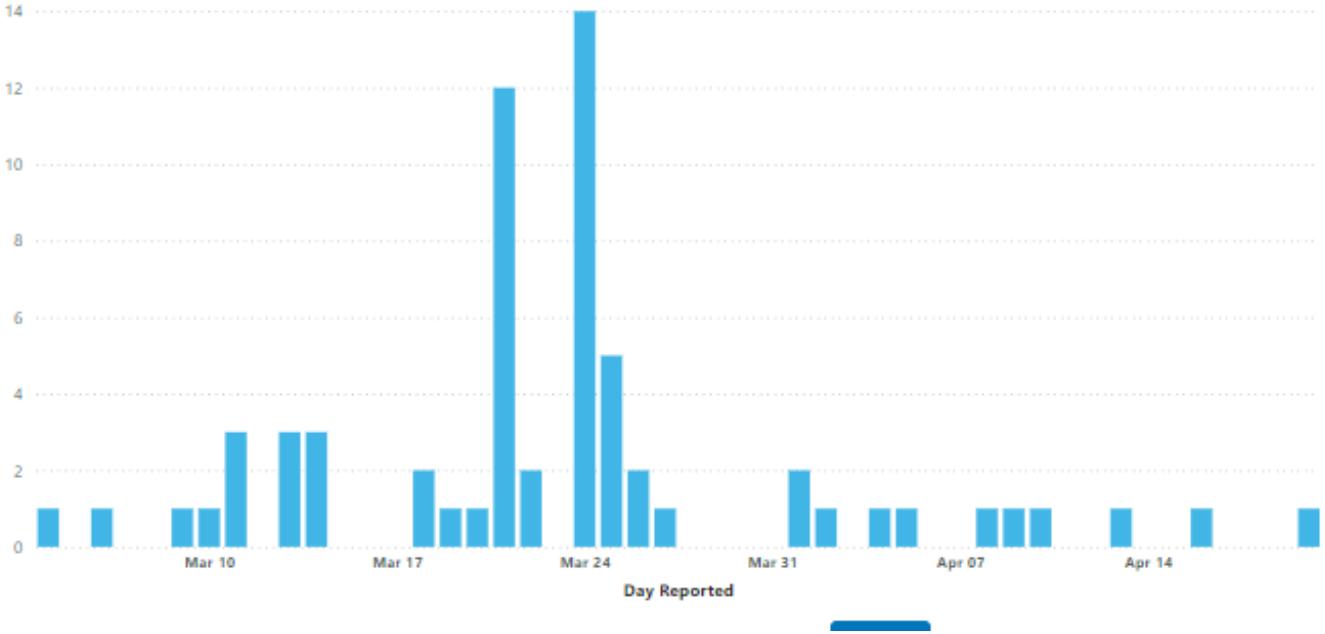
- **Important Updates**
  - Measles
  - Invasive pneumococcal disease in children less than 5 years of age
  - Changes to the Notifiable Disease Code
- **Special Topics**
  - Chicago XDRO Tiers and Containment Framework for Acute Care Hospitals
  - Infection Control Assessment and Response (ICAR) Tools
- **Discussion and Q&A**

Measles (as of 5/15/24)

Chicago Measles Outbreak 2024

Cases This Year	Cases This Week: 05/12 - 05/18
64	0

Cases by Date Reported



Cases by Age Group

Age Group	Count	%
0 - 4 years	33	52%
5 - 17 years	9	14%
18 - 49 years	18	28%
50+ years	4	6%

Invasive Pneumococcal Disease in children < 5 years old

- Cases should be reported in I-NEDSS as usual. CDPH may conduct increased follow-up to ensure completeness of key variables including, vaccination history, underlying medical conditions, AST results, and discharge date.
- **NEW! CDPH will be requesting isolates for all IPD cases in Chicago children <5 yrs for serotyping**.
- Please request that your lab holds specimens for these patients. CDPH will reach out to coordinate specimen submission; a pre-authorization code is required prior to submission to the IL public health lab in Chicago.

Other infections

- *Neisseria meningitidis* and *Haemophilus influenzae isolates:*

All laboratories shall forward clinical materials from a normally sterile site that are positive for *Haemophilus influenzae* (any type) and *Neisseria meningitidis* to IDPH Lab in Chicago. Examples of specimens from normally sterile body sites include blood, CSF, pleural fluid, synovial fluid, and specimens obtained via sterile technique from other internal sterile body sites.

- Group A Streptococcal (GAS) Isolates: send isolate **only if requested** by IDPH or CDPH

Important Updates: Changes to IDPH Notifiable Diseases

See updated IDPH Notifiable Disease Poster

- IDPH made significant changes to the Illinois Administrative Code including the notifiable diseases and conditions in February 2024.
- Reporting time frame has changed:
  - Previously conditions that were reportable within 7 days are now reportable **within 3 days.**
- After May 18th, IDPH will be removing the "SARS-CoV-2 Infection" disease module from INEDSS.
  - Only pediatric COVID-19 deaths and COVID-19 infections with ICU hospitalizations will be reportable (within 3 days).
- **New**: Cronobacter in infants <18 months (report ASAP within 24 hours), RSV ICU admission and pediatric death.
- Laboratories shall report all positive influenza and RSV results via ELR.
- **No longer reportable**: Methicillin Resistant (MRSA) in an infant less than 61 days

Important Updates: Changes to IDPH Notifiable Diseases- Multi-drug Resistant Organisms

- **XDROs (i.e., CRE and *C. auris*) are now reportable within 3 days**
- CRE is reportable to the XDRO Registry
- *C. auris* is reportable to I-NEDSS
  - Most labs can report through ELR to I-NEDSS on your behalf
  - CDPH will report to XDRO on your behalf once reported to I-NEDSS

c) Class II

The following notifiable diseases and conditions shall be reported as soon as possible during normal business hours, but within three days, to the local health authority, which shall then report to the Department within three days. The Section number associated with each of the listed diseases and conditions indicates the Section under which the diseases are reportable. Laboratory specimens of agents required to be submitted under Subpart D shall be submitted within three days after identification of the organism to the Department laboratory.

1)	Arboviral Infection*	690.322
2)	Campylobacteriosis	690.335
3)	Cryptosporidiosis	690.365
4)	Cyclosporiasis	690.368
5)	Hepatitis B	690.451
6)	Hepatitis C	690.452
7)	Histoplasmosis	690.460
8)	Legionellosis*	690.475
9)	Leptospirosis*	690.490
10)	Listeriosis*	690.495
11)	Malaria*	690.510
12)	Multi-drug resistant organisms considered to be of epidemiologic importance due to either severity of clinical disease, potential for transmission of genetic elements, or opportunities for effective control efforts	690.445
13)	Psittacosis due to Chlamydia psittaci	690.590
14)	Salmonellosis* including Paratyphi V var. L(+) tartrate+ (other than S. Typhi, S. Paratyphi A., S Paratyphi B (tartrate negative) and S. Paratyphi C cases)	690.630
15)	Shigellosis*	690.640

Important Updates: Changes to IDPH Notifiable Diseases- Multi-drug Resistant Organisms

Hospitals and most other healthcare facilities are required to report to XDRO *and* query the XDRO registry to identify new admissions with XDROs

Section 690.1510 Entities Required to Submit and Query Information

a) The Department requires the following health care facilities to report patient incident information regarding extensively drug-resistant organisms (XDROs):

1) Hospitals;

2) Hospital-affiliated clinical laboratories;

3) Independent or free-standing laboratories;

4) Long-term care facilities;

5) Long-term acute care hospitals (LTACHs);

6) Dialysis centers;

7) Specialized mental health rehabilitation facilities; and

8) Other high-risk health care facilities serving high-risk patients.

b) The Department requires the following health care facilities to query or implement alert notification with the XDRO Registry in order to identify new admissions with XDROs:

1) Hospitals;

2) Long-term acute care hospitals;

3) Skilled nursing and intermediate care facilities; and

4) Dialysis centers.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Important Updates: Changes to IDPH Notifiable Diseases- Multi-drug Resistant Organisms

Reporting facilities shall provide case report forms to CDPH upon request

Section 690.1520 Information Required to be Reported

a) A facility required to submit XDRO information shall report each Non-Duplicative XDRO Isolate, as specified in this Section, to the Department.

b) The information to be reported shall be provided in a format designated by the Department and may be submitted either by direct electronic transmission or entry into a website. The information to be reported is divided into four subject areas, each containing a particular set of information. The four subject areas of the incidence report shall include the following:

1) Patient Data and Address – patient's full name (including maiden name, when applicable and available), last four digits of the Social Security number (if available), telephone number and residential address, including street address, city, county, state and postal code;

2) Personal Data – patient's birth date, sex, race and ethnicity (if available);

3) Culture Data – specimen collection date, specimen source, isolate genus, isolate species, specific carbapenemase name (if known), antibiotic resistance criteria for entry into the Registry; and

4) Facility Data – facility identification number provided by the Department, the medical record number, and the date of admission.

c) Each XDRO report shall be submitted within three calendar days after the test result is finalized by the laboratory.

d) Upon request from the Department or the Department's designee, each reporting facility shall provide access to additional information from all medical, pathological and other pertinent records related to the XDRO diagnosis, treatment, and follow-up for the purposes of infection control and quality improvement.

e) Reporting facilities shall report laboratory confirmed XDROs, including, but not limited to, Candida auris and Carbapenem-resistant Organisms.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

Important Updates: Changes to IDPH Notifiable Diseases- Multi-drug Resistant Organisms

Why reporting to XDRO is important…

Section 690.1540 Availability of Information

a) The Department will use information in the XDRO Registry for the following purposes:

1) To provide appropriate information to a physician or institution providing care or treatment to a person;

2) To alert health care facilities of the admission of a patient with an XDRO infection;

3) To assess the burden of XDROs in health care facilities located in Illinois; and

4) To identify clusters or outbreaks requiring response efforts for containment of further transmission, including, but not limited to, cohorting, isolation, point prevalence surveys, and other infection control activities recommended by the CDC based on the clinical conditions of patients or residents, XDRO prevalence, and other factors.

b) The Department will maintain the confidentiality of information in the XDRO Registry that would identify individual patients. The Department will handle confidentiality of XDRO Registry information as set forth in Section 690.200(d).

c) The Department may release summary statistics from the XDRO Registry to highlight or prevent a population based public health problem or to highlight the State or regional burden of XDROs. Any summary statistics released by the Department will not reveal the identity of the reporting health care facility or a patient.

d) The availability of XDRO Registry information will be in accordance with the Health and Hazardous Substances Registry Code (77 Ill. Adm. Code 840.30(a), (b), (c), (d), (e), (f), (g), (j) and (k)), and Section 690.200 of this Part.

(Source: Amended at 48 Ill. Reg. 4098, effective February 27, 2024)

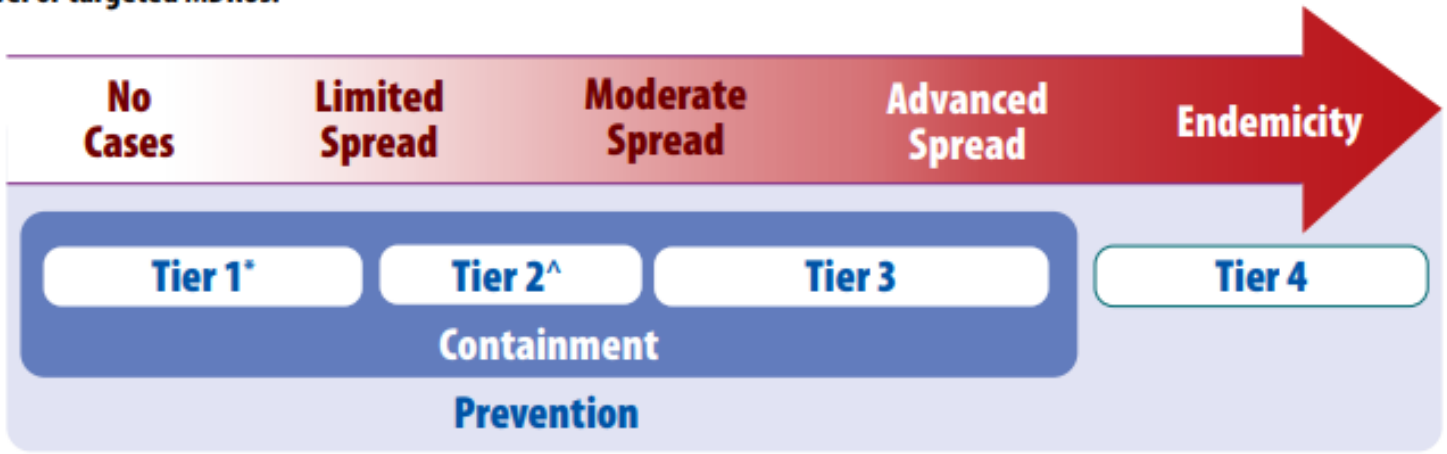
If you do not have access to XDRO…

- **Please reach out to Tasa Proctor** (tasa.proctor@cityofchicago.org) for access or issues with XDRO.

- If you are not receiving auto-alerts, there is a chance your organization is blocking emails from XDRO auto alert system, admission data is not being sent or some other problem with this data feed.
- The auto-alert emails come from xdro@mraia.org.

CDPH responds to XDROs based on the CDC Containment Guidance Tiered System

Figure 1. Relationship between epidemic stages, response tiers, containment response, and prevention activities for novel or targeted MDROs.



Organism or resistant mechanism that have

*Never (or very rarely) been identified **in the United States** and for which expereince is extremely limited are Tier 1.

^Never (or very rarely) been identified **in a public health jurisdiction but are more common in other parts of the U.S.** are Tier 2.

- Which multi-drug resistant organisms fall into which tiers is determined by the public health department based on local epidemiology

https://www.cdc.gov/hai/pdfs/mdro-guides/Health-Response-Contain-MDRO-H.pdf

Recommended response activities vary by tier

Response Elements

Elements	Tier 1	Tier 2	Tier 3	Tier 4
Healthcare Investigation[1]				
Review the patient's healthcare exposures prior to and after the positive culture[1]	ALWAYS Typical review period: 30 days prior to culture collection to present	ALWAYS Typical review period: 30 days prior to culture collection to present	ALWAYS Typical review period: Current admission and sometimes immediately prior admission	**Prioritize prevention;** containment principles generally do not apply.
Contact Investigation[1]				
Screening of healthcare contacts (i.e., residents and patients)[2]	ALWAYS	ALWAYS	USUALLY	**Prioritize prevention;** containment principles generally do not apply.
Household contact screening	USUALLY	RARELY	RARELY	
Healthcare personnel screening	USUALLY	RARELY	RARELY	
Additional Actions if Transmission Identified in Healthcare				
Recurring response-driven point prevalence surveys[3]	ALWAYS	ALWAYS	RARELY	
Evaluate potential spread to healthcare facilities that regularly share patients with the index healthcare facility[4]	USUALLY	USUALLY	RARELY	**Prioritize prevention;** containment principles generally do not apply.

CONTINUED…

Elements	Tier 1	Tier 2	Tier 3	Tier 4
Clinical Laboratory Surveillance				
Retrospective lab surveillance[6]	ALWAYS	ALWAYS	RARELY	**Prioritize prevention;** containment principles generally do not apply.
Prospective lab surveillance[5]	ALWAYS	ALWAYS	ALWAYS	
Environmental Cultures				
Environmental sampling	SOMETIMES	RARELY	RARELY	**Prioritize prevention;** containment principles generally do not apply.
Infection Control Measures				
Notify healthcare providers; promptly implement appropriate transmission-based precautions	ALWAYS	ALWAYS	ALWAYS	**Prioritize prevention;** containment principles generally do not apply.
Infection control assessment with observations of practice	ALWAYS	ALWAYS	SOMETIMES	
Clear communication of patient status with transferring facilities	ALWAYS	ALWAYS	ALWAYS	
Link to Prevention Activities: All Novel and Targeted MDROs				

https://www.cdc.gov/hai/pdfs/mdro-guides/Health-Response-Contain-MDRO-H.pdf

We will discuss Chicago-specific tiers at the next roundtable

- In the meantime, the guidance can be accessed here for your reference

Infection Control Assessment and Response (ICAR) Tools

Chicago Department of Public Health-Healthcare Settings Program

Maria Campos Bovee (Project Manager)

Andrea Castillo (Infection Preventionist)

Romualdo Chavez (Public Health Administrator)

Clarissa Najera (Epidemiologist)

What is an Infection Control Assessment and Response (ICAR)?

- ICAR tools are developed by the CDC to:
  1. systematically assess IP&C practices
  2. identify gaps in IP&C practices
  3. guide quality improvement activities
- There are currently 11 assessment modules that cover a variety of infection and prevention practices. Each assessment begins with asking survey questions and ends with conducting real-time observations at the corresponding locations/units of the facility.
- The overarching goal of ICAR assessments is to strength IP&C programs at healthcare facilities, thereby improving the safety of all staff and patients.

Infection Control Assessment Tools | HAI | CDC

Advantages of ICARs

- Non-regulatory, non-punitive and free
- Help bring departments together and involve facility leaders in IPC work
- Gap analysis can improve processes and hopefully outcomes
- Preparation for regulatory surveys
- IPs can use these tools on their own OR in collaboration with CDPH
- With every ICAR, we provide a report with recommendations and standards. This report can help support IP&C with leadership buy-in.

ACHOO Team Workflow for ICARs

Schedule	Prepare	Day Of	Post Visit
• ACHOO IP coordinates with facility IP or they can utilize new scheduling survey	• ACHOO team asks facility to complete Acute Care Demographic survey and part A of ICAR in advance	• ACHOO team conducts ICAR with IPC team/key stakeholders. Visit takes **2 hours or less**	• ACHOO team usually provides a report to facility within 10 business days. Report details summary of top recommendations and list of key findings

ICAR Data Analysis: Key Take Aways

- CDPH is using the data to help understand the landscape of main IP&C practices across the city so we can best support our facilities
- We will share aggregate (de-identified) and trend data when we have more than 10 ICARs of the same type (e.g., Hand Hygiene)
- Facilities are encouraged to also do their own ICARs independently or with CDPH partnership
- Data from part A of the ICAR is answered by the facility IP. Part B of the ICAR are the observations collected during our visits.
- Some of our ICARs were done during outbreaks/clusters and so the IPC practices reflected in our data could be different than during non-outbreak situations.

Hand Hygiene and EVS Observations

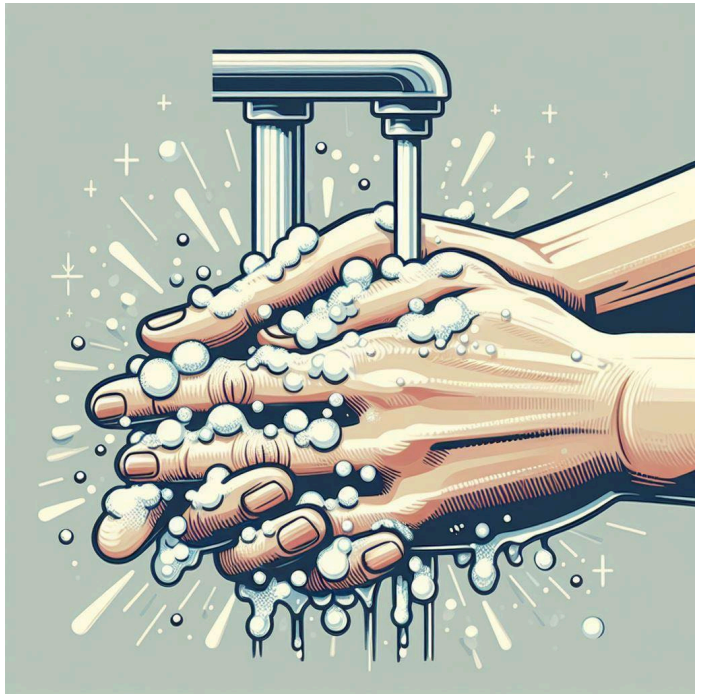
- The ACHOO team is currently supporting facilities in collecting HH and EVS observations.
  - Hand hygiene observations: Make at least 30 observations across 3 different units.
  - EVS observations: Mark at least 10 high touch surfaces in 3-5 rooms across 3 different units.

- We can conduct observations at the frequency of your choosing.
  - Initial goal: once a month
  - During outbreak responses: we have conducted observations every 2 weeks.

- **Advantages**: Give your facility more observations to contribute to monthly goal, produce non-biased longitudinal data, calculate and share compliance data with you.

Hand Hygiene ICAR

- Allows for assessment of existing hand hygiene practices and policies.
- Assesses the availability and location of hand sanitizer dispensers and sinks.
- Link to ICAR: ICAR Tool for General Infection and Control (IPC) Across Settings - Module 2: Hand Hygiene Faciliator Guide (cdc.gov)



ICAR Module 2: Hand Hygiene

In most clinical situations, how do HCP **clean** their hands? (N=10)

- **90%** of facilities reported that HCP clean hands with **ABHS**
- **10%** of facilities reported that HCP clean hands with handwashing with **soap and water**

Are there **certain times** when HCP must wash their hands with **soap and water**? Select all that apply. (N=10)

- **100%** of facilities reported that HCP wash their hands with soap and water:
  - **After using the restroom**
  - **Before eating**
  - **When hands are visibly soiled**

ICAR Module 2: Hand Hygiene

Is there a process to ensure **hand hygiene supplies** are **readily available**/restocked and that dispensers are properly functioning? (N=10)

Response	Percent
Yes	100
No	0
Not assessed	0
Unknown	0

Does the facility hand hygiene **policy** include elements related to **fingernails**? (Select all that apply) (N=10)

- **20%** of facilities reported they **don't** have specific guidelines prohibiting **artificial nail/gel nails** use in the hand hygiene policy.
- **10%** of facilities reported they **don't** have a hand hygiene policy including elements related to **fingernails length**

ICAR Module 2: Hand Hygiene

When are HCP expected to **clean their hands**? (Select all that apply) (N=10)

- **10%** of facilities reported that HCP don't clean their hands before moving from **work on a soiled body site** to a **clean site** on the same patient OR after touching patient or the patient's immediate surroundings

- **20%** of facilities reported that HCP don't clean their hands **at room entry and exit**

Environmental Services (EVS) ICAR

- Reviews the process for cleaning and disinfecting non-critical equipment, medication preparation areas, high-touch surfaces, and patient rooms.
- Allows for review of current cleaning and disinfection products being used.
- Link to ICAR: ICAR Tool for General Infection and Control (IPC) Across Settings - Module 4: Environmental Services Facilitator Guide (cdc.gov)

Cleaning Supplies and Equipment | HAIs | CDC

ICAR Module 4: Environmental Services

How **often** are high-touch **environmental surfaces** in patient rooms **cleaned** and **disinfected**? Select all that apply. (N=11)

- **73%** of facilities reported that surfaces are cleaned and disinfected **daily**
- **55%** of facilities reported that surfaces are cleaned and disinfected **more than daily**
- **18%** of facilities reported that surfaces are cleaned and disinfected **less than daily**

Are there policies indicating **which environmental surfaces** are to be routinely cleaned and disinfected in patient rooms? Select all that apply. (N=11)

Response	Percent
Yes	82
No	18
Not assessed	0
Unknown	0

ICAR Module 4: Environmental Services

Are there **policies addressing the order** in which environmental surfaces are **cleaned** and **disinfected** in **patient rooms**? (N=11)

Response	Percent
Yes	91
No	9
Not assessed	0
Unknown	0

Is there a **process** to indicate **when** a **room/bed space has been cleaned** and **disinfected**? (N=11)

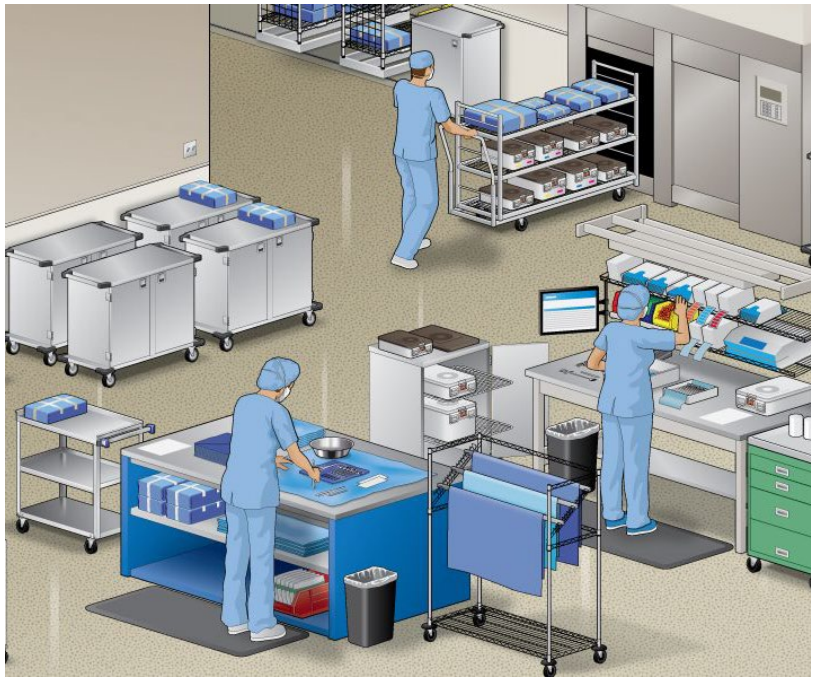
Response	Percent
Yes	82
No	18
Not assessed	0
Unknown	0

Transmission-Based Precautions (TBP) ICAR

- Reviews a facility's TBP practices (i.e., initiation and discontinuation of precautions, cohorting, signage, communication of results, etc.)
- Review of related policies.
- Assesses how a facility implements precautions-direct observations
- Link to ICAR: Module 3: Transmission Based Precautions (TBP) Facilitator Guide (cdc.gov)

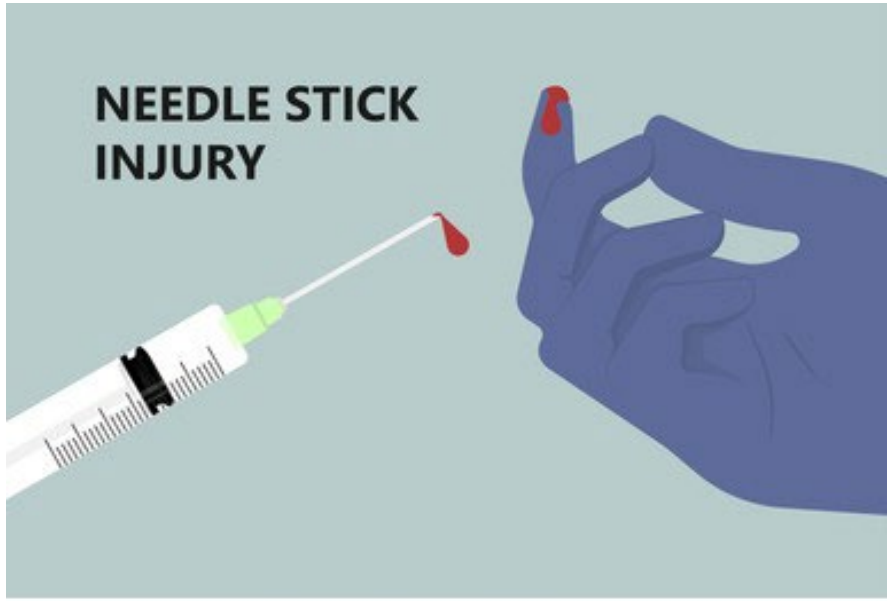
High-level Disinfection and Sterilization ICAR

- Focuses on procedures for cleaning, disinfecting and sterilizing reusable medical equipment to prevent contamination.
- Identifies gaps in high-level disinfection and sterilization of medical equipment.
- Link to ICAR: ICAR Tool for General Infection and Control (IPC) Across Settings - Module 4: Environmental Services Facilitator Guide (cdc.gov)



Injection Safety ICAR

- Assesses a facility's policies and procedures for handling controlled substances, preventing needlestick injury, and performing sterile compounding.
- Focuses on preparation and administration of injectable medications to prevent infections.
- Link to ICAR: ICAR Tool for General Infection and Control (IPC) Across Settings - Module 6. Injection Safety Facilitator Guide (cdc.gov)



shutterstock.com · 1927556984

Point of Care ICAR

- Reviews the types of POC blood testing performed and equipment used by the facility.
- Identifies opportunities for exposure to bloodborne viruses (HBV, HCV, and HIV) through contaminated equipment and supplies if testing devices are shared among patients.
- Link to ICAR: ICAR Tool for General Infection and Control (IPC) Across Settings - Module 7. Point of Care (POC) Blood Testing Faciliator Guide (cdc.gov)

Wound Care ICAR

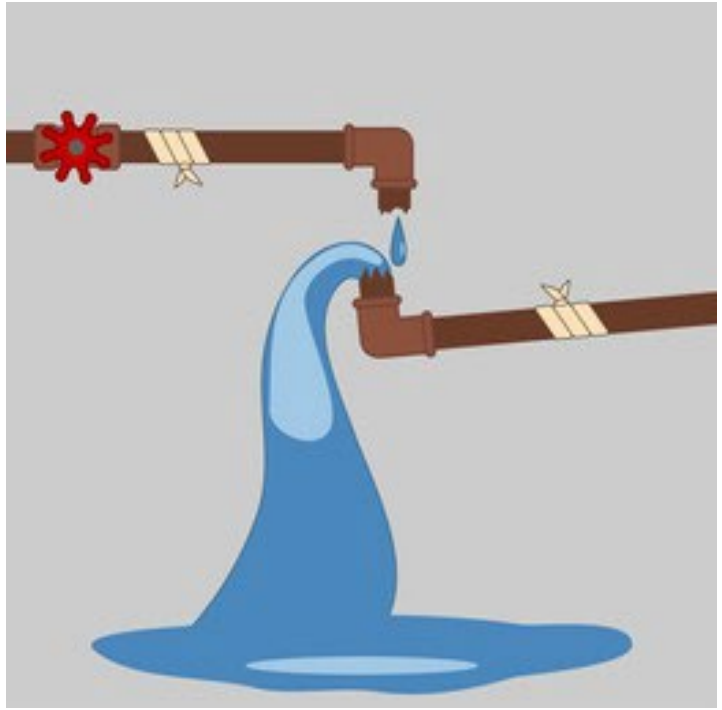
- Reviews the facility's wound care policies and practices.
- Identifies risks for transmission of infection while performing wound care.
- Link to ICAR: ICAR Tool for General Infection and Control (IPC) Across Settings - Module 8. Wound Care Facilitator Guide (cdc.gov)

Healthcare Laundry ICAR

- Reviews a facility's processes for healthcare laundry, whether it is performed on or offsite.
- Identifies any suboptimal handling of laundered textiles that may result in environmental contamination and pose a risk to patients.
- Link to ICAR: ICAR Tool for General Infection and Control (IPC) Across Settings - Module 9. Healthcare Laundry Facilitator Guide (cdc.gov)

Water Exposure ICAR

- Reviews a facility's infection risks posed by water exposures and related policies.
- Guides observations about water exposure risks.
- Done in conjunction with CDPH Industrial hygienist.
- Link to ICAR: https://www.cdc.gov/infectioncontrol/pdf/icar/ipc-mod11-water-exposure-508.pdf



Antimicrobial Stewardship Infections Control Assessment and Response (ICAR)

Jazmine Wright
Antimicrobial Stewardship Support

What is the assessment?

This AS ICAR is intended to aid an ICAR facilitator in the review of a healthcare facility's antimicrobial stewardship policies and activities.

This review should be conducted with antimicrobial stewardship lead(s) if possible.

It helps to identify your facility's capacity to detect, report and address healthcare acquired infections and/or outbreaks

Categories

Leadership Commitment, Accountability and Stewardship Expertise to Improve Antibiotic Use

Actions and Activities to Improve Antibiotic Use

Tracking and Reporting Antibiotic Use and Outcomes

Education of Healthcare Professionals, Patients, and their Families

ICAR

Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings

Module 10. Antibiotic Stewardship Facilitator Guide

Antibiotic Stewardship: This form is intended to aid an ICAR facilitator in the review of a healthcare facility's antibiotic stewardship policies and activities. This interview should be conducted with antibiotic stewardship lead(s) if possible.

Leadership Commitment, Accountability and Stewardship Expertise to Improve Antibiotic Use

1. Which of the following **individuals** are responsible for the management and outcomes of antibiotic stewardship activities at your healthcare facility: (Select all that apply)
   - ☐ Physician
     - ☐ Co-lead
     - ☐ Lead
     - ☐ Designated physician support
   - ☐ Pharmacist
     - ☐ Co-lead
     - ☐ Lead
     - ☐ Designated pharmacist support
   - ☐ Other (e.g., RN, PA, NP, IP, other), specify: _____
     - ☐ Co-lead
     - ☐ Lead
     - ☐ Designated support
   - ☐ Unknown
   - ☐ None, the healthcare facility does not have individuals responsible for antibiotic stewardship activities management and outcomes
   - ☐ Not Assessed

Identifying an antibiotic stewardship lead or co-lead who is/are accountable for program management and outcomes is critical for the successful implementation of antibiotic stewardship policies and activities. Most hospitals have found a physician and pharmacist co-leadership model to be effective.

If a non-physician is identified as a lead for stewardship activities, it is important to designate a physician (or medical director) who can serve as a point of contact and support for the non-physician lead. Regular "stewardship rounds" for the co-leaders, or the non-physician lead and the supporting physician can strengthen program leadership.

The core elements of antibiotic stewardship for hospital, outpatient, nursing home, and small and critical access hospitals can be found here: Core Elements of Antibiotic Stewardship.

For strategies to improve antibiotic prescribing in outpatient dialysis settings refer to:

Improving Antibiotic Use in Outpatient Hemodialysis Facilities

2. Which of the following describes the **individual** responsible for the management and outcomes of antibiotic stewardship activities? (Select all that apply, repeat for **each** individual)
   - ☐ Has dedicated time to manage the program and conduct daily stewardship interventions
   - ☐ Specify percent time in the job description or in an average week dedicated to stewardship activities at the facility:
     - ○ 0-25%
     - ○ 26%-50%
     - ○ 51-75%
     - ○ 76-99%
     - ○ 100%
   - ☐ Has antibiotic stewardship responsibilities specified in the employment contract, job description or performance review
   - ☐ Is on-site at the healthcare facility
     - ○ Full-time
     - ○ Part-time
   - ☐ Provides remote stewardship expertise (tele-stewardship)
   - ☐ Completed infectious diseases training (residency or fellowship)
   - ☐ Completed antibiotic stewardship training (certificate program, conference, online training)
   - ☐ Unknown
   - ☐ None, the healthcare facility does not have individuals responsible for antibiotic stewardship activities management and outcomes
   - ☐ Not Assessed

A priority example of leadership commitment includes giving stewardship program lead(s) time and resources to manage the program and conduct daily stewardship interventions. That includes having stewardship as part of the job description to ensure that lead(s) have dedicated time to spend on developing and maintaining stewardship activities.

Core Elements of Antibiotic Stewardship

For healthcare facilities without pharmacy staff on-site, placing stewardship requirements into the contractual responsibilities of pharmacy services can help support stewardship implementation. This can include a requirement for supporting antibiotic use tracking and formal stewardship training.

Healthcare facilities with limited stewardship expertise can consider funding remote consultation or tele-stewardship. Even when remote expertise is used, it is important to have a stewardship lead on staff at the facility. Healthcare facilities can also seek additional expertise by joining multi-facility stewardship collaboratives or engaging with public health organizations.

Training in infectious diseases and/or antibiotic stewardship benefits stewardship program lead(s). An example of an online stewardship training can be found here: CDC Training on Antibiotic Stewardship.

Notes

3. Healthcare facility leadership has demonstrated **commitment** to antibiotic stewardship efforts by: (Select all that apply)
   - ☐ Having an antibiotic stewardship **policy** that requires an antibiotic stewardship program or requires the implementation of antibiotic stewardship activities
   - ☐ Allocating **resources** to support education and training for stewardship team and healthcare professionals
   - ☐ Ensuring **support** for stewardship activities from key departments and groups such as information technology or microbiology
   - ☐ Having a senior executive who serves as a point of contact or "**champion**" and ensures availability of resources and key support to implement stewardship activities
   - ☐ Having regularly scheduled meetings with facility leadership and/or the hospital board to **report** and discuss stewardship activities, resources, and outcomes
   - ☐ **Communicating** to healthcare facility staff about antibiotic use, resistance, and stewardship activities via email, newsletters, events, or other avenues
   - ☐ Unknown
   - ☐ None, the healthcare facility does not demonstrate commitment to antibiotic stewardship efforts
   - ☐ Not Assessed
   - ☐ Other (specify): _____

Dedicating necessary human, financial and information technology resources is critical for the success of stewardship activities.
Core Elements of Antibiotic Stewardship

Regularly scheduled meetings can be done quarterly, biyearly or yearly depending on the facility size and activities planned.

Refer to leadership commitment and accountability sections in:

Antibiotic Stewardship Implementation Resources for Hospitals;

Antibiotic Stewardship Implementation Resources for Outpatient Facilities; and

Antibiotic Stewardship Implementation Resources for Nursing Homes.

How will your facility benefit from this assessment?

- Allows for a fresh perspective on your existing AS program
- Prepare facility for regulatory surveys
- Helps with Infection Control Risk Assessment priorities and planning activities
- Provides a summary report of opportunities and strengths for each facility's antimicrobial stewardship program, as well as resources and education if needed.

AS ICAR Process

Send	Analyze	Establish	Site Visit
ICAR form will be sent to Antimicrobial Stewardship leads to facility	ICAR responses are analyzed by CDPH Antimicrobial Stewardship lead and Antimicrobial Stewardship Epi	Provide customized feedback and identify areas of opportunity	Provide written recommendations to facility based on results via site visit in person or virtually

How to Request an ICAR with CDPH?

- ICAR Scheduling (illinois.gov)

CDPH
Chicago Department of Public Health

Thank you for participating!

Next Roundtable (Teams): **Thursday, June 20th, 2024 (Highlights from APIC National Conference)**

CDPH
Chicago Department of Public Health

Additional Slides/Resources

(not presented during the meeting)

Reporting Case Report (CRF) Forms

CDPH requires additional epidemiologic information for certain cases in addition to the reporting requirement. By providing this information to CDPH, it allows us to have a better understanding of this patient and how to limit the spread of further transmission for certain multi-drug resistant organisms.

For MDRO Reporting training (have a new IP? need a refresher?) questions and CRF completion requirements, please contact:

cecilia.pigozzi@cityofchicago.org

Kim Goitia, CIC

Project Firstline

Infection Prevention Specialist

Kimberly.Goitia@CityofChicago.Org

Project Firstline Overview

- Project Firstline is the Center for Disease Control's (CDC) National Training Collaborative for Healthcare Infection Control education
- Project Firstline (PFL) brings together more than 75 healthcare, academic, and public health partners to reach healthcare workers across the country
- PFL offers educational resources in a variety of formats to meet the diverse learning needs and preferences of the healthcare workforce

As of May 2022, Project Firstline and its collaborative partners have:

Developed **200+** educational products and training materials on healthcare infection control

Hosted **750+** educational events, reaching approximately **65,238** healthcare workers

Received **84 million+** views across the web and various digital platforms

Available Resources

- **Learn about Infection Control in Health Care:** CDC's Project Firstline provides innovative and accessible resources so all healthcare workers can learn about infection control in health care.
  - *Topics include 14+ foundational IP&C (e.g., hand hygiene, environmental services, ventilation, PPE, how viruses spread, etc.), Recognizing Risk using Reservoirs, Where Germs Live training toolkits, and more interactive resources.*
- **Lead an Infection Control Training:** Our facilitator toolkit is designed to work with your team's learning styles and busy schedules (10-, 20-, and 60-minute scripted sessions).
- **Access Infection Control Educational Materials:** Find short videos, fact sheets, job aids, infographics, posters, printed materials, interactive computer lock screens, and social media graphics to utilize at your facility on foundational IPC topics.
- **Earn Continuing Education:** Earn CEU's on CDC Train for PFL content.
- **Translated Resources:** IPC materials translated into Spanish & additional languages.

Infection Control Training Topics

(Onsite/Virtual with CEU/CEC)

1. The Concept of Infection Control
2. The Basic Science of Viruses
3. How Respiratory Droplets Spread COVID-19
4. How Viruses Spread from Surfaces to People
5. How COVID-19 Spreads - A Review
6. Multi-Dose Vials
7. PPE Part 1 - Eye Protection
8. PPE Part 2 - Gloves & Gowns
9. Hand Hygiene
10. Virus Strains
11. PPE Part 3 - Respirators
12. EVS
    (Environmental Cleaning & Disinfection)
13. Source Control
14. Asymptomatic Spread of COVID-19
15. Ventilation

Request an On-Site Training!!

Request Form Link

PROJECT FIRSTLINE
CDC'S National Training Collaborative for Healthcare Infection Prevention & Control

CDPH
Chicago Department of Public Health

CDPH Training Session Request Form

Please complete the survey below.

Thank you,

Healthcare Settings Team

Thank you for completing this brief survey. It should take about 10 minutes to complete. The Chicago Department of Public Health Healthcare Settings team now provides several types of education trainings, including foundational Infection Prevention and Control topics (e.g. Project Firstline, Glo Germ Hand Hygiene or EVS demonstrations, etc.), vaccine education, therapeutics, technical support (e.g. I-NEDSS, NHSN, CDPH MDRO Case Reporting Forms, REDCap, etc.), and many more. If you are interested in signing up for a training, please proceed with the form below!

Are you interested in signing up for a training?
* must provide value

Yes

No, but I would like someone to reach out to me with information on the types of training you offer.

reset

Please provide your contact information:

Name
* must provide value

Role
* must provide value

PROJECT FIRSTLINE
CDC'S National Training Collaborative for Healthcare Infection Prevention & Control

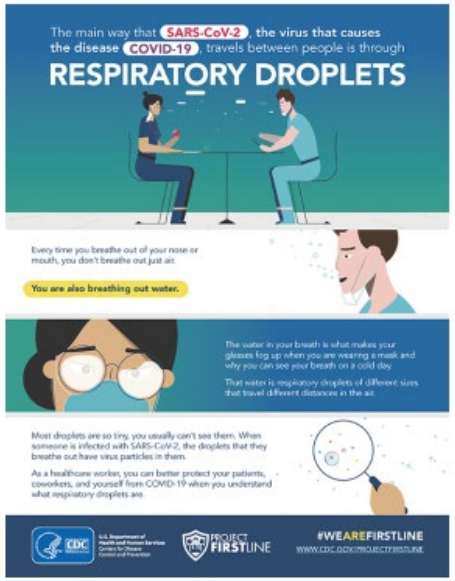
CDPH
Chicago Department of Public Health

Print Materials & Job Aids

- Several print materials and job aids available on foundational IP&C topics.
  - Available for free download on CDC's website.
  - Including lock screens for staff computers.
- We are happy to offer professional printing support for poster requests!
  - Please see our team after the presentation to request print materials.
  - For remote guests, please email: projectfirstline@cityofchicago.org.

How to Read a Disinfectant Label [PDF – 1 Page]

Water and Wet Surfaces Profile [PDF – 1 Page]



Respiratory Droplets Flyer [PDF – 1 Page]

What would you see? Poster [PDF – 1 Page]

Germs live in blood [JPG – 1 Page]

Germs are everywhere, including on surfaces and devices in the healthcare environment.

Learn how to stop their spread:
WWW.CDC.GOV/PROJECTFIRSTLINE

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PROJECT FIRSTLINE

INFECTION CONTROL PROTECTS

You

Your Coworkers

Your Patients

Your community

PROJECT FIRSTLINE
CDC's National Training Collaborative for Healthcare Infection Prevention & Control

CDC

The right infection control actions help stop germs from spreading.

Learn more:
WWW.CDC.GOV/PROJECTFIRSTLINE

CDC

PROJECT FIRSTLINE

Your Chicago Project Firstline Team

- **CDPH Infection Preventionist**: Your facility's main contact for all infection prevention and control questions.
  - *General contact information*: **cdphhaiar@cityofchicago.org**

- **PFL-CDPH Team**: Contact our team to learn about specific Chicago-based educational opportunities!
  - We offer many resources including virtual or onsite trainings, webinars, and job aides.
  - *CDPH Project Firstline email:* **projectfirstline@cityofchicago.org**

Visit our Chicago Health Alert Network (HAN) page by scanning the QR code in the shield logo above to access resources and sign up for the newsletter to stay up to date on exciting new IPC resources!