# I CAN: Infection Control Amplification in Nursing Centers

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# *See Something? Say Something. I CAN.*

- I CAN is a nursing center shift coaching program designed to help infection preventionists to strengthen the infection control practices necessary to protect residents from coronavirus and other infectious diseases, by:
  - Designating coaches to model a culture of mutual accountability, and
  - Creating a feedback loop to monitor adherence to key practices.

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https://sites.brown.edu/ican/

# Stakeholders Share

- A collaborative model:

  Health – contractor; based on observed vital need

  University – designed the protocol and data collection

  QIO- developed the program aspects

  Developed during the COVID pandemic to strengthen infection prevention and address an area of vulnerability in nursing centers

- https://sites.brown.edu/ican/

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# I CAN: Infection Control Amplification in Nursing Centers

- Infection Control Amplification in Nursing Centers (I CAN) is a program designed to strengthen nursing centers' adherence to infection control practices by fostering a "see something, say something" culture, modeled by the infection preventionist and a team of infection control shift coaches.

- The program includes daily huddles with the coaches and is guided by feedback from the coaches and weekly data on adherence to infection control practices.


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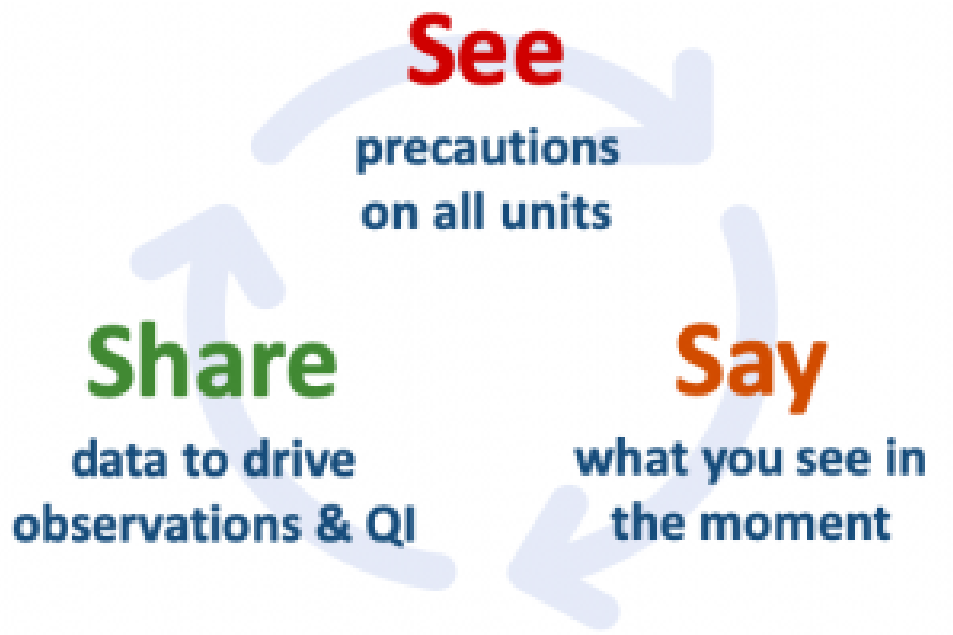
# Expand your Infection Preventionist's reach with I CAN




- Review I CAN program materials
- IP daily huddle with IC Coaches
- IC Coaches hand-off each shift
- Observation data drives IP strategy

# Here's how it works

1. Under the direction of the IP, a small band of frontline staff are identified and trained to be IC coaches.
2. During their daily routine, on each shift, they serve as coaches (not cops) providing feedback, encouraging proper IC standards and working with co-workers to maintain safety. (*If you see it, say it*)
3. Huddles with the IP, provide the glue for the program. There, they share their observations, note barriers, ensure responses to challenges (ie. Hand sanitizer empty or not available in a certain area)
4. The Observer ( a secret shopper role) observes people and provides data feedback using the observation tool.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# 4 Roles

1. Administrator
2. Infection Preventionist
3. Infection Control Coach
4. Observer

# 1. Administrator

**Your key responsibilities are to:**

1. Empower the infection preventionist to make decisions about the program.
2. Help to identify the observer & coaches.
3. Champion the program's implementation.
4. Mitigate barriers that arise.

# 2. Infection Preventionist

**Your key responsibilities are to:**

1. Review the website & materials for all program roles.
2. Identify an observer to collect adherence data.
3. Identify & train coaches for every unit & shift.
4. Conduct daily huddles with day shift coaches.
5. Use coach feedback & adherence data to target efforts.
6. Share data with your center's leadership.

# 3. Infection Control Coach

**Your key responsibilities are to:**

1. Understand what coaching involves.
2. Raise infection control topics during your unit's daily huddles.
3. Offer corrections and praise to coworkers.
4. Share observations with other coaches & the infection preventionist.
5. Complete a hand-off to the coach on the shift after yours.
6. (If day shift) Participate in daily huddles with the infection preventionist.

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# 4. Observer

Your key responsibilities are to:

1. Understand the infection control practices.
2. Conduct observations twice a week.
3. Share weekly data with the infection preventionist.

# I CAN Partners

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&

DC Department of Health Healthcare Facilities Technical Assistance Team

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# The QIN-QIO (Qlarant) and DC Health

- The QIN-QIO hosted a Regional Stakeholder meeting earlier this year and presented the I CAN program
- DC Health had already established a Healthcare Facilities Technical Assistance Team
- Five TA Team members served as a Point of Contact for a set of facilities
- The team supported 16 nursing homes and 13 ALR Facilities in DC
- The Team identified two nursing homes for the I CAN program

# DC Health TA Team

## The support included:

- Infection Control Assessment (ICAR)
- Onsite Infection Control Visits (often weekly)
- PPE and Infection Control Practices Training
- Assistance with reporting (i.e. Risk Assessments)
- Guidance updates interpretation
- Best practice based on data collect in the presence of current guidance

# Lessons learned

- The program ran for 12 weeks – weekly 30-minute meetings
- DC Health was a great support in between our weekly meetings
- Leadership commitment and support
- Huddles - Communication is Key!
- Observers used ‘Just-in-Time Training’
- Challenges – mask fatigue
- Make the coaches feel like leaders
- **Infection Control is about Time!**

# I CAN PROGRAM

Jeanne Jugan Residence

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# Our Journey:

1. In order to present the program and its development in the facility, a time was provided for sharing comments and answering questions with the team.

2. All the team members received instructions and training about their respective roles and responsibilities in the program.

3. Coach's day-to-day involvement, findings, and experiences were shared via shift huddles and weekly zoom meetings with the DC Health epidemiology and ICAN team.

4. We also scheduled a weekly "Super huddle" which was greatly appreciated, and provided a forum for them to verbalize any concerns and share initiatives that had been helpful.

# What We Learned

- The program has heightened our awareness of the need for infection control practices at all times, not just during a pandemic.
- We have seen that basic protective measures were an added protection against other illnesses or viruses.
- As a facility we are open to learning best practices from other resources which can help us to continue to develop our infection control program.
- There has been acceptance among staff members of all departments that infection control is everyone's responsibility. Therefore, our efforts are more unified and any gaps in protocols are recognized and reported more promptly. We feel this will contribute to the sustainability of the project.

# Our Challenges

- Instilling confidence, especially in the coaches, in their role of observing and communicating their findings.
- There are always a few staff members who are resistant to change or improvement, and who may need one-on-one counselling.
- Coaches have to overcome initial timidity about pointing out things to their co-workers. They all agree that they themselves must do things right and serve as role models.
- Time constraints imposed by other important demands such as daily care of the residents and responding to outbreak phase guidance (see below).
- The ever-present possibility of a resident or staff member testing positive for COVID-19 which in turn requires facility-wide testing, quarantining, contact tracing and lockdown conditions which we have currently been experiencing for the last 3 weeks.

# Conclusion

This has been a very valuable experience for all of our staff. We are grateful for all the help and support we received from the ICAN and Epi team. We also profited from the insights shared by our partner facility, Capitol City Rehab and Healthcare Center. Our goal is to sustain what we have learned and to move forward in our continued efforts on infection prevention and control.

# I CAN PROGRAM

CAPITOL CITY HEALTH AND REHABILITATION

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# GOALS

AMPLIFY THE CURRENT INFECTION CONTROL PROGRAM

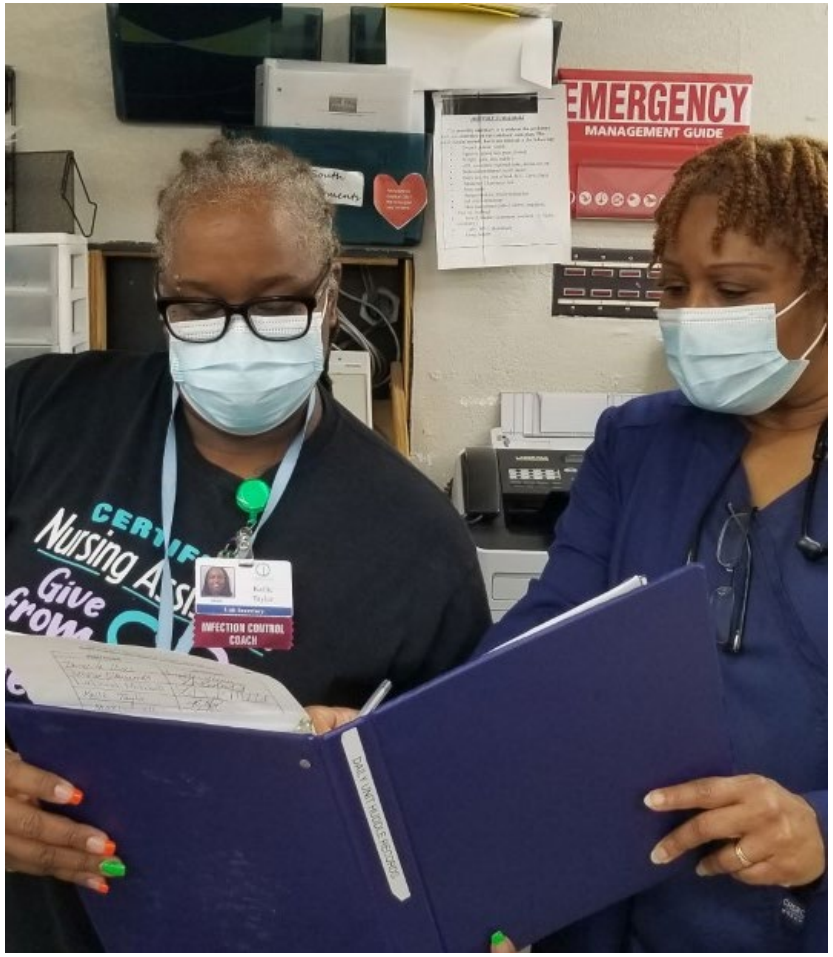
EMPOWER THE STAFF TO HOLD EACH OTHER ACCOUNTABLE

FOSTER A "SEE SOMETHING SAY SOMETHING CULTURE."

# TRAINING

- **Each Unit Was Assigned An *I CAN* Coach**
  - Unit secretaries were identified and trained.
  - Meetings were held twice weekly
  - Leadership provided ongoing mentorship throughout the program.

# PUT IT INTO PRACTICE




## Coaches Were Encouraged To Remind Staff To:

- **Practice STANDARD INFECTION CONTROL Precautions**
  - Always wash or sanitize hands before and after touching a patient or patient's environment.
  - Ensure equipment and work surfaces are cleaned and disinfected frequently.
  - Appropriate masks are worn, and they cover both the mouth and nose.
- **Follow ISOLATION PRECAUTIONS per standards**
  - Ensure everyone entering the isolation room wears appropriate PPE.
  - Equipment and supplies brought into the isolation room are disinfected before re-use.
- **IDENTIFY AND REPORT all Infection Control Issues to Leadership**

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# LEADERSHIP PARTNERS

- ***I CAN*** Coaches were identified as accountability partners and supporters who help us to form new habits.
  - All coaches were given a ribbon to identify their role.
- Coaches were empowered to serve as our eyes and ears to prompt and reinforce our infection control strategies


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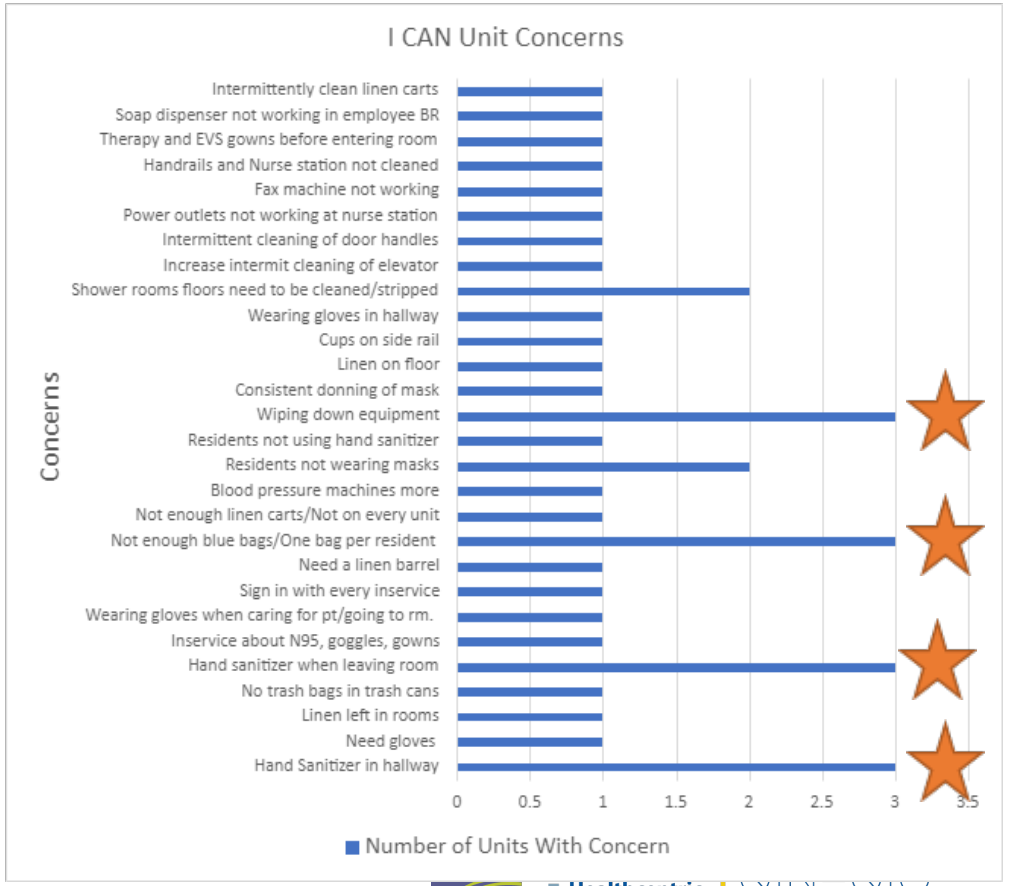
# "SEE SOMETHING, SAY SOMETHING"

**COACH OBSERVATIONS**

**TOP 4**

- Wiping down equipment
- Not enough blue bags/one per resident
- Hand sanitizer when leaving the room.
- Hand sanitizer in the hallway




# INTERVENTIONS

**1. Wiping Down Equipment**

- Clinical staff were reminded to use EPA approved disinfectants to clean equipment surfaces such as blood pressure machines and lifts.
  - Ample wipes provided on each unit
  - Baskets were added to all lifts to ensure appropriate disinfectant available after use.

**2. Not Enough Blue Bags/One per resident. Bags On Floor.**

- Linen/trash carts were purchased for each unit.
  - Prevented bags on the floor
  - Carts are mobile.
  - Move from outside one room to another once emptied.
  - Cart sides are color coded to identify trash versus linen.

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# INTERVENTIONS

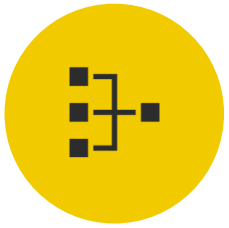
3. **Hand sanitizer when leaving the room.**
   - Moved hand sanitizers from outside to inside the resident's room

4. **Hand sanitizer in hallway**
   - Housekeepers tasked to check supply daily as part of their routine.

# WHERE DID WE STRUGGLE?

- Hand hygiene is performed before touching a mask while wearing a mask.
- Mask is worn over the mouth and the nose
- Hand hygiene is performed prior to patient care
- Goggles are cleaned between residents.

# WHAT WERE OUR SUCCESSES?



**THE *I CAN* PROGRAM IMPROVED COMMUNICATION EFFICIENCY UP AND DOWN THE CHAIN OF COMMAND.**

**THE COACHES BECAME MORE CONFIDENT IN THEIR ROLES.**

**WE INCORPORATED *I CAN* EFFORTS AND INTERVENTIONS IN OUR DAILY STAFF HUDDLES.**

**ISSUES COMMUNICATED IN DAILY MORNING LEADERSHIP MEETINGS TO ENSURE PROMPT DISCUSSION AND RESOLUTION.**

**INCREASED INFECTION CONTROL AND PREVENTION AWARENESS ACROSS THE FACILITY.**

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# CONTINUE TO HARDWIRE

- ***I CAN*** **will be integrated as an ongoing part of our Infection Control Program.**
- ***I CAN*** **Coaches will remain on each unit.**
- ***We will continue to discuss I CAN*** **issues and initiatives during clinical daily huddles and leadership meetings.**
- **Continue to use the data collection tools to track and trend our progress.**

# Going Forward

- You are welcome to join this exciting program