Improving healthcare facility infection control plan submissions in Pennsylvania



CONTRIBUTORS: Anna Riddle, RN, CIC, Nursing Services Consultant, Pennsylvania Department of Health and Amy Hepler, RN, BSN, CIC, Quality Improvement Specialist, Pennsylvania Department of Health

CATEGORY: Epidemiology and Laboratory Capacity (ELC)

To address a backlog and the quality of infection control plan submissions from Pennsylvania healthcare facilities received during the pandemic, the Pennsylvania Department of Health Healthcare-Associated Infections Division's (HAIP) participated in a rapid improvement event.

The "What"

The PA Medical Care Availability and Reduction of Error (MCARE) ACT of 2002 requires PA healthcare facilities to submit their infection control (IC) plans to the Pennsylvania Department of Health (PA DOH) for review and approval. The HAIP Division experienced a backlog of infection control (IC) plan submissions from Pennsylvania healthcare facilities during the pandemic, resulting in the need for review, consultation and approval of the backlogged IC plans. The majority of which required many review and resubmission cycles before the IC plans met the basic requirements of safety. To address this, the HAIP Division utilized Epidemiology and Laboratory Capacity for the Prevention and Control of Emerging Infectious Diseases (ELC) funding to participate in a rapid improvement event (RIE) facilitated by the Operational Excellence (Op Ex) team.

During the RIE, the HAIP team mapped out their process to identify root causes of why more plans were being submitted than being approved. It became evident that a major factor prolonging the approval process and contributing to an increasing backlog was the poor quality of plans submitted. The team determined that the most value from the RIE would come by focusing on improving the quality of IC plans being submitted for approval by healthcare facilities.

It was evident that plans were often being submitted by staff with limited infection prevention knowledge. To improve the quality of plans being initially submitted, PA DOH developed an introduction email template to send to facility administrators to request the name of their infection preventionist (IP) to engage with the IP early in the process. The team also created several resources (i.e., IC Plan toolkit, IC plan outlines by facility type, and an IC Plan Submission Checklist) to be used by facility IPs to develop, enhance, and submit their IC plan, risk assessment, and policies to PA DOH for approval. To accompany the toolkit documents, a 16-minute video describing the use of these newly created resources was developed to ensure that there was a succinct method for facility IPs to quickly digest the information.

A screening phase was added to the IC plan submission process to confirm that the required plan submission documents met the basic required elements. This included a screening rubric to rapidly and consistently screen submission documents before accepting for full



review. This rubric also serves as a communication tool back to the facility to identify missing documents and gaps that require correction before the submission is ready for review. Lastly, the team established recurring weekly office hours for IPs and administrators to attend to ask questions throughout the submission and approval process.

The HAI Division can now be confident when sharing these resources with healthcare facilities that the information reflects current nationally recognized and evidence-based standards and guidelines.

The "So What"

The resources and instructional video were made available publicly on the PA DOH website. The toolkit, outline, and checklist are attached to emails when requesting IPs to submit their facility's IC plan and supportive documents. This ensures that they have an understanding of the review process, clear guidance on the submission process, and a list of all required IC Plan elements. These also serve as ongoing resources as they are updated and maintained on the public website so all healthcare facilities may reference them for guidance.

The HAI Division can now be confident when sharing these resources with healthcare facilities that the information reflects current nationally recognized and evidence-based standards and guidelines. The team successfully assisted and enhanced the infection prevention and control capacity within a variety of healthcare facilities across the Commonwealth by connecting with 104 IPs during the office hours from July 13, 2022, through June 7, 2023.

The "Now What"

Since the launch of the new screening process and use of the newly created resources, the HAIP Division has edited templated email communications and enhanced the infection prevention and control resources for clarity and efficiency based on feedback from facilities. The team has created additional resources to address other workflows in the IC plan submission process and provided user-friendly tools to aid facilities with IC policy development.

For this RIE, the HAIP Division and Op Ex team focused on the submission phase of the review

process and now are ready to explore the opportunity to improve the review phase.

A lack of trained IPs in facilities across the Commonwealth, especially in long-term care facilities and ambulatory surgery centers continues to be an ongoing challenge. PA DOH's goal is to improve the overall infection prevention and control capacity by working with facilities to develop strong and effective IC plans to guide their daily infection prevention and control activities, prevent healthcare-associated infections, and to ensure a safe environment for residents and patients.

Key contributors to this project include Sara Gale M.S., CRC PA DOH Office of Operational Excellence, HAIP IC Review Team members Anna Riddle RN, CIC, Amy Hepler RN, BSN, CIC, Korana Durham, MPH, CIC, Lisa McHugh, PhD, MPH PA DOH Assistant Director Bureau of Epidemiology, Emily Gibeau, MPH Director of Office of Operational Excellence PA DOH.