

Post-pandemic infection control and prevention strategies: Time to reset, retool and solidify

An ounce of prevention is worth a pound of cure

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In the early 1980s, the first assisted living community opened in Portland, Oregon. At that time, assisted living offered residents 24-hour staffing for Activities of Daily Living (ADL) assistance and community areas for social interaction. Since that time, assisted living has evolved, and the service offerings go well beyond socialization and ADL assistance.

The National Center for Assisted Living (NCAL) currently reports that the average age of an assisted living resident is 85 years, and more than 800,000 Americans are residing in assisted living. The advanced age of residents and common conditions such as heart disease, diabetes, and diminished ability to perform ADL have resulted in assisted living providers transitioning from a social model to a person-centered care model.

Since the senior living population are more likely to have underlying health conditions, operators have always been concerned about infection control. The CDC reports that infections are the second leading cause of hospitalizations in adults 65 and older. Also, long-term care facilities report **resident infections** average between one to three million per year and are the most common cause of hospital admission and death.¹

State regulations require assisted living providers to have infection control practices and systems to identify and manage infections. Although operators are not fully aware of the impact the pandemic will have on future regulatory changes, operators do know, when infectious outbreaks occur, quality and safety concerns surface and may result in increased scrutiny from regulatory bodies, families, the public, and insurers.

Due to the widespread distribution of COVID-19 vaccines and evidence of declining cases, senior living is beginning to see the light at the end of the tunnel. Because we are beginning to see a reduction in cases and easing restrictions, now is an excellent time to develop a strategy to reset, retool and solidify your communities IPC program.

IPC strategies

Implement core principals of infection prevention and control

Adherence to infection control practices is essential for providing safe and quality care. The CDC recognizes a **core set of infection control practices** for all healthcare settings.²

IPC core practice categories:

- Leadership Support
- Education and Training of Associates on Infection Prevention
- Patient Family and Caregiver Education
- Performance Monitoring and Feedback
- Standard Precautions
- Hand Hygiene
- Environmental Cleaning and Disinfection
- Injection and Medication Safety
- Risk Assessment with Appropriate Use of Personal Protective Equipment
- Minimizing Potential Exposures
- Reprocessing of Reusable Medical Equipment
- Transmission Based Precautions
- Occupational Health

Assign an infection preventionist

To date, assisted living regulations do not require an infection preventionist, but due to the pandemic and the complexities of the program, a clinician assigned to the duties of infection prevention help to navigate the program and secure better outcomes.

With the emergence of COVID-19 and other Healthcare-Associated Infection (HAI), the infection preventionist can play a critical role in mitigating and managing infectious outbreaks.

Pandemic preparedness

The community disaster plan should have a dedicated section for pandemic preparedness. Specific components for pandemic preparedness are:

- Education and training program for associates, residents, families, and visitors
- Infection control plan for managing residents and visitors with symptoms

- A communication plan
- A plan for associate absenteeism
- A plan for vaccines and anti-viral medications
- Surge capacity plan for staffing and supplies
- Protocols for monitoring pandemic symptoms in associates, residents, and new admissions

The Department of Health and Human Services and the CDC developed a **pandemic influenza planning checklist** to help long-term care and residential facilities improve their response to pandemic influenza.³ Annual pandemic evaluation is beneficial to enhance preparedness for responding to pandemic influenza.

Incorporate infection control into the admission process

For assisted living and memory care the pre-admission screening and nursing admission assessment process sets the stage for the resident's medical management and service plan development. Most Health Care-Associated Infections (HAI) become evident 48 hours or more following admission, and infections can present after the resident is discharged from the hospital or skilled nursing settings. The CDC reports that, **surgical site infections** are the second most common cause of nosocomial infections after urinary tract infections. An estimated 47% to 84% occur after discharge and are managed entirely in the outpatient setting.⁴

Implement an admission strategy that focuses on infection prevention

- Review policies for admissions screenings and include language from state regulations that detail infection control requirements
- Preadmission health screenings that focus on health history and immunizations for older adults
- Know where the resident is being admitted from home or a hospital or other health care setting
- Develop an internal risk stratification process that details resident exposure vulnerability
- Upon admission, institute a 72- hour admissions alert charting system to monitor the resident condition, behavior, and vital signs
- Incorporate language into residency agreements that inform the resident of infection control procedures, expectations for infection prevention, and adherence to the policies
- Before admission schedule a meeting with the resident, family, clinical team, to review your community's infection prevention policy
- Provide one on one counseling with residents as needed to answer questions and give guidance on vaccinations

Risk assessment, audits and measuring performance

Conducting routine infection control audits can identify systemic gaps and provides the community the ability to measure infection prevention performance against best practice clinical standards. To accomplish this, audits should:

- Monitor the incidence of resident infections acquired at the community
- Collect data through surveillance to detect transmissions of infectious disease
- Review policies, procedures, and practices for up to date information and efficacy
- Include findings from audits in the community Quality Assessment Process Improvement (QAPI) program

Audit tools

The CDC has a published [Infection Prevention Risk Assessment](#) that identifies risk probability, level of harm, impact on care, and risk level.⁵ The risk assessment will set priorities for infection control program activities unique to senior living operations.

Willis Towers Watson's clinical risk team developed an infection control audit. The audit goes beyond the [CMS COVID-19 Focused Infection Control Survey](#) and includes other infection control guidance which applies to senior living.⁶

Some other clinical audits that can measure infection control program performance through observation are environmental rounds, handwashing, and PPE use.

Leverage infection prevention and control benefits for associates

Associates must receive IPC training during orientation, during an outbreak, and at least annually. Clinical leaders should adapt the training to reflect workforce diversity and the care tailored to the resident's needs.

When developing training, consider the following:

- Provide job-specific infection prevention education
- Develop a competency skill checklist to validate associate understanding of infection prevention requirements
- Provide written infection prevention policies and procedures that are available, current, and based on evidence-based guidelines (e.g., CDC, HICPAC, etc.)
- Provide additional training in response to recognized knowledge gaps and to address newly identified infection transmission threats (e.g., the introduction of new equipment or procedures)

Associate education on IPC is two-fold; it is helpful in the workplace and can transfer to the associate's home environment to achieve daily safety, health, and well-being practices.

Infection control education can significantly reduce HAI and largely avoid economic impact, including costs incurred by lost productivity due to associate illness.



Leverage infection control benefits for operations

For the IPC program to be successful, it requires **visible and tangible support** from community leadership.⁷ Leadership should consider the following to instill an effective IPC program:

- Clearly communicate that leadership is accountable for the success of infection prevention and control program
- Allocate sufficient staff and resources
- Assign qualified individuals with training in IPC to manage the infection prevention program
- Empower and support the authority of those managing the IPC programs

Senior living operators can experience a return on investment in their IPC program through better resident outcomes, which in turn results in successful aging in place and sustained occupancy.

While the strategies of implementing core components of an IPC program and pandemic preparedness continue to evolve, the senior living industry can continue to master their IPC programs through monitoring performance, focusing on the resident admissions process, and training associates to ensure competency in proven IPC practices.

As the COVID-19 pandemic continues and pandemics remain a severe threat, senior living operator's IPC plans will be instrumental in protecting the health and well-being of residents and associates.

An ounce of prevention is worth a pound of cure may be a cliché. Still, the benefits of an IPC program far outweigh any challenges of establishing a program and the industry's fight against future pandemics.

Sources

- ¹ CDC Nursing Home and Assisted Living (Long-term Care Facilities [LTCFs])
- ² CDC Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings- Recommendations of the Healthcare Infection Control Practices Advisory Committee.
- ³ Long Term Care and Other Residential Facilities Pandemic Influenza Planning Checklist.
- ⁴ CDC Health and Economic Impact of Surgical Site Infections Diagnosed after Hospital Discharge.
- ⁵ Infection Prevention and Control Assessment for Long-term Care Facilities.
- ⁶ COVID-19 Focused Infection Control Survey: Acute and Continuing Care.
- ⁷ CDC Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings- Recommendations of the HICPAC. Core Practice Table.

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