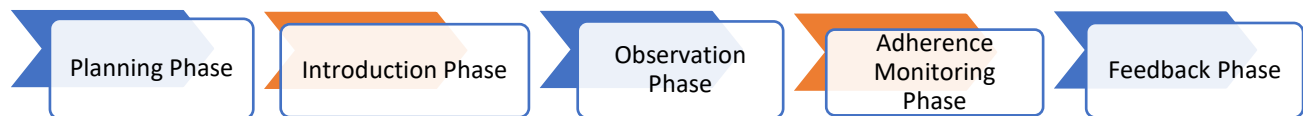


How to Conduct an Onsite Infection Prevention and Control Assessment

The California Department of Public Health (CDPH) Healthcare-Associated Infections (HAI) Program developed this document to provide a streamlined approach for Local Health Departments (LHD) on how to conduct an onsite Infection Prevention and Control (IPC) assessment in healthcare facilities (HCF). These user-friendly instructions are intended to provide an overview of the structure of an onsite visit. Onsite assessments are conducted for the following situations (but not limited to):

- Outbreak response
- An increase in, or high, HAI incidence
- HAI prevention consultation
- Providing support to or strengthening the Infection Control Program at the HCF
- Monitoring adherence to IPC practices using CDPH adherence monitoring tools
- Assisting with completion of a systematic assessment, such as the utilization of the CDPH Core or CDC's Infection Control Assessment and Response (ICAR) tool

The five phases to conduct an onsite IPC assessment are illustrated below. While this document serves to provide a step-by-step guide for completing an onsite assessment, please note that some steps may occur in a different order or concurrently.



1. Planning Phase

The planning phase is the first phase of the assessment and occurs prior to the onsite visit. During this phase the health department (or the person conducting the onsite assessment) determines the reason to visit the HCF and plans how it will be executed. The reason for the visit will determine how soon to perform the onsite IPC assessment. For example, responses to acute outbreaks would warrant a prompt onsite assessment.

For non-urgent visits, contact the HCF to coordinate a cooperative assessment visit. Coordinating the visit is an excellent way to build trust and rapport with a HCF, in addition to ensuring a comprehensive assessment. In advance, LHDs should:

- Coordinate the date and time of the visit
- Discuss expectations for the onsite IPC assessment (e.g., duration of the visit)
- Determine whether the facility has any needs or concerns that should be addressed during the visit
- Identify specific practices or areas that must be observed (e.g., observing wound care)
- Review relevant presentations, reports, and/or documents
- Determine/recruit the HCF staff member(s) who should participate during the visit



- Explain to HCF the importance of arriving at the facility prior to room cleaning to complete fluorescent marking (if applicable)
- Exchange contact information with the HCF for future communication
- Gather necessary forms applicable to the type of visit
- Request the HCF to prepare daily schedules of care practices that will be observed (see phase 2)

It is helpful to review resources applicable to the type of visit being performed. The CDPH [Onsite IPC webpage](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/CoreIPCPractices.aspx) (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/CoreIPCPractices.aspx) has many resources available to support the LHD on visits. The [CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings](http://www.cdc.gov/infection-control/hcp/core-practices/) (www.cdc.gov/infection-control/hcp/core-practices/) are guidelines applicable to all healthcare settings. The person conducting the visit should possess a good understanding of current and best IPC practices, which will facilitate the identification of gaps in practice. Additionally, LHDs (and HCFs) may request support from the CDPH HAI [Infection Preventionists Support Team](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/HAI_LiaisonIP.aspx) (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/HAI_LiaisonIP.aspx).

2. Introduction Phase

The introduction phase is the meet-and-greet with the Infection Preventionist (or the person in charge of IPC practices), leadership, the Environmental Services (EVS) manager, and/or other key facility stakeholders. If any key stakeholder is not present during this portion of the visit (e.g., EVS manager), ask leadership to invite them (if possible). After introductions, the team should review the goals of the visit and the LHD will provide a brief overview of what will occur during the visit. Request the daily schedule for specific care practices that will be observed and any relevant information. Such practices and schedules include (but are not limited to):

- Medication preparation and administration (injection safety)
- Glucose monitoring
- List of rooms with Transmission-Based Precautions
- Room cleaning and/or terminal cleaning
- Wound care
- Central Venous Catheter (CVC) insertions and care
- Respiratory therapy
- Invasive procedures including Operating Room (OR)
- Reprocessing of reusable medical devices
- List of patients/residents with indwelling devices
- IPC policies and procedures

After obtaining the schedule, create a flexible agenda to share with the HCF. The agenda should include an interview time and an exit meeting for shared findings (the standardized interview can occur at the beginning of the visit or later in day). For example, if you need to observe a CVC placement and if this is typically completed in the beginning of the day, then it is best you observe the CVC placement first and complete the interview later.



The standardized interview can be conducted utilizing either the [CDPH Core Assessment tool](http://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/Core%20Assessment_013020_FINAL.pdf) (PDF) ([www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/Core Assessment_013020_FINAL.pdf](http://www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/Core%20Assessment_013020_FINAL.pdf)) or the [Infection Control Assessment and Response \(ICAR\) Tool for General Infection Prevention and Control \(IPC\) Across Settings](http://www.cdc.gov/healthcare-associated-infections/php/toolkit/icar.html) (www.cdc.gov/healthcare-associated-infections/php/toolkit/icar.html). This interview will help gather knowledge regarding the facility's policies, procedures, training methods/frequency of training, and any other relevant infrastructure components. Policies and procedures should reflect current and best IPC practices and should be compared to actual staff practices noted during the observation period. There may be other standardized questionnaires that may be disseminated, completed, and collected for review- depending on the type of assessment. There are additional resources available on the CDPH [Resources for Public Health Partners webpage](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/LHD_Resources_and_Trainings.aspx) (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/LHD_Resources_and_Trainings.aspx) that are specific to each type of visit, and the CDC has also compiled a comprehensive list of [Tools and resources](http://www.cdc.gov/infection-control/php/tools/) (www.cdc.gov/infection-control/php/tools/).

3. Observation Phase

The observation phase of the visit is the time dedicated to make rounds to address locations in the facility based on the focus or goals of the visit. The person conducting the visit should be attentive to detail, ask staff members questions when applicable, and take adequate notes. It is important to build trust and rapport with the healthcare personnel (HCP) during this phase of the visit. HCP can provide insight into their current practices and may even reveal systemic problems that may exist at the facility. The approach used for observing practices during a walkthrough may vary from facility to facility, but the goal remains the same. The person completing the onsite IPC assessment should be flexible during observation of care practices.

If unable to observe certain procedures (e.g., CVC dressing change), it will be necessary to interview HCP regarding their practice, asking them to describe, step-by-step, how the procedure would be performed. It is also possible to coordinate/reschedule a visit at a later time when the particular procedure can be observed. The person completing the observation should try to observe as many different staff members, patient/resident rooms, and departments as possible, as time permits. This will help to gain a good understanding of the HCF's IPC practices that need to be addressed.

4. Adherence Monitoring Phase

The adherence monitoring phase is when the person conducting the visit uses CDPH tools designed to observe HCP adherence to evidence-based IPC care practices. This phase of the visit is commonly combined with the observation phase. Performing adherence monitoring throughout the facility will measure HCP adherence to best care practices and identify areas for improvement. The data collected will help to communicate findings to the HCF. Adherence monitoring should be non-biased and highly structured. The same definition for a successful practice should be applied across the facility. For example, a successful observation of hand hygiene should not only include the "right time" but should also use the correct technique. The CDPH HAI program has a variety of standard tools available to assist with [monitoring](#)



[adherence](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/MonitoringAdherenceToHCPracticesThatPreventInfection.aspx) (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/MonitoringAdherenceToHCPracticesThatPreventInfection.aspx). The CDC also has helpful resources termed [All Quick Observation Infection Prevention Tools](#) (PDF) (www.cdc.gov/infection-control/media/pdfs/All-Quick-Observation-Tools-P.pdf).

One limitation of adherence monitoring is the “Hawthorne effect” where HCP may modify their behavior because they know they are being watched. This is why it is recommended to compare your adherence rates with those obtained by the HCF (if available). If the HCF is not performing adherence monitoring regularly, this should be recommended to them. The findings of these audits should be shared with HCP to increase compliance.

5. Feedback Phase

The feedback phase is the final phase of the onsite visit to discuss findings and recommendations. If possible, reconvene with the same team that was present during the introduction phase (i.e., IP, leadership, EVS manager, and/or stakeholders) to provide feedback. We recommend beginning this meeting by reviewing the goals of the visit and express your appreciation for their collaboration. Findings and recommendations should be presented in a standardized manner allotting time for discussion and questions. Let the facility know a written report summarizing findings and recommendations will be provided within a specific time period (e.g., 5 business days). The visit report should include resources for best IPC practices and should offer additional support if follow up visits are required.

Summary

The *“How to Conduct an Onsite Infection Prevention and Control Assessment”* guide is a user-friendly tool on how to complete an onsite IPC assessment at HCFs. This guide, along with the resources available on the LHD page, will assist in the preparation of different types of assessments. We encourage users to navigate and explore all the available information on our web page. This guide contains a supplementary checklist to help organize a visit. For additional support, please reach out to the [HAI Infection Preventionists \(IP\) Support Team](#) (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/HAI_LiaisonIP.aspx).



Resources

1. [Measuring Hand Hygiene Adherence | Joint Commission](http://www.jointcommission.org/-/media/tjc/documents/resources/hai/hh_monograph.pdf) (PDF)
(www.jointcommission.org/-/media/tjc/documents/resources/hai/hh_monograph.pdf)
2. [Infection Control Assessment and Response \(ICAR\) Tool for General IPC Across Settings | CDC](http://www.cdc.gov/healthcare-associated-infections/php/toolkit/) (www.cdc.gov/healthcare-associated-infections/php/toolkit/)
3. [Infection Control Tools and Resources | CDC](http://www.cdc.gov/infection-control/php/tools/)
(www.cdc.gov/infection-control/php/tools/)
4. [Monitoring Adherence to Healthcare Practices that Prevent Infection | CDPH](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/MonitoringAdherenceToHCPracticesThatPreventInfection.aspx)
(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/MonitoringAdherenceToHCPracticesThatPreventInfection.aspx)
5. [All Quick Observation Infection Prevention Tools | CDC](http://www.cdc.gov/infection-control/media/pdfs/All-Quick-Observation-Tools-P.pdf) (PDF)
(www.cdc.gov/infection-control/media/pdfs/All-Quick-Observation-Tools-P.pdf)