

Appendix A

EP 7.12 Infection Prevention and Control Plan

INFECTION CONTROL RISK ASSESSMENT AND PLAN FOR 2024

Infection Control developed a plan with input and approval from the following areas: Clinic Leadership including Director of Nursing, Managers/Administrators, Quality Improvement/Occupational Health Department, Safety Committee, and the Infection Control Committee Chairman.

This risk assessment and plan is reviewed at least annually and/or whenever significant changes occur in the components that affect risk. A risk assessment is conducted to examine the effectiveness of the plan and its overall objectives and goals. The Infection Control Committee and the Clinic Operations Office provide approval of this plan based on prioritized facility risks and reviews of the previous years' goals.

Texas Tech Physicians of El Paso (TTP EP) maintains forward thinking goals and strategies for the Infection Prevention and Control Program based on best practices from the Centers for Disease Control and Prevention (CDC), Occupational Safety and Health Administration (OSHA) and the Association for the Advancement of Medical Instrumentation (AAMI).

Sterilization					
2023 Goal	Findings	2023 Evaluation	2024 Goal Risk Priority	OBJECTIVE (measurable, includes timeframe for completion)	Recommendations
<p>Sterile Processing Instruments</p> <p>Provide evidence based guidelines for staff performing pre-cleaning and decontamination of instruments by adhering to the Association of the Advancement of Medical Instrumentation (AAMI) ST79:2017 or newer updates.</p>	<p>-Infection Control Nurse (ICN) held monthly sterilization meetings with key clinical personnel to discuss current decontamination procedures of surgical instruments.</p> <p>-Assigned clinical personnel completed education and competencies for instrument reprocessing.</p>	<p>Goal Met</p> <p>The ICN provided TTP EP personnel current evidence based guidelines for reprocessing surgical instruments in a clinical setting.</p>	<p>-Instrument decontamination and transportation process will be observed, recorded and reported quarterly on how instruments are reprocessed, packaged, stored and transported.</p> <p align="center">Risk Priority Moderate 64%</p>	<p>-Findings will be documented on an Instrument Reprocessing / Transportation Assessment form.</p> <p>-Observations will focus on instruments condition / serviceability, supplies, staff's knowledge of decontamination process, documentation, transportation bins and the storage of instruments.</p> <p>-Observation of transportation process will focus on the condition of vehicle, driver's knowledge of process, transportation and cleaning of vehicle.</p> <p>-Data will be collected no later than the third week of the first month of each quarter.</p> <p>-Findings from the decontamination process and transportation of instruments inspections will be reported during the second month of each quarter</p>	<p>-Purchase AAMI Standards to ensure TTP EP is following best practices.</p> <p>-Provide the TT SPD the manufacturer's Instruction for use (IFU) to use as a resource.</p> <p>-Re-education will be provided as needed.</p> <p>-Test competency of clinic staff every 6 months and have records made available upon request.</p>

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				<p>when the committees below convene or as requested:</p> <ul style="list-style-type: none"> • Clinic Manger's Meeting members, • Sterilization Meeting members, • Infection Control Meeting Members and • Medical Director's Meeting Members 	
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Healthcare Acquired Infections					
2023 Goal	Findings	2023 Evaluation	2024 Goal Risk Priority	OBJECTIVE (measurable, includes timeframe for completion)	Recommendations
<p>Hand Hygiene (HH)</p> <p>Obtain a ≥90% HH adherence rate from Healthcare Personnel (HCP) at TTP EP that perform high risk processes:</p> <ol style="list-style-type: none"> 1. Medication administration 2. Clinical procedures 3. Wound care 	<p>-TTP EP clinics did not adhere to specific HH observation request.</p> <p>-Not all TTP EP clinics submitted HH observations monthly.</p>	<p>Goal Not Met:</p> <p>90%</p> <p>-TTP EP clinics were not consistent in reporting monthly HH audits on observations for high risk processes.</p>	<p>-Obtain a TTP EP HH adherence rate of ≥80% from HCP who perform high risk processes for FY24.</p> <p>-Specific clinical personnel will be educated and competencied on direct HH observation requirements.</p> <p>-Bi-annual re-education sessions will be given to selected clinical personnel.</p> <p align="center">Risk Priority Moderate 44%</p>	<p>-Discuss & clarify expectations with clinic management in January 2024.</p> <p>-Adherence = (actions/opportunities) X 100%.</p> <p>-Have TTP EP clinic's report monthly HH data from January 1, 2024 through December 31, 2024 to QI/IC.</p> <p>-Clinics will send HH reports no later than the fifth working day of each month.</p> <p>-Specific TTP EP personnel from each clinic will observe no less than 30 HCP performing HH following clinical opportunities.</p> <p>-HH opportunities will focus on high risk processes:</p> <ul style="list-style-type: none"> • Medication administration • Clinical procedures • Wound care <p>-Available data sent by the clinics will be collected after the fifth day of each month.</p>	<p>-Continue direct observation of HH adherence by assigned staff member.</p> <p>-Send quarterly education/informative flyers on hand hygiene and have the clinics post them in high view areas.</p> <p>-ICP will train TTP EP personnel on HH monitoring objectives yearly or when new personnel are appointed to task.</p> <p>-Utilize ACME trainings to provide yearly training on HH process.</p>

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				<p>-Findings will be compiled and reported during the second month of each quarter when the committees below convene or as requested:</p> <ul style="list-style-type: none"> • Monthly Clinic Manager's Meeting, • Quarterly Infection Control Meeting and • Bi-annual Medical Director's Meeting 	
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Healthcare Acquired Infections					
2023 Goal	Findings	2023 Evaluation	2024 Goal Risk Priority	OBJECTIVE (measurable, includes timeframe for completion)	Recommendations
<p>Personal Protective Equipment (PPE)</p> <p>Ensure TTP EP clinics have adequate amount of PPE available in 2023.</p>	<p>-No emergent outbreaks identified during the 2023 calendar year in any TTP EP clinics.</p> <p>-TTP EP clinics reported no supply shortages.</p> <p>-No supply shortages reported nationwide.</p>	<p>Goal Met:</p> <p>TTP EP clinics had no issues ordering or maintaining PPE supplies.</p>	<p>-Obtain a ≥80% knowledge rate on what PPE TTP EP – HCP should use when anticipating direct contact with blood or body fluids, mucous membranes, non-intact skin or other potential infectious material for FY24.</p> <p>-Findings will be documented quarterly on the QI/IC Continuous Survey Readiness Assessment form and made available upon request.</p>	<p>-Knowledge rate = (HCP response / HCP surveyed) X 100%.</p> <p>-ICN will ask one HCP from each TTP EP clinic to indicate what PPE personnel would need to don, when they need to don PPE and the need of the equipment.</p> <p>-PPE knowledge rate will include but not limited to:</p> <ul style="list-style-type: none"> • Eye/face shields/goggles • Masks (N95 or surgical) • Gowns • Gloves <p>-Collect data from January 1 through December 31, 2024.</p> <p>-Data will be collected no later than the third week of the first month of each quarter.</p> <p>-Findings will be compiled and reported during the second month of each quarter when the committees below convene or as requested:</p>	<p>-Utilize CDC and HICPAC guidance on Standard Precautions for Outpatient Settings.</p> <p>-Utilize the TTUHSC EP ACME training system to send out a yearly training video on PPE.</p> <p>- Provide TTP EP quarterly informative material on PPE and have the clinics post them in high view areas.</p> <p>-Include education/informative flyers on Respiratory Etiquette aimed at patients and visitors during seasonal flu time period or when increased cases of respiratory infections occur.</p> <p>-Educate clinic staff on availability and proper use of PPE at least quarterly and/or give on the spot coaching.</p>

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			Risk Priority Low 33%	<ul style="list-style-type: none">• Clinic Manager's Meeting,• Infection Control Meeting and• Bi-annually to the Medical Director's Meeting	
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Occupational Health					
2023 Goal	Findings	2023 Evaluation	2024 Goal Risk Priority	OBJECTIVE (measurable, includes timeframe for completion)	Recommendations
<p style="text-align: center;">Influenza</p> <p>Texas Tech University Health Sciences Center (TTUHSC) EP will maintain an Influenza vaccination compliance rate of ≥90% during the 2022 – 2023 flu season.</p>	<p>-Occupational Health (OH) was unable to provide flu clinics due to limited staffing and reduced clinic hours.</p> <p>-Demand was not high for the 2022 – 2023 Influenza vaccine.</p> <p>-OH was dependent on assistance from TTP EP clinics to administer Influenza vaccines.</p> <p>-An estimated total of 2,921 TTUHSC EP employees received the flu shot during the 2022-2023 Influenza season.</p> <p>-1,002 employees received flu shot from OH or provided documentation they received the 2022-2023 Influenza vaccine elsewhere.</p> <p>- ((2921-1002)/2921) X100 = 65.69</p>	<p style="color: red;">Goal Not Met: 66%</p> <p>-OH was unable to determine the compliance rate for TTP EP faculty, residents, or clinical personnel during the 2022 – 2023 Influenza Season.</p>	<p>-TTP EP will obtain a ≥90% compliance rate on all HCP who have received, declined, or shown proof of receiving an Influenza vaccine elsewhere during the 2023 – 2024 Influenza season (September 1 – March 31).</p> <p style="text-align: center;">Risk Priority Low 33%</p>	<p>-The compliance rate will be attained by dividing the total number of TTP EP employees and students who received or provided documentation outlined below by the total number of TTP EP employees and students present as of 9/1/2023.</p> <p>-Infection Control will ask the Office of Occupational Health to collect data from TTP EP – HCP who have worked at the facility for at least 30 days during the current Flu season and:</p> <ul style="list-style-type: none"> • Received an Influenza vaccine at TTUHSC EP OR • Provides written document of receiving an influenza vaccine outside of the facility OR • Provides OH a declination form informing them of a medical contraindication, religious beliefs or severe allergies to the influenza vaccine. <p>-OH will collect monthly and seasonal data from September 1, 2023 through March 31, 2024.</p> <p>- Compiled data from OH will be given to the ICN during the second week in October and January amid the Influenza season.</p> <p>-Findings will be reported during November, February and April amid the Influenza season when the committees below convene or as requested:</p> <ul style="list-style-type: none"> • Monthly Manager’s Meeting, • Quarterly Infection Control Meeting and • Bi-annually in the Medical Director’s Meeting 	<p>-Use HSCEP OP 75.11B and TTUHSC EP Policy 7.13 (Influenza Vaccination Policy) procedures as guidance.</p> <p>- Send seasonal education/informative flyers on the importance of Influenza vaccines and have the clinics post them in high view areas.</p> <p>-Final report of findings will be given to Infection Control Committee members, DON, Medical Directors and Administrators at the end of April 2024.</p>

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Occupational Health					
2023 Goal	Findings	2023 Evaluation	2024 Goal Risk Priority	OBJECTIVE (measurable, includes timeframe for completion)	Recommendations
<p>Immunizations</p> <p>Obtain a ≥90% Immunization screening compliance rate for new TTUHSC EP personnel.</p>	<p>- Information was difficult to attain.</p> <p>-OH could not accurately capture the number of HCP, students, volunteers or visitors who were required to complete immunization screening.</p> <p>-Limited OH staff available to retrieve and record information manually.</p> <p>-Not all eligible clinical personnel brought to OH need to complete an immunization screening form.</p>	<p>Goal Met: N/A</p>	<p>TTP EP will obtain a ≥90% compliance rate of new HCP, students, visitors and volunteers who are required to complete an Infection Control Health Screening prior to beginning work or conducting patient visits.</p> <p>Risk Priority Low 22%</p>	<p>-Compliance rate = (completed screenings/eligible screenings) X 100.</p> <p>-OH will collect monthly data on new TTP EP personnel who are required to complete an Infection Control Health Screening prior to having patient visits.</p> <p>-This data is to be collected from January 1 through December 31, 2024.</p> <p>-Returned screening data will be divided by the eligible new TTP EP personnel that arrive during month of hire.</p> <p>-HCP who sign declinations and list non-medical reasons for opting out to take vaccine(s), will be factored into equation.</p> <p>-Data from OH will be given to the ICN no later than the second week of the first month of each quarter.</p> <p>-Findings will be compiled and reported during the second month of each quarter when the committees below convene or as requested:</p> <ul style="list-style-type: none"> • Monthly Manager’s Meeting, • Quarterly Infection Control Meeting and • Bi-annual Medical Director’s Meeting 	<p>-Use TTUHSC EP Policy E.P. 7.1 (Infection Control Screening: New Employee, Student, Visitor) procedures as guidance.</p> <p>-Remind nurse/clinic managers and Directors of Nursing (DON) to send new HCP/visitors to go to the Office of Occupational Health to complete the Infection Control Health Screening form.</p>

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Occupational Health					
2023 Goal	Findings	2023 Evaluation	2024 Goal Risk Priority	OBJECTIVE (measurable, includes timeframe for completion)	Recommendations
<p>Tuberculosis (TB)</p> <p>Obtain a ≥90% TB screening compliance rate for HCP under risk category 1 & 2.</p>	<p>-Occupational Health (OH) was unable to establish a method to collect data to determine the TB compliance rate for HCP under risk categories 1 & 2.</p> <p>-Information was inconsistent.</p> <p>-Transitioning to new healthcare management system.</p> <p>-Department was understaffed.</p>	<p>Goal Met: N/A</p> <p>- Process in place can be used to attain data to obtain compliance rate.</p> <p>-Further communication with IT, HR and OH is necessary to build consistency.</p>	<p>TTP EP clinical personnel will obtain a ≥90% compliance rate for annual TB screening questionnaires (TSQ) for FY24.</p> <p>Risk Priority Low 22%</p>	<p>-Compliance rate = (TSQ's returned/TSQ's sent) X 100.</p> <p>-Infection Control will ask OH for data regarding the number of monthly TSQs sent to TTP EP – HCP and returned to OH during month of hire.</p> <p>-OH will collect data monthly from January 1 – December 31, 2024.</p> <p>-Compiled data from OH will be provided to the ICN no later than the second week of the first month of each quarter.</p> <p>-Findings will be compiled and reported during the second month of each quarter when the committees below convene or as requested:</p> <ul style="list-style-type: none"> • Monthly Manager's Meeting, • Quarterly Infection Control Meeting and • Bi-annual Medical Director's Meeting 	<p>-Use HSCEP OP 75.11C and TTUHSC EP Policy 7.7 (Tuberculosis Control Program) procedures as guidance.</p> <p>-Report benchmark findings to Infection Control Committee members, DON, Medical Directors and Administrators as needed.</p>

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2024 OPPORTUNITIES FOR IMPROVEMENT

- Hand Hygiene program:
 - a) Reinforce the criteria to conduct hand hygiene observations.
 - b) Observe, record and report on how Faculty, Residents and staff wash their hands.
 - c) Ensure clinic/nurse managers are more involved in reporting completions and report data by the agreed deadline.
 - d) Increase observations monitored during high-risk processes to twenty every month.
- Sterile Processing Instruments:
 - a) Focus on maintaining open communication with The Hospital of Providence (THOP) SPD managers.
 - b) Assist the Dental SPD to start reprocessing and sterilizing fiber and rigid scopes.
 - c) Improve education and assure competency for all TTUHSC EP staff that currently reprocesses instruments.
- Clinical areas:
 - a) Visit/inspect clinical areas more frequently to communicate emerging infection control issues with medical staff and clinical employees.
 - b) Provide visual signage to the clinics and our patients that re-enforces best practices on hand hygiene and reducing the spread of infection.
 - c) Suggest solutions on improvements to potential issues that arise throughout a calendar year.

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Assessment Hazard Scoring Matrix (The higher score, the greater the priority)

Event or Condition	What is the potential impact of event/condition on patients and staff?				What is the probability of event/condition on patients and staff?				What is the organization's preparedness to deal with this event/condition?				Risk Level	
	Score:	High (3)	Med (2)	Low (1)	None (0)	High (3)	Med (2)	Low (1)	None (0)	None (3)	Low (2)	Med (1)	High (0)	Total
Occupational Health														
Tuberculosis			1				1					0		22%
Influenza		2					1					0		33%
Immunizations			1				1					0		22%
Bloodborne Exposures				0			1					0		11%
Healthcare Acquired Infections														
Hand Hygiene			1			2						1		44%
Personal Protective Equipment (PPE)			1				1					1		33%
Sterilization														
Instrument Sterilization		2				2				2				67%
Fiber/Rigid Scopes		2					1					1		44%
High Level Disinfection (HLD)			1					0				1		22%