

# Michigan's Infection Control Educational Collaborative for Better Health Outcomes (MI-ECHO)

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**IPRAT**

Infection Prevention Resource and Assessment Team

## Disclosure:

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

The authors of this presentation have no conflicts of interest to disclose.

# Objectives

- Need for program
- Framework/methodology
- Project steps and timeline
- Program implementation
- Lessons learned

# Methodology

<b>Define</b>	<ul style="list-style-type: none"><li>• Identify problems and goals</li><li>• Identify external stakeholder needs</li><li>• Establish timeline</li><li>• Recruit team members</li></ul>
<b>Measure</b>	<ul style="list-style-type: none"><li>• Process measures</li><li>• Outcome measures</li><li>• Establish targets</li></ul>
<b>Analyze</b>	<ul style="list-style-type: none"><li>• Creating best design for program</li><li>• Strategizing: Process mapping</li></ul>
<b>Improve</b>	<ul style="list-style-type: none"><li>• Roadmap development</li><li>• Education</li><li>• Practical training</li></ul>
<b>Control</b>	<ul style="list-style-type: none"><li>• Program evaluation</li><li>• Ongoing support</li></ul>

# Why MI-ECHO?

## Congregate Care Settings

Historically under-resourced and struggle to prepare for and respond to infectious health threats

From 2013-2017, 82% of CMS-inspected nursing homes had an infection prevention and control deficiency

From 2020-2022, >200,000 residents and staff of nursing homes died from COVID-19

Infection prevention programs are understaffed and often have multiple roles

# Why MI-ECHO?

There have been steps made recently to improve these issues.

The Biden-Harris Administration (2022) announced reforms that will ensure:

- every nursing home provides enough staff who are adequately trained to provide high-quality care;
- poorly performing nursing homes are held accountable for improper and unsafe care and immediately improve their services or are cut off from taxpayer dollars; and
- the public has better information about nursing home conditions so that they can find the best available options.

U.S. Government Accountability Office (2022) released further recommendations for CMS:

- Establish minimum IP training standards
- Determine if the current IP staffing requirement is sufficient
- Provide additional guidance in the State Operations Manual on how to assign citations based on scope and severity for IP-related deficiencies

# Why MI-ECHO?

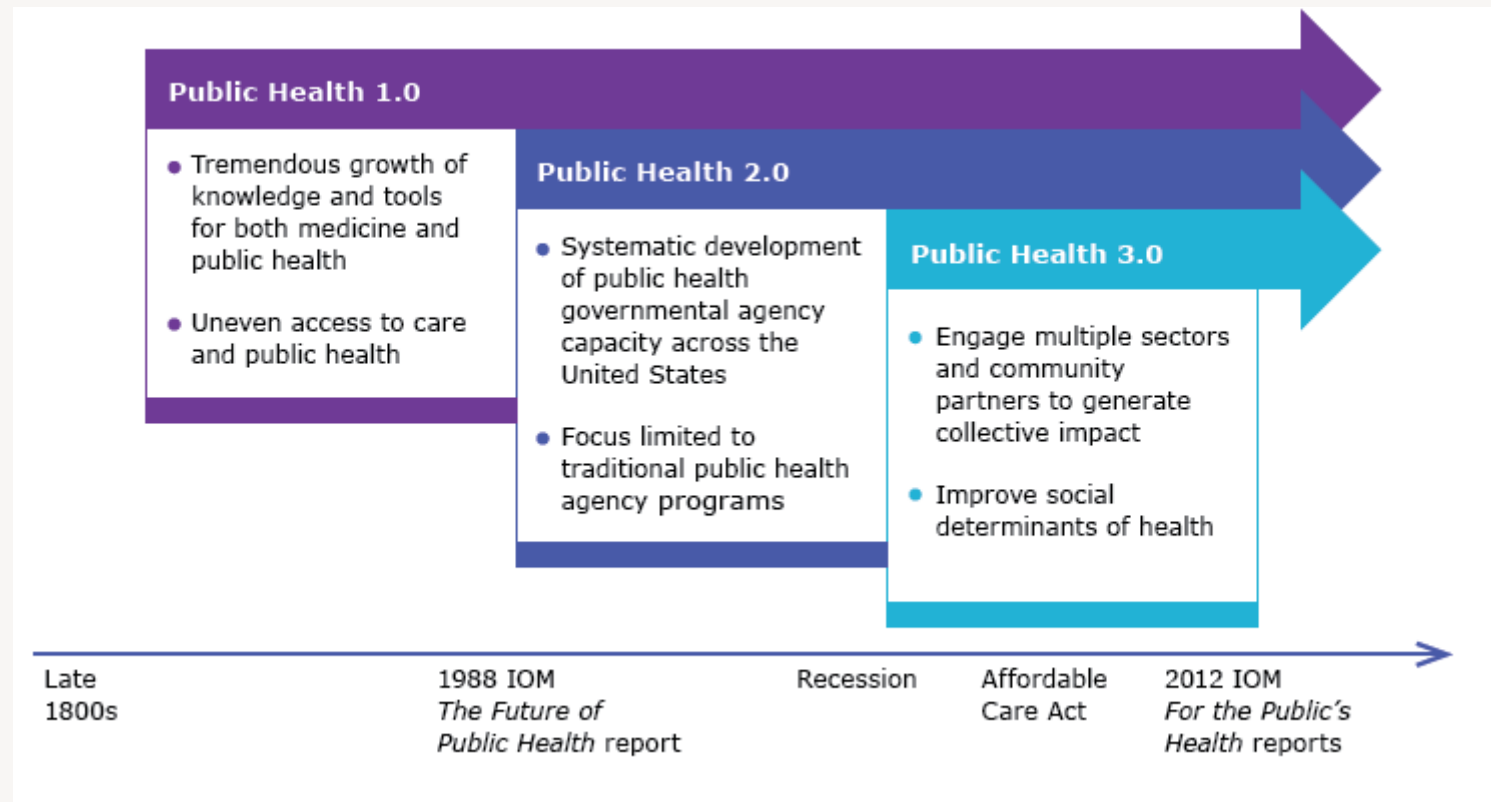
## Supporting our Congregate Care Settings

Nursing facilities encounter many challenges in effectively implementing and maintaining infection prevention programs:

- Residents often frequent common areas, therefore increasing the risk of pathogen transmission.
- Post-acute care residents often have higher acuity medical problems, with more medical devices, wounds, hospital stays, and antibiotic use compared with other LTC residents.
- Nursing facilities encounter many challenges in effectively implementing and maintaining infection prevention programs.

# Why MI-ECHO?

## Local Health Departments & Public Health





# Why MI-ECHO?

## MI-ECHO

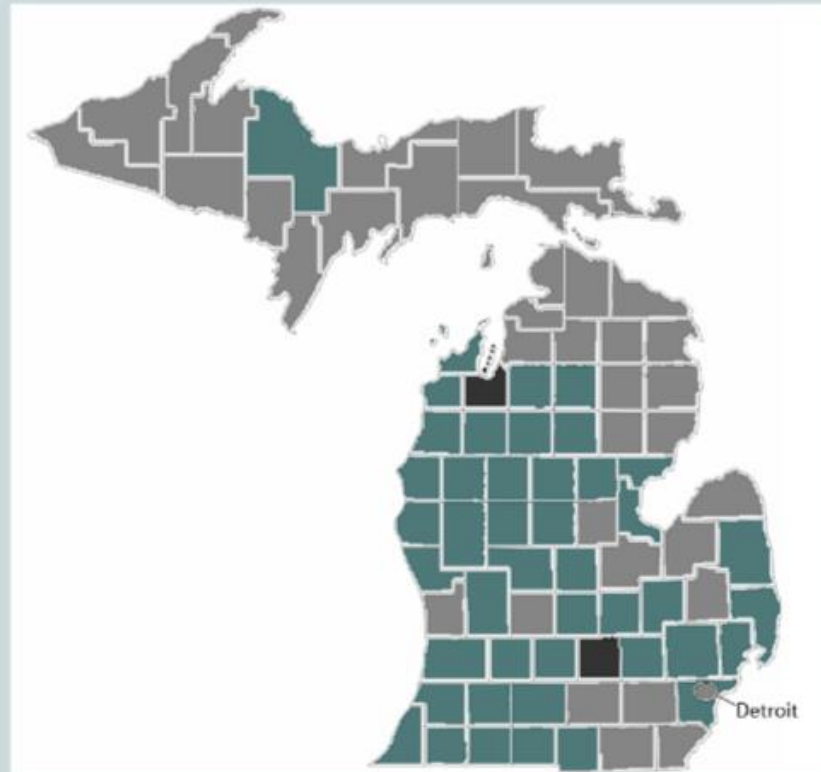
## Snapshot

Enrolled

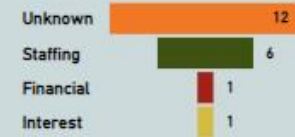
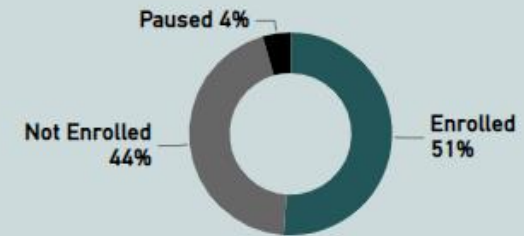
**23**  
LHDs

**44**  
Counties

**43**  
Participants



Data refresh: weekly on Thursday at 8 AM.  
Please submit any questions or comments to the IPRAT Data Team.



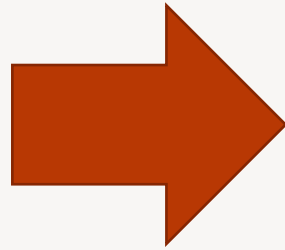
Status	LHD	Reason Not Enrolled / Paused
Enrolled	Allegan	
Enrolled	Barry-Eaton	
Enrolled	Bay	
Enrolled	Benzie-Leelanau	
Enrolled	Berrien	
Enrolled	Branch-Hillsdale-St. Joseph	
Enrolled	Calhoun	
Enrolled	Central Michigan	
Enrolled	District #10	

# Funding

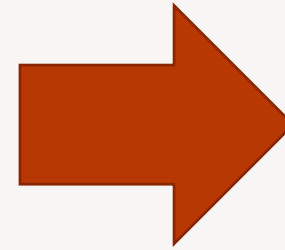
- ELC Contact Tracing, Investigation, Testing Coordination, and Infection Prevention award for the Fiscal Year 2023

# How?

Education and  
support from  
MI-ECHO  
Program

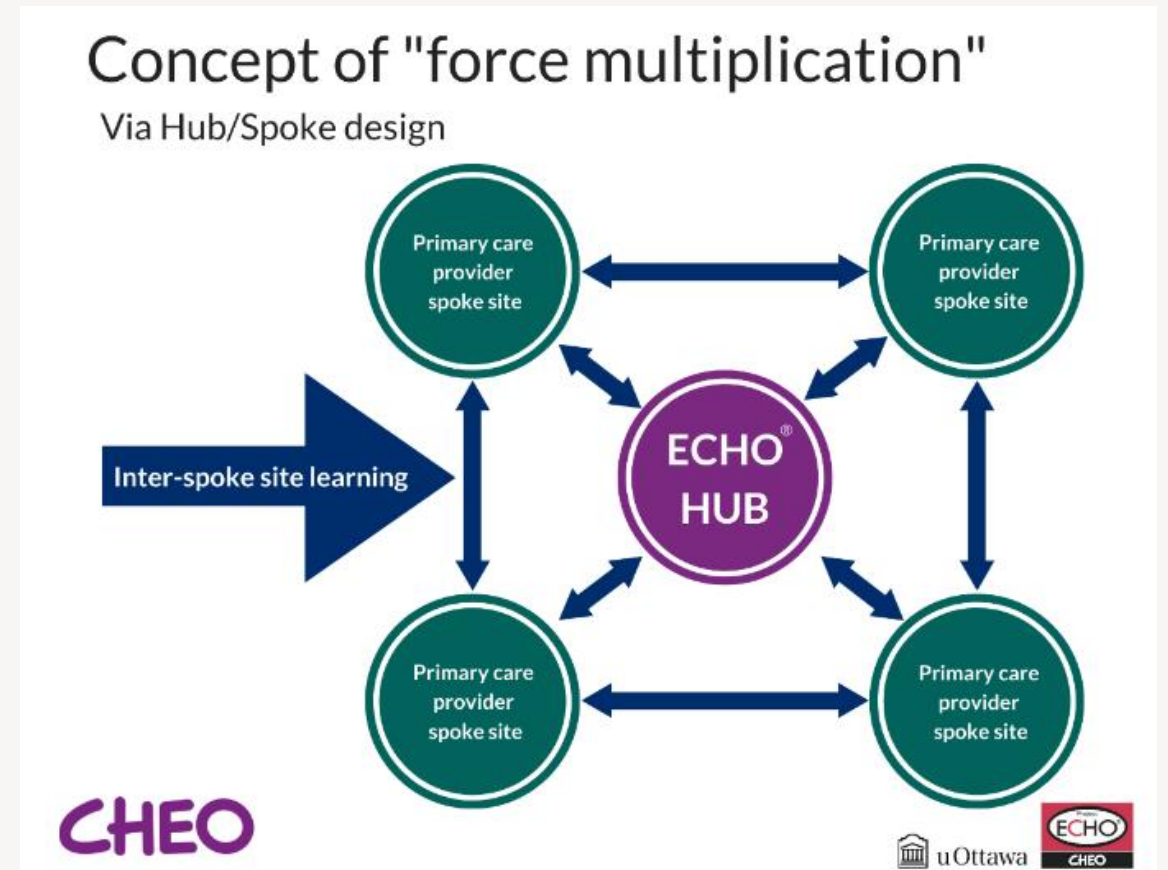
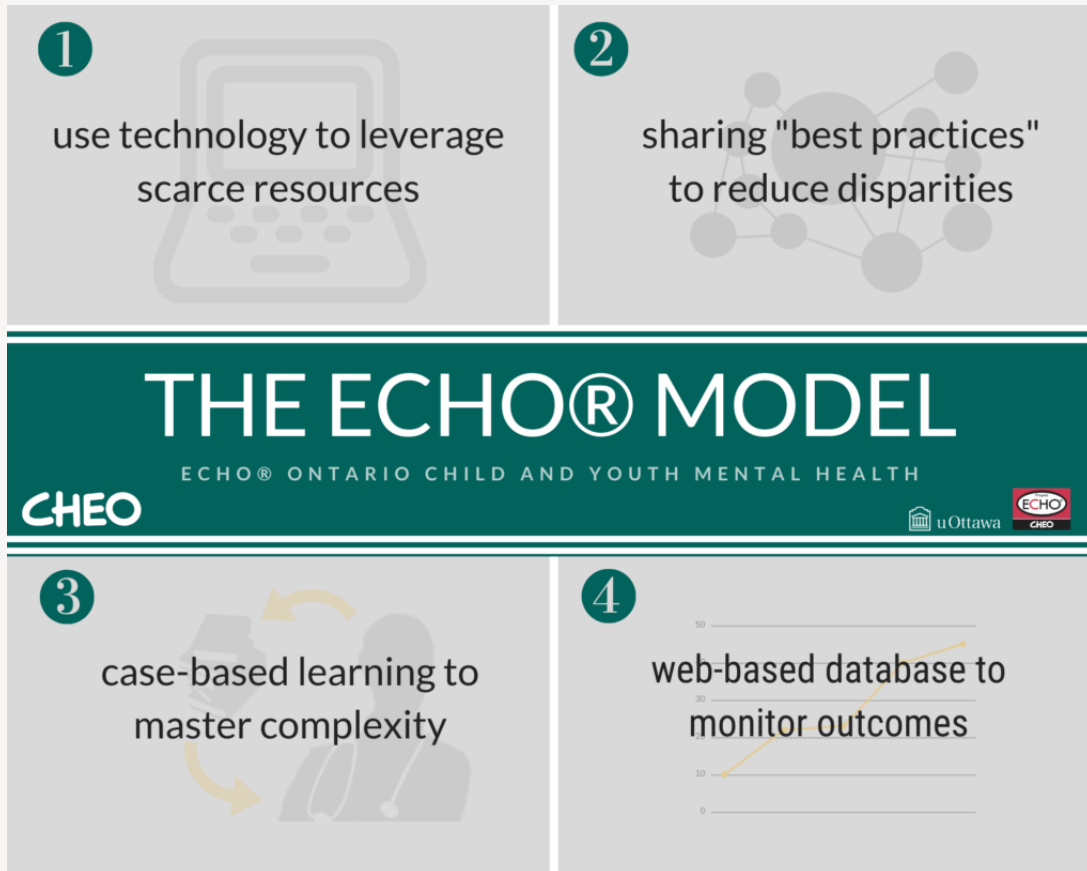


Increase  
infection  
prevention  
subject matter  
expertise



Support and  
strengthen  
infection  
prevention  
programs in  
congregate  
care settings

# Framework



\*Primary care in these instances are LHDs not primary care, and the ECHO HUB are the IPRAT and SHARP teams.

# Steps and Timeline

Project scope  
and initiatives

Roles,  
responsibilities,  
and internal  
systems

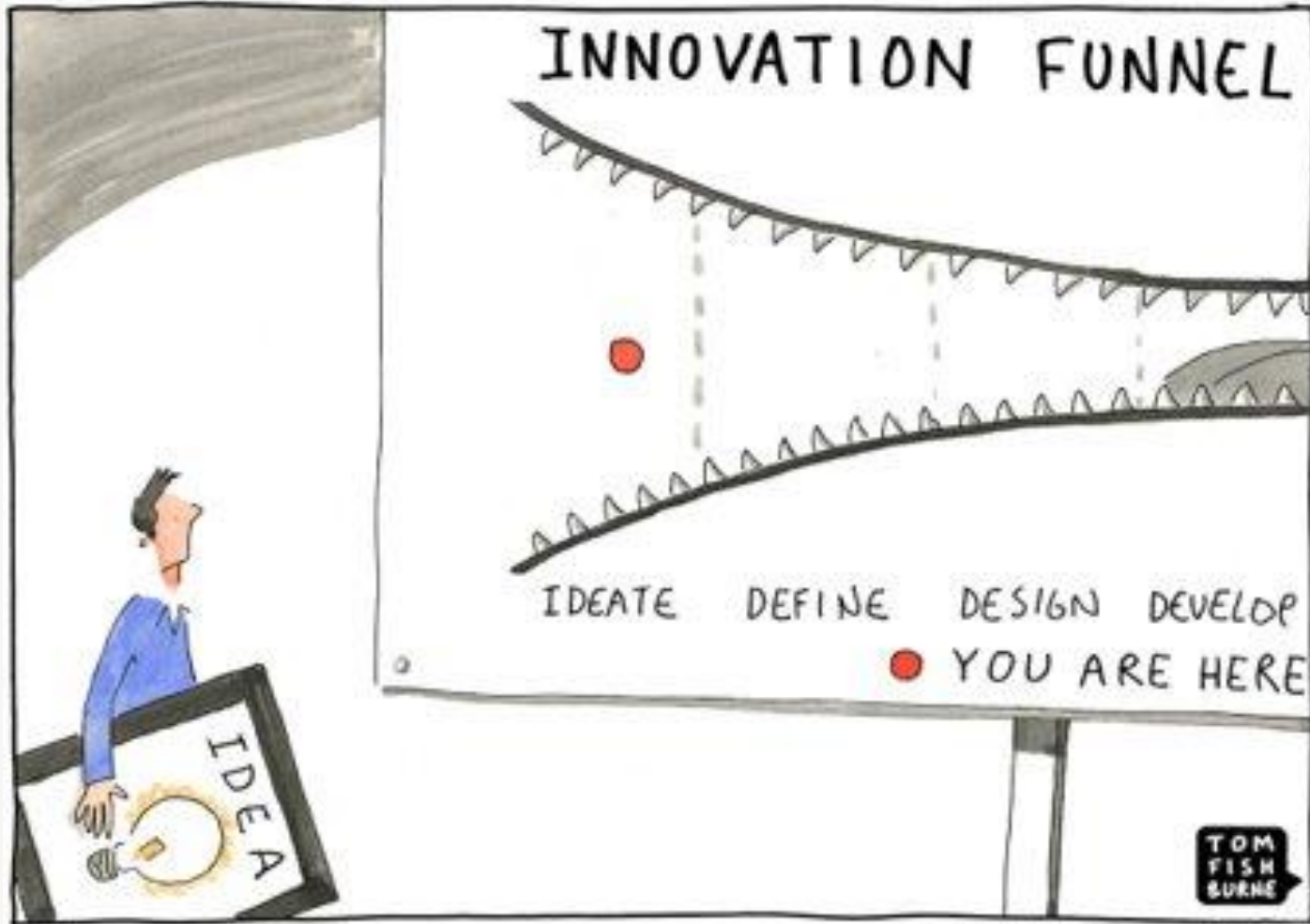
Initial  
communication  
to LHDs

Determine  
timeline

Completion of  
deliverables

LAUNCH!

# How it Started – Goals and Vision



# What comes next then?







# Categorizing



Clients  
(internal/external)



Services/Deliverables



Internal Processes

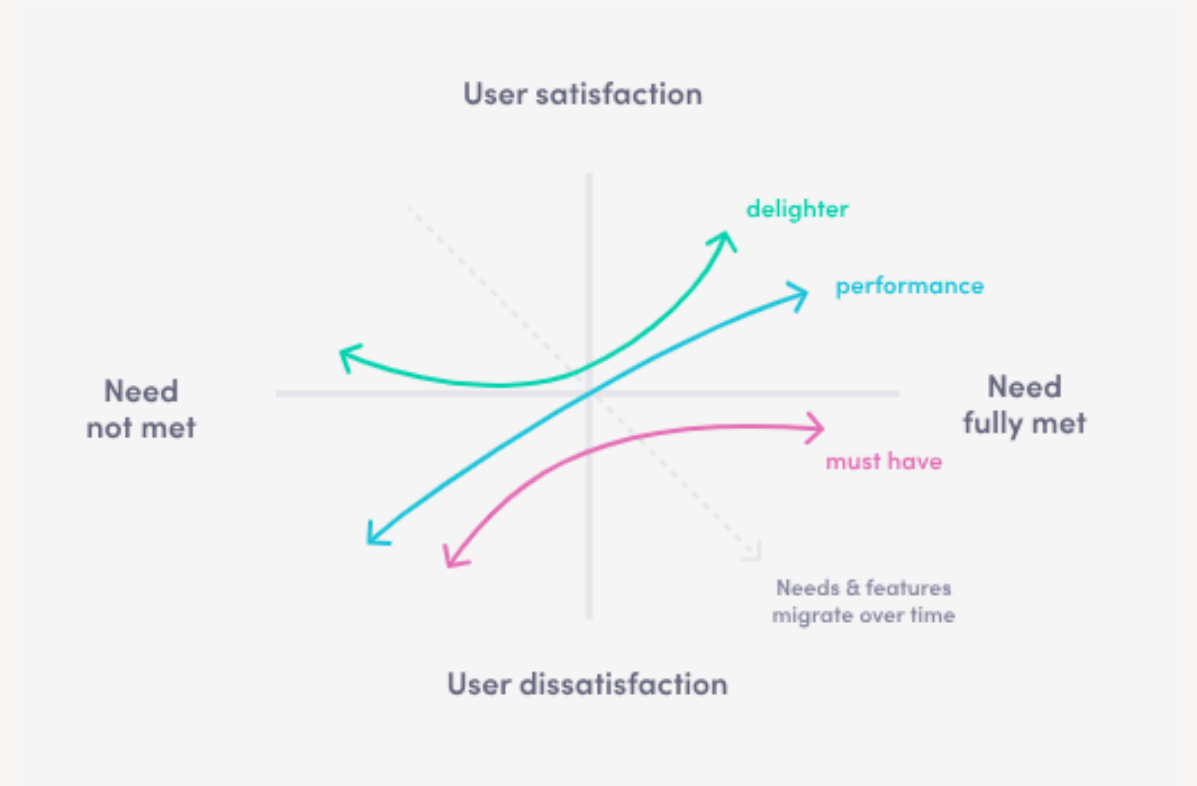
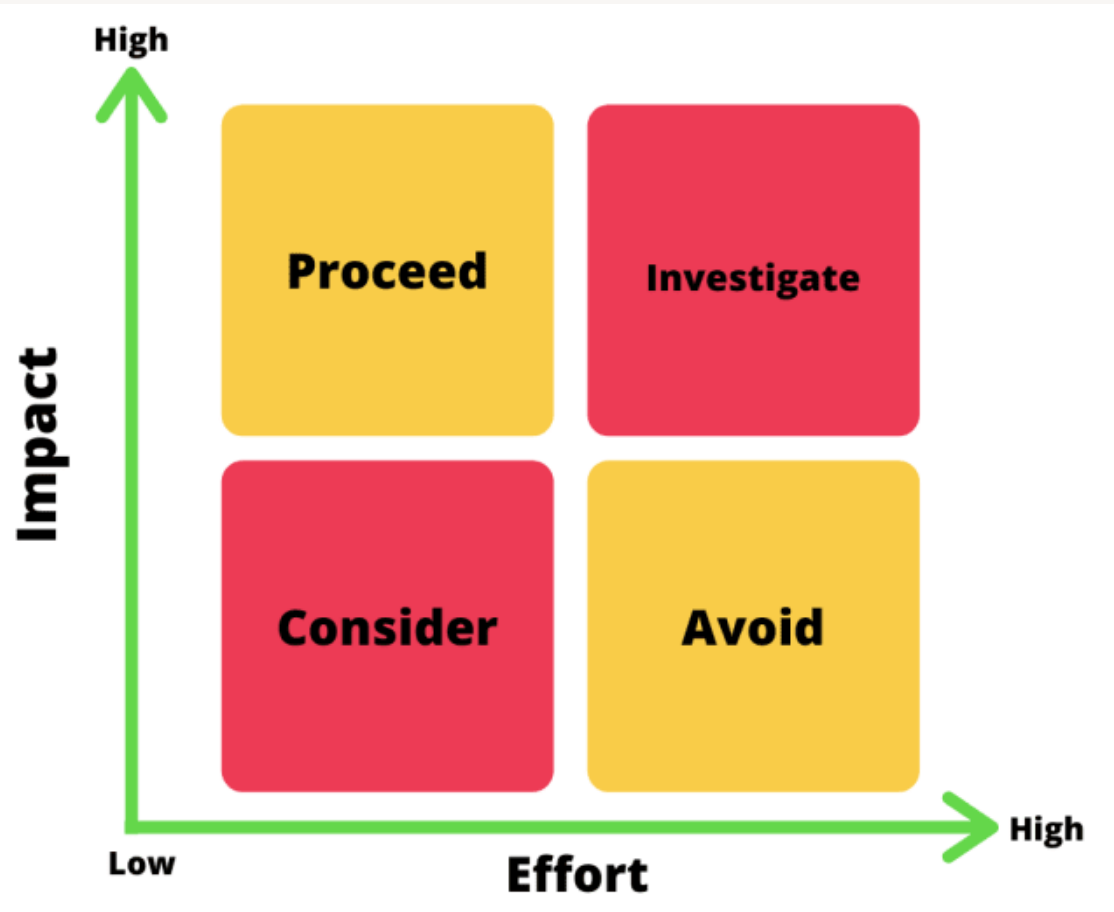


People and  
Knowledge Assets



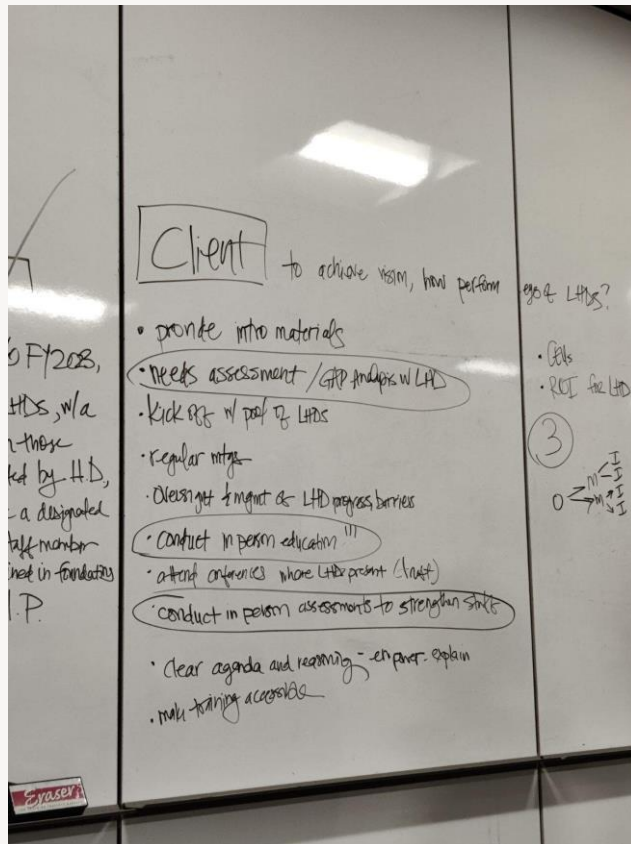
Financial (N/A in this  
project)

# High Effort/Low Effort vs. High Impact vs. Low Impact



# Prioritization

1



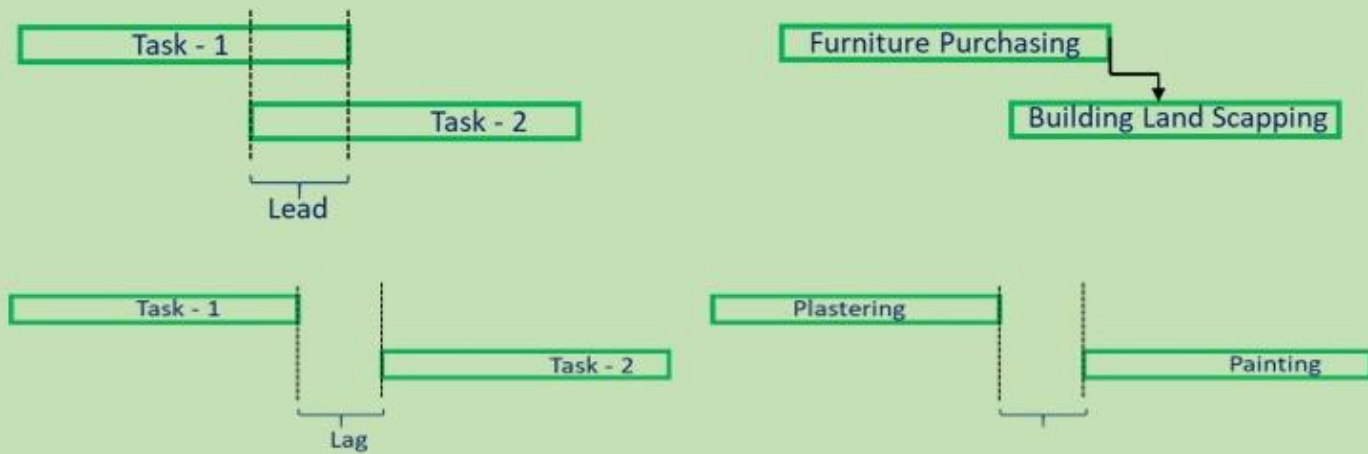
2

Question	Total Rating of 5	Total Rating of 4	Total Rating of 3	Total Rating of 2	Total Rating of 1	Total Score	Prioritization Score	Notes
1 Client/Needs Assessment and Gap Analysis: Perform GA/NA with prioritized 18 LHDs	7	0	1	0	0	38	1	
16 People Knowledge/Assets: Complete Prioritization of LHD outreach	6	1	0	1	0	36	3	
13 Internal Process/Virtual Learning Platform: Conduct PFL trainings	2	6	0	0	0	34	4	
17 People Knowledge/Assets/% adherence to internal processes/Create Process map and Audit Tool	5	1	1	1	0	34	5	
5 Services/Establish IPRAT Model: Create checklist of documents for LHD use	3	3	2	0	0	33	6	
11 Internal Process/Staffing Plan: Staffing Model	3	1	2	2	0	29	9	
6 Services/Establish IPRAT Model: Shadow training LHD Staff	2	2	2	2	0	28	10	
9 Services/Establish IPRAT Model: Establish check in protocol with certified LHD staff/Follow up to identify new or existing barriers	1	2	3	1	1	25	13	



# Time it out

## LEAD & LAG



# "A bad idea executed to perfection is still a bad idea"



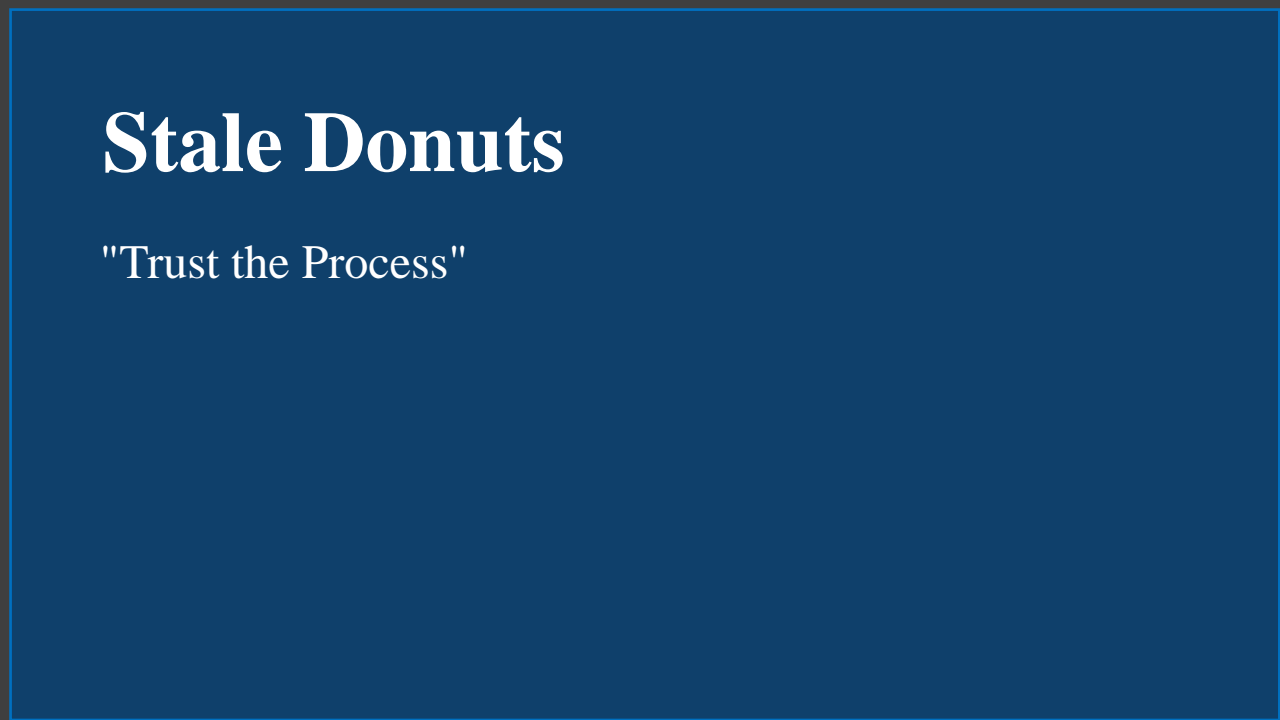
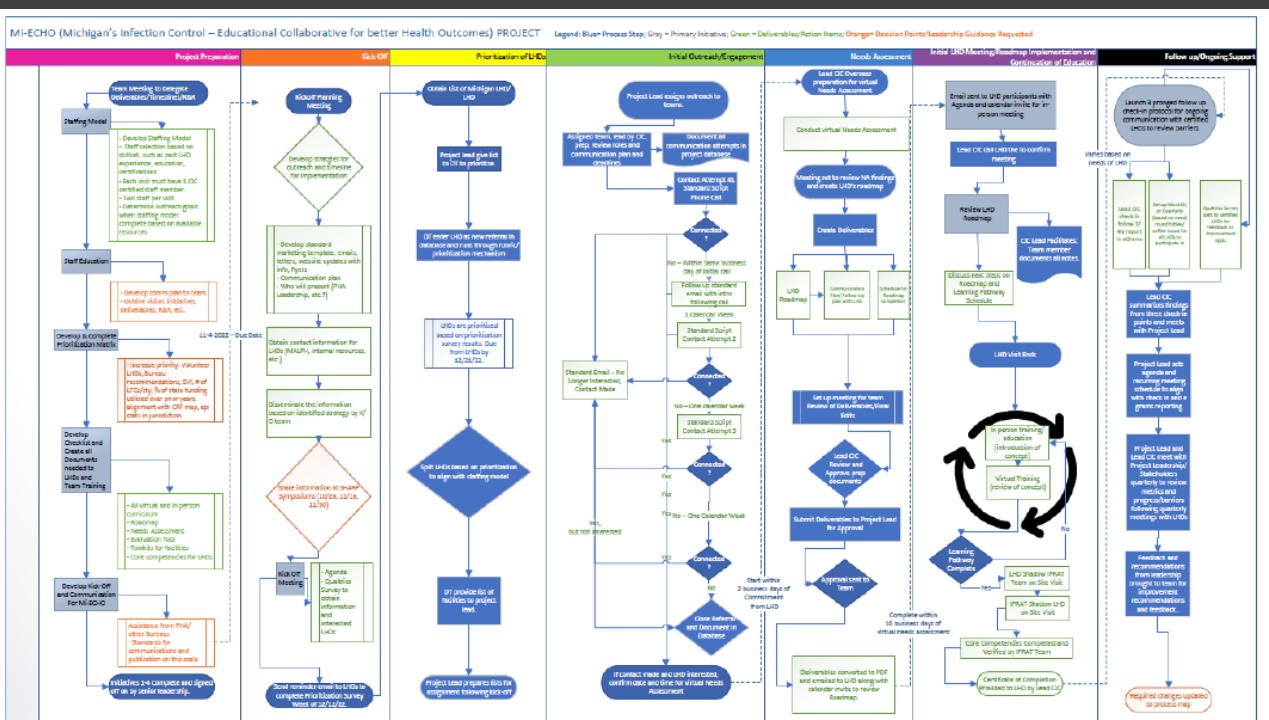
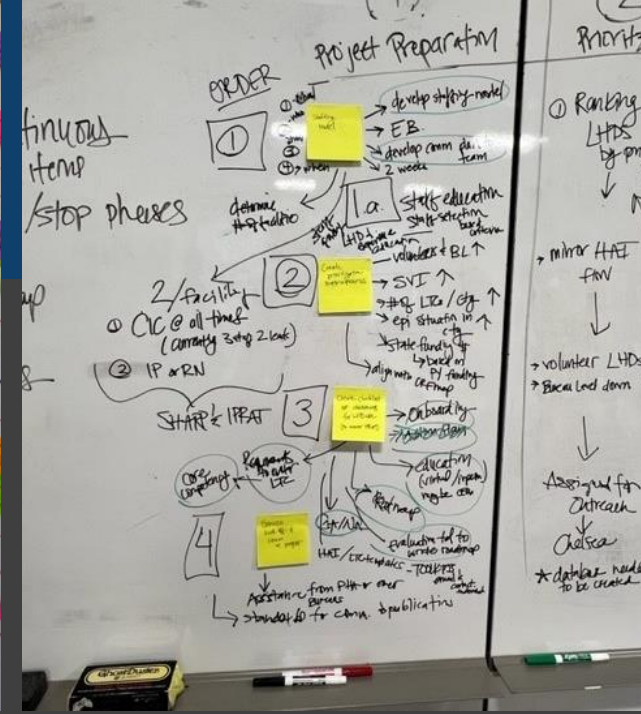
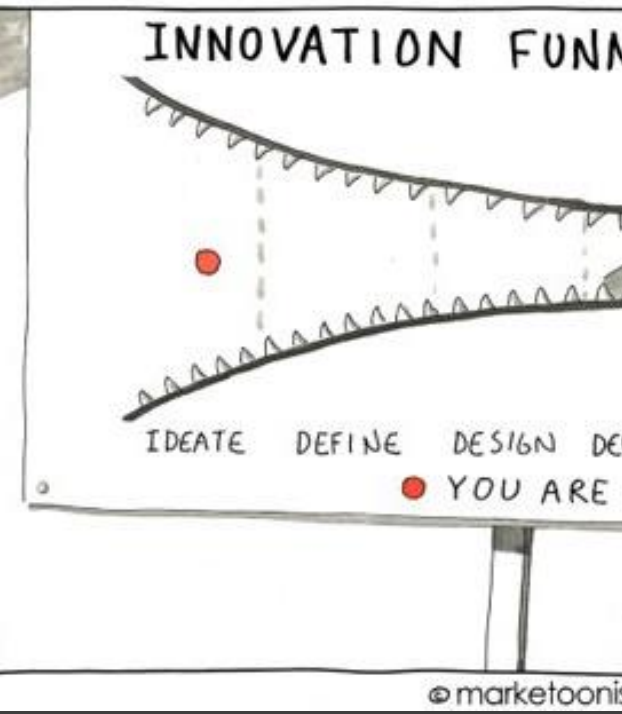
**Future State Vision: By the end of FY2023, 40% of LHDs, with a focus on those impacted by health disparities, will**

Objective	Objective Description	Measure 1	Measure 2	Initiative (Process Map Steps)	Process Stage	Prioritization Score
People and Knowledge Assets	Standardization of Initiatives within Project	Complete prioritization of LHD outreach		Create Prioritization Matrix process	Prioritization	1
Clients	Project Launch/Kick off	One and done		Establish kick off, communication, etc. re: Project	Project Preparation	2
Clients	Project Launch/Kick off	One and done		Kick-off Meeting	Outreach/Initial Engagement	2
Clients	Needs assessment/Gap analysis with LHD	# of LHDs that have completed a needs assessment/gap analysis		Perform GA/NA with prioritized 18 LHDs	Initial Site Visit	3
People and Knowledge Assets	Leadership buy-in and support	Complete monthly check in (dashboard) to discuss what is going well vs. not going well		Standardize and set up leadership checkin and quarterly report review.	Ongoing - PM	4
Clients	Education	# of in-person education at LHDs	# distinct LHDs w/ in person education	Perform education in person	Roadmap Implementation	5
Internal Processes	Virtual Learning Platform	Total # PFL modules (provided by MDHHS) completed by LHDs		Conduct PFL trainings	Roadmap Implementation	6









# Strategies

**Foundational IP education**

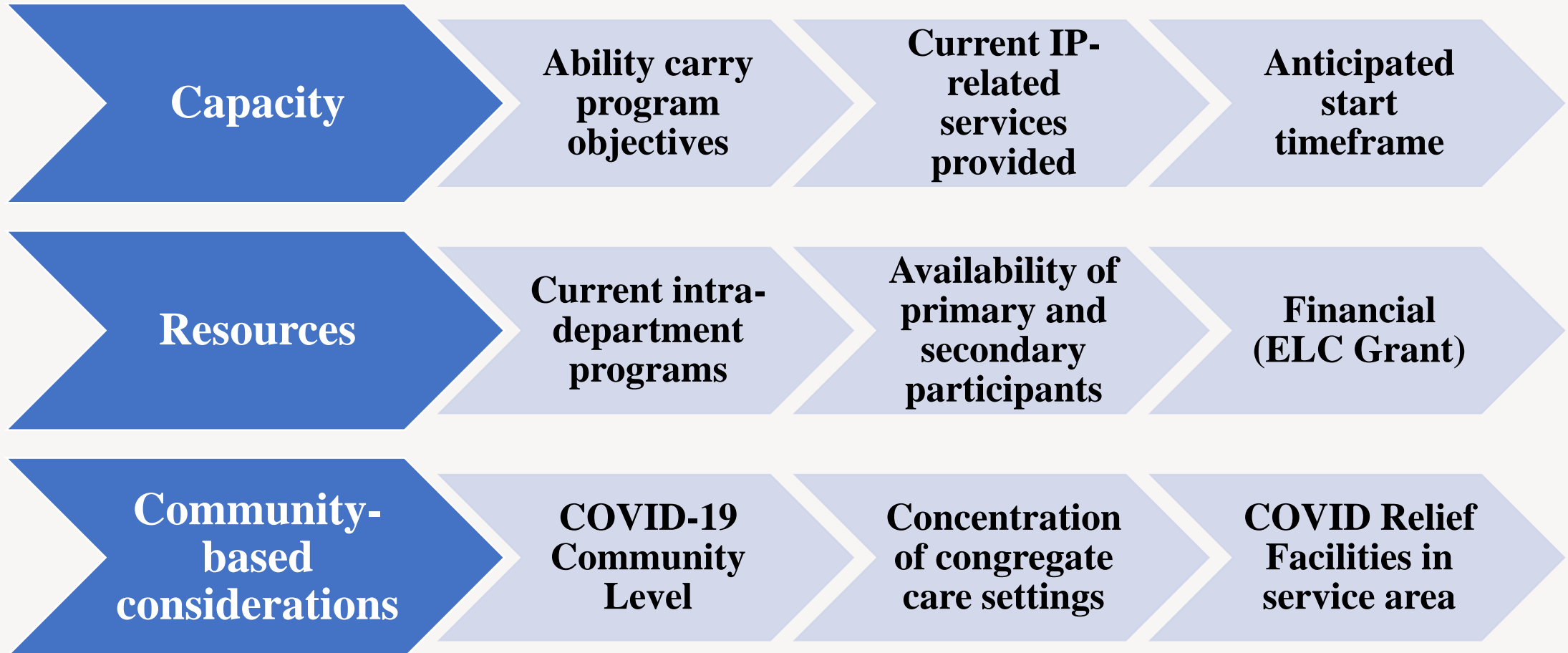
A blue downward-pointing arrow indicating a flow from the first step to the second.

**Shadow site visit with IPRAT**

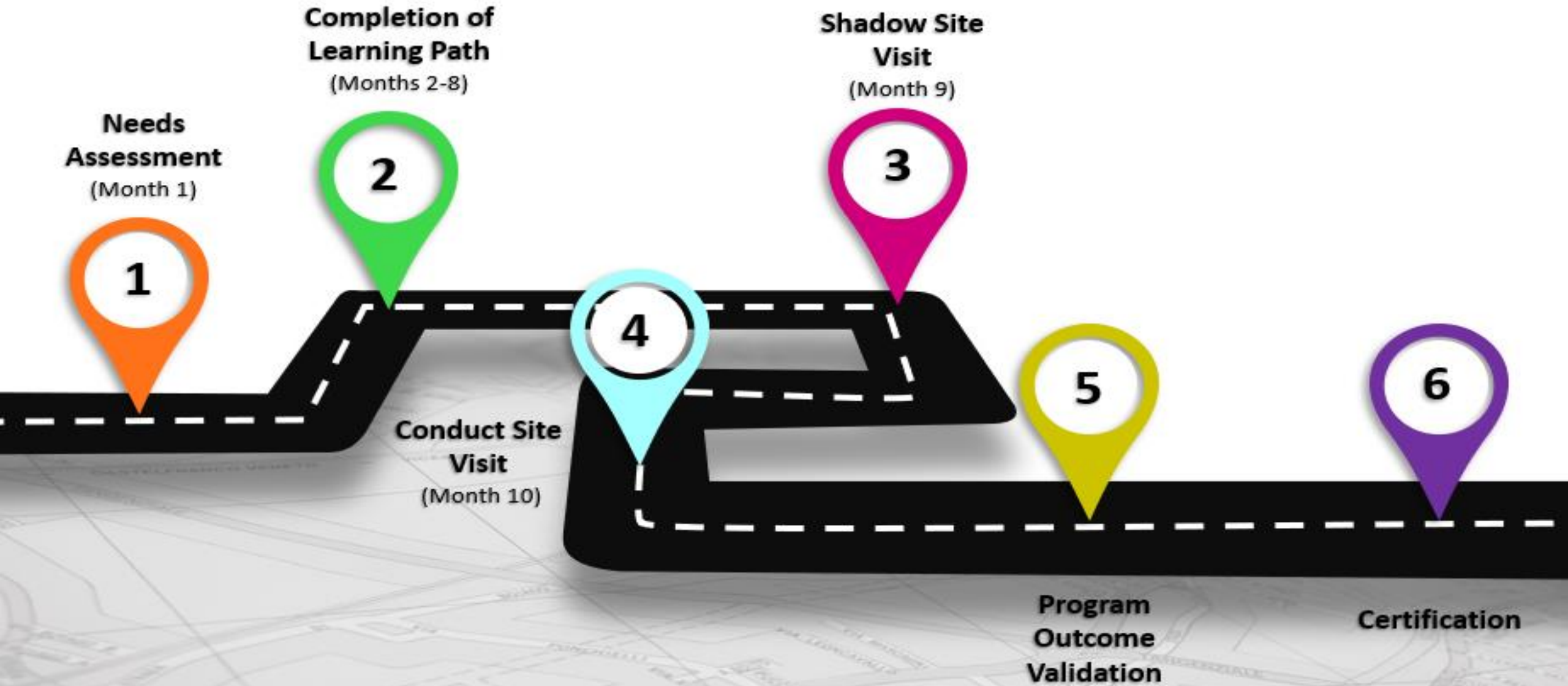
A blue downward-pointing arrow indicating a flow from the second step to the third.

**Lead site visit with IPRAT support**

# Prioritization Survey



# Roadmap



# Needs Assessment

- Professional background
- Role within LHD
- Previous IP training and experience
- Learning needs among competency domains
- Responses used to shape Learning Path

# Learning Path

## Attachment A: Learning Path

### Learning Platform Definitions

In-Person	Live/in-person education session. See learning item for information regarding scheduling and registration.
Virtual	Virtual education session. See learning item for information regarding scheduling and registration.
Self-Paced	Self-paced education to complete as your time/schedule allows.

### Risk Identification & Surveillance

Platform	Learning Action Items	Key Learning Objectives	Date Completed	Competency Validation Date
In-Person		<ul style="list-style-type: none"> <li>Define the purpose of infection prevention (IP) programs.</li> <li>Identify core activities of an IP program.</li> <li>Understand the processes for developing and implementing IP program policies and procedures.</li> <li>Identify at least three components of an IP program risk assessment.</li> <li>Define surveillance and its purpose.</li> <li>Describe the types of surveillance measures and methods.</li> <li>Describe recommended practices for developing a surveillance plan.</li> <li>Identify resources for collecting, managing, analyzing, and reporting surveillance data.</li> </ul>		
Virtual				
Self-Paced	<ul style="list-style-type: none"> <li><a href="#">CDC Nursing Home Infection Preventionist Training: Module 1 - Infection Prevention &amp; Control Program</a> <ul style="list-style-type: none"> <li>Requires free account set-up and registration.</li> </ul> </li> <li><a href="#">CDC Nursing Home Infection Preventionist Training Course: Module 4 - Infection Surveillance</a></li> <li><a href="#">Clarifying Infection Control Policy Requirements - The Joint Commission</a> <ul style="list-style-type: none"> <li>Note: This learning item is provided for illustrative/application</li> </ul> </li> </ul>			

# Office Hours

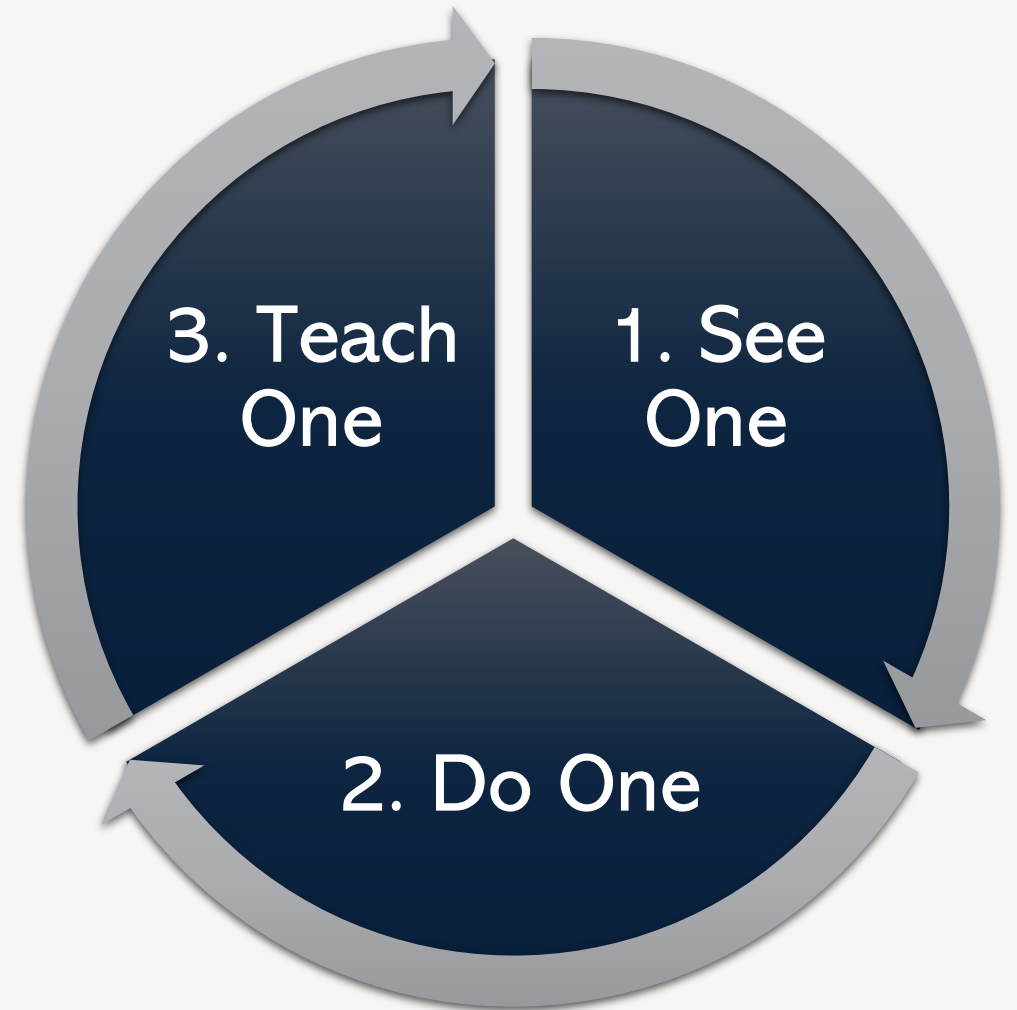
- 50-minute virtual meeting
  - Topic-specific education (25 mins)
  - Open discussion (25 mins)
    - Shared learning
    - Application of concepts
- Recorded and uploaded to MITRAIN



# Shadow & Conduct Site Visit




Watch (shadow) & complete (conduct) a site visit:

- Prep work
- Site visit/ICAR
- Follow-up communication





# Program Outcomes Validation

-  Program outcomes validated
-  Internal validation process completed
-  Outstanding items addressed during check-ins

# Certification



Attests competency to complete site visits



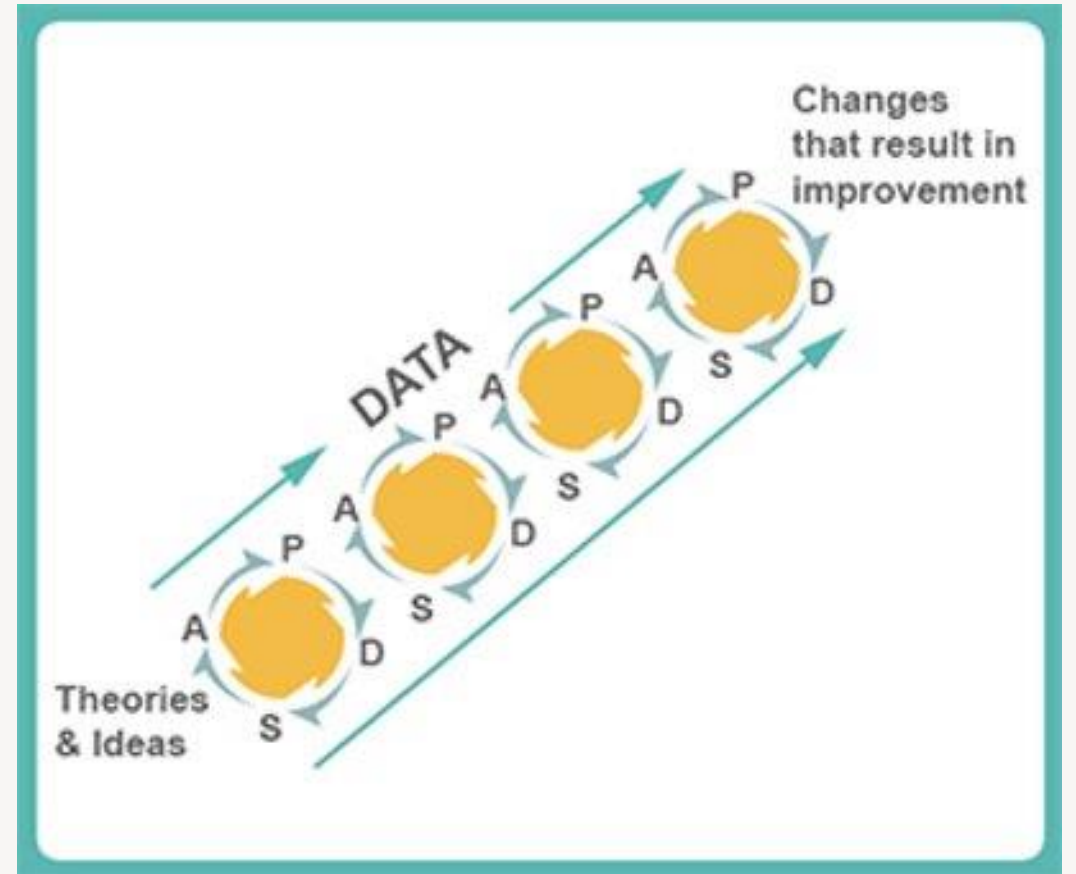
Continued partnership with IPRAT



Routine post-certification check-ins

# Lessons Learned

- Know your scope and stick to it!
- Create strategies that meet project goals
- Phased approach: especially for large-scale projects
- Use a methodology for planning
- Project and team pulse checks



# Questions?

[www.Michigan.gov/IPRAT](http://www.Michigan.gov/IPRAT)

[MDHHS-IPRAT@Michigan.gov](mailto:MDHHS-IPRAT@Michigan.gov)

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