

Key Takeaways:

- An effective infection prevention and control (IPC) program aims to reduce healthcare associated infections (HAI), address emerging infections and pathogens, and improve patient safety.
- IPC programs require infrastructure, including policies and procedures, annual risk assessment, prioritized interventions, surveillance, trained staff, and committed leadership.
- COVID-19 has had an immense impact on health care workers in terms of mortality, physical and mental health, with this impact disproportionately impacting healthcare workers from minority populations.
- COVID-19 has highlighted the need for infection prevention and control programs to focus on addressing health disparities although evidence of disparities in healthcare-associated infections has been noted prior to COVID-19 pandemic.
- Some of the lessons learned during COVID-19 pandemic to further strengthen infection prevention and control programs include:
 - Need for improvement in surveillance for healthcare associated infections
 - Having preparedness plans in place for emerging infections and highly communicable pathogens
 - Better engineering and administrative controls to prevent healthcare-associated infections
 - Making appropriate PPE available and have proper plans in place to use them (e.g. having a respiratory protection program)
 - Finding new strategies to increase vaccination rates for recommended vaccines in both patients and staff
 - Developing plans for reducing health disparities that are contributing to healthcare-associated infections
- Key steps that IPC programs can take to address disparities in hospital-acquired infections:
 - Collect data to identify health disparities.
 - Collaborate with internal and external stakeholders on developing strategies to reduce identified health disparities.
 - Implement QI projects following agreed upon strategies.
 - Develop policies and procedures based on lessons learned from QI projects.
 - Provide relevant training to healthcare workers.

Session 38:

Infection Prevention and Control: Implications of this ECHO for Infection Prevention and Control

Further Reading:	
Infection Prevention and Control	Bryant KA, Harris AD, Gould CV, Humphreys E, Lundstrom T, Murphy DM, Olmsted R, Oriola S, Zerr D. Necessary Infrastructure of Infection Prevention and Healthcare Epidemiology Programs: A Review. <i>Infect Control Hosp Epidemiol</i> . 2016 Apr;37(4):371-80. doi: 10.1017/ice.2015.333. Epub 2016 Feb 1. PMID: 26832072; PMCID: PMC6481289. Available at: NIH National Library of Medicine Website .
	Lost on the frontline, <i>The Guardian</i> and Kaiser Health News. Available at: The Guardian Website .
	Sinha S, Konetzka RT. Association of COVID-19 Vaccination Rates of Staff and COVID-19 Illness and Death Among Residents and Staff in US Nursing Homes. <i>JAMA Netw Open</i> . 2022;5(12):e2249002. doi:10.1001/jamanetworkopen.2022.49002. Available at: JAMA Network Website .
	Engeda JC, Karmarkar EN, Mitsunaga TM, Raymond KL, Oh P, Epton E. Resident racial and ethnic composition, neighborhood-level socioeconomic status, and COVID-19 infections in California SNFs. <i>J Am Geriatr Soc</i> . 2023 Jan;71(1):157-166. doi: 10.1111/jgs.18076. Epub 2022 Oct 5. PMID: 36196970; PMCID: PMC9874461. Available at: NIH National Library of Medicine Website .
	Wiltz JL, Feehan AK, Molinari NM, et al. Racial and Ethnic Disparities in Receipt of Medications for Treatment of COVID-19 — United States, March 2020–August 2021. <i>MMWR Morb Mortal Wkly Rep</i> 2022;71:96–102. Available at: CDC Website .
	Chen J, Khazanchi R, Bearman G, Marcelin JR. Racial/Ethnic Inequities in Healthcare-associated Infections Under the Shadow of Structural Racism: Narrative Review and Call to Action. <i>Curr Infect Dis Rep</i> . 2021;23(10):17. doi: 10.1007/s11908-021-00758-x. Epub 2021 Aug 27. PMID: 34466126; PMCID: PMC8390539. Available at: NIH National Library of Medicine Website .
	Bakullari A, Metersky ML, Wang Y, Eldridge N, Eckenrode S, Pandolfi MM, Jaser L, Galusha D, Moy E. Racial and ethnic disparities in healthcare-associated infections in the United States, 2009–2011 . <i>Infect Control Hosp Epidemiol</i> . 2014 Oct;35 Suppl 3:S10-6.
	Nix CD, Bubbs TN, Maddox VB. Recommendations from the association for professionals in infection control and epidemiology health inequalities & disparities task force. <i>Am J Infect Control</i> . 2023 Jan;51(1):107-109. doi: 10.1016/j.ajic.2022.10.004. Epub 2022 Oct 17. PMID: 36257494. Available at: NIH National Library of Medicine Website .
	Rha B, See I, Dunham L, Kutty PK, Moccia L, Apata IW, Ahern J, Jung S, Li R, Nadle J, Petit S, Ray SM, Harrison LH, Bernu C, Lynfield R, Dumyati G, Tracy M, Schaffner W, Ham DC, Magill SS, O'Leary EN, Bell J, Srinivasan A, McDonald LC, Edwards JR, Novosad S. Vital Signs: Health Disparities in Hemodialysis-Associated Staphylococcus aureus Bloodstream Infections — United States, 2017–2020 . <i>MMWR Morb Mortal Wkly Rep</i> 2023;72:153–159
	Health equity and Antibiotic Resistance. Available at CDC website
Quality Improvement	Hayes CW, Batalden PB, Goldmann D. A 'work smarter, not harder' approach to improving healthcare quality. <i>BMJ Qual Saf</i> 2015;24:100–102. Available at: BMJ Quality & Safety Website .
	Highly Adoptable Improvement Website. https://www.highlyadoptableqi.com/