

# AHCA/NCAL Infection Preventionist Hot Topic Brief

## Annual Review Process for the Infection Prevention and Control Program (IPCP)

### Focal Problem or Issue

Completing an annual evaluation of the infection prevention and control program (IPCP) is a requirement for long-term care facilities. This systematic annual review of key aspects of the facility's IPCP is an expectation of CMS, public health, accreditation organizations and infection prevention and control standards for long-term care and acute care settings. By conducting an annual review, the Infection Preventionist (IP) can identify gaps in the Infection Prevention and Control Program (IPCP) more easily, establish action plans, and implement interventions to drive improvement and reduce infection control risks, utilizing Quality Assurance/Performance Improvement (QAPI) program principles in LTC.

The annual review and update process can be challenging even for experienced Infection Preventionists (IPs). There is no standard template or prescribed method to follow, as each IPCP team creates a written plan tailored to their facility specific needs. This plan must consider the annual Long-Term Care (LTC) Facility Assessment and local community information about the risk of infectious disease spread. By sharing experiences, tools, and completed plan examples with other LTC Infection Preventionists, IPs can develop assessments that best meet their organization's needs and regulatory requirements. While CMS does specify what needs to be done, they do not specify how to do it. The recommendations in this document provide a comprehensive approach that each SNF may consider as they adapt and modify to their unique needs.

The important benefit of the annual review process for the IPCP in the LTC setting is it assists the infection prevention team in the following aspects:

- It provides a comprehensive review of the risks, resources, and identified needs for the IPCP.
- It helps the Infection Preventionist prioritize risks and develop mitigation plans which direct activities for the coming year.
- It provides structure for formally reviewing, identifying gaps, and developing the performance improvement projects and requesting resources that are needed to strengthen the program, all in a timely manner.
- It meets the regulatory requirement of CMS and public health and the requirements of accreditation bodies.

Additional resources can be found at the end of this document in the Resources section. Refer to the [CMS State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities \(F880\)](#) for more in-depth information. ([www.cms.gov](http://www.cms.gov))

## The 6-Step Process

Let's look at performing the task of the annual review of the "Infection Prevention and Control Program" using the following simple "6-Step" process:

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| <b>Step 1:</b> | <b>Annual review and update of the infection prevention and control program (IPCP) plan</b>   |
| <b>Step 2:</b> | <b>Annual review and update of the facility's IPCP assessment ("gap" analysis)</b>  |
| <b>Step 3:</b> | <b>Annual review and update of the Infection Control Risk Assessment (hazard analysis)</b>  |
| <b>Step 4:</b> | <b>Develop the updated surveillance plan and quality improvement plan</b>   |
| <b>Step 5:</b> | <b>Develop revised goals for upcoming year for the IPCP along with the quality improvement plan for improvement needs that are identified by the review process</b> |
| <b>Step 6:</b> | <b>Formal approval of the reviewed and updated annual IPCP Plan documents</b>   |

### Step 1: Annual review and update of the "IPCP Plan"

The IPCP Plan is the written description of the program and is considered the overall policy of the IPCP. It is a comprehensive description of all the program elements, including written IPCP standards, policies, and procedures that are current and based on national standards and it should be reviewed and updated as needed and at least annually. The IPCP should be facility-wide and include all departments and contracted services. Update the plan with information learned in these six steps of the process as you work through completing each and perform analysis of the results during the process.

The following components are recommended for inclusion in the written IPCP Plan:

- **Annual review of healthcare acquired infection (HAI) data** for the facility used to perform the overall facility infection prevention and control risk assessment.
- **Description of the infection prevention and control department** (organization wide, personnel and qualifications of support staff, resources, authority, and IP professional activities). Key points to include are the facility size, type, scope of services, facility and local community components, resident population demographics, types of personnel roles, and a description of the prioritized risks targeted for the year. Goals and objectives for the IPCP Plan (describe broad goals and list a specific measurable objective for each).
- **A chart listing the surveillance plan's activities** that is annually reviewed, updated, and approved by the oversight body for infection control.
- **Description of the performance improvement projects** (PIPs) ongoing or planned for implementation.
- **Description of the emergency management plan** related to infection prevention and control.

## Step 2: Complete Facility IPCP Assessment

A review of the key infection prevention and control program elements using a tool such as a CDC Infection Control And Response (ICAR) assessment tool or something similar, to identify any opportunities for improvement or “gaps” in the program is important to complete. This assessment process is a key component of the annual IPCP review. Also, a review and notation of results of the most recent “LTC Facility Assessment” for infection control aspects to incorporate in this step is important and is required as part of the CMS regulatory intent as well.

## Step 3: Completion of the Infection Control Risk Assessment (hazard analysis) form

This type of assessment tool is available in a customizable template, located in the resource section at the end of this document. Across the top, you will find the headings as to the probability of an event happening, probable level of harm, impact on care, and estimated readiness level that the IPCP is considered at, and total risk level score. Along the left side of the page is a list of Infection Events that is usually customized by the IP team at the facility for their specific needs. Once completed, the scores that are greatest are considered the highest priority for improvement efforts when working on Step 5 below.

## Step 4: Review/update of the overall Surveillance Plan for IPCP

It is best practice for the IPCP to have an annual list of the approved surveillance activities based upon the annual IPCP assessment that will be carried out for the upcoming period of the plan. This is developed during the annual assessment process based on the identified infection control needs within the facility and from requirements from regulatory or accreditation bodies. Regulatory requirements for the surveillance plan, based on the facility assessment, for identifying, tracking, monitoring, and/or reporting of infections, communicable diseases, and outbreaks among residents and staff. The updated list can be reviewed and approved by the IPCP oversight body annually along with the overall reviewed and revised IPCP Plan.

## Step 5: Setting IPCP goals and objectives

Using the information learned in completion of Steps 1–4, the IPCP goals and objectives for the upcoming year are listed using the top several that are the most urgent to accomplish as identified through the analysis of the information reviewed. Reminder that objectives should follow the SMART goals acronym: Specific, Measurable, Achievable, Relevant, and Time-bound.

## Step 6: Approval by IPCP oversight body

Once the written IPCP plan described in Step 1 is updated, it should accompany copies of the supporting revised documents from Steps 2–5 for review and approval by the IPCP executive leadership or other infection control oversight body.

## What is next after the annual review and revision process is completed?

Use the QAPI process to drive performance improvement. While it may be a large list, it can be prioritized according to the facility needs by looking at the population at risk as well as the risks and probability of occurrence. By doing so, the work can be prioritized, and this process can drive continuous quality improvement using the QAPI model utilized by the facility.

## Key Takeaway

Incorporation of the results of the annual IPCP review should be part of the development and revision used by administration for the overall annual Facility Assessment process. Reviewing the program and resource needs identified by the IPCP annual review process and addressing how the identified needs have been or will be met is important.

## Resources

Examples of some references and tools to consider using when completing the IPCP annual review process:

1. Written “IPCP Plan” example from NACCHO: [LTC IC Program Policy Sample](#) (naccho.org)
2. Tool example for performing an IPCP assessment: [Pilot Study Nursing Home Infection Control Worksheet](#) (naccho.org)
3. Tool for conducting IPCP risk assessment hazard analysis from SPICE for long-term care: [SPICE LTC IC Risk Assessment 2020](#) (live.com)
4. Tool for use as reference when developing the IPCP annual plan: [Content of an Infection Prevention and Control Plan](#) (apic.org)
5. [SHEA/APIC Guideline: Infection prevention and control in the long-term care facility](#), Smith, P. et al July 2008, American Journal Infection Control 2008:36:504-35. doi:10.1016/j.ajic.2008.06.001 (apic.org)

## Infection Prevention and Control Program Review Key Points

1. This process should be performed at least annually by the Infection Prevention team, then reviewed and approved by the IPCP oversight committee.
2. The scope of the IPCP should be driven by the size and complexity of the resident population.
3. Think of it as a “process” and not an event, as there are several parts that need to be completed and then analyzed before being brought together in the updated IPCP written plan.
4. The scope of the IPCP should be driven by the facility-wide assessment to determine what resources are necessary to care for its residents competently both day-to-day operations (including nights and weekends) and emergencies.

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