

Self-led Infection Control Evaluation (SLICE)- Infection Prevention & Control Assessment as a Facilitator of Interprofessional Knowledge & Collaboration



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Background

- Recent epidemics have highlighted challenges in infection prevention and control (IPC) preparedness within small, rural, and critical access hospitals (Lastinger et al., 2022).
- Despite advances in IPC materials and practices, small, rural, and critical access hospitals continue to encounter challenges in access to practices and information that is routinely available in larger facility settings (Drake et al., 2018).
- Infection Preventionists (IPs) at small and rural healthcare facilities often serve multiple roles and may not have the resources and support needed to keep up with ever increasing responsibilities (Conway et al., 2013; Rebman et al., 2021).

Purpose

The purpose of this project was to determine if the Self-led Infection Control Evaluation (SLICE) assessment provided opportunities for multidisciplinary collaboration surrounding infection prevention programs and practices in small, rural, and critical access hospitals.

Methods

Sample.

26 IPs from small, rural, and CAH facilities across 7 states participated in a 3.5-month pilot period. Participants were divided into two groups. Group 1 (n=20) assigned 14 domains to complete and Group 2 (n=6) assigned 1-2 domains to complete. 10 IPs were randomly selected to participate in semi-structured interviews.

Experience	Percent of Participants	Percent FTE	Percent of Participants
0-1	19%	0-20%	4%
1-2	26%	21-34%	0%
3-5	26%	35-50%	18%
6-9	22%	51-99%	37%
10+	7%	100%	41%

Measures.

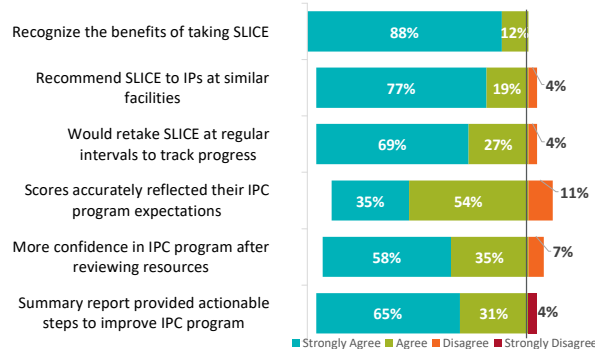
SLICE Assessment: All-in-one tool for infection preventionists to evaluate their IPC programs with immediate access to results and resources for program improvement and gap mitigation.

- 650 questions across 14 IPC specific domains. SLICE includes a summary report with facility specific results, areas for growth, and IPC resources.

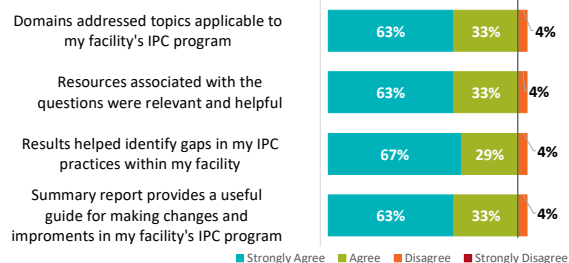
Semi-Structured Interview: A 30–45-minute semi-structured interview was conducted via zoom. Interviews were facilitated by an outside consultant and an IP member of the SLICE development team. Each semi-structured interview was transcribed verbatim. A thematic approach was used to summarize ideas and concepts expressed. A mixed methods framework was used to integrate the qualitative and quantitative findings.

Survey Results

Infection Preventionist Perceptions of the SLICE Tool



Infection Preventionist Views of Domains, Resources, & Results



Interview Results

Increased Awareness of IPC Program Strengths & Gaps	"It did give me a lot of confidence of things that we were doing well...helped me fine tune things that I wouldn't have normally noticed because I assumed they were in there (policies)."
Increased Opportunities for Cross-Department Collaboration	"Working with EVS & being able to show them a tool from someone else to review questions & make a plan together."
Aid in IPC Planning & Training	"It was very valuable for people that have never been in infection control because it at least gives you a place to start to go look and provide resources"
Time Constraints	"Finding resources can be very, very difficult when I don't have a lot of time. I've gotta figure out where my priorities lie. I don't have a lot of time to spend digging through research on IP stuff"
Facility/Provider Buy-In	"We don't have a physician or provider champion, so it's slowly gaining buy-in...it's showing an administrator the everything here(SLICE data) to help"

Results

- 291 SLICE domains were completed across the 3.5-week pilot period.
- Interview results revealed five main themes and multiple sub-themes
- (policy review and update, comment section needed, multiple roles, importance of free vetted resources).
- Majority of pilot users (96%) reported that the SLICE assessment helped identify gaps in their facility's IPC program. Consistent with interview data, IPs reported increased awareness of gaps with actionable steps forward provided by SLICE.
- Multiple IP interviews indicated the importance of facility buy-in across departments to make lasting change and reported that the SLICE tool provided data to help strengthen their points.
- 93% of SLICE pilot users reported that they had more confidence in their IP program after reviewing assessment resources this survey finding was consistent with themes found in interview data indicating that SLICE aligned with IPC policies and practices already in place.

Discussion & Implications

- SLICE was found to be a beneficial tool that allows IPs to holistically evaluate their programs and guide IPC practice and improvement within their facilities.
- Resources provided by the SLICE assessment were relevant to their facility's needs and the summary report was a useful guide for making programmatic changes.
- SLICE promotes IPC program resilience by removing redundant efforts and allows infection preventionists to focus on facility program enhancement and improvement.
- SLICE provides opportunities for IPC discussion and improvement and can provide insight on current IPC trends in US healthcare organizations.

Future Directions

- Continuous review and improvement process to strengthen assessment.
- Resource repository development to include templates, checklists, educational resources that are currently unavailable, and state specific resources.
- Develop facilitation guidelines alongside templates to help bridge communication between IPs, other departments, hospital leadership, and state HAI leaders.
- Expand SLICE utilization across United States and facility types.

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