

## Partner Coordination Efforts to Strengthen Infection Prevention and Control Practices

### *Lessons From the COVID-19 Response*

In the United States, [public health](#), [healthcare](#), and [long-term care facilities](#) (LTCFs) across the nation have faced staffing, testing, and personal protective equipment (PPE) resource capacity challenges, leading to weakened infection prevention and control practices and increasing vulnerability to COVID-19 and other disease outbreaks.

Federal, state, and local government public health agencies have supported healthcare and [LTCF](#) response efforts to strengthen infection prevention and control practices during the COVID-19 pandemic by providing direct funding and resources for partners<sup>1</sup>, enhancing surveillance activities, offering technical assistance, coordinating strike teams, procuring and distributing PPE and testing supplies, and developing guidance, guidelines, trainings, and educational resources. Health departments have served as leaders in coordinating efforts with state surveyor agencies, Quality Innovation Network - Quality Improvement Organizations (QIN-QIOs), and healthcare and nursing home associations to enhance surveillance activities, increase resource and staffing capacity, and improve collaboration.

Below are examples of health department partnership coordination strategies to strengthen infection prevention and control practices during the COVID-19 response.

### **Enhancing Surveillance Activities and Prioritizing High-Risk Facilities**

Health departments exist to improve community well-being and prevent disease, injury, and illness through surveillance, communication, education, and policy development and intervention. During the COVID-19 response, many state and local health departments have worked together to identify healthcare and LTCFs that are high-risk for outbreaks by using test results, hospital admissions data, CDC's [National Healthcare Safety Network \(NHSN\)](#), and information derived from case investigations to locate COVID-19-positive cases to support outbreak investigation and control activities.

- **Georgia:** The Georgia Department of Public Health uses NHSN data to support focused collaboration between local health departments, the state survey agency, Alliant QIN-QIO, the Georgia Hospital Association, Georgia Healthcare Association, and State Ombudsmen. These data are provided to partners weekly and are applied to target, coordinate, and expand response activities in identified high-risk facilities.

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<sup>1</sup> To help support jurisdictions in their COVID-19 response efforts, CDC released a number of [grants and funding opportunities](#) to state, territorial, tribal, and local health departments. These funds are to support health departments' response activities through integrating and enhancing laboratory capacity, epidemiological surveillance, health information systems, communication, and mitigation activities as a means to strengthen infection prevention and control practices.

- **South Carolina:** The South Carolina Department of Health and Environmental Control utilizes NHSN long-term care COVID-19 data to identify and aid in prioritization of facilities for regional infection prevention response activities. NHSN data on resident and staff cases, case rates, PPE and staffing shortages, facility outbreak status, and testing capabilities are sent to regional infection prevention teams across the state, who respond to facilities and provide infection prevention guidance and training, assistance with PPE needs, staffing and testing support, and outbreak assistance.

## Partnerships With State Surveyor Agencies

The state survey agency's role is to conduct inspections, as well as license and certify nursing homes and home healthcare agencies for Medicare and Medicaid compliance. While some state health departments<sup>2</sup> have [partnered](#) with their state survey agencies in the past to identify infection prevention and control best practices and develop training materials, COVID-19 has presented additional opportunities for partnership. Examples of partnership activities during the COVID-19 response include ensuring continuity of [emergency](#) survey and certification activities and conducting timely assessments and surveys to understand the impact COVID-19 has on nursing home infection prevention and control practices.

- **Arkansas:** Building on prior collaborations during the 2014-2016 Ebola outbreak, the state health department's healthcare-associated infection (HAI) program collaborated with the Health Services Permit Agency, LTCF stakeholder groups, and the state's HAI Advisory Council to convene regularly scheduled calls to share response activity updates and data, review infection prevention and control resources, and discuss recommendations for LTCF improvements.
- **Iowa:** The Iowa Department of Public Health and the Department of Inspections and Appeals worked together to develop a LTCF reopening [plan](#) that addresses visitation, screening, testing, and survey activities for each phase of reopening to mitigate and control the spread of COVID-19.
- **North Carolina:** The North Carolina Department of Health and Human Services [adapted](#) CDC's Nursing Home COVID-19 Infection Control and Assessment and Response (ICAR) [tool](#) for local health departments to use to assist LTCFs in preparing for COVID-19 survey activities.

## Collaborations with Quality Innovation Network - Quality Improvement Organizations

Quality Innovation Network – Quality Improvement Organizations ([QIN-QIOs](#)) are entities that contract with the Centers for Medicare & Medicaid Services to provide targeted assistance to nursing homes and assisted living communities to improve patient safety and quality of care. Health departments that collaborated with QIN-QIOs during the COVID-19 response connected with subject-matter experts, implemented quality improvement initiatives to identify and address challenges in infection control practices, and accessed new models of care and best practices on a national scale.

- **Alabama:** The Alabama Department of Health [collaborated](#) with the Alliant QIN-QIO, CDC, local health departments, the Alabama Nursing Home Association, and nursing home staff and residents to evaluate COVID-19 response efforts using CDC's [ICAR tool](#). The stakeholders used the results to

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<sup>2</sup> In some instances, state survey agencies are an entity of the state health department, while in others, they are separate. For some states with state survey agencies located within the health department, this internal partnership emerged during the COVID-19 response.

discuss approaches to addressing challenges implementing infection control practices and identified ways health departments and nursing homes partners can better support nursing home response efforts.

- **California:** The California Department of Public Health is working with the Healthcare Services Advisory Group (HSAG) and CMS to [implement](#) HSAG's quality improvement initiatives to achieve improvements throughout California nursing home facilities to reduce COVID-19 infections. HSAG convenes weekly calls with public and private stakeholders to coordinate communication between hospitals and nursing homes on the status of COVID-19 patients, emergency department surges, LTCF capacity, PPE and testing resources, infection prevention training, and telehealth.

## Collaborations With Healthcare Associations

Healthcare associations represent hospitals, healthcare networks, LTCFs, and other healthcare partners. They are dedicated to advancing their local healthcare system and the well-being of their communities. During the COVID-19 response, some healthcare associations have hosted regularly scheduled public and private stakeholder calls to share updates, challenges, and best practices; developed COVID-19 educational webinars and podcasts; and distributed newsletters and email blasts sharing COVID-19 resources with their members. Multiple health departments are collaborating with healthcare associations to support these activities by providing technical assistance, participating on calls to provide updates, and sharing new and existing state and federal resources.

- **Ohio:** The Ohio Department of Health (ODH) and the Ohio Hospital Association (OHA) [partnered](#) to help coordinate and share COVID-19-related communications and protocols between state and federal agencies and Ohio's healthcare delivery network. OHA has previously partnered with the ODH to develop a regional emergency preparedness network and to lead the Ohio Emerging Pathogen Coalition.
- **Florida:** The Florida Department of Health and Agency for Health Care Administration partnered with the Florida Health Care Association to [develop](#) a series of webinars to share state-level guidance on testing, reporting, patient cohorting, and patient transfer and admissions to LTCFs.
- **Arizona:** [Disaster Ready – Emergency Preparedness Infection Control](#) is a state-wide program administered by the Arizona Health Care Association and LeadingAge and funded by the state's Department of Health Services to assist skilled nursing facilities in developing emergency preparedness plans and providing education and technical assistance in industrial hygiene and facility sanitation.

## Coordination of Strike Teams

[Strike teams](#) are multidisciplinary teams deployed to support public health emergency response efforts. During the COVID-19 response, states stood up strike teams designed to respond to the needs of healthcare and LTCFs experiencing staff, testing, and PPE shortages, and to provide guidance to improve infection control practices as a short-term strategy to minimize the impact of the virus.

- **Louisiana:** The Louisiana Department of Health's HAI Program Team collaborated with CDC's Epidemic Intelligence Service to deploy strike teams to LTCFs to support PPE distribution and conduct [ICAR](#) assessments and COVID-19 testing. The strike teams developed COVID-19-specific ICAR tools that led to recommendations for LTCFs in environmental cleaning, testing, and patient cohorting.

- **Maryland:** Maryland [created](#) state-wide strike teams that included academic experts, the Department of Health, local health departments, emergency medicine professionals, hospital system leaders, and members of the National Guard to provide on-site medical triage, PPE, testing supplies, and equipment to nursing homes across the state.
- **Washington:** The Washington State Department of Health (DOH), with support from CDC, [deployed](#) an HAI strike team to arrange testing, cohort patients, and provide guidance to LTCFs in Yakima Health District when they experienced surges in COVID-19 cases. Additionally, the DOH is [working](#) with the Public Health Seattle & King County and King County Office of Emergency Management to support local government agencies and healthcare facilities by procuring PPE and other medical supplies and developing prioritization [guidelines](#) to help determine a distribution plan.

## Looking Ahead: Opportunities for Public and Private Partnerships

Health departments, healthcare, and LTCF partners can continue to build and support partnerships for HAI and antibiotic resistance prevention and response by employing strategies and tools such as CDC's [Success Framework for HAI/AR Partner Networks](#).<sup>3</sup> Health departments can further support the improvement of infection prevention and control practices in healthcare and LTCF through partnership coordination efforts by:

- **Sharing** state infection prevention and control guidance and policies with healthcare associations.
- **Creating** task forces, workgroups, or strike teams that focus on improving infection prevention and control efforts and inviting key partners to the table, such as HAI leadership.
- **Encouraging** coordination between federal, state, and local health agencies, QIN/QIOs, and state surveyors to identify LTCFs experiencing challenges and to focus on supporting them to build better infection control plans and surveillance.
- **Including** healthcare, LTCFs, and other key partners in state and local preparedness and response planning.

Through these efforts, public health, healthcare, and LTCFs can leverage each other's strengths to target infection prevention and control efforts more effectively. By being experts on their communities, health departments and their partners can be responsive to the unique features of their populations' skilled workforce, age, geography, and overall health status.

These unprecedented response efforts to the COVID-19 pandemic have illustrated that more than ever, partnerships between public health, healthcare, LTCFs, and other essential organizations are critical for rapid and effective action to control disease transmission and protect persons from preventable harms.

*This publication was supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$100,000 with 100% funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.*

<sup>3</sup> *The Success Framework for HAI/AR Partner Networks* serves as a guide for state HAI/AR programs to assess current partnerships and to build, strengthen, sustain, and support the evolution of HAI/AR partner networks. Additionally, the *Success Framework* describes key elements of successful partnerships, such as leadership, strategy and structure, policies, expertise and resources, implementation, communication, monitoring and evaluation, and innovation and adaptation.