Auditing the Organizational Levels of Infection Control in Long-Term Care Facilities within a Quality Network

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INTRODUCTION

Infection prevention (IP) in long-term care facilities (LTCFs) is essential for preventing healthcare-associated infections and combating antimicrobial resistance. However, the degree of organization and implementation of IP measures varies widely between facilities. In the Netherlands, LTCFs are increasingly recognized as important settings for infection prevention, yet systematic insight into their organizational structures is limited.

OBJECTIVE

To assess the organizational levels of infection control in Dutch LTCFs participating in a structured quality network.

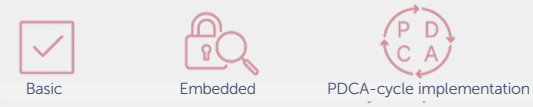
This Network is based on 4 pillars:

1. Working with a quality standard
2. Independent peer review
3. Knowledge sharing
4. Continuous improvement

METHODS

- The quality standard and assessment framework were co-created with stakeholders.
- Structured reviews were conducted by peer-experts (one with IP-, and one with health-care background) together with the policy advisor or quality officer of the LTCF.
- Eight key IP domains were evaluated:

- Each domain was assessed at three levels:



- The visited LTCFs received a personalized report with recommendations.
- Findings per domain were shared on a private digital platform to stimulate knowledge sharing.

RESULTS

- 19 site visits across 15 organizations.
- A wealth of knowledge exists across LTCFs. However, no single location possesses all relevant expertise, creating opportunities for peer learning.
- Results per domain were visualised and shared with all participants. *Table 1* shows the results within the domain "Environmental Cleaning", for all 19 LTCFs.

- **Key findings**
  - Basic level:
    - 4/19 LTCF provided structured IP training for new staff.
    - 6/19 LTCF had cleaning protocols available.
  - Embedded level:
    - None monitored hand hygiene compliance.
    - 6/19 assessed personal hygiene adherence.
    - 5/19 LTCF conducted periodic cleaning quality checks
  - Full PDCA-cycle:
    Governance, outbreak management, protocol management, and MRSA/MDRO management were relatively well developed. However, only 5/17 sites performed a MRSA/MDRO risk assessment at resident intake.

Table 1: Domain result: Environmental cleaning

date	LTCF	BASIC	EMBEDDED		PDCA-CYCLE IMPLEMENTED	
		Cleaning & disinfection protocol available, including instructions and responsibilities	Periodical inspection of the cleaning process takes place	Periodical assessments of cleaning quality through (objective) measurement	PDCA cycle is in place based on the results of the assessment.	Client satisfaction regarding cleaning is assessed with follow-up
04-05-2022	LTCF 1					
10-05-2022	LTCF 2	0	0	0	0	0
17-05-2022	LTCF 3		0	0	0	0
25-05-2022	LTCF 4	0	0	0	0	0
05-11-2022	LTCF 5		0	0	0	
19-06-2023	LTCF 6	0				0
28-06-2023	LTCF 7		0	0	0	0
30-10-2023	LTCF 8	0	0	0	0	
07-11-2023	LTCF 9		0	0	0	0
09-11-2023	LTCF 10			0	0	0
21-11-2023	LTCF 11		0	0	0	0
29-11-2023	LTCF 12		0	0	0	
22-01-2024	LTCF 13					0
19-02-2024	LTCF 14		0	0	0	0
18-03-2024	LTCF 15		0	0	0	0
13-05-2024	LTCF 16	0	0	0	0	0
19-09-2024	LTCF 17		0	0	0	
13-11-2024	LTCF 18			0		
16-12-2024	LTCF 19	0	0	0	0	0

not in place
implemented

CONCLUSION

The organization of IP varies considerably across Dutch LTCFs.
Governance and protocol management are relatively well-developed, but compliance monitoring, training, and cleaning requires improvement.
The structured quality network fosters peer-learning and knowledge-sharing, supporting LTCFs in strengthening infection prevention.

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