

vSNF Workgroup | Workshop #16

Sustaining IPC Changes

October 11, 2023

Healthcare-Associated Infections Program
Center for Health Care Quality
California Department of Public Health



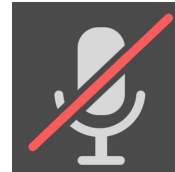
Housekeeping Reminders



This session is
being recorded



If your name does
not show up,
please “right click”
to rename



Please stay muted
if you are not
speaking



To comment, you
can unmute or
type into the Chat

Implicit Bias

- Describes how our unconscious attitudes or judgements can influence our thoughts, decisions, or actions
- Includes involuntary, unintentional perceptions made without awareness
- Occurs as our brains sort information and perceive data to understand our world
- Affects our decisions, contributing to societal disparities
 - Self awareness about implicit bias can promote healthcare diversity and equality
- Learn more about your own implicit bias at [Project Implicit](https://implicit.harvard.edu/implicit/) (implicit.harvard.edu/implicit/)



Agenda

12-12:05PM	Welcome
12:05-12:10PM	Onsite Assessment Summary
12:10-12:50PM	Sustaining IPC Change
12:50-1:05PM	QI Project Update: Camellia Gardens
1:05-1:15	vSNF Graduation
1:15-1:30PM	Next Steps



ONSITE INFECTION PREVENTION ASSESSMENT FINDINGS



Baseline, Midpoint, and Final Onsite Assessments

- 6 facilities participated IP assessments
 - Date ranges:
 - Baseline: 04/01/2022-05/31/2022
 - Midpoint: 11/01/2022-01/31/2023
 - Final: 08/01/2023-09/30/2023
-
-

Assessment Summary – Facility Strengths

- Leadership is committed to prevent transmission of MDRO within the facility
- Staff and the leadership receptive to make changes to improve IPC practices, enthusiastic to learn
- Multidisciplinary teams focusing on IPC
- Adequate supplies and resources are accessible
- Commitment to patient safety and resilience to personnel changes
- Ongoing training re: hand hygiene, PPE, and environmental cleaning and disinfection practices
- Continued adherence monitoring (e.g., ventilator-associated pneumonia prevention tool)

Adherence Monitoring of Core Infection Prevention Practices, Baseline versus Endpoint Assessments

	Percent Adherence at Baseline	Percent Adherence at Endpoint
Hand Hygiene (N=6)	68%	77%
Environmental Cleaning and Disinfection (N=4)	60%	79%
Fluorescent Marker Assessment (N=6)	53%	74%

Recommendations

Training and education

- Continue to provide IPC training to staff and contracted staff
- Re-train staff as needed (use adherence monitoring to determine who needs additional support)
- Use additional resources, e.g., Project Firstline, WHO's 5 Moments for Hand Hygiene

Evaluation

- Continue to monitor adherence to IPC practices, e.g., use secret shoppers
- Provide feedback directly to frontline staff, e.g., post results in the breakroom or at nurse stations
- Celebrate successes and coach on practice



SUSTAINING IPC CHANGE



Chat Engagement

In one word: What does “sustaining IPC change” mean to you?

Sustainability is achieved when the innovation loses its separate identity and becomes part of regular activities.

Change

- Motivated by aspiration rather than by a defense against a threat
- Team learning project rather than as individual skill acquisition
- Organizational challenge rather than a technical challenge

Basic Concepts of Patient Safety

1. User-centered design
2. Avoid reliance on memory
3. Attend to work safety
4. Avoid reliance on vigilance
5. Train concepts for team
6. Involve residents in their care
7. Anticipate the unexpected
8. Design for recovery
9. Improve access to accurate, timely information

1. User-Centered Design

- Understanding how to reduce errors
 - Framing likely sources of error and pairing them with effective ways to reduce them
- Making things visible
 - Incorporating information that communicates how equipment or a workspace should be used
 - Examples: clean/dirty in storage, isolation signs, placing ESP sign at a set location for every resident on ESP

[Contact Precautions | Centers for Disease Control and Prevention](https://www.cdc.gov/infectioncontrol/pdf/contact-precautions-sign-P.pdf) (PDF)
(www.cdc.gov/infectioncontrol/pdf/contact-precautions-sign-P.pdf)

STOP **CONTACT PRECAUTIONS** **STOP**
EVERYONE MUST:

 Clean their hands, including before entering and when leaving the room.

PROVIDERS AND STAFF MUST ALSO:

 Put on gloves before room entry. Discard gloves before room exit.

 Put on gown before room entry. Discard gown before room exit.
Do not wear the same gown and gloves for the care of more than one person.

 Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

V-611 505-6153

1. User-Centered Design

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[CDPH ESP Sign](#) (PDF)

(www.cdph.ca.gov/Programs/CHCQ/HAI/CDPH%20Document%20Library/ESP_6_MomentsSignage.pdf)



2. Avoid Reliance on Memory

- Standardize and simplify the structure of a task
- Minimize the demand on working memory, planning, or problem solving
- Examples: Frontline staff IPC training flipcharts for just-in-time training, EVS checklist for high-touch surfaces, CDPH Interfacility Transfer Tool, ESP Resource Guide

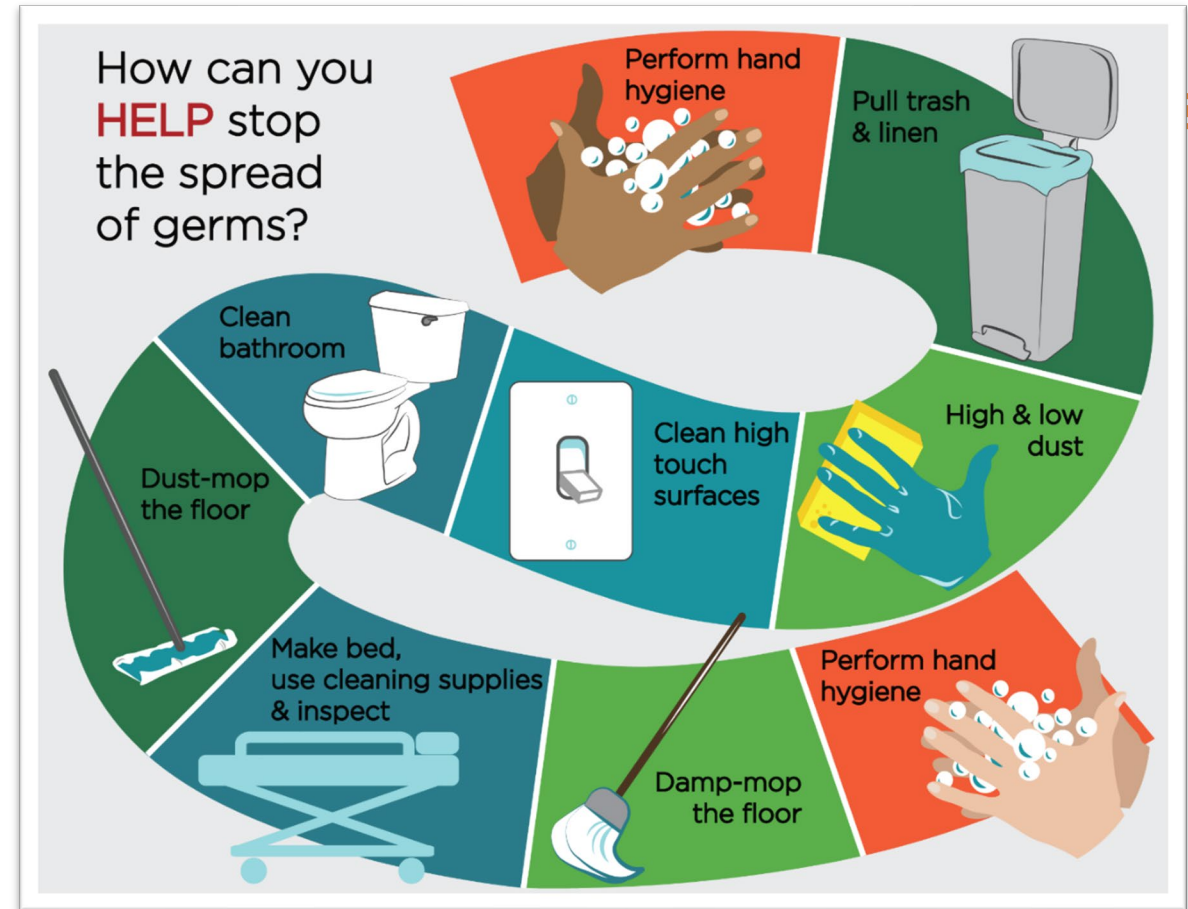


[vSNF Resources webpage](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/vSNF.aspx)

(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/vSNF.aspx)

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These [APIC materials are downloadable](https://www.apic.org/resources/topic-specific-infection-prevention/environmental-services/free) (apic.org/resources/topic-specific-infection-prevention/environmental-services/free,) of charge. All may be adapted for use at your facility, except for the pre-recorded audio versions of module presentations.

3. Attend to Work Safety

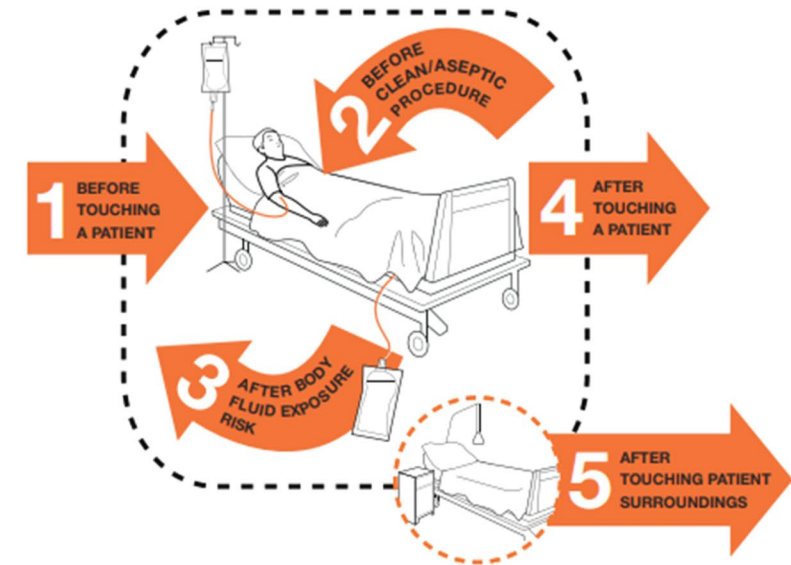
- Evaluate conditions of work including work hours, staffing ratios, and sources of distraction
- This is a team effort!
- Examples:
 - Ergonomic cart set up
 - Hand irritation from soap/ABHR
 - Safe injection device product review
 - Wet floor signs



4. Avoid Reliance on Vigilance

- Use reminders (e.g., signage, pamphlets)
- Employ equipment that notifies or automates some functions (e.g., bed or ventilator alarms)
- Provide checklists
- Examples: Hang hand hygiene signage - *5 Moments for Hand Hygiene, How to Handwash, How to Handrub*

Your 5 Moments for Hand Hygiene



1	BEFORE TOUCHING A PATIENT	WHEN? Clean your hands before touching a patient when approaching him/her.
		WHY? To protect the patient against harmful germs carried on your hands.
2	BEFORE CLEAN/ASEPTIC PROCEDURE	WHEN? Clean your hands immediately before performing a clean/aseptic procedure.
		WHY? To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3	AFTER BODY FLUID EXPOSURE RISK	WHEN? Clean your hands immediately after an exposure risk to body fluids (and after glove removal).
		WHY? To protect yourself and the health-care environment from harmful patient germs.
4	AFTER TOUCHING A PATIENT	WHEN? Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side.
		WHY? To protect yourself and the health-care environment from harmful patient germs.
5	AFTER TOUCHING PATIENT SURROUNDINGS	WHEN? Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched.
		WHY? To protect yourself and the health-care environment from harmful patient germs.



World Health
Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES


Clean Your Hands

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May 2010

5. Train Concepts for Teams

- Training programs and healthcare should establish interdisciplinary team training
- Example: *Who Cleans What?* tool



Healthcare-Associated Infections Program
Environmental Cleaning and Disinfection – Who Cleans What?

Everyone is responsible for cleaning and disinfection of the healthcare environment. Keep an updated list of *who cleans what* in your policy. Customize the below template to correspond to your facility policy (e.g., add/delete roles in the top row, add/delete items in the left column). Mark the appropriate columns below with an “X” to designate responsibility, and denote frequency of cleaning (e.g., daily) or when to clean (e.g., before use). Revisit the list on a regular basis to ensure accuracy. Keep this list on cleaning carts, etc., for quick reference.


Date Last Verified:

Who is responsible for cleaning/disinfection of:	Housekeeping	CNA	LVN	RN	RT	PT/OT	Other
ABHR dispenser							
Bathroom							
Bedrail							
Blood pressure machine							
Call button							
Charting area							
Feeding pump							
Floor							
Floor, with large spill							
Glucometer							
In-room computer/keyboard							
IV pole							
IV pump							
Light switch							
Medication cart							
Oxygen tank							
Patient bed scale							
Patient lift							
Patient linen							
Pill crusher							
PPE container							
Privacy curtains							

6. Involve Residents in Their Care

- Invite residents and families to become part of the care process
- Safety improves when residents and families know their care condition, treatments, and technologies used in their care
- Residents need clear information regarding next steps after discharge

HOW can you help?
Visitors and family members help residents understand the importance of keeping themselves clean, room cleaning, and following Enhanced Standard Precautions.




If there is a sign on the door, we ask visitors to please:

- Wash hands or use alcohol-based hand gel many times to clean your hands. Always clean your hands when going into the resident's room, and again when leaving the room. The hand gel in this facility kills germs when hands don't look dirty. Use soap and water if you have dirt on your hands.
- Wear gowns and gloves when helping staff members with caring for a resident who requires close contact. Don't touch blood, body fluids, or open sores without wearing gowns and gloves.
- [Read the directions listed on the door sign.](#) The sign will show if a resident is on special precautions such as Contact or Droplet Precautions.

The Six Moments for Enhanced Standard Precautions


You will see this sign on a resident door when Enhanced Standard Precautions is required.



Change and discard gown and gloves and perform hand hygiene between each resident and before leaving room.


For more information visit the [ESP webpage](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ESP.aspx) (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ESP.aspx)

Enhanced Standard Precautions (ESP) in Skilled Nursing Facilities Information for Residents and Families



We want to keep everyone safe. We use what is called 'Enhanced Standard Precautions' to stop the spread of certain germs. If done carefully, it will allow most residents to leave their rooms. That will let them take part in activities with others in common areas. Enhanced Standard Precautions are not like precautions used in hospitals.

This information is about what Enhanced Standard Precautions are, how they are used in this building, and what you can do to help.



[Enhanced Standard Precautions Resources](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ESP.aspx)

(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ESP.aspx)

7. Anticipate the Unexpected

- The likelihood of error increases with reorganization, mergers, and other organizational changes (e.g., staff turnover)
- Using standard tools stabilizes data collection and the infection prevention program
- Recommended practices: look at what is in place for infection prevention, establish a multidisciplinary team, become involved with the infection prevention team

8. Design for Recovery

- Infection prevention “state of change”: errors may occur, guidance may change
- Design and plan for recovery by duplicating critical functions and making it easy to update processes
- Use simulation training to practice recovery strategies
- Example: Managing “COVID-19 positive” guidance changes following increases in COVID-19 transmission knowledge

9. Improve Access to Accurate and Timely Information

- Information for resident care decisions should be available at the point of care
- Adapt teaching/training materials with updated and accurate guidance
- Examples: Use CDPH HAI Program and CDC training materials (e.g., Project Firstline); adherence monitoring

CNA IPC Training Materials

Module 1: Standard Precautions

This course reviews the six elements of Standard Precautions and provides participants with an understanding of why these practices are needed to maintain a safe environment of care and reduce healthcare-associated infections (HAI).

- Webinar Recording
- Webinar Slides
- Webinar Recording
- Webinar Slides



CNA Toolkit



EVS Toolkit



[vSNF Resources](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/vSNF.aspx) (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/vSNF.aspx)

[Project Firstline Resources](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ProjectFirstline_Resources.aspx) (www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/ProjectFirstline_Resources.aspx)



ADDITIONAL CONSIDERATIONS FOR SUSTAINING IPC PRACTICES AND PROVIDING ONGOING TRAINING



Leadership Engagement

- Leadership participation must be interactive with the team
 - Ensure team members are coordinated with the same goals
 - Ensure there is support for interdisciplinary decision making
- Leadership should be willing to learn from, listen to, and work with staff to improve patient safety
- Leadership should support both technical (structural) and socio-adaptive (cultural) work of change
 - Example: Installing enough hand hygiene dispensers when need is identified establishes culture of safety
- Discuss budget and resources with leadership

Perform Regular Risk Assessments

- Performing risk assessments will help you prioritize need and organize plans to move forward
 - Identify continued need and urgency
 - Can't address a situation without knowing the level of risk
- Conduct risk assessment yearly or more frequently (e.g., after outbreak)
- Communicate the need for sustained efforts or change with leadership and staff

INFECTION EVENT	PROBABILITY OF OCCURRENCE (How likely is this to occur?)				LEVEL OF HARM FROM EVENT (What would be the most likely?)		
	High 3	Med. 2	Low 1	None 0	Serious Harm 3	Moderate Harm 2	Temp. Harm 1
Facility-onset Infections(s)							
Device- or care-related							
Catheter-associated urinary tract infection (CAUTI)							
Central line-associated bloodstream infection (CLABSI)							
Tracheostomy-associated respiratory infection							
Percutaneous-gastrostomy insertion site infection							
Wound infection							
Other (specify):							
Resident-related							
Symptomatic urinary tract infection (SUTI)							
Pneumonia							
Cellulitis/soft tissue							
<i>Clostridioides difficile</i> infection							
Tuberculosis*							
Other (specify):							
Outbreak-related							
Influenza*							
Other viral respiratory pathogens*							
Rotavirus gastroenteritis*							
Bacterial gastroenteritis (e.g., <i>Salmonella</i> , <i>Shigella</i>)							
Scabies							
Conjunctivitis							
Group A <i>Streptococcus</i> *							

[IPC Risk Assessment Sample | Centers for Disease Control and Prevention \(Excel\)](https://www.cdc.gov/longtermcare/excel/IPC-RiskAssessment.xlsx)

(www.cdc.gov/longtermcare/excel/IPC-RiskAssessment.xlsx)

Anchor Approaches in Your Facility Culture

- Embrace the team approach; bring involved parties to the table
- Create frequent opportunities for collaboration
- Establish trust; keep it positive
- Provide peer support / mentorship for evidence-based IP practices
- All team members' have a voice; remember to listen



Form Mentorships and Partnerships (Internal and External)

- Mentorship and partnership help keep you engaged in the work
 - Become your own advocate
 - Be a mentor for other staff/facilities
 - Seek a mentor if needed
 - Can be formal or informal
 - Form community partnerships with vSNF, LHD, and APIC chapters
-
-

Continuously Celebrate (Any Size) Success

- Share feedback
 - *Look, we're doing so well! Or, this month we've accomplished XYZ.*
- Provide positive support; open forum
- Use this as a motivator to produce more change

Thought Questions

- Would you want a loved one to be a resident at your facility?
 - Would you want to be a resident in your facility?
 - Can you say with 100% certainty that you believe your facility does everything it can to protect its residents?
-
-



QI PROJECT UPDATE: CAMELLIA GARDENS CARE CENTER
SHYNE REALICA, IP NURSE





Camellia Gardens Care Center

1920 N. Fair Oaks Ave

Pasadena, CA 91103



CAMELLIA GARDENS CARE CENTER

- Skilled Nursing Facility - 52 beds
- Subacute Unit - 28 beds

Total number of employees:
120 (approximately)



Who Are Infection Preventionists?

Infection preventionists (IPs) are specially trained professionals, leaders, educators, and collaborators from diverse backgrounds, including nursing, public health, laboratory, and allied health fields.



IPs work on the frontlines to prevent infections in:

HEALTHCARE SYSTEMS AND HOSPITALS
Acute care to critical access

An icon of a hospital bed with a monitor and an IV drip.

LONG-TERM CARE FACILITIES
Nursing homes to behavioral health

An icon of a person sitting in a wheelchair.

CLINICS
Ambulatory surgery to dialysis

An icon of a dialysis machine and a heart.

HEALTH AGENCIES
Public health to government agencies

An icon of a classical building with columns.

NON-HEALTHCARE SETTINGS
Schools to correctional and detention facilities

An icon of a school building.

INDUSTRY SETTINGS
Manufacturers to supply chain companies

An icon of a microscope and a gear.

What Do IPs Do?

IPs promote a culture of safety and impact the health of patients, workers, staff, and community members. Their advocacy and work extend throughout the organization and the community.



Who Do IPs Work With?



HEALTHCARE LEADERSHIP

Senior Leaders, managers, and supervisors

HEALTHCARE DEPARTMENTS

Clinical:

Physicians, nurses, therapists, pharmacists

Operational:

Food and nutritional services, environmental services, supply chain, facility maintenance professionals

PUBLIC HEALTH

Local, state, federal



COMMUNITY PARTNERS

First responders, regional healthcare coalitions, healthcare associations

REGULATORY AGENCIES

Centers for Medicare & Medicaid Services (CMS), Occupational Safety and Health Administration (OSHA), Accrediting organizations

PROFESSIONAL ORGANIZATIONS

Association for Professionals in Infection Control and Epidemiology (APIC), Society for Healthcare Epidemiology of America (SHEA), Infectious Diseases Society of America (IDSA)

INDUSTRY

Medical device manufacturers, medical equipment and supply vendors, industry clinical/science liaisons

Learn more about the infection preventionist profession

SKILLS AND ROLES HOW TO BECOME AN IP

[Who are infection preventionists? apic.org/who-are-infection-preventionists](https://www.apic.org/who-are-infection-preventionists)

[IPs Save Lives \(APIC video\) https://www.youtube.com/watch?v=5rPi900hA700](https://www.youtube.com/watch?v=5rPi900hA700)

[The Value of Infection Preventionists \(APIC video\) https://www.youtube.com/watch?v=43WV-vY2a8c&t](https://www.youtube.com/watch?v=43WV-vY2a8c&t)

[APIC Competency Model apic.org/infection-preventionist-ip-competency-model](https://www.apic.org/infection-preventionist-ip-competency-model)

[Become an Infection Preventionist apic.org/what-is-an-infection-preventionist](https://www.apic.org/what-is-an-infection-preventionist)

[Infection Preventionists: Healthcare Specialists Dedicated to Infection Prevention and Control apic.org/IP-facts-sheet](https://www.apic.org/IP-facts-sheet)

[APIC IP Academic Pathway apic.org/ip-academic-pathway](https://www.apic.org/ip-academic-pathway)

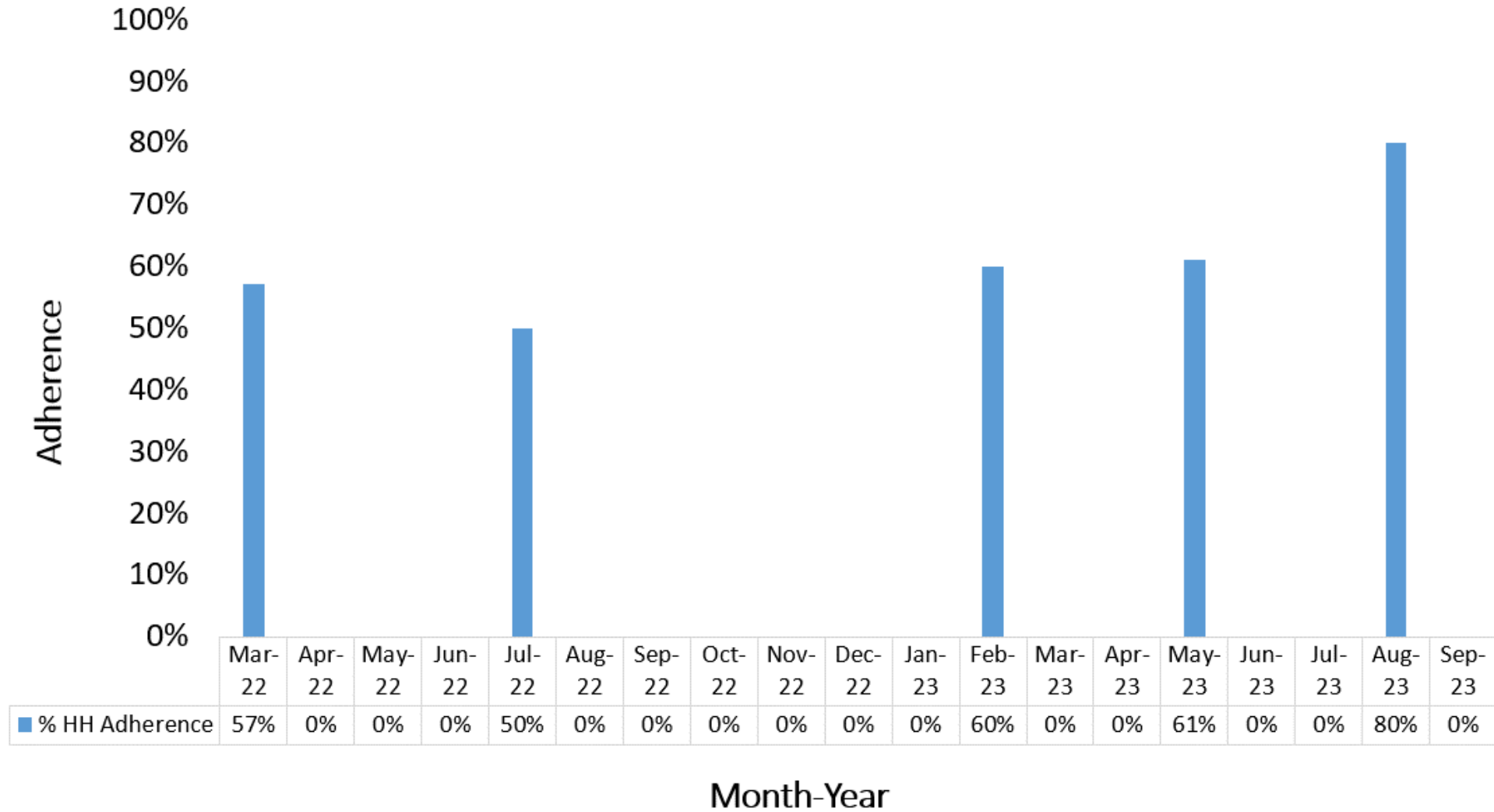
CHALLENGES ..



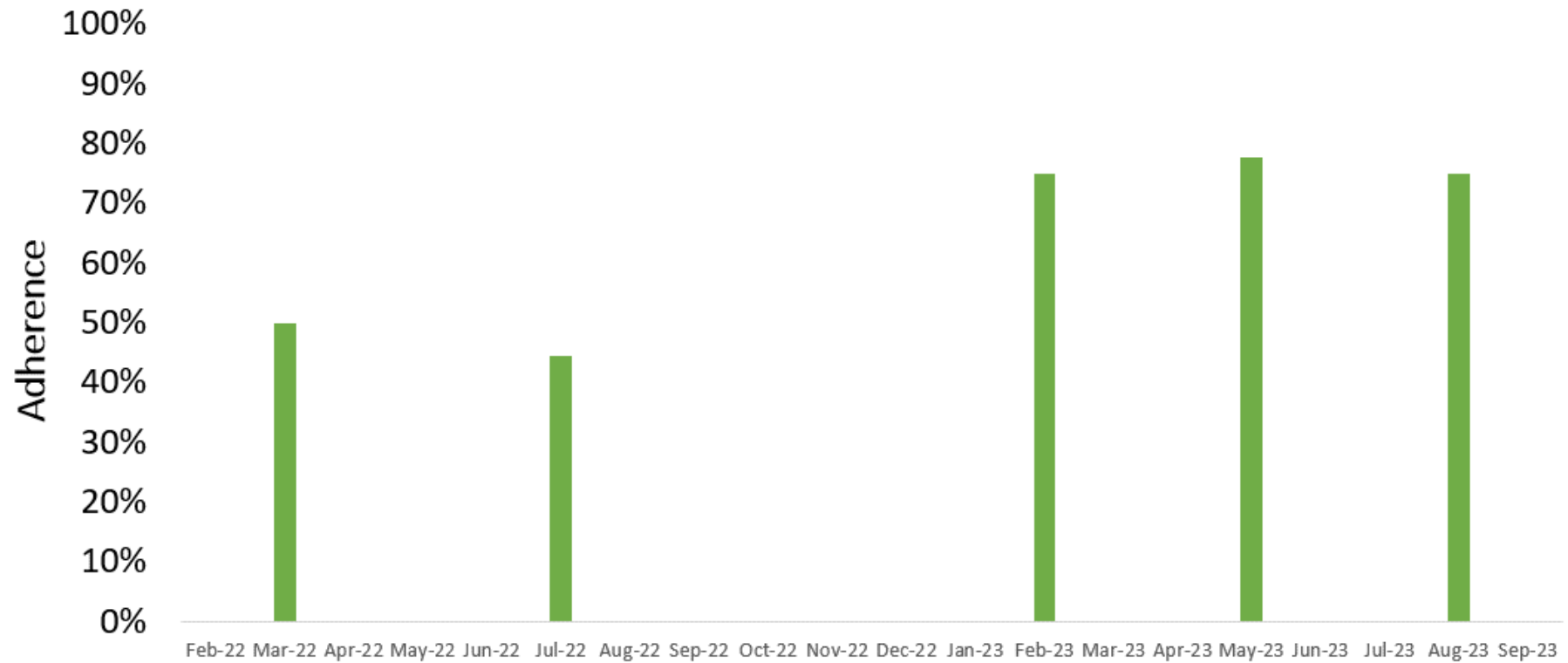
Coming together is a beginning; keeping together is **PROGRESS**;
working together is success



Adherence To Hand Hygiene



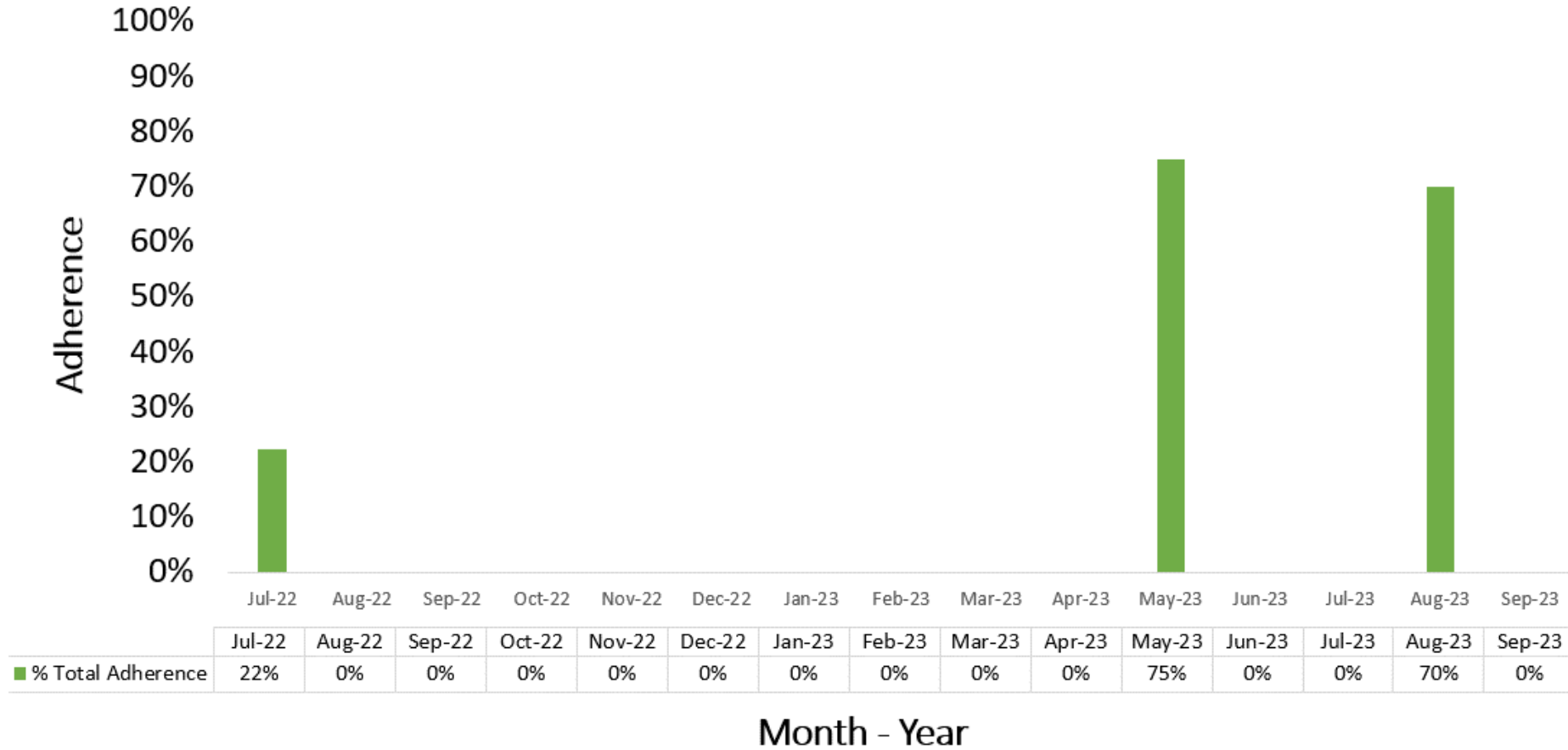
Adherence To Environmental Cleaning and Disinfection



	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
■ % EVS Adherence	0%	50%	0%	0%	0%	44%	0%	0%	0%	0%	0%	0%	75%	0%	0%	78%	0%	0%	75%	0%

Month-Year

Adherence To Environmental Cleaning and Disinfection Practices by Fluorescent Marker Assessment





VSNF WORKGROUP GRADUATION



vSNF Commitments

- ✓ Participate in onsite infection prevention assessments with HAI Program
- ✓ Plan and implement a quality improvement project specific to facility needs (with hand hygiene or environmental cleaning and disinfection component) – and share progress with the Workgroup!
- ✓ Actively engage in web-based workshop activities



STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE-ASSOCIATED INFECTIONS (HAI) PROGRAM
850 MARINA BAY PARKWAY
RICHMOND, CALIFORNIA 94804

CERTIFICATE OF PARTICIPATION

THIS CERTIFICATE IS PRESENTED TO

[FACILITY NAME]

FOR PARTICIPATION IN THE

VENTILATOR-EQUIPPED SKILLED NURSING FACILITY (vSNF) WORKGROUP
TO PREVENT MULTIDRUG-RESISTANT ORGANISMS (MDRO)
APRIL 2022—OCTOBER 2023



A handwritten signature in black ink, appearing to read "Erin Epson".

ERIN EPSON, MD
Chief & Medical Director, CDPH HAI Program

Participation in the vSNF Workgroup was an 18-month commitment to infection prevention and control (IPC). Facilities committed to planning and implementing a quality improvement project focused on core IPC strategies, participated in onsite IPC assessments, and engaged in regular educational webinars.
The CDPH HAI Program congratulates you on your successful participation in the vSNF Workgroup!

Camellia Gardens Care Center

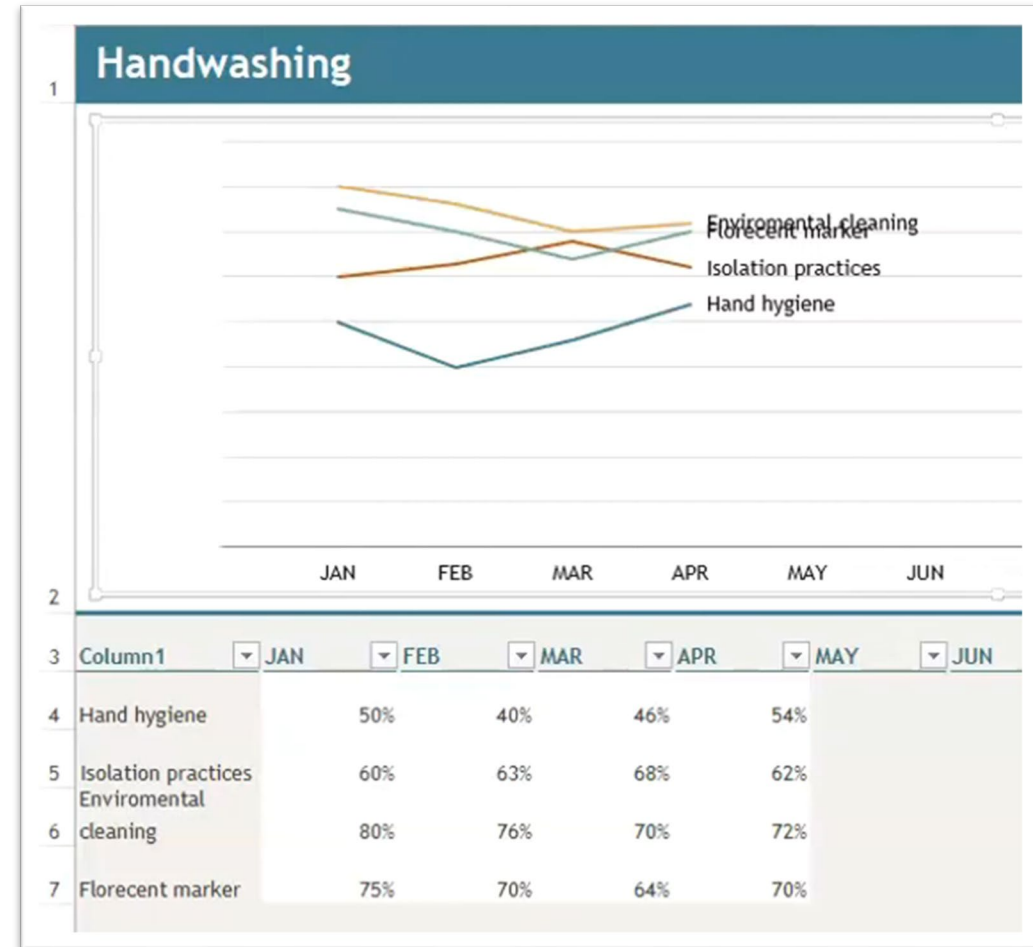
- vSNF Champion
 - Shyne Realica
- QI Project: Focus on both improving hand hygiene and environmental cleaning and disinfection.



Pacific Care Nursing

- vSNF Champion
 - Susanna Trejo
 - Steven Kang
 - Manibel Gutierrez

- QI Project: Focused on improved hand hygiene
 - Had multidisciplinary core staff that held each other accountable
 - Conducted hand hygiene rounds



Walnut Creek Skilled Nursing and Rehabilitation Center

- vSNF Champions
 - Olivia Enriquez
 - Michelle Layoso
 - Bennett Bamba
 - Bridgette Najjar
 - Florence Hufana
 - Sobia Bibi

Improve

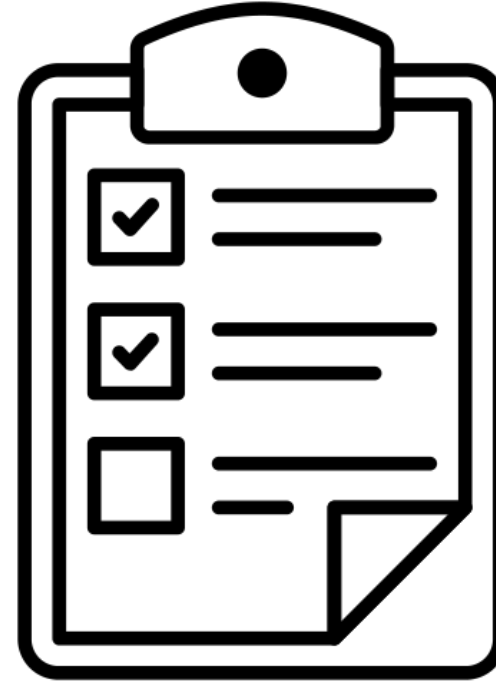
- Baseline HAI Assessment in June 2022
 - 55% Adherence
- Final HAI Assessment in August 2023
 - 85% Adherence



- QI Project: Improve hand hygiene by increasing the number of secret shoppers, posting adherence data in common areas for staff to view, and providing hand hygiene education to staff.

Rady Children's Hospital

- vSNF Champions
 - Michelle Goldbach
 - Alyssa Moriss
 - Nayiri Manjikian
 - Sondra Lintz
- QI Project: Expanded Enhanced Standard Precautions methods to provide care to children who were in isolation with MDRO to maintain a safe environment of care while promoting child growth and development.
 - Tailored the “Who cleans what” form to their facility
 - Would like to get more staff engagement with audits



Windsor Rosewood Care Center

- vSNF Champions
 - Elmar Paeste
 - Danielle Gillis
 - Lauren Lucero
- QI Project: Provide clean and sanitized living conditions to prevent the spread of communicable disease by
 - Investing in staff education
 - Establishing a consistent and regular surveillance and monitoring schedule
 - Identifying missed opportunities and developing interventions and solutions
 - Using fluorescent marker assessment tool

TIPS

CLEANING FROM HIGH TO LOW OR TOP TO BOTTOM.

START FROM CLEANER TO DIRTIER AREAS.



CREATE A SYSTEMATIC WAY OF ENVIRONMENTAL CLEANING PROCESS.

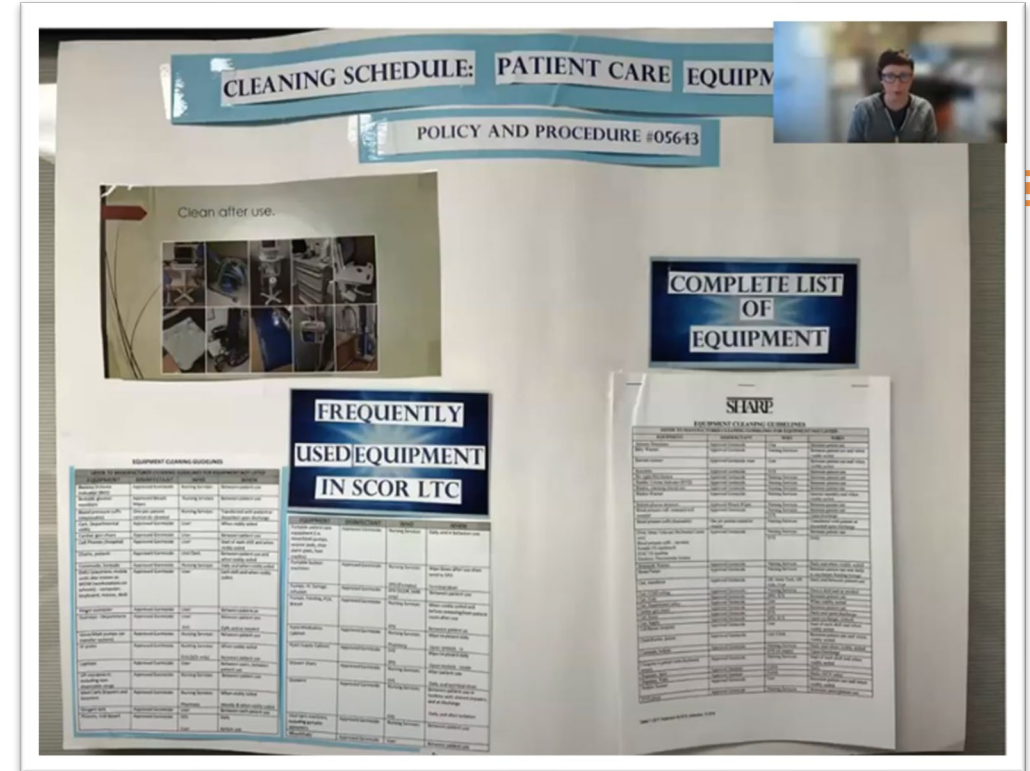
USE THE PROPER SOLUTIONS AND CHEMICALS.



12

Villa Coronado

- vSNF Champions
 - Lindsay Schimpf
 - Concord Bautista
 - LTC Hospitalization Reduction Team
- QI Project: Reduce hospitalizations due to complications from infection
 - Established multidisciplinary team, developed pneumonia prevention audit tool, standardized processes, created cleaning reference, implemented ESP guidelines, improved PPE signage
 - Continue measurement and adherence monitoring



CONGRATULATIONS!





NEXT STEPS



Poll Question #1

Are you interested in receiving a list of all vSNF Workgroup participant contact information?

- Yes
 - No
 - Unsure
-
-

Poll Question #2

Are you interested in participating in a follow-up conversation with an HAI Program Infection Preventionist (e.g., when rolling out Enhanced Standard Precautions)?

- Yes, in 3 months
- Yes, in 6 months
- Yes, in 12 months
- No
- Unsure

Share one objective you/your facility met as a result of participating in the vSNF Workgroup.

Come off mute, share in chat, or annotate on the slide.

Next Steps

- Fill out the **course evaluation** (required for CEU)
 - Continue **implementing your QI project**
 - Access resources** on the [vSNF webpage](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/vSNF.aspx)
(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/vSNF.aspx)
 - Reach out** with questions anytime – HAIProgram@cdph.ca.gov
 - Nominate** a facility for Cohort 3 (Recruitment in early 2024)
-
-

Questions?

Contact Erin Garcia at Erin.Garcia@cdph.ca.gov