

JULY 2022

# SUMMARY REPORT-YEAR 1

CDPH-HAI PROJECT FIRSTLINE TEAM



***Thank you for your contributions to California's Project Firstline!***

*Your valuable feedback on our learning needs assessment (LNA) has helped us better develop curricula for Certified Nursing Assistants (CNA).*

*This report summarizes LNA findings, our experience, and future plans.*

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## Executive Summary

- California's Project Firstline distributed a learning needs assessment (LNA) to assess infection prevention and control (IPC) training needs for Certified Nursing Assistants (CNA).
- We received 193 responses from 97 skilled nursing facilities (SNF) in 69% of our targeted local health jurisdictions (LHJ).
- Most CNAs and leadership staff agreed that CNAs are knowledgeable and confident in performing IPC practices as well as understand *why* it is important to follow them; but they also agree that there are gaps in adherence to those practices.
- Respondents shared preferred training styles and ideas for post-training support that we have since incorporated into our program.
- Since July 2021, we've hosted more than 45 training sessions with over 1600 participants, including 700 CNAs from over 250 SNF.

## Introduction

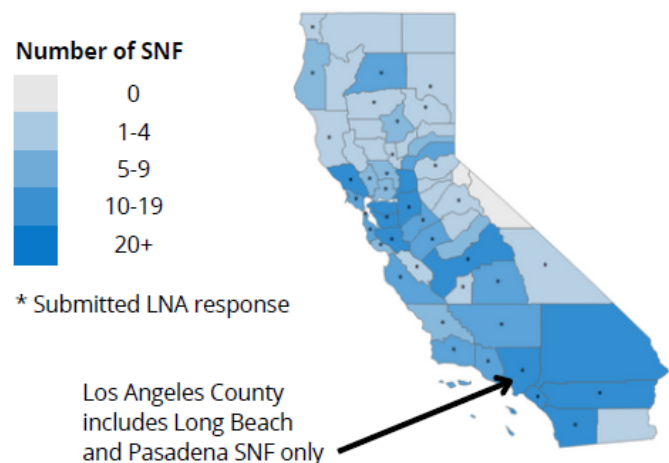
There are 1,224 SNF in California, with an estimated 50,000 CNA staff members. To assess CNA IPC training needs, the CDPH Healthcare-Associated Infections (HAI) Program developed an LNA for SNF CNA and leadership (facility administrators, infection preventionists (IP), directors

of staff development and nursing). The LNA was open online from May-July 2021 and was distributed in both English and Spanish. We asked questions regarding IPC practices, challenges, and training needs and preferences. To maximize the response rate, we disseminated the LNA using email distribution lists, webinar announcements, and social media posts.

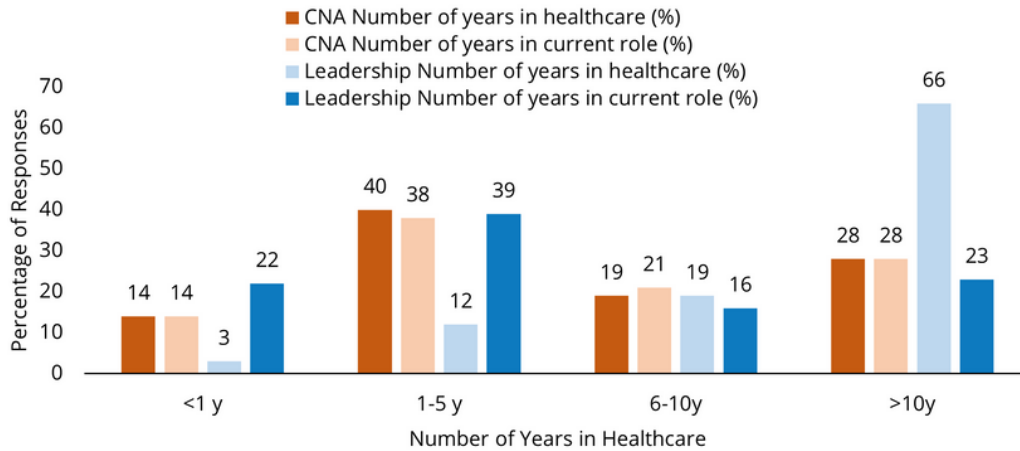
## Participation

- We received responses from **80 CNA and 113 leadership staff, representing 97 SNF and 41 LHJ** (69% of targeted LHJ)(Figure 1). **41 (51%) CNA worked the day shift, 20 (25%) evening shift, and 15 (19%) night shift**; others worked two or three shifts (4 (5%)).
- **A majority of CNA had 1-5 years experience in healthcare or in their current role**; most of leadership had >10 years experience in healthcare (Figure 2).

Figure 1. LNA Response by County



**Figure 2. Number of Years Practicing in Current Role and in Healthcare, CNA, n=80; Leadership, n=113**

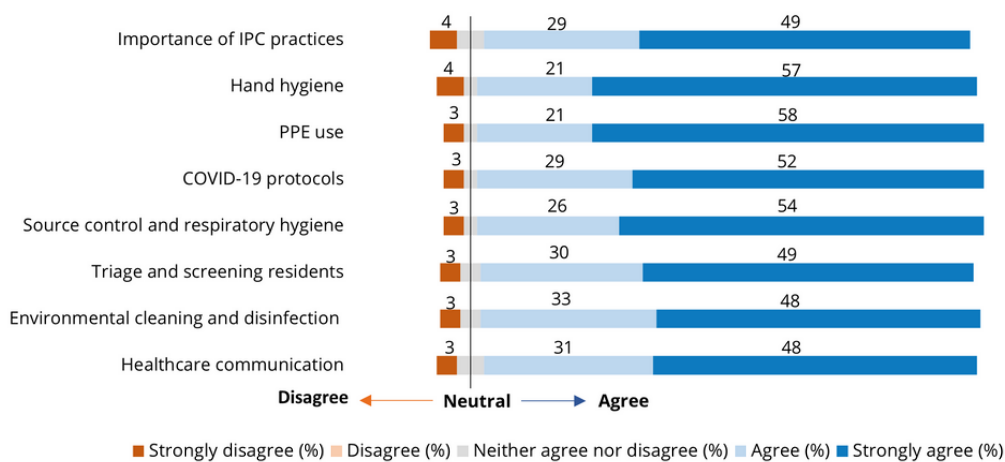


## Reported IPC Practices

We asked participants to rate if CNAs can understand *why* it is important to follow IPC practices of hand hygiene, personal protective equipment (PPE) use, environmental cleaning and disinfection, COVID-19 protocols, source control and respiratory hygiene, triage and screening residents, and healthcare communication (how to identify and notify about possible infections).

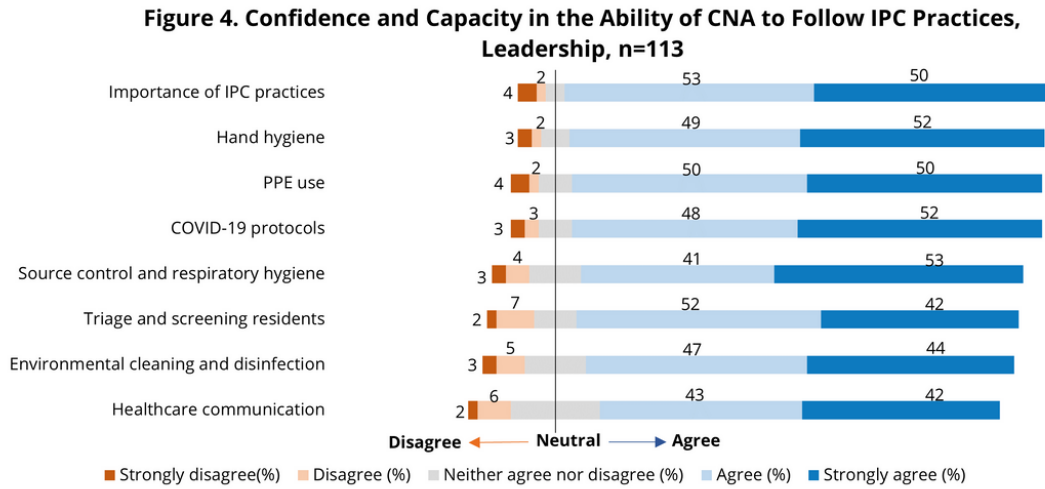
- Of 80 CNA responses, **most *agreed or strongly agreed* that they understood *why* it is important to follow IPC practices.** We received a similar response from leadership when asked about their confidence among the CNAs at their facility to understand and follow IPC practices.
- Among CNAs, most ***strongly agreed*** that they are knowledgeable, confident, and can effectively perform hand hygiene, appropriately use PPE, and carry out source control and respiratory hygiene (Figure 3).

**Figure 3. Confidence and Capacity to Follow IPC Practices, CNA, n=80**



- Of 113 leadership responses, 50-53 (46-47%) ***strongly agreed*** and 48-53 (42-47%) ***agreed*** that their facility CNA are most confident in the importance of IPC practices, practicing hand

hygiene, using PPE, implementing COVID-19 protocols, performing source control and respiratory hygiene, and triaging and screening residents (Figure 4).



## IPC Challenges

We asked both CNA and leadership about IPC challenges and workarounds, gaps and barriers to training, and practice. The most common challenges for both CNA and leadership were **lack of time, training, and language barriers**. Table 1 shows IPC workarounds and CNA suggested fixes.

**Table 1. IPC Practices Where Workarounds Were Performed by CNAs, and Suggested Solutions, n=80**

IPC Practices Where Workarounds Were Performed	N (%) Reported	CNA-Suggested Solutions
Practicing appropriate hand hygiene	26 (32%)	<ul style="list-style-type: none"> <li>Need easier access to alcohol-based hand rub (ABHR) or PPE</li> <li>Need more time to work with isolation residents</li> <li>Need one-on-one question and answer sessions with an IPC expert, such as an HAI Program IP</li> </ul>
Appropriately using PPE	29 (36%)	
Maintaining appropriate isolation precautions for residents	24 (30%)	
Maintaining recommended contact/wet time for disinfectants	28 (35%)	

- Across all IPC practices, **leadership identified limited or insufficient follow-up training** as the driving factor that affects CNA level of confidence to follow various IPC practices (89-100 (79-89%)).

**One infection preventionist reported:**

*"Most CNAs know proper infection prevention measures. However, they tend to have bad habits in practicing it."*

- Some of the leadership-identified gaps in IPC training and practice were **CNAs not practicing infection prevention** (37%), **fatigue from changes in IPC protocols** (32%), **lack of time** (13%), **lack of training** (15%), and **language barriers** (8%).

**One facility administrator reported:** "Those with English as a second language, may agree on lecture, but may not truly understand."

## IPC Training Preferences

We asked participants about their preferred learning styles, access to digital devices for receiving training (Table 2), and types of IPC post-training support that would be most useful for continued learning and sustaining improvements and knowledge.

- Most **CNA preferred listening, speaking, and reading in English only**, followed by English and Spanish, for IPC trainings (Figure 5).

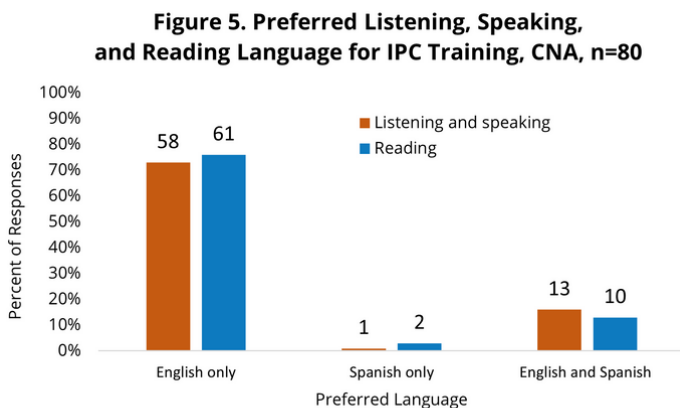
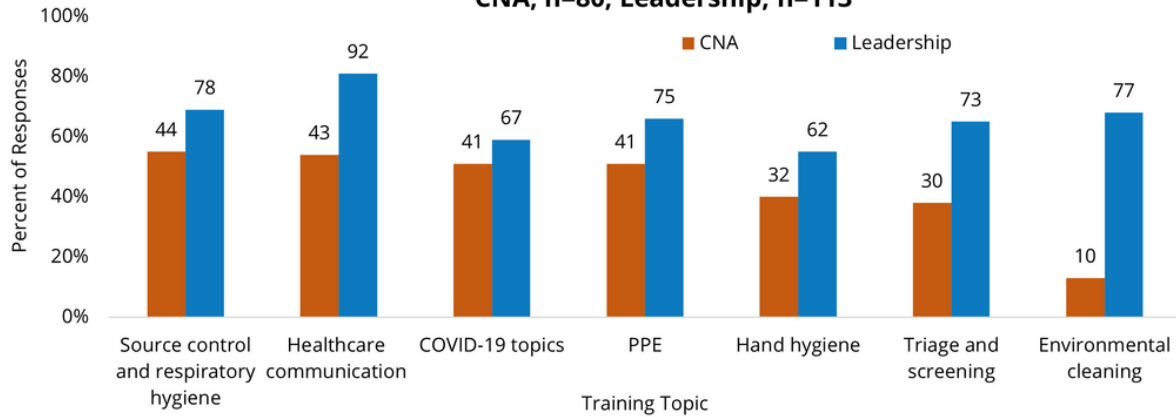


Table 2. Respondent Learning Styles and Digital Device Access Preferences, n=80	
Response	N (%)
<b>CNA: Preferred Learning Style</b>	
Visual learning	50 (63)
Tactile learning	23 (29)
In-person training	34 (43)
Live, online training	30 (38)
<b>CNA: Available Personal Digital Devices</b>	
Laptop, smart phone, or tablet	77 (96)
Phone audio only	2 (3)
<b>Leadership: Available Facility Digital Devices At least one computer, laptop, or tablet for...</b>	
Every CNA	12 (11)
Every CNA for at least 1/2 of CNA	21 (19)
Every CNA for at least 1/3 of CNA	59 (52)
None available	21 (19)

- For **post-training support**, 60 (75%) CNA preferred **access to online training materials**, 54 (68%) **digital IPC related materials**, 42 (53%) **virtual office hours with IPC educators**, and 39 (49%) **regular webinars on IPC-related best practices**.
- When asked about **future additional IPC training topics**, a majority of respondents selected **source control and respiratory hygiene** (44 (55%) CNA and 78 (70%) leadership) and **healthcare communication** (43 (54%) CNA and 92 (81%) leadership) (Figure 6).

**Figure 6. Preferred Additional IPC Training Topics by Role;  
CNA, n=80; Leadership, n=113**



## Summary and Next Steps

- LNA results confirm the need for more accessible IPC training and materials, and continued engagement with post-training support for CNA.
- We will continue to provide online trainings and resources, access to IPC experts including an email ‘AskBox’ for IPC questions and one-on-one support, and monthly office hours.
- Though most CNA are comfortable with trainings in English only, we will translate curricula into Spanish to support our bilingual CNA population.
- We are developing a toolkit to support SNF and LHJ interested in providing their own trainings using our materials, and plan to offer virtual and in-person CNA training to smaller groups of facilities.
- We plan to establish relationships with CNA schools in California to assess the need for IPC curricula in their training programs.
- We will use experience from this process in future LNA to inform other frontline healthcare personnel training, including SNF environmental services staff.

## For More Information

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

CDC Project Firstline Website  
[www.cdc.gov/infectioncontrol/projectfirstline/about.html](http://www.cdc.gov/infectioncontrol/projectfirstline/about.html)