



Indiana
Department
of
Health

INDIANA DEPARTMENT OF HEALTH LTC INFECTION PREVENTION PROGRAM

PAM BENNETT

DISTRICT 3 INFECTION
PREVENTIONIST

03/28/23

OUR MISSION:

**To promote, protect, and improve
the health and safety of all Hoosiers.**

OUR VISION:

**Every Hoosier reaches optimal health
regardless of where they live, learn,
work, or play.**



How we came to be

- The COVID-19 pandemic showcased the need for infection prevention
- CDC issued a multi-million grant to the then-Indiana State Department of Health (now Indiana Department of Health)
- Jennifer Spivey hired 11 infection preventionists
- Positive outcomes led to grant extensions

Our team

- A total of 10 district IPs (including Janene - interim program manager)
 - Nine RNs
 - One MPH
- One infection prevention epidemiologist
- District 9 is vacant
- Diverse backgrounds

Our districts

District 1 – 65 LTC facilities

Janene Gumz-Pulaski, RN – CIC Assistant Program Manager IP
jgumzpulaski@health.in.gov
 317-499-3877

District 2 – 71 LTC facilities

Victor Zindoga, RN
vzindoga@health.in.gov
 317-509-8964

District 3 – 73 LTC facilities

Pam Bennett, RN
pbennett@health.in.gov
 317-476-0947

District 4 – 67 LTC facilities

Angela Badibanga, MPH
abadibanga@health.in.gov

District 5 – 126 shared facilities (64/63 split LTC facilities)

Jason Henderson, RN
jahenderson@health.in.gov
 317-719-0776
 Deanna Paddack, RN
dpaddack@health.in.gov
 317-234-2379

District 6 – 69 LTC facilities

Tanya Canales, RN
 317-677-3583

District 7 – 62 LTC facilities

Sara Reese, RN
 317-450-8049

District 8 – 73 LTC facilities

Jennifer Brinegar, RN
jbrinegar@health.in.gov
 317-903-5329

District 9 – 68 LTC facilities

Position open, contact D1 Assistant Manager

District 10 – 64 facilities

Mary Enlow, RN
menlow@health.in.gov
 317-727-8431

738 LTC facilities in total



What we do

- Onsite infection control program assessments (ICARs)
 - Identify gaps in infection control practices and procedures
 - Offer recommendations for best practices
 - Follow up to ensure recommendations are implemented
 - Serve as subject matter experts for general infection prevention and control practices
 - Provide infection control education to facilities

**ICARs
assess the
entire
infection
control
program.**

What we do

- Outbreak response and mitigation (ORT)
 - Focused on the specific outbreak
 - Mitigation efforts to reduce the spread
 - Assist the IDOH Epi team with focused assessments
- Perform duties to assist HAI/AR teams with infection prevention in facilities
 - Environmental cleaning
 - Wound care audits
 - Hand hygiene/PPE audits
 - Adenosine triphosphate (ATP) testing

**Perform a
focused
ICAR in
Acute care
and LTACH
with IDOH
Epi team**

Facilities we serve

- Long-term care
- Long-term acute care
- Acute care
- Assisted living
- Memory care
- Dialysis centers
- Wound care centers

**Any
congregate
settings as
directed.**

Benefits of focused ICARs

- **Non-regulatory** quality improvement
- Educational: for the facility team and IDOH
- Receive specific help/knowledge of IDOH epi team
- Provide fresh eyes/perspective on the situation and environment

Attention test

<https://www.youtube.com/watch?v=0grANlx7y2E>

Why do we need fresh eyes?

- Inattentional blindness
- Change blindness
- We can often miss the obvious
- Confirmation bias

Inattention blindness

The failure to notice something that is fully obvious right in front of you when your attention is engaged on something or someone else



Viewers of this video were asked to count how many times white-shirted players passed the ball. Fifty percent of them didn't see the woman in the gorilla suit

Change blindness

Failure to notice a difference between what is there right now and what was there a moment ago.

We often do not pick up on minor changes in our environment.



Door study: Nearly 50 percent of pedestrians failed to notice that they were talking to a different person after the door passed, according to the results published in a 1998 article published by Simons and Levin

Psychology of bias

When our brain has been affected by previous events, it creates biases against certain images that it deems distracting. (even if what is occurring right before our eyes is the very answer we need).

Confirmation bias: It is natural for us to predetermine the solution to the problem we have and then look at our environment to confirm our belief and that answer.

Confirmation bias: People's tendency to process information by looking for, or interpreting, information that is consistent with their existing beliefs. Largely unintentional, it results in a person ignoring information that is inconsistent with their beliefs.

Questions?

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