



**PA Department of Health
Infection Control Training Funds
2008-2009 Nursing Home Mini-Grant Award Guidelines for
Infection Control & Surveillance Training**

The Healthcare Associated Infection Prevention Section of the Pennsylvania Department of Health's Office for Quality Assurance is offering mini-grants of up to \$1000 per long-term care nursing facility (nursing home) to support training for identification, reporting and prevention of health care-associated infections occurring in nursing homes. Mini-grants are intended to support infection control and surveillance education (i.e. trainings, presentations, conference sessions, forums, workshops, etc.) and related materials and expenses.

Purpose:

In order to promote health and safety in nursing homes in the Commonwealth through the reduction of risks of infection and other infection related adverse outcomes, and to enhance quality assurance efforts in those areas by the Department, it is essential for the Department to make infection control training opportunities available to professionals assigned responsibility for infection control activities within Pennsylvania's nursing homes.

Because expense and/or staffing limitations associated with extended employee absence from the work site and limited nursing home operating budgets frequently restrict access to targeted and highly specific infection control training opportunities, the need for financial assistance for training in this area has become acute. This has taken on greater significance with the focus on the need for infection control and prevention as evidenced by Act 52 of 2007 which was signed into law on July 20, 2007. Act 52 requires the Department to develop and implement a public awareness campaign, as well as to collaborate with other agencies to secure health care-associated infection prevention and control training for health care professionals working in nursing homes in the Commonwealth.

Target Audience:

The following nursing home staff/positions are encouraged to participate in infection control and/or surveillance education:

- Infection Preventionists
- Directors of Nursing/Assistant Director of Nursing
- Registered Nurse Assessment Coordinators
- Registered Nurses
- Licensed Practical Nurses
- Laboratory Technicians
- Medical Technicians
- Nursing Home Administrators/Assistant Administrators – (If directly involved in infection control data collection and entry).

Core Curriculum Requirements:

Mini-grant funds may be used for educational opportunities, materials and related expenses associated with the following core topic areas:

- History of Infection Surveillance and Control
- Role of the Infection Preventionist
- Hand Hygiene
- Epidemiology of Infectious Diseases
- Basic Microbiology
- Multi-drug resistant organism (MDRO) and Other Infectious Diseases of Interest
- Cleaning, Sanitizing and Disinfecting
- Infection Surveillance
- Using and Reporting Infection Data
- Infection Preventionist as Educator
- Regulations and Other Requirements for Infection Control Programs
- The Infection Control Certification Process

Eligible Applicant Requirements:

- a) Be a nursing home licensed by the Pennsylvania Department of Health.
- b) Be registered with the “Central Vendor Management Unit” (CVMU) and have a corresponding vendor number. To obtain a vendor number, please click on or copy the following link into your web-browser and follow the directions to register as a non-procurement vendor:

<https://www.vendorregistration.state.pa.us/cvmu/paper/GranteeRegistration.aspx>).

Or contact the CVMU at (717) 214-2868 (Harrisburg Area) or (866)-775-2868 (Toll-Free).

- c) Identify the same facility address associated with the Vendor number on Attachment A, the Nursing Home Mini-Grant Award Notice and Acceptance Attestation.
- d) Submit by mail the completed original and one copy of the Nursing Home Mini-Grant Award Notice and Acceptance Attestation to the Pennsylvania Department of Health by **November 26, 2008** to the attention of:

William Cramer, Director
Healthcare Associated Infection Prevention Section
Pennsylvania Department of Health
8th Floor, Forum Place
555 Walnut Street
Harrisburg, PA 17101

The Healthcare Associated Infection Prevention Section will award one mini-grant of up to \$1000.00 to each eligible nursing home that submits an acceptable completed Nursing Home Mini-Grant Award Notice and Acceptance Attestation received by November 26, 2008. The completed original and one copy of the Nursing Home Mini-Grant Award Notice and Acceptance Attestation must be **RECEIVED** by the Healthcare Associated Infection Prevention Section by November 26, 2008. **LATE SUBMISSIONS WILL NOT BE ACCEPTED.**

Award notices are contingent upon the availability of funding, and will be awarded to eligible nursing homes on a first-come, first-serve basis. A nursing home is not eligible for more than one mini-grant unless funding continues to be available after all eligible nursing homes that submitted timely attestations have been awarded grants.

Eligible Expenses:

The following shall be considered eligible training expenses to be covered by the mini-grant:

- Tuition/Course Fees
- Course Materials
- Lodging
- Travel Expenses
- Continuing Education Units
- Reference or Resource Materials

Note: At least **75%** of the mini-grant funds shall be used for actual training/course participation fees in one or all of the 12 core curriculum requirements as stated above. The remaining funds may be used for travel, lodging, or to purchase educational resources, such as infection control videos, DVDs, books, etc., or infection surveillance resources. All training/course participation paid for with mini-grant funds must be completed between November 1, 2008 and June 30, 2009.

All Nursing Home Mini-Grant applicants will be notified within 30 days of attestation submission of award approval or disapproval. Notification of award approval will be in the form of an e-mail issued to the nursing home contact person listed on the application form with a copy the nursing home administrator and each infection preventionist listed for training within the document.

Award Notice and Acceptance Submission:

The following instructions apply to completing the attachments:

1. “Nursing Home Mini-Grant Award Notice and Acceptance Attestation”: Nursing home administrators wishing to accept an award as outlined above should download, complete, and print “Attachment A” of this document.
2. “Nursing Home Mini-Grant Award Notice of Training Completion”: Nursing home administrators must submit a copy of all certificates of completion issued, related receipts, and invoices, and print “Attachment B” of this document.

Please use the following address and phone number if you have questions or require assistance completing the required mini-grant award attachments.

William Cramer, Director
Healthcare Associated Infection Prevention Section
Pennsylvania Department of Health
8th Floor, Forum Place
555 Walnut Street
Harrisburg, PA 17101
Phone: 717-425-5422 | Fax: 717-525-5514



Vendor# _____

Healthcare Associated Infection Prevention Section
Nursing Home Mini-Grant Notice and Acceptance Attestation
for the period of
November 1, 2008 to June 30, 2009

Mini-Grant Information:

I, _____, am providing the following information for
(Nursing Home Administrator)

release of the mini-grant award for Infection Control and Surveillance Training:

1. Name of nursing home (As it appears on license issued by the Division of Nursing Care Facilities): _____
2. License Number of Nursing Home (As it appears on license issued by the Division of Nursing Care Facilities): _____
3. License Expiration Date (As it appears on license issued by the Division of Nursing Care Facilities): _____
4. Mailing Address: _____

The mailing address must match the address submitted to the Commonwealth of PA Central Vendor Management Unit (CVMU) when an application for the SAP Vendor ID#, otherwise payment can not be processed.

5. Mini-Grant Amount Requested (not to exceed \$1000): \$ _____
6. County: _____
7. Contact Person Name: _____
8. Contact Person Telephone Number: (_____) _____
9. Contact Person Fax Number: (_____) _____
10. Contact Person E-mail Address: _____
11. Number of Infection Control Preventionists: _____
12. Number of Infection Control Preventionists Certified in Infection Control: _____

13. Names of all Infection Control Preventionists to Receive Training:

14. E-mail Address for Each Infection Control Preventionists to Receive Training:

15. Total Hours of Training Previously Obtained for Each Infection Control Preventionists:

(Do not include training hours provided by internal facility staff)

I, the undersigned, acknowledge notice of availability of mini-grant award for the purpose of infection control training and accept said funds to be spent consistent with the provisions outlined in the "2008-2009 Nursing Home Mini-Grant Award Guidelines for Infection Control and Surveillance Training". Additionally, I agree to submit a copy of all certificates of completion issued, related receipts, and a copy of the Notice of Training Completion (Attachment B) by June 30, 2009.

Nursing Home Administrator Signature

Date

Printed name

One original and one copy of this Attachment must be **received by** the Healthcare Associated Infection Prevention Section by **November 26, 2008**.

Mail all correspondence to:

William Cramer, Director
Healthcare Associated Infection Prevention Section
Pennsylvania Department of Health
8th Floor, Forum Place
555 Walnut Street
Harrisburg, PA 17101

Phone: 717-425-5422 | Fax: 717-525-5514



Attachment B

CVMU# _____

**Healthcare Associated Infection Prevention Section
Nursing Home Mini-Grant Award Notice of Training Completion
for the period of November 1, 2008 to June 30, 2009**

I, _____, Administrator at _____
 (Nursing Home Administrator Name) (Nursing Home License Number)

 (Name of nursing home)

am providing copies of all certificates of completion received as a result of infection control and surveillance training obtained as a result of the Nursing Home Mini-Grant Award for Infection Control and Surveillance Training, as well as related receipts.

Invoice Amounts		
Itemize training and related expenses:		
1.	_____	= \$ _____
2.	_____	= \$ _____
3.	_____	= \$ _____
4.	_____	= \$ _____
5.	_____	= \$ _____
6.	_____	= \$ _____
7.	_____	= \$ _____
8.	_____	= \$ _____
9.	_____	= \$ _____
10.	_____	= \$ _____
* (Total reimbursement is not to exceed \$1000.00)		TOTAL = \$ _____

 Nursing Home Administrator Signature

 Date

One original and one copy of this Attachment must be received by the Healthcare Associated Infection Prevention Section by **June 30, 2009**.

Mail all correspondence and attachments to:
 William Cramer, Director
 Healthcare Associated Infection Prevention Section
 Pennsylvania Department of Health
 8th Floor, Forum Place
 555 Walnut Street
 Harrisburg, PA 17101
 Phone: 717-425-5422 | Fax: 717-525-5514