25

Annual Report to Stakeholders KyIP Training Center 224 E Broadway, Suite 300 Louisville, Ky 40202

Kentuckyiptraining.com

23

DIRECTOR FOREWORD

I am pleased to present KyIP Training Center's Annual Report for the period of 1 January 2024 – 31 December 2024. The report highlights the progress and accomplishments we have made to support infection prevention and control training, education, and access to resources across the Commonwealth.

Throughout the Nation, the acute phase of the COVID-19 pandemic has passed; however, its effects still reverberate across healthcare nearly four years later, which only serves to further highlight the need for strong, effective, and accessible infection prevention and control training.

In 2024, KyIP was particularly focused on expanding access to its free education program, as well as implementing a more robust mobile simulation and Boot Camp focused in regions throughout Kentucky where educational barriers persist. This expanded education focused on four areas: continuing education, live topical virtual education series, in-person simulation sessions, and enhancing website capabilities. The success of these educational modalities continues to inform future plans. The enhanced website capabilities now supports translation in over 100 languages with improved search features for greater end user accessibility.

KyIP Training Center remains dedicated to improving the quality and access to free education and resources to mitigate the growing disparity in knowledge exacerbated by the pandemic, and to continue recovery efforts to support our healthcare colleagues and the communities they serve.

I am excited to share these accomplishments and our plans for the future.

Julia Frith, DNP, RN, CIC



2024 PERFORMANCE AT A GLANCE

In 2024, through various methods and modalities, KyIP Training Center reached a total of <u>55,955 healthcare workers</u> across the Commonwealth and beyond, provided almost <u>30,000 hours of free continuing education credit</u>, and expanded access to infection prevention and control training and resources.

3-Day Boot
Camp impacting
466 people
across the
Commonwealth

81 Free Continuing Education Modules viewed by 37,382 healthcare workers

12 Mobile Training
Simulation Sessions
impacting 543
attendees

3 IP Educational
Series Presentations,
totaling 8 individual
sessions, impacting
760 total attendees

16,804 views on the KyIP website 11 Educational Consultations

TABLE OF CONTENTS

Introduction	Page 5
Statement of Achievement	Page 5
Objectives and focus for 2024	Page 5
Program Activities	Page 6
Infection Prevention Boot Camp	Page 6
Continuing Education	Page 9
Mobile Simulation Training	Page 12
Virtual Education Series	Page 12
KHA Sepsis Consortium	Page 12
Education Consultant Arm of KylP	Page 13
Nurses' Day at the Capital	Page 13
Kentucky Nurses Association Legislative Day	Page 14
Kentucky Association of Health Care Facilities Conference	Page 14
Grand Rounds	Page 14
Office Hours	Page 15
Newsletter	Page 15
Digital Outreach	Page 16
Assessments and Learning	Page 19
Feedback from Learners	Page 19
Comparative Impact Analysis	Page 20
Future Direction	Page 21
Appendix	Page 22



INTRODUCTION

Kentucky Infection Prevention Training Center (KyIP) remains dedicated to empowering healthcare professionals with the knowledge and skills necessary to prevent and control infections across diverse settings and populations. The mission, to provide access to in-person and on-demand education, training, and support to frontline healthcare workers, healthcare professionals working in long-term and short-term acute care, and the broader community in the prevention and control of infections, remains the top priority.

The Annual Report
highlights KyIP's 2024
objectives and the
significant achievements
that followed. KyIP not
only met but exceeded all
expectations, surpassing
its goals for the year.

Statement of Achievement

The Annual Report highlights KyIP's 2024 objectives and the significant achievements that followed. KyIP not only met, but exceeded all expectations, surpassing its goals for the year.

Objectives for 2024

The Annual Report informs on the objectives and subsequent accomplishments for 2024. KylP focused on the following five objectives.

- a. Expand Training Programs: Increase the reach of our Infection Prevention Boot Camps and virtual training sessions to underserved regions, ensuring equitable access to quality education statewide.
- b. Develop Specialized Modules: Create new educational content focusing on emerging infectious diseases and advanced infection control practices, tailored to the evolving needs of healthcare professionals.
- c. Strengthen Community Partnerships: Collaborate with local healthcare facilities, professional associations, and public health organizations to foster a unified approach to infection prevention and control.
- d. Enhance Digital Resources: Upgrade our online platforms to provide user-friendly access to training materials, recorded sessions, and interactive learning tools, facilitating continuous professional development.
- e. Evaluate Program Impact: Implement robust assessment methods to measure the effectiveness of our training programs, using feedback to drive continuous improvement and ensure alignment with healthcare standards.



PROGRAM ACTIVITIES

In 2024, KyIP continued to expand its impact, equipping healthcare workers with essential skills and resources to support professional development and continue to bridge the gap in knowledge and training. Through a combination of hands-on and virtual training, mentorship opportunities, community partnerships, and website optimization, KyIP successfully prepared healthcare workers for infection prevention and control challenges, and expanded opportunity and access to education and resources, a strategic goal for 2024.

This year's accomplishments reflect KylP's commitment to fostering growth, innovation, and inclusion, ensuring that all who participate in KylP trainings or activities are well-prepared to meet the demands of the communities and patients they serve.

The following section highlights key program activities, notable achievements, and the measurable outcomes that underscore KylP's ongoing success.

Infection Prevention Boot Camp (IP Boot Camp)

IP Boot Camp is designed to equip frontline healthcare workers and infection preventionists with the essential knowledge, skills, and tools needed to prevent and control infections in healthcare settings through comprehensive learning experiences. Through a combination of simulation-based training, tabletop exercises, and expert-led virtual sessions, attendees gain hands-on experience and valuable insights to enhance their infection prevention practices, while allowing the attendee to explore new strategies in a fail-safe environment. These learning opportunities empower and challenge attendees to implement best practices effectively, sharpen existing skills, and develop new competencies.

Recognizing the financial burden of continuing education, KyIP ensured that attendees could earn free infection prevention units and continuing education credits for both virtual and in-person sessions. The program's accessibility remains a priority, particularly for those working in resource-limited areas, where costs associated with licensing and training can be prohibitive.

2024 Boot Camp by the Numbers

- 12 Hours of Free CE
- 466 Attendees
- 86 Counties represented across Kentucky
- Attendees from 6 States;1 International attendee

Cumulative Impact

- Over 1000 Kentucky
 healthcare workers have
 attended since 2022
- 36 hours of free continuing education



Building on the success of the previous IP Boot Camps, as well as feedback from attendees, the 2024 program was once again redesigned to enhance its impact and accessibility. 2024 IP Boot Camp featured a strategic, multi-location, multi-modality approach, with both virtual training session and in-person training days held in Western Kentucky at Western Kentucky University in Bowling Green, Kentucky and Eastern Kentucky at Pikeville Medical Center in Pikeville, Kentucky. Reaching these two regions in Kentucky was paramount for furthering access and continuing the mission of KyIP. By expanding in-person training beyond Jefferson County—where much of the state's infection prevention education is concentrated—allowed KyIP to reach healthcare professionals in regions that typically have limited access to such training.

Aligned with past years, the virtual day, which is open to all attendees across the globe, provided supporting information to further enhance knowledge bases and boost overall confidence in infection prevention practices. This virtual training day featured expert-led discussions, with presenters from the Centers for Disease Control (CDC) and Kentucky Department for Public Health (KDPH), as well as strategic partners in infection prevention and control practice administration, and interactive presentations covering key topics essential for effective infection prevention and control.

By providing IP Boot Camp in two counties in Kentucky that may not have the opportunity to travel, as well as continuing to offer virtual trainings, allowed for a broader audience reach, reinforcing KyIP's commitment to professional development and improved patient safety.

Virtual Training Session

The virtual training session provided a flexible and engaging learning experience designed to enhance attendees knowledge and confidence in infection prevention. Expert-led discussions covered outbreak management, equipping attendees with strategies for early detection, containment, and response to infectious disease threats. Sessions on compliance and accountability reinforced the importance of adhering to infection control protocols, while environmental infection control training

Did you know you can watch previous IP Boot Camp sessions free and on-demand? Go to kentuckyiptraining.com/ip-boot-camp to view past sessions. Not near a computer? Use your smart phone's camera to scan the QR code and learn on the go!

highlighted best practices for reducing healthcare-associated infections. Attendees also explored antimicrobial stewardship, learning how to balance effective treatment with resistance prevention, and gained insights into emerging infectious diseases, preparing them for evolving threats in healthcare. The interactive format encouraged real-time engagement through live debriefing sessions, case-based learning, and knowledge-sharing opportunities



with presenters from the CDC, KDPH, and partnered infection prevention and training consultants. By providing a dynamic and accessible training platform, the virtual session enabled attendees with actionable strategies to strengthen infection prevention efforts in their healthcare settings.

In-person Simulation Training Sessions

In-person simulation days provided an immersive, hands-on learning experience designed to reinforce infection prevention principles through interactive exercises and real-world scenarios. Attendees engaged in low-fidelity simulation exercises, where they navigated realistic patient care situations requiring rapid infection control decision-making. Low-fidelity exercises were chosen intentionally due to the ease and inexpensive nature for trainers to replicate at their facility. Tabletop exercises encouraged small-group collaboration, allowing participants to analyze complex infection prevention challenges and develop effective solutions. Personal protective equipment (PPE) competency training provided hands-on practice with proper donning and doffing techniques to minimize contamination risks. Environmental cleaning and disinfection drills offered practical application of best



Attendee practicing hand hygiene 2024 Boot Camp Pikeville, KY

practices for maintaining infection-free healthcare environments, while hand hygiene simulations reinforced essential protocols through interactive stations. By combining case-based learning, peer collaboration, and expert feedback, these sessions ensured that participants left with a deeper understanding of infection control strategies and the confidence to implement them effectively in their healthcare settings.

2024 Boot Camp Impact

Boot Camp's primary function is to provide education and simulation based learning opportunities for healthcare professionals across Kentucky. As in years past, attendees in long-term acute care settings, were the largest audience, with acute care trailing. With nurses as the largest participant group, the training focused on infection prevention, patient safety, and evidence-based clinical practices.

Data from 2024's analysis closely mirrors last year's findings, indicating consistent engagement across professions and specialties. Given this stability, KyIP is shifting focus to underserved areas, where access to continuing



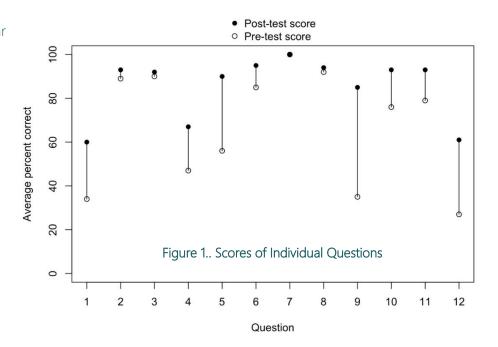
Region	% Represented
1	1%
2	13%
3	11%
4	12%
5	10%
6	3%
7	12%
8	2%
9	6%
10	2%



education remains limited. By directing efforts toward these regions, the aim is to expand impact and address gaps in training and resources, specifically, impacts to regions with less than 10% representation.

Pre- and post-test results, demonstrated in figure 1 had a clear increase in knowledge and confidence across all participant groups. Scores improved consistently, reflecting the effectiveness of the training in enhancing clinical understanding and decision-making.

The most notable increase in scores were derived from the sessions focused on antimicrobial



stewardship and tools used in infection control and prevention for construction. This was noted for the 2025 Boot Camp and will be used to inform content.

Table 2. Individual Questions

Question	Pre-test	Post-test	Paired	р
1 Diagnostic stewardship includes	34%	60%	25% (14 – 36%)	<0.001
2 Which of the following statements	89%	93%	4% (-2 - 11%)	0.198
3 Benefits of monitoring compliance	90%	92%	2% (-4 – 7%)	0.566
4 Benefits of using a tool to	47%	67%	20% (9 – 32%)	<0.001
5 Which of the following is	56%	90%	34% (24 – 43%)	<0.001
6 Enhanced barrier protection	85%	95%	10% (2 – 18%)	0.014
7 High contact care activities	100%	100%	N/A	N/A
8 When an outbreak is identified	92%	94%	3% (-4 – 9%)	0.441
9 Which of the following describes	35%	85%	50% (39 – 60%)	<0.001
10 Which of the following isn't true	76%	93%	18% (9 - 26%)	<0.001
11 Which of the following is true	79%	93%	14% (6 - 22%)	<0.001
12 An ICRA tool identifies	27%	61%	34% (24 – 45%)	<0.001
Total Score	67%	85%	18% (15 – 21%)	<0.001



Continuing Education

In 2024, KyIP expanded its library of educational modules, reinforcing the importance of on-demand learning and continuing education (CE) credits for healthcare professionals. Through its continued partnership with Haymarket Medical Education's myCME platform, and the Kentucky Nurses Association (KNA)KyIP ensured global access to its educational content, reaching a diverse audience of healthcare providers.

Building on foundational infection prevention and control topics, KyIP developed supplemental modules tailored to emerging needs. New topics included water management plans, foodborne illnesses, tuberculosis, hospital-associated pneumonia, wound management, and strategies to reduce surgical site infections. These topics were selected based on 2023's Learning Needs Assessment, direct requests from learners, and public health surveillance data, ensuring that the content addressed pressing clinical challenges.

To assess the effectiveness of these modules, KyIP utilized a combination of qualitative and quantitative evaluation methods, including pre- and post-module assessments measuring knowledge acquisition, self-reported confidence and competence, and intent to implement best practices. The results demonstrated strong engagement and impact:

- 98% of participants reported that the information enhanced their clinical effectiveness
- 99% found the content up to date and evidence-based
- 94% considered the topics clinically relevant to their practice
- 94% planned to apply their learning in their clinical settings

MyCME Metrics

81 Total Free CE Modules

36 New Activities Added in 2024

37,382 Total Learners

537 Kentucky Learners

26,294.50 continuing education credits claimed by Haymarket learners

383.25 credits claimed in Kentucky

19,157 credits claimed by learners in other US states

6,754.25 credits claimed outside the US

KNA Metrics

10 Free CE Modules

1150 Total Learners

1233 CE Hours Issued

MyCME Continuing Education Impact

By the end of the year, 81 activities were available on the platform, with 36 new activities added throughout the year. The platform reached 37,382 learners, a significant footprint in continuing education. Notably, about 1 in 4 learners



were from outside the United States, reflecting Haymarket's role in supporting global professional education.

Complete analysis can be found in the Appendix.

Geographic Impact

A total of 37,382 Haymarket learners engaged in our 81 CE activities throughout 2024, with 8,847 (24%) participants from outside the U.S. Among the 27,535 (76%) U.S.-based learners, participation was distributed across all states. Kentucky residents accounted for 537 learners, with strong representation observed in California, New York, and Texas. Among Kentucky learners, the majority were from Jefferson County (22.4%), followed by Fayette (9.2%), Daviess (8.9%), and Warren (7.5%) counties. Representation was observed across 50+ counties, showcasing broad participation across the state. These numbers highlight the diverse reach of our Haymarket activities within and beyond the U.S. healthcare landscape.

Overall, N (%)	37,382 (100)
Country, n (%)	
United States	28,535 (76.3)
Egypt	2,294 (6.1)
Qatar	1,937 (5.2)
Malaysia	1,018 (2.7)
Canada	404 (1.1)
United Arab Emirates	386 (1.0)
Iraq	344 (0.9)
India	327 (0.9)
Philippines	218 (0.6)
Jamaica	210 (0.6)

Table 1. Top 10 countries with the most Haymarket activity in 2024

Continuing Education Credits Earned

Haymarket learners claimed 26,294.50 CE credits in 2024. Of these,

6,754.25 credits were claimed internationally, while U.S.-based learners accounted for 19,540.25 credits. Kentucky residents were awarded 383.25 credits.

Profession and Specialty Engagement

The goal of Haymarket activities is to reach frontline workers and update all healthcare professionals on best infection prevention practices. Nurses represented 40% of Kentucky learners compared to the 24% of nurses represented at the national level. Additionally, 16% of Kentucky learners specialized in Infectious Disease, compared to only 3.7% nationally. Engagement among nurses and infectious diseases specialist in Kentucky highlights the regional interest in public health among healthcare workers. Other specialties with strong representation included Family Medicine, Emergency Medicine, and Long-Term Care, emphasizing the importance of infection prevention across various healthcare settings.



Engagement with Educational Content

Kentucky learners
engaged with certain
topics at higher rates
when compared to
the national average.
Most notably, "What
is Bugging You?
Understanding And
Preventing InsectBorne Illnesses" was
the most viewed

topic by Kentucky

	Kentucky	United States
	N = 537	N = 27998
Infection Prevention Strategies in Wound Care	18 (3.4)	1150 (4.1)
Infection Prevention in Pregnancy: Safeguarding Baby and Mother	19 (3.5)	1077 (3.8)
Overview Of Clostridium Difficile	14 (2.6)	1024 (3.7)
Breastfeeding: Benefits, Risks, And Best Practices	14 (2.6)	956 (3.4)
What is Bugging You? Understanding And Preventing Insect-Borne Illnesses	30 (5.6)	965 (3.4)
Skin Antisepsis in The Prevention of Surgical Site Infections	12 (2.2)	820 (2.9)
Foodborne Illnesses: Recognizing And Mitigating Risks	15 (2.8)	811 (2.9)
Beyond The Rash: Understanding, Preventing, And Conquering Measles	11 (2.0)	739 (2.6)
Understanding Infectious Diseases	15 (2.8)	677 (2.4)
Every Breath You Take: Prevention and Control of Respiratory Viruses	14 (2.6)	728 (2.6)

Table 3. Numbers of learners by top 10 CME video stratified by viewers from Kentucky and the United States. Categories are mutually exclusive.

learners (5.6%) compared to 3.4% nationally. Additionally, "Use of Simulation to Promote Best Practice for Obtaining Blood Cultures" had 3.4% of Kentucky learners versus 0.8% nationally. The increased engagement of Kentucky learners represents the broad interests of infection prevention and control at the regional level.

KNA Continuing Education Impact

KyIP continued their partnership with the Kentucky Nurses Association (KNA) CE program, making a significant impact on nursing education across the state. In 2024, KyIP offering 10 free CE modules; a total of 1,150 learners participated in the program, collectively earning 1,233 hours of CE credit.





Mobile Simulation Training Events

KyIP successfully implemented a mobile simulation training program to expand access to infection prevention education across the Commonwealth. This innovative approach leverages portable simulation equipment, efficiently organized in dedicated totes for seamless

12 Mobile Simulation Trainings

543 Healthcare Workers Trained

transportation to training sites statewide. The program has been highly regarded and widely requested, with healthcare facilities eager to host KyIP. In 2024, KyIP conducted 12 mobile simulation sessions, ranging from brief departmental meetings to full-day infection prevention fairs, training a total of 543 participants. These sessions reached healthcare professionals in Louisville, Owensboro, Leitchfield, and Greenville and counties in Kentucky, among other locations. As part of the pilot program, participant surveys indicated that the simulations were highly impactful, with the majority reporting increased confidence and a strong likelihood of applying the training in their daily practice.

Virtual Educational Series

KyIP has achieved notable success with live grand rounds and the development of asynchronous learning content for continuing education. Building on this success, the idea for the Infection Prevention Educational Series was born, combining live events offering continuing education credits. The popularity of virtual IP Boot Camp sessions presented in this format, fortified the needed development of this series.

3 Virtual Training Events

Across 8 Days

760 Healthcare Workers Trained

In 2024, KyIP hosted three Infection Prevention Educational Series, totaling eight individual sessions with a combined attendance of 760 participants. Topics included Water Management Plans, Childhood Immunizations, and a follow-up Water Management Series focused on Legionella prevention. This follow-up series was driven by high demand for further learning after the initial Water Management Plan sessions. Each session featured subject matter experts, including esteemed partners from the Kentucky Department for Public Health, who provided valuable insights into their respective fields.

Kentucky Hospital Association Sepsis Consortium

In 2024, a nationwide shortage of BD Bactec blood culture bottles created an urgent need for education on quality blood culture collection as conservation efforts were implemented. KyIP's strong reputation for producing exceptional training materials led to an invitation to speak at the Kentucky Hospital Association (KHA) Sepsis Consortium. The



presentation showcased KyIP's simulation and training resources, emphasizing best practices for blood culture collection, including contamination prevention and proper blood volume. This opportunity resulted in the establishment of seven new connections, as attendees sought post-event consultations to adapt KyIP's train-the-trainer materials for their own staff education initiatives.

Educational Consultations

KyIP is committed to understanding and addressing the evolving needs of Kentucky's healthcare and frontline workers and through live events, networking, social media engagement, and website outreach, KyIP has established itself as a trusted resource for infection prevention education. A key component of this effort is educational consultations,

11 Educational Consultations

9 Focused Education Sessions

2 Custom Simulations Designed

which provide expert guidance tailored to the specific infection prevention challenges faced by healthcare professionals. Offered both in person and virtually, these consultations have proven to be an invaluable resource.

In 2024, KyIP conducted eleven educational consultations. Nine of these sessions focused on one or more of the eleven educational modules developed by KyIP, which are hosted on a password protected page within KyIP's website. Participants who completed these train-the-trainer consultations gained access to the materials for use in their own educational initiatives, further expanding the KyIP's reach. The remaining two consultations addressed unique training needs for which no existing content was available. In response, the KyIP team collaborated with respiratory educators from two separate healthcare facilities to develop customized simulations tailored to their specific respiratory equipment. Feedback from all consultations was overwhelmingly positive, strengthening relationships with healthcare partners and creating new opportunities for future collaboration.

Nurses Day at the Capitol

In 2024, the KyIP team traveled to Frankfort, Kentucky to participate in Nurses Day at the Capitol, a pivotal event where nurses had the opportunity to voice their concerns and priorities to state legislators. The day centered on critical issues and legislation aimed at addressing the challenges faced by nurses and improving healthcare across Kentucky.

Attending this event provided valuable opportunities to listen, engage, and build connections with nursing professionals from across the state.

KylP's ongoing collaboration with the Kentucky Nurses Association, which



KyIP Team Members at Nurses Day at the Capitol 2024



organizes the event, continues to play a vital role in expanding outreach and support for nurses throughout the Commonwealth.

Kentucky Nurses Association Legislative Day

As a follow-up to Nurse's Day at the Capitol, the KyIP team participated in the Kentucky Nurses Association's Legislative Day, hosting a sponsor table at the event. The day provided valuable networking opportunities with healthcare professionals gathered to learn about advocacy, professional development, and leadership. Attendance at this event only further highlights KyIP's commitment to engaging directly with the community and gaining firsthand insights into the needs of Kentucky's healthcare and frontline workers.

Kentucky Association of Health Care Facilities Conference

90 Participants Trained

The Kentucky Association of Health Care Facilities (KAHCF) has been a

key partner in expanding KylP's reach, leading to an invitation to speak at the annual KAHCF/KCAL Meeting and Expo. Representing skilled nursing facilities and personal care homes across Kentucky, KAHCF provides a vital platform for connecting with facilities in need of infection prevention training and resources.

At the conference, KyIP had the opportunity to present alongside a Regional Infection Preventionist from the Kentucky Department for Public Health. Their session focused on evaluating the Critical Element Pathway for Infection Prevention, Control, and Immunizations as outlined by CMS. The presentation drew 90 participants, who provided overwhelmingly positive feedback, reinforcing KyIP's role in supporting infection prevention efforts within long-term care settings.

Grand Rounds Presentations

In collaboration with the Norton Infectious Diseases Institute (NIDI), KyIP offers free, virtual Grand Rounds presentations covering a broad range of topics, including infection prevention and control, microbiology, antimicrobial stewardship, and professional development in healthcare topics. Each session consists of a 30-minute presentation, followed by 15 minutes for audience questions. To expand accessibility, all recordings are uploaded to YouTube and made available to the public.

In response to attendee feedback, KyIP revamped the Grand Rounds

1.7 Million+ Impressions

4000+ Hours Watched

861 Total Subscribers

59,622 Total Views

162 Total Number of Videos

model in 2024, shifting to a bi-monthly schedule and introducing complementary office hours. These office hours



provide participants with an opportunity for deeper discussions, peer-to-peer knowledge sharing, and practical application of key concepts in their healthcare settings. Grand Rounds remains a highly valued program, with KyIP continuously refining content to ensure it remains relevant, timely, and impactful.

Office Hours

In 2024, KyIP continued to offer weekly office hours, providing healthcare professionals with a dedicated space to discuss

48 Office Hour Sessions Hosted in 2024

infection prevention and control topics, seek guidance, and address challenges within their facilities. These free, open sessions allow participants to drop in at any time during the hour, whether for a brief consultation or an in-depth discussion with KylP's infection prevention experts, project managers, and biostatisticians.

Building on participant feedback, Office Hour topics were strategically aligned with Grand Rounds and the Virtual Education Series, creating a seamless learning experience by allowing attendees to engage in deeper discussions on recently presented subjects. This change enhanced knowledge retention and practical application, ensuring that healthcare professionals had the opportunity to explore key concepts in greater depth.

In 2024, KYIP hosted a total of 48 hours of office hours, covering a wide range of infection prevention and control topics, but mainly focused on answering remaining questions from the Virtual Education Series specific to TB and Water Management Planning.

Digital Outreach

KyIP understands that people receive information in many different ways, which is why KyIP is committed to maintaining a strong digital presence across multiple platforms. Through social media, newsletters, and the website, KyIP provides up-to-date infection prevention resources, training opportunities, and industry insights, best practices, and relevant health alerts, to healthcare professionals across Kentucky and beyond.

Newsletter

KylP's monthly newsletter remains a key communication tool, delivering critical updates, training opportunities, and infection prevention best practices directly to subscribers. In 2024, KylP published 12 issues, reaching over 1,500 subscribers each month. The newsletter continues to

12 Issues published in 2024

Over 1,500 monthly subscribers

serve as an essential resource for healthcare professionals seeking timely and relevant information. An annual evaluation of email platform, Constant Contact, was performed and it was determined, despite limitations, to be the most accessible for the end user. Similar platforms have been evaluated with no significant change in viewership. The



most notable continue to be firewall limitations set by the receiving entity. To mitigate issues, the newsletter is also posted on the KylP's website, which is publically accessible.

LinkedIn (Click to visit KyIP's LinkedIn page)

In 2024, KyIP Training Center's LinkedIn presence continued to serve as a professional hub for infection prevention education and collaboration. With curated updates on key developments, upcoming events, and educational initiatives, LinkedIn remains a vital platform for healthcare professionals to stay informed and engaged. This space fosters meaningful discussions, shares insights on best practices, and highlights noteworthy accomplishments within KyIP. By leveraging LinkedIn's professional network, KyIP has cultivated an active community where healthcare professionals can connect, exchange ideas, and contribute to the ongoing advancement of infection prevention strategies.

30,640 Impressions (increase 223% from 2023)

2,715 Engagements in 2024

1,747 Videos Views in 2024

367 New Followers in 2024

644 Total Followers

95 Posts in 2024

Click on the pictures below to see the most popular posts from 2024.









Facebook (Click to visit KylP's Facebook Page)

In 2024, KyIP Training Center maintained a presence on Facebook, though engagement and reach did not meet expectations. With 6,597 impressions and 770 engagements, the platform has not proven to be the most effective channel for connecting with healthcare professionals.

As part of a strategic realignment, KyIP will adopt new outreach methods

6,597 Impressions in 2024

770 Engagements in 2024

140 Total Followers

to enhance engagement while ensuring the most efficient use of grant funding. However, long-term, if strategies do not increase engagement, efforts will be concentrated on more impactful digital platforms to maximize reach and interaction, while preserving funding.

Click on the pictures below to see the most popular posts from 2024.







X, Formerly Twitter (Click here to visit KylP's X page)

KyIP Training Center's presence on X generated 4,567 impressions and 163 engagements in 2024. While the platform provided an additional avenue for outreach, engagement levels remained relatively low compared to other channels. To optimize resource allocation and focus on higher-impact digital strategies, KyIP will reassess its presence on X

4,567 Impressions in 2024

163 Engagements in 2024

98 Total Followers

and prioritize more effective methods of reaching and engaging with healthcare professionals.



Website

Under the direction of Kirsten Trudeau, APRN, MSN, FNP-C and using Six Sigma principles, KyIP launched a Quality Improvement (QI) project to optimize website navigation, improve user experience, and ensure accessibility for all visitors. This project focused on:

 Enhancing site functionality to make resources easier to find and use 16,804 Page Views in 2024

2,781 Unique Users in 2024

203 Educational Posts

49,560 Total Page Views since 2023

- Ensuring accuracy by verifying all infection prevention data aligns with the latest guidance from local and federal public health organizations
- Expanding accessibility to accommodate users with disabilities and varying levels of digital literacy

The QI project began with an initial website evaluation. KyIP utilized a targeted, digital experience survey, focusing on website functionality, user experience, and general content. Overall, these evaluations focused on several areas for improvement including: improving workflow, fixing broken links, and general accessibility, including content available in Spanish.

Stemming from this evaluation and subsequent brainstorming, major improvements to enhance the functionality and accessibility were initiated. Included in the improvements are: a new feature was added allowing website content and training materials to be instantly translated into over 100 languages with a single click; more consistent, quarterly review of externally facing links and content to ensure users have access to the most up to date and relevant information; and removing redundant pathways, shortening the end users time to reach critical training. Additionally, a comprehensive search feature was added to allow end users to better locate and access documents, training materials, and general content.



Pictured: Melissa Forton, DNP, APRN, FNP-C performs a demonstration for hand hygiene at IP Boot Camp





Pictured: Julia Frith, DNP, RN, CIC and members of the KylP team lead a session at IP Boot Camp



KyIP LISTENS

To help KyIP execute its mission and vision, continuous feedback from program participants is assessed at every training event, as well as through post-session surveys, follow-up consultations, and engagement on digital platforms. This feedback is critical in shaping future programming, ensuring that training remains relevant, practical, and impactful. Consistently, participants express high satisfaction with KyIP's educational offerings, often citing increased confidence in applying infection prevention strategies and a strong desire for continued learning opportunities. By actively listening to healthcare professionals and adapting to their needs, KyIP continues to strengthen infection prevention efforts across Kentucky.

Feedback from Learners and Events

KylP continues to receive overwhelmingly positive feedback from learners and healthcare facilities across Kentucky, reinforcing the impact and value of its training programs. Participants consistently express appreciation for the engaging, practical, and evidence-based approach to infection prevention education. Many report increased confidence in applying best practices, with some facilities implementing KylP training as a standard part

"The IP Boot Camp was
exactly what I needed to build
my confidence in infection
prevention. The sessions were
well-structured, engaging, and
filled with practical
information I can immediately
apply at work. "

"I can't say enough good things about the simulation training. It was engaging, interactive, and helped me feel more prepared to handle infection prevention challenges in real time."

of their staff education programs.

The demand for KyIP's training has grown significantly, with healthcare facilities actively seeking out opportunities to host mobile simulation sessions, educational consults, and customized training events. Survey responses highlight that learners find the sessions not only informative but

also highly applicable to their daily practice. Key themes in

the feedback include the clarity and expertise of instructors, the hands-on nature of simulation training, and the relevance of the topics covered.

One of the strongest indicators of KyIP's success is the continued engagement and return participation from individuals and institutions.

Many healthcare professionals who have attended previous training

"Waterborne pathogens are a serious concern in our facility, and this training provided invaluable insights. I now have a much better grasp of how to develop and implement an effective water management plan."

sessions request additional sessions for their teams, and facilities frequently inquire about new educational offerings.



COMPARATIVE IMPACT ANALYSIS

Since its inception, KyIP has grown significantly, both in scope and impact. Comparing the first contract period to the second, the program has expanded its reach, enhanced training offerings, and strengthened its role as a trusted infection prevention resource for healthcare professionals across Kentucky. This section provides a comparative analysis of key performance metrics, highlighting the program's evolution and increased effectiveness over time.

Program Reach and Engagement

During the first contract period, KyIP established its foundation, building awareness and fostering connections with healthcare facilities. The second contract period has seen exponential growth in participation, with more facilities actively seeking out KyIP training. Attendance at training events, mobile simulation sessions, and virtual education programs has increased, reflecting both the growing demand for infection prevention education and the effectiveness of KyIP's outreach efforts.

Training Expansion and Curriculum Development

In the first contract, KyIP focused on foundational infection prevention training, offering core educational modules and live sessions. The second contract period introduced a broader range of advanced topics, including water management, foodborne illness prevention, and antimicrobial stewardship. Additionally, KyIP expanded its training formats, incorporating mobile simulation, in-depth educational series, and office hours to provide more tailored and accessible learning opportunities.

Digital Growth and Online Learning

The transition between contract periods has also seen substantial growth in KylP's digital presence. The introduction of on-demand continuing education modules and the expansion of digital outreach efforts have significantly increased engagement. Social media impressions, newsletter subscribers, and website traffic have all seen notable growth, demonstrating KylP's ability to connect with healthcare professionals through multiple channels.

Participant Outcomes and Program Impact

Evaluation data from both contract periods indicate that KyIP training has had a measurable impact on participants' knowledge, confidence, and infection prevention practices. In the second contract period, survey results show an increase in reported intent to implement learned strategies, reinforcing the program's effectiveness in driving meaningful change in healthcare setting.



FUTURE DIRECTION

Looking ahead, KyIP remains committed to advancing infection prevention education through innovation, accessibility, and collaboration. In 2025, the center will focus on expanding mobile simulation training, enhancing virtual learning opportunities, and developing new continuing education content tailored to emerging infection prevention challenges. Strengthening partnerships with healthcare organizations and public health agencies will be a priority, ensuring that KyIP's resources continue to support frontline workers effectively.

Additionally, KyIP plans to implement data-driven strategies to assess the long-term impact of its training initiatives, refining educational offerings to align with evolving healthcare needs. By leveraging insights from 2024's successes and challenges, KyIP is ready to further its mission and continue making a lasting impact on infection prevention practices across Kentucky.

Objectives for 2025

Expand Statewide Training Accessibility – Increase the reach of infection prevention education by offering additional mobile simulation trainings, virtual learning opportunities, and in-person workshops to underserved regions across Kentucky.

Enhance Continuing Education Offerings – Develop new on-demand learning modules with continuing education (CE) credits, incorporating emerging infection prevention topics based on public health trends and learner feedback.

Strengthen Healthcare Facility Partnerships – Deepen collaborations with healthcare organizations, long-term care facilities, and public health agencies to provide customized training, consultative support, and workforce development programs.

Advance Data-Driven Training Effectiveness – Conduct robust evaluations of training programs using qualitative and quantitative assessments to measure knowledge retention, confidence improvement, and real-world application of infection prevention practices.

Foster a Statewide Infection Prevention Network – Build a stronger community of infection prevention professionals through peer networking opportunities, mentorship programs, and expanded office hours to facilitate knowledge-sharing and best practices.



APPENDIX

Haymarket, MyCME Summary Analysis

Table 1. Top 10 countries with the most Haymarket activity in 2024

Overall, N (%)	37,382 (100)
Country, n (%)	
United States	28,535 (76.3)
Egypt	2,294 (6.1)
Qatar	1,937 (5.2)
Malaysia	1,018 (2.7)
Canada	404 (1.1)
United Arab Emirates	386 (1.0)
Iraq	344 (0.9)
India	327 (0.9)
Philippines	218 (0.6)
Jamaica	210 (0.6)

Table 2. Haymarket learners from the United States stratified by State

Overall, N = 28,53	5		
State, n (%)			
California	2778 (9.7)	Nebraska	339 (1.2)
New York	2610 (9.1)	Oklahoma	329 (1.2)
Texas	1737 (6.1)	Connecticut	309 (1.1)
Pennsylvania	1459 (5.1)	Kansas	309 (1.1)
North Carolina	1252 (4.4)	Arkansas	305 (1.1)
Georgia	1103 (3.9)	Wisconsin	301 (1.1)
Florida	1048 (3.7)	Mississippi	249 (0.9)



Illinois	958 (3.4)	West Virginia	230 (0.8)
Virginia	919 (3.2)	lowa	223 (0.8)
Ohio	796 (2.8)	Nevada	210 (0.7)
Michigan	787 (2.8)	Hawaii	178 (0.6)
Maryland	672 (2.4)	Oregon	173 (0.6)
Tennessee	639 (2.2)	Utah	156 (0.5)
New Jersey	635 (2.2)	Delaware	141 (0.5)
Washington	599 (2.1)	North Dakota	128 (0.4)
Massachusetts	584 (2.0)	Idaho	122 (0.4)
Arizona	537 (1.9)	New Hampshire	112 (0.4)
Kentucky	537 (1.9)	New Mexico	105 (0.4)
Alabama	508 (1.8)	Rhode Island	99 (0.3)
Minnesota	506 (1.8)	Montana	85 (0.3)
Missouri	428 (1.5)	Alaska	79 (0.3)
South Carolina	411 (1.4)	Maine	76 (0.3)
Indiana	401 (1.4)	South Dakota	69 (0.2)
Louisiana	397 (1.4)	Puerto Rico	58 (0.2)
Colorado	349 (1.2)	Vermont	47 (0.2)
		Wyoming	37 (0.1)

<u>Table 3. Numbers of learners by video stratified by viewers from Kentucky and the United States. Categories are mutually exclusive.</u>

	Kentucky	United States	
	N = 537	N = 27998	
Title, n (%)	I		
Infection Prevention Strategies in Wound Care	18 (3.4)	1150 (4.1)	
Infection Prevention in Pregnancy: Safeguarding Baby and Mother	19 (3.5)	1077 (3.8)	
Overview Of Clostridium Difficile	14 (2.6)	1024 (3.7)	



What is Bugging You? Understanding And Preventing Insect-Borne Illnesses 30 (5.6) 965 (3.4) Skin Antisepsis in The Prevention of Surgical Site Infections 12 (2.2) 820 (2.9) Foodborne Illnesses: Recognizing And Mitigating Risks 15 (2.8) 811 (2.9) Beyond The Rash: Understanding, Preventing, And Conquering Measles 11 (2.0) 739 (2.6) Understanding Infectious Diseases 15 (2.8) 677 (2.4) Every Breath You Take: Prevention and Control of Respiratory Viruses 14 (2.6) 728 (2.6) Infectious Disease Epidemiology 6 (1.1) 644 (2.3) Tuberculosis: Disease, Risk Assessment, And Prevention 18 (3.4) 626 (2.2) Aspects Of Wound Care and Infection Prevention 10 (1.9) 643 (2.3) Immune System Dysfunctions 8 (1.5) 634 (2.3) Infection Prevention Practices in Home Healthcare 7 (1.3) 550 (2.0) CAUTI: Catheter-Associated Urinary Tract Infections 16 (3.0) 462 (1.7) Key Immune System Insights Important for Vaccination 12 (2.2) 595 (2.1) Understanding And Managing Shiga Toxin-Producing & Coll Infections 10 (1.9) 501 (1.8) Literature Review/Meta Analysis: Data Source Dependent 0 (0.0) 210 (0.8) </th <th>Breastfeeding: Benefits, Risks, And Best Practices</th> <th>14 (2.6)</th> <th>956 (3.4)</th>	Breastfeeding: Benefits, Risks, And Best Practices	14 (2.6)	956 (3.4)
Beyond The Rash: Understanding, Preventing, And Conquering Measles 11 (2.0) 739 (2.6) Understanding Infectious Diseases 15 (2.8) 677 (2.4) Every Breath You Take: Prevention and Control of Respiratory Viruses 14 (2.6) 728 (2.6) Infectious Diseases Epidemiology 6 (1.1) 644 (2.3) Tuberculosis: Disease, Risk Assessment, And Prevention 10 (1.9) 643 (2.3) Immune System Dysfunctions 10 (1.9) 643 (2.3) Immune System Dysfunctions 10 (1.9) 643 (2.3) Immune System Dysfunctions 10 (1.9) 643 (2.3) Infection Prevention Practices in Home Healthcare 7 (1.3) 550 (2.0) 62 (2.1) 634 (2.2) 645 (2.2) 655 (2.2)	What is Bugging You? Understanding And Preventing Insect-Borne Illnesses	30 (5.6)	965 (3.4)
Beyond The Rash: Understanding, Preventing, And Conquering Measles 11 (2.0) 739 (2.6) Understanding Infectious Diseases 15 (2.8) 677 (2.4) Every Breath You Take: Prevention and Control of Respiratory Viruses 14 (2.6) 728 (2.6) Infectious Disease Epidemiology 6 (1.1) 644 (2.3) Tuberculosis: Disease, Risk Assessment, And Prevention 18 (3.4) 626 (2.2) Aspects Of Wound Care and Infection Prevention 10 (1.9) 643 (2.3) Immune System Dysfunctions 8 (1.5) 634 (2.3) Immune System Dysfunctions 8 (1.5) 634 (2.3) Infection Prevention Prevention Practices in Home Healthcare 7 (1.3) 550 (2.0) CAUTI: Catheter-Associated Urinary Tract Infections 16 (3.0) 462 (1.7) Key Immune System Insights Important for Vaccination 12 (2.2) 595 (2.1) Understanding And Managing Shiga Toxin-Producing E Coli Infections 10 (1.9) 501 (1.8) Literature Review/Meta Analysis: Data Source Dependent 0 (0.0) 210 (0.8) Outbreak Identification 7 (1.3) 498 (1.8) CLABSI Part II: Preventing Infection at Insertion 9 (1.7) 447 (1.6) Neisseria Meningitides: The Bacterium Behind Meningococcal Disease 14 (2.6) 465 (1.7) Hospital Associated Pneumonia: A Focus on Prevention 10 (1.9) 444 (1.6) Becoming A Proficient Infection Preventionist 11 (2.0) 425 (1.5) The Intersection of Homelessness, Healthcare, And Infectious Disease 14 (2.6) 499 (1.8) Candida Auris: A Growing Threat 11 (2.0) 425 (1.5) How To Read and Critique Medical Literature (1.1) 443 (1.6) Syphilis: From Historical Tragedies to Modern Treatment and Prevention Strategies (1.1) 443 (1.6) Syphilis: From Historical Site Infection Prevention 6 (1.1) 451 (1.6) Stewardship And Nursing: Where Do We Fit In? 7 (1.3) 377 (1.3) 576 (1.3) 377 (1.3) Environmental Cleaning and Disinfection	Skin Antisepsis in The Prevention of Surgical Site Infections	12 (2.2)	820 (2.9)
Understanding Infectious Diseases Every Breath You Take: Prevention and Control of Respiratory Viruses 14 (2.6) 728 (2.6) Infectious Disease Epidemiology 6 (1.1) 644 (2.3) Tuberculosis: Disease, Risk Assessment, And Prevention 18 (3.4) 626 (2.2) Aspects Of Wound Care and Infection Prevention 10 (1.9) 643 (2.3) Immune System Dysfunctions 8 (1.5) 634 (2.3) Infection Prevention Practices in Home Healthcare 7 (1.3) 550 (2.0) CAUTI: Catheter-Associated Urinary Tract Infections 16 (3.0) 462 (1.7) Key Immune System Insights Important for Vaccination 12 (2.2) 595 (2.1) Understanding And Managing Shiga Toxin-Producing E Coli Infections 10 (1.9) 501 (1.8) Literature Review/Meta Analysis: Data Source Dependent 0 (0.0) 210 (0.8) Outbreak Identification 7 (1.3) 498 (1.8) CLABSI Part II: Preventing Infection at Insertion 9 (1.7) 447 (1.6) Neisseria Meningitides: The Bacterium Behind Meningococcal Disease 14 (2.6) 465 (1.7) Hospital Associated Pneumonia: A Focus on Prevention 10 (1.9) 444 (1.6) Becoming A Proficient Infection Preventionist 6 (1.1) 417 (1.5) The Intersection of Homelessness, Healthcare, And Infectious Disease 14 (2.6) 499 (1.8) Candida Auris: A Growing Threat 11 (2.0) 425 (1.5) How To Read and Critique Medical Literature 6 (1.1) 443 (1.6) Syphilis: From Historical Tragedies to Modern Treatment and Prevention Strategies 8 (1.5) 428 (1.5) How We Go Wrong in Study Design: Bias Errors and Bias 0 (0.0) 111 (0.4) Comprehensive Surgical Site Infection Prevention 6 (1.1) 451 (1.6) Stewardship And Nursing: Where Do We Fit In? 7 (1.3) 377 (1.3) Environmental Cleaning and Disinfection	Foodborne Illnesses: Recognizing And Mitigating Risks	15 (2.8)	811 (2.9)
Every Breath You Take: Prevention and Control of Respiratory Viruses 14 (2.6) 728 (2.6) Infectious Disease Epidemiology 6 (1.1) 644 (2.3) Tuberculosis: Disease, Risk Assessment, And Prevention 18 (3.4) 626 (2.2) Aspects Of Wound Care and Infection Prevention 10 (1.9) 643 (2.3) Immune System Dysfunctions 8 (1.5) 634 (2.3) Infection Prevention Practices in Home Healthcare 7 (1.3) 550 (2.0) CAUTI: Catheter-Associated Urinary Tract Infections 16 (3.0) 462 (1.7) Key Immune System Insights Important for Vaccination 12 (2.2) 595 (2.1) Understanding And Managing Shiga Toxin-Producing E Coli Infections 10 (1.9) 501 (1.8) Literature Review/Meta Analysis: Data Source Dependent 0 (0.0) 210 (0.8) Outbreak Identification 7 (1.3) 498 (1.8) CLABSI Part II: Preventing Infection at Insertion 9 (1.7) 447 (1.6) Neisseria Meningitides: The Bacterium Behind Meningococcal Disease 14 (2.6) 465 (1.7) Hospital Associated Pneumonia: A Focus on Prevention 10 (1.9) 444 (1.6) Becoming A Proficient Infection Preventionist 6 (1.1)	Beyond The Rash: Understanding, Preventing, And Conquering Measles	11 (2.0)	739 (2.6)
Infectious Disease Epidemiology Get (1.1) 644 (2.3) Tuberculosis: Disease, Risk Assessment, And Prevention Regional Special Of Wound Care and Infection Prevention 10 (1.9) 643 (2.3) Immune System Dysfunctions Regional Special Of Wound Care and Infection Prevention 10 (1.9) 643 (2.3) Immune System Dysfunctions Regional Special Of Wound Care and Infection Prevention Regional Special Office of Special Office (1.3) 634 (2.3) Infection Prevention Practices in Home Healthcare 7 (1.3) 550 (2.0) CAUTI: Catheter-Associated Urinary Tract Infections 16 (3.0) 462 (1.7) Rey Immune System Insights Important for Vaccination 12 (2.2) 595 (2.1) Understanding And Managing Shiga Toxin-Producing E Coli Infections 10 (1.9) 501 (1.8) Literature Review/Meta Analysis: Data Source Dependent 0 (0.0) 210 (0.8) Outbreak Identification 7 (1.3) 498 (1.8) CLABSI Part II: Preventing Infection at Insertion 9 (1.7) 447 (1.6) Neisseria Meningitides: The Bacterium Behind Meningococcal Disease 14 (2.6) 465 (1.7) Hospital Associated Pneumonia: A Focus on Prevention 10 (1.9) 444 (1.6) Becoming A Proficient Infection Preventionist 10 (1.9) 445 (1.6) From Historical Tragedies to Modern Treatment and Prevention Strategies How To Read and Critique Medical Literature Syphilis: From Historical Tragedies to Modern Treatment and Prevention Strategies Ri.5) 428 (1.5) How We Go Wrong in Study Design: Bias Errors and Bias 0 (0.0) 111 (0.4) Comprehensive Surgical Site Infection Prevention Stewardship And Nursing: Where Do We Fit In? 7 (1.3) 365 (1.3)	Understanding Infectious Diseases	15 (2.8)	677 (2.4)
Tuberculosis: Disease, Risk Assessment, And Prevention 18 (3.4) 626 (2.2) Aspects Of Wound Care and Infection Prevention 10 (1.9) 643 (2.3) Immune System Dysfunctions 8 (1.5) 634 (2.3) Infection Prevention Practices in Home Healthcare 7 (1.3) 550 (2.0) CAUTI: Catheter-Associated Urinary Tract Infections 16 (3.0) 462 (1.7) Key Immune System Insights Important for Vaccination 12 (2.2) 595 (2.1) Understanding And Managing Shiga Toxin-Producing E Coli Infections 10 (1.9) 501 (1.8) Literature Review/Meta Analysis: Data Source Dependent 0 (0.0) 210 (0.8) Outbreak Identification 7 (1.3) 498 (1.8) CLABSI Part II: Preventing Infection at Insertion 9 (1.7) 447 (1.6) Neisseria Meningitides: The Bacterium Behind Meningococcal Disease 14 (2.6) 465 (1.7) Hospital Associated Pneumonia: A Focus on Prevention 10 (1.9) 444 (1.6) Becoming A Proficient Infection Preventionist 6 (1.1) 417 (1.5) The Intersection of Homelessness, Healthcare, And Infectious Disease 14 (2.6) 499 (1.8) Candida Auris: A Growing Threat 11 (2.0) 425 (1.5) How To Read and Critique Medical Literature 6 (1.1) 443 (1.6) Syphilis: From Historical Tragedies to Modern Treatment and Prevention Strategies 8 (1.5) 428 (1.5) How We Go Wrong in Study Design: Bias Errors and Bias 0 (0.0) 111 (0.4) Comprehensive Surgical Site Infection Prevention 6 (1.1) 451 (1.6) Stewardship And Nursing: Where Do We Fit In? 7 (1.3) 377 (1.3) Environmental Cleaning and Disinfection	Every Breath You Take: Prevention and Control of Respiratory Viruses	14 (2.6)	728 (2.6)
Aspects Of Wound Care and Infection Prevention 10 (1.9) 643 (2.3) Immune System Dysfunctions 8 (1.5) 634 (2.3) Infection Prevention Practices in Home Healthcare 7 (1.3) 550 (2.0) CAUTI: Catheter-Associated Urinary Tract Infections 16 (3.0) 462 (1.7) Key Immune System Insights Important for Vaccination 12 (2.2) 595 (2.1) Understanding And Managing Shiga Toxin-Producing E Coli Infections 10 (1.9) 501 (1.8) Literature Review/Meta Analysis: Data Source Dependent 0 (0.0) 210 (0.8) Outbreak Identification 7 (1.3) 498 (1.8) CLABSI Part II: Preventing Infection at Insertion 9 (1.7) 447 (1.6) Neisseria Meningitides: The Bacterium Behind Meningococcal Disease 14 (2.6) 465 (1.7) Hospital Associated Pneumonia: A Focus on Prevention 10 (1.9) 444 (1.6) Becoming A Proficient Infection Preventionist 6 (1.1) 417 (1.5) The Intersection of Homelessness, Healthcare, And Infectious Disease 14 (2.6) 499 (1.8) Candida Auris: A Growing Threat 11 (2.0) 425 (1.5) How To Read and Critique Medical Literature 6 (1.1) 443 (1.6) Syphilis: From Historical Tragedies to Modern Treatment and Prevention Strategies 8 (1.5) 428 (1.5) How We Go Wrong in Study Design: Bias Errors and Bias 0 (0.0) 111 (0.4) Comprehensive Surgical Site Infection Prevention Frevention 6 (1.1) 451 (1.6) Stewardship And Nursing: Where Do We Fit In? 7 (1.3) 377 (1.3) 377 (1.3) Environmental Cleaning and Disinfection	Infectious Disease Epidemiology	6 (1.1)	644 (2.3)
Immune System Dysfunctions 8 (1.5) 634 (2.3) Infection Prevention Practices in Home Healthcare 7 (1.3) 550 (2.0) CAUTI: Catheter-Associated Urinary Tract Infections 16 (3.0) 462 (1.7) Key Immune System Insights Important for Vaccination 12 (2.2) 595 (2.1) Understanding And Managing Shiga Toxin-Producing E Coli Infections 10 (1.9) 501 (1.8) Literature Review/Meta Analysis: Data Source Dependent 0 (0.0) 210 (0.8) Outbreak Identification 7 (1.3) 498 (1.8) CLABSI Part II: Preventing Infection at Insertion 9 (1.7) 447 (1.6) Neisseria Meningitides: The Bacterium Behind Meningococcal Disease 14 (2.6) 465 (1.7) Hospital Associated Pneumonia: A Focus on Prevention 10 (1.9) 444 (1.6) Becoming A Proficient Infection Preventionist 6 (1.1) 417 (1.5) The Intersection of Homelessness, Healthcare, And Infectious Disease 14 (2.6) 499 (1.8) Candida Auris: A Growing Threat 11 (2.0) 425 (1.5) How To Read and Critique Medical Literature 6 (1.1) 443 (1.6) Syphilis: From Historical Tragedies to Modern Treatment and Prevention Strategies 8 (1.5) 428 (1.5) How We Go Wrong in Study Design: Bias Errors and Bias 0 (0.0) 111 (0.4) Comprehensive Surgical Site Infection Prevention 6 (1.1) 451 (1.6) Stewardship And Nursing: Where Do We Fit In? 7 (1.3) 377 (1.3) Environmental Cleaning and Disinfection	Tuberculosis: Disease, Risk Assessment, And Prevention	18 (3.4)	626 (2.2)
Infection Prevention Practices in Home Healthcare 7 (1.3) 550 (2.0) CAUTI: Catheter-Associated Urinary Tract Infections 16 (3.0) 462 (1.7) Key Immune System Insights Important for Vaccination 12 (2.2) 595 (2.1) Understanding And Managing Shiga Toxin-Producing E Coli Infections 10 (1.9) 501 (1.8) Literature Review/Meta Analysis: Data Source Dependent 0 (0.0) 210 (0.8) Outbreak Identification 7 (1.3) 498 (1.8) CLABSI Part II: Preventing Infection at Insertion Neisseria Meningitides: The Bacterium Behind Meningococcal Disease 14 (2.6) 465 (1.7) Hospital Associated Pneumonia: A Focus on Prevention Becoming A Proficient Infection Preventionist 6 (1.1) 417 (1.5) The Intersection of Homelessness, Healthcare, And Infectious Disease 14 (2.6) 499 (1.8) Candida Auris: A Growing Threat 11 (2.0) 425 (1.5) How To Read and Critique Medical Literature 5 (1.1) 443 (1.6) Syphilis: From Historical Tragedies to Modern Treatment and Prevention Strategies New Go Wrong in Study Design: Bias Errors and Bias 0 (0.0) 111 (0.4) Comprehensive Surgical Site Infection Prevention 6 (1.1) 451 (1.6) Stewardship And Nursing: Where Do We Fit In? 7 (1.3) 377 (1.3) Environmental Cleaning and Disinfection	Aspects Of Wound Care and Infection Prevention	10 (1.9)	643 (2.3)
CAUTI: Catheter-Associated Urinary Tract Infections 16 (3.0) 462 (1.7) Key Immune System Insights Important for Vaccination 12 (2.2) 595 (2.1) Understanding And Managing Shiga Toxin-Producing E Coli Infections 10 (1.9) 501 (1.8) Literature Review/Meta Analysis: Data Source Dependent 0 (0.0) 210 (0.8) Outbreak Identification 7 (1.3) 498 (1.8) CLABSI Part II: Preventing Infection at Insertion 9 (1.7) 447 (1.6) Neisseria Meningitides: The Bacterium Behind Meningococcal Disease 14 (2.6) 465 (1.7) Hospital Associated Pneumonia: A Focus on Prevention 10 (1.9) 444 (1.6) Becoming A Proficient Infection Preventionist 6 (1.1) 417 (1.5) The Intersection of Homelessness, Healthcare, And Infectious Disease 14 (2.6) 499 (1.8) Candida Auris: A Growing Threat 11 (2.0) 425 (1.5) How To Read and Critique Medical Literature 6 (1.1) 443 (1.6) Syphilis: From Historical Tragedies to Modern Treatment and Prevention Strategies How We Go Wrong in Study Design: Bias Errors and Bias 0 (0.0) 111 (0.4) Comprehensive Surgical Site Infection Prevention 6 (1.1) 451 (1.6) Stewardship And Nursing: Where Do We Fit In? 7 (1.3) 377 (1.3) Environmental Cleaning and Disinfection	Immune System Dysfunctions	8 (1.5)	634 (2.3)
Key Immune System Insights Important for Vaccination12 (2.2)595 (2.1)Understanding And Managing Shiga Toxin-Producing E Coli Infections10 (1.9)501 (1.8)Literature Review/Meta Analysis: Data Source Dependent0 (0.0)210 (0.8)Outbreak Identification7 (1.3)498 (1.8)CLABSI Part II: Preventing Infection at Insertion9 (1.7)447 (1.6)Neisseria Meningitides: The Bacterium Behind Meningococcal Disease14 (2.6)465 (1.7)Hospital Associated Pneumonia: A Focus on Prevention10 (1.9)444 (1.6)Becoming A Proficient Infection Preventionist6 (1.1)417 (1.5)The Intersection of Homelessness, Healthcare, And Infectious Disease14 (2.6)499 (1.8)Candida Auris: A Growing Threat11 (2.0)425 (1.5)How To Read and Critique Medical Literature6 (1.1)443 (1.6)Syphilis: From Historical Tragedies to Modern Treatment and Prevention Strategies8 (1.5)428 (1.5)How We Go Wrong in Study Design: Bias Errors and Bias0 (0.0)111 (0.4)Comprehensive Surgical Site Infection Prevention6 (1.1)451 (1.6)Stewardship And Nursing: Where Do We Fit In?7 (1.3)377 (1.3)Environmental Cleaning and Disinfection10 (1.9)365 (1.3)	Infection Prevention Practices in Home Healthcare	7 (1.3)	550 (2.0)
Understanding And Managing Shiga Toxin-Producing E Coli Infections 10 (1.9) 501 (1.8) Literature Review/Meta Analysis: Data Source Dependent 0 (0.0) 210 (0.8) Outbreak Identification 7 (1.3) 498 (1.8) CLABSI Part II: Preventing Infection at Insertion 9 (1.7) 447 (1.6) Neisseria Meningitides: The Bacterium Behind Meningococcal Disease 14 (2.6) 465 (1.7) Hospital Associated Pneumonia: A Focus on Prevention 10 (1.9) 444 (1.6) Becoming A Proficient Infection Preventionist 6 (1.1) 417 (1.5) The Intersection of Homelessness, Healthcare, And Infectious Disease 14 (2.6) 499 (1.8) Candida Auris: A Growing Threat 11 (2.0) 425 (1.5) How To Read and Critique Medical Literature 6 (1.1) 443 (1.6) Syphilis: From Historical Tragedies to Modern Treatment and Prevention Strategies 8 (1.5) 428 (1.5) How We Go Wrong in Study Design: Bias Errors and Bias 0 (0.0) 111 (0.4) Comprehensive Surgical Site Infection Prevention 5 (1.1) 377 (1.3) Stewardship And Nursing: Where Do We Fit In? 7 (1.3) 377 (1.3) Environmental Cleaning and Disinfection	CAUTI: Catheter-Associated Urinary Tract Infections	16 (3.0)	462 (1.7)
Literature Review/Meta Analysis: Data Source Dependent 0 (0.0) 210 (0.8) Outbreak Identification 7 (1.3) 498 (1.8) CLABSI Part II: Preventing Infection at Insertion 9 (1.7) 447 (1.6) Neisseria Meningitides: The Bacterium Behind Meningococcal Disease 14 (2.6) 465 (1.7) Hospital Associated Pneumonia: A Focus on Prevention 10 (1.9) 444 (1.6) Becoming A Proficient Infection Preventionist 6 (1.1) 417 (1.5) The Intersection of Homelessness, Healthcare, And Infectious Disease 14 (2.6) 499 (1.8) Candida Auris: A Growing Threat 11 (2.0) 425 (1.5) How To Read and Critique Medical Literature 6 (1.1) 443 (1.6) Syphilis: From Historical Tragedies to Modern Treatment and Prevention Strategies 8 (1.5) 428 (1.5) How We Go Wrong in Study Design: Bias Errors and Bias 0 (0.0) 111 (0.4) Comprehensive Surgical Site Infection Prevention 6 (1.1) 451 (1.6) Stewardship And Nursing: Where Do We Fit In? 7 (1.3) 377 (1.3) Environmental Cleaning and Disinfection	Key Immune System Insights Important for Vaccination	12 (2.2)	595 (2.1)
Outbreak Identification 7 (1.3) 498 (1.8) CLABSI Part II: Preventing Infection at Insertion 9 (1.7) 447 (1.6) Neisseria Meningitides: The Bacterium Behind Meningococcal Disease 14 (2.6) 465 (1.7) Hospital Associated Pneumonia: A Focus on Prevention 10 (1.9) 444 (1.6) Becoming A Proficient Infection Preventionist 6 (1.1) 417 (1.5) The Intersection of Homelessness, Healthcare, And Infectious Disease 14 (2.6) 499 (1.8) Candida Auris: A Growing Threat 11 (2.0) 425 (1.5) How To Read and Critique Medical Literature 6 (1.1) 443 (1.6) Syphilis: From Historical Tragedies to Modern Treatment and Prevention Strategies 8 (1.5) 428 (1.5) How We Go Wrong in Study Design: Bias Errors and Bias 0 (0.0) 111 (0.4) Comprehensive Surgical Site Infection Prevention 6 (1.1) 451 (1.6) Stewardship And Nursing: Where Do We Fit In? 7 (1.3) 377 (1.3) Environmental Cleaning and Disinfection	Understanding And Managing Shiga Toxin-Producing E Coli Infections	10 (1.9)	501 (1.8)
CLABSI Part II: Preventing Infection at Insertion 9 (1.7) 447 (1.6) Neisseria Meningitides: The Bacterium Behind Meningococcal Disease 14 (2.6) 465 (1.7) Hospital Associated Pneumonia: A Focus on Prevention 10 (1.9) 444 (1.6) Becoming A Proficient Infection Preventionist 6 (1.1) 417 (1.5) The Intersection of Homelessness, Healthcare, And Infectious Disease 14 (2.6) 499 (1.8) Candida Auris: A Growing Threat 11 (2.0) 425 (1.5) How To Read and Critique Medical Literature 6 (1.1) 443 (1.6) Syphilis: From Historical Tragedies to Modern Treatment and Prevention Strategies 8 (1.5) 428 (1.5) How We Go Wrong in Study Design: Bias Errors and Bias 0 (0.0) 111 (0.4) Comprehensive Surgical Site Infection Prevention 6 (1.1) 451 (1.6) Stewardship And Nursing: Where Do We Fit In? 7 (1.3) 377 (1.3) Environmental Cleaning and Disinfection	Literature Review/Meta Analysis: Data Source Dependent	0 (0.0)	210 (0.8)
Neisseria Meningitides: The Bacterium Behind Meningococcal Disease 14 (2.6) 465 (1.7) Hospital Associated Pneumonia: A Focus on Prevention 10 (1.9) 444 (1.6) Becoming A Proficient Infection Preventionist 6 (1.1) 417 (1.5) The Intersection of Homelessness, Healthcare, And Infectious Disease 14 (2.6) 499 (1.8) Candida Auris: A Growing Threat 11 (2.0) 425 (1.5) How To Read and Critique Medical Literature 6 (1.1) 443 (1.6) Syphilis: From Historical Tragedies to Modern Treatment and Prevention Strategies 8 (1.5) 428 (1.5) How We Go Wrong in Study Design: Bias Errors and Bias 0 (0.0) 111 (0.4) Comprehensive Surgical Site Infection Prevention 6 (1.1) 451 (1.6) Stewardship And Nursing: Where Do We Fit In? 7 (1.3) 377 (1.3) Environmental Cleaning and Disinfection	Outbreak Identification	7 (1.3)	498 (1.8)
Hospital Associated Pneumonia: A Focus on Prevention 10 (1.9) 444 (1.6) Becoming A Proficient Infection Preventionist 6 (1.1) 417 (1.5) The Intersection of Homelessness, Healthcare, And Infectious Disease 14 (2.6) 499 (1.8) Candida Auris: A Growing Threat 11 (2.0) 425 (1.5) How To Read and Critique Medical Literature 6 (1.1) 443 (1.6) Syphilis: From Historical Tragedies to Modern Treatment and Prevention Strategies 8 (1.5) 428 (1.5) How We Go Wrong in Study Design: Bias Errors and Bias 0 (0.0) 111 (0.4) Comprehensive Surgical Site Infection Prevention 6 (1.1) 451 (1.6) Stewardship And Nursing: Where Do We Fit In? 7 (1.3) 377 (1.3) Environmental Cleaning and Disinfection	CLABSI Part II: Preventing Infection at Insertion	9 (1.7)	447 (1.6)
Becoming A Proficient Infection Preventionist 6 (1.1) 417 (1.5) The Intersection of Homelessness, Healthcare, And Infectious Disease 14 (2.6) 499 (1.8) Candida Auris: A Growing Threat 11 (2.0) 425 (1.5) How To Read and Critique Medical Literature 6 (1.1) 443 (1.6) Syphilis: From Historical Tragedies to Modern Treatment and Prevention Strategies 8 (1.5) 428 (1.5) How We Go Wrong in Study Design: Bias Errors and Bias 0 (0.0) 111 (0.4) Comprehensive Surgical Site Infection Prevention 6 (1.1) 451 (1.6) Stewardship And Nursing: Where Do We Fit In? 7 (1.3) 377 (1.3) Environmental Cleaning and Disinfection	Neisseria Meningitides: The Bacterium Behind Meningococcal Disease	14 (2.6)	465 (1.7)
The Intersection of Homelessness, Healthcare, And Infectious Disease 14 (2.6) 499 (1.8) Candida Auris: A Growing Threat 11 (2.0) 425 (1.5) How To Read and Critique Medical Literature 6 (1.1) 443 (1.6) Syphilis: From Historical Tragedies to Modern Treatment and Prevention Strategies 8 (1.5) 428 (1.5) How We Go Wrong in Study Design: Bias Errors and Bias 0 (0.0) 111 (0.4) Comprehensive Surgical Site Infection Prevention 6 (1.1) 451 (1.6) Stewardship And Nursing: Where Do We Fit In? 7 (1.3) 377 (1.3) Environmental Cleaning and Disinfection 10 (1.9) 365 (1.3)	Hospital Associated Pneumonia: A Focus on Prevention	10 (1.9)	444 (1.6)
Candida Auris: A Growing Threat How To Read and Critique Medical Literature 6 (1.1) 443 (1.6) Syphilis: From Historical Tragedies to Modern Treatment and Prevention Strategies 8 (1.5) 428 (1.5) How We Go Wrong in Study Design: Bias Errors and Bias 0 (0.0) 111 (0.4) Comprehensive Surgical Site Infection Prevention 6 (1.1) 451 (1.6) Stewardship And Nursing: Where Do We Fit In? 7 (1.3) Environmental Cleaning and Disinfection	Becoming A Proficient Infection Preventionist	6 (1.1)	417 (1.5)
How To Read and Critique Medical Literature 6 (1.1) 443 (1.6) Syphilis: From Historical Tragedies to Modern Treatment and Prevention Strategies 8 (1.5) 428 (1.5) How We Go Wrong in Study Design: Bias Errors and Bias 0 (0.0) 111 (0.4) Comprehensive Surgical Site Infection Prevention 6 (1.1) 451 (1.6) Stewardship And Nursing: Where Do We Fit In? 7 (1.3) 377 (1.3) Environmental Cleaning and Disinfection 10 (1.9) 365 (1.3)	The Intersection of Homelessness, Healthcare, And Infectious Disease	14 (2.6)	499 (1.8)
Syphilis: From Historical Tragedies to Modern Treatment and Prevention Strategies 8 (1.5) 428 (1.5) How We Go Wrong in Study Design: Bias Errors and Bias 0 (0.0) 111 (0.4) Comprehensive Surgical Site Infection Prevention 6 (1.1) 451 (1.6) Stewardship And Nursing: Where Do We Fit In? 7 (1.3) 377 (1.3) Environmental Cleaning and Disinfection 10 (1.9) 365 (1.3)	Candida Auris: A Growing Threat	11 (2.0)	425 (1.5)
How We Go Wrong in Study Design: Bias Errors and Bias 0 (0.0) 111 (0.4) Comprehensive Surgical Site Infection Prevention 6 (1.1) 451 (1.6) Stewardship And Nursing: Where Do We Fit In? 7 (1.3) 7 (1.3) Environmental Cleaning and Disinfection 10 (1.9) 365 (1.3)	How To Read and Critique Medical Literature	6 (1.1)	443 (1.6)
Comprehensive Surgical Site Infection Prevention 6 (1.1) 451 (1.6) Stewardship And Nursing: Where Do We Fit In? 7 (1.3) 377 (1.3) Environmental Cleaning and Disinfection 10 (1.9) 365 (1.3)	Syphilis: From Historical Tragedies to Modern Treatment and Prevention Strategies	8 (1.5)	428 (1.5)
Stewardship And Nursing: Where Do We Fit In? Environmental Cleaning and Disinfection 7 (1.3) 377 (1.3) 10 (1.9) 365 (1.3)	How We Go Wrong in Study Design: Bias Errors and Bias	0 (0.0)	111 (0.4)
Environmental Cleaning and Disinfection 10 (1.9) 365 (1.3)	Comprehensive Surgical Site Infection Prevention	6 (1.1)	451 (1.6)
	Stewardship And Nursing: Where Do We Fit In?	7 (1.3)	377 (1.3)
Antimicrobial Prophylaxis for Prevention of Surgical Site Infection (SSI) 11 (2.0) 356 (1.3)	Environmental Cleaning and Disinfection	10 (1.9)	365 (1.3)
I I	Antimicrobial Prophylaxis for Prevention of Surgical Site Infection (SSI)	11 (2.0)	356 (1.3)



Urinary Tract Antibiotic Drug Review Optimizing Ventilation to Prevent Infections in Healthcare Decoding Research: From Study Types to Analysis Challenges In Recognizing Clinical Signs of Infectious Diseases in Skin of Color Types Of Research Studies and Measures of Association	8 (1.5) 6 (1.1) 5 (0.9) 6 (1.1) 4 (0.7) 18 (3.4)	336 (1.2) 297 (1.1) 321 (1.1) 296 (1.1) 298 (1.1)
Decoding Research: From Study Types to Analysis Challenges In Recognizing Clinical Signs of Infectious Diseases in Skin of Color	5 (0.9) 6 (1.1) 4 (0.7)	321 (1.1) 296 (1.1)
Challenges In Recognizing Clinical Signs of Infectious Diseases in Skin of Color	6 (1.1)	296 (1.1)
	4 (0.7)	
Types Of Research Studies and Measures of Association		298 (1.1)
Types of Research studies and Measures of Association	18 (3.4)	
Use Of Simulation to Promote Best Practice for Obtaining Blood Cultures		236 (0.8)
Cleaning And Disinfecting Medical Equipment	5 (0.9)	227 (0.8)
Hand Hygiene and Asepsis	9 (1.7)	253 (0.9)
Principles Of Antimicrobials	7 (1.3)	273 (1.0)
Enhancing Infection Control: Mastering Standard Precautions	6 (1.1)	208 (0.7)
Clinical Research from Idea to Publication: Part 3	0 (0.0)	92 (0.3)
MRSA Antibiotic Drug Review	2 (0.4)	274 (1.0)
Safe Injection Practices	6 (1.1)	180 (0.6)
Preventing Waterborne Infections in Healthcare: Water Management Plans	5 (0.9)	225 (0.8)
Network Analysis: Making Quantitative Data Qualitative	3 (0.6)	220 (0.8)
Utilizing Simulation Techniques for Chlorhexidine Gluconate Bathing	2 (0.4)	201 (0.7)
Tetracycline Drug Class Review	2 (0.4)	225 (0.8)
Antimicrobial Stewardship Programs: Are We Forgetting Something?	3 (0.6)	201 (0.7)
Penicillin Drug Class Review	6 (1.1)	208 (0.7)
Balancing Home Life and Safety in Long-Term Care Settings	2 (0.4)	197 (0.7)
Water Management Plan to Reduce Legionella and Other Waterborne Pathogens	5 (0.9)	182 (0.7)
Infection Prevention Program for Behavioral Health Settings In 7 Steps	1 (0.2)	174 (0.6)
Antifungal Drug Class Review	2 (0.4)	178 (0.6)
Macrolide Drug Class Review	4 (0.7)	186 (0.7)
Oral Health and Vulnerable Populations	5 (0.9)	198 (0.7)
Infection Prevention Program for Home Health Settings In 7 Steps	1 (0.2)	151 (0.5)
Central Line-Associated Bloodstream Infections	5 (0.9)	122 (0.4)
Penicillin Allergy Review	3 (0.6)	181 (0.6)
A Primer in Machine Learning in Infection Prevention and Control	1 (0.2)	152 (0.5)



4 (0.7)	167 (0.6)
3 (0.6)	126 (0.5)
3 (0.6)	153 (0.5)
2 (0.4)	149 (0.5)
6 (1.1)	125 (0.4)
1 (0.2)	90 (0.3)
0 (0.0)	98 (0.4)
2 (0.4)	103 (0.4)
2 (0.4)	106 (0.4)
2 (0.4)	77 (0.3)
0 (0.0)	52 (0.2)
0 (0.0)	49 (0.2)
0 (0.0)	35 (0.1)
	3 (0.6) 3 (0.6) 2 (0.4) 6 (1.1) 1 (0.2) 0 (0.0) 2 (0.4) 2 (0.4) 2 (0.4) 0 (0.0) 0 (0.0)

<u>Table 4: Numbers of learners by profession and specialty stratified by viewers from Kentucky and the United States.</u>
<u>Categories are mutually exclusive.</u>

	Kentucky	United States
	537	27,998
Profession, n (%)		
Nurse	210 (39.1)	6712 (24.0)
Physician Assistant	98 (18.2)	7423 (26.5)
Physician	63 (11.7)	5059 (18.1)
Pharmacist	57 (10.6)	2749 (9.8)
Nurse Practitioner	79 (14.7)	3677 (13.1)
Other Healthcare Professional	21 (3.9)	1815 (6.5)
Student	8 (1.5)	462 (1.7)
Resident	0 (0.0)	14 (0.1)
Dentist	0 (0.0)	15 (0.1)
Optometrist	0 (0.0)	15 (0.1)



Psychologist	1 (0.2)	6 (0.0)
Dietician / Nutritionist	0 (0.0)	15 (0.1)
Consumer/Patient	0 (0.0)	10 (0.0)
Physical Therapist	0 (0.0)	13 (0.0)
Certified Diabetes Educator	0 (0.0)	7 (0.0)
Chiropractor	0 (0.0)	4 (0.0)
Genetic Counselor	0 (0.0)	1 (0.0)
Technician	0 (0.0)	1 (0.0)
Specialty, n (%)		I.
Other	102 (19.0)	3931 (14.0)
Family Medicine / General Practice	84 (15.6)	4678 (16.7)
Pharmacy	26 (4.8)	1457 (5.2)
Surgery	29 (5.4)	2052 (7.3)
Pediatrics	15 (2.8)	1449 (5.2)
Internal Medicine	31 (5.8)	1571 (5.6)
Emergency Medicine	35 (6.5)	1176 (4.2)
Infectious Disease	86 (16.0)	1042 (3.7)
Orthopedics	12 (2.2)	1173 (4.2)
Obstetrics / Gynecology	5 (0.9)	1086 (3.9)
Cardiology	7 (1.3)	676 (2.4)
Critical Care Medicine	4 (0.7)	601 (2.1)
Psychiatry	13 (2.4)	649 (2.3)
Dermatology	8 (1.5)	466 (1.7)
Urology	2 (0.4)	545 (1.9)
Long-Term Care	29 (5.4)	453 (1.6)
Geriatric Medicine	3 (0.6)	425 (1.5)
Hospitalist	5 (0.9)	402 (1.4)
Oncology	3 (0.6)	450 (1.6)
Public Health / Preventive Medicine	7 (1.3)	303 (1.1)
Nephrology	11 (2.0)	252 (0.9)



Hematology / Oncology	3 (0.6)	372 (1.3)
Gastroenterology / Proctology	1 (0.2)	313 (1.1)
Radiology / Nuclear Medicine	1 (0.2)	161 (0.6)
Pulmonology	1 (0.2)	293 (1.0)
Anesthesiology	0 (0.0)	249 (0.9)
Neurology	2 (0.4)	226 (0.8)
Pain Medicine	6 (1.1)	230 (0.8)
Allergy / Immunology	0 (0.0)	155 (0.6)
Physical Medicine / Rehabilitation	2 (0.4)	137 (0.5)
Otolaryngology	0 (0.0)	151 (0.5)
Pathology	0 (0.0)	121 (0.4)
Infusion Therapy	1 (0.2)	133 (0.5)
Diabetes	1 (0.2)	64 (0.2)
Ophthalmology	0 (0.0)	81 (0.3)
Hematology	0 (0.0)	23 (0.1)
Rheumatology	0 (0.0)	103 (0.4)
Complementary / Alternative Medicine	0 (0.0)	77 (0.3)
Dental	0 (0.0)	32 (0.1)
Endocrinology	0 (0.0)	60 (0.2)
Bariatric Medicine	0 (0.0)	74 (0.3)
Nutrition	0 (0.0)	25 (0.1)
Optometry	0 (0.0)	14 (0.1)
Sports Medicine	2 (0.4)	22 (0.1)
Surgery-Neuro	0 (0.0)	5 (0.0)
Sleep Disorders	0 (0.0)	1 (0.0)
Surgery-General	0 (0.0)	0 (0.0)
Surgery-Orthopedic	0 (0.0)	0 (0.0)
Surgery-Plastic	0 (0.0)	0 (0.0)



<u>Table 5. Kentucky learners stratified by County of residency. A total of 531 learners from Kentucky residency had data available for analysis.</u>

Overall, N = 531			
County, n (%)			
Jefferson County	119 (22.4)	Bourbon County	2 (0.4)
Fayette County	49 (9.2)	Breathitt County	2 (0.4)
Daviess County	47 (8.9)	Calloway County	2 (0.4)
Warren County	40 (7.5)	Christian County	2 (0.4)
Hardin County	34 (6.4)	Garrard County	2 (0.4)
Woodford County	26 (4.9)	Grayson County	2 (0.4)
Franklin County	19 (3.6)	Mason County	2 (0.4)
Muhlenberg County	17 (3.2)	Perry County	2 (0.4)
Greenup County	14 (2.6)	Powell County	2 (0.4)
Metcalfe County	11 (2.1)	Robertson County	2 (0.4)
Hopkins County	10 (1.9)	Washington County	2 (0.4)
Taylor County	10 (1.9)	Webster County	2 (0.4)
Boyd County	9 (1.7)	Boone County	1 (0.2)
Gallatin County	8 (1.5)	Boyle County	1 (0.2)
Bullitt County	6 (1.1)	Clay County	1 (0.2)
Pike County	6 (1.1)	Edmonson County	1 (0.2)
Trigg County	6 (1.1)	Estill County	1 (0.2)
Wayne County	6 (1.1)	Floyd County	1 (0.2)
Leslie County	5 (0.9)	Graves County	1 (0.2)
Ohio County	5 (0.9)	Harlan County	1 (0.2)
Rowan County	5 (0.9)	Harrison County	1 (0.2)
Union County	5 (0.9)	Henderson County	1 (0.2)
Jessamine County	4 (0.8)	Knox County	1 (0.2)
Kenton County	4 (0.8)	Laurel County	1 (0.2)
Simpson County	4 (0.8)	Livingston County	1 (0.2)
	1		



Campbell County	3 (0.6)	Morgan County	1 (0.2)
Green County	3 (0.6)	Oldham County	1 (0.2)
Madison County	3 (0.6)	Rockcastle County	1 (0.2)
Marion County	3 (0.6)	Russell County	1 (0.2)
Spencer County	3 (0.6)	Scott County	1 (0.2)

Boot Camp Summary Analysis

Table 1. Paired participant details, n=119

Variable	N	%
Primary Work Setting		
Long term care	45	39%
Acute care	37	32%
Public health	13	11%
Health system	13	11%
Ambulatory care	5	4%
Psychiatric	1	1%
Behavioral health	1	1%
Primary Specialty		
IP	92	77%
ADON	12	10%
DON	9	8%
Admin	5	4%
Epidemiology	3	3%
SDC	2	2%
MLS	2	2%
Quality assurance	2	2%
Unspecified	10	8%
Region*		



1	1	1%
2	15	13%
3	13	11%
4	14	12%
5	12	10%
6	4	3%
7	14	12%
8	2	2%
9	7	6%
10	2	2%
Non-KY or unspecified	35	29%
Years of experience		
Specified	70	59%
Mean years of experience	10.8 (mean)	10.7 (sd)

^{*}Regions defined by the KY Cabinet for Health and Human Services Regional Infection Preventionist regions:



Figure 1. Scores of Individual Questions



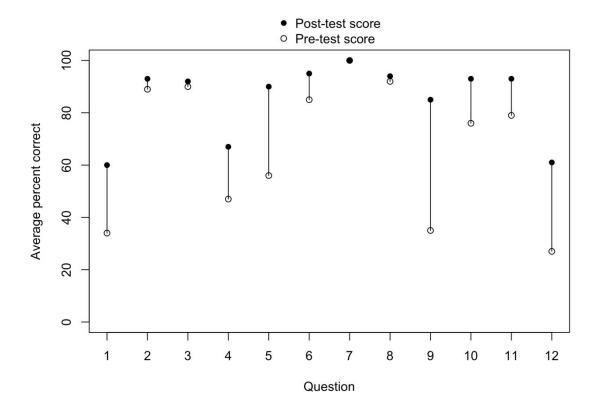


Table 2. Individual Questions

Question	Pre-test	Post-test	Paired	р
	Score	Score	Difference	
1 Diagnostic stewardship includes	34%	60%	25% (14 – 36%)	<0.001
2 Which of the following statements	89%	93%	4% (-2 – 11%)	0.198
3 Benefits of monitoring compliance	90%	92%	2% (-4 – 7%)	0.566
4 Benefits of using a tool to	47%	67%	20% (9 – 32%)	<0.001
5 Which of the following is	56%	90%	34% (24 – 43%)	<0.001
6 Enhanced barrier protection	85%	95%	10% (2 – 18%)	0.014
7 High contact care activities	100%	100%	N/A	N/A
8 When an outbreak is identified	92%	94%	3% (-4 – 9%)	0.441
9 Which of the following describes	35%	85%	50% (39 – 60%)	<0.001
10 Which of the following isn't true	76%	93%	18% (9 - 26%)	<0.001
11 Which of the following is true	79%	93%	14% (6 - 22%)	<0.001



12 An ICRA tool identifies	27%	61%	34% (24 – 45%)	<0.001
Total Score	67%	85%	18% (15 – 21%)	<0.001

Table 3. Change in total score by setting

Setting	Change in Knowledge Test Score	р
Long term care	16% (10 – 22%)	<0.001
Acute care	17% (13 – 22%)	<0.001
Health system	13% (2 – 24%)	0.020
Public health	24% (13 – 35%)	<0.001
Ambulatory care	27% (8 – 45%)	0.016

Table 4. Change in score by specialty

Specialty	Change in Knowledge Test Score	р
IP	17% (14 – 21%)	<0.001
ADON/DON	20% (13 – 28%)	<0.001
Admin	17% (-6 – 40%)	0.116

Table 5. Change in score by region

Region	Change in Knowledge Test Score	р
2	17% (9 – 25%)	<0.001
3	20% (12 – 27%)	<0.001
4	23% (11 – 34%)	0.001
5	17% (6 – 28%)	0.007
6	27% (-8% - 62%)	0.090
7	13% (0% - 26%)	0.061
9	10% (-9% - 28%)	0.244
Other KY regions (1,8, and 10)	15% (2% - 28%)	0.037
Non-KY	19% (12% - 26%)	<0.001



Table 6. Participants reporting a significant in confidence

Category	N	%
Overall	91	76%
Setting		
Long term care	32 (of 45)	71%
Acute care	27 (of 37)	73%
Public health	10 (of 13)	77%
Health system	11 (of 13)	85%
Specialty		
IP	71 (of 92)	77%
ADON/DON	13 (of 21)	62%
Region		
2	11 (of 15)	73%
3	10 (of 13)	77%
4	8 (of 14)	57%
5	10 (of 12)	83%
6	4 (of 4)	100%
7	8 (of 14)	57%
9	5 (of 7)	71%
Other KY regions (1,8, and 10)	5 (of 5)	100%
Non-KY	20 (of 24)	83%

Table 7. Participants strongly agreeing with statement planning to use what they learned

Category	N	%
Overall	89	75%
Setting		
Long term care	31 (of 45)	68%
Acute care	29 (of 37)	78%
Public health	12 (of 13)	92%
Health system	9 (of 13)	69%



Specialty		
IP	69 (of 92)	75%
ADON/DON	12 (of 21)	57%
Region		
2	10 (of 15)	67%
3	10 (of 13)	77%
4	10 (of 14)	71%
5	12 (of 12)	100%
6	4 (of 4)	100%
7	9 (of 14)	64%
9	5 (of 7)	71%
Other KY regions (1,8, and 10)	4 (of 5)	80%
Non-KY	16 (of 24)	67%





Kentucky Infection Prevention Training Center
Learn more about KyIP and available training at
KentuckyIPtraining.com

