

Infection Prevention Standards: Regulatory Readiness

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Regulatory Readiness

At the conclusion of this course, the learner will be able to:

- Describe strategies to achieve program readiness
- Describe the difference between regulations, standards, guidelines, best practices, and standards of care
- Identify prioritization strategies to ensure compliance with standards
- Describe when and how to use a risk assessment
- Define the updates to the July 2024 IC standards
- Identify commonly scored findings for 2024
- Apply strategies to collect meaningful data and disseminate summaries of actions and results

Ok....so It's that time
again



Know your accreditor



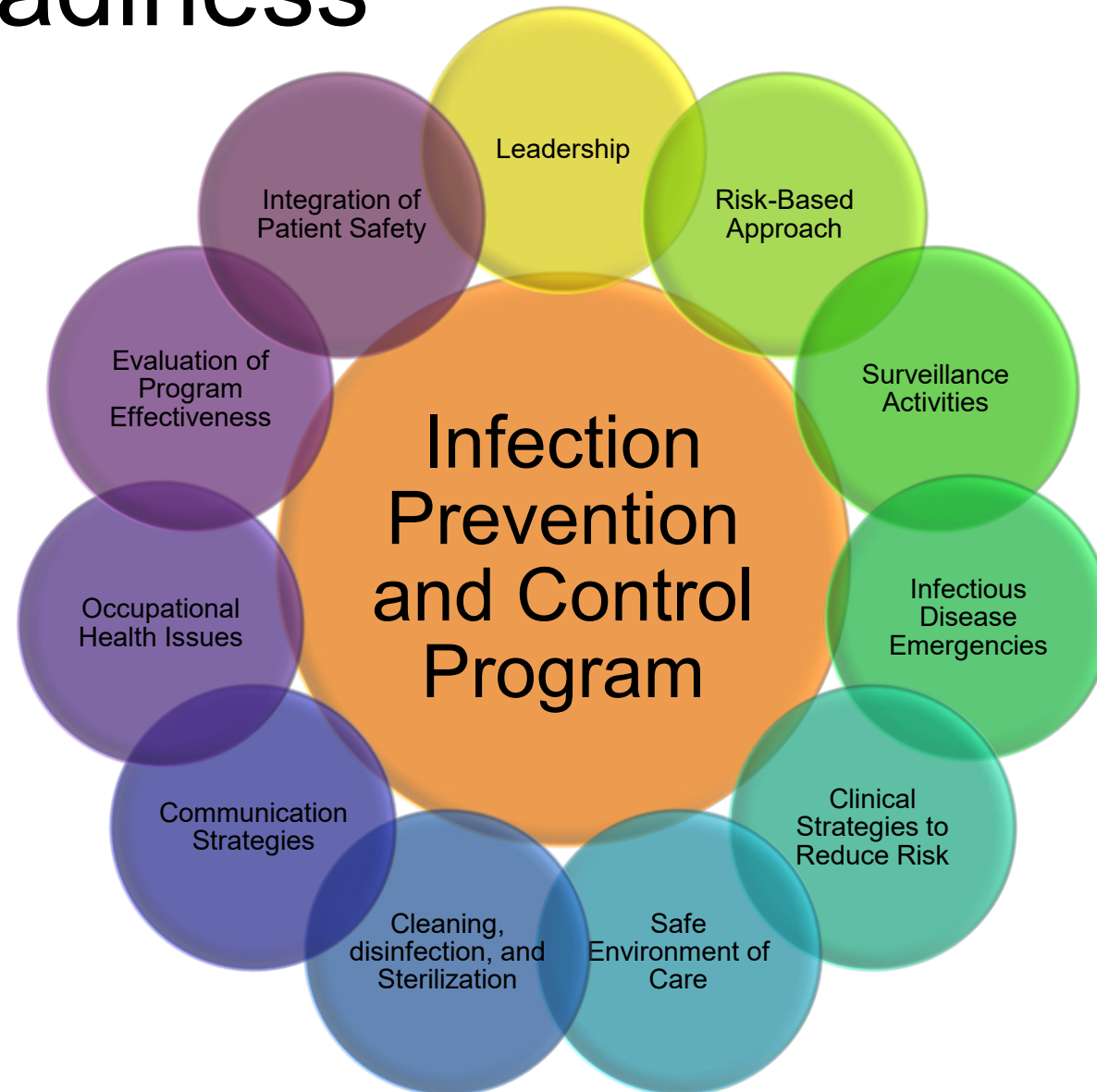
- [The Joint Commission \(TJC\)](#) is a non-profit organization that accredits and certifies over 22,000 healthcare organizations and programs in the United States. It is widely recognized as the gold standard in healthcare accreditation, and its standards are considered rigorous and comprehensive.

Know your accreditor



- [Det Norske Veritas \(DNV\)](#) is a global quality assurance and risk management company that provides accreditation services for healthcare organizations. DNV has a strong focus on patient safety and is known for its innovative approach to accreditation, which includes a focus on continuous improvement and a performance-based assessment model.

Program Readiness



Essential Components



Getting prepared for the next TJC Survey



YOUR “BOB”: Big Ole Binder—What’s in there?



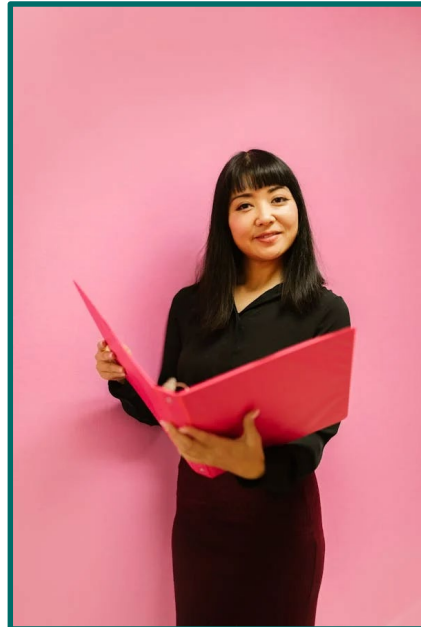
- The Serenity Prayer?
- Your annual plan and risk assessment
- Annual report
- Recent data and reports
- Risk Assessments
- Policies and procedures
- Job aids
- Tricky IFUs
- Important numbers

It takes a little planning.....

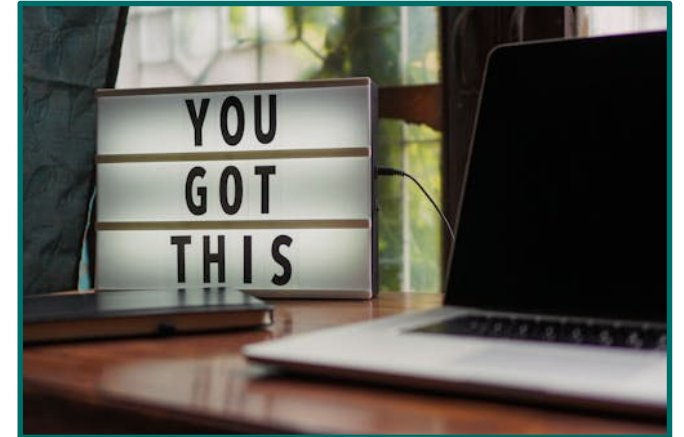
Multidisciplinary Rounds



Have your Resources Handy



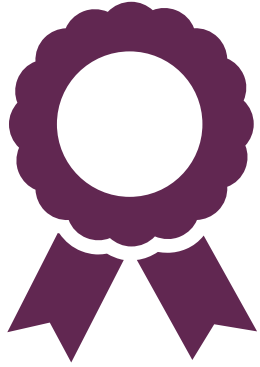
Make it Easy to Do the Right Thing



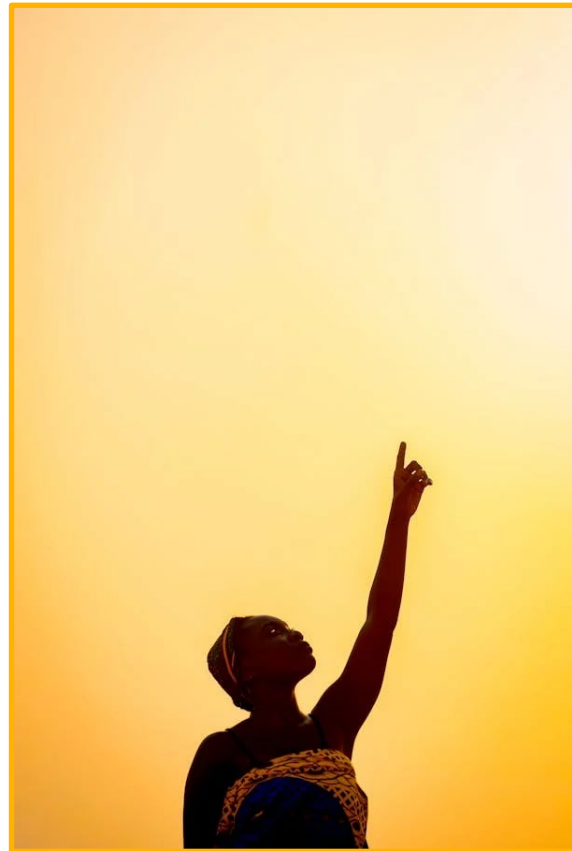
Integration is KEY



Remember the WHY:



*To promote best practice



*To promote safety of patients, visitors and healthcare professionals

Now, where do I start???

The IPC program should be built on hierarchy that accounts for the following elements, as appropriate:

- Local, state, and federal rules and regulations
- CMS Conditions of Participation (CoPs) and Conditions for Coverage (CfCs)*
- Manufacturers' instructions for use
- Evidence-based guidelines and national standards, consensus documents



Can I define the differences to help prioritize?

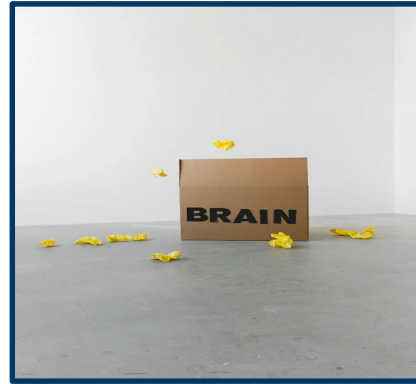


Understanding the Difference: Regulations and Force of Law

Regulations:

Examples:

- CMS payment rules being received annually
- OSHA (developing infectious disease standard since 2010)
- Most recent revisions to CoPs for hospitals
- OSHA COVID 19 Healthcare ETS



Force of law: CMS, OSHA, FDA

Federal and state laws are enacted by the congress of state legislature and issued by the legislative body

Examples:

- Affordable Care Act
- Occupational Safety and Health Act
- Federal Food, Drug, and Cosmetics Act

*States have different and sometimes more stringent laws outside of federal laws

Understanding the Difference: Guidelines, Recommendations, guidance, and action plans

- Evidence-based rules of practice by a government body or other agency or organization
- Does not have the force of law but considered by practitioners to be strong guides for practice.



What if Regulations or Laws don't exist?



* In the absence of laws or regulations compliance with guidelines may be used to determine accreditation status

Risk Assessments: When to use them and how

Don't

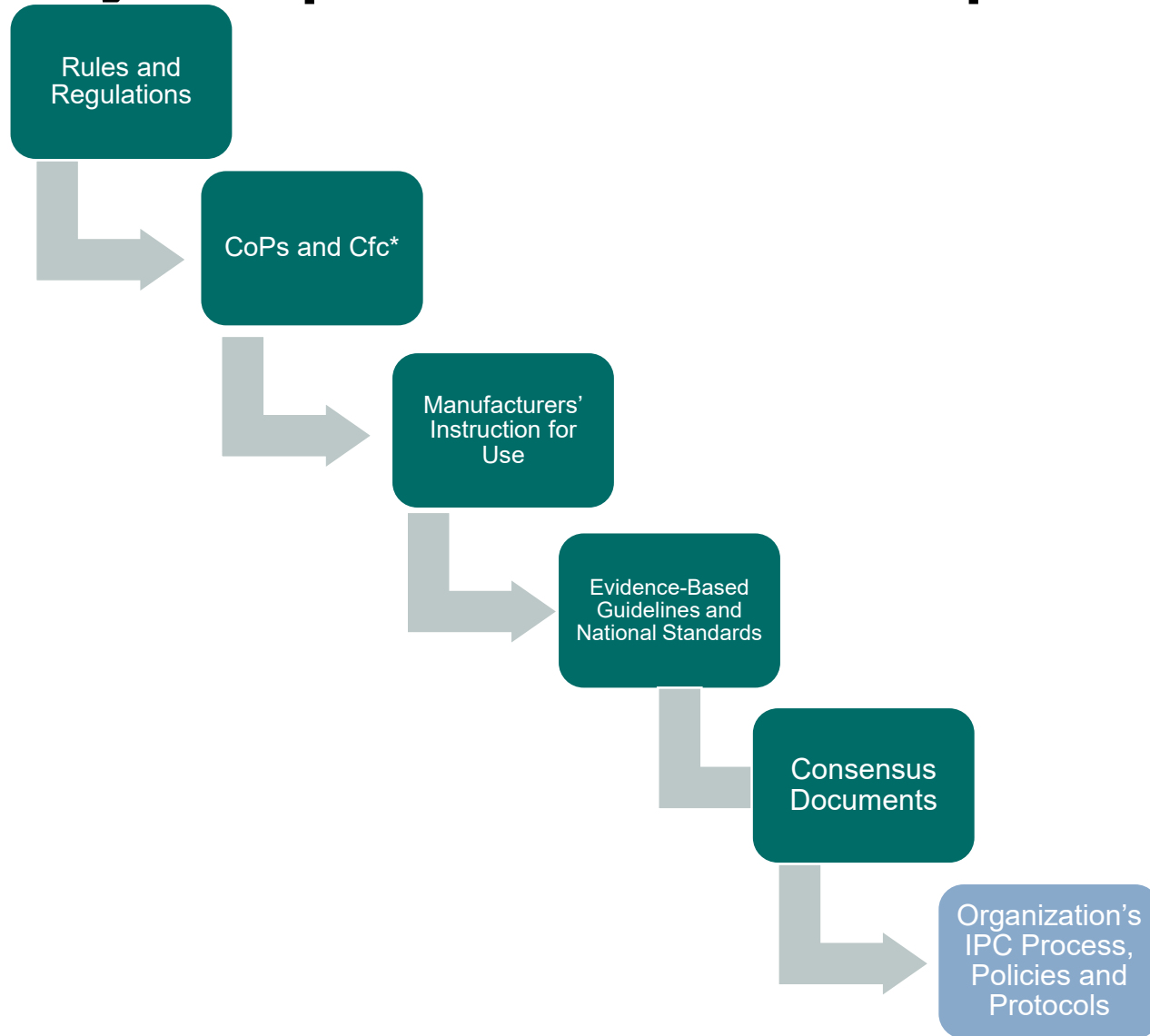
- Use a risk assessment to go against MIFUs



Do

- Use it when there is tension between two or more conditions of performance
- Weight the pros and cons
- Review with key stakeholders
- Reassess annually or more frequently if needed
- Report actions to multidisciplinary group

Here is how you prioritize to impact compliance!



Reaching the Frontline



HIPP NEWS
Spring Into Action

Happy Nurses Week!

UNMATCHED CARE

THE DUCKY AWARDS RETURN!!
Chlorhexidine treatments are given daily to all patients as appropriate to help prevent HAI's like CAUTI and CLABSI. The units that received awards, consistently go above and beyond to provide the best patient care. Main 9 West transplant and CCH9 STICU received the awards for highest CHG compliance rates for 2023!

2023 STICU Ducky Award Winners

2023 Main 9 West Ducky Award Winners

DID YOU KNOW?
DIALYSIS WALL BOXES MUST BE CLEANED AFTER EACH USE OR AFTER TRANSFER OR DISCHARGE!!



UNEQUALED DEDICATION

GOLD LEVEL
Beacon Unit

INFECTION PREVENTION STARTS WITH ME!
• CLEAN HANDS SAVE LIVES

VCUHealth


Katherine Mayer, Tiffany Mills, and Bridget Bechtloff, Registered Nurses NSICU



All of our top hand hygiene performers receive our new hand hygiene enamel pin signifying their dedication to patient safety!

Thank you all

VCU Health
HAND HYGIENE CHAMPION



Foam In, Foam Out, Every Time

Thank you for being a **HAND HYGIENE CHAMPION!!**
Your dedication to hand hygiene helps keep our patients safe!

Foam In, Foam Out, Every Time

Please keep our patients safe! Be sure to use good hand hygiene practices with each and every patient encounter.

5 Moments of Hand Hygiene

1. before patient contact
2. before aseptic task
3. after body fluid exposure risk
4. after patient contact
5. after contact with patient surroundings

July 2024 IC Standards Changes



Standards and Scoring: What has changed?

NEW

Standard Label	Standard Text
IC.04.01.01	The hospital has a hospitalwide infection prevention and control program for the surveillance, prevention, and control of health care–associated infections (HAIs) and other infectious diseases.
IC.05.01.01	The hospital's governing body is accountable for the implementation, performance, and sustainability of the infection prevention and control program.
IC.06.01.01	The hospital implements its infection prevention and control program through surveillance, prevention, and control activities.
IC.07.01.01	The hospital implements processes to support preparedness for high-consequence infectious diseases or special pathogens.

Standard Label	Standard Text
IC.01.01.01	The hospital identifies the individual(s) responsible for the infection prevention and control program.
IC.01.02.01	Hospital leaders allocate needed resources for the infection prevention and control program.
IC.01.03.01	The hospital identifies risks for acquiring and transmitting infections.
IC.01.04.01	Based on the identified risks, the hospital sets goals to minimize the possibility of transmitting infections. Note: See NPSG.07.01.01 for hand hygiene guidelines.
IC.01.05.01	The hospital has an infection prevention and control plan.
IC.01.06.01	The hospital prepares to respond to an influx of potentially infectious patients.
IC.02.01.01	The hospital implements its infection prevention and control plan.
IC.02.02.01	The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.
IC.02.03.01	The hospital works to prevent the transmission of infectious disease among patients, licensed independent practitioners, and staff.
IC.02.04.01	The hospital offers vaccination against influenza to licensed independent practitioners and staff. Note: This standard is applicable to staff and licensed independent practitioners only when care, treatment, or services are provided on site. When care, treatment, or services are provided off site, such as with telemedicine or telephone consultation, this standard is not applicable to off-site staff and licensed independent practitioners.
IC.02.05.01	Implement evidence-based practices to prevent health care–associated infections due to the following: - Multidrug-resistant organisms (MDRO) - Central line–associated bloodstream infections (CLABSI) - Catheter-associated urinary tract infections (CAUTI) - Surgical site infections (SSI)
IC.03.01.01	The hospital evaluates the effectiveness of its infection prevention and control plan.

New Requirements within the IC Chapter

- Governing body and leaders' responsibilities: 04.01.01 – EP1 and 05.01.01 – EP1 and EP2
- Policies and procedures: 04.01.01. – EP3, EP4
- Policies and procedures for processing reusables: 04.01.010 - EP4
- Access to and use of public health and safety data: 05.01.01 – EP1 and 06.01.01 – EP1
- Protocols for HCID or special pathogens: 07.01.01 – EP1 and EP2

Eliminated EPs within the IC Chapter

- Infection prevention and control plan
- Elimination of IP plan



*The requirements for both topics are now required under the new or existing EPs.

Existing Requirements moved to new EP location

- Program leader responsibilities: 04.01.01 – EP1 and EP2
- Program resources: 05.01.01 – EP1
- Risk identification and annual review: 06.01.01 – EP1 and EP2
- Setting prioritization goals: 06.01.01 – EP1
- Use of evidence-based national guidelines: 04.01.01 – EP3
- Surveillance of IP processes: 06.01.01 – EP 3
- Outbreak management: 06.01.01 – EP4
- Hospital-wide IP program: 04.01.01 – EP5

Existing Requirements moved to new EP location

- Implementation: 06.01.01 – EP3
- Communication of responsibilities: 06.01.01 – EP4
- Communication to staff: 05.01.01 – EP2, 06.01.01 – EP4 and 07.01.01 – EP1
- Reporting: 04.01.01 – EP3 and 07.01.01 – Ep1
- Patient notification: 04.01.01 – EP4
- Occupational health: 06.01.01 – EP5
- Staff vaccination: 04.01.01 – EP3 and 06.01.01 – EP5
- Practices to prevent HAIs: 04.01.01 – EP3 and 06.01.01 – EP 3
- Communication of results: 05.01.01 – EP2

Requirements moved outside the IC Chapter

- Influx of infectious patients: EM requirements
- Storage and disposal: EC 02.02.01



TJC New IC Assessment Tool

- Details the IC practices and structures needed to meet the IC requirements.
- The tool was developed using regulations, CMS survey procedures, the CMS Hospital Infection Control Worksheet, the US Centers for Disease Control and Prevention (CDC) Core IC Practices, and Category IA recommendations from CDC guidelines.
- The new tool is posted to The Joint Commission Connect® extranet site

IC.04.01.01

The hospital has a hospital wide infection prevention and control program for the surveillance, prevention, and control of health care–associated infections (HAIs) and other infectious diseases.

ID	Elements of Performance (EP)
1	The hospital's governing body, based on the recommendation of the medical staff and nursing leaders, appoints an infection preventionist(s) or infection control ...
2	The infection preventionist(s) or infection control professional(s) is responsible for the following: - Development and implementation of hospitalwide infection ... (See also EC.02.05.02, EP 2)
3	The hospital's infection prevention and control program has written policies and procedures to guide its activities and methods for preventing and controlling ...
4	The hospital's policies and procedures for cleaning, disinfection, and sterilization of reusable medical and surgical devices and equipment address the following: - Cleaning, disinfection, and sterilization of reusable medical and surgical devices in accordance with the Spaulding classification system and manufacturers' instructions - Use of disinfectants registered by the Environmental Protection Agency for noncritical devices and equipment according to the directions on the product labeling, including but not limited to indication, specified use dilution, contact time, and method of application
5	The infection prevention and control program reflects the scope and complexity of the hospital services provided by addressing all locations, patient populations, ... (See also LD.01.03.01, EP 27)

Related Standards and EPs to 04.01.01

Chapter: Environment of Care

Standard: EC.02.05.02

The hospital has a water management program that addresses Legionella and other waterborne pathogens. Note: The water management program is in accordance with law and regulation.

Elements of Performance

2. The individual or team responsible for the water management program develops the following:

- A basic diagram that maps all water supply sources, treatment systems, processing steps, control measures, and end-use points

Note: An example would be a flow chart with symbols showing sinks, showers, water fountains, ice machines, and so forth.

- A water risk management plan based on the diagram that includes an evaluation of the physical and chemical conditions of each step of the water flow diagram to identify any areas where potentially hazardous conditions may occur (these conditions are most likely to occur in areas with slow or stagnant water)

Note: Refer to the Centers for Disease Control and Prevention's "Water Infection Control Risk Assessment (WICRA) for Healthcare Settings" tool as an example for conducting a water-related risk assessment.

- A plan for addressing the use of water in areas of buildings where water may have been stagnant for a period of time (for example, unoccupied or temporarily closed areas)
- An evaluation of the patient populations served to identify patients who are immunocompromised
- Monitoring protocols and acceptable ranges for control measures

Note: Hospitals should consider incorporating basic practices for water monitoring within their water management programs that include monitoring of water temperature, residual disinfectant, and pH. In addition, protocols should include specificity around the parameters measured, locations where measurements are made, and appropriate corrective actions taken when parameters are out of range. (See also IC.04.01.01, EP 2)

Related Standards and EPs to 04.01.01

Chapter: Leadership

Standard: LD.01.03.01

The governing body is ultimately accountable for the safety and quality of care, treatment, and services.

Introduction: Introduction to Leadership Structure, Standards LD.01.01.01 Through LD.01.05.01

Each hospital, regardless of its complexity, has a structured leadership. The leadership structure may consist of distinct groups, or leaders may act as a whole. Individual leaders may participate in more than one group and have several different roles. A leadership group is composed of individuals in senior positions with clearly defined, unique responsibilities. These groups might include governance, management, and medical staff and clinical staff. Not every hospital will have all of these groups, and an individual may be a member of more than one group. Many leadership responsibilities directly affect the provision of care, treatment, and services, as well as the day-to-day operations of the hospital. In some cases, these responsibilities will be shared among leadership groups, and in other cases, a particular leader or leadership group has primary responsibility. Regardless of the hospital's structure, it is important that leaders carry out all their responsibilities. A variety of individuals may work in the hospital, including physicians and other licensed practitioners, staff, volunteers, students, and independent contractors. These standards describe the overall responsibility of the governing body for the safety and quality of care, treatment, and services provided by all of these individuals. In hospitals, the organized medical staff is responsible for overseeing the quality of care provided by individuals with privileges. The structure of the organized medical staff and its responsibilities are covered in the "Medical Staff" (MS) chapter. How well leaders work together is key to effective hospital performance, and the standards emphasize this. Leaders from different groups—governance, senior management, and the organized medical staff—bring different skills, experiences, and perspectives to the hospital. Working together means that leaders from all groups have the opportunity to participate in discussions and have their opinions heard. Depending on the topic and the hospital, individuals from different leadership groups may participate in decision making, and the governing body may delegate decision making to certain leadership groups. Final decisions, however, are always the ultimate responsibility of the governing body; this key principle is assumed in any standard that describes how leaders work together.

Rationale: The governing body's ultimate responsibility for safety and quality derives from its legal responsibility and operational authority for hospital performance. In this context, the governing body provides for internal structures and resources, including staff, that support safety and quality.

Elements of Performance

27. For hospitals that use Joint Commission accreditation for deemed status purposes: If a hospital is part of a hospital system consisting of separately certified hospitals using a system governing body that is legally responsible for the conduct of two or more hospitals, the system governing body can elect to have unified and integrated infection prevention and control and antibiotic stewardship programs for all of its member hospitals after determining that such a decision is in accordance with applicable law and regulation. The system governing body is responsible and accountable for making certain that each of its separately certified hospitals meet all of the requirements at 42 CFR 482.42(d). Each separately certified hospital subject to the system governing body demonstrates that the unified and integrated infection prevention and control program and the antibiotic stewardship program have the following characteristics:
- Structured in a manner that accounts for each member hospital's unique circumstances and any significant differences in patient populations and services offered at each hospital
 - Establish and implement policies and procedures to make certain that the needs and concerns of each separately certified hospital, regardless of practice or location, are given due consideration
 - Have mechanisms in place to ensure that issues localized to particular hospitals are duly considered and addressed
 - A qualified individual(s) with expertise in infection prevention and control and in antibiotic stewardship has been designated at the hospital as responsible for communicating with the unified infection prevention and control and antibiotic stewardship programs, implementing and maintaining the policies and procedures governing infection prevention and control and antibiotic stewardship (as directed by the unified infection prevention and control and antibiotic stewardship programs), and providing education and training on the practical applications of infection prevention and control and antibiotic stewardship to hospital staff (See also IC.04.01.01, EP 5)

IC.04.01.01: Examples of Frequently Scored Findings:

The hospital has a hospital wide infection prevention and control program for the surveillance, prevention, and control of health care–associated infections (HAIs) and other infectious diseases

EP 1: Governing body did not appoint an IP or IPs to the role.

EP 2: Staff not able to demonstrate the skills and tasks specific to their roles and responsibilities. Examples of **competencies** may include donning/doffing of personal protective equipment and the ability to correctly perform the processes for high-level disinfection.

EP 5: You have not accurately reflected the scope your service. Do not forget your specialty areas: BURN, Dialysis, Cath Lab, Behavioral Health

EP 3: Not following IFUs, reprocessing of single use medical devices, not following your policies and procedures

EP 4: Policy not reflecting observed process. “The policy for HLD reusable equipment did not indicate that TEE Probes do not require reprocessing due them not having lumens”

IC.05.01.01

The hospital's governing body is accountable for the implementation, performance, and sustainability of the infection prevention and control program.

ID	Elements of Performance (EP)
1	<p>The hospital's governing body is responsible for the implementation, performance, and sustainability of the infection prevention and control program and provides resources to support and track the implementation, success, and sustainability of the program's activities.</p> <p>Note: To make certain that systems are in place and operational to support the program, the governing body provides access to information technology; laboratory services; equipment and supplies; local, state, and federal public health authorities' advisories and alerts, such as the CDC's Health Alert Network (HAN); FDA alerts; manufacturers' instructions for use; and guidelines used to inform policies.</p>
2	<p>The hospital's governing body ensures that the problems identified by the infection prevention and control program are addressed in collaboration with hospital quality assessment and performance improvement leaders and other leaders (for example, the medical director, nurse executive, and administrative leaders).</p>

More on 05.01.01: Governing body and leaders' responsibilities.

Document and track the following:

- Implementation
- Performance
- Sustainability
- Resources
- Showing that problems are addressed.

IC.06.01.01

The hospital implements its infection prevention and control program through surveillance, prevention, and control activities.

ID	Elements of Performance (EP)
1	<p>To prioritize the program's activities, the hospital identifies risks for infection, contamination, and exposure that pose a risk to patients and staff based on the following:</p> <ul style="list-style-type: none">- Its geographic location, community, and population served- The care, treatment, and services it provides- The analysis of surveillance activities and other infection control data- Relevant infection control issues identified by the local, state, or federal public health authorities that could impact the hospital
2	<p>The hospital reviews identified risks at least annually or whenever significant changes in risk occur.</p>
3	<p>The hospital implements activities for the surveillance, prevention, and control of health care–associated infections and other infectious diseases, including maintaining a clean and sanitary environment to avoid sources and transmission of infection, and addresses any infection control issues identified by public health authorities that could impact the hospital. (See also NPSG.07.01.01, EP 1)</p>
4	<p>The hospital implements its policies and procedures for infectious disease outbreaks, including the following:</p> <ul style="list-style-type: none">- Implementing infection prevention and control activities when an outbreak is first recognized by internal surveillance or public health authorities- Reporting an outbreak in accordance with state and local public health authorities' requirements- Investigating an outbreak- Communicating information necessary to prevent further transmission of the infection among patients, visitors, and staff, as appropriate
5	<p>The hospital implements policies and procedures to minimize the risk of communicable disease exposure and acquisition among its staff, in accordance with law and regulation. The policies and procedures address the following:</p> <ul style="list-style-type: none">- Screening and medical evaluations for infectious diseases- Immunizations- Staff education and training- Management of staff with potentially infectious exposures or communicable illnesses

Related Standards and EPs to 06.01.01

Effective Date: Aug 1, 2024

Program: Hospital

Chapter: Environment of Care

Standard: EC.02.06.05

The hospital manages its environment during demolition, renovation, or new construction to reduce risk to those in the organization.

Elements of Performance

2. When planning for demolition, construction, renovation, or general maintenance, the hospital conducts a preconstruction risk assessment for air quality requirements, infection control, utility requirements, noise, vibration, and other hazards that affect care, treatment, and services.

Note: See LS.01.02.01 for information on fire safety procedures to implement during construction or renovation. (See also IC.06.01.01, EP 1)

Related Standards and EPs to 06.01.01

Effective Date: Aug 1, 2024

Program: Hospital

Chapter: National Patient Safety Goals

Standard: NPSG.07.01.01

Comply with either the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines and/or the current World Health Organization (WHO) hand hygiene guidelines.

Introduction: Goal 7

Reduce the risk of health care–associated infections.

Rationale: According to the Centers for Disease Control and Prevention, each year, millions of people acquire an infection while receiving care, treatment, and services in a health care organization. Consequently, health care–associated infections (HAIs) are a patient safety issue affecting all types of health care organizations. One of the most important ways to address HAIs is by improving the hand hygiene of health care staff. Compliance with the World Health Organization (WHO) and/or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines will reduce the transmission of infectious agents by staff to patients, thereby decreasing the incidence of HAIs. To ensure compliance with this National Patient Safety Goal, an organization should assess its compliance with the CDC and/or WHO guidelines through a comprehensive program that provides a hand hygiene policy, fosters a culture of hand hygiene, monitors compliance, and provides feedback.

Elements of Performance

1. Implement a program that follows categories IA, IB, and IC of either the current Centers for Disease Control and Prevention (CDC) and/or the current World Health Organization (WHO) hand hygiene guidelines. (See also IC.06.01.01, EP 3)

IC.06.01.01: Examples of Frequently Scored Findings:

The hospital implements its infection prevention and control program through surveillance, prevention, and control activities.

EP 1: lack of priority to risk or response around clusters or outbreaks. Lack of reporting to health department when appropriate.

EP 2: Not updating your plan both annually and when risk changes

EP 3: Not following IFUs, hand hygiene, care handling and maintenance of equipment, scopes, probes, and instruments.

EP 4: Lack of appropriate communication around outbreaks to team members, visitors, and staff.

EP 5: Lack of management or policy and procedure for staff members. Lack of screening, immunization, self education, and training for staff.

IC.07.01.01

The hospital implements processes to support preparedness for high-consequence infectious diseases or special pathogens.

ID	Elements of Performance (EP)
1	<p>The hospital develops and implements protocols for high-consequence infectious diseases or special pathogens. The protocols are readily available for use at the point of care and address the following:</p> <ul style="list-style-type: none">- Identify: Procedures for screening at the points of entry to the hospital for respiratory symptoms, fever, rash, and travel history to identify or initiate evaluation for high-consequence infectious diseases or special pathogens- Isolate: Procedures for transmission-based precautions- Inform: Procedures for informing public health authorities and key hospital staff- Required personal protective equipment and proper donning and doffing techniques- Infection control procedures to support continued and safe provision of care while the patient is in isolation and to reduce exposure among staff, patients, and visitors using the hierarchy of controls- Procedures for managing waste and cleaning and disinfecting patient care spaces, surfaces, and equipment <p>Note 1: Points of entry may include the emergency department, urgent care, and ambulatory clinics. Note 2: See the Glossary for a definition of hierarchy of controls. (See also EC.02.05.01, EP 15)</p>
2	<p>The hospital develops and implements education and training and assesses competencies for staff who will implement protocols for high-consequence infectious diseases or special pathogens. (See also EC.03.01.01, EP 1)</p>

CMS Crosswalk for the IC Standards

CMS Crosswalk for IC.06.01.01 EP5

The hospital implements policies and procedures to minimize the risk of communicable disease exposure and acquisition among its staff, in accordance with law and regulation. The policies and procedures address the following:

- Screening and medical evaluations for infectious diseases
- Immunizations
- Staff education and training
- Management of staff with potentially infectious exposures or communicable illnesses

CMS Medicare Requirements: Hospital


§482.42 Condition of participation: Infection prevention and control and antibiotic stewardship programs.

§482.42 - Condition of participation: Infection prevention and control and antibiotic stewardship programs.

The hospital must have active hospital-wide programs for the surveillance, prevention, and control of HAIs and other infectious diseases, and for the optimization of antibiotic use through stewardship. The programs must demonstrate adherence to nationally recognized infection prevention and control guidelines, as well as to best practices for improving antibiotic use where applicable, and for reducing the development and transmission of HAIs and antibiotic-resistant organisms. Infection prevention and control problems and antibiotic use issues identified in the programs must be addressed in collaboration with the hospital-wide quality assessment and performance improvement (QAPI) program. [Read Less](#)

↳ §482.42(a) - Standard: Infection prevention and control program organization and policies. The hospital must demonstrate that:

↳



Tag: A-0750

Regulation: §482.42(a)(3) - The infection prevention and control program includes surveillance, prevention, and control of HAIs, including maintaining a clean and sanitary environment to avoid sources and transmission of infection, and addresses any infection control issues identified by public health authorities; and

Additional Strategies: Review your policies and procedures!

Written documentation of the following:

- Activities | methods | control transmission
- Separate policy to address cleaning, disinfection, and sterilization of reusable medical and surgical devices and equipment.
- All documentation must include relevant law regulations, guidelines, and expert opinions.

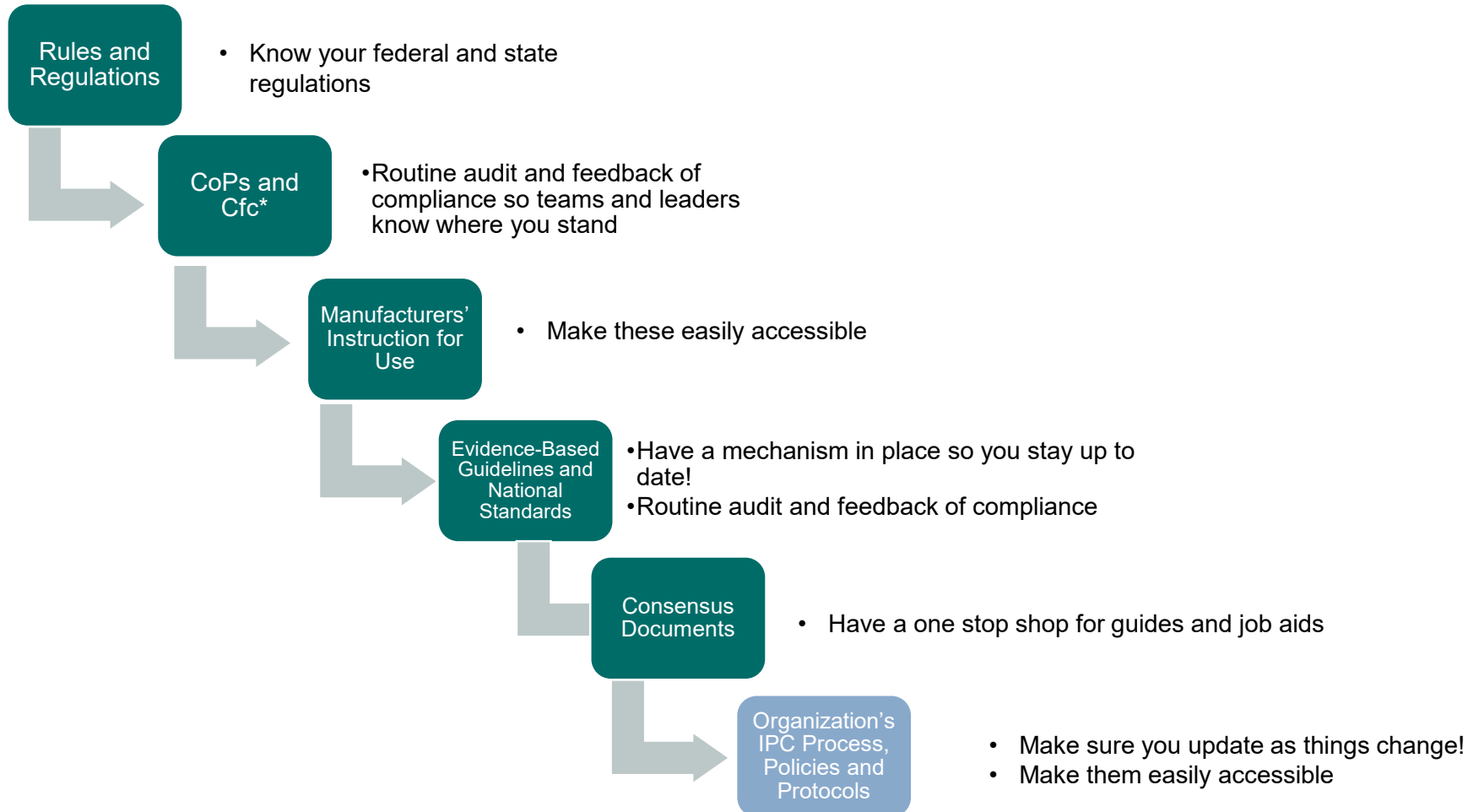
IPC Program Concerns in non-acute care settings

- The presence of patients and families (some with undiagnosed communicable diseases) in common waiting rooms
- Lack of laboratory and information technology support
- Lack of private rooms in hospitals, long term acute care facilities, and nursing care centers, which can increase the risk of exposure to infectious agents



Pulling it all together!

Strategies to collect meaningful data and disseminate summaries of actions and results





Questions?

- Thank you!

Contact me at kaila.cooper@vcuhealth.org