

TEAM MVP'S OF YOUR INFECTION PREVENTION AND CONTROL PROGRAM (IPCP)

MHCA ANNUAL CONVENTION

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1

LEARNING OBJECTIVES:

1. Recognize components of a compliant infection prevention and control program and how different members of the team contribute.
2. Identify best practices related to surveillance and antibiotic stewardship.
3. Utilize the CMS Critical Element Pathway as a quality assurance monitoring tool.

2

INFECTION CONTROL REGULATIONS

483.80 INFECTION CONTROL

- F880 – INFECTION PREVENTION & CONTROL
- F881 – ANTIBIOTIC STEWARDSHIP PROGRAM
- F882 – INFECTION PREVENTIONIST QUALIFICATIONS/ROLE *
- F883 – INFLUENZA & PNEUMOCOCCAL IMMUNIZATIONS *
- F884 – NHSN REPORTING
- F887 – COVID-19 IMMUNIZATION

3

CORE ACTIVITIES OF INFECTION PREVENTION AND CONTROL PROGRAM

1. DEVELOPING AND IMPLEMENTING POLICIES AND PROCEDURES
2. CONDUCTING AN ANNUAL REVIEW
3. PERFORMING INFECTION SURVEILLANCE
4. IDENTIFYING, RECORDING, AND CORRECTING INFECTION PREVENTION AND CONTROL INCIDENTS
5. ESTABLISHING AN ANTIBIOTIC STEWARDSHIP PROGRAM
6. INVESTIGATING AND REPORTING COMMUNICABLE DISEASES
7. MAINTAINING RESPONSIBILITY AND ACCOUNTABILITY FOR INFECTION PREVENTION AND CONTROL ACTIVITIES OF ALL DEPARTMENTS BY MANAGERS

4

COMMONLY USED RESOURCES: MANY HAVE TOOLKITS AND/OR TEMPLATES

- **CMS** – REGULATIONS, CARE PATHS, INFECTION CONTROL FACILITY TASK (SURVEY PATHWAY)
- **CDC** – IP TRAINING, TEMPLATES, SPECIFIC RELEASES SUCH AS ISOLATION GUIDELINES
- **AHCA/STATE AFFILIATES**
- **LEADING AGE/STATE AFFILIATES**
- **APIC**-ASSOCIATION FOR PROFESSIONALS IN INFECTION CONTROL AND EPIDEMIOLOGY
- **AGENCY HEALTHCARE RESEARCH & QUALITY (AHRQ)**-INFECTION SPECIFIC SBARS
- **INTERACT** – STOP AND WATCH, SBAR, CARE PATH
- **OSHA**-OCCUPATIONAL HEALTH AND SAFETY ADMINISTRATION
- **TELLIGEN** – ALL CAUSE HARM PREVENTION; START WITH PAGES 32-35
- **AMDA** (NOW THE SOCIETY FOR POST-ACUTE AND LONG-TERM CARE MEDICINE)
- **VENDORS**

5

LOOK FOR A SOLUTION THAT IS “JUST RIGHT”

- BUILDS ON THE NEEDS OF LONG-TERM CARE AND YOUR FACILITY
- COLLECTS INFORMATION REQUIRED BY THE REGULATIONS AND BY THE FACILITY
- ORGANIZES DATA IN A USEFUL AND PRODUCTIVE MANNER
- ALLOWS STAFF TO SEE THE VALUE AND CONTRIBUTE TO THE SUCCESS
- WORKS EFFICIENTLY SAVING STAFF TIME AND EFFORT
- REPLICATES EASILY
- EMPLOYS TECHNOLOGY AS POSSIBLE

6

F880 INFECTION PREVENTION & CONTROL

- **483.80 the facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.**

7

- **483.80(A) INFECTION PREVENTION AND CONTROL PROGRAM.**
- **THE FACILITY MUST ESTABLISH AN INFECTION PREVENTION AND CONTROL PROGRAM (IPCP) THAT MUST INCLUDE, AT A MINIMUM, THE FOLLOWING ELEMENTS:**
- **483.80(A)(1). A SYSTEM FOR PREVENTING, IDENTIFYING, REPORTING, INVESTIGATING, AND CONTROLLING INFECTIONS AND COMMUNICABLE DISEASES FOR ALL RESIDENTS, STAFF, VOLUNTEERS, VISITORS, AND OTHER INDIVIDUALS PROVIDING SERVICES UNDER A CONTRACTUAL ARRANGEMENT BASED UPON THE FACILITY ASSESSMENT CONDUCTED ACCORDING TO 483.70(E) AND FOLLOWING ACCEPTED NATIONAL STANDARDS.**

8


- **483.80(A)(2). WRITTEN STANDARDS, POLICIES, AND PROCEDURES FOR THE PROGRAM, WHICH MUST INCLUDE, BUT ARE NOT LIMITED TO:**
- **(I) A SYSTEM OF SURVEILLANCE DESIGNED TO IDENTIFY POSSIBLE COMMUNICABLE DISEASES OR INFECTIONS BEFORE THEY CAN SPREAD TO OTHER PERSONS IN THE FACILITY.**
- **(II). WHEN AND TO WHOM POSSIBLE INCIDENTS OF COMMUNICABLE DISEASES OR INFECTIONS SHOULD BE REPORTED:**
- **(III) STANDARD AND TRANSMISSION-BASED PRECAUTIONS TO BE FOLLOWED TO PREVENT SPREAD OF INFECTIONS:**

9

- **(IV) WHEN AND HOW ISOLATION SHOULD BE USED FOR A RESIDENT; INCLUDING BUT NOT LIMITED TO:**
- **(A) THE TYPE AND DURATION OF THE ISOLATION, DEPENDING UPON THE INFECTIOUS AGENT OR ORGANISM INVOLVED, AND**
- **(B) A REQUIREMENT THAT THE ISOLATION SHOULD BE THE LEAST RESTRICTIVE POSSIBLE FOR THE RESIDENT UNDER THE CIRCUMSTANCES.**
- **(V) THE CIRCUMSTANCES UNDER WHICH THE FACILITY MUST PROHIBIT EMPLOYEES WITH A COMMUNICABLE DISEASE OR INFECTED SKIN LESION FROM DIRECT CONTACT WITH RESIDENTS OR THEIR FOOD, IF DIRECT CONTACT WILL TRANSMIT THE DISEASE.**
- **(VI) THE HAND HYGIENE PROCEDURES TO BE FOLLOWED BY STAFF INVOLVED IN DIRECT RESIDENT CONTACT.**


10

- **483.80(A)(4) A SYSTEM FOR RECORDING INCIDENTS IDENTIFIED UNDER THE FACILITY'S IPCP AND THE CORRECTIVE ACTIONS TAKEN BY THE FACILITY.**
- **483.80(E) LINENS**
- **PERSONNEL MUST HANDLE, STORE, PROCESS, AND TRANSPORT LINENS SO AS TO PREVENT THE SPREAD OF INFECTION.**
- **483.80(F) ANNUAL REVIEW.**
- **THE FACILITY WILL CONDUCT AN ANNUAL REVIEW OF ITS IPCP AND UPDATE THEIR PROGRAM, AS NECESSARY.**



11

HOW MANY POLICIES DOES THIS INCLUDE?



12

12

SURVEILLANCE

- “A SYSTEM OF SURVEILLANCE DESIGNED TO... IDENTIFY INFECTIONS”
- SCREENING OF RESIDENTS, VISITORS AND STAFF
- IS IT TIME TO INVESTIGATE TECHNOLOGY SOLUTIONS FOR THESE MEASURES?
- IS YOUR FACILITY ASSESSMENT UP TO DATE? CAN ANY COMPONENTS OF ASSESSMENT FOR INFECTION CONTROL BE AUTOMATED?
- ADDITIONAL THINGS TO CONSIDER?



13

13

WHICH CRITERIA? MCGEER FOR SURVEILLANCE, LOEB FOR ANTIBIOTIC USE

- **MCGEER CRITERIA ARE TYPICALLY DESIGNED FOR SURVEILLANCE**
- REVISED MCGEER CRITERIA (STONE 2012) ARE USED FOR COUNTING TRUE INFECTIONS.
- TO MEET THE CRITERIA FOR DEFINITIVE INFECTION, MORE DIAGNOSTIC INFORMATION (E.G., POSITIVE LABORATORY TESTS) IS OFTEN NECESSARY.
- SURVEILLANCE CRITERIA ARE NOT INTENDED FOR ANTIBIOTIC INITIATION BECAUSE THEY DEPEND ON INFORMATION THAT MIGHT NOT BE AVAILABLE WHEN THAT DECISION MUST BE MADE.
- **LOEB CRITERIA ARE DESIGNED FOR CLINICAL USE**
- MINIMUM SET OF SIGNS AND SYMPTOMS WHICH, WHEN MET, INDICATE THAT THE RESIDENT LIKELY HAS AN INFECTION AND THAT AN ANTIBIOTIC MIGHT BE INDICATED, EVEN IF THE INFECTION HAS NOT BEEN CONFIRMED BY DIAGNOSTIC TESTING.
- WHEN CRITERIA ARE MET, THERE IS REASONABLE EXPECTATION THAT THE RESIDENT HAS AN INFECTION.
- CLINICAL CRITERIA ERR ON THE SIDE OF CAUTION, LEADING TO TREATMENT OF SOME LIKELY INFECTIONS, NOT JUST CONFIRMED INFECTIONS.

14

14

SURVEILLANCE TRACKING VS ANTIBIOTIC STEWARDSHIP THESE ARE NOT THE SAME!!!

Surveillance	Antibiotic Stewardship
Purpose: To monitor for potential infections individually and/or outbreaks in groups or clusters of residents.	Purpose: To determine if individually ordered antibiotic use is appropriately ordered and monitored.
1. McGeer criteria identifies if criteria for infection are present	1. Loeb criteria determine if criteria for antibiotic initiation is met
2. Used for bacterial, viral, and fungal infections	2. Used only for bacterial infections
3. Used with all types of medication administration-oral, IV, IM, topical, drops, etc.	3. Used only with oral medications, prn IM or IV meds
4. Identifies all types of infections including GI	4. Only identifies UTI, LRI, SST
5. F880 offers the complete regulatory requirement	5. F881 offers the complete regulatory requirement
6. Used initially to determine if infection is present	6. If an infection is present, used when alternatives such as monitoring are ineffective and/or antibiotic use is warranted
7. Would include influenza, covid, conjunctivitis, herpes, etc.	7. Would not include infections not treated by oral antibiotics
8. Used for counting true infections. More diagnostic data is often necessary	8. Used for clinical decision making
9. Cases tracked will be greater than those only receiving antibiotics	9. Cases tracked should be listed also under surveillance tracking
10. Does not utilize infection specific SBARS for physician notification	10. Utilized infection specific SBARS for physician notification
11. Number of surveillance cases will always be more than tracked antibiotics	11. Number of tracked antibiotics will always be less than surveillance number

15

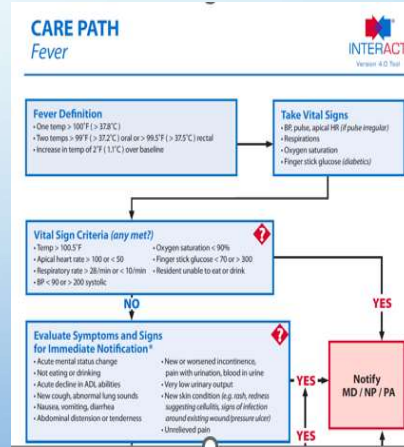
SURVEILLANCE IS A HUGE TOPIC AND DIFFICULT TO CONSISTENTLY ACCOMPLISH

- NOTE THAT THE REGULATION STATES WHAT **MUST** BE INCLUDED BUT THEN STATES “NOT LIMITED TO.” THIS MAKES COMPLIANCE DIFFICULT.
- LINE LISTS ARE OFTEN USED FOR SURVEILLANCE.
- FORMS SUCH AS MCGEER WORKSHEETS MAY ALSO BE UTILIZED.
- THE CDC HAS MASTER EXCEL SPREADSHEET LINE LISTS FOR RESPIRATORY AND GI CASES.
- THERE ARE VARIOUS SOFTWARE SOLUTIONS TO GATHER SURVEILLANCE DATA ALSO
- COMPLEX DATA COLLECTION DOES NOT EQUAL COMPLIANCE.
- YOU NEED TO IDENTIFY WHO’S WATCHING FOR WHAT.

16

ANALYZING SURVEILLANCE RESULTS

- CONSIDER USING THE INTERACT CARE PATHS TO GUIDE THE ANALYSIS,
- PRIMARY SURVEILLANCE INDICATOR: FEVER.
- PRIMARY SURVEILLANCE QUESTION: "ARE YOU FEELING WELL TODAY?" FOR ALL PERSONS EXCEPT RESIDENTS.
- PRIMARY SURVEILLANCE FOR RESIDENTS: TEMPERATURE AND CHANGE FROM BASELINE.
- INTERACT HAS CARE PATHS FOR FEVER, UTI, RESPIRATORY INFECTION, GI SYMPTOMS,



17

OUTCOME SURVEILLANCE



COLLECTING AND/OR DOCUMENTING DATA ON INDIVIDUAL RESIDENTS AND COMPARING TO STANDARD DEFINITIONS.

18

18

EXAMPLES OF DATA THAT COULD BE USED IN OUTCOME SURVEILLANCE

- MONITORING A RESIDENT WITH SIGNS/SYMPTOMS SUSPICIOUS FOR INFECTION
- REVIEWING LABORATORY CULTURES OR OTHER TEST RESULTS CONSISTENT WITH POTENTIAL INFECTIONS TO DETECT CLUSTERS OR TRENDS
- MEDICATION REGIMEN REVIEW REPORTS
- DOCUMENTATION IN THE MEDICAL RECORD OF RESIDENTS WITH SUSPICION OF AN INFECTION SUCH AS PHYSICIAN ORDERS OR PROGRESS NOTES
- TRANSFER/DISCHARGE SUMMARIES FOR NEW OR READMITTED RESIDENTS FOR INFECTIONS

19

19

PROCESS SURVEILLANCE



Includes review of staff practices directly related to resident care to identify compliance with infection control policies and procedures.



Regularly do rounds observing staff providing care

20

20

POTENTIAL TOPICS FOR PROCESS SURVEILLANCE COULD INCLUDE:

- HAND HYGIENE
- APPROPRIATE USE OF PPE
- INJECTION SAFETY
- POINT-OF-CARE TESTING
- CLEANING/DISINFECTING ENVIRONMENTAL SURFACES AND EQUIPMENT
- MANAGING BLOODBORNE PATHOGEN EXPOSURES
- LINEN PROCEDURES TO PREVENT THE SPREAD OF INFECTION
- RESIDENT INFECTION CONTROL PRACTICES SUCH AS CATHETER CARE, WOUND CARE, INJECTION CARE, INCONTINENCE CARE, SKIN CARE, RESPIRATORY CARE, DIALYSIS CARE, AND OTHER INVASIVE PROCEDURE CARES



21

SHARE YOUR ANSWER!

*WHAT TYPE OF SURVEILLANCE DOES COMPETENCIES FALL INTO?

*WHICH CLINICAL CRITERIA SHOULD BE UTILIZED FOR SURVEILLANCE?



22

22

WHEN AND TO WHOM POSSIBLE INCIDENTS OF COMMUNICABLE DISEASES OR INFECTIONS SHOULD BE REPORTED:

- STAFF SHOULD REPORT TO THE DON AND/OR IP FOR FOLLOW-UP.
- MAINTAIN A LIST OF THE REPORTABLE DISEASES FROM YOUR STATE.
- INITIATE AND MAINTAIN CONTACT WITH YOUR LOCAL PUBLIC HEALTH AGENCY.
- STATE DEPARTMENT OF PUBLIC HEALTH – QUESTIONS, GUIDANCE AND REPORTING.
- IF IN DOUBT, REPORT AND DOCUMENT. ENCOURAGE STAFF TO OVER-REPORT BECAUSE SURPRISES ARE NEVER A GOOD THING.
- COMMUNICATION REMAINS ONE OF THE MOST IMPORTANT TOOLS IN A GOOD PROGRAM.

23

WATER MANAGEMENT

- NEW SURVEYOR GUIDANCE INCLUDED IN APPENDIX PP, EFFECTIVE OCTOBER 24, 2022.
- DETERMINING POTENTIAL OPPORTUNISTIC PLACES FOR WATERBORNE INFECTIONS (SUCH AS LEGIONELLA) TO GROW.
- MITIGATING THESE POTENTIAL AREAS TO PREVENT GROWTH AND TRANSMISSION.

24

STANDARD PRECAUTIONS-DEVELOPED BY CDC TO PREVENT THE SPREAD OF INFECTION

1. PERFORM HAND HYGIENE
2. USE PERSONAL PROTECTIVE EQUIPMENT (PPE) WHENEVER THERE IS AN EXPECTATION OF POSSIBLE EXPOSURE TO INFECTIOUS MATERIAL
3. FOLLOW RESPIRATORY HYGIENE/COUGH ETIQUETTE GUIDELINES
4. ENSURE APPROPRIATE PATIENT PLACEMENT

25

STANDARD PRECAUTIONS-DEVELOPED BY CDC TO PREVENT THE SPREAD OF INFECTION (CONTINUED)

5. PROPERLY HANDLE AND CLEAN AND DISINFECT PATIENT CARE EQUIPMENT AND DEVICES.
6. CLEAN AND DISINFECT THE ENVIRONMENT APPROPRIATELY
7. HANDLE TEXTILES AND LAUNDRY CAREFULLY
8. FOLLOW SAFE INJECTION PRACTICES
9. ENSURE HEALTH CARE WORKER SAFETY INCLUDING PROPER HANDLING OF NEEDLES AND OTHER SHARPS

26

TRANSMISSION-BASED PRECAUTIONS

- 3 TYPES OF TRANSMISSION- BASED PRECAUTIONS
- **ENHANCED BARRIER PRECAUTIONS** THAT FALL BETWEEN STANDARD AND CONTACT PRECAUTIONS FOR RESIDENTS COLONIZED OR INFECTED WITH NOVEL MDROS OR OTHER DISEASES SUCH AS CANDIDA
- USE CDC GUIDELINES FOR TYPE AND DURATION BASED ON SPECIFIC DISEASES.
- CONSIDER IMPLEMENTING BOTH DROPLET AND CONTACT PRECAUTIONS UNTIL THE CAUSE OF A CLUSTER OF SIMILAR ILLNESSES IS KNOWN.
- IMMEDIATELY REPORT ANY NEW RESPIRATORY OR GI SYMPTOMS, ESPECIALLY IF ASSOCIATED WITH A FEVER IN ANY RESIDENT OR EMPLOYEE.

27

27

CONTACT PRECAUTIONS

- CONTACT PRECAUTIONS ARE INTENDED TO PREVENT TRANSMISSION OF PATHOGENS THAT ARE SPREAD BY DIRECT (E.G., PERSON-TO-PERSON) OR INDIRECT CONTACT WITH THE RESIDENT OR ENVIRONMENT (E.G., **C. DIFFICILE, NOROVIRUS, SCABIES**)
- REQUIRES THE USE OF APPROPRIATE PPE, INCLUDING A GOWN AND GLOVES BEFORE OR UPON ENTERING (I.E., BEFORE MAKING CONTACT WITH THE RESIDENT OR RESIDENT'S ENVIRONMENT) THE ROOM OR CUBICLE. PRIOR TO LEAVING THE RESIDENT'S ROOM OR CUBICLE, THE PPE IS REMOVED AND HAND HYGIENE IS PERFORMED.
- MDRO'S -WOUNDS

28

28

DROPLET PRECAUTIONS

- DROPLET PRECAUTIONS APPLIES WHEN RESPIRATORY DROPLETS CONTAIN PATHOGENS WHICH MAY BE SPREAD TO ANOTHER SUSCEPTIBLE INDIVIDUAL. RESPIRATORY PATHOGENS CAN ENTER THE BODY VIA THE NASAL MUCOSA, CONJUNCTIVAE AND LESS FREQUENTLY THE MOUTH. EXAMPLES OF DROPLET-BORNE ORGANISMS THAT MAY CAUSE INFECTIONS INCLUDE, BUT ARE NOT LIMITED TO **MYCOPLASMA PNEUMONIAE, INFLUENZA, AND OTHER RESPIRATORY VIRUSES**
- REQUIRES USE OF FACEMASK & ADDITIONAL PPE AS APPROPRIATE.
- CONSIDER PRIVATE ROOM

29

AIRBORNE PRECAUTIONS

- AIRBORNE TRANSMISSION OCCURS WHEN PATHOGENS ARE SO SMALL THAT THEY CAN BE EASILY DISPERSED IN THE AIR, AND BECAUSE OF THIS, THERE IS A RISK OF TRANSMITTING THE DISEASE THROUGH INHALATION. THESE SMALL PARTICLES CONTAINING INFECTIOUS AGENTS MAY BE DISPERSED OVER LONG DISTANCES BY AIR CURRENTS AND MAY BE INHALED BY INDIVIDUALS WHO HAVE NOT HAD FACE-TO FACE CONTACT WITH (OR BEEN IN THE SAME ROOM WITH) THE INFECTIOUS INDIVIDUAL.
- STAFF CARING FOR RESIDENTS ON AIRBORNE PRECAUTIONS SHOULD WEAR A FIT-TESTED N95 OR HIGHER LEVEL RESPIRATOR THAT IS DONNED PRIOR TO ROOM ENTRY.

30

ISOLATION SUGGESTIONS

- ISOLATION CHECKLIST TO GUIDE NURSING STAFF (EXAMPLE INCLUDED)
 - DECIDE IF PLACEMENT IS APPROPRIATE.
- HAVE ISOLATION SUPPLIES EASILY OBTAINABLE.
- COMMUNICATE ISOLATION STATUS TO ALL STAFF AND FAMILY.
 - HAVE REPORTING NUMBERS AVAILABLE SO NOTIFICATION CALLS CAN BE EASILY ACCOMPLISHED IF NECESSARY.
- IF TRANSFER TO A HIGHER LEVEL OF CARE BECOMES NECESSARY, MAKE SURE THAT ISOLATION STATUS IS COMMUNICATED TO THE RECEIVING FACILITY.

Nursing Checklist for Initiation of Isolation

Resident Name: _____ Room #: _____

_____ Text results received and indicate a condition requiring isolation or symptoms indicate need for isolation, isolation may be nurse or physician ordered

_____ Notify physician for treatment orders, notify infection preventionist and DON/designee

_____ Notify family, educate regarding visitation, relocate roommate if necessary

_____ Inform housekeeper regarding isolation order and type to set up

_____ Inform nursing, dietary, and activities

_____ Post note on PointClickCare bulletin board to alert all staff

_____ Check that isolation has been set up in resident room with appropriate signs posted

_____ Add isolation to plan of care

Nurse: Initial each item as completed. Return to DON when complete.

Nurse certifying as complete: _____ Date: _____



31

THE CIRCUMSTANCES UNDER WHICH THE FACILITY MUST PROHIBIT EMPLOYEES WITH A COMMUNICABLE DISEASE OR INFECTED SKIN LESION FROM DIRECT CONTACT WITH RESIDENTS OR THEIR FOOD, IF DIRECT CONTACT WILL TRANSMIT THE DISEASE.

HOW DO YOU MEET THIS REGULATION?

32

32

HAND HYGIENE

- YOUR POLICY SHOULD ADDRESS BOTH HANDWASHING AND USE OF ALCOHOL-BASED HAND RUB (ABHR).
- ADDRESS HOW & WHEN
- LOCATION OF HAND HYGIENE SUPPLIES
- CONSISTENT WITH ACCEPTED STANDARDS OF PRACTICE SUCH AS THE PREFERENTIAL USE OF ABHR INSTEAD OF SOAP AND WATER IN MOST CLINICAL SITUATIONS EXCEPT WHEN HANDS ARE VISIBLY SOILED (E.G., BLOOD, BODY FLUIDS), OR AFTER CARING FOR A RESIDENT WITH KNOWN OR SUSPECTED **C. DIFFICILE OR NOROVIRUS INFECTION** DURING AN OUTBREAK, OR IF RATES OF C. DIFFICILE INFECTION ARE HIGH; IN THESE CIRCUMSTANCES, SOAP AND WATER SHOULD BE USED

33

USE OF PERSONAL PROTECTIVE EQUIPMENT WHENEVER THERE IS A CHANCE OF EXPOSURE

WEAR THE APPROPRIATE TYPE OF PPE FOR THE INDIVIDUAL TENANT/RESIDENT

- MASK-PROCEDURE OR N95
- FACE SHIELD OR EYE PROTECTION
- GOWN
- GLOVES
- DONNING & DOFFING

34

ENSURE APPROPRIATE TENANT/RESIDENT PLACEMENT

- NURSING MANAGEMENT WILL UTILIZE ESTABLISHED GUIDELINES REGARDING PLACEMENT OF TENANTS/RESIDENTS WITH INFECTIOUS DISEASES
- THIS WILL PROVIDE GUIDANCE FOR ROOM SHARING AND APPROPRIATE PPE
- TEMPORARY ROOM CHANGES MIGHT BE NECESSARY DEPENDING UPON THE INFECTIOUS DISEASE
- GUIDELINES SPECIFY HOW TO PROVIDE CARE IN THE SAFEST MANNER TO PREVENT TRANSMISSION OF THE INFECTIOUS DISEASE TO OTHERS
- USE COUNTY PUBLIC HEALTH NURSE TO ANSWER QUESTIONS OR GET ANSWERS AS NECESSARY
- CONSIDER MAPPING DURING OUTBREAKS TO PROVE THAT PLACEMENTS PROMOTE INFECTION CONTAINMENT

35

35

CLEANING AND DISINFECTING PATIENT CARE EQUIPMENT AND SUPPLIES

- KNOW HOW TO PROTECT TENANTS/RESIDENTS FROM INFECTION WHEN EQUIPMENT IS SHARED. WHAT NEEDS TO BE DEDICATED AND WHAT CAN BE SHARED.
- WHAT PRODUCTS ARE USED FOR WHAT SURFACES? WHAT IS THE CONTACT TIME? CHARTS MIGHT BE HELPFUL TO SHARE WITH STAFF.
- HOW IS PRODUCT KNOWLEDGE SHARED AND DISSEMINATED TO ALL WORKERS?
- KNOW WHAT EQUIPMENT AND SUPPLIES ARE DEDICATED TO TENANT/RESIDENTS AND WHICH REQUIRE DISINFECTION TO ENABLE SHARING.
- UNDERSTAND THE USE OF BARRIERS WHEN PROVIDING TREATMENTS OR CARE TASKS

36

36

HANDLE TEXTILES AND LAUNDRY CAREFULLY

- WHAT IS THE TURN AROUND TIME FOR AN ADEQUATE SUPPLY OF LAUNDRY? THIS ASSISTS IN THE DETERMINATION OF NECESSARY SUPPLY NUMBERS.
- HOW DOES REQUIRED PPE AFFECT THE REGULAR LAUNDERING SCHEDULE? INCREASED LAUNDRY HANDLING WILL REQUIRE MORE STAFF TIME, RESOURCES SUCH AS EQUIPMENT AND PRODUCT.
- HOW DOES LAUNDRY STAFF SAFELY PROCESS CONTAMINATED LAUNDRY? HOW IS ISOLATION LAUNDRY PROCESSED?
- HOW ARE CLEAN AND DIRTY PRODUCTS SEPARATED AND MAINTAINED?



37

Laundry Handling Guide

Guía Para el Manejo de Ropa de Cama Sucia

Use proper safety measures when handling soiled linen
Utiliza medidas de seguridad al manipular la ropa de cama sucia

Soiled linens should be sorted by: • Fabric type • Soil content • Color
Ropa de cama sucia debe ser ordenada por:
• Tipo de tela • Contenido de manchas • Color

- Soiled linen is collected from each room and transported to soiled area of wash room.
- La ropa de cama sucia se recoge de cada cuarto y está transportada a la zona apropiada de la lavandería

• Linen should be transported on clean, covered carts or shelves.

- La ropa de cama debe ser transportada en carretillas limpias y cubiertas o en estantes

- Store clean linen in clean room or covered carts or shelves.
- Guarda la ropa de cama limpia en un cuarto limpio o en carretillas limpias y cubiertas o en estantes

• Presoaking and presoetting helps clean stubborn or heavily built stains.
• Remojar la ropa de cama antes de lavarla ayuda a limpiar manchas Fuertes

- Wash soiled linen according to classification.
- Properly load machines being careful not to overload or underload.
- Use appropriate machine and chemical dispenser setting for desired load.
- Lava ropa de cama sucia de acuerdo a la clasificación
- Carga las máquinas de lavar adecuadamente teniendo cuidado de no sobre cargar
- Utiliza la máquina apropiada y la configuración apropiada para el depósito de productos químicos para la carga deseada

- Linen should be dried according to type.
- Do not overload dryer.
- Immediately remove linen from dryer to avoid wrinkling.
- La ropa de cama debe ser secada de acuerdo al tipo
- No sobrecargues la secadora
- Quita la ropa de cama inmediatamente para evitar las arrugas

- Linen should be folded immediately following drying to minimize wrinkles.
- Clean linen should be allowed to rest before being put into service. This is based on facilities par levels.
- La ropa de cama debe ser doblada inmediatamente después de secar para reducir al mínimo las arrugas
- La ropa de cama limpia debe ser dejada a descansar antes de poner en servicio. Esto se basa en los niveles de par de las instalaciones

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38

SAFE INJECTION PRACTICES-SHARPS HANDLING

- ASSURE THAT SHARPS CONTAINERS ARE AVAILABLE:
 - MED CARTS
 - BATHROOMS
 - TREATMENT AREAS
- CONSIDER SMALLER SHARPS CONTAINERS THAT ARE MORE PORTABLE MAKING THEM CONVENIENT TO TAKE TO THE BEDSIDE
- ASSURE A COMPREHENSIVE BLOOD BORNE PATHOGEN POLICY FOR THE FACILITY IS AVAILABLE AND FOLLOWED, UPDATED ANNUALLY

39

39

483.80(A)(4) A SYSTEM FOR RECORDING INCIDENTS IDENTIFIED UNDER THE FACILITY'S IPCP AND THE CORRECTIVE ACTIONS TAKEN BY THE FACILITY.

1. ANY CASE OF SEPSIS OR FACILITY-ACQUIRED C. DIFF.
 2. ANY INFECTION RELATED TO A MEDICAL DEVICE SUCH AS A CATHETER, FEEDING TUBE, TRACH, OR VASCULAR ACCESS DEVICE.
 3. ANY ORDER FOR AN ANTIBIOTIC THAT A RESIDENT HAS A DOCUMENTED ALLERGY TO.
 4. ANY PHYSICIAN- OR NURSE-ORDERED RESIDENT ISOLATION.
 5. ANY ACTIVE INFECTION CAUSED BY A MDRO.
 6. FLAGRANT BREACHES IN ESTABLISHED POLICY SUCH AS STAFF NOT WEARING PPE IN AN ISOLATION ROOM MIGHT ALSO BE AN INCIDENT.
- **EDUCATE STAFF THAT THESE SHOULD BE TREATED AS AN INCIDENT WITH COPIES FORWARDED TO THE IP FOR FOLLOW-UP AND DOCUMENTATION AND DISCUSSION AT COMMITTEE MEETINGS**

40

40

SHARE YOUR ANSWER!

*WHAT ARE THE 2 TYPES OF TRANSMISSION BASED PRECAUTIONS MOST FREQUENTLY UTILIZED?

*ABHR IS ACCEPTABLE TO UTILIZE WHEN PROVIDING CARE TO A RESIDENT WITH C. DIFFICILE.
TRUE OR FALSE



41

ANTIBIOTIC STEWARDSHIP



42

F881 ANTIBIOTIC STEWARDSHIP PROGRAM

- **483.80(A) INFECTION PREVENTION AND CONTROL PROGRAM. THE FACILITY MUST ESTABLISH AN INFECTION PREVENTION AND CONTROL PROGRAM THAT MUST INCLUDE, AT A MINIMUM, THE FOLLOWING ELEMENTS:**
- **483.80(A)(3) AN ANTIBIOTIC STEWARDSHIP PROGRAM THAT INCLUDES ANTIBIOTIC USE PROTOCOLS AND A SYSTEM TO MONITOR ANTIBIOTIC USE.**
- **INTENT:**
- **DEVELOPS AND IMPLEMENTS PROTOCOLS TO OPTIMIZE TREATMENT OF INFECTIONS BY ENSURING THAT RESIDENTS WHO REQUIRE AN ANTIBIOTIC ARE PRESCRIBED THE APPROPRIATE ANTIBIOTIC**
- **REDUCES THE RISK OF ADVERSE EVENTS, INCLUDING DEVELOPMENT OF ANTIBIOTIC-RESISTANT ORGANISMS, FROM UNNECESSARY OR INAPPROPRIATE ANTIBIOTIC USE**
- **DEVELOPS, PROMOTES AND IMPLEMENTS A FACILITY-WIDE SYSTEM TO MONITOR THE USE OF ANTIBIOTICS**

43

43

INTENT CONT

- **CONSIDER USING THE CDC ANTIBIOTIC STEWARDSHIP GUIDANCE TO WRITE YOUR POLICY OR FIND AN APPROPRIATE TEMPLATE.**
- **ANTIBIOTIC STEWARDSHIP TYPICALLY HAS AN EMPHASIS ON **ORAL ANTIBIOTICS**, AND THIS IS THE DATA THAT REQUIRES COLLECTION. THIS IS DIFFERENT FROM THE MINIMUM DATA SET (MDS) THAT ALSO COUNTS OINTMENTS AND/OR DROPS. FACILITIES HAVE DISCRETION IN INCLUDING IM (INTRAMUSCULAR) AND/OR IV (INTRAVENOUS) ANTIBIOTICS IN THEIR LISTING PROCESS. ONCE THIS DECISION HAS BEEN MADE, IT SHOULD BE APPLIED CONSISTENTLY SO THAT STATISTICAL DATA IS OBJECTIVE AND CONSISTENT.**
- **ASSESS RESIDENTS FOR ANY INFECTION THAT MIGHT REQUIRE ANTIBIOTIC USE USING STANDARDIZED TOOLS AND CRITERIA SUCH AS THE **SBAR TOOL AND THE LOEB MINIMUM CRITERIA** FOR INITIATION OF ANTIBIOTICS.**

44

44

WHAT IS ANTIBIOTIC STEWARDSHIP?

- ANTIBIOTIC STEWARDSHIP IS THE EFFORT TO **MEASURE AND IMPROVE** HOW ANTIBIOTICS ARE PRESCRIBED BY CLINICIANS AND USED BY PATIENTS.
- ANTIBIOTIC STEWARDSHIP IS A COORDINATED PROGRAM THAT PROMOTES THE APPROPRIATE USE OF ANTIBIOTICS, IMPROVES RESIDENT OUTCOMES, REDUCES MICROBIAL RESISTANCE, AND DECREASES THE SPREAD OF INFECTIONS CAUSED BY MULTIDRUG-RESISTANT ORGANISMS (MROS).
- IMPROVING ANTIBIOTIC PRESCRIBING AND USE IS CRITICAL TO EFFECTIVELY TREAT INFECTIONS, PROTECT PATIENTS FROM HARM CAUSED BY UNNECESSARY ANTIBIOTIC USE AND COMBAT ANTIBIOTIC RESISTANCE.

45

WHY IS ANTIBIOTIC STEWARDSHIP SO IMPORTANT?

- THE WORLD HEALTH ORGANIZATION CONSIDERS MISUSE AND OVERUSE OF ANTIMICROBIALS AS ONE OF THE **TOP THREE THREATS** TO HUMAN HEALTH. IT LEADS TO THE EMERGENCE OF MULTIDRUG-RESISTANT ORGANISMS (MROS) AND THE RAPID GLOBAL SPREAD OF NOVEL RESISTANCE.
- ANTIBIOTIC STEWARDSHIP IS THE CONSERVATION OF ANTIBIOTICS, SO THESE CONTINUE TO WORK EFFECTIVELY IN TREATING BACTERIAL INFECTIONS.
- INAPPROPRIATE USAGE OF ANTIBIOTICS IS A PUBLIC HEALTH CHALLENGE.
- OVERUSE = RESISTANCE=INEFFECTIVENESS

46

SYSTEM TO MONITOR ANTIBIOTIC USE: REQUIREMENTS

- ANTIBIOTIC USE DATA MUST “CONTAIN A SYSTEM OF REPORTS RELATED TO **MONITORING ANTIBIOTIC USAGE AND RESISTANCE DATA.**”
- ALSO INCLUDE A **METHOD OF PROVIDING FEEDBACK** TO PRESCRIBING PRACTITIONERS REGARDING ANTIBIOTIC USE.
- CONSIDER A **SOFTWARE SOLUTION** THAT ALLOWS MULTIPLE SORTING OPTIONS TO ANALYZE AND MONITOR FOR TRENDS AND TRACKING.
- DATA GATHERED SHOULD BE **RELEVANT.**
- FACILITY STAFF SHOULD BE ABLE TO RETRIEVE THE INFORMATION THEY NEED TO **MAKE DECISIONS.**

47

CDC CORE ELEMENTS FOR ANTIBIOTIC STEWARDSHIP

1. **LEADERSHIP COMMITMENT** – DEMONSTRATE SUPPORT AND COMMITMENT TO SAFE AND APPROPRIATE ANTIBIOTIC USE IN YOUR FACILITY.
2. **ACCOUNTABILITY** – IDENTIFY THE PHYSICIAN AND NURSING AND PHARMACY LEADS RESPONSIBLE FOR PROMOTING AND OVERSEEING ANTIBIOTIC STEWARDSHIP ACTIVITIES IN YOUR FACILITY.
3. **DRUG EXPERTISE** – ESTABLISH ACCESS TO CONSULTANT PHARMACISTS OR OTHER INDIVIDUALS WITH EXPERIENCE OR TRAINING IN ANTIBIOTIC STEWARDSHIP FOR YOUR FACILITY.

48

CDC CORE ELEMENTS FOR ANTIBIOTIC STEWARDSHIP CONTINUED:

4. **ACTION** – IMPLEMENT AT LEAST ONE POLICY OR PRACTICE TO IMPROVE ANTIBIOTIC USE.
5. **TRACKING** – MONITOR AT LEAST ONE PROCESS MEASURE OF ANTIBIOTIC USE AND AT LEAST ONE OUTCOME FROM ANTIBIOTIC USE IN YOUR FACILITY
6. **REPORTING** – PROVIDE REGULAR FEEDBACK ON ANTIBIOTIC USE AND RESISTANCE TO PRESCRIBING CLINICIANS, NURSING STAFF AND OTHER RELEVANT STAFF.
7. **EDUCATION** – PROVIDE RESOURCES TO CLINICIANS, NURSING STAFF, RESIDENTS AND FAMILIES ABOUT ANTIBIOTIC RESISTANCE AND OPPORTUNITIES FOR IMPROVING ANTIBIOTIC USE.

49

49

WHEN A RESIDENT HAS A CHANGE IN CONDITION THAT COULD BE AN INFECTION

- WHENEVER THE RESIDENT HAS A CHANGE IN CONDITION, THE CHARGE NURSE SHOULD COMPLETE A HEAD-TO-TOE ASSESSMENT, INCLUDING A FULL SET OF VITAL SIGNS AND A REVIEW OF BODY SYSTEMS. THE PHYSICIAN AND FAMILY SHOULD BE NOTIFIED.
- IF AN INFECTION IS SUSPECTED, THE CHARGE NURSE SHOULD COMPARE SYMPTOMS TO **LOEB CRITERIA** AND/OR UTILIZE AN **INFECTION-SPECIFIC SBAR** TO COMMUNICATE WITH THE PHYSICIAN REGARDING THE CHANGE IN CONDITION. IF THE CRITERIA ARE NOT MET, WATCHFUL MONITORING SHOULD BE CONSIDERED.
- AN IMPORTANT COMPONENT OF THE CHANGE OF CONDITION REPORT IS WHETHER THE CRITERIA TO INITIATE ANTIBIOTICS WERE MET.
- THESE RESULTS SHOULD BE SHARED WITH THE ATTENDING PHYSICIAN.

50

50

CRITERIA TO DETERMINE APPROPRIATE ANTIBIOTIC USE

LOEB

ORGANIZED INTO FOUR GENERAL CATEGORIES:

- SUSPECTED URINARY TRACT INFECTION (UTI)
- SUSPECTED SKIN AND SOFT TISSUE INFECTION (SST)
- SUSPECTED LOWER RESPIRATORY TRACT INFECTION (LRI)
- FEVER WITH UNKNOWN FOCUS OF INFECTION

SBAR

THREE FORMS AVAILABLE:

- SUSPECTED UTI SBAR
- SUSPECTED LRI SBAR
- SUSPECTED SST SBAR

51

LOEB MINIMUM CRITERIA FOR THE INITIATION OF ANTIBIOTICS

- COMPARE THE SYMPTOMS THE RESIDENT IS PRESENTING WITH THE CRITERIA LISTED FOR THE SPECIFIC TYPE OF INFECTION.
- **ALL** THE CONDITIONS AS LISTED MUST BE PRESENT FOR CRITERIA TO BE MET.
- READ ALL THE INDICATORS VERY CAREFULLY AS THERE ARE ALTERNATIVES OR SOME VARIETY IN THE SYMPTOMS.
- SUSPECTED UTI CRITERIA INCLUDE SEPARATE SYMPTOMS DEPENDING ON THE PRESENCE OF AN INDWELLING CATHETER.
- SUSPECTED LRI CRITERIA DIFFERENTIATE AT A LOWER LEVEL FOR RESIDENTS WITH AND WITHOUT DIAGNOSES OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD).

52

SBAR: FOR SITUATIONS THAT REQUIRE IMMEDIATE ATTENTION AND ACTION

THERE ARE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ) FORMS FOR SUSPECTED URINARY TRACT, RESPIRATORY TRACT, AND SKIN AND SOFT TISSUE INFECTIONS THAT MAY BE USED.

- SITUATION (IDENTIFY THE RESIDENT AND THE PROBLEM)
- BACKGROUND (HISTORY, VITALS, RESULTS, ETC.)
- ASSESSMENT (FINDINGS, SEVERITY, LIFE-THREATENING)
- RECOMMENDATION (ASK WHAT IS NEXT, NEEDS, TIMEFRAME)
 - REVIEW THE CHART.
 - COMPLETE THE SBAR.
 - SPEAK CLEARLY.
 - DOCUMENT SBAR IN THE PROGRESS NOTES.

53

53

EACH NURSING FACILITY NEEDS TO SELECT WHICH METHOD OF PROTOCOLS (CRITERIA) TO USE TO MEET THE REGULATORY REQUIREMENTS.

BASE YOUR DECISION ON WHAT BEST MEETS YOUR NEEDS.

NO MATTER WHICH METHOD YOU USE, YOU WILL STILL NEED TO RECORD ACTUAL INFECTIONS IN A **SURVEILLANCE LOG** AND ANTIBIOTIC USE IN AN **ANTIBIOTIC LOG**.

YOUR SELECTION SHOULD BE DOCUMENTED IN YOUR ANTIBIOTIC STEWARDSHIP PLAN.

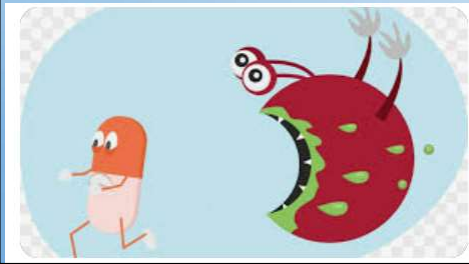
54

54

SHARE YOUR ANSWER!

*DOES THE SURVEILLANCE LOG OR ANTIBIOTIC STEWARDSHIP LOG NORMALLY CONTAIN MORE RESIDENT CASES?

*WHAT CRITERIA IS UTILIZED FOR INITIATION OF ANTIBIOTICS?



55

F882 INFECTION PREVENTIONIST QUALIFICATIONS/ROLE

- THE FACILITY MUST DESIGNATE ONE OR MORE INDIVIDUAL(S) AS THE INFECTION PREVENTIONIST(S) WHO ARE RESPONSIBLE FOR THE FACILITY'S IPCP. THE IP MUST:
 - HAVE PRIMARY PROFESSIONAL TRAINING IN NURSING, MEDICAL TECHNOLOGY, MICROBIOLOGY, EPIDEMIOLOGY, OR OTHER RELATED FIELD;
 - BE QUALIFIED BY EDUCATION, TRAINING, EXPERIENCE, OR CERTIFICATION;
 - WORK AT LEAST PART TIME AT THE FACILITY;
 - HAVE COMPLETED SPECIALIZED TRAINING IN INFECTION PREVENTION AND CONTROL.

THE DESIGNATED INFECTION PREVENTIONIST MUST BE A MEMBER OF THE FACILITY'S QUALITY ASSESSMENT AND ASSURANCE COMMITTEE. THE IP MUST ROUTINELY REPORT TO THE QAA COMMITTEE ON THE FACILITY'S IPCP.

56

F883-INFLUENZA & PNEUMOCOCCAL IMMUNIZATIONS

- PROCESS FOR ASSESSING EACH RESIDENT'S IMMUNIZATION STATUS.
- EDUCATING, OFFERING, AND ADMINISTERING IMMUNIZATIONS THAT ARE CURRENTLY RECOMMENDED BY ACIP (ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES).
- DOCUMENTATION

57

57

F884 NHSN REPORTING

- WEEKLY – REPORT INTO THE LTCF COVID-19 MODULE.
 - CAPACITY - ALL BEDS & CURRENT CENSUS
 - RESIDENT IMPACT – ADMISSIONS (# ADMITTED OR READMITTED WITH COVID-19 THAT REQUIRE TBP) AND POSITIVE TESTS (#OF RESIDENTS WITH NEW POSITIVE COVID-19 TEST).
 - RESIDENT VACCINATION STATUS – NOT VACCINATED OR NOT FULLY-VACCINATED, PARTIAL VACCINATION, COMPLETED PRIMARY SERIES, ADDITIONAL OR BOOSTER DOSES (NEWLY POSITIVE COVID-19 WHO HAVE RECEIVED ANY ADDITIONAL OR BOOSTER DOSES); BOOSTER DOSES (ONE OR TWO OR MORE) ALL RESIDENTS; UP TO DATE VACCINATION STATUS.
 - RESIDENTS WITH NEW DIAGNOSIS OF INFLUENZA.
 - COVID-19 TESTING AVAILABILITY (ADEQUATE TESTING SUPPLIES)
 - SUPPLIES AND PPE SHORTAGES
 - [HTTPS://WWW.CDC.GOV/NHSN/LTC/COVID19/INDEX.HTML](https://www.cdc.gov/nhsn/LTC/COVID19/INDEX.HTML)

58

58

F887 – COVID-19 IMMUNIZATION

- ON ADMISSION/HIRE – ASSESS FOR VACCINATION STATUS
- IF NOT ADMINISTERED, EDUCATE AND OFFER.
- ADMINISTER IF CONSENT OBTAINED.
- DOCUMENTATION !

59

RATIONALE FOR IC INCLUSION IN QAPI ACTIVITIES

- REMEMBER THAT INFECTION CONTROL IS ONE OF THE MOST COMMON DEFICIENCIES CITED THROUGHOUT THE NATION DURING SURVEYS.
- THEREFORE, INFECTION CONTROL AND PREVENTION MUST BE A MAJOR COMPONENT OF EACH FACILITY'S QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT ACTIVITIES.
- FACILITIES ARE REQUIRED TO PROVIDE THEIR QAPI PLAN TO SURVEYORS.
- THE PLAN SHOULD INCLUDE SYSTEMATIC AND CONTINUOUS ACTIONS THAT LEAD TO MEASURABLE IMPROVEMENT IN THE HEALTH CARE SERVICES PROVIDED TO THE DEFINED SERVICE GROUP.
- ALL OF THESE INCLUDE INFECTION CONTROL ACTIONS AT THE FACILITY.

60

THE FACILITY WILL CONDUCT AN ANNUAL REVIEW OF ITS IPCP AND UPDATE THEIR PROGRAM, AS NECESSARY.

CONSIDER STANDING AGENDA ITEMS FOR QA AND INFECTION CONTROL MEETINGS

- FOR EXAMPLE:
 - **FIRST QUARTER** – IPCP REVIEW, IPCP ALL HAZARDS ASSESSMENT
 - **SECOND QUARTER** – WATER PLAN, BLOODBORNE PATHOGEN, SHARPS REVIEW
 - **THIRD QUARTER** – RESPIRATORY PROTECTION PLAN, TB ASSESSMENT
 - **FOURTH QUARTER** – ANTIBIOTIC STEWARDSHIP PLAN, COMPETENCIES FOR IC

61

CMS-20054 CRITICAL ELEMENT QUESTIONS

1. DID THE STAFF IMPLEMENT APPROPRIATE STANDARDS (E.G., HAND HYGIENE, APPROPRIATE USE OF PPE, ENVIRONMENTAL CLEANING AND DISINFECTION, AND REPROCESSING OF REUSABLE RESIDENT MEDICAL EQUIPMENT) AND TRANSMISSION-BASED PRECAUTIONS?

- GENERAL STANDARD PRECAUTIONS
- HAND HYGIENE
- PERSONAL PROTECTIVE EQUIPMENT USE FOR STANDARD PRECAUTIONS
- TRANSMISSION-BASED PRECAUTIONS

62

2. DOES THE FACILITY HAVE A FACILITY-WIDE INFECTION PREVENTION AND CONTROL PROGRAM (IPCP) INCLUDING STANDARDS, POLICIES, PROCEDURES AND EDUCATION THAT ARE CURRENT, BASED ON NATIONAL STANDARDS, AND REVIEWED AT LEAST ANNUALLY?

- FACILITY ASSESSMENT
- REPORTABLE COMMUNICABLE DISEASES & COMMUNICATION PROCESS FOR

63

63

ALL HAZARDS ASSESSMENT

Event	Probability	Level of Harm From Event	Impact on Care	Readiness to Prevent	RISK
Description	Likelihood this will occur	Severity of harm if Event Occurs	How the Event would impact care for Resident/ Staff	Are processes/resources in place to identify and address the event?	Relative threat*
Rating	0 = Nil 1 = Low 2 = Moderate 3 = High	0 = None 1 = Temporary 2 = Moderate 3 = Serious	0 = None 1 = Low 2 = Moderate 3 = High	1 = Good 2 = Fair 3 = Poor	0 - 100%
Resident-related					
Urinary Tract Infection	2	1	1	1	22%
Lower Respiratory Infection	2	1	2	1	30%
Shingles/Herpes					0%
Fever of Unknown Origin					0%
Tuberculosis					0%
Other					0%
Outbreak related					
Influenza					0%
Other viral respiratory pathogens					0%
Norovirus gastroenteritis					0%
Bacterial gastroenteritis					0%
Scabies					0%
Conjunctivitis					0%
Group A Streptococcus					0%
Other					0%
Device-related infection					
Central Line Blood Stream Infection					0%
Ventilator Associated Infection					0%
Catheter Associated Urinary Tract Infection					0%
Implant from Surgical Procedure					0%
Drain or Tube - Infection					0%
Ostomy or Related Opening					0%
Peritoneal Dialysis					0%
Shunt					0%
Tracheotomy-associated respiratory infection					0%
Percutaneous-gastrostomy site infection					0%
Wound Infection					0%
Other					0%
Resistant Microbes					
MRSA					0%
VRE					0%
CRE					0%

64

64

3. DID THE FACILITY PROVIDE APPROPRIATE INFECTION SURVEILLANCE?

- INFECTION SURVEILLANCE
- USE MCGEER CRITERIA TO **DETERMINE IF AN INFECTION IS PRESENT**
- INTERVENTIONS ARE SPECIFIC TO INFECTION TYPE:
 - BACTERIAL
 - VIRAL- COVID
 - FUNGAL
- EACH INFECTION EVENT MUST BE INDIVIDUALLY ASSESSED ON ITS OWN MERIT

65

65

4. DID THE FACILITY HAVE MEASURES TO PREVENT THE GROWTH OF LEGIONELLA AND OTHER OPPORTUNISTIC WATERBORNE PATHOGENS IN BUILDING WATER SYSTEMS?

- DESCRIPTION OF THE BUILDING WATER SYSTEMS USING TEXT AND FLOW DIAGRAMS
- CONTROL MEASURES IN PLACE TO PREVENT GROWTH

66

66

5. DID THE FACILITY STORE, HANDLE, TRANSPORT, AND PROCESS LINENS PROPERLY?

STAFF HANDLING, STORING, AND TRANSPORTING

- APPROPRIATE PPE, MINIMAL AGITATION
- BAGGED WHERE COLLECTED; SORTED IN CONTAMINATED LAUNDRY AREA
- LAUNDRY CARTS CLEANED/DISINFECTED APPROPRIATELY
- CLEAN LINENS MAINTAINED AS CLEAN AND IN GOOD CONDITION
- COVER CLEAN LINEN WHEN TRANSPORTING IN HALLWAYS

LAUNDRY ROOMS

- MAINTENANCE OF EQUIPMENT ACCORDING TO MANUFACTURER
- MAINTENANCE LOGS COMPLETED AND AVAILABLE FOR REVIEW
- LAUNDERING PRODUCTS USED ACCORDING TO MANUFACTURER



67

6. DID THE FACILITY CONDUCT AN ONGOING REVIEW FOR ANTIBIOTIC STEWARDSHIP?

- PROTOCOLS ON ANTIBIOTIC PRESCRIBING TO ENSURE APPROPRIATE USAGE UTILIZING APPROPRIATE ASSESSMENT TOOLS E.G. SBAR TOOL, LOEB
- PERIODIC REVIEW BY PRESCRIBERS

68

68

7. DID THE FACILITY DESIGNATE AT LEAST ONE QUALIFIED IP, WHO IS RESPONSIBLE FOR THE FACILITY'S IPCP?

- ONE OR MORE IP WHO WORKS PART-TIME AND RECEIVED SPECIALIZED TRAINING
- MUST PROVIDE DOCUMENTATION OF THE PRIMARY PROFESSIONAL TRAINING AND SPECIALIZED TRAINING IN INFECTION AND CONTROL

69

8. DID THE FACILITY PROVIDE INFLUENZA AND/OR PNEUMOCOCCAL IMMUNIZATIONS AS REQUIRED OR APPROPRIATE FOR RESIDENTS?

- RECORD REVIEW OF 5 RESIDENTS ASSESSING SCREENING AND ELIGIBILITY OF VACCINES INCLUDING EDUCATION
- RESIDENT VACCINE POLICY & PROCEDURES

70

9. DID THE FACILITY EDUCATE AND OFFER COVID-19 IMMUNIZATION AS REQUIRED OR APPROPRIATE FOR RESIDENTS?

- RECORD REVIEW OF 5 RESIDENTS ASSESSING SCREENING AND ELIGIBILITY OF VACCINES INCLUDING EDUCATION
- RESIDENT VACCINE POLICY & PROCEDURES

71

10. DID THE FACILITY MAINTAIN STAFF DOCUMENTATION OF SCREENING, EDUCATION, OFFERING, AND CURRENT COVID-19 VACCINATION STATUS?

- SAMPLED STAFF(1) FOR SCREENING AND ELIGIBILITY, EDUCATION, ADMINISTRATION OF VACCINE
- STAFF VACCINE POLICY AND PROCEDURES

72

FINAL THOUGHTS

1. INFECTION CONTROL CONTINUES TO BE IN THE **TOP 5** MOST CITED DEFICIENCY IN THE IN THE COUNTRY.
2. **CMS 20054 DETAILS THE EXACT STEPS SURVEYORS WILL USE TO DETERMINE IF FACILITIES ARE COMPLIANT IN THE AREA OF INFECTION CONTROL**
3. IT IS UP TO FACILITIES TO IMPLEMENT STRATEGIES THAT ADDRESS THE ISSUES DETAILED IN CMS 20054
4. **THE USE OF ESTABLISHED CLINICAL GUIDELINES, TEMPLATES FROM PROFESSIONAL SOURCES, AND DECISION-MAKING TOOLS CAN MAKE THIS PROCESS EASIER.**
5. AFTER SOURCES ARE ESTABLISHED, STAFF MUST BE EDUCATED AND THEN THE PROCESSES COMMUNICATED TO ALL INVOLVED TO ASSURE SUCCESSFUL IMPLEMENTATION. IT IS A TEAM EFFORT!
6. **REMEMBER TO CONTINUALLY UPDATE THE PROGRAM AS CHANGES ARE EVOLVING RAPIDLY AS MORE INFORMATION AND DATA ARE GATHERED AND ANALYZED.**
7. TAKE ADVANTAGE OF TECHNOLOGICAL SYSTEMS THAT WILL SAVE TIME AND CREATE EFFICIENCIES.⁷³

73

THANKS FOR YOUR ATTENDANCE AND PARTICIPATION!

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74

74