

New Jersey Department of Health Infection Prevention and Control in Long-Term Care 2018-2019

Presented by;

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Health Facility Survey and Field Operations



DISCLAIMER

This power point presentation is an educational tool prepared by the Department of Health that is general in nature. It is not intended to be an exhaustive review of the Department's administrative code and is not intended as legal advice. Materials presented should not substitute for actual statutory or regulatory language. Always refer to the current edition of a referenced statute, code and/or rule or regulation for language.

Agenda

- Review of the LTC survey process for infection prevention and control (IPC)
- **Share examples of citations for IPC**
- **Review available resources available to mitigate IPC citations on future surveys**
- Answer questions

New LTCSP-Deficiency Summary

Top 10 of 2017

- 1. F281 (F658)
- 2. F441 (F880, 881, 883)
- 3. F371 (F812, F813)
- 4. F323 (F689)
- 5. F431 (F761)
- 6. F309 (F697, F698, F744)
- 7. F425 (F755)
- 8. F279 (F639, F656)
- 9. F278 (F641, F642)
- 10. F514 (F842)

Top 10 of 2018

- 1. **F880: Infection Control**
- 2. **F658: Professional Standards of Practice**
- 3. **F812: Food**
- 4. **F656: Care Plan**
- 5. **F755: Pharmacy**
- 6. **F761: Label/Store Meds**
- 7. **F684: Quality of Care**
- 8. **F689: Accidents**
- 9. **F641: Accurate Assessments**
- 10. **F758: Unnecessary Meds/PRN Use**



HFS&FO

Licensing and Certification Credentials

- Nursing Home Administrators
- Certified Assisted Living Administrators
- Nurses Aides/Personal Care Assistants
- Certified Medication Aides

Surveys and Inspections

- Ensure the safety of patients and residents and a consistent, high quality of care
- Regulates a wide range of health care settings for quality of care
- Investigates complaints
- Enforces compliance with state and federal regulations and guidelines
- Collaborates with statewide partners to maintain and improve care

Survey Process: Updates

- Tablets
- Survey process
- CE Pathways
- Tags
- Expanded Regulatory language
- Expanded interpretative guidance



Survey Process: Entrance Conference Worksheet

- Information needed within four (4) hours:
- Completed matrix for all other residents
- Admission packet
- Contracts Dialysis/Hospice (if applicable)
- Infection control – Antibiotic Stewardship
- QAA committee information
- QAPI plan

LTC Survey Pathways

Infection Prevention, Control & Immunizations

Infection Control: *This facility task must be used to investigate compliance at F880, F881, and F883. For the purpose of this task, "staff" includes employees, consultants, contractors, volunteers, and others who provide care and services to residents on behalf of the facility. The Infection Prevention and Control Program (IPCP) program must be facility-wide and include all departments and contracted services. If a specific care area concern is identified, it should be evaluated under the specific care area, such as for pressure ulcers, respiratory care, catheter care, and medication pass observations which include central lines, peripheral IVs, and oral/IM/respiratory medications.*

Coordination:

- ☐ One surveyor coordinates the facility task to review for:
 - The overall Infection Prevention and Control Program (IPCP);
 - The annual review of the IPCP policies and practices;
 - The review of the surveillance and antibiotic stewardship programs; and
 - Tracking influenza/pneumococcal immunization of residents.
- ☐ Team assignments must be made to include the review of:
 - Laundry services;
 - A resident on transmission-based precautions, if any;
 - Five sampled residents for influenza/pneumococcal immunizations; and
 - Other care-specific observations if concerns are identified.
- ☐ Every surveyor assesses IPCP compliance throughout the survey and communicates any concerns to the team.

Hand Hygiene:

F-Tags

- Performance metrics that measure facility's ability to provide safe, high quality care to residents
- Survey results included as part of criteria for five star rating system
 - <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Downloads/consumerfactsheet.pdf>



Infection Control F-Tags

- **Consists of 4 F-Tags:**
 - F880: Infection Prevention and Control
 - F881: Antibiotic Stewardship Program (New)
 - F882: Infection Preventionist Qualifications/Role (New) *Phase 3 – November 28, 2019
 - F883: Influenza and Pneumococcal Immunizations

F880: Expanded Guidance

- IPC program
 - Facility assessment
- Surveillance and reporting
- Hand hygiene
- Transmission-based precautions
- Medical devices
- Linens

IPC Program

- **The IPC program:**
 - Applies to residents, staff, volunteers, visitors, and contractors
 - Functions *based upon the facility assessment (F838)* and national standards
 - Requires an annual review to include policies and procedures
 - Ensures staff are aware of policies and procedures
 - Records incidents identified under the IPC program and the corrective actions taken by the facility
 - An antibiotic stewardship program (ASP) (F881)

F838: Facility Assessment

What is it?

- CMS intent: For the facility to evaluate their resident population and identify resources needed to provide necessary person-centered care and services required by residents
- Includes residents and resources
- Identifies risks:
 - Population: health and safety
 - Geography and weather: earthquake, fire, flood
 - Employees: communicable infectious diseases
 - Environment: physical space, ventilation systems, cleanliness
 - Infections: endemic, seasonal or outbreak related
 - Procedures: medical devices, injections, dialysis
 - Emergency management: loss of utilities or water

Why do you need it?

- Identify and prioritize your risks (infections)
- Plan to prevent and control factors affecting transmission
- Refer to tools, procedures, and plans that are already in place to prevent infections, such as staff training- does not need to be CMS template
 - <https://qioprogram.org/facility-assessment-tool>

880: Surveillance

- **Must establish a system for surveillance based on national standards of practice and the facility assessment (F838)**
 - Incorporates surveillance and reporting (process and outcome)
 - Establish a system for identifying and reporting of infections and communicable diseases
- **This surveillance system:**
 - Identifies infections and infection risks
 - Communicable diseases outbreaks to state/local public health
 - Monitors staff performance (audits) on a routine basis
 - Disseminates and analyzes data
 - Identifies how reports will be provided to staff and/or prescribing practitioners
 - Document follow-up activity in response to findings

Standard Precautions

- Standard Precautions
 - Perform hand hygiene:
 - Before having direct contact with patients
 - After contact with blood, body fluids or excretions, mucous membranes, non-intact skin, or wound dressings
 - After contact with a patient's intact skin (e.g., when taking a pulse or blood pressure or lifting a patient)
 - If hands will be moving from a contaminated - body site to a clean – body site during patient care.
 - After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient
 - After removing gloves

**Hand Hygiene:
Alcohol-based hand
rub (ABHR) or soap
and water?**



F880: Hand Hygiene (HH)

- **C. difficile infection and norovirus infection outbreaks**
 - Contact precautions
 - Strict adherence to personal protective equipment (PPE) use (e.g., gloves and gowns)
 - HH with soap and water
- **Colonization or single case of CDI or norovirus**
 - Contact precautions
 - Strict adherence to PPE use (e.g., gloves and gowns)
 - ABHR
- **Surveyors will review process and outcome audits & observe adherence to best practice standards**

F880: Transmission-Based Precautions

- Contact
- Droplet
- Airborne
- Individualized, based on the likelihood of transmission
 - Pathogen
 - Resident risk factors
 - Psychological impact
 - Other considerations

F880: Medical Devices

- Blood glucose, INR meters, blood analysis systems
 - Individual meters (when possible)
- Single use or auto-disabling fingerstick devices
- Cleaned and disinfected using EPA-registered disinfectant, per manufacturers recommendations

Identified deficient practices can rise to immediate jeopardy



F880: Linen

- **Standard precautions**
 - Sorting and rinsing of linen at point of use is prohibited
- **Transport**
 - Held away from clothing, minimize agitation
- **Manufacturer's instructions for use**
 - Washing machines and dryers
 - Detergents
 - Linens



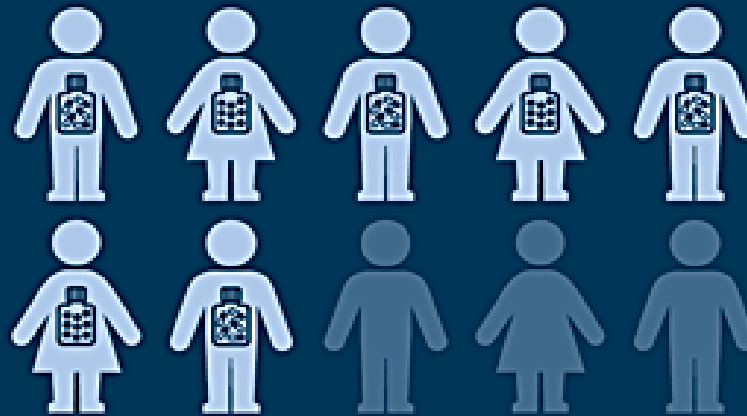
F880: Key Elements of Non-compliance

- Failed to establish and maintain IPC program
- IPC plan was not reviewed annually and updated as needed
- Best practice standards not incorporated into policy
- No documented surveillance, audits, or action plans
- Failed to implement an antibiotic stewardship program (F881)

Levels of Deficiencies

- Severity Level 4 Non-Compliance: Immediate Jeopardy to Resident Health or Safety
- Severity Level 3 Non-Compliance: Actual Harm that is not Immediate Jeopardy
- Severity Level 2 Non-Compliance: No Actual Harm with Potential for more than Minimal Harm that is not Immediate Jeopardy
- Severity Level 1 Non-Compliance: No actual harm with potential for minimal harm

Improving the use of antibiotics in healthcare



UP TO **70%** OF NURSING HOME RESIDENTS
RECEIVED **one or more** COURSES
OF SYSTEMIC ANTIBIOTICS IN A YEAR

F881: Antibiotic Stewardship Program

- **Part of the IPC program**
- **Antibiotic use protocols**
- **System to monitor antibiotic use and resistance**
 - Medical record reviews
 - Laboratory tests
 - Prescription documentation
 - Outcome metrics



F881: Severity Level 2

- Non-Compliance: No Actual Harm with Potential for more than Minimal Harm that is not Immediate Jeopardy

The facility failed to implement its protocol for antibiotic use and failed to monitor actual antibiotic use. Record review indicated that the facility developed a protocol which indicated “residents with multi-drug resistant organism (MDRO)s are not to be treated with antibiotics for colonization”. However, record review revealed one resident colonized with an MDRO receiving an antibiotic to eliminate colonization. As a result, the potential exists for residents to develop antibiotic resistance.

F882: Infection Preventionist Qualifications/Role

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO 18-15-NH

DATE: March 16, 2018

TO: State Survey Agency Directors

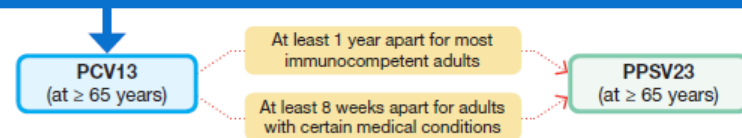
FROM: Director
Quality, Safety & Oversight Group *(formerly Survey and Certification Group)*

SUBJECT: Specialized Infection Prevention and Control Training for Nursing Home Staff in the Long-Term Care Setting

F883: Influenza and Pneumococcal Immunizations

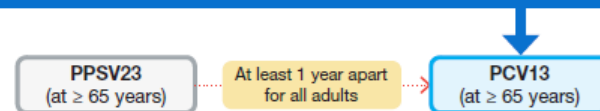
Pneumococcal vaccine timing for adults 65 years or older

For those who have not received any pneumococcal vaccines, or those with unknown vaccination history



- Administer 1 dose of PCV13.
- Administer 1 dose of PPSV23 **at least 1 year** later for most immunocompetent adults or **at least 8 weeks** later for adults with immunocompromising conditions, cerebrospinal fluid leaks, or cochlear implants. See Table 1 for specific guidance.

For those who have previously received 1 dose of PPSV23 at ≥ 65 years and no doses of PCV13



- Administer 1 dose of PCV13 **at least 1 year** after the dose of PPSV23 for all adults, regardless of medical conditions.

NCIRDig410 | 11.30.2015

www.cdc.gov/pneumococcal/vaccination.html



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



<https://www.cdc.gov/vaccines/vpd/pneumo/downloads/pneumo-vaccine-timing.pdf>

F883: Key Elements of Non-compliance

- Failed to develop a policy and procedure addressing the new guidelines
- Does not maintain or follow the new guidelines in your policy and procedure for immunizations against influenza and pneumococcal disease
- Failed to vaccinate an eligible resident or document why it was not given
- Does not allow a resident or a resident's representative to refuse either the influenza and/or the pneumococcal vaccine(s)

F883: Severity Level 3

- Non-Compliance: Actual Harm that is not Immediate Jeopardy

A resident who was not eligible to receive the influenza vaccine due to medical contraindications received the vaccine and experienced a reaction that was not serious or life-threatening (i.e., hives and dizziness). The reaction resulted in fear and anxiety that was not to the level of panic and immobilization, but required treatment.

Infection Control

- **Number one cited deficiency**
- **Top 3 for 3 years**
 - 1.6-3.8 million healthcare-associated infections (HAIs) in nursing homes every year
 - most common infections are UTIs lower respiratory tract infections, skin, soft tissue infections and gastroenteritis.
 - 40 to 75 percent of antibiotics prescribed are potentially inappropriate
 - Result in 150K hospitalizations, 388K deaths, and 673 million dollars in additional health care costs
- **PREVENTABLE**

Infection Control Findings

- Standard precautions: use of PPE and hand hygiene during general care
- Maintaining appropriate isolation precautions: use of correct PPE for the type of isolation and hand hygiene (all staff and visitors)
- Medication administration: hand hygiene and equipment disinfection
- Medical Device Safety: Point of Care Devices (fingerstick devices, single user, Blood glucose meters) Storage and use, disinfection
- Wound care: use of PPE and hand hygiene, clean area, storage of supplies
- Urinary catheter drainage bag storage
- Kitchen staff: wearing hair restraints, gloves, and hand hygiene

CMS Resources

- <https://www.cms.gov/>
- CMS Appendix PP State Operations Manual (Revised 11/22/2017):
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf>
- CMS Policy & Memos to States and Regions:
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html>
- CMS LTC Survey Pathways (Updated 5/2/2018):
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>
- Quality Improvement Organizations- Nursing Home Resources:
<http://qioprogram.org/facility-assessment-tool>

CDC Resources

- <https://www.cdc.gov/infectioncontrol/index.html>

HOW INFECTIONS SPREAD

An introduction to how germs spread and rationale for infection control

INFECTION CONTROL BASICS

Essential steps to prevent the spread of infections known as Standard Precautions and Transmission-Based Precautions

GUIDELINES LIBRARY

Infection control guidelines and recommendations for healthcare settings

TRAINING AND EDUCATION RESOURCES

Training and continuing education courses on infection control topics for healthcare providers

TOOLS FOR HEALTHCARE SETTINGS

Infection control information and resources for acute care, dialysis, long-term care, and outpatient settings

Additional Resources



Healthcare-associated Infections and National Data



National Tracking



Medication Safety



Injection Safety



Sharps Safety



Healthcare Infection Control Practices Advisory Committee



MRSA



Dialysis Safety



Nursing Homes and Assisted Living



Outpatient Safety



Hand Hygiene



Get Smart for Healthcare



Sepsis



Multidrug-Resistant Organisms and Antibiotic Resistance



