

SURVEY READINESS

INFECTION PREVENTION AND CONTROL

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Objectives

- By the end of the session, the participant will be able to:
 - Explain the CMS requirements for F tags 880, 881, 882 and 883
 - Name three best practices for each F tag to remain in compliance
 - List three topics that should be routinely discussed at QAPI

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F 880 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:*
- 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
- Follow accepted national standards

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Regulation

A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility

Best Practices

OUTCOME

- Done daily
- Criteria, line lists, monthly reports including variances , analysis, trending, actions and results – reported QAPI
- Proactive transmission based precautions

PROCESS

- Observation of staff performance of ICPC practices - ? effect on infection rates

OUTBREAKS

- Re-education prior to outbreak season
- Rapid tests- supply/competency testing, PPE
- Heightened surveillance-notifications
- Early and assertive containment measures
- Evaluate and refine measures
- State specific regulations

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Regulation	Best Practices
<ul style="list-style-type: none"> When and to whom possible incidents of communicable disease or infections should be reported 	<ul style="list-style-type: none"> Resident's medical provider Infection Preventionist Admission care plan within 48 hours and current resident care plans Local/State Health Department – Reportable Illness/Disease Transfer/Discharge documentation

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Regulations	Best Practices
<p>Standard and transmission-based precautions to be followed to <u>prevent</u> spread of infections</p> <p>When and how isolation should be used for a resident; including but not limited to:</p> <ul style="list-style-type: none"> the type and duration of the isolation least restrictive possible for the resident under the circumstances 	<ul style="list-style-type: none"> Proactive transmission based precautions CDC- Appendix A Type and Duration of Precautions CDC-Do not need physician order PPE-donning and doffing competencies Room assignment-organism, containment of excretions, secretions & other risk factors-behavior Door signage Communication Problematic: Contact Precautions <ul style="list-style-type: none"> Don before entering room Limit movement to medically necessary purposes
	<ul style="list-style-type: none"> Respiratory Hygiene/Cough Etiquette for all HH and masking stations and entrance signage

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MDROs

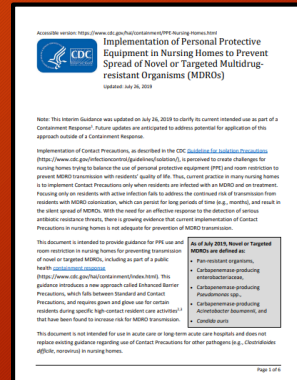
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Candida auris



Enhanced Barrier Precautions



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Regulations

The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease

A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility

Best Practices

- On hire – employee list of reportable illnesses
- Daily line lists of all employee call-outs related to possible infections:
 - tracking, trending, communication
- Work restrictions-CDC, APIC, OSHA
- TB -new CDC recommendations in May 2019
- Post-Exposure Plans-TB and BBP

- Policy on incidents:
 - define
 - identify
 - investigate
 - report
 - corrective actions, evaluation, feedback

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Regulation-Hand Hygiene with Best Practices

Handwashing

- When to Use
- Technique
- Residents
- Food Handling

ABHR

- When to Use
- Technique
- Residents

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Regulations

Best Practices

Linens

Personnel must handle, store, process, and transport linens so as to prevent the spread of infection

- Bag at point of care, use covered containers
- No pre-rinsing
- Not touching clothes, minimize agitation
- Wear appropriate PPE and perform HH
- Frequent rounding-units and in laundry
- Clean versus dirty – movement in laundry
- Laundry -Dirty side – negative pressure - fans

Annual review

The facility will conduct an annual review of its IPCP and update their program, as necessary

- Review and revise policies and procedures to ensure alignment with current national standards – leadership sign and date the review
- Perform a risk assessment of the program to guide improvement activities

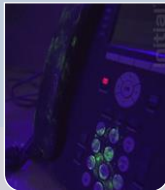
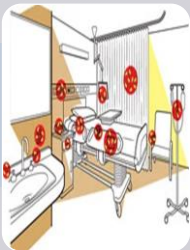
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Risk Assessment

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Potential Risks/Problems	Probability					Risk/Impact (Health, Financial, Legal, Regulatory)					Current Facility Preparedness					Score Total of all Columns
	Very Likely	Likely	Maybe	Rare	Never	Catastrophic Loss (life/limb/function/financial)	Serious Loss (Function/Financial/Legal)	Risk of Re-Admission or Transfer to High Acuity	Moderate Clinical/Financial	Minimal Clinical/Financial	None	Poor	Fair	Good	Very Good	
	4	3	2	1	0	5	4	3	2	1	5	4	3	2	1	
IPC Infrastructure	Choose from drop-down					Choose from drop-down					Choose from drop-down					
Lack of IP training in IPC																Incomplete
Lack of process for analyzing, tracking, trending, and discussing at QAPI outcome surveillance data																Incomplete
Lack of process for analyzing and discussing at QAPI process surveillance and infection prevention activities																Incomplete
Failure to recognize/follow established Infection Prevention and Control Policies and Procedures (Specify below)																Incomplete
Lack of Antibiotic Stewardship Program and/or all components																Incomplete

Instructions Identification **Risk Assessment Tool** Action Plan

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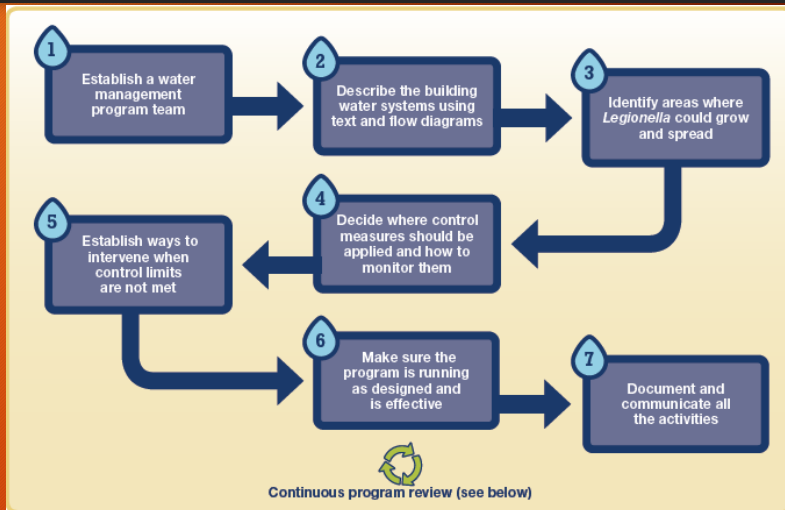
- EPA approved hospital grade disinfectant
- Follow manufacturer's dwell/contact times
- Frequent cleaning and disinfection of high touch surfaces
- Wear appropriate PPE
- Process Surveillance
- Visual Tools

- Spaulding Classification System: critical, semi-critical and non-critical
- All items/equipment used on more than one resident must be cleaned and disinfected between each resident use
- Disinfectant storage

- Staff must be informed and competent.
- Knowledge and skills pertaining to the IPCP's standards, policies and procedures are needed by all staff in order to follow proper infection control practices
- Residents/Visitors

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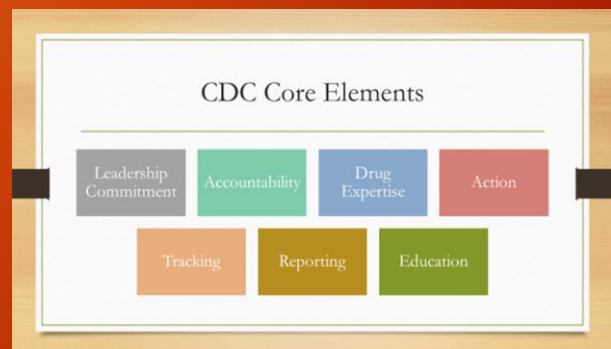
F 880 - Water Management Plan



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F 881 Antibiotic Stewardship

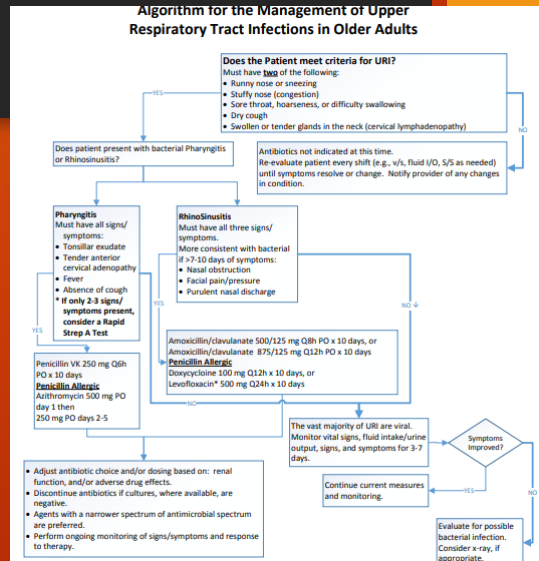
- ***An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use***
 - Optimize treatment
 - Appropriate antibiotic
 - Reduce adverse events
 - Facility wide system to monitor the use of antibiotics



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Best Practices

- Antibiotic stewardship protocols
 - How is program implemented?
 - Assessment of resident-SBAR
 - Development of guidelines
 - Use of established criteria
 - Cultures when appropriate included
- Use of antibiogram for empiric therapy and monitoring increasing resistance
- All orders contain dose, duration, indication
- Orders reviewed next day



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Best Practices

- Who is responsible to initiate the time out?
- Documentation of the conversation
- Are all tests results reviewed and changes in treatment made based on resident culture and sensitivity reports?



- Does this resident have a bacterial infection that will respond to antibiotics?
 - If so, is the resident on the most appropriate antibiotic(s), dose, and route of administration?
 - Can the spectrum of the antibiotic be narrowed or the duration of therapy shortened (i.e. de-escalation)?
 - Would the resident benefit from additional infectious disease/antibiotic expertise to ensure optimal treatment of the suspected or confirmed infection?

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Best Practices

- Antibiotic reviews:
 - New patients
 - Returning patients
 - Newly prescribed for current residents
 - Monthly Medication Regimen Review
- Follow up by Medical Director and medical provider
 - How are recommendations communicated?
 - How are they followed up/tracked
- QAPI- data, recommendations



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Best Practices

Tracking and Reporting Antibiotic Use and Outcomes

Process measures:
Tracking how and why
antibiotics are prescribed

Antibiotic use measures:
Tracking how often and
how many antibiotics are
prescribed

Antibiotic outcome
measures:
Tracking the adverse
outcomes and costs from
antibiotics

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Best Practices

INFECTION CONTROL MONTHLY LINE LISTING[illegible]

Antimicrobial Stewardship Report

Note: Reports exclude any antimicrobial transactions for topical, ophthalmic, or otic routes of administration and may include Omnicell or EBox transactions (see disclaimer below).

Select facility

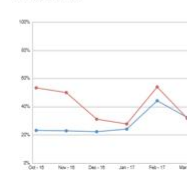
Select month

Mar 2017

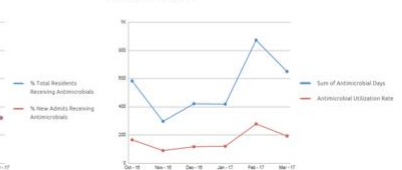
Metrics per Month

Month	Total Cases	Total Cases Closed	New Admits	Residents receiving Anticoagulants	% Inpatient Anticoagulants	New Admits receiving Anticoagulants	% New Admits receiving Anticoagulants	Anticoagulant Stays	Rate of Staying 7,000 Days or More	Total Anticoagulant Stays	Rate of Anticoagulant Stays 7,000 Days or More	Anticoagulant Stays 7,000 Days or More Ratio
Mar - 17	136	136	22	44	32.35%	7	31.82%	79	23.69	645	19.53	0.19
Feb - 17	136	1316	26	31	44.20%	14	53.85%	117	37.31	871	27.18	0.28
Jan - 17	143	3562	18	33	24.14%	5	27.78%	54	15.16	416	11.6	0.12
Dec - 16	139	3623	16	31	22.30%	5	31.25%	48	13.21	422	11.7	0.12
Nov - 16	136	3434	14	31	22.79%	7	50.00%	42	12.23	297	8.7	0.09

Antimicrobial Presence




Antimicrobial Utilization Rate



Best Practices

- Documented training of staff/medical providers, residents/legal representatives
- Feedback to providers:
 - Written, verbal
 - Antibiotic use-types, appropriateness
 - Compliance with protocols
 - Justification for use
- Antibiotic Stewardship Program must be reviewed and revised on annual basis



Core Elements for Antibiotic Stewardship in Nursing Homes

What You Need to Know About Antibiotics in a Nursing Home




What are antibiotics?

Antibiotics are drugs used to treat infections caused by bacteria. They are not used for diseases caused by viruses, the flu and most cases of bronchitis.



When are antibiotics necessary?

There are times when antibiotics are urgently needed. For example, to treat sepsis (e.g., when bacteria cause a severe infection of the bloodstream), pneumonia caused by bacteria, and meningitis caused by bacteria. Using antibiotics when they are not necessary increases the risk they will not work when needed most.



Can taking antibiotics be harmful?

Antibiotics, like any medication, can have minor side effects like upset stomach or a rash, as well as serious allergic reactions or dangerous interactions with other medications. One problem is that overuse of antibiotics leads to antibiotic resistance. A person is taking a particular antibiotic for a steady type of disease caused by C. difficile. Frequent or excessive use of antibiotics leads to developing bacteria that are resistant to those antibiotics. Antibiotic-resistant bacteria are harder to kill, and can cause uncomfortable infections. A person also can get resistant bacteria without feeling sick (this is called "colonization"). And if that bacteria causes an infection, it can require more complex treatments and transfer to the hospital.



Antibiotic stewardship

Antibiotic stewardship refers to a set of commitments and actions designed to make sure patients receive the right dose, of the right antibiotic, for the right amount of time, and only when truly necessary. Improving antibiotic use can ensure those life-saving medications are effective and available when we need them.




 National Center for Healthcare Quality Promotion

F 883 Influenza & Pneumococcal Vaccination

- Before immunization offer education on risks and side effects
- Immunizations must be offered, unless the immunization is medically contraindicated or the resident was already immunized
- Opportunity to refuse immunization
- Each resident is offered an influenza immunization October 1 through March 31
- The resident's medical record includes documentation that indicates, at a minimum, the following:
 - Education provided
 - Resident either received or did not receive the immunizations due to medical contraindication, already received or refusal

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F 883 Immunizations - Best Practices

- Resource: Immunization Action Coalition – Vaccinating Adults: A Step-by-Step Guide
 - www.immunize.org
- Physician approved policies for orders of influenza and pneumococcal vaccines (administration must be based on an assessment of each resident for possible medical contraindications)
 - Standing Orders
 - Screening Checklist for Contraindications to Vaccines for Adults
- Review of the resident's record of vaccination and immunization status
 - On admission, prior to first MDS to capture for Quality Measures

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STANDING ORDERS FOR Administering Influenza Vaccine to Adults

Purpose

To reduce morbidity and mortality from influenza by vaccinating all adults who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

Policy

Where allowed by state law, standing orders enable eligible nurses and other healthcare professionals (e.g., pharmacists) to assess the need for vaccination and to vaccinate adults who meet any of the criteria below.

Procedure

1 Assess Adults for Need of Vaccination against influenza

- All adults are recommended to receive influenza vaccination each year.
- Women who are or will be pregnant during the influenza season. Administer any recommended, age-appropriate inactivated influenza vaccine (IIV) or recombinant influenza vaccine (RIV) to pregnant women in any trimester.
- People who do not recall whether they received influenza vaccine this year should be vaccinated.

2 Screen for Contraindications and Precautions

Contraindications for use of all influenza vaccines

Do not give influenza vaccine to a person who has experienced a serious systemic or anaphylactic reaction to a prior dose of any influenza vaccine or to any of its components (except egg). For a list of vaccine components, refer to the manufacturer's package insert (www.immunize.org/fda) or go to www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/exipient-table-2.pdf.

Contraindications only for use of live attenuated influenza vaccine (LAIV; FluMist, nasal spray)

Do not give live attenuated influenza vaccine (LAIV; nasal spray) to a person who:

- is pregnant
- is immunocompromised due to any cause (including immunosuppression caused by medications or HIV infection)
- is age 50 years or older
- received influenza antivirals (e.g., amantadine, rimantadine, zanamivir, oseltamivir, baloxavir, or peramivir) within the previous 48 hours
- is a close contact of or who provides care for a severely immunosuppressed person who requires a protective

Screening Checklist for Contraindications to Vaccines for Adults

PATIENT NAME _____

DATE OF BIRTH _____
month day year

For patients: The following questions will help us determine which vaccines you may be given today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Are you sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have allergies to medications, food, a vaccine component, or latex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a serious reaction after receiving a vaccination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a long-term health problem with heart, lung, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Are you on long-term aspirin therapy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have a parent, brother, or sister with an immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. In the past 3 months, have you taken medications that affect your immune system, such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you had a seizure or a brain or other nervous system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. For women: Are you pregnant or is there a chance you could become pregnant during the next month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you received any vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

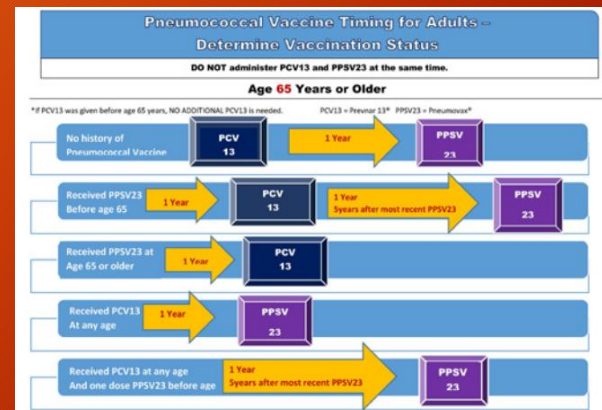
FORM COMPLETED BY _____ DATE _____

FORM REVIEWED BY _____ DATE _____

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F 883 - Best Practices

- Pneumococcal – year round, age and risk factor based
 - New ACIP Prevnar 13® recommendations
- Documentation: history, administration, contraindication or refusal
 - Refusal – inform medical provider so additional discussions can take place



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F 883 - Best Practices

- To avoid not vaccinating an eligible resident:
 - Run the Immunization and Missing Entry Reports from EMR System
 - Who is the designated person for each unit to follow up on the EMR reports?
 - Keep spreadsheet
- Documentation-federal immunization law requirements – **must document**:
 - date the vaccination was given • vaccine manufacturer and lot number of the vaccine administered
 - name, address (location where the information will be stored)
 - title of the individual who administered the vaccine
 - edition (date of publication) of the VIS (found at the bottom of the back page of the VIS*)
 - date the VIS was given to the patient
 - Vaccine Adverse Event Reporting System (VAERS), located at <https://vaers.hhs.gov/index>

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F-882 Infection Preventionist

Implement
by
11-28-19

Designate 1 or
more
individual(s) as
IP(s)

Responsible
for the IPCP

Professional
Training and
Qualifications

Work at least
Sufficient
Time?

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F 882 - Infection Preventionist

- §483.80(b)(4) Have completed specialized training in infection prevention and control.
- §483.80 (c) IP participation on quality assessment and assurance committee.
 - The individual designated as the IP, or at least one of the individuals if there is more than one IP, must be a member of the facility's quality assessment and assurance committee and report to the committee on the IPCP on a regular basis.

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F 882 Resources

- **Specialized Training in Infection Prevention and Control courses**
 - **AHCA Infection Preventionist Specialized Training (IPCO)**
 - **CDC/CMS Infection Preventionist course**
 - **APIC**
 - **NADONA Infection Prevention and Control (IPAC- 22) Certificate of Mastery Program**

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QAPI

IPC Reviews During Each QAPI Meeting

- Outcome surveillance
- Process surveillance
- Outbreaks
- Antibiotic Stewardship Program
- Immunizations (resident and employees)
- TB Conversions

Identified Infection Risks

Incidents identified under the Center's IPCP and corrective actions



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General Measures to be Survey Ready 365

CMS

Infection Prevention, Control & Immunizations

Infection Control: This facility task must be used to investigate compliance at F380, F381, and F383. 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/IV respiratory medication.

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:

- ☐ Staff implement standard precautions (e.g., hand hygiene and the appropriate use of personal protective equipment (PPE)).
- ☐ Appropriate hand hygiene practices are followed.
- ☐ Alcohol-based hand rub (ABHR) is readily accessible and placed in appropriate locations. These may include:
 - Entrances to resident rooms;
 - At the bedside (as appropriate for resident population);
 - In individual pocket-sized containers by healthcare personnel;
 - Staff work stations; and
 - Other convenient locations.
- ☐ Staff wash hands with soap and water when their hands are visibly soiled (e.g., blood, body fluids), or after caring for a resident with known or suspected C. difficile infection (CDI) or norovirus during an outbreak, or if endemic rates of CDI are high. ABHR is not appropriate to use under these circumstances.
- ☐ Staff perform hand hygiene (even if gloves are used) in the following situations:
 - Before and after contact with the resident;

CDC

I. Infection Control Program and Infrastructure		
Elements to be assessed	Assessment	Resources/Notes/Areas for Improvement
A. The facility has specified a person (e.g., staff, consultant) who is responsible for coordinating the IC program.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Infection Control (IC) Policies & Procedures (P&P) Manual - Introduction
B. The person responsible for coordinating the infection prevention program has received training in IC. <i>Examples of training may include: Successful completion of initial and/or recertification exams developed by the Certification Board for Infection Control & Epidemiology; Participation in infection control courses organized by the state or recognized professional societies (e.g., APIC, SHEA).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Genesis three day Specialized Infection Prevention and Control Training Program
C. The facility has a process for reviewing infection surveillance data and infection prevention activities (e.g., presentation at QA committee).	<input type="checkbox"/> Yes <input type="checkbox"/> No	IC P&P Manual: Procedures-Outcome and Process Surveillance and Reporting
D. Written infection control policies and procedures are available and based on evidence-based guidelines (e.g., CDC/NCPAC), regulations (F-441), or standards. <i>Note: Policies and procedures should be tailored to the facility and extend beyond C294 bloodborne pathogen training or the CMS State Operations Manual</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Appendix section of IC P&P Manual: "Resources Infection Control Policies and Procedures 04-2019"
E. Written infection control policies and procedures are reviewed at least annually or according to state or federal requirements, and updated if appropriate.	<input type="checkbox"/> Yes <input type="checkbox"/> No	IC P&P Manual - Introduction
F. The facility has a written plan for emergency preparedness (e.g., pandemic influenza or natural disaster).	<input type="checkbox"/> Yes <input type="checkbox"/> No	Risk page on Central - "Center Emergency Preparedness Plan"

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- ✓ Program assessed
- ✓ Needs identified
- ✓ Priorities set
- ✓ Staff preparation begun
- ✓ Facility Assessment reviewed
- ✓ Infection Control Risk Assessment reviewed
- ✓ Last Year's citations reviewed
- ✓ Rounds planned
- ✓ Interdisciplinary team meetings scheduled
- ✓ QAPI schedule obtained
- ✓ Look behind the curtain!!!!



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THE END

NO. IT ISN'T!

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References

- Bolyard, Elizabeth A., RN, MPH, et al. *Guideline for infection control in health care personnel, 1998* ; Published simultaneously in AJIC: American Journal of Infection Control (1998;26:289-354) and Infection Control and Hospital Epidemiology (1998;19:407-63)
- CDC - Developing a Water Management Program to Reduce Legionella Growth & Spread in Buildings A PRACTICAL GUIDE TO IMPLEMENTING INDUSTRY STANDARDS
https://www.cdc.gov/legionella/wmp/toolkit/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Flegionella%2Fwmp/toolkit%2Findex.html
- CDC Influenza Vaccine Information Statement,
<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.html>
- Immunization Action Coalition, VISs in different languages,
<https://www.immunize.org/vis/>
- Immunization Action Coalition, *Vaccinating Adults: A Step-By-Step Guide*,
<https://www.immunize.org/guide/>

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References

- Branswell, Helen, *U.S. advisory panel stops short of broad recommendations for two common vaccines, June 26, 2019*,
<https://www.statnews.com/2019/06/26/u-s-advisory-panel-stops-short-of-broad-recommendations-for-two-common-vaccines/>
- CDC websites for CRE, Candida auris and Enhanced Barrier Precautions
- <https://www.cdc.gov/hai/organisms/cre/cre-toolkit/>
- <https://www.cdc.gov/fungal/candida-auris/>
- <https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>

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