

# INFECTION PREVENTION AND CONTROL: OVERVIEW OF THE NEW CMS RULES & SURVEY PROCESS

## Faculty

Pamela Scarborough, PT, DPT, CDE, CWS  
Director of Public Policy & Education  
American Medical Technologies



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# Objectives Overview

- Review the new infection prevention and control regulation, and suggest facility actions for preparing for the survey process related to these federal guidelines



# CMS Final Rule Requirements for Long-Term Care Facilities



- Long-Term Care (LTC) Facilities have health and safety standards that facilities must meet in order to participate in the Medicare or Medicaid Programs.
- **These standards includes new mandates and language related to Infection Prevention and Control and Antibiotic Stewardship**

# Final Rule-Implementation Time Frames

**NOTE: Final Rule Informs the State Operation Manual**

<b>Regulatory Section §483.80</b>	<b>Phase</b>	<b>Implementation Deadline</b>
Infection Prevention and Control (IPCP)	Phase 1	November 28, 2016
Antibiotic Stewardship Program	Phase 2	November 28, 2017
Infection Preventionist (IP)	Phase 3	November 28, 2019
IP participation on QAA committee	Phase 3	November 28, 2019

**F441 - Replaced with**  
**F880, F881, F882, F883**

<b>Former Tag #</b>	<b>New Tag # As of November 28</b>	<b>Tag Title</b>
F441	F880	Infection Prevention and Control
New Tag	F881	Antibiotic Stewardship Program
New Tag	F882	Infection Preventionist
F334	F883	Influenza and Pneumococcal Immunizations

F880

## §483.80 Infection Control

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.

### §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:

**NOTE RED TYPE**

§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;*

§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;*

# Minimum Elements for Compliance with Infection Control Mandates - **F880**

- *“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**.”*
- *The facility must establish an infection **prevention and control** program (IPCP) that must include, at a minimum, the following elements:*
- *A system for preventing, identifying, reporting, investigating, 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...”*
- *Resource Provided: Advance Copy - Revisions to State Operations Manual (SOM), Appendix PP-Revised Regulations and Tags, July 2017*





# Intent of 483.80/F880 (Slide 2)

- *Ensure the facility:*
- *Establishes facility-wide systems for prevention, identification, investigation and control of infections of residents, staff, and visitors.*
- *Must include ongoing system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility and procedures for reporting possible incidents of communicable disease or infections;*
- **NOTE:** *For purposes of this guidance, “staff” includes employees, consultants, contractors, volunteers, caregivers who provide care and services to residents on behalf of the facility, and students in the facility’s nurse aide training programs or from affiliated academic institutions.*

# Intent of 483.80/F880 (Slide 3)

- *Ensure the facility:*
  - ▣ *Develops and implements written policies and procedures for infection control that, at a minimum:*
    - ▣ ***Explain how standard precautions and when transmission-based precautions should be utilized, including but not limited to the type and duration of precautions for particular infections or organisms involved and that the precautions should be the least restrictive possible for the resident given the circumstances and the resident's ability to follow the precautions;***
    - ▣ *Prohibit staff with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and*

# Intent of 483.80/F880 (Slide 4)

- *Require staff follow hand hygiene practices consistent with accepted standards of practice.*
- ▣ *Requires staff handle, store, process, and transport all linens and laundry in accordance with **accepted national standards** in order to produce hygienically clean laundry and prevent the spread of infection to the extent possible.*

## **An Example of Severity Level 2 Non-Compliance: No Actual Harm with Potential for more than Minimal Harm that is not Immediate Jeopardy includes but is not limited to:**

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- *“The facility failed to ensure that a staff member implemented appropriate processes related to handling and storing wound care supplies.*
- *As a result, the potential existed for transmission of organisms between residents who received dressing changes.*
- *A staff member who was providing wound care, was observed to place dressing supplies on one resident’s bedding...and after completing the dressing change, placed the supplies, which are used for other residents, in the unit’s dressing cart.”*

# Potential Tags for Additional Investigation

## *Staff Competency*

- ***Nursing Services***

- ***F725, F726:***

- ***Behavioral Health***

- ***F741 Residents with dementia, trauma, post-traumatic stress disorder;***

- ***Food and Nutrition staff***

- ***F801***

- ***Administration for any other staff not referenced above***

- ***F839***



# Antibiotic Stewardship

□ 2014 **ONE** in **FOUR**  
HAIs caused by  
antibiotic resistance  
organisms

# Antibiotic Stewardship - Definition

*“Antibiotic stewardship refers to a set of commitments and activities designed to “optimize the treatment of infections while reducing the adverse events associated with antibiotic use”*

## **CDC Core Elements of Antibiotic Stewardship for Nursing Homes**

***“Choosing the right drug for the right infection at the right dose and duration”***



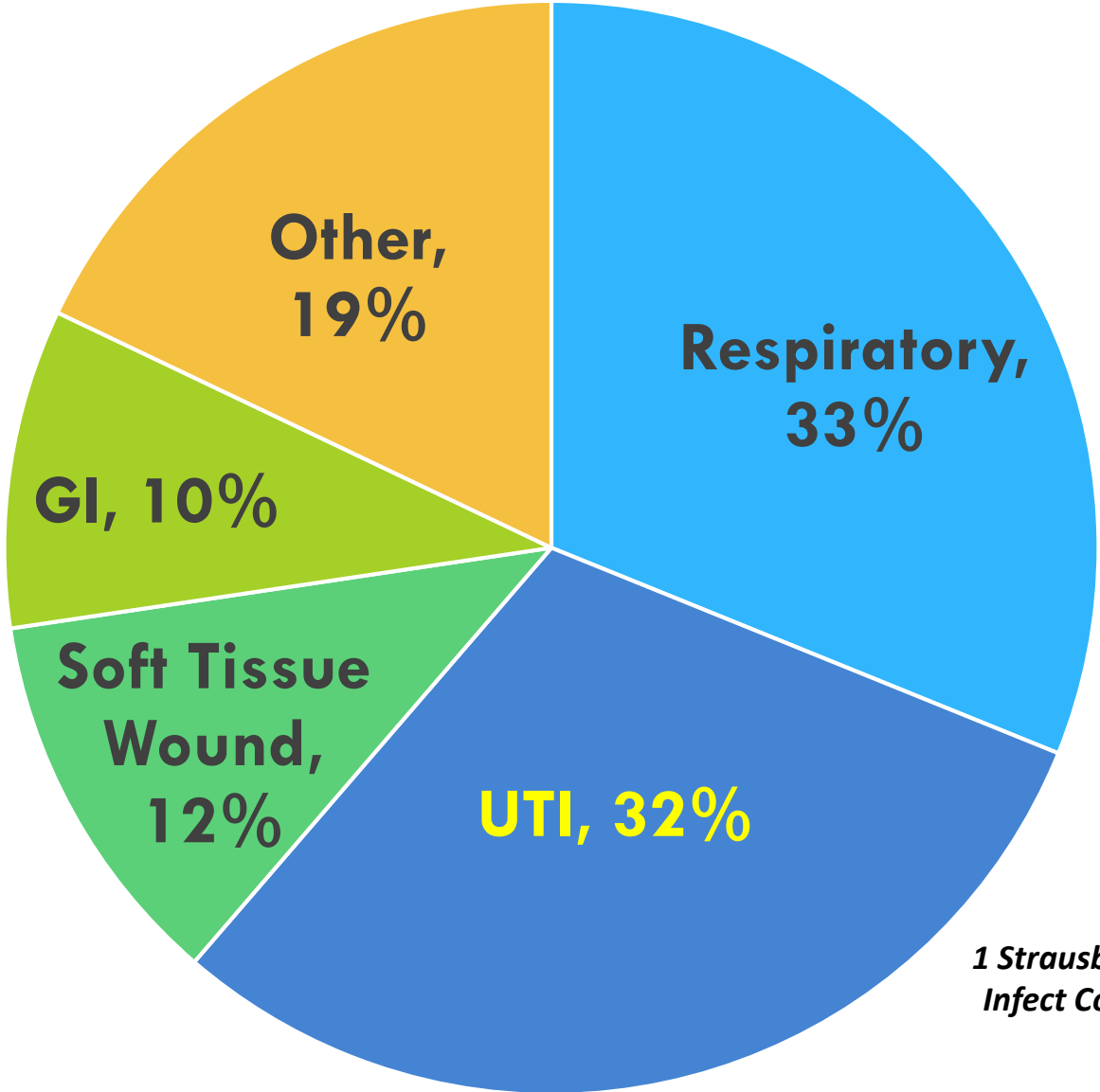
# The Problem with Infections and Antibiotics

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- Between 1.6 and 3.8 million infections occur each year
- Cost of infections estimated to be up to \$2 billion
- High mortality rate of ~ **388,000 deaths per year**
- Antibiotic overuse has fueled the rise of deadly antibiotic-resistant organisms and is of the world's most greatest public health threats
- Little or no progress on development of new antibiotics and most experts agree we are entering a post-antibiotic era

# Most Common Infections Treated with Antibiotics in LTCFs

T



*1 Strausbaugh The Burden of Infection in Long-Term Care. Infect Control Epidemiology 2000; 21: 674-679 (1b) AJIC May 2011, Vol. 39, p.263*

## F881

### *§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)(3) An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use.*

### *INTENT*

*The intent of this regulation is to ensure that the facility:*

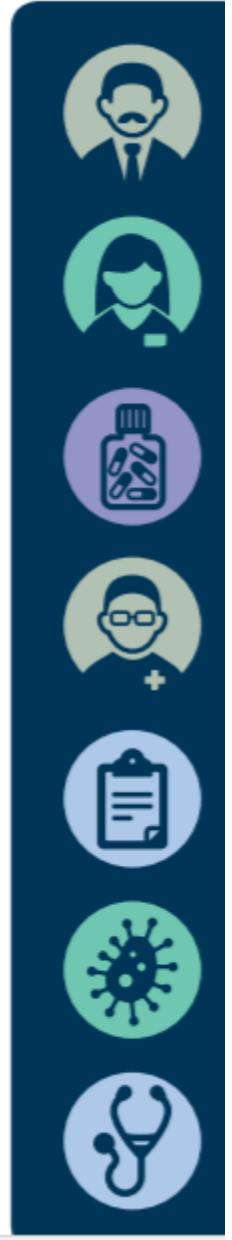
- Develops and implements protocols to optimize the treatment of infections by ensuring that residents who require an antibiotic, are prescribed the appropriate antibiotic;*
- Reduces the risk of adverse events, including the development of antibiotic-resistant organisms, from unnecessary or inappropriate antibiotic use; and*
- Develops, promotes, and implements a facility-wide system to monitor the use of antibiotics.*

# F881 -Antibiotic Stewardship Mandate

- ***“An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use.***
- ***Will be implemented beginning November 28, 2017 (Phase 2)***
- ***Resource Provided: Advance Copy - Revisions to State Operations Manual (SOM), Appendix PP-Revised Regulations and Tags***

## ***Antibiotic Stewardship Program As summarized by the CDC, the Core Elements for Antibiotic Stewardship in Nursing Homes include:***

- Facility leadership commitment to safe and appropriate antibiotic use;*
- Appropriate facility staff accountable for promoting and overseeing antibiotic stewardship;*
- Accessing pharmacists and others with experience or training in antibiotic stewardship;*
- Implement policy(ies) or practice to improve antibiotic use;*
- Track measures of antibiotic use in the facility (i.e., one process and one outcome measure);*
- Regular reporting on antibiotic use and resistance to relevant staff such as prescribing clinicians and nursing staff; and*
- Educate staff and residents about antibiotic stewardship.*



# KEY ELEMENTS OF NONCOMPLIANCE

## Per F881

- *The facility failed to do any one or more of the following:*
  - ▣ *Develop and implement antibiotic use protocols to address the treatment of infections by ensuring that residents who require antibiotics are prescribed the appropriate antibiotics;*
  - ▣ *Develop and implement antibiotic use protocols that address unnecessary or inappropriate antibiotic use thereby reducing the risk of adverse events, including the development of antibiotic-resistant organisms; and/or*
  - ▣ *Develop, promote and implement a facility-wide system to monitor the use of antibiotics.*

# An Example of Severity Level 4 Non-Compliance: Immediate Jeopardy to Resident Health or Safety includes but is not limited to:

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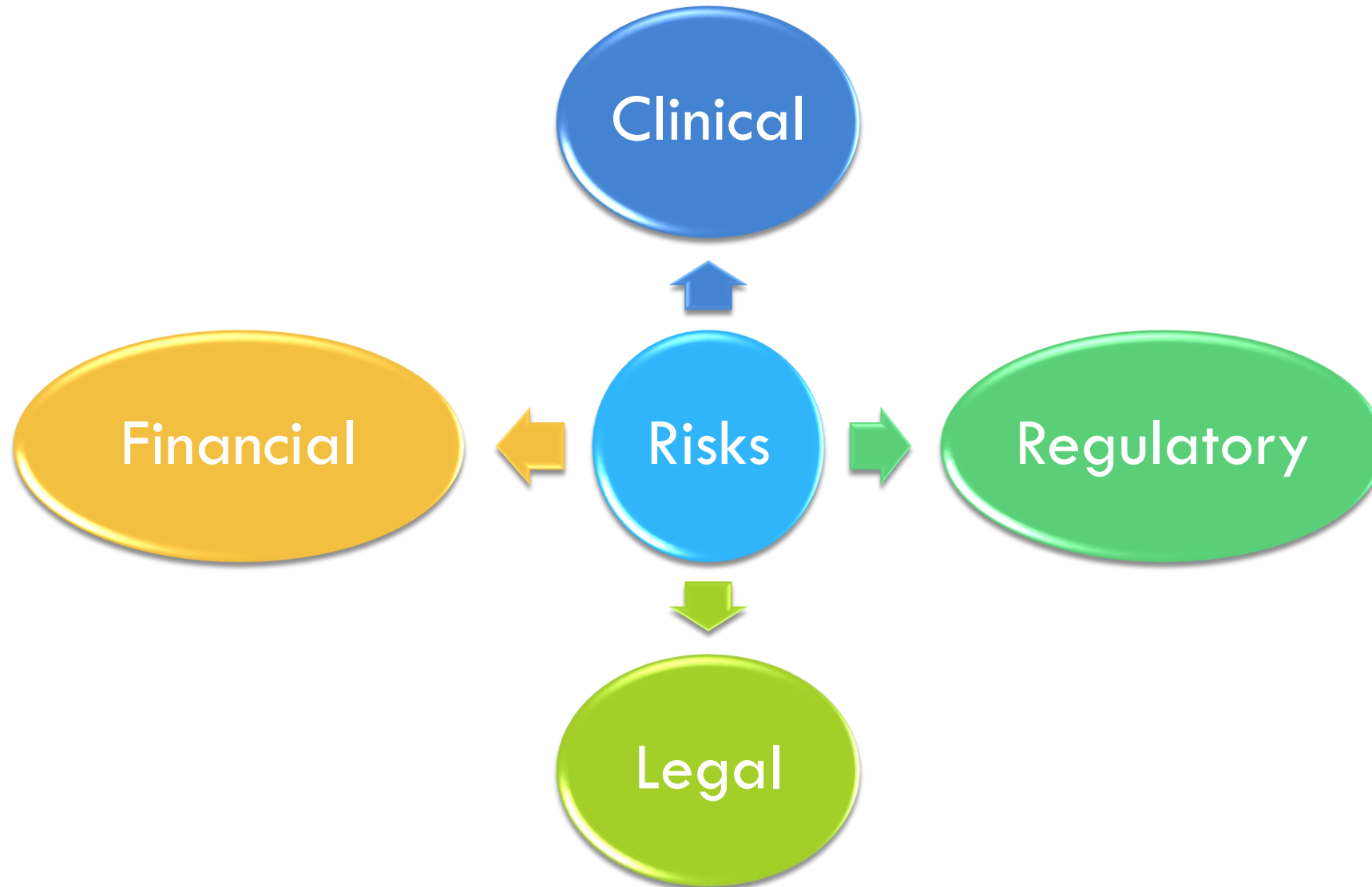
- ❑ *The facility failed to develop and implement an antibiotic use protocol which included reporting results of laboratory data to the ordering practitioner.*
- ❑ *Medical record review indicated the prescribing practitioner had ordered a culture and sensitivity for a resident and prescribed an antibiotic for treatment of pneumonia prior to receipt of the results of the lab test.*
- ❑ *The facility received the results of the lab test which indicated that the bacteria was resistant to the antibiotic prescribed, however, they did not provide this information to the practitioner.*
- ❑ *As a result, the antibiotic was not adjusted accordingly and the resident was hospitalized for complications related to the pneumonia.*

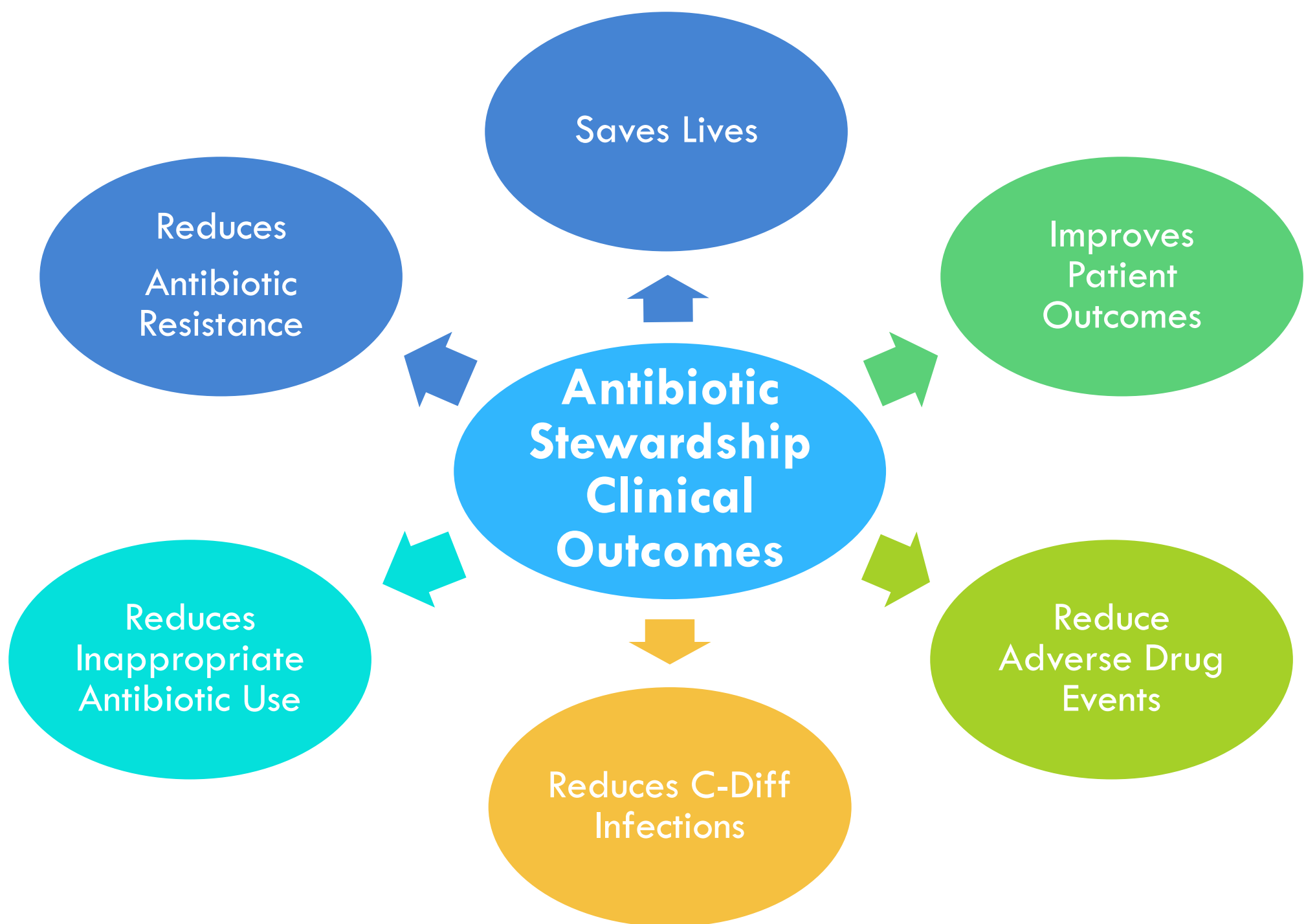


# POTENTIAL TAGS FOR ADDITIONAL INVESTIGATION

- *§483.45(c), F756, for concerns related to the failure of the pharmacist to review and report any unnecessary antibiotic irregularity*
- *§483.45(d), F757, for concerns related to unnecessary antibiotic use.*
- *Refer to 483.10(c)(1), 483.10(c)(4)-(6):— the right to be fully informed in advance about care and treatment (F552) for concerns about education of residents and their representatives.*

# Risks Associated with Lack of Preparedness for Infection Prevention and Control and Antibiotic Stewardship Programs





# Infection Preventionist - F882

## Qualifications of Infection Preventionist

### November 28 2019

*IP must:*

- (1) Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;*
- (2) Be qualified by education, training, experience or certification;*
- (3) Work at least part-time at the facility;*
- (4) Has completed specialized training in infection prevention and control.*

*IP participation on quality assessment and assurance committee.*

**Who are infection preventionists?**

Infection preventionists use their detective skills to find the bad germs and make sure everyone is doing the right things to keep you safe.

**Catheters or other devices will be placed in your body after your skin receives proper cleaning.**

**Healthcare workers will clean their hands before and after they care for you.**

**Your healthcare workers will wear gloves, gowns, and masks at the right times. If you are in isolation, you and your visitors may need to do this too.**

**Your room and any equipment that is used on you will be clean.**

**APIC**  
Association for Professionals in Infection Control and Epidemiology

**Who is currently an IP**  
**Who is interest in becoming an IP**

# Influenza and Pneumococcal Immunizations - F883

## Previously F334

### F883

#### **§483.80(d)** Influenza and pneumococcal immunizations

#### **§483.80(d)(1)** Influenza. The facility must develop policies and procedures to ensure that-

- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;
- (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;
- (iii) The resident or the resident's representative has the opportunity to refuse immunization; and
- (iv) The resident's medical record includes documentation that indicates, at a minimum, the following:
  - (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and
  - (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.

# INTENT The Intent of This Regulation is to:

- Minimize the risk of residents acquiring, transmitting, or experiencing complications from influenza and pneumococcal disease by *ensuring* that each resident:
  - ▣ Is informed about the benefits and risks of immunizations; and
  - ▣ Has the opportunity to receive the influenza and pneumococcal vaccine(s), unless medically contraindicated, refused or was already immunized.
- *Ensure* documentation in the resident's medical record of the information/education provided regarding the benefits and risks of immunization and the administration or the refusal of or medical contraindications to the vaccine(s).

# Key Elements of Noncompliance - **F883** Slide 1

- *To cite deficient practice at F883, the surveyor's investigation will generally show that the facility failed to do any one or more of the following:*
- *Develop, maintain, or follow policies and procedures for immunization of residents against influenza and pneumococcal disease in accordance with national standards of practice;*
- *Vaccinate an eligible resident with the influenza and/or the pneumococcal vaccine(s), unless the resident had previously received the vaccine, refused, or had a medical contraindication present;*
- *Allow a resident or a resident's representative to refuse either the influenza and/or the pneumococcal vaccine(s);*



# Key Elements of Noncompliance-**F883** Slide 2

- *Facility failed to:*
- *Provide and/or document the provision of pertinent information regarding the immunizations to the resident or the resident's representative such as the benefits and potential side effects of the influenza and, as applicable, the pneumococcal immunization(s); and/or*
- Document that the resident either received the *pneumococcal and influenza vaccine(s)* or did not receive the vaccine(s) due to medical contraindications, *previous vaccination*, or refusal.



## *Examples of Severity Level 4 Non-Compliance: Immediate Jeopardy to Resident Health or Safety include but are not limited to:*

- The facility failed to ensure that eligible residents received the influenza vaccines because it did not have a program for vaccinating residents.*
- As a result, several unvaccinated residents in one unit developed influenza, with elevated temperatures, coughing, labored breathing, and required hospitalization for respiratory compromise and dehydration.*

# What to Do to Prepare for Your Infection Prevention and Control and Antibiotic Stewardship Programs???

Start gathering current resources

- CDC-documents
- Agency for Healthcare Research and Quality-AHRQ - [Great documents](#)
- CMS-Final Rule and State Operations Manual-[July 2017](#)
- [Evidence based infection prevention and treatment guidelines](#)
- [Find champions in your buildings who want to grow and mentor others in these areas-may become your infection preventionist](#)
- Get your staff educated and skilled in infection prevention and control practices
- Ensure consultants/contract individuals familiar with IPCP and ASP
- Educate patients and families

# Pilot Project to Improve IPCP During Transitions of Care-2

- **Second Year Activities:** Using draft surveyor Infection Control Worksheets (ICWS) based on the **new Long Term Care regulation** as well as a revised hospital surveyor ICWS
- 40 hospital surveys will be paired with surveys of LTC facilities, in order to provide an opportunity to assess infection prevention during transitions of care.
- In addition, CMS will pilot technical assistance opportunities for facilities in efforts to improve their infection control programs to meet these new regulations. The draft ICWSs are available to provide transparency of CMS pilot expectations.
- While no citations will be issued, if an Immediate Jeopardy deficiency is noted, a referral to the CMS Regional Office (RO) will be made.

# Draft Surveyor Infection Control Work Sheets

Use this document for  
**MOCK SURVEY!!!**

Document provided as  
download

# Surveyor Infection Control Work Sheet for LTC-1

Section A	Infection Prevention and Control Program (IPCP) Infrastructure	Assessments	Comments
A.1.	The facility has written infection prevention and control policies and procedures which are based on current nationally recognized evidence-based guidelines (e.g., CDC/HICPAC), regulations or standards for its Infection Prevention and Control Program (IPCP).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A.2.	The facility has evidence of mandatory personnel infection prevention and control training which includes the IPCP written standards, policies, and procedures.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A.3.	The facility has documentation of a facility infection control risk assessment conducted according to infection control professional organizations (e.g. APIC, SHEA) guidelines.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A.4.	Facility has documentation of an <b>annual</b> review of the IPCP using a risk assessment of both facility and community risks, and updates the program as necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

# Surveyor Infection Control Work Sheet for LTC-2<sup>P</sup>

Section B	Infection Preventionist	Assessments	Comments
B.1.	<p>The facility has designated one or more individuals with specialized training in infection prevention and control as the Infection Preventionist (IP). This individual works at least part-time in the facility.</p> <p><i>Examples of specialized training may include: Successful completion of initial and/or recertification exams developed by the Certification Board for Infection Control &amp; Epidemiology; Participation in infection control courses organized by the state or recognized professional societies (e.g., APIC, SHEA).</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B.2.	<p>There is written evidence that the IP is a member of the facility's quality assessment and assurance committee and reports to the committee on a regular basis.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section D	Infection Surveillance <a href="http://www.cdc.gov/nhsn/ltc/">http://www.cdc.gov/nhsn/ltc/</a>	Assessment	Comments
D.1.	The facility has a written surveillance plan, based on the risk assessment, outlining activities for monitoring/tracking infections occurring in residents of the facility.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D.2.	The facility has system in place for early detection and management of potentially infectious symptomatic residents at the time of admission, including implementation of precautions as appropriate  <b>Examples: Documenting recent antibiotic use, and history of infections or colonization with C. difficile or antibiotic-resistant organisms.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D.3.	The facility has a system in place (e.g., notification of IP by clinical laboratory) for early detection and management of potentially infectious symptomatic residents, including implementation of precautions as appropriate.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D.4.	The facility surveillance practices include:  a. Use of published surveillance criteria (e.g., 2012 CDC National Healthcare Safety Network (NHSN) Long Term Care Criteria) to define infections. b. Use of a data collection tool. c. Periodic update to QAA (e.g. quarterly). d. Follow-up activity in response to surveillance data (e.g. outbreaks). e. Report summarizing surveillance data annually.	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No	
D.5.	The facility has a current list of communicable diseases which are reportable to local/state public health authorities.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D.6.	The facility can demonstrate knowledge of when and to whom to report communicable diseases, healthcare associated infections (as appropriate), and potential outbreaks.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

# Survey Survival Tips

- Prepare, Prepare, Prepare
- Make it your goal to overprepare your staff



# CMS Survey Perspective on Infection in LTC Facilities

- Factors for prevalence of infection in LTC building
  - ▣ Understaffed facilities
  - ▣ Staff without appropriate training, or time to prevent infections early
  - ▣ Overtreatment with antibiotics
  - ▣ Increasing clinician complexity of the average nursing home resident
  - ▣ Frequent transitions between care settings leading to transmission of HAIs
  - ▣ Lack of systematic approach to prevent and identify HAIs

# Commonly Cited Deficiencies

- Hand hygiene
  - Improper use of personal protective equipment (PPE)
  - Isolation practices
  - Dietary department sanitary issues
  - Surveillance program
  - Management of *Clostridium difficile* infection
  - Environmental sanitation practices
- 
- Attribution: Boot Camp For Long-Term Care Facility Infection Preventionists

# Hand Hygiene

- ❑ Do you have a policy for your process of hand hygiene (HH)?
- ❑ Are you documenting HH observations?
- ❑ Do you perform competency observations on hand hygiene practices of staff, clinicians, ancillary service providers?
- ❑ Does your staff know when they can use an alcohol-based hand-rub versus hand washing?



# Personal Protective Equipment (PPE)

- Adequate supplies of PPE should be available
- PPE usage should be monitored for correct donning and doffing practices
- PPE should be monitored for appropriate use (when and where)

UNMC HEROES

A simple guide to the correct steps for PUTTING ON and TAKING OFF your Hospital Infection Control Personal Protective Equipment, as recommended by the Centers for Disease Control.

**DONNING YOUR PPE**

- #1 HAND HYGIENE
- #2 GOWN
- #3 RESPIRATORY PROTECTION
- #4 EYE PROTECTION
- #5 GLOVES

**DOFFING YOUR PPE**

- #1 GLOVES
- #2 EYE PROTECTION
- #3 GOWN
- #4 RESPIRATORY PROTECTION
- #5 HAND HYGIENE

UNMC  
Nebraska  
Medical Center

unmheroes.org

# Isolation Practices aka Transmission Based Precautions

- Know where your policy is kept
- Know what your policy states about when to isolate and when to discontinue isolation
- Least restrictive as possible
- Ensure that your staff practices what your policy requires





# Clostridium Difficile Practices


- Do you have a policy? Where is it?
- When do you start isolation?
- When does your policy say you can discontinue isolation?
- How does your staff know a resident has Clostridium difficile infection (CDI)?
- What does isolation for this condition look like?
- How are your meal trays delivered and removed from resident's room?
- Can your resident leave the room with CDI?
- Do you need to change any of your products like disinfectants, hand hygiene items?

**C. Diff. Colitis**  
Also called: clostridium difficile colitis, pseudomembranous colitis

ABOUT      SYMPTOMS      TREATMENTS



Normal colon



Colon with colitis

Inflammation of the colon caused by the bacteria Clostridium difficile.



# Environmental Services

- Ensure that your environmental services (EVS) staff can answer questions about:
  - ▣ Disinfectants to use (when to change to bleach)
  - ▣ Isolation practices
  - ▣ Contact time of disinfectant products used
    - Example: Bleach-Contact time: 10 minutes



# Be Prepared with Your Documentation

- ❑ Infection prevention and control (IPC) policies
- ❑ Have you IPC risk assessment and plan available
- ❑ Infection preventionist job description
- ❑ Quality Assessment and Assurance plan
- ❑ Any Root Cause analysis related to infection prevention practice issues
- ❑ Last quarter IP Surveillance data
- ❑ Base P&Ps on the Regulations, Standards of Care, Guidelines (e.g. CDC Core Elements)





# Be Prepared with Policies

- ❑ Antibiotic Stewardship Program (ASP) policy
- ❑ Reports summarizing antibiotic use
- ❑ Antibiogram
- ❑ Hand hygiene policies and documentation of **AUDITS**
- ❑ Calculated rates of compliance
- ❑ Point of care policies and **AUDITS** on adherence to policy
- ❑ Glucometer cleaning
- ❑ Cleaning of equipment e.g., B/P cuffs, gait belts, sling (ALL equipment shared by residents!!!)

# Be Prepared for Surveyor to Ask to See Your Policies

- Urinary tract infection prevention policies and policy for catheter use
- Cleaning and disinfection policies and **AUDITS**
- Employee Health policies including work-exclusion, reporting illness to supervisors, health screening for food handlers
- Influenza & Pneumococcal Vaccination Policy
- Vascular Access Policies
- Aerosol Transmissible Disease Policy and program



# Be Prepared

- Outbreak policy and plan
- TB screening policy for residents and employees



# Documentation of Training

- The following can be requested upon entrance of surveyors to be received by the team within first 1-2 hours
  - ▣ Specialized training for Infection Preventionist
  - ▣ Personnel training on infection prevention (Standard Precautions, Transmission-based Precautions, blood borne pathogens, hand hygiene)
  - ▣ Training on antibiotic use/stewardship to nursing staff & clinical providers
  - ▣ Educational materials on ASP for residents and families
  - ▣ Injection safety training and competencies



# Documentation of Training

- Point of care training and competencies
- Training and documentation of nurses who access and maintain central venous catheters
- Urinary catheter insertion competencies documentation of training
- Cleaning and disinfection training and competencies



# INVESTIGATIVE SUMMARY

*Surveyors should use the Infection Control Facility Task to assess for compliance with the antibiotic stewardship program during the standard survey.*

- *Surveyors should use the **Infection Control Facility Task** to determine compliance with the infection control part of the survey.*
- *One surveyor should coordinate the review of the facility's overall infection prevention and control program (IPCP), however, each member of the survey team should assess for compliance throughout the entire survey when observing his/her assigned areas and tasks.*
- *The IPCP must be facility-wide and include all departments and **contracted services**. The surveyor should corroborate any concerns observed through interviews and record and/or document review.*
- **NOTE:** *Infection Control Facility Task for Surveyor assessment of F880, 881, 883 has been provided as a downloadable handout from the NJHCA website for this session.*

# 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:

- 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.

Document provides as download



This is a LONG Road, no easy or fast way to accomplish. Lots of literature, webinars, courses, documents to assist with designing the process. See Reference Section

- Plan!
- **READ the REGULATIONS!**
- Take actions!
- Review/know your policies!!!



- Educate
- Observe – (each other, competencies)
- Reach out for help (e.g. State, HCA)
- **YOU CAN DO THIS!!!**





**Thank you!!!**

# References

## □ General Infection Prevention

- CDC Infection Prevention Resources for Long-term Care: <http://www.cdc.gov/longtermcare>
- CDC/HICPAC Guidelines and recommendations:  
[http://www.cdc.gov/HAI/prevent/prevent\\_pubs.html](http://www.cdc.gov/HAI/prevent/prevent_pubs.html)
- **CMS State Operations Manual, Appendix PP, Released July 2017**  
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R127SOMA.PDF>

## □ Healthcare Personnel Safety

- Guideline for Infection Control in Healthcare Personnel:  
<http://www.cdc.gov/hicpac/pdf/InfectControl98.pdf>
- Immunization of HealthCare Personnel: <http://www.cdc.gov/vaccines/adults/rec-vac/hcw.html>
- CDC Influenza Vaccination Tool-kit for Long-term Care Employers:  
<http://www.cdc.gov/flu/toolkit/long-term-care/index.htm>
- Occupational Safety & Health Administration (OSHA) Bloodborne Pathogen and Needlestick Prevention Standard: <https://www.osha.gov/SLTC/bloodbornepathogens/index.html>

# References

## □ Hand Hygiene

- Guideline for Hand Hygiene in Healthcare Settings: <http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf>
- Hand Hygiene in Healthcare Settings: <http://www.cdc.gov/handhygiene> Examples of Hand Hygiene Auditing Tools:
- Measuring Hand Hygiene Adherence: Overcoming the Challenges: [http://www.jointcommission.org/assets/1/18/hh\\_monograph.pdf](http://www.jointcommission.org/assets/1/18/hh_monograph.pdf)
- iScrub: <http://compepi.cs.uiowa.edu/index.php/Research/IScrub>

## □ Personal Protective Equipment

- 2007 Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings: <http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html>
- Management of Multi-Drug Resistant Organisms in Healthcare Settings, 2006: <http://www.cdc.gov/hicpac/pdf/guidelines/MDROGuideline2006.pdf>
- Guidance for the Selection and Use of Personal Protective Equipment in Healthcare Settings: <http://www.cdc.gov/HAI/prevent/ppe.html>
- CDC Sequence for Donning and Removing Personal Protective Equipment: <http://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf> DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Disease Control and Prevention

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- **Safe Injection and Point of Care Testing Practices**
  - 2007 Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings: <http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html>
  - CDC Injection Safety Web Materials: <http://www.cdc.gov/injectionsafety>
  - CDC training video and related Safe Injection Practices Campaign materials: <http://oneandonlycampaign.org>
  - Infection Prevention during Blood Glucose Monitoring and Insulin Administration: <http://www.cdc.gov/injectionsafety/blood-glucose-monitoring.html>
  - Frequently Asked Questions (FAQs) regarding Assisted Blood Glucose Monitoring and Insulin Administration: [http://www.cdc.gov/injectionsafety/providers/blood-glucose-monitoring\\_faqs.html](http://www.cdc.gov/injectionsafety/providers/blood-glucose-monitoring_faqs.html)
  - Environmental Infection Control
  - Guidelines for Environmental Infection Control in Healthcare Facilities: [http://www.cdc.gov/hicpac/pdf/guidelines/eic\\_in\\_HCF\\_03.pdf](http://www.cdc.gov/hicpac/pdf/guidelines/eic_in_HCF_03.pdf)
  - EPA Listing of disinfectant products with sporicidal activity against *C. difficile*: [https://www.epa.gov/sites/production/files/2016-06/documents/list\\_k\\_clostridium.pdf](https://www.epa.gov/sites/production/files/2016-06/documents/list_k_clostridium.pdf)
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[http://www.ajicjournal.org/article/S0196-6553\(08\)00683-4/abstract](http://www.ajicjournal.org/article/S0196-6553(08)00683-4/abstract)
  - Steps for Evaluating an Infection Control Breach: [http://www.cdc.gov/hai/outbreaks/steps\\_for\\_eval\\_IC\\_breach.html](http://www.cdc.gov/hai/outbreaks/steps_for_eval_IC_breach.html)
  - Patient Notification Toolkit: <http://www.cdc.gov/injectionsafety/pntoolkit/index.html>

# References

- **Antimicrobial stewardship**

- CDC Implementation Resources for Antibiotic Stewardship:

<http://www.cdc.gov/longtermcare/prevention/antibiotic-stewardship.html>

- **Respiratory Hygiene/Cough Etiquette**

- 2007 Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings: <http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html>

- Respiratory Hygiene and Cough Etiquette in Healthcare Settings:

<http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>

- Recommendations for preventing the spread of influenza:

<http://www.cdc.gov/flu/professionals/infectioncontrol/>

# Literature and Tools on the CDC Website

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- <https://www.cdc.gov/longtermcare/prevention/>
- [Core Elements](#)
- [Checklist of Core Elements](#)
- [Leading Antibiotic Stewardship in Nursing Homes\[PDF - 379 KB\]](#)
- [Creating A Culture to Improve Antibiotic Use in Nursing Homes\[PDF - 331 KB\]](#)
- [Infection Prevention in Aging: Resources](#)

These infection prevention and control resources were created for a patient-centered research study in nursing homes.
- [A Targeted Infection Prevention \(TIP\) Intervention in nursing home residents with indwelling devices: a randomized clinical trial.](#)
- [AHRQ's Nursing Home Antibiotic Stewardship Tools and Guide Project](#)

# Resources

- Advancing Excellence infection control toolkit:  
<https://www.nhqualitycampaign.org/goalDetail.aspx?g=inf>
- S. Schweon, D. Burdsall, M. Hanchett, S. Hilley, D. Greene, I. Kenneley, J. Marx, P. Rosenbaum (2013). The Infection Perfectionist's Guide to Long-Term Care. APIC.
- Centers for Disease Control (CDC) toolkit for long-term care facilities:  
<http://www.cdc.gov/longtermcare/index.html>
- Centers for Disease Control (CDC) Core Elements of Antibiotic Stewardship for Nursing Homes  
<http://www.cdc.gov/longtermcare/prevention/antibioticstewardship.html>
- National Healthcare Safety Network (NHSN): Tracking Infections in Long-Term Care Facilities <http://www.cdc.gov/nhsn/LTC/index.html>

# Federal Initiatives for Antibiotic Resistance

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- [White House Forum on Antibiotic Stewardship](#)
- [National Action Plan for Combating Antibiotic-Resistant Bacteria](#)
- [Executive Order - Combating Antibiotic-Resistant Bacteria](#)
- [National Strategy to Combat Antibiotic-Resistant Bacteria](#)
- [PCAST Report on Combating Antimicrobial Resistance](#)
- [CDC report: Antibiotic Resistance Threats in the United States, 2013](#)