

Infection Control Program and the Requirements Participation

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Spotlight on Infection Control and Antibiotic Stewardship

- 2015
 - White House releases the National Action Plan for Combating Antimicrobial Resistance
 - CALL TO ACTION: Antibiotic Stewardship Programs and activities for all health care settings, including long-term care
 - Hosts a forum on Antibiotic Stewardship
 - CMS proposes new Federal Requirements for LTC which includes infection prevention and antibiotic stewardship activities
 - CDC releases the Core Elements of Antibiotic Stewardship for Nursing Homes
- Flash Forward
 - November 2016—Phase 1 RoP Infection Control Deliverables
 - November 2017 Phase 2 RoP Antibiotic Stewardship Deliverable

Infection Control Overview

- 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 infection.
- **RoP Phase 1 Requirements (483.80 Infection Control)**
 - Infection Prevention and Control Program
 - Written Standards, Policies and Procedures for the Program
 - A system for recording incidents identified under the facilities' program and the corrective actions taken
 - Influenza and pneumococcal immunizations policies and procedures

Infection Control Overview

- **RoP Phase 2 Requirements (483.80 Infection Control)**
 - Antibiotic Stewardship Program
- **RoP Phase 3 Requirements (483.80 Infection Control)**
 - Infection Preventionist

What is an Antibiotic Stewardship Program?

- “Antibiotic stewardship refers to a set of commitments and activities designed to “optimize the treatment of infections while reducing **adverse events** associated with antibiotic use.”
 - Source: CDC Core Elements
- Phase 2 (November 2017) requires “an antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use”. (**483.80 Infection Control**)

Why is this a priority now?

- **The FACTS**—According to the CDC (2015)
 - Up to 70% of nursing home residents received on or more courses of systemic antibiotics in a year
 - Similar to hospitals studies have shown that 40-75% of antibiotics prescribed in nursing homes may be unnecessary or inappropriate
- **RESULTING** in an increased number of adverse events such as drug interactions and colonization and/or infection with antibiotic resistant organisms.
- **IMPACTING** quality of care and quality of life; driving up costs of care.
- **MAKING** Antibiotic Stewardship a National and State Issue and Priority
 - CMS, CDC, PA Safety Authority, Epidemiology and Laboratory Capacity (ELC) Infection Control Assessment and Response (ICAR) Program

What Does that *Really* Mean?

- Uses coordinated interventions
- Improves and measures the appropriate
- Use of antimicrobial agents
- Promotes the selection of the optimal drug regimen
 - Dosing
 - Duration of therapy
 - Route of administration

7 Core Elements of an Antibiotic Stewardship Program

1. **Leadership commitment:** Demonstrate support and commitment to safe and appropriate antibiotic use in your facility
2. **Accountability:** Identify physician, 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
4. **Action:** Implement **at least one policy or practice to improve antibiotic use**

7 Core Elements of an Antibiotic Stewardship Program

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

*Source: CDC Core Elements of Antibiotic Stewardship for Nursing Homes

Phase 3: Infection Preventionist (IP)

- The facility must designate one or more individual(s) as the IPs who are responsible for the Infection Prevention and Control Program.
- The IP(s) 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 control and prevention
- Must participate on the QAA Committee (eventually QAPI)
 - Member and Report on a regular basis

Regulatory Readiness



Infection Control Pilot Surveys

- Ref: S&C 17-09-ALL
- November 18, 2016—CMS launched the second of a three year pilot project to improve assessment of infection control and prevention regulations
- Second year (2017) activities include:
 - Pilot new surveyor infection control tools
 - Pilot new survey processes that can be utilized to optimize future assessment of new infection control regulations
- **NOTE: Educational Purposes Only; however, if observations are made and refer to local field office for an onsite visit**

Infection Control Pilot Survey Overview

- Generally 3 surveyors
 - 2 CMS RN Surveyors
 - 1 CMS RN Infection Preventionist
- Entrance Conference
 - Provide current active census
 - Preferred a current roster sample matrix
 - A list of documents to be provided is presented during entrance conference
 - Documents include Policies and Procedures
 - Departments include: Nursing, Laundry, Human Resources
 - Infection Control Risk Assessment and Plan
 - QAA Plan
 - Infection Control Reports—Surveillance, Antibiogram
 - Antibiotic Stewardship Program

Survey Process

- Employee Interviews
- Observations
 - Staff (Nursing and non-nursing)
 - Students
- Review of Charts
- Policy and Procedure Manual Review
- Education and Orientation
- Recommendations



Resident Selection

- New/Worsened Pressure Ulcers (stage 2-4)
- Wound care/dressing changes
- UTIs/Indwelling catheters
- Dialysis
- Recent Admission, Transfer, Discharges
- Significant Change in Status
- Specialty Care—Central lines, Central venous catheters with infusions, ventilators/residents dependent upon ventilators, O2, Tracheotomies
- Respiratory therapy treatments (nebulizer/aerosol)
- Dehydration
- Isolation Precautions (Contact, Droplet, Airborne)
- Intravenous Fluid
- Diabetes-Blood Glucose Monitoring Injections
- Antibiotics
- Injections

Employee Interviews

- Staff (regardless of discipline) were asked to respond to questions on Infection Control Education:
 - How were staff educated on Infection Control
 - Was the education sufficient enough for them to do their jobs
 - Non-nursing staff were asked how do they retrieve PPE



Examples of Observations

- Medication Pass
- Dressing Changes
- Blood Glucose Checks
- Hand Hygiene/Hand Washing
- Catheter Care



Infection Control Pilot Domains

- Infection Control Program Infrastructure and Infection Preventionist
- Infection Preventionist Relationship to Quality Assurance (QAPI) Committee
- Infection Surveillance and Outbreak Response
- Influenza and Pneumococcal Immunization
- Linen Management
- Infection Prevention During Transmission of Care

Pilot Survey Summaries Prior to Phase 1

| Domain: Infection Control Program Infrastructure and Infection Preventionist | Observation/Comments | RoP Phase |
|--|---|-----------|
| Policy and procedure | Not current to CDC guidelines | Phase 1 |
| Personnel Training | Not current to CDC guidelines | Phase 1 |
| Risk Assessment | Not current—Data not within 1 year (Utilize facility and community infection rate from previous assessment) | Phase 1 |

Pilot Survey Summaries Prior to Phase 1

| Domain: Infection Control Program Infrastructure and Infection Preventionist | Observation/Comments | RoP Phase |
|--|--|-----------|
| Infection Control Officer | Designated person with other assigned duties (must be majority portion of the job) | Phase 3 |
| Infection Preventionist | Education and timing to ensure expertise | Phase 3 |

Pilot Survey Domain: Infection Surveillance and Outbreak Response

- Risk Assessments—Current and Appropriate to the Region
 - TB Risk Assessment
 - Legionella Risk Assessment
- Recommended use of McGreers
 - http://www.infectioncontrolct.org/uploads/2/6/2/4/26245608/nh-hac_mcgreercriteriaevcomp_2012.pdf
- Antibigram: No Available
 - Will you lab service provide?

Pilot Survey Domain—Linen Management

- Proximity of clean and dirty linens
- Handling of dirty linens by Nursing Assistants
- Laundry Bags on the Floor



General Recommendations

- Monitor cleaning of equipment (Not always thorough)
- Location of hand sanitizers (Not in all common areas)
- Cover should be over clean personal laundry in hallway
- Podiatry—Sanitation Procedures
- Job Descriptions:
 - Do job descriptions reflect the responsibility of the employee as it relates to infection control and prevention?

Regulatory Impact



The Future is Now...

- F441 Infection Control
- F329 Unnecessary Medications
- F332/333 Medication Errors
- F428 Medication Regimen Review
- F323: Chemicals not locked up on housekeeping chart
- F328: Oxygen tubing on floor, not places under nares, humidifiers and mask on floor
- F270/280: Care Plans not addressing infection/isolation, why practices
- F-241: Dignity
 - Catheter bags not covered; dragging under chairs on floor

Crosswalk to New Federal Tag

| Federal Tag Category | Current Federal Tag | New Federal Tag |
|---|---------------------|-----------------|
| Infection Control 483.80(a)(1)(2)(4)(e)(f) | F441 | F880 |
| Unnecessary Drugs 483.45(d)(1)-(6) | F329 | F757 |
| Safe/Functional/Sanitary Comfortable Environment 483.90(i) | F465 | F921 |
| Medication Errors 483.45(f)(1)(2) | F332 F333 | F759 F760 |
| Drug Regimen Review 483.45(c)(1)(2)(4)(5) | F428 | F756 |

The Opportunity



Work to Overcome Common LTC Barriers

- Prescribers rely on assessments made by others
 - How confident are you in the clinical assessment skills of your nurses?
 - Do you have the right number of Registered Nurses to ensure quality of care and quality of life to your residents?
- Many prescribers have not changed their practice
 - Are your Medical Directors engaged in quality and infection control programs?
 - Are your Medical Directors empowered to have difficult conversations with their colleagues?
- Documentation lacks detailed assessments and rationale when antibiotics are started
 - Are you conducting audits on antibiotic usage?
 - Do you have an Antibiotic Stewardship Program?
- Difficulty obtaining and interpreting laboratory and diagnostic data to inform antibiotic use
 - Have you had the discussion with your lab provider on the requirements for LTC?
- Resident and family influence on antibiotic requests
 - Do you have educational materials available for families?

Key Takeaways

- Review your current Infection Control and Prevention Program utilizing a multidisciplinary approach which involved the Medical Director, Pharmacy and Lab Providers
- Compare your current program with the RoP and CDC Checklists
- Review the CDC Core Elements of Antibiotic Stewardship for Nursing Homes
- Be sure you are utilizing current guidelines and performing annual risk assessments
- Collaborate with state and local partners
 - PA Safety Authority
 - ICAR

Resources

- CMS Survey and Cert Memo **(with worksheet)**
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions-Items/Survey-and-Cert-Letter-17-09.html>
- CDC—The Core Elements of Antibiotic Stewardship for Nursing Homes **(Checklist)**
<https://www.cdc.gov/longtermcare/prevention/antibiotic-stewardship.html>
- PA Safety Authority--<http://patientsafety.pa.gov/>
- Agency for Healthcare Research and Quality—Nursing Home Antibiotic Stewardship Guide **(Checklist and Tools)**
<https://www.ahrq.gov/nhguide/index.html>

Questions

Thank you!
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