Establishing an Infection Prevention Program in a Nursing Home, With an Emphasis on COVID-19

4:00 – 5:00 PM ET

July 16, 2020





#### Introduction and Welcome





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Centers for Medicare & Medicaid Services (CMS)

# have known the survey and certification letter. There's a gray box on all the memos. This one represents two of the items covered with reporting requirements and transparency. However, the memo does cover some

- ▼ Event Resources
  - Resource Document
  - Presentation Slides



#### Meet Your Speakers





Eli DeLille, MSN, RN, CIC, FAPIC

Quality Improvement Specialist and
Infection Preventionist

Health Services Advisory Group









# Establishing an Infection Prevention Program and Conducting Ongoing Infection Surveillance in the Nursing Home

Eli K. DeLille, MSN, RN, CIC, FAPIC Infection Preventionist Health Services Advisory Group (HSAG)



## Objectives

- Identify crucial components of an infection prevention (IP) program.
- Describe the best-practice strategies needed to establish an IP program.
- Recognize the key elements necessary for ongoing IP surveillance.



### Regulatory Requirements

#### **Infection Control 483.80 Requirements:**

- Designated Infection Prevention and Control Officer (IPCO) with specialized training
- Infection Prevention and Control Plan (IPCP)

Phase 1	Phase 2	Phase 3			
Effective November 28, 2016	Effective November 2017	Effective November 2019			
<ul> <li>Isolation should be least restrictive for the resident</li> <li>Flu vaccination offered each year 10/1–3/31</li> <li>Annual review of policies</li> </ul>	<ul> <li>Implement antibiotic stewardship</li> </ul>	<ul> <li>Identify designated infection prevention lead</li> <li>Designated infection prevention lead must participate on Quality Assurance Committee</li> </ul>			



## Crucial Components of IP

- Develop a system for preventing, identifying, reporting, investigating, and controlling infection and communicable diseases for all residents, staff members, and visitors.
- Establish goals and priorities for the program.
- Plan and implement strategies to achieve goals, monitor compliance, and respond to identified issues.



### **Current State**

- Facilities put processes in place to meet phase-3 requirements
- COVID-19 control and mitigation efforts placed strain on both personnel and supplies
- Highlighted the need for more IP resources, and the response has been varied
  - Example A is a large, corporation-owned skilled nursing facility (SNF) that has a full-time nurse IP dedicated to the role
  - Example B is a small, privately-owned SNF that splits IP responsibilities between three staff members to meet full time requirements (DSD/DON/LVN\*)



## Step 1—CDC\* IP Training

- Designated IP lead should complete the CDC IP Training
- Self-paced training designed for working staff
- Continuing education credit is earned upon completion of training

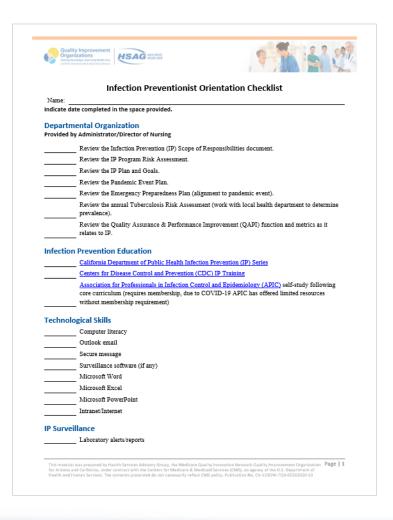


https://www.cdc.gov/longtermcare/training.html



## Step 2—QIO\*-Developed Nursing Home Checklist

- Standardizes essential components of an IP Program
- Ensures consistency of training across staff members
- Defined criteria
- Simple format





## Step 3—ICAR\* COVID-19 Self Assessment

## Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19

This is an infection control assessment and response tool (ICAR) that can be used to help nursing homes prepare for coronavirus disease 2019 (COVID-19). This tool may also contain content relevant for assisted living facilities.

The items assessed support the key strategies of:

- Keeping COVID-19 out of the facility
- Identifying infections as early as possible
- Preventing spread of COVID-19 in the facility
- Assessing and optimizing personal protective equipment (PPE) supplies
- · Identifying and managing severe illness in residents with COVID-19



## Step 4—Prioritize the Findings





#### Infection Prevention Post-Acute Risk Assessment Prioritization Worksheet

Risk Priority	Low:	1–4 Ris	k Score		Mediu	m: 5–11 Risk :	Score		Hig	gh: 12–18	Risk Sco	ire
Risk Event		Probability the risk will occur.			Potential severity if the risk occurs.			How well prepared is the organization?			Risk	
		Med	Low	None	Life- threatening	Permanent Harm	Temporary Harm	None	Poorly	Fairly Well	Well	Score
Value	3	2	1	0	3	2	1	0	3	2	1	
Example: Multiply the first section score (3) with the second section score (3), then multiply the sum (9) with the third section score (3) to get the total (18).	х				х					х		18
Staff Issues												
Hand Hygiene												
Isolation Procedures												
Standard Precautions												
Blood/Body Fluid Exposures												
Compliance Issues												
			Env	ironme	ntal Issues							
Lack of Cleaning Patient Care Areas												
Lack of Cleaning Patient Care Equipment												
Legionella												
Mold												
Aspergillosis												
Catastrophic Events												
Pandemic/Biological Event												
Internal Outbreak												

This material was prepared by Health Services Advisory Group, the Medicare Quality Innovation Network-Quality Improvement Organization for Arizona and California, under contract with the Centers for Medicare & Medicare &



## Step 5—Develop a Customized Action Plan







#### Infection Prevention and Control Post-Acute Plan Prioritized Risks, Goals, Strategies, and Implementation Pandemic Event (COVID-19 Preparation)

Nursing Home Name: CCN\*: Dat

Strategies, best practices, and metrics selected to address the infection prevention concern identified below are intended to be an initial guide only. A nursing home should perform an infection prevention analysis and risk assessment to customize a plan that will best meet the needs of their residents, staff members, and providers.

For each prioritized area of concern, identify goals, strategies, responsible person(s), timeframe, and evaluation of effectiveness

Topic	Root Cause	Strategies	Implementation		Internal Nursing Home Goals	
Area of Concern	Survey Findings	Best Practices by Area of Concern	Responsible Person(s)	Action	Evaluation of Effectiveness via Surveillance	
Pandemic Event (COVID-19 Preparation)		1. Implement the Centers for Disease Control and Prevention (CDC) COVID-19 control and mitigation strategies.  • Educate annually, at hire, and when guidelines change regarding expectations of care.  • Monitor compliance with screening residents/visitors/staff for symptoms.  • Reinforce hand hygiene, transmission-based precautions, cohorting, and other best-practice interventions.  • Ensure necessary care products are available to staff (personal protective equipment [PPE], cleaning supplies, hand hygiene products, etc.).  • Reinforce strategies listed throughout this plan.  2. Stay informed on current national and international COVID-19 literature and practice.  3. See additional detail in COVID-19 mitigation plan. Available at: https://www.cdph.ca.gov/Programs/CHCO/LCP/CD PH9620Document%20Library/AFL-20-52-Attachment-01.pdf	Infection preventionists (IPs) Managers Staff	Implement plan strategies by [date]. Monitor and improve processes as needed. Implement fully and accept as standard culture.	Maintain zero new confirmed COVID-19 cases in 2020 as reported to the CDC National Healthcare Safety Network (NHSN). Ongoing compliance with COVID-19 mitigation strategies. Report monthly progress to Quality Assurance & Performance Improvement (QAPI) Committee and HSAG.	

Infection Prevention and Control Post-Acute Plan
\*CCN- Centers for Medicare & Medicaid Services (CMS) Certification Number

This material was prepared by Health Sevices Achitory Group, the Medicare Quality invosation Network-Quality improvement Organization for Ariston and California, under contact with the Desters for Neticare & Neticidad Services (DNS), an agency of the U.S. Department of Network and Neuron Sevices. The contracts presented on our necessarily reliefs CMS policy - Achicalies No. 64, 2425004\*\*CQ16420033-07 Wheth and Neuron Sevices. The contracts presented on our necessarily reliefs CMS policy - Achicalies No. 64, 2425004\*\*CQ16420033-07 Whether and Neuron Sevices. The contracts presented on our necessarily reliefs CMS policy - Achicalies No. 64, 2425004\*\*CQ16420033-07 Whether and Neuron Sevices. The contracts of the Neuron Sevices of Neuron Sevices (Neuron Neuron Sevices) and Neuron Sevices (Neuron Neuron Neuron



## Nursing Home IP Template Action Plan

- Comprehensive Template Action Plan
- Each Topic Broken out Into Single Sheet
  - Antibiotic Stewardship
  - Catheter-Associated Urinary Tract Infections (CAUTIs)
  - Central Line-Associated Bloodstream Infections (CLABSI)
    - Coming Soon
  - Clean Resident Environments
  - Clostridioides difficile Infections (CDIs)
  - Hand Hygiene
  - Isolation and Standard Precautions
  - Pandemic Event (COVID-19) Preparation
  - Vaccinations



## Step 6—Solicit Feedback





## Step 7—Keys to Implementation

- Educate staff members regarding expectations of care.
- Empower staff members to speak up if they identify a concern.
- Engage staff members, providers, and residents in IP practices.
- Modify the plan as necessary.



## Step 8—Surveillance

- Process Surveillance
  - To identify whether staff implement and comply with policies and procedures
- Outcomes Surveillance
  - Collect data on individual resident cases and compare to standard definitions of infections (McGeers/NHSN\*)
- Documentation
  - Infection control reports; identify trends and patterns
- Data Analysis



## Summary

- Identify crucial components of an IP program
  - Education and training on IP practices
  - Risk assessment/plan
  - Surveillance program
  - Engaged staff members, providers, and residents
- Describe the best-practice strategies needed to establish an IP program
  - CDC IP Training
  - ICAR Tool



## Summary (cont.)

- Understand the key elements necessary for ongoing IP surveillance
  - Leadership support
  - Staff engagement
  - Concurrent and retrospective reviews
    - Standardized format
  - A process to escalate concerns







## Thank you!

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This material was prepared by Health Services Advisory Group, the Medicare Quality Innovation Network-Quality Improvement Organization for Arizona and California, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.

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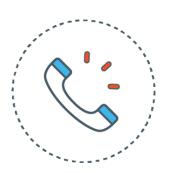
#### **Open Discussion and Questions**





#### Join Us!





Please register for the next
National CMS/CDC Nursing Home
COVID-19 Training
on Thursday, July 23, 2020
from 4:00 - 5:00 pm ET

https://zoom.us/webinar/register/WN\_w16sb6o8TBa-PR7oAFNg2g



#### Thank You





Your opinion is valuable to us. Please take a moment to complete the post event assessment here:

https://www.surveymonkey.com/r/07\_16\_20

We will use the information you provide to improve future events.

