Proactive Infection Control and the Impact of the Survey Process: It's a Team Effort

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Learning Objectives:

1. Recognize components of a compliant infection prevention and control program and how different members of the team contribute.

2. Identify best practices related to surveillance and antibiotic stewardship.

3. Utilize the CMS Critical Element Pathway as a quality assurance monitoring tool.

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Infection Control Regulations

483.80 Infection control

- F880 – Infection Prevention & Control
- F881 – Antibiotic Stewardship Program
- F882 – Infection Preventionist Qualifications/Role
- F883 – Influenza & Pneumococcal Immunizations
- F884 –Reporting- National Health Safety Network *
- F885- Reporting- Residents, Representatives & Families *
- F887 – COVID-19 Immunization

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Core Activities of Infection Prevention and Control Program

1. Developing and implementing policies and procedures
2. Conducting an annual review
3. Performing infection surveillance
4. Identifying, recording, and correcting infection prevention and control incidents
5. Establishing an Antibiotic Stewardship Program
6. Investigating and reporting communicable diseases
7. Maintaining responsibility and accountability for infection prevention and control activities of all departments by managers

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)(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.

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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.

(ii). When and to whom possible incidents of communicable diseases or infections should be reported:

(iii) Standard and transmission-based precautions to be followed to prevent spread of infections:

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(iv) When and how isolation should be used for a resident; including but not limited to:

(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and

(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.

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

(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.

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483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

483.80(e) Linens

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

483.80(f) Annual review

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

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Standard Precautions-developed by CDC to prevent the spread of infection

1. Perform hand hygiene

2. Use personal protective equipment (PPE) whenever there is an expectation of possible exposure to infectious material

3. Follow respiratory hygiene/cough etiquette guidelines

4. Ensure appropriate patient placement

5. Properly handle and clean and disinfect patient care equipment and devices.

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Standard Precautions-(continued)

6. Clean and disinfect the environment appropriately

7. Handle textiles and laundry carefully

8. Follow safe injection practices

9. Ensure health care worker safety including proper handling of needles and other sharps

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Transmission-Based Precautions

- **3 types of transmission- based precautions** – contact, droplet & airborne
- **Enhanced barrier precautions** that fall between standard and contact precautions
- Use CDC guidelines for type and duration based on specific diseases.
- Consider implementing both droplet and contact precautions until the cause of a cluster of similar illnesses is known.
- Immediately report any new respiratory or GI symptoms, especially if associated with a fever in any resident or employee.

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Contact precautions

- Contact precautions are intended to prevent transmission of pathogens that are spread by direct (e.g., person-to-person) or indirect contact with the resident or environment (e.g., **C. difficile, norovirus, scabies**)

- Requires the use of appropriate PPE, including a gown and gloves before or upon entering (i.e., before making contact with the resident or resident's environment) the room or cubicle. Prior to leaving the resident's room or cubicle, the PPE is removed and hand hygiene is performed.

- MDRO- infected or colonized

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Droplet precautions

- Droplet precautions applies when respiratory droplets contain pathogens which may be spread to another susceptible individual. Respiratory pathogens can enter the body via the nasal mucosa, conjunctivae and less frequently the mouth. Examples of droplet-borne organisms that may cause infections include, but are not limited to **Mycoplasma pneumoniae, influenza, and other respiratory viruses**

- Requires use of facemask & additional PPE as appropriate.

- Consider private room

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Airborne precautions

- Airborne transmission occurs when pathogens are so small that they can be easily dispersed in the air, and because of this, there is a risk of transmitting the disease through inhalation. These small particles containing infectious agents may be dispersed over long distances by air currents and may be inhaled by individuals who have not had face-to face contact with (or been in the same room with) the infectious individual.

- Staff caring for residents on airborne precautions should wear a fit-tested N95 or higher level respirator that is donned prior to room entry.

Enhanced Barrier Precautions (EBP)

- High burden of MDRO colonization in nursing home residents. More than 50% may be colonized.
- Include use of EBP for residents with chronic wounds or indwelling medical devices during high-contact resident care activities regardless of their multi-drug resistant organism (MDRO) status.
- Designed to reduce transmission of MDRO's while providing the least restrictive precautions for the resident

- Ref: QSO-24-08-NH *Effective date April 1, 2024

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Enhanced Barrier Precautions (EBP)

<u>EBP is used when performing the following high-contact resident care activities</u>:

Dressing

Bathing/Showering

Transferring

Providing Hygiene

Changing linens

Changing briefs or assisting to toilet

Device care or use: central line, urinary catheter, feeding tube, tracheostomy, ventilator

Wound care: any skin opening requiring a dressing

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What MDROs are Included with EBP?

MDROs targeted by CDC:

- Pan-resistant organisms (i.e., resistant to most or all antibiotics or antifungals)
- Carbapenemase- producing carbapenem-resistant Enterobacterales (CP-CRE)
- Carbapenemase- producing carbapenem-resistant Pseudomonas species (CP-CRPA)
- Carbapenemase- producing carbapenem-resistant Acinetobacter baumannii (CP-CRAB)
- Candida auris

Additional epidemiologically important MDROs:

- Methicillin-resistant Staphylococcus aureus (MRSA)
- ESBL-producing Enterobacterales
- Vancomycin-resistant Enterococci (VRE)
- Multidrug- resistant Pseudomonas aeruginosa
- Drug-resistant Streptococcus pneumoniae

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What are the differences between Contact Precautions & EBP?

Contact Precautions

- Gown and gloves for all room entries and for all activities
- Private room ideal
- Room restriction except for medically necessary care
- Recommended to be time limited

Enhanced Barrier Precautions

- Gown and gloves for high-contact resident care activity
- No private room
- No room restrictions and may participate in communal activities
- Intended for duration of stay

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EBP Training

- Staff- essential for all staff, include all departments. Annual.
- Residents & Families/Responsible Parties-How do you discuss with residents and families?
- Signage & clear communication
- Rounding
- Competency validation for PPE

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Clinical Scenario- Enhanced Barrier Precautions

- Cecily Green is a new 72-year-old resident that is being admitted from an acute care facility, Mountain Regional Hospital, to your long-term care facility (LTCF), The Meadows. She has a draining wound with surrounding cellulitis that was culture positive for Methicillin-susceptible Staphylococcus aureus. She currently has a peripheral IV catheter in place for antibiotic treatment for her cellulitis with Staph. The acute care nurse gave a report to Amy Fox, LPN. During the handoff report, the nurse told Amy that Mrs. Green is in Contact Precautions at the hospital due to her draining wound. Mrs. Green arrives at the facility, and Amy immediately places her in Contact Isolation. Bruce Green, Cecily's son, is upset because he did not think he would have to continue wearing a gown while visiting his mother. He is an administrator at a LTCF in another state. He tells Amy that they use Enhanced Barrier Precautions (EBP) for residents with a wound like his mother's and wants her removed from Contact Precautions, so he does not need to wear a gown or gloves when visiting. You are the Infection Preventionist at the Meadows. Amy sees you in the hallway and asks if she can speak with you about the new admission. She explains the situation and the son's request. Amy thinks this resident would not meet the criteria for EBP because Mrs. Green has an MDRO in her wound, but she is unsure.

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Questions:

1. **What recommendation do you, as the IP, make to Amy about the type of precautions needed?**

a. This resident meets criteria to remain on Contact Precautions.

b. This resident meets the criteria to transition to the use of EBP.

c. Until you gather more information about the drainage from the wound, you cannot make a decision right now to change the type of precautions, so the resident should remain on Contact Precautions.

d. This resident does not require any additional precautions above Standard Precautions.

2. True or False

Methicillin-susceptible Staphylococcus aureus (MSSA) is a multidrug-resistant organism (MDRO)

3. **Amy confirms that the wound is draining some fluid, but it is easily able to be contained. They have switched Mrs. Green over to oral antibiotics so the peripheral IV is being discontinued. What type of precautions are indicated?**

a. Standard

b. Contact

c. EBP

d. Both a and c

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Thinking Thru EBP:

- Is EBP recommended for residents with C. Diff?
- Is EBP recommended for healthcare settings other than nursing homes?
- How long should a resident remain on EBP?
- Is physical or occupational therapy considered a “High-contact” resident care activity?

- https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html
- AHCA/NCAL Enhanced Barrier Toolkit

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483.80(a)(2)(ii) When and to whom possible incidents of communicable diseases or infections should be reported:

- Staff should report to the DON and/or IP for follow-up.
- Maintain a list of the reportable diseases from your state.
- Initiate and maintain contact with your local public health agency.
- State Department of Public Health – questions, guidance and reporting.
- If in doubt, report and document. Encourage staff to over-report
- Communication remains one of the most important tools in a good program.

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483.80(e) Handle textiles and laundry

- What is the turn around time for an adequate supply of laundry? This assists in the determination of necessary supply numbers.
- How does required PPE affect the regular laundering schedule? Increased laundry handling will require more staff time, resources such as equipment and product.
- How does laundry staff safely process contaminated laundry? How is isolation laundry processed?
- How are clean and dirty products separated and maintained?

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483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

1. Any case of sepsis or facility-acquired C. diff.
2. Any infection related to a medical device such as a catheter, feeding tube, trach, or vascular access device.
3. Any order for an antibiotic that a resident has a documented allergy to.
4. Any physician- or nurse-ordered resident isolation.
5. Any active infection caused by a MDRO.
6. Flagrant breaches in established policy such as staff not wearing PPE in an isolation room might also be an incident.

- **Educate staff that these should be treated as an incident with copies forwarded to the IP for follow-up and documentation and discussion at committee meetings**

483.80(a)(2)(i)

Surveillance

- A system of surveillance designed to… "identify infections"
- Screening of residents, visitors and staff
- Requires clear, descriptive symptom documentation
- How are you documenting and compiling your surveillance data?

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McGeer Criteria

- Used most frequently in nursing facilities
- Often relies on labs and/or X-ray results as data points
- Determines if the signs and symptoms are a true infection or not
- Does **not** assist in decision making regarding the use of antibiotics
- Used to determine statistical validity of surveillance data
- Can be applied to several types of infections with criteria tables for constitutional conditions, urinary tract infections, respiratory infections, skin and soft tissue infections, and gastrointestinal tract infections
- Infection sources may be bacterial, viral, or fungal

Types of Surveillance

Process

- Includes review of staff practices directly related to resident care to identify compliance with infection control policies and procedures

Outcome

- Collecting and/or documenting data on individual residents and comparing to standard definitions

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Examples of data that could be used in Outcome Surveillance:

- Monitoring a resident with signs/symptoms suspicious for infection
- Reviewing laboratory cultures or other test results consistent with potential infections to detect clusters or trends
- Medication regimen review reports
- Documentation in the medical record of residents with suspicion of an infection such as physician orders or progress notes
- Transfer/discharge summaries for new or readmitted residents for infections

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Potential topics for Process Surveillance could include:

- Hand hygiene
- Appropriate use of PPE
- Injection safety
- Point-of-care testing
- Cleaning/disinfecting environmental surfaces and equipment
- Managing bloodborne pathogen exposures
- Linen procedures to prevent the spread of infection
- Resident infection control practices such as catheter care, wound care, injection care, incontinence care, skin care, respiratory care, dialysis care, and other invasive procedure cares
- EBP

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System to Monitor Antibiotic Use: Requirements

Antibiotic use data must “contain a system of reports related to **monitoring antibiotic usage and resistance data.**”

Also include a **method of providing feedback** to prescribing practitioners regarding antibiotic use.

Facility staff should be able to retrieve the information they need to **make decisions.**

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Loeb Criteria

- Minimum set of signs and symptoms which when met indicate that the resident likely has an infection and that an **antibiotic** might be indicated, even if the infection has not been confirmed by diagnostic testing
- When criteria is met, there is reasonable expectation that the resident has an infection.
- Used only for bacterial infections
- Identifies UTI, LRI, SST, Fever of unknown origin
- Guides **clinical** decision making

SBAR: For Situations That Require Immediate Attention and Action

Agency for Healthcare Research and Quality (AHRQ) forms for suspected urinary tract, respiratory tract, and skin and soft tissue infections that may be used.

- **S**ituation (identify the resident and the problem)
- **B**ackground (history, vitals, results, etc.)
- **A**ssessment (findings, severity, life-threatening)
- **R**ecommendation (ask what is next, needs, timeframe)
  - Review the chart.
  - Complete the SBAR.
  - Speak clearly.
  - Document SBAR in the progress notes.

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Do older adults present with atypical symptoms?

- Failure to meet surveillance definitions may not exclude the presence of an infection.
- Clinical guidelines address early identification of infections and appropriate initiation of antibiotics.
- Both criteria come into play when assessing

Rationale for IC Inclusion in QAPI Activities

- Remember that infection control is one of the most common deficiencies cited throughout the nation during surveys.
- Therefore, Infection Control and Prevention must be a major component of each facility's quality assurance and performance improvement activities.
- Facilities are required to provide their QAPI plan to surveyors
- The plan should include systematic and continuous actions that lead to measurable improvement in the health care services provided to the defined service group.
- All of these include infection control actions at the facility.

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CMS-20054 Infection Prevention Control and Immunization Critical Element Questions

1. Did the staff use appropriate infection control practices (e.g., hand hygiene, use of PPE, environmental cleaning and disinfection, and reprocessing of reusable resident medical equipment?

- General standard precautions
- Hand Hygiene
- PPE use for standard precautions
- Enhanced barrier precautions (EBP) *
- Transmission-Based Precautions

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2. Does the facility have an IPCP including standards, policies and procedures that are current, based on national standards, and reviewed at least annually?

- Facility-wide IPCP based on facility assessment and national standards
- Reportable communicable diseases & communication process for
- Policies and procedures reviewed at least annually

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All Hazards Assessment

Event	Probability	Level of Harm From Event	Impact on Care	Readiness to Prevent	RISK
Description	*Likelihood this will occur*	*Severity of harm if Event Occurs*	*How the Event would Impact care for Resident / Staff*	*Are processes / resources in place to identify and address the event*	*Relative threat**
Rating	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = None 1 = Temporary 2 = Moderate 3 = Serious*	*0 = None 1 = Low 2 = Moderate 3 = High*	*1 = Good 2 = Fair 3 = Poor*	*0 - 100%*
Resident-related					
Urinary Tract Infection	2	1	1	1	22%
Lower Respiratory Infection	2	1	2	1	30%
Skin/soft tissue					0%
Fever of Unknown Origin					0%
Tuberculosis					0%
Other					0%
Outbreak-related					
Influenza					0%
Other viral respiratory pathogens					0%
Norovirus gastroenteritis					0%
Bacterial gastroenteritis					0%
Scabies					0%
Conjunctivitis					0%
Group A Streptococcus					0%
Other					0%
Device-related infection					
Central Line Blood Stream Infection					0%
Ventilator Associated Infection					0%
Catheter Associated Urinary Tract Infection					0%
Implant from Surgical Procedure					0%
Drain or Tube - Infection					0%
Ostomy or Related Opening					0%
Peritoneal Dialysis					0%
Shunt					0%
Tracheotomy-associated respiratory infection					0%
Percutaneous-gastrostomy site infection					0%
Wound infection					0%
Other					0%
Resistant Microbes					
MRSA					0%
VRE					0%

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3. Did the facility provide appropriate infection surveillance?

- Infection surveillance plan
- Use evidence –based surveillance criteria to determine if an infection is present
- Process for ongoing analysis of surveillance data
- Conducts testing of staff & residents for communicable disease

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4. Did the facility have measures to prevent the growth of legionella and other opportunistic waterborne pathogens in building water systems?

- Description of the building water systems using text and flow diagrams
- Control measures in place to prevent growth
- Way to monitor measures that are in place e.g. testing protocols

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5. Did the facility store, handle, transport, and process linens properly?

- Laundry Services
- Staff handling, storing, and transporting
  - Appropriate PPE, minimal agitation
  - Bagged where collected; sorted in contaminated laundry area
- Laundry rooms
  - Maintenance of equipment according to manufacturer
  - Maintenance logs completed and available for review

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6. Did the facility conduct an ongoing review for antibiotic stewardship?

- Protocols on antibiotic prescribing to ensure appropriate usage utilizing appropriate assessment tools e.g. SBAR tool, Loeb

- Periodic review by prescribers

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7. Did the facility designate at least one qualified IP, who is responsible for the facility's IPCP?

- One or more IP who works part-time and received specialized training

- Must provide documentation of the primary professional training and specialized training in infection and control

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8. Did the facility provide influenza and/or pneumococcal immunizations as required or appropriate for residents?

- Influenza, Pneumococcal and COVID-19 immunizations
- Record review of 5 residents assessing screening and eligibility of vaccines including education
- Resident vaccine Policy & Procedures

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9. Did the facility educate and offer COVID-19 immunization as required or appropriate for residents?

- Record review of 5 residents assessing screening and eligibility of vaccines including education

- Resident vaccine Policy & Procedures

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10. Did the facility maintain staff documentation of screening, education, offering, and current covid-19 vaccination status?

- Sampled staff(1) for screening and eligibility, education, administration of vaccine

- Staff vaccine policy and procedures

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Final thoughts:

1. Infection Control continues to be in the **top 5** most cited deficiency in the in the country.
2. CMS 20054 details the exact steps surveyors will use to determine if facilities are compliant in the area of Infection Control
3. It is up to facilities to implement strategies that address the issues detailed in CMS 20054
4. The use of established clinical guidelines, templates from professional sources, and decision-making tools can make this process easier.
5. After sources are established, staff must be educated and then the processes communicated to all involved to assure successful implementation. It is a team effort!
6. Remember to continually update the program as changes are evolving rapidly as more information and data are gathered and analyzed.
7. Take advantage of technological systems that will save time and create efficiencies.

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Thanks for your attendance and participation!

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