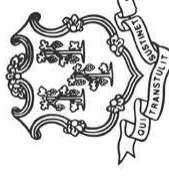


Nursing Home Infection Prevention and Control Program Regulation Updates

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Objectives

- The Learner will be able to identify and define the federal regulatory requirements per S&C letter 16-42- NH-Final Rule
- The Learner will be able to define the regulatory requirements regarding antibiotic stewardship



Final Rule

- S&C:16-42NH
- Final Rule published on October 4, 2016 with regulation changes going into effect November 28, 2016
- Compliance and implementation of regulatory changes based on staggered effective dates



Timeline for implementation

- Phase 1: November 28, 2016
- Phase 2: November 28, 2017
- Phase 3: November 28, 2019



Timeline for implementation

- Infection Control as it relates to Facility Assessment (phase 2)
- Antibiotic Stewardship (phase 2)
- Infection Preventionist (phase 3)
- IP participation on QAA (phase3)



Infection Control Changes

- Major changes:
- Facility Assessment
- Antibiotic Stewardship
- Infection Preventionist (IP)
- IP participation on QA committee



Facility Assessment

- F 880 Infection Control contains a section as it relates to the Facility Assessment (F838)



Facility Assessment continued

- The facility must conduct and document a facility wide assessment to determine what resources are necessary to care for its residents competently both day to day operations and emergencies.



Facility Assessment

- The results of the facility assessment must be used, in part, to establish and update the IPCP, its policies and/or protocols to include a system for preventing, identifying, reporting, investigating and controlling infections and communicable diseases for residents, staff and visitors.

Facility Assessment

- The facility must review and update that assessment , as necessary, at least annually.
- The facility must also review and update this assessment whenever there is, or the facility has plans for any change that would require a substantial modification to any part of this assessment.



Antibiotic Stewardship

Background

Improving the use of antibiotics in healthcare to protect patients and reduce the threat of antibiotic resistance is a national priority.¹



Antibiotic Stewardship

- The CDC recommends that all nursing homes take steps to improve antibiotic prescribing practices and reduce inappropriate use.



Antibiotic Stewardship

- Antibiotics are among the most frequently prescribed medications in nursing homes, with up to 70% of residents in a nursing home receiving one or more courses of systemic antibiotics when followed over a year.

Antibiotic Stewardship

- Similar to the findings in hospitals,^{5,6} studies have shown that 40-75% of antibiotics prescribed in nursing homes may be unnecessary or inappropriate.^{3,4}



Antibiotic Stewardship

- F 881 Infection prevention and control program
- The facility must establish an infection prevention and control program (IPCP) that must include:



Antibiotic Stewardship

- An antibiotic stewardship program that includes antibiotic use and protocols and a system to monitor antibiotic use.

Antibiotic Stewardship

Summary of Core Elements for Antibiotic Stewardship in Nursing Homes



Leadership commitment

Demonstrate support and commitment to safe and appropriate antibiotic use in your facility



Accountability

Identify physician, nursing and pharmacy leads responsible for promoting and overseeing antibiotic stewardship activities in your facility



Drug expertise

Establish access to consultant pharmacists or other individuals with experience or training in antibiotic stewardship for your facility



Action

Implement **at least one** policy or practice to improve antibiotic use



Tracking

Monitor **at least one process** measure of antibiotic use and **at least one outcome** form antibiotic use in your facility



Reporting

Provide regular feedback on antibiotic use and resistance to prescribing clinicians, nursing staff and other relevant staff



Education

Provide resources to clinicians, nursing staff, residents and families about antibiotic resistance and opportunities for improving antibiotic use



Antibiotic Stewardship

Leadership Commitment

- Write statements in support
- Include stewardship related duties in job descriptions
- Communicate
- Create a culture



Antibiotic Stewardship con't

Accountability

- Empower the Medical Director
- Empower the DNS
- Empower the Consultant Pharmacist



Antibiotic Stewardship

- Infection prevention program coordinator
- Consultant Laboratory
- State and local health departments



Drug Expertise

- Work with consultant pharmacist
- Partner with antibiotic stewardship program leads
- Develop relationships



Action

Implement at least one policy or practice to improve antibiotic use

Tracking

- Track how and why antibiotics are prescribed
- Track how often and how many are prescribed
- Track adverse outcomes

Reporting

- Provide regular feedback on antibiotic use and resistance to staff including clinicians and nursing staff



Education

- Provide education to clinicians, nursing, residents and families to address the goals of the antibiotic stewardship program.



Infection Preventionist

The designated Infection Preventionist is an individual who works in the facility and infection prevention and control is their major responsibility



Infection Preventionist

The Infection Preventionist must provide evidence of additional training in Infection Control beyond their professional degree.



Infection Preventionist

- Designation of a specific individual, detailed training, qualifications and hourly requirements for an infection preventionist are not required until implementation of Phase 3.



QAA

- The facility must demonstrate that the Infection Preventionist is a member of the QAA Committee and reports to the committee on a regular basis



QAA

- The written QAA Committee plan includes monitoring and evaluation of activities of the IPCP.

Infection Control





LTC Public Health Code Requirements

PHC: 19-13-D8t(g) Reportable Events
Class B: an event that indicates an outbreak of disease or foodborne outbreaks as defined in section 19a-36-A1 of the Regulations of Connecticut State Agencies
Immediate Notice by telephone to the Department, to be confirmed by written report as provided within 72 hours of event.



Public Health Code

<http://www.portal.ct.gov/DPH/Public-Health-Code-Quick-Browse>

-Health-Code-Quick-Browse—
Public- Health-Code-by-Section



Public Health Code

- 19-13-D8t(t) Infection Control
- Infection Control committee/membership/meetings
- Responsibilities
- RN responsible for day to day operation of surveillance program



Resources

1. The White House. NATIONAL STRATEGY FOR COMBATING ANTIBIOTICRESISTANT BACTERIA. 2014; http://www.whitehouse.gov/sites/default/files/docs/carb_national_strategy.pdf Accessed 9/30/2014.
2. Centers for Disease Control and Prevention. Core Elements of Hospital Antibiotic Stewardship Programs. Atlanta, GA: US Department of Health and Human Services, CDC; 2014 <http://www.cdc.gov/getsmart/healthcare/implementation/coreelements.html> Accessed 9/30/2014
3. Lim CJ, Kong DCM, Stuart RL. Reducing inappropriate antibiotic prescribing in the residential care setting: current perspectives. *Clin Interv Aging*. 2014; 9: 165-177
4. Nicolle LE, Bentley D, Garibaldi R, et al. Antimicrobial use in long-term care facilities. *Infect Control Hosp Epidemiol* 2000; 21:537–45.
5. Dellit TH, Owens RC, McGowan JE, Jr., et al. Infectious Diseases Society of America and the Society for Healthcare Epidemiology of America guidelines for developing an institutional program to enhance antimicrobial stewardship. *Clinical infectious diseases*. 2007;44(2):159-177.
6. Fridkin SK, Baggs J, Fagan R, et al. Vital Signs: Improving antibiotic use among hospitalized patients. *MMWR. Morbidity and mortality weekly report*. 2014;63.