

Nursing Home Infection Prevention and Control Program Changes Ahead

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Objectives

- The Learner will be able to identify and define the federal regulatory requirements per S&C letter 16-05 - All: Infection Control Pilot Project.
- The Learner will be able to define the regulatory requirements when a facility identifies an outbreak.

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S&C letter 16-05-ALL Infection Control Pilot Project

- Three year Infection Control Pilot Project to improve assessment of infection control and prevention in nursing homes, hospitals, and during transitions of care.
- Improve assessment of infection control and prevention regulations in nursing homes, hospitals, and transitions of care.
- All surveys during the pilot will be educational
- New surveyor tools and processes will be developed and tested.

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S&C letter 16-05 cont.

- Focus on existing regulations as well as recommended practices (such as antibiotic stewardship and transitions of care).
- Ten pilot surveys in FY 2016 will occur in nursing homes.
- Surveys in FY 2017 and FY 2018 will be conducted in nursing homes and hospitals.

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Project outcomes

- New surveyor infection control tools and survey processes that will be used to optimize assessment of new infection control regulations.
- Assessments of the pilot surveys will allow for further review of infection prevention practices by healthcare facilities.
- When risk of non-compliance is documented, technical expertise to improve performance can be deployed.

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Scope of Work

- CMS will use a national contractor to perform the educational pilot.
- While no citations will be issued, if an IJ deficiency is noted, a referral will be made to the CMS Regional Office.
- Starting in FY 2016, a pilot nursing home surveyor infection control worksheet along with the pilot survey process will be used to assess compliance with LTC facility infection control requirements CMS published in 2015 in a Notice of Proposed Rule-Making. (Remains in the comment phase)

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Scope of Work cont.

- The surveys will help the nursing homes become prepared and help CMS and the CDC develop training materials for both nursing homes and surveyors.
- Issues related to the spread of HAIs between facilities in the local community will also be addressed.
- After the surveys are completed, a team of infection control professionals will use the survey findings to develop an action plan for improvement and to organize on-site technical assistance.

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Scope of Work cont.

- The long term goals of the pilot will be improved surveyor infection control tools and survey processes to optimize infection control.
- Selection of the facilities to participate in this pilot will be communicated to Regional Offices at a later time.

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Infection Prevention and Control Worksheet

- Assessment of the following domains:
 - IC program infrastructure and Infection Prevention and Control Officer (IPCO)
 - IPCO relationship to Quality Assurance Committee
 - Infection surveillance and outbreak response
 - Antibiotic Stewardship
 - Hand Hygiene
 - Hand Hygiene Tracer
 - Standard Precautions Tracer

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DPH **Infection Prevention and Control Worksheet cont.**

- Transmission Based Precaution
- Transmission Based Precaution Tracer
- Injection Practices and Sharps Safety Tracer
- Point of Care Devices (e.g. Blood Glucose Meter, INR Monitor) Tracer
- Central Venous Line/Catheters: Accessing and Maintenance Tracer
- Indwelling Urinary Catheters Tracer
- Urinary Catheter Access and Maintenance Tracer

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DPH **Infection Prevention and Control Worksheet cont.**

- Respiratory Therapy Tracer
- Wound Management Tracer
- Environmental Cleaning and Disinfection
- Healthcare Personnel Safety
- Respiratory Disease Prevention e.g. Influenza, Tuberculosis and Pneumococcal Immunization
- Linen Management

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DPH **IC program infrastructure and Infection Prevention**

- Written infection prevention and control policies and procedures based on current evidence-based guidelines (CDC/HICPAC).
- Evidence of mandatory personnel training which includes IPCP written standards, policies and procedures.
- Documentation of a facility infection control risk assessment conducted according to IC professional organizations (APIC, SHEA).

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DPH **IC program infrastructure and Infection Prevention cont.**

- Documentation of an annual review of the IPCP using a risk assessment of both facility and community risks and update the program as necessary.

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DPH **Infection Prevention and Control Officer**

- Designated individual as the IPCO who works in the facility at least part-time and infection prevention and control is their major responsibility.
- Evidence the IPCO is qualified (training in IPC beyond their professional degree).
- Written evidence the IPCO is a member of the facility QAA Committee and reports to the committee on a regular basis.

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DPH **Quality Assessment and Assurance (QAA) Committee**

- The IPCO has provided documentation of incidents of communicable disease and infections to the QAA Committee.
- The written QAA Committee plan includes monitoring and evaluation of the activities of the IPCP.
- Adverse events related to breaches of infection prevention practice are analyzed using root cause analysis.

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Infection Prevention and Control Worksheet cont.

- The QAA Committee develops plans of action to address resident after incidents of communicable disease identified during review of infection surveillance, staff adherence to infection prevention practices, and antibiotic stewardship data provided by the IPCP.

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Infection Surveillance

- The facility has a written surveillance plan that outlines the activities for monitoring and tracking infections in the facility.
- The facility has a system in place for early detection and management of potentially infectious symptomatic residents at admission and during their stay which includes implementation of precautions i.e., documenting antibiotic use, history of infections or colonization of *C. difficile* and antibiotic resistant organisms.

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Infection Surveillance cont.

- The facility has a process for obtaining results and diagnosis of infection when residents are transferred back from an acute care hospital.
 - Note: Receiving discharge records at the time of re-admission is not sufficient to comply with this requirement.
- The facility has a current list of communicable diseases which are reportable to local/state authorities and can demonstrate knowledge of when and to whom to report the communicable diseases, healthcare associated infections and outbreaks.

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Antibiotic Stewardship

- The facility has an antibiotic stewardship program that has been approved by the governing body to improve antibiotic use.
- The facility identifies a clinical leader accountable for the antibiotic stewardship related duties per their position description (DNS, Medical Director, or consultant pharmacist)

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Antibiotic Stewardship cont.

- The facility has written protocols on antibiotic prescribing (the intent is to verify antibiotic appropriateness e.g. Indication and duration of use, post use review laboratory reports and determine if antibiotic is indicated or reorder different antibiotic).
- The facility uses infection assessment tools and algorithms for one or more infections.
- The facility has a pharmacy report summarizing antibiotic use from pharmacy data created within last 6 months.

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Antibiotic Stewardship cont.

- Facility clinical leadership (medical director or DNS) provides clinical prescribers with feedback about antibiotic prescribing.
- Facility clinical leadership (medical director or consulting pharmacist) has provided training on antibiotic use (stewardship) to all nursing staff and clinical providers with prescribing privileges with in the last 12 months.

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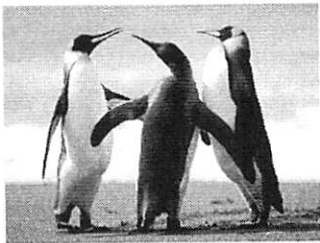
Antibiotic Stewardship cont.

- The facility has educational materials on antibiotic stewardship for residents and families.

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Questions



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Reporting of Outbreaks to the Department of Public Health

- The Connecticut Public Health Code requires nursing homes to report an outbreak of disease and contains some definitions and requirements pertaining to Outbreak Reporting.
- A definition of an epidemic is included in Section 19a-36-A1(n) of the Reportable Diseases and Laboratory Findings Section of the Public Health Code.

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Definition of an Epidemic

- An epidemic is "the occurrence of cases of illness clearly in excess of normal expectancy over a specific time period in a community, geographic region, building or institution."
- The number of cases indicating an epidemic "may vary according to the causative agent, size and type of population exposed, previous experience with the disease and time and place of occurrence. An outbreak of disease is an epidemic."

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Reporting of Outbreaks...cont'd

- An outbreak of disease is defined in Section 19-13-D8t(g) of the CT Public Health Code as a Class B Reportable Event.
- The regulations also require that the licensed administrator or his/her designee report this to the Department as follows:
 - Provide immediate notice by telephone to the Department.
 - To be confirmed by a written report within seventy-two (72) hours of its occurrence

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Reporting of Outbreaks...cont'd

- Initial telephone call to Deborah Casinghino at (860) 509-7492
- Submission of required Reportable Event form and initial line list to DPH within 72 hours and periodic updates by phone at a minimum of weekly.
- Contact DPH Epidemiology Section, telephone number (860) 509-7994 or 7995 and local health officials, who will provide direction and request any documentation that is required.

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DPH Reporting of Outbreaks...cont'd

- The Department requires a Reportable Event form, which is available on the DPH website: <http://www.ct.gov/dph>
- When the completed Reportable Event form is provided to the Department, an initial list of the affected residents to date and the number of affected staff should be included as well as their date of onset.
- When additional information is needed, we will contact the facility's Infection Control Nurse or another representative of the nursing home.

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DPH Reporting of Outbreaks...cont'd

The Reportable Event is required to contain the following information:

- Date of report, date of the event, location, nature and brief description of the outbreak and date of MD notification.
- Licensed level of care and bed capacity of the facility;
- Any other information that is relevant; and
- Signatures of the person who prepared the report, the licensed administrator and the medical director.
- An attached line list should include the following: Identification of the patients affected by the event including name, date of admission, age, primary diagnosis, date of onset, date of notification of physician and family, diagnostic date and result, symptoms, treatment, current status, date resolved.

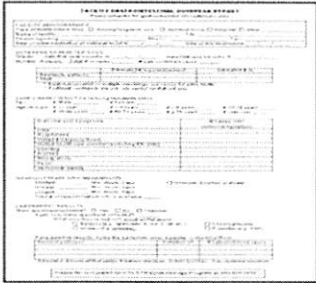
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DPH Reporting of Outbreaks...cont'd

- Once the outbreak has been opened and recorded, it is asked that we receive telephone updates a minimum of once or twice a week.
- If the outbreak results in a death or the number of residents affected increases, please notify DPH at that time.
- Local Health Officials and DPH Epidemiology Section should also be notified.
- Recommendations should be communicated to the facility's medical staff.

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DPH Reporting of Outbreaks...cont'd



Outbreak Reporting

- Please continue to report all facility outbreaks

For GI Outbreaks only:

- 1 page form
- Should be completed at the conclusion of the outbreak
- Information requested:
 - Outbreak Characteristics
 - Case Characteristics
 - Laboratory Results


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DPH Outbreak Closure

- Send a final line list to Deborah Casinghino at DPH showing all residents who have been affected and include an outbreak summary.
- The summary should include the beginning date of the outbreak, the end date, the total number of residents affected, the number of staff affected and the number of residents who died, if any.
- When the Infection Control Nurse in conjunction with the facility's Medical Director determines that an outbreak has been resolved, DPH is to be informed.

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DPH Questions



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