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Nursing Home Quality Essentials Spotlight: Infection Prevention

Optimizing Infection Prevention and Control: Leveraging Assessment and Audit Tools

Thursday, January 30, 2025

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WE'RE BACK!

NURSING HOME QUALITY ESSENTIALS



SPOTLIGHT: INFECTION PREVENTION

Tuesdays & Thursdays | 11 a.m. MT / Noon CT

As part of a contract extension from CMS, we're thrilled to relaunch Nursing Home Quality Essentials, focusing on infection prevention and control!

Join us twice a week for engaging 30-minute sessions tailored for long-term care providers. Each session will spotlight a new aspect of infection prevention, with actionable insights and strategies to integrate directly into daily practices.

Topics may include vaccines, healthcare-acquired infections, rehospitalizations, NHSN reporting, health literacy and more — each aimed at enhancing your infection prevention efforts.

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Vaccinate & Protect!

Telligen's [Adult Vaccine Toolkit](#) compiles practical resources for nursing homes in their efforts to improve vaccination rates.

Telligen's [Vax Hub](#) provides additional on-demand tools, resources and learning modules.

Together, these resources empower facilities to safeguard our most vulnerable populations.



Optimizing Infection Prevention > and Control: Leveraging Assessment and Audit Tools

Objectives

- Identify key assessment and audit tools used to evaluate Infection Prevention and Control (IPC) practices
- Discuss how these tools help identify gaps in infection prevention and control and areas for improvement
- Explore utilizing assessment and audit tool data to drive IPC improvements

Polling Question

When was the last time your facility conducted a review of your Infection Prevention and Control Program (IPCP)?

- A. Within the last 6 months
- B. 6-12 months ago
- C. 1-2 years ago
- D. Unsure

Reviewing Your Infection Prevention and Control Program

§ 483.80(f) The facility will conduct an annual review of its IPCP and update their program, as necessary.



Assessing and Auditing

- Infection Control Assessment and Response (ICAR)
- Appendix PP
- Critical Element Pathways
- Facility Assessment
- Mock Surveys

ICAR

What is an ICAR?

- Infection Control Assessment and Response
- Systematic assessment of a facility's infection prevention and control (IPC) practices
 - Identifies gaps in practices
 - Guides quality improvement
- ICARs are typically conducted by health department staff
 - Experience with IPC assessments and implementation helps with identifying and addressing gaps

How can an ICAR help?

- Identify areas for improvement
- Data driven decision making
- Standardizes practices
- Staff education and training
- Resident and family engagement
- Continuous monitoring and feedback

<https://www.cdc.gov/infection-control/media/pdfs/IPC-mod10-antibiotic-stewardship-508.pdf>

Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings

Module 10. Antibiotic Stewardship Facilitator Guide

Antibiotic Stewardship: This form is intended to aid an ICAR facilitator in the review of a healthcare facility's antibiotic stewardship policies and activities. This interview should be conducted with antibiotic stewardship lead(s) if possible.

Leadership Commitment, Accountability and Stewardship Expertise to Improve Antibiotic Use

1. Which of the following **individuals** are responsible for the management and outcomes of antibiotic stewardship activities at your healthcare facility: (Select all that apply)

- ☐ Physician
 - ☐ Co-lead
 - ☐ Lead
 - ☐ Designated physician support
- ☐ Pharmacist
 - ☐ Co-lead
 - ☐ Lead
 - ☐ Designated pharmacist support
- ☐ Other (e.g., RN, PA, NP, IP, other), specify: _____
 - ☐ Co-lead
 - ☐ Lead
 - ☐ Designated support
- ☐ Unknown
- ☐ None, the healthcare facility does not have individuals responsible for antibiotic stewardship activities management and outcomes
- ☐ Not Assessed

Identifying an antibiotic stewardship lead or co-lead who is/are accountable for program management and outcomes is critical for the successful implementation of antibiotic stewardship policies and activities. Most hospitals have found a physician and pharmacist co-leadership model to be effective.

If a non-physician is identified as a lead for stewardship activities, it is important to designate a physician (or medical director) who can serve as a point of contact and support for the non-physician lead. Regular "stewardship rounds" for the co-leaders, or the non-physician lead and the supporting physician can strengthen program leadership.

The core elements of antibiotic stewardship for hospital, outpatient, nursing home, and small and critical access hospitals can be found here: <https://www.cdc.gov/antibiotic-use/hcp/core-elements>.

For strategies to improve antibiotic prescribing in outpatient dialysis settings refer to:

<https://www.cdc.gov/antibiotic-use/hcp/antibiotics-hemodialysis>

ICAR Modules



Training, audits feedback

Hand hygiene

Transmission based precautions

Environmental services

High level disinfection and sterilization

Injection safety

Point of Care (POC) blood testing

Wound care

Healthcare laundry

Antibiotic stewardship

Water exposure

State Operations Manual Appendix PP

- Guidance for surveyors
- Survey protocols and interpretive guidelines
- Investigative procedures
 - Observations, interviews and key areas of noncompliance

- F880 Infection Prevention and Control
- F881 Antibiotic Stewardship Program
- F882 Infection Preventionist Qualifications/Role
- F883 Influenza and Pneumococcal Immunizations
- F887 COVID-19 Immunizations

Critical Element Pathway

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Infection Prevention, Control & Immunizations

[This facility task must be used to investigate compliance at F880, F881, F882, F883, and F887. For the purpose of this task, "staff" includes facility staff (direct and indirect care functions), contracted staff, consultants, volunteers, others who provide care and services to residents on behalf of the facility, and students in the facility's nurse aide training programs or from affiliated academic institutions. The infection prevention and control program (IPCP) must be facility-wide and include all departments and contracted services. If a specific care area concern is identified, it should be evaluated under the specific care area, such as for pressure ulcers, respiratory care, catheter care, and medication pass observations.]

Focused Infection Control (FIC) Survey (not associated with a recertification):

- Surveyors must evaluate the facility's compliance at all critical elements (CE) in this pathway with the exceptions of CE#4 (Water Management), CE#5 (Laundry Services), and CE#6 (Antibiotic Stewardship Program).

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- Standardized evaluation tool
 - Assess compliance with federal regulations
 - Ensure delivery of high-quality care
- Structured framework for evaluating "critical elements"
- Tool for self-evaluation

X Marks the Spot

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Infection Prevention, Control & Immunizations

- Residents on TBP are placed in a private/single room if available/appropriate, or are cohorted with residents with the same pathogen, or share a room with a roommate with limited risk factors, in accordance with national standards.
- Before visiting a resident, who is on TBP or quarantine, the facility informs visitors of the potential risk of visiting and precautions necessary when visiting the resident.

☐ Observe staff to determine if they use appropriate infection control precautions when moving between resident rooms, units and other areas of the facility.

☐ Interview appropriate staff to determine if they are aware of processes/protocols for transmission-based precautions and how staff is monitored for compliance.

☐ If concerns are identified, expand the sample to include more residents on transmission-based precautions.

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)? ☐ Yes ☐ No F880

IPCP Standards, Policies, and Procedures:

☐ The facility established a facility-wide IPCP including written IPCP standards, policies, and procedures that are current and based on the facility assessment according to §483.71 and national standards (e.g., for undiagnosed respiratory illness and COVID-19).

☐ The facility's policies or procedures include which communicable diseases are reportable to local and/or state public health authorities. The facility has a current list of reportable communicable diseases.

☐ Staff (e.g., infection preventionist) can identify and describe the communication protocol with local/state public health officials (e.g., to whom and when communicable diseases, healthcare-associated infections (as appropriate), and potential outbreaks must be reported).

☐ The policies and procedures are reviewed at least annually.

2. Does the facility have an IPCP including standards, policies, and procedures that are current, based on national standards, and reviewed at least annually? ☐ Yes ☐ No F880

Infection Surveillance:

☐ The facility prohibits employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit disease. Staff are excluded from work according to national standards.

☐ The facility has established/implemented a surveillance plan, based on a facility assessment, for identifying, tracking, monitoring and/or reporting of infections, communicable diseases and outbreaks among residents and staff. Interview staff and review the surveillance plan to determine how the staff monitors residents to identify possible infections and communicable diseases.

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Infection Prevention, Control & Immunizations and Other Critical Element Pathways

- Remain available in downloads section on [CMS Nursing Homes](https://www.cms.gov/nursing-homes) website
- Survey resources (ZIP) <https://www.cms.gov/files/zip/survey-resources.zip>

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Infection Prevention, Control & Immunizations

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Polling Question

Does your facility conduct mock surveys to gather data for quality improvement?

- A. Yes, regularly (at least once a year)
- B. Occasionally (less than once a year)
- C. No, we do not conduct mock surveys
- D. Unsure

The Value of Mock Survey Data: Strengthening Your Program's Preparedness

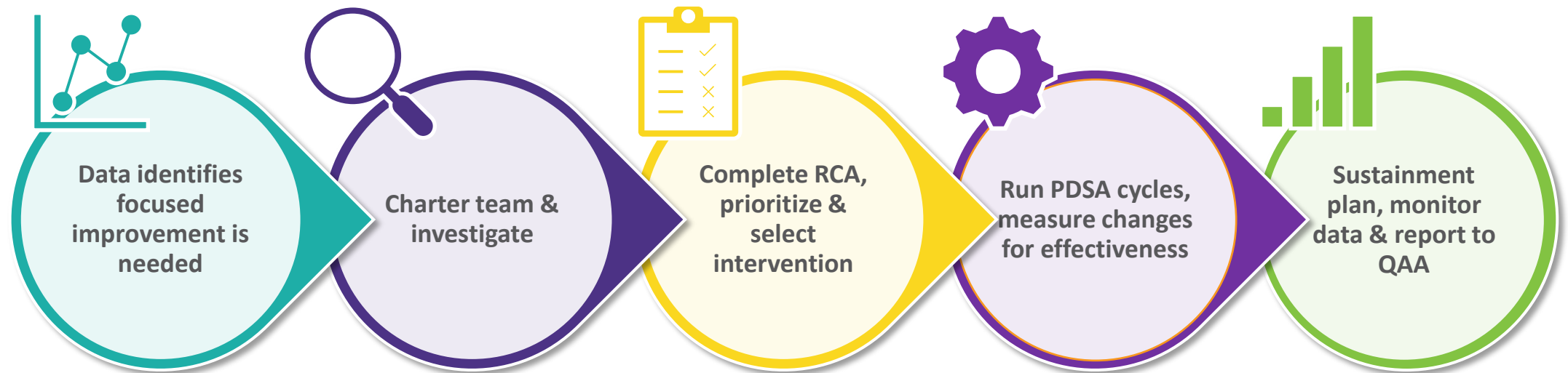


- Identify compliance gaps
- Improves infection control practices
- Enhances staff preparedness
- Strengthens quality improvement efforts
- Refines policies and procedures

Facility Assessment

- The intent of the facility assessment is for the facility to evaluate its resident population and identify the resources needed to provide the necessary care and services residents require
- Determine skills and competencies needed to care for resident population
 - Identify measurable pattern of knowledge, skills, abilities, behaviors and other characteristics needed for staff to perform work roles or occupational functions successfully
 - Confirm staff medical skills match resident care needs

Go With the Flow



Optimization

- Evaluate
- Identify areas for improvement
 - Prioritize areas for improvement
- Analyze using Root Cause Analysis
- Test improvements using Plan-Do-Study-Act (PDSA) cycles
- Implement interventions informing QAA and QAPI committees
- Plan for sustainment

Next Steps

Check for the last time your Infection Prevention and Control Program was reviewed

- Review

- More than a year since last review

- Consider doing a review if it has been 6 months or more

- As needed

- Identify

- Take action

> Questions?

Thank You for Attending Today's Session!

Your feedback is valuable!

Please stay on to complete a brief 5-question assessment.

Your anonymous feedback helps us improve future sessions.

An open-ended question is included for additional comments.

Thank you again for your participation!

Contact Us



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Don't miss out on these upcoming offerings:

Tuesday, February 4, 2025

Resilience in Action: Nursing Home Teams Share Strategies for Sustaining Respiratory Vaccination Rates

Thursday, February 6, 2025

Navigating the Evolving Landscape of COVID-19 and Influenza in Long-Term Care: Insights from Dr. Greg Gahm

Tuesday, February 11, 2025

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