Upcoming Changes in Infection Prevention: What You Need to Know

Aimee Ford, QI Consultant, Qualis Health
Delores Usea, Quality Assurance Manager, Residential Care Services

February 19, 2016
Qualis Health

• A leading national population health management organization

• The Medicare Quality Innovation Network - Quality Improvement Organization (QIN-QIO) for Idaho and Washington

The QIO Program

• One of the largest federal programs dedicated to improving health quality at the local level
Objectives

• Learn more about educational pilot surveys on infection control
• Review CMS’ proposed changes to Infection Control, including the Infection Prevention and Control Officer and Antibiotic Stewardship
• Identify three actions you can take to prepare to improve your infection prevention system
Change Is on the Horizon
Educational Surveys
HAI Impact on Hospital VBP: FY 2017

<table>
<thead>
<tr>
<th>Domain</th>
<th>Sample Measures</th>
</tr>
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<tbody>
<tr>
<td>Efficiency</td>
<td>MSPB</td>
</tr>
<tr>
<td>NEW Safety</td>
<td>HAI measures moved to their own domain. Additional HAIs added to domain include:</td>
</tr>
<tr>
<td></td>
<td>• MRSA</td>
</tr>
<tr>
<td></td>
<td>• <em>C. difficile</em></td>
</tr>
<tr>
<td>Outcomes</td>
<td>Domain now only includes mortality measures</td>
</tr>
<tr>
<td>Process</td>
<td>3 measures. New measure included:</td>
</tr>
<tr>
<td></td>
<td>• Elective Delivery between 37 and 39 Weeks Gestation</td>
</tr>
<tr>
<td>Patient Experience</td>
<td>HCAHPS Measures</td>
</tr>
</tbody>
</table>

2.0% of base DRG payments are at risk.

Performance for FY 2017 payment is largely based on performance during the calendar year of 2015.
§ 483.80 Infection Prevention and Control Program (IPCP)

SNFs are required to develop and implement a formal Infection Prevention and Control Program (IPCP) that includes:

- A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals who provide services
- Program will be reviewed annually
Key Components of the IPCP

- Written standards, policies and procedures that, at minimum, include:
  - Surveillance, reporting, precautions, isolation, hand hygiene, when to prohibit staff from having direct contact with residents/food
- Antibiotic stewardship program
- Recording, investigating, and correcting IPCP-related incidents
- Influenza and pneumococcal immunizations
- Linen handling to prevent spread of infection
Infection Prevention and Control Officer (IPCO)

(4)(b) Infection prevention and control officer. The facility must designate one individual as the infection prevention and control officer (IPCO) for whom the IPCP at that facility is a major responsibility.

The IPCO must:

(1) Be a clinician who works at least part-time at the facility, and

(2) Have specialized training in infection prevention and control beyond their initial professional degree.
(4)(c) IPCO participation on quality assessment and assurance committee.

The person designated as the IPCO must be a member of the facility’s quality assessment and assurance committee and report to the committee on the IPCP on a regular basis.
Proposed Rule 42 CFR 483.45
Pharmacy Services

“...a pharmacist be required to review the resident’s medical record coincident with the drug regimen review when—(1) the resident is new to the facility; (2) a prior resident returns or is transferred from a hospital or other facility; and (3) during each monthly drug regimen review when the resident has been prescribed or is taking a psychotropic drug, an antibiotic, or any drug the QAA Committee has requested be included in the pharmacist’s monthly drug review.

We are proposing the last criteria to give each facility’s QAA Committee the ability to request that certain drugs receive more scrutiny during the monthly drug regiment review.”
Standardized Surveillance and Infection Tracking

National Healthcare Safety Network (NHSN)

CDC's National Healthcare Safety Network is the nation's most widely used healthcare-associated infection tracking system. NHSN provides facilities, states, regions, and the nation with data needed to identify problem areas, measure progress of prevention efforts, and ultimately eliminate healthcare-associated infections.

In addition, NHSN allows healthcare facilities to track blood safety errors and important healthcare process measures such as healthcare personnel influenza vaccine status and infection control adherence rates.

New Data: Hospital Infections

“Some progress, but more work is needed” (http://www.cdc.gov/HAI/progress-report/index.html)
How Can You Prepare?

- Apply a QAPI approach
- Infection control risk assessment
- Policy and Procedure development
- Training for IPCO and staff
- Data collection, tracking, and analysis
- Antibiotic stewardship
- Use the power of partnerships
The Five Elements of QAPI

CMS has identified five strategic elements that are basic building blocks to effective QAPI. These provide a framework for QAPI development.

1. Design and Scope
2. Performance Improvement Projects
3. Feedback, Data Systems and Monitoring
4. Systematic Analysis and Systemic Action
5. Governance and Leadership
The IPCP Team

- Administrator
- Medical Director
- DNS/other nursing leader
- Frontline staff
- Infection prevention leader
- Pharmacy
- Laundry
- Housekeeping
- Maintenance
- Dietary services
- Resident/family member
- Dental services
# Risk Assessment

<table>
<thead>
<tr>
<th>Risk</th>
<th>Probability of Event</th>
<th>Impact (Health, Financial, Legal, Regulatory)</th>
<th>Current Facility Preparedness</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very Likely</td>
<td>Likely</td>
<td>Potential</td>
<td>Rare</td>
</tr>
<tr>
<td>Flu</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>CDI</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Util</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
Purpose of a Risk Assessment

• Risks are reviewed and identified at least annually and whenever significant changes occur

• Risks are assessed with input from, at a minimum, infection control personnel, medical staff, nursing, and leadership

• Identified risks for acquiring and transmitting infections are prioritized (and documented!)

• Based on the identified risks, goals are set to minimize the possibility of transmitting infections.

• Objectives, milestones, and process measures are developed and implemented to achieve specific goals
Policies
Training
Data

Percent of residents with a urinary tract infection (UTI)

UTI Rate

Home rate
Home median (2.70)
State rate
Goal (2.97)
Antimicrobial Stewardship (AMS)
Take Home Points

• SNFs are expected to develop and implement a formalized program designed to prevent infection

• The changes represent an opportunity to be a stronger partner with hospitals, ACOs, etc.

• Use a systematic approach to strengthening your infection prevention system

• Change is coming: The time to prepare is now
Q & A
Action / Next Steps

What will you do with this info when you return to your building?

What is one action you can implement in one week?

What is one change you might try?
Resources

Advancing Excellence infection control toolkit:

https://www.nhqualitycampaign.org/goalDetail.aspx?g=inf


Centers for Disease Control (CDC) toolkit for long-term care facilities:

http://www.cdc.gov/longtermcare/index.html

Centers for Disease Control (CDC) Core Elements of Antibiotic Stewardship for Nursing Homes

http://www.cdc.gov/longtermcare/prevention/antibiotic-stewardship.html

National Healthcare Safety Network (NHSN): Tracking Infections in Long-Term Care Facilities

http://www.cdc.gov/nhsn/LTC/index.html
Thanks and Appreciation
Contact

Aimee Ford, MS, RN  
QI Consultant  
Qualis Health  
aimeef@qualishealth.org  
206-288-2567

Delores Usea, DNP, RN  
Quality Assurance Manager,  
Residential Care Services  
useaD@dshs.wa.gov  
360-725-3235

For more information:

www.Medicare.QualisHealth.org/cDiff

This material was prepared by Qualis Health, the Medicare Quality Innovation Network - Quality Improvement Organization (QIN-QIO) for Idaho and Washington, 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.  
WA-C2-QH-2143-02-16
(i) Systems and reports demonstrating systematic identification, reporting, investigation, analysis, and prevention of adverse events;

(ii) Documentation demonstrating the development, implementation, and evaluation of corrective actions or performance improvement activities; and

(iii) Other documentation considered necessary by a State or Federal surveyor in assessing compliance.

(i) **Sanctions.** Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.

33. Newly redesignated §483.80 is revised to read as follows:

§483.80 Infection control.

The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

(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:

(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 §483.75(e) and following accepted national standards;

(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 disease or infections should be reported;

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

(iv) When isolation should be used for a resident;

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

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

(3) An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use.

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

(b) Infection prevention and control officer. The facility must designate one individual as the infection prevention and control officer (IPCO) for whom the IPCP at that facility is a major responsibility. The IPCO must:

(1) Be a clinician who works at least part-time at the facility, and

(2) Have specialized training in infection prevention and control beyond their initial professional degree.

(c) IPCO participation on quality assessment and assurance committee. The person designated as the IPCO must be a member of the facility’s quality assessment and assurance committee and report to the committee on the IPCP on a regular basis.
(d) Influenza and pneumococcal immunizations — (1) Influenza. The facility must develop policies and procedures to ensure that—

(i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;

(ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;

(iii) The resident or the resident's representative has the opportunity to refuse immunization; and

(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:

(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and

(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.

(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that—

(i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;

(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;
(iii) The resident or the resident's representative has the opportunity to refuse immunization; and

(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:

(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and

(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.

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

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

34. Section 483.85 is added to read as follows:

§483.85 Compliance and ethics program.

(a) Definitions. For purposes of this section, the following definitions apply:

Compliance and ethics program means, with respect to a facility, a program of the operating organization that--

(i) Has been reasonably designed, implemented, and enforced so that it is likely to be effective in preventing and detecting criminal, civil, and administrative violations under the Act and in promoting quality of care; and

(ii) Includes, at a minimum, the required components specified in paragraph (c) of this section.
DATE: December 23, 2015

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Infection Control Pilot Project

Memorandum Summary

- **Project Overview:** The Centers for Medicare & Medicaid Services (CMS) has begun a three year pilot project to improve assessment of infection control and prevention regulations in nursing homes, hospitals, and during transitions of care.

- **Survey details:** All surveys during the pilot will be educational surveys (no citations will be issued) and will be conducted by a national contractor. New surveyor tools and processes will be developed and tested, focusing on existing regulations as well as recommended practices (such as those for antibiotic stewardship and transitions of care). Ten pilot surveys to be conducted in Fiscal Year (FY) 2016 will occur in nursing homes. Surveys in FY17 and FY18 will be conducted in nursing homes and hospitals.

- **Project Outcomes:** New surveyor infection control tools and survey processes that can be used to optimize assessment of new infection control regulations.

Background

With funding from the Centers for Disease Control and Prevention (CDC), CMS has begun a pilot project to meet identified joint priorities related to assessing the continuum of infection prevention efforts between hospitals and nursing homes in order to prevent transmission of infections in both settings. The recent U.S. experience with Ebola highlighted the critical importance of infection prevention programs in protecting both healthcare personnel and patients. Translating lessons learned from the Ebola outbreak, including the importance of core infection prevention practices, to every setting where individuals receive healthcare is a significant opportunity to increase the safety of U.S. healthcare facilities.

The role of nursing homes in healthcare delivery has expanded significantly. Over 3 million Americans receive care in U.S. nursing homes each year. Data about infections in nursing homes are limited, but it has been estimated in the medical literature that:

- 1 to 3 million serious infections occur every year in these facilities;
• Common infections include urinary tract infections, diarrheal diseases, antibiotic-resistant staphylococcal infections and other multi-drug resistant organisms; and,
• Infections are a major cause of hospitalization and death; as many as 380,000 people die from infections in nursing homes every year.

There is a clear need to assess the continuum of infection prevention efforts between hospitals and nursing homes in order to prevent transmission of infections in both settings. Assessments in these educational, pilot surveys will allow for further review of infection prevention practices by the healthcare facilities, as well as examination of infection prevention during transitions of care. In addition, where the risk of non-compliance is documented, technical expertise to improve performance can be deployed. Sustainable improvements can then be measured using the CDC National Healthcare Safety Network (NHSN) data.

Scope of Work

CMS will use a national contractor to perform educational pilot surveys. While no citations will be issued, if an Immediate Jeopardy deficiency is noted, a referral to the CMS Regional Office will be made. The surveys will provide nursing homes and hospitals with guidance on improving infection prevention within their catchment area. Starting in FY16, a pilot nursing home surveyor infection control worksheet (ICWS) and pilot survey process, in collaboration with CDC, will better assess compliance with long term care facility infection control requirements that CMS published in 2015 in a Notice of Proposed Rule-Making. To the extent that such requirements are published in final form, we believe that these educational surveys will help the nursing homes become more prepared and help CMS and the CDC develop training materials for both nursing homes and surveyors. In FY17, we expect the educational surveys will be conducted in both hospitals and nursing homes.

Through this effort, issues related to the spread of HAIs between facilities in a local community will also be addressed. After the survey findings are determined, a team of infection control professionals will use those survey findings to develop an action plan for improvement and to organize on-site technical assistance. Follow up visits for technical assistance may occur and long term impact might be measured utilizing NHSN data. The long term goals of this pilot will be improved surveyor infection control tools and survey processes to optimize infection control.

CMS CO staff will communicate details and updates regularly with CMS Regional Offices and State Survey Agencies throughout this three year pilot. The selection of the facilities to participate in this pilot will be communicated at a later time to the Regional Offices.

Contact: Please send all questions to Dr. Daniel Schwartz at daniel.schwartz2@cms.hhs.gov.

Effective Date: Immediately. This information should be communicated to all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum.

/s/
Thomas E. Hamilton

cc: Survey and Certification Regional Office Management