

INFECTION PREVENTION AND ANTIBIOTIC STEWARDSHIP

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DIRECTOR OF EDUCATION
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OBJECTIVES

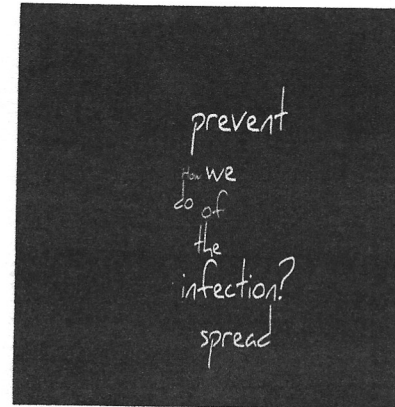
1. Verbalize an overview of the Infection Prevention and Control Program essentials and regulations associated with the program.
2. List the 7 Core Elements of Antibiotic Stewardship
3. Describe how to select, mentor and support the Infection Preventionist with consideration of F882
4. Discuss communication strategies for working with facility leadership in support of the Infection Prevention and Control Program

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OVERVIEW OF INFECTION PREVENTION



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UPDATED F-TAGS ASSOCIATED WITH INFECTION CONTROL

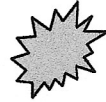
- Tags as of 5/23
 - F880: Infection Control #2 10,111/110,188 surveys 9.2 % (as of 10/28/21)
 - F881: Infection Control & Prevention Program (ASP)
 - F882: Infection Preventionist
 - F883: Influenza and Pneumococcal Immunizations
 - F884 - Reporting - National Health Safety Network #1 10426/119,188 9.5%
 - F885 - Reporting - Residents, Representatives & Families
 - F886 - Testing-Residents & Staff (Removed 5/23)
 - F887- Covid Immunization
 - F888 - COVID-19 Vaccination of Facility Staff (Removed 6/23)
- Associated Cross Tags
 - F690: Urinary Incontinence (UTI's)
 - F757: Unnecessary Drugs (Antibiotics)

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F880 INFECTION CONTROL



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.”

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual>

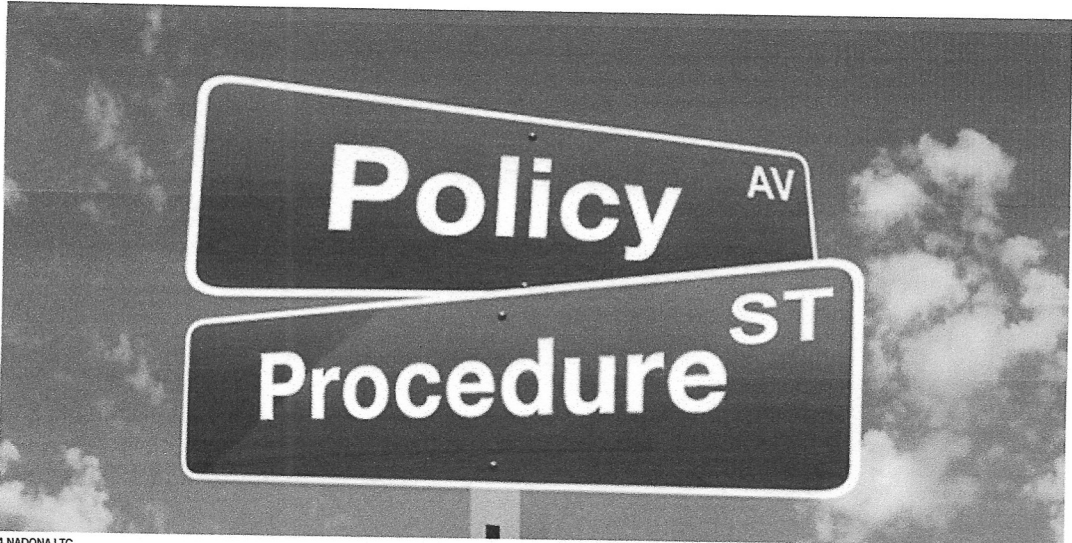
INFECTION PREVENTION AND CONTROL PROGRAM COMPONENTS



- System for prevention, identification, investigation and control of infections and communicable disease
- Written standards, policies and procedures
- System to record incidents identified and corrective actions taken
- Linen handling, storage processing and transport
- Annual Review
- Antibiotic Stewardship Program
- Designated Infection Preventionist

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf>

INFECTION PREVENTION POLICIES & PROCEDURES

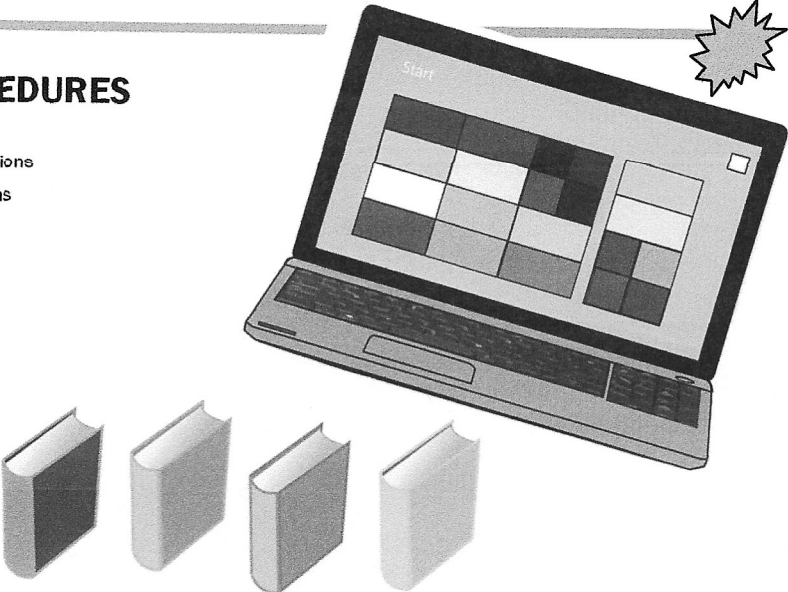


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IPC POLICIES AND PROCEDURES

- Surveillance
- Reporting of communicable disease or infections
- Standard and transmission-based precautions
- When and how isolation should be used
- When employees can and cannot work
- Hand Hygiene
- Water Management Program
- Construction
- Rotating Stock
- Pets and Animals in the Facility
- Ice Chests and Machines
- Visitation
- Reporting
- Beauty and Barber Shop
- Linen processing, handling, storage, etc.
- Pest Control



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Infection Prevention Policies & Procedures Checklist

- _____ IPCP policy that includes a PLAN based on Risk Assessment
- _____ Surveillance Program
- _____ Standard precautions, Cough Etiquette and Transmission-based precautions to include PPE use, donning/doffing, resident placement,
- _____ **Enhanced Barrier Precautions**
- _____ Outbreak Management
- _____ CAUTI Guidelines (APIC 2014) and Appropriate DX for use
- _____ Hand hygiene (HH)
- _____ Specialty services policies: Mechanical Ventilation, Infusion Therapy, Dialysis etc. Facility specific
- _____ Wound/skin care
- _____ Incontinence Care
- _____ Performing fingersticks and point-of-care testing and disinfection of machines after use
- _____ Preparation, administration, and care for ALL medications administered (tablets, injections, eye gtts etc.)
- _____ Environmental cleaning/disinfection: Routine cleaning and disinfection daily in all areas of building and discharge cleaning.
- _____ Cleaning/disinfection of personal and shared resident care equipment
- _____ Written occupational health policies that address reporting of staff illnesses and following work restrictions
- _____ Assessing risks for tuberculosis (TB) and Screening Staff and Residents per Guidelines
- _____ Implementing an exposure control plan in order to address potential hazards posed by blood and body fluids, and injection safety
- _____ Education and competency assessment to ensure staff follow the IPCP's standards & policies
- _____ **Vaccination policies for Residents**
- _____ **Vaccination Policies for staff**
- _____ Water Management Program
- _____ Construction
- _____ Rotating Stock
- _____ Pets and Animals in the Facility
- _____ Facility Pets
- _____ Ice Chests and Machines
- _____ Visitation
- _____ Reporting
- _____ Beauty and Barber Shop
- _____ Linen processing, handling, storage, etc.
- _____ Pest Control

DONS

How are you ensuring the program is meeting the goals?

- Review IP reports on audits conducted
- Have a pulse on the new infections
- Knowledgeable about any potential transmissions
- Up to date Policies & Procedures based on evidenced based practices
- Embracing the IP program



ANNUAL REVIEW



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ANNUAL REVIEW



F880 Infection Control

§483.80(f) Annual review.

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

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>

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

Section 1: Facility Demographics and Infection Prevention and Control (IPC) Infrastructure Long-Term Care

General Facility Demographics and IPC Infrastructure

Date of Assessment: _____

Facility Name: _____

State/Territory: _____ County: _____

Zip Code: _____ State/Territory-assigned Unique ID (if applicable): _____

Facility type (Complete the demographic form that corresponds to the type of facility):

Acute Care Hospital / Critical Access Hospital NHSN Facility Organization ID (if applicable): _____

Long-term Care CMS Facility ID (if applicable): _____

Outpatient/Ambulatory Care

Other (specify): _____

Facility Respondent Name(s) and Job Title(s): _____

Rationale for assessment:

Requested by facility

Requested by accrediting agency/ licensing organization

Requested by state or local health department

HAI prevention focused:

CAUTI

CLABSI

SSI

CDI

Other (specify): _____

Prevention collaborative (specify partners): _____

Outbreak (specify): _____

Other (specify): _____


Obtain a list of products used for cleaning and disinfection of environmental surfaces and non-critical patient/resident care equipment in the facility

EPA registration number(s) for products used in patient/resident rooms: _____

EPA registration number(s) for products used in common areas: _____

EPA registration number(s) for products used on non-critical patient/resident care equipment (e.g., blood glucose meters): _____

<https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html>



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

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INFECTION PREVENTION ASSESSMENT TOOL

Three Sections to Tool

- Section 1 (pictured) Demographics
- Section 2 Facilitator Guide Assessment Modules
- Section 3 Observation Forms

CMS TOOLS

To review Policies & Practices

Click on each Module below to open the tool in a fillable PDF document.

[Module 1 - Training, Audits, Feedback](#) [PDF - 5 pages]

[Module 2 - Hand Hygiene](#) [PDF - 7 pages]

[Module 3 - Transmission-Based Precautions \(TBP\)](#) [PDF - 30 pages]

[Module 4 - Environmental Services \(EVS\)](#) [PDF - 18 pages]

[Module 5 - High-level Disinfection and Sterilization](#) [PDF - 13 pages]

[Module 6 - Injection Safety](#) [PDF - 11 pages]

[Module 7 - Point of Care \(POC\) Blood Testing](#) [PDF - 8 pages]

[Module 8 - Wound Care](#) [PDF - 9 pages]

[Module 9 - Healthcare Laundry](#) [PDF - 9 pages]

[Module 10 - Antibiotic Stewardship](#) [PDF - 5 pages]

■ <https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html>

Observation Forms

Click on each link below to open the form in a fillable PDF document.

[Observation Form - Hand Hygiene](#) [PDF - 3 pages]

[Observation Form - Transmission-Based Precautions \(TBP\)](#) [PDF - 16 pages]

[Observation Form - Environmental Services \(EVS\)](#) [PDF - 15 pages]

[Observation Form - High-level Disinfection and Sterilization](#) [PDF - 10 pages]

[Observation Form - Injection Safety](#) [PDF - 10 pages]

[Observation Form - Point of Care \(POC\) Blood Testing](#) [PDF - 7 pages]

[Observation Form - Wound Care](#) [PDF - 7 pages]

[Observation Form - Healthcare Laundry](#) [PDF - 3 pages]

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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
10	Percutaneous-gastrostomy															
11	insertion site infection															
12	Wound infection															
13	Other (specify)															
14	Risk-Related															
15	Symptomatic urinary tract															
16	infection (SUTI)															
17	Pneumonia															
18	Celutitis/soft tissue															
19	Clostridioides															
20	<i>difficile</i> infection															
21	Tuberculosis*															
22	Other (specify)															
23	Outbreak-Related															
24	Influenza*															
25	Other viral respiratory															
26	pathogens*															
27	Norovirus gastroenteritis*															
28	Bacterial gastroenteritis															
29	(e.g. <i>Salmonella Shigella</i>)															
30	Scabies															
31	Conjunctivitis															
32	Group A <i>Streptococcus</i> *															
33	MDRO															
34	Other (specify)															
35																
36																
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38																
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1 Risk assessment should take into account the frequency of this disease in the community as part of determining probability of occurrence. Data from State/local health department may be informative.

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33 Data Prepared

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35 Adapted from <https://spice.unc.edu/resources/template-risk-assessment-for-aci/>

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Infection events IPC practice failures

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**CMS/CDC
INFECTION
PREVENTION
TRAINING
RESOURCE:
“IPC RISK
ASSESSMENT
SPREADSHEET
(EXCEL)”**

<https://www.cdc.gov/longtermcare/training.html>

ENHANCED BARRIER PRECAUTIONS (EBP)

- CMS QSO memo- QSO-24-08-NH
- Survey Documents: <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes>
- CDC Recommendations <https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>
- CDC FAQ- <https://www.cdc.gov/hai/containment/faqs.html>
- EBP are indicated for residents with any of the following:
 - Infection or colonization with a CDC-targeted MDRO when Contact Precautions do not otherwise apply; or
 - Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO.
- Examples of chronic wounds include, but are not limited to, pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and venous stasis ulcers. (Not skin tears or skin breaks band aid type dressings)
- Indwelling medical device examples include central lines, urinary catheters, feeding tubes, and tracheostomies. A peripheral intravenous line (not a peripherally inserted central catheter) is not considered an indwelling medical device for the purpose of EBP.
- Differences noted between CMS & CDC-
 - PPE storage More lenient than CDC - does not have to be outside room but staff need to know where it is (“easily accessible”)
 - Signage CDC Orange signs not required but need a communication system that allows all staff to know when and who require EBP prior to providing care.
 - Therapy In room therapists will need to gown & glove when providing prolonged care in transfers and ambulation etc.
 - Dining Room EBP is not required as a short transfer time is needed.
 - Hall - Again short contact is required -no EBP

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Infection Prevention, Control & Immunizations

CMS-20054 (4/1/24)

Interview appropriate staff to determine if PPE supplies are readily available, accessible, and used by staff, and who they contact for replacement supplies.

- Are there sufficient PPE supplies available to follow infection prevention and control guidelines? In the event of PPE shortages, what procedures is the facility taking to address this issue?

Enhanced Barrier Precautions (EBP):
EBP use is evaluated when investigating specific care activities, such as wound care, enteral feeding, urinary catheter care, etc. EBP are indicated during high contact care activities for residents with infection or colonization with a CDC targeted MDRO (when contact precautions do not apply) or for any resident who has a chronic wound and/or indwelling medical device. High-contact resident care activities include dressing, bathing/showering, transferring, toileting, providing hygiene, changing linens or briefs, device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator, or wound care: generally, for residents with a chronic wound(s), not skin breaks or tears covered with an adhesive bandage (e.g., Band-Aid) or similar dressing.

Interview staff to determine if they are aware of which residents require the use of EBP prior to providing high-contact care activities?
 Is PPE readily available to staff?

Transmission-Based Precautions (TBP):

Determine if appropriate transmission-based precautions are implemented, including but not limited to:

- For a resident on contact precautions: staff don gloves and isolation gown before contact with the resident and/or his/her environment;
- For a resident on droplet precautions: staff don a facemask and eye protection (goggles or face shield) within six feet of a resident and prior to resident room entry;
- For a resident on airborne precautions: staff don a fit-tested N95 or higher-level respirator prior to room entry of a resident;
- For a resident with an undiagnosed respiratory infection: staff follow standard, contact, and droplet precautions (i.e., facemask, gloves, isolation gown) with eye protection when caring for a resident unless the suspected diagnosis requires airborne precautions (e.g., tuberculosis);
- Dedicated or disposable noncritical resident-care equipment (e.g., blood pressure cuffs, blood glucose monitor equipment) is used, or if not available, then reusable resident medical equipment is cleaned and disinfected according to manufacturers' instructions using an EPA-registered disinfectant for healthcare settings and effective against the identified organism (if known) prior to use on another resident.
- Objects and environmental surfaces that are touched frequently and in close proximity to the resident (e.g., bed rails, over-bed table, bedside commode, lavatory surfaces in resident bathrooms) are cleaned and disinfected with an EPA-registered disinfectant for healthcare settings and effective against the organism identified (if known) at least daily and when visibly soiled.
- Signage on the use of specific PPE (for staff) is posted in appropriate locations in the facility (e.g., outside of a resident's room, wing, or facility-wide).

CMS-20054 (April 2024)
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<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes> (Survey resources)

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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 F830

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 §483.70(e)] 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 F830

Infection Surveillance:

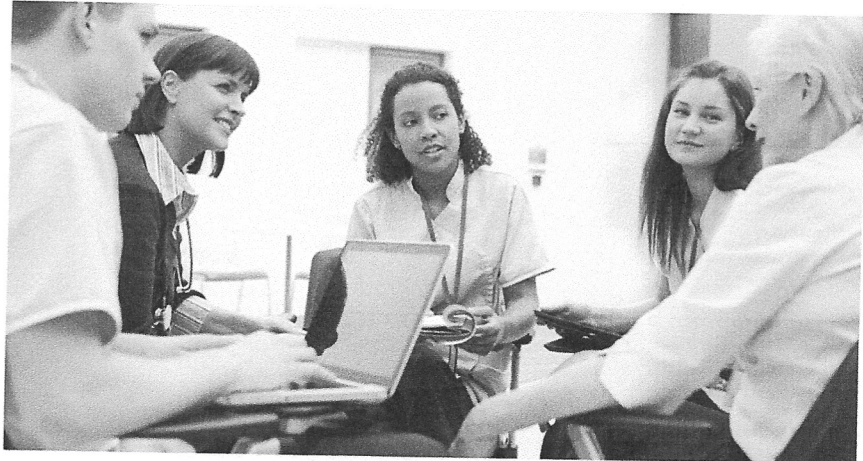
- The facility prohibits employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit disease. Staff are excluded from work according to national standards.
- The facility has established/implemented a surveillance plan, 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.

CMS-20054 (April 2024)
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ANTIBIOTIC STEWARDSHIP



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CDC ANTIBIOTIC STEWARDSHIP IN NURSING HOMES

Antibiotic Stewardship in Nursing Homes

4.1 MILLION
Americans are admitted to or reside in nursing homes during a year*

UP TO 70%
of nursing home residents received antibiotics during a year**

UP TO 75%
of antibiotics are prescribed incorrectly***

CDC recommends **7 CORE ELEMENTS** for antibiotic stewardship in nursing homes:
 Leadership Commitment • Accountability
 Drug Expertise • Action • Tracking
 Reporting • Education

* Includes those receiving the wrong drug, dose, duration or course
** CDC Quality Report 2013
*** U.S. #1 Drug 2016, Chart 10. Preventing inappropriate antibiotic prescribing in the residential care setting. Current surveillance: 2010-2014. Agency: 2014. © 10/1/17
**** See U.S. Sen. Ray D. Clapper's report: Antibiotic Use in Long-Term Care Facilities. United States House of Representatives, 2017. H.R. 1111



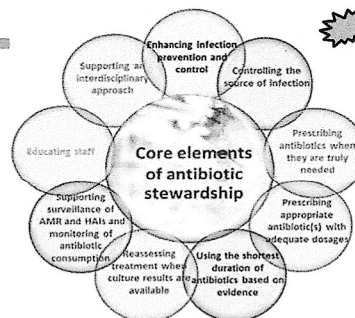
Centers for Disease Control and Prevention
National Center for Emerging and Zoonotic Infectious Diseases

F881 INFECTION ANTIBIOTIC STEWARDSHIP PROGRAM

- The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:
 - An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use.
 - Program implementation and monitoring
 - Reports
 - Feedback to prescribers
 - Resident assessment
 - Criteria for infection
 - Education
 - Nursing Staff
 - Prescribing practitioners



CDC Core Elements of Antibiotic Stewardship



[HTTPS://WWW.CDC.GOV/ANTIBIOTIC-USE/CORE-ELEMENTS/NURSING-HOMES.HTML](https://www.cdc.gov/antibiotic-use/core-elements/nursing-homes.html)

F881 ANTIBIOTIC STEWARDSHIP AND CDC



- Leadership Commitment
- Accountability
- Drug Expertise
- Action
- Tracking
- Reporting
- Education

DON's:

Have you reviewed your Antibiotic Stewardship Plan?
 Does it contain all of these elements?
 Are each of the elements explained?
 Does it have your purpose and process defined?
 Does it contain all of your tools?



Is the Nursing Home Ready?	Yes	No
Is key leadership supportive of this effort? Support by leadership (i.e., the board and/or administrator, director of nursing, or medical director) is critical to change.		
Is the medical director actively involved in quality improvement and/or infection control?		
Is the nursing home financially stable?		
Is the nursing home's ownership and/or management stable (i.e., no changes anticipated over the next six months)?		
Is the nursing home in good standing with the State Survey Agency (e.g., not identified as a Special Focus Facility, not under State receivership, has not had admissions frozen)?		
Are there at least two staff who can serve as program champions and commit to leading the activity? Program champions could include (but are not limited to) the director of nursing, assistant director of nursing, charge nurse(s), infection prevention consultant/practitioner, and the medical director or other prescribing clinician. It is critical that at least two, if not more, staff are willing to lead the effort and champion it.		
Is there time to train staff? Implementation will require training for nursing staff and possibly prescribing clinicians, depending on the toolkit. Initial training for nurses and prescribing clinicians may take approximately 30 minutes to 2 hours. Are there sufficient resources (e.g., time, funds) to cover such training?		
Are there sufficient funds to make copies of materials for nurses, prescribing clinicians, and, as appropriate, residents and family members?		
Are there resources for implementing mechanisms to sustain the effort (e.g., staff who can train new nurses as they are hired and include the topic in the annual education program)? The key to sustaining any new activity is ensuring everyone is knowledgeable about it.		

www.ahrq.gov/sites/default/files/wysiwyg/nhguide/3_TK1_T3-Readiness_Assessment_final.docx

CDC CORE ELEMENTS OF ANTIBIOTIC STEWARDSHIP IN NURSING HOMES

CDC Core Elements of Antibiotic Stewardship in Nursing Homes Checklist

Checklist for Core Elements of Antibiotic Stewardship in Nursing Homes

The following checklist is a companion to the Core Elements of Antibiotic Stewardship in Nursing Homes. The CDC recommends that all nursing homes take steps to implement antibiotic stewardship activities. Before getting started, use the checklist as a baseline assessment of policies and practices which are in place. Then use the checklist to review progress in expanding stewardship activities on a regular basis (e.g., annually). Over time, implement activities for each element in a step-wise fashion.

LEADERSHIP SUPPORT	ESTABLISHED AT FACILITY
1. Does your facility demonstrate leadership support for antibiotic stewardship through one or more of the following actions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <input type="checkbox"/> If yes, indicate which of the following are in place (check all that apply) <input type="checkbox"/> Written statement of leadership support for antibiotic stewardship <input type="checkbox"/> Antibiotic stewardship duties included in medical director position description <input type="checkbox"/> Antibiotic stewardship duties included in director of nursing position description <input type="checkbox"/> Leadership meeting/committee/antibiotic stewardship group are held <input type="checkbox"/> Antibiotic use and resistance data is reviewed in quality assurance meetings 	

ACCOUNTABILITY	
2. Has your facility identified a leader for antibiotic stewardship activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <input type="checkbox"/> If yes, indicate who is responsible for overseeing antibiotic stewardship activities <input type="checkbox"/> Medical director <input type="checkbox"/> Director or assistant director of nursing services <input type="checkbox"/> Consultant pharmacist <input type="checkbox"/> Other 	

DRUG CAPACITY	
3. Does your facility have access to technology with antibiotic stewardship capabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <input type="checkbox"/> If yes, indicate which of the following are being tracked (check all that apply) <input type="checkbox"/> Computer pharmacy tool used to monitor antibiotic use in antibiotic stewardship <input type="checkbox"/> Pharmacy with stewardship team at nursing home <input type="checkbox"/> Manual antibiotic stewardship consultant <input type="checkbox"/> Other 	

ACTIONS TO IMPROVE USE	
4. Does your facility have policies to improve antibiotic prescribing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <input type="checkbox"/> If yes, indicate which of the following are in place (check all that apply) <input type="checkbox"/> Requires prescribers to document a dose, duration, and indication for all antibiotic prescriptions <input type="checkbox"/> Developed facility specific algorithm for antibiotic prescribing <input type="checkbox"/> Developed facility specific algorithm for appropriate disposition (e.g., ordering pathways) for specific situations <input type="checkbox"/> Developed facility specific treatment action recommendations for infections <input type="checkbox"/> Review antibiotic reports based on the antibiotic summary <input type="checkbox"/> Other 	

5. Has your facility implemented practices to improve antibiotic use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <input type="checkbox"/> If yes, indicate which practices are in place (check all that apply) <input type="checkbox"/> Utilize a resident assessment and communication tool for residents suspected of having an infection <input type="checkbox"/> Implemented process for communicating or tracking antibiotic use information when residents are transferred to other care facilities <input type="checkbox"/> Developed metrics summarizing the antibiotic stewardship program (e.g., facility antibiotic stewardship antibiotic review process, antibiotic time out) <input type="checkbox"/> Implemented an infection specific measure to improve antibiotic use <input type="checkbox"/> If yes, indicate for which conditions 	
6. Does your facility monitor and improve antibiotic stewardship activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <input type="checkbox"/> If yes, indicate activities performed by the antibiotic stewardship team (check all that apply) <input type="checkbox"/> Review antibiotic resistance for appropriateness of administration and/or evaluation <input type="checkbox"/> Establish standards for clinical laboratory monitoring for antibiotic drug abuse (e.g., urine, urine) <input type="checkbox"/> Monitor microbiology culture data to detect and guide antibiotic selection 	

TRACKING, MONITORING ANTIBIOTIC PRESCRIBING, USE, AND RESISTANCE	
7. Does your facility monitor use or misuse (overuse) of antibiotic use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <input type="checkbox"/> If yes, indicate which of the following are being tracked (check all that apply) <input type="checkbox"/> Adherence to local assessment documentation (e.g., symptoms, vital signs, physical exam) <input type="checkbox"/> Adherence to facility specific treatment recommendations <input type="checkbox"/> Adherence to facility specific disposition recommendations <input type="checkbox"/> Monitor both prescribers' history of antibiotic use <input type="checkbox"/> Monitor time of use antibiotic (e.g., resident days) <input type="checkbox"/> Monitor antibiotic usage of therapy's local resistance data <input type="checkbox"/> Other 	
8. Does your facility monitor use or misuse (overuse) of antibiotic use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <input type="checkbox"/> If yes, indicate which of the following are being tracked (check all that apply) <input type="checkbox"/> Monitor rates of antibiotic resistance <input type="checkbox"/> Monitor rates of antibiotic-resistant organisms <input type="checkbox"/> Monitor rates of antibiotic drug levels in urine <input type="checkbox"/> Other 	

EDUCATION AND SUPPORT TO STAFF ON IMPROVING ANTIBIOTIC USE AND RESISTANCE	
9. Does your facility provide facility specific reports on antibiotic use and resistance with clinical prescribers and nursing staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <input type="checkbox"/> If yes, indicate which of the following are being tracked (check all that apply) <input type="checkbox"/> Measure of antibiotic use at the facility <input type="checkbox"/> Measure of antibiotic resistance (e.g., local, state, national) <input type="checkbox"/> Report of facility antibiotic stewardship system (e.g., meeting) <input type="checkbox"/> Monitor antibiotic resistance (e.g., antibiotic stewardship program for clinical prescribers) <input type="checkbox"/> Other 	

EDUCATION	
10. Does your facility provide educational materials and resources about antibiotic resistance and opportunity for improving antibiotic use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <input type="checkbox"/> If yes, indicate which of the following are being tracked (check all that apply) <input type="checkbox"/> Clinical prescribers (e.g., MDs, NPs, PA, etc.) <input type="checkbox"/> Nursing staff (e.g., RNs, LPNs, CNAs) <input type="checkbox"/> Residents and families <input type="checkbox"/> Other 	

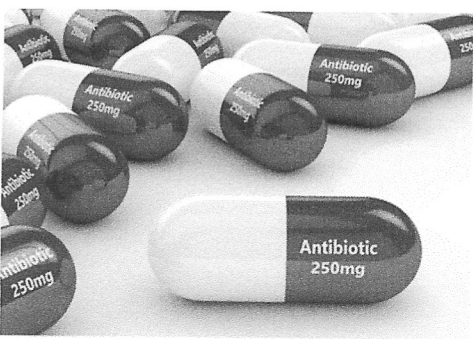
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EXAMPLE OF AN ANTIBIOTIC STEWARDSHIP PLAN

What is in the Plan?

- Policy
- Procedure
- Resources
- Appendices
 - #1 Criteria
 - #2 Tools used
 - #3 Measurement Protocols
 - Antibiotic Use
 - Stewardship Actions
 - Outcomes



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EXAMPLE FROM MN DEPARTMENT OF HEALTH



<https://www.health.state.mn.us/diseases/antibioticresistance/hcp/asp/ltc/index.html>

MINNESOTA SAMPLE ANTIBIOTIC STEWARDSHIP POLICY FOR LONG TERM CARE FACILITIES
Antibiotic stewardship (ASP) in LTCs will be to optimize upon 2023 ASP activities, enhance antibiotic use tracking, implementation of steps to enhance stewardship, monitor use and identify remaining work for potential infection outside of the urinary tract, and track multidrug resistant infections.

- PROCEDURE:**
- Administrative Leadership**
 - Administrative leadership will identify a (R) prescriber, nursing, and pharmacy lead to be responsible for program oversight and governance - the Antibiotic Stewardship Team (AST).
 - Administrative leadership and the AST will together develop an antibiotic stewardship mission statement.
 - A written leadership statement of support of antibiotic stewardship will be posted in the facility and made available to residents, families, and staff.
 - Leadership will communicate annually with nursing staff and providers this commitment to antibiotic stewardship and the expectations of the nursing home regarding monitoring and enforcement of stewardship policies.
 - Accountability (Antibiotic Stewardship Team)**
 - Team Role**
 - Accountability for activities that support the antibiotic stewardship mission.
 - Define standards for antibiotic prescribing, communication, and other stewardship actions for staff and clinical providers confidential to deliver care in the home.
 - Communicate prescribing standards to staff and providers.
 - Write antibiotic use and other data to ensure that Antibiotic Stewardship Policy procedures and other best practices are followed and refined as needed.
 - Complete and share report of antibiotic use, process measures, and outcomes monthly.
 - Identify any necessary procedural changes based on monthly reports.
 - Work with laboratory annually for total antibiotic regional antibiotic use.
 - Monitor**
 - The AST will include, at minimum, the Medical Director, the Director of Nursing, Infection Prevention/Coordinator, and a consultant pharmacist.
 - AST Lead: _____
Responsibilities: _____

BACKGROUND:
Antibiotics are powerful tools for fighting and preventing infections. However, widespread use of antibiotics has resulted in an alarming increase in antibiotic-resistant infections and a subsequent need to rely on broad spectrum antibiotics that might be more toxic and expensive. In addition to the development of antibiotic resistance, antibiotic use is associated with an increased risk of Clostridium difficile infection and adverse drug reactions. Since antibiotics use frequently covers an inappropriate duration, a concerted effort to decrease or eliminate inappropriate use can make a big impact on infections aimed at treating infections while promoting appropriate antibiotic use. The practice of antibiotic stewardship requires coordination, leadership, communication, and actions endorsed by local, state, and federal entities. In compliance with the current Centers for Medicare and Medicaid Services (CMS) Requirements of Participation for infection control in long term care facilities, this Antibiotic Stewardship Policy outlines how _____ (facility) _____ will address this important health care issue.

POLICY:
It is the policy of _____ (facility) _____ to maintain an Antibiotic Stewardship Program (ASP) with the mission of promoting the appropriate use of antibiotics to treat infections and reduce possible adverse events associated with antibiotic use. Components of this policy were developed by using evidence-based best practices and are aligned with the City Element of Antibiotic Stewardship for Nursing Homes, published by Centers for Disease Control and Prevention (CDC), and the State Operations Manual (SOM) Part 9200, Guidelines to Supervisors of Long Term Care Facilities, published by CMS (21).

- The seven core elements of the _____ (facility) _____ ASP are:
- Leadership Commitment:** We will designate time, resources, and technological ASP resources.
 - Accountability:** We will have physician, nursing, and pharmacy leads responsible for promoting and overseeing antibiotic stewardship activities.
 - Drug Expertise:** We will establish and maintain access to a consultant pharmacist(s) or other individual with antibiotic stewardship specific drug expertise.
 - Action:** We will implement policies and practices to improve antibiotic use.
 - Tracking:** We will monitor antibiotic use and outcomes from antibiotic use.
 - Reporting:** We will provide regular feedback on antibiotic use and resistance to prescriber, clinicians, nursing staff, and other relevant staff.
 - Education:** We will provide education to clinicians, nursing staff, residents, and families about antibiotic resistance and appropriate antibiotic use.
- Key Objectives for the ASP in 2022** will be to establish an ASP and a system for tracking antibiotic use to meet the requirements of participation set by CMS. We will also implement a small number of antibiotic stewardship activities to improve communication about antibiotic resistance and antibiotic decision-making for potential urinary tract infections (UTI).

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RESOURCES: MN DEPARTMENT OF HEALTH

Minimum Criteria for Initiation of Antibiotics in Long-Term Care Residents

Suspected Urinary Tract Infection

- NO indwelling catheter:**
- Acute dysuria
 - or
 - Fever ($>37.9^{\circ}\text{C}$ [100°F] or a 1.5°C [2.4°F] increase above baseline temperature) and at least one of the following:
 - New or worsening:
 - Urgency
 - Frequency
 - Suprapubic pain
 - Gross hematuria
 - Costovertebral angle tenderness
 - Urinary incontinence
- WITH indwelling catheter (Foley or suprapubic):**
- At least one of the following:
 - Fever ($>37.9^{\circ}\text{C}$ [100°F] or a 1.5°C [2.4°F] increase above baseline temperature)
 - New costovertebral tenderness
 - Rigors
 - New onset of delirium
- Note: Foul smelling or cloudy urine is not a valid indication for initiating antibiotics. Asymptomatic bacteriuria should not be treated with antibiotics.

Suspected Skin and Soft-tissue Infection

- New or increasing purulent drainage at a wound, skin, or soft-tissue site
- or
- At least 2 of the following:
 - Fever ($>37.9^{\circ}\text{C}$ [100°F] or a 1.5°C [2.4°F] increase above baseline temperature)
 - Redness
 - Tenderness
 - Warmth
 - New or increasing swelling

Source: Iorbes et al. Development of Minimum Criteria for the Initiation of Antibiotics in Residents of Long-Term Care Facilities. Results of a Consensus Conference. *Inf Control Hosp Ep*. 2003

Suspected Lower Respiratory Tract Infection

- Fever $>38.9^{\circ}\text{C}$ [102°F] and at least one of the following:
 - Respiratory rate >25
 - Productive cough
 - or
 - Fever ($>37.9^{\circ}\text{C}$ [100°F] or a 1.5°C [2.4°F] increase above baseline temperature, but $\leq 38.9^{\circ}\text{C}$ [102°F]) and cough and at least one of the following:
 - Pulse >100
 - Rigors
 - Delirium
 - Respiratory rate >25
 - or
 - Afibrile resident with COPD and >65 years and new or increased cough with purulent sputum production
 - or
 - Afibrile resident without COPD and new cough with purulent sputum production and at least one of the following:
 - Respiratory rate >25
 - Delirium
 - or
 - New infiltrate on chest X-ray thought to represent pneumonia and at least one of the following:
 - Fever ($>37.9^{\circ}\text{C}$ [100°F] or a 1.5°C [2.4°F] increase above baseline temperature)
 - Respiratory rate >25
 - Productive cough
- Chest X-ray and complete cell count with differential is reasonable for residents with fever, cough, and at least one of the following: pulse >100 , worsening mental status, rigors

Fever with Unknown Focus of Infection

- Fever ($>37.9^{\circ}\text{C}$ [100°F] or a 1.5°C [2.4°F] increase above baseline temperature) and at least one of the following:
 - New onset delirium
 - Rigors

Note: Fever + mental status changes that do not meet delirium criteria (e.g. reduced functional activities, withdrawal, loss of appetite) need to be investigated but empiric antibiotics are not needed.

mn DEPARTMENT OF HEALTH
465.202.5614 | 1.877.676.6414
www.health.state.mn.us

<https://www.health.state.mn.us/diseases/antibioticresistance/hcp/ltcabcxcard.pdf>

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MN DEPARTMENT OF HEALTH APPENDIX E. MEASUREMENT PROTOCOLS

MINNESOTA SAMPLE ANTIMIOTIC STEWARDSHIP POLICY FOR LONG-TERM CARE FACILITIES

MINNESOTA SAMPLE ANTIMIOTIC STEWARDSHIP POLICY FOR LONG-TERM CARE FACILITIES

APPENDIX E. Measurement Protocols

Part 1. Antibiotic Use

Antibiotic Starts

- Measurement
 - The electronic health record system will be used to generate a list of all residents given an antibiotic prescription. Part 1b checks start in a provider located inside of the facility. A Microsoft Excel Antibiotic Use Database will be developed for antibiotic use tracking.
 - Each antibiotic start for a resident will be listed in a separate row. Some residents might be listed in more than one row, if they have had more than one course of antibiotics during the month.
 - Columns to be included in the database are:
 - Resident Name
 - Antibiotic name
 - Indication for antibiotic
 - Route of administration
 - Dose of antibiotic
 - Prescribed length of antibiotic course (days)
 - Prescriber and prescriber facility
 - Antibiotic time out occurred? (yes/no)
 - The medical record of each resident receiving an antibiotic that month will be reviewed and the appropriate information filed into the Excel Database.
- Review and Reporting
 - The database will be reviewed by the consulting pharmacist once monthly to assess appropriateness of prescribing.
 - For the Monthly ASP Tracking Report, the following calculations will be completed and reported:
 - Total number of antibiotic starts
 - Number and percent of antibiotic starts by antibiotic name and class
 - Number and percent of antibiotic starts originating from facility providers and outside providers

Part 2. Stewardship Actions

Prescription Record-Keeping Compliance

- Measurement
 - The facility's Antibiotic Stewardship Policy requires that the dose, duration, and indication of every antibiotic prescription must be documented in the medical record for every resident, regardless of prior prescriptions or documentation elsewhere (e.g., in discharge orders or a discharge facility).
 - Each month, the Antibiotic Use Database will be reviewed to look for completeness of these data.
 - A new column will be added to the Microsoft Excel Antibiotic Use Database, titled, "Record Complete".
 - Each time of the database will be assessed to determine whether dose, duration, and indication were recorded. If none of these data are missing, the "Record Complete" entry marked as "Yes".
- Reporting
 - For the Monthly ASP Tracking Report, the following calculations will be completed and reported:

- Number and percent of resident antibiotic starts with all of dose, duration, and indication recorded
- Number and percent of antibiotic starts with dose recorded
- Number and percent of antibiotic starts with duration recorded
- Number and percent of antibiotic starts with indication recorded
- Number and percent of resident reports with complete dose, duration, indication information, by location of prescription (i.e., inside or outside of the facility).

Use of Antibiotic Time-Outs

- Measurement
 - Data about the occurrence of antibiotic time-outs will be collected during completion of the monthly Microsoft Excel Antibiotic Use Database.
- Reporting
 - For the Monthly ASP Tracking Report, the following calculations will be completed and reported:
 - Number and percent of antibiotic starts that were followed up by an antibiotic time-out
 - Number and percent of antibiotic starts that were followed up by an antibiotic time-out, by location of prescription (i.e., inside or outside of the facility).

Part 3. Outcomes

Carbapenem Resistant Detection

- Measurement
 - The electronic health record system will be used to generate a list of all residents with a positive C-difficile diagnosis that submitted to a provider located inside of the facility.
 - A Microsoft Excel C-difficile Database will be developed for tracking.
 - Each resident diagnosed with C-difficile will be listed in a separate row.
 - Columns to be included in the database are:
 - Resident Name
 - Date of specimen collection for positive C-difficile test
 - Room number when test positive
 - Presence of all loose stools within 24 hour period before test? (yes/no)
 - Received antibiotics within 30 days prior to positive test? (yes/no)
 - The medical record of each resident with a positive C-difficile test that month will be reviewed and the appropriate information filed into the Excel Database.
- Reporting
 - For the Monthly ASP Tracking Report, the following calculations will be completed and reported:
 - Number of residents with positive C-difficile diagnostic test
 - Number and percent of residents positive for C-difficile that had 2 loose stools within 24 hour prior to diagnostic test
 - Number and percent of residents positive for C-difficile that received antibiotics in 30 days before testing

Suspected UTI SBAR

Complete this form before contacting the resident's physician.

Nursing Home Name _____ Date/Time _____
 Resident Name _____ Date of Birth _____
 Physician/NP/PA _____ Phone _____ Fax _____
 Name _____ Facility Phone _____
 Submitted by: Phone Fax In Person Other _____

S Situation

I am contacting you about a suspected UTI for the above resident.

Vital Signs BP _____ / _____ HR _____ Resp rate _____ Temp _____

B Background

Active diagnoses or other symptoms (especially, bladder, urinary/gastrointestinal conditions)

Specify _____

No Yes The resident has an indwelling catheter

No Yes Patient is on dialysis

No Yes The resident is incontinent **if yes, new/relapsing?** No Yes

No Yes Advance directives for limiting treatment related to antibiotic and/or hospitalizations

Specify _____

No Yes Medication Allergies

Specify _____

No Yes The resident is on Warfarin (Coumadin®)

AHRQ-Agency for Healthcare Research and Quality

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Nursing Home Antimicrobial Stewardship Guide

AHRQ-AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Overview of the Guide
The Nursing Home Antimicrobial Stewardship Guide provides toolkits to help nursing homes optimize their use of antibiotics.

Browse Antimicrobial Stewardship Toolkits
Toolkits on four topic areas are available.

Implement, Monitor, and Sustain a Program
Two toolkits help nursing homes start and maintain antimicrobial stewardship programs.

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Nursing Home Antimicrobial Stewardship Guide

About the Guide

Toolkits

Implement, Monitor, and Sustain an Antimicrobial Stewardship Program

Determine Whether It Is Necessary To Treat a Potential Infection With Antibiotics

Help Prescribing Clinicians Choose the Right Antibiotic

- [Toolkit 1 Working With a Lab To Improve Antibiotic Prescribing](#)
- [Toolkit 2 Using Nursing Home Antibiograms To Choose the Right Antibiotic \(Concise Antibiogram Toolkit\)](#)
- [Toolkit 3 The Nursing Home Antibiogram Program Toolkit How To Develop and Implement an Antibiogram Program](#)

<https://www.ahrq.gov/nhguide/toolkits/help-clinicians-choose-the-right-antibiotic/index.html>

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5. Did the facility store, handle, transport, and process linens properly? Yes No FSS0 N/A, not a recertification survey

Antibiotic Stewardship Program:

Determine whether the facility has an antibiotic stewardship program that includes:

- Written antibiotic use protocols on antibiotic prescribing, including the documentation of the indication, dosage, and duration of use of antibiotics;
- Protocols to review clinical signs and symptoms and laboratory reports to determine if the antibiotic is indicated or if adjustments to therapy should be made and identify what infection assessment tools or management algorithms are used for one or more infections (e.g., SBAR tool for urinary tract infection (UTI) assessment, Loeb minimum criteria for initiation of antibiotics);
- A process for a periodic review of antibiotic use by prescribing practitioners: for example, review of laboratory and medication orders, progress notes and medication administration records to determine whether or not an infection or communicable disease has been documented and whether an appropriate antibiotic has been prescribed for the recommended length of time. Determine whether the antibiotic use monitoring system is reviewed when the resident is new to the facility, when a prior resident returns or is transferred from a

MO-20254 (AsPI 2024)

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Infection Prevention, Control & Immunizations

hospital or other facility, during each monthly drug regimen review when the resident has been prescribed or is taking an antibiotic, or any antibiotic drug regimen review as requested by the QAA committee;

- Protocols to optimize the treatment of infections by ensuring that residents who require antibiotics are prescribed the appropriate antibiotic; and
 - A system for the provision of feedback reports on antibiotic use, antibiotic resistance patterns based on laboratory data, and prescribing practices for the prescribing practitioner.
- If there are concerns with the antibiotic stewardship program, surveyors must complete an investigation utilizing the Unnecessary Medication Review CE Pathway for at least one resident on an antibiotic to assess whether the resident(s) is being prescribed an antibiotic unnecessarily. Expand the sample as needed to determine scope and severity of findings.
- Determine whether a resident is already included in the sample from the initial pool or as one of the five residents selected for the unnecessary medication review.
 - If there are not any sampled residents, select a high-risk resident receiving an antibiotic from the facility's infection surveillance log (e.g., UTI without a culture, long-term use, no signs or symptoms noted) to add to the sample.

6. Did the facility conduct ongoing review for antibiotic stewardship? Yes No FSS1 N/A, not a recertification survey

Infection Preventionist (IP):

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INFECTION PREVENTIONIST



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F882 INFECTION PREVENTIONIST

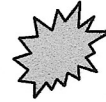


- “The facility must designate one or more individual(s) as the infection Preventionist(s) (IP)(s) who are responsible for the facility’s IPCP. The IP must:
 - Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;
 - Be qualified by education, training, experience or certification;
 - Work at least part-time at the facility;
 - Have completed specialized training in infection prevention and control.
- IP participation on quality assessment and assurance committee and report to the committee on the IPCP on a regular basis.”

INFECTION PREVENTIONIST (IP)

- What specialized training in infection prevention and control has your IP had?
- Is your IP a self starter?
- Does your IP possess the qualities needed to be a successful IP such as?
 - Leader
 - Collaborator
 - Educator
 - Communicator
 - Data Analyst /Critical Thinker (Audits)

ROLES OF THE IP



Leader

- IP administers the IPC program through determining:
 - program priorities,
 - responding to IPC events
 - identifying and initiating performance improvement projects (PIPs).
- The IP advocates for resources for the program
- The IP is accountable for the results of the program,
- Lastly the IP must be able to challenge expectations and consider alternative viewpoints

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ROLES OF THE IP CONT.



Collaborator

- Merriam Webster defines **collaborator** as someone who works with another person or group.
- The IP is a natural selection to be the liaison within and outside of the facility.
- The IP works within the facility to build agreement and teams to support the IP activities and goals.
- Outside of the facility, the IP builds relationships to bring support and resources to the facility IPC program.

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ROLES OF THE IP CONT.

■ Educator

- The IP is teaching all day long.
- The IP interacts and teaches to a variety of audiences such as staff, residents, families and visitors.
- The IP should be constantly cognizant of the adult learning principles.
- Whether the IP is teaching in a classroom, in a huddle on the unit or in a “just in time” situation, content needs to be delivered with these concepts in mind.
- Education was and continues to be a huge focus of the IP during the pandemic and going forward.



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ROLES OF THE IP CONT.

■ Communicator

- There is a need for robust written and verbal communication skills.
- The IP will need to be able to provide concise and accurate information to the various stakeholders on a timely basis.
- The messages and methods of communication need to be in a manner that is appropriate for the different audiences.
- The IP uses these strong communication skills when encouraging the staff to assist in identifying and implementing infection prevention interventions to IPC issues.



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ROLES OF THE IP CONT.



- Data Analyst /Critical Thinker
 - IP uses the scientific evidence found in literature and governmental guidance and translates it into practice.
 - Performance and outcome surveillance data is used to determine IPC activities.
 - The IP will also use this data to shift priorities and resources when new issues arise such as an outbreak or as we have recently witnessed a pandemic.

HIRING AND RETAINING INFECTION PREVENTIONISTS

DONs

- When you interview for this position what are you looking for?
 - Do these roles come to mind or do you consider them because they are a good nurse?
- What kind of support do you offer?
 - Is the Infection Preventionist considered a key position in the facility?
 - Is enough time dedicated to this role to ensure that the program gets the attention it deserves as well as an indication to the IP and the other staff that infection prevention is a priority for the facility?
 - Is clear direction regarding expectations of the role and how those expectations can be met within the timeframe allotted for the IP role expressed on hire and throughout the tenure of the IP?
 - Have you ensured those expectations are communicated to new leadership, should that occur, to provide consistency in the role?

Infection Preventionist (IP):

During interview with facility administration and Infection Preventionist(s), determine the following:

- The facility designated one or more individual(s) as the infection preventionist(s) who are responsible for the facility's IPCP.
- The Infection Preventionist (s) works at least part-time at the facility.
- The Infection Preventionist(s) completed specialized training in infection prevention and control.

Review facility records for the following related to the designated IP:

- Professional training: the facility must provide documentation of the IP's primary professional training. There must be one of the following:
 - Certificate/diploma or degree in nursing; or
 - Bachelor's degree (or higher) in microbiology or epidemiology; or
 - Associate's degree or higher in medical technology or clinical laboratory science; or
 - Completion of training in another related field such as that for physicians, pharmacists, and physician's assistants.
- Specialized training in infection prevention and control.
 - Completed prior to assuming the role of the IP; and
 - Evidence of completion is available (e.g., certificate).

CMO-20054 (April 2024)

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Infection Prevention, Control & Immunizations

7. Did the facility designate at least one qualified IP, who is responsible for the facility's IPCP? Yes No F882

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F883 INFLUENZA AND PNEUMOCOCCAL IMMUNIZATIONS

Influenza & Pneumococcal- The facility must develop policies and procedures to ensure that-

- Receives education prior to receiving immunization
- Influenza immunization is offered annually (usually 10/1-3/31)
- Pneumococcal immunization is offered unless medically contraindicated or has already been immunized
- Immunization may be refused
- Medical record must reflect:
 - Education was provided including benefits and side effects
 - Immunization was received or did not receive due to medical contraindications or refusal or (already received)

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Influenza, Pneumococcal, and COVID-19 Immunizations for Residents:

Review the records of the five residents (influenza, pneumococcal, and COVID-19) for documentation of:

- Screening and eligibility to receive the vaccine(s);
- The provision of education related to the influenza, pneumococcal, and COVID-19 vaccines (such as the benefits and potential side effects);
- The administration of vaccines in accordance with national recommendations, which includes doses administered.
- Facilities must follow the CDC and Advisory Committee on Immunization Practices (ACIP) recommendations for vaccines; and
- Allowing a resident or representative to accept or refuse the influenza, pneumococcal, and COVID-19 vaccines. If not provided, documentation as to why the vaccine(s) was not provided.

For surveys occurring during influenza season, unavailability of the influenza vaccine can be a valid reason why a facility has not implemented the influenza vaccine program, especially during the early weeks of the influenza season. Similarly, pneumococcal or COVID-19 vaccine supplies may be limited anytime of the year. Ask the facility to demonstrate that:

- The vaccine has been ordered and the facility received a confirmation of the order indicating that the vaccine has been shipped or that the product is not available but will be shipped when the supply is available; and
- Plans are developed on how and when the vaccines will be administered when they are available.

As necessary, determine if the facility developed influenza, pneumococcal, and COVID-19 vaccine policies and procedures for residents. Review policies and procedures and interview facility staff and residents and/or resident representatives to determine:

- How residents and/or resident representatives receive education on the benefits and potential side effects before being offered a vaccine. If multiple doses are required, how residents and/or resident representatives, will again receive education on the benefits and potential side effects before being offered the vaccine; and
- How screening is conducted for eligibility (e.g., medical contraindications, previous vaccination), the vaccines are offered, and consent or refusal is obtained.

8. Did the facility provide influenza and/or pneumococcal immunizations as required or appropriate for residents? Yes No F883

9. Did the facility educate and offer COVID-19 immunization as required or appropriate for residents? Yes No F887

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Educate and Offer COVID-19 Immunizations for Staff

Review facility documentation for sampled staff for evidence of:

- Screening and eligibility to receive the vaccine(s);

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Infection Prevention, Control & Immunizations

As necessary, review facility policies and procedures and interview staff to determine:

- The provision of education regarding the benefits, risks and potential side effects associated with the vaccine;
- Being offered the vaccine or provided information on obtaining the vaccine;
- The administration of vaccines, if accepted in accordance with national recommendations.

As necessary, review facility policies and procedures and interview staff to determine:

- How staff are educated on the benefits, risks and potential side effects before being offered a vaccine, for each dose offered;
- How staff vaccination status is documented;
- How staff are screened for eligibility (e.g., medical contraindications, previous vaccination), vaccines offered, and consent is obtained; and
- If the facility provided information to staff on obtaining the vaccine if it is not available in the facility.

10. Did the facility maintain staff documentation of screening, education, offering, and current COVID-19 vaccination status? Yes No F887

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OTHER F TAGS RELATING TO COVID



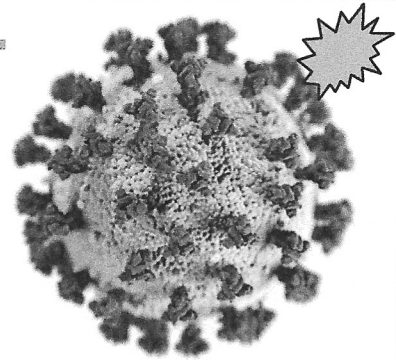
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COVID FTAGS

- F884 – Reporting of COVID -19 cases – National Health Safety Network
- F885 – Reporting – To Residents, Representatives & Families
- F886 – Testing- Of Residents & Staff
- F887- Offering Vaccines (educating residents or resident representatives and staff regarding the benefits and potential side effects associated with the COVID-19 vaccine, and offering the vaccine. Furthermore, LTC facilities must report COVID-19 vaccine and therapeutics treatment information to the Centers for Disease Control and Prevention’s (CDC) National Healthcare Safety Network (NHSN).
- F888 - COVID-19 Vaccination of Facility Staff Matrix to fill out for survey



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F690 - INCONTINENCE

- For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that—
 - If incontinent of bladder; receives appropriate treatment to prevent UTIs and restore continence to the extent possible.
 - If a resident is admitted without a catheter that they are not catheterized unless their medical condition warrants and if a resident is admitted with a catheter, the resident is assessed for removal of catheter as soon as medically appropriate



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F757 – UNNECESSARY DRUGS

- Each resident's drug regimen must be free from unnecessary drugs.
- An unnecessary drug is any drug when used—
 - In excessive dose (including duplicate drug therapy);
 - For excessive duration;
 - Without adequate monitoring
 - Without adequate indications for its use;
 - In the presence of adverse consequences which indicate the dose should be reduced or discontinued
 - Any combinations of the reasons stated above



<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf>

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Infection Prevention, Control & Immunizations

Infection Control: This facility task must be used to investigate compliance at F880, F881, F882, F883, F887, and F888. For the purpose of this task, "staff" includes all facility employees (regardless of clinical responsibilities or resident contact), licensed practitioners, adult students, trainees, and volunteers; and individuals who provide care, treatment or other services for the facility and/or its residents, under contract or by other arrangement. 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 which include central lines, peripheral IVs, and oral/IM/respiratory medications.

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

- Surveyors must evaluate the facility's compliance at all critical elements (CE) in the CMS 20054, Infection Prevention, Control & Immunizations pathway with the exceptions of CE#4 (Water Management), CE#5 (Laundry Services), and CE#6 (Antibiotic Stewardship Program).
- Do not conduct a full compliance review of F888 at CE#10, CE#11, and CE#12 if the facility was determined to be in substantial compliance with F888 within the previous six weeks and no substantive changes have been made to the policies and procedures for staff COVID-19 vaccinations.

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes>

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Infection Prevention, Control & Immunizations CMS-20054 (4/1/24)

Coordination:

- Each surveyor is responsible for assessing the facility for breaks in infection control throughout the survey and is to answer CEs of concern.
- One surveyor performs or coordinates the facility task to review for:
 - Standard and transmission-based precautions
 - Infection Prevention and Control Program (IPCP) standards, policies, and procedures
 - Infection surveillance
 - Water management
 - Laundry services
 - Antibiotic stewardship program (review at least one resident who is receiving an antibiotic if there are concerns)
 - Infection Preventionist
 - Influenza, pneumococcal, and COVID-19 immunizations
- Sample residents/staff as follows:
 - Sample one staff to verify compliance with requirements for educating and offering COVID-19 immunization (select one staff from the actual working schedules for all staff provided during entrance conference).
 - Sample three residents on transmission-based precautions (TBP) for purposes of determining compliance with infection prevention and control national standards, as well as resident care, screening, testing, and reporting.
 - Sample five residents for influenza, pneumococcal, and COVID-19 immunizations review.

General Standard Precautions:

- Staff are performing the following appropriately:
 - Respiratory hygiene/cough etiquette.
 - Environmental cleaning and disinfection, and
 - Reprocessing of reusable resident medical equipment (e.g., cleaning and disinfection of glucometers per device and disinfectant manufacturer's instructions for use).
- Residents, visitors, and others at the facility wear appropriate source control, in accordance with national standards.
- When there is a known communicable disease outbreak, the facility should screen visitors for signs and symptoms of the communicable disease in accordance with national standards and/or state and local health department recommendations. Screening may be conducted by active or passive (e.g., self-screening) means, depending upon national, state or local recommendations.

Hand Hygiene:

- Appropriate hand hygiene practices (i.e., alcohol-based hand rub (ABHR) or soap and water) are followed.

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes>

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COMMUNICATION STRATEGIES



- How does the DON provide that support in an upward manner?
 - Ensure that the ADM/CEO etc. has significant information of the expectations of the IP.
 - Provide the ADM/CEO with the time required to complete those tasks/expectations
 - When budgeting continue to support the need of the IP time by making it a priority and budgeted first before staffing.
 - When speaking in front of groups(IDT, Board s, QAPI etc.) uphold the IP as a VIP and a role model.
 - Keeping Infection Prevention in front of all staff during meetings and in personal conversations when appropriate.

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Helping
YOUR
Infection
Preventionist
to SUCCEED!



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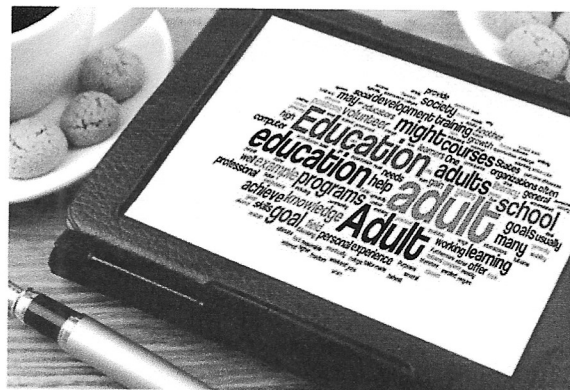
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NEW INFECTION PREVENTIONIST?

- MEET – Meet with the Infection Preventionist
- REVIEW – Review the Requirements
- REFERENCE - Cross reference current P&P's to determine needed updates
- DISCUSS - Discuss with Medical Director
- INCLUDE - Include the Pharmacy Consultant

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EDUCATION REQUIREMENTS



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COMPETENCY EXAMPLE



Infection Prevention Nurse/Coordinator Competency Assessment

Facility / Infection Prevention and Control Nurse Coordinator may complete the following assessment of Coordinator's competence and qualifications. To perform a self-assessment, nurse should score each area below. Committee should determine what action, if any, will occur for all scores of 2 or 3.

- 1 = competent
- 2 = needs improvement
- 3 = not competent

Management			
Has knowledge of:	Actions to address (scores of 2 or 3)		
Basic principles of management	1	2	3
The steps in the problem-solving process	1	2	3
Concepts of change theory	1	2	3
Education			
Has knowledge of:	Actions to address (scores of 2 or 3)		
Principles of adult education and teaching strategies	1	2	3
Conducting a needs/knowledge assessment of the learners	1	2	3
Educational techniques and methods for adults	1	2	3
Learner evaluation techniques	1	2	3
Surveillance			
Has knowledge of:	Actions to address (scores of 2 or 3)		
Principles of epidemiology	1	2	3
Surveillance methods	1	2	3
Criteria for healthcare-associated infections	1	2	3
Basic statistical calculations	1	2	3
Data analysis	1	2	3
Reporting mechanisms	1	2	3

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AUDITS FOR OVERSIGHT

- Hand Hygiene Audits
- Food Preparation Audits
- Personal Protective Equipment Audits
- Water Pass Audits
- Med Pass Audits
- Catheter Care Audits
- Peri-Care Audits
- Room Sanitization Audits
- Environmental Audits
- Dining Room Audits
- Linen Handling Audits



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QUESTION

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REFERENCES AND RESOURCES

- Centers for Disease Control and Prevention. Infection Prevention and Control & Immunization Critical Element Pathway: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/LTC-Survey-Pathways.zip>
- Brown, D., McKnights Long-Term Care News. NHSN reporting, infection control among top survey citations this year. March 5, 2021: <https://www.mcknights.com/news/nhsn-reporting-infection-control-among-top-survey-citations-this-year/>
- Finck-Boyle, J. Top 10 Survey Citations – March 2021. Leading Age: <https://leadingage.org/regulation/top-10-survey-citations-march-2021>
- [www.ahrq.gov/sites/default/files/wysiwyg/nhguide/3 TK1 T3-Readiness Assessment final.docx](http://www.ahrq.gov/sites/default/files/wysiwyg/nhguide/3_TK1_T3-Readiness_Assessment_final.docx)
- CMS State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltc.pdf
- CDC-Core Elements of Antibiotic Stewardship for Nursing Homes: <http://www.cdc.gov/longtermcare/prevention/antibiotic-stewardship.html>
- U.S. Department of Health & Human Services: AHRQ: Nursing Home Antimicrobial Stewardship: <http://www.ahrq.gov/nhguide/index.html>
- Minnesota Department of Health Minnesota Antimicrobial Stewardship Program Toolkit for Long-term Care Facilities: <https://www.health.state.mn.us/diseases/antibioticresistance/hcp/asp/ltc/index.html>
- Centers for Disease Control and Prevention. Infection Prevention and Control & Immunization Critical Element Pathway: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/LTC-Survey-Pathways.zip>

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