

Infection Prevention and the CMS Pathway

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Objectives

- Understand the elements in the CMS Infection Prevention, Control and Immunization pathway
- Identify common areas of opportunity within infection prevention and control



Why does infection prevention matter?



What is the “Infection Prevention, Control and Immunization” pathway

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

Infection Prevention, Control & Immunizations

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

- This is the tool that surveyors will use to review compliance for infection prevention, control and immunizations
- Defines who are “staff”
- Provides definition for the program locations



Key points

- Outlines the process for the survey
 - Each surveyor is responsible for assessing facility
 - One surveyor performs or coordinates the tasks
- Sample size is identified



What do we know about surveys so far?

- Policies present but not implemented, monitored, enforced or staff not educated or aware
- Low level disinfection
- Following manufacturer instructions for use
- Adhering to a water management plan
- Following Enhanced Barrier Precautions (EBP) or Transmission Based Precautions
- Hand hygiene
- Clear delineation of clean and dirty
- Notification of active COVID
- PPE availability
- Medication storage



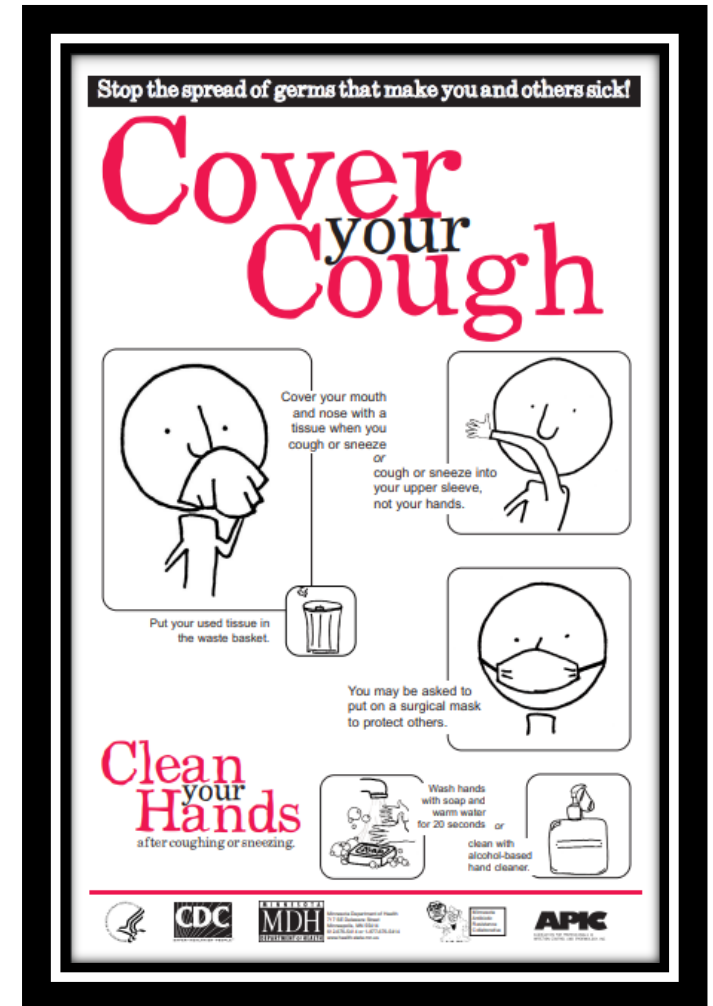
What is covered in the pathway?

- General Standard 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



Standard Precautions

- Are staff performing
 - Respiratory and cough etiquette
 - Environmental cleaning and disinfection
 - Reprocessing of reusable medical equipment
- Source control
- Screening process in the event of an outbreak



Hand Hygiene

- Hand hygiene- when indicated
 - Before and after contact with the resident;
 - After contact with blood, body fluids, or visibly contaminated surfaces;
 - After contact with objects and surfaces in the resident's environment;
 - After removing personal protective equipment (e.g., gloves, gown, eye protection, facemask); and
 - Before performing a procedure such as an aseptic task
- Staff
- Residents



Personal Protective Equipment (PPE)

- Use
 - Worn during general patient care
- Includes
 - Gloves
 - Gowns
 - Mask
 - Eye protection
 - Respirators
- Removal
 - Discarded after patient care
 - Removed after resident care
- Availability



Enhanced Barrier Precautions (EBP)

- When indicated
 - High contact care activities for resident infected or colonized with Multidrug-resistant organism (MDRO)
 - When contact precautions do not apply
 - Residents with chronic wounds
 - Residents with indwelling medical device
- What precautions to use
 - At a minimum gown and gloves
 - Still follow standard precautions
- Availability of PPE



Transmission-based precautions (TBP)

- Used in addition to standard
- For limited period of time
- Contact
 - Gown and gloves
 - Acute diarrhea
 - Public Health recommendations
 - Droplet
 - Influenza
 - Airborne
 - Tuberculosis
 - Undiagnosed respiratory infections
- Communicated



Summary standard precautions, EBP, TBP

Table: Summary of Personal Protective Equipment (PPE) Use and Room Restriction When Caring for Residents in Nursing Homes:

Accessible version: <https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>

Precautions	Applies to	PPE used for these situations	Required PPE	Room restriction
Standard Precautions	All residents	Any potential exposure to: <ul style="list-style-type: none"> Blood Body fluids Mucous membranes Non-intact skin Potentially contaminated environmental surfaces or equipment 	Depending on anticipated exposure: gloves, gown, facemask or eye protection (Change PPE before caring for another resident)	None
Enhanced Barrier Precautions	All residents with <i>any of the following</i> : <ul style="list-style-type: none"> Infection or colonization with an MDRO when Contact Precautions do not otherwise apply Wounds and/or indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator) regardless of MDRO colonization status 	During high-contact resident care activities: <ul style="list-style-type: none"> Dressing Bathing/showering Transferring Providing hygiene Changing linens Changing briefs or assisting with toileting Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator Wound care: any skin opening requiring a dressing 	Gloves and gown prior to the high-contact care activity (Change PPE before caring for another resident) (Face protection may also be needed if performing activity with risk of splash or spray)	None
Contact Precautions	All residents infected or colonized with a MDRO in any of the following situations: <ul style="list-style-type: none"> Presence of acute diarrhea, draining wounds or other sites of secretions or excretions that are unable to be covered or contained For a limited time period, as determined in consultation with public health authorities, on units or in facilities during the investigation of a suspected or confirmed MDRO outbreak When otherwise directed by public health authorities All residents who have another infection (e.g., <i>C. difficile</i> , norovirus, scabies) or condition for which Contact Precautions is recommended in Appendix A (Type and Duration of Precautions Recommended for Selected Infections and Conditions) of the CDC Guideline for Isolation Precautions.	Any room entry	Gloves and gown (Don before room entry, doff before room exit; change before caring for another resident) (Face protection may also be needed if performing activity with risk of splash or spray)	Yes, except for medically necessary care

<https://www.cdc.gov/long-term-care-facilities/media/pdfs/PPE-Nursing-Homes-Table-508.pdf>



Infection Prevention Control Program Policies and Procedures

- Written standards, policies and procedures
 - Current
 - Based on facility assessment according to 483.71
 - National standards
- Include reportable communicable diseases
 - With list of current reportable diseases
 - 902 KAR 2:020
- Staff can speak to process for reporting
 - To whom
 - When
- Reviewed at least annually



Surveillance

- Employee health
- Surveillance plan based on facility assessment
- Early detection and management of symptomatic residents
- Evidenced based surveillance criteria
- Ongoing analysis and documentation of follow-up activity
- Transfer communication
- Staff interviews
- Testing according to national standards
- Specimen collection according to national standards



Water Management

- Assess where waterborne pathogens- including but not limited to legionella can grow spread within the facility
- Plan in place to prevent the growth following national standards
- Monitoring process to ensure plan works
- Mitigation plan for when limits are not met
- Review to see if the facility has had a case and if so what has been done to prevent further cases



Laundry



- Handling, storing and transporting
- Maintenance and use of washing machines/ dryers according to MIFU
- Use of detergents according to MIFU



Antibiotic Stewardship Program

- Program to include protocols for
 - Antibiotic use
 - Review of signs and symptoms
 - Review of prescribing practices
 - Treatment optimization
 - Review of use, trends, patterns



Infection Prevention

- Must have at least:
 - One individual
 - Works at least part-time at the facility
 - Completed specialized training in infection prevention and control
- Record review for:
 - Level of professional training
 - Specialized training completed prior to assuming role with evidence of completion



Influenza, Pneumococcal, and COVID-19 Immunizations for Residents

- Record review for documentation of
 - Screening and eligibility
 - Education
 - Administration according to national recommendations
 - Allow for resident or their representative to accept/refuse
- As needed review policies and procedures and interview
 - How residents are educated
 - If need multiple doses of vaccine
 - How residents are screened for eligibility, vaccines offered and consent is obtained or declination documented



Influenza, Pneumococcal, and COVID-19 Immunizations for Residents

- If survey during influenza season unavailability of the influenza vaccine can be valid reason for not implementing the influenza program
- However, have to demonstrate that
 - The vaccine has been ordered
 - Confirmation of order has been received indicating that the vaccine has been shipped or will be shipped when available
 - Plans are developed for how and when vaccine will be administered when the vaccine is available.



COVID-19 Immunizations for Staff

- Record review for documentation of
 - Screening and eligibility
 - Education
 - Offer or provide information on how to obtain
 - Administration according to national recommendations
- As needed review policies and procedures and interview staff
 - How staff are educated
 - How vaccination status is documented
 - How staff are screened for eligibility, vaccines offered and consent is obtained
 - How education is provided to obtain vaccine outside of the facility



Conclusion



References

- WHO Guidelines on Hand Hygiene in Health Care: First Global Patient Safety Challenge Clean Care Is Safer Care. Geneva: World Health Organization; 2009. 16, Hand hygiene practices among health-care workers and adherence to recommendations. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK144026/>
- <https://www.cdc.gov/healthcare-associated-infections/programs/index.html>
- <https://www.cdc.gov/healthcare-associated-infections/php/data/progress-report.html#:~:text=Each%20day%2C%20approximately%20one%20in,in%20a%20variety%20of%20settings.>
- https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fqioprogram.org%2Fsystem%2Ffiles%2F2024-09%2FFacility_Assessment_Tool_09052024_FNL_508.docx&wdOrigin=BROWSELINK
- <https://qioprogram.org/tools-resources/facility-assessment-tool>
- <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes>
- <https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html>



References

- <https://www.cdc.gov/long-term-care-facilities/media/pdfs/PPE-Nursing-Homes-Table-508.pdf>
- <https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/PPE.html>
- <https://www.cdc.gov/hicpac/media/pdfs/EnhancedBarrierPrecautions-508.pdf>
- <https://www.cdc.gov/long-term-care-facilities/media/pdfs/enhanced-barrier-precautions-sign-P.pdf>
- <https://www.cdc.gov/long-term-care-facilities/media/pdfs/PPE-Nursing-Homes-508.pdf>
- <https://www.cdc.gov/infection-control/media/pdfs/contact-precautions-sign-P.pdf>
- <https://www.cdc.gov/infection-control/media/pdfs/droplet-precautions-sign-P.pdf>
- <https://www.cdc.gov/infection-control/media/pdfs/airborne-precautions-sign-P.pdf>
- <https://www.cdc.gov/healthcare-associated-infections/php/data/progress-report.html#:~:text=Each%20day%2C%20approximately%20one%20in,in%20a%20variety%20of%20settings>
- https://www.cdc.gov/infection-control/hcp/basics/transmission-based-precautions.html#cdc_infection_control_res-resources
- <https://apps.legislature.ky.gov/law/kar/titles/902/002/020/>
- <https://www.cdc.gov/flu-resources/php/resources/cover-your-cough-health-care-poster.html>



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Kentucky Regional Infection Prevention Program (K-RIPP)

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Kentucky Department for Public Health

November 21, 2024



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Presentation Goal

- 🛡️ Review the most common opportunities for improvement identified in long-term care facilities (LTCF) across Kentucky and discuss how K-RIPP can assist in mitigating gaps in Infection Control and Prevention (IPC).



Presentation Objectives



Participants will be able to:

- Summarize how K-RIPP supports survey readiness in LTCF using CDC-developed standardized Infection Prevention and Control Program (IPCP) tools.
- List the most frequent opportunities for IPC improvement identified in LTCFs.
- Discuss various ways to mitigate identified gaps using existing tools and resources.
- Describe support offered by K-RIPP and detail how to request services.

IPCP Assessment Tool Format

- 🛡️ **CDC-developed, standardized Tools**
 - Infection Control Assessment Response (ICAR).
 - Eleven (11) Modules.

- 🛡️ **Two Sections:**
 - Qualitative – Direct observation of the environment of care and key IPC practices during a facility tour.
 - Quantitative - Observation Forms completed during the tour.

- 🛡️ **Two Question Types:**
 - Open-ended free-text descriptions.
 - Multiple choice selections.

- 🛡️ **Additional Components:**
 - CDC recommendation/references/links in boxes describing best practices.
 - Various notes fields to document notes/findings.
 - Additional Recommendations Tables – where RIPs will enter information on findings not specifically captured in module tools.
 - Appendices.

Sample ICAR Module Tool

Part A: HH Module Qualitative Section Sample

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

Module 2: Hand Hygiene Facilitator Guide

Hand Hygiene: This form is intended to aid an ICAR facilitator in the review of a healthcare facility's hand hygiene practices and policies (Part A) and guide hand hygiene-based facility (Part B) and healthcare personnel (Part C) observations.

Additional information and resources for hand hygiene in healthcare settings are available at: [Hand Hygiene in Healthcare Settings | CDC](#)

Part A. Hand Hygiene Interview Questions

1. In most clinical situations, how do healthcare personnel (HCP) clean their hands?

- Alcohol-based Hand Sanitizer (ABHS)
- Handwashing with soap and water
- Unknown
- Not assessed
- Other (specify): _____

"Unless hands are visibly soiled, an alcohol-based hand rub is preferred over soap and water in most clinical situations due to evidence of better compliance compared to soap and water. Hand rubs are generally less irritating to hands and are effective in the absence of a sink."

Source: [Core Practices | HICPAC | CDC](#)

2. When are HCP expected to clean their hands? (select all that apply)

- At room entry and exit
- Immediately before touching a patient
- Before performing an aseptic task
- Before moving from work on a soiled body site to a clean site on the same patient
- After touching patient or the patient's immediate surroundings
- After contact with blood, body fluids, or contaminated surfaces
- Immediately after glove removal
- Unknown
- Not assessed
- Other (specify): _____

The CDC Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings lists indications for hand hygiene that are generally consistent with the WHO 5 moments for hand hygiene.

"Use an alcohol-based hand rub or wash with soap and water for the following clinical indications:

- a. Immediately before touching a patient.
- b. Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices.
- c. Before moving from work on a soiled body site to a clean body site on the same patient.
- d. After touching a patient or the patient's immediate environment.
- e. After contact with blood, body fluids or contaminated surfaces.
- f. Immediately after glove removal."

Source: [Core Practices | HICPAC | CDC](#)

Part B: HH Module Quantitative Section Sample

Part B: Hand Hygiene Environment of Care Observations

Note: The following elements evaluating hand hygiene stations should be made in at least 3 units/rooms and common care areas. Hand hygiene observations are also incorporated into other procedure-specific audit tools.

Elements to be assessed	Notes/Areas for Improvement
1. Alcohol-based hand sanitizer (ABHS) used in the facility contains 60%-95% alcohol. <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> ABHS is not used by the facility	
2. Alcohol-impregnated wipes are stored in a manner that prevents evaporation. <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Alcohol-impregnated wipes are not used by the facility	
3. How is ABHS dispensed? (select all that apply) <input type="checkbox"/> Wall-mounted dispensers <input type="checkbox"/> Free-standing dispensers <input type="checkbox"/> Individual pocket-sized containers <input type="checkbox"/> Other (specify): _____	
4. Individual pocket-sized dispensers of ABHS remain in the control of HCP (i.e., patients/residents are unable to access these dispensers) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Individual pocket-sized containers are not used by the facility	

KDPH Additional Recommendations

SUPPLEMENTAL RECOMMENDATIONS		
AREA/TOPIC	FINDING/OBSERVATION	RECOMMENDATIONS/RESOURCES

Figs 1 & 2. ICAR Tool Snapshots. *Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings.* Centers for Disease Control and Prevention (CDC). <https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html> . Accessed August 24, 2024.

Fig 3. KDPH Mock-up of Additional Recommendation Table

IPCP Assessment: Rationale & Methods



Assessment Types:

- Comprehensive - All 11 modules can be completed or divided over several visits (as needed by LTCF).
- Focused - Select modules completed tailored to facility-identified priorities, driven by response to the identified issue or occurrence of an outbreak.



Assessment Sub-Types:

- Initial - first-time module assessments (all or a subset of modules).
- Continuation - additional initial module assessments completed over multiple meetings.
- Follow-up - Meetings proceeding initial completion of modules to review progress towards implementing improvements for opportunities identified on initial or continuation assessments.



Assessment Methods:

- Onsite - preferred method to obtain the most comprehensive, useful information.
- Remote - zoom with virtual facility tour or phone without a tour.
- Combination - Interview conducted remotely & observations performed onsite.

K-RIPP ICAR Assessments: Jan. 2021 – Aug. 2024

LTCF	2021	2022	2023	2024	Total
Remote Preventive Assessments	40	64	29	11	144
On-site Preventive Assessments	30	79	47	43	199

343
PROGRAM
ASSESSMENTS

Table 1. K-RIPP Regional Infection Preventionist Program Data of Assessments Completed in LTC by Calendar Year

Assessment Findings: Common Opportunities

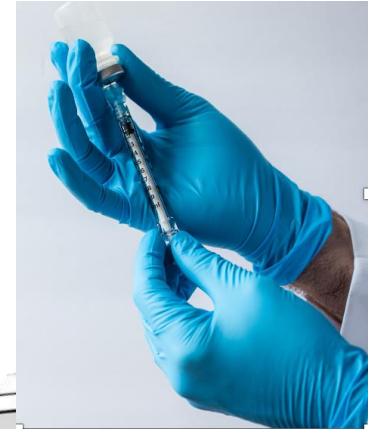
🛡️ IPCP:

- Lack of adequate Human Resources (HR) support for the IP program.
- Lack of Annual Infection Control Risk Assessment, annual goals, or evaluation.



🛡️ Education & Training:

- Lack of consistent return-demonstration competency-based assessments of key IPC skills.



FACILITY NAME

IPC ANNUAL RISK ASSESSMENT - YEAR

Potential Event/Failure	Probability of Occurrence (Likelihood event/failure will occur)				Risk/Impact - Patients (If event/failure occurs)				System Preparedness (Readiness to respond to event)				Risk Level (Probability x Risk x Preparedness)	Priority ¹	Comments/Notes
	Likely	Maybe	Rare	Never	Life Threat	Perm Harm	Temp Harm	No Harm	None	Poor	Fair	Good	High: 7+	Risk Level = High	
Score	3	2	1	0	4	3	2	1	4	3	2	1	7		
Program Infrastructure	3						2				2		7		
Lack required up-to-date written IPC-related plans specify:	3														
Lack required up-to-date written IPC-related policies (including inter-departmental):	3														

Figure 4.: K-RIPP-Developed Infection Control Risk Assessment Template

Assessment Findings: Common Opportunities Cont'd

IPC Audits:

- Lack of audits for key IPC practices (e.g., Hand hygiene, Personal Protective Equipment (PPE) Use, EVS, Injection Safety).
- Lack of documentation, compliance rate calculations, & data sharing.

PPE Use:

- Lack of processes to ensure availability (e.g., restocking).
- Use non-compliance.
- Gowns with insufficient fluid resistance.

Hand Hygiene:

- Lack of sufficient alcohol-based hand sanitizers in key areas.
- Lack of hand hygiene after removing gloves.

Assessment Findings: Common Opportunities Cont'd



Medication/Injection Safety:

- Lack of processes to rotate/check for expired products.
- Inappropriate labeling of medications.
- Lack of appropriate med prep areas.
- Lack of cleaning/disinfecting processes for med prep areas.



Environmental Cleaning & Disinfection:

- Lack of a streamlined process for product selection & use.
- Lack of IP involvement in product selection.
- Lack of healthcare personnel (HCP) appropriate and consistent product use (e.g., contact times, saturation).
- Lack of appropriate cleaning/disinfection procedures (e.g., clean to dirty, bathroom last, minimum cleaning times).

Assessment Findings: Common Opportunities Cont'd

Reusable Patient Care Equipment Reprocessing & Storage:

- Lack of processes identifying clean versus dirty.
- Lack of available cleaning/disinfection products at the point of use.
- Lack of assigned responsibility for equipment reprocessing.



Water Exposure:

- Lack of Water Management Plan informed by an Annual Water Infection Control Assessment.
- Storage of supplies/medications within splash zones.
- Unidentified plumbing dead legs and areas of stagnation.
- Hidden water intrusion.

Respiratory Protection Program:

- Lack of annual fit-testing that includes medical evaluations.



Addressing Identified Gaps

- 🛡️ Assessment findings, tools, and recommendations are emailed within two weeks of the assessment.
- 🛡️ A call to discuss findings and tools is scheduled within 30 days.
- 🛡️ The Recommendation Implementation Tracker is emailed for quality improvement, documenting actions, and identifying IPC priorities.
- 🛡️ Monthly meetings are recommended to evaluate implementation barriers.
- 🛡️ Ongoing support includes future assessments (annual and as needed) and additional calls/visits for implementation support and mentoring of new IPs.

Sample Recommendations & Implementation Tracking Tools



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Assessment Implementation Progress Tracker

Facility Name: Date of Initial Assessment: Date of Follow-Up:

	Identified Opportunity/Priority Area	Actions Taken	Future Plans
Barriers			
Notes			
Guidance			

	Identified Opportunity/Priority Area	Actions Taken	Future Plans
Barriers			
Notes			
Guidance			



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Topic/Area	Additional Findings/Observations	Additional Recommendations	Additional Resources/References

NOTES/NEXT STEPS

Fig 5 & 6.- KDPH Mock-Up of Follow-Up Progress Tracker

Sample K-RIPP Recommended Resources & Tools

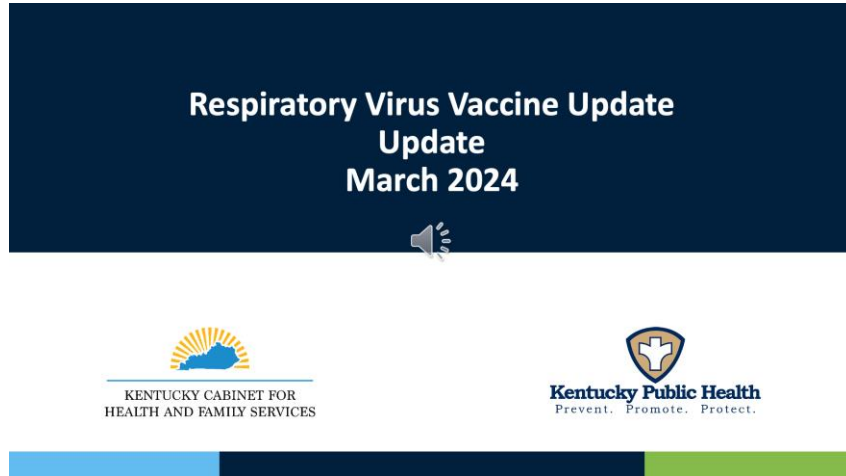


Fig 6. KDPH Respiratory Virus In-service Presentation Screenshot



Fig 7. Screenshot – [CDC Provider Respiratory Virus Toolkit](#)

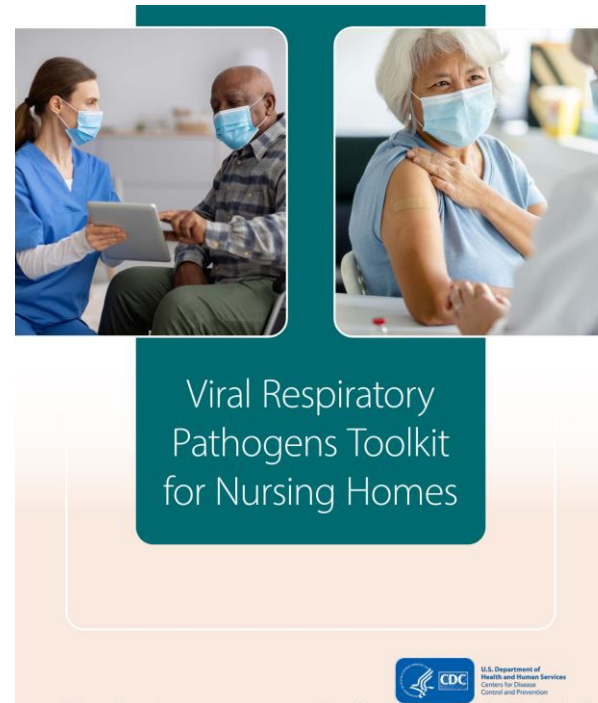


Fig 8. Screenshot – [CDC Respiratory Virus Toolkit for Nursing Homes](#)

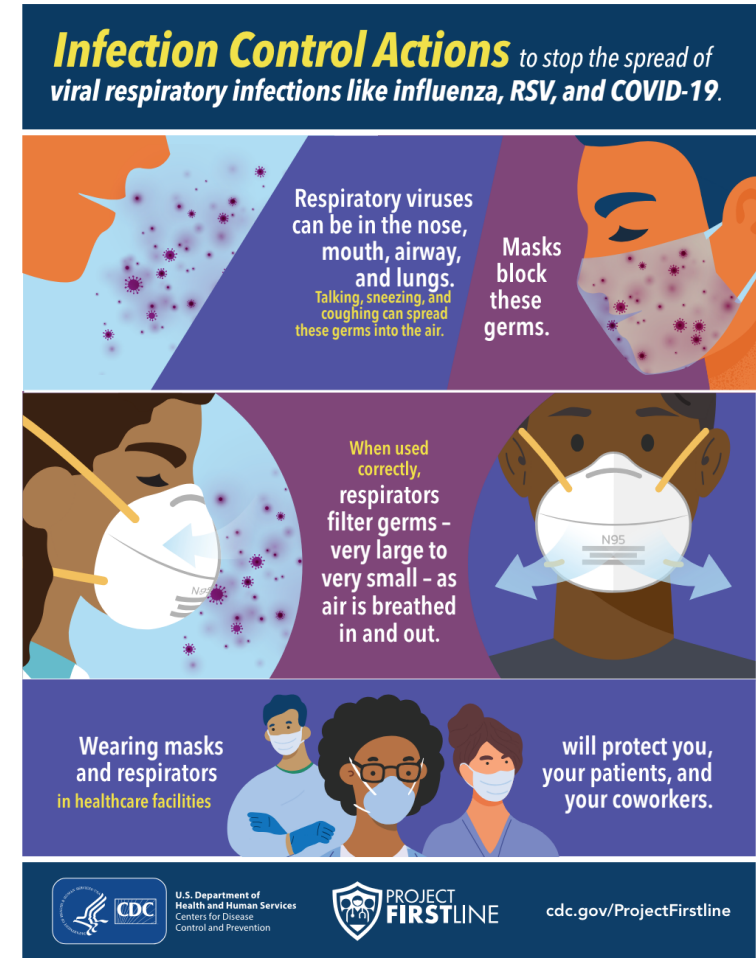








Fig 9. Screenshot – [CDC Project FirstLine Educational Flyers](#)

Sample K-RIPP Recommended Resources & Tools Cont'd

-  [CDC's Core Infection Prevention and Control Practices](#)
-  [Infection Control Basics](#)
-  [Infection Control for Healthcare Providers](#)
-  [Recommended Vaccines for Healthcare Workers](#)
-  [American Nurses Association \(ANA\) Project Firstline](#)
-  [Association for Professionals in Infection Control & Epidemiology \(APIC\) –
Subscription required.](#)

Summary – Additional K-RIPP Support Services

- 🛡️ IP Mentorship/Onboarding
- 🛡️ Respiratory Fit Testing Training
- 🛡️ Vaccine In-services
- 🛡️ Outbreak Response and mitigation
- 🛡️ Multidrug-resistant Organism follow-up and response

K-RIPP Regions

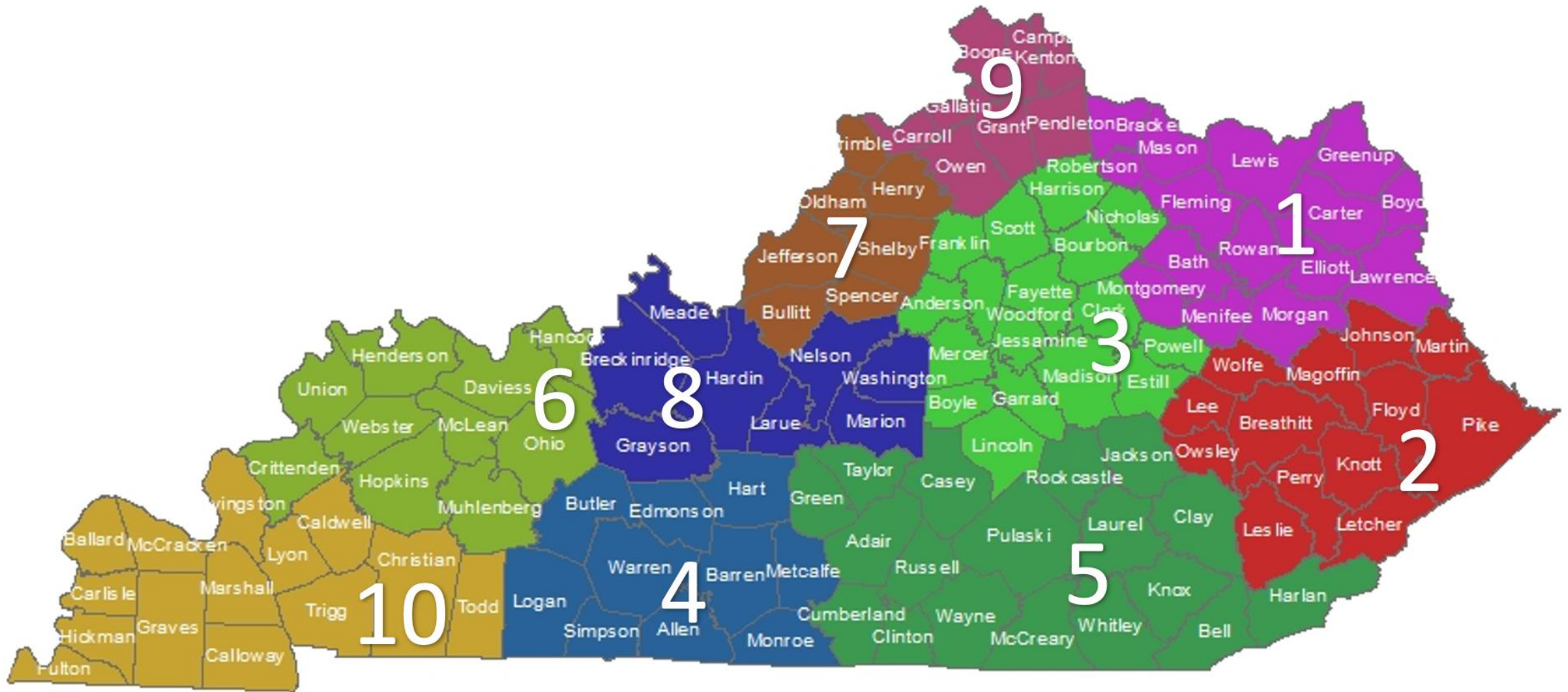


Fig 10. K-RIPP Regional Map. Healthcare Infection Prevention Program. <https://www.chfs.ky.gov/agencies/dph/dehp/idb/Pages/hai.aspx> . Accessed August 24, 2024.

Regional Infection Preventionists' (RIPs) Contact Information

Region	First Name	Last Name	Title	Email	Work Cell
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Table 2. K-RIPP Regional Infection Preventionist Program Contacts. *Healthcare Infection Prevention Program*. <https://www.chfs.ky.gov/agencies/dph/dehp/idb/Pages/hai.aspx> . Accessed August 24, 2024.

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- 🏆 Immunizations Branch
- 🏆 Preparedness Branch
- 🏆 Alliant QIO
- 🏆 LTC Association
- 🏆 Facilities
- 🏆 KyIP Education & Training Center
- 🏆 Leading Age Kentucky
- 🏆 All other community & organization partners

Questions?

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2024 Annual Meeting
Session #12: Evaluating the Critical Element Pathway for Infection
Prevention, Control & Immunizations
November 20, 2024



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2. Point the camera at the QR Code center and focus on code until link pops up
3. Tap the notification to open the link (Internet connection required)
4. Follow the instructions on the link to complete the training evaluation
5. **Samsung/Android users: Hold down the "Home" button and swipe up to reveal the options at the bottom. Select "What's on my screen?"** The short URL connected to the QR Code's information will then appear.

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