

Final Rule and Critical Elements Pathway

Diane Dohm MT, IP, CIC, CPHQ
Lake Superior QIN

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Objectives

Specific to Infection Prevention and Control:

- Review requirements of The Final Rule
- Review Critical Element Pathway
- Discuss Survey Process

The Final Rule - Phase 3

- Implementation deadline is November 28, 2019
- All Phase 1 and 2 requirements should be completed
- Those requirements that need more time to implement:
 - Infection Preventionist
 - Personnel hiring and training
 - Implementation of systems approaches to quality
 - Implementation of Quality Assurance & Performance Improvement (QAPI)

§ 483.80 Infection Control

Phase 3- November 28, 2019

Infection Preventionist

The facility must designate one or more individual(s) as the Infection Preventionist(s) or IP, who are responsible for the facility Infection Prevention & Control Plan (IPCP), the IP must:

1. Have primary professional training in nursing, medical technology, microbiology, epidemiology or other related field
2. Be **qualified** by education, training, experience or certification.

§ 483.80 Infection Control

Phase 3- November 28, 2019

3. Work at least part-time at the facility
4. Have completed specialized training in infection prevention and control beyond their initial professional degree
5. The individual designated as the IP must be a member of the facilities Quality Assessment and Assurance committee (QAA) and report on the IPCP on a regular basis.

Specialized Training – Why?

March 16, 2018

“CMS & CDC recognize that providing specialized infection prevention and control training for long-term care nursing home staff can lead to increased health benefit to nursing home residents”

Ref: QSO 18-15-NH

Specialized Training

Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Prevention and Control (CDC) have released a training course in Infection Prevention & Control. This course is free of charge, online, and available on demand.

- Projected to take 20 hours to complete, and a certificate of completion will be provided.
(certificate = specialized training)

Team approach to Infection Prevention

Consider having additional staff complete the training in addition to the IP

- Director of Nursing (DON)
- Assistant DON(s)
- Charge Nurses
- Others..

Who covers when the IP is gone?



Critical Element Pathway(s) Infection Prevention, Control and Immunizations



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Critical Element Pathway

- Blueprint/checklist used by surveyors
 - Each section scored as Yes/No
 - No = potential citation
 - Use it to proactively evaluate your program
- F880, F881, F883 tags
- Hand Hygiene, Personal Protective Equipment, Transmission-based Precautions, Policies, Surveillance, Antibiotic Stewardship, Influenza/Pneumococcal Immunizations

Critical Element Pathway

CMS – 20054 (May 2017)

- “Staff” includes employees, consultants, contractors, volunteers, and others who provide care and services to residents on behalf of facility.
- The IPCP must be facility-wide and include all departments and contracted services.
- If a specific care area is identified, it will be evaluated under the specific care area, such as pressure ulcers, respiratory care, catheter care, and medication pass observations, which include central lines, peripheral IV’s and oral medications.

Critical Element Pathway – Infection Prevention, Control and Immunizations

<https://www.cms.gov/Medicare/Provider-Enrollment-andCertification/GuidanceforLawsAndRegulations/Nursing-Homes.html>

Go down to:

[LTC Survey Pathways - Updated 05/02/2018 \[ZIP, 5MB\]](#) 

Critical Element Pathway

- One surveyor reviews
 - IPCP, policies and practices, surveillance, antibiotic stewardship, and influenza/pneumococcal immunization of 5 residents
- Team assignments
 - Laundry, Transmission based precautions, other care-specific observations
- **Every surveyor assesses IPCP compliance throughout the survey**

Hand Hygiene (HH)

- Staff implement Standard Precautions
- Appropriate HH practices are followed
- Alcohol-based hand rub (ABHR) is readily accessible and placed in appropriate locations
- Soap and water is utilized for HH appropriately
- HH and glove use
- Resident HH is performed after toileting and before meals
- Staff interviews regarding availability of supplies
- Soap and water, and a sink are accessible

Personal Protective Equipment (PPE)

- Staff appropriately use and discard PPE including but not limited to the following:
 - Gloves
 - Gown
 - Facemask
 - Face shield
 - PPE is discarded
 - Supplies necessary for adherence to proper PPE use are readily available

Personal Protective Equipment (PPE)

- Staff interviews to determine if supplies are readily available and who they contact for replacement supplies



Transmission-Based Precautions (TBP)

- Determine if appropriate TBP are implemented including but not limited to:
 - Contact – don gown and gloves before contact with resident in precautions and/or environment
 - Droplet – don facemask within three feet of resident in precautions
 - Airborne – don a fit tested N95 or higher level respirator prior to room entry of resident in precautions
 - Dedicated equipment whenever possible

Transmission-Based Precautions (TBP)

- Least restrictive TBP possible
- Cleaning of high touch surfaces at least daily or if soiled
- Interview staff to determine if they are aware of processes/protocols for TBP and how staff is monitored for compliance
- If concerns are identified, expand the observations/interviews

Laundry Services

- Determine if staff handle, store and transport linens appropriately
- Standard precautions, gloves, minimal agitation of linen
- Holding contaminated linen away from body
- Bagging linen where collected, double bag if outside of first bag is contaminated or wet
- Transport clean and contaminated linen in separate carts

Laundry Services

- Ensure mattresses, pillows, bedding and linen are in good condition
- If laundry chute is in use, bags are securely closed
- Laundry Rooms
 - Maintain equipment according to manufacturer instructions for use (IFU)
 - Use detergents, additives and follow laundering instructions according to IFU

Policy and Procedure

- Facility – wide IPCP including standards, policies, and procedures that are current and based on national standards
- Policies are reviewed at least annually and with change in scope of services
- Concerns observed during survey must be collaborated as applicable including review of pertinent policies/procedures as necessary

Infection Surveillance

- Surveillance plan based on facility assessment for identifying, tracking and reporting of infections
- Plan includes early detection and management or potentially infectious, symptomatic resident and implementation of TBP
- Plan uses evidence-based criteria (McGeer, NHSN) to define infections
- Ongoing analysis of surveillance data and documentation of follow-up activity

Infection Surveillance

- Facility has a process for communicating the diagnosis, antibiotic use and laboratory test results when transferring a resident, as well as obtaining discharge summary, lab results, current diagnosis and infection or multi-drug resistant organism (MDRO) when residents are transferred back or admitted from hospital
- Facility has a **current** list of reportable communicable diseases
 - <https://www.dhs.wisconsin.gov/disease/diseasereporting.htm>

Infection Surveillance

- Staff can identify to whom and when communicable diseases, healthcare associated infections (HAI) and potential outbreaks must be reported
- Prohibiting employees with a communicable disease or infected skin lesion from direct contact with residents of their food if direct contact will transmit disease
- Interview staff to determine if infection control concerns are identified, reported and acted upon

Antibiotic Stewardship Program

- Facility has program that includes:
 - Written antibiotic use protocols
 - Protocols to review clinical signs and laboratory reports to determine if antibiotic was indicated
 - Process for periodic review of antibiotic use
 - Protocols to optimize the treatment of infections, appropriate antibiotic
 - System to provide feedback on antibiotic use, resistance patterns and prescribing practices to the prescribing practitioner

Influenza and Pneumococcal Immunizations

- Select five residents and review records
 - Screening and eligibility to receive vaccine
 - Education given, including benefits and risks
 - Administration of vaccine in accordance with national standards
 - Allowing resident to refuse, document reason
- Determine if facility developed influenza and pneumococcal vaccine policies and procedures

Critical Element Pathways

- Starting point
- Minimum requirements/standards
- Concerns observed during survey will prompt surveyors to look further, more observations/chart review
- Surveyor will then review CDC and CMS guidelines and evidence based best practices

Questions?

Diane Dohm MT, IP, CIC, CPHQ
Project Specialist, Lake Superior QIN
ddohm@metastar.com

www.lsqin.org

www.metastar.com



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