COVID-19 and HAI Updates and Q&A Webinars for Long-Term Care and Congregate Residential Settings

May 6th, 2022

Housekeeping

- All attendees in listen-only mode

- Submit questions via Q&A pod to **All Panelists**

- Slides and recording will be made available later

Agenda

- Upcoming Webinars
- Infection Preventionist Basic Training
- Executive Orders: Odds and Ends
- Q&A Follow Up from April 22, 2022
- LTC Infection Prevention & Control Webinars
- Overview of Quality Assurance and Performance Improvement and Performance Improvement Project
- Open Q & A

Slides and recording will be made available after the session.

3

IDPH webinars

Upcoming Friday Brief Updates and Open Q&A
1:00 pm - 2:00 pm

Friday, May 20th	https://illinois.webex.com/illinois/onstage/g.php?MTID=e972653890c143ecafa55f8db2a91d6ed

Previously recorded webinars can be viewed on the IDPH Portal

Slides and recordings will be made available after the sessions.

Infection Preventionist Basic Training

a) IPs shall complete, or provide proof of completion of, initial infection control and prevention training, provided by CDC or equivalent training, covering topics listed in subsection (b)(1) to the facility, within 30 days after accepting an IP position. Documentation of required initial infection control and prevention training shall be maintained in the employee file.

b) Within 90 days after the effective date of this Section, a qualified IP candidate shall:

1) Have completed at least 19 hours of training in infection prevention and control including, but not limited to, training in the following areas:

A) Principles of Standard Precautions

B) Principles of Transmission-Based Precautions

C) Prevention of Healthcare-Associated Infections

D) Hand Hygiene

E) Environmental Cleaning, Sterilization, Disinfection, and Asepsis

F) Environment of Care and Water Management

G) Employee/Occupational Health

H) Surveillance and Epidemiological Investigations

I) Antimicrobial Stewardship

CDC TRAIN

🔖 Module 1 - Infection Prevention & Control Program

❮ Back   ✖ Withdraw   ❯ Launch   ✔ Mark Completed

In Progress   Web-based Training - Self-study   ID 1081350   Skill Level: Intermediate   0.75h

★★★★½ (79998)

This module is part of a larger 24 module course, the *Nursing Home Infection Preventionist Training Course* located at https://www.train.org/cdctrain /training_plan/3814. Continuing Education (CE) is only available if you register for the entire course. Click on the link to see the full course and select the register button. Once registered, the full course can be located under Your Learning/Your Training Plans.

For best performance, this module should be viewed on desktops or laptops running Internet Explorer or Chrome. Select the **Show More** link below for information about this module.

PROGRAM DESCRIPTION:

Module 1 - Infection Prevention & Control Program is part of the Nursing Home Infection Preventionist Training Course. Module 1 will provide an overview of the infection prevention and control (IPC) program. Module 1 is organized into 3 lessons; it will take you approximately 45 minutes to complete this module.

Continuing Education (CE)

If you wish to earn continuing education (CME, CNE, or CEUs) you must first register for the Nursing Home Infection Preventionist Training Course: https://www.train.org /cdctrain/training_plan/3814. After registering for the Course, you must complete all 23 modules and submodules, a post-course evaluation, and pass a post-course examination.

https://www.ilsos.gov/departments/index/register/volume45/register_volume45_issue_49.pdf

https://www.train.org/cdctrain/welcome

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

If the map has green you are looking at the wrong map

Data Type:

Community Transmission

Community Transmission Risk

Data Type:

COVID-19 Community Levels
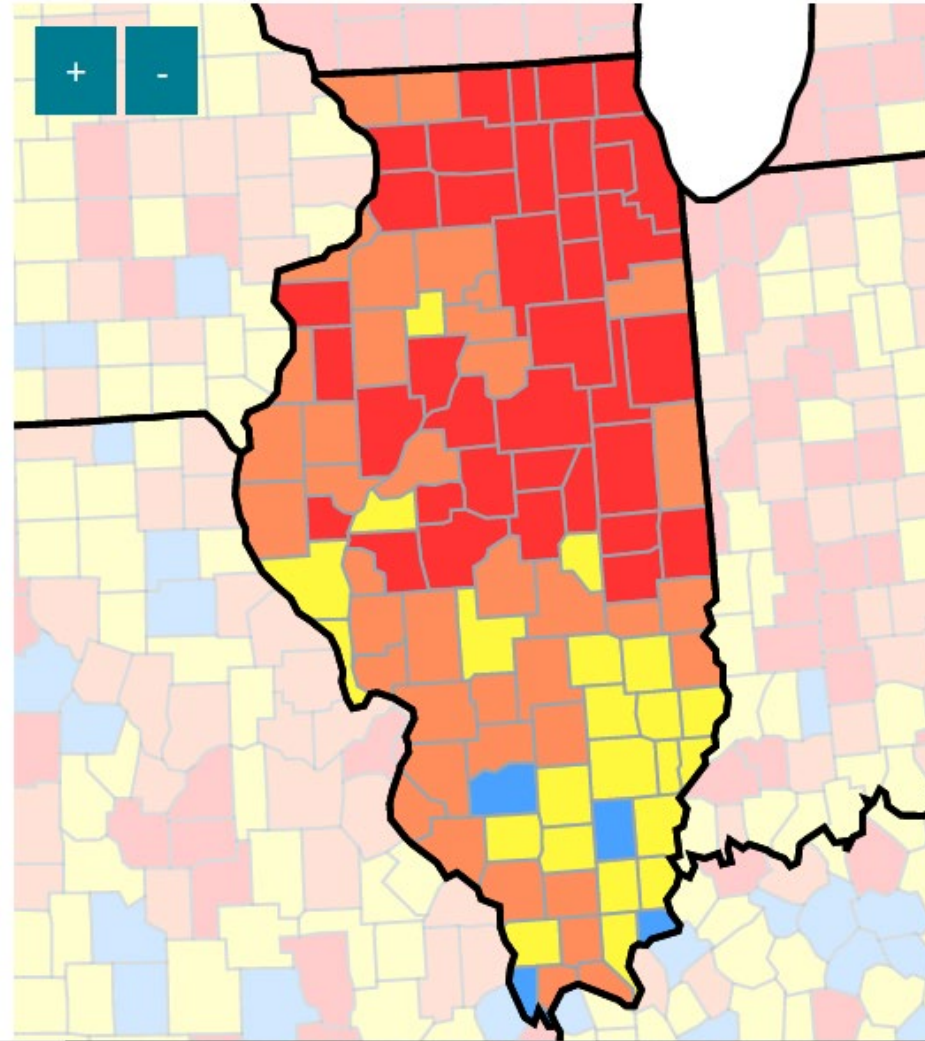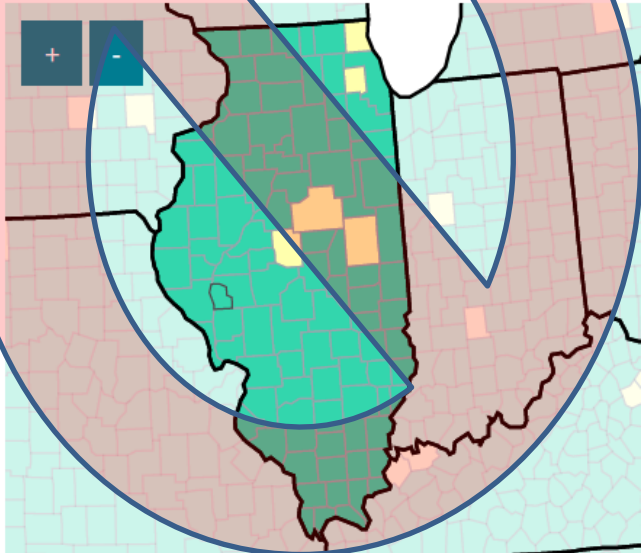
IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Odds and Ends

New Executive Order

Executive Order 2022-11

- Issued April 20, 2022
- Amendment to Executive Order 2022-06 (Face covering requirements)
- Summary
  - All individuals, regardless of vaccination status, shall continue to be required to wear a face covering (1) where federally required; ~~(2) on planes, buses, trains and other forms of public transportation and in transportation hubs such as airports and train and bus stations~~; (~~3~~2) in congregate facilities such as correctional facilities and homeless shelters; and (~~4~~3) in healthcare settings. ~~This provision does not apply to buses or vans operated by public or private school systems, including buses or vans operated by early care and education/child care programs.~~

https://coronavirus.illinois.gov/resources/executive-orders/display.executive-order-number-11.2022.html

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

New Executive Order

Executive Order 2022-12

- Issued April 29, 2022

- Reissues and amends previous executive orders through May 28, 2022

- Summary

  - Includes but not limited to: Executive Order 2021-12 (Phase 5 reopening) Face coverings, Executive Order 2021-18 (Mitigation measures), Executive Order 2021-22 (Vaccination and testing requirements), Executive Order 2022-06 (Face covering requirements), Executive Order 2022-11 (Face covering requirements)

https://coronavirus.illinois.gov/resources/executive-orders/display.executive-order-number-12.2022.html

Centers for Medicare & Medicaid Services QSO-22-15-NH & NLTC & LSC

- Issued April 7, 2022
- Addresses blanket waivers issued for certain care settings in response to the COVID-19 pandemic
  - Skilled Nursing facilities and nursing facilities (SNFs/NFs)
  - Intermediate care facilities for individuals with intellectual disabilities (ICF/IIDs)
- Waivers expire in two groups
  - 30 days from the Quality, Safety & Oversight Group (QSO) memo
  - 60 days from the QSO memo

https://www.cms.gov/files/document/qso-22-15-nh-nltc-lsc.pdf

Centers for Medicare & Medicaid Services
QSO-22-15-NH & NLTC & LSC

- Life Safety Code (LSC) for ICF/IIDs, and SNFs/NFs - 42 CFR §§483.470(j), and 483.90(a)
  - CMS waived this specific LSC provision:
    - Temporary Construction: CMS waived requirements that would otherwise **not** permit temporary walls and barriers between patients

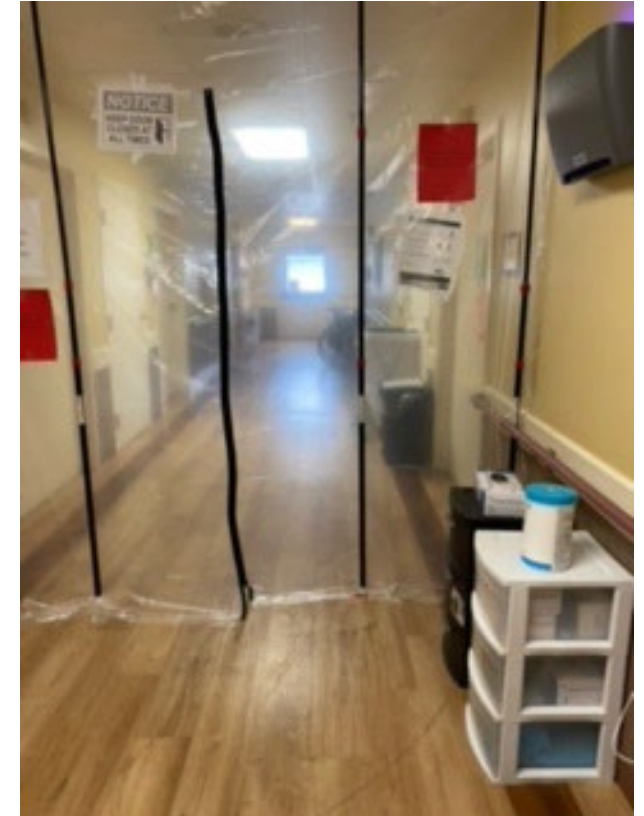- This waiver expires 60 days from April 7, 2022.

Photo credit: Deb Burdsall

https://www.cms.gov/files/document/qso-22-15-nh-nltc-lsc.pdf

Q&A Follow Up from April 22, 2022

300.697 Infection Preventionists

Q: If a facility is licensed for more than 100 beds, but the average daily census is consistently below 100 and the facility doesn't provide high acuity services, would the facility be required to have at least an infection preventionist on-site for a minimum of 40 hours?

A: Yes.

The requirement is based on the licensed beds and not the census.

300.697 Infection Preventionists

Q: What is the penalty for not having an IP?

A: Facilities that are not in compliance with the regulation will be cited for applicable federal deficiencies and licensure violations. The Department will take enforcement action and impose penalties based on the applicable provisions of the regulations.

https://www.ilsos.gov/departments/index/register/volume46/register_volume46_issue_16.pdf

300.697 Infection Preventionists

Q: Could facilities with fewer than 100 beds that provide IV services use a risk assessment-based approach to determine if 40 hours was required?

A: No

The Department cannot deviate from the requirements in the rules with respect to the required hours for an IP. Infection control remains one of the top five deficiencies in Illinois' facilities and best practices (including the presence of an IP) are one step towards reducing deficiencies and improving resident outcomes.

https://www.ilsos.gov/departments/index/register/volume46/register_volume46_issue_16.pdf

Administrative Rule Process

Q: What is the administrative process related to the effective date and posting in the Illinois Register?

A: The rules are effective immediately upon filing.

LTC Infection Prevention & Control Webinars

What: Friday webinars will include more general IPC content. Plan on offering CEUs for future webinars.

Why: Help LTC facilities strengthen their IPC programs. Content based on survey feedback.

Who: Infection Preventionists, Directors of Nursing, ADONs, Environmental Services Directors, Administrators, other facility staff involved in IPC; Local Health Departments

When: Starting today!

Webinar Topics

Quality Assurance and Performance Improvement (QAPI) and Performance Improvement Project (PIP)

Infection Control Program, Policies in LTC

Facility Assessment and Infection Risk Assessment in LTC

Respiratory Protection Program

Hand Hygiene Education and Performance Measures

Transmission-Based Precautions, Personal Protective Equipment, and Resident Placement

Antibiotic Stewardship

Multidrug-Resistant Organisms: Lab Results, Interpretation, and Response

Wound Care

Environmental Cleaning, Disinfection, and Monitoring Program

Environment of Care

Catheter-Associated Urinary Tract Infections (CAUTI)/ Central Line-Associated Bloodstream Infections (CLABSI)

An Overview of Quality Assurance and Performance Improvement (QAPI) and Performance Improvement Project (PIP)

May 6, 2022

Nell Griffin, Telligen Sr. Quality Improvement Facilitator

Lisa Bridwell, Telligen Program Specialist

Telligen QI Connect™
Partnering to improve health outcomes through relationships and data

QIN–QIO
**Quality Innovation Network -
Quality Improvement Organizations**
*CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP*

Telligen QI Connect™

Telligen QI Connect™ initiatives place healthcare providers and consumers at the center to make healthcare safer, more accessible, and more cost-effective through the Centers for Medicare & Medicaid Services (CMS) Quality Innovation Network-Quality Improvement Organization (QIN-QIO) and Hospital Quality Improvement Contractor (HQIC) programs.

Telligen QI Connect™ is operated by Telligen, which is funded by CMS to deliver improvement services at no cost to you or your organization.

20

Before We Begin

- Be sure to add qiconnect@telligen.com to your trusted list of email contacts
    - If you unsubscribe, you'll miss out on every communication we share
- We're on social media, follow us for updates and events!

Facebook: https://www.facebook.com/telligenqiconnect

LinkedIn: https://www.linkedin.com/company/telligen-qi-connect

Twitter: https://twitter.com/TelligenQI

270 people die from overdose each day. Join us in taking the #PLEDGE270 and commit to improving the opioid crisis in your community.

Telligen QI Connect™
Partnering to improve health outcomes through relationships and data

Today's Objectives

- Present an overview of Quality Assurance and Performance Improvement (QAPI)
- Outline Performance Improvement Project (PIP) practices
- Share tools and resources to support practices

483.75 Quality Assurance and Performance Improvement

- Maintain documentation and demonstrate evidence of ongoing QAPI program

- Present QAPI plan to state survey agency or federal surveyor at each annual survey

- Address all systems of care, management practices and adverse events

- Establish and implement written policies and procedures for:
  - Feedback
  - Data collections systems
  - Monitoring

- Take actions aimed at performance improvement, measure its success, and track performance to ensure that improvements are realized and sustained

- Maintain a quality assessment and assurance (QAA) committee

https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-B#483.75

Adverse Events in Nursing Homes

According to the "Adverse Events in Skilled Nursing Facilities: National Incidence Among Medicare Beneficiaries" report, the term "adverse event" describes harm to a patient or resident as a result of medical care

- Types of Adverse Events
  - Events related to medication
  - Events related to resident care
  - Events related to infections
- Preventability Determination
  - Preventable: Harm could have been avoided through improved assessment or alternative actions
  - Not preventable: Harm could not have been avoided given the complexity of the resident's condition or care required

Critical Resource:
QAPI at a Glance

Transforming the lives of nursing home residents through continuous attention to quality of care and quality of life

QAPI at a Glance:
A Step by Step Guide to Implementing Quality Assurance and Performance Improvement (QAPI) in Your Nursing Home

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/QAPIAtaGlance.pdf
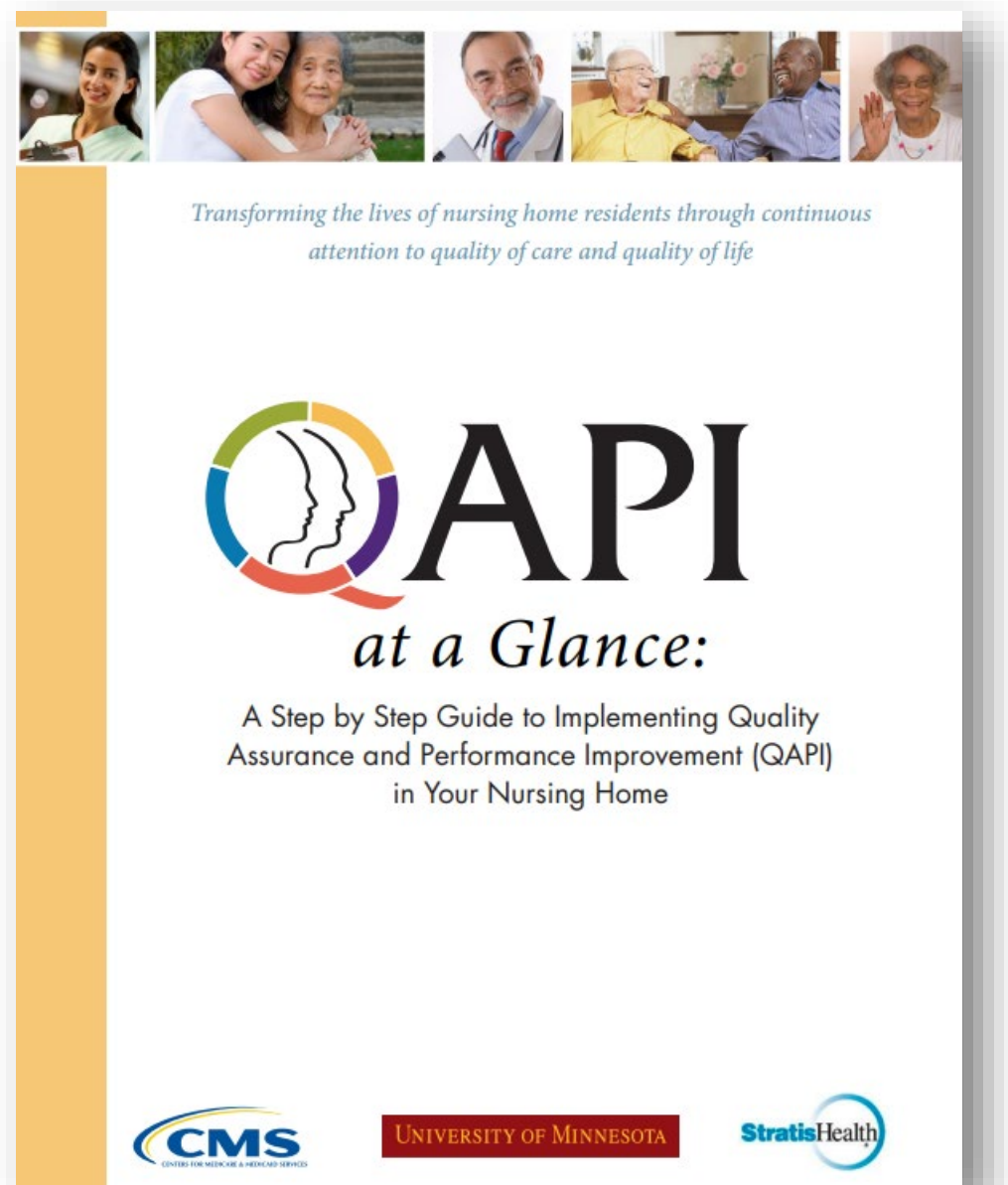
QAPI – What does it do?

- Supports well-functioning and tightly coordinated systems
- Addresses problems both proactively and reactively
  - Identify
  - Solve
  - Prevent
- Improves diverse aspects of care, services and experiences for residents, family and staff
  - Include all staff
  - Input from residents and family

Five Elements of QAPI

Element 1: Design & Scope	Element 2: Leadership & Governance	Element 3: Feedback, Data Systems & Monitoring	Element 4: Performance Improvement Projects	Element 5: Systematic Analysis & Systemic Action
QAPI Characteristics and Scope ✓ Learn the basics of QAPI ✓ Assess QAPI in your organization ✓ Create a structure and plan to support QAPI	**Leadership actively engaged in setting quality expectations and priorities** ✓ Understand the QAPI Business Case ✓ Promote a fair and open culture where staff are comfortable identifying quality problems and opportunities ✓ Create a culture that embraces the principles of QAPI ✓ Promote commitment of staff, residents and family in QAPI	**Systems to monitor a wide range of care and service, drawing from multiple sources** ✓ Identify what you need to monitor ✓ Collect, track and monitor measures/indicators ✓ Set goals, benchmarks and thresholds ✓ Identify gaps and opportunities ✓ Use data to drive decisions	**Conduct PIPs to improve care and services in areas relevant to your residents** ✓ Focus on topics that are meaningful and address the needs of residents and staff ✓ Support staff in being effective team members. Use tools such as TeamStepps that support effective teamwork ✓ Plan, implement, monitor and document changes using a structure PI approach	**Create real impact and long lasting improvement as a result of QAPI** ✓ Model and promote systems thinking ✓ Practice root cause analysis ✓ Take action at the systems level

Tools Help QAPI Processes Work

Why and How

- Important to know why:
  - Organize multiple tasks
  - Enhance communication within and across teams
  - Help to generate ideas and reach decisions
  - Keep information organized and accessible
  - Track successes and challenges using data
- Essential to know how to use:
  - Training
  - Inservice

What

- Checklists
- Templates
- Flow charts
- Reporting forms or outlines
- Worksheets

Telligen QI Connect™
Partnering to improve health outcomes through relationships and data

QAA Committee vs. QAPI Steering Committee

	Quality Assessment and Assurance Committee QAA Committee	**Quality Assurance and Performance Improvement Steering Committee** QAPI Steering Committee
Requirements	Federally required https://www.ecfr.gov/cgi-bin/text-idx?SID=f64b6edcc2b2ee52bf5de8e19a340569&mc=true&node=sp42.5.483.b&rgn=div6#se42.5.483_175	Not required but recommended QAPI at a Glance, Step 1 QAPIAtaGlance.pdf (cms.gov)
Attendees	Required: DON, Med Dir, NHA + 2 other leadership, IP	Can be ANY facility staff member including CNAs, activities, dietary, environmental services, etc.
Meeting Frequency	At least quarterly	As often as needed to achieve goals
Goals	Review and evaluate all facility data sources to determine areas of focus for QAPI Steering Committee	Review data (including resident level) to determine how best to utilize QAPI elements to improve

Telligen QI Connect™
Partnering to improve health outcomes through relationships and data

Centers for Medicare & Medicaid Services QAPI Tools

Table 1

QAPI Five Elements	Goals	Tools
Element 1 – Design and Scope	Learn the basics of QAPI • Review QAPI five elements • Understand how QAPI coordinates with QAA	QAPI Five Elements QAPI at a Glance QAPI News Brief - Volume 1
	Assess QAPI in your organization	QAPI Self-Asse...
	Create a structure and plan to support QAPI	Guide to Deve... Guide for Dev...
Element 2 – Governance and Leadership	Understand the QAPI business case	CMS Video: N...
	Promote a fair and open culture where staff are comfortable identifying quality problems and opportunities • Know your current culture • Assess your individual skills, practice, attitude • Create a learning organization that drives and reinforces a process for organizational change • Distinguish between human error, at risk, and reckless behavior, and respond differently/ appropriately to each	QAPI at a Glar... QAPI News Br...

Table 2

QAPI Five Elements	Goals	Tools
Element 2 – Governance and Leadership	Create a Culture that embraces the principles of QAPI	QAPI at a Glance QAPI News Brief - Volume 1 QAPI Leadership Rounding Tool
	Promote engagement and commitment of staff, residents and families in QAPI	QAPI at a Glance QAPI News Brief - Volume 1 Examples of Performance Objectiv...
	Involve residents and families • Focus on the customer needs and expectations	QAPI at a Glance QAPI News Brief - Volume 1
Element 3 – Feedback, Data Systems and Monitoring	Use and make data meaningful • Identify what you need to monitor • Collect, track, and monitor measures/indicators • Set goals, benchmarks, thresholds • Identify gaps and opportunities • Prioritize what you will work to improve • Use data to drive decisions	Measure/Indicator Development ... Measure/Indicator Collection and ... Instructions to Develop a Dashboa... Goal Setting Worksheet Prioritization Worksheet for Perfo...

Table 3

QAPI Five Elements	Goals	Tools
Element 4 – Performance Improvement Projects	Implement performance improvement projects • Focus on topics that are meaningful and address the needs of residents and staff • Charter PIP teams • Support staff in being effective PIP team members. Use tools that support effective teamwork. • Plan, implement, measure, monitor, and document changes, using a structured PI approach	Worksheet to Create a PIP Charter PIP Launch Checklist: Helpful hints for project leaders, managers, and coordinators Plan-Do-Study-Act (PDSA) Cycle Template PIP Inventory Sustainability Decision Guide Brainstorming, Affinity Grouping, and Multi-Voting Tool
	Enhance QAPI communications	QAPI at a Glance Communications Plan Worksheet Storyboard Guide for PIPs Improvement Success Story Template
Element 5 – Systematic Analysis and Systemic Action	Understand and focus on organizational processes and systems • Model and promote systems thinking • Practice RCA – get to the root of problems • Take action at the systems-level	Guidance for Failure Mode and Effects Analysis (FMEA) Guidance for Root Cause Analysis (RCA) Flowcharting Five Whys Fishbone Diagram

A Process Tool Framework

> PIP to Improve

Tools and Templates Make it Work

Telligen QI Connect™
Partnering to improve health outcomes through relationships and data

Performance Improvement Projects (PIPs)

- Concentrated effort on a particular problem in one area of the facility or facility wide
- Involves gathering information systematically to clarify issues or problems
- Examine and improve care or services
- Sustaining improvements
  - Select tools
  - Plan when and where to document
  - Create process for ongoing monitoring

483.75 Quality assurance and performance improvement (e) Program activities (3) As a part of their performance improvement activities, the facility must conduct distinct performance improvement projects.

PIP Steps

1. Identify the event or problem and gather preliminary information
2. Charter and select team facilitator and team members
3. Investigate and describe what happened
4. Identify the contributing factors and root causes
5. Prioritize root causes
6. Select changes/interventions to eliminate the root causes
7. Develop process and outcomes measures

Data and Prioritization Drives Improvement

- Data
  - Determines need for improvement
  - Indicates progress
  - Demonstrates sustainment
- Prioritization
  - Determines order of improvement activities
  - Indicates commitment to progress
  - Demonstrates progressive planning

Telligen QI Connect™

Partnering to improve health outcomes through relationships and data

Complete Root Cause Analysis (RCA) and Plan Do Study Act (PDSA) Cycles
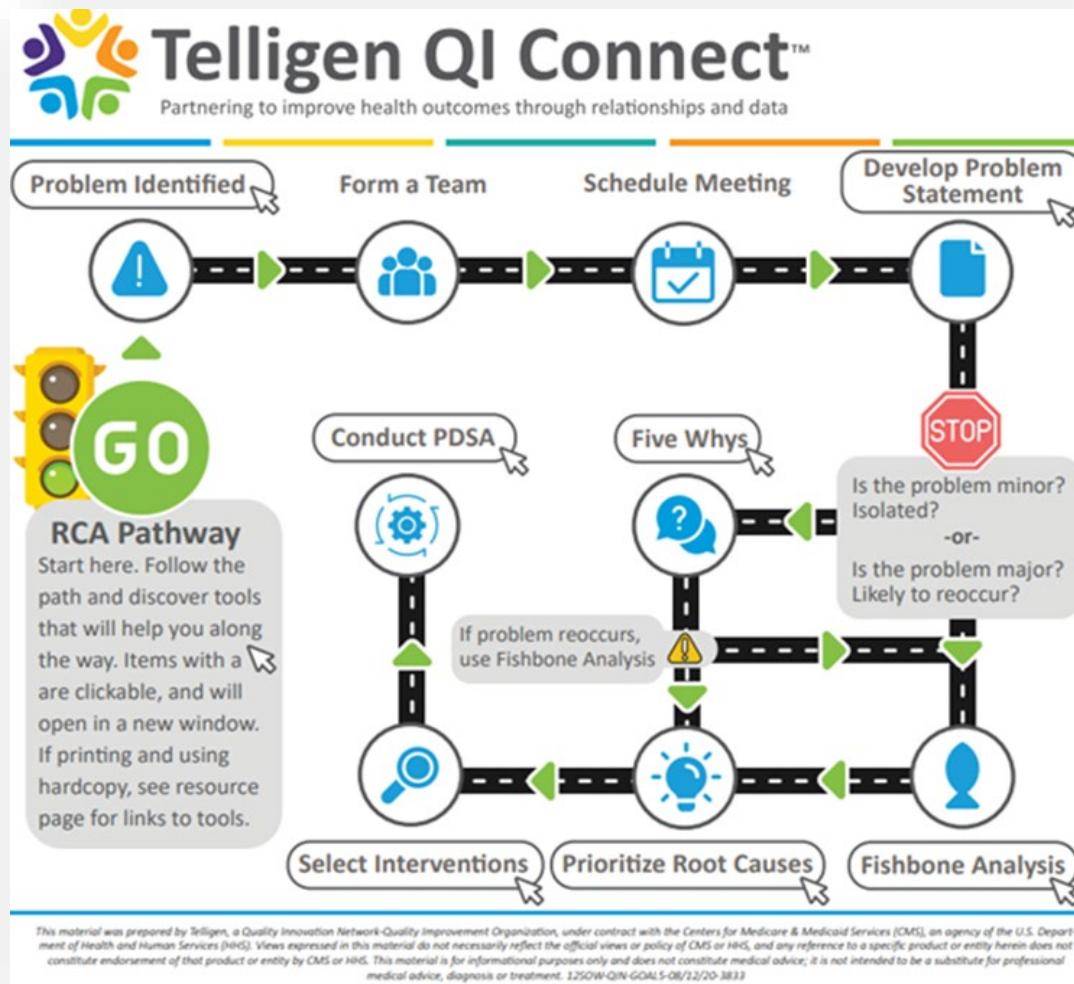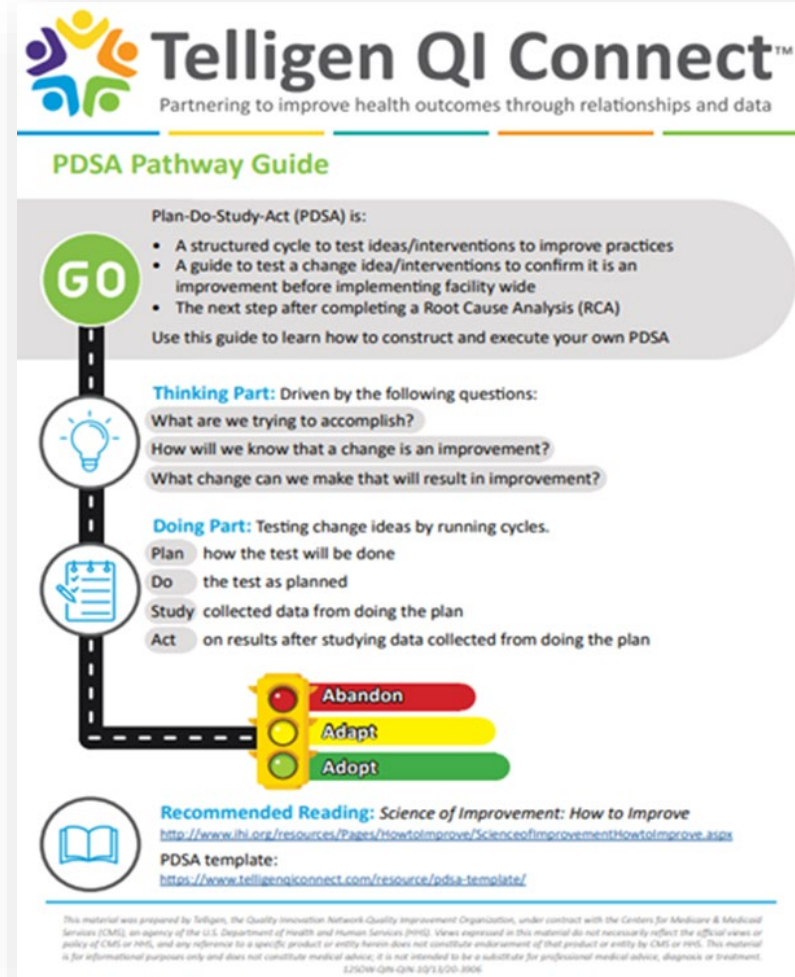
PIP Documentation

- Documentation built into PIP activity
- Edit template to meet PIP team needs

QAA Committee/QAPI Team

- Document meetings
- Help leadership manage projects and action items
- Edit to meet team's needs

What Will You Do With This Information?

- Transferring information into skill requires ongoing practice
  - Include QAPI methodologies in all trainings and in-services(e.g. data analysis, RCA, PDSA)
  - Include PIP updates and ongoing monitoring of completed PIPs on leadership meeting agendas
- Contact Telligen for cost free trainings, support and assistance

Education → **Practice** → **Skill**

Telligen QI Connect™
Partnering to improve health outcomes through relationships and data
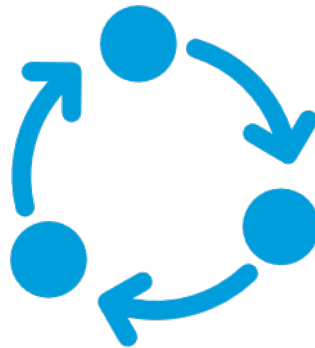
Upcoming Events

Don't miss out on these upcoming events:

May 10

Root Cause Analysis Training

10:30 – 11:15 a.m. CST

Registration Link

May 11

Plan-Do-Study-Act Training

11 a.m. – 12 p.m. CST

Registration Link

May 12

QI Basics Power Hour Learning Series – Implement and Sustain Change

11 a.m. – 12 p.m. CST
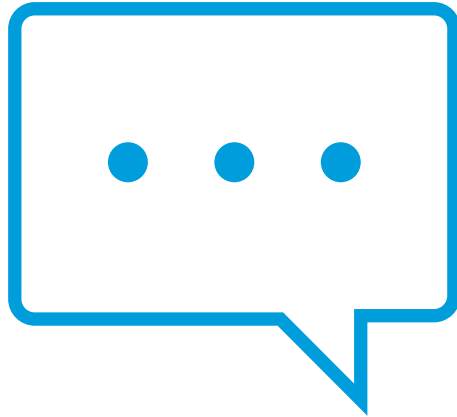
Registration Link

For all other events visit our website:
https://www.telligenqiconnect.com/calendar/

Telligen QI Connect™
Partnering to improve health outcomes through relationships and data

> Questions?

Telligen QI Connect™

Partnering to improve health outcomes through relationships and data

Contact Us

- Nell Griffin: ngriffin@telligen.com
- Lisa Bridwell: lbridwel@telligen.com

- NursingHome@telligen.com
- www.telligenqiconnect.com

Telligen QI Connect™
Partnering to improve health outcomes through relationships and data

42

Open Q&A

Submit questions via Q&A pod to **All Panelists**

Please do not resubmit a single question multiple times

Slides and recording will be made available after the session.

Reminders

- SIREN Registration
  - To receive situational awareness from IDPH, please use this link to guide you to the correct registration instructions for your public health related classification: http://www.dph.illinois.gov/siren

- NHSN Assistance:
  - Contact Telligen: **nursinghome@telligen.com**