



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

April 7th, 2023

# Housekeeping

- All attendees in listen-only mode
- Submit questions via Q&A pod to **All Panelists**
- Slides and recording will be made available later
- For continuing education credit, complete evaluation survey upon end of webinar
  - Must be registered individually to receive credit

# Agenda

- Upcoming Webinars
- Assessments and Risk
- Open Q & A

# Upcoming Infection Prevention and Control Q&A

1:00 pm - 2:00 pm

Date	Infection Control Topic	Registration Link
Friday, April 21 <sup>st</sup>	How to Perform a Root Cause Analysis (RCA) and other QAPI Elements	<a href="https://illinois.webex.com/weblink/register/r480287a8c263834a0588c77991ebb18d">https://illinois.webex.com/weblink/register/r480287a8c263834a0588c77991ebb18d</a>
Friday, May 5 <sup>th</sup>	Norovirus	<a href="https://illinois.webex.com/weblink/register/r8ff76251bb28ef95e6e307e56843571b">https://illinois.webex.com/weblink/register/r8ff76251bb28ef95e6e307e56843571b</a>
Friday, May 19 <sup>th</sup>	MDRO organisms: C. auris	<a href="https://illinois.webex.com/weblink/register/r41548e40d239c7e92a7bf651c8c06dfd">https://illinois.webex.com/weblink/register/r41548e40d239c7e92a7bf651c8c06dfd</a>

# Assessments and Risk

It's All About Risk and Benefit



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# Learning Objectives for Assessment and Risk

## Assessment

- Describe various required assessments for an Infection Prevention and Control Program (IPCP)
- Describe risk/risk categories
- Identify the hierarchy of assessments and how they need to be implemented in each care community

## Risk

- Identify which risk assessments are relevant to participants' own care communities
- Develop an interdisciplinary team approach to determining care community risk
- Implement interdisciplinary processes, policies, and procedures that address identified risk.
- Compare example risk assessment to your facility



# What is an Assessment?

- *“The act of judging or deciding the amount, value, quality, or importance of something, or the judgment or decision that is made:”*
- *Examples:*
  - The RN and the MD completed an assessment of resident condition.
  - *“We conduct an annual assessment of the system to determine the need for any safety improvements.”*

Definition of assessment from the Cambridge Advanced Learner's Dictionary & Thesaurus © Cambridge University Press)

Cambridge English Definition: <https://dictionary.cambridge.org/dictionary/english/assessment>



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# Assessment: A Word that Needs to be Used with Care

- Facility Assessment: Comprehensive look at building, residents, staff
- Infection Control Assessment and Response (ICAR): Comprehensive look at an infection prevention and control program
- Infection Risk Assessment: Comprehensive ranking of infection risk
- Infection Control Risk Assessment: (ICRA): Construction risk evaluation
- Many can participate



# Person-Centered Assessments: Only Certain Licensures Can Perform Comprehensive Assessments in Illinois

- *LPNs: Conducting a focused nursing assessment and contributing to the ongoing comprehensive nursing assessment of the patient performed by the RN.*
- *LPN: Collaborating in the development and modification of the RN's or APRN's comprehensive nursing plan of care for all types of patients.*

**Joint Committee on Administrative Rules**  
**ADMINISTRATIVE CODE**

TITLE 68: PROFESSIONS AND OCCUPATIONS  
CHAPTER VII: DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS  
PART 1300 NURSE PRACTICE ACT  
SECTION 1300.250 LPN SCOPE OF PRACTICE

<https://www.ilga.gov/commission/jcar/admincode/068/068013000B02500R.html>



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# Being an Infection Preventionist Does Not Require Person-Level Assessment

What is Required is Interest in Infection Prevention and Control and  
Willingness to Participate in Life-Long Learning

- Nurses
- Physicians
- Public Health
- Laboratory Science
- Social Workers
- Therapists (PT, OT, RT, Speech)
- Related Degrees



# Infection Preventionist

## IDPH for SNF/ICF facilities

- A facility shall have at least one IP on-site for a minimum of 20 hours per week to develop and implement policies governing prevention and control of infectious diseases.
- d) Facilities with more than 100 licensed beds or facilities that offer high-acuity services, including but not limited to on-site dialysis, infusion therapy, or ventilator care shall have at least one IP on-site for a minimum of 40 hours per week to develop and implement policies governing control of infectious diseases. For the purposes of this subsection (d), "infusion therapy" refers to parenteral, infusion, or intravenous therapies that require ongoing monitoring and maintenance of the infusion site (e.g. central, percutaneously inserted central catheter, epidural, and venous access devices).

<https://www.ilga.gov/commission/jcar/admincode/077/077003000C06970R.html>



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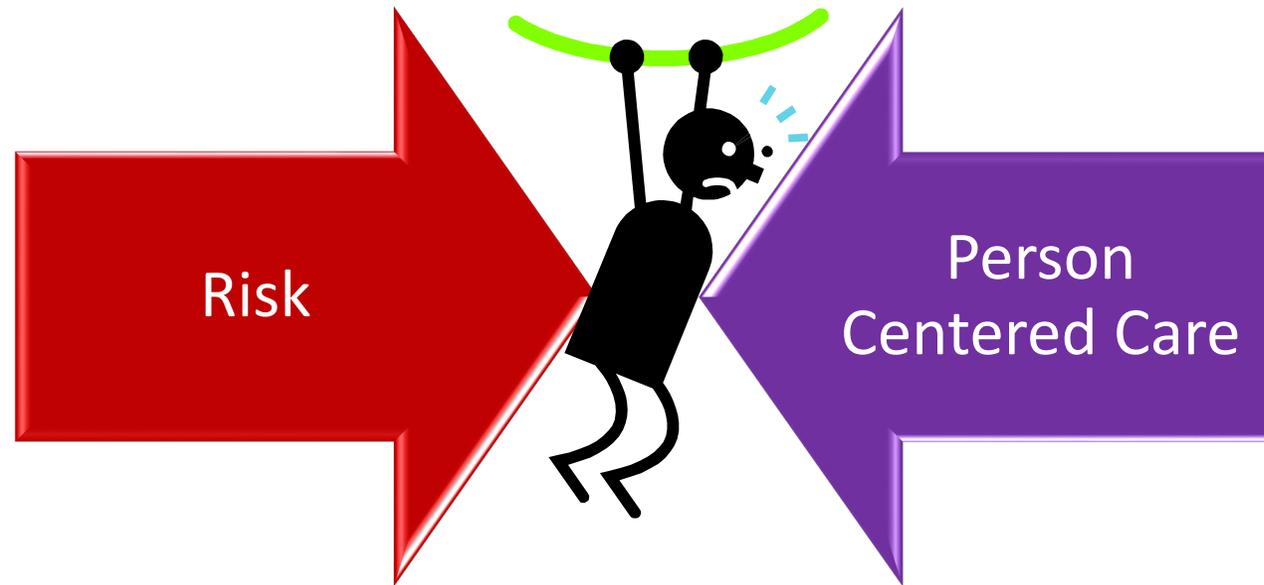
<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>

## CMS F882 (SOM page 801)

- Effective: 10-21-22; Implementation:10-24-22)
- **§483.80(b) 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:
- §483.80(b)(1) Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;
- §483.80(b)(2) Be qualified by education, training, experience or certification;
- §483.80(b)(3) Work at least part-time at the facility; and
- §483.80(b)(4) Have completed specialized training in infection prevention and control.

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# Balancing Risk and Person-Centered Care



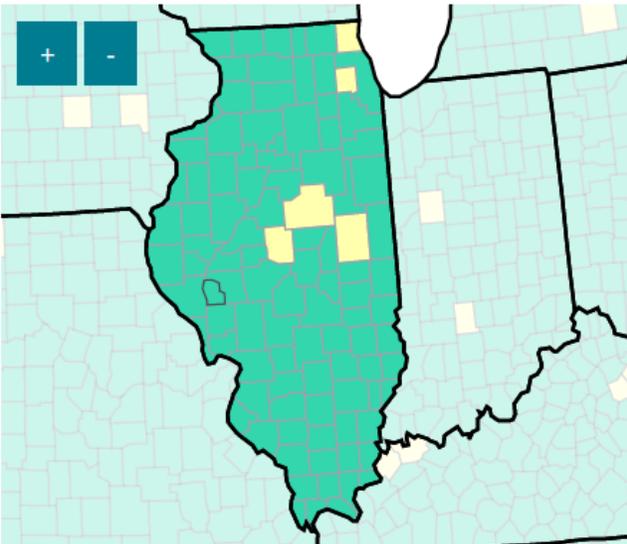
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# COVID-19 Pandemic has Required Weekly Assessment of Risk

## Community Levels

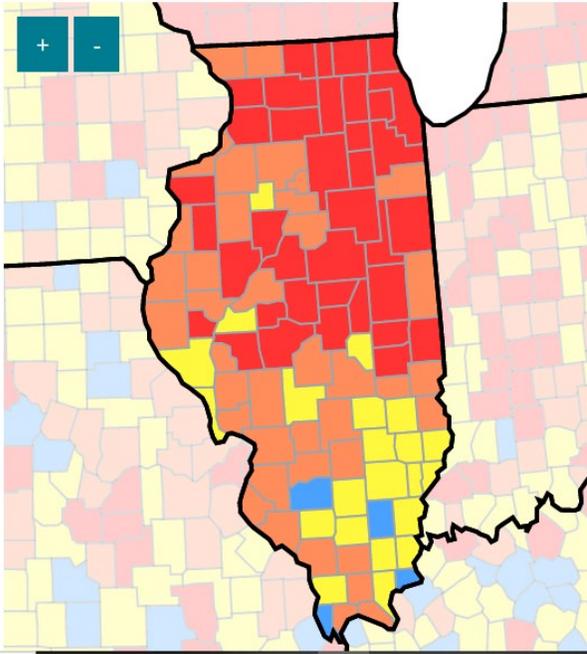
Data Type:



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## Community Transmission Risk

Data Type:



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# Reason for CDC and CMS Updates: Risk Based

CDC released healthcare guidance and CMS modified rules for COVID-19 Sept. 23, 2022, based on:

- High levels of vaccine- and infection-induced immunity
- Availability of effective treatments and prevention
- Substantially reduced risk of significant COVID-19 illness, hospitalization, and death
- Least restrictive approach

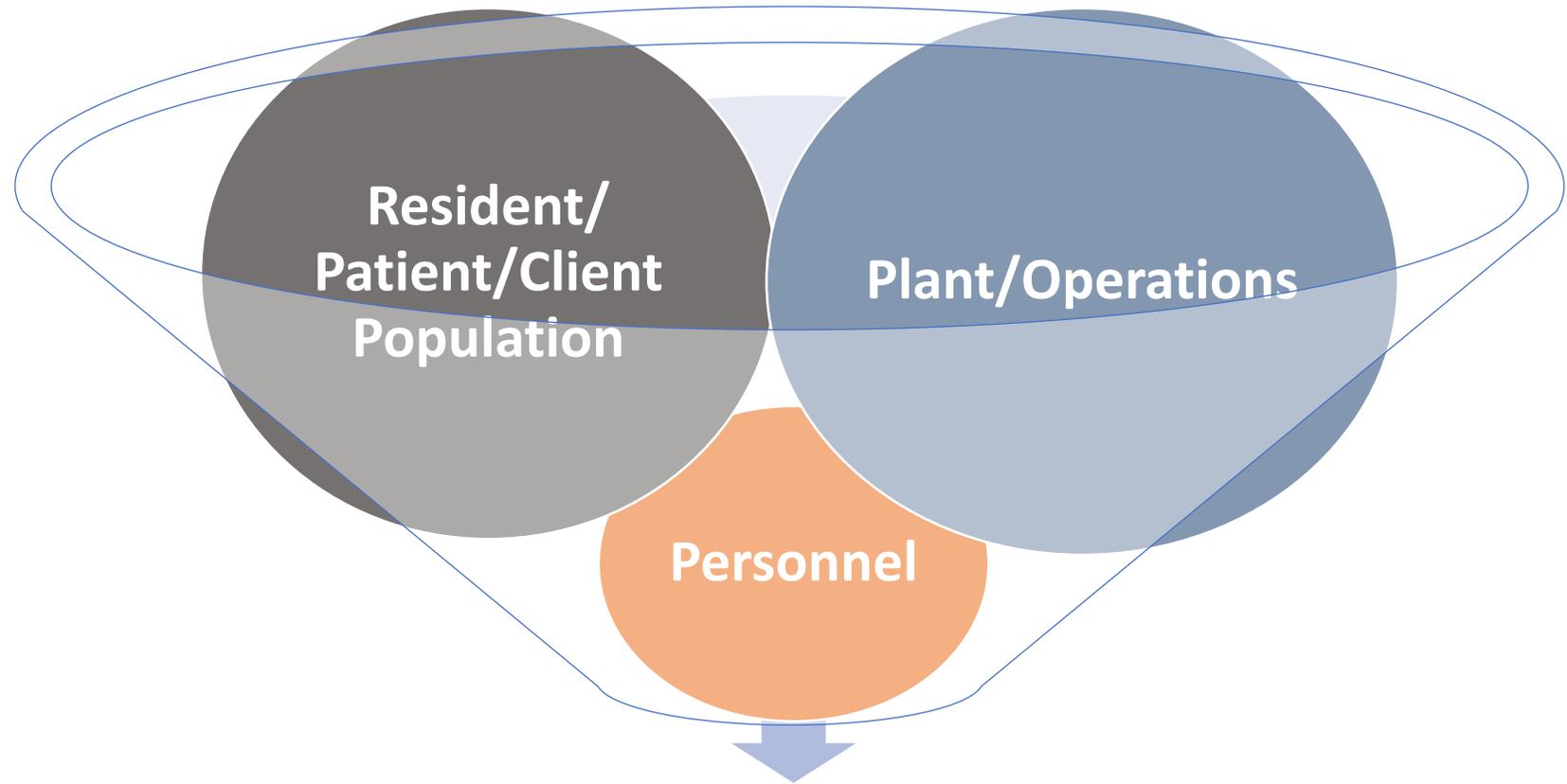
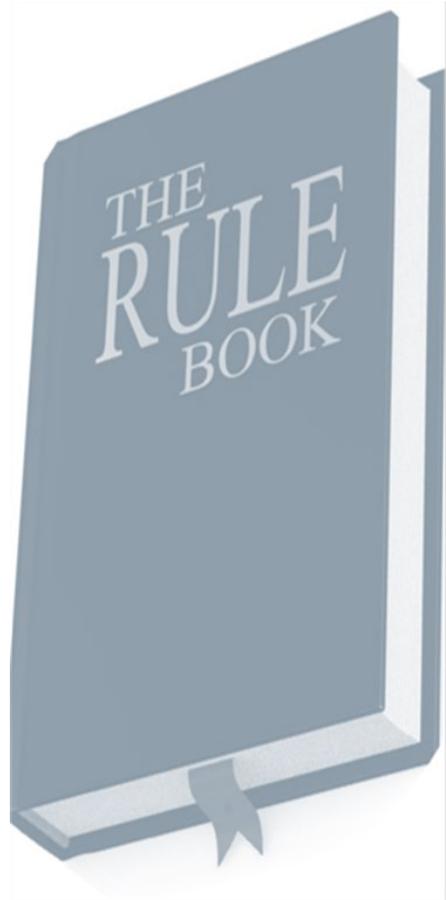


# POLL: Participation in Facility Assessment

- I helped write the current Facility Assessment and I can locate a current copy
- I did not help write the current Facility Assessment, but I can locate a current copy
- I do not know if our facility has completed a Facility Assessment
- I do not know what a Facility Assessment is



# Facility Wide Assessment



**Facility Assessment**

**Infection Prevention and Control and Antibiotic Stewardship**



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# CMS/Telligen

## Facility Assessment Tool¶

### Requirement¶

Nursing facilities will conduct, document, and annually review a facility-wide assessment, which includes both their resident population and the resources the facility needs to care for their residents (§483.70(e)).¶

¶  
The requirement for the facility assessment may be found in Attachment 1.¶

### Purpose¶

The purpose of the assessment is to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies. Use this assessment to make decisions about your direct care staff needs, as well as your capabilities to provide services to the residents in your facility. Using a competency-based approach focuses on ensuring that each resident is provided care that allows the resident to maintain or attain their highest practicable physical, mental, and psychosocial well-being.¶

¶  
*The intent of the facility assessment is for the facility to evaluate its resident population and identify the resources needed to provide the necessary person-centered care and services the residents require.*¶

### Overview of the Assessment Tool¶

This is an optional template provided for nursing facilities, and if used, it may be modified. Each facility has flexibility to decide the best way to comply with this requirement.¶

¶  
The tool is organized in three parts:¶

1. → **Resident profile** including numbers, diseases/conditions, physical and cognitive disabilities, acuity, and ethnic/cultural/religious factors that impact care.¶
2. → **Services and care offered** based on resident needs (includes types of care your resident population requires; the focus is not to include individual level care plans in the facility assessment)¶
3. → **Facility resources needed** to provide competent care for residents, including staff, staffing plan, staff training/education and competencies, education and training, physical environment and-



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## Nursing Home Facility Assessment Tool

This is an optional template provided for nursing facilities to use to complete their annual facility assessment. The tool may be modified and facilities have the flexibility to decide the best way to comply with this Centers for Medicare & Medicaid Services (CMS) requirement. [Click here](#) to access this tool.

Resources by C

[All Resources](#)

[Antibiotic Stewardship](#)

[Cardiac Health](#)

[Care Coordination](#)

[Diabetes Care](#)

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## Facility Assessment

- Pursuant to §483.70(e) (F838), the facility must conduct and document
- Facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies
- The facility must review and update that assessment
  - as necessary
  - at least annually
  - whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment
- Must address or include, among other things, a facility-based and community-based risk assessment, utilizing an all-hazards approach
- **The results of the facility assessment must be used, in part, to establish and update the IPCP, its policies and/or protocols to include a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for residents, staff, and visitors.**



CMS State Operations Manual October 21, 2022, page 760: <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>



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# Infection Control Risk Assessment



- “NOTE: A community-based risk assessment should include review for risk of infections
- (e.g., multidrug-resistant organisms/MDROs) and communicable diseases such as tuberculosis and influenza.
- Appropriate resident tuberculosis screening should be performed based on state requirements.”

CMS State Operations Manual October 21, 2022 page 760: <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>

Federal Register Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities Final Rule: 10/4/16.



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# Must Address: Residents, Patients, and Clients

- The facility's resident population, including, but not limited to:
  - Number of residents and resident capacity
- The care required by the resident population:
  - Types of diseases, conditions, physical and cognitive disabilities
  - Overall acuity and other pertinent facts that are present within that population
- Any ethnic, cultural or religious factors that may potentially affect the care provided:
  - Activities
  - Food
  - Nutrition

Federal Register Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities Final Rule: 10/4/16.



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# Must Address: The Facilities

- Physical environment, equipment, services
- Physical plant considerations
- The facility's resources
- All buildings
- Other physical structures and vehicles
- Equipment (medical and non-medical)
- Community-based risk assessment, utilizing an all-hazards approach

Federal Register Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities Final Rule: 10/4/16.



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# Must Address: Services and Resources

- Therapies and pharmacy
- Contracts, memorandums of understanding
- Third party agreements to provide services or equipment
- Both normal operations and emergencies
- Health information technology resources
- Managing patient records (EHR)
- Electronic sharing of information with other organizations

Federal Register Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities Final Rule: 10/4/16.



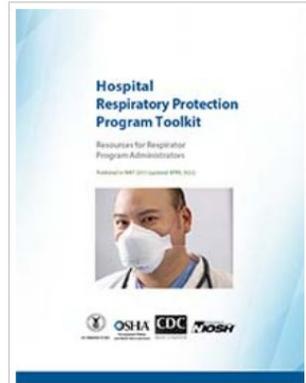
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# Yes, You Need a Respiratory Protection Program

- This is an OSHA requirement, not just related to COVID-19
- Not just infectious diseases (all aerosols that might impact health)
- Protect Staff
- *Healthcare personnel are paid and unpaid persons who provide patient care in a healthcare setting or support the delivery of healthcare by providing clerical, dietary, housekeeping, engineering, security, or maintenance services. Healthcare personnel may potentially be exposed to aerosol pathogens. Aerosols are particles or droplets suspended in air. Aerosol transmitted diseases are diseases transmitted when infectious agents, which are suspended or present in particles or droplets, contact the mucous membranes or are inhaled*



<https://www.cdc.gov/niosh/docs/2015-117/default.html>

<https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134>



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NIOSH [2015]. Hospital Respiratory Protection Program Toolkit: Resources for Respirator Program Administrators. Atlanta, GA: Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, DHHS (NIOSH) Publication Number 2015-117 (revised 04/2022), [https://doi.org/10.26616/NIOSH-PUB2015117-revised042022-external icon](https://doi.org/10.26616/NIOSH-PUB2015117-revised042022-external-icon)

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# Must Address: Personnel

- Necessary staff competencies for level and types of care needed
- Any ethnic, cultural or religious factors that may potentially affect the care
- All personnel, including managers, staff (both employees, volunteers, and those who provide services under contract)

Federal Register Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities Final Rule: 10/4/16.



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Facility Assessment

Infection Risk  
Assessment



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# Infection Risk Assessment Tool

THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL    UNC Calendar    Libraries    Maps    Departments    ConnectCarolina

**SPICE**    **Statewide Program for Infection Control and Epidemiology**  
*Education to prevent and control healthcare associated infections across the healthcare spectrum*

Home    About SPICE    Ask SPICE    Facility Type    Classroom Courses    On-Line Education    All Resources    IC Assessments: ICAR    Related Links

**Template Risk Assessment for LTC**

[Download Now](#)    [Ask SPICE](#)

**Name of Facility**  
**Infection Prevention and Control**  
**Risk Assessment**

PROBABILITY OF OCCURRENCE (How likely is this to occur)				RISK LEVEL OF FAILURE (What would be the most likely)				POTENTIAL CHANGE IN CARE (Will treatment/care be needed for resident/staff)				PREPAREDNESS (Are processes in place and can they work)			RISK LEVEL (score of 8 or >are considered highest priority for improvement efforts)
High	Med	Low	None	Life Threatening	Permanent Harm	Temp Harm	None	High	Med	Low	None	Poor	Fair	Good	
3	2	1	0	3	2	1	0	3	2	1	0	3	2	1	
<b>External Factors (Community, Demographics)</b>															

<https://spice.unc.edu/>



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# Workbook Activity New Maples Facility Assessment

## Facility Assessment Tool¶

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Link - Resource

## Nursing Home Facility Assessment Tool

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Resources by C

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[Diabetes Care](#)

<https://qioprogram.org/facility-assessment-tool>

# New Maples: Licensed Skilled, Intermediate, Assisted Living

- 151-bed congregate care community located outside a Midwestern town, population 53,000
- Mixture of farms, as well as new and old manufacturing
- Original building is a 3-story facility with a basement
- Built in 1979 with two additions, one built in 1983 and an 18-apartment assisted living addition added in 2000
- Cosmetic changes and general repair, but no other significant construction except for a recent addition of a sprinkler system, wiring for computers and Wi-Fi, and renovation of the shower rooms
- Staff is shared between the different levels of care. Residents also share a common main dining room



# Resident Population

- New Maples originally only had long-term residents that required supportive care including bathing, dressing, grooming, medication administration, wound care, and care for persons with dementia
- New Maples now cares for residents with significant physical needs, including post-acute wound care, surgical site care, residents who require ventilator support, and hemodialysis which is provided at New Maples
- New Maples was originally a private, stand-alone long-term care facility (LTCF), however it was purchased by a corporation that owns and manages care communities in multiple states



# Nursing and Contracted Services

- There is corporate support with a regional Corporate Nurse as well as other corporate leadership, and a corporate Infection Preventionist (IP)
- Nursing department generally manages orientation, TB testing and offering hepatitis B vaccine and influenza vaccinations. An assistant director of nursing (ADON) manages orientation along with human resources
- Occupational health is a combination of contracted services through an Occupational Health corporation, a local urgent center, the medical director's support if needed, and some vaccines provided for staff at the facility



# Building

- The building is a mixture of single, double (with jack/jill toilet/sink), triple (each has one toilet/sink), and quad occupancy rooms (with one toilet/sink)
- There are two nursing stations on the 3rd floor, two nursing stations on the 2nd floor, and one nursing station on the 1st floor where the vaccines are stored. Each nursing unit has one shower room with two showers and a tub
- The first floor also has all therapy rooms, meeting rooms and offices. The basement has the kitchen that serves the entire facility, laundry, plant engineering including HVAC equipment, and repair/storage areas. The IP office is in the basement across from materials management and the dock



# COVID-19 Pandemic

- New Maples worked very closely with their local health department during the COVID-19 pandemic
- Even with the support they had 18 deaths related to COVID-19 over the pandemic and four major outbreaks
- Staffing has been a challenge, and the census has not recovered to pre-pandemic levels
- The director of nursing (DON) recently retired but has returned to work part time to help the current DON
- The ADON was working as the IP but did not like the job
- Because of the size of New Maples, a new IP has been hired
- The new IP has no IP experience but is interested. They worked as a night staff nurse for the past 4 years. They have support of the corporate IP and administration



# POLL: Participation in Infection Control Risk Assessment

- I helped write the current Infection Control Risk Assessment and I can locate a current copy
- I did not help write the current Infection Control Risk Assessment, but I can locate a current copy
- I do not know if our facility has a current Infection Control Risk Assessment
- I do not know what an Infection Control Risk Assessment is



# Infection Control Risk Assessment Rating

## Example Criteria: Probability of Occurrence<sup>1</sup>

High: If there were more events than baseline numbers or what had been experienced historically

Medium: If there were a similar number of events experienced historically

Low: If there were fewer events than expected or experienced historically

None: No events occurred

## Example Criteria: Risk Level of Failure<sup>2</sup>

Permanent Harm: event associated with loss of limb or permanent damage

Temporary Harm: Event associated with a temporary change in ambulation

## Example Criteria: Potential Change in Care<sup>3</sup>

High: Event resulted in transfer to hospital

Medium: Event resulted in major change to resident's care plan (resident acquiring *C. difficile* as a result of unnecessary antibiotics for example)

Low: Event resulted in minor/short term modification to treatment (obtaining an extra BP for example)

None: No change in treatment and/or care plan

## Example Criteria: Preparedness<sup>4</sup>

Poor: No policies/procedures or processes in place to prevent

Fair: Policies/procedures in place but no monitoring to ensure compliance

Good: Policies/procedures in place and compliance being monitored with staff feedback



# Infection Control Risk Assessment completed

EVENT	PROBABILITY OF OCCURRENCE <i>(How likely is this to occur)<sup>1</sup></i>				RISK LEVEL OF FAILURE <i>(What would be the most likely)<sup>2</sup></i>				POTENTIAL CHANGE IN CARE <i>(Will treatment/care be needed for resident/staff)<sup>3</sup></i>				PREPAREDNESS <i>(Are processes in place and can they work)<sup>4</sup></i>			YEAR:2022rev
	High	Med	Low	None	Life Threatening	Permanent Harm	Temp Harm	None	High	Med	Low	None	Poor	Fair	Good	RISK LEVEL Add rankings (score of 8 or >are considered highest priority for improvement efforts)
	3	2	1	0	3	2	1	0	3	2	1	0	3	2	1	
<b>Example: Lack of Communication with Transferring Facility</b>		2					1			2					1	6
<b>External Factors (Community, Demographics)</b>																
Identify other risk factors in the community based on geographic location (coast, mountains etc.)																
Risk of TB in the community			1				1			2				2		6
Risk of emerging infectious disease in the community	3				3					2				2		10
<b>Internal Factors (Facility Related)</b>																
<b>Facility Associated Infection(s)</b>																
Symptomatic urinary tract infection (SUTI)		2					1				1				1	5
Influenza like illness	3					2				2				2		9
Pneumonia		2				2			3					2		9
LRTI (bronchitis)		2					1		3						1	7
Cellulitis/soft tissue infection		2				2				2					1	7

# Infection Control Risk Assessment completed (2)

YEAR:2022rev

## RISK LEVEL

Add rankings  
(score of 8 or >are  
considered highest  
priority for  
improvement efforts)

EVENT	PROBABILITY OF OCCURRENCE <i>(How likely is this to occur)<sup>1</sup></i>				RISK LEVEL OF FAILURE <i>(What would be the most likely)<sup>2</sup></i>				POTENTIAL CHANGE IN CARE <i>(Will treatment/care be needed for resident/staff)<sup>3</sup></i>				PREPAREDNESS <i>(Are processes in place and can they work)<sup>4</sup></i>			RISK LEVEL
	High	Med	Low	None	Life Threatening	Permanent Harm	Temp Harm	None	High	Med	Low	None	Poor	Fair	Good	
<b>Score</b>	3	2	1	0	3	2	1	0	3	2	1	0	3	2	1	
Scabies			1				1			2				2		6
Gastroenteritis		2					1			2				2		7
Norovirus		2					1			2				2		6
Clostridium difficile			1				1			2				2		6
Conjunctivitis		2					1			2					1	6
<b>Antibiotic Stewardship</b>																
Lack of leadership support for antibiotic stewardship		2				2				2					1	7
Inadequate written policies for stewardship		2				2				2					1	7
Unable to determine antibiotic usage report from pharmacy			1				1				1				1	4
Unable to retrieve report summarizing antibiotic resistance patterns (antibiogram)		2					1				1				1	5
<b>Exposure Related</b>																
Lack of accessible hand sanitizer		2				2				2				2		8
Non-compliance with hand hygiene		2				2				2				2		8
No written plan to manage outbreaks		2				2				2					1	7

# Infection Control Risk Assessment completed (3)

EVENT	PROBABILITY OF OCCURRENCE <i>(How likely is this to occur)<sup>1</sup></i>				RISK LEVEL OF FAILURE <i>(What would be the most likely)<sup>2</sup></i>				POTENTIAL CHANGE IN CARE <i>(Will treatment/care be needed for resident/staff)<sup>3</sup></i>				PREPAREDNESS <i>(Are processes in place and can they work)<sup>4</sup></i>			YEAR:2022rev
	High	Med	Low	None	Life Threatening	Permanent Harm	Temp Harm	None	High	Med	Low	None	Poor	Fair	Good	RISK LEVEL Add rankings (score of 8 or >are considered highest priority for improvement efforts)
Score	3	2	1	0	3	2	1	0	3	2	1	0	3	2	1	
Unable to determine antibiotic usage report from pharmacy			1				1				1				1	4
Unable to retrieve report summarizing antibiotic resistance patterns (antibiogram)		2					1				1				1	5
<b>Exposure Related</b>																
Lack of accessible hand sanitizer		2				2				2				2		8
Non-compliance with hand hygiene		2				2				2				2		8
No written plan to manage outbreaks		2				2				2					1	7
Inadequate compliance with Standard Precautions		2				2				2				2		8
Inadequate compliance with Contact Precautions		2				2				2				2		8
Inadequate compliance with Respiratory Hygiene/Cough Etiquette		2				2				2				2		8
Inadequate compliance with injection safety			1			2				2					1	6
Inadequate utilization of engineering controls to remove exposure from work activity		2			3					2				2		9

# Infection Control Risk Assessment completed (4)

EVENT	PROBABILITY OF OCCURRENCE <i>(How likely is this to occur)<sup>1</sup></i>				RISK LEVEL OF FAILURE <i>(What would be the most likely)<sup>2</sup></i>				POTENTIAL CHANGE IN CARE <i>(Will treatment/care be needed for resident/staff)<sup>3</sup></i>				PREPAREDNESS <i>(Are processes in place and can they work)<sup>4</sup></i>			YEAR:2022rev  RISK LEVEL Add rankings (score of 8 or >are considered highest priority for improvement efforts)
	High	Med	Low	None	Life Threatening	Permanent Harm	Temp Harm	None	High	Med	Low	None	Poor	Fair	Good	
Score	3	2	1	0	3	2	1	0	3	2	1	0	3	2	1	
<b>Healthcare personnel</b>																
Lack of compliance with influenza immunization		2				2				2				2		8
Lack of notification or employee with illness/disease			1				1			2					1	5
Non-compliance with annual TB screening			1				1			2				2		7
Non compliance with mandatory education			1			2				2					1	6
<b>Resident/Family</b>																
Lack of TB screening for resident at time of admission			1				1			2					1	5
Lack of compliance with influenza immunization			1				1				1				1	4
Lack of compliance with pneumococcal vaccine			1				1				1				1	4
Lack of resident compliance with personal hygiene		2					1			2					1	6
Lack of family compliance with facility policies		2					1			2					1	6
Inadequate resident/family education			1			2				2					1	6



# Infection Control Risk Assessment (ICRA) completed

## **The high infection risk priorities (8 or higher) fall into 6 main categories:**

- Emerging infectious disease/influenza/pneumonia/influenza vaccination
- Lack of hand hygiene supplies and monitoring
- Inadequate or improper use of PPE/Standard and Transmission Based Precautions
- Lack of proper ventilation
- Inadequate environmental cleaning and disinfection
- Improper handling of glucose monitoring devices



# Vaccination Data

## Resident Vaccinations:

- Influenza vaccinations this year (2022): 76%, normally 90%-95%
- Pneumococcal vaccinations including new formulations: 89%
- Fully vaccinated for COVID-19 93%
- Up to date for COVID-19: 45%

## Staff Vaccinations:

- Influenza: 48%
- Fully vaccinated for COVID-19: 81%
- Up to date for COVID-19: 58%



# Hand Hygiene Compliance and Hand Sanitizer Availability

Hand Hygiene compliance (30 observations per floor per month):

- 32% on 3rd Floor (two units)
- 79% on 2nd Floor (two units)
- 88% on 1st floor (1 unit)

Hand sanitizer dispensers- 4 out of 10 alcohol-based hand rub (ABHR) wall mounted dispensers checked on morning rounds were either empty or had no batteries.

- There are no ABHR dispensers in rooms and one ABHR dispenser is between every 3 rooms.
- There are no ABHR dispensers in common activity rooms or in the physical therapy department.
- Paper towel dispenser is empty at the 1st floor nurse's station.
- When asked, staff say the only way to really get hands clean is to wash with soap and water.





# Infection Prevention and Control Framework F880

- Provide a safe, sanitary and comfortable environment
- Help prevent the development and transmission of communicable diseases
- Infection prevention and control program (IPCP) that must include
- System for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases following accepted national standards
- Written standards, policies and procedures for the program

Federal Register Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities Final Rule: 10/4/16.



# Infection Prevention and Control Framework F880

- Surveillance
- Identify possible communicable diseases or infections before they can spread to other persons
- Process for reporting communicable disease
- Standard and transmission-based precautions
- Least restrictive isolation possible under the circumstances
- Hand hygiene

Federal Register Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities Final Rule: 10/4/16.



- Facility Assessment is a Required First Step
- Infection Control Assessment
- Interdisciplinary Focus
- Pragmatic Approach
- Review Today!

## Summary

# Questions?



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# 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

- For continuing education credit, please fill out the evaluation survey upon end of webinar
- 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**