APIC®

Education

A Day in the Life of a Long-Term Care Infection Preventionist

Welcome!

Poll

- How many applied for the job of infection preventionist?
- How many are dedicated infection preventionists?
- Who has completed APIC's EPI® in Long-Term Care Certificate Series?
- Who has a phone-a-friend system in place for answering questions about infection prevention and control?

Purpose and Goals

- To provide a framework for accomplishing the infection prevention and control tasks you are responsible for on a daily basis
- To introduce you to others who face the same challenges
- To identify resources that may make your job easier

Objectives

- Describe the components of the daily routine for an infection preventionist in long-term care
- Identify the tools and resources needed to perform routine daily activities
- Develop a facility-specific daily routine

Introductions

- Find someone you do not know
- Spend five minutes learning about them
  - Are they from a facility with residents who require a tracheostomy and/or ventilator?
  - Do they perform dialysis in their facility?
  - Have they implemented hand hygiene observations?
- Share ways your new friend can help you

Phone, Ping or Click a Friend

- Network, network, network
- No one knows it all

Daily Routine

- Brainstorming exercise
  - What would your ideal day look like?
  - How would you accomplish your ideal day?
  - What resources or tools would you need?
  - Who would you engage?
  - What affects your ideal day?

First Morning Break

Daily Routine Themes

Daily Routine

- Paperwork review and update
  - New admissions
  - 24-hour report
  - Lab and pharmacy results

Facilities work together to protect patients.

Common Approach *(Not enough)*

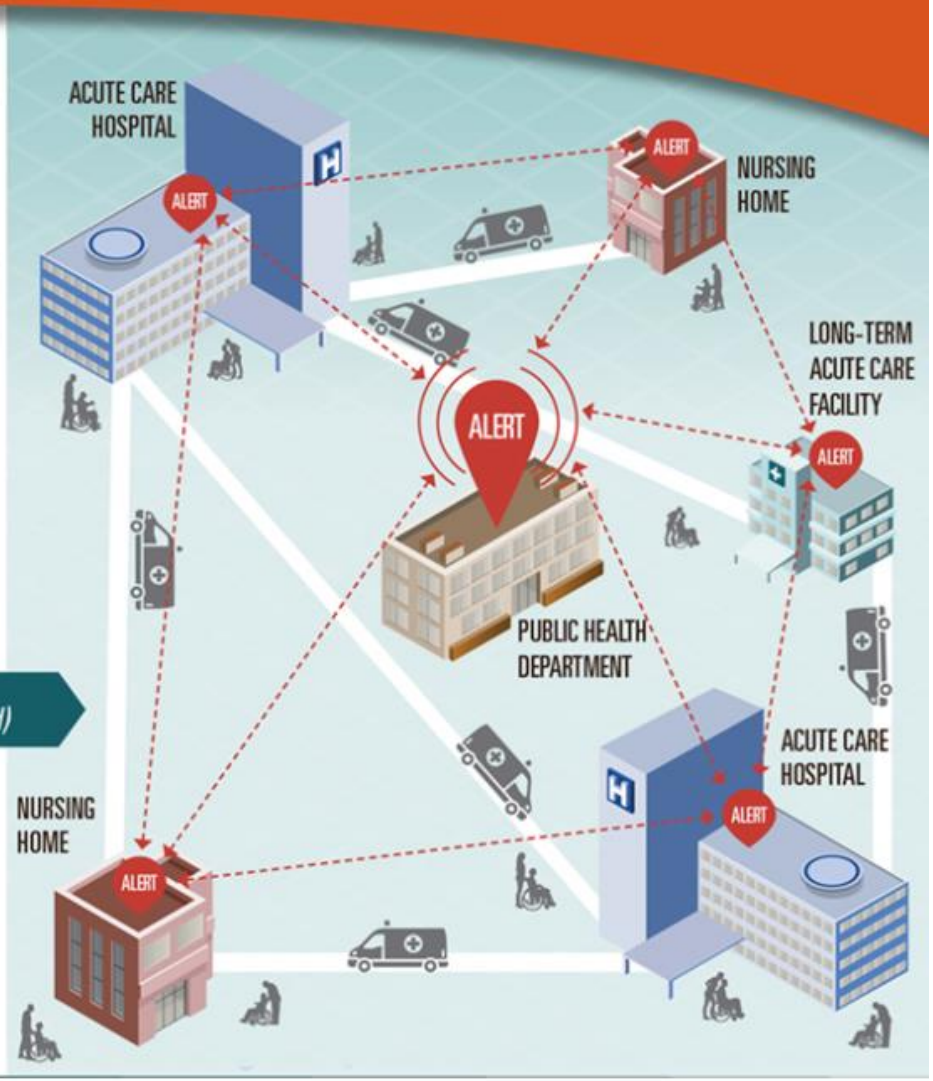
- Patients can be transferred back and forth from facilities for treatment without all the communication and necessary infection control actions in place.

Independent Efforts *(Still not enough)*

- Some facilities work independently to enhance infection control but are not often alerted to antibiotic-resistant or *C. difficile* germs coming from other facilities or outbreaks in the area.
- Lack of shared information from other facilities means that necessary infection control actions are not always taken and germs are spread to other patients.

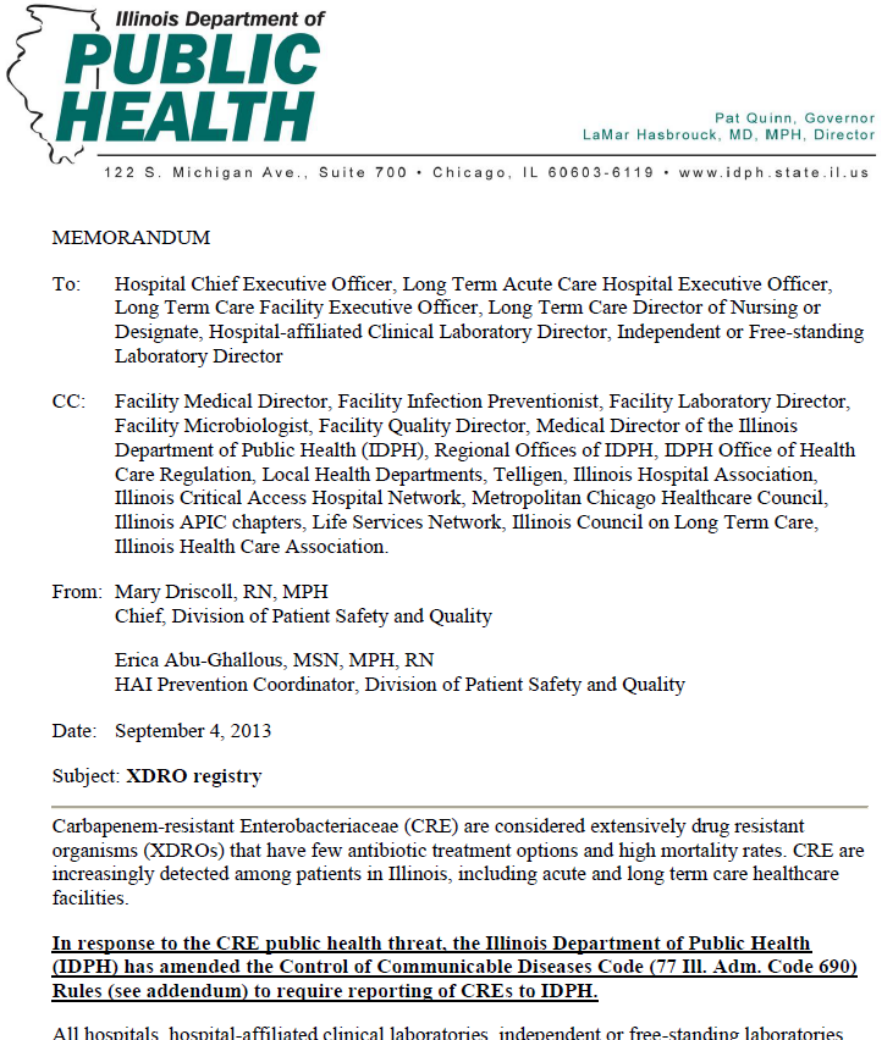
Coordinated Approach *(Needed)*

- Public health departments track and **alert** health care facilities to antibiotic-resistant or *C. difficile* germs coming from other facilities and outbreaks in the area.
- Facilities and public health authorities share information and implement shared infection control actions to stop spread of germs from facility to facility.



https://www.cdc.gov/vitalsigns/stop-spread/index.html

Unique Tool



Illinois Department of PUBLIC HEALTH

Pat Quinn, Governor
LaMar Hasbrouck, MD, MPH, Director

122 S. Michigan Ave., Suite 700 • Chicago, IL 60603-6119 • www.idph.state.il.us

MEMORANDUM

To: Hospital Chief Executive Officer, Long Term Acute Care Hospital Executive Officer, Long Term Care Facility Executive Officer, Long Term Care Director of Nursing or Designate, Hospital-affiliated Clinical Laboratory Director, Independent or Free-standing Laboratory Director

CC: Facility Medical Director, Facility Infection Preventionist, Facility Laboratory Director, Facility Microbiologist, Facility Quality Director, Medical Director of the Illinois Department of Public Health (IDPH), Regional Offices of IDPH, IDPH Office of Health Care Regulation, Local Health Departments, Telligen, Illinois Hospital Association, Illinois Critical Access Hospital Network, Metropolitan Chicago Healthcare Council, Illinois APIC chapters, Life Services Network, Illinois Council on Long Term Care, Illinois Health Care Association.

From: Mary Driscoll, RN, MPH
Chief, Division of Patient Safety and Quality

Erica Abu-Ghallous, MSN, MPH, RN
HAI Prevention Coordinator, Division of Patient Safety and Quality

Date: September 4, 2013

Subject: **XDRO registry**

Carbapenem-resistant Enterobacteriaceae (CRE) are considered extensively drug resistant organisms (XDROs) that have few antibiotic treatment options and high mortality rates. CRE are increasingly detected among patients in Illinois, including acute and long term care healthcare facilities.

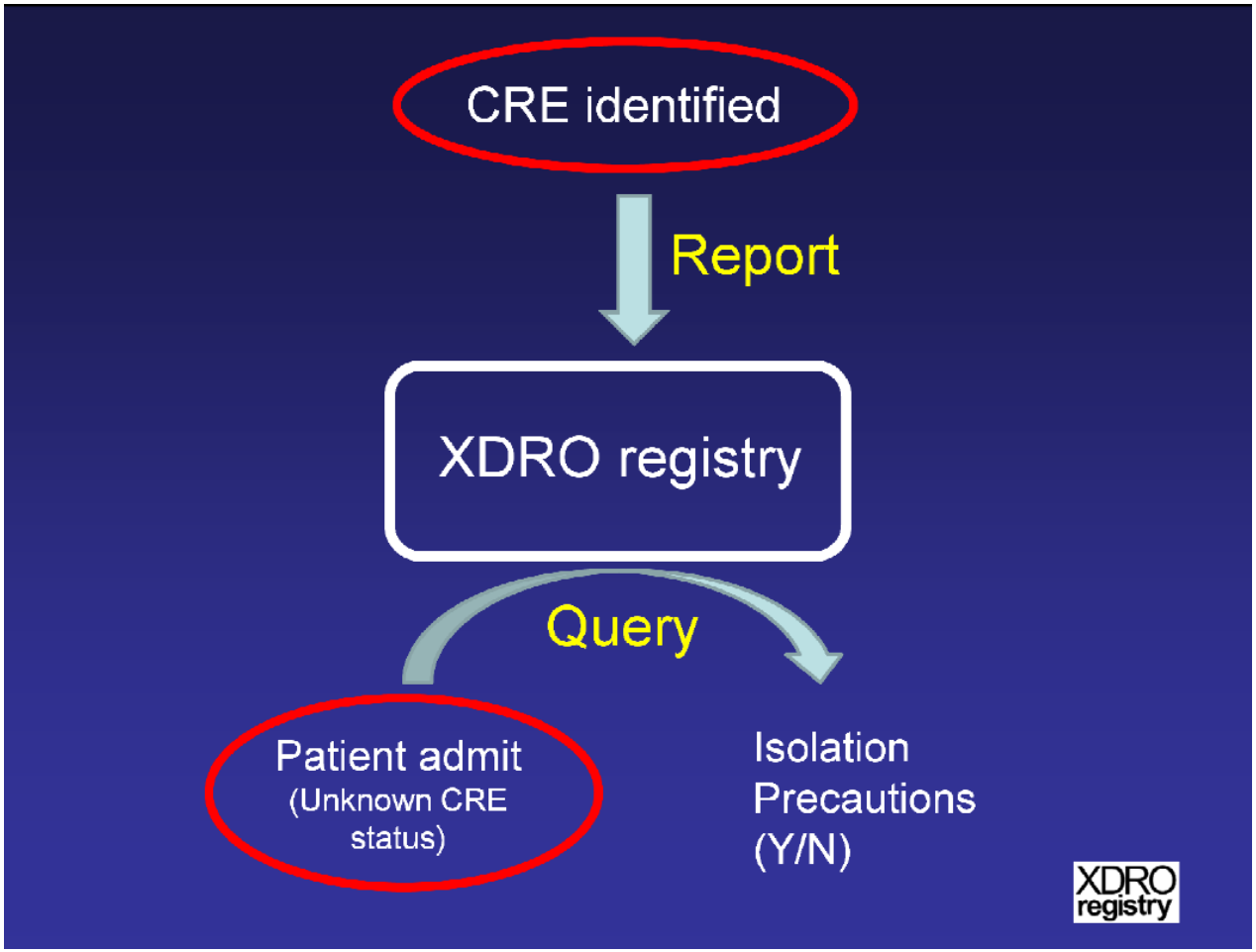
In response to the CRE public health threat, the Illinois Department of Public Health (IDPH) has amended the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) Rules (see addendum) to require reporting of CREs to IDPH.

All hospitals, hospital-affiliated clinical laboratories, independent or free-standing laboratories

Purpose of the XDRO Registry

- Improve carbapenem resistant *Enterobacteriaceae* surveillance
- Establish *Candida auris* surveillance
- Establish carbapenemase-producing *Pseudomonas aeruginosa* surveillance
- Improve inter-facility communication

Purpose of the XDRO Registry



https://www.xdro.org/XDRO_registry_webinar.pdf

Knowledge is Key to Interrupting Transmission

- Routine query of the Registry for each admission
  - Can plan for resident placement ahead of time
  - Doesn't rely on communication from the transferring facility
  - Allows for timely initiation of precautions
  - May result in fewer resident room changes

- Can assist if cohorting is necessary
  - Identifies the mechanisms of resistance

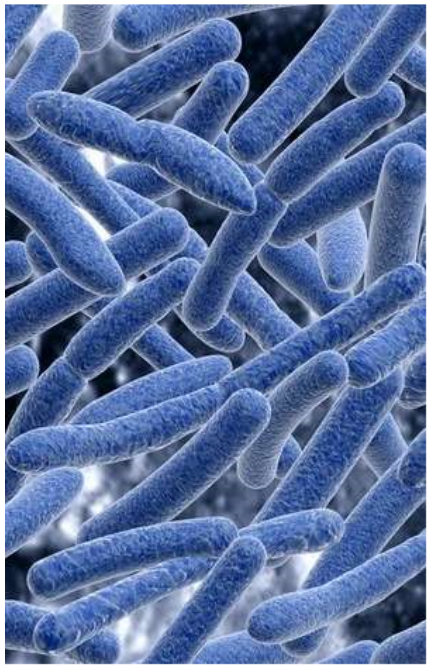
Who Should Have Access to the XDRO Registry?

- Admissions coordinators
- Director of nursing and/or assistant director of nursing
- Infection preventionist
- Others involved in the admission process

XDRO Access

XDRO registry

Extensively drug resistant organism registry | Citations | Help | Login



The XDRO registry is a product of collaboration between IDPH, Medical Research Analytics and Informatics Alliance (MRAIA), and the Chicago CDC Prevention Epicenter.

To report CRE, please log-in through IDPH portal and access the XDRO registry under 'product application'

New users (who do not have access to the IDPH web portal): You must register for access to the IDPH web portal. Fill out the form to create a new username, and select the box to access the application "INEDSS (Disease Surveillance) System/XDRO registry (extensively drug resistant organism)." This may take several weeks to process.

Users who have access to the IDPH web portal, but not the INEDSS/XDRO application: If you already have a username and access to the IDPH web portal, **do not fill out a new registration form.** Please have your facility Portal Registration Authority (PRA)* send an email to DPH.Security@illinois.gov requesting for you to have access to the additional application "INEDSS (Disease Surveillance) System/XDRO registry (extensively drug resistant organism)." Make sure your PRA includes your full name and User ID.

Existing INEDSS users: Your existing IDPH log-in will automatically give you access to the XDRO registry. For log-in issues, please call the Central Management Services customer service center at 217-524-3648 or 312-814-3648.

* If you do not know the PRA for your facility, please Click here to find your PRA. If you still cannot find your PRA after scrolling through the list, please email DPH.Security@illinois.gov to find out who your PRA is

https://www.xdro.org/login.html

Daily Routine

- Line list
  - Standardized way to collect information
  - Helps organize the information
  - Can be utilized for day to day activities
  - Useful outbreak identification and/or investigation tool

Daily Routine

- Line list
  - Formatted as a table
  - Rows are individuals
  - Columns are characteristics
  - Working document

Daily Routine

Room #	Demographics				Indentified Organisms: Colonization or Infection										
Room	First Name	Last Name	Sex	Admission Date	Organsims Present on Admission	CRE	NDM	KPC	VIM	C. auris	ESBL	MDRO	C. diff	Shingles	MRSA
103-1	Martha	Washington	F	11/9/2018	CRE, VIM, C.auris, NDM	●	●		●	●			○		
103-2	Marilyn	Monroe	F				●	●							
104-1															
104-2	Burt	Reynolds	M				●								
105-1	Dick	Tracey	M												
105-2	Abe	Lincoln	M												
106-1	Judy	Garland	F												
106-2	Mamie	Eisenhower	F												
107-1	Ron	Santo	M							●					
107-2	Walter	Peyton	M							●					
107-3	George	Washington	M							●					
427-2															
				TOTAL		1	3	1	1	4	0	0	1	0	0

Daily Routine

Resident Care Needs									
Trach with vent	Trach	Nasogatric tube	Gastrostomy tube	Central Line	Idwelling urinary catheter	Suprapubic urinary catheter	Condom catheter	Dialysis	Negative pressure wound therapy (Wound vac)
✓			✓					✓	

Daily Routine

Infection and Antibiotic Use Tracking Tool Instructions

Resident Days Present

Resident days per month must be manually entered before any auto-calculations can be generated by Excel. Days present is defined as the number of residents who were present for any portion of each day of a calendar month in any resident care location.

For example, take the number of residents and total how many days each were present at the facility for the month:

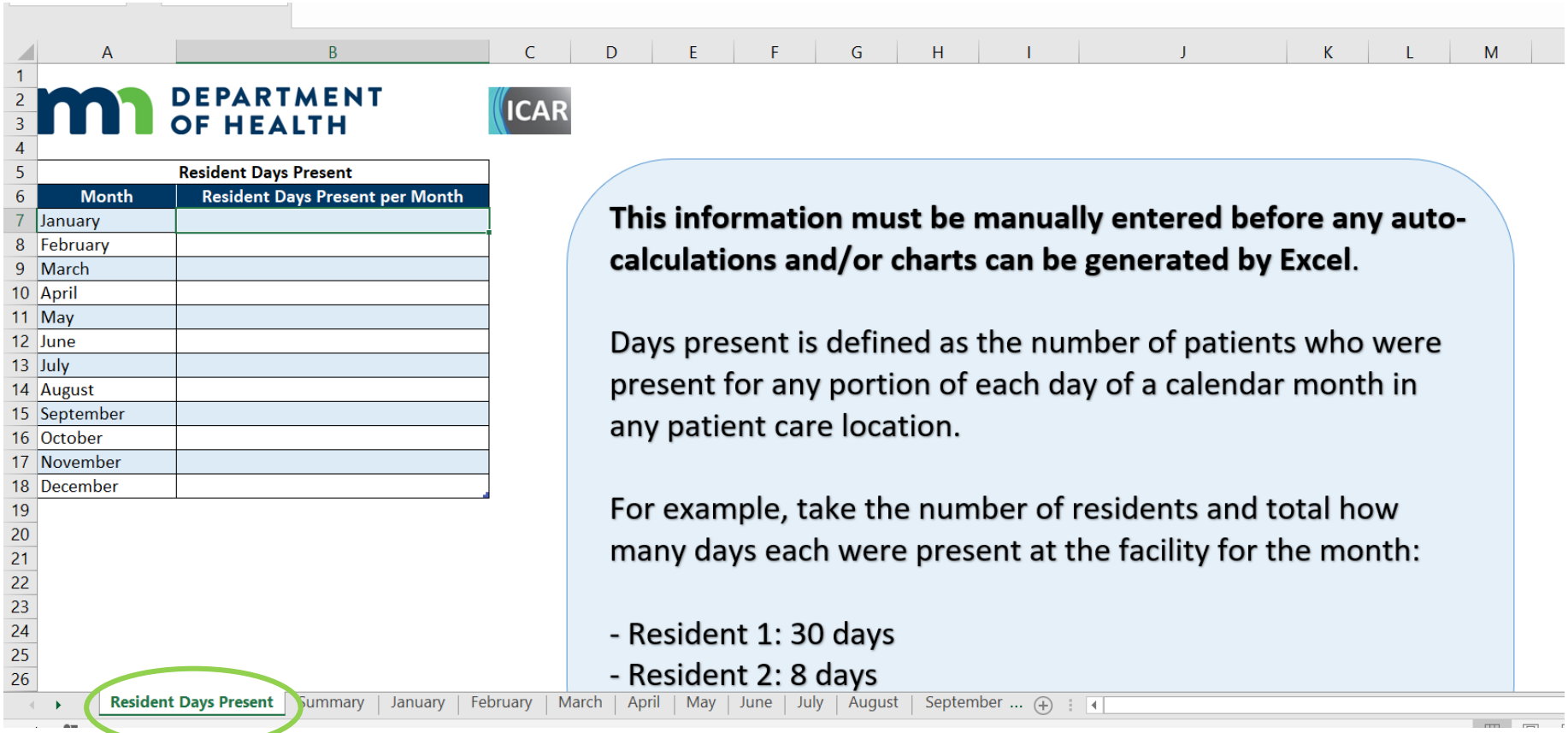
- Resident 1: 30 days
- Resident 2: 8 days
- Resident 3: 22 days
- Total resident days: 30 + 8 + 22 = 60 resident days

Summary

The Summary sheet will provide you with summarized data after entering data into the monthly tracking sheets. This sheet contains two tables and five charts. **All data on this sheet automatically populates as data is entered on each monthly tracking sheet. Please do not manually delete or add data to these tables and/or charts as there are formulas associated with each table and chart.** The Total Days of Therapy table provides the total days of therapy

https://www.health.state.mn.us/diseases/antibioticresistance/hcp/asp/ltc/apxlinstructions.pdf

Daily Routine



Daily Routine

DEPARTMENT OF HEALTH

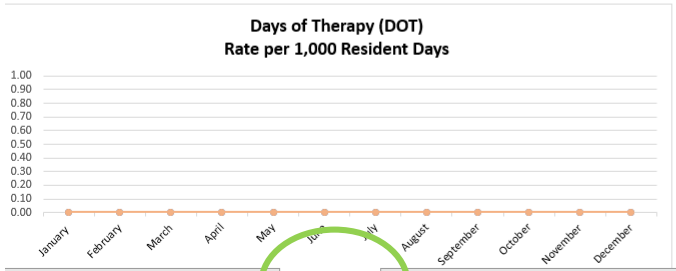
ICAR

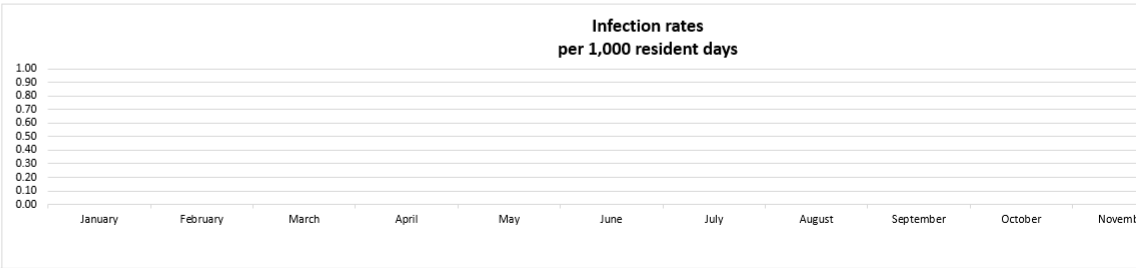
Total Days of Therapy

Month	Total Days of Therapy per Month	Rate per 1,000 Resident Days	Total Days of Therapy per Month (Prophylaxis)	Rate per 1,000 Resident Days (Prophylaxis)
January	0	0.00	0.00	0.00
February	0	0.00	0.00	0.00
March	0	0.00	0.00	0.00
April	0	0.00	0.00	0.00
May	0	0.00	0.00	0.00
June	0	0.00	0.00	0.00
July	0	0.00	0.00	0.00
August	0	0.00	0.00	0.00
September	0	0.00	0.00	0.00
October	0	0.00	0.00	0.00
November	0	0.00	0.00	0.00
December	0	0.00	0.00	0.00

Total Infection Rates per 1,000 Resident Days

Month	Total	Common Cold	Pharyngitis	Influenza-like illness	Pneumonia	Lower Resp. Tract	Upper Resp. Tract	UTI	Gastroenteritis	Norovirus	Clostridium difficile	Cellulitis/ Soft Tissue/ Wound	Scabies	Lice	Ear
January															
February															
March															
April															
May															
June															
July															
August															
September															
October															
November															
December															





Resident Days Present | Summary | January | February | March | April | May | June | July | August | September ...

Seasonal Daily Routine

IDPH INFLUENZA OUTBREAK REPORT FORM FOR CONGREGATE SETTINGS
(e.g. Long Term Care & Correctional Facilities)
Fax, along with the Outbreak Log, to your Local Public Health Department to report an outbreak

Facility Name		
Name of Reporter	**Title:**	
Date of Report		
Address:		
City	**County**	**Zip**
Phone #	**Fax #**	
FACILITY INFORMATION		
Total # of residents in the facility at the time of the outbreak (total exposed): _____	**Total number of staff: _____** **Number of staff currently with ILI:_____**	
Number of residents in the facility currently with influenza-like illness (ILI):_____	**% of residents vaccinated with seasonal flu vaccine:_____** **% of staff vaccinated with seasonal flu vaccine:_____** **% of outbreak cases vaccinated with flu vaccine:_____**	
(ILI) [Fever >100° F [37.8° C] or higher orally AND new onset cough or sore throat]		
(for those with ILI) **# Seen by Provider_____ # Hospitalized_____ # Fatalities_____**		
Date of symptom/onset detection for the first case of ILI during the outbreak:	**Dates of onset for most recent case of ILI during the outbreak:**	
Type of setting: ☐ Correctional Facility ☐ Long-Term Care Facility ☐ Group Home ☐ Other_____ **If long-term care facility, please specify (check only one):** **☐ Skilled Nursing ☐ Assisted Living ☐ Combined Care ☐ Other_____**		
Have specimens been sent to a laboratory for confirmation of influenza: ☐Yes ☐ No		

Seasonal Daily Routine

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

Influenza Surveillance for Congregate Setting Outbreak Log

Suspect outbreaks should be investigated and tested to confirm the etiology. Suspect outbreaks should be reported to your local health department who will then report confirmed influenza outbreaks in the Outbreak Reporting System (ORS) to IDPH.

Facility Name: _____

List all ill residents and employees. Designate employees with an "E" by their names.

Name	DOB	Unit or Wing	Onset Date	Symptoms/ Signs*	Influenza Specimen Collection Date	Lab Result	Seasonal Flu Vaccine Date	Hospitalized (Y/N)	Died (Y/N)

Seasonal Daily Routine

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Employee Influenza Vaccination Tracking Form

This form can be used to track employee influenza vaccination status

Date	Last Name	First Name	Unit/Floor/Dept	Date Vaccine Received	Declined Vaccine (Y or N)	Declination Form Signed (Y or N)	Educational Information Received (Y or N)	Date Educational Information Received

Outbreak Response Plan

- Situation
- Background
- Assessment
- Recommendation

Outbreak Response Plan

- Situation
  - Organism, type of infection, colonized body site
- Background
  - Who, what, when
- Assessment
  - Preliminary investigation and actions
- Recommendation
  - Actions, interventions

Monthly Routine

Insert Facility Name

Policy and Procedure Review List

Policy Name	Policy Number	Last Reviewed Date	Last Revised Date	Month for Review/ Revision	Committee Approval Date	Responsible Party
Hand Hygiene	**IPC-01**	**April-18**	**April-15**	**March**		**Infection Preventionist**
Daily Room Clean	**HSK-05**	**March-09**	**May-05**	**April**		**Housekeeping Director**
Surveillance						
Communicable Disease Reporting						
Standard and Transmission Based Precautions						
Employee Health						
Resident Immunizations						

http://www.ilga.gov/commission/jcar/admincode/077/077003000C06100R.html

Monthly Routine

- **Illinois Administrative Code.** Title 77: Public Health Chapter I: Department of Public Health. Subchapter c: Long-Term Care Facilities. Part 300 Skilled Nursing and Intermediate Care Facilities Code. Section 300.610 Resident Care Policies. “The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility.” ”The written policies shall be followed in operating the facility and shall be reviewed **at least annually** by this committee, documented by written, signed and dated minutes of the meeting.

- **Mega Rule:** *(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.* Since the policies are part of the program, you would be expected to update them on an annual basis as **necessary**.

http://www.ilga.gov/commission/jcar/admincode/077/077003000C06100R.html

Monthly Routine

“Additionally, as part of the overall IPCP for surveillance, the facility shall establish process and outcome surveillance.”

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf
Page 683.

Monthly Routine

“Process Surveillance

Process surveillance is the review of practices by staff directly related to resident care. The purpose is to identify whether staff implement and comply with the facility’s IPCP policies and procedures. Some areas that facilities may want to consider for process surveillance are the following:”

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf
Page 683.

Monthly Routine

- Hand hygiene
- PPE use
- Injection safety
- Point of care testing
- Resident care/procedure practices
- Bloodborne-pathogen exposure
- Cleaning and disinfection
- Transmission-based precautions
- Linen management

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf
Page 683.

Monthly Routine

“Outcome Surveillance

Another component of a system of identification is outcome surveillance. For example, this addresses the criteria that staff would use to identify and report evidence of a suspected or confirmed HAI or communicable disease. This process consists of collecting/documenting data on individual resident cases and comparing the collected data to standard written definitions (criteria) of infections.”

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf
Page 683.

Monthly Routine

- Data sources that can be utilized for outcome surveillance:
  - ➢ Cultures or other diagnostic tests
  - ➢ Antibiotic orders and/or administration reports
  - ➢ Documentation of signs/symptoms
  - ➢ Transfer/discharge summaries

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf
Page 684.

Monthly Routine

- “§483.80 (c) IP participation on quality assessment and assurance committee.

  The individual designated as the IP, or at least one of the individuals if there is more than one IP, must be a member of the facility’s quality assessment and assurance committee and report to the committee on the IPCP on a regular basis.”

NOTE: This is a Phase 3 requirement (November 28, 2019)

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf
Page 708.

Monthly Routine

- Quality Assessment and Assurance Committee
  - Quality Assurance Performance Improvement Project updates
  - Hand hygiene compliance data
  - Personal protective equipment use compliance
  - Targeted multidrug resistant organism trending
  - Environment of care rounds data
  - Surface cleaning and disinfection compliance data

Environment of Care Rounds

APIC CONSULTING SERVICES, INC.

Insert Facility Name

Environment of Care Rounds Tool

Date rounds completed: **Location:**

Individual completing the tool:

Element Assessed	Response	Comments/Details
1. Janitors closets are clean and neat?	☐ Yes ☐ No ☐ Not observed	
2. Is the sink/floor drain clean and free of debris? Note: Staff should rinse the drain after dumping the bucket.	☐ Yes ☐ No ☐ Not observed	
3. Is the automated chemical mixing system operational?	☐ Yes ☐ No ☐ Not observed ☐ Not applicable, all chemicals are ready to use	
4. Are the automated chemical mixing	☐ Yes	

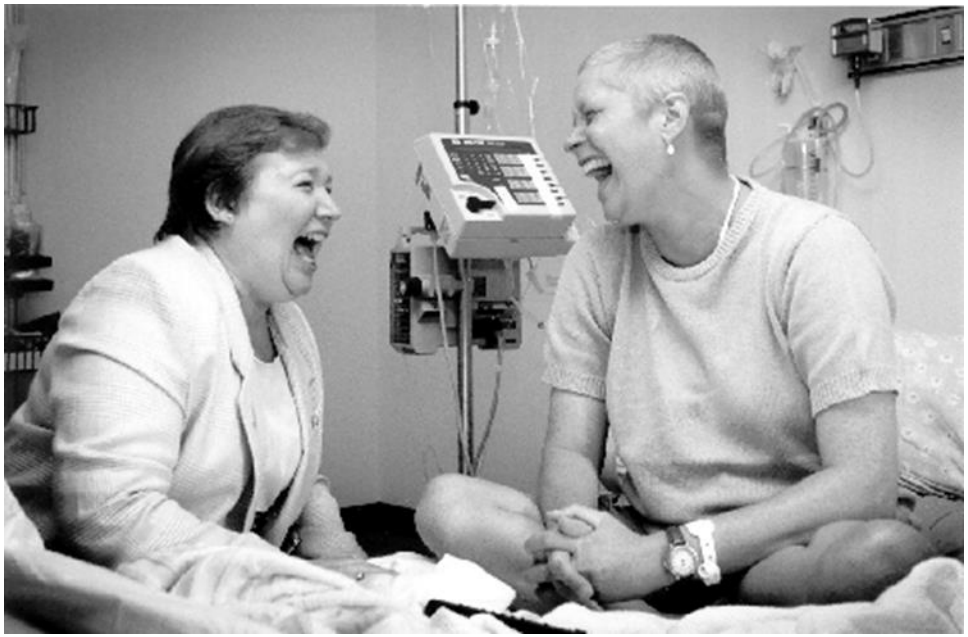
Quality Assurance Performance Improvement Project (QAPIP) Based Routine

- Brainstorming exercise
  - How can you incorporate QAPIP based work into your daily routine?
  - What resources or tools would you need?
  - Who can help you?
  - What will you observe?
  - What will you do with the data you collected?

QAPIP Routine

- Brainstorming ground rules
  - There are no dumb ideas
  - Don’t criticize the ideas of others
  - Build on the ideas of others
  - Think quantity over quality

Second Morning Break



QAPIP

- Hand hygiene compliance improvement
- Reduction of multidrug resistant organisms
- Improving influenza vaccination coverage
- Ensuring environmental cleaning and disinfection
- Personal protective equipment (PPE) compliance monitoring
- Hand hygiene compliance monitoring

Hand Hygiene Performance Improvement Project (PIP)

- Product inventory
- Frontline staff education
- Hand hygiene observation program
  - Training observers
  - Hand hygiene data management
  - Feedback of compliance data

Hand Hygiene PIP

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

2012 LIFE SAFETY CODE
Form Approved OMB Exempt

FIRE SAFETY SURVEY REPORT - 2012 LIFE SAFETY CODE HEALTHCARE	1. (A) PROVIDER NUMBER K1	1. (B) MEDICAID I.D. NO. K2

PART I — Life Safety Code, New and Existing
PART II — Health Care Facilities Code, New and Existing
PART III — Recommendation for Waiver
PART IV – Crucial Data Extract
OPTIONAL — Chapter 4 – NFPA 101A - Fire Safety Evaluation System for Health Care Occupancies – CMS-2786T

Identifying information as shown in applicable records. Enter changes, if any, alongside each item, giving date of change.

2. NAME OF FACILITY	2. (A) MULTIPLE CONSTRUCTION (BLDGS) A. BUILDING _____ B. WING _____ C. FLOOR _____ K3	2. (B) ADDRESS OF FACILITY (STREET, CITY, STATE, ZIP CODE)	A. ☐ Fully Sprinklered (All required areas are sprinklered) B. ☐ Partially Sprinklered (Not all required areas are sprinklered) C. ☐ None (No sprinkler system) K0180

3. SURVEY FOR ☐ MEDICARE ☐ MEDICAID	4. DATE OF SURVEY K4	DATE OF PLAN APPROVAL K6	SURVEY UNDER 5. ☐ 2012 EXISTING 6. ☐ 2012 NEW K7

5. SURVEY FOR CERTIFICATION OF

1. ☐ HOSPITAL 2. ☐ SKILLED/NURSING FACILITY 4. ☐ ICF/IID UNDER HEALTH CARE 5. ☐ HOSPICE

Hand Hygiene PIP

K325	**Alcohol Based Hand Rub Dispenser (ABHR)** ABHRs are protected in accordance with 8.7.3.1, unless all conditions are met: • Corridor is at least 6 feet wide. • Maximum individual dispenser capacity is 0.32 gallons (0.53 gallons in suites) of fluid and 18 ounces of Level 1 aerosols. • Dispensers shall have a minimum of four foot horizontal spacing. • Not more than an aggregate of 10 gallons of fluid or 1135 ounces of aerosol are used in a single smoke compartment outside a storage cabinet, excluding one individual dispenser per room. • Storage in a single smoke compartment greater than 5 gallons complies with NFPA 30. • Dispensers are not installed within 1 inch of an ignition source. • Dispensers over carpeted floors are in sprinklered smoke compartments. • ABHR does not exceed 95 percent alcohol. • Operation of the dispenser shall comply with Section 18.3.2.6(11) or 19.3.2.6(11). • ABHR is protected against inappropriate access. 18.3.2.6, 19.3.2.6, 42 CFR Parts 403, 418, 460, 482, 483, and 485				

Form CMS-2786R (07/2018) Page 19

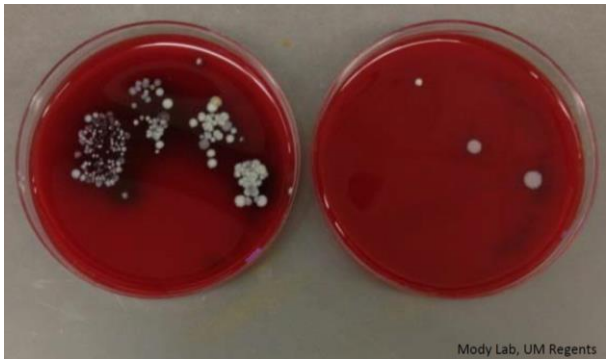
https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS2786R.pdf

http://www.nfpa.org/codes-and-standards/all-codes-and-standards/list-of-codes-and-standards/detail?code=101

https://www.federalregister.gov/articles/2016/05/04/2016-10043/medicare-and-medicaid-programs-fire-safety-requirements-for-certain-health-care-facilities

Hand Hygiene PIP

- Training frontline staff
  - ➢Academic detailing
  - ➢Online Modules
    - https://www.cdc.gov/handhygiene/training/interactiveEducation/CHC6.swf
    - https://www.cdc.gov/handhygiene/training/interactiveEducation/frame.htm
  - ➢Use of fluorescent surrogates
  - ➢Use of press plates



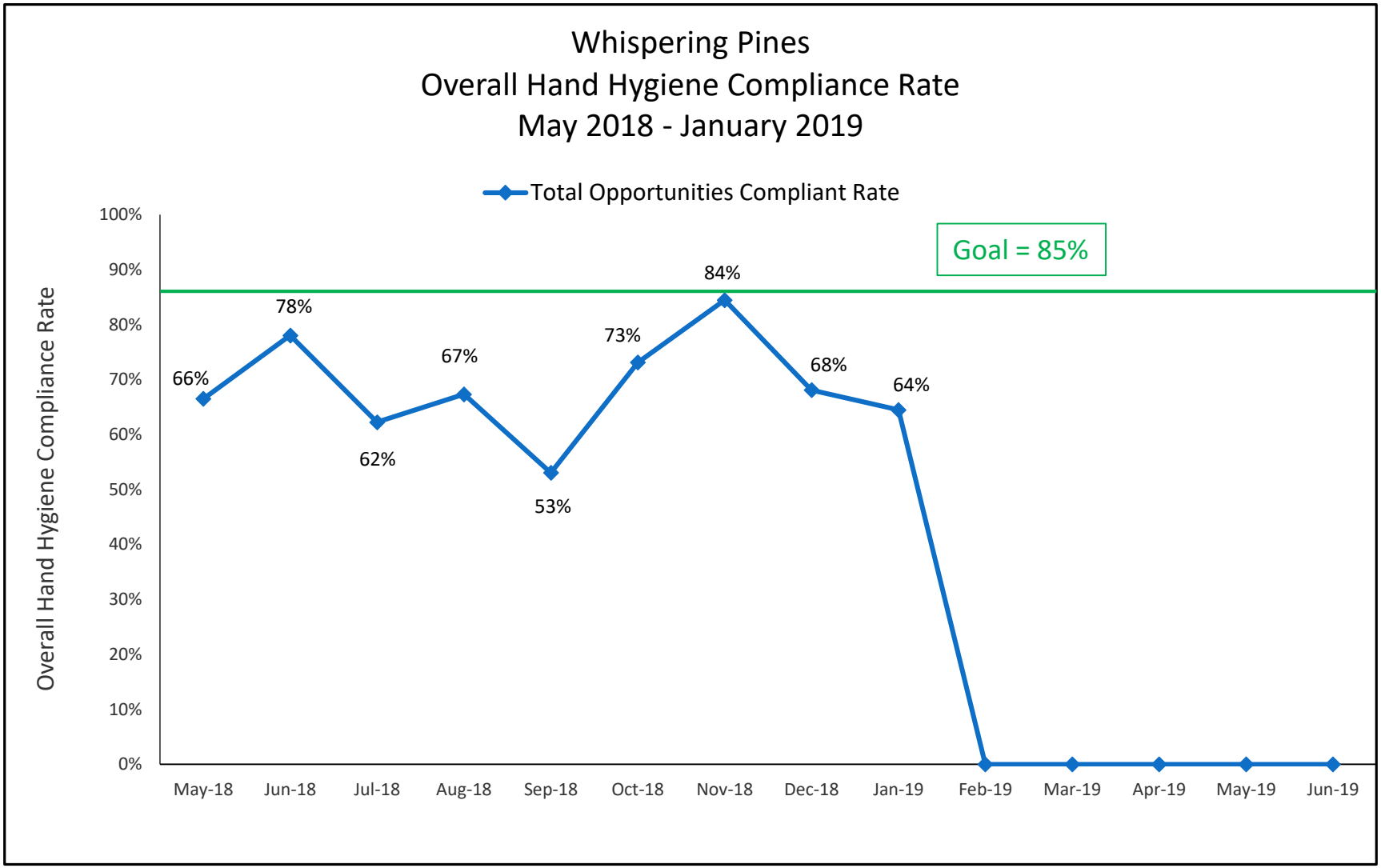
Hand Hygiene PIP

- Hand hygiene observers
  - ➢Keep them engaged
  - ➢Consider annual refresher training
  - ➢Replace observers who do not submit observations

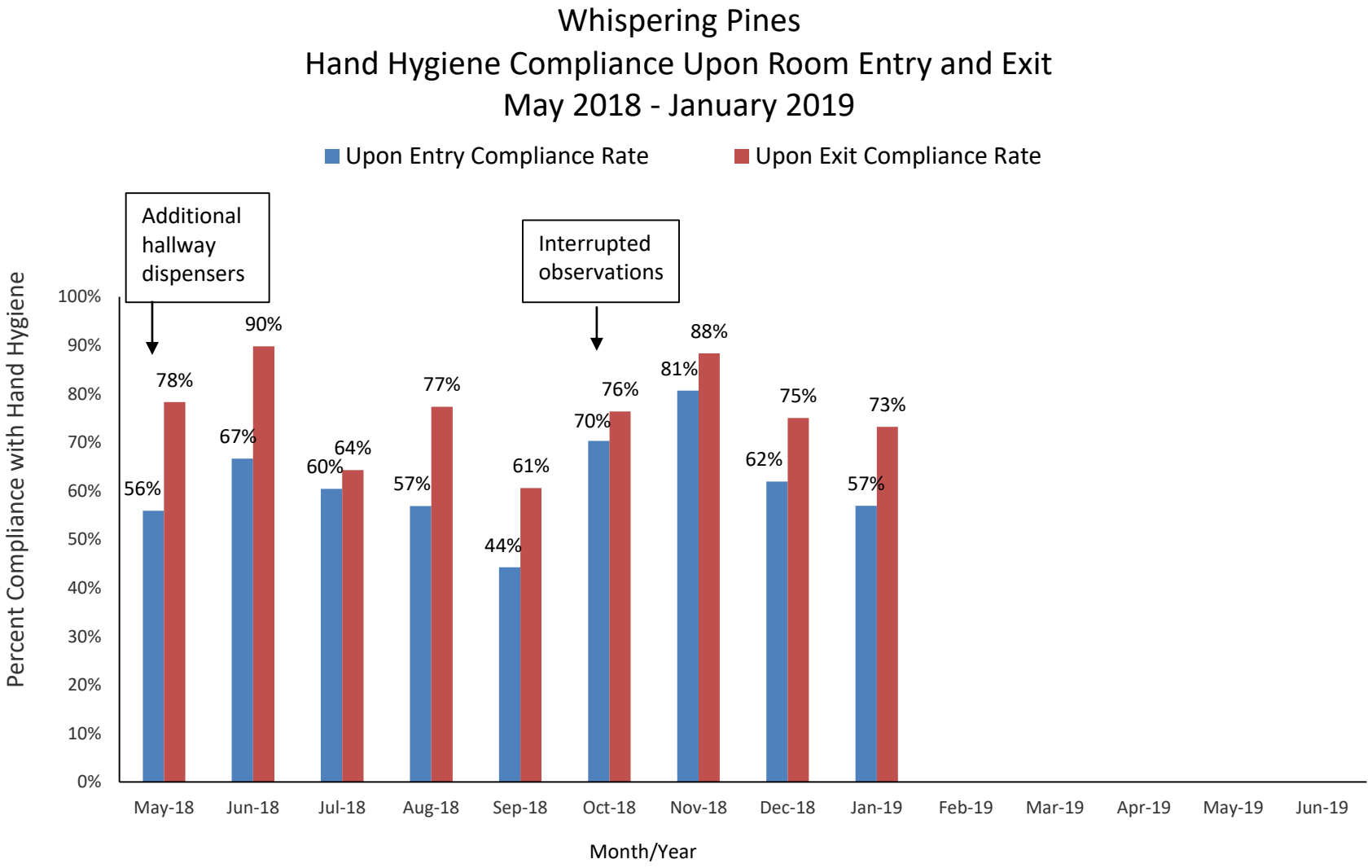
Hand Hygiene Data

- Share the results
  - Present at standup/huddles
  - Post results on quality boards
  - Include in your report to the Quality Assessment and Assurance (QAA) committee

This chart represents hand hygiene compliance data at resident room entry or exit. Hand hygiene compliance decreased in December and January and is below the goal of 85%.



Compliance upon entry remains lower than compliance at exit. Improving compliance on entry will improve the overall compliance rate.



Clean Hands Save Lives

- ✓Clean your hands upon entering a room to **protect residents**
- ✓Clean your hands upon exiting a room to **protect yourself**, **coworkers** and **other residents**

Hands are the number one way that germs are spread

Interrupted Observations

- Despite the name, care is not interrupted

Thank you for cleaning your hands.

Reminder
Hands are the number one way germs are transmitted.

By cleaning **In**, cleaning **Out**, and cleaning **Between** residents you contribute to resident safety.

Clean your hands:
- Upon entering each room
- Upon exiting each room
- Between each resident
- Before and after the use of gloves

Interrupted Observations

- Advantages
  - Provides just-in-time education
  - Connects the gap with the opportunity
- Limitations
  - Requires non-secret shoppers
  - Staff may not want to approach their peers

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Home > Medicare > Quality, Safety & Oversight- Guidance to Laws & Regulations > Nursing Homes

Quality, Safety & Oversight- Guidance to Laws & Regulations

- Ambulatory Surgery Centers
- Community Mental Health Centers
- Critical Access Hospitals
- Dialysis
- Home Health Agencies
- Hospice
- Hospitals
- Laboratories
- Life Safety Code & Health Care Facilities Code (HCFC)
- Nursing Homes
- Psychiatric Hospitals
- Psychiatric Residential Treatment Facilities
- Outpatient Rehabilitation
- Inpatient Rehabilitation

Nursing Homes

Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities

Nursing home surveys are conducted in accordance with survey protocols and Federal requirements to determine whether a citation of non-compliance appropriate. Consolidated Medicare and Medicaid requirements for participation (requirements) for Long Term Care (LTC) facilities (42 CFR part 483, subpart B) were first published in the Federal Register on February 2, 1989 (54 FR 5316). The requirements for participation were recently revised to reflect the substantial advances that have been made over the past several years in the theory and practice of service delivery and safety. The revisions were published in a final rule that became **effective on November 28, 2016**.

The survey protocols and interpretive guidelines serve to clarify and/or explain the intent of the regulations. All surveyors are required to use them in assessing compliance with Federal requirements. Deficiencies are based on violations of the regulations, which are to be based on observations of the nursing home's performance or practices.

The sections below provide additional information about the background and overview of the final rule, frequently asked questions, and other related resources.

Downloads

- Revision History for LTC Survey Process Documents and Files - Updated 12/12/2018 [PDF, 132KB]
- LTC Survey FAQs - Updated 08/03/2018 [PDF, 525KB]
- Appendix PP State Operations Manual (Revised 11/22/2017) [PDF, 3MB]
- List of Revised FTags [Effective November 28, 2017] [PDF, 152KB]
- F-Tag Crosswalk [XLSX, 495KB]
- New Long-term Care Survey Process – Slide Deck and Speaker Notes [PPTX, 8MB]

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html

Constant Readiness

Infection Prevention, Control & Immunizations

Infection Control: *This facility task must be used to investigate compliance at F880, F881, and F883. For the purpose of this task, "staff" includes employees, consultants, contractors, volunteers, and others who provide care and services to residents on behalf of the facility. The Infection Prevention and Control Program (IPCP) program must be facility-wide and include all departments and contracted services. If a specific care area concern is identified, it should be evaluated under the specific care area, such as for pressure ulcers, respiratory care, catheter care, and medication pass observations which include central lines, peripheral IVs, and oral/IM/respiratory medications.*

Coordination:

☐ One surveyor coordinates the facility task to review for:

- The overall Infection Prevention and Control Program (IPCP);
- The annual review of the IPCP policies and practices;
- The review of the surveillance and antibiotic stewardship programs; and
- Tracking influenza/pneumococcal immunization of residents.

☐ Team assignments must be made to include the review of:

- Laundry services;
- A resident on transmission-based precautions, if any;
- Five sampled residents for influenza/pneumococcal immunizations; and
- Other care-specific observations if concerns are identified.

☐ Every surveyor assesses IPCP compliance throughout the survey and communicates any concerns to the team.

Hand Hygiene:

☐ Staff implement standard precautions (e.g., hand hygiene and the appropriate use of personal protective equipment (PPE)).

☐ Appropriate hand hygiene practices are followed.

☐ Alcohol-based hand rub (ABHR) is readily accessible and placed in appropriate locations. These may include:

- Entrances to resident rooms;
- At the bedside (as appropriate for resident population);
- In individual pocket-sized containers by healthcare personnel;
- Staff work stations; and
- Other convenient locations.

☐ Staff wash hands with soap and water when their hands are visibly soiled (e.g., blood, body fluids), or after caring for a resident with known or suspected C. difficile infection (CDI) or norovirus during an outbreak, or if endemic rates of CDI are high. ABHR is not appropriate to use under these circumstances.

☐ Staff perform hand hygiene (even if gloves are used) in the following situations:

- Before and after contact with the resident;

Constant Readiness

Infection Prevention, Control & Immunizations

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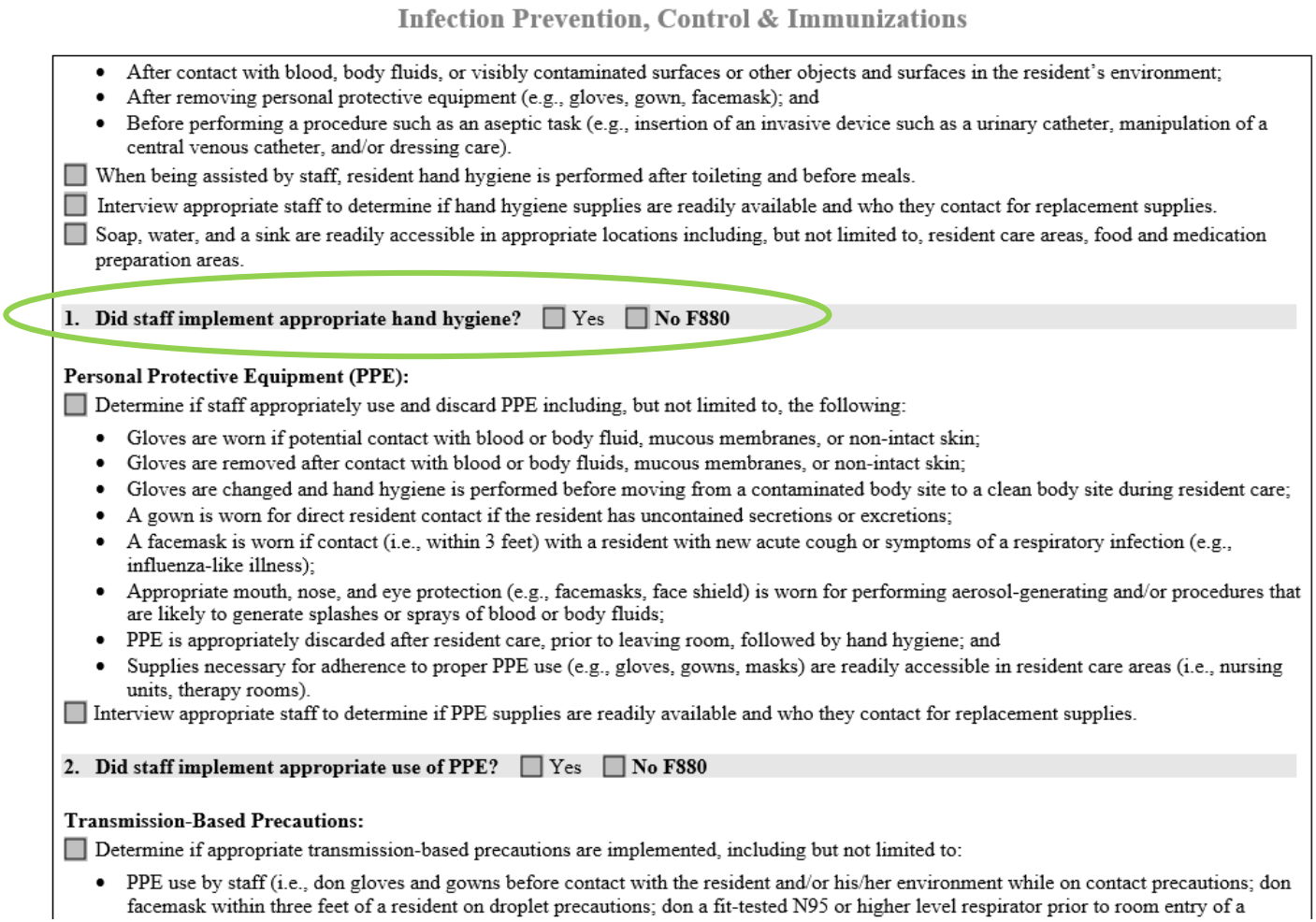

Infection Prevention, Control & Immunizations

- After contact with blood, body fluids, or visibly contaminated surfaces or other objects and surfaces in the resident's environment;
- After removing personal protective equipment (e.g., gloves, gown, facemask); and
- Before performing a procedure such as an aseptic task (e.g., insertion of an invasive device such as a urinary catheter, manipulation of a central venous catheter, and/or dressing care).

☐ When being assisted by staff, resident hand hygiene is performed after toileting and before meals.

☐ Interview appropriate staff to determine if hand hygiene supplies are readily available and who they contact for replacement supplies.

☐ Soap, water, and a sink are readily accessible in appropriate locations including, but not limited to, resident care areas, food and medication preparation areas.

1. Did staff implement appropriate hand hygiene? ☐ Yes ☐ **No F880**

Personal Protective Equipment (PPE):

☐ Determine if staff appropriately use and discard PPE including, but not limited to, the following:

- Gloves are worn if potential contact with blood or body fluid, mucous membranes, or non-intact skin;
- Gloves are removed after contact with blood or body fluids, mucous membranes, or non-intact skin;
- Gloves are changed and hand hygiene is performed before moving from a contaminated body site to a clean body site during resident care;
- A gown is worn for direct resident contact if the resident has uncontained secretions or excretions;
- A facemask is worn if contact (i.e., within 3 feet) with a resident with new acute cough or symptoms of a respiratory infection (e.g., influenza-like illness);
- Appropriate mouth, nose, and eye protection (e.g., facemasks, face shield) is worn for performing aerosol-generating and/or procedures that are likely to generate splashes or sprays of blood or body fluids;
- PPE is appropriately discarded after resident care, prior to leaving room, followed by hand hygiene; and
- Supplies necessary for adherence to proper PPE use (e.g., gloves, gowns, masks) are readily accessible in resident care areas (i.e., nursing units, therapy rooms).

☐ Interview appropriate staff to determine if PPE supplies are readily available and who they contact for replacement supplies.

2. Did staff implement appropriate use of PPE? ☐ Yes ☐ **No F880**

Transmission-Based Precautions:

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

- PPE use by staff (i.e., don gloves and gowns before contact with the resident and/or his/her environment while on contact precautions; don facemask within three feet of a resident on droplet precautions; don a fit-tested N95 or higher level respirator prior to room entry of a

Constant Readiness

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

Urinary Catheter or Urinary Tract Infection Critical Element Pathway

Use this pathway for a resident who has a symptomatic urinary tract infection (UTI) and/or an indwelling urinary catheter.

Review the Following in Advance to Guide Observations and Interviews:

- ☐ Review the most current comprehensive and most recent quarterly (if the comprehensive isn't the most recent) MDS/CAAs for Sections C – Cognitive Patterns, G – Functional Status, H – Bladder and Bowel, I – Active Diagnoses, and M – Skin Conditions.
- ☐ Physician's orders (catheter care, UTI, medications).
- ☐ Pertinent diagnoses.
- ☐ Care plan (e.g., interventions specific enough to guide the provision of services and treatment for an indwelling catheter, or current or recurring UTI or Catheter Associated Urinary Tract Infection (CAUTI), interventions to prevent or address complications of the use of an indwelling catheter, such as UTIs, skin irritation/excoriation, leakage around the catheter, catheter-related injury/pain, encrustation, excessive urethral tension, accidental removal, or obstruction of urine outflow, interventions to maintain the resident and the catheter clean of feces to minimize bacterial migration into the urethra and bladder [e.g., cleaning fecal material away from rather than towards the urinary meatus] and keeping the drainage bag below the level of the bladder), and potential psychosocial issues related to urinary catheter use.

Observations:

- ☐ How does staff provide care for a resident with an indwelling urinary catheter (refer to the CDC website for catheter use, management and care):
  - Does staff use appropriate infection control practices with regard to hand hygiene, PPE as needed, urinary catheter maintenance using standard precautions for contact with the catheter, tubing, and the collection bag;
  - Is the urinary catheter tubing free of kinking and secured properly to facilitate unobstructed urine flow? If not, describe;
  - Is the urine collection bag and tubing off the floor at all times? Is the urine collection bag kept below the level of the bladder and emptied using a separate clean collection container for each resident? Ensure the drainage spigot does not touch the collection container. If not, describe;
  - If necessary, how are urine samples obtained (via needleless port and not obtained from the collection bag);
  - How does staff manage/assess urinary leakage, if present, from the point of catheter insertion to the bag;
  - How does staff assess/manage catheter related pain (e.g., bladder spasms) or other complaints (e.g., ongoing feelings of needing to
  - How does staff manage concerns related to the resident's skin, such as urethral tears, maceration, erythema, and erosion;
  - How is the catheter securely anchored to prevent excessive tension on the catheter and how are interventions (such as avoiding tugging on the catheter during transfer and care delivery) used to prevent inadvertent catheter removal or tissue injury from dislodging the catheter;
  - How does staff ensure the resident is provided with and encouraged to take enough fluids to meet the resident's hydration needs, as reflected in various measures of hydration status;
  - How does staff provide care to the resident during catheterization (i.e., appropriate technique), removal, or aspects of catheter care? How does staff afford privacy, reduce embarrassment, and treat the resident with respect and dignity including having a privacy bag for catheters; and
  - What clothing and hygiene products are provided to prevent leakage and enhance socialization?
- ☐ Are there signs of a UTI, which would include a fever (>37.9ºC [100ºF] or a 1.5ºC [2.4ºF] increase above baseline temperature), new costovertebral tenderness, rigors (shaking chills) with or without

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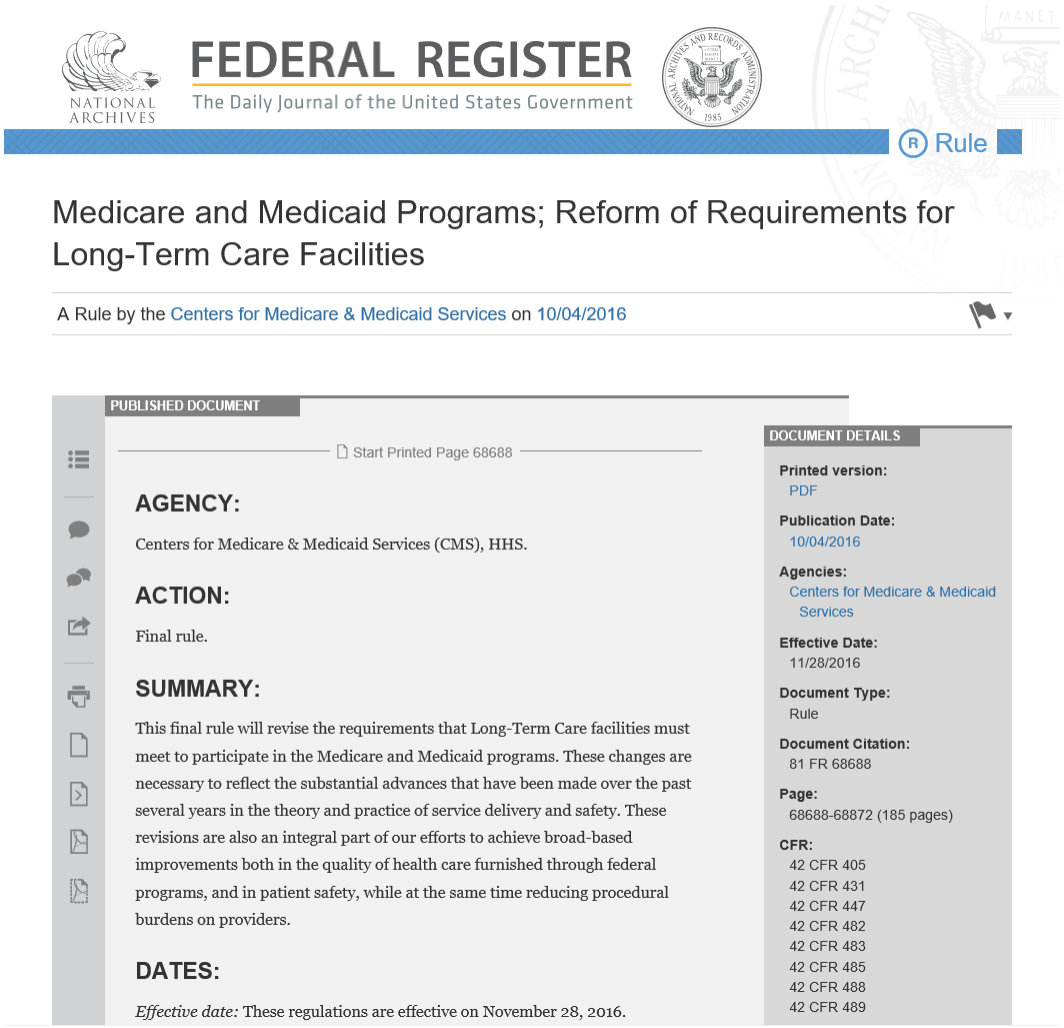
- Mock surveys
  - Self assessment
  - Peer assessment

In the Know

In the Know



FEDERAL REGISTER
The Daily Journal of the United States Government

Rule

Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities

A Rule by the Centers for Medicare & Medicaid Services on 10/04/2016

PUBLISHED DOCUMENT

Start Printed Page 68688

AGENCY:

Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION:

Final rule.

SUMMARY:

This final rule will revise the requirements that Long-Term Care facilities must meet to participate in the Medicare and Medicaid programs. These changes are necessary to reflect the substantial advances that have been made over the past several years in the theory and practice of service delivery and safety. These revisions are also an integral part of our efforts to achieve broad-based improvements both in the quality of health care furnished through federal programs, and in patient safety, while at the same time reducing procedural burdens on providers.

DATES:

Effective date: These regulations are effective on November 28, 2016.

DOCUMENT DETAILS

Printed version:
PDF

Publication Date:
10/04/2016

Agencies:
Centers for Medicare & Medicaid Services

Effective Date:
11/28/2016

Document Type:
Rule

Document Citation:
81 FR 68688

Page:
68688-68872 (185 pages)

CFR:
42 CFR 405
42 CFR 431
42 CFR 447
42 CFR 482
42 CFR 483
42 CFR 485
42 CFR 488
42 CFR 489

https://www.federalregister.gov/documents/2016/10/04/2016-23503/medicare-and-medicaid-programs-reform-of-requirements-for-long-term-care-facilities

In the Know

- Infection control (§483.80)
  - ➢We are requiring facilities to develop an Infection Prevention and Control Program (IPCP) that includes an Antibiotic Stewardship Program and designate at least one Infection Preventionist (IP).

In the Know

State Operations Manual
Appendix PP - Guidance to Surveyors for Long Term Care Facilities
Table of Contents

(Rev. 173, 11-22-17)

Transmittals for Appendix PP

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https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

In the Know Bonus

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C 18-04-NH

DATE: **November 24, 2017**

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Temporary Enforcement Delays for Certain Phase 2 F-Tags and Changes to *Nursing Home Compare*

Memorandum Summary

- **Temporary moratorium on imposing certain enforcement remedies for specific Phase 2 requirements:** CMS will provide an 18 month moratorium on the imposition of certain enforcement remedies for specific Phase 2 requirements. This 18 month period will be used to educate facilities about specific new Phase 2 standards.
- **Freeze Health Inspection Star Ratings:** Following the implementation of the new LTC survey process on November 28, 2017, CMS will hold constant the current health inspection star ratings on the *Nursing Home Compare* (NHC) website for any surveys occurring between November 28, 2017 and November 27, 2018.
- **Availability of Survey Findings:** The survey findings of facilities surveyed under the new LTC survey process will be published on NHC, but will not be incorporated into calculations for the *Five-Star Quality Rating System* for 12 months. CMS will add indicators to NHC that summarize survey findings.
- **Methodological Changes and Changes in Nursing Home Compare:** In early 2018, NHC health inspection star ratings will be based on the two most recent cycles of findings for standard health inspection surveys and the two most recent years of complaint inspections.

Background

On September 28, 2016, CMS revised the SNF and NF Requirements for Participation, which

In the Know

NPSG.07.01.01

Comply with either the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines or the current World Health Organization (WHO) hand hygiene guidelines.

1. Implement a program that follows categories IA, IB, and IC of either the current Centers for Disease Control and Prevention (CDC) or the current World Health Organization (WHO) hand hygiene guidelines.
2. Set goals for improving compliance with hand hygiene guidelines.
3. Improve compliance with hand hygiene guidelines based on established goals.

https://www.jointcommission.org/assets/1/6/NPSG_Chapter_NCC_Jan2019.pdf

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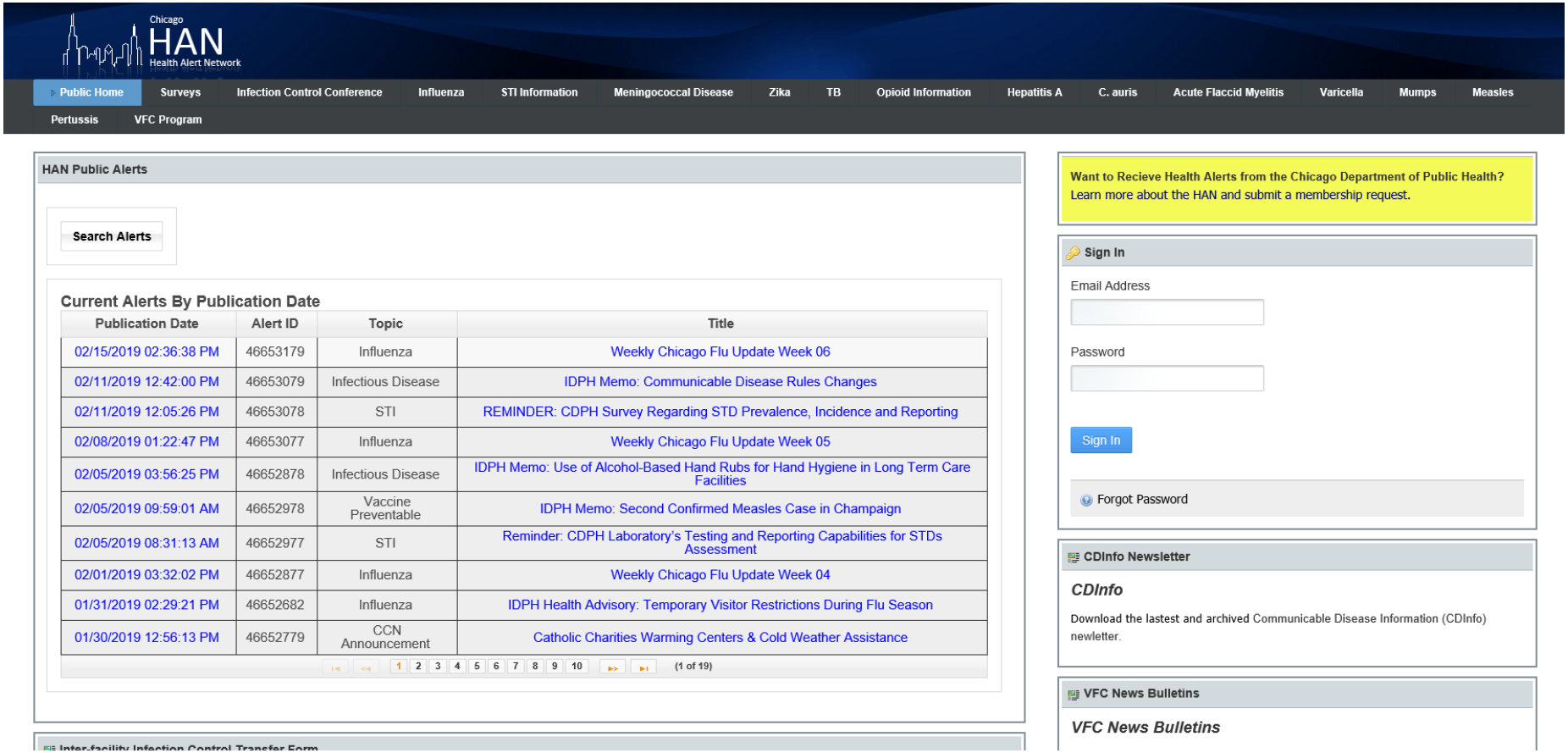

https://www.chicagohan.org/

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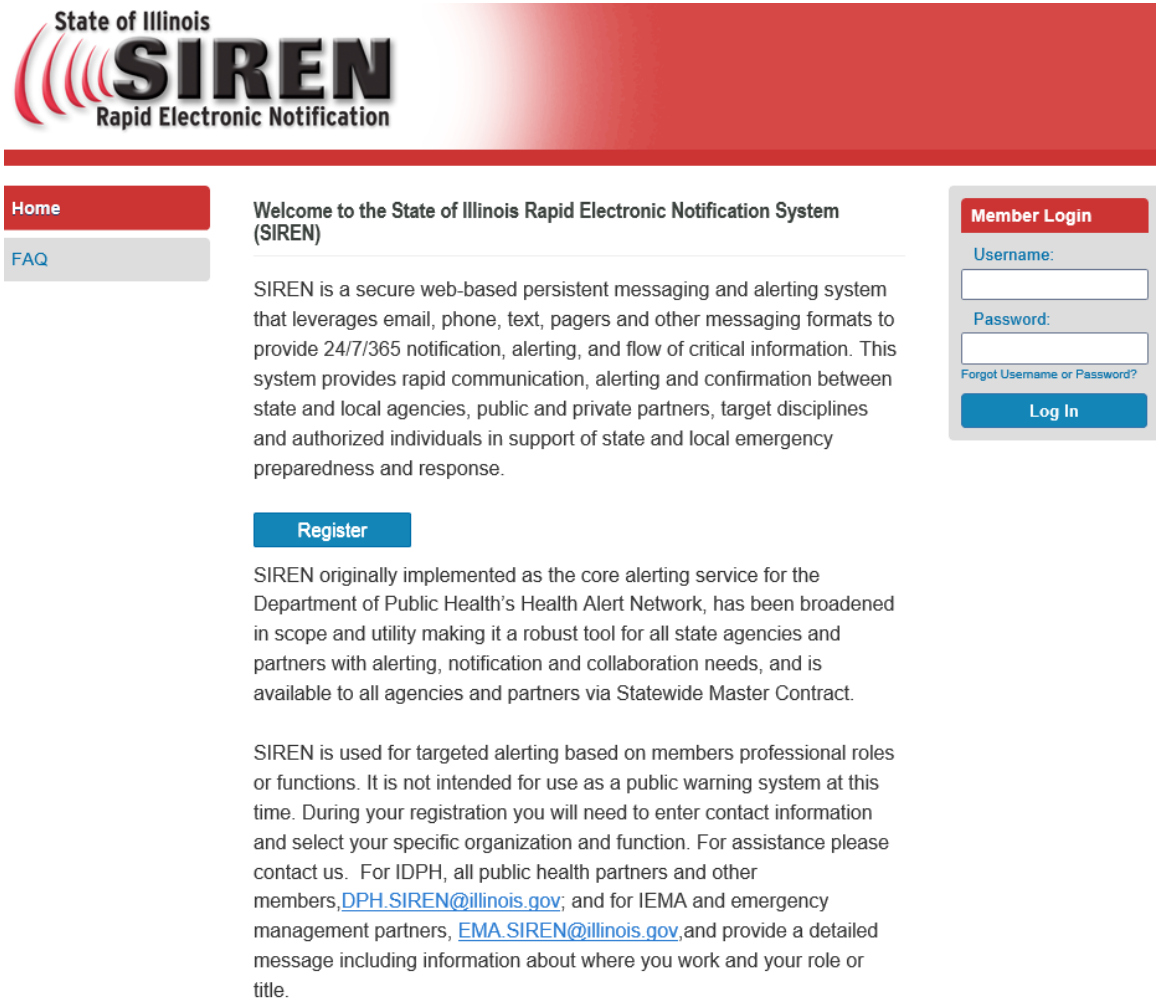

https://www.siren.illinois.gov/

In the Know

Chicago HAN Alert: Weekly Chicago Flu Update Week 07 issued at 2/22/19 3:52 PM

C Chicago Health Alert Network <9adf8706-0005-3000-80c0-fceb55463ffe@notify2.mir3.com>
Fri 2/22, 3:52 PM
Mary Alice Lavin

Reply all

This message was sent with high importance.

You forwarded this message on 2/23/2019 7:27 PM

FluUpdate_Week07_022...
1 MB

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Chicago HAN Health Alert Network

This is a message from the Chicago Department of Public Health - Health Alert Network (HAN) - http://www.chicagohan.org

Mary Alice Lavin,

The Chicago Flu Update for Week 07 has been published. Vaccination is the best way to protect against influenza infection and all Chicagoans six months and older are encouraged to get vaccinated. Chicagoans should ask their healthcare provider or pharmacist about vaccine availability. For those without a healthcare provider or whose healthcare providers do not have the influenza vaccine, a list of City of Chicago Walk-In Immunization Clinics is available on the city website and by calling 311. To locate the closest City of Chicago clinic or retail pharmacy, go to www.chicagoflushots.org.

Currently, the risk of influenza infection is high.

For the week of February 10-16, 2019, 15 influenza-associated ICU hospitalizations were reported.

Since September 30, 2018, 144 influenza-associated ICU hospitalizations have been reported; 136 were positive for influenza A (64 H1N1pdm09, 3 H3N2, and 69 unknown subtype [subtyping not attempted or not all subtypes tested]) and eight were positive for influenza B. The median age of reported cases is 57 years (range 1 month-92 years); one pediatric death was reported and eight cases were admitted from long-term care facilities.

Data on influenza virus test results are reported by Chicago laboratories performing influenza RT-PCR. For the week of February 10-16, 2019, with 6 laboratories reporting, 164 of the 1,073 (15.3%) specimens tested for influenza were positive: 160 typed as influenza A (40 H1N1pdm09, 5 H3N2, and 115 unknown subtype) and four typed as influenza B.

In the Know

Chicago Influenza Surveillance Activity Report

Surveillance Week 7 (February 10-16, 2019)

Chicago Flu Update

HEALTHY CHICAGO
CHICAGO DEPARTMENT OF PUBLIC HEALTH

Rahm Emanuel, Mayor | February 22, 2019 | Julie Morita, MD, Commissioner

News & Updates

Vaccination is the best way to protect against influenza infection and all Chicagoans six months and older are encouraged to get vaccinated. Chicagoans should ask their healthcare provider or pharmacist about vaccine availability. For those without a healthcare provider or whose healthcare providers do not have the influenza vaccine, a list of City of Chicago Walk-In Immunization Clinics[1] is available on the city website and by calling 311. To locate the closest City of Chicago clinic or retail pharmacy, go to www.chicagoflushots.org.

What is the risk?

Currently, the risk of influenza infection is high.

Are severe cases of influenza occurring?

For the week of February 10-16, 2019, 15 influenza-associated ICU hospitalizations were reported **(Figure 1)**.

Since September 30, 2018, 144 influenza-associated ICU hospitalizations have been reported; 136 were positive for influenza A (64 H1N1pdm09, 3 H3N2, and 69 unknown subtype [subtyping not attempted or not all subtypes tested]) and eight were positive for influenza B. The median age of reported cases is 57 years (range 1 month-92 years); one pediatric death was reported and eight cases were admitted from long-term care facilities; selected attributes are summarized in **Table 1**.

Table 1. Selected attributes of influenza-associated intensive care unit hospitalizations reported for Chicago residents during the 2018-2019 season, October-May.

Age Group	#	%*	Sex	#	%
0-4	17	12	Male	73	51
5-17	10	7	Female	71	49
18-24	3	2	**Med. Cond./Complication†**		
25-49	24	17	Lung Disease	57	40
50-64	42	29	Cardiac Disease	45	31
≥65	48	33	Diabetes	35	24
Race/Ethnicity			Ventilator Support	39	27
NH-White	27	19	Reported Deaths‡	8	6
NH-Black	79	55	**Treatment/Vaccination†**		
Hispanic	31	22	Reported Antiviral Tx	122	85
Asian/Other	7	5	Reported Flu Shot	36	25

* Percentages may not add up to 100 due to rounding; † As reported in INEDSS (Illinois National Electronic Disease Surveillance System); ‡ Date of death occurring within one week of positive influenza test among reported influenza-associated ICU hospitalizations.

Figure 1. Number of influenza-associated ICU hospitalizations reported for Chicago residents, for the current season (2018-2019) and previous season, October-May.

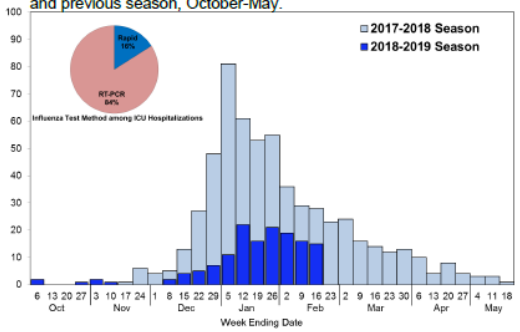
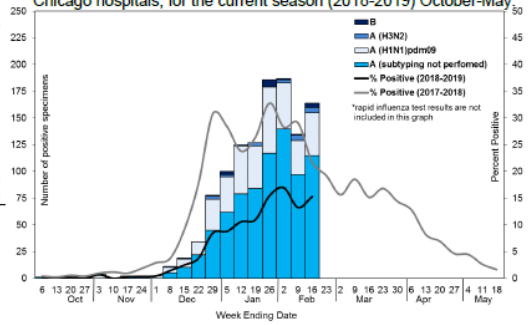


Figure 2. Percent of specimens testing positive (by RT-PCR*) for influenza by subtype as reported by local laboratories serving Chicago hospitals, for the current season (2018-2019) October-May



Which influenza strains are circulating?

Data on influenza virus test results are reported by

In the Know

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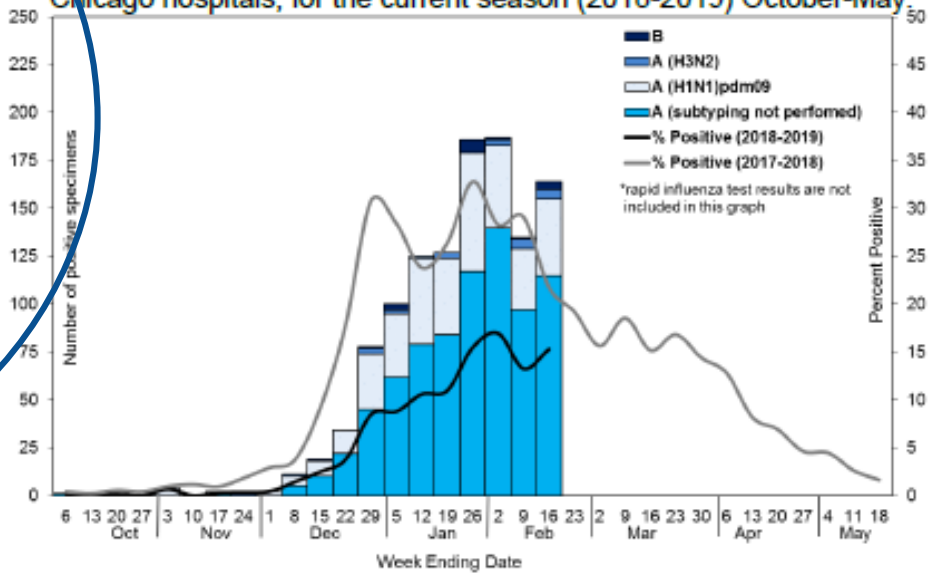

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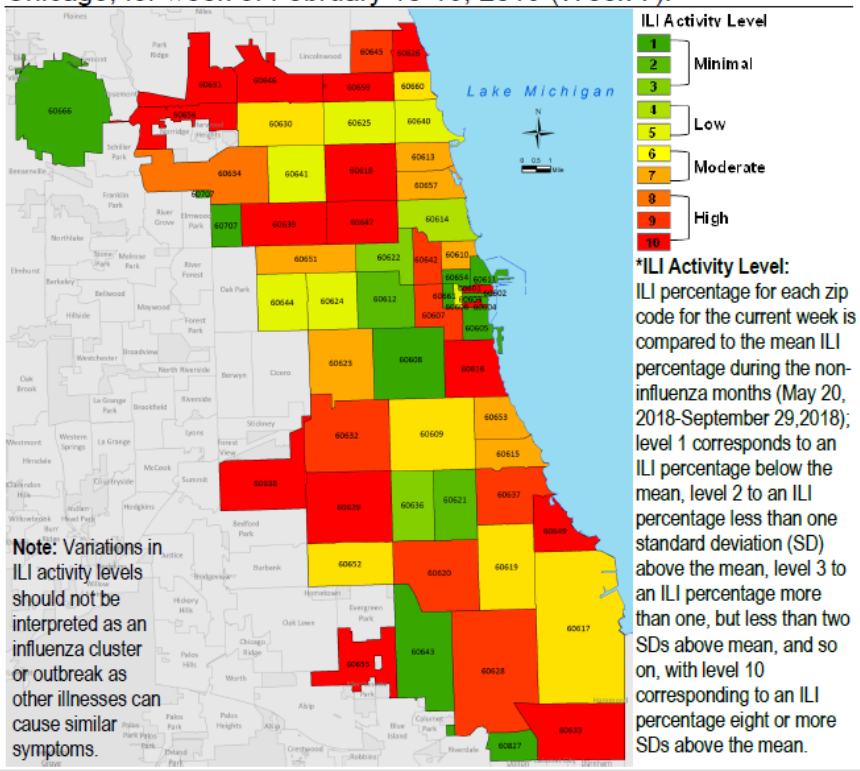
Where can I get more information?

The Centers for Disease Control and Prevention's FluView[3] report provides national updates and trends related to the intensity of influenza activity across the United States, as well as detailed information on antiviral resistance, severity of illness, and other topics. Updates specific to Illinois[4] and Suburban Cook County[5] are also available online. Current and archived issues of the *Chicago Flu Update* can be found on the CDPH website section Current Flu Situation in Chicago[6].

Reporting Information

The Illinois Department of Public Health (IDPH) has issued influenza testing and reporting recommendations[7]. In addition, The Chicago Department of Public Health recently issued guidance on reporting influenza-associated ICU hospitalizations[8]. Healthcare facilities can report cases to the Chicago Department of Public Health via the Illinois National Electronic Disease Surveillance System (INEDSS)[9].

Figure 5. Influenza-like Illness (ILI) activity level by patient zip code determined by chief complaint data submitted to **ESSENCE**, Chicago, for week of February 10-16, 2019 (Week 7).



[3] http://www.cdc.gov/flu/weekly/index.htm; [4] http://dph.illinois.gov/topics-services/diseases-and-conditions/influenza/influenza-surveillance#publications; [5] http://cookcountypublichealth.org/data-reports/communicable-diseases; [6] https://www.cityofchicago.org/city/en/depts/cdph/supp_info/health-protection/current_flu_situationinchicago2011.html; [7] dph.illinois.gov/sites/default/files/publications/ohp-annual-flu-testing-guidance-09182018.pdf; [8] https://www.chicagohan.org/documents/14171/39923/Reporting+Influenza-Associated+ICU+Hospitalizations/bc2f49b2-cf74-487c-9441-0b0a930e4b41; [9] https://dph.partner.illinois.gov/

In the Know

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
IDPH
PROTECTING HEALTH, IMPROVING LIVES

INFLUENZA SURVEILLANCE UPDATE

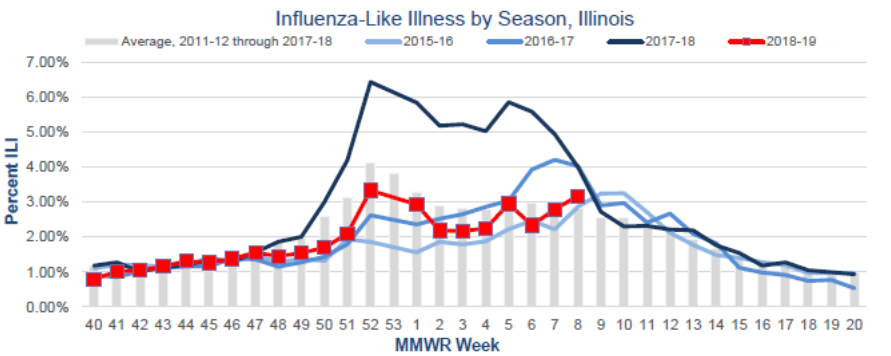
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Division of Infectious Disease
Week 8: Week Ending Saturday, February 23, 2019

All data in this report are provisional and may change as additional reports are received. Data are obtained from providers and health care facilities who voluntarily report influenza-like illness visit data from their facilities and submit clinical specimens for testing at IDPH laboratories. This is a sample which provides a picture of influenza activity in Illinois and not inclusive of every case of influenza in Illinois.
For questions, please contact the IDPH CD Section at 217-782-2016 or dph.influenza@illinois.gov.
Additional reports on influenza in Chicago can be found on the City of Chicago Influenza Website

Current Week Quick Stats

Illinois Influenza Geographic Spread	Widespread
Percent of Outpatient Visits for ILI[1,4]	3.18 % (baseline 1.8%)
Percent/Number of Influenza Positive Tests[2]	Current Week: 21.1% (181/859); Season: 7.5% (1244/16516)
Influenza-Associated ICU Admissions[3]	Current Week: 53; Season: 574
Influenza Outbreaks	Current Week: 5; Season: 53
Influenza-Associated Pediatric Deaths (Season Total)	3

Illinois Sentinel Influenza-Like Illness (ILI) Surveillance



http://dph.illinois.gov/sites/default/files/CDCS%20Illinois%202018-2019%20Influenza%20Report%20-%20Week%208.pdf

In the Know

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

TO: Illinois Long Term Care Facilities and Assisted Living Facilities, Local Health Departments, Local Health Department Administrators, Illinois Department of Public Health Long Term Care Regional Contacts

FROM: Jennifer E. Layden, MD, PhD, Chief Medical Officer and State Epidemiologist
Debra D. Bryars, MSN, RN, Deputy Director, Office of Health Care Regulation

RE: Guidelines for the Prevention and Control of Influenza Outbreaks in Illinois Long Term Care Facilities

DATE: September 24, 2018

The purpose of this memorandum is to provide long-term care facilities[1] with current guidance for preventing and controlling influenza cases and outbreaks and with information on the reporting requirements in the event of a suspected or confirmed influenza outbreak.

In the Know

Influenza Vaccination

- “Each health care setting shall ensure that all health care employees are provided education on influenza and are offered the opportunity to receive seasonal, novel and pandemic influenza vaccine, in accordance with this section, during the influenza season (between September 1 and March 1 of each year) unless the vaccine is unavailable.”

- “A health care employee may decline the offer of vaccination if the vaccine is medically contraindicated, if the vaccine is against the employee’s religious beliefs, or if the employee has already been vaccinated. General philosophical or moral reluctance to influenza vaccinations does not provide a sufficient basis for an exemption”.

http://dph.illinois.gov/sites/default/files/publications/cdcs-influenza-ltcf-outbreak-guidance-09242018.pdf
http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-1029&GA=100

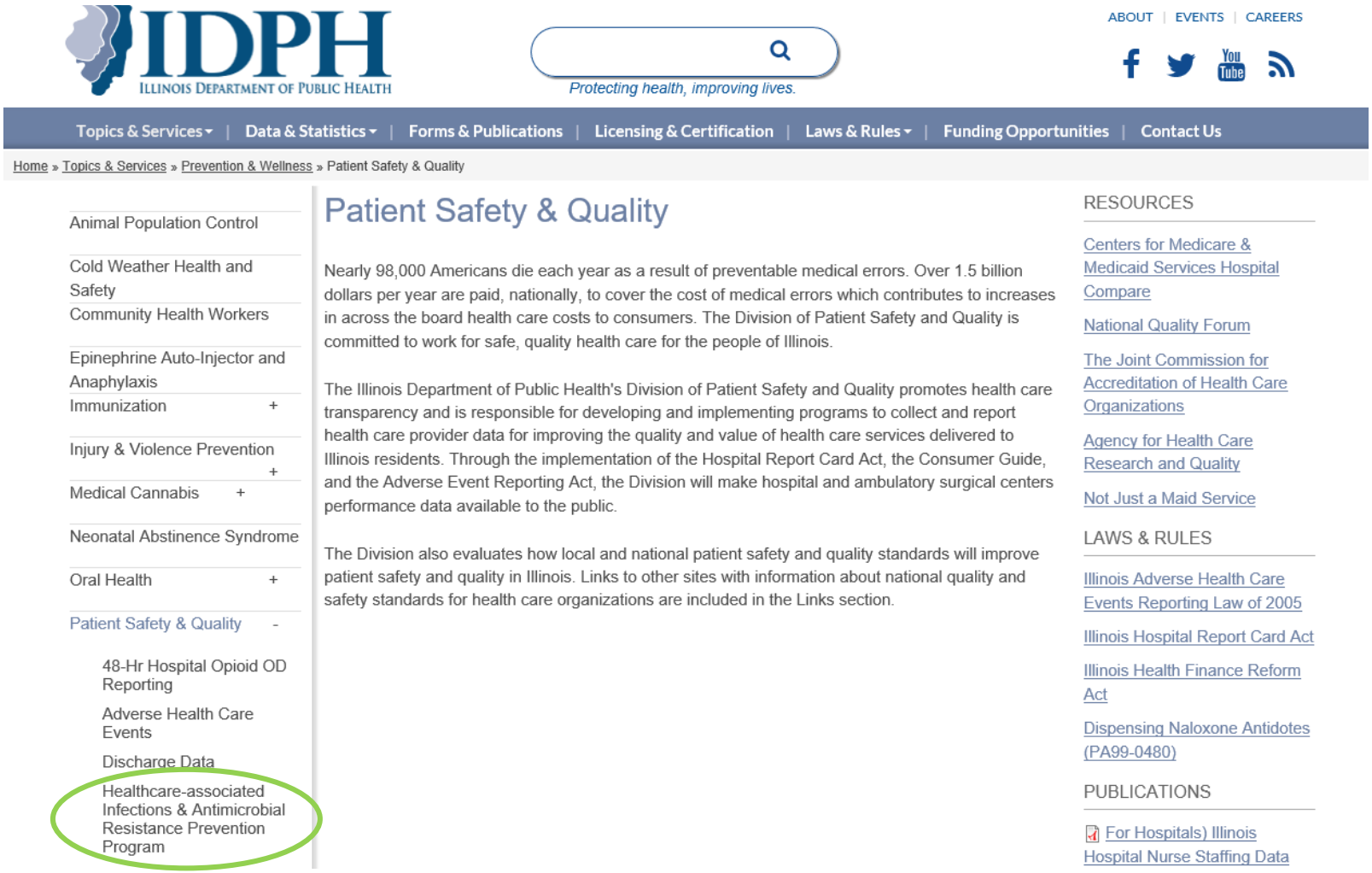
In the Know

- Any pattern of cases or increased incidence of any illness beyond the expected number of cases in a given period that may indicate an outbreak shall be reported to the local health authority within 24 hours.

- All outbreaks of influenza must be reported to the local health department and the respective IDPH Long-term Care Regional Office within 24 hours.

http://dph.illinois.gov/sites/default/files/publications/cdcs-influenza-ltcf-outbreak-guidance-09242018.pdf

In the Know



http://dph.illinois.gov/topics-services/prevention-wellness/patient-safety-quality

In the Know

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Illinois Department of Public Health
Protecting health, improving lives.
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Home » Topics & Services » Diseases and Conditions » Infectious Diseases » Candida auris (C. auris)

Alzheimer's Disease
Asthma +
Cancer
Chronic Diseases +
Diabetes +
Diseases A-Z
HIV/AIDS +
Heart Disease & Stroke +
Hepatitis +
Infectious Diseases -
Infectious Disease Reporting
Candida auris
Influenza (Flu) +
Legionnaires' Disease
Sexually Transmitted Diseases (STD) +
West Nile Virus (WNV) +
Zika Virus +

Candida auris (C. auris)

Candida auris, also known as *C. auris*, is a type of yeast that can cause serious infections in humans, including bloodstream or wound infections. When people develop *C. auris* on places such as their skin but do not have an infection, this is called colonization. However, being colonized may increase their risk of developing an infection.

Frequently Asked Questions

***C. auris*:**

1. **Causes serious infections.** *C. auris* can cause bloodstream infections and even death, particularly in hospital patients and nursing home residents with serious medical problems. More than 1 in 3 individuals with invasive *C. auris* infection (for example, an infection that affects the blood, heart, or brain) die.
2. **Is difficult to treat.** Antifungal medicines commonly used to treat other fungal infections often don't work on *C. auris*.
3. **Can be difficult to identify with standard laboratory methods.** *C. auris* can be misidentified as other types of Candida in laboratories without specific technology.
4. **Is becoming more common.** *C. auris* has spread quickly and caused infections in more than a dozen countries, including the United States.
5. **Has caused outbreaks in health care settings.** For this reason, it is important to quickly identify *C. auris* in patients so that health care facilities can take precautions to stop its spread.

Between May 24, 2016 and September 26, 2018, **368** cases of *C. auris* have been identified in Illinois. Of these, 290 cases were colonized (i.e., identified by culturing *C. auris* from a swab that was rubbed on a patient's skin), and 72 were confirmed clinical cases (i.e., identified by culturing *C. auris* from sites such as blood, wounds, urine, or sputum). The vast majority of these cases currently or previously resided in skilled nursing facilities with ventilated patients or in long term acute care hospitals. Tables 1 and 2 summarize some characteristics of clinical and colonized patients.

Table 1. Characteristics of 47 clinical case patients with available risk factor data

Characteristic	Percentage of Patients
Presence of IV device	83%
Wounds	79%
Feeding tube	70%
Urinary Catheter	66%
Tracheostomy	62%

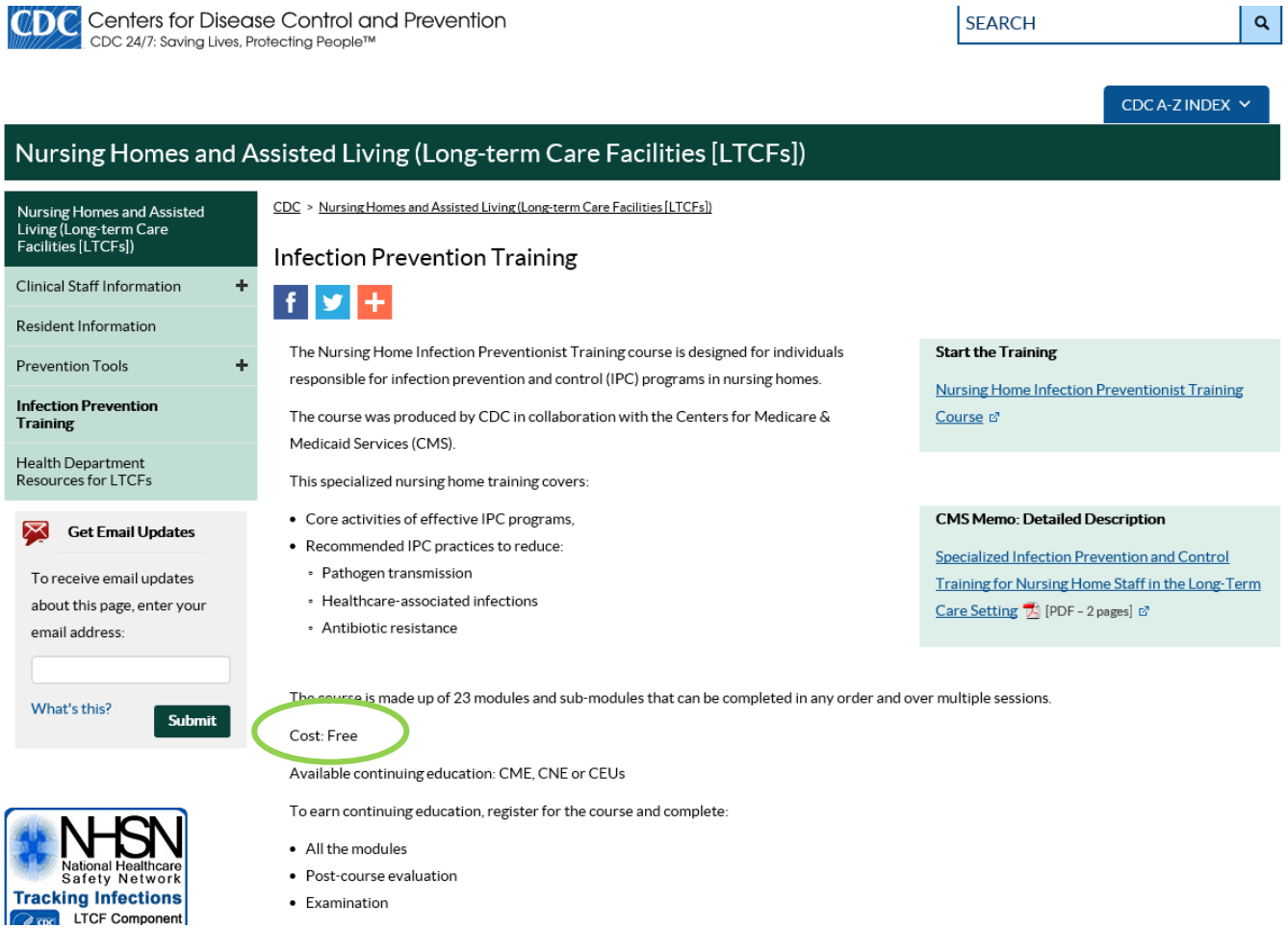
RESOURCES
CDC - C. auris
CDC - C. auris Fact Sheets
Clean Hands Count (CDC)
First Reported Cases in the United States (CDC)
The Unexpected and Troubling Rise of Candida auris
Infection Prevention in Nursing Homes and Assisted Living
IDPH EPI Education in Long-Term Care

LAWS & RULES
Control of Communicable Diseases Code, 77 Ill. Adm. Code 690.565.

PUBLICATIONS
Candida auris (C. auris) Frequently Asked Questions
Infographic - Hand Washing
IDPH Candida auris Health Alert, September 2018

http://dph.illinois.gov/topics-services/diseases-and-conditions/infectious-diseases/candida-auris

In the Know



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

In the Know

- Long-term care roundtables

  - Chicago Department of Public Health
    - Margaret Okodua - Margaret.Okodua@cityofchicago.org
    - Stephanie Black, MD, MSc -Stephanie.Black@cityofchicago.org

  - Cook County Department of Public Health
    - Mabel Frias - mfrias@cookcountyhhs.org

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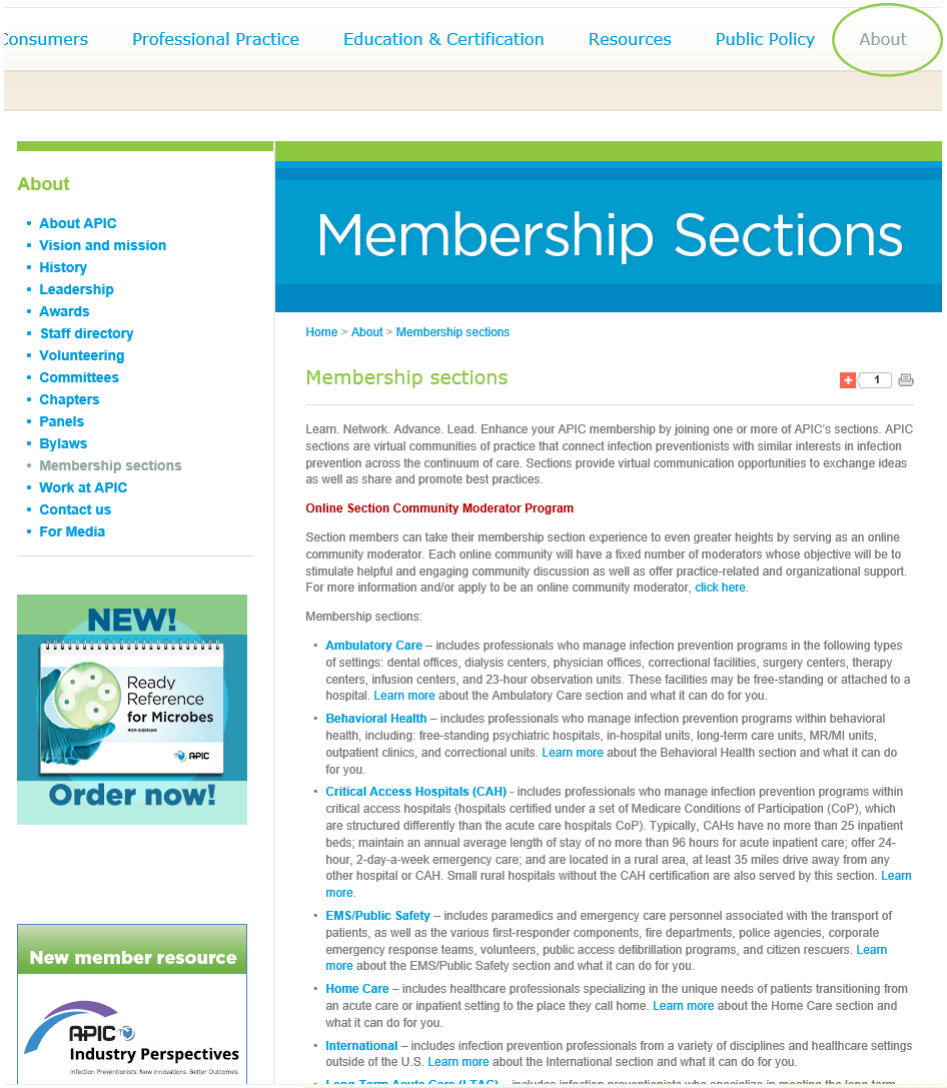
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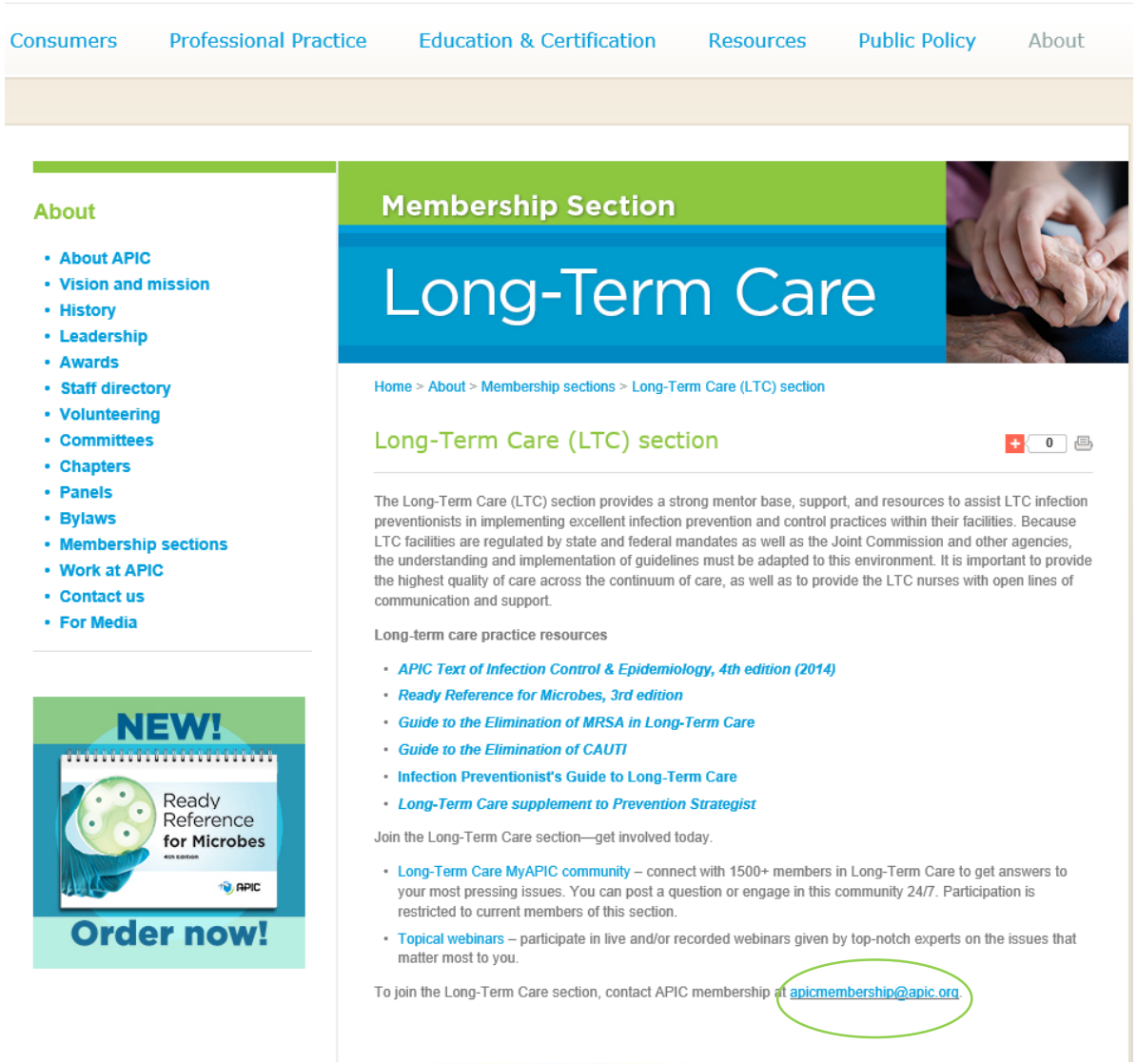
Membership sections
Learn. Network. Advance. Lead. Enhance your APIC membership by joining one or more of APIC's sections. APIC sections are virtual communities of practice that connect infection preventionists with similar interests in infection prevention across the continuum of care. Sections provide virtual communication opportunities to exchange ideas as well as share and promote best practices.
Online Section Community Moderator Program
Section members can take their membership section experience to even greater heights by serving as an online community moderator. Each online community will have a fixed number of moderators whose objective will be to stimulate helpful and engaging community discussion as well as offer practice-related and organizational support. For more information and/or apply to be an online community moderator, click here.
Membership sections:
Ambulatory Care – includes professionals who manage infection prevention programs in the following types of settings: dental offices, dialysis centers, physician offices, correctional facilities, surgery centers, therapy centers, infusion centers, and 23-hour observation units. These facilities may be free-standing or attached to a hospital. Learn more about the Ambulatory Care section and what it can do for you.
Behavioral Health – includes professionals who manage infection prevention programs within behavioral health, including: free-standing psychiatric hospitals, in-hospital units, long-term care units, MR/MI units, outpatient clinics, and correctional units. Learn more about the Behavioral Health section and what it can do for you.
Critical Access Hospitals (CAH) - includes professionals who manage infection prevention programs within critical access hospitals (hospitals certified under a set of Medicare Conditions of Participation (CoP), which are structured differently than the acute care hospitals CoP). Typically, CAHs have no more than 25 inpatient beds; maintain an annual average length of stay of no more than 96 hours for acute inpatient care; offer 24-hour, 2-day-a-week emergency care; and are located in a rural area, at least 35 miles drive away from any other hospital or CAH. Small rural hospitals without the CAH certification are also served by this section. Learn more.
EMS/Public Safety – includes paramedics and emergency care personnel associated with the transport of patients, as well as the various first-responder components, fire departments, police agencies, corporate emergency response teams, volunteers, public access defibrillation programs, and citizen rescuers. Learn more about the EMS/Public Safety section and what it can do for you.
Home Care – includes healthcare professionals specializing in the unique needs of patients transitioning from an acute care or inpatient setting to the place they call home. Learn more about the Home Care section and what it can do for you.
International – includes infection prevention professionals from a variety of disciplines and healthcare settings outside of the U.S. Learn more about the International section and what it can do for you.

In the Know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Membership Section
Long-Term Care
Home > About > Membership sections > Long-Term Care (LTC) section
Long-Term Care (LTC) section
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The Long-Term Care (LTC) section provides a strong mentor base, support, and resources to assist LTC infection preventionists in implementing excellent infection prevention and control practices within their facilities. Because LTC facilities are regulated by state and federal mandates as well as the Joint Commission and other agencies, the understanding and implementation of guidelines must be adapted to this environment. It is important to provide the highest quality of care across the continuum of care, as well as to provide the LTC nurses with open lines of communication and support.
Long-term care practice resources
APIC Text of Infection Control & Epidemiology, 4th edition (2014)
Ready Reference for Microbes, 3rd edition
Guide to the Elimination of MRSA in Long-Term Care
Guide to the Elimination of CAUTI
Infection Preventionist's Guide to Long-Term Care
Long-Term Care supplement to Prevention Strategist
Join the Long-Term Care section—get involved today.
Long-Term Care MyAPIC community – connect with 1500+ members in Long-Term Care to get answers to your most pressing issues. You can post a question or engage in this community 24/7. Participation is restricted to current members of this section.
Topical webinars – participate in live and/or recorded webinars given by top-notch experts on the issues that matter most to you.
To join the Long-Term Care section, contact APIC membership at apicmembership@apic.org.

In the Know

How to be a good visitor during flu season

Keeping your loved ones healthy during their healthcare stay is a priority. If you're visiting a friend or family member, it's important to be a good visitor and employ the basic principles of infection prevention. This is especially true during flu season.

According to the CDC, influenza (the flu) is a serious respiratory disease caused by influenza viruses, which can cause mild to severe illnesses. Seasonal influenza activity can begin as early as October and continue to occur as late as May. The flu is associated with approximately 200,000 hospital admissions, and as many as 49,000 deaths annually in the United States. Everyone 6 months of age and older should get a flu vaccine.

In order to prevent the spread of the flu and other illnesses, most healthcare facilities have policies in place that limit visitors during the flu season. Often times, these policies prohibit visitors who are 12 years of age and younger. This is because children often carry viruses without exhibiting any signs or symptoms of illness.

Who is vulnerable to illness?

Although everyone is a healthcare patient at one point or another in their lives, some are at a higher risk of getting sick when they're exposed to illness, including:

- People aged 65 years and older
- People who are immunocompromised such as those with HIV, hepatitis, and cancer
- Pregnant women
- People who live with, or care for, the immunocompromised or elderly
- People who have chronic medical conditions such as, asthma, diabetes, heart disease, and lung disease

https://apic.org/Resource_/TinyMceFileManager/for_consumers/IPandYou_Bulletin_Being_a_good_visitor_flu.pdf

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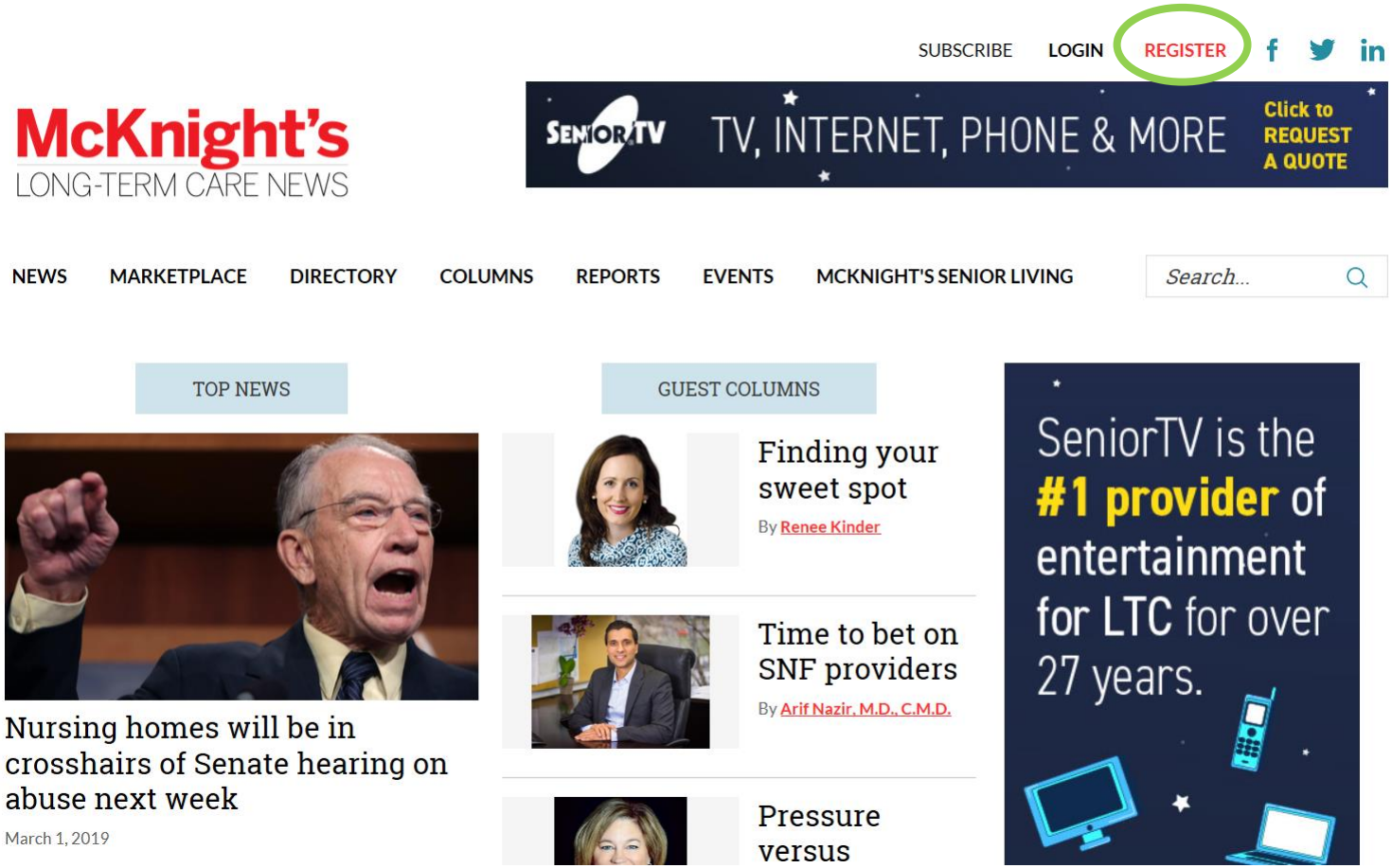


https://www.mcknights.com/

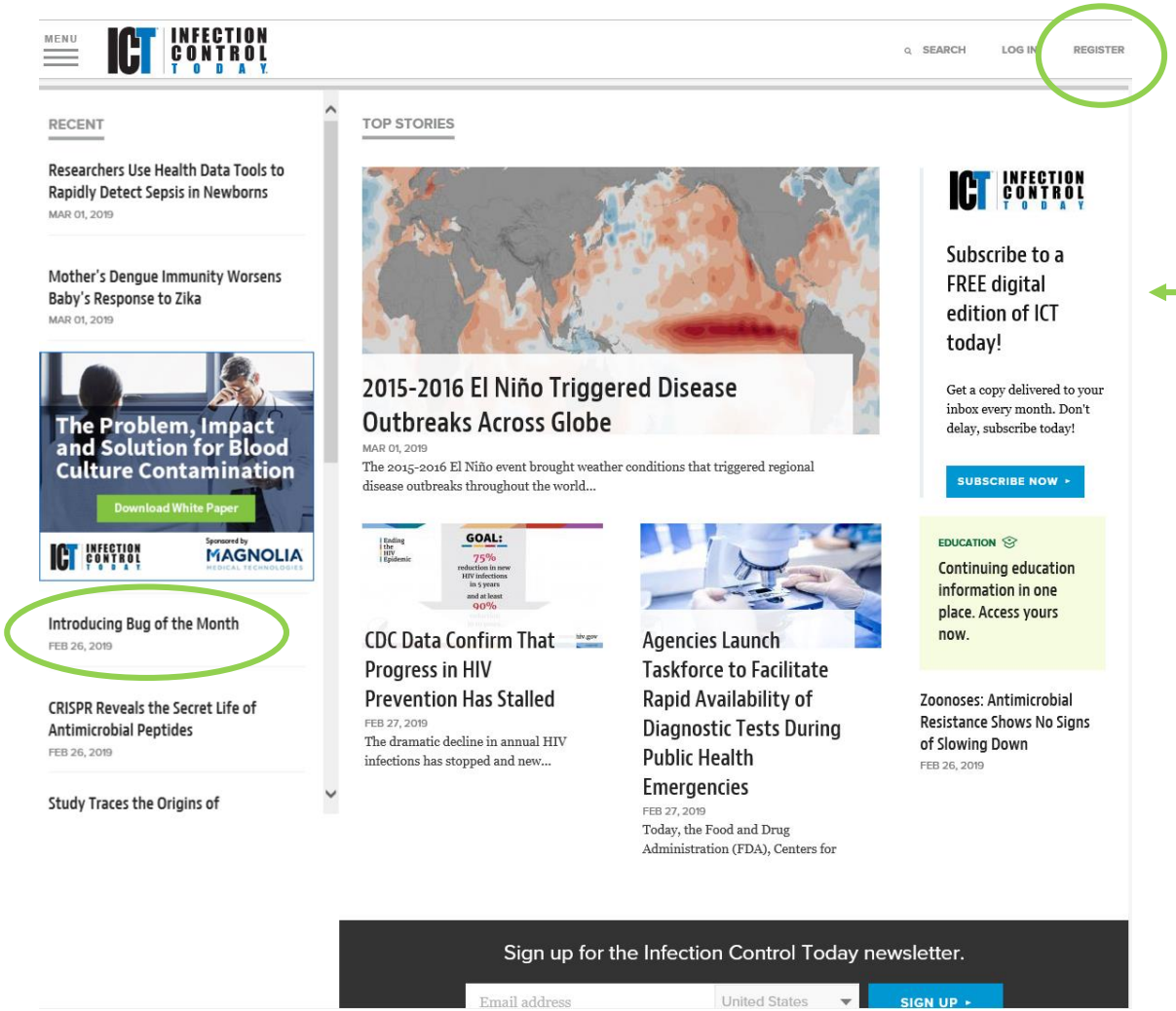
In the Know

McKnight's
LONG-TERM CARE NEWS

Friday, Jan. 25, 2019

Nursing home on the hook for C. diff infection death, court rules

In the Know



https://www.infectioncontroltoday.com/

In the Know

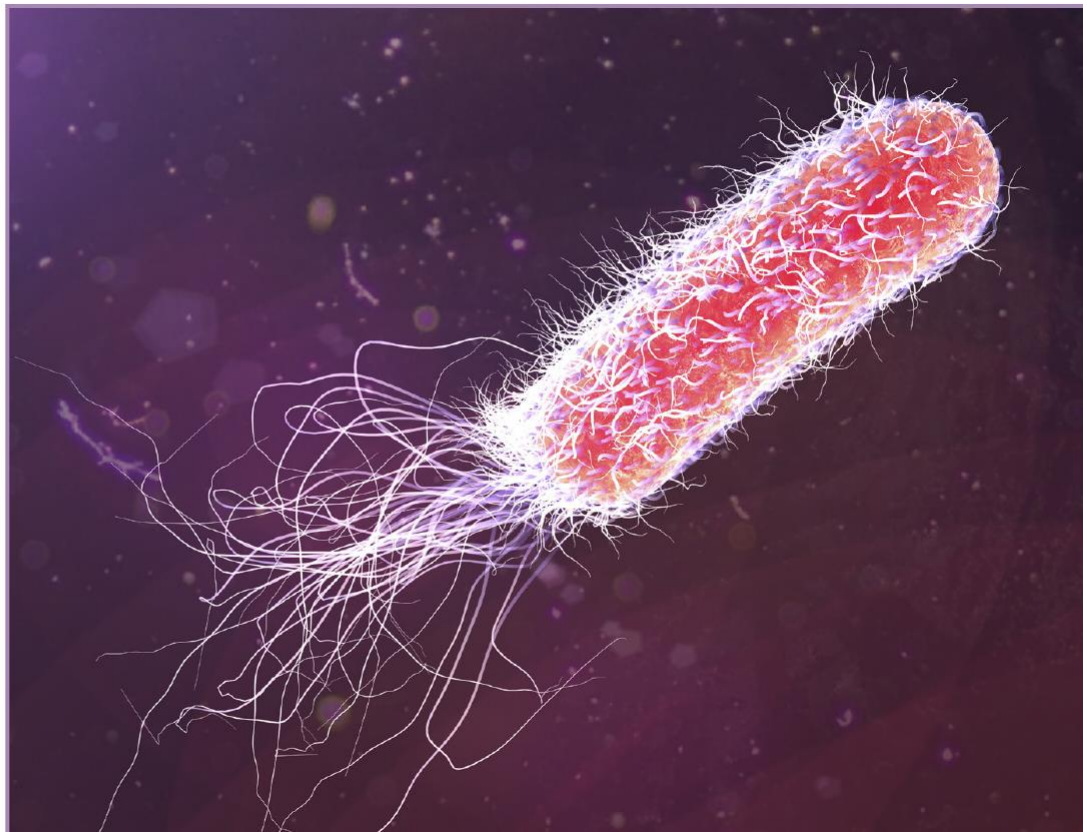
Excuse me while I towel off; I just went for a dip in some lovely contaminated water in the hospital whirlpool.

Even though my usual hang-outs are in hydrotherapy settings and sink traps, maybe after lunch I'll go slumming on some respiratory equipment, too.

I'm an aerobic Gram-negative, and I have a handsome rod shape that gets noticed globally, even though I don't need a passport to get around.

Because I'm aquatic by nature (I'm a Pisces, don't you know!), I love causing swimmer's ear in the community as well as

> ***"You can take antibiotics to try to treat the infections that I cause, but good luck with that; I'm becoming more resistant with every passing day."***



https://www.infectioncontroltoday.com/

Closing Exercise

- Scenario 1
  - Resident admitted from a long-term acute care hospital (LTACH) late last evening
  - Complex medical history with multiple hospitalizations and a previous stay in a long-term care facility
  - Resident has a tracheostomy
  - Limited information in transfer records
    - Might have a multidrug-resistant organism

Closing Exercise

- Scenario 2
  - The date is January 3
  - A resident on the A Ward was transferred to the hospital last night for management of a fever and respiratory distress
  - You notice that staffing is lower than usual
  - The nursing supervisor on the A Ward has glassy eyes and a red nose

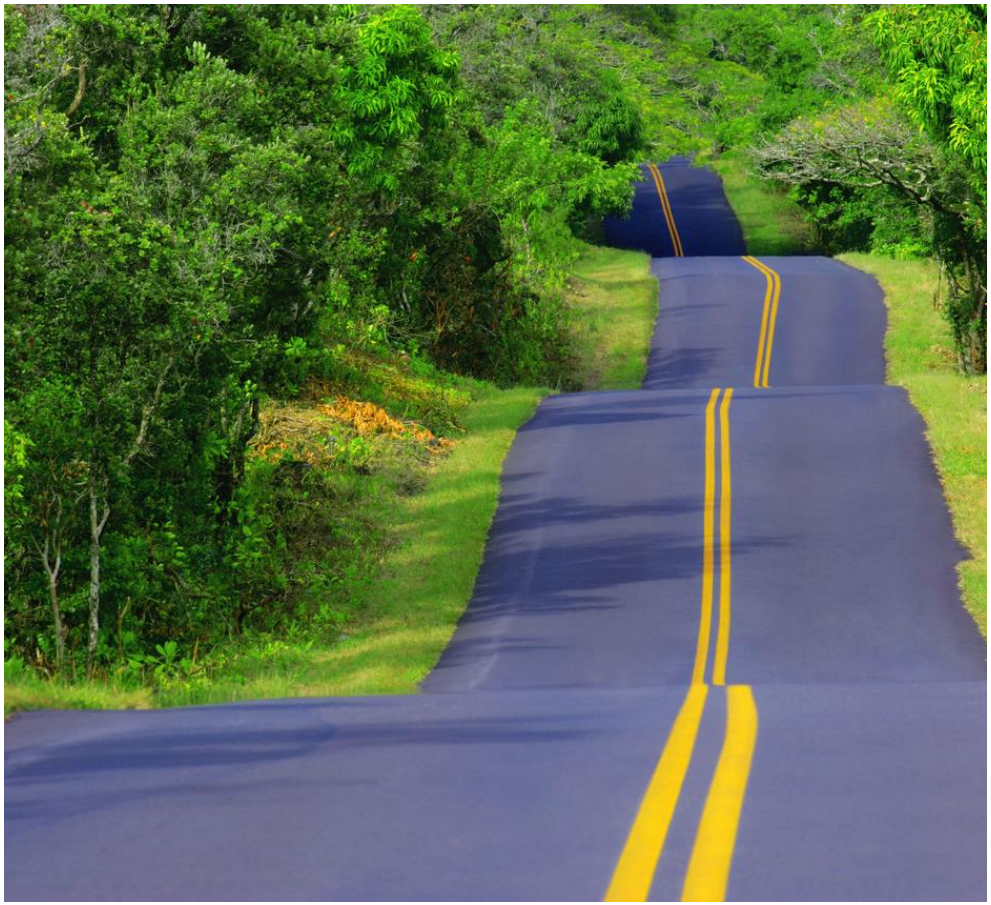
Closing Exercise Recap

Wrap-Up

- Your job is important to the safety of residents, staff, and visitors
- It is complex and demanding, but can be rewarding
- Establishing a routine will help to hardwire the many tasks that must be completed
- Utilize available tools and resources rather than recreating new ones

It’s a journey, not a sprint

- Use data and your facility assessment to get what you need
- Imagine what your program could look like down the road
- Ask for help
- Celebrate your successes



Resources

https://www.chicagohan.org/hai/training/infectioncontrol

Questions

Chicago Department of Public Health at CDPHHAIAR@cityofchicago.org

or

your local health department

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