



July 2016 Commitment to Care Quality Topic

Infection Control, Still the Most Commonly Cited Tag in Texas

F -441 continues to show up on the list of top 10 deficiencies every quarter here in Texas.

“During the most recent reporting period 2nd Q FY 2016 there were 157 deficiencies written for F-441 alone.” said Tom Plowman, Director of Rate and Financial Analysis at Texas Health Care Association.

Review of the current Federal Requirements

Currently there are two main sections to the federal requirements that deal with IC.

§483.65 Infection Control

(a) Infection Control Program (ICP)

- 1) Investigates, controls, and prevents infections in the facility;
- 2) Decides what procedures, such as isolation, should be applied to an individual resident; and
- 3) Maintains a record of incidents and corrective actions related to infections.

(b) Preventing Spread of Infection

- 1) When the ICP determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.
- 2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.

- 3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.

(c) Linens. Personnel must handle, store, process and transport linens so as to prevent the spread of infection.

§483.25 Influenza and pneumococcal immunizations.

Frequently deficient areas noted in F-441 citations

- Handwashing and gloving (nursing *and* dietary)
- Transporting of linens and laundry inappropriately
- Catheter drainage bags on the floor
- Improper incontinent-care and catheter care
- Improper wound dressing change technique
- Failure to properly clean and sanitize equipment, e.g. blood glucose meter
- Improper nebulizer care and storage
- Dining contamination issues
- Improper isolation procedures including deep cleaning rooms
- Failure to perform surveillance and investigation to prevent the onset and spread of infection
 - Monitoring and documenting infections, including tracking and analyzing outbreaks of infection as well as implementing and documenting actions to resolve related problems.
 - Surveillance, including process and outcome, monitoring, data analysis, documentation and communicable disease reporting.

Examples of potential F-441 citations

Severity Level 4: Immediate Jeopardy

“The facility failed to follow standard precautions during the performance of routine testing of blood sugars. The facility did not clean and disinfect the glucometers before or after use and did not use new glucometer lancets on residents who required blood sugar monitoring. This practice of not cleaning and disinfecting glucometers between every use and re-using glucometer lancets created an Immediate Jeopardy to resident health by potentially exposing residents to the spread of blood borne infections for multiple residents in the facility who required blood sugar testing.”

Severity Level 3: Actual Harm

“The facility routinely sent urine cultures of asymptomatic residents with indwelling catheters, putting residents with positive cultures on antibiotics, resulting in two residents acquiring antibiotic-related colitis and significant weight loss.”

Severity Level 2: No Actual Harm with Potential for More Than Minimal Harm and possible Immediate Jeopardy/Threat

“The facility failed to ensure that their staff demonstrates proper hand hygiene between residents to prevent the spread of infections. The staff administered medications to a resident via a gastric tube and while wearing the same gloves proceeded to administer oral medications to another resident. The staff did not remove the used gloves and wash or sanitize their hands between residents.”

Why is this even more important to nursing facilities now?

Bonnie Chustz, RN, BSN, WCC and Senior Clinical Education Specialist with Genesis Health Care Centers, states “Nursing facilities across the country have had their share of focused surveys over the last couple of years, but it’s not over yet. The Infection Control Focused Surveys are underway.”

Ms. Chustz also shared that one of their Genesis facilities experienced one of the focused surveys.

The survey lasted 3 days and follow is a list of items the surveyors reviewed:

- Evidence of an infection prevention and control management self-assessment;
- Evidence of a self-assessment of the facility’s infection prevention (IP);

- Certification and/or adequate training of IP (like the 2 day APIC EPI 101 and 102 course);
- Annual infection control (IC) risk assessment completion and related quality assurance action plans related to risk assessment outcomes;
- Process surveillance and random surveillance activities, documentation and follow-up;
- Quality Assurance Performance Improvement (QAPI), in general as it relates to root cause analysis of monthly IC surveillance reports, tracking and trending – generally looking at what is done with the data collected – PDSA;
- Observations of various departments cleaning and disinfecting – i.e. vital sign equipment, blood glucose monitors, housekeeping products, cleaning of isolation rooms, hand hygiene, sorting soiled laundry, cleaning of linen carts, cleaning of housekeeping carts, cleaning of food carts, cleaning of therapy equipment;
- Observations of wound care technique, med pass technique, insulin, laundry techniques, housekeeping techniques, meal service – serving food and transporting food;
- Staff knowledge (multiple departments) of “wet time” (aka dwell time, contact time) for products they use for cleaning and disinfecting;
- Adherence to respiratory hygiene/cough etiquette as part of standard precautions – observations and interviews;
- PPE and hand hygiene – observations – adherence to use – evidence of hand hygiene audits and follow-up to audits;
- Injections – adherence to OSHA/WHO emphasis “one needle/one syringe/one time”;
- Evidence of antibiotic stewardship program – identification, actions, follow-up;
- Communication with acute care, EMS, mortuary regarding infection/colonization status with resident transfers.

Is there help out there?

There are several resources included as links in this month’s Commitment to Care but also TMF Health Quality Institute, as the Medicare Quality Innovation Network Quality Improvement Organization (QIN-QIO) for Texas, and in partnership with the Centers for Disease Control and Prevention, is working with nursing homes across the state to improve infection prevention practices. The TMF QIN-QIO is currently enrolling nursing homes in a project that will report *Clostridium difficile* infections (CDIs) via the NHSN system. The Health and Human Services National Action Plan To Prevent Health Care-

Associated Infections: Road Map To Elimination (<http://health.gov/hcq/pdfs/hai-action-plan-ltcf.pdf>) has chosen five initial goals for long-term care/nursing homes related to reducing infections: National Healthcare Safety Network (NHSN) enrollment, urinary tract infections/catheter-associated urinary tract infections, CDIs, resident influenza and pneumococcal vaccination and health care personnel influenza vaccination.

Recruitment for this ground-breaking project will continue through the summer. To join, please contact nhnetwork@tmf.org.

The TMF QIN-QIO also works with nursing homes individually or in small groups to

“By using the same defining and reporting methodology across the nation, consistent data will be available to establish a state and national benchmark of CDI cases. It also will allow for design of improvement opportunities to decrease CDI cases in our long-stay residents,” stated Susan Purcell, BS, RN, CPHQ, and Project Director at The TMF Health Quality Institute.

improve urinary tract infections, administering and documenting vaccinations and general infection prevention. Additionally, the TMF QIN-QIO will soon begin working toward antibiotic stewardship in long-term care. To take advantage of these free services, please contact the TMF QIN-QIO at nhnetwork@tmf.org.

In addition, the American Health Care Association (AHCA) is currently working on developing a training program for Infection Prevention and Control Officers, in the hopes of preparing members for the upcoming changes to the requirements.

Click here to see a [Side-by-Side Comparison of the CMS Proposed and Current Federal Nursing Home Regulations](#) (Infection Control begins on page 125).

Thank you to Genesis Health Care Centers for sharing with your fellow members!