Driving 5-Star & RoP Implementation Through a QAPI Approach

Final Rule:
Integrating Phase 2 New Requirements of Participation into Practice
(Part 2)

PROACTIVE MEDICAL REVIEW

Objectives

- Recognize the key changes in the new SNF Requirements of Participation for Phase 2 Implementation
- Identify the actions necessary for compliance with the new regulations
- Acquire knowledge to implement best practices for Requirements of Participation (RoP) implementation using a QAPI approach

§483.45- Pharmacy Services

- §483.45(c) Drug Regimen Review.
  - *(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.*
  - *(2)* ***This review must include a review of the resident's medical chart***

§483.45- Pharmacy Services

- A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior.
- These drugs include, but are not limited to, drugs in the following categories:
  - *(i) Anti-psychotic;*
  - *(ii) Anti-depressant;*
  - *(iii) Anti-anxiety; and*
  - *(iv) Hypnotic.*

§483.45- Pharmacy Services

- (e) *Psychotropic drugs*. Based on a comprehensive assessment of a resident, the facility must ensure that—
  - *(1) Residents who have not used* ***psychotropic*** *drugs are not given these drugs unless* ***the medication*** *is necessary to treat a specific condition as diagnosed and documented in the clinical record;*
  - *(2) Residents who use* ***psychotropic*** *drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;*
  - *(3)* ***Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and*** *(see next slide)*

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§483.45- Pharmacy Services

- (e) *Psychotropic drugs*. Based on a comprehensive assessment of a resident, the facility must ensure that— (continued)
  - ***(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in § 483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.***
  - ***(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.***

§483.45- Pharmacy Services- Required Actions

- Develop/revise P&P for drug regimen to meet requirement for including review of medical record
  - *Review requirement with pharmacist*
- Compare and update as necessary, current facility policies/processes to the new requirements related to PRN orders for psychotropic drugs

§483.45- Pharmacy Services- Required Actions

- Staff education on definition of psychotropic drug
  - *Ensure nursing staff & practitioners understand requirements for use*
    - Must have specific condition for use diagnosed and documented in medical record
    - Must attempt gradual dose reductions and behavioral interventions
    - PRN use limited to 14 days
    - PRN psychotropic cannot be renewed unless resident is evaluated by practitioner for appropriate use of the drug and order states duration of use.
- Establish protocols for staff to use when considering use of psychotropic drugs and for evaluating after new psychotropic is ordered
- Establish procedure for review of psychotropic medications
  - *Advancing Excellence Medications Tracking Tool*
    - https://www.nhqualitycampaign.org/goalDetail.aspx?g=med#tab2

§483.55 Dental Services

- (a)(3) & (b)(4) **Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility**;
- (a)(5) & (b)(3) **Must** promptly, **within 3 days**, refer residents with lost or damaged dentures **for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay**.

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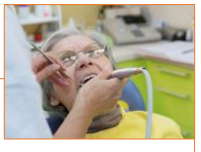
§483.55 Dental Services- Required Actions



- Develop a P&P related to lost or damaged dentures
  - Considerations:
    - Inventory procedure
    - Labeling requirements
    - Storage requirements
    - Facility not responsible unless determined to be result of negligence on part of facility or if loss and damage occurs when resident has provided dentures to facility for safekeeping
    - Reporting/Investigative procedures to be followed
- Establish process to ensure residents referred for dental services within 3 days of lost or damaged dentures and actions staff must take if a delay greater than 3 days in receiving dental services, including assessment process.

Lost/Damaged Dentures Resources

- Sample Lost/Damaged Dentures Policy
- Lost or Damaged Dentures Tracking Log

§483.60 Food & Nutrition Services

- (a) *Staffing.* The facility **must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at § 483.70(e).**

§483.60 Food & Nutrition Services- Required Actions

- Develop and implement assessment and competency processes to determine "sufficient staff" with appropriate competencies to meet dietary needs based on resident needs.
  - *Considerations*
    - Types of diets served
    - Therapeutic Diets
    - Facility population
      - *Cultural/Ethnic Needs*
      - *Resident preferences*
      - *Census*
    - Dining Times
    - Sanitation and food storage

§483.70 Administration

- New requirement for annual center assessment which serves as a central feature of the revisions to subpart B and intended to be used for multiple purposes, including activities such as:
  - *Determining staffing requirements*
  - *Establishing a QAPI program*
  - *Conducting emergency preparedness planning*
- The center-wide assessment would determine what resources a center would need to care for its patients competently both in day-to-day operations and in emergencies.
- Assessment must be updated as necessary, but at least annually—and whenever any change would require a substantial modification to any part of the assessment.

§483.70 Administration

- (e) *Facility assessment.* The facility must conduct and document a 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, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment.

§483.70 Administration

- The facility assessment must address or include:
- (1) The facility's resident population, including, but not limited to:
  - *(i) Both the number of residents and the facility's resident capacity;*
  - *(ii) The care required by the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population;*
  - *(iii) The staff competencies that are necessary to provide the level and types of care needed for the resident population;*
  - *(iv) The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and*
  - *(v) Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services.*

§483.70 Administration

- The facility assessment must address or include:
- (2) The facility's resources, including but not limited to,
  - *(i) All buildings and/or other physical structures and vehicles;*
  - *(ii) Equipment (medical and nonmedical);*
  - *(iii) Services provided, such as physical therapy, pharmacy, and specific rehabilitation therapies;*
  - *(iv) All personnel, including managers, staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care;*
  - *(v) Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and*
  - *(vi) Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations.*

§483.70 Administration

- The facility assessment must address or include:
- (3) A facility-based and community based risk assessment, utilizing an all hazards approach.

Facility Assessment- Intent & Purpose

Facilities must know themselves, their residents, and staff to determine needed resources in the facility and to deploy them effectively.

Facility Assessment

"Note: AHCA recommends that Centers start by focusing on Phase I requirements that are effective as of November 28, 2016. **This is a Phase II requirement, and CMS has not yet issued interpretive guidance on how to comply. It will be important to approach the facility assessment in accordance with that guidance, given the lack of specific detail in the regulatory language. This assessment may be used by surveyors in a variety of ways, including to assess your staff competencies and resources in the instance of an adverse event, which underscores the importance of preparing the assessment in accordance with forthcoming guidance**. AHCA will provide additional tools and resources to assist Centers in implementing this requirement as guidance is developed. As AHCA identifies and develops additional resources, they will be posted on ahcancaIED. Please make sure to visit ahcancaIED for the most up-to-date information."

(AHCA, 2016)

§483.70 Administration – Required Actions

- Develop a process for conducting and updating as necessary an annual facility assessment
- Sample Risk Assessments
  - *All Hazards Vulnerability Assessment*
    - http://www.uky.edu/publichealth/sites/www.uky.edu.publichealth/files/OVAR/3HazardVulnerabilityAnalysisTool.pdf

483.75 Quality Assurance & Performance Improvement

- Must present QAPI plan to State Survey Agency no later than one year after promulgation of this regulation
- **Required actions-** Develop QAPI plan by Nov 27, 2017 and present to survey agency at next annual survey

Developing Written QAPI Plan

STEP		
1	QAPI goals	Develop goals the plan will strive to achieve.
2	Scope	Describe how QAPI is integrated into all care/service areas with focus on clinical care, quality of life & resident choice.
3	Guidelines for Leadership	Accountability of leaders, designated coordinator, resources, QAPI structure, training & proficiency measures
4	Feedback, Data, Monitoring	Data collection, analysis, reports, communication strategies, who receives information
5	PIPs	Process for assigning topics, prioritization, chartering a PIP, team formation, reporting, documentation of findings
6	Systematic Analysis, Systemic Action	Detail systematic approach and the systemic action that will be implemented in response to findings, method for responding to unintended consequences, process of root cause analysis, monitoring implementation & effectiveness
7	Communications	Formal process that includes: method, frequency, audience
8	Evaluation	Frequency of self assessment, purpose of evaluation
9	Establish Plan	Implementation date, revision plan/date at least annually

483.80 Infection Control

- Must establish an Infection Prevention and Control Program that includes:
  - *System for preventing, identifying, reporting, investigating, & controlling infections & communicable diseases for all residents, staff, volunteers, visitors, & other individuals providing services under a contractual arrangement* ***based upon the facility assessment conducted according to 483.70*** *& accepted national standards – link to facility assessment implemented in Phase 2*
  - *An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use*

483.80 Infection Control- Required Actions

- Align Infection Prevention and Control Program with the results of the facility assessment
- Incorporate Antibiotic Stewardship Program into the Infection Prevention and Control Program

Organizational Infection Risk Assessment

- Part of Infection Prevention & Control Planning Process
- Starting point of a well-developed Infection Control plan
- Helps focus surveillance & program activities
- Used to identify risks for acquiring & transmitting infections based on:
  - *Geographic location, community, population served*
  - *Care, treatment, & services provided*
  - *Analysis of surveillance activities & other infection control data*
- Risks identified annually & when significant changes occur
- Occurs with interdisciplinary input
- Used to prioritize & document risks

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Risk Assessment Team

- Infection Prevention & Control Officer (IPCO)
- Employee Health Nurse
- Medical Director or other Clinician
- Nursing Staff
- Laboratory
- Pharmacy

- Therapy
- Housekeeping
- Maintenance
- Administration
- Dietary
- Activities
- QAPI Leader
- Admissions

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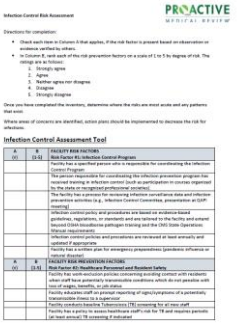
Sample Tool: Infection Control Risk Assessment


PROACTIVE MEDICAL REVIEW

Infection Control Risk Assessment

Directions for completion:

- Check each item in Column A that applies. If the risk factor is present based on observation or evidence verified by others.
- In Column B, rank each of the risk prevention factors on a scale of 1 to 5 by degree of risk. The ratings are as follows:
  1. Strongly agree
  2. Agree
  3. Neither agree nor disagree
  4. Disagree
  5. Strongly disagree

Once you have completed the inventory, determine where the risks are most acute and any patterns that exist.

Where areas of concerns are identified, action plans should be implemented to decrease the risk for infection.

Infection Control Assessment Tool

A (x)	B (1-5)	FACILITY RISK FACTORS Risk Factor #1: Infection Control Program
		Facility has a specified person who is responsible for coordinating the infection prevention program
		The person responsible for coordinating the infection prevention program has received training in infection control (such as participation in courses organized by the state or recognized professional societies)
		The facility has a process for reviewing infection surveillance data and infection prevention activities (e.g., Infection Control Committee, presentation at QAPI meeting)
		Infection control policies and procedures are based on Guidance Board recommendations, regulations, or standards are maintained by the facility and ensured beyond OSHA bloodborne pathogen training and the CMS State Operations Manual requirements
		Infection control policies and procedures are reviewed at least annually and updated if appropriate
		Facility has a written plan for emergency preparedness (pandemic influenza or natural disaster)
A (x)	B (1-5)	FACILITY RISK PREVENTION FACTORS Risk Factor #2: Healthcare Personnel and Resident Safety
		Facility has work-exclusion policies concerning avoiding contact with residents when staff have potentially transmissible conditions which do not preclude with loss of wages, benefits, or job status
		Facility educates staff on prompt reporting of signs/symptoms of a potentially transmissible illness to a supervisor
		Facility conducts baseline Tuberculosis (TB) screening for all new staff
		Facility has a policy to assess healthcare staff's risk for TB and requires periodic (at least annual) TB screening if indicated

SWOT Analysis

STRENGTHS
- Policy evidence-based and current
- Hand hygiene compliance good

WEAKNESSES
- Lack of sufficient supply of blood glucose monitors
- Lack of physician support of Antibiotic Stewardship Program
- High rate of Foley-catheter use

OPPORTUNITIES
- Education of staff
- Identify nurse and physician champions- empower
- Revise procedure and supplies to enhance compliance
- Require physicians to adhere

THREATS
- High prevalence of antibiotic use
- Poor compliance with proper dressing change techniques– patient safety
- UTI Rate above state and national average

Strengths, Weaknesses, Opportunities, Threats

Infection Prevention Plan

- Priority- From Risk Assessment
- Goals – To address each priority. Should include:
  - *Limiting unprotected exposure to pathogens (isolation precautions & PPE use)*
  - *Limiting transmission related to procedures*
  - *Limiting transmission related to equipment, devices, & supplies*
  - *Improving hand hygiene compliance*
- Measurable objectives- To achieve each goal
- Strategies – To achieve each objective
- Evaluation Method- For each objective
- Current Status/ Evaluation/ Next Steps – How are we doing?

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ANTIBIOTIC STEWARDSHIP PROGRAM

What is Antibiotic Stewardship?

- The act of using antibiotics appropriately
  - *Using only when truly needed*
  - *Using the correct antibiotic for each infection*
- Stewardship
  - *Protecting the effectiveness of antibiotics, which are the most important tool available to treat life threatening bacterial infections*

Antibiotic Resistance

- Occurs when bacteria adapt so drugs used to treat infections are less effective or do not work at all
- Some bacteria have become resistant to multiple types of antibiotics
- At least 2 million people in US are infected by antibiotic-resistant bacteria each year
- 23,000 people die in the US each year as a result of antibiotic-resistant bacteria

Why is Antibiotic Stewardship Important in Nursing Facilities?

- Antibiotics are one of the most commonly prescribed medications in nursing facilities
- Overuse of antibiotics is recognized as a serious problem
- Overexposure to antibiotics allows drug-resistant strains of bacteria and health care-associated infections to emerge in facilities, leading to difficulty in treating infections and resident complications
- 25%-75% of antibiotics prescribed in nursing facilities are unnecessary
- Nursing facility residents at high risk for developing complications associated with antibiotic use

(AHRQ, 2016)

Antibiotic Stewardship Program Development Resource

- Nursing Home Antimicrobial Stewardship Guide: https://www.ahrq.gov/nhguie/index.html

Antibiotic Stewardship Toolkit Resources

- **Implement, Monitor, and Sustain an Antimicrobial Stewardship Program**
  - *Toolkit 1: Start an Antimicrobial Stewardship Program*
  - *Toolkit 2: Monitor and Sustain Stewardship*
    - Antibiotic Use Tracking Sheet
    - Sample Monthly Summary Reports
    - Quarterly or Monthly Prescribing Profile

(AHRQ, 2016)

Antibiotic Stewardship Toolkit Resources

Toolkit 1: Suspected UTI SBAR Toolkit

- Suspected UTI SBAR form
- Clinician Letter
- Not All "Infections" Need Antibiotics
- Urinalysis and UTIs: Improving Care

Toolkit 2: Common Suspected Infections

- Medical Care Referral Form
- Pocket Cards
- Quality Improvement Tip Sheet
- Training Slides

Toolkit 3: Minimum Criteria for Three Infections Toolkit

- Sample policy
- Suspected infection SBAR forms
- Decision making tree
- Letter for prescribing clinicians
- Training

(AHRQ, 2016)

Antibiotic Stewardship Toolkit Resources

Choose the Right Antibiotic

Toolkit 1: Working With a Lab to Improve Antibiotic Prescribing

- Background
- Step by step guide to working with a lab
- Sample letter of agreement
- Antibiogram formats
- Sample policy letter
- Distribution planning guide

Toolkit 2: Using Nursing Home Antibiograms to Choose the Right Antibiotic

- Background
- Getting Started
- Using WHONET
- How to enter data manually into an antibiogram template
- Data Entry Form

Toolkit 3: Nursing Home Antibiogram Program Toolkit:

- How to Develop and Implement an Antibiogram Program

(AHRQ, 2016)

Antibiotic Stewardship Toolkit Resources

- **Toolkit to Educate and Engage Residents and Family Members**
  - Talking Points for nurses to educate residents about antibiotics
  - Talking Points to use with family members
  - Antibiotic Resistant Bacteria Information Sheet
  - Be Smart About Antibiotics handout
  - Suspected UTI handout
  - Managing resident and family expectations template to discuss tools with staff

(AHRQ, 2016)

Core Elements for Antibiotic Stewardship

- Leadership Commitment
- Accountability
- Drug Expertise
- Action
- Tracking
- Reporting
- Education

(CDC, 2016)

483.85 Compliance & Ethics Program

- Pending Confirmation: Phase 2 or 3 implementation
- Program must be reasonably capable of reducing the prospect of criminal, civil, and administrative violations under the Act and promoting quality of care and include:
  - Appointing a C&E representative for facility and organization
  - Enforcing operating standards
  - Responding to violations
  - Reviewing annually

§483.90 Physical Environment

- Establish policies, in accordance with applicable Federal, State, and local laws and regulations, regarding smoking, smoking areas and smoking safety that also take into account non-smoking residents.

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§483.90 Physical Environment – Required Action

Establish/revise smoking policy

- Does it address:
  - Taking into account non-smoking residents
  - Smoking areas
  - Smoking safety

QAPI Guide to Implementation

- Designate RoP Implementation leader
- Establish RoP Implementation Sub-Committee
  - *Include leader from each relevant department*
- Assign policy reviews/revisions for Phase 1
- Policy approval meeting prior to implementation
- Establish procedure for policy implementation
  - *Include approval & date of implementation*
- Schedule staff training to review key areas and policy revisions
- Develop Phase 2 work plan with time frames

Next session in this series:

Driving Five Star & RoP Implementation through a QAPI Approach:

SNF QAPI Fundamentals

scheduled for February 15, 2017

Please register to join us through your state association.

Questions

PROACTIVE MEDICAL REVIEW

Thank you for joining us !

Ask questions using the options on the right of your screen to either "raise your hand" for your phone line to be unmuted OR type your question

Please follow your state association guidance for obtaining CE credit. Inquiries related to certificates should be directed to the association with which you registered for this webinar.

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Proactive partners with providers for regulatory compliance, training, & medical review solutions.

ROOT CAUSE ANALYSIS FOR BEHAVIOR MANAGEMENT

Resident Name: _____ Date of Review: _____

Date of Behavior: _____ Time Occurred: _____ Day of the week occured: _____

Location where behavior occurred: _____

Details of behavior occurrence: _____

_____

_____

Contributing Factors			**If YES, what contributed to this factor being an issue?**	**Non-pharmacological Interventions Implemented**
Internal Causative Factors	**YES**	**NO**	***Describe why this factor was an issue***	***If applicable, indicate non-pharmacological interventions attempted and results***
1. Is/was the resident in pain or discomfort?				
2. Is/was the resident hungry or thirsty?				
3. Did the resident have to go to the bathroom?				
4. Is/was the resident cold, scared, or anxious?				
5. Is/was the resident lonely/bored?				
6. Has there been a recent change in resident medical condition?				
7. In last 2 weeks, has the resident been started on a new medication or had change in dosage?				
8. Does the resident have Dementia/ Cognitive Deficits?				
9. Does the resident have underlying Psychiatric diagnosis?				
10. Is this a repeating problem or is there a pattern identified?				
11. Other:				

External Causative Factors	YES	NO	*Describe why this factor was an issue*	*If applicable, indicate non-pharmacological interventions attempted and results*
1. Was the environment noisy, dark, loud, or crowded?				
2. Did the behavior occur while trying to provide personal care?				
3. Has there been a change in caregivers/staff caring for this resident?				
4. Is there a specific staff member, family member or resident that tends to trigger this behavior?				
5. Was there new staff or a new resident involved?				
6. Were the staff assigned to this unit appropriately and adequately trained to manage behaviors?				
7. Has the behavior occurred before in this same location?				
8. Was staff approach appropriate/respectful to resident?				

Summary of Root Cause Analysis:

_____

_____

_____

Suggested Interventions:

_____

_____

_____

Team Members Participating in Behavior Review & Analysis:

_____

_____

_____

Signature/Credentials of Person Completing Form: _____ Date: _____

Sample Policy and Procedure: Lost or Damaged Dentures

Policy Statement

It is the policy of this facility to ensure that residents found to have lost or damaged dentures while in the facility receive an adequate replacement, along with prompt dental services as outlined below.

Procedure

1. Dentures/partials and all removable oral appliances must be logged in upon admission on the resident inventory sheet, with specifications as to the type of appliance and upper, lower designation.

2. The Charge Nurse will ensure that the resident is provided with a denture cup or protective container for storage and cleaning, and will oversee that items are stored properly and that the resident is educated on proper storage.

3. The Charge Nurse notes the presence of dentures/partials and removable oral dental work on the nursing assessment upon a discharge from the facility (such as to hospital), and upon any re-admission to the facility.

4. Staff/family must notify the Charge Nurse and the Social Services Director/Designee immediately of any missing or damaged dental appliance. An investigation into how item/s were lost or damaged will be initiated promptly. The Charge Nurse will also notify the Resident Representative if applicable.

5. The facility will not be held responsible unless the loss or damage of dentures is determined to be the result of negligence on the part of the facility, or if loss and/or damage occurs when the resident has provided dentures to the facility for safekeeping. Examples of situations where the facility will accept responsibility for the loss or damage of resident dentures include:
    a) Loss or damage determined to be a result of facility misplacement or mishandling
    b) Facility determined that a staff member was involved in the damaging or loss of dentures
    c) Loss or damage determined to be a result of negligence in the care or storage of dentures by facility staff

6. Within 3 days following confirmation of lost or damaged dentures/partials or other removable dental work, the Social Services Director/Designee must make a referral for appropriate dental services for repair and/or replacement.

7. If a dental consult is not completed within 3 days following the report of lost/damaged dentures, the facility will perform an assessment to ensure that the resident is able to eat and drink in an adequate and safe manner while awaiting dental services, and what circumstances led to the delay. The assessment will be documented in the resident's medical record.

8. The facility is to arrange and ensure that any and all appointments related to the loss/damage of dentures are not charged to the resident if it is deemed that the facility is responsible for the loss or damage of the dentures.

9. The Social Services Director/Designee will maintain contact with dental services, the resident, and/or the resident's representative until the problem is resolved, and the dentures are replaced. Documentation must reflect this communication and the verification that the resident is able to eat and drink adequately in the interim.

10. Once replacement dentures are obtained, they are again marked on the inventory sheet as described in Step 1 above and noted in the chart by the Social Services Director/Designee.

Lost or Damaged Dentures Tracking Log Year: _____

Resident Name	REPORTED		Report Date	Dental Referral Date	Date of Dental Appointment	Assessment Date	Results of Investigation	Investigation determination: Is Facility Responsible for Loss/Damage?		Date Replacement Dentures Obtained
	LOST	DAMAGED						YES	NO	

Directions for completion:

- Check each item in Column A that applies, if the risk factor is present based on observation or evidence verified by others.
- In Column B, rank each of the risk prevention factors on a scale of 1 to 5 by degree of risk. The ratings are as follows:
    5. Strongly agree
    4 Agree
    3 Neither agree nor disagree
    2. Disagree
    1. Strongly disagree

Once you have completed the inventory, determine where the risks are most acute and any patterns that exist.

Where areas of concerns are identified, action plans should be implemented to decrease the risk for infections.

Infection Control Assessment Tool

A (√)	B (1-5)	FACILITY RISK FACTORS Risk Factor #1: Infection Control Program
		Facility has a specified person who is responsible for coordinating the Infection Control Program
		The person responsible for coordinating the infection prevention program has received training in infection control (such as participation in courses organized by the state or recognized professional societies).
		The facility has a process for reviewing infection surveillance data and infection prevention activities (e.g., Infection Control Committee, presentation at QAPI meeting)
		Infection control policy and procedures are based on evidence-based guidelines, regulations, or standards and are tailored to the facility and extend beyond OSHA bloodborne pathogen training and the CMS State Operations Manual requirements
		Infection control policies and procedures are reviewed at least annually and updated if appropriate
		Facility has a written plan for emergency preparedness (pandemic influenza or natural disaster)
A (√)	**B (1-5)**	**FACILITY RISK PREVENTION FACTORS Risk Factor #2: Healthcare Personnel and Resident Safety**
		Facility has work-exclusion policies concerning avoiding contact with residents when staff have potentially transmissible conditions which do not penalize with loss of wages, benefits, or job status
		Facility educates staff on prompt reporting of signs/symptoms of a potentially transmissible illness to a supervisor
		Facility conducts baseline Tuberculosis (TB) screening for all new staff
		Facility has a policy to assess healthcare staff's risk for TB and requires periodic (at least annual) TB screening if indicated

		Facility offers Hepatitis B vaccination to all staff who may be exposed to blood or body fluids as part of their job duties
		Facility offers all staff the influenza vaccination annually
		Facility maintains written records of staff influenza vaccination form the most recent influenza season
		Facility has an exposure control plan which addresses job specific hazards
		All staff receive training and competency validation on managing blood-borne pathogen exposure upon hire and annually
		Facility has a written policy for assessing resident risk for TB and providing screening to residents on admission
		Facility documents resident immunization status for pneumococcal vaccination at time of admission
		Facility offers annual influenza vaccination to residents
A (√)	**B (1-5)**	**FACILITY RISK PREVENTION FACTORS** **Risk Factor #3: Surveillance and Disease Reporting**
		Facility has written intake procedures to identify potentially infectious persons at the time of admission (e.g. Documenting recent antibiotic use, history of infections or colonization with C-diff or antibiotic-resistant organisms)
		Facility has system for notification of infection prevention coordinator when antibiotic-resistant organisms or C-diff are reported by clinical laboratory
		Facility has a written surveillance plan outlining the activities for monitoring/tracking infections occurring in residents
		Facility has a system to follow-up on clinical information (e.g. labs, procedure results, diagnoses), when residents are transferred to hospitals for management of suspected infections
		Facility has a written plan for outbreak response which includes a definition, procedures for surveillance and containment, and a list of conditions or pathogens for which monitoring is performed
		Facility has a current list of diseases reportable to public health authorities
		Facility can provide point of contacts at the local or state health department for assistance with outbreak response
A (√)	**B (1-5)**	**FACILITY RISK PREVENTION FACTORS** **Risk Factor #4: Hand Hygiene**
		Facility hand hygiene (HH) policies promote preferential use of alcohol-based hand rub over soap and water except when hands are visibly soiled (e.g., blood, body fluids) or after caring for a resident with known or suspected C.diff or norovirus
		All staff receive training and competency validation on HH upon hire and annually
		Facility audits (monitors and documents) adherence to HH
		Supplies necessary for adherence to HH are readily accessible in resident care areas
A (√)	**B (1-5)**	**FACILITY RISK PREVENTION FACTORS** **Risk Factor #5: Personal Protective Equipment (PPE)**
		Facility has a policy on Standard Precautions which includes selection and use of PPE (e.g., indications, donning/doffing procedures)

		Facility has policy on Transmission-Based Precautions that includes the clinical conditions for which specific PPE should be used (e.g., C.diff, Influenza)
		Staff receive job-specific training and competency validation on proper use of PPE upon hire and annually
		Facility audits (monitors and documents) adherence to PPE use
		Facility provides feedback to staff regarding their PPE use
		Supplies necessary for adherence to proper PPE use (e.g., gowns, gloves, masks) are readily accessible in resident care areas
A (√)	**B (1-5)**	**FACILITY RISK PREVENTION FACTORS** **Risk Factor #6: Respiratory Hygiene/Cough Etiquette**
		Facility has signs posted at entrances with instructions to individuals with symptoms of respiratory infection to: cover their mouth/nose when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after contact with respiratory secretions
		Facility provides resources for performing hand hygiene near entrance and common areas
		Facility offers facemasks to coughing residents and symptomatic visitors upon entry to the facility
		Facility educates family and visitors to notify staff and take appropriate precautions if they are having symptoms of respiratory illness during their visit
		All staff receive education on the importance of infection prevention measures to contain respiratory secretions to prevent the spread of respiratory pathogens
A (√)	**B (1-5)**	**FACILITY RISK FACTORS** **Risk Factor #7: Antibiotic Stewardship**
		Facility can demonstrate leadership support for efforts to improve antibiotic use
		Facility has identified individuals accountable for leading antibiotic stewardship activities
		Facility has access to individuals with antibiotic prescribing expertise (e.g., Pharmacist or trained MD)
		Facility has written policies on antibiotic prescribing
		Facility has implemented practices in place to improve antibiotic use
		Facility has a report summarizing antibiotic use from pharmacy data created within last quarter
		Facility has report summarizing antibiotic resistance (i.e., antibiogram) from the laboratory created within the past 24 months
		Facility provides clinical prescribers with feedback about their antibiotic prescribing practices
		Facility has provided training on antibiotic use (stewardship) to all nursing staff within the last 12 months
		Facility has provided training on antibiotic use (stewardship) to all clinical providers within the last 12 months
A (√)	**B (1-5)**	**FACILITY RISK FACTORS** **Risk Factor #8: Injection Safety and Blood Glucose Monitoring**
		Facility has a policy on injection safety which includes protocols for performing finger sticks and point of care testing (e.g., assisted blood glucose monitoring, or AMBG).

		Staff who perform finger stick blood glucose testing receive training and competency validation on injection safety procedures upon hire and annually
		Facility audits (monitors and documents) adherence to injection safety procedures during blood glucose testing
		Facility provides feedback to personnel regarding their adherence to injection safety procedures during blood glucose testing
		Supplies necessary for adherence to safe injection practices (e.g., single-use, auto-disabling lancets, sharps containers) are readily accessible in resident care areas (i.e., nursing units).
		Facility has policies and procedures to track personnel access to controlled substances to prevent narcotics theft/drug diversion.
A (√)	**B (1-5)**	**FACILITY RISK FACTORS Risk Factor #9: Environmental Cleaning**
		Facility has written cleaning/disinfection policies which include routine and terminal cleaning and disinfection of resident rooms.
		Facility has written cleaning/disinfection policies which include routine and terminal cleaning and disinfection of rooms of residents on contact precautions (e.g., C. diff)
		Facility has written cleaning/disinfection policies which include cleaning and disinfection of high-touch surfaces in common areas.
		The facility cleaning/disinfection policies include handling of equipment shared among residents (e.g., blood pressure cuffs, rehab therapy equipment, etc.).
		Facility has policies and procedures to ensure that reusable medical devices (e.g., blood glucose meters, wound care equipment, podiatry equipment, dental equipment) are cleaned and reprocessed appropriately prior to use on another patient
		Staff receive job-specific training and competency validation on cleaning and disinfection procedures upon hire and annually
		Facility audits (monitors and documents) quality of cleaning and disinfection procedures
		Facility provides feedback to personnel regarding the quality of cleaning and disinfection procedures
		Supplies necessary for appropriate cleaning and disinfection procedures (e.g., EPA-registered, including products labeled as effective against *C.difficile* and Norovirus) are available
A (√)	**B (1-5)**	**FACILTIY RISK FACTORS Risk Factor #11: Direct Care Observations**
		Hand Hygiene
		Blood Glucose Monitoring
		Dressing Changes
		Meal Service Delivery
		Incontinence Care
		Isolation Precautions
		Catheter Care

CHECKLIST SCORING

- For each Risk Category, count the number of responses in Column B with each rating score to identify the facility risk level.
- Scores of **mostly 1s and 2s (or few 4s and 5s) indicates a high risk areas.**

RISK CATEGORY	SCORE	RISK LEVEL	Total Points
#1 : Infection Control Program	1 ____ 2 ____ 3 ____ 4 ____ 5 ____	**(A high number of 1s & 2s (or few 4 & 5s) indicate a high risk to resident safety)**	**/30**
#2: Health Care Personnel and Resident Safety	1 ____ 2 ____ 3 ____ 4 ____ 5 ____	**(A high number of 1s & 2s (or few 4 & 5s) indicate a high risk to resident safety)**	**/60**
#3: Surveillance and Disease Reporting	1 ____ 2 ____ 3 ____ 4 ____ 5 ____	**(A high number of 1s & 2s (or few 4 & 5s) indicate a high risk to resident safety)**	**/35**
#4: Hand Hygiene	1 ____ 2 ____ 3 ____ 4 ____ 5 ____	**(A high number of 1s & 2s (or few 4 & 5s) indicate a high risk to resident safety)**	**/20**
#5: Personal Protective Equipment (PPE)	1 ____ 2 ____ 3 ____ 4 ____ 5 ____	**(A high number of 1s & 2s (or few 4 & 5s) indicate a high risk to resident safety)**	**/30**
#6: Respiratory Hygiene/ Cough Etiquette	1 ____ 2 ____ 3 ____ 4 ____ 5 ____	**(A high number of 1s & 2s (or few 4 & 5s) indicate a high risk to resident safety)**	**/25**
#7: Antibiotic Stewardship	1 ____ 2 ____ 3 ____ 4 ____ 5 ____	**(A high number of 1s & 2s (or few 4 & 5s) indicate a high risk to resident safety)**	**/50**
#8: Injection Safety and Blood Glucose Monitoring	1 ____ 2 ____ 3 ____ 4 ____	**(A high number of 1s & 2s (or few 4 & 5s) indicate a high risk to resident safety)**	**/30**

	5		
#9: Environmental Cleaning	1 2 3 4 5	**(A high number of 1s & 2s (or few 4 & 5s) indicate a high risk to resident safety)**	**/45**
#10: Direct Care Observations	1 2 3 4 5	**(A high number of 1s & 2s (or few 4 & 5s) indicate a high risk to resident safety)**	**/35**

Reference: CDC Infection Control Assessment Tool for Long-Term Care Facilities, Version 1.2 (November 2015)