

Jump Start Your Infection Control Program

Webinar Transcript

Krista Davis: Good afternoon and welcome to today's webinar, Jump Start Your Infection Control Program. My name is Krista Davis and I'm a communication specialist at Quality Insights and your host for today's presentation. We'll get started in just a few moments, but first a few housekeeping items. All participants enter today's webinar in a listen only mode. So if you have a question or a comment during today's call, we ask that you please type it into either the chat or the Q&A box on the right side of your screen. If you are unable to locate your chat box, hover over the bottom of your screen and click the circle with the speech bubble. At the end of today's program, you'll be asked to complete a short evaluation. This evaluation will help tell us how we did during this program and how we can help you during this challenging time. And now I'd like to turn the program over to Quality Insights' nursing home quality improvement project lead Penny Imes. Penny?

Penny Imes: Thank you Krista. And I would like to give a mention to my other team members, Patty Austin and Kristin Carson, who are also on the webinar today. First, we'd like to thank everyone for taking the time to join us, as we all know that time is even more valuable these days than usual. I was going to preface this education session today with a reminder of how guidance can rapidly change even on what seems like a daily basis, and lo and behold, we got updated CMS guidance today regarding the focused survey. Fortunately, I'm going to be able to share my desktop and show you the actual survey, so we'll be able to take a look at the updated survey together today. And we do realize that many of you are at different stages in this pandemic cycle. Some of you may have COVID-19 positive residents and staff, and you're dealing with staff shortages that are just about all you can deal with right now. Some of you may have COVID positive residents and staff, but you feel like it's under control. And then some of you do not have COVID positive residents or staff in your facilities right now.

Penny Imes: So in an effort to meet all of your needs, I'm going to give a brief overview of the nursing home focused survey as a self-assessment tool, and we do encourage everyone to complete this self-assessment checklist so that you are prepared for those IJ level and those infection controlled focused surveys that are going to continue. But I recommend this has a minimal infection control assessment. So I will be talking about another more in depth tool that might be better suited to those of you who you're not dealing with COVID at this time and maybe you're ready to move on to a more in depth look at your infection control process. So the focused survey came out of a need to prioritize what

could be done in nursing homes during the pandemic. And this CMS guidance came out on March 23rd to inform us about this prioritization of surveys.

Penny Imes:

Routine nursing home surveys would be suspended for a period of time and conducted only by those IJ level complaints or reported incidents, and for targeted infection control surveys. The actual survey was shared within this memo to all providers with the recommendation that it could be used as a self-assessment tool of your facilities' plans and protections. The new guidance that came out today, and I'm sorry I didn't get it on this slide yet, but it is memo QSO-20-29 and goes into effect tomorrow, May 8th, includes the updated survey that contains information regarding the COVID-19 reporting to families and to the NHSN CDC module, and then it also states that IJ level and targeted infection control surveys are what will be continuing for now. And again, the recommendation in the new guidance is made that facilities use this survey as a self-assessment checklist to make sure that they are prepared for these surveys.

Penny Imes:

So I'm now going to pull up the actual survey so that we will be able to see it. There we go. This is the updated survey that came out with the guidance today and as you'll see at the very beginning there were actually... If you have looked at the self-assessment checklist before this, I'm hoping that most of you have, you'll see with the updated survey they have added additional tags beyond the F 880. There will be the CMS federal surveyor tag 884 and then F 885. The whole area, this blue box, explains how this will be used as a survey tool by the Department of Health and CMS and talks about the critical elements that are associated with it, what the surveyors will be looking for, and as you can see here in red, this is... Everything highlighted in red was added for this new updated survey. And the critical element 8, which we'll be looking at is only going to be under consideration for the CMS federal survey staff.

Penny Imes:

So moving on. Everything that's in the survey that I'm showing you that is not in red is what was included in that original March 23rd memo that came out, and a lot of what's in this focused survey, the self-assessment, are those things that really should have been part of an infection control program to begin with. So the areas that address what you should have had in place for hand hygiene, standard precautions, that's not anything new. That's something that we all should have been doing anyway. This survey also included additional information on COVID-19 that you needed to be aware of, and then the survey that we're looking at now, the new updated survey that's starting into effect tomorrow, the red areas are the new areas that were highlighted that, again, add more information.

Penny Imes:

So when you're going down through using this as a checklist, there had been seven main topic areas, there are now nine, so the first would be your standard in transmission based precautions and that would include general standard precautions that should be in place, what you need for that, what you need to look at for your hand hygiene, your PPE, and also transmission based precautions. Now you'll see in here there is a whole section that does address

known or suspected COVID-19 as it relates to transmission based precautions. And I do want to note, as we saw on the first page, that CMS is very aware of the issues with PPE that are occurring in facilities right now.

Penny Imes:

So I would encourage everyone to make sure though that you are following through on how you need to mitigate the problems that you're having if you are having problems with getting PPE that you need. You want to make sure that you are... I know in Pennsylvania with local emergency management services, your county services, you want to reach out to them, they have a needs form that you can complete and that they will then send on to the state. And I had a call with somebody from the Department of Health office of epidemiology earlier in the week and they are prioritizing and making sure that at a state level they are getting that PPE out to you as soon as they possibly can. And then there was also call I was on earlier today where FEMA has those PPE packages, that seven day supply, that they are now starting to ship out to all nursing homes in all states and then there'll be a second shipment in June. So this is just an additional supply of what you already have. But anything that you can get is helpful. So there is some good news. They are working on trying to get the PPE out to everybody.

Penny Imes:

So the resident care... And like I said, you're not going to be flagged for not having the PPE if you're able to show that you've done everything that you possibly can to try to get the PPE that you need for those transmission based precautions. And then there's resident care, and this is something that's relatively new for infection control because it has the information in there about restricting residents, restricting visits, restricting group activities, and all of those things that we've had to do as a result of COVID-19, so you'll want to make sure that you are going through these and making sure that you have all of these things in place. Something that I think is really important to point out is the one... Making sure that you are looking at how are you going to transport those residents who need to leave the facility for care for something such as dialysis. So those will be important areas to look at and to assess.

Penny Imes:

Then your policies and procedures. And then all those things you're putting into place that should be part of your policies and procedures are in here. Infection surveillance, the routine infections that you've always had to track, those outbreaks, everything that you did already, and then adding in all these things that are related to COVID-19, so they're all outlined here. Then number five, again, something a little bit different in this day and age is that visitor entry. Now you have to have criteria to restrict, you have to do a screening process, there have to be signs placed. So you'll want to make sure that you go down through and assess all of these areas and make sure that you're following what's on this self-assessment.

Penny Imes:

Education, monitoring, and screening of staff. Education was always something that was part of an effective infection control program. But now there's the COVID. You have to educate staff on what are the symptoms and how are you

conveying updates to your staff, the communication that you're having with them. And also on the CDC website, which, make sure that you write down www.cdc.gov if you don't already have it written somewhere, because this is where the training modules are for reporting COVID into NHSN. This is where you can get guidance specific to long term care facilities on infections. Again, here you'll see that a health care professional return to work guidance. So cdc.gov is also a very important website to know.

Penny Imes:

Now here you'll see in red is what is new as of the guidance that came out today. And this has to do with the reporting to residence representatives and families, and it goes down through all the steps that you need to be aware of and to be taking. And I do know that the guidance that came out, the memo, which I've read through, but of course I'm going to have to read a little bit more to make sure I'm really familiar with what's in there. But one of the things that I did see is there is a section in there that does talk about this reporting to residents, families, their representatives. And it does talk about different ways to meet this notification, that it doesn't necessarily mean pick up the phone and call every individual. Please look for the memo. We have everything on our website. It will be on our resources page that will later on in the presentation. And it has all of these, the new survey, the information that you need plus also frequently asked questions at the end of it.

Penny Imes:

So you'll definitely want to make sure that you pull this updated survey. Even if you use this as a self-assessment already, get the new one, make sure that you're going over section seven and eight if you haven't done it already. And then section eight talks about that COVID-19 module reporting into NHSN. And that is another area where I just want to say that in the frequently asked questions in the new memo, it does talk about this reporting and the reporting is to begin, but they do understand, CMS and CDC is well aware that not all facilities have been able to get enrolled into the NHSN network at this time. So within this memo there is information on the two week grace period that they're giving for facilities to get enrolled, and that is through 11:59 PM on May 24th, but I do want to recommend that you get started with the process of enrolling as soon as possible, because even if you do have issues or you have to wait a little bit, the sooner you get started the sooner those issues will get resolved and you'll get in there and be able to start reporting. Again, the CDC website has all this information on also.

Penny Imes:

And then they are going to... there is further guidance on if you're not in their reporting by May 31st there's going to be a warning letter, and if you're not reporting by June 7th there will definitely be penalties imposed. So I would recommend that you work on getting enrolled into NHSN for this reporting as soon as possible. And then of course the emergency preparedness. Prior to this, emergency preparedness, we always thought about floods, hurricanes, tornadoes, that sort of thing. And now pandemic. Emergencies such as COVID-19 are part of what you need to be thinking about for your infection prevention program. Then for our purposes today, there is a summary, and again this is on

our resource blank for you, our resource page, a direct link. This the summary page shows what the survey activity will be offsite and onsite. But what I'm going to be talking to today is this facility self-assessment, where we now have the nine focus areas and once you complete the survey, how do you make that part of your infection control program.

Penny Imes:

So now I'm going to go back to the presentation and talk a little bit about using the infection control process as part of your QAPI program. So you will want to definitely... When you're ready to complete the survey, this is where you want to identify a champion for the tool. So this would be the person who is going to be responsible for making sure that the assessment gets completed and it's used for QAPI. This can be your infection preventionist or it could be someone else in the facility if the IP is swamped dealing with COVID. In the summary there had been seven topic areas, that could be split maybe by having a champion for each area. Of course now they're going to be the nine areas, but if you don't have a single person who can do it, have several people who could take a focus area and make them the champion, make them responsible for assessing those areas and dividing it up. But the main thing with your QI process is making sure that someone is assigned responsibility and given a completion date for the self-assessment. And then your QAPI team is also going to want to think about how are you going to measure that for completion? Will it be through audit, observation, or another method? '.

Penny Imes:

Then, once you've completed the self-assessment, your next step is going to be to identify those areas that are not being addressed as they should be or need more work, and this is where then you'll do the quick root cause analysis. You'll pull together the people who are part of that area that needs additional attention. They'll do the quick root cause analysis, and based on the root cause or root causes, they'll decide on the best intervention to test using the plan-do-study-act cycle, and then you'll want to make sure that you're communicating with your staff what you're doing with that, testing that intervention. And then any subsequent change that you make as a result of the intervention, you want to make sure you communicate that to staff also. And then your final step with the QAPI process is to sustain the change by making sure that you build it into your policies, procedures, work schedules and that you have a system for ongoing monitoring.

Penny Imes:

And all of this is a very quick outline of an effective QI process. And if your team does need assistance with understanding or implementing any part of the process, that's what we are here for, to assist you and or provide resources. Now, I did mention before the additional tool, that if you're not in the middle of a crisis and you've completed this minimal self-assessment tool to prepare you for surveys and you are ready to look at something a little more in depth to make sure that your infection prevention program has all the pieces that it needs. The infection prevention control and assessment tool, and some of you may know this has the I-CAR tool. It's much more comprehensive. It has nine domains that look at the ongoing infection control and prevention program, and

what I really like about it is that it does include those direct observation worksheets that do help you to complete the assessment. Again, you would use the same QI process that we outlined earlier with areas identified as a need and then we would be available to assist our participating members with this process moving forward.

Penny Imes:

This is the resource page that I talked about with all the tools that we have. Links, these are all on our Quality Insights coronavirus website page. There's a page, coronavirus for nursing homes, and it has all of these tools. We make sure that any resources or news, updated guidance from CMS is directly on that website for you. So last but not least, I do want to tell you, I'm going to be asking you to either enter into the Q&A's or the chat function. For the chat function, if you use chat, the default might be to go to our host or the panelists. So in the to box, if you open up chat and you enter your chat message and you see above that the to message, there's a dropdown box. Make sure that you scroll down and click on all participants. Sorry about that. All participants, because then that will make sure that what you're chatting in goes to everybody so that everybody can see it. So right now we're moving into the Q&A section, and I see we do still have some additional time, which is good. So we're going to answer any questions that you have, or again, feel free to contact us later if you think of questions later, and we'll try to get those answered and back to everybody.

Penny Imes:

But for the chat, for those who don't have questions, I want to ask you right now, we want to make sure that we're making the best use of your time, and moving forward we have ideas for education that we want to provide for you, but we would really like to make sure that what we have in mind is also those areas that you actually need assistance or education with related to the focused survey assessment, QAPI. So if you would like to chat in, what else would you like education on? Would it be information on PPE use, on maybe a review of the burn rate calculator that's available. Maybe you need ideas on staff education or information for emergency preparedness. Anything that we can provide for you that would be the best use of our time with you. Or perhaps there are other topics that you might need us to focus on besides infection control, because the updated guidance for QAPI is to allow you to narrow your focus and efforts to infection control and adverse events. So maybe there are things like resident falls, medication errors that need to be addressed, because we know life still goes on in the nursing home outside infection control.

Penny Imes:

So anything that we can do for you, we want to make sure that we are providing that. And yes, the PowerPoint, the slides are going to be available, sent out to everybody .and I also want to make a request, and we will be reaching out to our participating members by email, but we'd like to request, if there are any infection professionals, infection preventionists in our participating in nursing homes who might be willing to speak for 5 or 10 minutes on some best practices that you've put into place, we would really like you to contact us and let us

know so that we could use your expertise. So Krista, I'm going to turn it back to you to see what questions we might have.

Krista Davis: Thanks Penny. And our first question is regarding the FEMA PPE packages you mentioned earlier. The question is whether that is an automatic process or does a facility need to actually request those?

Penny Imes: No, I believe that that's an automatic process and that's the state emergency management systems... That's where your needs go into the local, goes to the state, and then that goes to FEMA. So I believe that is automatic.

Krista Davis: Thank you. We are waiting for any additional questions. There is a question regarding the recording of the webinar. We are recording this program, so that will be made available.

Penny Imes: And like I said, for chat, if you want to chime in, any other education that we could provide for you that you really need. We're willing to do that, these 30 minute huddles. We will be cognizant of your time as much as possible. We know you're getting bombarded from all areas, but sometimes it's just a lot of information quickly and maybe you just need some assistance to take it piece by piece and take a look at it. So we would be more than happy to help you with that. Again, Krista, I'm going to check for any other questions that we might have.

Krista Davis: Yeah, we do have another question. Someone is having trouble with the burn rate calculator, getting the information put in every morning. Does it have to be done at a certain time, is the question.

Penny Imes: I'm going to actually ask. Let me ask Patty if she knows. I'm not positive. Patty, do you have an answer to that question?

Patty Austin: Sorry, just had to get myself off of mute. I don't believe that there is specific guidance that I have seen related to a time that that needs to be done. What I would say though is what's probably most important is that you do it at a consistent time in your day. You wouldn't want to do it randomly because then you're not going to have the most accurate information. So I believe that if you choose a specific time and keep with that time, things would be okay. I will do a little bit of research to make sure that I didn't overlook guidance related to timing, but I don't believe that I have.

Krista Davis: Thank you Patty. And I do see that someone has chatted in, are there any good resources for bullet point, evidence-based measures for staff education? Thank you for that question and we will look for that and make sure that we get it out to you. Our next question is, what methods are being used to educate staff whereby in person gatherings are difficult with social distancing and so forth.

Penny Imes: Can you repeat that?

Krista Davis: Sure. The question is what methods are being used to educate staff since current methods with large gatherings are difficult with social distancing.

Penny Imes: We ourselves use webinars, GoToMeeting, conference calls. We can also provide you with... Again as Brina asked for, some of those bullet point evidence-based measures for staff education. Some of that staff education that we could provide resources for you. Patty do you have anything to add?

Patty Austin: What I will share is some of the things that some of you are doing that you've shared with me. One of my favorite things to do is to pass along what I'm hearing from all of you, and there are some pretty creative ideas going on out there. I know a facility who has set up a private Facebook group and they share information on within that Facebook group. So social media is being used, of course in closed private forums. I know of a facility who has set up an education and information center, and when you go and you pick up the printed material that's at the center, you're only allowed access to that one at a time. And when you pick up your thing, there's some small treat there for you to pick up along with the printed material. I believe you have to sign off that you received it as well. I think that as a group we're just being creative and figuring out how to touch as many people as possible without getting everybody together in the conference room or in the lounge. And it can be a challenge, so please feel free to share anything creative that you're doing so that we can pass those ideas on as well.

Penny Imes: Again, that request that we made for anyone who would be willing to speak on any of these huddles that we have, we'd be more than glad to hear those strategies that you're using. Always very helpful. Any other questions? I see we're getting close to the end of our time, Krista.

Krista Davis: Yeah, we do have a couple of questions but we are unfortunately out of time so I'm sure we can address those questions individually via email. We do have a log of the questions, so if you have asked a question and we have not had time to get to it yet, fear not, we will certainly address those following the conclusion of the program.

Penny Imes: Okay. And we'd like to thank everybody. Again, there will be the evaluation at the end of this, so please make sure that you complete it. That's a help to all of us, and thank you so much for your time and for everything that you're all doing. We do appreciate it.