CMS Regulation – 81 FR 6868 AKA “CMS Mega Rule”

Requires long term care facilities to develop an Infection Prevention and Control Program (IPCP) that includes an Antibiotic Stewardship Program.

- Redesignation of Infection Prevention & Control §483.65 to §483.80 – Infection control
- F 880 rather than F 441
- New F 881 Antibiotic Stewardship Program (ASP)
- Infection Prevention and Control (IPCP)

https://www.federalregister.gov/documents/2016/10/04/2016-23503/
medicare-and-medicaid-programs-reform-of-requirements-for-long-term-care-facilities
§483.80 (a)(2)

- Written standard, polices and procedures for the program and include at a minimum:

  (i) A system of surveillance designed to identify communicable disease or infections before spreading...

  (ii) When and to whom possible incidence of communicable disease or infections should be reported;

https://www.federalregister.gov/documents/2016/10/04/2016-23503/
medicare-and-medicaid-programs-reform-of-requirements-for-long-term-care-facilities
(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.

http://www.cdc.gov/handhygiene/providers/index.html
Use the Same Form as the Surveyors

See **LTC Survey Pathways**

**Infection Prevention, Control & Immunizations**

This is an **UPDATED** version of CMS-20054 (5/2017)

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

Review the specific questionnaire/observational checklist used by surveyors
How to use the Surveyor Critical Elements Pathways (CEP)

- Read and Review each Pathway

- **Attach to the facility’s relevant P&Ps**
  - Connect dots between SNF processes and federal regulations

- **Incorporate CEPs in staff training and competencies:**
  - Nurse leaders, front line nurse, MDS, QI, & IP
  - *Use the QAPI process* to determine gaps in P&Ps
  - Monthly training theme based on CEPs

- **Ensure each SNF nurse reviews surveyor CEPs**
  - It’s like the Cliff Notes version of the survey process
  - Educate CNAs, Laundry & EVS staff on relevant sections

Adapted from Amy Franklin, RN Curriculum Development Specialist, AADNS – Ask The Nursing Expert
How Are You Assessing, Monitoring, and Documenting Hand Hygiene?

Use the Hand Hygiene Assessment Checklist free from the National Nursing Home Quality Improvement Campaign

https://www.nhqualitycampaign.org/files/HandHygiene_Assessment.pdf
Important: Choose your Evidence-based Criteria

The Facility’s IPCP must be based on the Facility Assessment & national standards

Recommended from Appendix PP:

CDC/SHEA Position Statement: Surveillance Definitions of Infections in Long-Term Care Facilities: Revisiting the McGeer Criteria

SHEA/APIC Guideline: infection prevention and control in the long-term care facility

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**McGeer**
- McGeer/Stone – already incorporated into AHRQ’s “SBAR for suspected UTI”
- Developed for Surveillance

**Loeb**
- Developed to establish a clinical diagnosis of infection of LTC residents
- Minimum criteria to initiate antibiotics
What were commonly identified issues across SNFs?

• No hand hygiene audits performed

• No hand hygiene observed with active *C. diff* residents

• Residents not offered hand hygiene product before meals

• No hand hygiene before or after donning gloves
The facility did NOT audit (monitor & document) Hand Hygiene adherence and provide feedback among:

- Nursing: RNs, LPN, and CNAs
- Therapy: PT, OT, Speech
- Clinical: MDs, NPs, PAs
- Dietary including food-preparers
- Environmental services personnel
- Contract: Lab, Dialysis, Respiratory
No Alcohol-based hand rub (ABHR) was readily accessible and placed in appropriate locations:

- Entrance to Facility
- Entrance to Dining Hall
- Staff work stations
- Inside/Outside Resident Rooms
Finding: No Written Policy/Implementation

Facility has no written and implemented RESIDENT Hand Hygiene policy

- HH not performed immediately before meals
- HH not performed after toileting
It’s so BASIC...

Doesn’t my staff do a great job with hand hygiene ???

- Ask your IP nurse
- Review old surveys
- Walk the units
- Realize this is going to be an area of surveyor focus

• Start PLANNING  http://www.cdc.gov/handhygiene/providers/index.html
CMS has a new 2 minute Hand Hygiene Process Video for healthcare personnel

https://www.youtube.com/watch?v=orUQXS4vUxo&feature=youtube
Do You & Your Staff Know the “9 Moments” for Resident HH?

1. After using the toilet, bedpan, or commode
2. When returning to room after test or procedure
3. Before eating, drinking, taking medicine, or putting anything in your mouth
4. When hands visibly dirty
5. Before touching breaks in skin (wounds, dressing, tubes) or any care procedures (dialysis, IV meds, injections)
6. Before dialysis, contact with IV lines or other tubes
7. After coughing, sneezing, or touching nose or mouth
8. Before interacting with visitors and after they leave
9. When there is concern about whether hands are clean

Easy Demonstration

LEARNING ABOUT DIRTY HANDS

3 days

Controlled clean hands Dirty hands

Adapted from Allen, D.G., Witherspoon, E. HQI Maryland HRET HIIN State Webinar, Sept 25, 2017
Empower Residents & Families

- Promote resident and family engagement- give them permission to “speak up for clean hands”

- Residents, Resident Representatives and Visitors need to be informed about your facility’s infection control policy – hand hygiene is a great way to involve them

http://www.cdc.gov/handhygiene/patients/index.html
More Resources for Resident & Family Engagement

UNITED WE STAND videos
https://www.youtube.com/watch?v=0cgyCROiurs

Includes a family member’s perspective of infection control & hand washing

Takeaways:
• “Be a partner, not a policeman”
• Families want the tools to succeed
• Develop P&P’s with residents & families in mind
“Clean Up” with Innovative Ideas

- **Germ Killing Paint**
  “Sherwin Williams Paint Shield”

- **Handshake-Free Zone**
  developed at UCLA School of Medicine

- **Game of Stools**
  (like “Game of Thrones” C. *diff* board game)

- ‘**Look at Me**’ My Hands Are Clean Music Video
  [https://www.youtube.com/watch?v=8WEUoPo8EjE](https://www.youtube.com/watch?v=8WEUoPo8EjE)

- **Wet, Lather, Scrub, Rinse, Dry**
  T-shirts for staff

- **Mobile Apps and ID Badge Chips**
  that register hand hygiene compliance
IT HAS NEVER BEEN EASIER TO ACCESS HQI’S RESOURCE CENTER

Health Quality Innovators (HQI) recently launched a new online resource center. Now clinicians, partners and patients have easy access to a wide range of quality improvement resources at no cost.

Benefits include

1. **No log-in needed**: You can access all our tools and resources; no password or username required.

2. **Multiple ways to search**: Either type in your search term(s) or sort by topic, audience or media type.

3. **A wealth of materials covering all settings**: You will find videos, webinar recordings, tip sheets, patient education materials and more. Materials cover all settings and address a wide range of topics from quality improvement basics to strategies for engaging patients and families.