



HEALTH QUALITY INNOVATORS

MDH ICAR Series: Hand Hygiene LTC

This material was prepared by Health Quality Innovators (HQI), the Medicare Quality Innovation Network-Quality Improvement Organization for Maryland and Virginia, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. HQI|11SOW|20181113-133306

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)



F 880: Infection Control

§483.80 (a)(2)

- *Written standard, policies and procedures for the program and include at a minimum:*
 - A system of surveillance designed to identify communicable disease or infections before spreading...*
 - When and to whom possible incidence of communicable disease or infections should be reported;*



F 880: Infection Control

(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.



<http://www.cdc.gov/handhygiene/providers/index.html>

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

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>

Review the specific
questionnaire/observational
checklist used by surveyors

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:

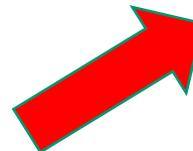
- One surveyor coordinates the facility task to review for:
 - The overall Infection Prevention and Control Program (IPCP);
 - The annual review of the IPCP policies and practices;
 - The review of the surveillance and antibiotic stewardship programs; and
 - Tracking influenza/pneumococcal immunization 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;

CMS-20054 (5/2017)

Page 1



How to use the Surveyor Critical Elements Pathways (CEP)

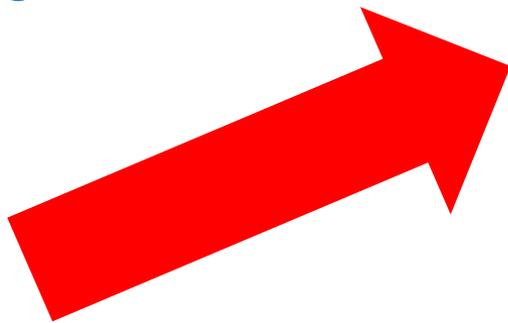
- **Read and Review each Pathway**
- **Attach to the facility's relevant P&Ps**
 - Connect dots between SNF processes and federal regulations
- **Incorporate CEPs in staff training and competencies:**
 - Nurse leaders, front line nurse, MDS, QI, & IP
 - *Use the QAPI process* to determine gaps in P&Ps
 - 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



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

Assessment of Current CDI Prevention Activities

Hand Hygiene

December 28, 2016



Background/Rationale:

- Hand hygiene is the most important way to prevent the spread of bacteria which cause infections.
- Improving healthcare personnel adherence to hand hygiene practices can reduce both infections and the spread of antibiotic-resistant bacteria.
- Although most bacteria and viruses are effectively killed by alcohol-based hand rubs or washing with soap and water, *C. difficile* spores are not killed by alcohol hand rubs or removed by hand washing. But, gloves are not a substitute for performing hand hygiene.
- Use of gloves in addition to hand hygiene is very important to prevent hand contamination from *C. difficile*.
- Hand hygiene adherence among healthcare personnel remains disappointingly low; many studies report less than half of health care personnel perform appropriate hand hygiene.
- Proper hand hygiene must be understood by all people working in a healthcare facility.
- Effective hand hygiene programs must go beyond training to identify and address barriers to hand hygiene, including availability of and satisfaction with hand hygiene products.
- Providing feedback about hand hygiene performance can raise hand hygiene awareness and promote better adherence among healthcare personnel.

Current activities survey:

SECTION 1. KNOWLEDGE AND COMPETENCY			
	YES	NO	N/A
Q1 Does your facility have an annual hand hygiene training program for all healthcare personnel?			
Q2 Can healthcare personnel describe situations when hand washing with soap and water is preferred over use of alcohol-based hand products?			
Q3 Does your nursing home assess healthcare personnel hand hygiene technique (i.e., they can do hand hygiene properly)?			
Q4 Does your nursing home assess healthcare personnel knowledge of indications for hand hygiene during resident care activities?			
Q5 Do residents and family members receive education about the importance of hand hygiene in prevention the spread of infections?			
SECTION 2. INFECTION PREVENTION POLICIES AND INFRASTRUCTURE			
	YES	NO	N/A
Q1 Does your nursing home have a written hand hygiene policy?			
Q2 Has your nursing home assessed the availability of hand hygiene products in all resident care areas?			
Q3 Has your nursing home assessed healthcare personnel satisfaction with hand hygiene products available in all resident care areas?			
Q4 Does your nursing home utilize cues to action (e.g., posters, pamphlets, resident engagement) to enhance healthcare personnel and visitors awareness and performance of appropriate hand hygiene?			
SECTION 3. MONITORING PRACTICES			
	YES	NO	N/A
Q1 Does your nursing home monitor healthcare personnel adherence to hand hygiene at regular intervals?			
Q2 Does your nursing home have a process for providing feedback to healthcare personnel about hand hygiene performance?			

* **Healthcare personnel** - All paid and unpaid persons working in the healthcare setting; **Resident care areas** - Areas in the nursing home where direct resident care is provided (for example, resident rooms, common bathing room, therapy rooms, procedure/exam rooms, etc)

This material was prepared by Teligen, National Nursing Home Quality Improvement Campaign Special Innovation Project contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 11SOW-CO-NNHQIC-10/16-030





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](#)

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

Findings: Infection Control Pilot Survey

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



Finding: Hand Hygiene Audits

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



Finding: Product Not Accessible

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



Hand Hygiene: Best Weapon. Worst Compliance

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>



Start Educating NOW

CMS has a new 2 minute Hand Hygiene Process Video for healthcare personnel

<https://www.youtube.com/watch?v=orUQXS4vUxo&feature=youtu>

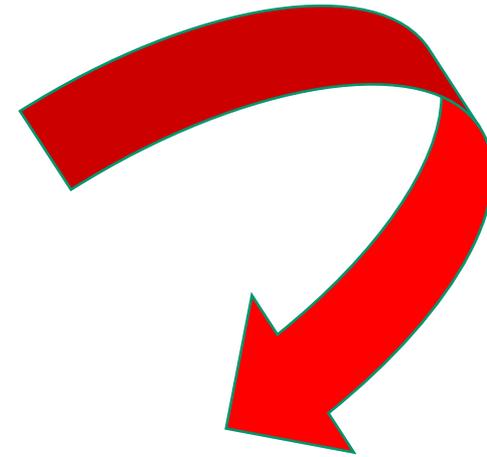


Do You & Your Staff Know the "9 Moments" for Resident HH?

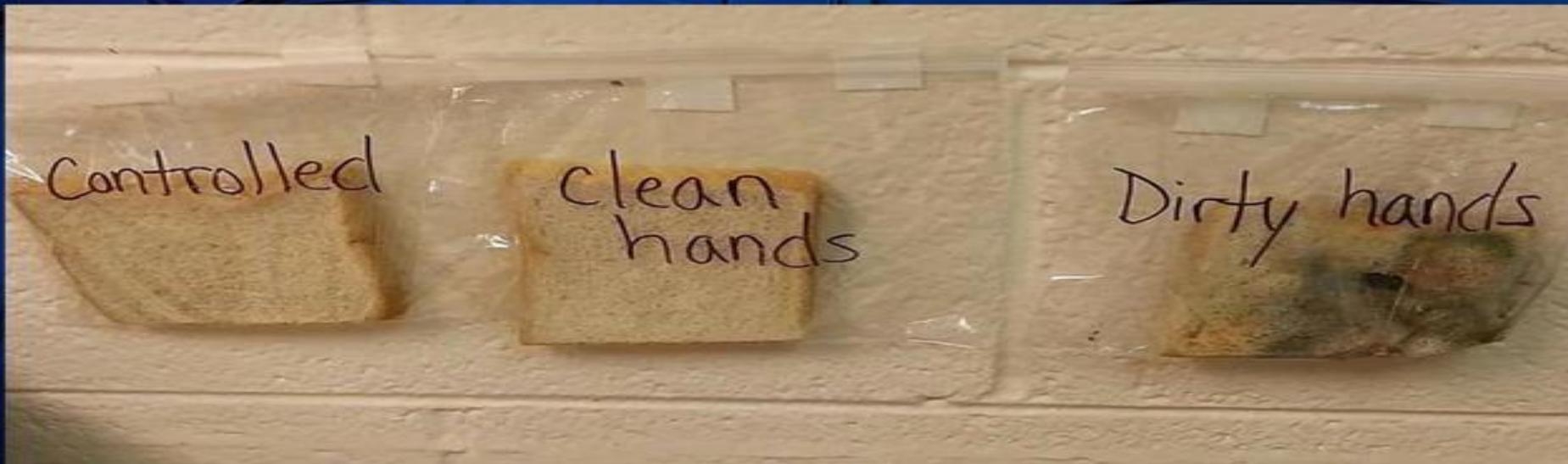
1. After using the toilet, bedpan, or commode
2. When returning to room after test or procedure
3. Before eating, drinking, taking medicine, or putting anything in your mouth
4. When hands visibly dirty
5. Before touching breaks in skin (wounds, dressing, tubes) or any care procedures (dialysis, IV meds, 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

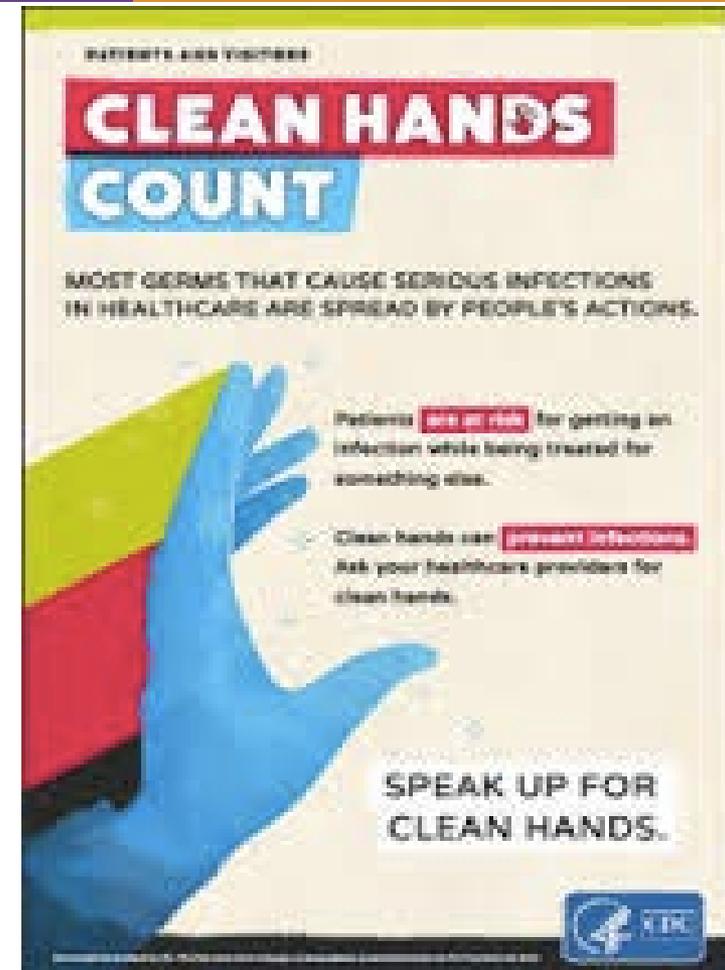


3 days



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



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

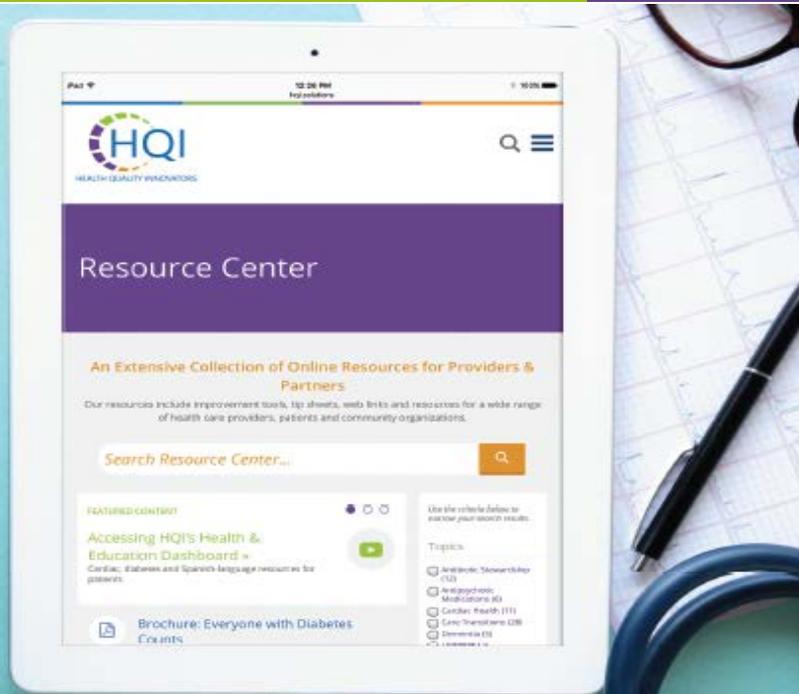
"Clean Up" with Innovative Ideas

- **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>
- **Wet, Lather, Scrub, Rinse, Dry**
T-shirts for staff
- **Mobile Apps and ID Badge Chips**
that register hand hygiene compliance



HQI RESOURCE CENTER

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PROVIDERS, PATIENTS & PARTNERS**

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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



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



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



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.