



Highlighting ACE Updates, Best Practices, Resources, Tools, and Upcoming Events

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ACE Updates

Clostridium difficile Infection Pilot Update

Thanks to all of the pilot nursing homes who are entering data to determine the CDI rates in South Carolina and at the national level. Each month, facilities enter data directly into the CDC's National Health Safety Network website reflecting the CDI cases that were laboratory-identified at their facility, and the number of admissions they received already on CDI therapy. The participating homes represent all areas of the state.

Next month, the official data collection for baseline CDI estimates will begin at the CDC, and we will post the names of all of our participating homes.

Although it is too late to enter the primary group, there are already interested homes who are entering data on their own. (In the future, like hospitals, nursing homes will most likely be required to enter infection data!)

If your home is interested, please contact us and we will provide you with the materials and instructions to get started.

Interested in NHSN reporting? Contact scace@thecarolinascenter.org.

ACE Best Practices

Spreading the Word on Sepsis through the Train-the-Trainer Model

On February 22, 2017, CCME hosted a program targeted to nursing homes, community health, and hospitals on Sepsis Awareness. Sepsis is a life threatening condition that arises when the body's response to an infection injures its own tissues and organs. If not treated promptly, sepsis can result in organ failure, tissue damage (leading to amputations) and death. The mortality rate for sepsis is higher than heart attacks, strokes and trauma. A worldwide concern, it is the leading cause of childhood deaths, the most expensive condition treated in US hospitals, and our long-term care (LTC) population is extremely vulnerable to infections leading to sepsis.

Early identification and intervention is the key to reducing hospitalization, decreasing morbidity and mortality, and reducing health care costs. But because both healthcare and the community at large are often not knowledgeable about early signs of sepsis, the Train-the-Trainer program is an excellent way to spread the word to both.

The program introduced facts on Sepsis, and also techniques for training both clinical and non-clinical audiences. At the program's conclusion, each participant received a training packet that included CDs and an array of materials to use in the education process for any audience.

For more information on Sepsis, including videos, visit www.StopSepsisNow.org or www.sepsis.org or contact us at scace@thecarolinascenter.org.

State and National Speakers Share Infection Control and Antibiotic Stewardship Elements for Long-Term Care

The afternoon of February 22nd brought LTC participants together to introduce the Elements of Antibiotic Stewardship, the upcoming regulations on infection control, and assessing your facility's infection control and prevention program.

Patricia Kopp, from the Epidemiology Department of the South Carolina Department of Health and Environmental Control, reviewed the changes that LTC homes will be facing, and introduced an assessment of a facility's infection prevention plan based on those new regulations. She also spoke about the Infection Control and Response (ICAR) Project, which is a free program funded by the CDC that brings an infection prevention expert onsite to your facility to evaluate your program, provides a comprehensive summary to identify gaps, and provides tools and resources to enhance your infection control program. The epidemiologists are NOT surveyors and are only interested in providing objective assessment and recommendations. They have already visited several facilities who all report that the staff and the process was extremely productive and interactive.

To schedule a **no-cost** infection prevention assessment for your facility or to ask questions, please contact:

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Sarah Kabbani, MD, MSc, CDC medical officer for the office of antibiotic stewardship, is an expert in LTC infection issues. She introduced the audience to the Seven Elements of Antibiotic Stewardship and how to implement a success program in their facility. The program is not a stand-alone process but requires commitment and involvement of administration, medical staff, nursing staff, the infection preventionist, and a pharmacy member with expertise in antibiotics. For those homes that don't have access to a specialized pharmacist, it is good step to consider partnering with your local hospital and invite their pharmacist to participate in your group.

This not only gets your antibiotic stewardship initiative off the ground, but starts a relationship to work together to improve antibiotic use that can lead to reducing hospitalizations and shared best practice standards of care.

As reimbursement changes, hospitals will become selective of which facilities they recommend and the facility that works together with the hospital on mutually beneficial practices will win out in the admission race.

The afternoon rounded out with some thoughts on how to use the QI process in structuring an antibiotic stewardship program at your facility, and what challenges you may expect along the way. This sample Antibiotic Stewardship Worksheet (<https://drive.google.com/file/d/0B2-27rkJnV9XX0NIMGU4TUdiZnc/view>) was suggested as a tool to plan your implementation.

ACE has resources to help you determine how to approach your Antibiotic Stewardship program. Contact us at scace@thecarolinascenter.org.

Reach for the Stars: NNHQCC Change Package

CMS offers multiple tools and resources dedicated to Quality Assurance and Performance Improvement (QAPI) in nursing homes. One of these resources is the National Nursing Home Quality Care Collaborative (NNHQCC) Change Package. The Change Package is a collection of successful practices used by high-performing nursing homes around the country. The Package provides strategies, change concepts, and examples of actionable items that nursing homes can select to begin testing via Performance Improvement Projects (PIPs) and PDSA cycles for positive impact on resident quality of care and life.

For more information on best practices, please refer to the Change Package at https://www.nhqualitycampaign.org/files/NH_ChangePackage_v2.0_03-26-2015_Final.pdf. For questions or help implementing change package concepts, contact us at scace@thecarolinascenter.org.

To ensure delivery of data and ACE updates, please add scace@thecarolinascenter.org to your email address book. Make sure that the person responsible for your computer security adds this address to a "white list" of allowed senders.

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