



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

ACE Updates

ACE Quarterly Data Reports

All ACE facilities were mailed two copies of their ACE Quarterly Data Report in early January. If you did not receive your copy, please let us know at scace@thecarolinascenter.org.

What Everyone Doesn't Know Can Spread *C. difficile* (and Other Bugs) in Long-Term Care

Not all bugs should be treated the same. Clostridium difficile spores can survive a long time on objects and surfaces, such as light switches, door knobs, objects on bedside tables, call bells, as well as more obvious objects such as commodes. Infection control is a facility-wide responsibility where each staff member understands their role, and the reasons for their actions based on individual situations.

Like a QI committee, an Infection Prevention committee includes all departments which together provide organizational direction. Infection prevention/control policies and procedures are based on current best practices that protect residents and staff. These policies and procedures should include some key components:

- Control practices for various infections/situations, including criteria to implement and lift protective restrictions
- Specific control practices for all departments that interact with the resident and/or objects from the resident's environment
- Daily and terminal cleaning tasks with chemicals based on infection type and other factors
- Identify staff position assigned to each task, completion time frame, and indicators for safe item re-use
- Handwashing chemicals based on the organism (*C. diff.* is not affected by alcohol-based solutions)
- New staff orientation and annual all-staff training including periodic updates—every staff member consistently knows their role, responsibilities
- Policies and procedures readily available for reference by all staff
- Policies and procedures are kept current through a periodic review process
- Education of family members/visitors

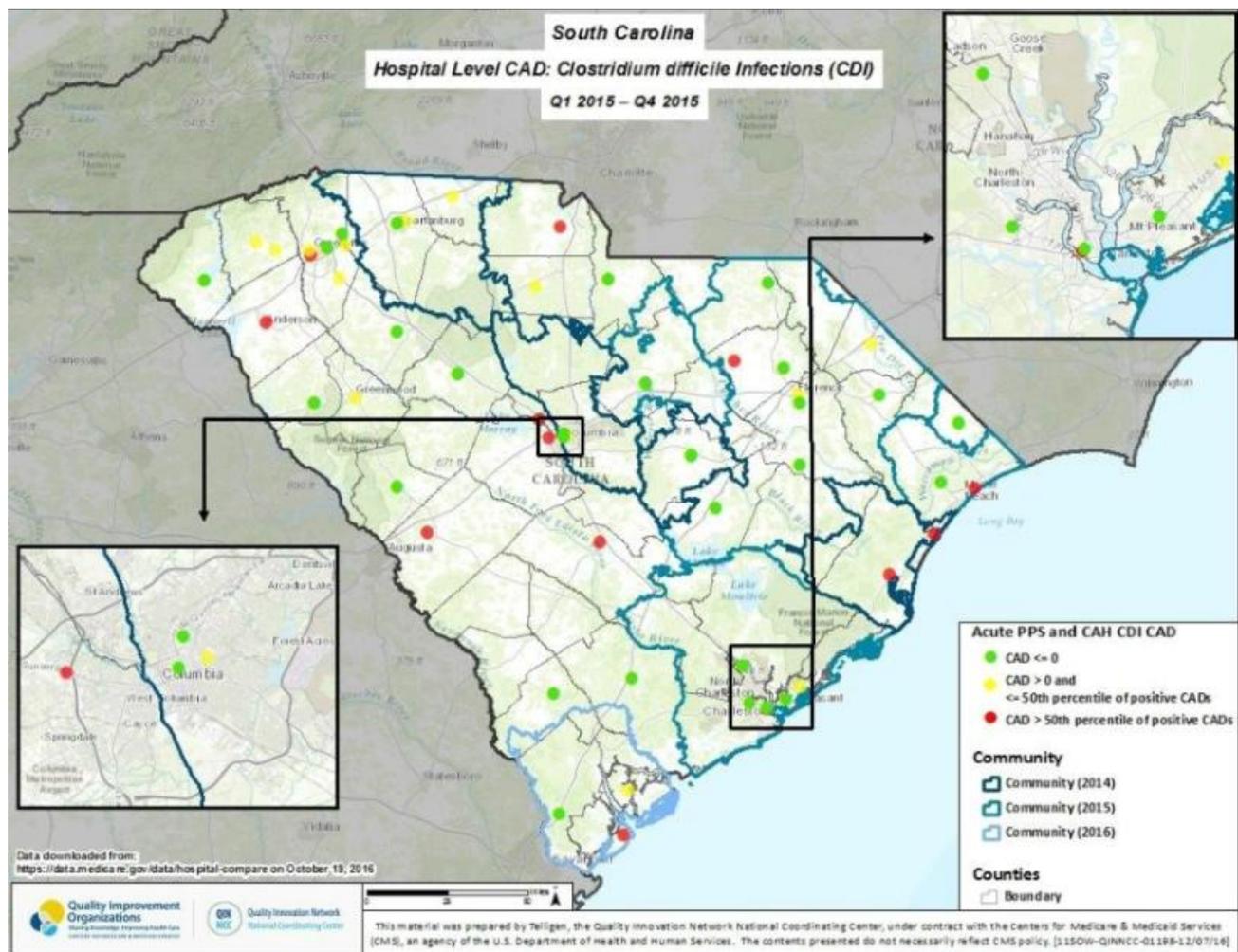
- On admission, obtain a previous six-week antibiotic history to determine CDI risk
- Collect staff, resident, and visitor compliance data
- Use PDSA cycles to evaluate the effectiveness of current practices and share results with all staff

Resources: The National Nursing Home Quality Campaign's website has an assessment tool to assess environmental processes and identify QI areas:

https://www.nhqualitycampaign.org/files/EnvironmentalCleaning_Assessment.pdf

Antibiotic Stewardship in the Outpatient Setting: How Nursing Homes Are Supporting the Cause

Post-acute care settings such as skilled nursing facilities (SNFs), long-term acute care hospitals (LTACHs) and acute inpatient rehabilitation facilities (IRFs) cater to an ever growing, complex patient population. Specific data on the incidence of infections in post-acute care settings is currently limited to LTACHs and IRFs even though significantly more patients receive care in SNFs. Participation in the CDC's National Healthcare Safety Network (NHSN) by SNFs is crucial so we can better understand the impact and trends associated with healthcare-acquired infections in long-term care environments. These data help to target infections and improve compliance with established evidence-based practices that promote robust antibiotic stewardship efforts (Garrett, Jr., J. H. Impact of Healthcare-Associated Infections in Post-Acute and Long-Term Care Settings, CDC's Safe Healthcare Blog, May 12, 2016).



This map details hospital reported CDI rates plotted with our recruited nursing homes. The Cumulative Attributable Difference (CAD) stands for the number of infections that need to be prevented for a facility to reach its goal Standardized Infection Ratio (SIR). A hospital's SIR gives data on its CDI rate in comparison to like hospitals; whereas the CAD provides an estimate on additional hospital CDI cases, serving as proxy for other healthcare-related facilities and surrounding community settings. The higher the CAD (red color >50th percentile), the greater the number of excess CDI cases and could indicate the need for better antibiotic stewardship in that community.

With this information, we're able to prioritize recruitment and prevention activities in order to link outpatient providers and prescribers with our antibiotic stewardship efforts, tools, and resources to potentially reduce community-acquired CDI. Having the SNFs report CDI in NHSN only helps solidify existing CDI prevalence and further support our outpatient antibiotic stewardship focus.

The South Carolina QIO has partnered with South Carolina DHEC and the South Carolina Hospital Association to create an advisory board of partners, stakeholders, providers, beneficiaries, and experts in the field of antibiotic resistance and stewardship principles. Focusing on the CDC's four core elements of outpatient stewardship, the advisory team meets quarterly to share data and best practice for combating antibiotic misuse. **The team is seeking a nursing home representative to provide insight and perspective on stewardship efforts in long-term care. Please contact cwlodarczyk@thecarolinascenter.org if you are interested or would like more information.**

ACE Best Practices

We Are QAPI – Writing Your Facility's QAPI Plan

The Reform of Requirements for Long-Term Care Facilities released by CMS in October of 2016 requires a written QAPI plan. Your written QAPI plan will be made available to a state agency, federal surveyor, or CMS upon request, beginning November 28, 2017. The QAPI plan will guide your organization's performance improvement efforts. The plan demonstrates how your facility has developed, implemented and maintained your unique data-driven quality program.

The QAPI Written Plan: How-To Guide notes that the QAPI plan is a framework for "an effective, comprehensive, data-driven program that focuses on the indicators that reflect outcomes of care and quality of life. The plan assists your organization in achieving what you have identified as the purpose of QAPI in your organization."

CCME is sharing this guide to assist you in writing your QAPI plan. The guide provides descriptions of what should be included with examples. It is intended to provide structure. Your team should work together to apply language that is unique to the characteristics of your organization.

You can access the Guide here (<https://www.lsgin.org/wp-content/uploads/2016/08/LS3-QAPIPlanHow-To-Guide.docx>) and then **Save** it to your computer.

Reach for the Stars: Recruit and Retain Quality Staff

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.

One strategy is to recruit and retain quality staff. Staff stability is the foundation for providing quality care for your residence. Staff stability decreases stress and overwork which can lead to poor judgment, errors in care, and increased costs. When a nursing home has stable staff, trust and work relationships can improve. The staff feel valued, listened to, and know that their primary purpose is to provide quality care. It becomes the engrained culture of your organization.

The Change Package provides strategies to recruit and retain quality staff. Each concept lists several action items a nursing home may select to revisit or initiate. Some of these action items may sound very familiar and you may say "we're doing that." However, are you truly doing them with consistency or has it been awhile since you took a good hard look? Sometimes we forget all of the items available to use in our bag of tricks. We get complacent using only a few. When you take the concept of "hire only the best fit for your organization," have you taken the action to "define what quality staff means to your residence based on your mission...and the characteristics you are looking for?"

Completing this activity can assist you in better selecting which potential employees to proceed with the hiring process. Do you "set high expectations – support success?" This can be accomplished through the solicitation of staff feedback on staffing, satisfaction surveys and then demonstrating through action that the information is valued and used.

For more information on practices to recruit and retain quality staff, please refer to pages 10 – 13 in the Change Package:

https://www.nhqualitycampaign.org/files/NH_ChangePackage_v2.0_03-26-2015_Final.pdf

The ICAR (Infection Control and Response) Project

The CDC has awarded funding to the South Carolina Department of Environmental Health and Control (and public health departments in all 50 states) to build and strengthen epidemiology, laboratory and health information systems capacity. The goal of the three-year project, called Infection Control and Response (ICAR), is to bolster infection control practice and competency throughout all types of South Carolina health care facilities (long-term care, acute care, outpatient and dialysis).

How can this FREE program assist your facility?

- Brings an infection prevention expert onsite to evaluate your program
- Provides a comprehensive site visit summary with identified gaps. All data submitted to the CDC is anonymous.
- Provides infection prevention tools to enhance your infection prevention program
- Connects your facility with a direct resource for future questions or concerns
- CDC assessment tool with CMS updates

Review the assessment tool here: <https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html>

Assessments will be conducted throughout 2017.

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

Pat Kopp, BSMT (ASCP), CIC
Infection Preventionist
864-372-3146
kopppe@dhec.sc.gov

or LeeAnne Lynch, MPH
Program Coordinator
803-898-0675
lynchl@dhec.sc.gov

Upcoming Events

The Best Practice Lunch & Learn Webinar Series – POSTPONED for Thursday, February 16, 2017.

The best practices webinar of 2017 scheduled for Thursday, February 16, 2017 has been postponed. Please keep an eye out for a future date and how to register!

Are you a facility that has a best practice that's resulted in success that you'd like to share? Please contact us as scace@thecarolinascenter.org.

SAVE THE DATE FOR TWO EVENTS – ONE DATE AT ONE LOCATION!

*Both events will be held on Wednesday, February 22, 2017 at
Bishop Gadsden, 1873 Camp Road, Charleston, SC 29414*

Sepsis Awareness Training: A Train-the-Trainer Approach 9:00 a.m. – 12:15 p.m.

According to the CDC, sepsis begins outside of the hospital for nearly 80% of patients. That is why training post-acute care providers on the early warning signs and symptoms of sepsis is so important to those patients getting the help they need quickly. Register now to attend this train-the-trainer learning session to:

- Recognize sepsis as a medical emergency
- Identify early signs and symptoms of sepsis
- Recognize preventative measures
- Educate others in your facility on sepsis awareness

We strongly encourage your participation to learn more about early recognition and improved care management of sepsis in reducing sepsis-related morbidity and mortality.

This training is open to nurses, administrators, education coordinators, consultant pharmacists, transitional care staff, and others who work in nursing homes, home health agencies, hospitals, and community settings. Presenters include CCME Quality Specialists, Marilee Mohr, MSN, RN, CCME and Sarah Banyai, MPH.

This continuing nursing education activity is pending approval by the South Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Registration is free and pre-registration is required. **REGISTER HERE** for Sepsis Awareness Training: <https://www.eventbrite.com/e/sepsis-awareness-training-a-train-the-trainer-approach-tickets-30888673855>

AND

QAPI Principles to Implement Effective Infection Control and Antibiotic Stewardship in Nursing Homes

1:15 p.m. – 4:30 p.m.

Nursing home residents are at high risk for Healthcare Associated Infections (HAIs), placing them at risk for further illness, antibiotic resistance and increased hospitalization. CMS Regulatory Requirements state that long-term care facilities are to have an Infection Control Program (ICPC) in place which includes an Antibiotic Stewardship Program. In addition, recent revisions to CMS Requirements include the designation of an Infection Preventionist, who must have completed specialized training in Infection Prevention/Control. This staff member must also participate in a facility's QAA and report infection prevention findings on a regular basis. Some of the highlights from this learning event include:

- Understand the components of an effective infection control program in nursing homes
- Understand the crisis of antibiotic resistance and antibiotic overuse
- The 7 Core Elements of Antimicrobial Stewardship in Long-Term Care
- Use of QAPI elements to implement an successful ICPC in your facility

By participating in this event you will learn more about how to understand your risk of HAIs and improve antibiotic stewardship. It is designed to provide your team with resources and a better understanding of the next steps to implement a successful Infection Control Program in your facility. This afternoon learning event is open to all ACE participants.

Speakers will include:

- Patricia Kopp, CIC, Infection Preventionist, from the Division of Acute Disease Epidemiology at the South Carolina Department of Health & Environmental Control
- Sarah Kabbani, a Medical Officer with the CDC, who leads antibiotic stewardship in long-term care facilities
- Marilee Mohr, MSN, RN, CCME Quality Specialist

Lunch will be available to registrants at 12:30 p.m.

Registration is free and pre-registration is required. **REGISTER HERE** for QAPI Principles for Effective Infection Control in Nursing Homes: <https://www.eventbrite.com/e/qapi-principles-for-effective-infection-control-in-nursing-homes-tickets-31069698304>

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.

This material was prepared by the Atlantic Quality Innovation Network (AQIN), the Medicare Quality Improvement Organization for New York State, South Carolina, and the District of Columbia, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy. 11SOW-AQINSC-TskC.2-17-02