



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

ACE Updates

ACE Quarterly Data Reports

All ACE facilities will be receiving two copies of their ACE Quarterly Data Report in the mail in early January. Due to the holidays, the reports were unable to be mailed out by the end of December. We apologize for the delay. Please let us know if we can help you in the use of this data to identify potential areas for improvement in your quality program. Remember, data drives quality improvement. Your Report contains QAPI tools and resources to assist you in this activity. If you do not receive your copy, please let us know at scace@thecarolinascenter.org.

CDI (Clostridium difficile infection) Pilot Update and More...

South Carolina has 15 homes successfully enrolled and ready to enter data in the Centers for Disease Control and Prevention's (CDC) National Health Safety Network (NHSN), and several others will soon be ready to enter data. The deadline for entering a facility into NHSN has been extended to March 31st, allowing many homes who were burdened with the effects of the hurricane, surveys, staffing, and other challenges this past fall, to have adequate time to complete the process. We are proud of the participating South Carolina homes as they join more than 2,000 nursing facilities across the nation participating in this pilot program.

The CDI and Antibiotic Use Connection

(https://www.cdc.gov/HAI/organisms/cdiff/Cdiff_infect.html)

Risk:

- People on antibiotics are 7 – 10 times more likely to get *C. difficile* while on the drugs and during the month after.
- Being in healthcare settings, especially hospitals or nursing homes.
- More than 80% of *C. difficile* deaths occurred in people 65 and older.

Some residents may have been on antibiotics at home, again while hospitalized, and now with an order to continue antibiotics in the long-term care (LTC) setting; all the while the risk for CDI is increasing. LTC facilities should consider an antibiotic history as part of the transfer record for every new admission. Long-term antibiotic use is often the trigger for CDI. Information on recent antibiotic use can help identify at-risk residents and prompt early intervention.

An antibiotic history should include:

- A list of all antibiotics taken in the last six weeks with start and stop dates
- Medical indication for each antibiotic series
- Identification of the organism(s)
- Medical indication to continue antibiotics with a stop date identified
- Any recent history of diarrhea, including treatment of the diarrhea
- Any Lab ID testing for CDI

While antibiotics are extremely important and often a lifesaving treatment, long term use, as well as overuse and misuse, can have devastating effects on residents. Knowledge of all aspects of antibiotic therapy remains important in the care of our residents.

ACE Best Practices

We Are QAPI

With a new year can come resolutions to improve both personally and professionally. January is a great time to take an in-depth review of your facility's Quality Assurance and Performance Improvement (QAPI) program. With the Revisions to the Requirements of Participation for Long-Term Care Facilities (LTCFs) going into effect on November 28, 2016, QAPI is now implemented. In addition, all facilities will be required to have a QAPI Plan that is made available to a state agency, federal surveyors, and CMS, beginning November 28, 2017. Your QAPI Plan acts as the framework to demonstrate that your facility has a comprehensive, data-driven program that is effective and focuses on your determined indicators for resident quality of care and quality of life. Your Plan guides your QAPI Steering Committee in achieving the purpose of QAPI in your given facility and deciding what your performance improvement efforts should encompass. The QAPI Plan is not one-size-fits-all and is considered a living document. It is individualized to your facility's mission, vision, principles and the scope of care and services being provided.

Does your facility have its QAPI Plan written? Now is a great time to explore ways to initiate constructing or revising and strengthening your Plan before November 28, 2017. Remember that the QAPI at a Glance Guide (<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/QAPIAtaGlance.pdf>) contains tools and instructions to help you develop your QAPI Plan. Future resources to complete this task will be shared as they become available.

(Print this section off for staff education purposes)

Reach for the Stars: The National Pressure Ulcer Advisory Panel Pressure Injury Stages

An important part of improving a quality measure is making sure that staff is working from the same definitions. If a team is not consistently using the same definitions for staging of pressure injuries, quality measure numerators and denominators on a facility's MDS can be impacted, along with care provision. In addition, staff needs to be aware that not every wound is a pressure injury. If the area of concern is not being measured and documented correctly and consistently, then it cannot be improved. Once a team is "on the same page," data can be collected, interpreted, and analyzed to achieve the greatest positive impact for the residents and facility when targeting to improve quality of care in the prevention and treatment of pressure injuries.

In 2016, The National Pressure Ulcer Advisory Panel (NPUAP) redefined the definition of a pressure injury during the NPUAP 2016 Staging Consensus Conference and has new resources available to health care facilities. Here are the updated definitions from NPUAP's website at <http://www.npuap.org/resources/educational-and-clinical-resources/npuap-pressure-injury-stages/>:

Pressure Injury:

A pressure injury is localized damage to the skin and underlying soft tissue usually over a bony prominence or related to a medical or other device. The injury can present as intact skin or an open ulcer and may be painful. The injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear. The tolerance of soft tissue for pressure and shear may also be affected by microclimate, nutrition, perfusion, co-morbidities and condition of the soft tissue.

Stage 1 Pressure Injury: Non-blanchable erythema of intact skin

Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin. Presence of blanchable erythema or changes in sensation, temperature, or firmness may precede visual changes. Color changes do not include purple or maroon discoloration; these may indicate deep tissue pressure injury.

Stage 2 Pressure Injury: Partial-thickness skin loss with exposed dermis

Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (IAD), intertriginous dermatitis (ITD), medical adhesive related skin injury (MARS), or traumatic wounds (skin tears, burns, abrasions).

Stage 3 Pressure Injury: Full-thickness skin loss

Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.

Stage 4 Pressure Injury: Full-thickness skin and tissue loss

Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.

Unstageable Pressure Injury: Obscured full-thickness skin and tissue loss

Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar. If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed. Stable eschar (i.e. dry, adherent, intact without erythema or fluctuance) on the heel or ischemic limb should not be softened or removed.

Deep Tissue Pressure Injury: Persistent non-blanchable deep red, maroon or purple discoloration

Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood filled blister. Pain and temperature change often precede skin color changes. Discoloration may appear differently in darkly pigmented skin. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury, or may resolve without tissue loss. If necrotic tissue, subcutaneous tissue, granulation tissue, fascia, muscle or other underlying structures are visible, this indicates a full thickness pressure injury (Unstageable, Stage 3 or Stage 4). Do not use DTPI to describe vascular, traumatic, neuropathic, or dermatologic conditions.

Medical Device Related Pressure Injury:

This describes an etiology.

Medical device related pressure injuries result from the use of devices designed and applied for diagnostic or therapeutic purposes. The resultant pressure injury generally conforms to the pattern or shape of the device. The injury should be staged using the staging system.

Mucosal Membrane Pressure Injury: Mucosal membrane pressure injury is found on mucous membranes with a history of a medical device in use at the location of the injury. Due to the anatomy of the tissue these ulcers cannot be staged.

NPUAP's website has many resources available for free when used for educational purposes with your staff. One resource of interest is the updated Pressure Injury Staging Illustrations (<http://www.npuap.org/resources/educational-and-clinical-resources/pressure-injury-staging-illustrations/>) for edema and light or dark pigmented skin. Another is Pressure Injury Prevention Points (<http://www.npuap.org/wp-content/uploads/2016/04/Pressure-Injury-Prevention-Points-2016.pdf>). This new resource provides prevention tips in the areas of Risk Assessment, Skin Care, Nutrition, Repositioning-Mobilization and Education.

Please provide this information to your staff. Let's keep our ACE members' pressure injury rate (6.5%) below the State rate (8.3%) while supporting quality care to our residents!

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

QAPI Boot Camp

QAPI Boot Camp will occur on Thursday, January 26, 2017 from 9:30 a.m. to 12:30 p.m. at the South Carolina Pharmacy Association in Columbia for those ACE nursing homes participating in *Reach for the Stars*. Some of the highlights of this learning event include:

- Revisions to the CMS Reform of Requirements and the three phases of QAPI implementation
- Review of the Five Elements of QAPI
- A deeper dive into the 12 Steps of QAPI implementation in a nursing home facility
- Critical thinking and the importance of leadership
- Quality Improvement/Process Improvement (QI/PI) and its tools
- Discussion for additional QAPI training needs for future *Reach for the Stars* learning events

QAPI Boot Camp is the foundation for success in the ACE Quality Journey. It is designed to provide your team with training, resources, and support in the next steps to implement or refocus your efforts to achieve a successful QAPI program. A thriving QAPI program plays a role in overall quality improvement and the potential to positively impact a facility's Five Star Rating.

Registration is free and pre-registration is required. **REGISTER HERE** for QAPI Boot Camp:
<https://www.eventbrite.com/e/reach-for-the-stars-qapi-boot-camp-tickets-31064884907>

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

Our first best practices webinar of 2017 is scheduled for Thursday, February 16, 2017 at its usual 11:30 a.m. to 12:00 p.m. time. Evangeline Carrozzo, DON, at Myrtle Beach Manor is set to present on a successful quality improvement project and its outcomes. Please keep an eye out for further information 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@thecarolinascener.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

1:30 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
- Linda Rooney, MA, MS, CCME Quality Specialist

All information presented will be tailored for the nursing home setting.

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>

National Partnership to Improve Dementia Care in Nursing Homes 2017 Call Schedule

The MLN Connects® National Provider Call hosted call schedule for 2017 has yet to be released. We will provide information on the next scheduled call as soon as it is available. You may watch for any call announcements on the MLN Homepage at <https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events.html?DLSort=0&DLEntries=10&DLPage=1&DLSortDir=descending>

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.