News for the South Carolina Action Collaborative for Excellence (ACE) in Long-term Care

Quality Leaders
Making nursing homes better places to live and work

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

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ACE Updates

Antibiotic Stewardship

The Centers for Medicare & Medicaid Services (CMS) revised Conditions of Participation for long-term care facilities includes a requirement for facilities to incorporate an antibiotic stewardship component into their infection control programs by **November 28, 2017.** In another important part of the rulemaking, CMS is calling on facilities to designate an Infection Preventionist by **November 28, 2019.** This individual will be responsible for a center's infection prevention and control program. Strategies should incorporate tracking antibiotic use, the recording of incidents and include corrective actions the facility takes on the use of these drugs. Training staff on the science and philosophy behind targeted antibiotic use is an important element, as well as tailoring education for residents and families ideally to achieve a total "community" understanding. A successful and sustainable program will require facility collaboration among the leadership, medical director, director of

nursing, consultant pharmacist, and community partners, as well as facility staff, residents and family members.

If your facility has not taken advantage of having an infection prevention expert visit you to evaluate your facility's program, then you might want to consider contacting the Infection Control and Response (ICAR) team from DHEC. The technical assistance is FREE and reflects the CMS changes in the CDC assessment tool to provide a comprehensive site visit summary, including any identified gaps, as well as to provide you with tools to enhance and support your infection prevention program. Contact **Pat Kopp**, BSMT (ASCP), CIC, Infection Preventionist, koppe@dhec.sc.gov, ph: 864-372-3146 or **Chloe Scott**, MPH, Program Coordinator/Epidemiologist, scottca@dhec.sc.gov, ph: 803-898-1938.

Two nursing home representatives have volunteered to participate in the Hospital Infections Disclosure Act/South Carolina Healthcare Associated Infections Plan (HIDA/SCHAIP) Antibiotic Stewardship Task Force hosted quarterly by DHEC in Columbia. This Task Force includes representation from outpatient and inpatient settings, SC Hospital Association, University of South Carolina, and the SC Pharmacy Association. This group discusses data on antibiotics, strategies and tools for patients, learning events for providers, and overall challenges with antibiotic stewardship in the inpatient and outpatient settings. *Thank you* to **Michael Jarvis**, Assistant Administrator, PruittHealth – Aiken and **Octavia Fain**, RN, CDONA, DNS-CT, Director of Nursing, Broad Creek Care Center, Hilton Head.

2017 NHSN Annual Training Videos Now Available

The NEW 2017 Annual Training videos and slide sets have been posted to the National Healthcare Safety Network (NHSN) website. The new resources available on the website include the following topics and include the opportunity to secure continuing education credits:

- Infection Surveillance and Prevention in Long-term Care: A National Perspective
- Overview of Using NHSN to Track and Report Infections in LTCFs
- Using the LTCF LabID Event Module for *C. difficile* Infection Surveillance
- Using the LTCF LabID Event Module for MDRO Surveillance and Reporting
- Using LTCF HAI Module for Urinary Tract Infection (UTI) surveillance and reporting
- Data for Action: How can NHSN data be used to guide prevention efforts in LTCF
- Healthcare Personnel Safety in LTCF Settings

All materials can be found on the NHSN training page at https://www.cdc.gov/nhsn/training/ltc/index.html.

SNF QRP Quality Measure User's Manual Now Available

This manual presents methods used to calculate quality measures that are included in the CMS Skilled Nursing Facility (SNF) Quality Reporting Program (QRP). This manual provides detailed information for each quality measure, including quality measure definitions, inclusion and exclusion criteria and measure calculation specifications. View the manual on the SNF Quality Reporting Program Measures and Technical Information page located in the downloads section here: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Measures-and-Technical-Information.html

Additional Updates to the NNHQCC Change Package

The National Nursing Home Quality Care Collaborative Change Package has been updated again, April, 2017 version 2.2. The latest Change Package can be viewed and downloaded at https://nhqualitycampaign.org/files/NH_ChangePackage_v2.1_04-25-2017.pdf.

A change package is a menu of strategies, change concepts and specific actionable items that any nursing home can choose from to begin testing for purposes of improving quality of care. Change bundles are proven approaches that help providers more reliably deliver the best possible care for residents. Version 2.2 includes change bundles on the following topics: avoid antipsychotic medications for individuals living with dementia; promote resident mobility, prevent healthcare-acquired infections, prevent *C. difficile* infections, and build capacity for QAPI success.

Nominate an Outstanding Physician Leader for CCME's Llewelyn Award!

The Timothy S. Llewelyn, MD, Memorial Award recognizes an outstanding South Carolina physician committed to high-quality patient care. Last year's recipient of the Llewelyn Memorial Award was Christopher Oxendine, MD of Abbeville, SC. **Submission deadline is Friday, June 30, 2017.** Full details, including the downloadable submission form, can be obtained at http://thecarolinascenter.org/default.aspx?pn=NewsItem&item=461.

ACE Best Practices

We Are QAPI

All long-term care facilities will be required to have a written Quality Assurance/-Performance Improvement (QAPI) Plan that is made available to a state agency, federal surveyors, and CMS upon request, beginning *November 28, 2017.* The Plan will guide your performance improvement efforts and support your team in achieving what you have identified as the purpose of QAPI in your facility. Your Plan should reflect your facility's mission, vision, principles and scope of care and services being provided. Your QAPI Plan is intended to be a living document that your team will continue to review and revise and should focus on the indicators and planned interventions that will lead to improving the overall quality of life and quality of care and services delivered to your residents.

If your facility has not already completed the QAPI self-assessment, located at https://isweb.ipro.org/qapi/sc/, please do so as the self-assessment results will greatly facilitate your Plan development. Type in your CMS Certification Number (CCN) that begins with 425 to get started. Once completed, be sure to print a copy of the assessment for your records. Please contact us at scace@thecarolinascenter.org for questions you may have about QAPI Plan development and the need for technical assistance around identifying performance improvement projects.

Are you a facility that has a best practice that's resulted in success that you would like to share? Please send us your program intervention and results to scace@thecarolinascenter.org so that we may not only share with other facilities but also highlight your efforts in our ACE Newsletter!

Reach for the Stars:

Urinary Tract Infection (UTI) Reduction

"Antibiotic stewardship is closely aligned with urinary tract infection (UTI) reduction and any infection that can be caused by a multidrug-resistant organism," states a Core National Faculty Member, Association for Professionals in Infection Control and Epidemiology, Ms. Kristi Felix, BA, RN, CRRN, CIC, FAPIC. One of the facility's long-stay resident measures is the percentage of long-stay residents with a UTI. There are many different tools and resources available to long-term care facilities on reducing UTIs to incorporate into everyday workflow and practice.

Two resources that provide guidance and promote effective communication among the health care team around suspected UTIs in residents are described below:

1. **INTERACT v4.0** (https://interact2.net/docs/INTERACT%20Version%204.0%20Tools/INTERACT%204.0%20NH%20Tools%206_17_15/148604%20Care_Path_UTI_v10.pdf) includes the *CARE PATH Symptoms of Urinary Tract Infection* (in residents without an indwelling catheter). This flow chart-based decision support tool walks staff through the signs and symptoms and how to decide when to contact the physician immediately, when to contact for orders for further evaluation and management, and when/how to manage residents with potential UTIs in the facility.

2. **TeamSTEPPS®** is an evidence-based framework, comprised of five key principles, to optimize team performance across the health care delivery system. There are four teachable-learnable skills: Communication, Leadership, Situation Monitoring, and Mutual Support. SBAR, a technique for communicating critical information that requires immediate attention and action concerning a resident's condition, is a tool that may help you address an aspect of your facility's antibiotic stewardship concerns.

   S= Situation= What's going on with the resident?
   B = Background= What is the clinical background or context?
   A = Assessment= What do I think the problem is?
   R = Recommendation & Request= What would I do to correct it?

SBAR Provider Communication Tool: Urinary
1. Situation (brief summary of problem)

2. Relevant Information
Medical history (diabetes, leg edema):
Medicines/med changes:
Recent labs:
Drug Allergies/advanced directives:

3. Vital Signs
Blood pressure: _____/_____
Pulse: _____
Respiratory Rate: _____
Temp/Baseline: _____°F_/_____°F
Highest Temp: _____
Pulse ox/Baseline: _____

4. Non-Specific Signs/Symptoms
□ **New or worsening confusion**
□ **New or worsening agitation**
□ **Decreased eating/drinking**
□ **New or worsening weakness**
□ **Sleepiness/less active or alert**
□ **Decline in function**
□ **Other non-specific change:**

5. Specific Signs/Symptoms   **5. Assessment**
Suggests infection: (remember the Big Six)
☐ **New painful urination**
☐ **Blood in urine**
☐ **Suprapubic pain**
☐ **Flank pain**
☐ **New/worse frequency**
☐ **New/worse urgency**
Does NOT suggest infection:
☐ **Urine odor**
☐ **Urine color change**
☐ **New/worse incontinence**

6. Review, Recommend, Notify

Upcoming Events

National Partnership to Improve Dementia Care and QAPI Call

Thursday, June 15, 2017
1:30 - 3:00 PM Eastern Time

REGISTER HERE:

https://blh.ier.intercall.com/details/e71cd42925b3472ea0b2dfaca9ef4d5b

Description
During this call, learn about appropriate assessment and evaluation for the accurate diagnosis of schizophrenia and other mental disorders. Also, find out about the DICE Approach™ - Describe, Investigate, Create, and Evaluate, a simple but comprehensive method to understand and support individuals living with dementia. Additionally, CMS experts share updates on the progress of the National Partnership to Improve Dementia Care in Nursing Homes and QAPI. A question and answer session follows the presentations.

Speakers
- Dr. Susan Levy, Medical Director/Consultant
- Dr. Helen Kales, University of Michigan
- Michele Laughman and Debbie Lyons, CMS

Target Audience
Consumer and advocacy groups, nursing home providers, surveyor community, prescribers, professional associations, and other interested stakeholders.

Presentation
The call presentation will be posted at least one day in advance on the MLN Connects National Provider Calls and Events webpage at https://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events.html. The audio recording and written transcript will be posted approximately two weeks after the call.

Registration will close at 12:00 PM ET on the day of the call or when available space has been filled.

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.