Nebraska Infection
Control Network

Clarkson
College
Prepare to be the best.

Survey Response and Readiness

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Learning Objectives

▸ **Explore the CMS infection prevention and control program regulatory requirements**

▸ **Identify the top infection control issues causing infection control tags to trigger**

▸ **Refer to resources and tools that support a robust infection prevention and control program**

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Infection Control F Tags

483.80	Infection Control
F880	Infection Prevention & Control
F881	Antibiotic Stewardship Program
F882	Infection Preventionist Qualifications/Role
F883	*Influenza and Pneumococcal Immunizations
F884	**Reporting – National Health Safety Network
F885	Reporting – Residents, Representatives & Families
F887	COVID-19 Immunization

CMS Updated List of F Tags,
https://www.cms.gov/files/document/revision-history-ltc-survey-
process-documents-and-files-8/29/2024.pdf

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Highlights: Overview of Requirements

Expands required elements of center's Infection Prevention & Control Program (IPCP)

IPCP must include Antibiotic Stewardship Program

Conduct annual review of center's IPCP and update program as necessary

Infection Preventionist (IP) must meet specific qualification requirements

IP must be member of QAA committee and report on IPCP on a regular basis

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2024 Nebraska Health Surveys

Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
F884 ←	Reporting – National Health Safety Network	64	12.4%	34.6%
F880 ←	Infection Prevention & Control	21	11.3%	53.8%
F812	Food Procurement, Store/Prepare/Serve Sanitary	19	10.2%	48.7%
F584	Safe/Clean/Comfortable/Homelike Environment	6	3.2%	15.4%
F684	Quality of Care	5	2.7%	12.8%
F686	Treatment/Svcs to Prevent/Heal Pressure Ulcer	4	2.2%	10.3%
F695	Respiratory/Tracheostomy Care and Suctioning	3	1.6%	7.7%
F882 ←	Infection Preventionist Qualifications/Role	2	1.1%	5.1%
F881 ←	Antibiotic Stewardship Program	1	0.5%	2.6%
F690	Bowel/Bladder Incontinence, Catheter, UTI	1	0.5%	2.6%
F887 ←	COVID–19 Immunization	1	0.5%	2.6%

Center for Medicare and Medicaid Services (n.d.). *Citation Frequency Report*. Quality, Certification, & Oversight Reports. Retrieved February 20, 2024, from https://qcor.cms.gov/report241.jsp?which=0&report=report241.jsp

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2024 National Health Surveys

Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
F812	Food Procurement, Store/Prepare/Serve Sanitary	1,050	7.0%	44.9%
F880 ←	Infection Prevention & Control	982	6.6%	41.9%
F684	Quality of Care	527	3.5%	22.5%
F695	Respiratory/Tracheostomy Care and Suctioning	486	3.3%	20.8%
F584	Safe/Clean/Comfortable/Homelike Environment	404	2.7%	17.3%
F686	Treatment/Svcs to Prevent/Heal Pressure Ulcer	340	2.3%	14.5%
F690	Bowel/Bladder Incontinence, Catheter, UTI	298	2.0%	12.7%
F883 ←	Influenza and Pneumococcal Immunizations	193	1.3%	8.2%
F882 ←	Infection Preventionist Qualifications/Role	51	0.3%	2.2%
F887 ←	COVID–19 Immunization	45	0.3%	1.9%

Center for Medicare and Medicaid Services (n.d.). *Citation Frequency Report*. Quality, Certification, & Oversight Reports. Retrieved February 20, 2024, from https://qcor.cms.gov/report241.jsp?which=0&report=report241.jsp

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OIG Findings – Infection Control

Identified 181 deficiencies with infection control requirements or guidance related to:

- ▸ **IPCPs and antibiotic stewardship programs**
- ▸ **Infection preventionists**
- ▸ **Influenza and pneumococcal immunizations**
- ▸ **COVID-19 immunizations**
- ▸ **COVID-19 testing**
- ▸ **COVID-19 case notifications**
- ▸ **COVID-19 reporting**

OIG Colorado Report. (February 2024).
https://oig.hhs.gov/reports/all/2024/Colorado

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Infection Prevention & Control Program

The Infection Prevention and Control Program must include, at a minimum, the following parts:

- A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases that:

  - o Covers all residents, staff, contractors, consultants, volunteers, visitors, others who provide care and services to residents on behalf of the facility, and students in the facility's nurse aide training programs or from affiliated academic institutions;
  - o Is based on the individual facility assessment conducted under §483.7*1*; and
  - o Follows accepted national standards.
- Written standards, policies and procedures in accordance with §483.80(a)(2);
- A system for recording incidents identified under the IPCP and corrective actions taken by the facility; and
- An antibiotic stewardship program (ASP) pursuant to §483.80(a)(3) (for more information on ASP requirements, see F881).

Source: SOM - Appendix PP (cms.gov)

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9/18/2024

What to Look For

▸ **Policies and Procedures - Are they being followed? Are staff aware of the policy? Do they have easy access to policies?**

▸ **Contact Precautions - Use contact precautions for persons with known or suspected infections that represent an increased risk for contact transmission**

▸ **Standard Precautions - hand hygiene, PPE, respiratory etiquette, cleaning & disinfection**

▸ **Transmission-Based Precautions - Indications, PPE upon entry & exit**

▸ **Linens - Review organizational practices related to linen handing, storage, process & transport to ensure they are consistent with preventing spread of infection**

▸ **Training - Provide training to all staff in accordance with the facility's IPCP**

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Safe Linen and Laundry Management Audit Tool

Staff Initials: _____   Date: _____Shift: _____

Completed by: _____

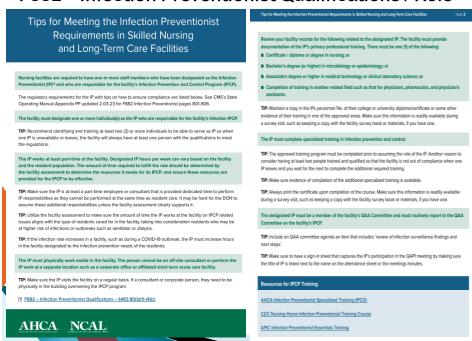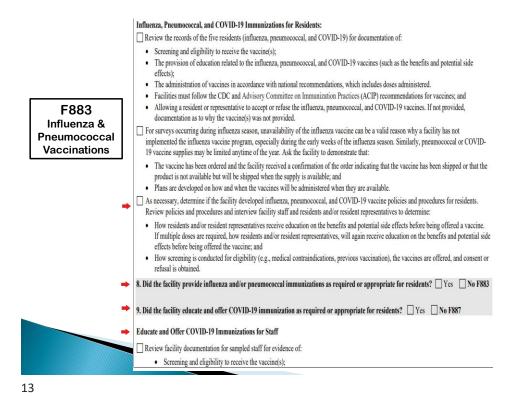| Steps to evaluate	Yes/No/NA	Comments
Best Practices for linen handling on resident units		
Perform hand hygiene and wear gloves before handling soiled linens and use minimal agitation for linens (standard precautions)		
Soiled linen is not carried against the body		
Ensure soiled linen placed in designated container		
Soiled linen is rolled and not shaken to prevent contamination of the air and surfaces		
Linens are not placed on the floor		
Linens taken into patient rooms are not returned to cart even if they have not been used		
Contaminated linen is bagged/contained where collected, and sorted/rinsed only in the contaminated laundry area (double bagging of linen only recommended if outside of the bag is visibly contaminated or is observed to be wet on the outside of the bag)		
Soiled linen is placed into a clearly labeled, leak-proof container in the patient care area		
Contaminated and clean linens are transported in separate, covered carts		
If laundry chute in use, laundry bags are closed with no loose items		
If reusable linen bags are used inside the designated container, do not overfill them, tie them securely, and launder after each use (Note: soiled linen bags can be laundered with the soiled linen they contained but should be emptied of their content prior to laundering)		
Transport clean linens to patient care areas on designated carts or containers that are regularly (e.g., at least once daily) cleaned with EPA approved disinfection		
Store clean linens in a manner that prevents risk of contamination by dust, debris, soiled linens, or other soiled items (linen carts should be covered)		Source: Health Quality Innovation Network

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F881 – Antibiotic Stewardship Program

✓ Implement an antibiotic stewardship program including
- ☐ Antibiotic use protocols addressing antibiotic prescribing practices.
  - o Use standardized tools and criteria when assessing for infection and considering treatment (e.g McGeer criteria).
- ☐ Monitoring system for antibiotic use (i.e. antibiotic use reports, antibiotic resistance reports).
  - o Include frequency of monitoring/review such as when resident is new, returns to center, monthly DRR.
  - o Establish process for feedback to prescribing practitioners.

✓ Use the facility assessment to re-evaluate the system for your IPCP and make changes as needed.
- ☐ Note: Community based risk assessment should include review for risk of infections and communicable diseases.

Source: SOM - Appendix PP (cms.gov)

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F882 – Infection Preventionist Qualifications / Role

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F883
Influenza &
Pneumococcal
Vaccinations

Influenza, Pneumococcal, and COVID-19 Immunizations for Residents:

☐ Review the records of the five residents (influenza, pneumococcal, and COVID-19) for documentation of:

- Screening and eligibility to receive the vaccine(s);
- The provision of education related to the influenza, pneumococcal, and COVID-19 vaccines (such as the benefits and potential side effects);
- The administration of vaccines in accordance with national recommendations, which includes doses administered.
- Facilities must follow the CDC and Advisory Committee on Immunization Practices (ACIP) recommendations for vaccines; and
- Allowing a resident or representative to accept or refuse the influenza, pneumococcal, and COVID-19 vaccines. If not provided, documentation as to why the vaccine(s) was not provided.

☐ For surveys occurring during influenza season, unavailability of the influenza vaccine can be a valid reason why a facility has not implemented the influenza vaccine program, especially during the early weeks of the influenza season. Similarly, pneumococcal or COVID-19 vaccine supplies may be limited anytime of the year. Ask the facility to demonstrate that:

- The vaccine has been ordered and the facility received a confirmation of the order indicating that the vaccine has been shipped or that the product is not available but will be shipped when the supply is available; and
- Plans are developed on how and when the vaccines will be administered when they are available.

☐ As necessary, determine if the facility developed influenza, pneumococcal, and COVID-19 vaccine policies and procedures for residents. Review policies and procedures and interview facility staff and residents and/or resident representatives to determine:

- How residents and/or resident representatives receive education on the benefits and potential side effects before being offered a vaccine. If multiple doses are required, how residents and/or resident representatives, will again receive education on the benefits and potential side effects before being offered the vaccine; and
- How screening is conducted for eligibility (e.g., medical contraindications, previous vaccination), the vaccines are offered, and consent or refusal is obtained.

8. Did the facility provide influenza and/or pneumococcal immunizations as required or appropriate for residents? ☐ Yes ☐ No **F883**

9. Did the facility educate and offer COVID-19 immunization as required or appropriate for residents? ☐ Yes ☐ No **F887**

Educate and Offer COVID-19 Immunizations for Staff

☐ Review facility documentation for sampled staff for evidence of:

- Screening and eligibility to receive the vaccine(s);

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F884 - Reporting - National Healthcare Safety Network (NHSN)

Compliance requires facilities to continue to report COVID-19 data through NHSN's LTCF COVID-19 Module, and reporting vaccination data for residents and staff and the use of therapeutics for residents.

CMS will continue to receive the CDC NHSN reported data and review for timely and complete reporting of all data elements.

Facilities identified as not meeting the all reporting requirements under the provisions at §483.80(g)(1), including the new vaccination reporting requirements, will receive a deficiency citation at F884 on the CMS 2567, Statement of Deficiencies, at a scope and severity level of F (no actual harm with a potential for more than minimal harm that is not an Immediate Jeopardy [IJ] and that is widespread).

Failure to report the required elements to NHSN (including the new vaccination reporting requirements) will result in a single deficiency at F884 for that reporting week.

In accordance with §488.447, a determination that a facility has failed to comply with the requirements to report weekly to the CDC pursuant to §483.80(g)(1)-(2) (tag F884) will result in a civil money penalty (CMP) imposition.

Source: SOM - Appendix PP (cms.gov)

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F885 – Reporting – Residents, Families & Representatives

- The review for F885 has been added to the COVID-19 Focused Survey Protocol
  - Surveyors will be looking to identify the mechanism(s) that the facility is using to inform residents/reps/families about required COVID-19 data
- This regulation requires that facilities communicate with residents, representatives, and family members regarding COVID-19 in their buildings
- CMS notes that facilities must make reasonable efforts to provide this information to these interested parties, but it is not necessary that individual phone calls are made to each family to inform them that a resident in the facility has laboratory-confirmed COVID-19

Source: SOM - Appendix PP (cms.gov)

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COVID-19 Focused Infection Control (FIC) Survey Protocol

Entrance Conference
- If the survey team identifies an active COVID-19 case after entering a facility, the survey team should contact their State Survey Agency (SSA) and verify that the facility has notified the state or local health department.
- Follow the COVID-19 FIC Survey Entrance Conference Worksheet to request information.

Survey Activities
- In situations where there is only one surveyor conducting the survey (e.g., complaint or EP), to the extent possible, the surveyor should begin the survey activity in an area with COVID-19 negative residents and not return to that area once positive residents have been encountered.
- Adhere to Standard and Transmission-Based Precautions and refer to CDC's "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic."
- Refer to CMS-20054, Infection Prevention, Control and Immunizations pathway to guide your investigation and make compliance determinations. Document your investigation on the electronic version of the pathway and/or electronic or paper-based surveyor notes worksheets. Scan and attach survey related documents, to the survey kit for upload to ACO/ARO.
- Comprehensive Review of Facility Policies/Procedures (e.g., Infection Prevention & Control Program, Emergency Preparedness Plan, COVID-19 testing, including residents and staff who refuse testing or are unable to be tested, resident immunizations, and COVID-19 Health Care Staff Vaccinations.
- While the primary focus is COVID-19, you should investigate any other areas of potential noncompliance where there is a likelihood of immediate jeopardy (IJ). Follow the interpretive guidance and CE pathways relevant to the area of concern.
- Be alert to situations that may create a likelihood for serious injury, harm, impairment, or death, use guidance in Appendix Q and complete an IJ Template.

NOTE: Surveyors should limit photocopies to only those records necessary for confirming noncompliance or to support findings of deficient practice.

Concluding the Survey
- Conduct an exit conference with the facility.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

COVID-19 Focused Infection Control (FIC) Survey Entrance Conference Worksheet

INFORMATION NEEDED FROM THE FACILITY IMMEDIATELY UPON ENTRANCE*
❑ 1. Census number
❑ 2. An alphabetical list of all residents and room numbers (note any resident out of the facility).
❑ 3. A list of current residents who are confirmed or suspected cases of COVID-19.
ENTRANCE CONFERENCE
❑ 3. Conduct a brief Entrance Conference with the Administrator.
❑ 4. Signs announcing the survey that are posted in high-visibility areas.
❑ 5. A copy of an updated facility floor plan, if changes have been made, including observation and COVID-19 units.
INFORMATION NEEDED FROM FACILITY WITHIN ONE HOUR OF ENTRANCE*
❑ 6. The actual working schedules for all staff, separated by departments, for the survey time period.
❑ 7. List of key personnel location, and phone numbers including the Medical Director, the facility staff responsible for the Infection Prevention and Control Program and the COVID-19 vaccination efforts, and contract staff (e.g., rehab services).
❑ 8. Provide each surveyor with access to all resident electronic health records (EHRs) – do not exclude any information that should be a part of the resident's medical record. Provide instructions on how surveyors can access the EHRs outside of the conference room. Please complete the attached form on page 2 which is titled "Electronic Health Record Information."
❑ 9. Facility Policies and Procedures for: • Infection Prevention and Control Program, to include the Surveillance Plan • Addressing COVID-19 testing of residents and staff who refuse testing or are unable to be tested • Emergency Preparedness to include Emergency Staffing Strategies • Influenza, Pneumococcal, and COVID-19 Vaccination

*The timelines for requested information in the table are based on normal circumstances. Surveyors should be flexible on the time to receive information based on the conditions in the facility. For example, do not require paperwork within an hour if it interrupts critical activities that are occurring to prevent the transmission of COVID-19.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

COVID-19 Focused Infection Control (FIC) Survey Entrance Conference Worksheet

ELECTRONIC HEALTH RECORD (EHR) INFORMATION
Please provide the following information to the survey team within one hour of Entrance.

Provide specific instructions on where and how surveyors can access the following information in the EHR (or	
1. Infections	
2. Hospitalization	
3. Change of condition	
4. Medications	
5. Diagnoses	
6. COVID-19 test results	
7. Immunization data	

Please provide name and contact information for IT and back-up IT for questions:

IT Name and Contact Info: _____

Back-up IT Name and Contact Info: _____

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F887 – COVID-19 Immunization

- To protect LTC residents from COVID-19, each facility must develop and implement policies and procedures that meet each resident's, resident representative's, and staff member's information needs and provides vaccines to all residents and staff that elect them

- All residents and / or resident representatives and staff must be educated on the COVID-19 vaccine they are offered, in a manner they can understand, and receive the **FDA COVID-19 EUA Fact Sheet** before being offered the vaccine.

- Education *must* cover the benefits and potential side effects of the vaccine and should include *common reactions*, such as aches or fever, and *rare reactions* such as anaphylaxis

Source: SOM - Appendix PP (cms.gov)

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES   Source: https://www.cms.gov/files/document/qso20-12-suspension-survey-activities-2pdf.pdf

Infection Prevention, Control & Immunizations

Coordination:
- [ ] Each surveyor is responsible for assessing the facility for breaks in infection control throughout the survey and is to answer CEs of concern.
- [ ] One surveyor performs or coordinates the facility task to review for:
  - Standard and transmission-based precautions
  - Infection Prevention and Control Program (IPCP) standards, policies, and procedures
  - Infection surveillance
  - Water management
  - Laundry services
  - Antibiotic stewardship program (review at least one resident who is receiving an antibiotic if there are concerns)
  - Infection Preventionist
  - Influenza, pneumococcal, and COVID-19 immunizations
- [ ] Sample residents/staff as follows:
  - Sample one staff to verify compliance with requirements for educating and offering COVID-19 immunization (select one staff from the actual working schedules for all staff provided during entrance conference).
  - Sample three residents on transmission-based precautions (TBP) for purposes of determining compliance with infection prevention and control national standards, as well as resident care, screening, testing, and reporting.
  - Sample five residents for influenza, pneumococcal, and COVID-19 immunizations review. **F887 - COVID-19 Immunization**

General Standard Precautions:
- [ ] Staff are performing the following appropriately:
  - Respiratory hygiene/cough etiquette,
  - Environmental cleaning and disinfection, and
  - Reprocessing of reusable resident medical equipment (e.g., cleaning and disinfection of glucometers per device and disinfectant manufacturer's instructions for use).
- [ ] Residents, visitors, and others at the facility wear appropriate source control, in accordance with national standards.
- [ ] When there is a known communicable disease outbreak, the facility should screen visitors for signs and symptoms of the communicable disease in accordance with national standards and/or state and local health department recommendations. Screening may be conducted by active or passive (e.g., self-screening) means, depending upon national, state or local recommendations.

Hand Hygiene:
- [ ] Appropriate hand hygiene practices (i.e., alcohol-based hand rub (ABHR) or soap and water) are followed.

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Implementation – Key Takeaways

✓ Review your infection prevention and control program and policies/procedures to determine if all newly required elements are addressed. *Note expanded requirements address prevention as well as control of infections*.
  - o Does your system address the following in accordance with accepted national standards?
    - ☐ Infections and communicable diseases for all residents, staff, visitors, volunteers, students and others providing services under contract
    - ☐ Prevention, identification, surveillance, reporting & tracking, investigation, control
  - o Do you have written standards, policies, and procedures for the IPCP including, but not limited to?
    - ☐ Surveillance identification before spread
    - ☐ When and to whom possible incidents should be reported
    - ☐ Standard and transmission-based precautions to prevent spread
    - ☐ When and how isolation should be used for a resident: type and duration of isolation, requirement that isolation should be least restrictive possible
    - ☐ Circumstances to prohibit employees with communicable disease or other infectious state from direct contact with residents or their food
    - ☐ Hand hygiene for staff involved in direct resident contact
  - o Do you have a system for recording incidents (e.g. communicable diseases and infections) identified under the facility's IPCP and corrective actions taken by the facility?
  - o Do you perform an annual review of the IPCP and update the program as necessary?
✓ Review Influenza and Pneumococcal immunization policies and procedures to determine if consistent with changes to the requirements.

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Ongoing QAPI Practices

▸ **Audits / rounding tools - Use as education and/or survey preparation**

▸ **Policies need to match practice - How often are you reviewing?**

▸ **Data analysis – Identify your specific trends, issues, areas of opportunity**

▸ **PIP - Focus on improvement areas (e.g., hand hygiene project)**

▸ **Monitoring improvement - Measure of success, is it sustainable?**

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Performance Improvement Project (PIP) Inventory

QAPI

Sample PIP Template

Directions: Use this template for high level tracking of all PIPs occurring within your organization. This document may be particularly useful for leadership, surveyors, or others responsible for overall monitoring of the program. Consider updating the status column on a regular basis; e.g., quarterly. This may be helpful to bring to the QAPI team meetings, to review all PIPs that the organization has currently underway, to identify if the PIPs are moving along, if any have stalled, etc.

Date(s) of Review: _____

Project Name	Start Date	Current Phase *Initiation, Planning, Implementation, Monitoring, Closing*	Purpose *What is the reason for conducting this project?*	Change(s) Initiated *What actions have been put into place?*	Indicators/Measures *Which data are being tracked to show improvement?*	Status *What are the indicator/measure results as compared to goals or thresholds? Have any unintended consequences or barriers been identified? How are they being addressed?*

Source: Performance Improvement Project (PIP) Inventory (cms.gov)

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Resources

- Agency for Healthcare Research and Quality AHRQ Toolkits, Determine Whether It Is Necessary to Treat a Potential Infection With Antibiotics: https://www.ahrq.gov/nhguide/toolkits.html
- CDC COVID-19 Vaccine Emergency Use Authorization (EUA) Fact Sheets for Recipients and Caregivers: https://www.cdc.gov/vaccines/covid-19/eua/index
- CDC Infection Prevention Resources for Long-term Care: http://www.cdc.gov/longtermcare
- CDC/HICPAC Guidelines and recommendations: http://www.cdc.gov/HAI/prevent/prevent_pubs.html
- CDC released a wound care tool for ICAR visits https://www.cdc.gov/infectioncontrol/pdf/icar/IPC-mod8-wound-care-508.pdf
- CMS State Operations Manual, Appendix PP, SOM - Appendix PP (cms.gov)
- ICAP Long-Term Care: https://icap.nebraskamed.com/facilities/long-term-care/
- Nebraska ASAP website: https://asap.nebraskamed.com/long-term-care/tools-templates-long-term-care/
- OIG Colorado Report: https://oig.hhs.gov/reports/all/2024/colorado

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Infection prevention and control compliance starts with you!

Questions

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