

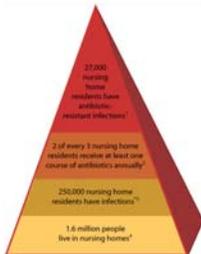
§483.65 Infection Control (F441)

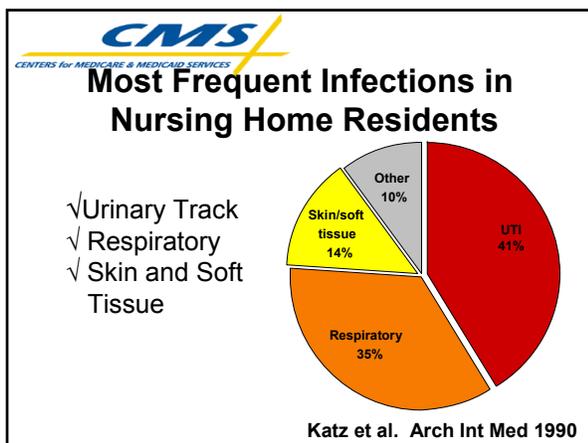
Session III Infection Control Program

§483.65 Infection Control Interpretive Guidelines Background

- Infections are a significant source of morbidity and mortality for nursing home residents and account for up to half of all nursing home resident transfers to hospitals.
- Infections occur an average of 2 to 4 times per year for each nursing home resident.

Burden of Infections Among U.S. Nursing Home Residents





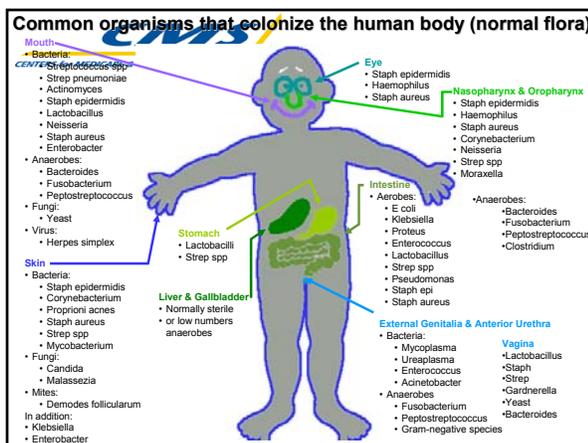
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Other Endemic Infections in Nursing Home Residents

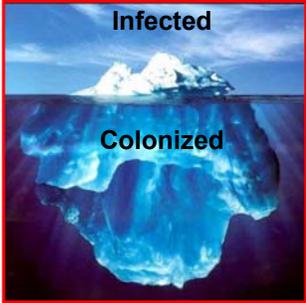
- Conjunctivitis
- Gastroenteritis
- Influenza

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The Iceberg Effect



The image shows an iceberg floating in the ocean. The small tip of the iceberg above the water surface is labeled "Infected". The much larger, submerged part of the iceberg below the water surface is labeled "Colonized".

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Critical Aspects of Infection Prevention and Control Programs include:

- Recognizing and managing infections at the time of a resident's admission to the facility and throughout their stay, and
- Following recognized infection control practices while providing care.

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Considerations: Resident Rights

It can be difficult to promote the individual resident's rights and well-being while trying to prevent and control the spread of infections.

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Components of an Infection Prevention and Control Program

- Program Development and Oversight
- Policies and Procedures
- Infection Preventionist
- Surveillance
- Documentation
- Monitoring
- Data Analysis
- Communicable Disease Reporting
- Education
- Antibiotic Review

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Program Development and Oversight

The core focus of the program oversight is to:

- Establish goals and priorities,
- Monitor program implementation and
- Respond to errors, problems, other identified issues

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Program Development and Oversight

Additional Program Activities include:

- Identifying roles and responsibilities during routine implementation as well as unusual occurrences or threats of infection, and
- Defining and managing resident health initiatives.

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Additional Program Activities (cont'd)

- Managing food safety, and
- Providing a nursing home liaison to work with local and state health agencies.

Personnel Responsible for Overall Program Oversight

The facility program oversight should collaboratively include the:

- Administrator,
- Medical Director (or designee),
- Director of Nursing, and
- Other staff as appropriate.

Policies and Procedures

- Written policies establish the program's expectations and parameters.
- Procedures guide the implementation of the policies and performance of specific tasks.

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Policies and Procedures

- Serve as foundation of the IC Program
- Periodic review and revision necessary to conform to current practice standards or address specific-facility concerns

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Infection Preventionist (IP)

IP serves as program coordinator and responsibilities may include:

- Education and training;
- Collecting, analyzing, and providing infection data and trends to nursing staff and other healthcare practitioners; and
- Consulting on infection risk assessment, prevention, and control strategies.

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Surveillance

Essential Elements

Two Types:

- **Process**
- **Outcome**

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**Infection Surveillance:
not just for Sherlock!**



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Process Surveillance

Process surveillance reviews practices directly related to resident care in order to identify whether the practices are compliant with established prevention and control policies based on recognized guidelines.

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Outcome Surveillance

- Designed to identify and report evidence of an infectious disease
- Outcome surveillance process consists of:
 - Collecting/documenting data on individual cases;
 - Comparing collected data to standard written definitions (criteria) of infections.

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Documentation Various Approaches

- Various approaches to gathering, listing, and documenting surveillance data
- Infection control reports must describe the types of infections and serve to identify trends and patterns.

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Monitoring

Monitoring considered an integral part of infection control surveillance

- Program implementation, effectiveness
- Resident infection status
- Infection resolution and/or outbreak

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Data Analysis

Comparing past and present surveillance data enables the detection of unusual or unexpected:

- Outcomes
- Trends
- Ineffective practices
- Performance issues

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Data Analysis

- The data analysis allows facility to evaluate need to change practices such as:
 - Enhance infection prevention
 - Minimize potential for infection transmission

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Communicable Disease Reporting

Each facility must have processes that enable them to:

- Consistently comply with state and local health department requirements for reporting communicable diseases

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**Minnesota
Communicable
Disease
Reporting
Rules**



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Staff Education

- Initial and ongoing staff education/training necessary to understand/comply with infection control practices.
 - General infection control principles/practices
- Additional training required:
 - Discipline and task-specific infection control training

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Antibiotic Review

Due to increases in MDROs, review of the use of antibiotics (including comparing prescribed antibiotics with available susceptibility reports) is a vital aspect of the infection prevention and control program.

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