

Infection Control for Nursing Homes and Adult Care Facilities

Hand Hygiene and PPE: Are You Where You Need To Be?

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IPRO QIN-QIO

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The IPRO QIN-QIO – Who We Are

- The federally funded Medicare Quality Innovation Network – Quality Improvement Organization for 11 states and the District of Columbia
- Led by IPRO
- Joined by Healthcentric Advisors and Qlarant
- Offering enhanced resources and support to healthcare providers and the patients and residents they serve
- Promoting patient and family engagement in care
- Non-regulatory
- Supporting implementation and strengthening of innovative, evidence-based, and data-driven methodologies to support improvements



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The IPRO QIN-QIO – What We Do

- Work toward better care, healthier people and communities, and smarter spending
- Catalyze change through a data-driven approach to improving healthcare quality
- Collaborate with providers, practitioners and stakeholders at the community level to share knowledge, spread best practices and improve care coordination
- Promote a patient-centered model of care, in which healthcare services are tailored to meet the needs of patients



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Improve Quality in LTC Sector

Quality Improvement (QI) Focus using current best practices and person-centered approaches:

- Decrease opioid prescribing
- Reduce adverse drug events (ADEs)
- Reduce hospitalizations for nursing home onset *C. difficile*
- Reduce healthcare-acquired infections
- Reduce emergency department visits & readmissions for short stay nursing home residents
- Improve the mean Total Quality Score for all nursing homes

**Thank you for your
continued efforts
to keep your
residents, clients
& community safe.**



Objectives

- Review basic infection prevention and control
- Discuss hand hygiene
- Review personal protective equipment (PPE) use and availability
- Review environmental cleaning
- Review COVID-19 specific topics
 - Visitor screening
 - Staff screening
 - Cohorting
- Learn about processes to audit/monitor procedures
- Provide overview Project First Line

Infection Prevention and Control

- Internal practices that can prevent or reduce the risk of transmission
- Safe residents, healthcare providers and the healthcare environment outcomes
- All staff consistent practice

Infection Prevention and Control Resources

CDC Covid Data Tracker

<https://covid.cdc.gov/covid-data-tracker/#datatracker-home>

Seven day moving average

https://covid.cdc.gov/covid-data-tracker/#countyview|New%20York|36103|Cases|new_cases_week_over_week_percent_change

Community transmission by county

<https://covid.cdc.gov/covid-data-tracker/#county-view>



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Infection Prevention and Control Guidance

State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities

(Rev. 173, 11-22-17)

§483.80 Infection Control

The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

Infection Prevention and Control Intent

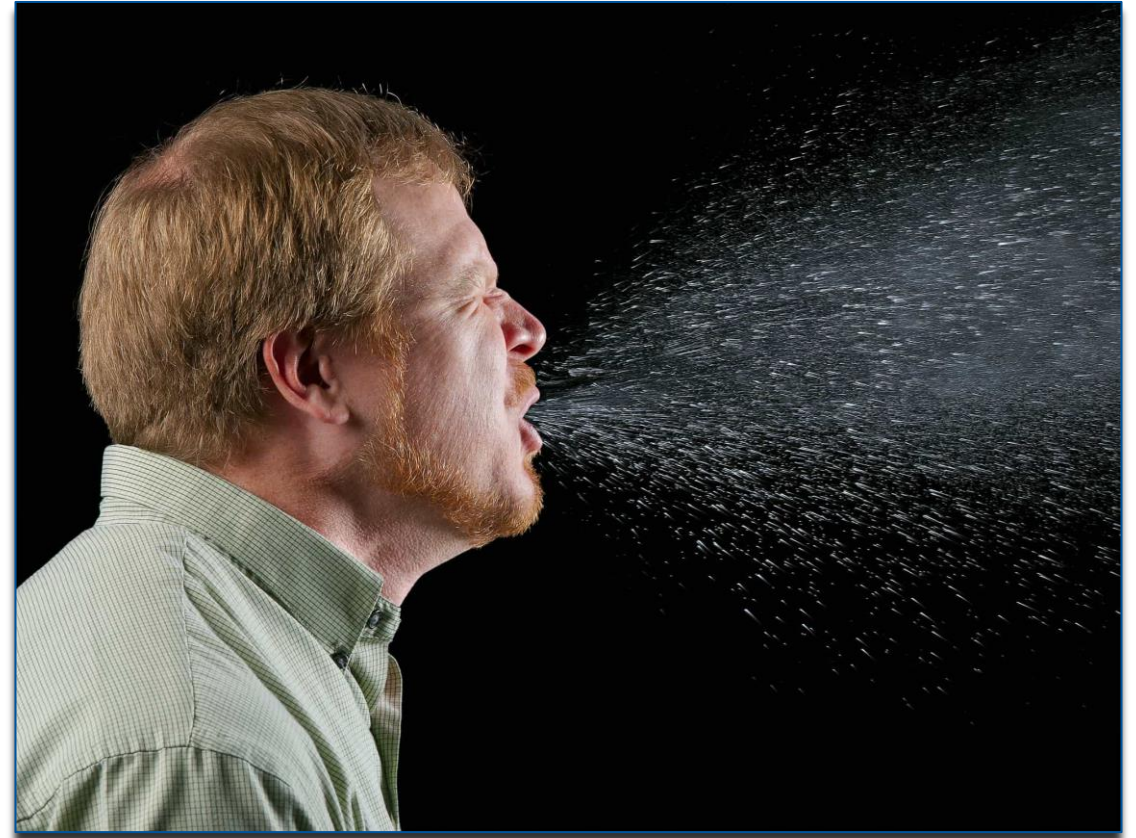
INTENT §483.80(a),(e),(f)

§483.80 Infection Control

Intent

- Develops and implements an ongoing infection prevention and control program (IPCP) to prevent, recognize, and control the onset and spread of infection
- Establish facility-wide systems for the prevention, identification, investigation, and control of infections of residents, staff, and visitors
- Develops and implements written policies and procedures for infection control

Basics of Infection Prevention and Control



Alcohol-Based Hand Rub (ABHR)

- Ensure alcohol-based hand rub are widely available and stationed where the staff find it convenient
- Place ABHR dispensers at the entrance of rooms- in semiprivate rooms is there a location inside the room that allows staff to be able to clean their hands before caring for the next resident
- Provide individual dispensers for those occasions when staff will not have access to a secured dispenser
- Be aware of the fire codes

Soap and Water Handwashing

- Identify the locations of the handwashing sinks
- Educate staff when they need to soap and water wash
- Determine if the soap and paper towels are being stocked as often as necessary
- Don't forget to test your process
- When planning new constructions or remodeling, is there an option of adding more sinks

Precautions

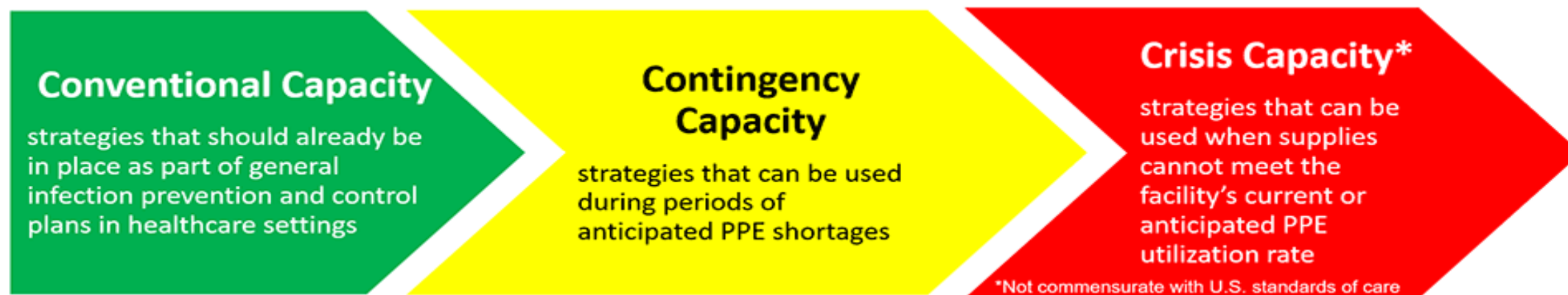
Standard Precautions

- blood, body fluids, secretions, excretions may contain transmissible infectious agents

Transmission-based Precautions (Isolation Precautions)

- addition to standard precautions. Additional protection actions are added based on means of transmission; such as airborne, contact and droplet

Strategies for Optimizing Supply of PPE During Shortages



Summary for Healthcare Facilities: Strategies for Optimizing the Supply of PPE during Shortages

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/strategies-optimize-ppe-shortages.html>

Personal Protective Equipment (PPE)

- Storage
- Donning and doffing: location, education, laminated step by step sheets.
- Determine a process to restock on the unit: all shifts
- Test your process. If you go to the isolation cart, will you find all necessary supplies each time you go?
- PPE fatigue- it is a real issue
 - [PPE-Fatigue-1.png \(1294x2000\) \(apic.org\)](#)
- Supply Chain: conservation strategies (conventional use, contingency use, and crisis use) conventional use should be used in whenever possible

Gloves

- Reduce the risk of contamination with blood and other body fluids
- Reduce the risk of spreading germs in the environment and transmission for staff to resident and vice versa
- Gloves should not be used in the hallway unless providing care for a resident
- Do not use two pairs of gloves
- Gloves do not provide complete protection against contamination therefore, hand hygiene must be performed after removal of gloves
- [DosDonts Gloves rev0821.pdf \(infectionpreventionandyou.org\)](#)

Face Mask

Source Control:

Change when soiled, damaged, or hard to breath through.

PPE Use:

Protect from exposure to splashes, sprays, splatters and respiratory secretions, for example droplet precautions. Change after each patient encounter

Proper application of facemask use is a concern for PPE fatigue

- Holidays are coming; are the staff gathering in at the desk to eat the snacks people are bringing in. Are they able to maintain six feet?
- Evening and night shift

[DosDonts Masks rev0821.pdf \(infectionpreventionandyou.org\)](#)

[Strategies for Optimizing the Supply of Facemasks: COVID-19 | CDC](#) accessed 11/2/21



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N95 Respirators

Respiratory Protection Program

- Medically cleared prior to fit testing:
- OSHA Respiratory Protection Standard: "1910.134(e)(1) General. The employer shall provide a medical evaluation to determine the employee's ability to use a respirator, before the employee is fit tested or required to use the respirator in the workplace."
- [Respiratory Protection Guidance for the Employers of Those Working in Nursing Homes, Assisted Living, and Other Long-Term Care Facilities During the COVID-19 Pandemic \(osha.gov\)](#)
- [Small Entity Compliance Guide for the Respiratory Protection Standard \(osha.gov\)](#)
- [DosDonts N95s rev0821.pdf \(infectionpreventionandyou.org\)](#)

Where Do You Land: Conventional Strategy?

- [Strategies for Optimizing the Supply of N95 Respirators: COVID-19 | CDC](#)

Gowns

- Is the area stocked?
- Correct fit/correct type
- Is the gown tied before entering the room
- [12SOW-T3-CV19-PPE-Poster v3.pdf](#)
- [DosDonts Gowns rev0821.pdf \(infectionpreventionandyou.org\)](#)

Linens

Contaminated Laundry

- What is the process to managing dirty linens?
- Are the staff able to get the dirty linens to the hampers easily and safely?
- Are linen bags available? Easy for the staff?

Clean Laundry

- Covered
- Handled
- Abundance of clean in rooms

Environmental Cleaning

- Cleaning: removes the dirt
- Disinfecting: kills the germs
- High touch surfaces: grab bars, doorknobs, light switches, call lights
- Dwell time for disinfectants- how long does the disinfectant need be left alone before being wiped away to kill the germs
- EPA-registered

COVID-19 Specific

- Cohorting Plans
- Staffing plans
- Visitor/staff screening
- Vaccine plans:
 - Education:
 - [Invest in Trust: A Guide for Building COVID-19 Vaccine Trust and Increasing Vaccination Rates Among CNAs \(ahrq.gov\)](https://www.ahrq.gov/immunization/COVID-19/vaccine-trust/)
 - How are you managing documentations?
 - [Vaccination Tracking and Reporting Tools | Agency for Healthcare Research and Quality \(ahrq.gov\)](https://www.ahrq.gov/immunization/COVID-19/vaccine-trust/)

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IPRO QIN-QIO Infection Control Resources

- Resources to assist with measuring adherence to competencies over time to demonstrate improvement and sustainability
- Module based resources (module content may vary by topic)
 - Template action plan
 - Competency tracker
 - Pre and post test knowledge assessment
 - Template policy
 - Competency checklist

Infection Control Resource Topics

- Hand hygiene
- PPE donning and doffing
- Stethoscope cleaning and other shared equipment cleaning
- Communal dining
- Visitation screening
- Cohorting
- Environmental Cleaning

Action Plan- Identify SMART Goals

SMART Goals

(Specific, Measureable, Attainable, Realistic, Time-Bound)

1. Reduce observations of facility and contract staff not compliant with all elements of hand hygiene protocol by 90% by July 31, 2020
2. Reduce percentage of facility residents with an infection by 15% by September 1, 2020
3. 100% of facility staff and contract staff observed to be utilizing incorrect hand hygiene technique complete re-education utilizing Pre and Post Test, CDC webinar, and competency return demonstration by July 15, 2020
4. Competency Audit Tracking Tool 100% complete for all hand hygiene competencies for 90 days

Action Plan- PDSA Cycles

KEY ACTION STEPS AND PDSA CYCLES						
Action	Start Date	Target Completion Date	Process Owner	Monitoring Strategy	Findings/Lessons Learned	Recommendations/ Next Steps
1. RCA: Interview all staff with observed noncompliance to determine RCA (not understanding, forgot step)	7/10/20	7/20/20	Identified team member with demonstrated skill in interviewing with RCA 5 Why's	Standing QAPI agenda item	3 related to feeling nervous in front of observer 5 felt they knew material and missed step as isolated occurrence 4 associated with language barrier and misunderstanding	Establish observer rotation Consider increasing practice to embed steps in routine Offer peer translation during education
2. RCA: Review contract agency hand hygiene training and competency materials	7/6/20	7/13/20	Luis Morales, Staff Educator Toni Taylor, Rehab Mgr Mike Smith, Housekeeping Mgr	Review of comparison results by QAPI team	Housekeeping agency competency had one element that did not align with most current CDC guidance document facility using in competency education and te	Agency is revising policy and will re-educate all staff
3. Identify unit/dept champions on all 3 shifts/7d a week and train on observation reporting	7/6/20	7/17/20	Aashna Patel, NHA Jayden Jones, DON Susan Schwartz, IP	Bi-weekly schedules for designated hand hygiene champion	Staff appreciated being asked to be a champion which also helped us increase engagement of line staff in QAPI work	Identify Champion back-ups for vacation, sick calls, etc.
4. Re-educate staff with observed noncompliance using CDC video and related tools	7/6/20	7/15/20	Luis Morales, Staff Educator	Competency Tracking Tool	For the 50% of re-education complete to date, 15% answered the question on when to use soap and water versus hand sanitizer incorrectly	Revise hand hygiene training to increase focus on when each method is preferred
5. Expand re-education based on initial finds to include just in time refresher on preferred method	7/15/20	7/31/20	Luis Morales, Staff Educator Unit Managers and Shift Supervisors Susan Schwartz, IP	Competency Tracking Tool Number of Observations		

Hand Hygiene Competency Tracking Tool

This tool is designed to track completed Hand Hygiene competencies and identify trends for ongoing quality improvement. For each competency completed, check all items where employee did NOT demonstrate competency without coaching from the reviewer. Trends in areas where staff did not demonstrate competency without coaching should be analyzed for possible modifications to the training process.

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This material was prepared by the IPRO QIN-QIO, a partnership of Healthcentric Advisors, Qlarant and IPRO, serving as the Medicare Quality Innovation Network-Quality Improvement Organization for the New England states, NY, NJ, OH, DE, MD, 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. 12SOW-IPRO-QIN-T3-AA-20-107

Clean Hands: Combat COVID-19!

CDC COVID-19 Prevention Messages for Frontline Long-term Care Staff

Pre-Test



This pre-test should be taken to evaluate staff members' baseline knowledge prior to viewing the CDC YouTube video [Clean Hands – Combat COVID-19](#)

Staff member:

Date:

Test Scorer:

Pre-Test Score:

Question	True	False
1. The average nurse touches 400 - 600 surfaces during a 12 hour shift.		
2. The four important moments when you must wash your hands are: 1. Before Initial Resident/Resident Environment Contact. 2. After Aseptic Procedures. 3. After Body Fluid Exposure Risk. 4. After Resident/Resident Environment Contact.		
3. One of the benefits of alcohol-based hand sanitizers is they are less dependent on technique and easier to coat all parts of your hand.		
4. The preferred maximum length for natural nail tips is 1/4 inch.		
5. Soap and water can be used to re-use gloves between residents as long as soap and water is used for 20 seconds and covers all surfaces.		
6. Alcohol-based hand sanitizers are preferred over hand washing with soap and water when hands are not visibly soiled.		
7. Skin becomes more fragile with age so resident hand washing should be limited to before meals and after toileting.		

[CDC COVID-19 Prevention Messages for Front Line Long-Term Care Staff: Clean Hands – Combat COVID-19 - YouTube](#)

IPRO QIN-QIO Provides Free Technical Assistance

Please reach out to IPRO using the email address below for further support, tools and resources:

ipronursinghometeam@ipro.org



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PFL NY



Target Audience: Skilled Nursing Facility & Assisted Living Facility
Direct Care Givers & Support Operational Staff

Centers for Disease Control and Prevention (CDC) Project Firstline Web site:
[Project Firstline Infection Control Training | CDC](https://www.cdc.gov/projectfirstline/)



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Project Firstline Purpose

- Aims to provide every person working in a U.S. healthcare facility with a foundational understanding of IPC and the confidence to use it every day to protect the nation from infectious disease threats, such as COVID-19
- Stop the spread of infectious disease threats
- Enable every frontline healthcare worker to understand infection control principles and protocols to be able to confidently ***apply them during every patient care activity*** to protect themselves, their facility, their family, and their community
- Project Firstline is designed to help every frontline healthcare worker gain that knowledge and confidence

Project Firstline Goal

Anyone working in a healthcare facility needs a foundational knowledge of infection control and be ready to implement infection control protocols and procedures throughout workday and at home

Evidence Based Trainings

Core Principles

- **Accessible**- CDC website; **FUTURE**: NYSHFA-NYSCAL Website: social media, during live events, or take the complete training on your own time, at your own pace, on your smartphone, tablet
- **Concise**- view bite-sized Project Firstline highlights, fit around busy schedule, approximately 10 minutes
- **Interactive**- to keep you engaged with built-in knowledge checks, role-playing
- **Provide Core Training and Practical Tools** to support everyone working in a healthcare facility
- **Partner Engagement** to share information
- **Mentorship**-connect inf control experts with local healthcare community
- **Public Health Technical Capacity Building**-to facilitate knowledge and tool sharing between public health departments and their local clinical communities
- **Innovation and Creativity**

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Next Steps

Needs Assessment sent out and data collected via IPRO Systems

- capture past experiences with infection control training,
- gain confidence in being able to **effectively implement infection control activities**,
- identify preferences for additional training as needed
- responses will be used to inform decisions on the development and delivery of future training to ensure it best meets the needs of you and your colleagues.
- **Participation** in this survey is voluntary, responses will be anonymous

Training Packets

- will be sent to all facilities announcing access to training offered in multiples methods: group and individual sessions/ Focus groups/webinars/podcasts



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Next Steps

- **Advisory Board:** representative partners from business, IPRO, academia, Statewide County Health, Infection Control Expert and AL and SNF Provider Associations. All working together to brainstorm and share the message of infection prevention and control across associations and throughout NYS.
- **Outreach and Follow Up:**
 - Engaging Building Leadership to participate and encourage staff to attend trainings
 - Set up Building Partners to spread the word: facility champions such as NHA, DON, Infection Preventionists and Educators



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Questions

Comments

Feedback



Webinar Series

Please Save the Date!

Immunizations

Tuesday, December 21, 2021
12:00 pm -1:00 pm

Registration Details Will be Forwarded

For More Information

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