



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Wisconsin HAI Long-Term Care Education Series

September 22, 2022

Today's Agenda

- Infection Prevention Programs: Regulatory Considerations
 - **Vicky Griffin**, Infection Preventionist, Division of Quality Assurance
- Keys to a Successful Infection Prevention Program
 - **Ashley O'Keefe**, Infection Preventionist, HAI Prevention Program
- Navigating the National Healthcare Safety Network (NHSN)
 - **Nancy Eberle**, Surveillance and Education Coordinator, HAI Prevention Program

Infection Prevention Programs: Regulatory Considerations



Vicky Griffin, BSN, RN

483.80 – F880

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

483.80(a) – F880

Infection Prevention & Control Program (IPCP)

483.80(a) – The facility must establish an IPCP that **must include at a minimum**, the following **elements**:

- 483.80(a)(**1**) - A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services based upon the facility assessment (483.70(e)) and **following accepted national standards**

483.80(a)– F880

IPCP Minimum Elements

483.80(a)(2) – Written standards, policies & procedures for the program, which must include, but are not limited to:

- i. A system of surveillance to identify communicable diseases...
- ii. When & to whom to report communicable diseases
- iii. Standard & transmission-based precautions to be followed...
- iv. When & how isolation should be used...
- v. Prohibiting employees with a communicable disease...
- vi. Hand hygiene procedures to be followed

483.80(a) – F880

IPCP Minimum Elements

- 483.80(a)(4) – System for recording incidents identified under the facility’s IPCP & corrective actions taken
- 483.80(e) – Linens. Personnel must handle, store, process, and transport linens to prevent the spread of infection
- 483.80(f) – Annual Review. The facility will conduct an annual review of its IPCP and update their program, as necessary.

483.80 – F880

Guidance to Surveyors

Definition:

“Infection preventionist”: term used for the person(s) designated by the facility to be responsible for the infection prevention and control program. NOTE: Designation of a specific individual, detailed training, qualifications, and hourly requirements for an infection preventionist are not required until implementation of Phase 3. (11/28/19)

483.80(b) – F882

Infection Preventionist (IP)

The facility must designate one or more individual(s) as the IP who are responsible for the facility's IPCP. The IP must:

- 483.80(b)(1) - Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field
- 483.80(b)(2) – Be qualified by education, training, experience or certification

483.80(b) – F882

Infection Preventionist (IP)

The IP must:

- 483.80(b)(3) – Work at least part-time at the facility
- 483.80(b)(4) – Have completed specialized training in infection prevention and control
- 483.80(c) – Be a member of the facility's quality assessment & assurance committee and report to the committee on the ICPC on a regular basis

Questions?

Keys to a Successful Infection Prevention and Control Program



Ashley O'Keefe, MLS (ASCP)^{CM}, CIC

Infection Prevention Programs

- An infection prevention program is designed to prevent the spread of infections.
- When all elements of an infection prevention program are practiced consistently, the risk of infection is reduced.

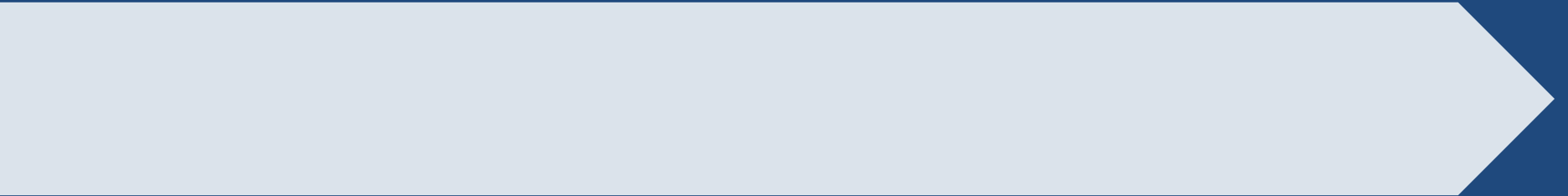


Infection Prevention Programs

An infection prevention program should be based on:

- Infection risks specific to the facility.
- Population served.
- Services provided.
- Health care personnel who deliver services.

Preventing Infections



Infection Prevention and Control Risk Assessment

- An infection prevention program should include an infection prevention and control (IPC) risk assessment.
- An IPC risk assessment should:
 - Be performed annually.
 - Involve key stakeholders.
 - Consider environmental, internal, and external factors.

IPC Risk Assessment

INFECTION EVENT	PROBABILITY OF OCCURRENCE				LEVEL OF HARM FROM EVENT				IMPACT ON CARE				READINESS TO PREVENT			RISK LEVEL (Scores ≥ 8 are considered highest priority for improvement efforts.)
	(How likely is this to occur?)				(What would be the most likely?)				(Will new treatment/care be needed for re				(Are processes/resources in place)			
Score	High 3	Med. 2	Low 1	None 0	Serious Harm 3	Moderate Harm 2	Temp. Harm 1	None 0	High 3	Med. 2	Low 1	None 0	Poor 3	Fair 2	Good 1	
Facility-onset Infections(s)																
Device- or care-related																
Catheter-associated urinary tract infection (CAUTI)																
Central line-associated bloodstream infection (CLABSIs)																
Tracheostomy-associated respiratory infection																
Percutaneous-gastrostomy insertion site infection																
Wound infection																
Other (specify):																
Resident-related																
Symptomatic urinary tract infection (SUTI)																
Pneumonia																
Cellulitis/soft tissue																
<i>Clostridioides difficile</i> infection																
Tuberculosis*																
Other (specify):																
Outbreak-related																
Influenza*																
Other viral respiratory pathogens*																
Norovirus gastroenteritis*																
Bacterial gastroenteritis (e.g., <i>Salmonella</i> , <i>Shigella</i>)																
Scabies																
Conjunctivitis																
Group A <i>Streptococcus</i> *																
MDRO																
Other (specify):																

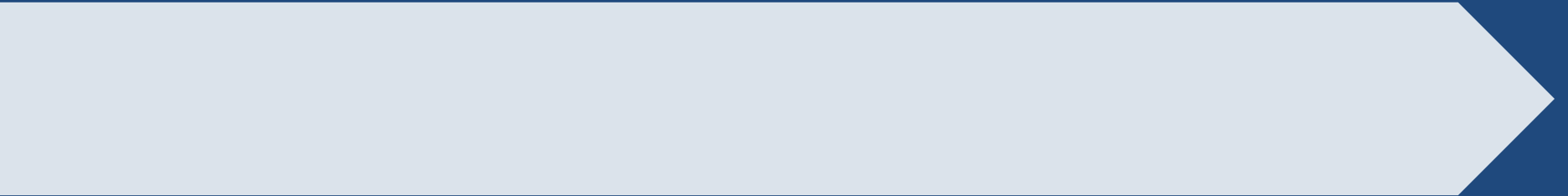
<https://www.cdc.gov/longtermcare/excel/IPC-RiskAssessment.xlsx>

IPC Risk Assessment

After completing the IPC risk assessment:

- Prioritize the identified risks based on numerical value.
- Set goals for your program.
- Develop education opportunities and policies for your facility.

Identifying Infections



Monitoring Residents

- Monitor for symptoms such as:
 - New or increased confusion
 - Incontinence
 - Decreased mobility
 - Reduced appetite
 - Fever
- Consider how symptoms are flagged
- Review labs
- Be aware of clusters of similar infections

Monitoring Staff

- Other important populations to monitor for illness are:
 - Staff
 - Volunteers
 - Visitors
- At a minimum, exclude those with fever, vomiting, and diarrhea for at least 24 hours after the symptoms have ended.

Loeb vs. McGeer

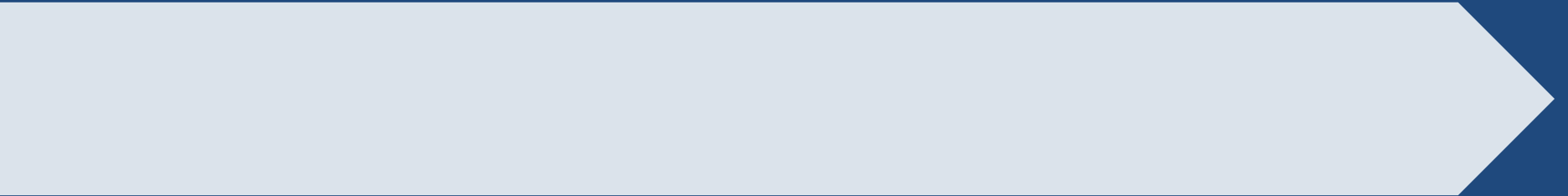
Loeb

- Designed for clinical use
- If used retrospectively, infections will be over-counted
- Set of signs and symptoms to indicate likely infection and antibiotic treatment

McGeer

- Designed for surveillance
- Retrospective
- Not meant for informing treatment (antibiotics) decisions

Reporting Infections



Communication and Documentation

In the moment:

- Communicate with unit and care team
- Start and maintain a line list with pertinent details
- Notify public health

After the fact:

- Document infection surveillance in an easy to understand and explainable way
- Incorporate counts and rates
- Determine internal stakeholders for the documentation

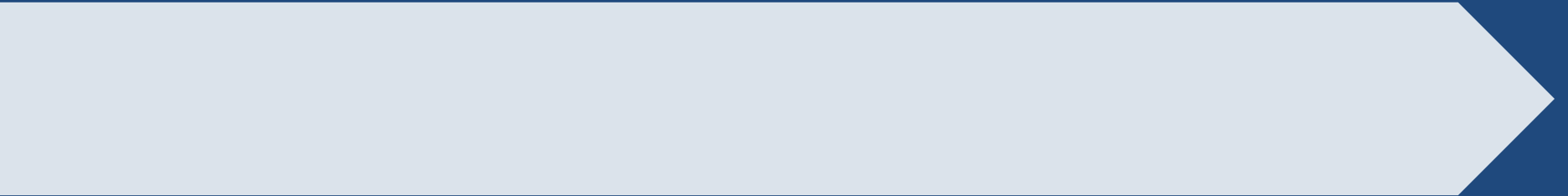
Reportable Conditions

- Review communicable disease public health [reporting requirements](#) and reporting timeframes:
 - Category I: Within 24 hours (measles, TB, etc.)
 - Category II: Within 72 hours (CP-CRE, influenza, etc.)
 - Category III: Within 72 hours (HIV/AIDS)
- Visit the [DHS Disease Reporting webpage](#) for a complete list of reportable diseases

QAPI Program

- Incorporate infection prevention and control projects and data
- Consider how infection data will be presented to the team and how it may need to be different than other committees
- Develop a plan for improving infection rates and check in with the committee regularly for progress reports

Investigating Infections and Outbreaks



Illness Surveillance

- Be proactive with illness surveillance
- Implement empiric isolation precautions
- Ensure timely testing and treatment

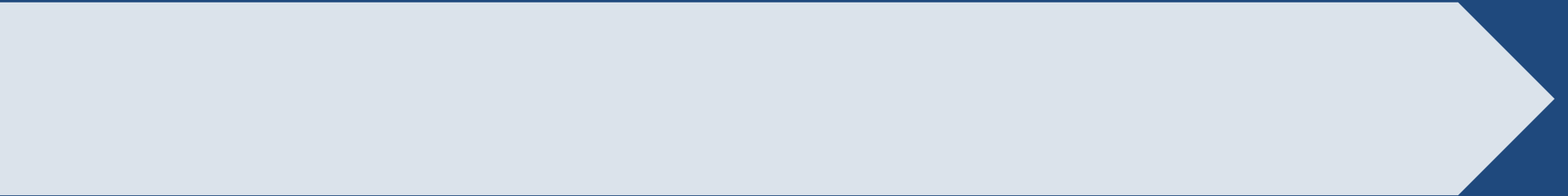
Outbreak Investigation

When there is an outbreak:

- Determine the causative agent and potential dates based on incubation and infectious period of the organism.
- Work with the local or Tribal health department and your Regional IP.

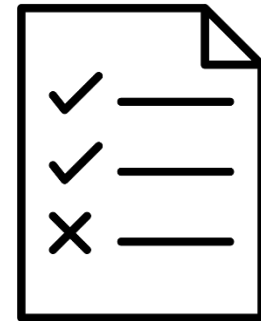


Controlling Infections and Outbreaks



Process Audits

- Hand hygiene
- Personal protective equipment (PPE)
- Disinfection processes
- Laundry services



[Hand Hygiene Observations](#)
[Hand Hygiene \(HH\) and Personal Protective Equipment \(PPE\) Observations](#)

Environmental Infection Prevention Rounding

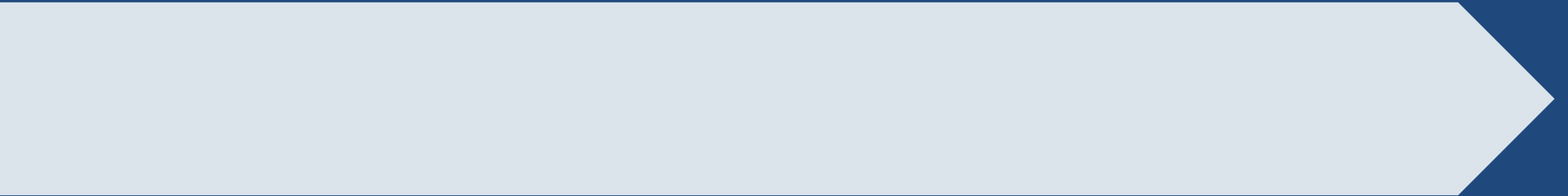
Includes:

- Looking for expired products
- Observing the environment for infection risks
- Observing and auditing staff on their processes



[LTC Ed Series 5/27/22 on Vimeo](#)

Antimicrobial Stewardship



Antimicrobial Stewardship

- Per the CDC, antibiotics are among the most commonly prescribed medications in nursing homes.
- Antimicrobial stewardship programs are essential to help guide the benefits and risk of antibiotic treatments.

[Core Elements of Antibiotic Stewardship for Nursing Homes | Antibiotic Use | CDC](#)

Core Elements

According to CDC, there are seven core elements of a successful antimicrobial stewardship program:

- Leadership commitment
- Accountability
- Drug expertise
- Action
- Tracking
- Reporting
- Education

<https://www.cdc.gov/antibiotic-use/core-elements/nursing-homes.html>

Tying it All Together

- Perform a risk assessment to plan infection prevention activities and priorities.
- Use information learned from illnesses, outbreaks, and rounding to update priorities.
- Continue to strive for improvement in infection prevention and control.

Questions?

Navigating NHSN



Nancy Eberle, MPH

Required Reporting in NHSN

Current Centers for Medicare and Medicaid Services (CMS) requirements for Skilled Nursing Facilities (SNFs):

- Long-Term Care Facility (LTCF) COVID-19 Module (“pathway reporting”)
 - Resident Impact and Facility Capacity Pathway
 - Staff and Personnel Impact Pathway
 - Therapeutics Pathway
- COVID-19 Vaccination Module
 - Health care personnel vaccination data
 - Resident vaccination data

Per CMS, SNFs must report COVID-19 “pathway” and vaccination module data in NHSN every 7 days.

Optional Reporting in NHSN

- Results of COVID-19 point-of-care antigen tests **can** be reported via NHSN.
- Results can also be reported via web-based laboratory reporting (WLR).
- Check how results have been reported by your facility to date.

The screenshot displays the NHSN Long Term Care Facility Component Home Page. On the left is a navigation menu with the following items: NHSN Home, Alerts, Dashboard, Reporting Plan, Resident, Event, Summary Data, COVID-19, Vaccination Summary, Import/Export, Surveys, Analysis, Users, and Facilities. The 'COVID-19' menu item is expanded, showing a sub-menu with the following options: Dashboard, Pathway Data Reporting, POC Test Result Reporting, COVID-19 Vaccination - HCW, COVID-19 Vaccination - Residents, Event-Level COVID-19 Vaccination Form - HCW, and Event-Level COVID-19 Vaccination Form - Residents. The 'POC Test Result Reporting' and 'COVID-19 Vaccination - HCW' options are highlighted with a yellow circle. The main content area of the page shows a 'Long Term Care Dashboard' and an 'Action Items' section.

Common Questions

- Is my SNF required to report on CRE in NHSN?
 - Not anymore! This state requirement [was removed](#) as of May 2022.

- I've heard there are some new reportable multidrug-resistant organisms (MDROs) in Wisconsin. Do I report on these in NHSN?
 - No. There are no NHSN reporting requirements for the [new MDRO reportables](#).

Common Questions

- What about *C. diff* and urinary tract infections (UTIs)?
 - Facilities can choose to report on these in NHSN, but there are no federal or state requirements to do so.
- So, the only required NHSN reporting for SNFs is to report COVID-19 “pathway” and vaccination data each week?
 - Yes, for now.

Common Questions

- Are there any upcoming NHSN reporting requirements?
 - Yes. CMS has added health care personnel **influenza vaccination** to the SNF Quality Reporting Program starting with the 2022-2023 influenza season.
 - ◆ SNFs will be required to report on HCP influenza vaccination **one time each year**.
 - ◆ Reporting for the 2022-2023 influenza season must be entered in NHSN by May 15, 2023.

Getting Access to NHSN

- Each individual user needs access to NHSN.
- If you had access to NHSN for a different facility, you may not need to re-register with NHSN and SAMS.
- The person listed as the facility administrator in NHSN will need to add you as a user for your facility.
- **Reach out to me for guidance on NHSN access or with reporting questions any time!**

NHSN Resources and Support

- Monthly NHSN reminder emails
- Monthly NHSN Users call
 - All facility types
 - Fourth Tuesday of the month
 - 1:00-1:30 p.m.
- Always available for individual questions and technical assistance

Wisconsin NHSN Users-LTC

August 2022

NHSN Data Entry Updates and Reminders

August Wisconsin NHSN Users Call

Join us for the next monthly Wisconsin National Healthcare Safety Network (NHSN) Users Call on **Tuesday, August 23**, from 1–1:30 p.m.

These calls are open to all NHSN users and will provide updates, time for Q&A, and at times, an opportunity to work through a case study. These calls are not recorded.


Join by computer: [Monthly NHSN Users Call](#)

Join by phone: 1-669-254-5252

Meeting ID: 160 789 3511 Passcode: 048611

New CMS Requirement for Skilled Nursing Facilities (SNFs) to report on Health Care Personnel

On July 29, 2023, The r Personnel (influenza se
Unlike the r



Monthly Wisconsin NHSN Users Call

July 26, 2022

Notes

- 1. Upcoming CMS Data Submission Dates**
 - Acute care and other facilities: **2022 Q1 data: Due August 15, 2022**
 - PPS (non-CAH) hospitals: CLABSI, CAUTI, SSI (COLO and HYST), MRSA bacteremia LabID, CDI LabID, and HCP COVID-19 vaccination
 - LTACHs: CLABSI, CAUTI, CDI LabID, and COVID-19 vaccination
 - IRFs: CAUTI, CDI LabID, and COVID-19 vaccination
 - IPFs: HCP COVID-19 vaccination
 - Ambulatory Surgery Centers (ASCs): HCP COVID-19 vaccination
- 2. Quick Updates and Reminders (Acute care facilities)**
 - **New language in 2022 BSI protocol regarding blood specimen collection:** The [2022 Q2/June NHSN newsletter](#) notes that new language that was added to the BSI protocol in 2022 regarding laboratory accession numbers and when blood specimens are considered to be "drawn on separate occasions" for the purposes of meeting LCBI 2 or 3 criteria with common commensals.

Contact Information

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Questions?

HAI Prevention Program

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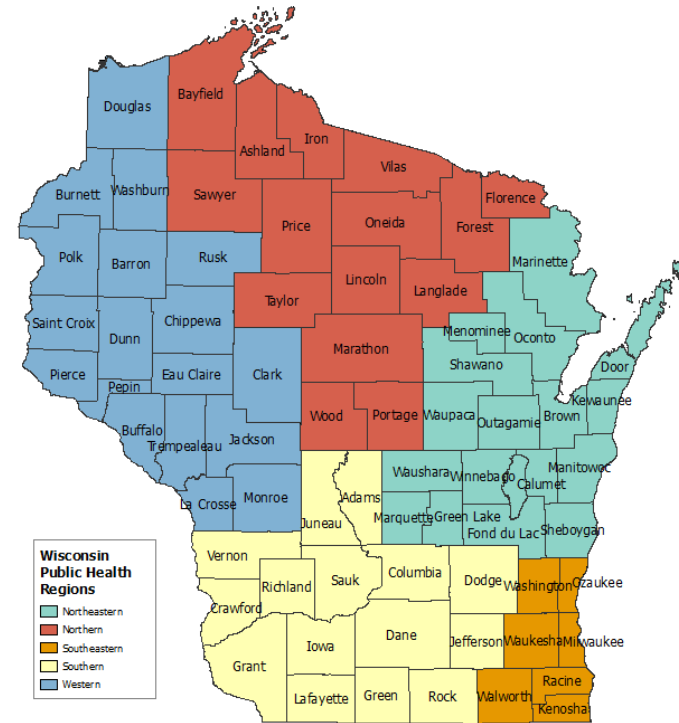
608-267-7711

HAI Prevention Program Staff Contacts:

<https://www.dhs.wisconsin.gov/hai/contacts.htm>

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www.dhs.wisconsin.gov/hai/contacts.htm

 **WISCONSIN DEPARTMENT**
of **HEALTH SERVICES**

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Topics A-Z: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

 [Find a COVID-19 vaccine](#)
 [Stop the spread of COVID-19](#)

 Diseases & Conditions > Healthcare-Associated Infections: Resources for Health Professionals > HAI Infection Prevention Education

HAI: Home
For Health Professionals
Basic Information
Antimicrobial Stewardship
Infection Prevention Education >
Laboratories
Personal Protective Equipment
Precautions
Reportable Exposures
Surgical Site Infection Prevention

HAI Infection Prevention Education

The resources below are intended to connect health care facility infection preventionists (IP) with education materials to support their role in preventing, detecting, and responding to healthcare-associated infections.

IPs play an essential role in facility infection prevention policy development, surveillance, and risk assessment.

IPs serve as a resource to other staff and programs within their facilities.

In addition to the state in-person trainings and online references below, there are a number of links to ~~selected~~ **external education resources, including the Centers for**



The **IP Starter Kit** provides Infection Preventionists a brief background and resources for some of the many infection

Upcoming LTC Education Session

October 27, 2022

**Topic: Norovirus Overview and
Immunization Updates**