

# LESSONS LEARNED IN A PANDEMIC

CHCA 2022 Fall Convention

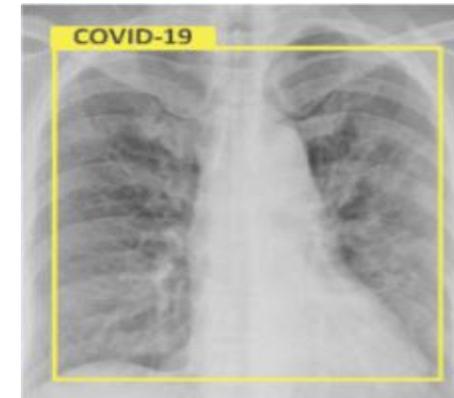
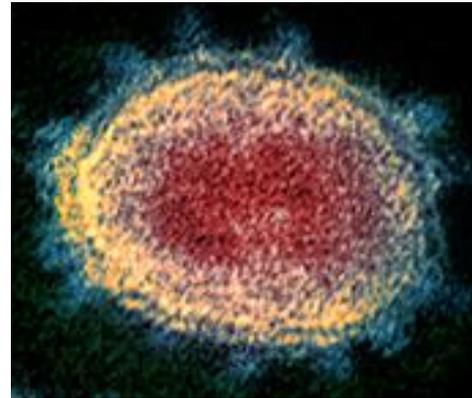
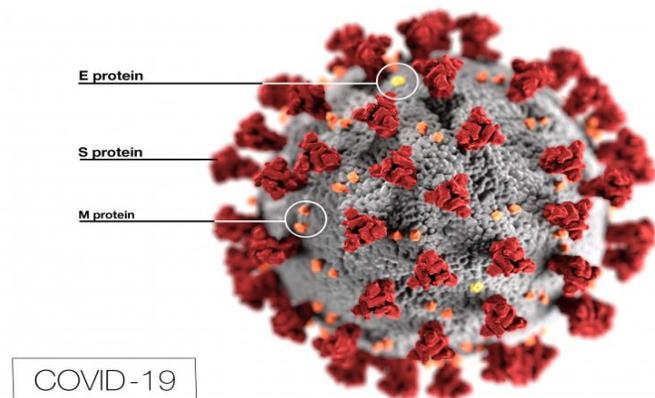
presented by Kimberly Mosley, RN, SDC/IPIC, Life Care Center of Evergreen Colorado

# ICEBREAKER...

- <https://www.facebook.com/DailyMailVideo/videos/woman-makes-a-parody-announcement-about-coronavirus-safety/228455388476681/>

# WHAT HAVE WE LEARNED? HOW HAVE WE GROWN?

- Review of LCCE's learning and growth during the COVID-19 pandemic.
- SARS-CoV-2
  - March 2020 – We went from what is this? How do we manage this?



- To immediate infection control → emergency management → rigorous infection prevention → REPORTING → and COMPLIANCE!



CDC CONTROL ROOM



# IT WAS A WAR ZONE

- Full PPE → Isolation → Plastic walls → No visitation → Uprooting residents



# THE PPE, THE SUPPLIES, THE TOILET PAPER!



# HERE FISHY FISHY...

Did we remember the **HUMANS**?

Did we manage the **HEARTBREAK**?

Did we console the **FRIGHTENED** families and the **SCARED** healthcare workers?

... We gave our residents  
pet fish to keep them  
company in isolation.

It may not seem like much  
at first, and we did not know  
the true impact this simple  
act of kindness had until the  
heartwarming feedback!



# LETS GET YOUR THINKING CAPS ON

- Did we do everything possible to keep our patients safe?
- Did we follow the guidance despite overwhelming odds?
- We are healthcare workers, we save lives every day! We face the odds head on!
- This presentation will review the IPIC world we are all living in during this pandemic...
  - So lets jump right in!

# RCF MITIGATION GUIDANCE

- A Roadmap to CDPHE COVID-19 response in residential care settings for new administrators, executive directors, and/or directors of nursing
  - The Colorado Department of Public Health and Environment (CDPHE) Infection Prevention Team and Residential Care Strike Team compiled onboarding information to help new leaders in residential care facilities understand available COVID-19 resources, guidance, and requirements.
  - [RoadmapResponseRCFs.pdf](#)
- CDPHE RCF Mitigation Guidance
- Guidance for Residential Care Facilities: <https://covid19.colorado.gov/lrcf>

# F880-888 INFECTION PREVENTION

- **Overview of CMS 483.80 F880-888 infection prevention tags**
  - F880 – Infection Prevention and Control
  - F881 – Antibiotic Stewardship
  - F882 – Infection Preventionist Qualifications/Role
  - F883 – Influenza and Pneumococcal Immunizations
  - F884 – Reporting – National Health Safety Network
  - F885 – Reporting to Residents, Representatives & Families
  - F886 – COVID-19 Testing-Residents & Staff
  - F887 – COVID-19 Immunization
  - Don't forget about the new F888: COVID-19 Vaccination of Facility Staff

# F880-INFECTIOIN PREVENTION AND CONTROL

- Infection Prevention and Control is the most frequently cited deficient practice in the country currently and is always one of the most frequently cited deficiencies year after year. The Centers for Medicare & Medicaid Services (CMS) has made it clear that they are looking for a thorough and comprehensive program that both prevents and controls infections in the facility.
- Nursing facilities 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.”
- A system for prevention, identification, reporting, investigation and control of infections and communicable diseases. The system must be able to do this for all residents, staff (including those providing services via contract), visitors and volunteers in the facility as well and should be based on the [ICAR Facility Assessment](https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html) and follow nationally accepted standards. <https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html>
- The IPCP must be facility specific, updated annually and include written standards, policies and procedures for elements of the program including surveillance, reporting potential incidents, standard and transmission-based precautions, isolation, prohibition of employees from direct contact with residents or their food under certain circumstances and hand hygiene. Many of these areas are what are frequently cited on survey since facility staff often fail to follow procedures appropriately, indicating a need for additional focus in these areas through competencies and training.
- A system for recording incidents identified under the IPCP and corrective actions taken by the facility. **Deficient practices have been identified in this area when facilities have not completed line listings or tracked GI breakouts in facilities.**
- The IPCP must also address how staff handle/store/process and transport [linens](https://cfpub.epa.gov/wizards/disinfectants/). As well as all chemicals used in the facility (EPA N List: <https://cfpub.epa.gov/wizards/disinfectants/>)

# F881 - ANTIBIOTIC STEWARDSHIP

- Antibiotic stewardship in LTC facilities is considered part of the facility's Infection Prevention and Control Program (IPCP), requiring facilities to develop antibiotic use protocols and implement a system to monitor antibiotic use and resistance. The intent of the Antibiotic Stewardship Program is to ensure:
- Residents who require antibiotics are prescribed the appropriate antibiotic to optimize the treatment of infections with the correct indication, dose and duration
- The risk of adverse events is reduced by ensuring that unnecessary/inappropriate antibiotic use does not occur, which could lead to the development of antibiotic-resistant organisms
- That the facility has developed, promoted and implemented a facility-wide system to monitor the use of antibiotics
- Per the Interpretive Guidance, the Centers for Medicare & Medicaid Services (CMS) expects that antibiotic stewardship protocols will be in place that are incorporated into the overall IPCP, are reviewed annually, contain a system of reports to monitor usage and resistance data and incorporate antibiotic use monitoring, including frequency of monitoring/review. Facilities should have protocols for assessing residents for any infection using standardized tools and criteria, and include the mode of education for prescribing practitioners and nursing staff on antibiotic use and the facility's protocols. The consultant pharmacist is expected, to conduct the MRR at least monthly and beginning Phase 2, to include a review of the resident's medical record. That review should include the assessment, monitoring and communication of antibiotic use.
- A great deal of emphasis in the new Requirements of Participation is being placed on infection prevention and control, so it's important to ensure that your facility's overall Infection Prevention and Control Program meets the requirements for compliance at F880 moving forward.

# F882-IPIC QUALIFICATIONS/ROLE

- Nursing facilities are required to have one or more staff members who have been designated as the Infection Preventionist (IP) and who is/are responsible for the facility's Infection Prevention and Control Plan. The regulatory requirement generally focuses on the qualifications of someone who will be designated as the IP and provides you with a minimum set of requirements for that role, including:
- The Infection Preventionist must have primary professional training in one of the following: nursing, epidemiology, microbiology, medical technology or a related field
- The IP must be qualified for this role through education, training, certification or experience. <https://www.cdc.gov/longtermcare/training.html>, <https://cdphe.colorado.gov/project-firstline>
- Facilities with 99 or fewer residents should consider staffing the IPC program based on the resident population and facility service needs identified in the facility risk assessment.
- Facilities with 100 or more residents or those that provide on-site ventilator or hemodialysis services should assign someone full-time to this role.
- The designated Infection Preventionist must be a member of the facility's QAA Committee. The IP must routinely report to the QAA Committee on the facility's IPCP.

# F883-INFLUENZA AND PNEUMOCOCCAL IMMUNIZATION

- F883 is a relatively straight-forward regulation, but where facilities are vulnerable is in not having a strong system around thorough documentation. During survey, five residents who may have been included in the sample for other reasons will be reviewed for the administration of these vaccinations. Surveyors will conduct record review and will be looking for the following information.
- For both influenza and pneumococcal immunizations, facilities are required to do several things. First, residents/resident representatives must be provided with education on both the benefits and potential side effects risk of the immunization. The resident/representative must be provided with the opportunity to refuse. For influenza, residents must be offered the immunization between October 1 and March 31 on an annual basis unless the resident has already been immunized during that time frame or it is medically contraindicated. The regulatory guidance notes that the Centers for Disease Control (CDC) recommends administering the influenza vaccine when it becomes available rather than on a specific date. Regarding Pneumococcal immunizations, facilities are expected to follow CDC and ACIP (Advisory Committee on Immunization Practices) recommendations. This means facilities need to have a protocol in place for the administration of PPSV23 and PCV13.
- What is also required is the following documentation the medical record:
  - Documentation that education was provided on benefits/side effects
  - Resident either:
    - Received the immunization – The resident's medical record should show that a vaccine was administered unless there is documentation of one of the following:
      - Did not receive it based on contraindication
      - Resident or representative refused
      - Resident has already been immunized
      - Decision has been made to delay vaccination for a resident on precautions
      - Resident is end-stage and receiving palliative/comfort care and has refused
- The Interpretive Guidance (IG) notes that having an effective immunization program in place requires collaboration with the Medical Director on developing policies for immunizations that reflect current standards of practice. This includes the development and implementation of physician-approved orders for vaccines, include a review of the resident's medical record for immunization status and possible medical contraindications, information on how education and information will be provided to the resident/representative and a vaccination schedule that includes recording and monitoring of administration that meets acceptable national recommendations.
- Remember, the focus of this regulation is to minimize each resident's risk of acquiring, transmitting or experience complications for either influenza or pneumococcal disease. Lowering your resident population's risk lowers your staff's risk, too.

# F884-REPORTING TO NHSN

- The intent of the updated requirements under F884 is to track that providers are offering the COVID-19 vaccine to staff and residents.
- Providers will have to report:
  - COVID-19 vaccine status of residents and staff, including “Up-to-date” data
  - Each dose of vaccine received
  - Positive COVID-19 data
  - Therapeutics administered to residents to treat COVID-19
- Providers are expected to report this data to NHSN (in addition to the existing required COVID-19 data) on a weekly basis (no later than 11:59PM Sunday of each week)
- For full details, see CMS final rule <https://www.cms.gov/files/document/qso-20-38-nh-revised.pdf>

# F884 CONTINUED

- **Enforcement for Failure to Report Required Data**
- This will come as no surprise to providers, but if you don't submit your data timely and on a weekly basis, you will automatically receive a Civil Monetary Penalty (CMP). The automatic imposition of CMPs for failure to report became commonplace in the last year, so expect more of the same if you don't have a good system in place in your facility.
- However, here's everything to expect:
  - This Ftag is only for use by CMS Federal Surveyors during offsite reviews
  - Failure to report all required elements to NHSN, including the vaccination data, will result in a single deficiency for that reporting week – at a Scope/Severity of F – widespread.
  - If it is determined that the facility has not complied with the weekly reporting requirements, then a CMP will be imposed, starting at \$1,000 for the first occurrence.
  - Like the existing CMP imposition structure for F884, the enforcement actions are progressive, so each continued instance of noncompliance will be stacked onto the previously imposed CMP in increments of \$500.

# F885 – REPORTING TO RESIDENTS, REPRESENTATIVES AND FAMILIES

- This Ftag will be used during onsite surveys by either State or Federal Surveyors.
- 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/rep/families about required COVID-19 data.
- If a nursing home is found to not be in compliance with the regulation, the facility will receive a citation and enforcement actions will be taken that follow the guidance issued in the CMS QSO Memo
- 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.**

The COVID-19 pandemic has been hitting nursing homes particularly hard – which many of you know since you are living through it – and thus it is extremely important to complete this reporting timely. Providing Federal agencies with COVID-19 data will help them to know where resources are needed most, and providing timely information to residents/representatives and family members will help to alleviate stress during these difficult times.

# F886-COVID-19 TESTING-RESIDENTS & STAFF

- In line with the [Center for Disease Control](#)'s recent language related to vaccination status, CMS has added the definition for "up to date" to F886. This means that an individual has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible to receive them.

Initially, you might think that if someone was up to date with their vaccinations, they may be excused from some of the COVID-19 testing, right? . . . not exactly. Instead, sprinkled throughout the regulation is a new phrase: "regardless of vaccination status." Let's look at what it means:

## Testing – Test anyone with symptoms, regardless of vaccination status

- If a newly identified COVID+ staff or resident in the facility can identify close contacts, "regardless of vaccination status," all staff with a higher-risk exposure to the individual and all residents that had close contact with the individual should be tested.
- If a newly identified COVID+ staff or resident in the facility cannot identify close contacts, "regardless of vaccination status," [all staff and all residents should be tested at either a facility-wide or group-level.](#)

**Routine Testing** - The community transmission level is still expected to be used to determine staff testing frequency, however, now there is a difference in testing requirements for "up to date" staff versus those who are not up to date.

- Staff who are up to date do not have to be routinely testing.
- Staff who are *not* up to date should be routinely tested based on the community transmission level.
  - For **low** levels of community transmission, routine testing of staff is not recommended.
  - For **moderate** community transmission, the testing frequency is once a week.
  - For **substantial or high** levels of community transmission, the testing frequency is twice per week

# F887-COVID-19 IMMUNIZATION

- The requirement is that nursing homes develop and implement policies and procedures that ensure that staff, residents and representatives receive education about the COVID-19 vaccine and that vaccines are offered to all who choose to be immunized. Per this regulation, “staff” is considered anyone who works in the facility on a “regular” basis, which is defined as at least once per week, and includes contract/agency staff.
- The regulation states that nursing homes are not required to ensure that individuals who “very infrequently provide ad-hoc non-healthcare services” are vaccinated against COVID-19.
- The regulatory requirements include sections for education, offering the vaccination, administering the vaccination, adverse event reporting, refusals and documentation requirements. Let’s look at each of these as well as what to expect on survey.
- Providers must offer all residents and staff a COVID-19 vaccine within 60 days of a new change in vaccine policy or if a new vaccine is approved for use. The regulation allows the facility to offer and provide the vaccine either directly at the facility or indirectly through another arrangement.

# F888-VACCINATION OF FACILITY STAFF

- This is a new regulation that spells out the new requirements related to COVID-19 vaccination of facility staff. The regulation has several parts, but overall requires providers to develop and implement policies and procedures that will ensure all staff are fully vaccinated against COVID-19.
- Surveyors are now utilizing the data that providers submit to the CDC's National Health Safety Network (NHSN) related to [COVID-19](#) staff vaccination to determine compliance.
- A facility's Staff Vaccination policy and procedure applies to facility staff who provide any care, treatment or other services for the facility and/or its residents, regardless of clinical responsibility or resident contact. This includes facility employees, licensed practitioners, students/trainees, volunteers and individuals who provide care/treatment/other services under contract or other arrangement.
- Approved exemptions (religious and/or medical) are allowed. Your policy must address any additional precautions the facility is taking to ensure patient safety. As well as the process for an exemption. [\(Any exemptions raise an eyebrow from surveyors\)](#). Ensure you are educating all "not-up-to-date" staff on at least a quarterly basis, and when new regulations and or new vaccine information changes.
- There are a lot of documentation requirements that need to be planned for as well: Tracking and documenting all data to ensure that all staff remain in compliance will allow you to support your staff as regulatory guidance changes, or as their eligibility might change.

# SURVEY MANAGEMENT

- Best Practices – Moving Forward
- Stay current on rapidly evolving state and federal mandates
- Expect more CMS surveyors to visit; have a solid surveillance plan in place before they step through your doors
- Create consistency and continuity in care
- Educate all staff on ICP procedures & protocol; identify and train a dedicated IPIC... “know your stuff” so that you can stand your ground in the presence of a surveyor with confidence.
- Empower all staff to be participants in all IPIC practices
- Embrace technology and testing to help monitor infection risk for proactive care

# IP ROLE, SUPPORT, AND A PATH FOR SUCCESS FOR NEW IPS

- Discuss the IP role, support, and a path for success for new IP's:
- **Organization** → lists, line lists, excel spreadsheets, vaccine matrix, *did I mention lists?*
  - Managing the data, and correct data at that, at all times, is imperative. Developing a system that works! *So that you can trust your data at all times.*
  - This pandemic has affected every department and every role, it doesn't play favorites! Being able to support your team in the absence of any team member is a key to success!
- Success lies in the understanding of IPIC guidelines so that you may support your staff with confidence.
  - Don't unintentionally cause additional fears of the unknown.
  - Don't cause PPE fatigue and ultimately non-compliance by your staff.
  - Knowledge is power!

# IMPORTANT TOOLS FOR IPIC

- CDPHE LTC RCF Mitigation Guidance should be your “manual to IPIC”  
<https://covid19.colorado.gov/lrcf>
- CDPHE Community Transmission Levels: (everything is based off of this level)  
<https://covid19.colorado.gov/healthcare-providers/long-term-care-facilities/healthcare-community-transmission-levels>
- CDC COVID Data Tracker: [https://covid.cdc.gov/covid-data-tracker/#county-view?list\\_select\\_state=all\\_states&list\\_select\\_county=all\\_counties](https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties)
- EMResource: (bi-monthly reporting requirements, and any change in vax)
- CDC/SAMS NHSN: (weekly reporting requirements)  
[sams.cdc.gov/samsportal/default.aspx](https://sams.cdc.gov/samsportal/default.aspx)
- Colorado Immunization Information System: <https://ciis.state.co.us/ciis/Login.aspx>

# HOW CAN WE GET IT ALL DONE?

<https://youtu.be/AkmfgLgA3Cw>

<https://www.youtube.com/watch?v=AkmfgLgA3Cw>

- We never could have gotten this far without **TEAMWORK!**
- Our team is our foundation:
  - Administrator
  - Director of Nursing
  - IPIC
  - Nurse Managers
  - Direct Care Associates
  - Ancillary Services (Housekeeping, Dietary, Maintenance, Social Services and everyone else!)
  - It is imperative to have a supportive team that has patient safety and patient care at the forefront at all times!

# BEST PRACTICES AND INNOVATIONS



## **It is recommended that the entire interdisciplinary team get involved;**

It's no longer just about nursing tracking and trending. IPIIC involves auditing by all departments to identify vulnerabilities, strengths and opportunities for improvement.

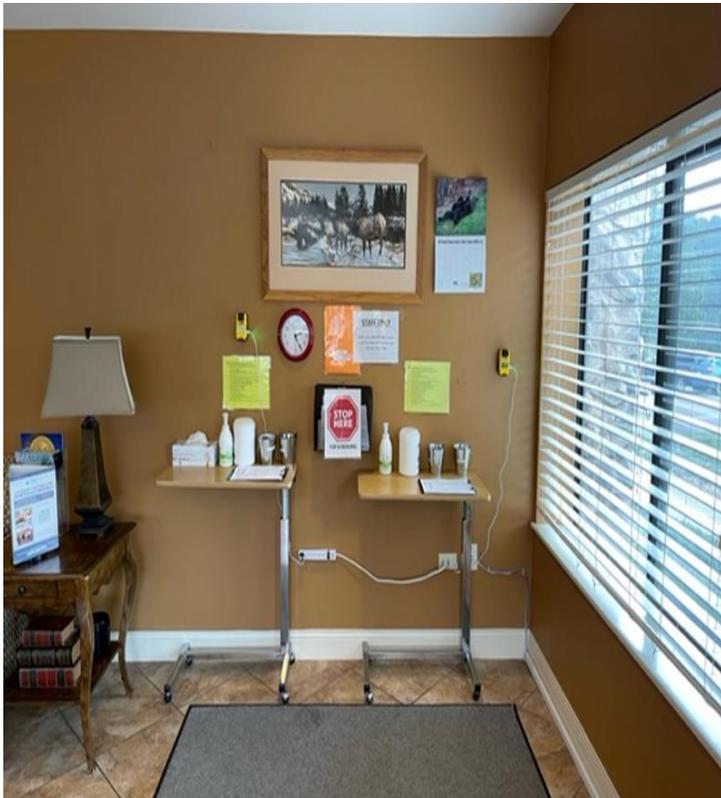
When reviewing your program, use the steps below to ensure you are on the right path to avoiding unnecessary infections:

Have your staff read the infection regulation F880 which states "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."

- Knowing what the current infection control guidelines are for your practice setting
- Assessing risks and knowing how to use/apply the infection control guidelines in your daily practice
- Adhering to the current infection control standards
- Educating and modeling infection control practices for others
- Being aware of what your infection control resources are and where to find the most up to date information ([CDPHE LTCF Mitigation Guidance](#))
- Advocating for best practices in infection control ([teach by EXAMPLE](#))
- Ensuring ongoing quality of infection control practices
- Monitoring changes to infection control practices ([health alerts](#)) and updating your practice accordingly
- Maintaining a robust antibiotic stewardship program

# WHERE ARE WE NOW?

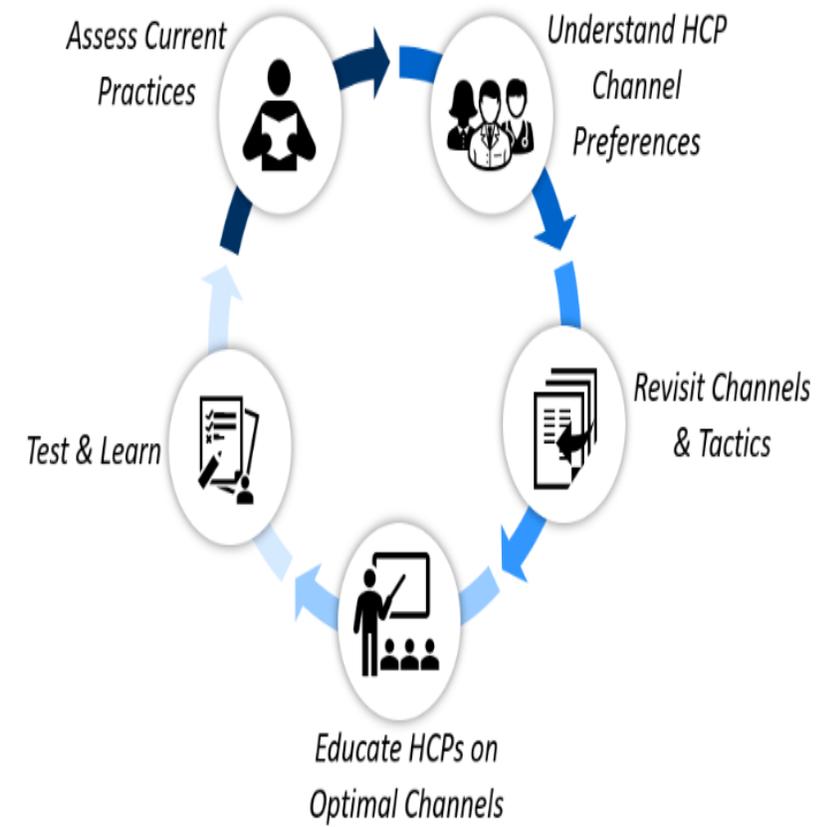
Employee Self  
Screening



POC testing



Education, Auditing,  
Compliance





## QUESTIONS/COMMENTS

- Let's talk about it...
  - Questions...
  - Comments...
  - Concerns...
- Thanks for attending!