

Facility Assessment: Infection Control Intent and Overview

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Facility Assessment – Infection Control

RELATED REQUIREMENTS

F838 §483.70(e) Facility Assessment

The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment. The facility assessment must address or include:

§483.70(e)(1) The facility's resident population, including, but not limited to,

- Both the number of residents and the facility's resident capacity;
- The care required by the resident population considering the types of diseases, conditions, physical and cognitive disabilities, overall acuity, and other pertinent facts that are present within that population;
- The staff competencies that are necessary to provide the level and types of care needed for the resident population;
- The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and

§483.70(e)(3) A facility-based and community-based risk assessment, utilizing an all-hazards approach.

F880 §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.

§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (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 under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;

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

- (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
- (ii) When and to whom possible incidents of communicable disease or infections should be reported;
- (iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
- (iv) When and how isolation should be used for a resident; including but not limited to:
 - (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and
 - (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
- (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
- (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as 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.

INTENT OF INFECTION CONTROL AND THE FACILITY ASSESSMENT

The overall intent of the facility assessment is for a facility to evaluate its resident population and identify the resources needed to provide the care and services the residents require. The facility assessment will include a review of potential hazards and risks as well as the resources necessary to care for the resident populations during day to day operations and in emergencies.

Infection Control related to the Facility Assessment

A comprehensive Infection Prevention and Control program (IPCP) includes identification, tracking and management of resident and employee infections and their treatment. It describes

the training and competencies needed by staff related to infection prevention and control and addresses the appropriate services needed in the residents’ environment to prevent and manage infections. The IPCP includes information about identification, reporting and management of infection outbreaks for the safety of residents, staff and others who enter the facility.

The specific program requirements are described in the regulations earlier in this document. This segment of the Facility Assessment will tie the IPCP to the Facility Assessment (i.e. *“Indicate if the facility may accept residents with, or your residents may develop, the following common diseases, conditions, physical and cognitive disabilities, or combinations of conditions that require complex medical care and management”* such as communicable diseases and infection control vulnerabilities) Source: QIO Facility Assessment

Common Diagnosis

Infectious Diseases	Skin and Soft Tissue Infections, Respiratory Infections, Tuberculosis, Urinary Tract Infections, Infections with Multi-Drug Resistant Organisms, Septicemia, Viral Hepatitis, <i>Clostridium difficile</i> , Influenza, Scabies, Legionellosis
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Source: QIO Facility Assessment

Infection Prevention and Control Program

Both the Facility Assessment and the IPCP require that residents’ and employees’ infections be identified. The numbers and types of infections found in the resident population help describe the types of diseases, conditions, and overall acuity, to assist the facility to identify residents’ care needs.

The Resident Population Probing Questions from the Resident Population section of the Facility Assessment asks for information about the percentage of infections by broad categories as well as the percent of residents that required transmission precautions above Standard Precautions. This information is collected as part of the facility’s Infection Surveillance program.

Infection Surveillance

The intent of surveillance is to identify possible clusters, changes in prevalent organisms, or increases in the rate of infection in a timely manner. The results should be used to plan infection control activities, direct in-service education, and identify individual resident problems in need of intervention.

Essential elements of an infection surveillance system include:

- Standardized definitions and listings of the symptoms of infections,
- Use of surveillance tools such as surveys and data collection templates, walking rounds throughout the healthcare facility;
- Identification of resident populations at risk for infection;
- Identification of the processes or outcomes selected for surveillance;
- Statistical analysis of data that can uncover an outbreak; and
- Feedback of results to the primary caregivers so that they can continually assess the residents' physical condition for signs of infection.

The infection surveillance process identifies the location that the infection was acquired. When planning for infection prevention resources, consider the percentage of infections that are community acquired and those that are facility acquired. Each of these sources for infections will require different types of resources for monitoring, aggregating data and managing infections. Address the resources needed to identify and manage infections from both sources in the Facility Assessment narrative.

Infection Reporting

Nurses and other licensed professionals need knowledge and skills for identifying infections that may be communicable and reporting them in accordance with State/Local Regulations. Review the facility's IPCP to identify the policies and procedures needed to educate nurses about infection outbreaks and the appropriate steps to take to report and control them. This may be considered a knowledge and test type of competency.

Standard and Transmission-based Precautions

Facility staff and volunteers that work in resident care areas need to have up to date knowledge about standard and transmission-based precautions. Standard precautions are typically included in general orientation for staff and a review of the information is offered at least annually. This information is vital for those who work in resident care areas, even if they do not provide direct care. Review the facility's policy for Standard Precautions to ensure that there are processes to educate and evaluate the practices of staff who work in resident care areas.

Volunteers also need an understanding of communicable infections and precautions when they assist in resident care areas.

When residents are diagnosed with a communicable infection, the Infection Preventionist, or another nurse, will determine if an additional level of precautions is needed. Transmission precautions include the additional of personal protective equipment when entering a resident's room or providing care for the resident with a communicable infection. The amount and type of personal protective equipment varies with the type of infection and the ease with which the infection can spread.

Review the IPCP to ensure that there are processes to identify the types of precautions needed for various types of infections. Review the orientation and ongoing education materials for staff and volunteers to assure that the facility's policies and procedures for transmission-based precautions are included for staff at the appropriate level of information for the role.

Knowledge competency about transmission-based precautions may be appropriate for those not providing direct care. Return demonstration is appropriate for the donning and doffing of personal protective equipment, based on the frequency of transmission-based precautions identified in the Resident Population area of the Facility Assessment.

Monitoring Staff Practices

Another aspect of the IPCP is the appropriate practices of facility staff related to infection prevention and control. Include the facility's experience with practice monitoring (audits) to assist with the development and implementation of staff education programs and competency documentation.

For example, hand hygiene is a topic usually covered for all staff in a facility. Consider return demonstration competencies for hand hygiene as this task happens frequently and poses some risk for residents if it is done incorrectly.

Additional considerations when reviewing staff practices may include non-direct care activities such as activities with snacks/food, birthday events, passing of trays at events etc.



The Facility Assessment is required to be reviewed at least annually and updates with changes in the resident population or the care and services provided by the facility. Use infection surveillance information and data from monitoring staff practices to identify a potential need to review the Facility Assessment due to new types of infections or an increased prevalence of infections because of a change in the resident population being served.

Infection as a Risk Factor

Employee health is a required element of an IPCP. The program must contain policies and procedures for monitoring employee health and identifying potentially communicable conditions in order to prevent exposure of the residents and others to the illnesses. Review the facility's experience with employee illnesses to identify characteristics of the facility that may impact the resources needed to care for the residents.

For example, if a large number of staff decline immunizations for religious or cultural reasons, the residents may be at higher risk for exposure to certain conditions and the facility will need resources to carefully monitor for signs and symptoms of employee illness related to the declined immunization.

Wide-spread infections also present a risk for residents and facility staff. Review the facility's Hazard Risk assessment to identify and plan for potential exposure to an outbreak of a communicable infection. Implement policies and practices to prevent and monitor for those conditions.

HOW TO INCORPORATE INTO THE FACILITY ASSESSMENT

Per F838 §483.70(e) Facility Assessment, the facility must include and address what resources are necessary to care for its resident population competently during both day-to-day operations and emergencies, which includes the evaluation of risks and vulnerabilities of the resident population and community related to infections. Therefore, it is important to:

- Gather the outcomes data related to infection prevention risk assessment and surveillance as described above.
 - Review the facility's infection surveillance information, employee health information and results from practice observations to describe the residents' care needs related to infections and the competencies needed by various staff for infection prevention and control.
 - Review the communicable illness experience of the facility and include the information in the facility Hazard Risk Assessment or HVA
- Use information to answer the questions:



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- Are their trends identified in the facility surveillance data?
- Have you completed a IC risk assessment outlining potential vulnerabilities and risks associated with your resident population and prevalence in your community? (MDRO's, TB, etc.)
- Have you identified your staffing needs based upon your experience and current resident population? (# of residents with transmission based precautions, time for care based upon infection concerns, etc.)
- Have you designed your education based upon your assessed risks and identified unique infection characteristics in your resident population and community in order to competently and safely provide care and prevention to other residents, staff and visitors?
- Have you identified your capacity to accept residents with special considerations related to communicable infections?
- Have you determined a contingency strategy for staffing needs in the event of an outbreak?
- Incorporate your findings and processes into the facility QAPI plan

See the Facility Assessment Template SAMPLE related to the inclusion of the necessary information obtained via this process for the completion of the Facility Assessment.

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References

CDC resources for infection control in nursing homes

www.cdc.gov/longtermcare/index.html

APIC Resources

<http://community.apic.org/sierra/resources/overview>

CDC: The Core Elements of Antibiotic Stewardship for Nursing Homes:

<https://www.cdc.gov/longtermcare/prevention/antibiotic-stewardship.html>

AHRQ-Nursing Home Antimicrobial Stewardship Guide:

<https://www.ahrq.gov/nhguide/index.html>

“Surveillance Definitions of Infections in Long-Term Care Facilities: Revisiting the McGeer Criteria”

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3538836/>

Toolkit to Reduce CAUTI and Other HAIs in Long-Term Care Facilities (AHRQ)

https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/cauti-ltc/index.html?utm_source=ahrq&utm_medium=en2&utm_term=&utm_content=2&utm_campaign=ahrq_en5_23_2017

Diagnosis, Prevention and Treatment of *C. difficile*: Current State of the Evidence (AHRQ) May 30, 2017

https://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=2476&utm_source=ahrq&utm_medium=en5&utm_term=&utm_content=5&utm_campaign=ahrq_en5_23_2017

QIO Sample Facility Assessment Template

<http://qioprogram.org/facility-assessment-tool>

State Operations Manual (SOM) Appendix PP for Phase 2, F-Tag Revisions, and Related Issues

www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Advance-Appendix-PP-Including-Phase-2-.pdf

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