



APIC

CONSULTING SERVICES, INC.

Snippets and Pearls: Regs, Resources and Bugs

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APIC Consulting Services, Inc

February 22, 2019

No disclosures.

This work is funded by an award from the U.S. Centers for Disease Control and Prevention through the Chicago Department of Public Health.

Objectives

- Appreciate the Federal and State Regulations important to long term care facilities.
- Identify Centers for Disease Control and Prevention resources relevant to long term care facilities.
- Recognize the current organisms of concern in the metropolitan Chicago area.
- Describe how use of the XDRO Registry can be integrated into the admission process and add value to the control of extensively drug resistant organisms.



Federal and State Regulations



The Rules



FEDERAL REGISTER

The Daily Journal of the United States Government



® Rule

Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities

A Rule by the [Centers for Medicare & Medicaid Services](#) on 10/04/2016



PUBLISHED DOCUMENT

Start Printed Page 68688

AGENCY:
Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION:
Final rule.

SUMMARY:
This final rule will revise the requirements that Long-Term Care facilities must meet to participate in the Medicare and Medicaid programs. These changes are necessary to reflect the substantial advances that have been made over the past several years in the theory and practice of service delivery and safety. These revisions are also an integral part of our efforts to achieve broad-based improvements both in the quality of health care furnished through federal programs, and in patient safety, while at the same time reducing procedural burdens on providers.

DATES:
Effective date: These regulations are effective on November 28, 2016.

DOCUMENT DETAILS
Printed version:
[PDF](#)
Publication Date:
10/04/2016
Agencies:
[Centers for Medicare & Medicaid Services](#)
Effective Date:
11/28/2016
Document Type:
Rule
Document Citation:
81 FR 68688
Page:
68688-68872 (185 pages)
CFR:
42 CFR 405
42 CFR 431
42 CFR 447
42 CFR 482
42 CFR 483
42 CFR 485
42 CFR 488
42 CFR 489

<https://www.federalregister.gov/documents/2016/10/04/2016-23503/medicare-and-medicaid-programs-reform-of-requirements-for-long-term-care-facilities>

The Guide Book

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

Table of Contents

(Rev. 173, 11-22-17)

Transmittals for Appendix PP

INDEX

§483.5 Definitions
§483.10 Resident Rights
§483.12 Freedom from Abuse, Neglect, and Exploitation
§483.15 Admission Transfer and Discharge Rights
§483.20 Resident Assessment
§483.21 Comprehensive Person-Centered Care Plans
§483.24 Quality of Life
§483.25 Quality of Care
§483.30 Physician Services
§483.35 Nursing Services
§483.40 Behavioral health services
§483.45 Pharmacy Services
§483.50 Laboratory Radiology and Other Diagnostic Services
§483.55 Dental Services
§483.60 Food and Nutrition Services
§483.65 Specialized Rehabilitative Services
§483.70 Administration
§483.75 Quality Assurance and Performance Improvement
§483.80 Infection Control
§483.85 Compliance and Ethics Program

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltc.pdf

Time is Running Out

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C 18-04-NH

DATE: November 24, 2017

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Temporary Enforcement Delays for Certain Phase 2 F-Tags and Changes to
Nursing Home Compare

Memorandum Summary

- **Temporary moratorium on imposing certain enforcement remedies for specific Phase 2 requirements:** CMS will provide an 18 month moratorium on the imposition of certain enforcement remedies for specific Phase 2 requirements. This 18 month period will be used to educate facilities about specific new Phase 2 standards.
- **Freeze Health Inspection Star Ratings:** Following the implementation of the new LTC survey process on November 28, 2017, CMS will hold constant the current health inspection star ratings on the *Nursing Home Compare* (NHC) website for any surveys occurring between November 28, 2017 and November 27, 2018.
- **Availability of Survey Findings:** The survey findings of facilities surveyed under the new LTC survey process will be published on NHC, but will not be incorporated into calculations for the *Five-Star Quality Rating System* for 12 months. CMS will add indicators to NHC that summarize survey findings.
- **Methodological Changes and Changes in Nursing Home Compare:** In early 2018, NHC health inspection star ratings will be based on the two most recent cycles of findings for standard health inspection surveys and the two most recent years of complaint inspections.

Background

On September 28, 2016, CMS revised the SNF and NF Requirements for Participation, which



Moratorium

- Includes the following F-Tags:
 - F655 (Baseline Care Plan); §483.21(a)(1)-(a)(3)
 - F740 (Behavioral Health Services); §483.40
 - F741 (Sufficient/Competent Direct Care/Access Staff-Behavioral Health); §483.40(a)(1)-(a)(2)
 - F758 (Psychotropic Medications) related to PRN Limitations §483.45(e)(3)-(e)(5)
 - F838 (Facility Assessment); §483.70(e)
 - F881 (Antibiotic Stewardship Program); §483.80(a)(3)
 - F865 (QAPI Program and Plan) related to the development of the QAPI Plan; §483.75(a)(2) and,
 - F926 (Smoking Policies). §483.90(i)(5)

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-18-04.pdf>

Moratorium

- Includes the following F-Tags:
 - F838 (Facility Assessment); §483.70(e)
 - *§483.80(a) As linked to the facility assessment*
 - F881 (Antibiotic Stewardship Program); §483.80(a)(3)
 - F865 (QAPI Program and Plan) related to the development of the QAPI Plan; §483.75(a)(2)
 - *Initial QAPI Plan must be provided to State Agency Surveyor at annual survey*

MEGA Rule Phase 3

- *§483.75(g)(1) QAA committee (iv) addition of Infection Control and Prevention Officer*
- *§483.80 Infection control (b) Infection preventionist (IP)*
- *§483.80 Infection control (c) IP participation on QAA committee*

Training

- Centers for Medicare and Medicaid Services (CMS) Reform of Requirements for Long-Term Care Facilities (Mega Rule): The IP must:
 - (1) Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;
 - (2) Be qualified by education, training, experience or certification;
 - (3) Work at least part-time at the facility; and
 - (4) Have completed specialized training in infection prevention and control

Medicare and Medicaid Programs: Reform of Requirements for Long-term Care Facilities. Part 483—Requirements for States and Long Term Care Facilities. Infection Control (§483.80) 68868. <https://www.federalregister.gov/documents/2016/10/04/2016-23503/medicare-and-medicaid-programs-reform-of-requirements-for-long-term-care-facilities>

Training

- Illinois Nursing Home Care Act: “The Infection Prevention and Control Professionals shall be qualified through education, training, experience, or certification or a combination of such qualifications. The Infection Prevention and Control Professional's qualifications shall be documented and shall be made available for inspection by the Department.”

Illinois Compiled Statutes. Health Facilities and Regulation. (201 ILCS 45/2-213) Nursing Home Care Act.

<http://www.ilga.gov/legislation/ilcs/ilcs4.asp?DocName=021000450HArt%2E+II+Pt%2E+2&ActID=1225&ChapterID=21&SeqStart=6350000&SeqEnd=8500000>

Additional Phase 2 Consideration

- *§483.35 Nursing services*
 - *Specific usage of the Facility Assessment at § 483.70(e) in the determination of sufficient number and competencies for staff*

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-18-04.pdf>

Facility Assessment

- Not all facilities are the same.
- The facility assessment aims to formally document an assessment of the resident population and the resources needed to care for them.
- CMS expects facilities to:
 - Know their own capabilities and capacities
 - Ensure staff have the appropriate competencies
 - Use the assessment to determine staffing levels.



Prevention and Control of Influenza



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

TO: Illinois Long Term Care Facilities and Assisted Living Facilities, Local Health Departments, Local Health Department Administrators, Illinois Department of Public Health Long Term Care Regional Contacts

FROM: Jennifer E. Layden, MD, PhD, Chief Medical Officer and State Epidemiologist
Debra D. Bryars, MSN, RN, Deputy Director, Office of Health Care Regulation

RE: Guidelines for the Prevention and Control of Influenza Outbreaks in Illinois Long Term Care Facilities

DATE: September 24, 2018

The purpose of this memorandum is to provide long-term care facilities¹ with current guidance for preventing and controlling influenza cases and outbreaks and with information on the reporting requirements in the event of a suspected or confirmed influenza outbreak.

<http://dph.illinois.gov/sites/default/files/publications/cdcs-influenza-ltcf-outbreak-guidance-09242018.pdf>

Prevention and Control of Influenza

Influenza Vaccination

- “Each health care setting shall ensure that all health care employees are provided education on influenza and are offered the opportunity to receive seasonal, novel and pandemic influenza vaccine, in accordance with this section, during the influenza season (between September 1 and March 1 of each year) unless the vaccine is unavailable.”
- “A health care employee may decline the offer of vaccination if the vaccine is medically contraindicated, if the vaccine is against the employee’s religious beliefs, or if the employee has already been vaccinated. General philosophical or moral reluctance to influenza vaccinations does not provide a sufficient basis for an exemption”.

<http://dph.illinois.gov/sites/default/files/publications/cdcs-influenza-ltcf-outbreak-guidance-09242018.pdf>

<http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-1029&GA=100>

IDPH Outbreak Reporting Requirements

- Any pattern of cases or increased incidence of any illness beyond the expected number of cases in a given period that may indicate an outbreak shall be reported to the local health authority within 24 hours.
- All outbreaks of influenza must be reported to the local health department and the respective IDPH Long-term Care Regional Office within 24 hours.


<http://dph.illinois.gov/sites/default/files/publications/cdcs-influenza-ltcf-outbreak-guidance-09242018.pdf>

Resources

Phone, Ping or Click a Friend

- Chicago Department of Public Health
 - CDPHHAIAR@cityofchicago.org
- Illinois Department of Public Health
 - dph.dpsq@illinois.gov
- Cook County Department of Public Health
 - www.cookcountypublichealth.org
- DuPage County Health Department
 - www.dupagehealth.org/disease-control
- Telligen
 - www.telligenqinqio.com

Chicago Health Alert Network



[Public Home](#)
[Surveys](#)
[Infection Control Conference](#)
[Influenza](#)
[STI Information](#)
[Meningococcal Disease](#)
[Zika](#)
[TB](#)
[Opioid Information](#)
[Hepatitis A](#)
[C. auris](#)
[Acute Flaccid Myelitis](#)
[Varicella](#)
[Mumps](#)
[Measles](#)

[Pertussis](#)
[VFC Program](#)

HAN Public Alerts

Current Alerts By Publication Date

Publication Date	Alert ID	Topic	Title
02/15/2019 02:36:38 PM	46653179	Influenza	Weekly Chicago Flu Update Week 06
02/11/2019 12:42:00 PM	46653079	Infectious Disease	IDPH Memo: Communicable Disease Rules Changes
02/11/2019 12:05:26 PM	46653078	STI	REMINDER: CDPH Survey Regarding STD Prevalence, Incidence and Reporting
02/08/2019 01:22:47 PM	46653077	Influenza	Weekly Chicago Flu Update Week 05
02/05/2019 03:56:25 PM	46652878	Infectious Disease	IDPH Memo: Use of Alcohol-Based Hand Rubs for Hand Hygiene in Long Term Care Facilities
02/05/2019 09:59:01 AM	46652978	Vaccine Preventable	IDPH Memo: Second Confirmed Measles Case in Champaign
02/05/2019 08:31:13 AM	46652977	STI	Reminder: CDPH Laboratory's Testing and Reporting Capabilities for STDs Assessment
02/01/2019 03:32:02 PM	46652877	Influenza	Weekly Chicago Flu Update Week 04
01/31/2019 02:29:21 PM	46652682	Influenza	IDPH Health Advisory: Temporary Visitor Restrictions During Flu Season
01/30/2019 12:56:13 PM	46652779	CCN Announcement	Catholic Charities Warming Centers & Cold Weather Assistance

1 2 3 4 5 6 7 8 9 10
(1 of 19)

Want to Recieve Health Alerts from the Chicago Department of Public Health? Learn more about the HAN and submit a membership request.

Sign In

Email Address

Password

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CDInfo Newsletter

CDInfo

Download the latest and archived Communicable Disease Information (CDInfo) newsletter.

VFC News Bulletins

VFC News Bulletins

[Inter-facility Infection Control Transfer Form](#)

<https://www.chicagohan.org/>

State of Illinois Rapid Electronic Notification



Home

FAQ

Welcome to the State of Illinois Rapid Electronic Notification System (SIREN)

SIREN is a secure web-based persistent messaging and alerting system that leverages email, phone, text, pagers and other messaging formats to provide 24/7/365 notification, alerting, and flow of critical information. This system provides rapid communication, alerting and confirmation between state and local agencies, public and private partners, target disciplines and authorized individuals in support of state and local emergency preparedness and response.

Register

SIREN originally implemented as the core alerting service for the Department of Public Health's Health Alert Network, has been broadened in scope and utility making it a robust tool for all state agencies and partners with alerting, notification and collaboration needs, and is available to all agencies and partners via Statewide Master Contract.

SIREN is used for targeted alerting based on members professional roles or functions. It is not intended for use as a public warning system at this time. During your registration you will need to enter contact information and select your specific organization and function. For assistance please contact us. For IDPH, all public health partners and other members, DPH.SIREN@illinois.gov; and for IEMA and emergency management partners, EMA.SIREN@illinois.gov, and provide a detailed message including information about where you work and your role or title.

Member Login

Username:

Password:

[Forgot Username or Password?](#)

Log In

<https://www.siren.illinois.gov/>

[Animal Population Control](#)

[Cold Weather Health and Safety](#)

[Community Health Workers](#)

[Epinephrine Auto-Injector and Anaphylaxis](#)

[Immunization](#) +

[Injury & Violence Prevention](#) +

[Medical Cannabis](#) +

[Neonatal Abstinence Syndrome](#)

[Oral Health](#) +

[Patient Safety & Quality](#) -

[48-Hr Hospital Opioid OD Reporting](#)

[Adverse Health Care Events](#)

[Discharge Data](#)

[Healthcare-associated Infections & Antimicrobial Resistance Prevention Program](#)

[Healthy Hearts Project](#)

[IL Hospital Report Card](#)

Patient Safety & Quality

Nearly 98,000 Americans die each year as a result of preventable medical errors. Over 1.5 billion dollars per year are paid, nationally, to cover the cost of medical errors which contributes to increases in across the board health care costs to consumers. The Division of Patient Safety and Quality is committed to work for safe, quality health care for the people of Illinois.

The Illinois Department of Public Health's Division of Patient Safety and Quality promotes health care transparency and is responsible for developing and implementing programs to collect and report health care provider data for improving the quality and value of health care services delivered to Illinois residents. Through the implementation of the Hospital Report Card Act, the Consumer Guide, and the Adverse Event Reporting Act, the Division will make hospital and ambulatory surgical centers performance data available to the public.

The Division also evaluates how local and national patient safety and quality standards will improve patient safety and quality in Illinois. Links to other sites with information about national quality and safety standards for health care organizations are included in the Links section.

RESOURCES

[Centers for Medicare & Medicaid Services Hospital Compare](#)

[National Quality Forum](#)

[The Joint Commission for Accreditation of Health Care Organizations](#)

[Agency for Health Care Research and Quality](#)

[Not Just a Maid Service](#)

LAWS & RULES

[Illinois Adverse Health Care Events Reporting Law of 2005](#)

[Illinois Hospital Report Card Act](#)

[Illinois Health Finance Reform Act](#)

[Dispensing Naloxone Antidotes \(PA99-0480\)](#)

PUBLICATIONS

[For Hospitals\) Illinois Hospital Nurse Staffing Data Collection Guidelines Clarification Document](#)

<http://dph.illinois.gov/topics-services/prevention-wellness/patient-safety-quality>

How to Find Local Help



Health Regions and Local Health Departments

Click on a region on the map for a list of local health departments.

- [All Health Regions](#)
- [All Local Health Departments](#)

★ IDPH Regional Office

■ [Bellwood](#)

■ [West Chicago](#)

■ [Champaign](#)

■ [Marion](#)

■ [Edwardsville](#)

■ [Peoria](#)

■ [Rockford](#)

□ No Local Health Department

— Local Health Department Jurisdictional Boundaries



<http://www.idph.state.il.us/LHDMAP/HealthRegions.aspx>



Local Health Departments

Search for

Go

Region Served

Bellwood Region



1 of 1 6 Items 10 /Page

LHD Name/Year Established	Telephone/Fax/Email/Website	Administrator	Area Served/Region Served
Chicago Department of Public Health 333 South State Street 2nd Floor Chicago, IL 60604 Established: 1834	Phone: (312) 747-9884 Fax: (312) 747-9739 Email: julie.morita@cityofchicago.org Website: www.cityofchicago.org/health	Julie Morita, M.D.	City of Chicago Bellwood Region
Cook County Department of Public Health 15900 S. Cicero Avenue Building E 3rd Floor Oak Forest, IL 60452 Established: 1945	Phone: (708) 633-4000 Fax: Email: temason@cookcountyhhs.org Website: www.cookcountypublichealth.org	Terry Mason, M.D.	Cook County Bellwood Region
Evanston Department of Health and Human Services 2100 Ridge Avenue Evanston, IL 60201 Established: 1874	Phone: (847) 448-4311 Fax: (847) 448-8141 Email: ethomas@cityofevanston.org Website: www.cityofevanston.org/Health	Evonda Thomas-Smith	City of Evanston Bellwood Region
Oak Park Department of Public Health 1 Village Hall Plaza 123 Madison Street Oak Park, IL 60302 Established: 1949	Phone: (708) 358-5480 Fax: (708) 358-5115 Email: health@oak-park.us Website: www.oak-park.us/health	Michael T. Charley (Interim)	Village of Oak Park Bellwood Region
Skokie County Health Department 5127 Oakton Street Skokie, IL 60077 Established: 1960	Phone: (847) 933-8252 Fax: (847) 673-8606 Email: catherine.counard@skokie.org Website: www.skokie.org/HDMMain.cfm	Catherine A. Counard, M.D., M.P.H.	Village of Skokie Bellwood Region
Stickney Township Public Health District 5635 State Road Burbank, IL 60459 Established: 1946	Phone: (708) 424-9200 Fax: (708) 499-5427 Email: cgrunow@stickneypublichealthdistrict.org Website: www.stickneypublichealthdistrict.org	Christopher Grunow, Psy. D	Stickney Township Bellwood Region



[Questions, Comments, or Updates?](#)

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Nursing Homes and Assisted Living (Long-term Care Facilities [LTCFs])



Nursing homes, skilled nursing facilities, and assisted living facilities, (collectively known as long-term care facilities, LTCFs) provide a variety of services, both medical and personal care, to people who are unable to manage independently in the community. Over 4 million Americans are admitted to or reside in nursing homes and skilled nursing facilities each year and nearly one million persons reside in assisted living facilities. Data about infections in LTCFs are limited, but it has been estimated in the medical literature that:

- 1 to 3 million serious infections occur every year in these facilities.
- Infections include urinary tract infection, diarrheal diseases, antibiotic-resistant staph infections and many others.
- Infections are a major cause of hospitalization and death; as many as 380,000 people die of the infections in LTCFs every year.



CLINICAL STAFF INFORMATION

Fact sheets, guidelines, reports, and resources

RESIDENT INFORMATION

Fact sheet, patient safety and other information

PREVENTION TOOLS

Checklists, fact sheet, toolkits, and additional links

HEALTH DEPARTMENT RESOURCES

State-developed resources and information



[The Core Elements of Antibiotic Stewardship for Nursing Homes](#)



The Department of Health and Human Services has developed a strategy to address infections in Long-term Care Facilities in Phase 3 of the [National Action Plan to Prevent Health Care-Associated Infections: Road Map to Elimination](#) [↗](#)



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QUALITY IMPROVEMENT CAMPAIGN

Making nursing homes better places to live, work, and visit.

[National Nursing Home Quality Improvement Campaign](#) [↗](#)

<https://www.cdc.gov/longtermcare/index.html>

Nursing Homes and Assisted Living (Long-term Care Facilities [LTCFs])

Nursing Homes and Assisted Living (Long-term Care Facilities [LTCFs])

Clinical Staff Information +

Resident Information

Prevention Tools -

Core Elements of Antibiotic Stewardship

Health Department Resources for LTCFs



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[CDC](#) > [Nursing Homes and Assisted Living \(Long-term Care Facilities \[LTCFs\]\)](#) > [Prevention Tools](#)

The Core Elements of Antibiotic Stewardship for Nursing Homes



The Core Elements of Antibiotic Stewardship for Nursing Homes adapts the [CDC Core Elements of Hospital Antibiotic Stewardship](#) into practical ways to initiate or expand antibiotic stewardship activities in nursing homes. Nursing homes are encouraged to work in a step-wise fashion, implementing one or two activities to start and gradually adding new strategies from each element over time. Any action taken to improve antibiotic use is expected to reduce adverse events, prevent emergence of resistance, and lead to better outcomes for residents in this setting.



Core Elements of Antibiotic Stewardship



Core Elements of Antibiotic Stewardship for Nursing Homes

> Introduction

> Leadership Commitment

> Accountability

> Drug Expertise

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

Consumer alerts

Norovirus

1/8/2019

Norovirus is a serious gastrointestinal illness that causes inflammation of the stomach and/or intestines. This inflammation leads to nausea, vomiting, diarrhea, and abdominal pain. Norovirus is extremely contagious (easy to spread) from one person to another. Norovirus is not related to the flu (influenza), even though it is sometimes called the stomach flu. Anyone can get norovirus, and they can have the illness multiple times during their lifetime.

[Read this article](#)

What you need to know about adenovirus

12/18/2018

Adenovirus infections have recently been in the news for causing outbreaks in infants and young adults from two states. Adenovirus infections are common in the late winter, spring, and early summer, overlapping with flu season. Though these viral respiratory infections may easily be mistaken for the flu, there are distinct differences to keep in mind.

[Read this article](#)

How to prepare for an outpatient surgery procedure

12/10/2018

Outpatient surgery (also known as ambulatory surgery) refers to procedures that do not require an overnight hospital stay. These procedures take place in ambulatory surgery centers (ASCs). ASCs are facilities that provide surgery, medical procedures, and diagnostic services outside of the hospital. Some commonly performed outpatient procedures include endoscopy/colonoscopy, hemodialysis, cataract surgery, ear/nose/throat procedures, gynecological procedures, gall bladder removal, kidney/bladder procedures, arthroscopic/orthopedic procedures, and hernia operations.

[Read this article](#)

<https://apic.org/>

[View all consumer alerts...](#)

Support for Alcohol Based Handrub



122 S. Michigan Ave., Suite 700 • Chicago, IL 60603-6119 • www.dph.illinois.gov

MEMORANDUM

TO: Long Term Care Facilities, Local Health Departments, Illinois Department of Public Health Regional Health Officers, Long Term Care Ombudsman

CC: Office of Health Care Regulation; Division of Infectious Diseases

FROM: Jennifer E. Layden, MD, PhD, Chief Medical Officer and State Epidemiologist
Erica Runningdeer, MSN, MPH, RN, HAI Prevention Coordinator, Division of Patient Safety & Quality

DATE: February 5, 2019

SUBJECT: Use of Alcohol-Based Hand Rubs for Hand Hygiene in Long Term Care Facilities

The purposes of this memorandum are to:

- Remind facilities that alcohol-based hand rubs are the preferred method of hand hygiene when hands are not visibly soiled or contaminated with blood or bodily fluids; and
- Recommend that all long-term care facilities incorporate alcohol-based hand rub into hand hygiene

<https://www.chicagohan.org/>

Support for Alcohol Based Handrub

“The recommendation for making alcohol-based hand rub available in long-term care settings is in compliance with state and federal regulations. According to 77 Ill. Adm. Code 300.696 Infection Control, each long-term care facility shall adhere to CDC guidelines on hand hygiene. Further, the Centers for Medicare and Medicaid Services state that facilities may install alcohol-based hand rub dispensers if they are installed in a manner that adequately protects against inappropriate access.”

<https://www.chicagohan.org/>

Support for Alcohol Based Handrub

“Hand hygiene (HH) (e.g., hand washing and/or ABHR): consistent with accepted standards of practice such as the use of ABHR instead of soap and water in all clinical situations except when hands are visibly soiled (e.g., blood, body fluids), or after caring for a resident with known or suspected Clostridium (C.) difficile or norovirus infection during an outbreak, or if infection rates of C. difficile infection (CDI) are high; in these circumstances, soap and water should be used;”



https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

Support for Alcohol Based Handrub

“NOTE: According to the CDC, strict adherence to glove use is the most effective means of preventing hand contamination with C. difficile spores as spores are not killed by ABHR and may be difficult to remove even with thorough hand washing.”

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

FIRE SAFETY SURVEY REPORT - 2012 LIFE SAFETY CODE HEALTHCARE		1. (A) PROVIDER NUMBER <small>K1</small>	1. (B) MEDICAID I.D. NO. <small>K2</small>
PART I — Life Safety Code, New and Existing PART II — Health Care Facilities Code, New and Existing PART III — Recommendation for Waiver PART IV — Crucial Data Extract OPTIONAL — Chapter 4 – NFPA 101A - Fire Safety Evaluation System for Health Care Occupancies – CMS-2786T			
Identifying information as shown in applicable records. Enter changes, if any, alongside each item, giving date of change.			
2. NAME OF FACILITY	2. (A) MULTIPLE CONSTRUCTION (BLDGs) A. BUILDING _____ B. WING _____ C. FLOOR _____ <small>K3</small>	2. (B) ADDRESS OF FACILITY (STREET, CITY, STATE, ZIP CODE)	A. <input type="checkbox"/> Fully Sprinklered <small>(All required areas are sprinklered)</small> B. <input type="checkbox"/> Partially Sprinklered <small>(Not all required areas are sprinklered)</small> C. <input type="checkbox"/> None (No sprinkler system) <small>K0180</small>
3. SURVEY FOR <input type="checkbox"/> MEDICARE <input type="checkbox"/> MEDICAID	4. DATE OF SURVEY <small>K4</small>	DATE OF PLAN APPROVAL <small>K5</small>	SURVEY UNDER 5. <input type="checkbox"/> 2012 EXISTING 6. <input type="checkbox"/> 2012 NEW <small>K7</small>
5. SURVEY FOR CERTIFICATION OF			
1. <input type="checkbox"/> HOSPITAL 2. <input type="checkbox"/> SKILLED/NURSING FACILITY 4. <input type="checkbox"/> ICF/IID UNDER HEALTH CARE 5. <input type="checkbox"/> HOSPICE			

K325	Alcohol Based Hand Rub Dispenser (ABHR) ABHRs are protected in accordance with 8.7.3.1, unless all conditions are met: <ul style="list-style-type: none"> Corridor is at least 6 feet wide. Maximum individual dispenser capacity is 0.32 gallons (0.53 gallons in suites) of fluid and 18 ounces of Level 1 aerosols. Dispensers shall have a minimum of four foot horizontal spacing. Not more than an aggregate of 10 gallons of fluid or 1135 ounces of aerosol are used in a single smoke compartment outside a storage cabinet, excluding one individual dispenser per room. Storage in a single smoke compartment greater than 5 gallons complies with NFPA 30. Dispensers are not installed within 1 inch of an ignition source. Dispensers over carpeted floors are in sprinklered smoke compartments. ABHR does not exceed 95 percent alcohol. Operation of the dispenser shall comply with Section 18.3.2.6(11) or 19.3.2.6(11). ABHR is protected against inappropriate access. 18.3.2.6, 19.3.2.6, 42 CFR Parts 403, 418, 460, 482, 483, and 485				
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<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS2786R.pdf>

<http://www.nfpa.org/codes-and-standards/all-codes-and-standards/list-of-codes-and-standards/detail?code=101>

<https://www.federalregister.gov/articles/2016/05/04/2016-10043/medicare-and-medicaid-programs-fire-safety-requirements-for-certain-health-care-facilities>



Organisms of Concern

AKA - Organism Alphabet Soup

CDC Facts

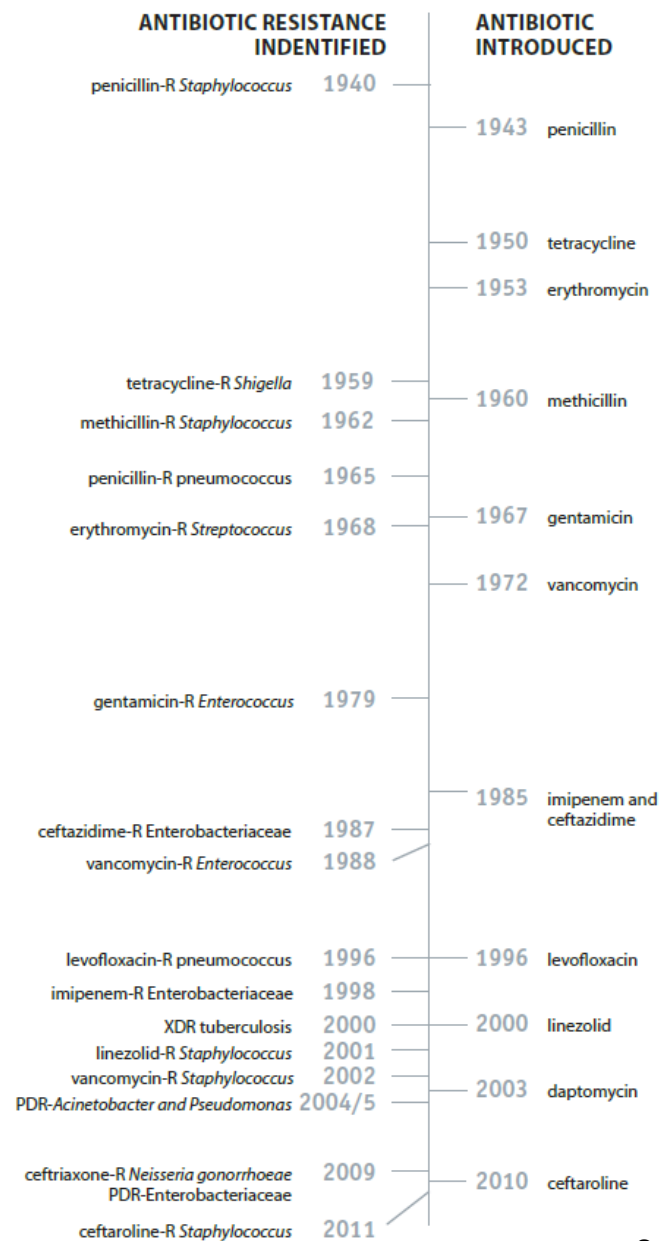
- Antibiotic resistance has the potential to affect people at any stage of life, as well as the healthcare, veterinary, and agriculture industries, making it one of the world's most urgent public health problems.
- Each year in the U.S., at least 2 million people are infected with antibiotic-resistant bacteria, and at least 23,000 people die as a result.

Source: <https://www.cdc.gov/drugresistance/about.html>

CDC Facts

- No one can completely avoid the risk of resistant infections, but some people are at greater risk than others (for example, people with chronic illnesses). If antibiotics lose their effectiveness, then we lose the ability to treat infections and control public health threats.
- Many medical advances are dependent on the ability to fight infections using antibiotics, including joint replacements, organ transplants, cancer therapy, and treatment of chronic diseases like diabetes, asthma, and rheumatoid arthritis.

Source: <https://www.cdc.gov/drugresistance/about.html>



Source: <https://www.cdc.gov/drugresistance/about.html>

Facilities work together to protect patients.

Common Approach *(Not enough)*

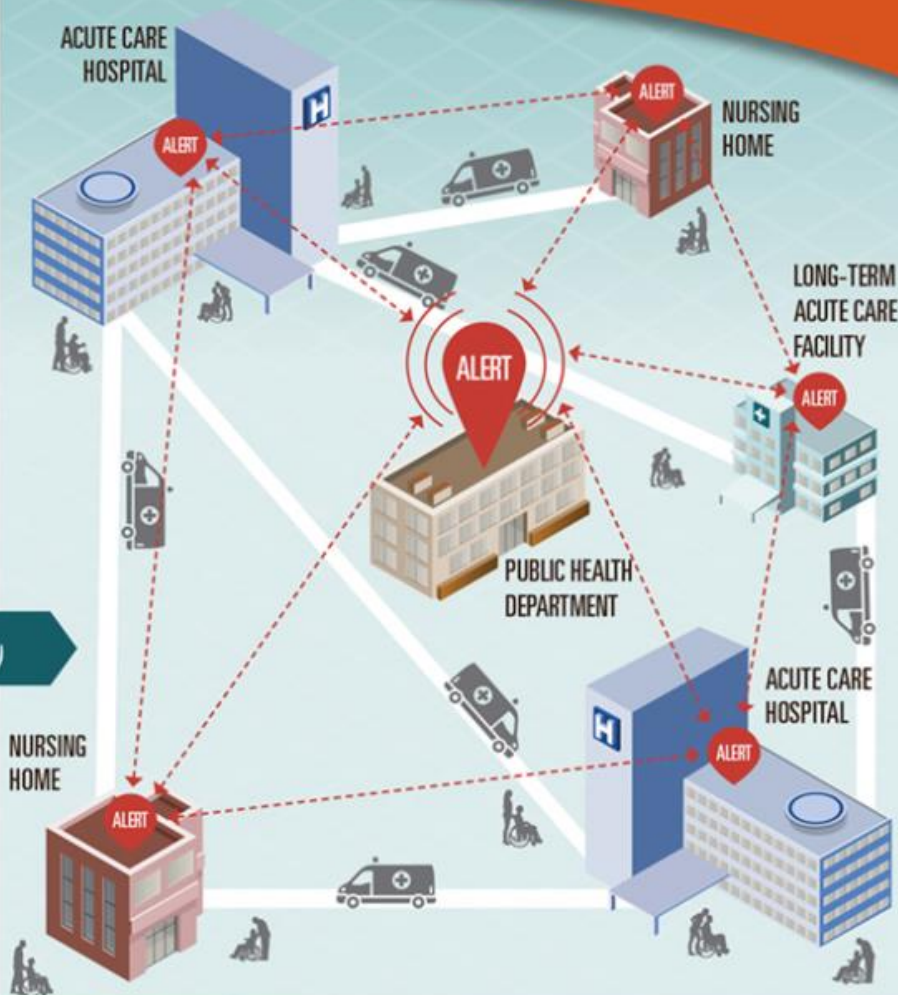
- Patients can be transferred back and forth from facilities for treatment without all the communication and necessary infection control actions in place.

Independent Efforts *(Still not enough)*

- Some facilities work independently to enhance infection control but are not often alerted to antibiotic-resistant or *C. difficile* germs coming from other facilities or outbreaks in the area.
- Lack of shared information from other facilities means that necessary infection control actions are not always taken and germs are spread to other patients.

☒ Coordinated Approach *(Needed)*

- Public health departments track and **alert** health care facilities to antibiotic-resistant or *C. difficile* germs coming from other facilities and outbreaks in the area.
- Facilities and public health authorities share information and implement shared infection control actions to stop spread of germs from facility to facility.



<https://www.cdc.gov/vitalsigns/stop-spread/index.html>

Facilities work together to protect patients.

Common Approach *(Not enough)*

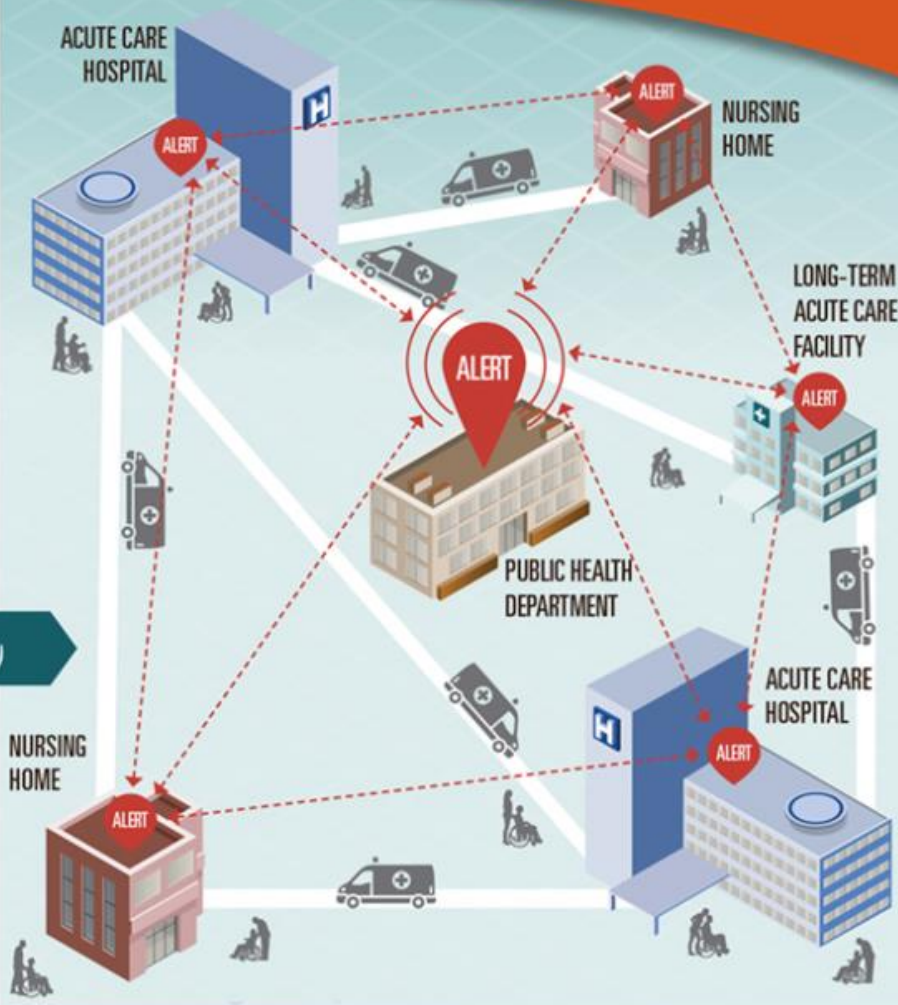
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<https://www.cdc.gov/vitalsigns/stop-spread/index.html>



Pat Quinn, Governor
LaMar Hasbrouck, MD, MPH, Director

122 S. Michigan Ave., Suite 700 • Chicago, IL 60603-6119 • www.idph.state.il.us

MEMORANDUM

To: Hospital Chief Executive Officer, Long Term Acute Care Hospital Executive Officer, Long Term Care Facility Executive Officer, Long Term Care Director of Nursing or Designate, Hospital-affiliated Clinical Laboratory Director, Independent or Free-standing Laboratory Director

CC: Facility Medical Director, Facility Infection Preventionist, Facility Laboratory Director, Facility Microbiologist, Facility Quality Director, Medical Director of the Illinois Department of Public Health (IDPH), Regional Offices of IDPH, IDPH Office of Health Care Regulation, Local Health Departments, Telligen, Illinois Hospital Association, Illinois Critical Access Hospital Network, Metropolitan Chicago Healthcare Council, Illinois APIC chapters, Life Services Network, Illinois Council on Long Term Care, Illinois Health Care Association.

From: Mary Driscoll, RN, MPH
Chief, Division of Patient Safety and Quality

Erica Abu-Ghallow, MSN, MPH, RN
HAI Prevention Coordinator, Division of Patient Safety and Quality

Date: September 4, 2013

Subject: XDRO registry

Carbapenem-resistant Enterobacteriaceae (CRE) are considered extensively drug resistant organisms (XDROs) that have few antibiotic treatment options and high mortality rates. CRE are increasingly detected among patients in Illinois, including acute and long term care healthcare facilities.

In response to the CRE public health threat, the Illinois Department of Public Health (IDPH) has amended the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) Rules (see addendum) to require reporting of CREs to IDPH.

All hospitals hospital-affiliated clinical laboratories independent or free-standing laboratories

Extensively Drug Resistant Organism Registry

Reporting Rule

Starting November 1, 2013, the **first CRE-positive culture per patient stay** must be reported to the XDRO registry.

CRE definition

Enterobacteriaceae (e.g., *E. coli*, *Klebsiella* species, *Enterobacter* species, *Proteus* species, *Citrobacter* species, *Serratia* species, *Morganella* species, or *Providentia* species) with one of the following laboratory test results:

1. Molecular test (e.g., polymerase chain reaction [PCR]) specific for carbapenemase;
2. Phenotypic test (e.g., Modified Hodge) specific for carbapenemase production;
3. For ***E. coli* and *Klebsiella*** species only: non-susceptible (intermediate or resistant) to ONE of the following carbapenems (doripenem, meropenem, or imipenem) AND resistant to ALL of the following third generation cephalosporins tested (ceftriaxone, cefotaxime, and ceftazidime). *Note: ignore ertapenem for this definition.*

Consult with your microbiology laboratory regarding which CRE tests are available. For some laboratories, only #3 will be available.

<https://www.xdro.org/reporting-rule.html>

Initial Purpose of the XDRO Registry

- Improve CRE surveillance
- Improve inter-facility communication

Expanded Purpose of the XDRO Registry

- Improve CRE surveillance
- Establish *Candida auris* surveillance
- Establish carbapenemase-producing *Pseudomonas aeruginosa* surveillance
- Improve inter-facility communication

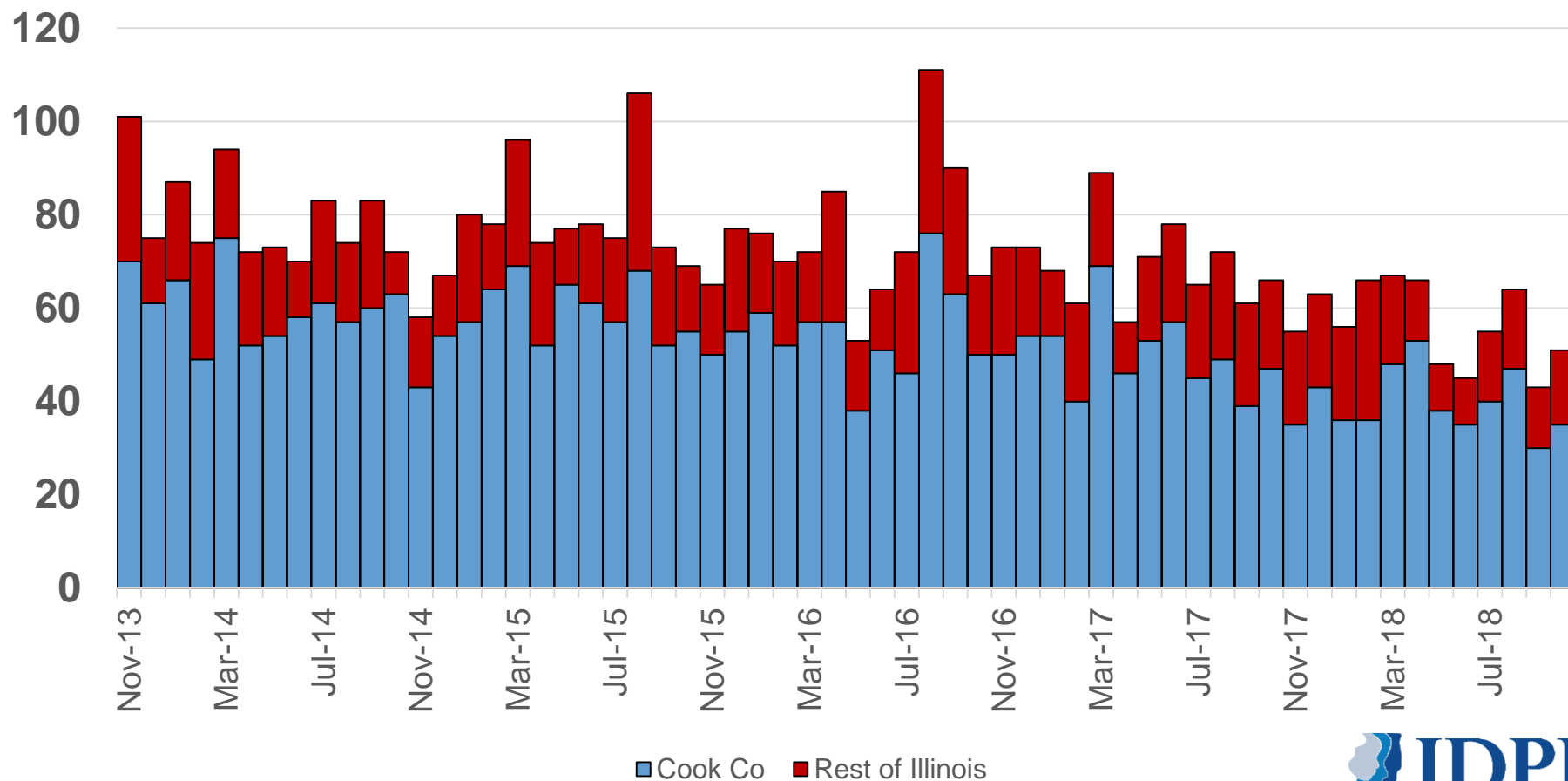
Knowledge is Key to Interrupting Transmission

- Routine query of the Registry for each admission
 - Can plan for resident placement ahead of time
 - Doesn't rely on communication from the transferring facility
 - Allows for timely initiation of precautions
 - May result in fewer resident room changes
- Can assist if cohorting is necessary
 - Identifies the mechanisms of resistance

Who Should Have Access to the XDRO Registry?

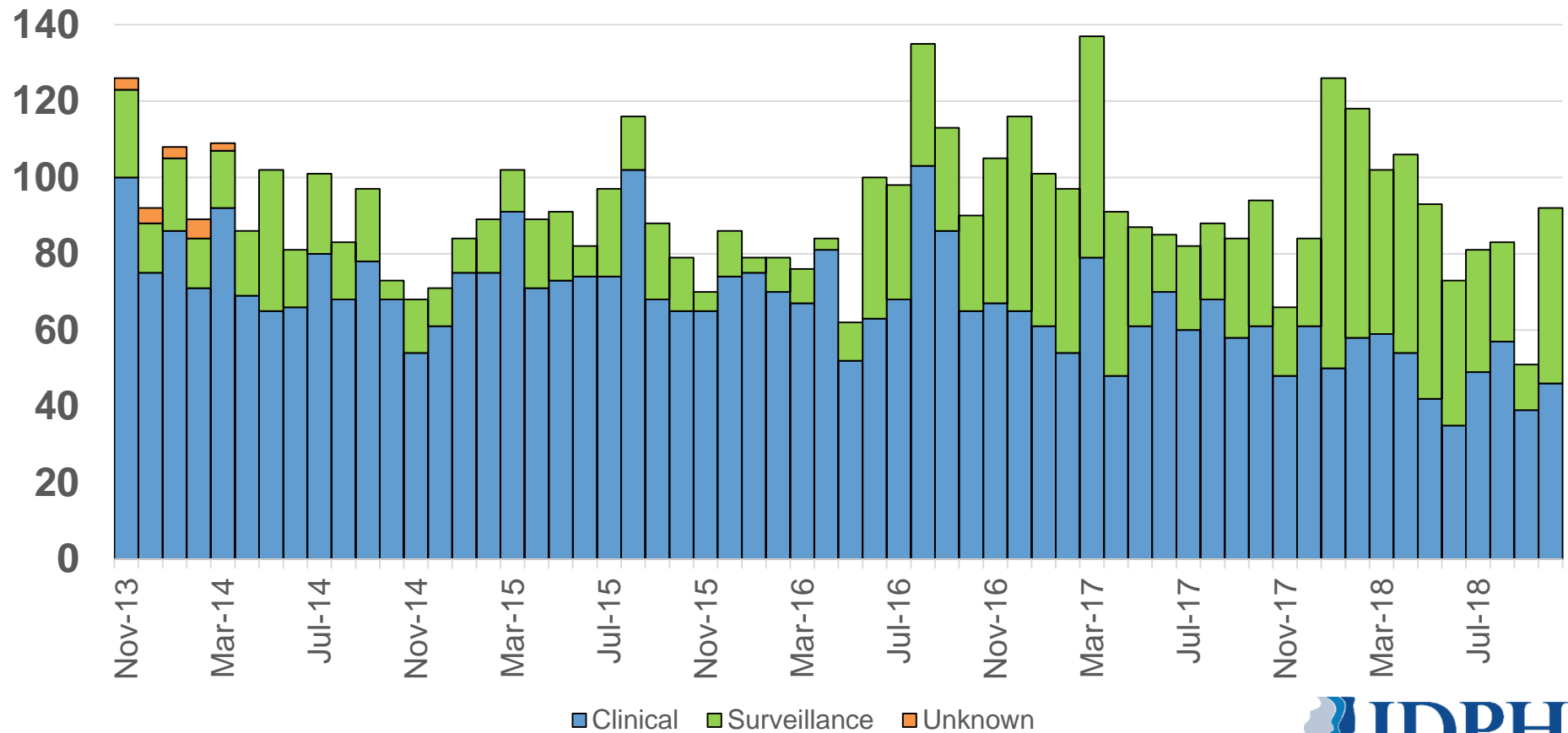
- Admissions coordinators
- Director of nursing and/or assistant director of nursing
- Infection preventionist
- Others involved in the admission process

Unique clinical CRE cases reported to XDRO registry by month of first clinical culture, **Cook County and Illinois**, 11/1/13 – 10/31/18 (N=4304)



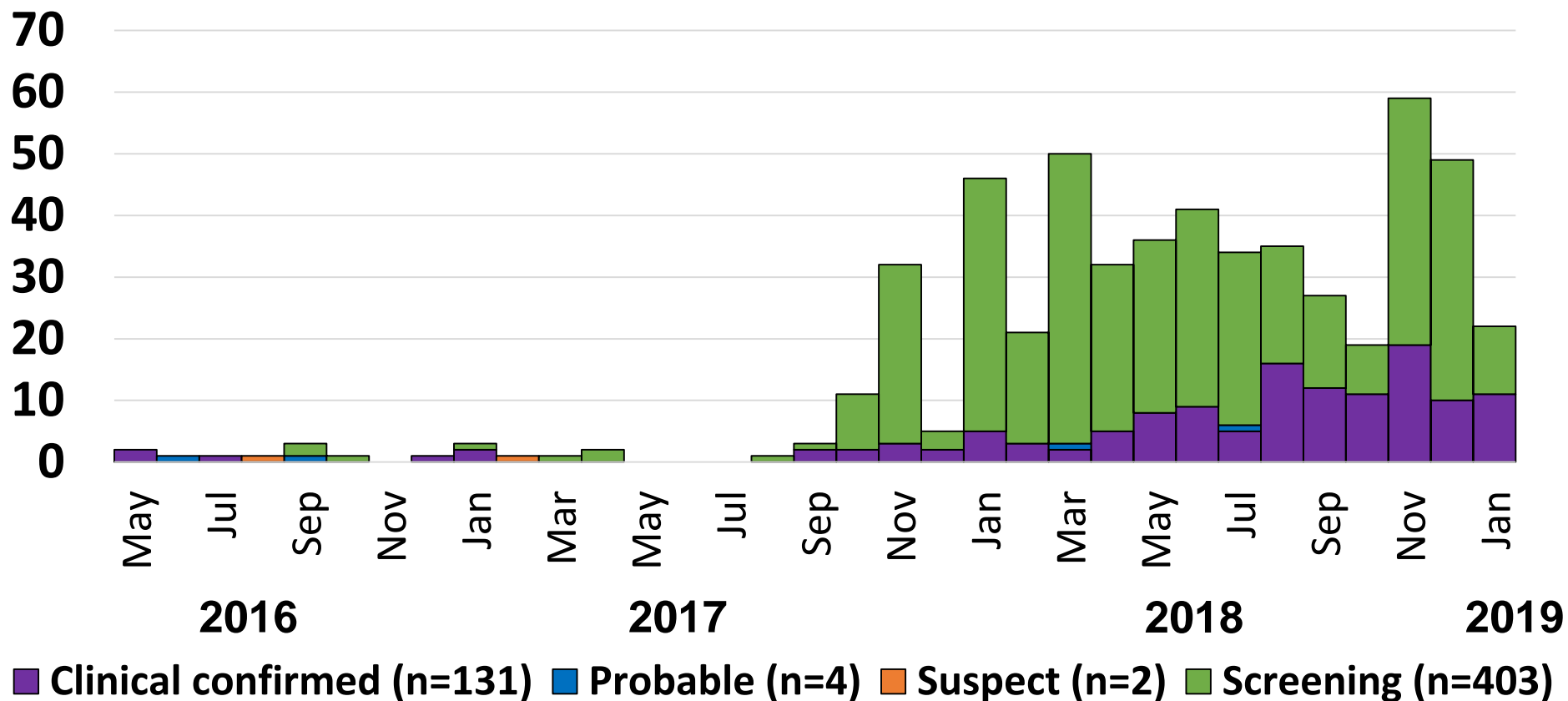
Note: Includes reports submitted through 1/21/19

Unique **clinical and screening** CRE cases reported to XDRO registry by month of first positive culture, **Illinois**, 11/1/13 – 10/31/18 (N=5517)



Note: Includes reports submitted through 1/21/19

Illinois *C. auris* cases (n=540) by culture date, as of 2/4/2019*

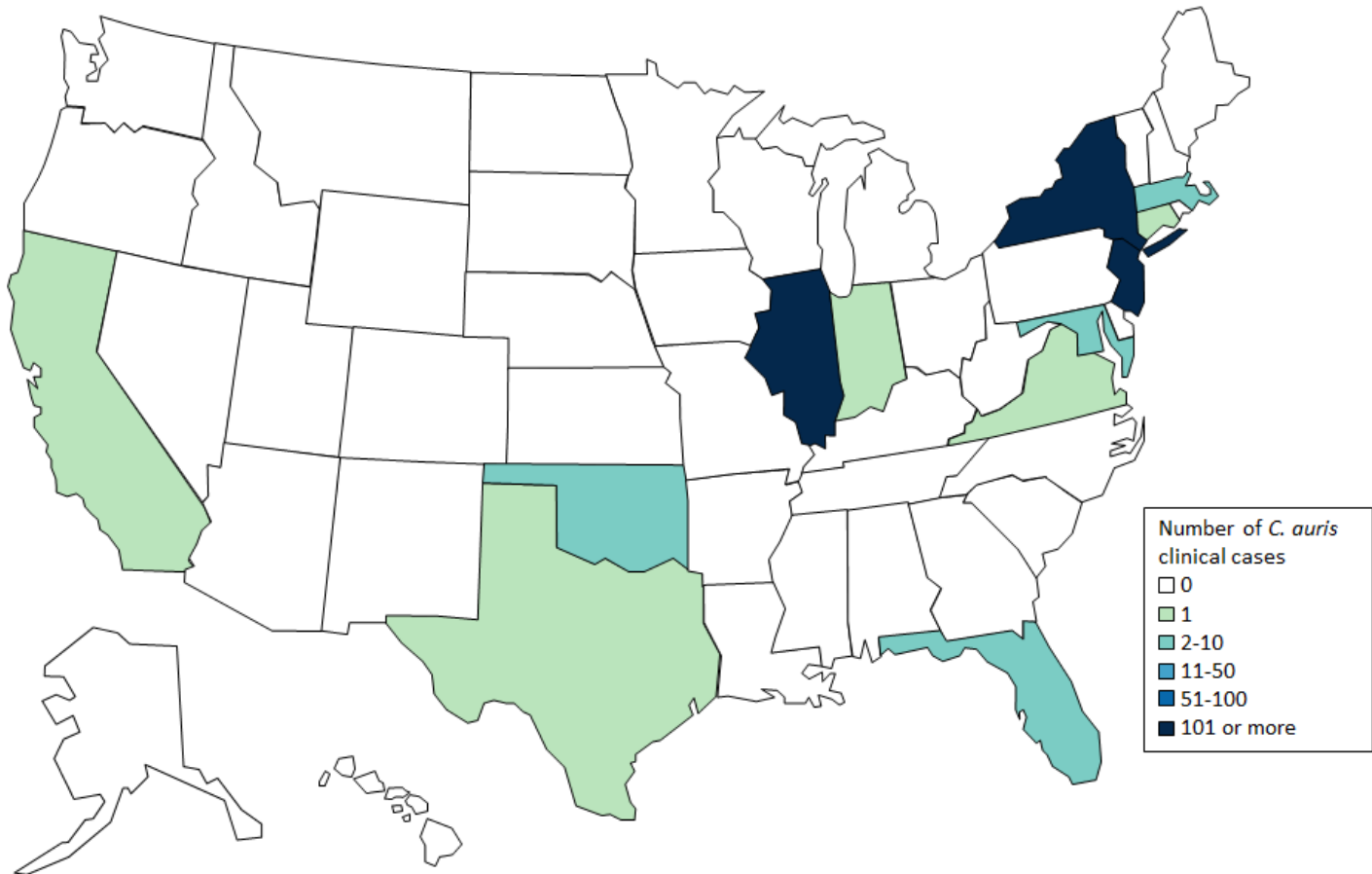


*Includes 32 colonized to clinical cases



Slide courtesy of Angela Tang.

U.S. Map: Clinical cases of *Candida auris* reported by U.S. states, as of December 31, 2018

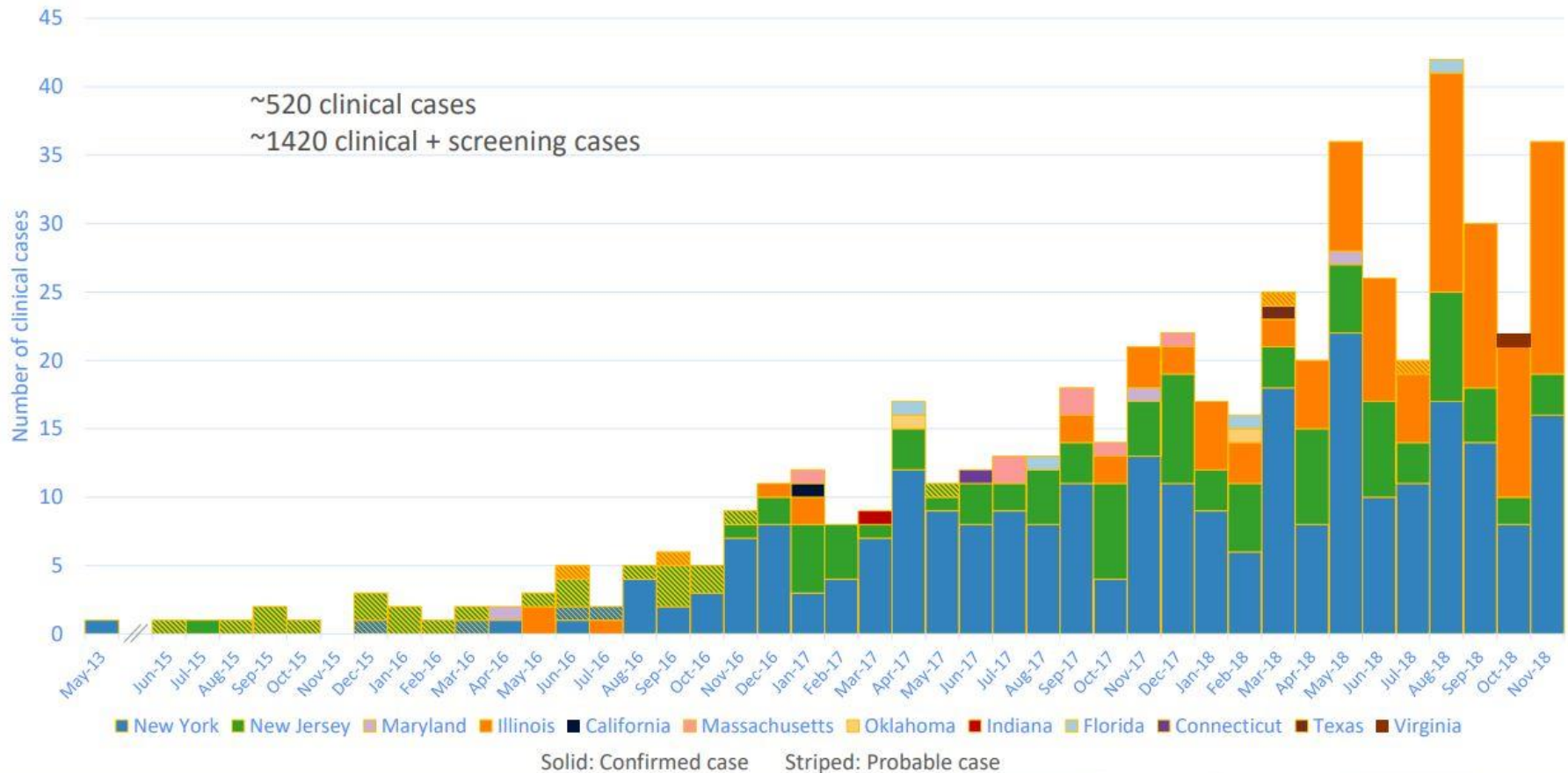


Cases are categorized by the state where the specimen was collected. Most [probable cases](#) were identified when laboratories with current cases of *C. auris* reviewed past microbiology records for *C. auris*. Isolates were not available for confirmation. Early detection of *C. auris* is essential for containing its spread in healthcare facilities.

<https://www.cdc.gov/fungal/candida-auris/tracking-c-auris.html>

Candida auris in the U.S.

C. auris clinical cases reported by state — United States, 2013–November 2018



CDC, 2019

Public Health Response



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

MEMORANDUM

TO: Local Health Departments, Infectious Disease Physicians, Hospital Emergency Departments, Infection Control Preventionists, Health Care Providers, Long Term Care Facilities, and Laboratories

FROM: Division of Patient Safety and Quality and Communicable Disease Control Section

DATE: January 24, 2018

SUBJECT: Increase in the number of *Candida auris* cases in the Chicago-metropolitan region

Public Health Response



122 S. Michigan Ave., Suite 2009 • Chicago, Illinois 60603-6152 • www.dph.illinois.gov

To: Acute Care Hospitals, Long Term Acute Care Hospitals, Long Term Care Facilities, Local Health Departments, Illinois Department of Public Health Regional Health Officers

From: Division of Patient Safety and Quality

Date: January 25, 2019

Re: Recommendations for the Implementation of Empiric Contact Precautions for *Candida Auris* (*C. auris*) and Updated CDC *C. auris* Disinfection Guidance

As noted in the [Illinois Department of Public Health \(IDPH\) Health Alert](#) released in September 2018, health care facilities, especially acute care hospitals, should consider the following for patients with a tracheostomy or on mechanical ventilation admitted from any skilled nursing facility or long-term acute care hospital **regardless of known *Candida auris* (*C.auris*)** infection or colonization.

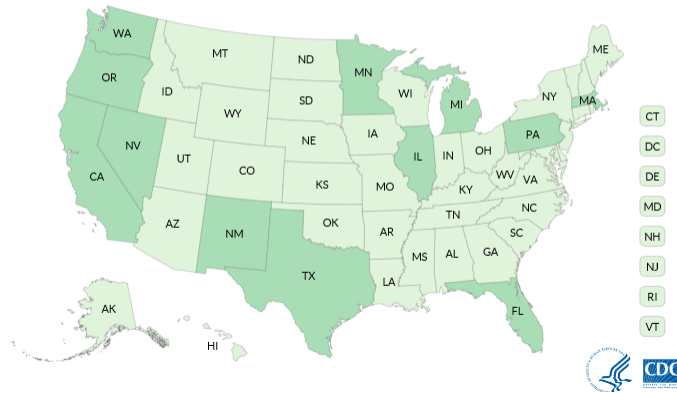
http://dph.illinois.gov/sites/default/files/01.25.19_OPPS%20isolation%20clarification%20C.Auris_0.pdf

Registry Expanded to Include *Pseudomonas Aeruginosa*

Patients with VIM-producing Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA) reported to the Centers for Disease Control and Prevention (CDC) as of December 2017, by state

VIM enzyme

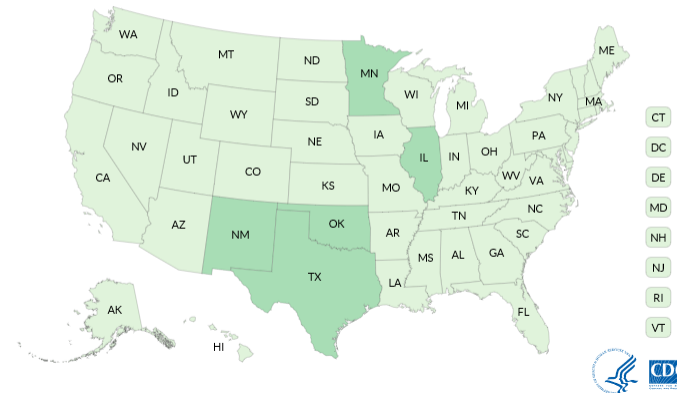
None
Reported



Patients with IMP-producing Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA) reported to the Centers for Disease Control and Prevention (CDC) as of December 2017, by state

IMP enzyme

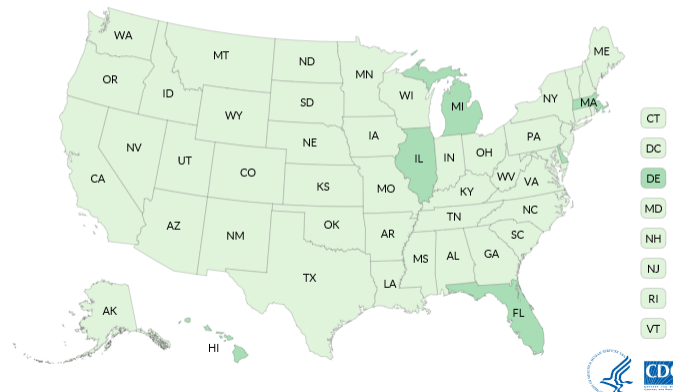
None
Reported



Patients with KPC-producing Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA) reported to the Centers for Disease Control and Prevention (CDC) as of December 2017, by state

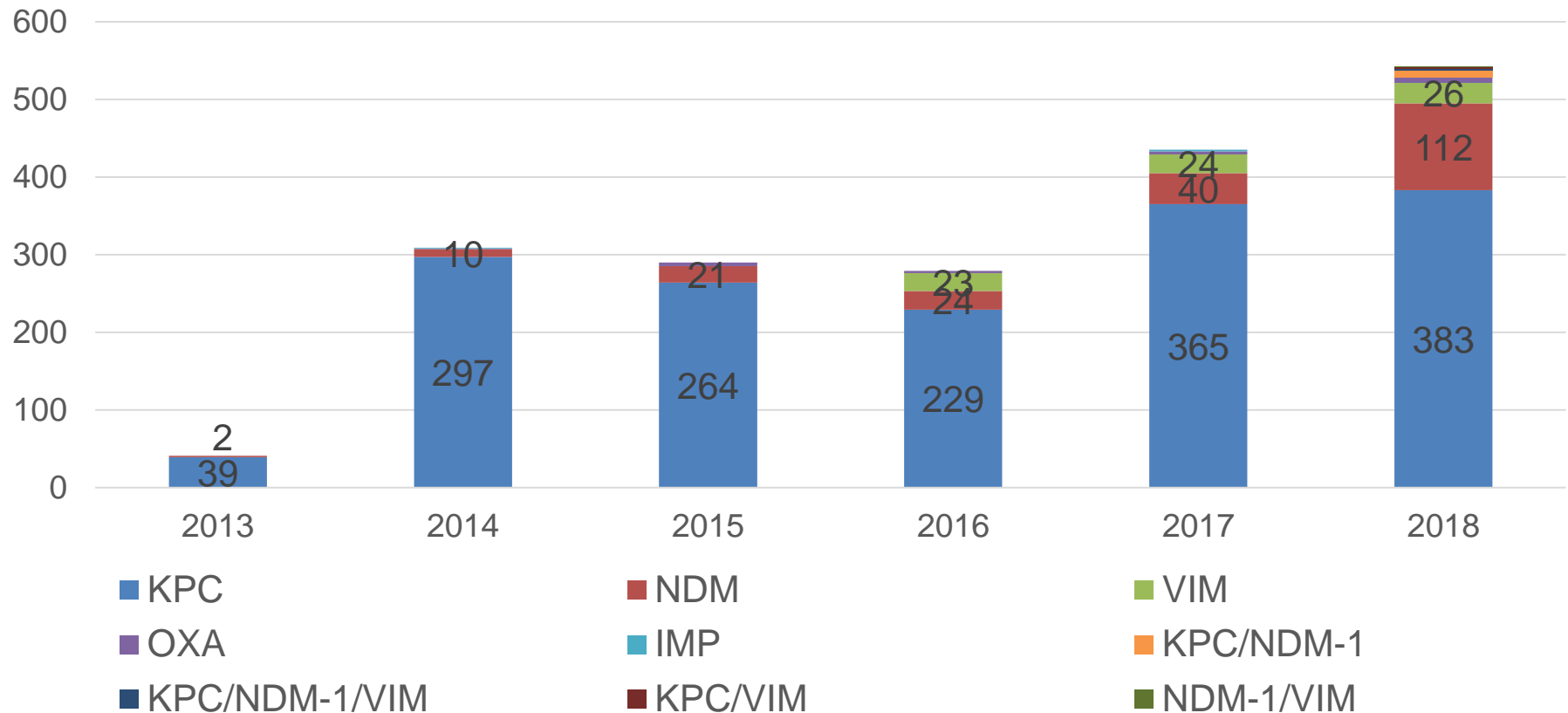
KPC enzyme

None
Reported



<https://www.cdc.gov/hai/organisms/pseudomonas/tracking.html>

Carbapenemase-Producing Organisms reported to the XDRO registry by known mechanism, Illinois, 11/1/2013 – 10/31/18



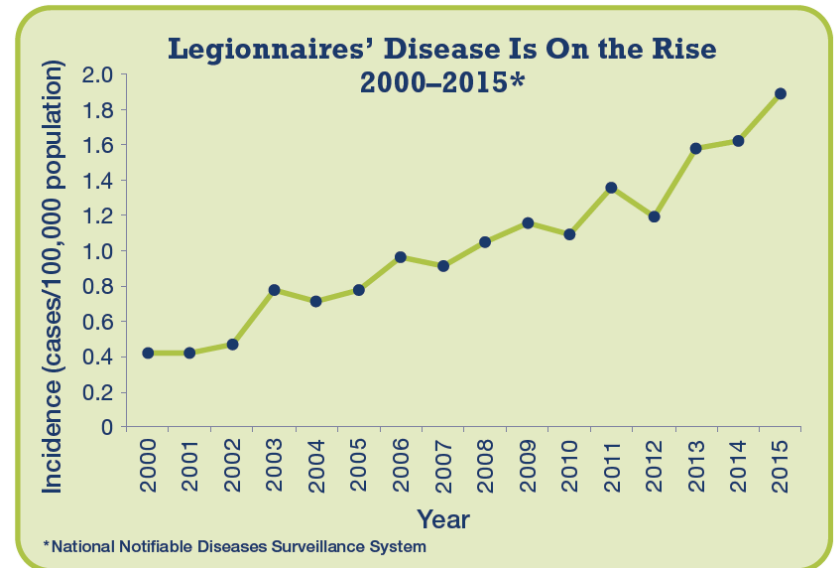
Notes: Includes reports submitted through 1/21/19; clinical and screening specimens; CRE, CRPA, and unknown organism



Slide courtesy of Angela Tang.

Legionella

- Nearly a fourfold increase from 2000-2014.
- Deadly in about 10%.
- An effective water management plan would prevent 90% of the outbreaks investigated.



<https://www.cdc.gov/vitalsigns/legionnaires/index.html>

<https://www.cdc.gov/legionella/downloads/toolkit.pdf>

Legionella

Legionella can grow and spread in many areas of a building.

**Effective water management programs can
REDUCE the risk of Legionnaires' disease.**

Legionella can make people sick when the germs grow in water and spread in droplets small enough for people to breathe in.

Legionella grows best in warm water that is not moving or that does not have enough disinfectant to kill germs.



<https://www.cdc.gov/vitalsigns/legionnaires/index.html>

Legionella

- Routinely flush all water sources.
- Reconsider decorative water features.
 - Facilities Guidelines Institute
 - Human contact limited and/or disinfection system
 - Components resistant to chemicals
 - Minimize droplet production
 - Exhaust ventilation directly above



Facilities Guidelines Institute. Guidelines for Design and Construction of Residential Health, Care, and Support Facilities 2018. A2.4-2.2.13 Decorative water features.



Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C 17-30-*Hospitals/CAHs/NHs*
REVISED 06.09.2017

DATE: June 02, 2017

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Requirement to Reduce *Legionella* Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaires' Disease (LD)
****Revised to Clarify Provider Types Affected****

Memorandum Summary

- ***Legionella* Infections:** The bacterium *Legionella* can cause a serious type of pneumonia called LD in persons at risk. Those at risk include persons who are at least 50 years old, smokers, or those with underlying medical conditions such as chronic lung disease or immunosuppression. Outbreaks have been linked to poorly maintained water systems in buildings with large or complex water systems including hospitals and long-term care facilities. Transmission can occur via aerosols from devices such as showerheads, cooling towers, hot tubs, and decorative fountains.
- **Facility Requirements to Prevent *Legionella* Infections:** Facilities must develop and adhere to policies and procedures that inhibit microbial growth in building water systems that reduce the risk of growth and spread of *legionella* and other opportunistic pathogens in water.
- *This policy memorandum applies to Hospitals, Critical Access Hospitals (CAHs) and Long-Term Care (LTC). However, this policy memorandum is also intended to provide general awareness for all healthcare organizations.*

Background

LD, a severe sometimes fatal pneumonia, can occur in persons who inhale aerosolized droplets of water contaminated with the bacterium *Legionella*. In a recent review of LD outbreaks in the

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-30.pdf>

Legionella

- 42 CFR §483.80 for skilled nursing facilities and nursing facilities:
“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.”

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-30.pdf>

Water Management Policies and Procedures

- Conduct a facility risk assessment to identify where *Legionella* and other opportunistic waterborne pathogens (e.g. *Pseudomonas*, *Acinetobacter*, *Burkholderia*, *Stenotrophomonas*, nontuberculous mycobacteria, and fungi) could grow and spread in the facility water system.
- Implement a water management program that considers the ASHRAE industry standard and the CDC toolkit, and includes control measures such as physical controls, temperature management, disinfectant level control, visual inspections, and environmental testing for pathogens.
- Specify testing protocols and acceptable ranges for control measures, and document the results of testing and corrective actions taken when control limits are not maintained.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-30.pdf>

CDC Legionella Resources



<https://www.cdc.gov/legionella/wmp/toolkit/index.html>

For Laboratories	
Prevention with Water Management Programs	-
Overview of Water Management Programs	
Water Management Program Toolkit	-
Identify Buildings at Increased Risk	
Monitoring Your Building Water	
Special Considerations for Healthcare Facilities	+
Considerations for Public Hot Tub Operators	
Considerations When Working with <i>Legionella</i> Consultants	
Outbreaks	
For Media	
Resources	+

Related Links

[ELITE Program Application](#)

[CDC Healthy Swimming](#)

[CDC Vessel Sanitation Program](#)

[Unexplained Respiratory Disease Outbreaks \(URDO\)](#)

[European Legionnaires' Disease Surveillance Network \(ELDSNet\)](#)

management program to reduce the risk of *Legionella* growth and spread.

Building Questions 1-4

1. Is your building a healthcare facility where patients stay overnight or does your building house or treat people who have chronic and acute medical problems¹ or weakened immune systems?
 - ☒ Yes
 - ☐ No
2. Does your building primarily house people older than 65 years (like a retirement home or assisted-living facility)?
 - ☒ Yes
 - ☐ No
3. Does your building have multiple housing units and a centralized hot water system (like a hotel or high-rise apartment complex)?
 - ☒ Yes
 - ☐ No
4. Does your building have more than 10 stories (including basement levels)?
 - ☐ Yes
 - ☒ No

Device Questions 5-8

Devices in buildings that can spread contaminated water droplets should have a water management program even if the building itself does not.

5. Does your building have a [cooling tower](#) ?
 - ☐ Yes
 - ☒ No
6. Does your building have a hot tub (also known as a spa) that is not drained between each use?
 - ☐ Yes
 - ☒ No
7. Does your building have a decorative fountain?
 - ☒ Yes
 - ☐ No
8. Does your building have a centrally-installed mister, atomizer, air washer, or humidifier?
 - ☒ Yes
 - ☐ No

See Results

Restart

Is your building or device at increased risk for *Legionella* growth and spread? If so, take this free [training](#) on creating a water management program.

You need a water management program for your building's

✓ hot and cold water distribution system

✓ decorative fountain

✓ centrally-installed mister, atomizer, air washer, or humidifier

On properties with multiple buildings, prioritize buildings that house or treat [people who are at increased risk](#) for Legionnaires' disease.

<https://www.cdc.gov/legionella/wmp/toolkit/wmp-risk.html>



Summary

- Knowledge is power.
- Speak up with the facts.
- Some things are not negotiable.
- Bag bugs are all around us.
- Network, network, network.

Discussion and Questions

Mary Alice Lavin

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847-637-6512