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Nursing Home Quality Essentials Spotlight: Infection Prevention

Prevention Power: Strategies to Reduce COVID-19 Related Hospital Admissions

December 3, 2024

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WE'RE BACK!

NURSING HOME QUALITY ESSENTIALS



SPOTLIGHT: INFECTION PREVENTION

Tuesdays & Thursdays | 11 a.m. MT / Noon CT

As part of a contract extension from CMS, we're thrilled to relaunch Nursing Home Quality Essentials, focusing on infection prevention and control!

Join us twice a week for engaging 30-minute sessions tailored for long-term care providers. Each session will spotlight a new aspect of infection prevention, with actionable insights and strategies to integrate directly into daily practices.

Topics may include vaccines, healthcare-acquired infections, rehospitalizations, NHSN reporting, health literacy and more — each aimed at enhancing your infection prevention efforts.

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Before We Begin

- Be sure to add qiconnect@telligen.com to your trusted list of email contacts
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- We're on social media, follow us for updates and events!



Facebook: <https://www.facebook.com/telligenqiconnect>



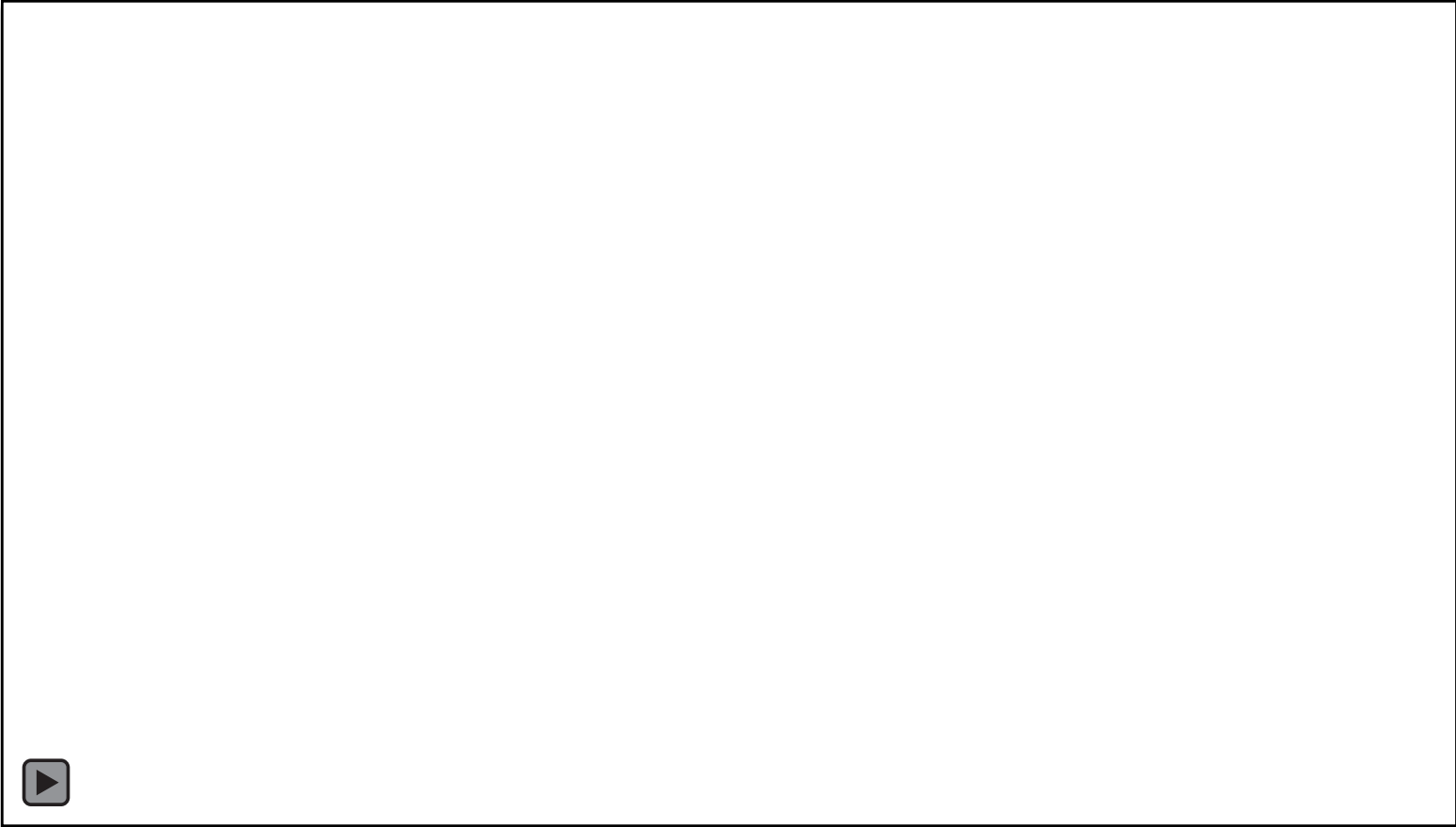
LinkedIn: <https://www.linkedin.com/company/telligen-qi-connect>

Objectives

- Identify three effective strategies to reduce COVID-19 related hospitalization among nursing home residents
- Choose one of the identified strategies for integration into current processes
- Define how to use infection control risk assessment to recognize your facility's readiness to prevent COVID-19



Test Your Knowledge



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Of adults over 65 years of age, how many account for COVID-19 associated hospitalizations?

57%

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70%

48%

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Test Your Knowledge

Among adults over age 75 who were hospitalized with COVID-19, what percentage did not receive the 2023-2024 COVID-19 vaccine?

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Test Your Knowledge

Of nursing home residents, who are at greatest risk for developing COVID-19? Select all that apply.

A. Those between the ages of 75-79

C. Residents who are cognitively intact

B. Residents with diabetes and/or kidney failure

D. Women

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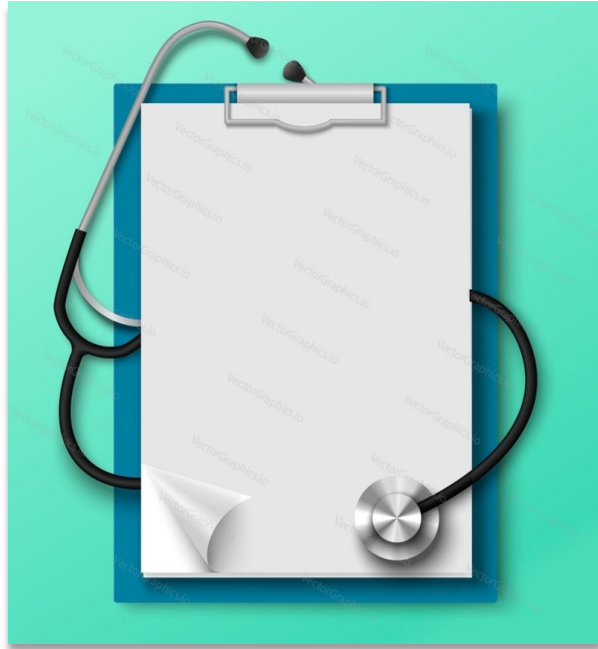
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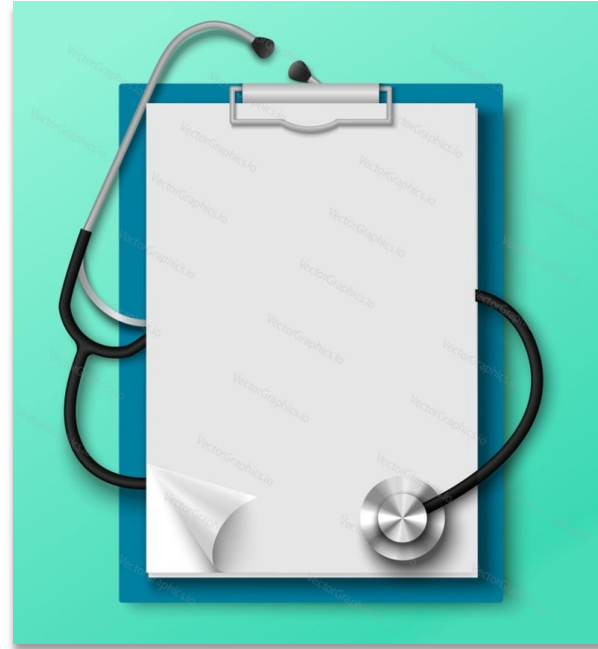
Case Study

- Ms. Mary is an 87-year resident at Your Nursing and Rehab Center and has a history of coronary artery disease, congestive heart failure, Type 2 diabetes and mild cognitive impairment. She has not received the 2024-2025 vaccination but is fully vaccinated, including a booster dose six months prior.
- On October 20 during morning exercise, the activity assistant noted that Ms. Mary was asking about her dog and looking for her sister, which was unusual behavior.
- Ms. Mary was experiencing mild fatigue, decreased appetite and an intermittent low-grade fever (99.5°F). The CNA noted she was wearing heavy sweater and the room was very warm, so the CNA opened the window.
- On October 24, symptoms progressed to a persistent dry cough and mild confusion, which staff assumed were related to dehydration. Staff provided oral fluids.
- On October 26, Ms. Mary developed shortness of breath and appeared more lethargic. Oxygen saturation was checked and found to be 84% on room air.
- A rapid COVID-19 test was positive.
- On October 27, Ms. Mary was transferred to the hospital due to respiratory distress and hypoxia.

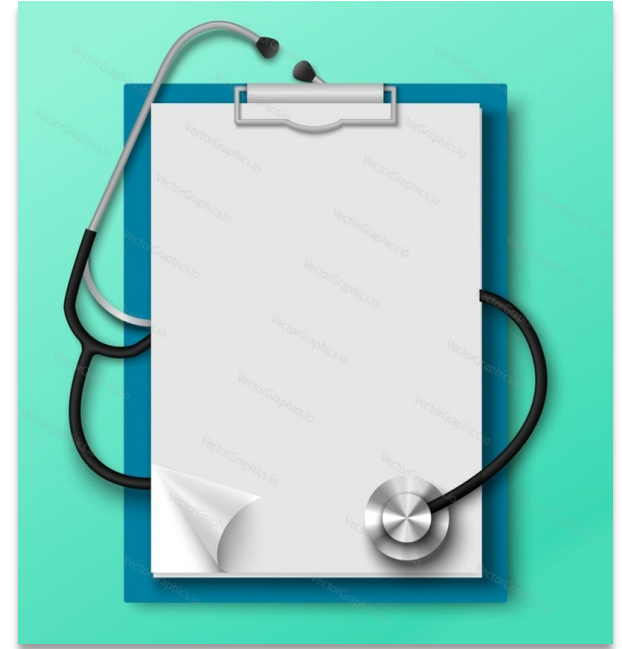
Pick a Number



1



2



3

Early Detection and Symptom Monitoring

What gaps can you identify?

Case Study Highlights:

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Strategies: Early Detection and Symptom Monitoring

- Routine monitoring
 - Regular assessment of vital signs
- Early symptom recognition
 - INTERACT Care Paths: fever, SOB, lower respiratory illness
 - INTERACT Change in Condition Card
 - INTERACT Stop and Watch Tool
- Daily huddles for:
 - Change in condition
 - Change in behavior
 - High-risk diagnosis: COPD, CHF, diabetes, etc.

Next

Ideas that work:

- [INTERACT Tools](#)
- [Stop and Watch Staff Training Video](#)



End

Infection Prevention and Control Measures

What gaps can you identify?

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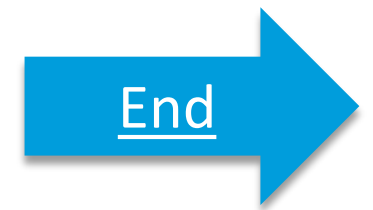

Strategies: Infection Prevention and Control Measures

- Vaccination program: [CDC vaccine recommendations](#)
- Surveillance
 - Hand hygiene and PPE use
 - High-risk residents
 - Chronic conditions
 - Age
 - Sex
 - Race
- Isolation and cohorting
- Enhanced cleaning protocols
 - [CDC When and How to Clean & Disinfect a Facility](#)
 - Environmental marking



Ideas that work:

- [Telligen Hand Hygiene Competency Validation](#)
- [Telligen PPE Audit Tool](#)
- [Telligen Audit Tracking Tool Workbook](#)



Staff Education & Training

Looking at these case study highlights, where are opportunities for training?

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Strategies: Staff Training and Support

- Education on COVID-19 management: [CDC – About COVID-19](#)
- Train nursing staff in structured assessment, evaluation, documentation and communication of clinical signs and symptoms
- Staff clinical competencies and audits
- Staffing and training plan
 - Facility assessment
 - Infection Prevention & Control Risk Assessment

[Next](#)

Ideas that work:

- [Infection Prevention & Control Risk Assessment](#)
- [CDC COVID Infection Control Assessment & Response \(ICAR\)](#)
- [All Vaccine Information Statements](#)



[End](#)

Strategies: Tracking, Data Collection and QAPI



- Data monitoring and analysis
 - Evaluate hospital readmissions
 - Stratify data
 - Use a run chart to visualize data
- Refer to the Infection Prevention & Control Risk Assessment
- QAA/QAPI meetings

Infection Prevention & Control Risk Assessment

INFECTION EVENT	PROBABILITY OF OCCURRENCE (How likely is this to occur?)	LEVEL OF HARM FROM EVENT (What would be the most likely?)	IMPACT ON CARE (Will new treatment/care be needed for resident/staff?)	READINESS TO PREVENT (Are processes/resources in place to identify/address this event?)	
Score	3=High, 2=Medium, 1=Low, 0=None	3=Serious Harm, 2=Moderate Harm, 1=Mild Harm, 0=No Harm	3=High, 2=Medium, 1=Low, 0=None	3=Poor, 2=Fair, 1=Good	
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					
Coronavirus Disease 2019 (COVID-19)	IPC PRACTICE FAILURES	PROBABILITY OF OCCURRENCE (How likely is this to occur?)	IMPACT ON RESIDENT/STAFF SAFETY (Will this failure directly impact safety?)	CAPACITY TO DETECT (Are processes in place to identify this failure?)	READINESS TO PREVENT (Are policies, procedures, and resources available to address this failure?)
Other (specify):					
Score	3=High, 2=Medium, 1=Low, 0=None	3=High, 2=Medium, 1=Low, 0=None	3=Poor, 2=Fair, 1=Good	3=Poor, 2=Fair, 1=Good	3=Poor, 2=Fair, 1=Good
Surveillance & Monitoring					
Resident/visitor health					
Low rates of TB screening among new resident admissions					
Low rate of resident acceptance of influenza immunization					
Low rate of resident acceptance of pneumococcal immunization					
Low rate of resident acceptance of Coronavirus Disease 2019 (COVID-19) immunization when available					



Infection Prevention and Control Risk Assessment

Strategies: Communication & Collaboration with Hospitals



- Conduct regular meetings with your transferring hospital
 - RCA
 - Data sharing
- Warm hand-off
 - [Team STEPPS](#)
 - [CDC Inter-Facility Infection Control Transfer Form](#)
- [Circle Back Six Simple Questions](#)
- Keep hospital informed of nursing home capabilities
 - INTERACT Nursing Home Capability List



> Questions?

Contact Us



- General Inquiries | QIConnect@telligen.com
- Nursing Home Inquiries | NursingHome@telligen.com

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Don't miss out on these upcoming offerings:

Thursday, December 5, 2024

A Day in the Life: The Role of an Infection Preventionist

Tuesday, December 10, 2024

NHSN Office Hours

Thursday, December 12, 2024

Effective Auditing: Planning & Conducting Tips

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