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OBJECTIVES

- Discuss the difference between outcome surveillance and process surveillance
- Review tools for surveillance
- Explain how to utilize McGeer's Criteria
- Understand how to use surveillance data in Quality Assurance Performance Improvement

CMS REQUIREMENT

"The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection"

2009 CMS. "Interpretive Guidelines for Long-Term Care Facilities," Tag F441

CMS Requirements of Participation Phase 1 to be implemented by November 2016, F Tag 880

SURVEILLANCE PROGRAM

- Long-Term Care (LTC) is required to do outcome and process surveillance
  - **Outcome** surveillance: Track facility-wide infections
    - "Outcome surveillance consists of collecting/documenting data on individual resident cases & comparing data to standard written definitions of infections" (CMS)
  - **Process** surveillance: Observation and documentation of infection prevention and control practices of healthcare workers
    - "Process surveillance is reviewing and monitoring of infection control practices of staff caring for residents" (CMS)

OUTCOME SURVEILLANCE

- Data collection:
  - Observe, assess, and **document** residents with signs & symptoms of possible infection
  - Analyze documented data
  - Observation of infection control practices of staff
  - Document regular audits of staff practices
  - Determine interventions needed
  - In-service
  - Document interventions
  - Evaluate interventions with follow-up

PROCESS MEASURES

- Infection Prevention and Control Committees should **develop**, **implement**, and **evaluate** standardized methods to:
- Monitor compliance
- Determine corrective actions needed
- Report all findings to IPC Committee
- Give feedback to staff on findings

EXAMPLES OF PROCESS SURVEILLANCE

- Tools for observation and assessment of competencies can include:
  - Hand Hygiene
  - Standard Precautions & Transmission-Based Isolation systems
  - Treatment Nurse Observation (Dressing Change techniques)
  - Environmental Sanitation
  - Safe Injection Practices

HAVE YOU EVER SEEN THIS?

HAVE YOU EVER SEEN THIS?

DOES THIS LOOK FAMILIAR?

SHOWER ROOM FLOOR

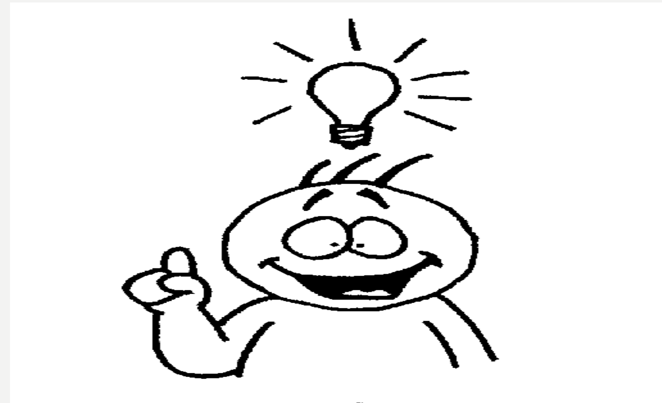
#APIC2013

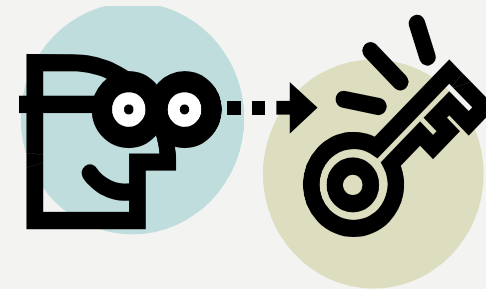
WHY DO SURVEILLANCE?

- Monitor for trends
- Take immediate action
- To develop a measure for learning about course of disease & risk groups
- Guide the planning of interventions
- Evaluate effectiveness of interventions
- Protect residents and staff
- For Quality Improvement of nursing care

BASIC CONCEPTS

- Understanding these terms is essential to conducting a meaningful surveillance program
  - Infection vs. Colonization
  - Healthcare-associated infection (HAI) vs. community-acquired infection (CAI)





INFECTION VS. COLONIZATION

INFECTION

- Presence of pathogen on culture
- Organism growth & invasion of host
- Presence of clinical signs & symptoms

COLONIZATION

- Presence of microorganism on culture
- No tissue invasion
- Absence of clinical signs & symptoms

HEALTHCARE- ASSOCCIATED INFECTION (HAI) VS COMMUNITY- ACQUIRED INFECTION (CAI)

- HAI (nosocomial):
  - When clinical signs of an infection are found to be present AFTER the resident has been in your facility for 2 calendar days
- Community Acquired (CAI):
  - When clinical signs or symptoms are present on admission or manifest <u>WITHIN 2 calendar</u> days from date of admission.

REVISED MCGEER'S CRITERIA* (RMC)

- Definition of what is considered to be an infection
  - Residents who clinically manifest **specific symptoms**
- Consistent criteria to be used for valid comparison
- Compare the collected, documented S/S of each resident with the criteria from RMC to the appropriate site of suspected infection
- These are the criteria considered to be the **standard of practice in long-term care**.
- **Surveillance tool** not a diagnostic tool!

*Stone ND, Ashraf MS, Calder J, et al. Surveillance definitions of infections in long-term care facilities: Revisiting the McGeer criteria. October 2012. SHEA/CDC Position Paper. www.jstor.org

DOES IT MEET THE CRITERIA?

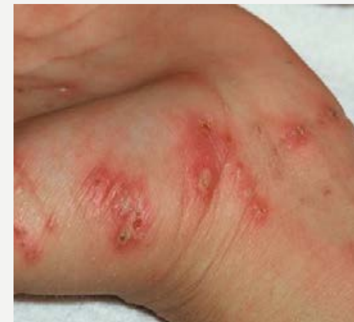
- Determine if the symptoms manifested by your resident meets the McGeer's definition of infection
- If the resident has a symptom but not all the required symptoms, this event will fall into the category of "Does Not Meet Criteria" (DNMC)
- If the event is considered DNMC, then it will not be counted into your infection rate
- Calculate a separate rate for DNMC events

WHICH INFECTIONS SHOULD HAVE PRIORITY?

- According to revised McGeer's Criteria the infections that should have priority are:
  - Those shown to be avoidable
  - Those that cause significant morbidity and mortality
  - Those with evidence of transmissability in HC setting
  - Those caused by pathogens causing serious outbreaks

INFECTIONS WITH PRIORITY

- Viral Respiratory infections
- Viral gastroenteritis
- Viral conjunctivitis
- Pneumonia
- UTI
- Clostridium difficile infections
- Norovirus
- Scabies
- Influenza
- Skin, soft tissue infections



CHANGES TO MCGEER'S (1)

- New definition for HAI (timeframe) vs Community Acquired Infection (2 calendar days instead of 72 hours)
- More detailed criteria for UTI
  - Without F/C--**confusion is not a criteria!**
  - With F/C **acute change** in mental status **IS** a criteria.
- New Language: Constitutional Criteria (fever, leukocytosis, acute mental confusion, acute functional decline)

CHANGES TO MCGEER'S (2)

- Definition of fever
  - 100F or
  - Repeated oral temps of 99F or repeated rectal temps of 99.5F or
  - 2 degrees above baseline temperature for pt.
- Definition of Influenza-no longer seasonal
- More thorough definition of Mental Confusion and functional decline
- New Category for CDI & Norovirus

MENTAL CONFUSION ASSESSMENT

- Must be an ACUTE change & ACUTE onset
- Fluctuating behavior- coming & going during assessment period
- Inattention-Cannot keep track of discussion, difficulty focusing attention **AND either:**
  - Disorganized thinking-Incoherent, rambling, unclear flow of ideas **OR**
  - Altered level of consciousness-level of consciousness different from baseline

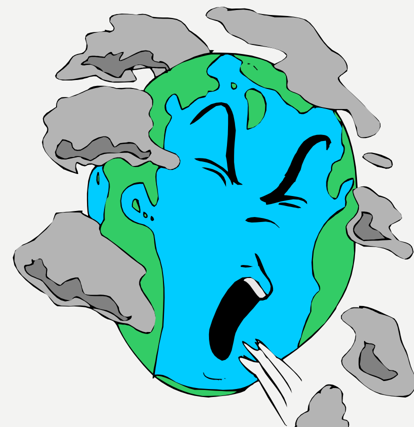
ALL CRITERIA MUST BE MET!

ACUTE FUNCTIONAL DECLINE

- Decline considered when resident has a 3-point increase in total ADL items each scored from 0 (independent) to 4 (total dependent. ADLs are:
  - Bed mobility
  - Transfer
  - Locomotion within facility
  - Dressing
  - Toilet use
  - Personal Hygiene
  - Eating

RESPIRATORY TRACT

- Four Categories of respiratory infections with varying criteria:
  - Common cold syndrome/Pharyngitis
  - Influenza-like illness
  - Pneumonia
  - Lower Respiratory tract (bronchitis or tracheo-bronchitis)

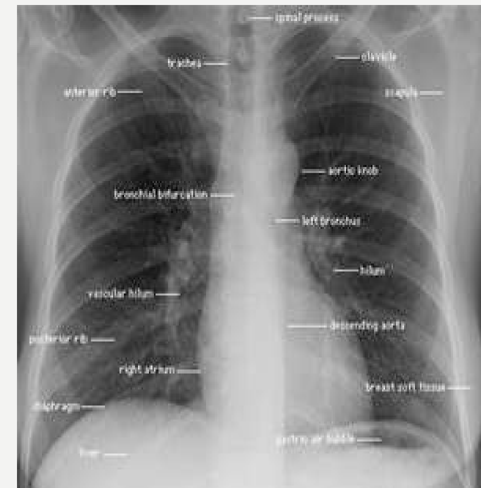


COMMON COLD SYNDROME (OR PHARYNGITIS)

- At least 2 criteria must be present
  - Runny nose or sneezing
  - Stuffy nose (i.e., congestion)
  - Sore throat or hoarseness or difficulty in swallowing
  - Dry cough
  - Swollen or tender glands in the neck (cervical lymphadenopathy)

PNEUMONIA

- **All** criteria 1, 2, and 3 must be present:
  - 1. Interpretation of Chest Xray as demonstrating pneumonia or presence of **NEW** infiltrate.
  - 2 At least one of the following respiratory sub-criteria (a-f):
    - a. New or increased cough
    - b. New or increased sputum production
    - c. O2 saturation<94% on room air or a reduction in O2 saturation of more than 3% from baseline
    - d. New or changed lung exam abnormalities
    - e. Pleuritic chest pain
    - f. Respiratory rate of >/=25/minute
  - 3. At least one constitutional criteria (fever, leukocytosis, chg in mental status or decline)



LOWER RESPIRATORY TRACT

- **All** criteria 1,2,and 3 must be present:
  - 1. Chest x-ray not performed or, negative for pneumonia or new infiltrate
  - 2. **At least 2** of the respiratory symptoms from the pneumonia category of infection symptoms
  - 3. At least **one** constitutional criteria (fever,

leukocytosis, acute change in mental or functional status)

INFLUENZA-LIKE ILLNESS

- **Both criteria** 1 and 2 must be present
  - 1. Fever
  - 2. At least 3 of the following sub-criteria symptoms must be present
    - Chills
    - New headache or eye pain
    - Myalgias or body aches
    - Malaise or loss of appetite
    - Sore throat
    - New or increased dry cough

NEW CRITERIA FOR UTI WITHOUT INDWELLING CATHETER (1)

- **Both criteria 1 and 2 must be present:**
- 1. At least one of the following signs/symptoms sub criteria (1-3) present:
  - Criteria 1: Acute dysuria or acute pain, swelling or tenderness of the testes, epididymis or prostate
  - Criteria 2: Fever or leukocytosis (from serology) and
    - At least one of the following localizing urinary tract sub-critetia:
      - Acute costovertebral angle pain or tenderness
      - Suprapubic pain
      - Gross hematuria
      - New or marked increase in incontinence
      - New or marked increase in urgency or frequency

NEW CRITERIA FOR UTI WITHOUT INDWELLING CATHETER (2)

Criteria 3: In the absence of fever or leukocytosis, then at least two or more of the following localizing urinary tract sub-criteria:

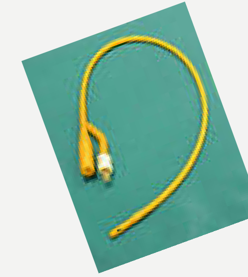
- Suprapubic pain
- Gross hematuria
- New or marked increase in urgency
- New or marked increase in frequency

In addition: One of the following microbiologic sub criteria:

a. $\geq 10^5$ of no more than 2 species of microorganisms in voided urine

b. $\geq 10^2$ colony forming units per ml of any number of organisms in a specimen collected by in and out catheter

NEW CRITERIA FOR UTI WITH INDWELLING CATHETER



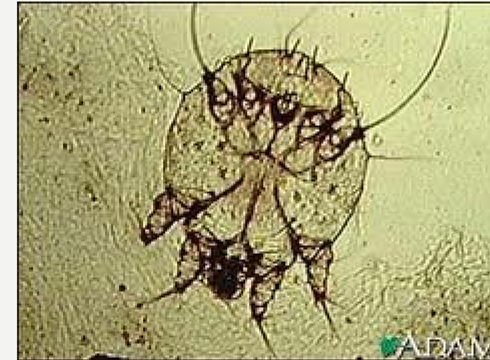
- **Both Criteria 1 and 2 MUST be present:**
- 1. **At least one** of the following S/S, sub-criteria (a-d) present:
  - a. Fever, rigors or new onset of hypotension, with no alternate site of infection
  - b. Either acute change in mental status **OR** acute functional decline with no alternate DX **AND** leukocytosis
  - c. New onset of suprapubic pain **OR** flank pain or tenderness
  - d. Purulent discharge from around the catheter **OR** acute pain, swelling or tenderness of testes, epididymis or prostate
- 2. Urinary catheter culture with 10^5 colonies of any organism

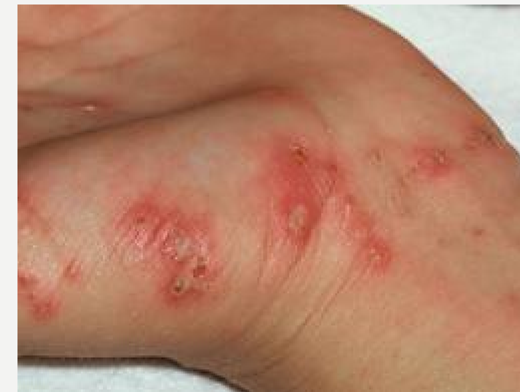
DEFINITIONS FOR SKIN, SOFT TISSUE AND MUCOSAL INFECTIONS

- At least one of the following criteria must be present:
  - 1. Pus present at wound, skin, or soft tissue site
  - 2. New or increasing presence of a least four of the following S/S sub-criteria:
    - Heat at affected site
    - Redness at affected site
    - Swelling at affected site
    - Tenderness **OR** pain at affected site
    - Serous drainage at affected site
    - One constitutional criteria

SCABIES DEFINITION

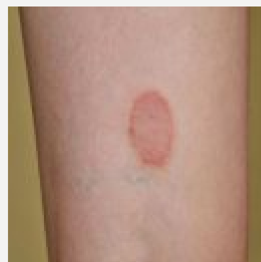
- **Both** criteria 1 and 2 present:
  - 1. Maculopapular and or itching rash
  - 2. At least 1 of the following sub-criteria:
    - Physician diagnosis
    - Laboratory confirmation (scraping or biopsy)
    - Epidemiologic linkage to a case of scabies with laboratory confirmation

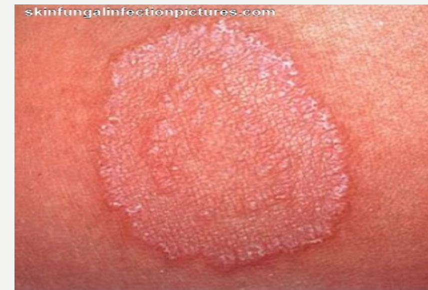




FUNGAL INFECTIONS

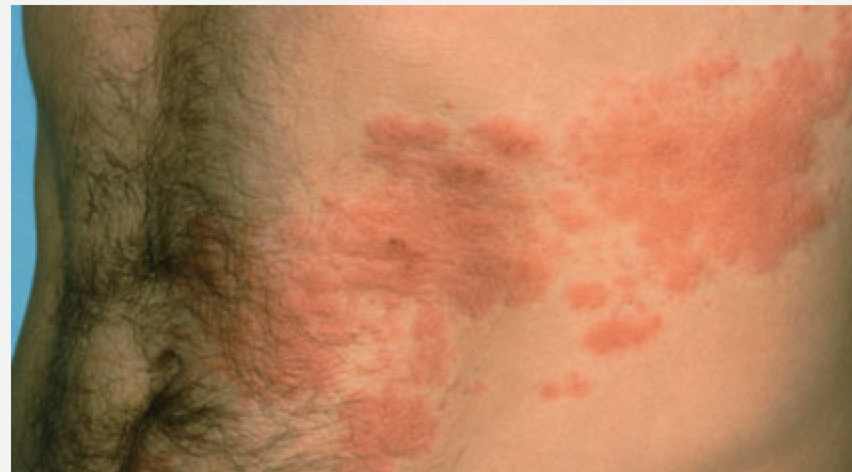
- Fungal oral (candidiasis)-criteria 1 & 2 must be present:
  - 1. Presence of raised white patches on inflamed mucosa or plaques of oral mucosa
  - 2. Diagnosis of a medical or dental provider
- Fungal skin infection-criteria 1&2 must be present:
  - 1. Characteristic rash or lesions
  - 2. Either a diagnosis by a medical provider or a laboratory-confirmed fungal pathogen from a scraping or a medical biopsy





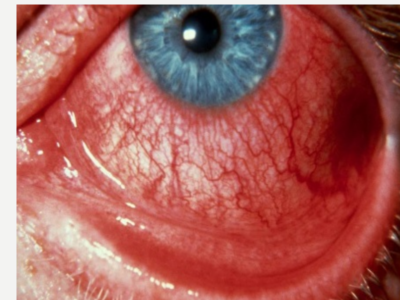
HERPES VIRUS SKIN INFECTIONS

- Herpes Simplex Infection-criteria 1 & 2 must be present:
  - 1. A vesicular rash
  - 2. Either physician diagnosis or laboratory confirmation
- Herpes Zoster Infection-criteria 1 & 2 must be present:
  - 1. A vesicular rash
  - 2. Either physician diagnosis or laboratory confirmation



CONJUNCTIVITIS

- At least one of the following criteria must be present:
  - 1. Pus appearing from one or both eyes, present for at least 24 hours
  - 2. New or increased conjunctival erythema with or without itching
  - 3. New or increased conjunctival pain, present for at least 24 hours
    - Conjuctival symptoms ("pink eye") should not be due to allergic or trauma.



GASTROINTESTINAL (GI) TRACT INFECTIONS

- At least one of the following criteria must be present:
  - 1. Diarrhea: 3 or more liquid or watery stools **above what is normal** for the resident within 24 hour period.
  - 2. Vomiting: 2 or more episodes in a 24 hour period.
  - 3. Both of the following S/S sub-criteria:
    - A. Stool specimen testing positive for a pathogen (i.e., Salmonella, Shigella, Campylobacter sp., rotavirus, or E. Coli 0157:H7)
    - B. AT least one of the following GI subcriteria:

      a. Nausea
      b. Vomiting
      c. Abdominal pain or cramping
      d. Diarrhea

NOROVIRUS GASTROENTERITIS

- **Both** Criteria 1 and 2 must be present:
  - 1. At least one of the following GI sub-criteria must be present:
    - Diarrhea, 3 or more liquid/watery stools above what is normal for resident in 24 hr period.
    - Vomiting, two or more episodes in a 24 hr. period
  - 2. A positive stool specimen for norovirus by either molecular testing (PCR) or EIA or electron microscopy

GUESS WHAT WE HAVE HERE?

CLOSTRIDIUM DIFFICILE INFECTION (CDI)

- **Both criteria 1 and 2** must be present:
  - 1. **One** of the following sub-criteria present:
    - Diarrhea (3 or more liquid/watery stools above what is normal for pt. in 24 hr period
    - Presence of toxic megacolon (abnormal dilatation of large bowel), documented radiologically.
  - 2. **One** of the following diagnostic sub-criteria present:
    - Stool sample yields a positive lab test result for CD toxin A or B
    - Pseudomembranous colitis is identified during endoscopic examination or surgery

SURVEILLANCE DATA COLLECTION FORM

Resident name: ____ Room#: __________

Date of Admission: ______________________________Date of Onset of Symptoms: ___________

Report Completed By: ____

Temperature: **Pulse:** **Respirations:** **Blood Pressure:**

PNEUMONIA		LOWER RESPIRATORY TRACT (Bronchitis or Tracheobronchitis)	
All 3 criteria must be present		**All 3 criteria** must be present	
1. Interpretation of chest radiograph as demonstrating pneumonia or the presence of new infiltrate		1. Chest radiograph not performed or negative results for pneumonia or new infiltrates	
2. **At least 1** of the following respiratory sub-criteria		2. **At least 2** of the respiratory sub-criteria	
a. New or increased Cough		a. New or increased Cough	
b.New or increased sputum production		b. New or increased sputum production	
c. O2 saturation <94% on room air or a reduction in O2 saturation of >3% from baseline		c. O2 saturation <94% on room air or a reduction in O2 saturation of >3% from baseline	
d. New or changed lung examination abnormalities		d. New or changed lung examination abnormalities	
e. Pleuritic chest pain		e. Pleuritic chest pain	
f. Respiratory rate of $\geq$ 25 breaths/min		f. Respiratory rate of $\geq$ 25 breaths/min	
3. At least 1 of the constitutional criteria (see Table 2)		3. At least 1 of the constitutional criteria (see Table 2)	

TREATMENT

Antibiotic Treatment: ___________________________________ **Date Started:** _____________

Was resident admitted to hospital?: ______________________ **Dates:** ___________________

Drug / Dosage / Route: ____

Culture Y / N: ___________ **Type:** ____________________________________ **Date:** _______

Results:____

Isolation / Precaution: ____________________ **Type:** ______________________

DO NOT FILL OUT THIS PART - FOR INFECTION PREVENTIONIST NURSE USE ONLY

[ ] Health Associated Infection (**HAI**)

[ ] Community Associated Infection (**CAI**)

INFECTION CONTROL SURVEILLANCE LOG

Facility: Infection Prevention and Control Surveillance Log Month & Year:

Resident Name	Admit Date	Onset Date	Urine	Respiratory	Skin	Ear/Eye	Blood	GI	Other	R/M/P*	I.P.S. (Foley)	Fever	Sign & Symptoms	Mental Status (Change?)	Organism on Culture	X-Ray (+/-)	Treatment	CAI	HAI	Does NOT meet Criteria *	COMMENT

R= Recurrent (infection which recurs within 14 days after completion of ATB for initial infection) M=Maintenance, P=Prophylaxis I.P.S. = Invasive Procedure Site (i.e. F/C)

HAI = Healthcare Associated Infection CAI= Community Associated Infection *According to McGeers Criteria

Rm #	Resident Name	Admit Date	Onset Date	Urine	Resp	Skin	GI	Ear/Eye	Blood	Other	R/M/P	F/C?	Fever	Symptoms	Mental Status Change	Organism	Xray	TX or ATB	CAI	HAI	DNMC	Comments
1a	Resident Z	8/2 2017	8/4 2017	X								no	98.1	Acute dysuria, hematuria	↑ confusion	50,000 EC		Cipro				Baseline temp 96
5a	Resident Y	8/2 2017	8/4 2017	X								no	98.6	Acute dysuria	No chg	100,000 KP		Bactrim				
3b	Resident X	8/4 2017	8/5 2017	X								yes	100.1	hematuria	↑ confusion	100,000 EC		Keflex				
3a	Resident W	6/31 2017	8/7 2017		X							no	98.0	Sneezing, cough	No change			Z pack				
8a	Resident V	8/6 2017	8/8/ 2017	X								no	100	Cloudy urine	Slight ↑ confusion	100,000 EC		Cipro				
5b	Resident U	1/30 2016	8/8 2017	X								no	98	UTI	↑ confusion	100,000 EC with mixed vaginal flora		Cipro				
4B	Resident T	8/1 2017	8/9 2017			X						no	99	Swelling, redness, pus	No change	100,000 MRSA		Vanco IV				
8a	Resident V	8/6 2017	8/9 2017				X					no	98.6	Diarrhea 6 times in 24 hrs,		+ C. diff toxin test		Vanco po				

CALCULATE YOUR RATE OF INFECTION

- To calculate the rate of infection, gather this information:
  - # of resident-days (not your average daily census)
  - # of **NEW** infections (HAI)
  - Consider calculating rates by nursing units (sub-acute vs. custodial care, etc.)
  - Calculate rates of events that “Do Not Meet Criteria”

CALCULATION OF RESIDENT-DAYS

- At the end of the month, business office can give you the total number of resident-days.
- Resident-days equals the number of beds that were occupied each day of the month.
- Example: In a facility of 100 beds (patients), if each of those beds were occupied every day in the month of June (which has 30 days), your total number of resident-days would equal 3000 resident-days (100 X 30=3000)

CALCULATE

Formula to be used:

<u># of **NEW** infections</u>   X 1000 = Number of infections per

\# of total resident days   1000 resident days

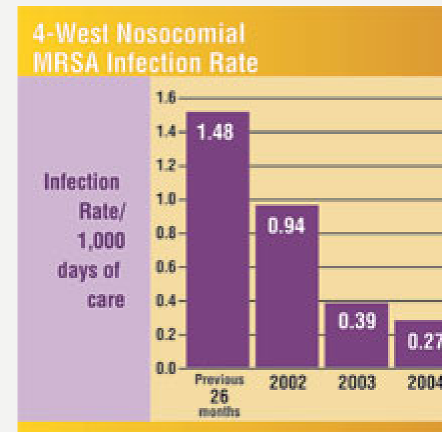
Example: 11 nosocominfections in the month of June at a facility with a total of 4030 resident days:

11/4030 X 1000= **<u>2.73</u>** infections per 1000 resident days

(when using average daily census formula would be 11/134 X 100=**<u>8.20%)</u>**

ESTABLISH YOUR BENCHMARK INFECTION RATE

- Compare your infection rates from the past, to establish your own benchmark.
- National or state averages or rates may not reflect the same resident population you have.
  - Currently there is no SIR (standardized infection rate)
- NHSN Voluntary reporting for LTCF
  - Will establish benchmark for Infection rates in LTCF that are meaningful



Infection Control Monthly/Quarterly Summary Report

FACILITY:	**MONTH/YEAR:**
[ ] Monthly Report	**[ ] Quarterly Report**

Number of residents transferred to hospitals due to infections:									
Number of Healthcare Associated Infections (HAI):	**Number of Community Associated infections (CAI):**								
Number of total infections (HAI & CAI):	**Number of pressure ulcers:**								
Number of infections cultured:									
Number of resident days:									
Resident Infection Prevention & Control	**Employee Health**								
• **# of TB Converters:**	• **# of TB Converters:**								
• **# of Influenza Vaccine Administered:**	• **# of Employee Infection Reported:**								
• **# of Pneumococcal Vaccine Administered:**	• **# of Influenza Vaccine Administered:**								
MDRO Health Associated Infection (HAI)	**MDRO Community Associated Infection (CAI)**								
# of MRSA HAI:	**# of MRSA CAI:**								
# of VRE HAI:	**# of VRE CAI:**								
# of C Difficile HAI:	**# of C Difficile CAI:**								
# Other MDRO's HAI:	**# Other MDRO's CAI:**								
# HAI: UTI w/o Catheter: UTI with Catheter:									
# HAI: URI: Pneumonia: LRI: Influenza or ILI:									
# HAI Skin: GI: Stool: Eye/Ear: Blood:									
CDPH Directives (AFL):	***Total for Quarter:***	*UTI w/o Cath*	*UTI with Cath*	*Resp*	*Skin*	*GI*	*Stool*	*Eye/Ear*	*Blood*
Policy and Procedure Implementation/Revision/Review:	**Month**								
	Month								
Care Plan Reviewed:	**Month**								
Issue (s) Identified:									

Plan of action based on the issues identified:

Action Plan:	**Responsible Staff:**	**Goal Date:**

Follow-up of prior concern:	**Resolved: (yes/no)**	**Comments (reason not resolved and action plan):**

The meeting adjourned at: (am/pm)	Infection Preventionist:
Report to: CQI Committee	Medical Director Name:
DNS Name:	Administrator Name:

TREATMENT NURSE OBSERVATION AUDIT

TREATMENT NURSE OBSERVATION

NURSE OBSERVED____EVALUATOR:__________________________________

DATE:____

OBSERVATION	YES	NO	COMMENTS
HCW performed hand washing prior to handling clean contents of treatment cart			
Treatment cart left outside of the room, locked when nurse not present			
Physician order for treatment reviewed			
All supplies collected before leaving cart and entering resident's room			
Solutions dated and discarded after 24 hours (i.e., normal saline)			
Privacy provided before beginning treatment			
Nurse informed resident of treatment she/he intends to perform			
Nurse changed gloves when appropriate/Proper use of gloves			
Clean field set up at bedside			
Hand hygiene performed with each removal and application of gloves at appropriate times			
Treatment performed with appropriate "no touch" techniques to avoid cross-contamination. Always cleanse wd. from area of least contamination to most contamination			
Observe wound for size, color drainage and appearance (measure wound before application of medication)			
Discard soiled materials appropriately			
Were items used at bedside returned to the treatment cart before sanitizing item (like scissors)			

CONCLUSION____

____

Hand Hygiene Audit Adherence Tool

Facility Name: **Date:**

Assessment Completed by: **Station/Unit:**

Hand Hygiene Opportunity	Discipline	Opportunity Status Y=yes N=no	**What was the opportunity observed?** (Hand hygiene to be performed with soap and water or Alcohol-Based Hand Rub)
1 SAMPLE	CNA	N	○Before care/entering room ○ Before Task ○ After body fluids ○ After care ○ Upon leaving room ○ Before donning gloves ○ After Removing gloves ○ After discarding soiled linen ○ After handling resident's environment
2			○Before care/entering room ○ Before Task ○ After body fluids ○ After care ○ Upon leaving room ○ Before donning gloves ○ After Removing gloves ○ After discarding soiled linen ○ After handling resident's environment
3			○Before care/entering room ○ Before Task ○ After body fluids ○ After care ○ Upon leaving room ○ Before donning gloves ○ After Removing gloves ○ After discarding soiled linen ○ After handling resident's environment
4			○Before care/entering room ○ Before Task ○ After body fluids ○ After care ○ Upon leaving room ○ Before donning gloves ○ After Removing gloves ○ After discarding soiled linen ○ After handling resident's environment
			○Before care/entering room ○ Before Task ○ After body fluids ○ After care ○ Upon leaving room ○ Before donning gloves ○ After Removing gloves ○ After discarding soiled linen ○ After handling resident's environment
6			○Before care/entering room ○ Before Task ○ After body fluids ○ After care ○ Upon leaving room ○ Before donning gloves ○ After Removing gloves ○ After discarding soiled linen ○ After handling resident's environment
7			○Before care/entering room ○ Before Task ○ After body fluids ○ After care ○ Upon leaving room ○ Before donning gloves ○ After Removing gloves ○ After discarding soiled linen ○ After handling resident's environment
8			○Before care/entering room ○ Before Task ○ After body fluids ○ After care ○ Upon leaving room ○ Before donning gloves ○ After Removing gloves ○ After discarding soiled linen ○ After handling resident's environment

MDRO Tracking

MRSA LINE LISTING REPORT

NURSING STATION/UNIT__________ **YEAR_______________**

NAME OF RESIDENT	ROOM NO.	SEX	ADMIT DATE	ONSET OF SYMPTOM DATE? CULTURE DATE?	NAME OF FACILITY ADMITTED FROM	ANTIBIOTICS USED	ORIGINAL CULTURE DATE: DUE TO COLONIZATION OR INFECTION?	INVASIVE RISK SITES	DATE WHEN COLONIZED	OTHER MDRO COLONIZATION

dgreeneRN2009

WHAT DO YOU DO WITH YOUR DATA?

- Review and analyze data collected
- Look for trends
- Compare process surveillance with outcome surveillance
- Share your data with providers and healthcare workers (HCW)
- Data collected can drive your Performance Improvement Projects

QAPI

- Quality Assurance Performance Improvement to be implemented in Phase 3 of CMS Mega Rule (implementation date November 2019)
- Use data to identify quality problems and opportunities for improvement
- Getting input from residents, families, and staff at all levels
- Performing Root Cause Analysis to get to the heart of problems
- Undertake systemic changes to eliminate problems at the source
- Develop feedback and monitoring system to sustain continuous improvement

TAKE HOME POINTS!

- Get organized-Create a binder (workbook)
- Assess surveillance tools (forms) for monitoring and documentation
- Use Revised McGeer's Criteria (your bible!)
- Observe and audit staff frequently for Infection Prevention & Control Practices (HH, Isolation practices with Glove & Gown use)
- Give feedback of audits to HCWs and IC Committee
- Education (on-going)