SUMMARY OF THE NEW

CMS REQUIREMENTS

for

INFECTION PREVENTION

AND CONTROL IN

LONG TERM CARE SETTINGS

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Infection Prevention and Control Program Scope

General CMS Requirements for the Infection Prevention and Control Program Scope

The new requirements state that the IPCP’s role is to both prevent the development and transmission of communicable diseases and prevent infections. The program must follow accepted national standards (e.g., CDC Guidelines), be based on the facility’s annual risk assessment, and include at a minimum a system for preventing, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services, and other individuals providing services under a contractual arrangement. Facilities must have written standards, policies, and procedures specifically for the IPCP, including, but not limited to surveillance designed to identify possible communicable disease or infections before it can spread to other persons in the facility; reporting requirements for possible incidents of communicable diseases or infections, standard and transmission-based precautions to be followed to prevent the spread of infections; circumstances in which generally, isolation should be used for a resident; 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 the contact is likely to transmit disease; and the hand hygiene procedures to be followed by all staff as indicated by accepted professional practice.²

Nurses and nursing assistants are essential for infection control, detection, and intervention. As such, ongoing collaboration between the facility’s IP and clinical nursing and support personnel is critical to long term engagement and reductions of HAIs.

Background
On September 29, 2016, the Centers for Medicare and Medicaid Services (CMS) issued a final rule to make major changes to improve the care and safety of nearly 1.5 million residence in the more than 15,000 long-term care facilities that participate in CMS programs. The policies in this new final rule were targeted at reducing unnecessary hospital readmissions and infections, improving the quality of care, and strengthening safety measures for residents in these facilities. These changes are a critical part of CMS’s ongoing commitment to transforming healthcare delivery, reducing costs, and improving the quality of care provided in all healthcare settings. Specifically related to infection prevention and control, is a specific new rule that requires an infection prevention and control officer (IPCO) known as the Infection Preventionist (IP) and a formal facility antibiotic stewardship program.¹

CMS specifically has added more specific infection control requirements to the rule to reduce overall Healthcare Associated Infection (HAI) rates, reduce physical harm to residents and healthcare providers, and finally to reduce overall cost burdens to care delivery. Nurses and nursing assistants are essential for infection control, detection, and intervention. As such, ongoing collaboration between the facility’s IP and clinical nursing and support personnel is critical to long term engagement and reductions of HAI.

The new rule will be implemented in three unique Phases, with the final Phase (Phase 3) being fully implemented by November 28, 2019. The infection control program, which is currently required, should be implemented formally already, whereas the new requirements for an Infection Preventionist and Antibiotic Stewardship Program will be implemented in Phase 2, and the requirement for an Infection Preventionist participating in the QAA Committee is not formally implemented until Phase 3.

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Summary of Implementation Key Dates

- **Phase 1:** Existing requirements, those requirements relatively straightforward to implement, and require minor changes to survey process. (November 28, 2016)
- **Phase 2:** All Phase 1 requirements, and those that providers need more time to develop, foundational elements, new survey process can assess compliance. (November 28, 2017)
- **Phase 3:** All Phase 1 and 2, those requirements that need more time to implement (personnel hiring and training, implementation of systems approaches to quality). (November 28, 2019)

Core Requirements for the Infection Preventionist Role

The new requirements state that the IPCO should be adequately qualified to run the Infection Prevention and Control Program (IPCP). Specifically, the new rule states that the individual’s primary professional training must be in nursing, microbiology, or epidemiology, or other related field and that the Infection Preventionist can be qualified by education, training, experience, or certification. CMS recommends that the long term care facility have adequate staffing to ensure that the Infection Preventionist is properly resourced to perform the role and manage the Infection Prevention and Control Program. The responsibility for the program can be fulfilled by more than one clinical professional, such as the Director of Nursing and/or Assistant Director of Nursing. This IP should review the facility risk assessment annually and determine specific resources that are needed to properly execute the Infection Prevention and Control Program. These additional resources may include full time equivalents, electronic surveillance systems, or specific training and education needs for the frontline staff and/or Infection Preventionist. NADONA now offers both a certificate of mastery in infection prevention and control and the industry’s only professional board certification in infection prevention and control in post-acute care settings. Both programs will enable the Infection Preventionist to meet the...
new CMS requirements for specialized training in infection prevention and control.3

Required Elements for a Formal Antibiotic Stewardship Program in Long Term Care Settings

As part of the IPCP, the Infection Preventionist must have a facility antibiotic stewardship program that includes antibiotic use protocols and systems for monitoring antibiotic use and recording incidents identified under the IPCP risk assessment and the corrective actions taken by the facility. A successful antibiotic stewardship program also requires ongoing collaboration with the consulting pharmacy, prescribers, the medical laboratory, and clinical nursing personnel. The core elements of an antibiotic stewardship program as defined by the CDC are listed below:4

• Leadership Commitment
• Accountability
• Drug Expertise
• Take Action through Policy and Practice Change to Improve Antibiotic Use
• Tracking and Reporting Antibiotic Use and Outcomes
• Education of all stakeholders in the Antibiotic Stewardship Process and Program

For further information on the core elements of Antibiotic Stewardship, please reference the additional articles within this special issue of The Director.

Summary

CMS is charged with implementing regulation and surveying practices to protect the quality of care that residents in the post-acute care continuum of care receive daily. With the ongoing risks posed by HAIs, it is no surprise that additional regulatory action continues to be implemented. Most post-acute care facilities have a formal infection prevention and control program currently, and therefore the CMS additional requirements will only further enhance the impact of this program by adding the requirement for a formal Infection Preventionist and an antibiotic stewardship program. The facility’s annual risk assessment should further guide the ongoing adaptation of the IPCP and also any necessary resources required to implement the program successfully.

Additional Resources for HAI Reduction

• Infection Prevention and Control Assessment Tool for Long-Term Care Facilities, Centers for Disease Control and Prevention, https://www.cdc.gov/infectioncontrol/pdf/icar/ltcf.pdf

About the authors

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National Associations of Directors of Nursing Administration in Long Term Care. He was recognized as a 2013 “Who’s Who in Infection Prevention” by Infection Control Magazine. Dr. Garrett is board certified in infection Prevention through NADONA. He is also the Co-Facilitator for the Association for the Healthcare Environment Certificate of Mastery of Infection Prevention in Environmental Services and the Essentials of Infection Prevention and Control online course. He is a member of the Board of Directors for the Association for the Healthcare Environment.

Sherrie Dornberger, RN, CDP, CADDCT, GDCN, CDONA, FACDONA has served NADONA in many roles and capacities for the past 29+ years. She is currently Executive Director of NADONA. She is also the proud mother of Dr. Lauren who is a resident South Hampton Hospital in South Hampton, New York specializing in Sports medicine and Family practice! Sherrie’s passion is Long Term Care. She began her LTC career at the age of 18 as a Nurse’s Aide while attending school for her RN. She worked up through the ranks and has been involved in the long term care profession for over 30 years. Sherrie also serves as a consultant to Long Term Care facilities. She is a certified DON, was honored as a Fellow and holds her Geriatric Diabetic Certification through NADONA, and is a Certified Dementia Practitioner, and is also certified to teach the Certified Dementia program. She has been honored as Nurse Administrator of the Year for both NADONA and NIADONA. Sherrie was appointed in August 2015 (for a two-year term) to the Presidential Advisory Council- Combating Antibiotic Resistant Bacteria. Sherrie serves on the Vascular Access Certification Corporation (VACC) Public Board Member (2015-2017) and has served as a board member and chairman of the Red Cross.

References


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Evidence-Based Practices to Improve Safe Injection Practices in Post-Acute Care Settings

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BACKGROUND

Medications are injected either into the human body directly or via intravenous medical devices frequently in healthcare settings to delivery necessary and lifesaving medication to patients. With these injections comes associated risks for transmission of healthcare associated infections. Unsafe injection practices not only put the patient at risk, but can also trigger occupational exposure to the entire healthcare team, and specifically bedside nurses responsible for delivering the patient’s medication therapies.

Disclosures
Funding for the development of this article was received by BD Medical, however no personnel from BD participated in the development, review, or publication of this article or the content contained within.
One pen, one patient.

Use the BD AutoShield Duo™ Pen Needle.

The only safety pen needle that passively conceals needle front and back after use, reducing nurse exposure to the needle.

A 5mm needle length may help reduce the chance of patient intramuscular injection – a potential risk for hypoglycemia.¹

Compatible with all leading insulin pens.² #

Outer shield covers needle

Both needle ends automatically protected

References:

# Compatible with all leading insulin pens in the US as of June 2016, ISO-compliant.
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The transmission of healthcare-associated infections because of unsafe injection practices is completely preventable, and healthcare staff can also decrease potential drug diversion through adherence to the current evidence-based standards.

CDC reports over 385,000 needlesticks and other sharps-related injuries to hospital healthcare providers, but accurate figures are not currently available for providers that work in post-acute care settings. These occupational exposures can transmit a variety of bloodborne pathogens.

Available from both the World Health Organization (WHO) and the US Centers for Disease Control and Prevention (CDC), numerous outbreaks have been reported worldwide associated with unsafe injection practices as well as the use of common medical devices such as blood glucose meters.1,2

CDC reports over 385,000 needlesticks and other sharps-related injuries to hospital healthcare providers, and accurate figures are not currently available for providers that work in post-acute care settings. These occupational exposures can transmit a variety of bloodborne pathogens including HIV, Hepatitis B Virus, and Hepatitis C Virus.

Infection risk is not only limited to transmission of bloodborne pathogens. Some outbreaks have occurred following injection procedures performed in pain remediation clinics resulting in fungal contamination of the medication vials and the patient. Any potential savings from stretching the contents of single-dose vials by healthcare providers can be quickly offset by the costs associated with viral hepatitis. The costs of a healthcare-associated infection are tremendous and have lifelong impacts on the patient.

Specifically, in long term care, there have been outbreaks associated with the delivery of insulin and the use of blood glucose meters. The CDC has investigated outbreaks in which insulin pens were used to deliver insulin. Insulin pens should never be used on more than one patient under any circumstance even if the needles are changed. These devices are labeled as single patient-use devices.

Summary of Evidence-Based Practices for Safe Injection Practices

The CDC has several core recommendations for ensuring safe injection practices. Below is a listing of the essentials elements of these recommendations:

- The current CDC recommendations apply to the use of needles, cannulas that replace needles, and where applicable intravenous delivery systems.
- Use aseptic technique to avoid contamination of sterile injection equipment.
- Do not administer medications from a syringe to multiple patients, even if the needle or cannula on the syringe is changed. Needles, cannulas, and syringes are sterile, single-use items. They should never be reused for another patient nor to access a medication or solution that might be used for subsequent patients.
- Use fluid infusion and administration sets for one patient only and then dispose appropriately after use. Consider a syringe or needle/cannula contaminated once it has been used to enter or connect to a patient’s intravenous infusion bag or administration set.
- Use single-dose vials for parenteral medications whenever possible.
- Do not administer medications from single-dose vials or ampules to multiple patients or combine leftover contents for late use.
- If multidose vials must be used, both the needle or cannula and syringe used to access the multidose vials must be sterile.
- Do not keep multidose vials in the immediate patient treatment area and store in accordance with the manufacturer’s recommendations; discard if sterility is compromised or questionable.
- Do not use bags or bottles of intravenous solution as a common source of supply for multiple patients.
- Infection control practices for special lumbar puncture procedures require the use of a surgical mask when placing a catheter or injecting material into the special canal or subdural space.3

Government’s Role in the Promotion of Safe Injection Practices

Both the CDC and the Food and Drug Administration play critical roles in improving safe injection practices through the advancement of evidence-based practices as well as regulating medical devices such as syringes and medication delivery systems. Specifically, the CDC works with multiple partners to conduct scientific research, create guidelines, and investigate and learn from outbreaks that result from unsafe injection practices. CDC regularly collaborates with the Safe Injection Practices Coalition to develop and implement educational campaigns to promote safe injection practices and to raise awareness with not only healthcare professionals but equally important with patients. This education can empower patients to feel comfortable in speaking up when they suspect unsafe injection practices are occurring during the delivery of their care. In addition, the CDC Healthcare Infection Control Practices Advisory Committee (HICPAC) has released specific recommendations that are considered standard precautions to protect both the patient and the healthcare professional from harm associated with injection practices.

From a regulatory standpoint, CDC collaborates with the Centers for Medicare and Medicaid Services (CMS) to ensure regulatory action is taken against facilities that demonstrate unsafe injection practices. CMS has oversight for healthcare facilities that receive any form of federal Medicare or Medicaid payment for healthcare delivery. As part of the accreditation and regulation process, CMS can not only withhold funding of post-acute care facilities, but also can take legal action against noncompliant facilities as unsafe injection practices constitute an immediate jeopardy citation.

The CDC has also launched a multidisciplinary campaign, called the One and Only Campaign, which is a concentrated public health effort to eliminate unsafe injection practices. This campaign offers at no charge resources for all healthcare providers, educational toolkits, and continuing education.
opportunities for registered nurses. Additional information about the CDC campaign is available in the additional resources section of this article.4

The Occupational Safety and Health Administration (OSHA) also plays a role in protecting healthcare professionals through the OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030). In the OSHA standard, there are specific requirements regarding injections which are designed to minimize employee exposure and include the safe use of medical devices (i.e. syringes, lancets, etc.), needleless devices shielded needle devices and plastic capillary tubes. All healthcare providers and facilities are required to comply with the Bloodborne Pathogens Standard as part of federal law and are subject to enforcement by OSHA inspectors. OSHA’s sole purpose is to protect the worker, which is in this case the healthcare professional.

Summary
Unsafe injection practices continue to be both a patient safety risk and a potential source of occupational exposure for healthcare professionals in post-acute care settings. Healthcare professionals that administer injections must be fully trained in the core components of safe injection practices at the time of hire, but also as part of their annual competencies as consistent with their role. There are many free training resources available to aid in ensuring competency. As nursing leaders in post-acute care settings, there is an ongoing obligation to improve patient safety and reduce the incidence of adverse events such as healthcare associated infections resulting from unsafe injection practices. Site care for the patient’s injection sites is also recommended as well as the use of the appropriate needles and syringes for the patient’s specific therapy. The use of the correct needle length, for example, can ensure subcutaneous delivery is achieved versus accidental intramuscular delivery.

All healthcare professionals, including the nurse, have a role in infection control, however the nurse is typically responsible for the delivery of medication. As such, nursing plays the most significant role in prevention of adverse events, but also has the largest potential for noncompliance if not properly trained in the evidence based standards for safe injection practices. Safe injection practices are not limited to injections, but also apply to commonly used diagnostic practices such as obtaining a blood glucose reading. Safe injection practices must be universally applied across the entire post-acute care continuum of care, and staff should engage in prevention and accountability to ensure patient safety.

Additional Resources for HAI Reduction
- Information for Providers, Centers for Disease Control and Prevention, https://www.cdc.gov/injectionsafety/providers.html
- One and Only Campaign, Centers for Disease Control and Prevention, http://www.oneandonlycampaign.org/content/audio-video

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4 The One and Only Campaign, electronically accessed from https://www.cdc.gov/injectionsafety/1anonly.html, December 1 2016, Centers for Disease Control and Prevention.