



**Department
of Health**

Multiple Drug Resistant Organisms (MDROs) & Transfer and Readmission A Regulatory Review

December 15, 2017

Division of Nursing Homes & ICF/IID Surveillance

Goals of Today's Program

- Provide a regulatory review of Infection Control practices in nursing homes related to MDROs, specifically C.auris
- Clarify regulations related to transfer and readmission after absence from the facility.

MDROs in Nursing Homes Regulatory Review

MDROs Regulatory Review

New Regulations 11/28/17

Infection Control

- F880 §483.80 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.

MDROs Regulatory Review

New Regulations 11/28/17

- F881 §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:
- §483.80(a)(3) An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use.

MDROs Regulatory Review

New Regulations 11/28/17

The intent of this regulation is to ensure that the facility:

- Develops and implements protocols to optimize the treatment of infections by ensuring that residents who require an antibiotic, are prescribed the appropriate antibiotic;
- Reduces the risk of adverse events, including the development of antibiotic-resistant organisms, from unnecessary or inappropriate antibiotic use; and
- Develops, promotes, and implements a facility-wide system to monitor the use of antibiotics.

MDROs Regulatory Review

Hand Hygiene

Hand Hygiene continues to be the primary means of preventing transmission of infection. Following a list of some situations that require hand hygiene:

- Hands are visibly soiled
- Before and after entering isolation settings
- Before and after assisting a resident with toileting
- After handling soiled or used linens, dressings, bedpans, catheters, urinals
- After removing gloves or gowns
- Upon and after coming in contact with intact skin (taking a pulse, blood pressure, lifting a resident)
- **Wearing gloves is not a substitute for Hand Hygiene**



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Things to consider:

- Does your facility have an annual hand hygiene training program for all staff?
- Does your facility assess staff hand hygiene technique?
- Can personnel describe situations when hand washing with soap and water is preferred over alcohol based hand products?
- Do residents and families receive education about the importance of hand hygiene in prevention of the spread of infection.
- Hand hygiene supplies (sink, soap, hand rubs) are readily accessible and placed in appropriate locations.

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Transmission Based Precautions

- Used for residents who are known to be, or suspected of being infected, or colonized with infectious agents including pathogens that requires additional control measures to prevent transmission.
- Pertinent Signage: Essential to communicate to all staff and for personnel to comply with requirements.
- Precautions are maintained as long as necessary to prevent transmission of infection.
- PPE should be readily available near the entrance to the resident room
- Proper hand washing key preventive measure

MDROs Regulatory Review

Contact Precautions

- Person to Person contact
- Requires the use of PPE including a gown and gloves upon entering the contact precaution room **for any reason when resident has C.Auris**
- Prior to leaving the contact precaution room the PPE is removed and hand hygiene is performed
- Signage may be posted on the resident's door instructing visitors to see the nurse before entering or what PPE should be worn. The signage must be **effective** and all staff and visitors comply.

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Things to consider

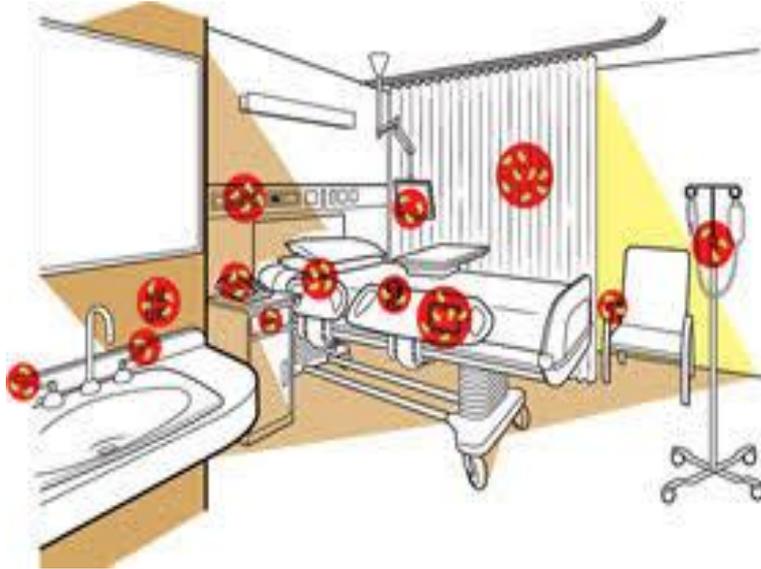
- Do direct care and environmental services staff know appropriate use of PPE and when to use it? Use signage
- Do you have educational and motivational programs, policies and procedures that address transmission based precautions?
- How do you monitor adherence to infection control practices and ongoing surveillance and investigations?
- Do you have an adequate supply of PPE and is it readily available for staff use?
- Do you perform weekly glove and gown compliance reports?

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Handling Linens to Prevent and Control Infection Transmission

- Potentially contaminated linen is handled to prevent cross-transmission.
- If all linen is handled as potentially contaminated (standard precautions), no additional separating or labeling is required.
- Bagging of linen originates in the isolation room.
- Appropriate PPE for laundry room staff; minimal agitation of handling to avoid contamination of air, surfaces and staff.
- Detergent and water physically remove many microorganisms from the linen through dilution during wash cycle- hot water temps above 160°F (71°C) for 25 minutes or washing at 71 to 77 ° F (22-25°C) plus a 125 part per million chlorine rinse bleach.

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Environmental Disinfection

C.auris can persist on surfaces in nursing homes. For C.auris, CDC recommends use of an Environmental Protection Agency (EPA) registered hospital grade disinfectant effective against Clostridium difficile spores.

- Follow manufacturers recommendations including correct contact time
- Thorough daily and terminal cleaning of rooms and areas outside the room where resident may receive treatment. (physical therapy)
- Residents on precautions should have their own dedicated equipment (blood pressure cuff, stethoscope). Any shared equipment (physical therapy) should be cleaned and disinfected before use by another resident with an EPA registered hospital grade disinfectant (C-diff)

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Things to Consider

- How do environmental services staff use PPE when cleaning an isolation room?
- How do environmental services staff know what product to use to clean an isolation room (C.auris)?
- Do you outline schedules and responsibilities for cleaning schedules?
- Do the environmental cleaning staff receive education on cleaning high touch areas, light switches, door knobs and bedside tables?
- How are you monitoring the effectiveness of cleaning and contact time?

MDROs Regulatory Review

Summary

- Provide an overview of the importance of MDROs in a manner commensurate with their staff educational level using as many pictorial illustrations as possible
- Explain their role in improving resident safety
- Review specific isolation precautions, hand hygiene and environmental cleaning
- Create a culture of every day good infection control practice
- Monitor effectiveness and compliance of infection control standards as frequently as needed using both formal and informal education.
- Prevent, control and investigate infections and communicable diseases and report findings as appropriate to DOH

Admission, Transfer and Discharge

New Regulations 11/28/17

- F622, Transfer and Discharge Requirements, specifically the clinical information that must be conveyed to the receiving provider, if the transfer or discharge is to another healthcare setting;

Admission, Transfer and Discharge

Documentation in the medical record must include but is not limited to the following:

- All special **instructions or precautions** for ongoing care, as appropriate
- All other necessary information, including a copy of the resident's discharge summary and any other documentation, as applicable, to ensure a safe and effective transition of care

Admission, Transfer and Discharge

New Regulations 11/28/17

Permitting Residents to Return to Facility

- §483.15(e)(1) F626.

(i) A nursing facility must establish and follow a written policy under which a resident whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plans **returns to the facility to their previous room if available** or immediately upon the first availability of a bed in a semi-private room if the resident

- Requires the services provided by the facility; and
- Is eligible for **Medicare Skilled Nursing Services** or Medicaid nursing facility services

Admission, Transfer and Discharge

Permitting Residents to Return to Facility

(Continued)

- §483.15(e)(1) F626.
 - (ii) If the facility determines that a resident who was transferred with an expectation of returning to the facility, cannot return to the facility, the facility must comply with the requirements as they apply to discharges.

Admission, Transfer and Discharge

What does this mean for the facility

If there is evidence a facility can not meet the resident's needs or the resident poses a danger to the health and safety of his/herself the facility must follow all the requirements as they apply to discharge including:

- Document basis for discharge
- Provide notice to the resident and his/her representative (includes reason for discharge, discharge location and appeal rights information)
- Send copy of notice to ombudsman

Admission, Transfer and Discharge

Surveillance Viewpoint

If the facility can not meet the resident's needs, the surveyor's investigation will include but will not be limited to the following:

- Assess whether the facility has recently admitted a resident with similar needs
- Facility's determination not to permit a resident to return must **not** be based on the resident's condition when originally sent to the hospital
- Documentation to support the extent to which the facility made efforts to enable the resident to return
- Appropriate discharge documentation and notices
- If the facility determined not to admit the resident due to health or safety of individuals, the surveyor will review documentation for how the facility made this determination

Additional Information

Information about the survey process and implementation can be found at

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>

Submit all questions about the new survey process to the NH Survey Development mailbox:

nhrop@health.ny.gov



Thank you

