

# §483.65 Infection Control (F441)

## Investigative Protocol



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## Why Are You Here?

- Infections are a significant source of morbidity and mortality in nursing homes.
  - Infections occur an average of 2 to 4 times per year for each nursing home resident.



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## Endemic Infections in NH Residents

### Most Frequently Occurring

- Urinary Tract infections
- Respiratory Infections
  - Pneumonia
  - Influenza
- Skin and Soft Tissue
  - Pressure ulcers

### Other Commonly Occurring

- Viral Gastroenteritis
  - Rotavirus
  - Enteroviruses
  - Noroviruses
- Conjunctivitis



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## Critical Aspects of an Infection Prevention and Control Program

- Infection prevention and control
  - A continual process – starts with admission
  - Follows current CDC Guidelines

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## Admission Screening

What are the risk factors that you want to screen for?

- Antibiotic use in past 30 days
- Current symptoms/diagnosis
- Cultures taken and results
- Immunization history
- Indwelling catheter
- Presence of drug resistant organisms
- Prior infections
- TB

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## 2009 The Year of Change

- What happened?
  - The regulations have not changed
  - CMS collapsed 5 tag requirements into 1-F441
  - CMS added a new comprehensive investigative protocol
  - CMS changed the survey process
  - Effective 9/30/2009



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## Survey Process



- Before 2009:
  - Investigate for compliance with the infection control requirements during Phase 2
  - Only if concerns were identified
    - Review infection control policies and procedures.
    - Focus on prevention practices.

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## Survey Process



- After 9/30/2009
  - Monitor for compliance *throughout* the survey
  - Integrate quality of life and quality of care in determining compliance
  - Use observations, interviews, record reviews

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## F441 - §483.65 Infection Control Program

- 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.*

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## F441 - §483.65 Infection Control Program (cont'd)

Program addresses procedures to investigate, control, prevent infections

### ➤ Collect and analyze data

- Recognize outbreaks
- Surveillance
- Use data

### ➤ Who's in charge?

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## F441 - §483.65 Infection Control Program (cont'd)

### ➤ Isolation policies

- May be difficult to incorporate resident rights

### ➤ Incident records

### ➤ Incorporate current CDC Guidelines

### ➤ Role of staff

### ➤ Change program as necessary

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## F441 - §483.65 Infection Control Program (cont'd)

### ➤ Collaborative oversight

- Role of administration
- Role of the Medical Director
- Role of the Attending
- Role of other staff as appropriate



### ➤ Staff training

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## Investigative Process

- Observations
- Interview
- Record review



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## Observe Residents

Observe residents for signs and symptoms *for potential* infections such as:

- Coughing and/or congestion,
- Vomiting or loss of appetite, and
- Skin rash, non-healing wounds
- Reddened or draining eyes

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## Observe Staff Practice

Determine if the facility follows appropriate infection control practices

1. Linen (handling and storage)
2. Hand washing (between residents, and during treatment)
3. Single use items are properly disposed
4. Single resident use items are properly maintained

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## Observe Staff Practice (cont'd)

5. Storing resident dressings and supplies
6. Multiple use items are properly cleaned/disinfected between each resident
7. Equipment in isolation rooms is appropriately cleaned

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## Observe Staff Practice (cont'd)

8. High touch surfaces in the environment are clean
9. Small, non-disposable equipment is cleaned and disinfected
10. Staff health

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## Observe Hand Hygiene Practices and the Use of Gloves

One of the most frequent causes for a citation in Virginia for non compliance with the F441 is hand washing practices

1. Dressing change
2. Care services
3. Medication administration



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## Interviews

1. Resident, family, significant other.
  - ❖ Receive education and information regarding infection control/prevention procedures
2. Direct care staff
  - ❖ What do they know? How were they trained?
3. Pharmacist, Physicians as needed.
4. Personnel responsible for coordination and program oversight

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## Record Review



- Policy and procedures
- Resident records
- Incidents related to infection control
- Employee records

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## So what does compliance look like?

The Facility is in Compliance if Staff:

- **Demonstrates** ongoing surveillance, recognition, investigation and control of infections to prevent the onset and the spread of infection
- **Demonstrates** practices and processes consistent with infection prevention and prevention of cross-contamination

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## Criteria for Compliance at F441 (cont'd)

The facility is in compliance if staff:

- *Demonstrates* that it uses records of incidents to improve its infection control processes and outcomes by taking corrective action
- *Demonstrates* that it can identify and has process to prohibit employees with a communicable disease from direct contact with the resident.

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## Criteria for Compliance at F441 (cont'd)

The facility is in compliance if staff

- *Demonstrates* appropriate hand hygiene practices after each direct resident contact
- *Demonstrates* handling, storage, processing and transporting of linens so as to prevent the spread of infection.

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## Some Recent Citations

Examples

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## Other Federal Requirements That May Be Impacted By Failure to Comply with F441 Requirement



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## What's happening in Virginia?

### ➤ Compliance with F411

#### Top ten deficiencies

- 2008 F441 was #10
- 2009 F441 was #9
- 2010 F441 was #7

#### ➤ Common theme

- Hand washing
- Following isolation precautions

#### ➤ Nationally 2010 F441 is #2

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## Reminder

- Outbreaks are to be reported to OLC
  - Licensure requirement
- Contact information:
  - 804 367 2100
  - Ask to speak to your supervisor

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