



# F 880 Infection Prevention

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# F-TAG LEADERBOARD

1 F0884 NHSN Reporting

2 F0689 FREE OF ACCIDENTS

**3 F0880 INFECTION PREVENTION**

4 F0684 QUALITY OF CARE

5 F0812 FOOD STORAGE/PREP/SERVE

6 F0656 DEV/IMP COMP CARE PLANS

7 F0677 ADL CARE

8 F0761 LABEL/STORE DRUGS BIOLOGICALS

9 F0686 PRESSURE ULCERS

10 F0609 REPORTING ALLEGED VIOLATIONS

# Learning Objectives

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1. Describe the components of the F880 tag.
1. Identify the top infection control issues currently causing an F 880 tag trigger.
1. Explore best-practice infection control practices.
1. Describe strategies to identify and trends with infection control breaches.
1. Refer to resources and tools that support a robust infection prevention and control program.

# F-tag – F880 Infection Prevention & Control

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- §483.80 Infection Prevention & Control Program
  - A system for preventing, identifying, reporting, investigating and controlling infections and communicable diseases.
  - Include written standards, policies and procedures for the program including **surveillance, reporting potential incidents, standard and transmission-based precautions, employee restriction under certain circumstances and hand hygiene.**
  - A system for recording incidents identified under the IPCP and corrective actions.
  - Address how staff handle/store/process and transport linen.



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# How are Surveyors Looking at these Areas?

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## **Policies and procedures**

- Are they being followed?
- Are staff aware of the policy? Do they have easy access to policies?

## **Medical Device Safety**

- POC devices, cleaning

## **Safe Medication Administration**

- SDV, MDV, needles, insulin pens, PPE, hand hygiene

## **Standard Precautions**

- Hand hygiene, PPE, respiratory etiquette, cleaning and disinfection

## **Transmission-Based Precautions**

- Indications, PPE upon entry & exit

## **Linens**



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# What are some of the Issues that are Causing F880 to Trigger?

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## What are surveyors looking at?

- COVID-19 related Policies & Procedures
- Everything PPE!
- Hand Hygiene/Glove Changing
- Cleaning and Disinfection of Shared Equipment
- Urinary Catheter Drainage Bag/Tubing on the floor
- Annual review of Infection Prevention & Control Plan



# Case Scenario #1 COVID positive



*The surveyor toured a dedicated COVID-19 unit which housed 17 COVID positive residents. The **facility policy** directs staff to wear masks in combination with goggles/face shield while on unit. The surveyor observed:*

- Multiple staff entering unit wearing mask without face shield.
- No isolation cart at entrance of COVID positive resident's room.
- Staff charting outside resident's room wearing PPE.
- EVS staff entered room putting on gloves without performing hand hygiene and cleaning room with mask below nose.
- ST entering resident's room and did not note isolation sign or need for PPE.

# Case Scenario #1 COVID positive – Consider This

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1. Infection Control education upon hire and annually including:

- Isolation signage
- Pertinent policies and procedures
- PPE



1. Frequent updates and reminders about current resident infections and those who are on precautions.

1. PPE audits/rounding.



# Case Scenario #2 Med Administration

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*Surveyor observed nurse administering insulin. While preparing the injection at the medication cart their face mask was hanging below their mouth; they did not wash their hands or use gloves when administering injection; staff reported they were unaware they needed to wear gloves.*

# Case Scenario #2 Med Administration - Consider This

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1. Perform hand hygiene prior to administration.
1. Follow facility policy requiring gloves during insulin administration.
1. Consider annual competency for insulin administration.



# Case Scenario #3 Wound Care



*During wound care, a nurse was observed washing hands prior to approaching a resident; they placed a glove on right hand and put ungloved left hand into pocket to remove tape measure which was placed directly on side table; then took ungloved hand and moved resident's catheter bag from bedframe and placed on top of bed; proceeded to put glove on left hand **without performing hand hygiene\***; used left hand glove to remove old dressing, pick up wound cleanser and place on resident's bed; then removed glove from left hand and donned new left glove **without performing hand hygiene**; pulled packing out of wound with left gloved hand, placed in trash, removed gloves and donned new gloves **without performing hand hygiene**; opened sterile package with L hand and removed Q-tip placing it in wound and then picked up measuring tape to measure wound.....*

# Case Scenario #3 Wound Care – Consider This

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Review current policies for wound care to be sure they include infection control components.

Ensure wound care policies are being followed by all staff

- Wound care observations
- Competencies – through written test or skills audit
- Badge reminders
- How does this information get to agency staff?



## Case Scenario #4 Glucometer Use



*Glucometer was on the top of the medication cart, no barrier. After using ABHR, nurse picked up the glucometer and put it in lab coat pocket. Entered room. Used ABHR, applied gloves. Took glucometer out of lab coat pocket and put it on the overbed table, no barrier. Preceded to obtain blood sample for glucose reading. Removed the lancet from the pen and put it and the glucose strip in the gloved hand, pulled the glove over the items in the hand and threw the glove in the PPE disposal can. Used ABHR. Took the glucometer back to the top of the medication cart without cleaning/disinfecting the device.*

# Case Scenario #4 Glucometer Use – Consider This

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Review current policies for glucometer use to be sure they include infection control components.

Ensure glucometer policies are being followed by all staff

- Observation of blood glucose reading
- Competencies – through written test or skills audit
- Badge reminders (buddies)
- How does this information get to agency staff?



# Case Scenario #5 Dining Services

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*Resident eating breakfast in dining room, resident placed whole piece of fruit into mouth; CNA removed food from resident's mouth with bare hand, tossed in trash and then approached another resident, picking up utensil to assist that resident with eating. The CNA did not perform hand hygiene at any point during this observation. CNA also observed with mask hanging below her mouth while interacting with staff.*

# Case Scenario #5 Dining Services – Consider This

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Have the nursing assistants role play situations to be sure to include infection prevention and control functions.

Reinforce hand washing before and after assisting a resident.

Ensure ABHR /hand wipes/ gloves are available in the dining room.





# Case Scenario #6 MDRO Isolation

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*Resident has an indwelling Foley catheter with urine culture returning positive for ESBL; no contact isolation sign on resident's door. The facility resistant bacteria policy indicates there should be a sign. Staff found entering room with mask, gloves and face shield but no gown.*

# Case Scenario #6 MDRO Isolation – Consider This

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Review MDRO policy with all staff.

Review how to access policy.

Review protocol for placing resident on MDRO isolation

-who puts up the precaution sign

-who takes down the precaution sign



# Ongoing Quality Improvement Practices

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- Audits/Rounding Tools
  - Use as education and/or survey preparation
- Policies need to match practice
  - How often are you reviewing?
- Secret shoppers
  - Identify your specific trends/issues
- Focus on improvement areas
  - Hand hygiene project



# What are YOUR next steps?

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1. Review the Critical Element Pathway
2. Consider using the ICAR Tool
3. Search your IPRO QIO Resources



# How to Get to the Critical Element Pathway



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# Long Term Care Survey Critical Element Pathway CMS 20054

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## Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities

<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes>

Scroll down to downloads

Click on Survey Resources 10-26-22 (zip)

Click on LTC Survey Pathways

Scroll down and click on CMS 20054 – Infection Prevention Control and Immunization



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# Critical Element Pathway for Infection Prevention, Control and Immunizations - CMS 20054

**Coordination:** Each surveyor is responsible for assessing the facility for breaks in infection control throughout the survey and is to answer CEs of concern (e.g., standard and transmission-based precautions, source control).

**One surveyor performs or coordinates (e.g., immunization review) the facility task to review for:**

- Standard and transmission-based precautions
- Resident care for COVID-19
- Infection Prevention and Control Program (IPCP) standards, policies, and procedures
- Infection surveillance
- Visitor entry
- Staff and resident COVID-19 testing
- Suspected or confirmed COVID-19 reporting to residents, representatives, and families
- Water management
- Laundry services
- Antibiotic stewardship program (review at least one resident who is receiving an antibiotic if there are concerns)
- Infection Preventionist
- Influenza, pneumococcal, and COVID-19 immunizations

**This pathway is 18 pages long. Consider using sections to audit.**



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# Use the ICAR tool as an Audit Tool

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## Home page

<https://www.cdc.gov/hai/prevent/infection-control-assessment-tools/nursing-homes.html>

## Facility demographics and critical infrastructure

<https://www.cdc.gov/infectioncontrol/pdf/icar/nursing-home-icar-section1-demographics-2022-508.pdf>

## Full facilitator guide and assessment tool

<https://www.cdc.gov/infectioncontrol/pdf/icar/nursing-home-icar-facilitator-guide-2022-508.pdf>



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# Are these Really Unusual Occurrences?

No screening process upon entry

Not wearing PPE upon entering TBP room

DNS tests COVID positive & still in building

No signage on isolation room

Linen left in washing machine overnight

Empty hand hygiene dispenser

Trash & PPE on shower room floor

No eye protection

Empty pizza box left on top of isolation cart

# Additional Resources

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<https://community.apic.org/sierra/resources/overview>

Environmental Infection Control Guidelines

Isolation Precautions | Guidelines Library | Infection Control | CDC

<https://www.cdc.gov/infectioncontrol/guidelines/disinfection/cleaning.html>



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# Questions and Comments

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**Please come off mute or add into the chat:**

Ask Questions!

Add Comments!

Describe challenges or successes you have had with Surveys!

Was this presentation helpful?



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# Contact us

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