

Long-Term Care Survey Alert

Risk Management: Prevent an Outbreak of F-441 Citations: Bolster Your Infection Control Program Now

Are you taking these 4 steps to stave off infections -- and survey scrutiny?

With the dark days of winter and flu season looming, be forewarned: This year, you could be among the 15 percent of facilities cited annually for costly infection control-related violations.

A study published recently in the

American Journal of Infection Control reveals that infection control problems persist at many nursing homes, in spite of federally mandated infection control (IC) programs. Not surprisingly, there's a strong correlation between long-term care facilities' pervasive F-441 citations and low staffing levels.

"With low staffing levels, caregivers are likely hurried and may skimp on infection control measures, such as hand hygiene," writes study author **Nicholas G. Castle**, MHA, PhD, of the Health Policy Institute of the University of Pittsburgh.

No excuses: In recent years, the **Centers for Medicare & Medicaid Services** has made clear that infection control is among its top priorities. Specifically, each nursing facility must establish and maintain an IC program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection.

But be sure to think beyond the creation of your infection control program, cautions **Joseph L. Bianculli**, a healthcare attorney in Arlington, VA.

"A program can be a double-edged sword," Bianculli asserts. On one hand, it's essential to have the program in place; on the other, it's not hard for a surveyor to look at your policies and find fault. That means that at survey time, you could well hear this common refrain: "Well, your systems must have failed."

Attention to compliance is key, especially during times of increased risk, such as flu season.

Bad timing.

In November, a long-term care trade journal featured this headline, "Flu shots may not protect the elderly or the very young." Does that mean that it is time to relax efforts to immunize residents in preparation for influenza season?

Definitely not, opines **Dan Jernigan**, deputy director of the influenza division of the Centers for Disease Control and Prevention's **National Center for Immunization and Respiratory Diseases**.

"Any suggestion that people should not get a flu vaccine does a disservice to public health. There is broad agreement in the public health and scientific community that while better flu vaccines are needed, a yearly seasonal flu vaccine is the best preventive method we have against influenza at this time," said Jernigan in a public statement offered in response to the

Scientific American article that triggered the trade journal's coverage.

Bianculli also encourages facilities to do all that they can to strengthen risk-management programs -- including emphasizing influenza immunization as part of a full-fledged, fully implemented infection control program.

"Compliance is always a challenge," he allows, "but if you have signs up in your hallways educating visitors about flu symptoms and encouraging both influenza and pneumococcal vaccines, you are providing evidence that you are proactive" in the infection control fight.

Costly complacency.

Litigation and settlement costs continue to rise for nursing facilities, and it's not often that nursing homes win a survey citation appeal. That means that your fiscal health depends on staving off citations.

Take These Steps To Bolster Your Defenses

1. Document, document, document.

CMS's new investigative protocol calls for an IC program to be in place -- and ample evidence of that program in

action. Expect surveyors to review policy and procedure manuals, training documents, and monitoring tools, urges infection control expert

Karen K. Hoffmann, RN, MS, CIC, of the University of North Carolina (UNC). Furthermore, surveyors will be scrutinizing care practices on the floor to be sure that IC policies are being implemented.

Zero tolerance.

Be strict when it comes to enforcing the requirement that staff with communicable diseases are prohibited from direct patient contact, coaches Hoffmann, associate director UNC's **Statewide Program for Infection Control and Epidemiology**.

2. Come clean.

CMS watchdogs will be checking to be sure your facility requires staff to wash their hands after each direct contact for which hand washing is indicated by accepted professional practice.

Take away.

Implementing accepted guidelines for good hand hygiene is a must. At a minimum, make sure your hand hygiene program follows the CDC guideline, Guideline for Hand Hygiene in Health-Care Settings, available at <http://www.cdc.gov/handwashing/>.

Ounce of prevention.

"Just one severe surgical site infection, lower respiratory tract infection, or bloodstream infection may cost the [facility] more than the entire annual budget for antiseptic agents used for hand hygiene," note the CDC hand hygiene guidelines (and that's not even factoring in civil monetary penalties, reminds healthcare attorney Bianculli).

3. Check -- and double-check.

Some F-441 citations hinge on the smallest of details. You are sanitizing glucometers, for example, but you are cited for not doing so using the manufacturer's exact directions.

Real-life example: You have identified an outbreak of gastrointestinal illness caused by norovirus (see below), but you are cited for failing to track the outbreak effectively.

4. Stay current.

Norovirus is one infectious agent that is prominently on the CDC's radar screen. The agency issued guidelines for contending with the virus in healthcare settings last fall (go to <http://www.cdc.gov/hicpac/pdf/norovirus/Norovirus-Guideline-2011.pdf>), and it frequently updates information on its Norovirus Home Page (<http://www.cdc.gov/norovirus/index.html>).

What counts as an "outbreak?" An important part of infection control is recognizing when an outbreak is an outbreak. Be sure you are in the know by staying current on the best disease-specific criteria, such as this CDC-issued guidance for norovirus: In the absence of clinical laboratory diagnostics or in the case of delay in obtaining laboratory results, use Kaplan's clinical and epidemiologic criteria to identify a norovirus gastroenteritis outbreak. Kaplan's Criteria 1. Vomiting in more than half of symptomatic cases and, 2. Mean (or median) incubation period of 24 to 48 hours and, 3. Mean (or median) duration of illness of 12 to 60 hours and, 4. No bacterial pathogen isolated in stool culture. Remember: Failing to recognize an outbreak -- and take the necessary isolation precautions -- is a surefire way to earn a citation, cautions Bianculli. Bottom line. "Let surveyors know that you are serious about infection control," says Bianculli. That tub of hand sanitizer in the lobby? Come survey time, it definitely can't hurt -- in more ways than one.