Long-Term Care Survey Alert

SURVEY MANAGEMENT: Get up to Speed Fast With the New Infection Control Survey Guidance

Follow this quick roadmap to compliance.

With the novel H1N1 virus looming as a major threat -- not to mention a growing list of lethal super bugs -- you can count on surveyors scrutinizing your infection prevention efforts like never before. In fact, surveyors now have more detailed survey guidance to see if your program makes the cut.

Key takeaway: The revised guidance, which goes into effect on Sept. 30, "better defines what having an infection control program in the building involves," says **Kristin Lueschow, RN, RRT, WCC,** a consultant with Boyer and Associates in Brookfield, Wis.

Beware: Surveyors will scrutinize your facility's surveillance, which should be done right at the start of an infection. You don't want surveyors finding that the facility started doing infection logs a week after a contagious infection began appearing in the facility, Lueschow cautions. That type of approach is "missing the boat" to stop spread of the infection.

IJ material: As potential immediate jeopardy, the survey guidance cites an instance where a facility fails to "investigate, document surveillance of, and try to contain an outbreak of gastrointestinal illness among residents ...." As a result, additional residents developed diarrheal illnesses and had to be hospitalized for dehydration.

Focus on These Elements

Keep in mind that the Centers for Medicare & Medicaid Services consolidated several F tags into F441 for infection control (F441, F442, F443, F444, and F445). This can be confusing to people and requires some effort to go through and identify what's changed, advises **Rena Shephard, MHA, RN, RAC-MT, C-NE,** founding chair and executive editor of the American Association of Nurse Assessment Coordinators, and president and CEO of RRS Healthcare Consulting Services in San Diego. Some of the highlights to consider include:

• **Disinfecting equipment.**

"Poorly sanitized glucose monitoring equipment can transmit bloodborne pathogens such as hepatitis," cautions **Paul Drinka, MD, CMD,** clinical professor of internal medicine/geriatrics at the University of Wisconsin in Madison. The Centers for Disease Control & Prevention has, in fact, reported that hepatitis B can survive for up to a week in dried blood on instruments or environmental surfaces, according to the North Carolina Statewide Program for Infection Control and Epidemiology (SPICE).

Cool tool: For an explanation of how to clean glucometers, go to www.unc.edu/depts/spice/glucometer.pdf.

Warning: Clostridium difficile can survive in spore form in the environment (floors, bed rails, around toilet seats, etc.) for up to six months, warns the survey guidance. Using a 1:10 dilution of sodium hypochlorite (nine parts water to one part bleach) as a cleaning solution can help reduce the spread of the organism, however. "Once mixed, the solution is effective for 24 hours," the survey guidance instructs.

• **Antibiotic use.** The guidance includes a focus on "antibiotic stewardship," observes **James Marx, RN, MS, CIC,** an infection control expert in San Diego and president of BroadStreet Solutions. "Facilities need to monitor [antibiotics] as a potential inappropriate medication."

Best-practice tips: Use standardized definitions and algorithms for diagnosing common infections, including UTI,

pneumonia, and wound infection, advises Drinka. Also make sure your facility stays on top of evolving multi-drug resistant organisms, adds Marx. "The new MDROs common in SNFs are ESBL E. coli and ESBL Kelbsiella (Extended Spectrum Beta Lactamase)," he says.

• **Staff compliance.** "As part of infection prevention/control, someone should be auditing how people are complying with handwashing and isolation," says Lueschow. For example, perform competency checks to see how people put on and remove their protective equipment, she advises. Knowing how to do the latter helps keep residents and staff safe. For example, in the SARS outbreak, "healthcare professionals would infect themselves with SARS after taking off their protective equipment, either because they didn't wash their hands or they took the equipment off in the wrong order," Marx recalls.

Tip: Develop policies and procedures for training and managing staff members who aren't following established infection control practices.

"You want the staff to be part of the infection prevention/control program," says Lueschow.

Editor's note: For more infection control news, see "Clinical & Survey News" on page 79.