



Disaster Ready EPIC Facility Assessment Program **Data Analysis and Recommendations** **June 2021**

Disaster Ready EPIC Facility Assessment Program Goals

The *Disaster Ready* Emergency Preparedness Infection Control (EPIC) Facility Assessment Program was a targeted grant “deliverable” for the 2021 *DR* EPIC grant funded by the Arizona Department of Health Services (ADHS). The goal of the program was to *assess the degree of preparedness of skilled nursing facilities throughout Arizona in managing a pandemic situation* and better understand gaps in infection control. In addition, the program was intended to *evaluate the degree of readiness these facilities had in achieving compliance with two separate survey processes regarding infection control: the traditional annual survey review of infection control; and the review of infection control during a CMS specific Focus Infection Control survey*. State surveyors in each of these survey processes use assessment tools in determining compliance. The *DR* EPIC Facility Assessment Program employed these same two assessment tools in conducting the focused reviews. The program was led by Dr. Buffy Lloyd-Krejci, a member of the *DR* EPIC Clinical Team and an epidemiologist with specific experience and knowledge of the long term care community.

The Process

- High need facilities and others were identified collaboratively by the Health Services Advisory Group (HSAG) and the *DR* EPIC team to identify a pool of facilities to participate in a focused assessment of their preparedness to manage a pandemic situation.
- The high need facilities were any entities not already working directly with Health Services Advisory Group (HSAG), and that had previous survey citations for infection control on either of the two survey types; had current COVID-19 residents and had higher than expected infection numbers in their Quality Measures on the CMS Five Star rating.
- Outreach was completed to the pool of facilities and twelve facilities agreed to participate in the assessment process.
- The assessment tools used were the two CMS assessment tools used by surveyors:
 - **Surveyor Infection Control Assessment Tool** (used by surveyors during annual surveys) (CMS-20054) https://www.cms.gov/files/document/qso20-12-suspension-survey-activities-2pdf.pdf?utm_source=CMS+Surveyors+Burden+Reduction+Update&utm_campaign=77ca2a9dbf--
 - **Surveyor COVID Focused Surveyor Assessment** (Used by surveyors during Focused infection control surveys) <https://www.cms.gov/files/document/qso-21-08-nltc.pdf>
- Each facility participated with Dr. Lloyd-Krejci in a review of both assessment tools. Some of the ten facilities were able to complete the tools themselves and then review via ZOOM calls with Dr. Buffy. Other facilities reviewed the assessment tools directly with Dr. Lloyd-Krejci during their ZOOM calls.
- There were two facilities that further voluntarily participated in an on-site review with Dr. Lloyd-Krejci. Ten of the twelve facilities completed both assessment tools.
- All twelve facilities received technical assistance during the process as well as help in reviewing the tools to address strengths and weaknesses/gaps in the facility’s process.

An analysis of data collected in this assessment process has been completed with the intent of identifying practices that facilities were managing successfully, areas where there were gaps in their process or had the potential for survey citations and recommendations for further work in this area have been completed. This document reflects this analysis.

Participating Facilities and Tools Utilized

The DR EPIC team sent out the CMS 20054 IPC survey tool and the COVID-19 Focused survey tool to identify and support nursing homes with their infection control gaps. Ten nursing homes completed both surveys: Haven of Saguaro Valley, Sun West Choice Healthcare & Rehab, Haven of Cottonwood, Providence Place at Glencroft, Haven of Flagstaff, Haven of Camp Verde, Friendship Village of Tempe, Havasu Nursing Center, Bella Vita Health & Rehabilitation Center, and Freedom Plaza Care Center. Two nursing homes completed one of the survey tools: Haven of Show Low and Haven of Globe. Additionally, the DR EPIC team conducted onsite technical assistance to two nursing homes: Wellsprings of Phoenix and Wellsprings of Gilbert.

Data Analysis: COVID-19 Focused Survey

The COVID-19 Focused Survey tool was successfully completed by 12 nursing homes. Data from this process showed encouraging trends and demonstrated that:

100% of the participating nursing homes complied with these assessment elements:

- **The source control** (*residents wore cloth face masks when receiving visitors or were outside their rooms in common areas*)
- **IPCP standards and policies/procedures** (*the facility established a facility-wide IPCP that met current standards*)
- **infection surveillance** (*appropriate surveillance was conducted using approved criteria and included early detection and management of infectious processes*)
- **education/monitoring/screening of staff** (*staff were educated on COVID-19 IC protocols and screened for ability to work*)
- **reporting to the CDC** (*facility reported required data to CDC through NHSN portal*)
- **emergency preparedness** (*policies were developed and implemented to manage staffing in emergencies*)
- **infection preventionist** (*position filled and operable*)
- **staff/resident testing** (*facility tracked, reported and monitored testing requirements*)

92% of the 12 nursing homes complied with the following:

- **implemented best practices on PPE** (*PPE use and availability*)
- **transmission-based precautions** (*appropriate precautions were implemented for each specific infection*)
- **resident care** (*facility restricts resident contact during periods of sustained community transmission*)
- **visitor entry** (*Required screening and restrictions were in place at all entry points*)
- **reporting to residents, representatives, and families** (*required reporting about facility infection rates*)

83% of the 12 nursing homes:

- Followed general standard precautions

50% of the 12 nursing homes:

- implemented proper hand hygiene

Overall:

- 2 nursing homes (17%) complied entirely while
10 nursing homes (83%) had 1 or more categories to improve upon

Category COVID-19 Focused Survey	In Compliance	Needs Improvement	Percentage in compliance	Percentage Needs Improvement
General Standard Precautions	10	2	83%	17%
Hand hygiene	6	6	50%	50%
PPE	11	1	92%	8%
Source control	12	0	100%	0%
Transmission based precautions	11	1	92%	8%
Resident care	11	1	92%	8%
IPCP standards and policies and procedures	12	0	100%	0%
Infection surveillance	12	0	100%	0%
Visitor entry	11	1	92%	8%
Education, monitoring, screening staff	12	0	100%	0%
Reporting to residents, representatives, and families	11	1	92%	8%
Reporting to CDC	12	0	100%	0%
Emergency preparedness	12	0	100%	0%
Infection preventionist	12	0	100%	0%
Staff and resident testing	12	0	100%	0%
Total	2	10	17%	83%

Data Analysis: CMS 20054 IPC Survey

The CMS 20054 IPC Survey was successfully completed by 10 nursing homes. Much like the data from the COVID-19 assessments, these findings were also encouraging. Data from this survey demonstrated that:

100% of the nursing homes complied with requirements in the following categories:

- **infection control coordination** (*overall compliance review*)
- **influenza & pneumococcal immunization** (*review of facility's entire vaccination program*)

90% of nursing homes complied with:

- **laundry services** (*determining if staff handle linens and IC protocols meet standards in laundry rooms*)
- **policy and procedure** (*review of facility ICPC policies*)

- **infection surveillance** (*review of facility's screening process and protocols*)
- **antibiotic stewardship** (*review of facility protocols on antibiotic prescribing and use of lab results*)

80% of nursing homes complied with requirements for:

- **PPE** (*evaluating use, supply and protocols*)
- **transmission-based precautions** (*facilities have sufficient supplies as well as training and protocols for compliance*)

70% conducted followed requirements for:

- **hand hygiene** (*available supplies and observed compliance*)

Overall:

- **4 nursing homes (40%) complied entirely while 6 nursing homes (60%) had 1 or more categories to improve upon.**

Category 20054 IPC Survey	In Compliance	Needs Improvement	Percentage in compliance	Percentage Needs Improvement
Coordination	10	0	100%	0%
Hand hygiene	7	3	70%	30%
PPE	8	2	80%	20%
Transmission-based precautions	8	2	80%	20%
Laundry services	9	1	90%	10%
Policy and Procedures	9	1	90%	10%
Infection surveillance	9	1	90%	10%
Antibiotic stewardship	9	1	90%	10%
Influenza & pneumococcal immunization	10	0	100%	0%
Total	4	6	40%	60%

Frequent Gaps in Infection Control Requirements Identified

While there were encouraging findings in these assessments, the majority of these facilities had infection control gaps that trended among all the nursing homes. Among the most frequent gaps were:

- Staff not appropriately performing general standard precautions such as respiratory hygiene/cough etiquette, environmental cleaning/disinfection, and/or reprocessing of reusable resident medical equipment.
- Staff not performing hand hygiene even if gloves are used or being unknowledgeable of when to offer residents the opportunity to perform hand hygiene before meals and after toileting.
- Instances of personal protective equipment misuse. This included a lack of fit-testing for N-95 masks.
- Situations where staff did not handle, store, or transport linens appropriately.
- Nursing homes were found not to have an EPA List N chemical on-site and did not understand the contact or dwell times for the chemicals as a common infection control gap.

Frequently Identified Areas of Compliance

There were three requirement areas that all assessed facilities met.

1. Some staff members performed proper hand hygiene before and after contact with the resident, after contact with blood, body fluids, or visibly contaminated surfaces, after contact with objects and surface in the resident's environment, after removing personal protective equipment like gloves, gown, and face mask, and before performing a procedure such as an aseptic task like insertion of an invasive device such as a urinary catheter, manipulation of a central venous catheter, and/or dressing care.
2. Additionally, all the nursing homes had established and implemented a surveillance plan that included early detection, management of potentially infectious symptomatic resident, and the implementation of the appropriate transmission-based precautions.
3. Finally, all the nursing homes developed influenza and pneumococcal vaccine policies and procedures in addition to providing immunizations as required or appropriate.

Technical Assistance Provided

All facilities participating in the program were provided with the following technical assistance by Dr. Buffy Lloyd-Krejci of the *DR* EPIC team. That assistance included:

- Assistance to improve the specific gaps that each facility faced.
- Nursing homes were introduced to Derrick Denis, *DR* EPIC consultant, via email for support for N-95 fit testing.
- Sites were also introduced to the vendor CINTAS for ordering of hand hygiene dispensers and were provided with the CDC recommendation for alcohol-based hand sanitizers.
- The CDC guidance on the optimization of masks and N95 respirators was provided.
- Training videos for environmental cleaning and IPC training were provided in addition to on-site IPC training for two sites.
- Information was provided on approved signage for new admissions; droplet/contact precautions on both observational units and COVID-19 units.
- Guidance on disposing of biohazard materials was provided.
- Education was provided regarding the difference between the McGeer surveillance and Loeb Criteria, in addition to a checklist was provided for the Loeb's minimum criteria for initiating antibiotic therapy.
- Finally, *DR* EPIC supplied information on COVID-19 quarantine guidance for residents that leave for medical appointments, those on dialysis and how to report communicable diseases to their local county.

Overall Summary and Recommendations

This focused group of skilled nursing facilities demonstrated a moderate level of compliance with required systems related to infection control and managing these systems during a pandemic. As summarized in this report, certain elements were met by all facilities. However, the majority of this sampled group of facilities had one or more areas that required improvement to assure compliance, as well as achieving a deficiency-free IC survey. Based on these findings, the *DR* EPIC program recommends the following actions for all Arizona skilled nursing facilities:

- Conduct both referenced surveys (if not already completed) to establish a baseline for identifying gaps.
- Review the data and steps found in the *DR* EPIC Toolkit. [\(attach link to toolkit\)](#)
- Gaps identified should be reviewed through the facility's quality assurance program and corrective action taken as needed through facility performance improvement plans (PIPs).

- Conduct ongoing and frequent observations of actual performance of hand hygiene and donning and doffing PPE. Facilities often trained staff in these areas but compliance is not always practiced by frontline staff.
- Assure that proper fit-testing is conducted as needed for N95 respirators.
- Sites should review dwell times for each environmental cleaning product utilized.
- Assure that hand sanitizer appliances are installed in all resident rooms (unless contraindicated) and in corridors according to regulations, so staff has ready access to hand sanitizers with each resident contact.