

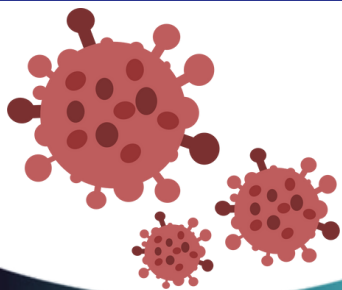


ABSOLUTE SCOOP

DID YOU KNOW?

According to the CMS State Operation Manual, there are four parts to infection control and prevention:

1. Infection control and prevention policy and procedures
2. Antimicrobial stewardship program
3. Implementing an infection control preventionist role
4. Offering influenza and pneumococcal immunizations



ANTIMICROBIAL STEWARDSHIP & INFECTION CONTROL

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Although outbreaks in a nursing facility are an enduring feature, the COVID 19 pandemic has highlighted many of the challenges long-term care facilities are faced with when it comes to infection control and prevention. Given the high frequency of citations for lapses in infection control practices reported in many nursing homes, infection control and prevention continues to be one of the focuses from surveyors for the Centers for Medicare and Medicaid Services (CMS). According to the CMS State Operation Manual for Nursing Facilities, there are four parts to infection control and prevention: infection control and prevention policy and procedures, antimicrobial stewardship program, implementing an infection control preventionist role, and offering influenza and pneumococcal immunizations. When looking at the list for components for infection control, a facility should develop measurable surveillance processes to not only meet the CMS requirements but also to provide valuable feedback on compliance. This is a brief review of the required components of **infection control & prevention**, **antimicrobial stewardship**, and **implementing an infection preventionist** while referencing the CMS regulations Nursing Home State Operations Manual.

Infection control & prevention refers to the policy and procedures implemented to control and minimize the spread of infections to reduce infection rates. Under §483.80 in the CMS State Operations Manual, this includes developing policies and procedures to prevent the spread of infections as well as utilizing surveillance measures to identify areas for quality improvement. The majority of requirements for infection control fall under F880, which addresses many of the requirements of policies and procedures. The program design must provide a safe, sanitary, and comfortable environment and prevent the development and transmission of diseases and infections. At a minimum, it must contain the following elements:

- A system for preventing, identifying, reporting, investigating, and controlling infections for all residents, staff, volunteers, visitors, and others
- Include written policies and procedures with specifics listed under §483.80(a)(2)
- A system for recording
- Linen management
- An annual review

Antimicrobial stewardship is an integral part of infection control and can be located §483.80(a)(3) in the State Operations Manual. Under F881, an antimicrobial stewardship program should include antibiotic protocols and a system to monitor antibiotic use. This regulation looks at the development and implementation of protocols to optimize treatment of infections in residents requiring an antibiotic. It also looks at the reduction of risks associated with antibiotic adverse events such as development of drug resistant organisms from unnecessary or inappropriate antibiotic use. Overall, an antimicrobial stewardship program focuses on the development, promotion and implementation of a facility-wide system to monitor the use of antibiotics making sure the resident receives the right antibiotic, for the right indication, at the right dose, for an appropriate duration.

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Under §483.80(b) of the CMS State Operation Manual, the definition of an infection preventionist is a “term used for the person(s) designated by the facility to be responsible for the infection prevention and control program”

and is required to be one of the individuals to meet at least quarterly for the quality assessment and assurance committee program. The regulatory requirement lists the qualifications needed for designation as the infection preventionist with a minimum set of requirements:

- Must have professional training in one of the following: nursing, epidemiology, microbiology, medical technology, or a related field
- Must be qualified for this role through education, training, certification, or experience
- Must have completed specialized training in infection prevention and control
- Needs to work at least part time at the facility

Associated with F882, the infection preventionist is the responsible individual for assessing, developing, implementing, monitoring, and managing the infection prevention and control program. Under F868, The infection preventionist must be a participant in the quality assessment and assurance committee. A few of the items that may be included in reporting includes, but is not limited to, facility processes and outcome surveillance, outbreaks and control measures, occupational health communicable disease illnesses, and antimicrobial stewardship and resistance data. These reports for infection control may be requested as part of normal surveyor investigations of other areas of concern. Organization, accuracy, and timeliness of these surveillance reports that encompasses the entire infection control and prevention program by the infection preventionist is critical.

Absolute Pharmacy created both Antimicrobial Stewardship (AMS) and Infection Control and Prevention manuals

that follow CMS regulations and includes information supported by the Centers for Disease Control and Prevention (CDC) and Infectious Disease Society of America (IDSA) guidance. This could help create a foundation to build your program in your facility or elevate it to the next level in providing quality resident care. The Infection Control and Prevention manual contains numerous policies and procedures touching on many of the requirements listed by CMS as well as surveillance tracking tools to assess compliance. The AMS Program provides policies, procedures, as well as tools to develop, promote, and implement a facility-wide system for safe and appropriate medication use. Not only can these manuals be utilized for nursing facilities, but they are applicable to other practice settings as well. Ask your Account Manager or Consultant Pharmacist for more information.

About the Author



Outside of work, Courtney enjoys spending time with her 4 kids and husband. When she is not chasing her kids, she enjoys cooking, gardening, traveling, and feeding her cows marshmallows.

Courtney Myers is one of the Consultant Pharmacists at Absolute Pharmacy. She joined the team in 2014, starting in operations and moving into consulting. She earned her Board Certification in Geriatrics as well as earning a certification in Antimicrobial Stewardship through the Infectious Disease Society of America (IDSA). She is a graduate of Ohio Northern University Raabe College of Pharmacy where she obtained her doctorate in pharmacy and minor in public health. Courtney serves as District 14 Trustee for the Ohio Pharmacist Association and a member for American Society of Consultant Pharmacy (ASCP).

What do you call a very small Valentine?

A Valentiny.



What did the stamp say to the envelope on V-day?

I'm stuck on you.