

**RESIDENT AND
FAMILY
ADMISSION
ORIENTATION TO
INFECTION
CONTROL
PROGRAM**

2019

INFECTION PREVENTION & CONTROL PROGRAM

Thank you for choosing our facility. Our goal is to provide you, the resident, with a clean and safe environment in which to live. In addition, we want to make resident's families at home and comfortable when they visit their loved ones. To accomplish this, we would like to share a number of things that will help make your stay with us a positive experience.

As a quality healthcare facility, we encourage our staff to adhere to current evidence-based standards and practices which include frequent hand hygiene. This practice is to protect our residents as well as our staff. We would like to encourage you, both resident and family member, to adhere to similar practices of washing your hands or using our alcohol-based hand rub products that are located throughout the facility. It is strongly recommended by the Centers for Disease Control and Prevention (CDC) that residents and families wash their hands before entering the facility and before leaving as well.

In addition to hand hygiene we have policies that mandate our staff to wear personal protective equipment (PPE) at designated times. You may see this practice during your stay and visit with us. At times, you may also see signs posted outside the door of residents. This practice is implemented to protect all the other residents in the facility that may not have an infection. If you would like more information about our policies and requirements do not hesitate to ask our Infection Preventionist nurse or our Director of Nursing.

Please be assured that our intention is to care for you or your loved one while adhering to current best practices and regulations as mandated by our state and the federal government. To that end, please let us know if you are having any problems or do not understand what we are doing.

Thank you,

Administrator

Director of Nurses

Welcome to our facility,

As a long-term care (LTC) provider, we aspire to provide our residents with the highest level of quality resident-centered care. To accomplish this goal, we depend on our physicians and other healthcare partners to provide care that adheres to best practices following current recommended evidence-based standards. As a quality healthcare provider, we want to assure you that your family member is our primary concern. We will be working in concert with our medical team to see that your family is given the best of care.

In our efforts to comply with all state and federal regulations we, LTC providers, are responsible for overseeing the use of antibiotic medications prescribed for our residents in accordance with the Centers for Medicare and Medicaid Services (CMS) Requirements of Participation for Long-term Care Facilities released September, 2016. These guidelines mandate that we periodically review antibiotic utilization, and when necessary, discuss the appropriateness of some of the antibiotics prescribed. It is not our intention to tell our physicians how to treat their patients but only to review those residents who may be receiving antibiotics without established indication. Because of increases in multi-drug resistant organisms and *Clostridium difficile* infections in the healthcare setting, antibiotic review is an essential aspect to an infection prevention and control program.

In California, Governor Jerry Brown signed Senate Bill 361 into law on October 10, 2015. This law states that on or before January 1, 2017 each skilled nursing must adopt and implement an antibiotic stewardship program.

We are asking all physicians who provide care to residents at our facility to use antibiotics prudently and only when their patients manifest clinical signs of an active infection. This means when the resident has localizing symptoms of an infection. Physicians will review lab tests ordered for their patients and correlate clinical symptoms with the test results. Diagnosing infection is a clinical skill and relies upon more than just microbiological information. If you or any member of your family are not clear on what this means we will be more than happy to discuss this further with you at any time.

The California Department of Public Health, Healthcare-Associated Infections (HAI) Program encourages all healthcare providers to incorporate antibiotic stewardship principles into their practice. This is what we, as a facility, are dedicated to doing. The goal is to be sure your loved ones receive antibiotics only when it is deemed clinically necessary.

This letter is intended to inform our residents and their families that our facility intends to implement and practice antibiotic stewardship to the best of our ability and hope you will join us as we engage in conversations about the appropriateness of antibiotics for our residents.

Thank you for your cooperation in this matter. Your support is much appreciated.

Sincerely,

Administrator

Medical Director

Para los Familiares y/o Responsables personas a cargo de los Residents/Pacientes en este Centro:

Como un Centro de Cuidado para su/sus familiares o su/sus amigos que residen en **(facility name)**, nuestra meta es proveer la maxima calidad de cuidado a los pacientes/residentes en este centro..

Al mismo tiempo es nuestra responsabilidad informarle acerca de los cambios que el estado y el gobierno nos manda a cumplir, por esa rason necesitamos comunicarle la nueva regulacion del estado y del gobierno con respecto al uso de Antibioticos que son ordenados sin necesidad o sea que se ordenan solo por sintomas no realmente por infecciones.

Como veran estamos obligados a cumplir con esta recomendacion de el estado y federal y debemos estar pendientes y chequear el uso de antibioticos prescritos por los doctores para estar seguros que el tratamiento sigue la guia de CMS (Centro de Servicios de Medicare y Medical). Y asi evitar complicaciones causadas por el uso de antibioticos que no se necesitan.

Esta reglulacion a la que nos referimos fue firmada por el Gobernador Jerry Brown como una ley (Law Senate Bill 365) el 10 de Octubre de 2015 y dice que a partir de el 1 de Enero de 2017 cada centro de rehabilitacion/casa de ancianos debera de cumplir con ella, por eso queremos ser proactivos y cumplir con ella lo mas pronto possible y estamos pidiendo su colaboracion al respect.

Si las enfermeras del centro le llaman para hacerle saber que su familiar o su amigo tiene sintomas de alguna infeccion, no quiere decir que realmente sea una infeccion su familiar o amigo ha sido evaluado y sera continuamente monitoreado por cambios, el doctor va a ser notificado o ha sido notificado y con seguridad, si es infeccion el tratamiento correcto le sera dado, pero si no es infeccion de igual manera sera tratado solo que no con antibioticos, el problema con el uso de antibioticos es que causa mas dano que beneficio, porque puede causar resistencia y cuando de verdad se necesita no va a ser efectivo, ademas de eso hay otras consecuencias, por esa rason queremos evitar lo mas que podamos que el paciente/residente sea afectado, de esta manera su recuperacion sera mas pronta o su estancia en el centro sera con mejor calidad de vida.

Le agradecemos su participacion al respecto y por favor si tiene alguna pregunta sientase con confianza de llamarnos.

Attentamente

Administrator

Medical Director

FREQUENTLY ASKED QUESTIONS

Q. My family member was in isolation in the acute care hospital and was in a private room. Why is this different in a skilled nursing facility (SNF)?

A. In a skilled nursing facility we have different regulations set by the Centers for Medicare and Medicaid (CMS). When a resident is admitted to a SNF like ours, we must assess a resident's needs along with his clinical condition. If a resident is deemed to have had an infection, or perhaps is still being treated for this infection, caused by what we call an MDRO, a multi-drug resistant organism (like MRSA, VRE, ESBL or even an infection called a Clostridium difficile infection) but the resident no longer has symptoms of this infection, then we, as a facility, are mandated to discontinue isolation. According to the CMS Requirements of Participation, passed October 4, 2016 (www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcompliance/nhs.html) we must provide the least restrictive measures for residents so they can thrive both clinically and psycho-socially.

Q. Why is someone placed on isolation?

A. Isolation is considered when a resident has specific localizing symptoms of an infection caused by what is thought to be a "significant pathogen". This basically means, caused by an organism that is considered to be more difficult to treat by the medical community. Isolation is started to protect the other residents in the facility who do not have this infection.

www.apic.org

Q. Why is someone on isolation in a SNF sometimes in a room with another resident?

A. Nursing homes will try to provide a private room for residents who are on isolation if possible. Isolation can still be followed with having a roommate, but the facility staff are cautious as to what kind of roommate is safe. The SNF administration will closely assess which resident has lower risk for being placed with an isolation resident.

Q. I don't understand what isolation means if someone who is isolated still has a roommate. A.

When we look to isolate in healthcare we are attempting to isolate the organism (the bug) not necessarily the whole resident. If we are able to contain the organism, e.g. in a dressing or a brief, we can then consider a roommate for the isolated resident. As an example, if someone has the MDRO organism in the respiratory tract and is coughing then the facility will only place this resident in a room with another resident who has the exact same organism. If that is not possible, then in this situation, we might need to consider a private room for the coughing resident with the MDRO.

Q. Is someone on isolation precautions permitted to go out of their room to activities or social dining?

A. Once again, we need to consider the possibilities for transmission of the bug. The nursing staff will need to assess the isolated resident's personal hygiene, possible behavioral problems and the ability to contain any secretions or excretions of the isolated resident. As an example, if the isolation is for an infection of the urinary tract caused by an MDRO and the resident is still manifesting signs of this infection, if resident's urine can be contained by a brief and the resident washes his hands and dons clean clothes before leaving his/her room, then in this case the isolated resident can go to activities and group dining.

Q. If the isolated resident is permitted to leave the room even though they may still have symptoms is it necessary for the nursing staff and the family to wear personal protective equipment while assisting this resident outside of their room?

A. The simple answer is NO! If the resident's hands are washed and clean clothes are donned and secretions are contained it would not be necessary. The most important step in infection prevention and control would be to wash your hands after being with the resident. Our goal and the requirement mandated by the Department of Health is that PPE not be worn in the hallways or resident gathering areas. Again, the best practice is to wash hands if there is a question that hands may have touched contaminated surfaces or objects.

Q. My family member had *Clostridium difficile* diarrhea and was placed on Contact Isolation Precautions. I was told my family member could not leave the room until the diarrhea was no longer present for 48 hours. Why? And if we could put a brief on them could they go out to activities or dining?

A. *Clostridium difficile* (CD) diarrhea is handled a little bit different. This type of infection has a high risk for transmissibility and can contaminate the environment easily making it a strong possibility that someone could pass the germ on to someone else. CD is a spore-forming bacterium that makes it difficult to clean and disinfect the spores off of environmental surfaces therefore posing greater risk. When CD is the infection, our environmental services department switches to a bleach-based product which is known to kill CD spores. Nevertheless, we take extra precautions to avoid environmental contamination when the infection is caused by this organism.

Q. As we prepare to take our family member home are there special precautions we should be aware of and should be using?

A. As mentioned earlier, we use isolation precautions to protect the other residents in the facility that are frail and do not have an Isolation type infection. When you go home, this may not be the case since there may not be other patients there. We encourage good hand hygiene practices at all times and suggest you employ Standard Precautions which is the universally used infection prevention practices in healthcare. Standard Precautions suggest you use appropriate personal protective equipment (e.g., gloves, gown, mask, goggles) if you are

handling blood, body fluids that do not belong to you, or are handling open skin areas (like lesions or skin tears)

Q. I understand nursing homes are restricting the use of antibiotics. My mother gets frequent urinary tract infections and needs antibiotics.

A. Recent studies have shown that residents in SNFs receive up to 79% of antibiotics prescribed either unnecessarily or inappropriately. In addition, studies have revealed that 70% of residents in any one facility each year are prescribed antibiotics, whether they need them or not. The new program of Antibiotic Stewardship is not to restrict antibiotics but to optimize their use. This means the nursing staff will assess your resident carefully and then discuss with their physician whether to continue to observe for further signs and symptoms while using some nursing measures like providing more opportunities for fluid intake or start them on an antibiotic.

Q. Why are nurses and doctors so reluctant to order antibiotics?

A. Where antibiotics when given appropriately can be a lifesaving treatment, on the other hand antibiotics given without due clinical justification can cause patients to become resistant to certain antibiotics or have other adverse reactions to the antibiotic. This is what has happened and continues to happen with many common organisms like MRSA, VRE, CRE, and ESBL type organisms. When this occurs, we see infections with few, if any, treatments to offer.

Q. Is it necessary for family members to wear gloves and gowns and masks when their loved one is on isolation like the nurses do?

A. It is recommended that family members follow similar infection control practices of the nursing home staff with the use of PPE. Our ultimate goal is to protect your family member, our other residents, our staff, and even you and all visitors.