

Nursing Home Patient Safety Series: Reducing Facility-Associated Infections and Hospitalizations Related to UTI, Sepsis, Pneumonia and COVID-19



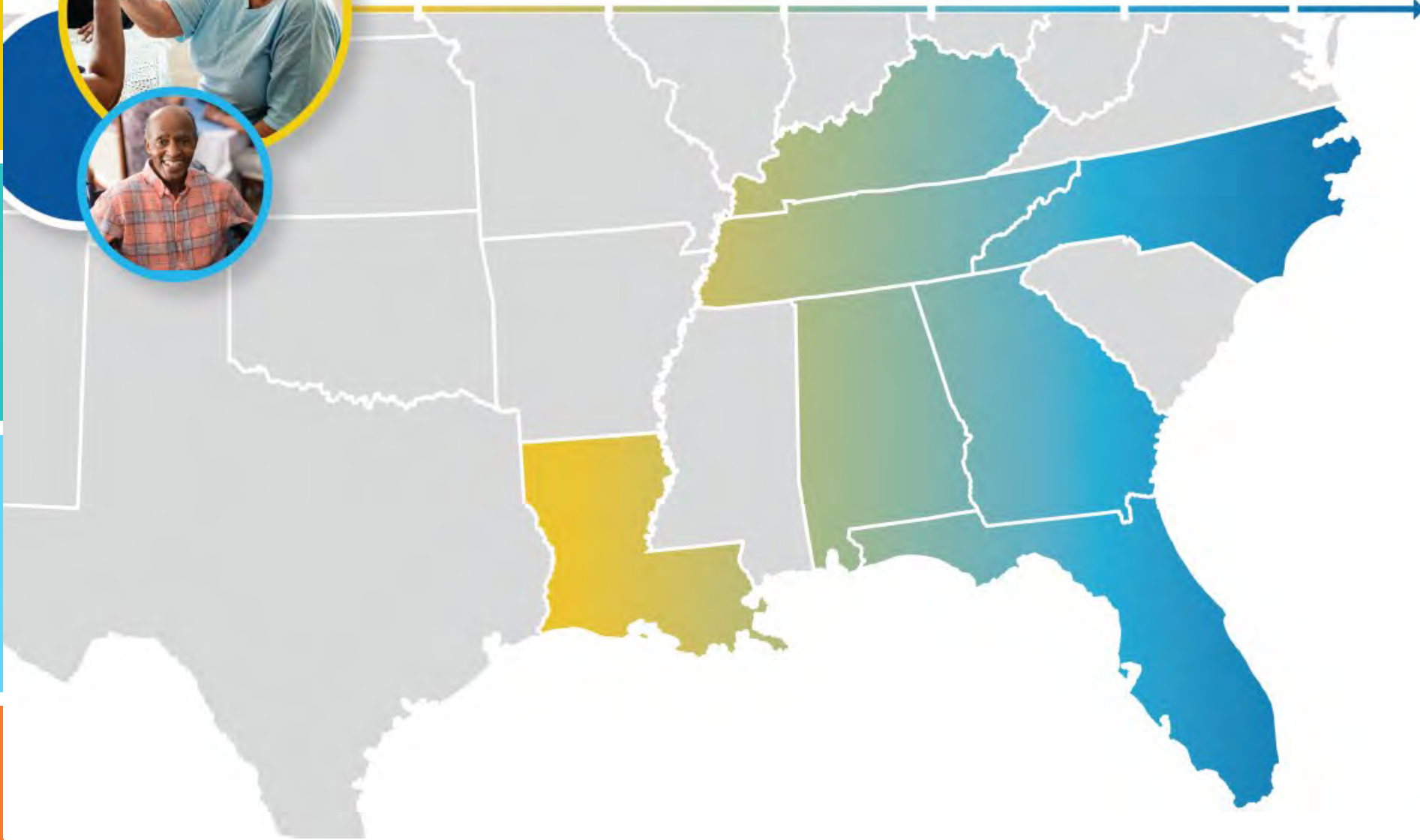
Erica Umeakunne, MSN, MPH, APRN, CIC
Infection Prevention Specialist

March 15, 2023

 **ALLIANT**
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Quality Innovation Network -
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Making Health Care Better *Together*



About Alliant Health Solutions

Erica Umeakunne, MSN, MPH, APRN, CIC

INFECTION PREVENTION SPECIALIST

Erica Umeakunne is an adult-gerontology nurse practitioner and infection preventionist with experience in primary care, critical care, health care administration and public health.

She previously served as the interim hospital epidemiology director for a large health care system in Atlanta and as a nurse consultant in the Centers for Disease Control and Prevention's (CDC) Division of Healthcare Quality Promotion. While at CDC, she served as an infection prevention and control (IPC) subject matter expert for domestic and international IPC initiatives and emergency responses, including Ebola outbreaks and the COVID-19 pandemic.

Erica enjoys reading, traveling, family time and outdoor activities.

Contact: Erica.Umeakunne@allianthealth.org



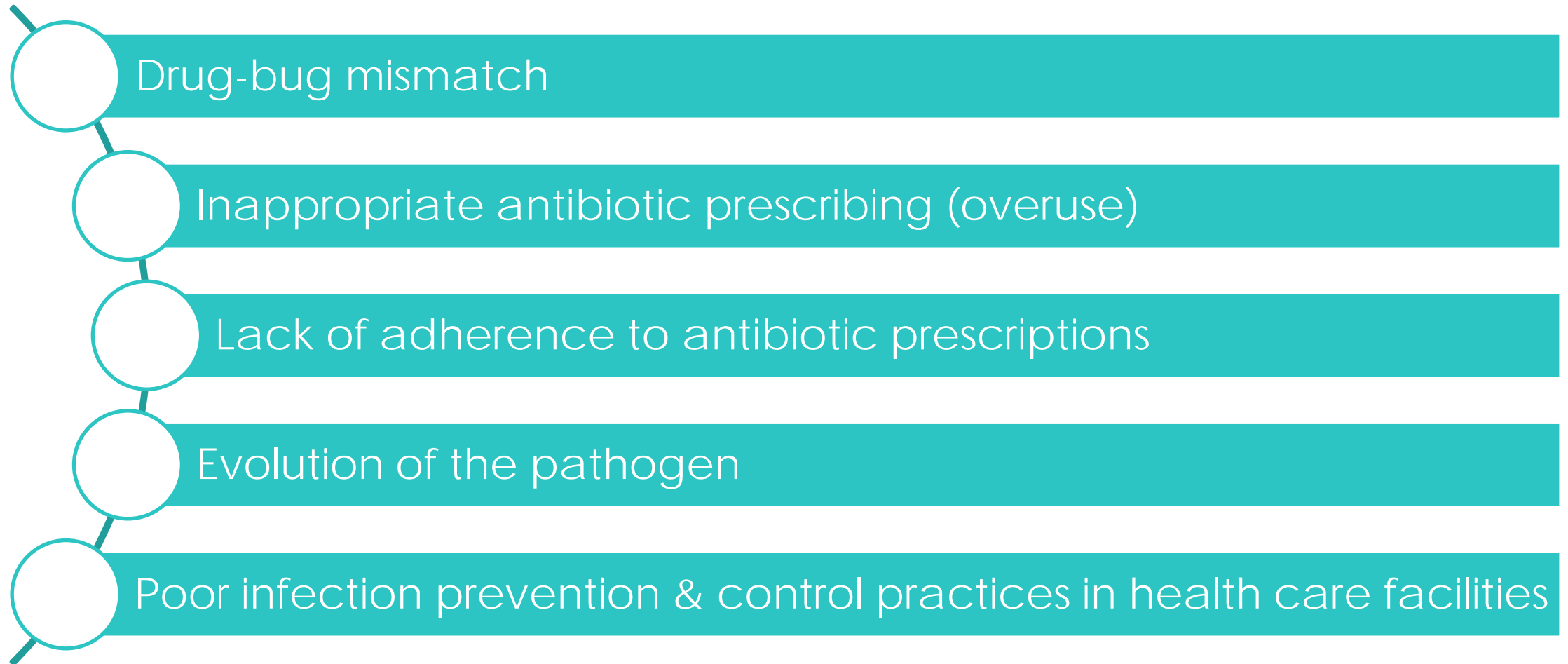
Objectives

- Discuss the burden of multi-drug resistant organisms (MDROs) in nursing home facilities
- Summarize infection prevention and control (IPC) interventions to reduce MDRO-related healthcare-associated infections that can lead to sepsis
- Introduce enhanced barrier precautions and how to integrate them into daily IPC practices
- Share Alliant Health Solutions quality improvement resources to support infection prevention and control (IPC) activities

Antimicrobial Resistance

- Occurs when germs like bacteria and fungi develop the ability to defeat the drugs designed to kill them
 - Germs are not killed and continue to grow
 - Resistant infections difficult, and sometimes impossible, to treat
 - Lose the ability to treat infections
 - Require the use of second- and third-line treatments
 - Serious side effects
 - Prolong care and recovery
- An urgent global public health threat
 - Associated with nearly five million deaths in 2019
 - In the United States, more than 2.8 million antimicrobial-resistant infections each year

Factors Contributing to Antimicrobial Resistance



<https://www.cdc.gov/drugresistance/about.html>

Cassone, M., & Mody, L. (2015). Colonization with multi-drug resistant organisms in nursing homes: Scope, importance, and management. *Current geriatrics reports*, 4(1), 87–95. <https://doi.org/10.1007/s13670-015-0120-2>

Germs Develop Antibiotic Resistance

Since the discovery of penicillin more than 90 years ago, germs have continued to develop new types of resistance against even our most powerful drugs. While antibiotic development has slowed, antibiotic resistance has not. This table demonstrates how rapidly important types of resistance developed after the approval and release of new antibiotics, including antifungals.

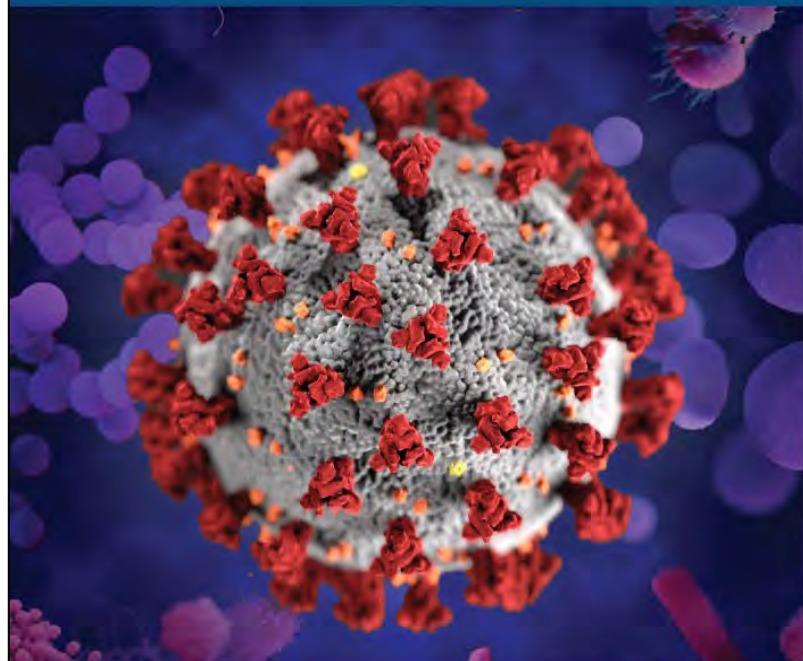
<https://www.cdc.gov/drugresistance/pdf/threats-report/Select-Germs-Develop-Resistance-Over-Time.pdf>

Antibiotic Approved or Released	Year Released	Resistant Germ Identified	Year Identified
Penicillin	1941	Penicillin-resistant <i>Staphylococcus aureus</i> ^{20, 21}	1942
		Penicillin-resistant <i>Streptococcus pneumoniae</i> ^{20, 10}	1967
		Penicillinase-producing <i>Neisseria gonorrhoeae</i> ¹¹	1976
Vancomycin	1958	Plasmid-mediated vancomycin-resistant <i>Enterococcus faecium</i> ^{12, 13}	1988
		Vancomycin-resistant <i>Staphylococcus aureus</i> ¹⁴	2002
Amphotericin B	1959	Amphotericin B-resistant <i>Candida auris</i> ¹⁵	2016
Methicillin	1960	Methicillin-resistant <i>Staphylococcus aureus</i> ¹⁶	1960
Extended-spectrum cephalosporins	1980 (Cefotaxime)	Extended-spectrum beta-lactamase-producing <i>Escherichia coli</i> ¹⁷	1983
Azithromycin	1980	Azithromycin-resistant <i>Neisseria gonorrhoeae</i> ¹⁸	2011
Imipenem	1985	<i>Klebsiella pneumoniae</i> carbapenemase (KPC)-producing <i>Klebsiella pneumoniae</i> ¹⁹	1996
Ciprofloxacin	1987	Ciprofloxacin-resistant <i>Neisseria gonorrhoeae</i> ²⁰	2007
Fluconazole	1990 (FDA approved)	Fluconazole-resistant <i>Candida</i> ²¹	1988
Caspofungin	2001	Caspofungin-resistant <i>Candida</i> ²²	2004
Daptomycin	2003	Daptomycin-resistant methicillin-resistant <i>Staphylococcus aureus</i> ²³	2004
Ceftazidime-avibactam	2015	Ceftazidime-avibactam-resistant KPC-producing <i>Klebsiella pneumoniae</i> ²⁴	2015

Revised Dec. 2019

COVID-19 CREATED A PERFECT STORM

The U.S. lost progress combating antimicrobial resistance in 2020



↑15%

Antimicrobial-resistant infections and deaths increased in hospitals in 2020.

~80%

Patients hospitalized with COVID-19 who received an antibiotic March-October 2020.



Delayed or unavailable data, leading to resistant infections spreading undetected and untreated.

INVEST IN PREVENTION.

Setbacks to fighting antimicrobial resistance can and must be temporary.







Learn more: <https://www.cdc.gov/drugresistance/covid19.html>

<https://www.cdc.gov/drugresistance/pdf/covid19-impact-report-508.pdf>

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	Resistant Pathogen	2017 Threat Estimate	2018 Threat Estimate	2019 Threat Estimate	2017-2019 Change	2020 Threat Estimate and 2019-2020 Change
URGENT	Carbapenem-resistant <i>Acinetobacter</i>	8,500 cases 700 deaths	6,300 cases 500 deaths	6,000 cases 500 deaths	Stable*	7,500 cases 700 deaths Overall: 35% increase* Hospital-onset: 78% increase*
	Antifungal-resistant <i>Candida auris</i>	171 clinical cases†	329 clinical cases	466 clinical cases	Increase	754 cases Overall: 60% increase
	<i>Clostridioides difficile</i>	223,900 infections 12,800 deaths	221,200 infections 12,600 deaths	202,600 infections 11,500 deaths	Decrease	Data delayed due to COVID-19 pandemic
	Carbapenem-resistant Enterobacterales	13,100 cases 1,100 deaths	10,300 cases 900 deaths	11,900 cases 1,000 deaths	Decrease*	12,700 cases 1,100 deaths Overall: Stable* Hospital-onset: 35% increase*
	Drug-resistant <i>Neisseria gonorrhoeae</i>	550,000 infections	804,000 infections	942,000 infections	Increase	Data unavailable due to COVID-19 pandemic
SERIOUS	Drug-resistant <i>Campylobacter</i>	448,400 infections 70 deaths	630,810 infections	725,210 infections	Increase	Data delayed due to COVID-19 pandemic† 26% of infections were resistant, a 10% decrease
	Antifungal-resistant <i>Candida</i>	34,800 cases 1,700 deaths	27,000 cases 1,300 deaths	26,600 cases 1,300 deaths	Decrease*	28,100 cases 1,400 deaths Overall: 12% increase* Hospital-onset: 26% increase*
	ESBL-producing Enterobacterales	197,400 cases 9,100 deaths	174,100 cases 8,100 deaths	194,400 cases 9,000 deaths	Increase*	197,500 cases 9,300 deaths Overall: 10% increase* Hospital-onset: 32% increase*
	Vancomycin-resistant Enterococcus	54,500 cases 5,400 deaths	46,800 cases 4,700 deaths	47,000 cases 4,700 deaths	Stable*	50,300 cases 5,000 deaths Overall: 16% increase* Hospital-onset: 14% increase*

	Resistant Pathogen	2017 Threat Estimate	2018 Threat Estimate	2019 Threat Estimate	2017-2019 Change	2020 Threat Estimate and 2019-2020 Change
SERIOUS	Multidrug-resistant <i>Pseudomonas aeruginosa</i>	32,600 cases 2,700 deaths	29,500 cases 2,500 deaths	28,200 cases 2,400 deaths	 Decrease*	28,800 cases 2,500 deaths Overall: Stable* Hospital-onset: 32% increase*
	Drug-resistant nontyphoidal <i>Salmonella</i>	212,500 infections 70 deaths	228,290 infections	254,810 infections	 Increase	Data delayed due to COVID-19 pandemic† 14% of infections were resistant, a 3% decrease
	Drug-resistant <i>Salmonella</i> serotype Typhi	4,100 infections <5 deaths	4,640 infections	6,130 infections	 Increase	Data delayed due to COVID-19 pandemic† 85% of infections were resistant, a 10% increase
	Drug-resistant <i>Shigella</i>	77,000 infections <5 deaths	215,850 infections	242,020 infections	 Increase	Data delayed due to COVID-19 pandemic† 46% of infections were resistant, a 2% increase
	Methicillin-resistant <i>Staphylococcus aureus</i>	323,700 cases 10,600 deaths	298,700 cases 10,000 deaths	306,600 cases 10,200 deaths	Stable*	279,300 cases 9,800 deaths Overall: Stable* Hospital-onset: 13% increase*
	Drug-resistant <i>Streptococcus pneumoniae</i>	12,100 invasive infections 1,500 deaths†	See pathogen page if comparing data over time	12,000 invasive infections 1,200 deaths	Stable	Data delayed due to COVID-19 pandemic
	Drug-resistant Tuberculosis (TB)	888 cases 73 deaths†	962 cases 102 deaths	919 cases	Stable	661 cases Decrease†
CONCERNING	Erythromycin-resistant group A <i>Streptococcus</i>	5,400 infections 450 deaths†	See pathogen page if comparing data over time	6,200 infections 560 deaths	 Increase	Data delayed due to COVID-19 pandemic
	Clindamycin-resistant group B <i>Streptococcus</i>	13,000 infections 720 deaths†	See pathogen page if comparing data over time	15,300 cases 940 deaths	 Increase	Data delayed due to COVID-19 pandemic

What Factors Contribute to Antimicrobial Resistance?

- A. Drug-bug mismatch
- B. Inappropriate antibiotic prescribing (overuse)
- C. Lack of adherence to antibiotic prescriptions
- D. Evolution of the pathogen
- E. Poor infection prevention and control practices in health care facilities
- F. All the above

What Factors Contribute to Antimicrobial Resistance?

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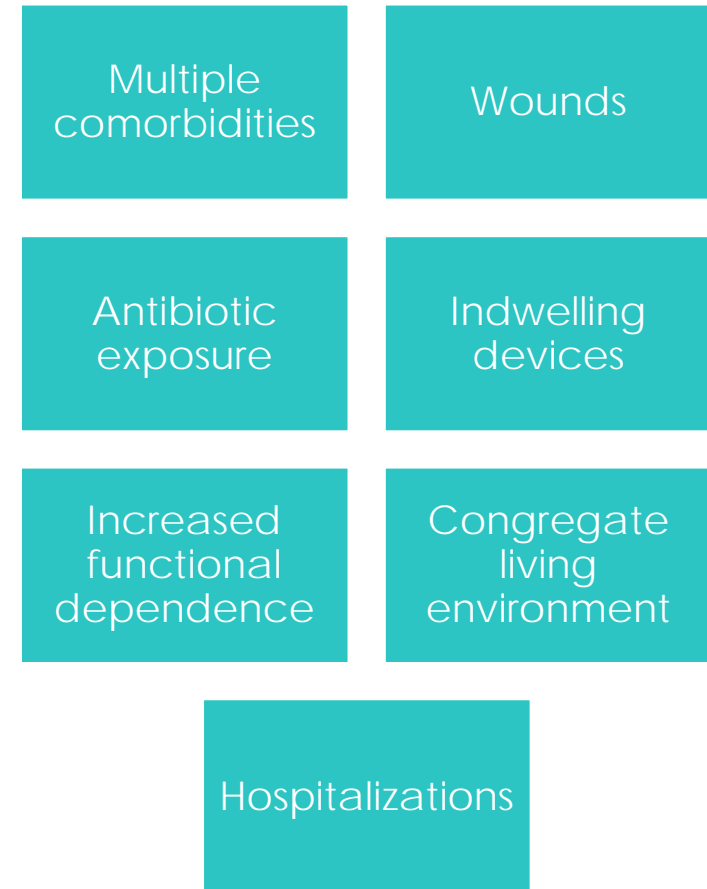
<https://www.cdc.gov/drugresistance/about.html>

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Multi-drug Resistant Organisms (MDROs) in Nursing Homes

- Higher prevalence of MDROs in NHs compared to hospitals
- Residents disproportionately affected by multidrug-resistant organism (MDRO) infections
 - Bacterial infections are more frequent than viral, fungal or protozoan infections in older adults and are often preceded by skin or mucosal colonization
 - Urinary tract infections, lower respiratory tract infections, gastroenteritis (including viral and bacterial etiologies), and skin and soft tissue infections are the most common infections affecting NH residents
- Estimated MDRO colonization prevalence among residents in skilled nursing facilities greater than 50%
 - Methicillin-resistant *Staphylococcus aureus* (MRSA)
 - Extended beta spectrum lactamase (ESBL) organisms
- Skilled nursing facilities implicated in regional outbreaks of MDROs that are classified as urgent threats
 - Carbapenem-resistant organisms
 - Carbapenem-resistant Enterobacteriaceae (CRE)
 - *Candida auris*

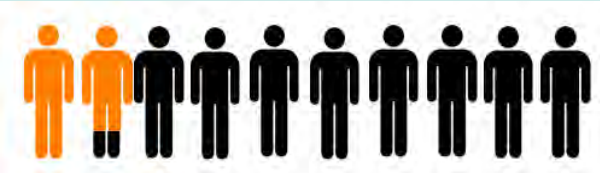



Nursing Home Residents and MDRO Risk Factors



<https://www.cdc.gov/hai/pdfs/containment/PPE-Nursing-Homes-H.pdf>

Cassone, M., & Mody, L. (2015). Colonization with multi-drug resistant organisms in nursing homes: Scope, importance, and management. *Current geriatrics reports*, 4(1), 87–95. <https://doi.org/10.1007/s13670-015-0120-2>

The Large Burden of MDROs in Nursing Homes

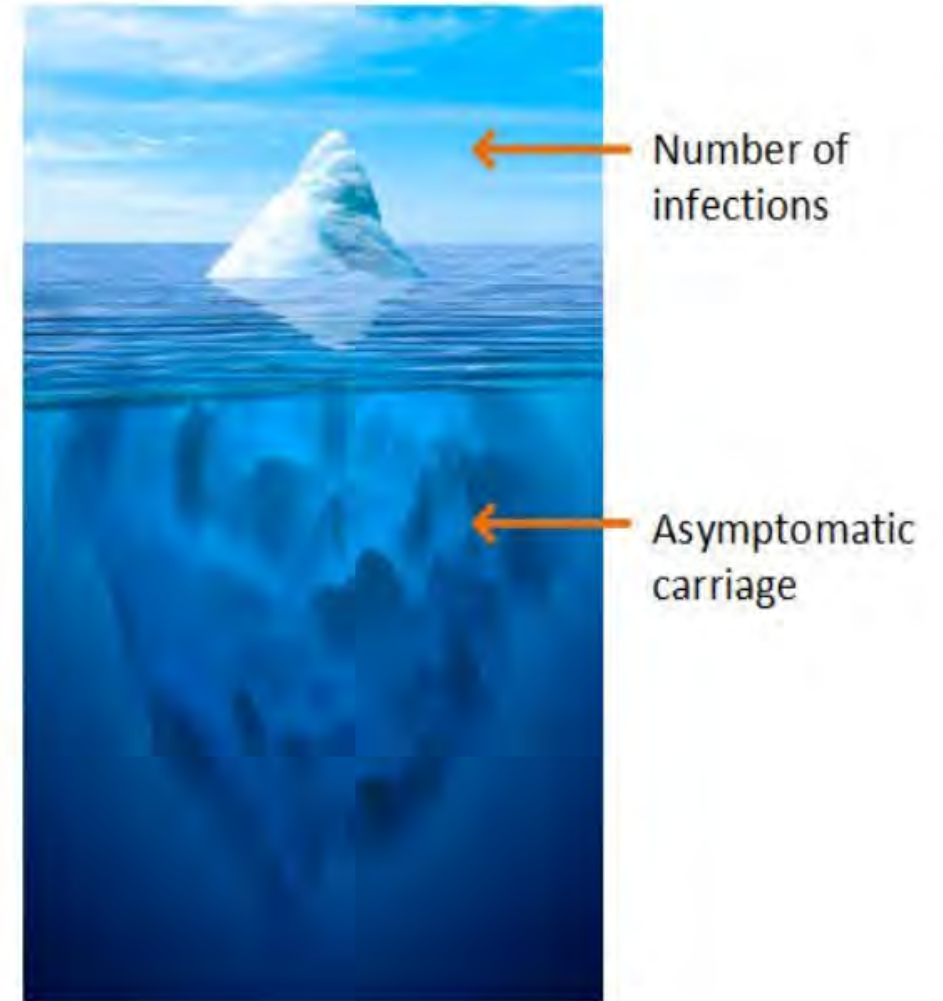
Facility Type	Documented MDRO	Actual MDRO
Nursing Homes (n = 14)	17% 	58% 
Ventilator-Capable Nursing Homes (n = 4)	20% 	76% 



McKinnell JA et al, Clin Infect Dis. 2019; 69(9):1566-1573

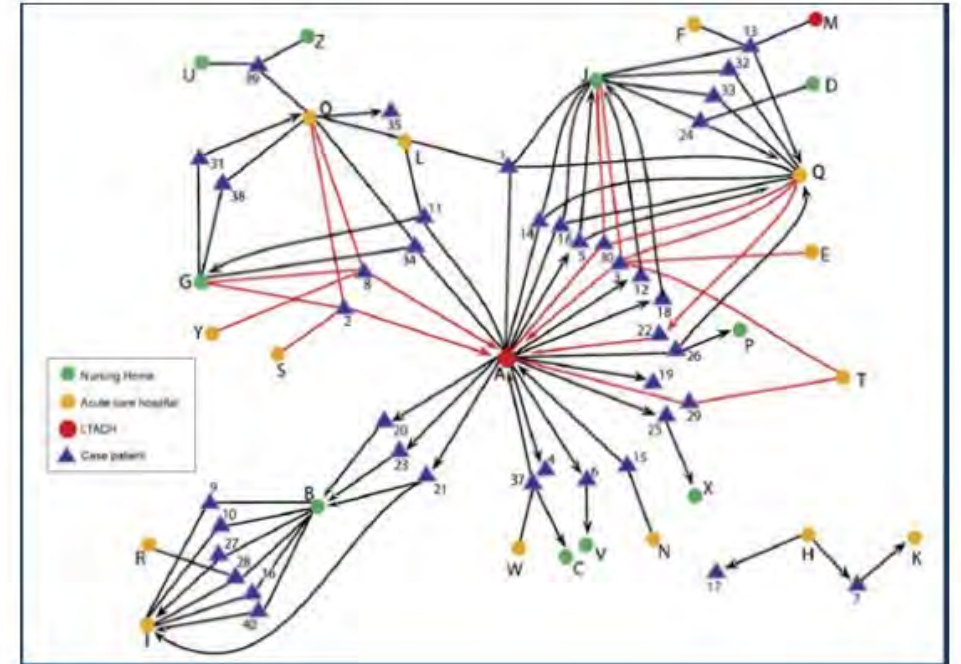
Challenges with Detection of MDROs

- Clinical cultures underestimate true prevalence of MDROs
- Most centers are not performing active surveillance to identify asymptomatic, colonized residents
 - ***Contribute to the reservoir for transmission***
- Inadequate communication about individual MDRO history or risk factors between healthcare facilities during care transitions



Healthcare Networks Drive MDRO Spread

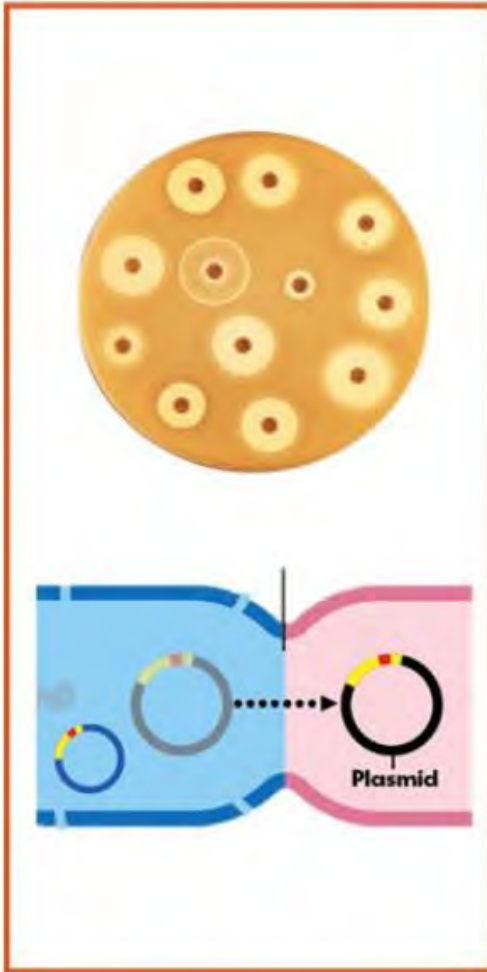
- Patient movements amplify the regional burden of MDROs, especially in centers with:
 - Longer length of stay
 - Increasing acuity of care
 - Decreased staff: patient ratios
 - Gaps in infection prevention practices



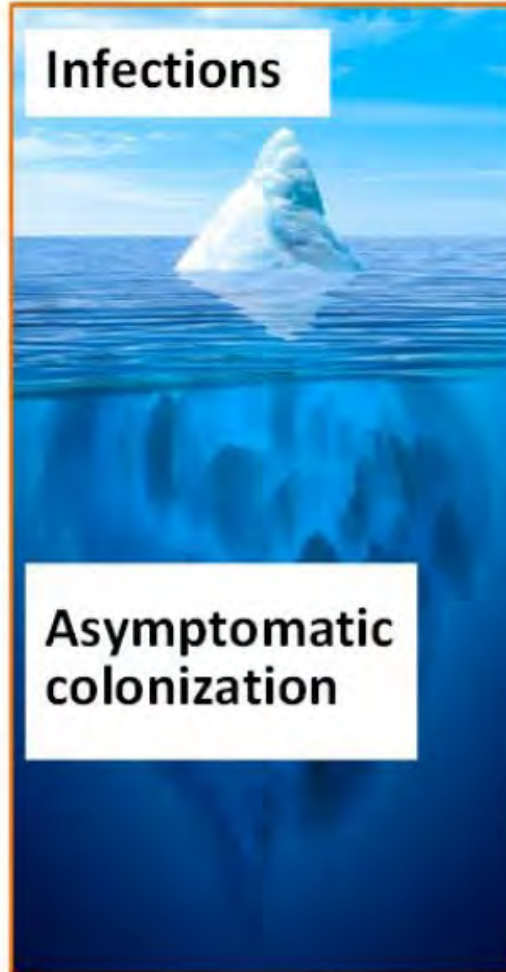
Won SY et al. Clin Infect Dis. 2011;53(6):532-540.

Characteristics of Novel/Targeted MDROs in Healthcare

Resistance



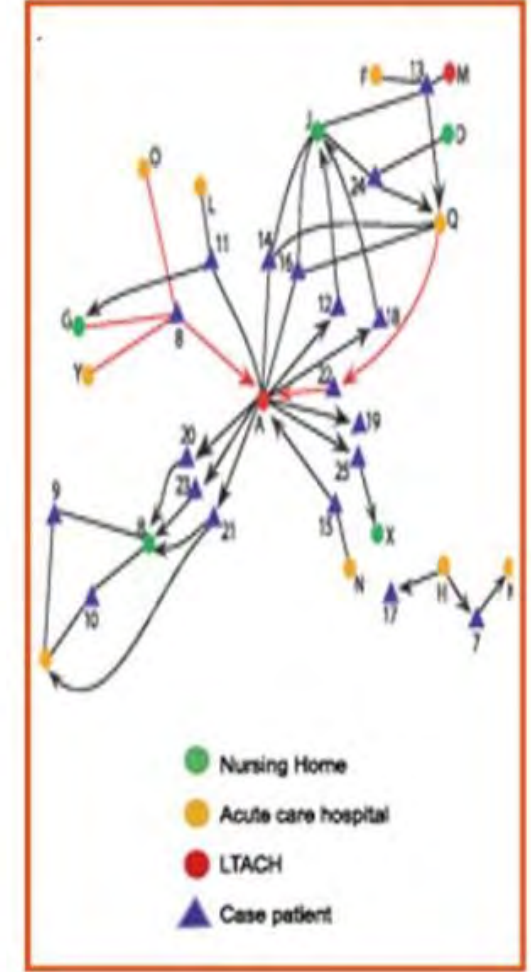
Detection



Transmission



Spread

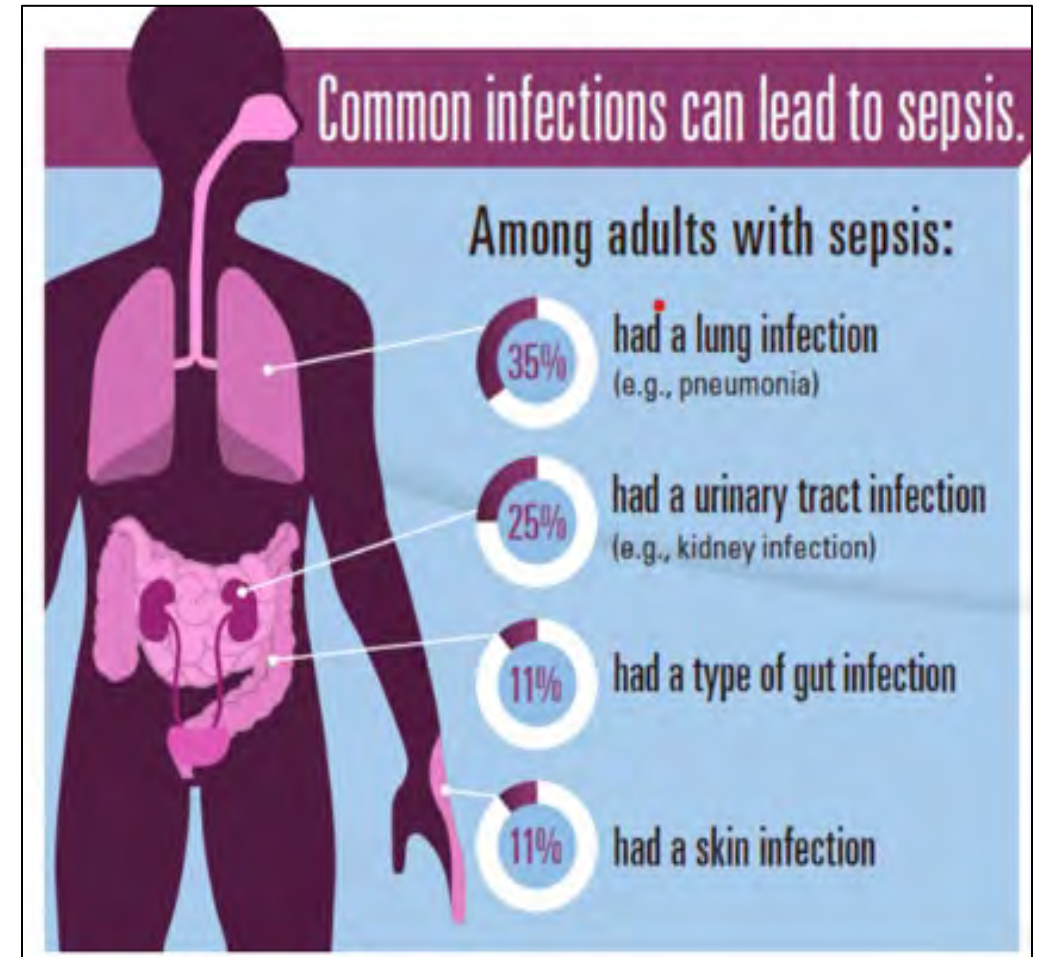


Sepsis and MDROs

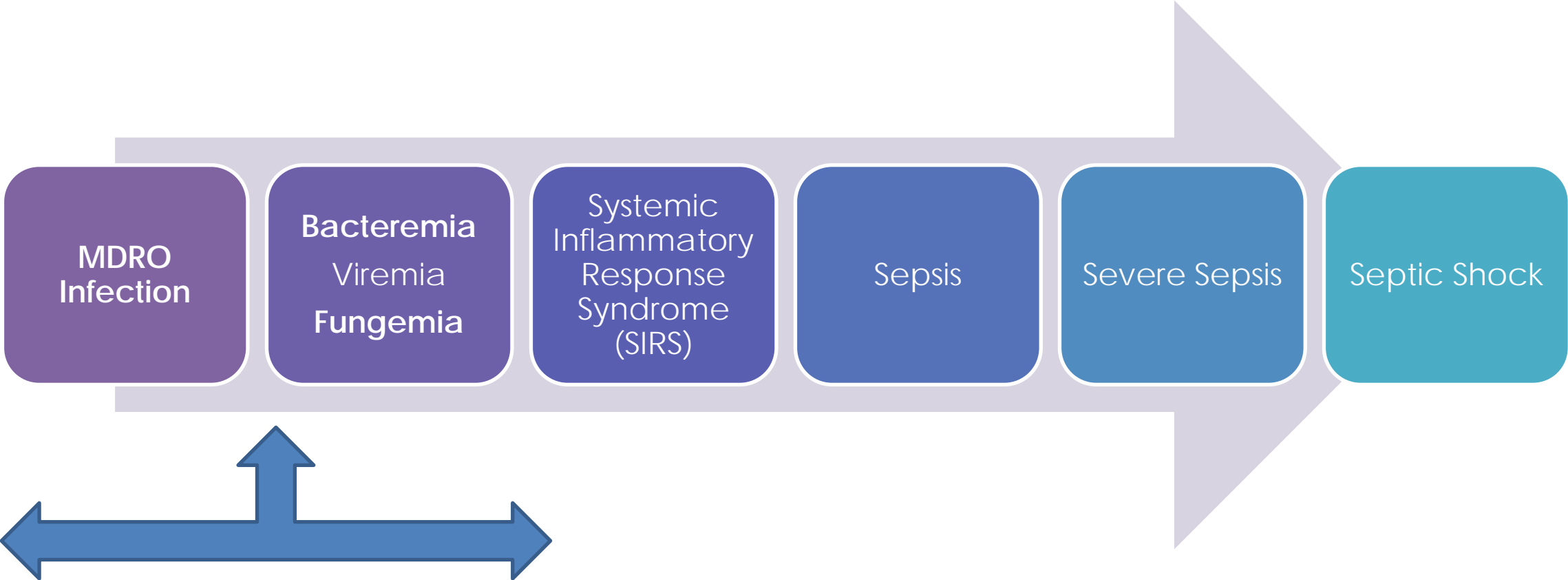
- Sepsis, or the infection causing sepsis, starts before a patient goes to the hospital in nearly **87%** of cases
- Risk factors:
 - Adults 65 or older
 - People with weakened immune systems
 - People with chronic medical conditions, such as diabetes, lung disease, cancer, and kidney disease
 - People with recent severe illness or hospitalization, including due to severe COVID-19
- **Urinary tract infections, lower respiratory tract infections, gastroenteritis (including viral and bacterial etiologies), and skin and soft tissue infections are the most common infections affecting NH residents**

Cassone, M., & Mody, L. (2015). Colonization with multi-drug resistant organisms in nursing homes: Scope, importance, and management. *Current geriatrics reports*, 4(1), 87–95. <https://doi.org/10.1007/s13670-015-0120-2>

Novosad, S. A., Sapiano, M. R., Grigg, C., Lake, J., Robyn, M., Dumyati, G., ... & Epstein, L. (2016). Vital signs: epidemiology of sepsis: prevalence of health care factors and opportunities for prevention. *Morbidity and Mortality Weekly Report*, 65(33), 864-869. <https://www.cdc.gov/mmwr/volumes/65/wr/pdfs/mm6533e1.pdf>



Sepsis and MDROs: Clinical Progression



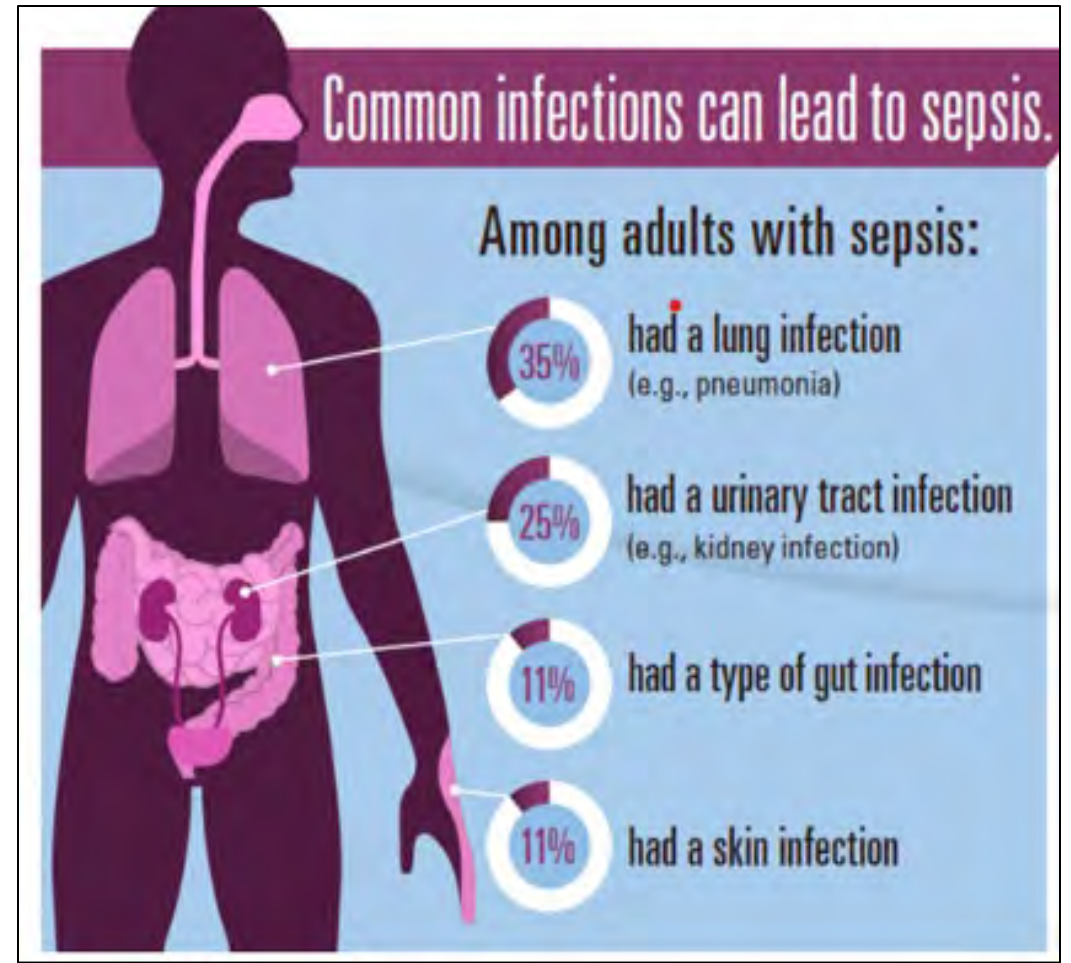
Difficulty treating MDRO infection due to antimicrobial resistance

What Are the Most Common Types of Infection That Lead to Sepsis?

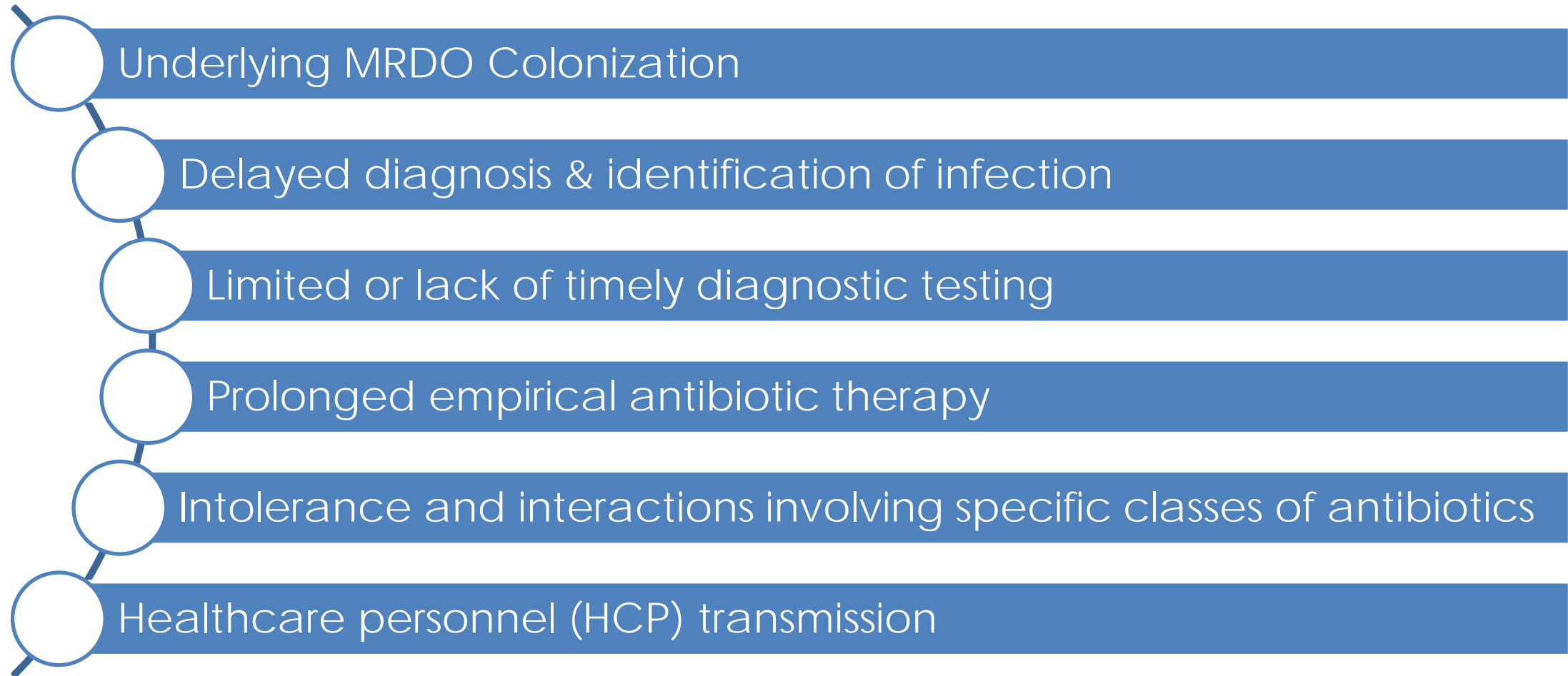
- A. Lung infections (e.g., pneumonia)
- B. Urinary tract infections (e.g., kidney infection)
- C. Gastrointestinal (GI) infections
- D. Skin infections
- E. All the above

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- A. Lung infections (e.g., pneumonia)
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- C. Gastrointestinal (GI) infections
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- E. All the above**

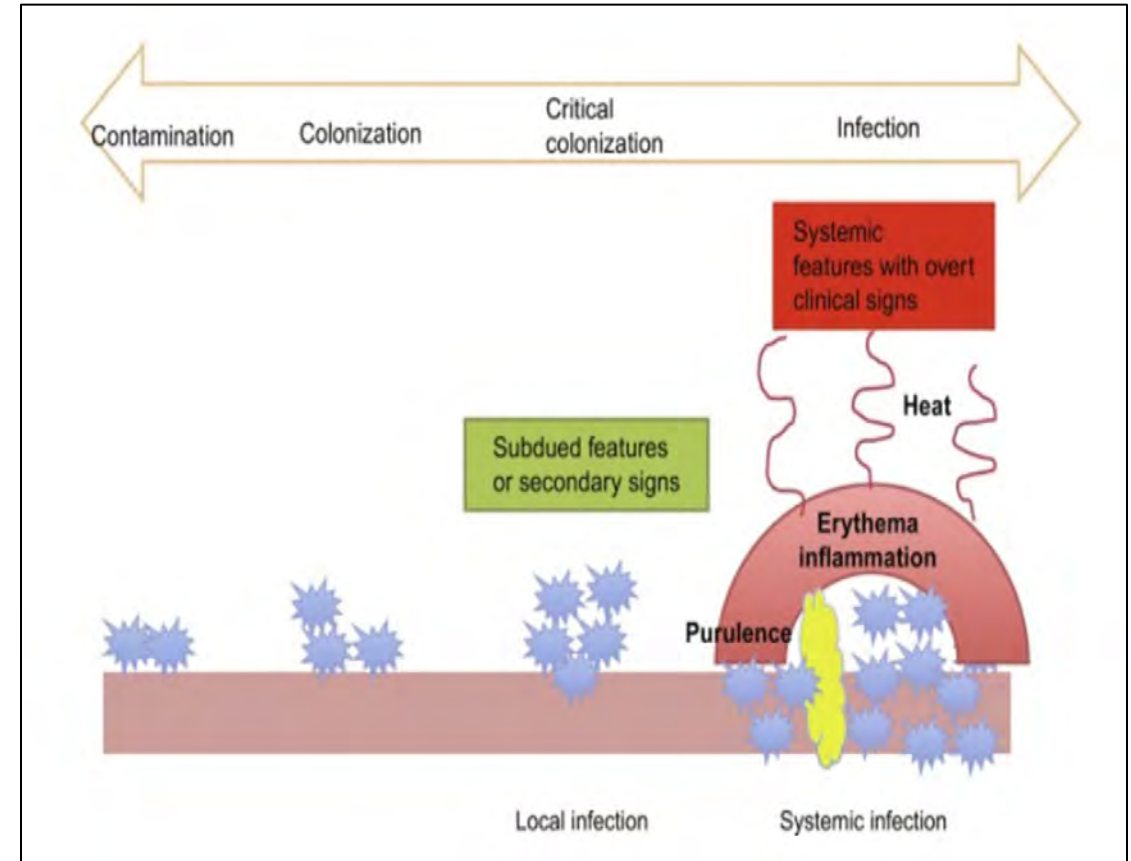


MRDO Infection-Related & Sepsis Risk Factors in NH Residents



MDROs: Colonization vs. Infection

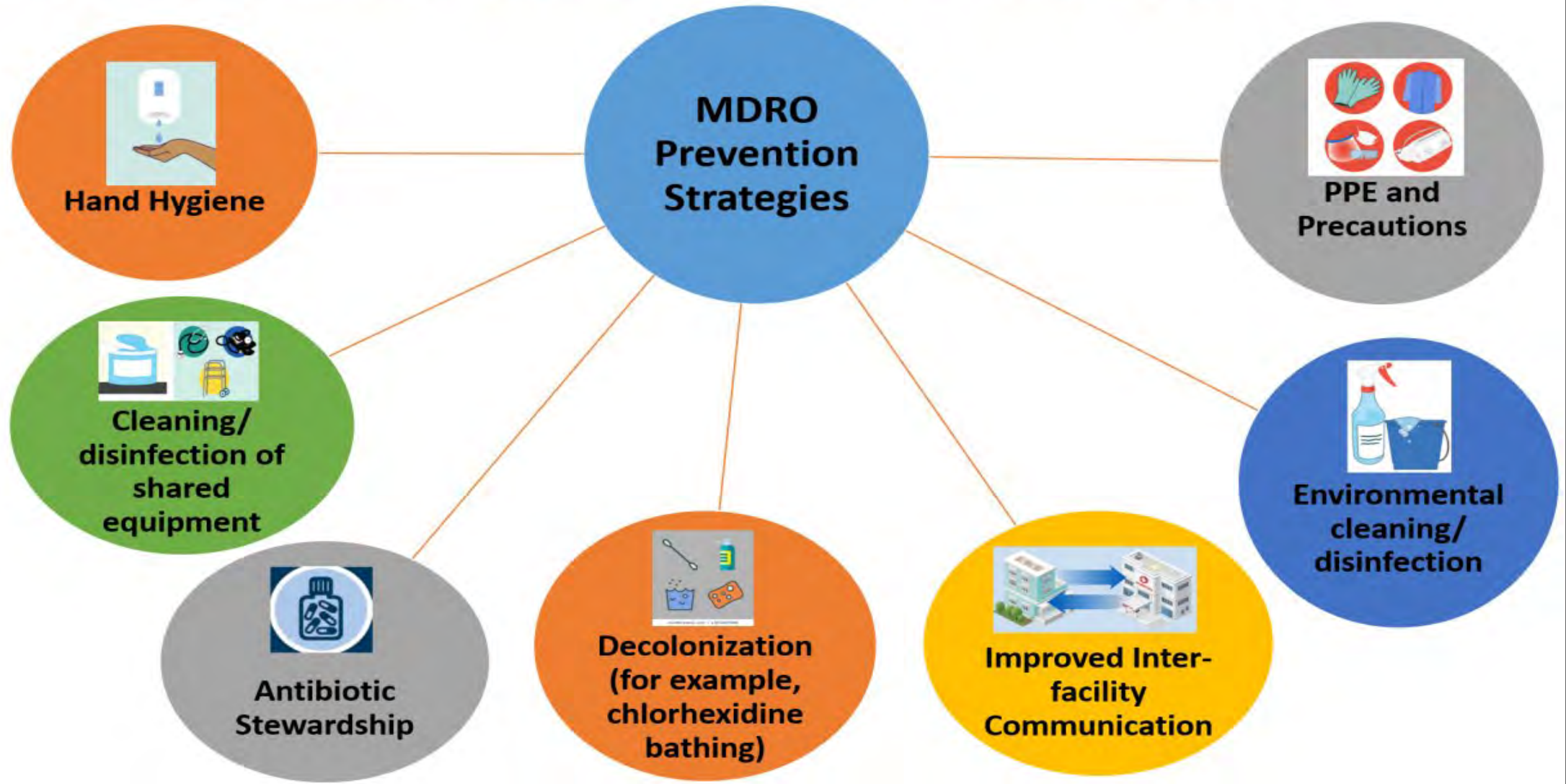
- Colonization
 - Presence of germ on a body surface (like on the skin, mouth, intestines or airway) without causing disease in the person
 - Increased risk for infection
 - Unknowingly spread germs to others through person-to-person contact or contaminated surfaces in shared settings
- Infection
 - Replication of germs in the body or host's tissue that cause disease
 - Clinical signs and symptoms present
 - Fever, erythema, inflammation, malaise, pus, drainage, etc.
 - Leads to sepsis
 - Occurs when the microbiome is disrupted; pathogens can take over



<https://www.sciencedirect.com/topics/immunology-and-microbiology/bacterial-colonization>

<https://www.cdc.gov/drugresistance/microbial-ecology/decolonization.html>

MDRO Prevention: Novel and Core Strategies



Transmission-Based Precautions



STOP CONTACT PRECAUTIONS STOP
EVERYONE MUST:

-  Clean their hands, including before entering and when leaving the room.

PROVIDERS AND STAFF MUST ALSO:

-  Put on gloves before room entry. Discard gloves before room exit.
-  Put on gown before room entry. Discard gown before room exit.
- Do not wear the same gown and gloves for the care of more than one person.
-  Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person.

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 U.S. Department of Health and Human Services
Centers for Disease Control and Prevention



STOP DROPLET PRECAUTIONS STOP
EVERYONE MUST:

-  Clean their hands, including before entering and when leaving the room.
-  Make sure their eyes, nose and mouth are fully covered before room entry.
- or
-  Remove face protection before room exit.

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 U.S. Department of Health and Human Services
Centers for Disease Control and Prevention



STOP AIRBORNE PRECAUTIONS STOP
EVERYONE MUST:

-  Clean their hands, including before entering and when leaving the room.
-  Put on a fit-tested N-95 or higher level respirator before room entry.
- Remove respirator after exiting the room and closing the door.
-  Door to room must remain closed.

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 U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Transmission-Based Precautions

(<https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html>)

Enhanced Barrier Precautions (EBP): Guidance for Nursing Homes to Prevent MDRO Spread

The screenshot shows the CDC website page for 'Implementation of Personal Protective Equipment (PPE) in Nursing Homes to Prevent Spread of Novel or Targeted Multidrug-resistant Organisms (MDROs)'. The page is part of the 'Healthcare-associated Infections' section, specifically under 'Containment Strategy'. The main heading is 'Implementation of Personal Protective Equipment (PPE) in Nursing Homes to Prevent Spread of Novel or Targeted Multidrug-resistant Organisms (MDROs)'. A note states: 'Note: This Interim Guidance was updated on 07/26/2019 to clarify its current intended use as part of a Containment Response'. Future updates are anticipated to address potential for application of this approach outside of a Containment Response.' Below the note, there is a link to the 'Print version: Implementation of PPE in Nursing Homes to Prevent Spread of MDROs. [PDF - 6 pages]'. The main text begins with 'Implementation of Contact Precautions, as described in the CDC Guideline for Isolation Precautions, is perceived to create challenges for nursing homes trying to balance the use of PPE and room restriction to prevent MDRO transmission with residents' quality of life. Thus, current practice in many nursing homes is to implement Contact Precautions only when residents are infected with an MDRO and on treatment.' The page also features a sidebar with navigation options like 'Healthcare-associated Infections (HAI)', 'HAI Data', 'Types of Infections', 'Diseases and Organisms', 'Preventing HAIs', 'Containment Strategy', 'What Can Be Done', 'Guidelines', 'Case Studies', 'PPE in Nursing Homes', 'State-based HAI Prevention Activities', and 'Research'. Social media icons for Facebook, Twitter, LinkedIn, Email, and RSS are visible at the top right of the page content area.

Implementation of PPE in Nursing Homes to Prevent Spread of Novel or Targeted MDROs

<https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>

Enhanced Barrier Precautions

- Enhanced Barrier Precautions (EBP) are an infection control intervention designed to reduce transmission of resistant organisms that employ targeted gown and glove use during high-contact resident care activities.
- EBP may be indicated (when contact precautions do not otherwise apply) for residents with any of the following:
 - Wounds or indwelling medical devices, regardless of MDRO colonization status
 - Infection or colonization with an MDRO
- Effective implementation of EBP requires staff training on the proper use of personal protective equipment (PPE) and the availability of PPE and hand hygiene supplies at the point of care.

Precautions	Applies to	PPE used for these situations	Required PPE	Room restriction
Standard Precautions	All residents	Any potential exposure to: <ul style="list-style-type: none"> Blood Body fluids Mucous membranes Non-intact skin Potentially contaminated environmental surfaces or equipment 	Depending on anticipated exposure: gloves, gown, facemask or eye protection (Change PPE before caring for another resident)	None
Enhanced Barrier Precautions	All residents with <i>any of the following</i> : <ul style="list-style-type: none"> Infection or colonization with an MDRO when <i>Contact Precautions do not otherwise apply</i> Wounds and/or indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator) <i>regardless of MDRO colonization status</i> 	During high-contact resident care activities: <ul style="list-style-type: none"> Dressing Bathing/showering Transferring Providing hygiene Changing linens Changing briefs or assisting with toileting Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator Wound care: any skin opening requiring a dressing 	Gloves and gown prior to the high-contact care activity (Change PPE before caring for another resident) (Face protection may also be needed if performing activity with risk of splash or spray)	None
Contact Precautions	All residents infected or colonized with a MDRO <i>in any of the following situations</i> : <ul style="list-style-type: none"> Presence of acute diarrhea, draining wounds or other sites of secretions or excretions that are unable to be covered or contained For a limited time period, as determined in consultation with public health authorities, on units or in facilities during the investigation of a suspected or confirmed MDRO outbreak When otherwise directed by public health authorities All residents who have another infection (e.g., <i>C. difficile</i> , norovirus, scabies) or condition for which Contact Precautions is recommended in Appendix A (Type and Duration of Precautions Recommended for Selected Infections and Conditions) of the CDC Guideline for Isolation Precautions.	Any room entry	Gloves and gown (Don before room entry, doff before room exit; change before caring for another resident) (Face protection may also be needed if performing activity with risk of splash or spray)	Yes, except for medically necessary care

Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multi-drug resistant Organisms (MDROs):

Summary of Personal Protective Equipment (PPE) Use and Room Restriction When Caring for Residents in Nursing Homes

Which of the Following Is NOT a Strategy To Prevent MDRO Transmission in the Health Care Environment?

- A. Hand hygiene
- B. Cleaning/disinfection of shared equipment and environment
- C. Poor inter-facility communication
- D. Antibiotic stewardship
- E. Appropriate use of personal protective equipment (PPE) and enhanced barrier precautions

Which of the Following Is NOT a Strategy To Prevent MDRO Transmission in the Health Care Environment?

- A. Hand hygiene
- B. Cleaning/disinfection of shared equipment and environment
- C. Poor inter-facility communication**
- D. Antibiotic stewardship
- E. Appropriate use of personal protective equipment (PPE) and enhanced barrier precautions



Save the Date

**IPC Program Considerations &
Enhanced Barrier Precautions (EBP)
Implementation**

**April 19, 2023
1 p.m. ET**



Infection Control Resources

Sepsis

[HQIC Sepsis Gap Assessment and Action Steps](#)
[HQIC Sepsis: Spot the Signs Magnet](#)
[HQIC Sepsis Provider Engagement](#)
[AQ Sepsis-ZoneTool](#)
[Recognition and Management of Severe Sepsis and Septic Shock](#)

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Catheter Associated Urinary Tract Infection (CAUTI)

[CAUTI Gap Assessment Tool](#)
[Urinary Catheter Quick Observation Tool](#)
[CDC-HICPAC Guideline for Prevention of CAUTI 2009](#)
[AHRQ Toolkit for Reducing CAUTI in Hospitals](#)
[CDC TAP CAUTI Implementation Guide](#)

[SHOW MORE](#)

Hand Hygiene

[Handwash the FROG Way – Badges – English](#)
[Handwash the FROG Way – Badges – Spanish](#)
[Handwash the FROG Way – Poster – English](#)
[Handwash the FROG Way – Poster – Spanish](#)
[Frequently Asked Questions – Alcohol Based Hand Rub](#)

NHSN

[Joining the Alliant Health Solutions NHSN Group](#)
[Instructions for Submitting C. difficile Data into NHSN](#)
[5-Step Enrollment for Long-term Care Facilities](#)
[CDC's National Healthcare Safety Network \(NHSN\)](#)
[NHSN Enrollment/ LAN Event Presentation](#)

Clostridioides Difficile Infection (C. difficile)

[Session Two: Clostridioides difficile – Treatment Update and Antibiotic Stewardship Interventions](#)
[C.difficile Training](#)
[Nursing Home Training Sessions Introduction](#)
[Nursing Home C.difficile Infection](#)

Antibiotic Stewardship

[Antibiotic Stewardship Basics](#)
[A Field Guide to Antibiotic Stewardship in Outpatient Settings](#)
[Physician Commitment Letter](#)
[Be Antibiotics Aware](#)
[Taking Your Antibiotics](#)

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Training

[Options for Infection Control Training in Nursing Homes Flyer](#)

COVID-19

[Invest in Trust \(AHRQ Resource for CNA COVID-19 Vaccines\)](#)
[Nursing Home Staff and Visitor Screening Toolkit – PDF](#)
[Nursing Home Staff and Visitor Screening Toolkit – Excel](#)
[COVID-19 Self Management Zone Tool](#)
[COVID-19 Self Management Zone Tool – Spanish](#)
[Personal Protective Equipment \(PPE\) Burn Rate Calculator](#)
[Toolkit on State Actions to Mitigate COVID-19 Prevalence in Nursing Homes](#)








HAI Surveillance

[AHS HAI Surveillance & Dashboard Tool](#)

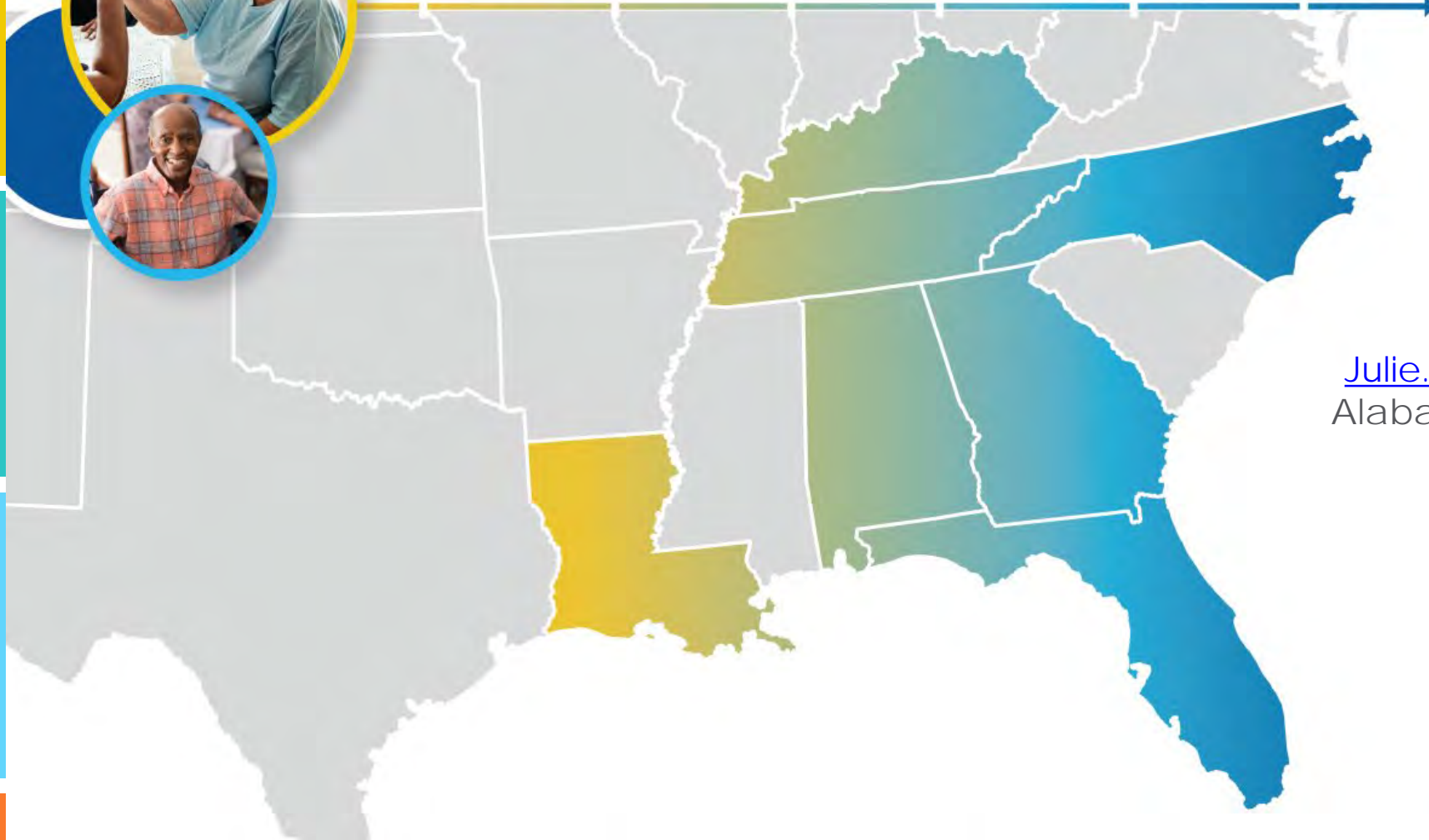
Questions?



Nursing Home and Partnership for Community Health: CMS 12th SOW GOALS

						
<p>OPIOID UTILIZATION AND MISUSE</p> <ul style="list-style-type: none"> Promote opioid best practices Reduce opioid adverse drug events in all settings 	<p>PATIENT SAFETY</p> <ul style="list-style-type: none"> Reduce hospitalizations due to c. diff Reduce adverse drug events Reduce facility acquired infections 	<p>CHRONIC DISEASE SELF-MANAGEMENT</p> <ul style="list-style-type: none"> Increase instances of adequately diagnosed and controlled hypertension Increase use of cardiac rehabilitation programs Reduce instances of uncontrolled diabetes Identify patients at high-risk for kidney disease and improve outcomes 	<p>CARE COORDINATION</p> <ul style="list-style-type: none"> Convene community coalitions Reduce avoidable readmissions, admissions to hospitals and preventable emergency department visits Identify and promote optimal care for super utilizers 	<p>COVID-19</p> <ul style="list-style-type: none"> Support nursing homes by establishing a safe visitor policy and cohort plan Provide virtual events to support infection control and prevention Support nursing homes and community coalitions with emergency preparedness plans 	<p>IMMUNIZATION</p> <ul style="list-style-type: none"> Increase influenza, pneumococcal, and COVID-19 vaccination rates 	<p>TRAINING</p> <ul style="list-style-type: none"> Encourage completion of infection control and prevention trainings by front line clinical and management staff

Making Health Care Better *Together*



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