

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



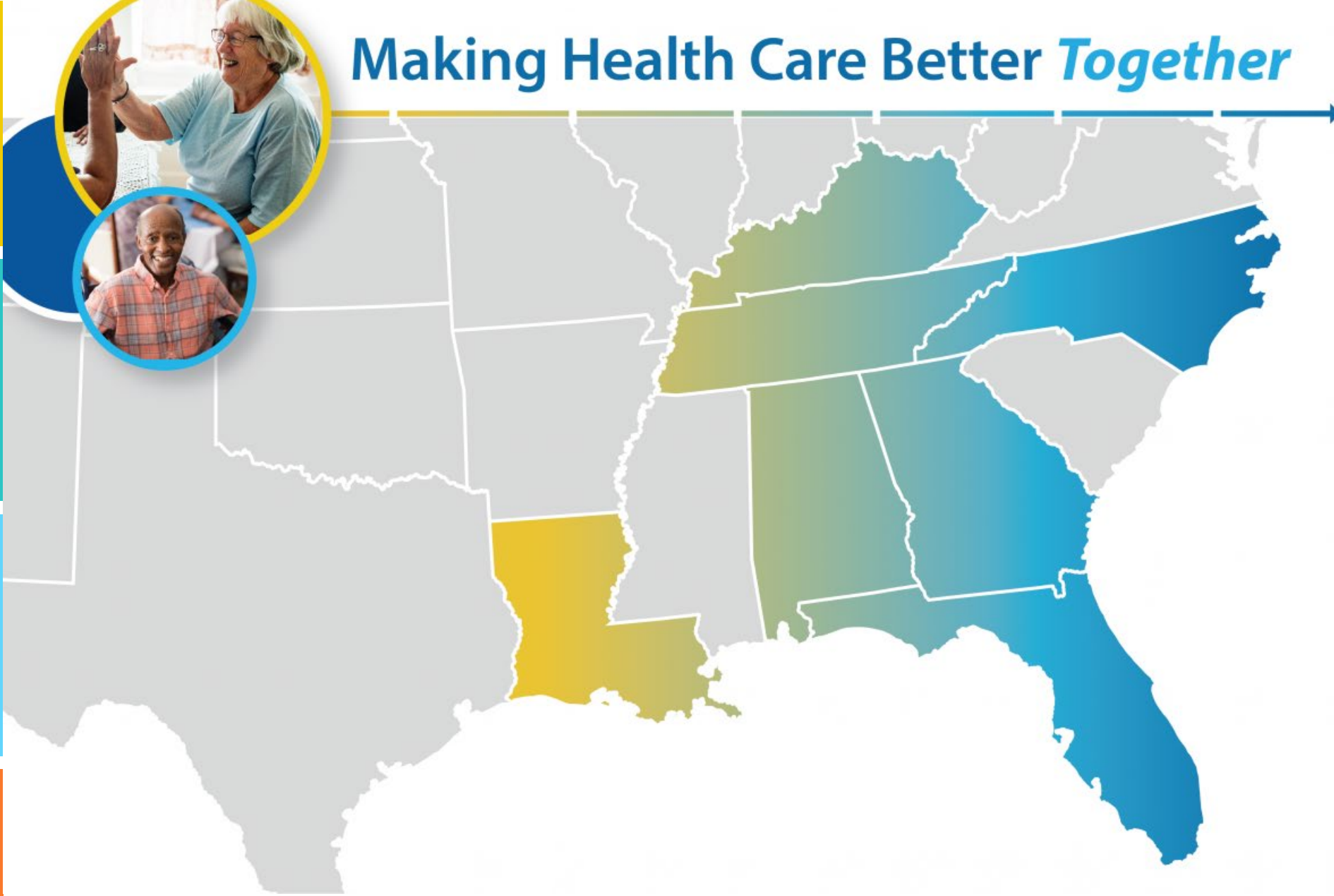
Erica Umeakunne, MSN, MPH, APRN, CIC
Infection Prevention Specialist

April 19, 2023

 **ALLIANT**
HEALTH SOLUTIONS

QIN-QIO
Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
QUALITY IMPROVEMENT & INNOVATION GROUP

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

- Provide an update on the COVID-19 pandemic
- Summarize antimicrobial resistance and its impact on nursing homes
- Review enhanced barrier precautions (EBP)
- Discuss how to implement EBP as a strategy to prevent and control multi-drug resistant organism (MDRO) transmission in nursing facilities
- Share Alliant Health Solutions quality improvement resources to support infection prevention and control (IPC) activities

COVID-19 Pandemic Updates

Public Health Emergency (PHE)

- Initially declared in January 2020
- **Ends May 11, 2023**
- Coverage, costs, and payment for COVID-19 testing, treatments, and vaccines
- Medicaid coverage and federal match rates
- Telehealth (extended by the Consolidated Appropriations Act until the end of 2024)

National Emergency Declaration

- Issued in March 2020
- **Ends May 11, 2023**
- Private insurance coverage flexibilities

Emergency Declaration by Health & Human Services

- Initially declared in February 2020
- Allows EUA for medical interventions (vaccines, drugs)
- Stays in effect until terminated by the HHS Secretary; no current end date

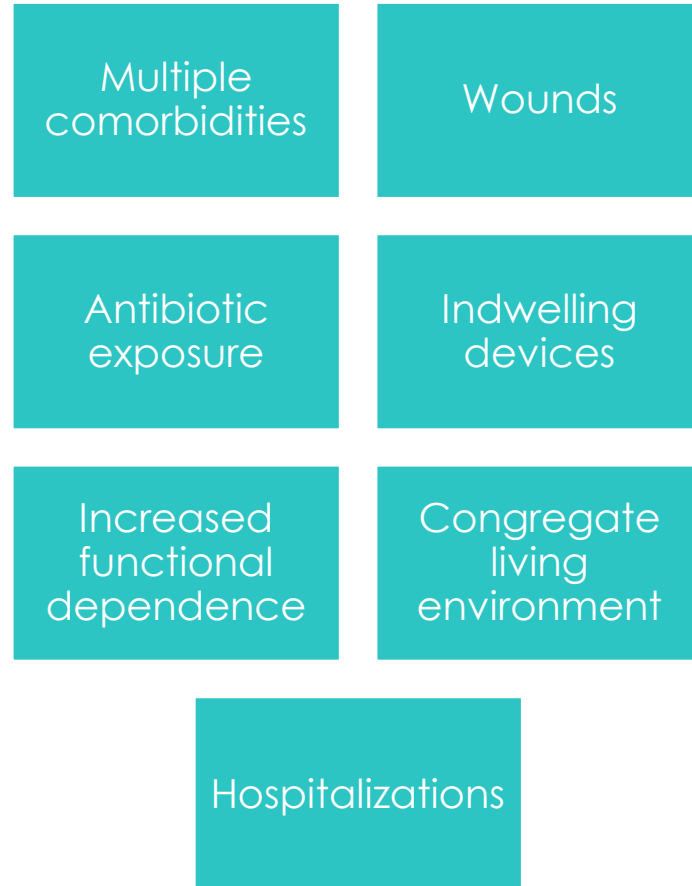
Antimicrobial Resistance

- 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

Multi-Drug Resistant Organisms (MDROs) in Nursing Homes

- Higher prevalence of MDROs in nursing homes (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

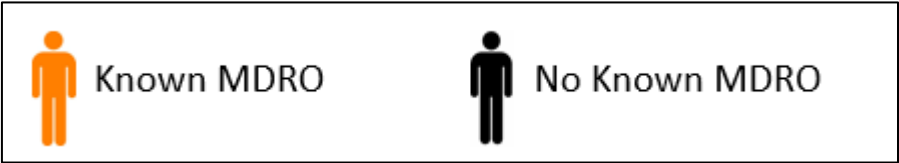


<https://www.cdc.gov/hai/pdfs/containment/PPE-Nursing-Homes-H.pdf>

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% 

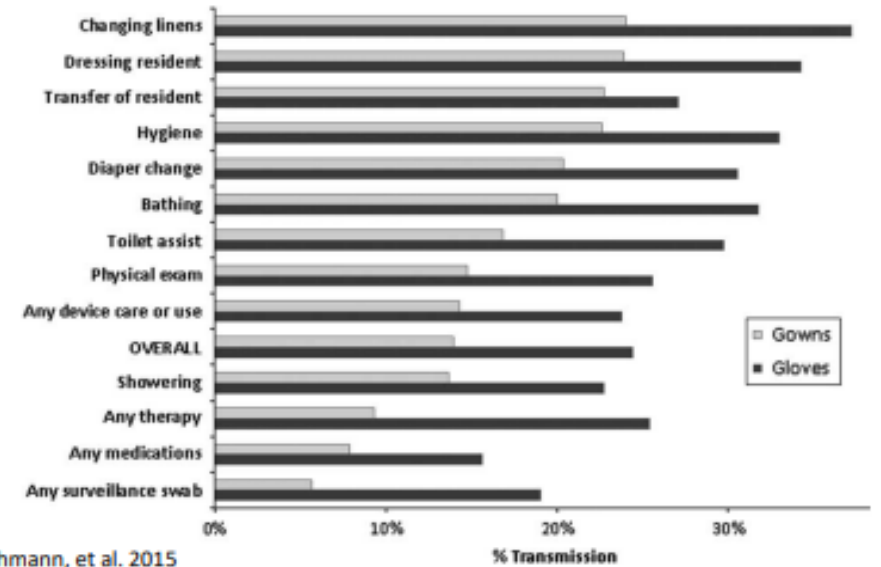


McKinnell JA et al, Clin Infect Dis. 2019; 69(9):1566-1573

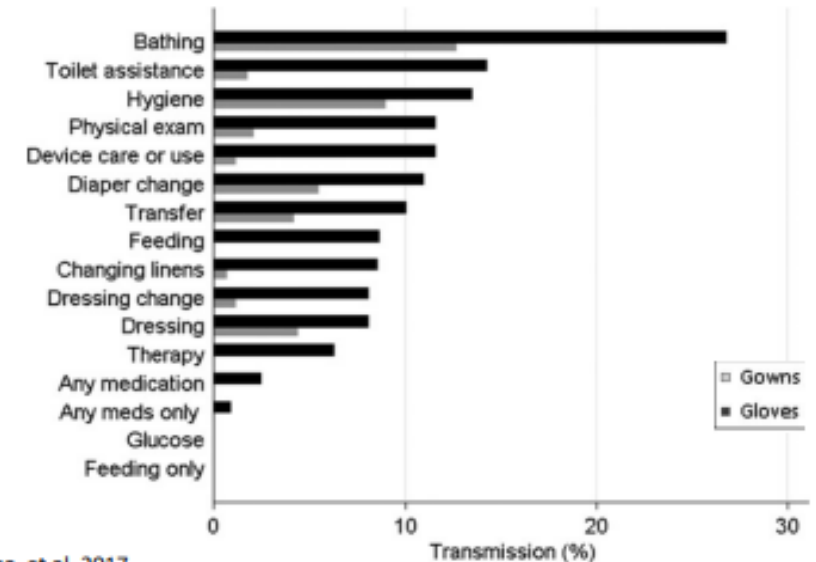
MDRO Transmission Occurs Often During High-Contact Resident Care Activities

Highest risk activities for MDRO transmission

- Dressing resident
- Bathing/showering
- Transferring
- Providing hygiene
- Changing linens
- Diaper change/toilet assist
- Device care or use



Roghmann, et al. 2015



Blanco, et al. 2017

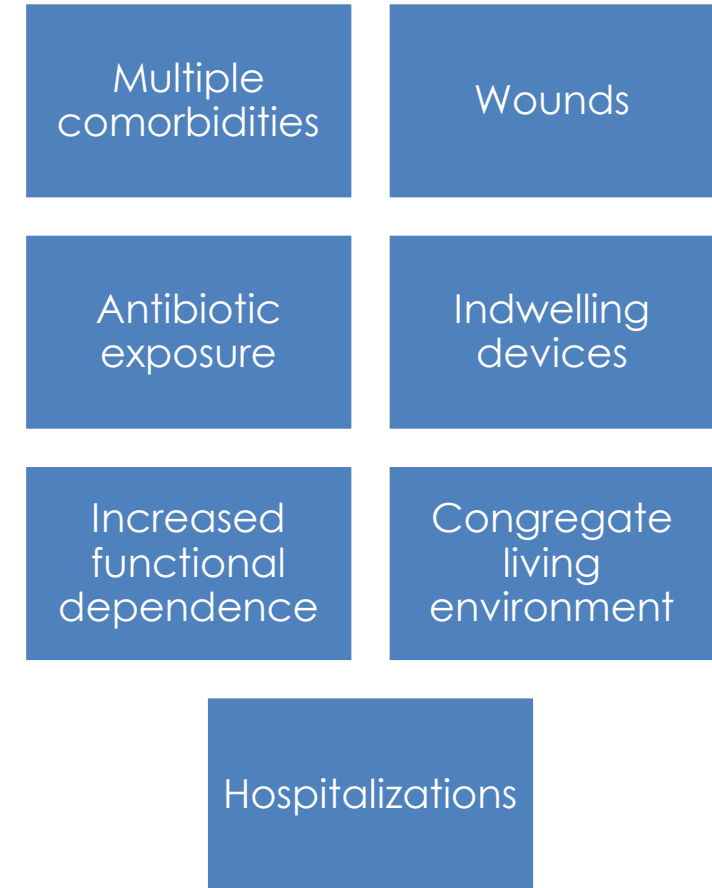
What Factors Increase the Risk of MDRO Infection or Colonization in Nursing Homes Residents?

- A. Multiple comorbidities
- B. Increased antibiotic exposure
- C. Presence of indwelling devices
- D. Increased functional dependence
- E. Wounds
- F. All the above

What Factors Increase the Risk of MDRO Infection or Colonization in Nursing Homes Residents?

- A. Multiple comorbidities
- B. Increased antibiotic exposure
- C. Presence of indwelling devices
- D. Increased functional dependence
- E. Wounds
- F. All the above**

Nursing Home Residents and MDRO Risk Factors



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

The screenshot shows the CDC website's 'Healthcare-associated Infections' section. 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'. A print version link is provided: 'Print version: [Implementation of PPE in Nursing Homes to Prevent Spread of MDROs](#) [PDF - 6 pages]'. The page also includes a sidebar with navigation links and a table of contents on the right.

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 +
 - Research +

Implementation of Personal Protective Equipment (PPE) in Nursing Homes to Prevent Spread of Novel or Targeted Multidrug-resistant Organisms (MDROs)

Note: This Interim Guidance was updated on 07/26/2019 to clarify its current intended use as part of a Containment Response¹. Future updates are anticipated to address potential for application of this approach outside of a Containment Response.

Print version: [Implementation of PPE in Nursing Homes to Prevent Spread of MDROs](#) [PDF - 6 pages]

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.

On This Page

- [Description of Existing Precautions](#)
- [Description of New Precautions](#)
- [Summary of PPE Use and Room Restriction](#)
- [Implementation](#)
- [References](#)

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 <i>when 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) Uses in Nursing Homes to Prevent the Spread of Multi-Drug Resistant Organisms (MDROs):

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



Contact Precautions

- Hand hygiene
- Gown and gloves upon room entry (regardless of activities to be performed)
- Dedicated equipment
- Private room
- Room restriction



Enhanced Barrier Precautions

- Hand Hygiene
- Gown and gloves prior to high-contact care
- Does not require dedicated equipment
- Does NOT require a single room
- Does NOT require room or activity restrictions

Contact Precautions should be used:

- **All residents infected or colonized with a novel or targeted multidrug-resistant organism in specific situations:**
 - Presence of acute diarrhea, draining wounds or other sites of secretions or excretions that are unable to be kept covered or contained
 - On units or in facilities where ongoing transmission is documented or suspected
- **For infections (e.g., C. difficile, norovirus, scabies) and other conditions where Contact Precautions is recommended**
 - See Appendix A – Type and duration of Precautions Recommended for Selected Infections and Conditions of the CDC Guideline for Isolation Precautions

True or False

Mrs. Smith was transferred to our facility on 4/4/2023. She has a history of congestive heart failure, diabetes type II, high blood pressure, and a recent multi-drug resistant *Pseudomonas aeruginosa* decubitus infection. The staff has been using enhanced barrier precautions since Mrs. Smith's return from the hospital. However, the night shift nurse reports that Mrs. Smith has had three loose stools within the last eight hours, accompanied by abdominal pain.

Based on this report and the acute changes noted, staff should transition and implement contact precautions.

- A. True
- B. False

True or False

Mrs. Smith was transferred to our facility on 4/4/2023. She has a history of congestive heart failure, diabetes type II, high blood pressure, and a recent multi-drug resistant *Pseudomonas aeruginosa* decubitus infection. The staff has been using enhanced barrier precautions since Mrs. Smith's return from the hospital. However, the night shift nurse now reports that Mrs. Smith has had **three loose stools** within the last eight hours, accompanied by abdominal pain.

Based on this report and the acute changes noted, staff should transition and implement contact precautions.

A. True

B. False

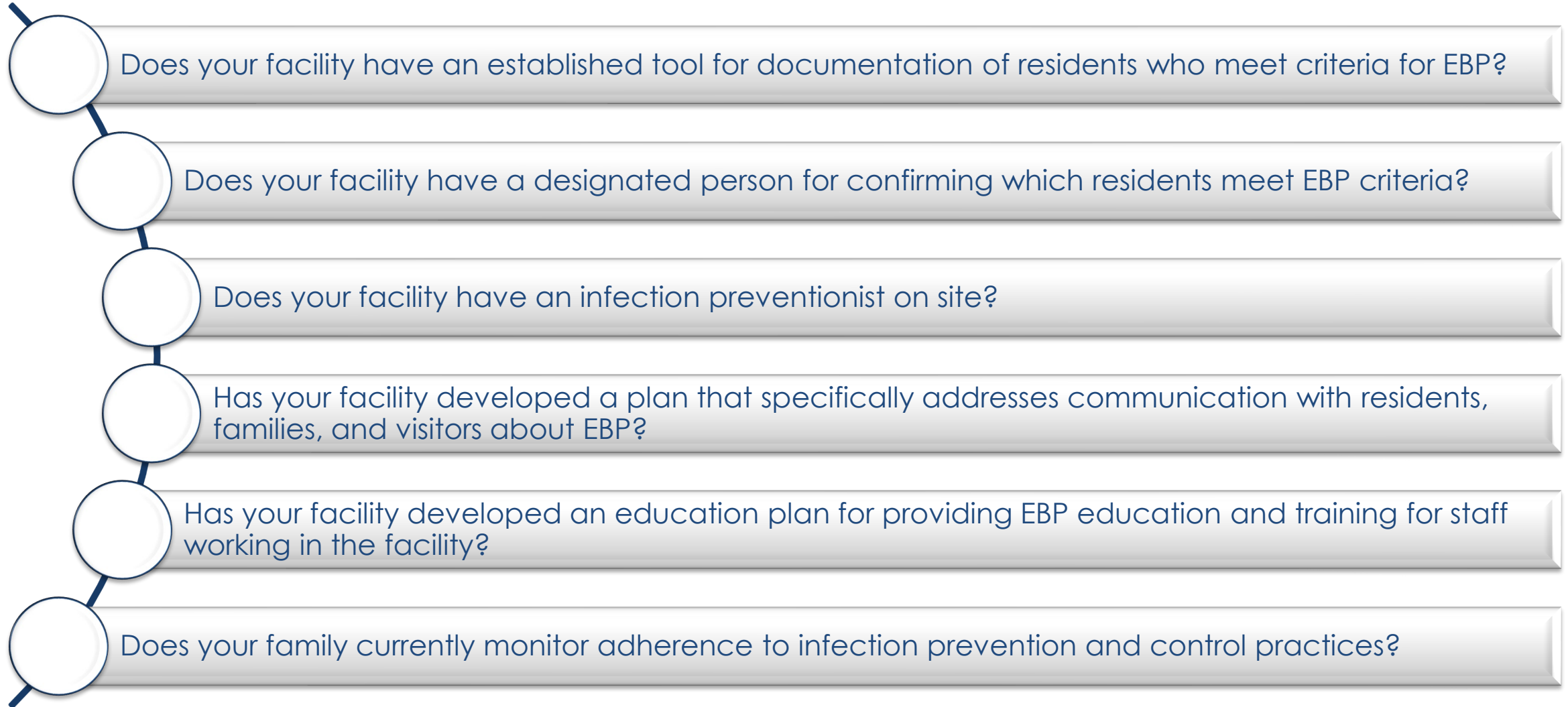
- ✓ Presence of acute diarrhea
- ✓ Clinical evaluation indicated to rule out C. diff infection
- ✓ Contact precautions are INDICATED

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

Enhanced Barrier Precautions: Pre-Implementation



Enhanced Barrier Precautions: Pre-Implementation



Enhanced Barrier Precautions: Pre-Implementation Considerations

- EBP can be implemented in a manner that works best for your facility.
- While implementation of EBP for all residents who meet the criteria is the goal, this may not initially be feasible for your facility.
 - Implement EBP on a unit or wing first
 - Preferably one where most residents would meet the criteria
 - Indwelling medical devices
 - Wounds
 - Known MDRO infection or colonization.
 - Encourage HCP to bundle multiple high-contact resident care activities (e.g., changing briefs, assisting with toileting, bathing/showering and providing hygiene could be bundled with changing linens)
 - Reduce personal protective equipment (PPE) consumption

<https://www.cdc.gov/hai/pdfs/containment/Pre-Implementation-Tool-for-Enhanced-Barrier-Precautions-508.pdf>

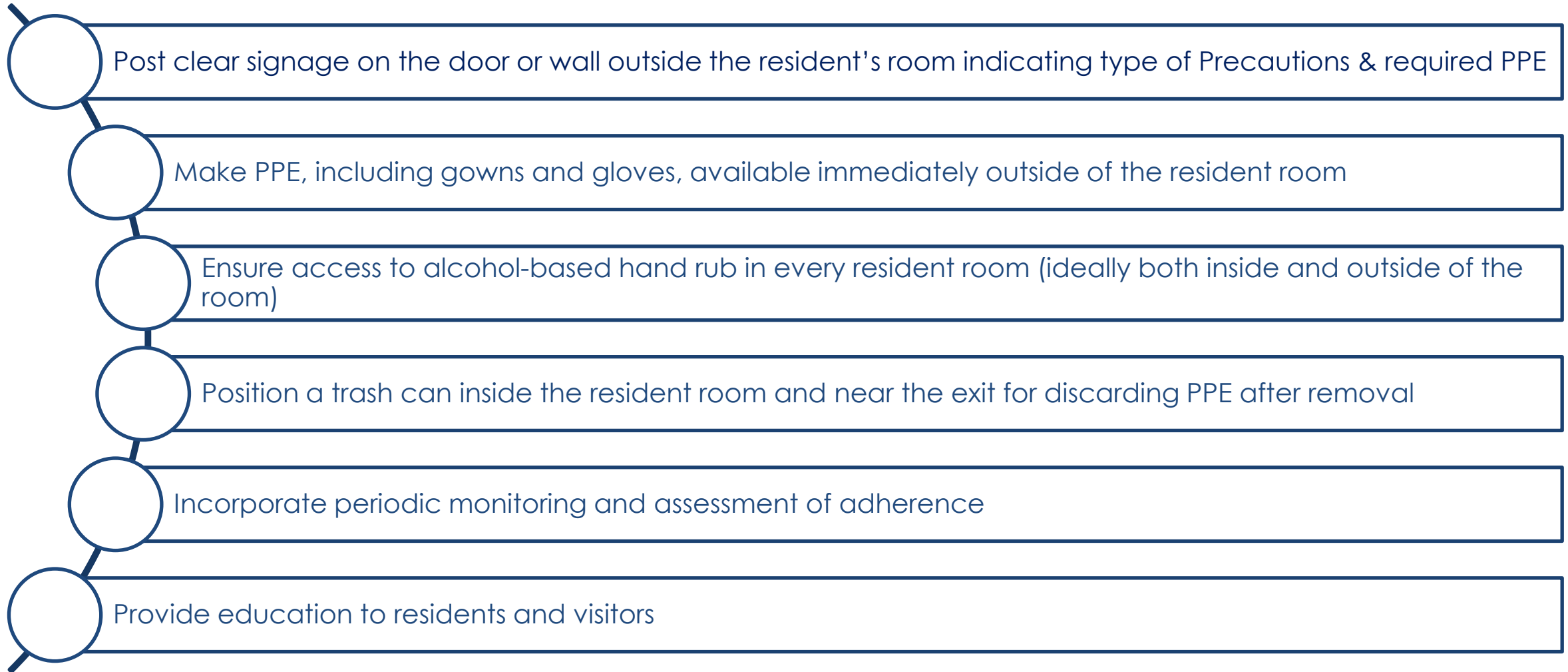
Enhanced Barrier Precautions: Supplies and Materials



- Signage
- Personal Protective Equipment (PPE)
 - Gowns
 - Gloves
- Alcohol-based hand rub
- Carts for storage of PPE
- Trash cans and placement

<https://www.cdc.gov/hai/pdfs/containment/enhanced-barrier-precautions-sign-P.pdf>

Enhanced Barrier Precautions: Steps to Implementation



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

Enhanced Barrier Precautions: Education Materials Residents and Families

Keeping Residents Safe – Use of Enhanced Barrier Precautions

A message from:

Dear Residents, Families, Friends, and Volunteers:

You may have noticed new signs on some doors that say "Enhanced Barrier Precautions" and staff wearing gowns and gloves more often. We're doing this based on new recommendations from the Centers for Disease Control and Prevention to protect our residents and staff from germs that can cause serious infections and are hard to treat. You may have heard these germs called multidrug-resistant organisms or MDROs in the news.

Studies have shown that more than 50% of nursing home residents have these germs on or in their body, especially in places where the skin is broken, such as wounds or insertion sites of medical devices like feeding tubes. Most of the time people never know they are carrying these germs but under certain conditions they can enter the body and cause serious infections.

Fortunately, there are many things we can do to keep these germs from spreading, but we need your help! Two important practices are:

1. **Cleaning our hands.** Alcohol-based hand sanitizer can kill these germs and keep us from spreading them with our hands. This is why we remind you and your visitors to frequently clean your hands.
2. **Using gowns and gloves.** Since we can't wash our clothes between caring for residents, gowns and gloves help keep these germs from getting on our clothes and spreading to others when we are having close contact with residents. This is why you might see us wearing a gown and gloves when we are performing transfers or other activities involving a lot of contact with a resident. Just because we are wearing a gown and gloves doesn't mean that a resident is carrying one of these germs. We also wear them to protect residents who might be more vulnerable to developing a serious infection if exposed to these germs. We will also wear them if we expect a care activity to be messy, like if we are changing a dressing on a wound.

To support these practices, you will see more alcohol-based hand sanitizer dispensers, carts to hold clean gowns and gloves, and trash cans so we can change gowns and gloves between residents. You will also see more signs to help remind staff when they should be wearing gowns and gloves.

We are always happy to answer any questions you might have about actions we are taking to protect our residents and staff and appreciate your support!

Please contact us with additional questions at:

Sincerely,

To learn more about Enhanced Barrier Precautions, please visit **Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs)** at <https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>.

<https://www.cdc.gov/hai/pdfs/containment/Letter-Nursing-Home-Residents-Families-Friends-508.pdf>

Enhanced Barrier Precautions: Education Materials for Staff & Leadership

Help Keep Our Residents Safe – Enhanced Barrier Precautions in Nursing Homes

A message from:

Dear Valued Staff:

You will soon see an increase in the circumstances when we are asking you to wear a gown and gloves while caring for residents. This is based on new recommendations from the Centers for Disease Control and Prevention to protect our residents and staff from multidrug-resistant organisms (MDROs), which can cause serious infections and are hard to treat. These new recommendations are called Enhanced Barrier Precautions, or EBP.

WHY are we implementing Enhanced Barrier Precautions at this facility?

Studies have shown that more than 50% of nursing home residents have MDROs on or in their body, especially in wounds or medical devices like urinary catheters. Most of the time people never know they are carrying these germs, but under certain conditions they can cause serious infections.

These germs can be transferred from one resident to another on staff hands, if they aren't cleaned between caring for residents, and on staff clothing during activities involving a lot of physical contact with the resident. A gown and gloves can keep these germs from getting on staff clothing and, in combination with cleaning hands with alcohol-based hand sanitizer, can prevent transfer to other residents.

This approach focuses our efforts on the residents and activities that pose highest risk for spread of MDROs.

WHAT are Enhanced Barrier Precautions?

Enhanced Barrier Precautions require staff to wear a gown and gloves while performing high-contact care activities with all residents who are at higher risk of acquiring or spreading an MDRO.

These include the following residents:

- Residents known to be infected or colonized with an MDRO;
- Residents with an indwelling medical device including central venous catheter, urinary catheter, feeding tube (PEG tube, G-tube), tracheostomy/ventilator regardless of their MDRO status;
- Residents with a wound, regardless of their MDRO status

High-contact resident care activities where a gown and gloves should be used, which are often bundled together as part of morning or evening care, include:

- Bathing/showering,
- Transferring residents from one position to another (for example, from the bed to wheelchair),
- Providing hygiene,
- Changing bed linens,
- Changing briefs or assisting with toileting,
- Caring for or using an indwelling medical device (for example, central venous catheter, urinary catheter, feeding tube care, tracheostomy/ventilator care),
- Performing wound care (for example, any skin opening requiring a dressing)

Unlike the residents who are on Contact Precautions, such as for acute diarrhea, residents on Enhanced Barrier Precautions do not require placement in a private room, they can continue to participate in group activities, and they will remain on Enhanced Barrier Precautions for the duration of their stay in the facility.

Please NOTE: The gown and gloves used for each resident during high-contact resident care activities should be removed and discarded after each resident care encounter. Hand hygiene should be performed and new gown and gloves should be donned before caring for a different resident.

<https://www.cdc.gov/hai/pdfs/containment/Letter-Nursing-Home-Staff-508.pdf>

<https://www.cdc.gov/hai/pdfs/containment/Enhanced-Barrier-Precautions-Letter-for-Nursing-Home-Leadership-508.pdf>

Enhanced Barrier Precautions (EBP) Implementation—Observations Tool (For use in Skilled Nursing Facilities/Nursing Homes only)

This NEW tool should be used only after you have established the use of Enhanced Barrier Precautions (EBP) in your facility (either in a unit, wing, or entire facility), and can be customized to meet the needs of the skilled nursing facility/nursing home. This tool is designed to support the conducting of observations of healthcare personnel (HCP) using EPB during high-contact resident care activities as a part of auditing and feedback. Responses should refer to current practices.

Facility Name: _____

Date of Assessment: _____

Observations

In general, these observations should be conducted covertly (i.e., HCP are not aware they are being observed), and the observer should collect information on as many EBP practices as feasible across a variety of HCP types and care units (if EBP has been implemented in more than one unit). While the observer should aim to assess as many of the listed elements as possible, often, only partial observations can be made, such as only observing a HCP don (put on) but not doff (take off) personal protective equipment (PPE). However, this can still provide valuable information on overall EBP practices in a facility.

1. Title or role of person conducting observation

- ☐ Nurse (RN, LVN, LPN)
- ☐ Nurse—Unit manager or above
- ☐ Nurse Practitioner/Physician Assistant (NP/PA)
- ☐ Wound care staff
- ☐ Administrative staff
- ☐ Student (nurse, physician, other)
- ☐ Certified Nursing Assistant/Patient Care Technician (CNA/PCA/PCT)
- ☐ Physician
- ☐ Infection Preventionist
- ☐ Housekeeping/Environmental Services Staff
- ☐ Other, please specify: _____

2. Specify, as applicable, where the EBP observation occurred

- ☐ Unit: _____
- ☐ Room: _____
- ☐ Bed identification (ex. A, B, 1, 2) if multiple beds per room: _____

3. Criteria for the use of EBP (Select all that apply)

- ☐ Wound
- ☐ Indwelling medical device—Type:
 - ☐ Central line/Peripherally inserted central catheter (PICC)
 - ☐ Urinary catheter
 - ☐ Feeding tube
 - ☐ Tracheostomy tube
 - ☐ Ventilator
- ☐ Multidrug-resistant organism (MDRO) colonization or MDRO infection
- ☐ Other, please specify: _____
- ☐ Unknown: _____



U.S. Department of
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Centers for Disease
Control and Prevention

CS136344-0 1/9/2023

Enhanced Barrier Precautions: Post-Implementation Considerations

- Monitoring & Evaluation
 - What are the facilitators and barriers?
 - How well is our process working?
 - Have we seen a decrease in our MDRO transmission?
- Observation Tools
 - <https://www.cdc.gov/hai/pdfs/containment/Observations-Tool-for-Enhanced-Barrier-Precautions-Implementation-508.pdf>
 - <https://www.cdc.gov/hai/excel/containment/Spreadsheet-to-Capture-and-Summarize-EBP-Observations.xlsx>

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Mr. Jones has an active decubitus infection with carbapenem-resistant *Acinetobacter baumannii* (CRA) and requires assistance with his daily activities of care, especially dressing, bathing and toileting. His wound is not draining and remains covered. Does Mr. Jones meet the criteria for the use of enhanced barrier precautions?

A. Yes

B. No

Mr. Jones has an active decubitus infection with carbapenem-resistant *Acinetobacter baumannii* (CRA) and requires assistance with his daily activities of care, especially dressing, bathing and toileting. His wound is not draining and remains covered. Does Mr. Jones meet the criteria for the use of enhanced barrier precautions?

A. Yes

B. No

- ✓ History of infection or colonization with a targeted MDRO
- ✓ Wound is not draining and covered
- ✓ Enhanced barrier precautions indicated

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](#)

[SHOW MORE](#)

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](#)

[SHOW MORE](#)

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



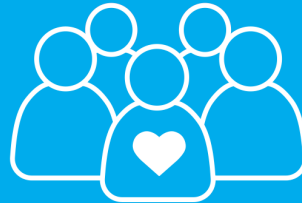
OPIOID UTILIZATION AND MISUSE

Promote opioid
best practices
•
Reduce opioid
adverse drug events
in all settings



PATIENT SAFETY

Reduce hospitalizations
due to c. diff
•
Reduce adverse
drug events
•
Reduce facility
acquired infections



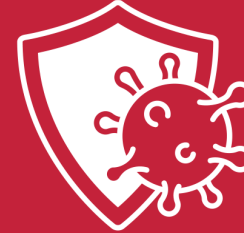
CHRONIC DISEASE SELF- MANAGEMENT

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



CARE COORDINATION

Convene community
coalitions
•
Reduce avoidable
readmissions,
admissions to hospitals
and preventable
emergency department
visits
•
Identify and promote
optimal care for super
utilizers



COVID-19

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



IMMUNIZATION

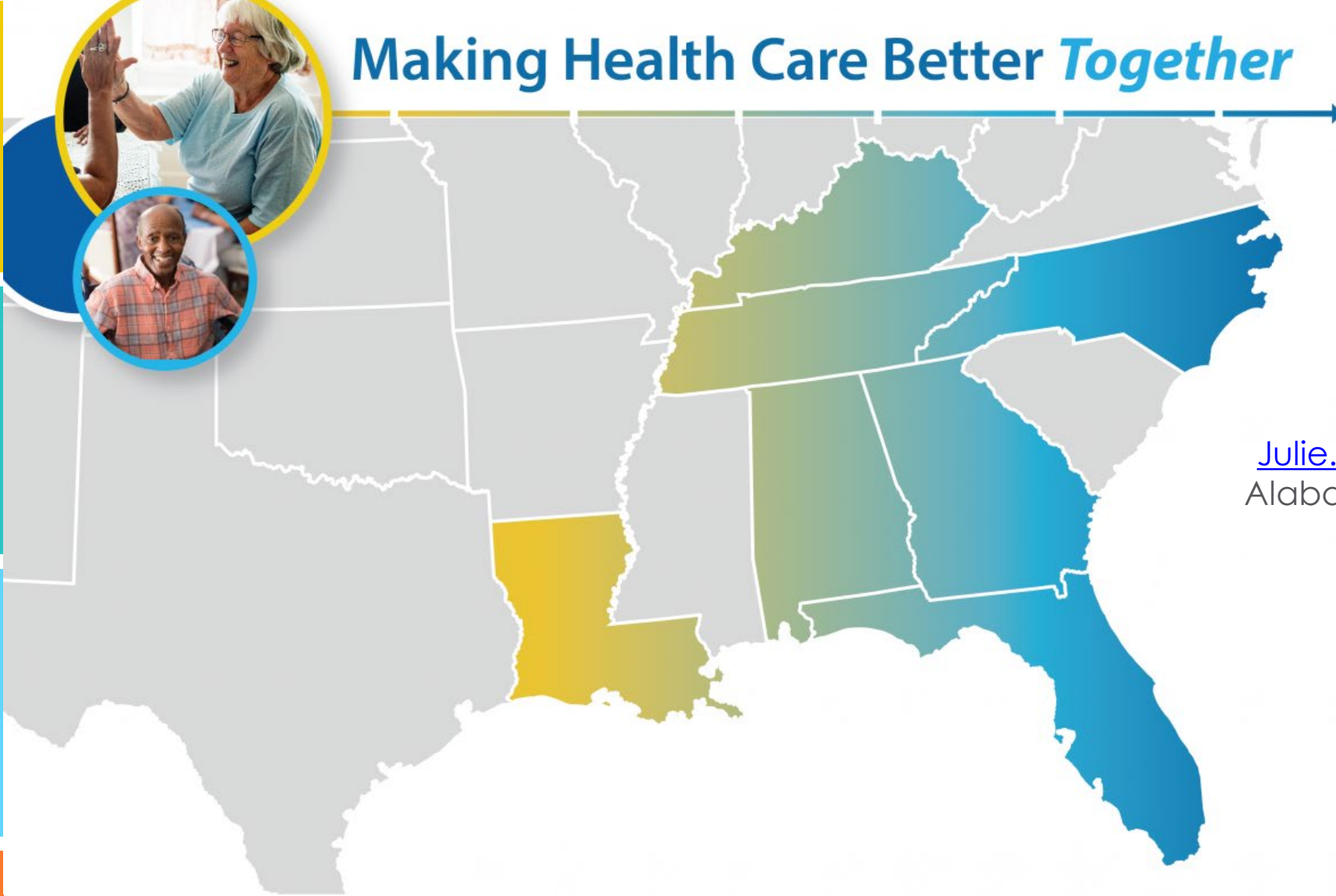
Increase influenza,
pneumococcal,
and COVID-19
vaccination rates



TRAINING

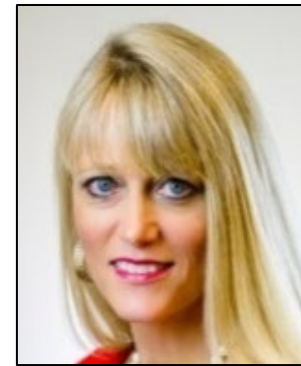
Encourage completion
of infection control and
prevention trainings by
front line clinical and
management staff

Making Health Care Better *Together*



Julie Kueker

Julie.Kueker@AlliantHealth.org
Alabama, Florida and Louisiana



Leighann Sauls

Leighann.Sauls@AlliantHealth.org
Georgia, Kentucky, North Carolina and Tennessee

Program Directors

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