MASSACHUSETTS SENIOR CARE ASSOCIATION

Identified areas of non-compliance Massachusetts Nursing Home Infection Control Competency Checklist Audits

May 29, 2020

Presenters for Today's Webinar

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Summary of Initial Audit Results

Total	In adherence	Not in adherence
358	225	133

Out of the facilities not in adherence, 13 facilities received less than 20 points.

- 1 – Not in adherence 5 core competencies
- 3 – Not in adherence 4 core competencies
- 3 – Not in adherence 3 core competencies
- 1 – Not in adherence 2 core competencies

Top Checklist Items Missed

MASSACHUSETTS SENIOR CARE

Question	Category	Competency	# of Facilities Failed
17a	PPE	If there are COVID-19 cases identified in the facility, HCP is wearing recommended PPE for care of all residents, in line with the most recent DPH PPE guidance.	78
14a	PPE	PPE coaches, individuals responsible for providing just-in-time education to direct care staff, have been designated for each shift to identify and support adherence with PPE policies.	57
16a	PPE	Trash disposal bins are positioned as near as possible to the exit inside of the resident room to make it easy for staff to discard PPE after removal, prior to exiting the room, or before providing care for another resident in the same room when there are units with separate cohorted spaces for both COVID 19 positive and negative residents.	51
26a	Clinical Care	All residents are screened for symptoms of COVID-19 and have their vital signs monitored, including oxygen saturation and temperature checks at a minimum of two times per day and documented in the clinical record.	48
26b	Clinical Care	Residents with any suspected respiratory or infectious illness are assessed (including documentation of respiratory rate, temperature and oxygen saturation) at least every 4 hours, during the day and evening shifts, to quickly identify residents who require transfer to a higher level of care.	48
05a	IC	Facility has implemented staffing plan to limit transmission, including (all must be met):	47
05b	IC	Dedicated, consistent staffing teams who directly interact with residents that are COVID-19 positive.	30
05c	IC	Limiting clinical and other staff who have direct resident contact to specific floors or wings. There should be no rotation of staff between floors or wings during the period they are working each day.	22
05d	IC	Has an established policy to minimize the number of staff interacting with each resident.	28
02a	IC	Facility screens every individual entering the facility (including staff) for COVID-19 symptoms. Proper screening includes temperature checks.	46
12a	PPE	Staff have been trained on selecting, donning and doffing appropriate PPE and demonstrate competency during resident care.	45
19a	PPE	All facility personnel are wearing a facemask while in the facility.	38

Top Checklist Items Missed

MASSACHUSETTS SENIOR CARE

Question	Category	Competency	# of Facilities Failed
03a	IC	Residents who are confirmed by testing to be infected with COVID-19 or who are recovering from COVID-19 have been separated from residents who are not infected and have unknown status (i.e., in dedicated wings/units or in separate rooms). The following must be true:	34
03b	IC	All residents who are confirmed positive for or recovering from COVID-19 are either in completely dedicated COVID-19 positive wings; or, if unavailable, residents are cohorted appropriately, either in a room alone or cohorted into a room with other confirmed cases.	24
03c	IC	All residents who are not suspected to be infected with COVID-19 are in rooms or units that do not include confirmed or suspected cases.	30
15a	PPE	Necessary PPE is immediately available outside of the resident room when there are units with separate cohorted spaces for both COVID-19 positive and negative residents or in the corridor near rooms in dedicated COVID-19 units and in other areas where resident care is provided.	29
09a	IC	Designated Infection Control Lead maintains a line list of all patients who have been confirmed to meet clinical criteria of presumed COVID-19 including testing and results.	29
06a	IC	All congregate spaces have been closed and all group events involving close proximity ceased.	24
18a	PPE	Residents, as they are able to tolerate, are wearing a face mask, whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments.	22
13a	PPE	Signs are posted immediately outside of resident rooms indicating appropriate infection control and prevention precautions and required PPE per Department of Public Health guidance.	22
01a	IC	An infection lead (the infection preventionist) has been designated to address and improve infection control based on public health advisories (federal and state) and spends adequate time in the building focused on activities dedicated to infection control	19
21a	Staffing	Facility has a plan for expediting the credentialing and training of non-facility HCP brought in from other locations to provide resident care when the facility reaches a staffing crisis.	18

Top Checklist Items Missed

Question	Category	Competency	# of Facilities Failed
25a	Clinical Care	All HCP have been trained to recognize the signs and symptoms of COVID-19 (i.e., fever, cough, sore throat, or shortness of breath).	16
25b	Clinical Care	The facility has a procedure in place for alerting the nurse responsible for the resident's care.	12
25c	Clinical Care	The facility has a documented clinical criteria for emergency transfer to a higher level of care.	12
04a	IC	Resident cohorting is re-evaluated by infection control lead and clinical staff and implemented each day based on results of any of the following: surveillance testing (if available), symptom screening and temperature checks.	15
07a	IC	There should be no communal dining. In accordance with CMS, eating in dining areas with appropriate social distancing should only be used as a last resort; it only applies to residents without signs or symptoms of a respiratory infection, without a confirmed diagnosis of COVID-19 and with cognitive needs that warrant such accommodation. The facility must perform terminal cleaning at the end of each meal.	15
23a	Staffing	Sick leave policies are non-punitive, (i.e., don't result in disciplinary actions or job performance reviews, don't require provider notes), flexible, and consistent with public health policies that allow ill HCP to stay home without negative consequences.	11
28a	Communication	A designated staff member has been assigned responsibility for daily communications with staff, residents, and their families regarding the status and impact of COVID-19 in the facility, including but not limited to prevalence of confirmed cases of COVID-19 in staff and residents and PPE availability. Communication may include mass communications via email, telephone blasts, website posting or individual outreach, as appropriate.	10
24a	Clinical Care	The facility has infection control policies that outline the recommended transmission-based precautions that should be used when caring for residents with respiratory infection. These policies should accommodate for DPH and CDC guidance on PPE conservation methods.	8

Core Competency - Q17:Wearing PPE

NIA
78

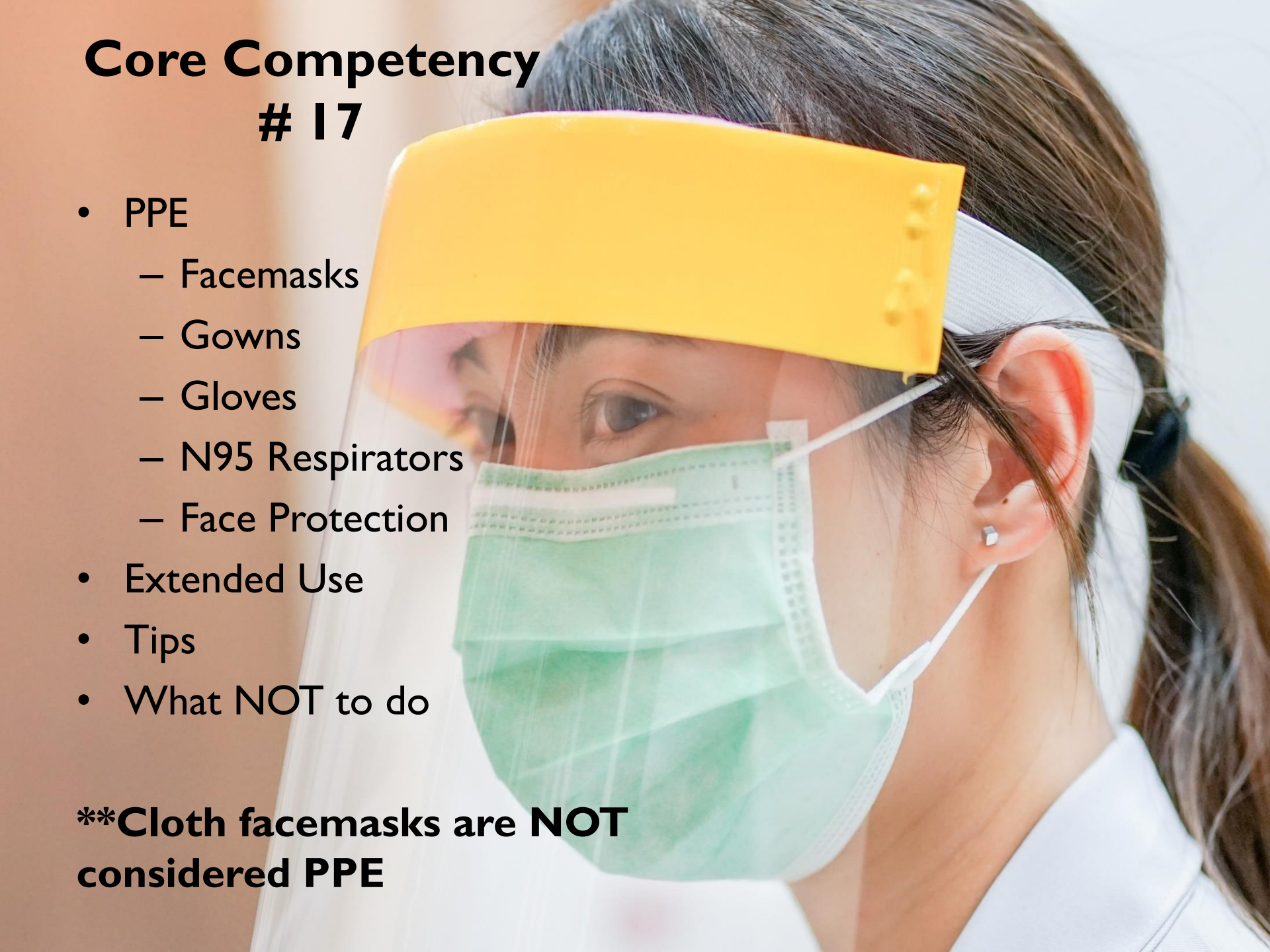
PPE	If there are COVID-19 cases identified in the facility, HCP is wearing recommended PPE for care of all residents, in line with the most recent DPH PPE guidance.

- Staff did not wear full PPE for the care of all residents
- Non COVID-19 Unit staff did wear masks and a shield at all times although not full PPE
- Not wearing full PPE in COVID-19 positive rooms / units
- PPE requirements for housekeeping staff
- Did not follow PPE requirements when evidence of community spread in facility
- Staff taking home masks and gowns
- Staff wearing same gown in COVID positive and COVID negative rooms
- Community transmission within facility and staff wearing full PPE on COVID positive unit only

Core Competency # 17

- PPE
  - Facemasks
  - Gowns
  - Gloves
  - N95 Respirators
  - Face Protection
- Extended Use
- Tips
- What NOT to do

****Cloth facemasks are NOT considered PPE**



Core Competency Q12: Donning & Doffing

NIA
45

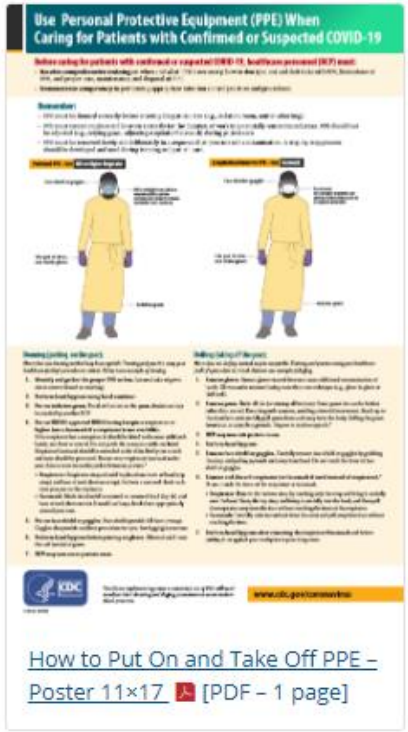
PPE	Staff have been trained on selecting, donning and doffing appropriate PPE and demonstrate competency during resident care.

- Facilities unable to verify or provide documentation that recent training of staff had been completed for donning / doffing of PPE
- Facilities unable to demonstrate staff competency
- Lab coats worn across units
- COVID-19 positive and negative staff sharing same common space
- No PPE coaches

Tips for Competency #12

How to Put On and Take Off PPE – Fact Sheet 8.5 x 11
[PDF – 1 page]

- Spanish [2 pages]
- Ukrainian [2 pages]



How to Put On and Take Off PPE – Poster 11×17 [PDF – 1 page]

PPE Illustrations
[PDF – 1 page]

https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html

- CDC has a GREAT resource!
- Train and Verify Competency for ALL PPE Coaches
- Do you have EVIDENCE of Staff training and Competency?
- Audits

Core Competency Q3: Cohorting

NIA
34

IC	Residents who are confirmed by testing to be infected with COVID-19 or who are recovering from COVID-19 have been separated from residents who are not infected and have unknown status (i.e., in dedicated wings/units or in separate rooms). The following must be true: All residents who are confirmed positive for or recovering from COVID-19 are either in completely dedicated COVID-19 positive wings; or, if unavailable, residents are cohorted appropriately, either in a room alone or cohorted into a room with other confirmed cases. All residents who are not suspected to be infected with COVID-19 are in rooms or units that do not include confirmed or suspected cases.

- Proper cohorting not being adhered to – Mixed Units / Rooms
- Shared Common Space for COVID positive and negative
- COVID positive unit sharing staff, a nursing station, soiled and clean utility rooms, and a medication room with a COVID negative wing

Core Competency #3

Areas for Adherence?

- Dedicated, separate space for confirmed COVID-19?
- How are you managing residents who develop COVID-19 symptoms pending testing results?
- How are you managing the resident's roommates or others exposed?
- Does your plan include new admissions/readmissions?
- Staffing-Consistent assignment
- PPE
- Cleaning and Disinfection
- Signage

Core Competency Q6 – Congregate Spaces

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NIA
24

IC	All congregate spaces have been closed and all group events involving close proximity ceased.

- Residents congregating in common space, not adhering to 6-feet apart or wearing masks
- Staff not present in common spaces overseeing residents
- Residents gathering near nursing station
- Not observing proper distance in dinning room or remaining in dinning room after meal complete

Core Competency #6 – Congregate Spaces

- "All Hands-on-Deck" approach!
- Remove chairs or make environmental changes
- Dining room strategies ONLY for essential dining
- Wandering residents
- Intervening strategies

Core Competency Q25: Symptom Training

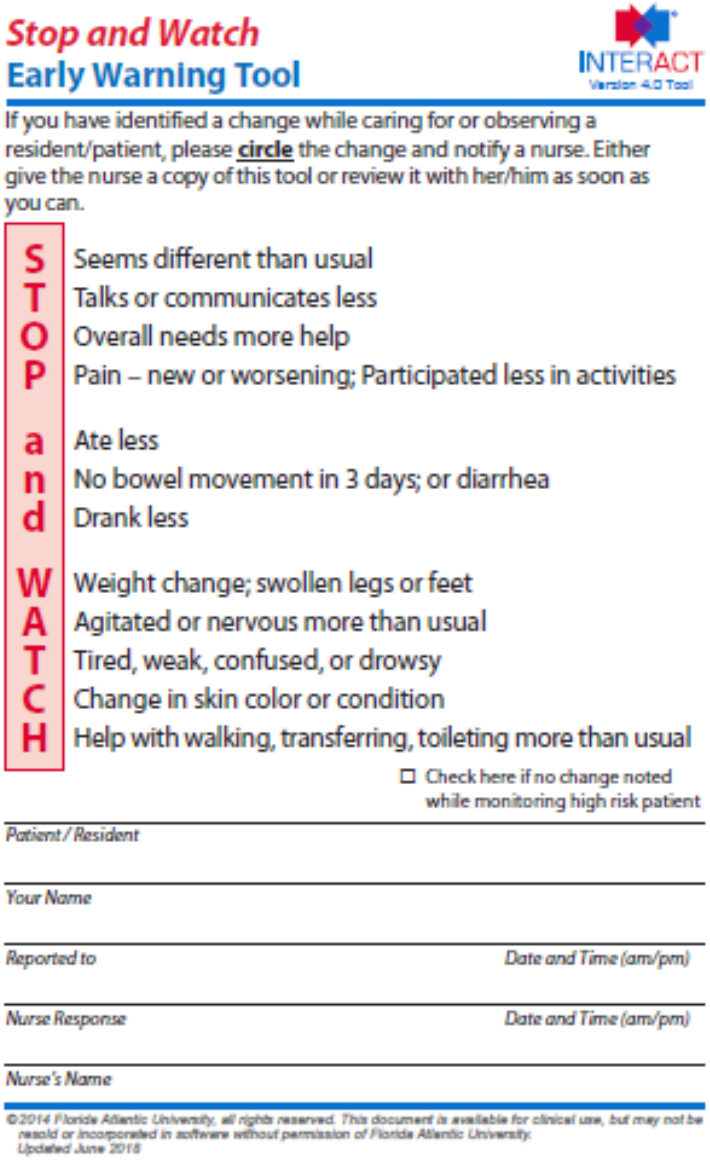
NIA
16

Clinical Care	All HCP have been trained to recognize the signs and symptoms of COVID-19 (i.e., fever, cough, sore throat, or shortness of breath). The facility has a procedure in place for alerting the nurse responsible for the resident's care. The facility has a documented clinical criteria for emergency transfer to a higher level of care.

- Training not completed, in-progress or not documented
- Escalation to alert higher up not documented
- Nothing found in writing to support that facility has a **clinical criteria** for emergency transfer to a higher level of care

Core Competency #25 – Symptom Training

- Tips and Recommendations –
- Policies and Procedures
  - Resident Assessments
  - Criteria for transfer
  - Best practice approaches



Stop and Watch
Early Warning Tool

INTERACT
Version 4.0 Tool

If you have identified a change while caring for or observing a resident/patient, please **circle** the change and notify a nurse. Either give the nurse a copy of this tool or review it with her/him as soon as you can.

S Seems different than usual
T Talks or communicates less
O Overall needs more help
P Pain – new or worsening; Participated less in activities

a Ate less
n No bowel movement in 3 days; or diarrhea
d Drank less

W Weight change; swollen legs or feet
A Agitated or nervous more than usual
T Tired, weak, confused, or drowsy
C Change in skin color or condition
H Help with walking, transferring, toileting more than usual

☐ Check here if no change noted while monitoring high risk patient

Patient / Resident

Your Name

Reported to *Date and Time (am/pm)*

Nurse Response *Date and Time (am/pm)*

Nurse's Name

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INTERACT™ Quality Improvement Program

https://pathway-interact.com/

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SBAR Communication Form

and Progress Note for RNs/LPN/LVNs

INTERACT® Version 4.0 Tool

Before Calling the Physician / NP / PA / other Healthcare Professional:

☐ **Evaluate the Resident/Patient:** Complete relevant aspects of the SBAR form below
☐ **Check Vital Signs:** BP, pulse, and/or apical heart rate, temperature, respiratory rate, O_2 saturation and finger stick glucose for diabetics
☐ **Review Record:** Recent progress notes, labs, medications, other orders
☐ **Review an INTERACT Care Path** or **Acute Change in Condition File Card**, if indicated
☐ **Have Relevant Information Available when Reporting**
(i.e. medical record, vital signs, advance directives such as DNR and other care limiting orders, allergies, medication list)

SITUATION

The change in condition, symptoms, or signs observed and evaluated is/are _____

This started on _____ /_____ /_____ Since this started it has gotten: ☐ Worse ☐ Better ☐ Stayed the same

Things that make the condition or symptom ***worse*** are _____

Things that make the condition or symptom ***better*** are _____

This condition, symptom, or sign has occurred before: ☐ Yes ☐ No

Treatment for last episode *(if applicable)* _____

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INTERACT® SBAR - Continued

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Vital Signs

BP _____ Pulse _____ (or Apical HR _____) RR _____ Temp _____ Weight _____ lbs *(date* _____/_____/_____*)*

For HF, edema, or weight loss: last weight before the current one was _____ on _____/_____/_____

Pulse Oximetry *(if indicated)* _____% on ☐ Room Air ☐ O_2 (_____)

Blood Sugar *(Diabetics)* _____

Resident /Patient Name _____

(continued)

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INTERACT® SBAR - Continued

4. Respiratory Evaluation

☐ **Not clinically applicable to the change in condition being reported**

☐ Abnormal lung sounds *(rales, rhonchi, wheezing)*
☐ Asthma *(with wheezing)*
☐ Cough (☐ Non-productive ☐ Productive)
☐ Inability to eat or sleep due to SOB
☐ Labored or rapid breathing
☐ Shortness of breath
☐ Symptoms of common cold
☐ Other respiratory changes *(describe)*
☐ **No changes observed**

Describe symptoms or signs _____

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INTERACT® Care Paths

CARE PATH *Symptoms of Shortness of Breath (SOB)*

INTERACT Version 4.0 Tool

Symptoms of Shortness of Breath
- Difficult or labored breathing that is out of proportion to the resident's level of physical activity
- New complaint of SOB

Take Vital Signs
- Temperature
- BP, pulse, apical HR *(if pulse irregular)*
- Respirations
- Oxygen saturation
- Finger stick glucose *(diabetics)*

Vital Sign Criteria *(any met?)*
- Temp > 100.5˚F
- Apical heart rate > 100 or < 50
- Respiratory rate > 28/min or < 10/min
- BP < 90 or > 200 systolic
- Oxygen saturation < 90%
- Finger stick glucose < 70 or > 300
- Accessory muscle breathing
- Cyanosis
- New or worsening chest pains

YES

NO

Evaluate Symptoms and Signs for Immediate Notification*
- Cough with or without sputum production
- Abnormal lung sounds *(wheezing, rales, rhonchi, etc…)*
- Edema
- Change in mental status
- Inability to eat or sleep due to SOB
- New irregular pulse
- Mental Status
- Cardiovascular
- Respiratory
- Signs and symptoms suggest possible sepsis**

YES

Notify MD / NP / PA

YES

NO

Consider Contacting MD/NP/PA for orders *(for further evaluation and management)*
- Portable chest X-ray
- Blood work *(Complete Blood Count, Basic Metabolic Panel)*
- EKG *(if available)*
- Bedside spirometry *(if available)*

Tests Ordered

Evaluate Results
- Abnormal CXR suggestive of HF, COPD, pneumonia, atelectasis, lung cancer or pleural effusion
- WBC > 14,000 or neutrophils > 90%
- Critical values in blood count or metabolic panel
- EKG shows new changes suggestive of MI or arrhythmia

NO

YES

Manage in Facility
- Monitor vital signs and urine output every 4-8 hrs
- O2 supplementation as indicated
- Consider initiating or modifying dose of medications *(e.g. diuretics, steroids, nebulizers, etc…)*
- Respiratory therapy *(if available)*
- Ensure influenza and pneumococcal immunizations are up to date
- Encourage smoking cessation *(if applicable)*
- Update advance care plan and directives if appropriate

Monitor Response
- Vital signs criteria met
- Worsening condition and/or immediate notification criteria met

** Refer also to other INTERACT Care Paths as indicated by symptoms and signs*

*** If sepsis is been considered, refer to INTERACT Guidance on Possible Sepsis and INTERACT Guidance on Infections*

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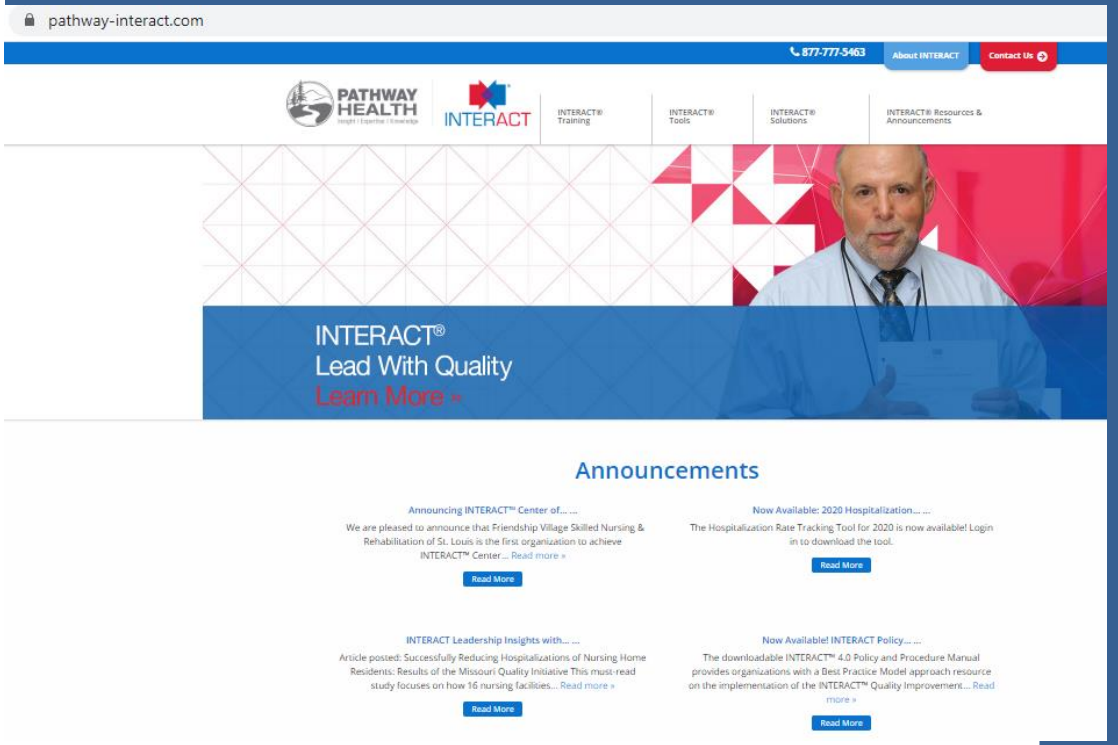

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Core Competency Q24: IC Policy

NIA
8

Clinical Care	The facility has infection control policies that outline the recommended transmission-based precautions that should be used when caring for residents with respiratory infection. These policies should accommodate for DPH and CDC guidance on PPE conservation methods.

- Infection control policies have not been updated to include Covid-19 virus"
- Nursing staff was unable to provide information about unit precautions that are followed, health status of resident's and policies when caring for residents including respiratory infection.

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Policies and Procedures

- Policies
- Procedures
  - Admissions/Readmissions
  - Screening
  - Suspected or Confirmed COVID-19 Interventions
  - PPE
  - Acute Change of Condition
  - Disinfection
  - Staffing/Employee Health
  - Visitor Restrictions
  - Communication and Reporting

Preliminary Results from Round 2 Audits

Total	In adherence	Not in adherence
126	95	31

Commentary

- Overall scores improved
- No facility scored below 20

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