

Virginia Long-Term Care Clinician Network Monthly Forum

April 19, 2023 4:00-5:00 pm



Welcome!



Please mute your phone or computer for now. We will have time for open chatting and hope to hear from each of you. Feel free to keep your camera on, we are happy to see you.

Also, please use the Chat box to share:

- your name
- your role
- your city or region in Virginia

Thanks!

Disclosures

The speakers and presenters for today have no relevant financial conflicts of interest.

*Funding Disclosure: This work is supported by the **Virginia Department of Health, Office of Epidemiology, Division of Healthcare-Associated Infections (HAI) and Antimicrobial Resistance (AR) Program** and the Centers for Disease Control and Prevention, Epidemiology and Laboratory Capacity (ELC) Program under federal award number NU50CK000555 and state subrecipient number VCULTC603-GY23 in the amount of \$820,002. The content presented is solely the responsibility of the authors and does not necessarily represent the official views of the Centers for Disease Control, the Virginia Department of Health, or Virginia Commonwealth University.*



VDH VLIPP Projects

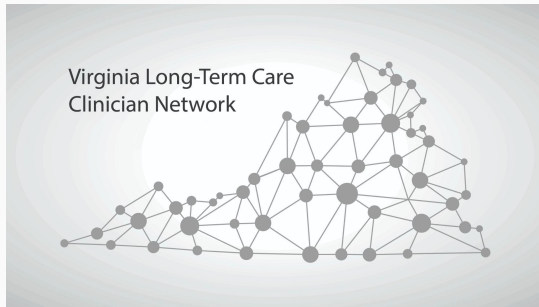
Virginia Long-Term Care Infrastructure Pilot Project (VLIPP) funding will be utilized in nursing homes and long-term care facilities to assist with the ongoing COVID-19 response and to bolster preparedness for emerging infections. The projects are based on identified needs that align with funding objectives

VLIPP Stakeholders:

- Carilion Clinic
- Eastern Virginia Medical School
- Health Quality Innovators
- LeadingAge Virginia
- University of Virginia
- Virginia Commonwealth University
- Virginia Department of Social Services
- Virginia Health Care Association-Virginia Center for Assisted Living



Introducing the Network - Share w/ Peers



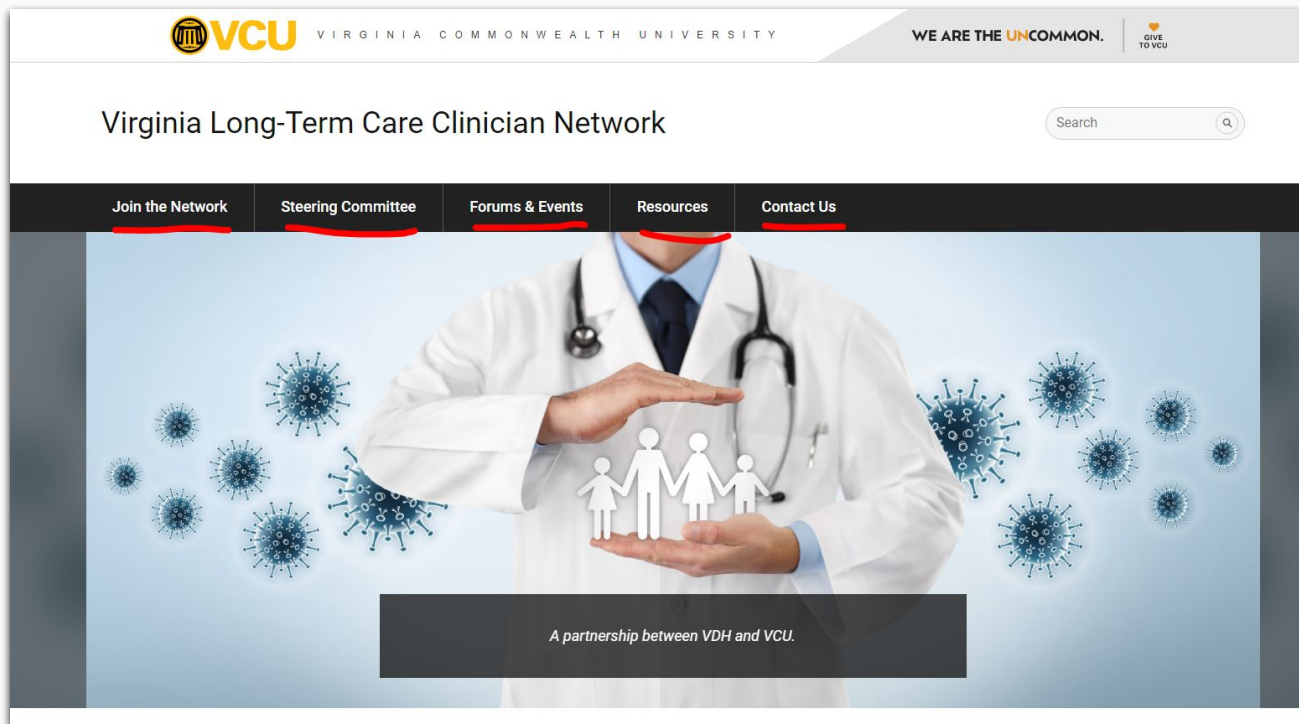
About the Network: The Virginia Long-Term Care Clinician Network brings together medical directors and clinicians practicing in nursing homes, assisted living facilities, and other congregate care settings, such as Program of All-inclusive Care for the Elderly (PACE).

Member Benefits:

- Free peer network fostering open discussion and collaboration
- Monthly newsletter
- Monthly forum (third Wednesday of each month from 4:00-5:00 pm)

Where to find us?

ltccn.vcu.edu

The screenshot shows the homepage of the Virginia Long-Term Care Clinician Network. At the top left is the VCU logo (Virginia Commonwealth University) with the text "VIRGINIA COMMONWEALTH UNIVERSITY". To the right is the slogan "WE ARE THE UNCOMMON." and a small "GIVE TO VCU" icon. Below the header is the title "Virginia Long-Term Care Clinician Network" and a search bar. A navigation bar contains five items: "Join the Network", "Steering Committee", "Forums & Events", "Resources", and "Contact Us", each with a red underline. The main content area features a large image of a doctor in a white coat with a stethoscope, holding a white silhouette of a family (two adults and two children) in their hands. The background of this image is light blue with several blue, spiky virus-like particles. At the bottom of the image is a dark grey banner with the text "A partnership between VDH and VCU." in white.

Network Planning Team

- Christian Bergman, MD - Principal Investigator
- Bert Waters, PhD - Project Director
- Laura Finch, MS, GNP, RN - Clinical Coordinator
- Kim Ivey, MS - Communications / Administration
- Jenni Mathews - Survey Data & Evaluations Specialist
- Kristin MacDonald, MS, RD - Newsletter & Content Editor

Reach us anytime at ltccn@vcu.edu

Monthly Forum - Every 3rd Wednesday, 4-5 PM

A 60-minute Zoom session to connect with long-term care clinicians around the state. We will continue to integrate COVID-19 topics in our discussion, but will also expand the topics and encourage robust discussions around other areas of interest pertinent to long-term care such as:

- Infection Control Practices
- Clinical topics (falls, antipsychotic use, antibiotic stewardship, etc.)
- Vaccinations (influenza, pneumonia, COVID-19, shingles)
- State and Federal Legislative Updates
- Advance Care Planning and Capacity Determination
- QAPI and sample PIP charters

Forum Structure (60 min)

Introduction - 2 minutes

Updates - 6 minutes

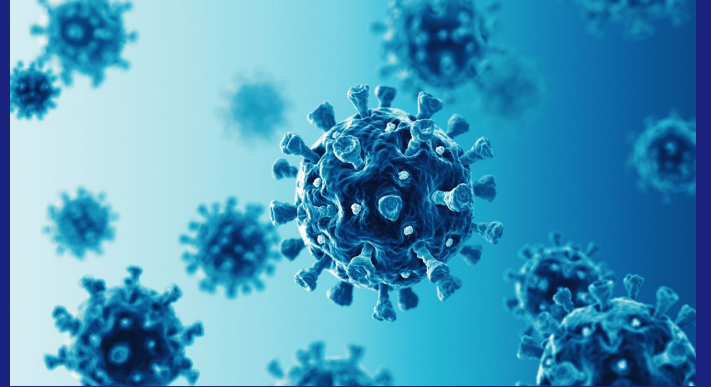
Featured Meeting Topic & Cases - 15-20 minutes

Open Discussion - 15-20 minutes using Zoom chat features and open mic

Feedback - 3-minute post-Forum evaluation

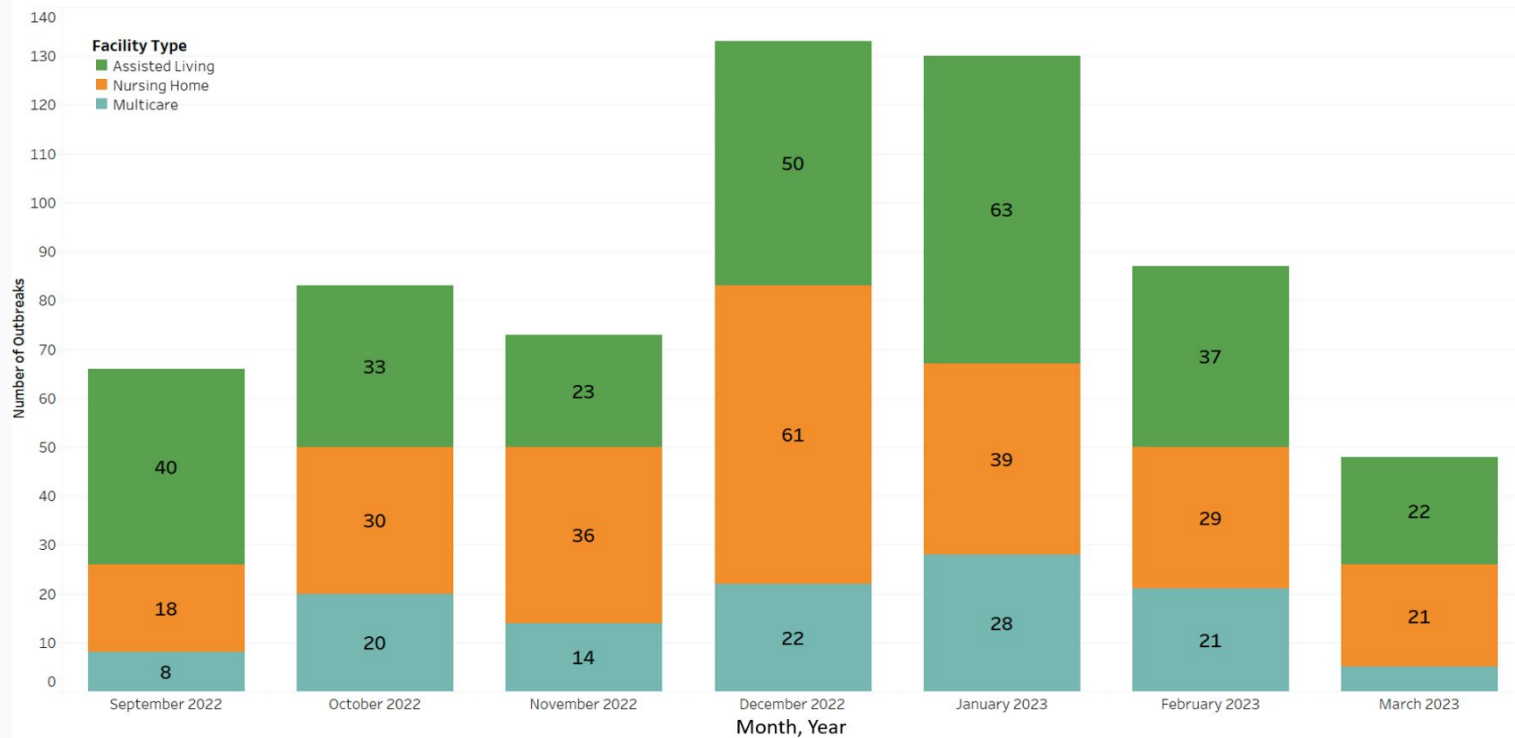
Updates

COVID-19:
Data, Treatment, Vaccines



Data from VDH

Virginia COVID-19 Outbreaks in a Long-term Care Setting
Total outbreaks (620)



Data from VDH

Virginia Department of Health (VDH) COVID-19 Dashboards

COVID-19-Associated Hospital Admissions

COVID-19 hospital admissions indicate the severity of disease in the community and the impact on the health care system.

172 new hospital admissions in the week ending 04/15/2023

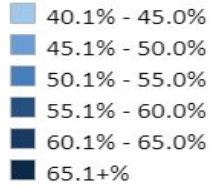
18% points lower than the previous week ending 04/08/2023

4 week trend in Hospital Admissions



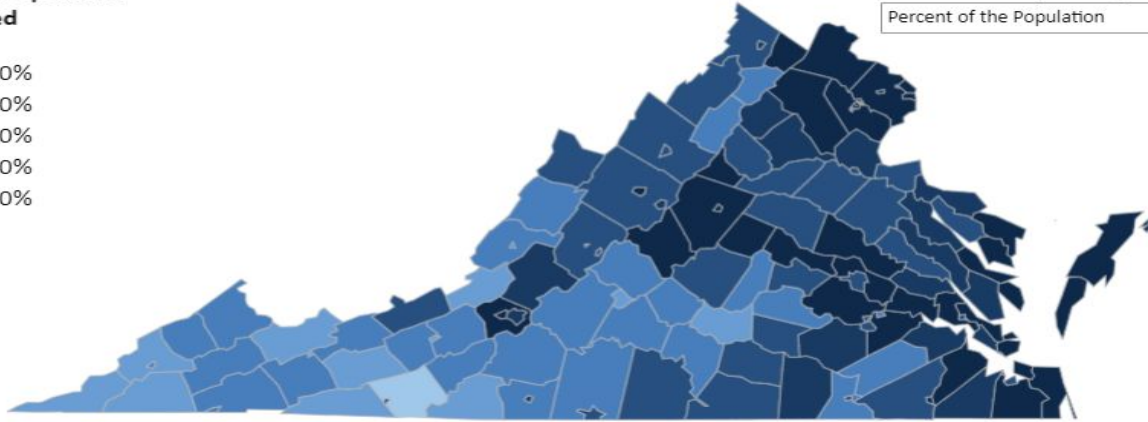
Vaccination Updates

Percent of the Population Fully Vaccinated



Select Counts, Rates, or Percents

Percent of the Population



People Not Mapped : 806,644

COVID-19 Vaccine Administration[^] by Day

Average Doses Administered
Each Day**
769

Featured Monthly Topic:

Clinician Decision Making for Enhanced Barrier Precautions





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

Updated: July 12, 2022

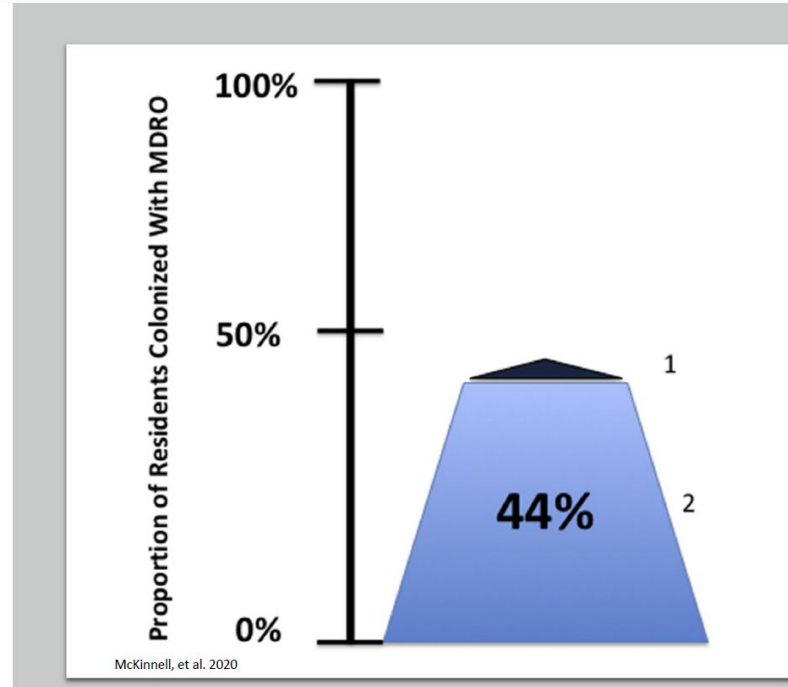
Key Points

1. Multidrug-resistant organism (MDRO) transmission is common in skilled nursing facilities, contributing to substantial resident morbidity and mortality and increased healthcare costs.
2. Enhanced Barrier Precautions (EBP) are an infection control intervention designed to reduce transmission of resistant organisms that employs targeted gown and glove use during high contact resident care activities.
3. 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)
4. 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.
5. Standard Precautions, which are a group of infection prevention practices, continue to apply to the care of all residents, regardless of suspected or confirmed infection or colonization status.

Background Info

High Prevalence of MDROs in Nursing Homes

- 48% of residents with MDRO
 - Only 4% had a known MDRO (shown in black)
 - 44% had MDRO only identified during screening (shown in blue)
- Factors associated with MDRO colonization:
 - Urinary catheters
 - Bed bound
 - Gastrointestinal devices

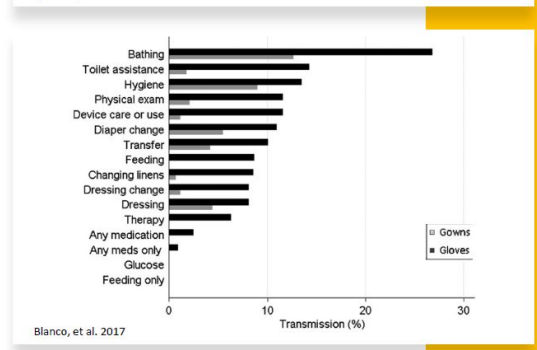
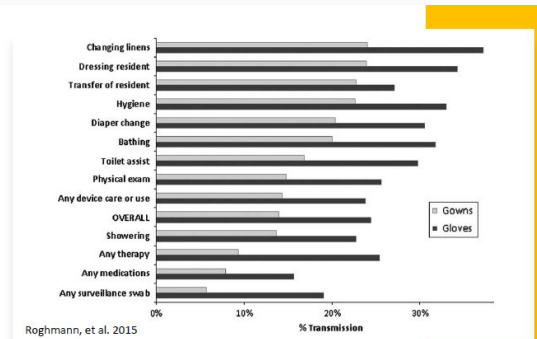


Background Info

MDRO Transmission Occurs Often During High-Contact Resident Care Activities

Highest risk activities for MDRO transmission

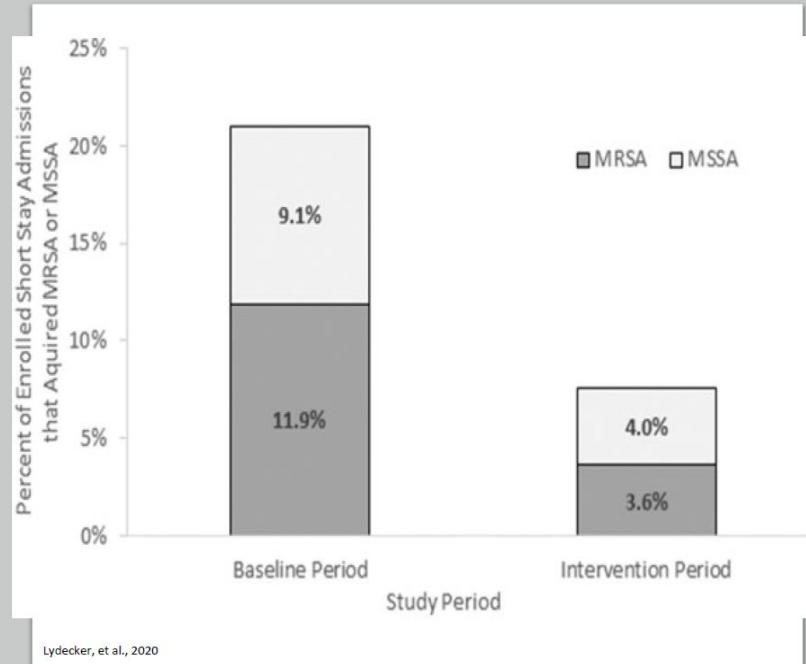
- Dressing resident
- Bathing/showering
- Transferring
- Providing hygiene
- Changing linens
- Diaper change/toilet assist
- Device care or use



Background Info

Targeted Gown and Glove Use to Reduce MDRO Transmission

- Adherence to gown and glove use by nursing home staff was excellent
- Using EBP, MDRO transmission decreased
- Results support EBP as an evidence-based approach to preventing transmission of MDROs with targeted gown and gloves use



Useful Info

Observation Tool: Enhanced Barrier Precautions / Contact Precautions					
Center: _____					
Staff Type* & Date <i>{see key below & type}</i>	Type of Opportunity <i>{choose from dropdown box below}</i>	HH Performed? <i>{choose from dropdown box below}</i>	Enhanced Barrier (E) or Contact Precautions (C) <i>{choose from dropdown box below}</i>	Gown and Gloves Used? <i>{choose from dropdown box below}</i>	Gown/Gloves Changed Between Patients? <i>{choose from dropdown box below}</i>
MD	Room Entry	No HH Done	E	Both	Yes

Useful Info

Proportion of Residents Meeting EBP Criteria in Different Facilities

Center Description	Met EBP Criteria
Center #1: <ul style="list-style-type: none">• Mostly long-stay residents• Short-stay unit• CENSUS = 238	66/238 = 28% <ul style="list-style-type: none">• MDRO = 36 (55%)• Wound = 29 (44%)• Device = 23 (35%) *20 (30% met >1 criteria)
Center #2: <ul style="list-style-type: none">• Short-stay only• Average LOS \leq 2 weeks• CENSUS = 110	10/110 = 9% <ul style="list-style-type: none">• MDRO = 2 (20%)• Wound = 1 (10%)• Device = 7 (70%) *No residents met >1 criteria
Center #3: <ul style="list-style-type: none">• Provides ventilator services• Mix of long- and short-stay residents• CENSUS = 130	54/130=42% <ul style="list-style-type: none">• MDRO = 32 (59%)• Wound = 24 (44%)• Device = 29 (54%) *27 (50% met >1 criteria)

EBP Indications

1. Infection or colonization with an MDRO when Contact Precautions do not otherwise apply.

OR

2. Wound and/or indwelling medical devices (CVL/PICC, catheters, feeding tubes, trach/ventilator) regardless of MDRO colonization status

EBP Indications - MDROs

1. Examples of MDROs Targeted by CDC include:
 - a. Pan-resistant organisms
 - b. Carbapenemase-producing carbapenem-resistant Enterobacterales
 - c. Carbapenemase-producing carbapenem-resistant Pseudomonas spp.
 - d. Carbapenemase-producing carbapenem-resistant Acinetobacter baumannii
 - e. **Candida auris**

2. Additional epidemiologically important MDROs may include, but are not limited to:
 - a. Methicillin-resistant Staphylococcus aureus (MRSA)
 - b. ESBL-producing Enterobacterales
 - c. Vancomycin-resistant Enterococci (VRE)
 - d. Multidrug-resistant Pseudomonas aeruginosa
 - e. Drug-resistant Streptococcus pneumoniae

Precautions

Enhanced Barrier Precautions direct glove and gown use during high-contact resident care activities to reduce risk of transmission or contracting MDRO. These residents have an indwelling medical device or wound that increases risk. They are allowed to participate in activities outside the room.

Contact Precautions require gown and gloves on every entry to the room for a time limited period and the person is restricted to room based activities. Dedicated equipment is used and a private room whenever possible.

Standard precautions apply to any resident when there is risk of exposure to body fluids including blood, mucus, from contaminated equipment

High Contact Resident Care Activities

Enhanced Barrier Precautions direct glove and gown use during high-contact resident care activities to reduce risk of transmission or contracting MDRO.

Resident does not need a private room, may participate in group activities, and is not restricted to room.

High-contact resident care activities, include:

- Dressing
- Bathing/Showering
- Transferring
- Providing hygiene
- Changing linens
- Changing briefs or assisting with toileting
- Device care (central line, catheter, feeding tube, trach, etc.)
- Wound care (any skin opening requiring a dressing)

Duration of EBP

- Because EBP do not impose the same activity and room placement restrictions as Contact Precautions, they are intended to be in place for the duration of a resident's stay in the facility or until resolution of the wound or discontinuation of the indwelling medical device that placed them at higher risk.

Implementation

- Post clear signage (next slide)
- Make PPE immediately available
- Ensure access to alcohol-based hand sanitizer inside and outside every room
- Position a trash can inside the resident room
- Incorporate periodic monitoring and assessment of adherence
- Provide ongoing education to staff
- Don't forget to educate residents AND visitors

Precautions Signage

STOP **ENHANCED BARRIER PRECAUTIONS** **STOP**
EVERYONE MUST:



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

PROVIDERS AND STAFF MUST ALSO:



Wear gloves and a gown for the following High-Contact Resident Care Activities.

- Dressing
- Bathing/Showering
- Transferring
- Changing Linens
- Providing Hygiene
- Changing briefs or assisting with toileting



Device care or use:
central line, urinary catheter, feeding tube, tracheostomy

Wound Care: any skin opening requiring a dressing

Do not wear the same gown and gloves for the care of more than one person.



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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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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.




U.S. Department of Health and Human Services
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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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https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html#anchor_1564058318
and <https://www.cdc.gov/hai/pdfs/containment/enhanced-barrier-precautions-sign-P.pdf>

Case 1 - Mrs. Patel

Mrs. Patel was just admitted with an indwelling catheter post op hip fracture. She did not require a catheter prior to admission. You see she may have a UTI with a culture pending and was started on an IV antibiotic in hospital. She has acute diarrhea of which you are not clear on recent workup.

Question 1:

What precautions should initially be used based on this limited data?

1. Enhanced barrier precautions
2. Contact precautions
3. Standard precautions only

Case 1 - Mrs. Patel

You decided to initially put her on contact precautions. Upon further chart review, on day 3 of her admission, it appears that the diarrhea is resolving, was negative for C. diff, and her UCx came back without evidence of a MDROs.

Question 2: What precautions should she now be on?

1. Contact precautions
2. Standard precautions
3. Enhanced barrier precautions

Case 1 - Mrs. Patel

Next week, you are rounding on Mrs. Patel, she has been on enhanced barrier precautions and the nurse asks, when can we stop these precautions?

Question 3: What do you tell the nurse?

1. You can stop them now
2. She needs repeat urine testing first
3. She will need to continue EBP until she is able to void on her own
4. I don't know

Case 1 - Mrs. Patel

Mrs. Patel's light is broken and environmental services want to come in and fix it but see the EBP signage. You are at the door and they ask if they can come in.

Question 4: What do you tell EVS about EBP?

1. *Use chat box for suggested response*

Case 2 - Mr. Jones

Mr. Jones is being worked up for a UTI with urinary incontinence, has no indwelling catheter but his UCx returns ESBL E coli. He has a private room due to non-infectious reasons. You initiate antibiotics.

Question 5: Should he be on contact or enhanced barrier precautions?

1. Contact precautions
2. Enhanced Barrier Precautions
3. Neither

Case 2 - Mr. Jones

Mr. Jones is being worked up for a UTI with urinary incontinence, has no indwelling catheter but his UCx returns ESBL E coli. He has a private room due to non-infectious reasons. You initiate antibiotics.

Question 5: Should he be on contact or enhanced barrier precautions?

Depends.

When should nursing home staff use Contact Precautions versus Enhanced Barrier Precautions for a resident with a MDRO?

Contact Precautions are recommended if the resident has acute diarrhea, draining wounds, **or other sites of secretions or excretions that are unable to be covered or contained or for a limited period of time** during a suspected or confirmed MDRO outbreak investigation.

Case 2 - Mr. Jones

You implement Contact Precautions. Mr. Jones completes antibiotics and appears to have recovered with resolution of his symptoms.

Question 6: What precautions should he be on moving forward?

1. Contact precautions
2. Enhanced barrier precautions

Case 3 - Mr. Thomas

Mr. Thomas arrived at the facility for a two week rehabilitation stay after surgery. After sleuthing through the records, admissions has found he had a history of MRSA about 6 years ago in a respiratory culture; therefore, they would like to put him in a private room and restrict gym attendance.

Question 7: What is your advice?

Use chat box for suggested response

FAQ

Are Enhanced Barrier Precautions recommended for healthcare settings other than nursing homes, such as long-term acute care hospitals (LTACHs) or assisted living communities?

At this time, CDC has not recommended implementation of EBP in other healthcare settings; however, the evaluation for broader application of EBP to other healthcare settings is ongoing.

FAQ

Do residents placed on Enhanced Barrier Precautions require placement in a single-person room?

No. Single-person rooms (if available) should be prioritized for residents who have acute infection with a communicable disease (such as influenza, SARS-CoV-2, hepatitis A) or for residents placed on Contact Precautions for presence of acute diarrhea, draining wounds, or other sites of secretions or excretions that are unable to be covered or contained.

FAQ - Shared Rooms

Residents on Enhanced Barrier Precautions may share rooms with other residents; however, facilities with capacity to offer single-person rooms or create roommate pairs based on MDRO colonization may choose to do so. Further, if there are multiple residents with a novel or targeted MDRO in the same facility, consider cohorting them together in one wing or unit to decrease the direct movement of healthcare personnel from colonized or infected residents to those who are not known to be colonized.

When residents are placed in shared rooms, facilities must implement strategies to help minimize transmission of pathogens between roommates including: maintaining spatial separation of at least 3 feet between beds to reduce opportunities for inadvertent sharing of items between the residents, use of privacy curtains to limit direct contact, cleaning and disinfecting any shared reusable equipment, cleaning and disinfecting environmental surfaces on a more frequent schedule, and changing personal protective equipment (if worn) and performing hand hygiene when switching care from one roommate to another.

FAQ

May nursing homes stop using Enhanced Barrier Precautions if we screen the infected or colonized resident and they test negative for the novel or targeted MDRO?

Residents colonized with a novel or targeted MDRO are intended to remain on Enhanced Barrier Precautions for the duration of their stay in a facility. Because MDRO colonization is typically prolonged and follow-up testing to determine clearance may yield false negatives, CDC does not recommend routine retesting of residents with a history of colonization or infection with a MDRO or discontinuation of Enhanced Barrier Precautions after a subsequent negative test.

FAQ

Are gowns and gloves recommended for Enhanced Barrier Precautions when transferring a resident from a wheelchair to chair in the dayroom or dining room?

In general, gowns and gloves would not be recommended when performing transfers in common areas such as dining or activity rooms, where contact is anticipated to be brief.

FAQ

Is PT or OT considered a “high-contact” resident care activity?

Yes. Therapists should use gowns and gloves when working with residents on Enhanced Barrier Precautions in the therapy gym or in the resident’s room if they anticipate close physical contact while assisting with transfers, mobility, or any high contact activity.

Open Forum Discussion



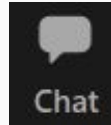
Open Forum Discussion



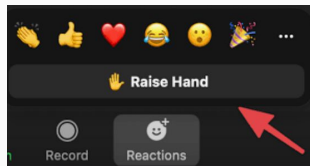
Turn on your video - we'd love to see you!



Unmute to contribute a question or comments



Use the **Chat box** to type in questions or comments



Or **Raise Your Hand** in Reactions, or in Participants or use Option+Y (mac) or Alt+Y (pc)

Open Forum Discussion

Waterfall Chat

Instructions: Type in your answer and wait for the countdown to push enter.

“Can you share a best practice for avoiding antibiotic prescription when being pressured to prescribe?”

5, 4, 3, 2, 1... press Enter!



Thank you for joining the Network!

Next Newsletter - coming to you early May.

Next Monthly Forum - Wednesday, May 17, 4-5 pm

Calendar Reminder - Scroll down in your Zoom registration confirmation email for a calendar link you can use to update your calendar automatically with the Zoom link for future meetings.

On your way out of Zoom, kindly answer a brief feedback survey.

Stay in touch! Email questions and suggestions to ltccn@vcu.edu

Invite your colleagues to register at ltccn.vcu.edu

Resources

[FAQs about EBP in Nursing Homes | HAI | CDC](#)

[Consideration for Use of EBP in Skilled Nursing Facilities HICPAC](#)

[Implementation of PPE Use in Nursing Homes to Prevent Spread of MDROs](#)

[Healthcare-Associated Infections & Antimicrobial Resistance - HAIAR](#)

[MDRO Containment Webinar Series - HAIAR](#)

[CDC Updates EBP in Infection Prevention](#)

Resource: EBP Pocket Card



https://hqin.org/wp-content/uploads/2022/12/Enhanced-Barrier-Precautions-Three-Card_508.pdf

ENHANCED BARRIER PRECAUTIONS

CLEAN HANDS

- Before entering the room
- Before donning gloves
- Between tasks as appropriate
- When leaving the room

WEAR GLOVES/GOWN FOR HIGH-CONTACT RESIDENT CARE INCLUDING:

- 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

This material was prepared by Health Quality Innovators (HQI), a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 1220WPHQIN-QIO-0354-11/08/22

ENHANCED BARRIER PRECAUTIONS

ENHANCED BARRIER PRECAUTIONS INCLUDE:


- All indwelling medical devices
- Wound care
- Persons colonized with a multi-drug resistant organism (even when contact precautions do not apply)


ENHANCED BARRIER PRECAUTIONS APPLY TO, BUT ARE NOT LIMITED TO:


- Pan-resistant organisms
- Carbapenemase-producing carbapenem-resistant Enterobacteriaceae, Pseudomonas spp.
- Acinetobacter baumannii
- Candida auris

OTHER IMPORTANT ORGANISMS TO CONSIDER:

- Methicillin-resistant Staphylococcus aureus (MRSA)
- ESBL-producing Enterobacteriaceae
- Vancomycin-resistant Enterococci (VRE)
- Multi-drug resistant Pseudomonas aeruginosa
- Drug-resistant Streptococcus pneumoniae

 Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions in Nursing Homes | HAI | CDC

 **Quality Improvement Organizations**
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

 **HQIN**
Health Quality Innovation Network

Resource: Precautions Signage

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https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html#anchor_1564058318
and <https://www.cdc.gov/hai/pdfs/containment/enhanced-barrier-precautions-sign-P.pdf>