



**Virtual Meeting
& Expo**

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Policy Updates around Infection Prevention and Best Practices for Clinical Surveillance

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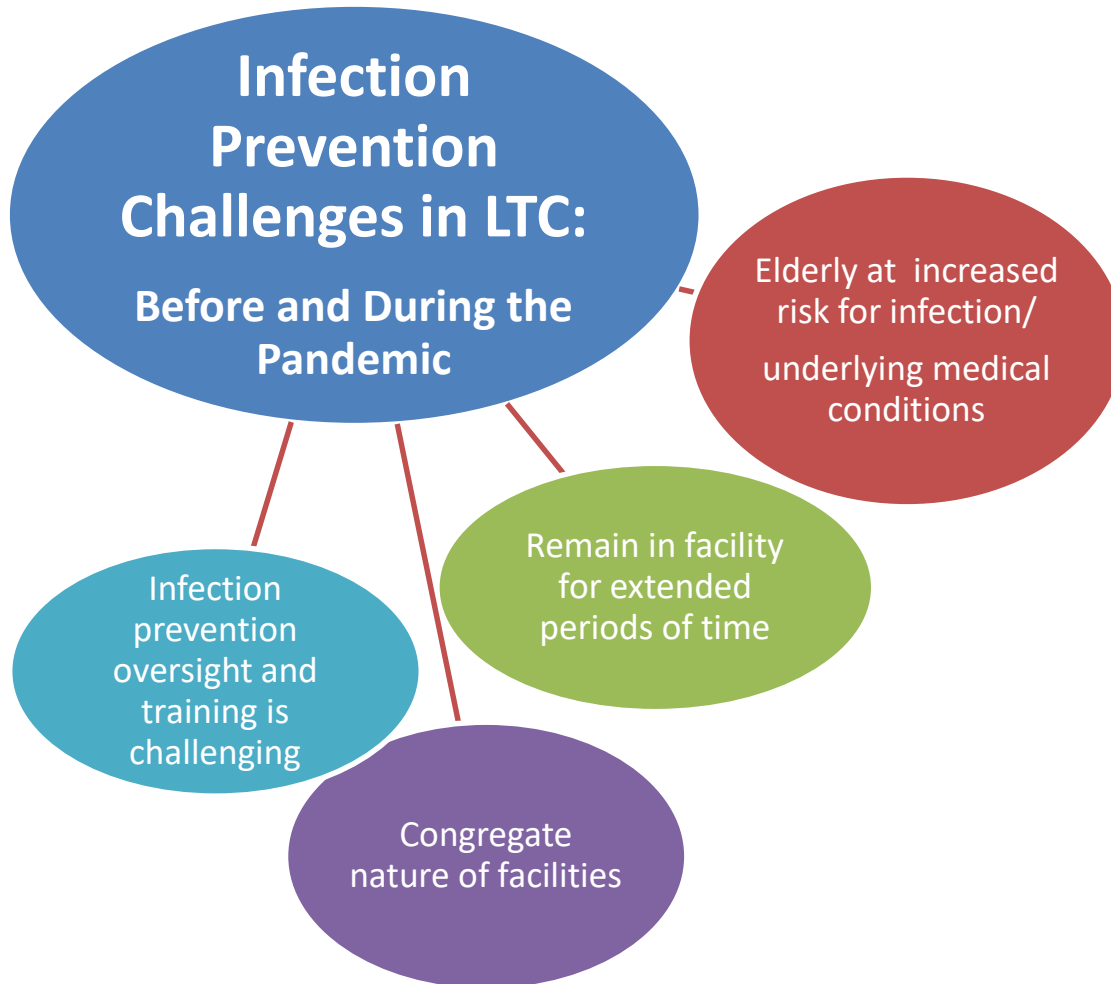
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Learning Objectives

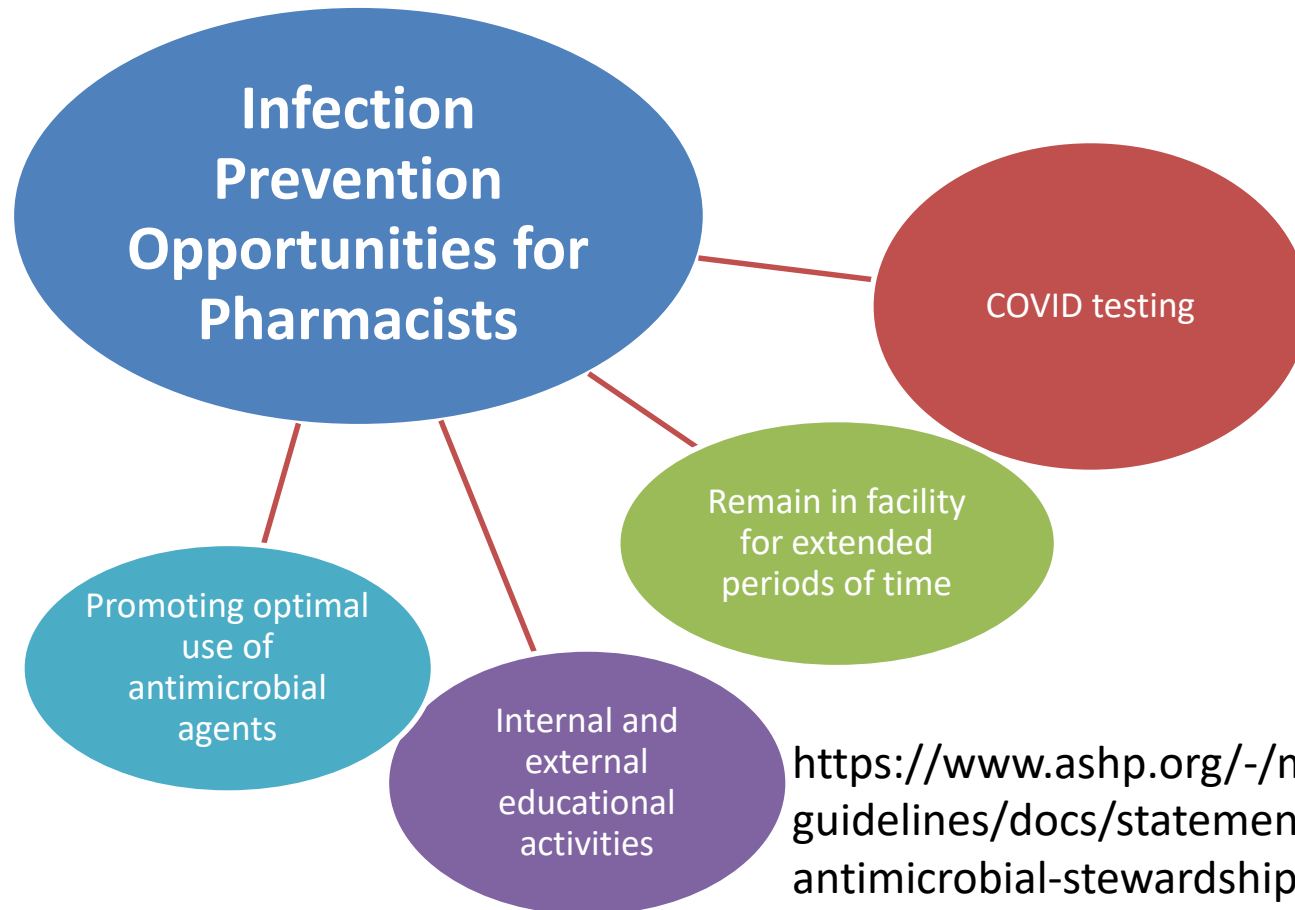
- › Describe current challenges nursing homes, pharmacies and other non-acute settings face with regards to infection prevention and control.
- › Explain current federal regulations and guidances around infection prevention and infection reporting in nursing homes.
- › Outline how facilities can use surveillance data for the prevention, early detection and mitigation of a potential COVID-19 outbreak.
- › Describe lessons learned from infection prevention technology use in acute settings and how they can be applied to the non-acute setting.



The CDC reports:

- 1 to 3 million serious infections occur every year in these facilities.
- Infections include urinary tract infection, diarrheal diseases, antibiotic-resistant staph infections and many others.
- Infections are a major cause of hospitalization and death; as many as 380,000 people die of the infections in LTCFs every year.
- And the estimated annual costs of subsequent admissions are ~\$673 Million-\$2 Billion

<https://www.cdc.gov/longtermcare/index.html>



<https://www.ashp.org/-/media/assets/policy-guidelines/docs/statements/pharmacists-role-antimicrobial-stewardship.ashx>

Nursing Home Spotlight at the Federal level: Attention on Infection Prevention

Pre-COVID: Revised Conditions of Participation for Nursing Homes

Phased in over a 3-year period:

- › Effective November 28, 2016: Specific components of an effective infection prevention and control program (IPCP) including a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for residents and staff must be in place.
- › By November 28, 2017: Facilities required to develop an antibiotic stewardship program to combat the growing concern of multi-drug resistant organisms.
- › Effective November 28, 2019: Specialized training in infection prevention and control for the individual(s) responsible for the facility's IPCP.

CMS IP Action for Nursing Homes on COVID-19

Date	Action
March 4	Guidance related to the screening of entrants into nursing homes.
March 10	Guidance related to the use of PPE.
March 13	Guidance on the restriction of nonessential medical staff and all visitors.
April 2	Call to action for nursing homes and state and local governments reinforcing infection control responsibilities and urging leaders to work closely with nursing homes on access to testing and PPE.
April 19	Announced it will require nursing homes to report COVID-19 cases to all residents and their families and to CDC. On May 1 , CMS proposes policy in an Interim Final Rule (IFR), became effective on May 8.
May 6	Memo to State Survey Agency directors the new IFR reporting requirements.
May 13	New informational toolkit - recommendations and best practices.
May 18	Guidance for state and local officials on the reopening of nursing homes.
June 1	Guidance to states on COVID-19 survey activities, CARES Act funding, enhanced enforcement for infection control deficiencies, and quality improvement activities in nursing homes.

CMS IP Action for Nursing Homes on COVID-19 (continued)

Date	Action
June 4	First set of underlying COVID-19 nursing home data and results from targeted inspections since March 4 linked on Nursing Home Compare .
June 23	FAQs on nursing home visitation.
July 10	Announcement CMS will deploy Quality Improvement Organizations (QIOs) across the country to assist nursing homes in hotspot areas.
July 22	CMS announced several new initiatives designed to protect nursing home residents from COVID-19, including new funding, enhanced testing and additional technical assistance and support.
August 7	HHS announced \$5 billion in Provider Relief Funds to protect residents of nursing homes.
August 14	Nursing home enforcement actions released .
August 25	National training program to strengthen nursing home infection control practices launched. New IFR includes new testing requirements for staff and residents and non-reporting enforcement action.

Congressional Activity on Nursing Homes

Senate Aging

- *Nursing Home COVID-19 Protection and Prevention Act of 2020*
Ranking Member Bob Casey (D-PA) and Sen. Sheldon Whitehouse (D-RI)

Senate Finance

- *Emergency Support for Nursing Homes and Elder Justice Reform Act of 2020*
Chairman Chuck Grassley (R-IA) and Sens. Steve Daines (R-MT) and Martha McSally (R-AZ)

House Ways & Means

- HEROES Act
- Chairman Richard Neal (D-MA) ramping up efforts to curb overuse of antipsychotics- hearings, letters to CMS Administrator Seema Verma, HUD Secretary Ben Carson, and other stakeholders

Key Takeaways

- › Infection control is an ongoing challenge for nursing homes due to the patient population served and congregant nature of the facilities.
- › While infection prevention challenges already existed, the magnitude of infections and deaths during COVID-19 has brought renewed government and media attention to the issue.
- › Nursing homes should expect continued regulation and enforcement around infection control. Proactive prevention planning and preparation will be key.

Polling Question

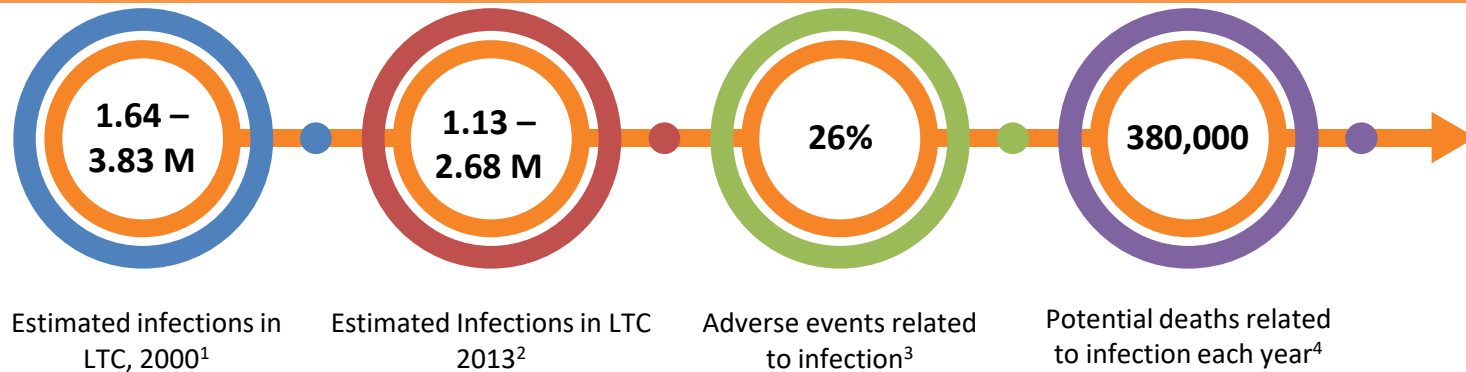
The government has taken which of the following action towards nursing homes during the COVID-19 pandemic?

- A. Released a “best practices” toolkit
- B. Imposed civil monetary penalties for non-reporting of COVID cases
- C. Distributed dollars through the Provider Relief Funds
- D. None of the above
- E. All of the above

Technological Solutions to IP and Best Practices

Burden of Infection in Long-Term Care

The need for infection prevention and control in LTCFs is more critical than ever before for the more than 3 million Americans receiving geriatric care in U.S



1. Strausbaugh LJ, Joseph CL. The burden of infection in long-term care. *Infect Control Hosp Epidemiol*. 2000 Oct;21(10):674-9.
2. Herzig CTA, Dick AW, Sorbero M, Pogorzelska-Maziarz M, Cohen CC, Larson EL, Stone PW. Infection Trends in US Nursing Homes, 2006-2013. *J Am Med Dir Assoc*. 2017 Jul 1;18(7):635.e9-635.e20. Epub 2017 May 25.
3. Adverse Events in Skilled Nursing Facilities: National Incidence Among Medicare Beneficiaries <https://oig.hhs.gov/oei/reports/oei-06-11-00370.pdf>
4. Teresi JA, Holmes D, Bloom HG, Monaco C & Rosen S. Factors differentiating hospital transfers from long-term care facilities with high and low transfer rates. *Gerontologist*. Dec 1991; 31(6):795-806.

Technology, expert clinical services, and shared learning can help organizations achieve their goals.



Infection Prevention oversight and training is challenging:

- High resident to staff ratios increase the lack of infection prevention practices
- Specialty services, such as pharmacists for antimicrobial stewardship, are lacking onsite
- Functions are often outsourced to outside agencies, who then hold the data

These challenges are compounded by the lack of technology:

- EHRs are usually without a consolidated infection prevention workflow solution
- Surveillance, tracking and reporting processes lack automation for everyday risks such as MDROs and for outbreaks like COVID
- Regulatory requirements for COVID testing difficult to implement and manage

Solutions and Capabilities

Solutions

INFECTION CONTROL ASSISTANT

Consolidated clinical surveillance workflow designed for infection preventionists for the identification, investigation, documentation, and reporting of HAIs.

PHARMACY ASSISTANT

Consolidated workflow designed for clinical pharmacists to identify at-risk patients, improve their care, and document their impact.

CLINICAL ASSISTANT

Mobile app which places the power of clinical surveillance in your hands. It enables clinicians to access and act on patient data, anytime, anywhere.

Capabilities

SURVEILLANCE

Act!

Alerts

500+ Pre-Built Alerts available to notify clinicians of patient issues in real-time

EZ Alerts

Customizable Alerts available to notify clinicians of patient issues in real time

Surveillance Lists

Micro, Surgery, Medication, and Lab Surveillance that identifies actionable list of patients

Rosters

User-defined patient lists used for rounding, alerts, surveillance, and other purposes

DOCUMENT

Record!

Infection/Event Form

Supports IP investigations of infections for internal, state, and NHSN reporting needs

Flags

Electronic marker used to identify patients based on a specified set of clinical criteria; documentation for clinical communication

Intervention Assistant

Supports documentation of pharmacy directed interventions in patient care

Patient Notes

Patient-level documentation for clinical communication in Rounds Assistant and Anticoagulation Assistant

ANALYSIS

Know!

Reports

User-configurable reports that provide access to the data users need

Analytics

User-configurable, interactive analysis which helps identify trends and opportunities

Dashboards

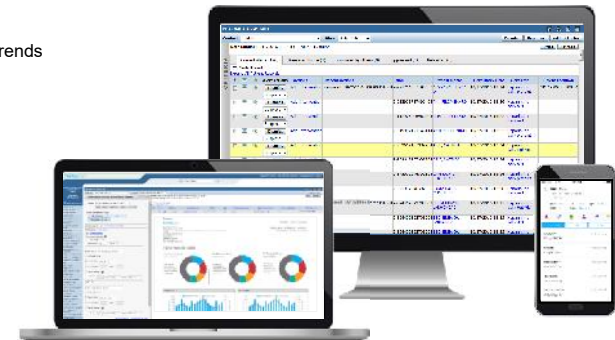
User-configurable, interactive dashboard for enterprise tracking of HAIs and other IP measures to meet supporting trend analysis and internal reporting needs

REGULATORY

Comply!

NHSN Submission

Supports patient identification, investigation, documentation, validation, and submission of data to NHSN



Clinical Optimization Services

Workflow Redesign

Remote Surveillance

Simplified COVID 19 Management

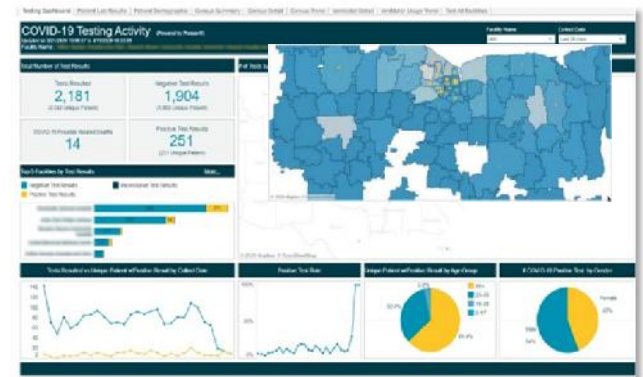


Reduce data collection time
78% create outbreak reports
using surveillance flags

COVID-19 FLAGS



Real-time alert
notifications for symptomatic,
tested, and positive residents
COVID-19 ALERTS



Comprehensive Dashboard
with interactive analytics by
system, facility and resident
COVID-19 DASHBOARD

Established Surveillance Technology

Effective Patient Care

- Proven increase in more direct impact in patient care
- Observed reductions in Infection related mortality, Length of Stay by **2 days**¹ and **50%** reductions in Foley days and CAUTI infections²

Quality Improvement

- Increase timely quality reporting with less manual work³
- Enable Antimicrobial Stewardship, cost, and time savings⁴

› Reduce data entry time 78% of reports using flags

› COVID-19 FLAGS

COVID-19 ALERTS

COVID-19 DASHBOARD

1. Pogue JS, Mynatt RP, Marchaim D, Zhao JJ, Barr VO, Moshos J, Sunkara B, Chopra T, Chidurala S, Kaye KS. Automated Alerts Coupled with Antimicrobial Stewardship Intervention Lead to Decreases in Length of Stay in Patients with Gram-Negative Bacteremia. Infection Control and Hospital Epidemiology 2014;35(2):132-138

2. Parkland Hospital and Research Medical Center, TheraDoc Helps Hospitals Significantly reduce CAUTIs

3. Implementation of TheraDoc® Clinical Surveillance Technology: Tampa General Hospital's Infection Prevention & Pharmacy Departments Work Together

4. Detroit Medical Center, Enhancement of Antimicrobial Stewardship with TheraDoc Clinical Decision Support Software

Automated Alerts and Flags Enable Easy Surveillance & Lead to Savings

Automated notification of MDROs and culture results

- Can be used for UTI and Lab ID surveillance
- can be delivered to pager, email or via Clinical Assistant app

Automated Flagging for organisms, isolation status and medication management



Drug alerts and medication lists can be used to track adherence to vaccination schedules

Out of the box alerting for compliance with Antimicrobial Stewardship regulations

- Stewardship can be done remotely¹
- Decrease medication errors and unnecessary costs exponentially by enabling Pharmacists⁴

Ad hoc alert builder for **customized** alerting

Expanding antimicrobial stewardship and improving antibiotic utilization resulting in member savings^{2,3}

\$200K+

Develop comprehensive, multifaceted ASP with minimal addition of FTE resources³

Prevent HUNDREDS of adverse events



Serve Patients and Your Bottom Line

Expand Stewardship



1. Howell, C.K., Jacob, J., Mok, S. Remote Antimicrobial Stewardship: A Solution for Meeting The Joint Commission Stewardship Standard? Hospital Pharmacy, 2019, 54(1) 51-56.

2. King's Daughters Medical Center, Expand Antimicrobial Stewardship to Outpatient Settings

3. Echevarria K, Smith G, Tierney C, Patterson J, Cadena-Zuluaga J. Utility of an Electronic Clinical Surveillance System to Facilitate Tracking of Multidrug-Resistant Organisms (MDRO) and Antimicrobial Stewardship in a VA Medical Centre. ElectronicHealthcare 2011;10(2):e30-e37

4. Palmetto (Prisma) Health System, TheraDoc® Technology Helps Pharmacists Reduce Medication Errors & Costs

Tracking and Reporting – Get Back to Patient Care

*Surveillance time decreased from 5 about **3 hours a day***

*10 hours per week in time **SAVED** in identifying high-risk patients, conducting patient reviews, completing documentation, and reporting infection data¹*



Use documentation tools such as flags, intervention and infection documents to record required quality and safety elements.

These can then be used for easy reporting to get you away from the desk and back to taking care of patients



1. Hartford Healthcare, Automated Surveillance Facilitates Standardized Workflow & Documentation Across Six Hospitals, Saving Valuable Staff Time

Protect. Prevent. Prepare

Leverage your data.

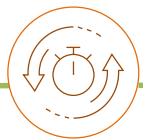
Empower your Infection Prevention team with

- Real time alerting and documentation
- Clinical Documentation

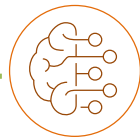


50%

Decrease in Foley Days
and CAUTI



Staff efficiency



Gain clear insight .



Leverage your data.

Protect. Prevent. Prepare

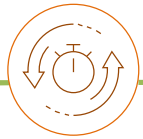
Staff efficiency

Increase Intervention & Reduce Costs
in Antimicrobial Stewardship

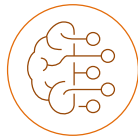


33%

Increase in antibiotic
related interventions ¹



Staff efficiency.



Gain clear insight.



Leverage your data.

1. HSHS, TheraDoc Enhances Antimicrobial Stewardship at HSHS St Elizabeth

Protect. Prevent. Prepare

Gain clear insight.

Apply technology to create opportunity for improvement and elimination of error



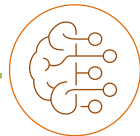
Over \$65k

Member Savings through discontinued and deescalated antibiotics¹

- Meet State and Federal recommendations
- Apply intelligence through stewardship
 - *Easily identify drug-bug mismatches, duplication of therapy, and opportunities for de-escalation or discontinuation of therapy*



Staff efficiency.



Gain clear insight.



Leverage your data.

1. Ellis Medicine, Antibiotic Stewardship Program Supported by TheraDoc Increases Pharmacy Interventions and Reduces Cost.

Protect. Prevent. Prepare

Leverage your data.

Empower your Pharmacy team with

- Clinical Decision Support
- Clinical Documentation
- Cost savings and return¹

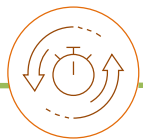


\$2.9M

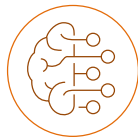
Member Savings through
Clinical Decision Support

96%

Increase per year



Staff efficiency.



Gain clear insight.



Leverage your data.

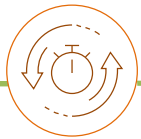
1. Calloway S, Akilo HA, Bierman K. Impact of a clinical decision support system on pharmacy clinical interventions, documentation efforts, and costs. Hosp Pharm. 2013;48(9):744-752.

Protect. Prevent. Prepare

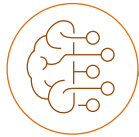
WERE **you** prepared for COVID?

ARE **you** prepared for the next survey?

DO **you** have the right data to support your team?



Staff efficiency.



Gain clear insight.



Leverage your data.

Polling Question

Clinical surveillance technology can be used to help with

- A. Lab and microbiology results
- B. Regulatory compliance
- C. Analytics
- D. None of the above
- E. All of the above

Polling Question

Infection prevention challenge(s) in LTC include

- A. Elderly population at increased risk for infection/underlying medical conditions
- B. The government has fully funded EHRs, but LTCFs have not yet adopted them
- C. Common infections cannot be prevented
- D. None of the above
- E. All of the above