

AHFSA/CMS/CDC
Infection Prevention and Control/HAI Workgroup
Project Plan

Project: Promoting Prevention and Control of *Clostridium difficile* in Long Term (LTC) facilities

Purpose: To promote prevention and control of *Clostridium difficile* infection (CDI) in LTC facilities by providing educational resources and tools for improving hand hygiene, appropriate use of contact precautions/personal protective equipment (PPE) during care of residents with CDI, antibiotic stewardship, communication of CDI risk factors (e.g., history of CDI, recent antibiotic use) during transitions of care, and environmental cleaning.

Goal: By September 30, 2018, demonstrate State Survey Agency (SSA) distribution of Centers for Disease Control and Prevention (CDC) and Centers for Medicare and Medicaid Services (CMS) CDI prevention toolkit in 90% of the 10 Workgroup Member states.

By September 30, 2019, demonstrate SSA distribution of CDI prevention toolkit in 80% of states nationally.

Partners: See attached listing of participants from AHFSA representing the 10 regions, CMS, and CDC. It is the intent that each AHFSA regional representative share information with the states within their region.

Plan: After discussion with the various partners, it was determined that the plan should include the following:

1. Identification of additional partners on the national, state and local level to work on CDI prevention and control in LTC facilities.
2. Identification of existing tools in collaboration with CDC, Healthcare Associated Infections/Infection Control Assessment and Response (HAI/ICAR) state health department representatives, Quality Improvement Network/Quality Improvement Organization (QIN/QIO), and health care epidemiology professional organizations.
3. Support from CDC and CMS to compile a list of tools and resources that are currently available. Specific areas include:
 - Hand hygiene

- Contact precautions
- Antibiotic Stewardship
- Environmental Cleaning
- Transitions of Care

This resource list could be shared with AHFSA Regional Representatives and state survey agencies to disseminate to nursing home providers as part of CDI prevention education.

4. Baseline data related to processes (adherence to recommended infection control and other related practices) assembled from available sources including annual recertification findings of facility infection control programs and antibiotic stewardship (F441, F800, and F881).

Recent survey data can be used to identify facilities with weaknesses in current infection control practices that may benefit from education, resources and technical assistance. Survey agencies in pilot states will explore creation of a referral process to QIN-QIOs and HAI/ICAR Program Coordinators who can assist LTC providers in addressing the gaps in infection control or antibiotic stewardship identified during surveys. Scope and severity of infection control deficiencies will be a consideration when referring for technical assistance.

5. Promotion of CDI prevention education by State Agencies to facility direct care staff through distribution of the “Infection Prevention and Control Resource List, including a focus on *Clostridium difficile* Prevention and Control.”
6. Encouragement by State survey agencies, QIN-QIO, and state HAI/AR program coordinator for LTC facilities to sign-up and report CDI events via the National Healthcare Safety Network (NHSN).
7. Encouragement by State survey agencies for LTC facilities to contact their state HAI/ICAR program coordinators to participate in an infection control assessment and response (ICAR) visit and assessment to review current infection prevention and stewardship practices as soon as possible.
8. Collection and review of project data by the AHFSA Infection Prevention and Control Workgroup to determine if an improvement has occurred at the end of the first year.

Survey agencies can track the number of LTC facilities referred to HAI/ICAR Program Coordinators and to the QIN/QIOs for infection control technical assistance and see whether improvements (i.e., fewer IC citations or reduced scope/severity of deficiencies) occurred by the next recertification visit. (See number 4 above for data to be collected).

9. Determination by the AHFSA Infection Prevention and Control Workgroup to determine if any changes that should be made to the project and work with LTC facilities and state partners should continue. Feedback on current project status provided to AHFSA Regional Representatives and SSA to determine further work with LTC facilities and state partners.
10. Data collection and analysis by the AHFSA Infection Prevention and Control Workgroup at the end of the second year to determine the success of the project.

Timeframes:

- In April 1, 2018, the project will be rolled out through the ten regional workgroup representatives to the LTC facilities in their states.
- Steps 1-3 will be accomplished at project initiation.
- Step 4, the collection of data resulting from survey of nursing facilities, will be accomplished on an ongoing basis from April 1, 2018, through March 31, 2019, year 1 of the project period.
- Steps 5-7, the 10 workgroup states will notify and educate the LTC facilities in their states related to the project, the CDI prevention and control resource list, and other resources discussed in these steps, will be accomplished throughout the project period.
- Steps 8 and 9, the collection and review of data after one year (April 1, 2018 to March 31, 2019), will be accomplished by June 1, 2019, and changes made to the project as needed.
- Steps 5-10 will continue for an additional year (April 1, 2019 to March 31, 2020) by rolling out to all SSAs through the workgroup representatives in their respective regions. At the conclusion of this timeframe, data resulting from the project will be reviewed to determine if the goals of the project have been accomplished.