

April 2024

# Simple Strategies



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## Simple Strategies for Enhanced Barrier Precautions

On March 21, the Centers for Medicare & Medicaid Services (CMS) issued [QSO-24-08-NH](#) which contains new guidance to providers and state survey agencies related to enhanced barrier precautions (EBP). This new guidance is being incorporated in F880 Infection Prevention and Control to assist Long-

Term Care (LTC) surveyors when evaluating the use of EBP in nursing homes.

**What this means:** Effective April 1, 2024, surveyors will evaluate the use of EBP when reviewing sampled residents for whom EBP are indicated and focus their evaluation of EBP use as it related to MDROs targeted by the Centers for Disease Control and Prevention (CDC). CMS updated the [survey critical element pathways](#) (CEPs).

The affected CEPs include:

1. CMS-20054 Infection Prevention Control and Immunization
2. CMS-20068 Urinary Catheter or UTI
3. CMS-20070 Dental
4. CMS-20071 Dialysis
5. CMS-20078 Pressure Ulcer
6. CMS-20081 Respiratory Care
7. CMS-20093 Tube Feeding

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## Enhanced Barrier Precautions

In 2019, the CDC introduced a new approach to the use of personal protective equipment (PPE) called EBPs as a strategy in nursing homes to decrease transmission of CDC-targeted and epidemiologically important MDROs when contact precautions do not apply. The approach recommended gown and glove use for certain residents during specific high-contact resident care activities associated with MDRO transmission and did not involve resident room restriction.

In July 2022, the CDC released updated EBP recommendations for [Implementation of Personal Protective Equipment \(PPE\) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms \(MDROs\)](#).

The updates:

- Added additional rationale for the use of EBPs in nursing homes, including the high prevalence of multidrug-resistant organism (MDRO) colonization among residents in this setting.
- Expanded residents for whom EBP applies to include any resident with an indwelling medical device or wound (regardless of MDRO colonization or infection status).
- Expanded MDROs for which EBP applies.

- Clarified that, in the majority of situations, EBP are to be continued for the duration of a resident's admission.

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## Description of Enhanced Barrier Precautions

According to the CDC, EBPs expand the use of PPE and refers to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing. MDROs may be indirectly transferred between residents during these high-contact care activities. Nursing home residents with wounds and indwelling medical devices are at especially high risk of both acquisition of and colonization with MDROs. The use of gown and gloves for high-contact resident care activities is indicated, when contact precautions do not otherwise apply, for nursing home residents with wounds and/or indwelling medical devices regardless of MDRO colonization as well as for residents with MDRO infection or colonization.

### **Examples of MDROs Targeted by the CDC include:**

- Pan-resistant organisms,
- Carbapenemase-producing carbapenem-resistant Enterobacterales,
- Carbapenemase-producing carbapenem-resistant *Pseudomonas* spp.,
- Carbapenemase-producing carbapenem-resistant *Acinetobacter baumannii*, and
- *Candida auris*

### **Additional epidemiologically important MDROs may include, but are not limited to:**

- Methicillin-resistant *Staphylococcus aureus* (MRSA),
- ESBL-producing Enterobacterales,
- Vancomycin-resistant *Enterococci* (VRE),
- Multidrug-resistant *Pseudomonas aeruginosa*,
- Drug-resistant *Streptococcus pneumoniae*

Examples of high-contact resident care activities requiring gown and glove use for **EBPs** include:

- Dressing
- Bathing/showering
- Transferring
- Providing hygiene
- Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator

- Changing linens
- Changing briefs or assisting with toileting
- Wound care: any skin opening requiring a dressing

In general, gown and gloves would not be required for resident care activities other than those listed above, unless otherwise necessary for adherence to Standard Precautions. Residents are not restricted to their rooms or limited from participation in group activities. Because Enhanced Barrier Precautions 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.

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## Implementation of Enhanced Barrier Precautions

When implementing Enhanced Barrier Precautions, it is critical to ensure that staff have awareness of the facility's expectations about hand hygiene and gown/glove use, initial and refresher training and access to appropriate supplies. Steps to accomplish this include:

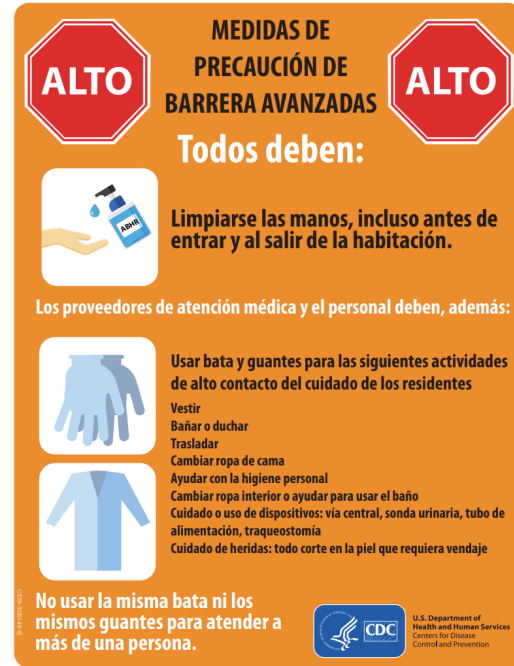
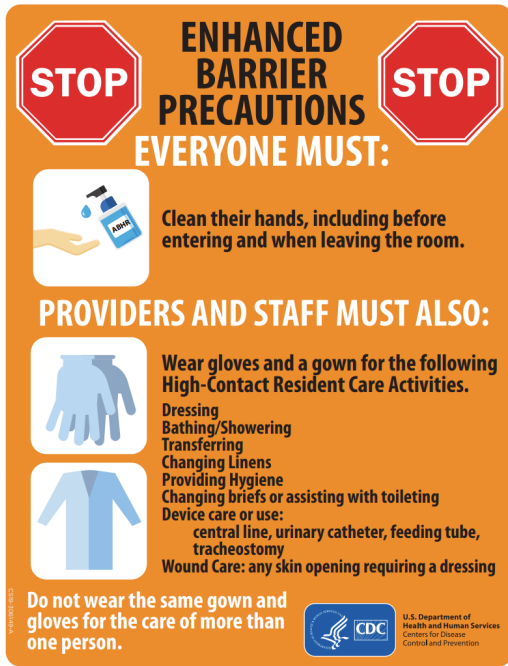
### **Pre-Implementation**

- Notify staff, residents, and visitors about EBP
  - [EBP: Letter to Residents, Families and Volunteers](#)
  - [EBP: Letter to Nursing Home Staff](#)
  - [EBP: Letter to Nursing Home Leadership](#)
- Educate staff
  - [Enhanced Barrier Precautions Pocket Card](#)
  - [Multidrug-Resistant Organisms Pocket Card](#)
  - [EBP: Quick Guide for Nursing Home IPs](#)
  - [Barrier Precautions Flyer](#)
- Use the CDC's [Pre-Implementation Tool—Enhanced Barrier Precautions \(EBP\)](#) as a guide for developing a successful plan for the implementation of EBP.

### **Implementation**

- Use [Enhanced Barrier Precautions in Nursing Homes Algorithm](#) to determine whether EBPs may apply to an individual resident. If a resident meets criteria for EBP, the algorithm provides implementation steps.

- Post clear signage like the ones below in English and Spanish on the door or wall outside of the resident room. Signage should also clearly indicate the high-contact resident care activities that require the use of gown and gloves.



[CDC Enhanced Barrier Precautions - English](#)

[CDC Enhanced Barrier Precautions - Spanish](#)

- Make PPE, including gowns and gloves, available immediately outside of the resident room.
- [Download the Summary of Personal Protective Equipment \(PPE\) Use and Room Restriction When Caring for Residents in Nursing Homes.](#)
- Ensure access to alcohol-based hand rub (ABHR) in every resident room (ideally both inside and outside of the room).
- Position a trash can inside the resident room and near the exit for discarding PPE after removal, prior to exit of the room or before providing care for another resident in the same room.
- Incorporate periodic monitoring and assessment of adherence to determine the need for additional training and education.

Table: Summary of Personal Protective Equipment (PPE) Use and Room Restriction When Caring for Residents in Nursing Homes: [Accessible version: https://www.cdc.gov/nursinghomes/ppe/summary-table.html](https://www.cdc.gov/nursinghomes/ppe/summary-table.html)

Precautions	Applies to	PPE used for these situations	Required PPE	Room restriction
<b>Standard Precautions</b>	All residents	Any potential exposure to: <ul style="list-style-type: none"> <li>Blood</li> <li>Body fluids</li> <li>Mucous membranes</li> <li>Non-intact skin</li> <li>Potentially contaminated environmental surfaces or equipment</li> </ul>	Depending on anticipated exposure: gloves, gown, mask or eye protection. Change PPE before caring for another resident.	None
<b>Enhanced Barrier Precautions</b>	All residents with any of the following: <ul style="list-style-type: none"> <li>Infection or colonization with a MDRG when Contact Precautions do not otherwise apply</li> <li>Wounds and/or indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator) regardless of MDRG colonization status</li> </ul>	During high-contact resident care activities: <ul style="list-style-type: none"> <li>Dressing</li> <li>Bathing/showering</li> <li>Transferring</li> <li>Providing hygiene</li> <li>Changing linens</li> <li>Changing briefs or assisting with toileting</li> <li>Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator</li> <li>Wound care: any skin opening requiring a dressing</li> </ul>	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
<b>Contact Precautions</b>	All residents infected or colonized with a MDRG in any of the following situations: <ul style="list-style-type: none"> <li>Presence of acute diarrhea, draining wounds or other sites of excretion that are unable to be covered or contained</li> <li>Any resident (regardless of diagnosis) in consultation with public health authorities, an unit or in facilities during the investigation of a suspected or confirmed MDRG outbreak</li> <li>When otherwise directed by public health authorities</li> </ul> All residents who have another infection (e.g., C. difficile, norovirus, salmonella) 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 (on before room entry, off 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

[Frequently Asked Questions \(FAQs\) about Enhanced Barrier Precautions in Nursing Homes](#) are for nursing homes to support implementation of EBP according to the current (July 2022) CDC guidance.

# QAPI in Action

Nursing homes are required to establish a surveillance system as part of their infection prevention and control program under F880 and F865 – QAPI/QA&A. This surveillance system must include both **outcome surveillance** of infections and pathogens in the facility and **process surveillance** of the review of practices by staff directly related to resident care.

Observational audits to assess actual staff performance is an essential component of process surveillance. Observational audits are very different from assessing staff performance during mandatory education to validate competencies. It is meant to assess how staff apply competencies and skills during their day-to-day work.

HQIN's [Understanding Audit Practices](#) resources will equip your team with an understanding of auditing practices that can be implemented to support increased rates of compliance.

The CDC has developed an [Enhanced Barrier Precautions \(EBP\) Implementation — Observations Tool](#) and [Spreadsheet-to-Capture-and-Summarize-EBP-Observations](#), which are designed to support conducting observations of healthcare personnel (HCP) using EBP during high-contact resident care activities as a part of auditing and feedback.



### Competency Check vs. Observational Audit

Competencies/Skills Check	Observational Audit
<b>GOAL:</b> To validate understanding and demonstrate the ability to perform the task in a structured setting.	<b>GOAL:</b> A system to validate on-going compliance and performance in the normal work environment.
Per facility risk assessment qualified team member utilizes standardized facility tools to educate and evaluate staff.	Staff/leaders trained by a qualified team member in the focused area to identify gaps in procedures. These Auditors report back to the qualified team member. EX of qualified team member: Injection Safety may be RN Educator; Food Service audit may be Dietary Director or RD.
The employee <b>is</b> aware of the observation.	Best practice: The employee <b>is not</b> aware of the observation.
Ideally, training is provided upon hire and annually. Training should follow the organizational policies and procedures. Preferred in Skills lab. Typically, scheduled education/skills fair	Review of procedure <b>is not</b> completed first: Goal is to evaluate current knowledge and skill during normal work environment. Best completed in the normal work environment. Not scheduled with staff.
If education, coaching, correction is required, and the employee demonstrates/verbalizes understanding = <b>met/pass</b>	If education, coaching, correction is required, and the employee demonstrates understanding = <b>not met/fail</b>
Performed and documented <b>annually</b> and as needed with new procedures or procedural updates.	Performed <b>regularly</b> per QAPI Team guidance. Captures all shifts including weekends.
Feedback is provided during demonstration (watch one, do one).	Feedback is provided afterward due to the presence of resident. Immediate feedback provided to prevent an error or injury. Provide and document 1:1 Education/Coaching of gaps identified.
Results are placed in employee file for staff education requirements and utilized for survey evidence of competency.	Results are aggregated for tracking/trending and retained as a part of your QAPI program.

This material was prepared by Health Quality Improvement (HQIN), a Quality Improvement 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. 12/20/19HQIN-QIO-0662-10/23/23

## Is Your Emergency Preparedness Plan Survey Ready?

Our team of experts at the Health Quality Innovation Network (HQIN) offers free support to ensure your facility's emergency preparedness plan meets all the necessary criteria.



Take our online assessment, which guides you through a series of questions that will **quickly identify what could be missing** in your current emergency preparedness plan. After you submit your responses, an HQIN quality advisor will review your responses and provide you with tools and resources to help support survey readiness.

Ready to get started? Scan the QR code or click the button below:

[Click HERE to Take the Assessment](#)

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## ASCP Immunization Billing Support

In an effort to support healthcare provider challenges surrounding COVID-19, flu and pneumonia vaccination rates, the HQIN team recently subcontracted with the American Society of Consultant Pharmacists (ASCP).



Through this partnership, ASCP contacts will provide technical assistance for vaccine billing questions and process options to support your immunization efforts.

Please email requests or questions to [lrc@hqi.solutions](mailto:lrc@hqi.solutions).

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## HQIN Workforce Strategy Resources

The key to creating a successful staffing profile is to strategically manage all facets of recruitment and hiring processes using current industry trends, electronic platforms, adequate training, and a positive candidate experience.



The Applicant Tracking System, which can be downloaded on the [Workforce Strategies](#) resource center web page, will assist with selecting an appropriate applicant tracking system to efficiently process inquiries and applications from prospective new hires. The Social Media Guidelines resource will assist with content strategies and recommendations for effective use of the various social media platforms to reach prospective applicants.

**What to look for in an Applicant Tracking System (ATS)**

**Compliance and Credential Management**

- Ensure the ATS can manage compliance with healthcare regulations such as HIPAA
- Look for features that facilitate the management of nursing credentials, certifications, licenses, background checks, etc.

**Customizable Job Listings**

- The ATS should allow you to create and customize job listings tailored to roles in your organization
- Look for an ATS that has templates and tools to help create compelling job postings

**Automated Workflow and Communication**

- Look for ATS platforms that offer job board integration and also allows for links to your company website and social media pages
- Look for automation features that streamline the recruitment process such as interview scheduling, email notifications, etc.
- The ATS should have a messaging feature that will assist with facilitating communication with candidates throughout the hiring process, providing templates for personalized emails and text messages

**Collaboration and Review Tools**

- Choose an ATS that enables collaboration among hiring team members, allowing them to review resumes, provide feedback and track the candidate's progress through the hiring process
- Look for unique features such as candidate scoring, notes and candidate rating systems to streamline decision-making

**Integration with HR and Payroll Systems**

- Choose an ATS that integrates seamlessly with existing HR systems and payroll software to ensure smooth onboarding and employee management processes
  - Integration capabilities help reduce data entry errors and ensure data is consistent

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## Learning Opportunities

### CDC Continuing Education Webinar: Implementation and Use of Enhanced Barrier Precautions in Nursing Homes

Watch this recorded CDC [webinar](#), which discusses the implementation and use of EBPs in nursing homes. It includes a detailed review and discussion about this CDC infection prevention and control recommendation and a presentation from a long-term care infection preventionist about her successes and challenges implementing EBPs in several nursing homes.

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## Coming Soon: Free In-Person Health Ambassador Trainings!

**Do Not Miss This Opportunity For Your Nursing Home Staff!**

Are you seeking a new way to build trust in the healthcare decision process with residents, families and staff? We know trust is both relational and voluntary. The Be REAL (Relate, Explore, Assist, Leave the door open) framework will prepare individuals to build relationships and incorporate health communication to improve outcomes such as immunizations, infection prevention and much more.



The Health Quality Innovation Network (HQIN) and Johns Hopkins Bloomberg School of Public Health are offering these free regional **in-person Health Ambassador Trainings** for nursing homes.



**Two people may register per facility and a maximum of 40 participants will be allowed for each session.** Recommended participants include all staff, including:

- Nurses
- Infection Prevention Nurses
- Nursing Assistants
- Social Services
- Dietary
- Environmental Services
- Also, please consider sending a resident, family member or volunteer.

These sessions will be interactive and include group discussion, small-group activities, games, as well as an opportunity to practice what has been learned.

## **Save the Dates and Locations for Your State Below**

*Venue location and registration information is coming soon! Stay tuned!*

### **Kansas:**

April 14 - Wichita

April 15 - Topeka

April 16 - Kansas City

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### **Missouri:**

June 4 - Springfield

June 5 - Jackson

June 6 - St. Louis

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### **Virginia:**

June 18 - Roanoke

June 19 - Richmond

June 20 - Tidewater

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## Learning Modules for Nursing Home Staff, Visitors and Residents Teaches Infection Prevention

Infections can be deadly in nursing homes. Solid infection prevention practices, coupled with the COVID-19 vaccine, are key to protecting those who live and work there.

Download our flyer and post it in your nursing home to encourage staff, visitors and residents to learn how to prevent infections. The brief learning modules, which are accessible through a [link on the flyer](#) or by using QR code, will review the dangers of infections and how to prevent them.

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The flyer features a light blue background with a grid pattern. At the top, it states: "Infections can be **harmful** in nursing homes. Solid infection prevention practices, coupled with the COVID-19 vaccine, are **essential** to protecting those who live and work here." Below this text is an illustration of a diverse group of people, including a nurse, a resident, and a visitor, in a nursing home setting. A QR code is located in the lower-left corner of the flyer. To the right of the QR code, the text reads: "Staff, Visitors, Residents: Learn how to prevent infections! We have reliable, current information available at your fingertips. Use the QR code or link below to visit these fun, brief learning modules that review the dangers of infections and how to prevent them, including the importance of being vaccinated." Below this is the URL: <https://www.vivenhealth.com/corporations/HQI>. At the bottom of the flyer, it says "A community initiative brought to you by:" followed by the logos for "HQIN Health Quality Innovation Network" and "Viven Health".

**Infections** can be **harmful** in nursing homes. Solid infection prevention practices, coupled with the COVID-19 vaccine, are **essential** to protecting those who live and work here.

**Staff, Visitors, Residents:** Learn how to prevent infections! We have reliable, current information available at your fingertips. Use the QR code or link below to visit these fun, brief learning modules that review the dangers of infections and how to prevent them, including the importance of being vaccinated.

<https://www.vivenhealth.com/corporations/HQI>

A community initiative brought to you by:

**HQIN** Health Quality Innovation Network

**Viven Health**

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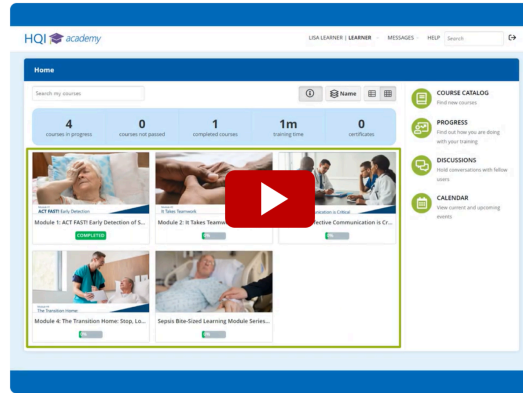
## At Your Fingertips: Bite-Sized On-Demand Learning

Unlock your potential with our new online learning management system, **HQI Academy!** Elevate your quality improvement skills with free online courses for healthcare professionals. Our brief, interactive courses are designed to reinforce best practices and bolster your knowledge in topics directly applicable to your everyday work.

To access HQI Academy, visit <https://hqiacademy.talentlms.com/> and click on "SIGNUP" in the upper right. Complete the concise form to create your account. Once logged in, you'll have access to a variety of courses on the main dashboard. Click on the cover of any course to launch it.

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Watch a brief [introduction video](#) or download this [one-page fact sheet](#) to learn how to access HQI Academy courses and features.



[Sign Up to Access HQI Academy](#)

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### About the Health Quality Innovation Network

Led by Health Quality Innovators and its quality improvement partners, Constellation Quality Health, KFMC Health Improvement Partners and the Kansas Healthcare Collaborative, HQIN is the Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for Kansas, Missouri, South Carolina and Virginia. To learn more about HQIN visit <https://www.hqin.org>.



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