

Guidance and responses were provided based on information known on 07.13.2023 and may become out of date. Guidance is being updated rapidly; users should look to CDC and NE DHHS guidance for updates.



Infection Control Assessment
and Promotion Program

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

COVID-19 and LTC

July 13, 2023

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Slides and a recording of this presentation will be available on the ICAP website:

<https://icap.nebraskamed.com/events/webinar-archive/>

Use the Q&A box in the webinar platform to type a question. Questions will be read aloud by the moderator. If your question is not answered during the webinar, please either e-mail it to NE ICAP or call during our office hours to speak with one of our IPs.



Continuing Education Disclosures

- 1.0 Nursing Contact Hour and 1 NAB Contact Hour is awarded for the LIVE viewing of this webinar
- In order to obtain nursing contact hours, you must be present for the entire live webinar and complete the post webinar survey
- No conflicts of interest were identified for any member of the planning committee, presenters or panelists of the program content
- This CE is hosted by Nebraska Medicine along with Nebraska ICAP and Nebraska DHHS
- Nebraska Medicine is approved as a provider of nursing continuing professional development by the Midwest Multistate Division, an accredited approver by the American Nurses Credentialing Center's (ANCC) Commission on Accreditation

TMF Health Quality Institute CMS Quality Innovation Network- Quality Improvement Organization (QIN-QIO)

Melody Malone, PT, CPHQ, MHA
Quality Improvement Specialist

NHSN Webinar Updates

- **New** [Slides: NHSN COVID-19 Pathway Updates - May-June 2023 Training](#) (PDF)
- **New** [Video: LTCF COVID-19 Module: Surveillance Pathway Updates](#)
- **New** [Slide Updates to the Person-Level COVID-19 Forms](#) (PDF)
- **New** [Slide Weekly COVID-19 Vaccination form updates](#) (PDF)

Updated NHSN Pathway Data Collection Forms and Instructions – as of June 12, 2023

- [COVID-19 Resident Impact and Facility Capacity Pathway Form \(PDF\)](#)
 - › [Table of Instructions \(PDF\)](#)
- [COVID-19 Staff and Personnel Impact Pathway Form \(PDF\)](#)
 - › [Table of Instructions \(PDF\)](#)

NHSN Weekly COVID-19 Vaccination Forms Updated – June 2023

- [Weekly COVID-19 Vaccination Summary Form for Residents \(PDF\)](#)
 - › [Table of Instructions – Residents \(PDF\)](#)
- [Weekly COVID-19 Vaccination Summary Form for Healthcare Personnel \(PDF\)](#)
 - › [Table of Instructions – Personnel \(PDF\)](#)
- Check the website for updated CSV forms and tools: [Weekly Healthcare Personnel and Resident COVID-19 Vaccination Webpage](#)

NHSN Person-Level Forms Updated June 2023

- [Flyer: NHSN COVID-19 Weekly Vaccinations \(PDF\)](#)
- [Instructions for Completion of the Person-Level COVID-19 Vaccination Form for Healthcare Personnel \(PDF\)](#)
- [Instructions for Completion of the Person-Level COVID-19 Vaccination Form for Residents \(PDF\)](#)

NHSN June 26th Up-To-Date Definition and FAQs

- [NHSN COVID-19 Up-To-Date Guidance](#) (PDF)
- [FAQs on Reporting COVID-19 Vaccination Data](#) – Updated June 30, 2023

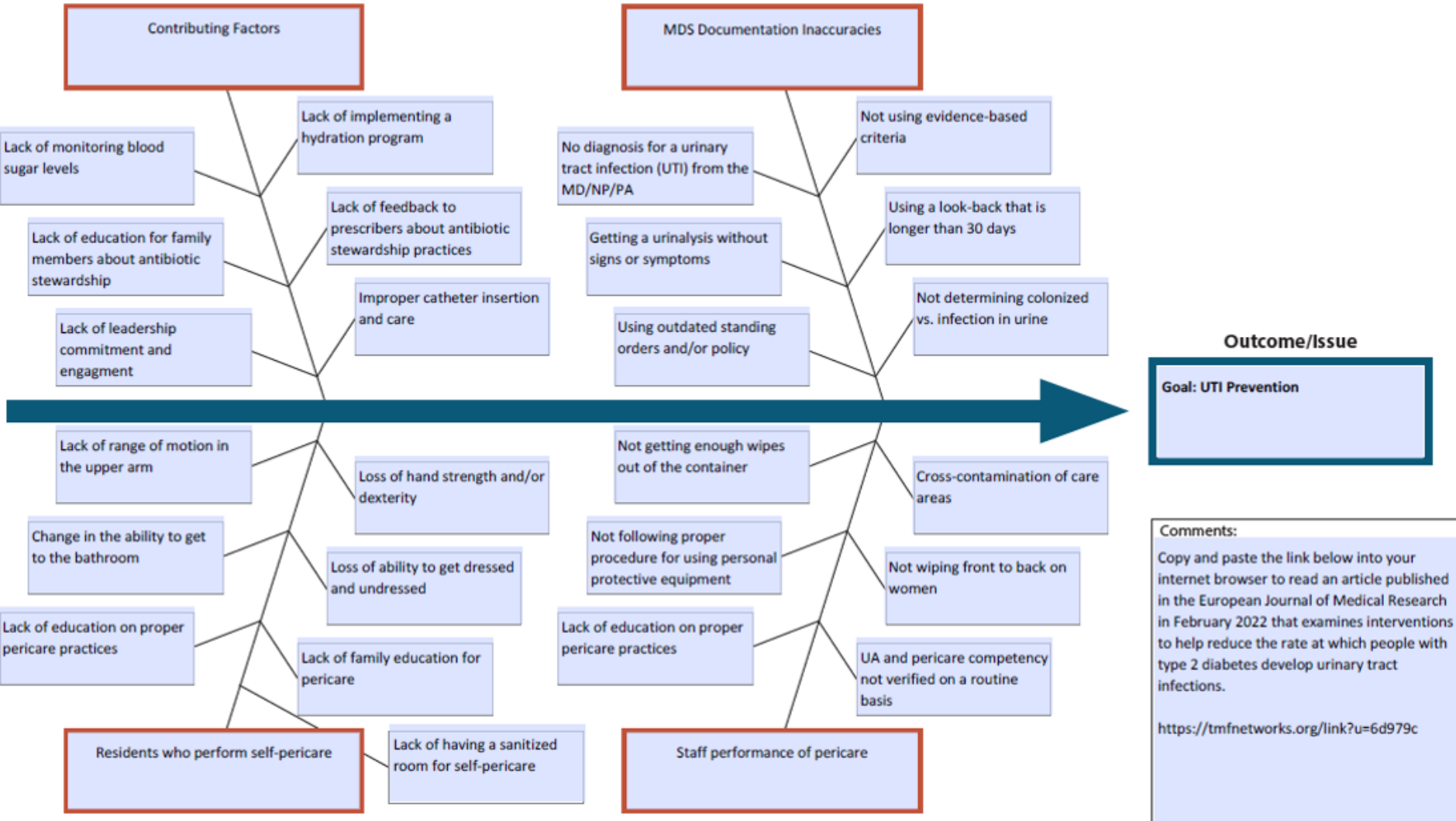
CMS Targeted COVID-19 Training

For frontline nursing home staff and management learning

- Available through the [CMS Quality, Safety & Education Portal \(QSEP\)](#)
- Five frontline nursing home staff modules with three hours total training time
- Ten management staff modules with four hours total training time
- [QSEP Group Training Instructions – English](#) (PDF)
- [QSEP Group Training Instructions – Spanish](#) (PDF)

FISHBONE DIAGRAM: ROOT CAUSE ANALYSIS

Date:



Fishbone Diagram – UTI Example

SBAR for Resident Change in Condition

In Case of Emergency, Call 9-1-1

SITUATION

- My name is _____ I'm calling from _____
- I need to discuss [first name/last name], age _____
- I'm concerned about [his/her] change in _____
_____ (signs/symptoms).

BACKGROUND

- The resident was admitted on _____ (date) with the diagnosis of _____ (current diagnosis).
 - › Previous vital signs taken on _____ (date/time)
BP _____ HR _____ RR _____ Temp _____
SpO2 _____ (on room air or supplemental O2)
- This started on _____ (date).
- The resident is allergic to _____
- The resident's advance care directive is _____

ASSESSMENT (Describe Key Findings)

- My assessment is that the resident is _____ (state sign/symptom). Here are my findings.
 - › Current vital signs taken on _____ (date/time)
BP _____ HR _____ RR _____ Temp _____
SpO2 _____ (on room air or supplemental O2)
 - › The resident has voided _____ times in the last 8 hours.
 - › Mental status is (changed OR unchanged) from baseline: _____
 - › Other findings related to my concern are: _____

RECOMMENDATION

Before calling the physician, NP, PA or other health care professional:

- Evaluate the resident and complete this form.
- Check vital signs; be alert for changes from baseline.
- Review the resident record: recent hospitalizations, lab values, medications and progress notes.
- Note any allergies.
- Be aware of the resident's advance care wishes.

Early Warning Signs

Below list additional abnormal findings found in: exam details, signs, symptoms, diagnostic information, blood work/ labs, observations, resident statements/ complaints, pain, mental status, medication changes, diet, bodily function concerns, input/output, time of onset or other changes in condition that are of concern.

[SBAR for Resident Change in Condition](#)

Summer's Here and the Time Is Right...

For asking a nurse about your COVID-19 vaccination status!



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[Summertime Vaccine Flyer](#)

WANTED

COVID-19 VACCINE CHAMPIONS!



ARE YOU UP TO DATE ON YOUR COVID-19 VACCINATION?

Do you encourage others to receive the bivalent vaccine to protect from severe symptoms of coronavirus?

UNLIMITED REWARD OF MAKING A DIFFERENCE IN THE LIVES OF RESIDENTS AND STAFF



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[Wanted Poster: Vaccine Champions](#)

5

COVID-19 Facts for Grandparents

Five COVID-19 Facts



1. Infants **under 6 months of age cannot be vaccinated** but their grandparents can.
2. Children with COVID-19 often are **without symptoms** and can **spread the disease** to you.
3. Only **18%** of people over 5 years old are **up to date** with COVID-19 vaccination.
4. When **children get sick** with COVID-19, they can get very sick, be admitted to a hospital and/or die.
5. Staying **up to date protects** you, your children and grandchildren.

5

hechos sobre el COVID-19 para los abuelos



1. Los bebés **menores de 6 meses no pueden ser vacunados**, pero sus abuelos sí.
2. Con frecuencia los niños con COVID-19 **no presentan síntomas y pueden contagiarlo**.
3. Solo un **18%** de las personas mayores de 5 años **están al día** con las vacunaciones contra el COVID-19.
4. Cuando **los niños se contagian** con COVID-19, se pueden poner muy enfermos, requerir hospitalización o morir.
5. **Cuando usted se mantiene al día**, se protege y protege a sus hijos y a sus nietos.



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Este material fue preparado por el TMF Health Quality Institute, la Organización para el Mejoramiento de la Calidad y la Red para la Innovación de la Calidad de Atención, un organismo del Centro de Medicina y Atención Primaria (CMAP), una agencia del Departamento de Salud y Servicios Humanos de los EE.UU. El contenido no refleja necesariamente la política de CMAP. (2020) (QIN)-09-23-113 Publicado el 7/02/2021

5 COVID-19 Facts for Grandparents
English

5 COVID-19 Facts for Grandparents
U.S. Spanish

Implementing CLAS to Improve Health Equity Education Series

- CLAS: Culturally and Linguistically Appropriate Services in Health and Health Care National Standards
- [Implementing CLAS to Improve Health Equity: Using patient-centered data to meet CLAS standards video](#)
 - › [Handout: Implementing CLAS to Improve Health Equity: Using patient-centered data to meet CLAS standards \(PDF\)](#)
- [Register: Implementing CLAS to Improve Health Equity](#)
Two Sessions: **Aug. 30, 2023**, and **Oct. 18, 2023**, from 11:30 a.m. — 12:30 p.m. CT

Upcoming TMF QIN-QIO Training

LTC Connect

Staff Culture – Stability and Retention

Thursday, July 20, 2023

1:30 – 2 p.m. CT

Fall Reduction and ADLs – Helping to Prevent ED Visits

Thursday, Aug. 17, 2023

1:30 – 2 p.m. CT

Nursing Home Office Hours

Celebrating and Encouraging Staff

Tuesday, July 25, 2023

1:30 – 2:30 p.m. CT

Register [once](#) for multiple TMF QIN-QIO events

TMF QIN-QIO Resources

Website: tmfnetworks.org

- [How to Create an Account on the TMF Network \(PDF\)](#)
- [Calendar of Events](#)
- [Nursing Home Resources](#)
- [Quality Measures Video Series and Resources](#)
- [Quality Assurance Performance Improvement Video Series](#)

Need Assistance?

Connect With Us!



Email

nhnetwork@tmf.org

Submit requests for help with NHSN and/or quality improvement assistance.



Follow Us on Facebook

[TMF QIN Nursing Home Quality Improvement Facebook](#)

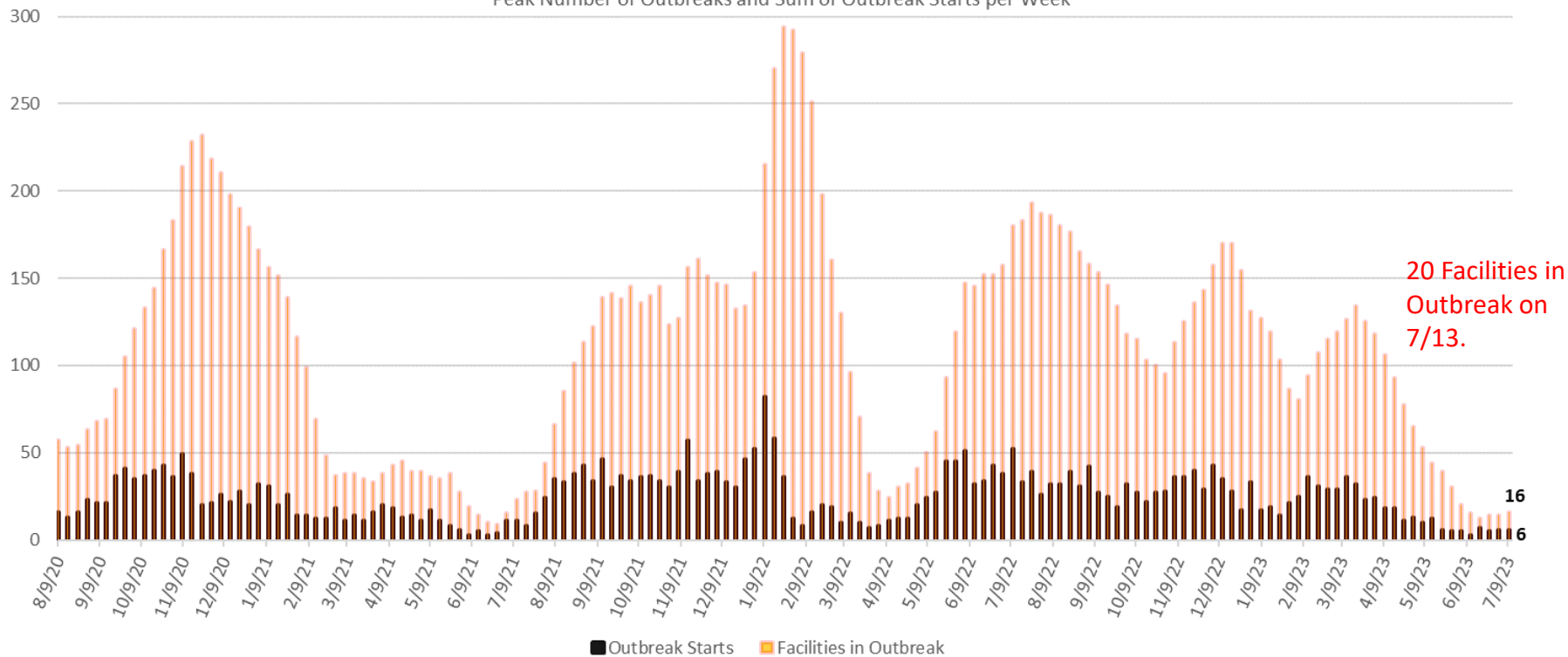
Nebraska Statistics



Nebraska LTC Facility COVID-19 Outbreaks

Nebraska LTC Facilities in COVID Outbreak by Week

Peak Number of Outbreaks and Sum of Outbreak Starts per Week



**Updated: 7/10/2023

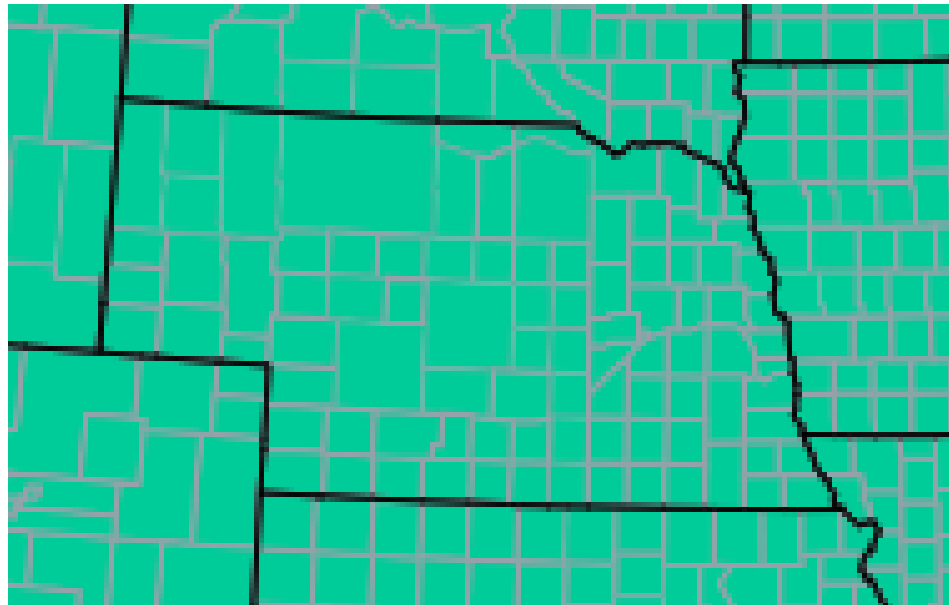
Source: Unofficial Counts Compiled by Nebraska ICAP based on data reported by facilities and DHHS; Actual numbers may vary slightly. Numbers reflect the peak during the week.



CDC COVID-19 Data Tracker

US Reported COVID-19 New Hospital Admissions Rate per 100,000 in the Past Week, by County

Time Period: New COVID-19 hospital admissions per 100,000 population (7-day total) are calculated using data from the MMWR week (Sun-Sat) ending July 1, 2023.



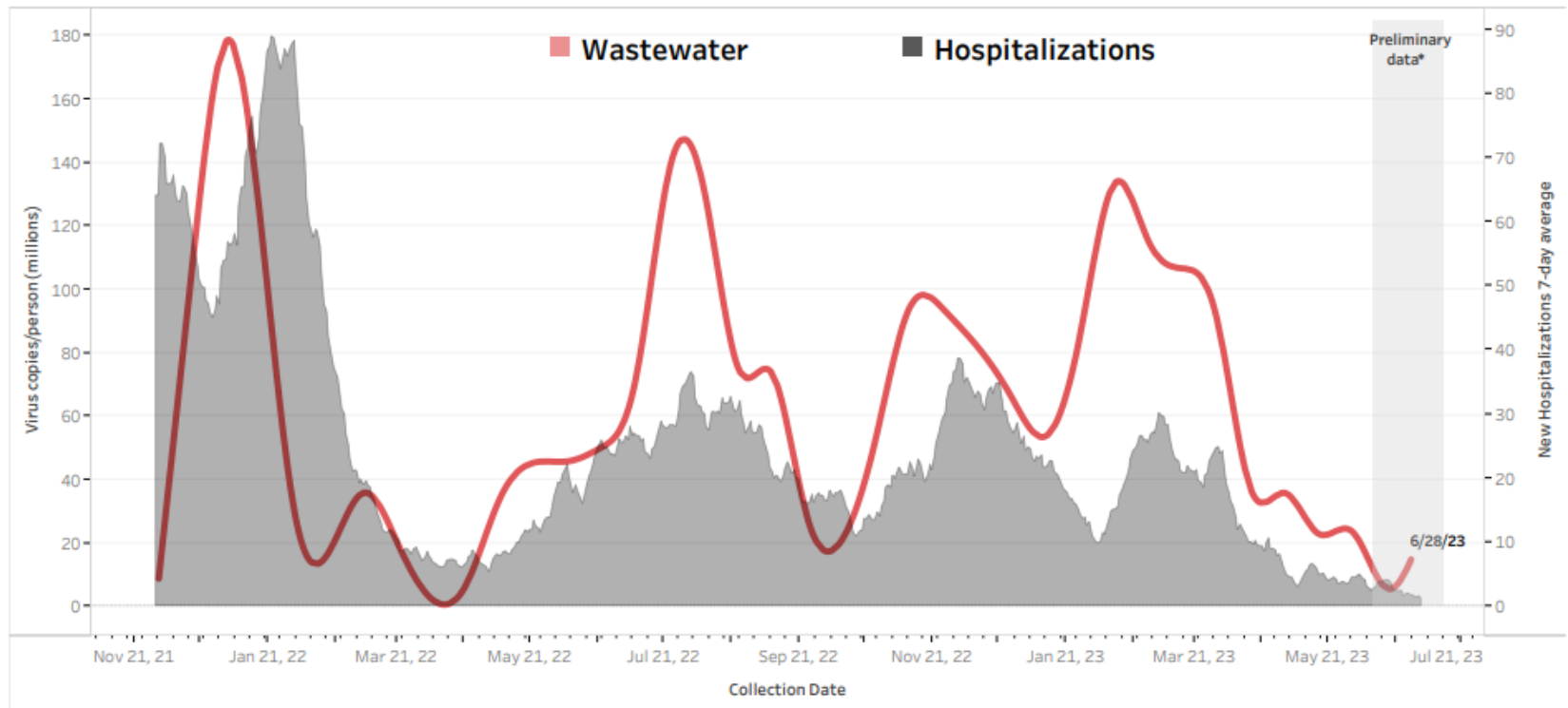
● Low (<10.0) ● Medium (10.0 to 19.9) ● High (≥ 20.0) ● Insufficient data

Wastewater Surveillance

Nebraska SARS-CoV-2 Wastewater Surveillance Report

Nebraska Statewide SARS-CoV-2 Wastewater Levels and COVID-19 Hospitalizations

Updated 7/5/2023



About the Data

Data updated 7/5/2023. All data presented are preliminary and subject to change. WWTP=wastewater treatment plant.

Wastewater SARS-CoV-2 levels are shown in red. Levels shown here are smoothed and normalized to adjust for flow rate and population. Wastewater levels are simple smoothing splines to help interpret trends over time. They do not indicate specific or actionable values. **Statewide COVID-19 hospitalizations** are shown in grey. Hospitalizations are 7-day rolling average of new admissions.

*Wastewater and hospitalizations data for the last two weeks are marked as preliminary. The trends may fluctuate as the data from wastewater sites and hospitals are updated from the previous two weeks.

For more information about wastewater data, visit: <https://dhhs.ne.gov/Pages/COVID-19-Genomics-and-Wastewater-Surveillance.aspx>

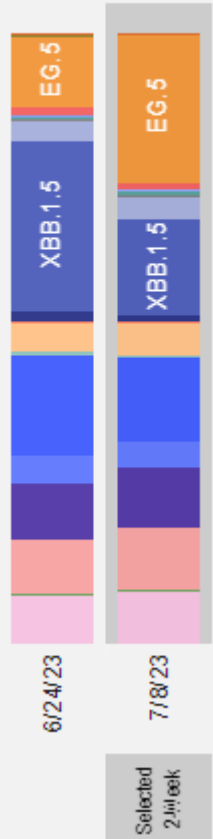
Data Source: Wastewater - Nebraska Wastewater Surveillance System (NeWSS). Hospitalizations - Unified Hospital Data System (formerly HHS protect data);





What's happening with variants?

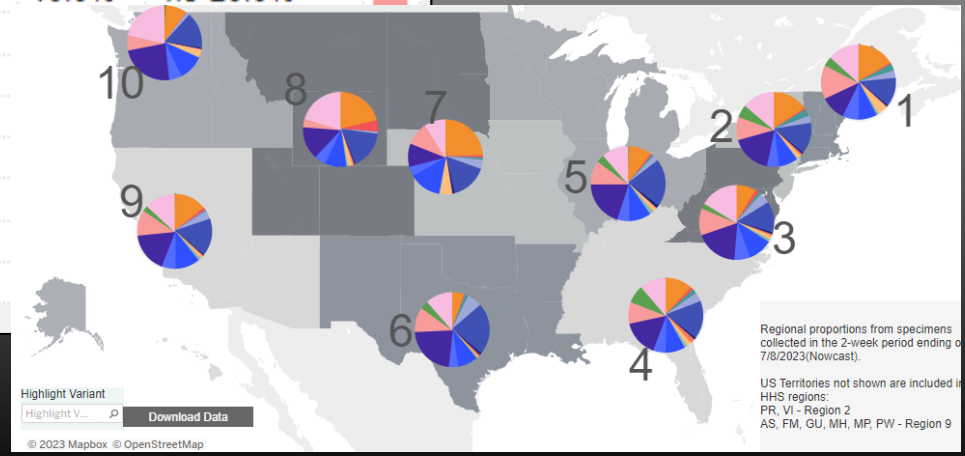
Nowcast:
Model-based
projected estimates
of variant
proportions



Weighted and Nowcast Estimates in HHS Region 7

WHO label	Lineage #	%Total	95%PI
Omicron	XBB.2.3	8.9%	4.3-17.2%
	XBB.1.9.2	4.2%	2.0-8.1%
	XBB.1.9.1	13.8%	9.4-19.6%
	XBB.1.5.68	0.5%	0.1-2.0%
	XBB.1.5.59	5.2%	1.1-17.3%
	XBB.1.5.10	0.2%	0.0-1.2%
	XBB.1.5.1	0.9%	0.4-2.1%
	XBB.1.5	15.8%	11.1-21.8%
	XBB.1.16.6	0.0%	0.0-0.0%
	XBB.1.16.1	10.0%	4.5-20.0%
	XBB.1.16		
	XBB		
	FE.1.1		
	FD.2		
	EU.1.1		
	EG.5		
	CH.1.1		

**Weighted and
Nowcast Estimates
for two week period
6/25/23 – 7/8/23**



COVID-19 Testing Reminder

- CMS COVID-19 testing memo ended with the PHE.
- CMS continues to expect facilities to conduct COVID-19 testing in accordance with accepted national standards, such as CDC recommendations.
- Any staff and residents that were exposed should be included in outbreak testing. Initial testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5.
 - Broad-based (e.g., unit, floor or facility-wide) testing is recommended if all potential contacts cannot be identified.



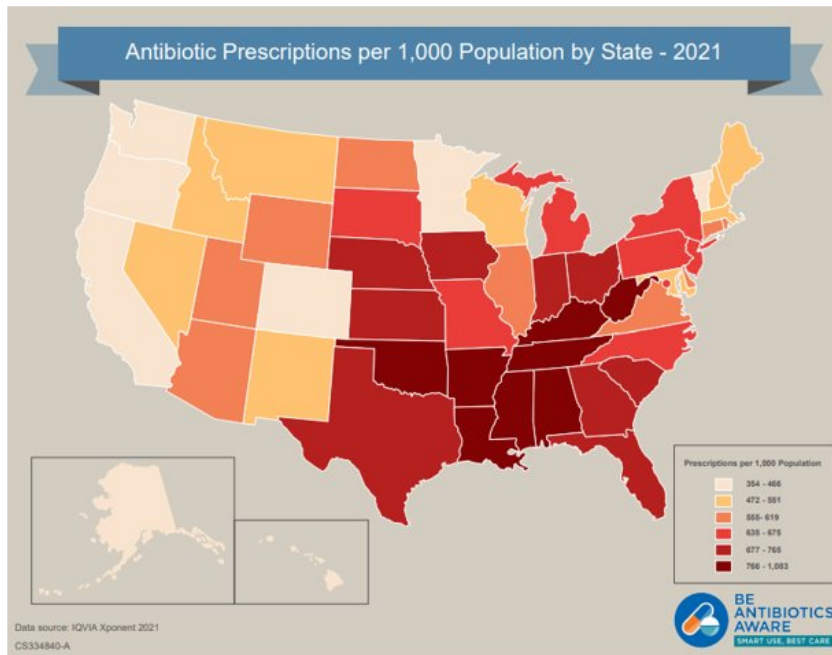
CDC and Nebraska ASAP Be Antibiotics Aware (BAA) Educational Effort



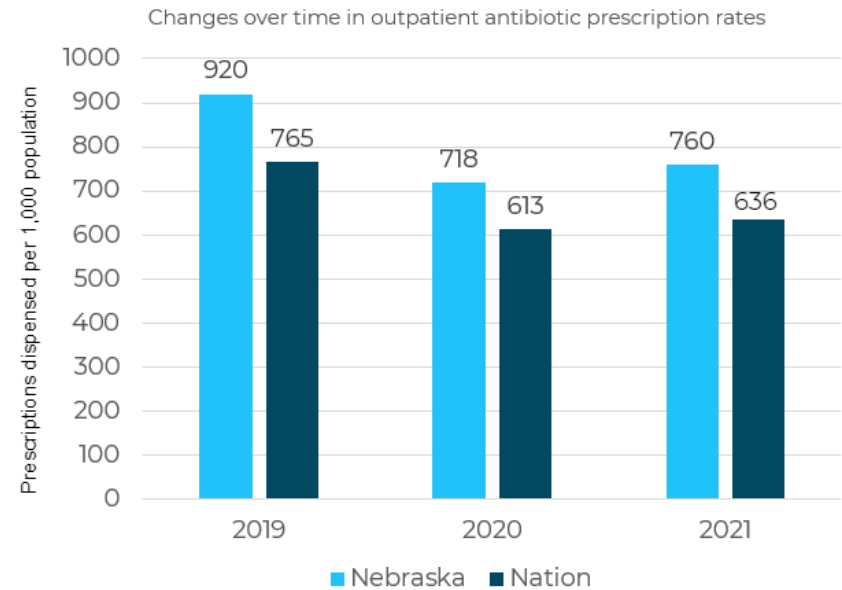
Nebraska Antimicrobial Stewardship
Assessment and Promotion Program

Jenna Preusker, PharmD, BCPS, BCIDP
Nebraska ASAP Pharmacy Coordinator

Community Antibiotic Prescribing Rates Nebraska, 2021



<https://www.cdc.gov/antibiotic-use/data/report-2021.html>



<https://arpsp.cdc.gov/profile/geography/nebraska>

CDC and Nebraska ASAP Be Antibiotics Aware (BAA) Educational Effort

- **By raising knowledge and awareness, and motivating behavior change among intended consumer and healthcare professional (HCP) audiences, the Centers for Disease Control and Prevention (CDC) Be Antibiotics Aware (BAA) national educational effort seeks to:**
 - **Optimize antibiotic prescribing and use**
 - **Improve patient safety and healthcare quality**
 - **Combat antibiotic resistance**
- **CDC is conducting a targeted pilot assessment intervention, including a large-scale paid media buy and partner promotion over a 3-month period in the state of Nebraska (beyond the ongoing national initiative).**

CDC and Nebraska ASAP Be Antibiotics Aware (BAA) Educational Effort

- **CDC will send relevant hardcopy BAA materials to you FREE of charge.**
 - **If you are interested in receiving these educational materials, please fill out the survey.**
 - **Requests will be sent by Nebraska ASAP to the CDC, who will send copies of requested educational materials directly to your mailing address.**
 - **Please note the delivery time to receive materials is about 4 weeks from placing the order.**
- **We appreciate your support with this important project!**

You may open the survey in your web browser by clicking the link below:
[Be Antibiotics Aware \(BAA\) Educational Effort](#)

If the link above does not work, try copying the link below into your web browser:
<https://redcap.nebraskamed.com/surveys/?s=CLELJN3PEDFJ4ATA>



CDC & Nebraska ASAP Educational Effort

Long-Term Care Resources

Please select your primary setting type

* must provide value

- Acute Care
- Long-Term Care
- Urgent Care/Outpatient Clinic
- Dental Office
- Community Pharmacists

Please indicate the number of copies you need for the following:

Across all audiences (Community dwelling older adults, 65+ / Healthy Adults who visit Urgent Care, ages 18-64 / Family Caregivers of nursing home (long-term care) residents)

o [Viruses/Bacteria Chart \(English\)](#)

* must provide value

Please indicate the number of copies you need for the following:

Across all audiences (Community dwelling older adults, 65+ / Healthy Adults who visit Urgent Care, ages 18-64 / Family Caregivers of nursing home (long-term care) residents)

o [Antibiotics Aren't Always the Answer Brochure \(English\)](#)

* must provide value

Please indicate the number of copies you need for the following:

Family Caregivers of nursing home (long-term care) residents

o [Do You Need Antibiotics? Brochure - For NH residents and their families \(English\)](#)

* must provide value

Please indicate the number of copies you need for the following:

Physicians and Advanced Practice Professionals (APPs) in Nursing Homes (NHs) AND Nurses in NHs

o [NH Viruses/Bacteria Chart](#)

* must provide value

Viruses or Bacteria What's got you sick?

Antibiotics are often prescribed when they are not needed for respiratory infections. Antibiotics are only needed for treating certain infections caused by bacteria. Viral illnesses cannot be treated with antibiotics. When an antibiotic is not prescribed, ask your healthcare professional for tips on how to relieve symptoms and feel better.

Common Respiratory Infections	Common Cause			Are Antibiotics Needed?
	Virus	Virus or Bacteria	Bacteria	
Common cold/runny nose	✓			No
Sore throat (except strep)	✓			No
COVID-19	✓			No
Flu	✓			No
Bronchitis/Chest cold (in otherwise healthy children and adults)*		✓		No*
Middle ear infection		✓		Maybe
Sinus infection		✓		Maybe
Strep throat			✓	Yes
Whooping cough			✓	Yes

* Studies show that in otherwise healthy children and adults, antibiotics for bronchitis aren't help patients feel better.



To learn more about antibiotic prescribing and use, visit www.cdc.gov/antibiotic-use.



Why does taking antibiotics lead to antibiotic resistance?

Any time you take antibiotics, they can cause side effects and may lead to antibiotic resistance. Antibiotics are powerful drugs that kill germs, but they also kill the good bacteria in your body. This can lead to antibiotic resistance, which means that germs are harder to treat with antibiotics.

What is the right way to take antibiotics?

If you need antibiotics, take them exactly as prescribed. Never use your antibiotics for later use or share them with family or friends.

What are the side effects?

Common side effects include diarrhea, nausea, and stomach pain. More serious side effects include allergic reactions and liver or kidney problems. Tell your healthcare provider if you experience any of these side effects.

What don't antibiotics treat?

Antibiotics do not work on viruses, such as the common cold, flu, or COVID-19. They also do not work on fungi or parasites.



Why is it important to be Antibiotics Aware?

Antibiotics are powerful life-saving drugs. When your healthcare professional prescribes antibiotics, use them as directed. Patients can experience side effects while taking antibiotics. Be antibiotic aware to get the most out of your antibiotics and avoid antibiotic resistance.

What don't antibiotics treat?

Antibiotics do not work on viruses, such as the common cold, flu, or COVID-19. They also do not work on fungi or parasites.

Why is it important to be Antibiotics Aware?

Antibiotics are powerful life-saving drugs. When your healthcare professional prescribes antibiotics, use them as directed. Patients can experience side effects while taking antibiotics. Be antibiotic aware to get the most out of your antibiotics and avoid antibiotic resistance.

What don't antibiotics treat?

Antibiotics do not work on viruses, such as the common cold, flu, or COVID-19. They also do not work on fungi or parasites.

In children, reactions from antibiotics are the most common cause of medication-related emergency room visits.

Why does taking antibiotics lead to antibiotic resistance?

Any time you take antibiotics, they can cause side effects and may lead to antibiotic resistance. Antibiotics are powerful drugs that kill germs, but they also kill the good bacteria in your body. This can lead to antibiotic resistance, which means that germs are harder to treat with antibiotics.

What if I have questions about antibiotics?

Talk to your healthcare professional if you have any questions about your antibiotics, such as:

- How long I need to take the antibiotic
- How you know when the antibiotic is working for you
- What the possible side effects from the antibiotic are
- What you should do if you experience side effects
- What you should do if you experience allergic reactions
- What you should do if you experience antibiotic resistance

Do You Need Antibiotics?

Information about antibiotics for nursing home residents and their families

40%-75% of antibiotics prescribed in nursing homes may be unnecessary or inappropriate.

More than 2.8 million Americans receive care or reside in nursing homes every year.

How can I stay healthy?

- Wash your hands frequently with soap and water for 20 seconds.
- Avoid close contact with people who are sick.
- Cover your cough or sneeze with your elbow or a tissue.
- Stay home when you are sick.
- Get vaccinated for influenza and COVID-19.
- Eat a healthy diet and exercise regularly.
- Avoid smoking and drinking alcohol.

Viruses or Bacteria What's got you sick?

Common infections in nursing homes

Antibiotics are often prescribed when they are not needed for respiratory infections. Antibiotics are only needed for treating certain infections caused by bacteria. Viral illnesses cannot be treated with antibiotics. When antibiotics aren't needed, they won't help you, and the side effects could still cause harm.

Common Respiratory Infections in Nursing Homes	Common Cause			Are Antibiotics Needed?
	Virus	Virus or Bacteria	Bacteria	
Common cold/runny nose	✓			No
Sore throat (except strep)	✓			No
COVID-19	✓			No
Flu	✓			No
Acute bronchitis/Chest cold		✓		No*
Sinus infection		✓		Maybe
Pneumonia		✓		Yes
Strep throat			✓	Yes

*Antibiotics are not needed for nursing home residents with acute bronchitis or a chest cold, unless they have chronic obstructive pulmonary disease (COPD) or other chronic lung disease.



To learn more about antibiotic prescribing and use, visit www.cdc.gov/antibiotic-use.



Be Antibiotics Aware (BAA) Educational Effort

Other settings

➤ Acute Care

- ✓ [VirusOrBacteria-Original-P.pdf \(cdc.gov\)](#) [Antibiotics Aren't Always the Answer \(cdc.gov\)](#)
- ✓ [Antibiotics Aren't Always the Answer \(cdc.gov\)](#)
- ✓ [You've Been Prescribed an Antibiotic \(cdc.gov\)](#)

➤ Dental Offices

- ✓ [Antibiotic Use For A Safe Dentist Visit \(cdc.gov\)](#)

➤ Community Pharmacies

- ✓ [VirusOrBacteria-Original-P.pdf \(cdc.gov\)](#) (For LTC caregivers/family)
- ✓ [Antibiotics Aren't Always the Answer \(cdc.gov\)](#)
- ✓ [Symptom Relief for Viral Illnesses \(cdc.gov\)](#)

Survey Link: [Be Antibiotics Aware \(BAA\) Educational Effort \(nebraskamed.com\)](https://nebraskamed.com)



Summary of Core Elements for Antibiotic Stewardship in Nursing Homes

The Core Elements of Antibiotic Stewardship for Nursing Homes (cdc.gov)



Leadership commitment

Demonstrate support and commitment to safe and appropriate antibiotic use in your facility



Accountability

Identify physician, nursing and pharmacy leads responsible for promoting and overseeing antibiotic stewardship activities in your facility



Drug expertise

Establish access to consultant pharmacists or other individuals with experience or training in antibiotic stewardship for your facility



Action

Implement **at least one** policy or practice to improve antibiotic use



Tracking

Monitor **at least one process** measure of antibiotic use and **at least one outcome** from antibiotic use in your facility



Reporting

Provide regular feedback on antibiotic use and resistance to prescribing clinicians, nursing staff and other relevant staff



Education

Provide resources to clinicians, nursing staff, residents and families about antibiotic resistance and opportunities for improving antibiotic use

Other LTC Antibiotic Stewardship Updates



**Nebraska Antimicrobial Stewardship
Assessment and Promotion Program**

CONSULTANT PHARMACIST TRAINING TO PROMOTE AND SUPPORT ANTIMICROBIAL STEWARDSHIP IN LONG TERM CARE

A UNMC ID Project ECHO Series



- No cost to participants – fees covered by Nebraska ASAP through the CDC ELC Grant
- Year-long educational series held virtually through UNMC ID Project ECHO
- 6 didactic sessions, once a month from August 2023 - January 2024
- 4 office hours sessions will be held once a month from March 2024 - June 2024
- Participants who successfully complete all 6 didactic sessions and at least 2 of 4 office hours sessions (participation confirmed by submission of completed evaluations) will receive a certificate of completion from Nebraska ASAP

[Register Here for the first Session: August 18, 2023 at 12:00](#)

Or Visit the Nebraska ASAP website: [Home - ASAP \(nebraskamed.com\)](#)



Summary of Core Elements for Antibiotic Stewardship in Nursing Homes

The Core Elements of Antibiotic Stewardship for Nursing Homes (cdc.gov)

- Leadership commitment**
Demonstrate support and commitment to safe and appropriate antibiotic use in your facility
- Accountability**
Identify physician, nursing and pharmacy leads responsible for promoting and overseeing antibiotic stewardship activities in your facility
- Drug expertise**
Establish access to consultant pharmacists or other individuals with experience or training in antibiotic stewardship for your facility
- Action**
Implement **at least one** policy or practice to improve antibiotic use
- Tracking**
Monitor **at least one process** measure of antibiotic use and **at least one outcome** from antibiotic use in your facility
- Reporting**
Provide regular feedback on antibiotic use and resistance to prescribing clinicians, nursing staff and other relevant staff
- Education**
Provide resources to clinicians, nursing staff, residents and families about antibiotic resistance and opportunities for improving antibiotic use

COVID-19 Vaccine Wall of Honor



ICAP LTC Vaccine Wall of Honor

Gold Facilities

Silver Facilities

Bronze Facilities

Good Samaritan Society, Superior

Good Shepherd Lutheran Community,
Blair

Jefferson Community Health and Life
Gardenside, Fairbury

Kingswood Court, Superior

Litzenberg Memorial LTC, Central City

Tabitha of Crete, Crete

Clarkson Community Care Center,
Clarkson

Hilltop Estates, Gothenburg

Harvard Rest Haven, Harvard

★ David Place, David City

Community Pride Care Center, Battle Creek

Wakefield Healthcare Center, Wakefield

St. Joseph Villa Nursing and Rehab, Omaha

Oakland Heights, Oakland

Dunklau Gardens, Fremont

Avera Creighton Care Center, Creighton

Brookestone View, Broken Bow

Heritage Crossings, Geneva

Christian Homes Care Community, Holdrege

Ridgewood Rehab & Care Center, Seward

York General Hearthstone, York

Linden Court, North Platte

**[Click HERE to Share
Your Vaccine Story](#)**



Vaccine Wall of Honor Shout-Out



Part 1: Introduction to Enhanced Barrier Precautions (EBP)







Definitions

- **Multidrug-resistant Organism (MDRO)** is a bacteria or fungi resistant to multiple antimicrobials
- **Colonization** is when a germ is found on or in the body but is not causing an active infection
- **Enhanced Barrier Precautions (EBP)** is an approach of targeted gown and glove use during high contact resident care activities, designed to reduce the transmission of MDROs.

Why is there a need for Enhanced Barrier Precautions?

High burden of MDRO colonization in nursing home residents

- Many facilities do not know which residents are colonized
- Residents with complex medical needs are at higher risk for acquiring MDROs
- Allows for a more effective response to serious antibiotic resistant threats

Facility Type	Documented MDRO	Actual MDRO
Nursing Homes (n = 14)	17% 	58% 
Ventilator-Capable Nursing Homes (n = 4)	20% 	76% 

McKinnell JA et al, Clin Infect Dis. 2019; 69(9):1566-1573



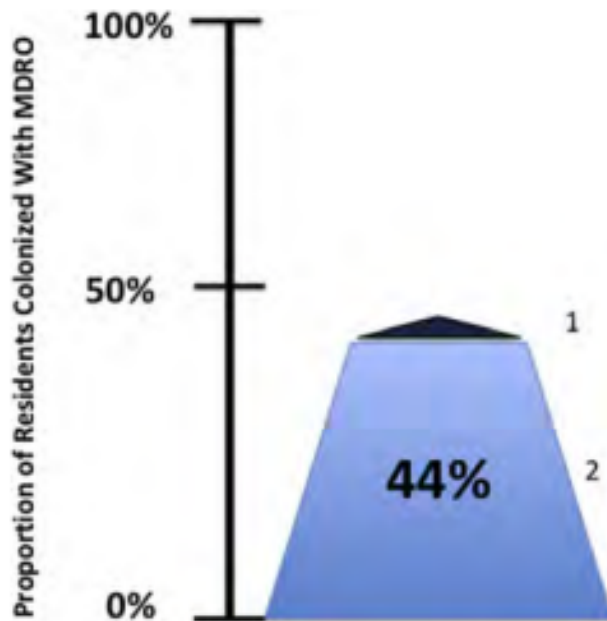
Known MDRO



No Known MDRO

Under-Recognized MDROs in Nursing Homes

The Iceberg Effect: Unrecognized MDRO Burden in Nursing Homes



Of the 48% of residents colonized with an MDRO:



McKinnell, et al. 2020

[EBP-Presentation-July2022.pptx \(live.com\)](#)

[High Prevalence of Multidrug-Resistant Organism Colonization in 28 Nursing Homes:](#)

[An "Iceberg Effect" - PMC \(nih.gov\)](#)



Standard Precautions Always Apply

- Perform hand hygiene
- Use personal protective equipment (PPE) when there is risk of possible exposure to infectious material
- Follow respiratory hygiene and cough etiquette
- Ensure appropriate patient room placement
- Properly handle, clean and disinfect equipment
- Clean and disinfect environment routinely
- Handle linens and laundry carefully
- Follow safe injection practices and sharps safety

Contact Precautions

- Used to prevent spread of germs via contact from individual with known or suspected infection
- Gown and gloves must be used for all room entries and care activities
- Room placement:
 - Single-person room is ideal
 - Room restriction except for medically necessary care
- Intended to be time-limited to reduce transmission during limited infectious period



What are Enhanced Barrier Precautions (EBP)?

- A risk-based approach to PPE use designed to reduce the spread of multidrug-resistant organisms (MDROs)
- The use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing.

Enhanced Barrier Precautions can be applied (when Contact Precautions do not otherwise apply) to residents with any of the following:

- Wounds or indwelling medical devices, regardless of MDRO colonization status
- Infection or colonization with an MDRO

- Used in coordination with good infection prevention and control measures

Which Residents Meet the Criteria for EBP?

Residents with any of the following:

- Wounds, regardless of known MDRO colonization status
 - Generally defined as the care of any skin opening requiring a dressing
 - Intent of Enhanced Barrier Precautions is to focus on residents with a higher risk of acquiring an MDRO over a prolonged period of time. Examples: pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcer
 - Short-lasting wounds, such as a skin tear, may not apply
- Indwelling medical devices, regardless of known MDRO colonization status
 - Examples: central line, hemodialysis catheters, indwelling urinary catheter, feeding tube, tracheostomy, ventilator
 - Devices fully embedded in the body, such as a pacemaker, are **not** included.

Which Residents Meet the Criteria for EBP?

Residents with any of the following:

- Infection or colonization with an MDRO when Contact Precautions do not apply
 - For the purposes of this guidance, the MDROs for which the use of EBP applies are based on local epidemiology.
 - At a minimum, they should include resistant organisms targeted by CDC, but can also include other epidemiologically important MDROs.

[Implementation of Personal Protective Equipment \(PPE\) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms \(MDROs\) \(cdc.gov\)](#)

Examples of MDROs Targeted by 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*

Enhanced Barrier Precautions (EBP)

Use EBP when performing high-contact resident care activities for residents who meet the criteria for the use of EBP

- Includes the use of gown and gloves
- Resident does not need a private room
- Resident may participate in communal activities and dining and is not restricted to their room
- Intended to be used for the resident's entire length of stay in the facility, or until wound is healed or invasive device is removed



EBP – CDC Resources

- CDC Implementation [Implementation of Personal Protective Equipment \(PPE\) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms \(MDROs\) | HAI | CDC](#)
- CDC FAQs Enhanced Barrier Precautions [Frequently Asked Questions \(FAQs\) about Enhanced Barrier Precautions in Nursing Homes | HAI | CDC](#)
- Pre-Implementation Tool EPB [Pre-Implementation Tool—Enhanced Barrier Precautions \(EBP\) \(cdc.gov\)](#)
- Sample Sign [enhanced barrier precautions final rev3 \(cdc.gov\)](#)
- Sample Letter to Residents and Families [Keeping Residents Safe – Use of Enhanced Barrier Precautions \(cdc.gov\)](#)
- Sample Letter to Staff [Help Keep Our Residents Safe - Enhanced Barrier Precautions in Nursing Homes \(cdc.gov\)](#)
- Staff Training Slides <https://www.cdc.gov/hai/pdfs/containment/EBP-Presentation-July2022.pptx>
 - Recording of these slides [Introduction to Enhanced Barrier Precautions in Nursing Homes – YouTube](#)
- IP Training Slides [PowerPoint Presentation \(cdc.gov\)](#)
 - Recording of these slides [Implementation and Use of Enhanced Barrier Precautions in Nursing Homes - YouTube](#)

ICAP Updates and Information



Schedule Change and Upcoming Webinar

Notice: Beginning in July, the ICAP Long Term Care Webinar will meet monthly.

- **Webinars will be held the 2nd Thursday of every month at noon**

Upcoming Webinar

- August 10th - **Part 2: Implementation of EBP and Nebraska Novel MDRO Update**

Webinar CE Process

1 Nursing Contact Hour and 1 NAB Contact Hour is offered for attending this LIVE webinar.

Individual surveys must be completed for each attendee.

Questions? Contact Marissa at:

Machaney@nebraskamed.com 402-552-2881

Nursing Contact Hours:

- Completion of survey is required.
 - The survey must be specific to the individual obtaining credit. (i.e.: 2 people cannot be listed on the same survey)
- One certificate is issued quarterly for all webinars attended
- Certificate comes directly from ICAP via email
- Certificate is electronically mailed the next month

NAB:

- Completion of survey is required.
 - The survey must be specific to the individual obtaining credit. (i.e.: 2 people cannot be listed on the same survey)
- **You must have a NAB membership**
- Credit is retrieved by you
- Any issues or questions regarding your credit must be directed to NAB customer service.
 - ICAP can verify survey completion and check the roster list
- Due to NAB changes, attendance will be submitted quarterly. ICAP will send an email stating when credits are ready for retrieval.



Infection Prevention and Control Hotline Number:

Call 402-552-2881

Office Hours are Monday – Friday
8:00 AM - 4:00 PM Central Time

On-call hours are available for emergencies only

Weekends and Holidays from 8:00 AM- 4:00 PM

****Please call the main hotline number only during on-call hours****



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Instagram

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Questions and Answer Session

Use the QA box in the webinar platform to type a question. Questions will be read aloud by the moderator.

Panelists:

- Dr. Salman Ashraf, MBBS
- Kate Tyner, RN, BSN, CIC
- Josette McConville, RN, BSN, CIC
- Lacey Pavlovsky, RN, MSN, CIC
- Rebecca Martinez, BA, BSN, RN, CIC
- Jody Scebold, EdD, MSN, RN
- Sarah Stream, MPH, CDA, FADAA
- Daniel Taylor, DHHS
- Deanna Novak, DHHS
- Becky Wisell, DHHS
- Cindy Kadavy, NHCA
- Kierstin Reed, LeadingAge
- Melody Malone, PT, CPHQ, MHA
- Debi Majo, BSN, RN
- Carla Smith, RN, CDP, IP-BC, AS-BC
- Monika Maxwell, RN

Moderated by Marissa Chaney
Supported by Margaret Deacy

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Webinar Archive

Long Term Care Facility Webinars



Long Term Care Webinars

07.28.22 LTCF – CMS Survey Updates and FAQs

[Slide deck](#)



Long Term Care Webinars

07.14.22 LTCF – CMS Survey Updates, Enhanced Barrier Precautions and Antibiotic Timeout

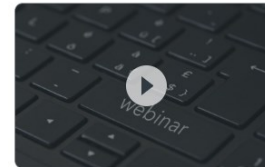
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Long Term Care Webinars

07.07.22 LTCF – Prevention of Urinary Tract Infection

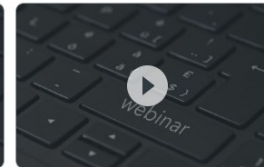
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Long Term Care Webinars

06.30.22 LTCF – COVID Resources and Updates

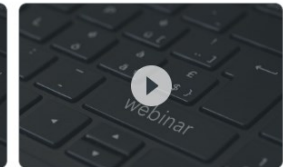
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Long Term Care Webinars

06.23.22 LTCF – Antibiotic Stewardship

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Long Term Care Webinars

06.16.22 LTCF – Environmental Cleaning and Disinfection

[Slide deck](#)

Webinar Videos and Slide decks

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