National Nursing Home Quality Care Collaborative (NNHQCC) II and the \textit{Clostridium difficile} Infection (CDI) Initiative

\textbf{Nursing Home Training Sessions}

Session 5: \textit{Clostridium difficile} Part One: Clinical Overview

Health Services Advisory Group (HSAG)

Thursday, June 21, 2018
Today’s Presenter

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Objectives

1. Welcome and Overview.
2. Describe the etiology (cause) of *Clostridium difficile* (*C. difficile*).
3. Recognize the risk factors for *C. difficile*.
4. Discuss signs, symptoms, and diagnosis.
5. Identify the steps in treating *C. difficile*. 
# 2018 Monthly Educational Webinars

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Check [www.hsag.com/events](http://www.hsag.com/events) often for upcoming webinars and events. To obtain past event materials and webinar recordings search for the corresponding HSAG event webpage.
Nearly 25 percent of the nation’s Medicare beneficiaries.

HSAG is the Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for Arizona, California, Florida, Ohio, and the U.S. Virgin Islands.
QIN-QIO Program

- Funded by the Centers for Medicare & Medicaid Services (CMS)
  - QIN-QIO in each state
  - Dedicated to improving health quality at the community level
  - Ensures people with Medicare get the care they deserve, and improves care for everyone
NNHQCC Aims

• Ensure every nursing home (NH) resident receives the highest quality of care.
• Implement Quality Assurance & Performance Improvement (QAPI).
• Eliminate healthcare-acquired conditions (HACs).
• Eliminate healthcare-associated infections (HAIs).
• Improve resident satisfaction.
• Reduce use of unnecessary antipsychotic medications in residents with dementia.
• Achieve score of 6.0 or lower on the NH quality measure composite score by January 2019.
Final Rules—Reform of Requirements for Long-Term Care Facilities (LTCFs)

QAPI and Infection Control Implementation Dates

Phase 1
November 28, 2016

Phase 2
November 28, 2017

Phase 3
November 28, 2019

Phase 1
Quality Assurance & Performance Improvement*
QAA Committee Infection Control – Program*

Phase 2
Quality Assurance & Performance Improvement -
QAPI Plan Infection Control – Facility Assessment
and Antibiotic Stewardship**

Phase 3
Quality Assurance & Performance Improvement-QAPI Implementation
Infection Control Preventionist

*This section is partially implemented in Phase 2
**This section partially implemented in other phases

Nursing Home Training Sessions (NHTS)
Nursing Home Training Sessions Introduction

We hope that you find these training tools and resources helpful in your work to implement antibiotic stewardship and prevent C. difficile infections in your residents. All are welcome to explore this site and use the information as applicable to you and your organization. Thank you for your dedication to preventing infections in residents (and staff, too) and promoting appropriate antibiotic use.

Training sessions and resources for nursing homes to support:

- Implementation of principles and practices of antibiotic stewardship
- Prevention and management of Clostridium difficile infections
- TeamSTEPPS® communication strategies and tools to promote quality and safety

Background:

C. difficile harms residents!

- C. difficile caused almost half a million infections among patients in the US in 2011. More than 23% of the deaths associated with C. difficile occurred among Americans aged 65 or older (CDC 2015).
- 1 out of 3 C. difficile infections occurs in patients 65 years or older (CDC 2015).
- 1 out of 3 patients aged 65 or older with a
Topics Covered in the NHTS

1. Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS® 2.0) for Long-Term Care (LTC): Communication Strategies to Promote Quality and Safety
2. Exploring Antibiotics and their Role in Fighting Bacterial Infections
3. Antibiotic Resistance: How it Happens and Strategies to Decrease the Spread of Resistance
4. Antibiotic Stewardship
5. *C. difficile* Part One: Clinical Overview
6. *C. difficile* Part Two: Strategies to Prevent, Track, and Monitor *C. difficile*
Purpose of the NHTS

• To provide NH leaders with a set of training materials that they can use to enhance understanding of important concepts and practices that promote effective communication, antibiotic stewardship, and *C. difficile* prevention, and to provide information, tools, and resources to take action to improve practices.

• To provide an opportunity to apply for certificates of participation or a total of **11.3 nursing continuing education (CE) credits at no-cost.**

• To develop and disseminate materials that can be accessed and used by LTC partners and stakeholders interested in these topics.
How to use the NHTS

• NH leaders can decide:
  – Which modules would be helpful.
  – The appropriate staff member to include for each module.
  – How to use the materials during education sessions or self study.
  – How to best provide this training over time.
Each NHTS Includes

• Welcome and overview
• Objectives
• How you can use this session
• Orientation (list of sections and content)
• Topic information presented via text/narrative, video, PowerPoint presentations with notes, or links to webpages
Each NHTS Includes (cont.)

• Interactive activities and scenarios, including discussion questions
• Information handouts
• Take home messages
• Links to additional optional resources
• Opportunity to apply for a certificate of participation or nursing CE Credits
NHTS

Session 5: *Clostridium difficile* Part One: Clinical Overview
Topics

• What is *C. difficile*?
• Why should your NH focus on preventing it?
• Clinical overview of *C. difficile*
• Take home messages
• Optional tools and resources
What is *C. difficile* and Why Should Your NH Focus on Preventing It?

- Why is prevention of CDIs important?
- How does preventing CDIs benefit NHs?
- How can NH leadership help prevent CDIs?

What is *C. difficile* and Why Should Your NH Focus on Preventing It? (cont.)

Video titled *CDC Expert Commentary: Dying from C. diff: Who Is Most Vulnerable?* Presented by Nimalie Stone, MD, MS, a medical officer at the Centers for Disease Control and Prevention (CDC) (6:00).

CDC Video Key Points

• *C. difficile* caused nearly half a million infections among U.S. patients in a single year.
• Approximately 29,000 patients died within 30 days of initial diagnosis.
• Two out of every three healthcare-associated CDIs occur in patients aged 65 years or older.
• More than 80 percent of the deaths associated with CDI occurred among Americans aged 65 years or older.
• One out of every nine older adults with a healthcare-associated CDI died within 30 days of diagnosis.
CDC Video Key Points (cont.)

• More than 100,000 CDIs develop among residents of U.S. NHs each year.
• CDIs are among the most serious healthcare complications that affect the NH population.
• Patients who take antibiotics are most at risk of developing a CDI.
Video titled *Clostridium difficile Video*, produced by the Canadian Society of Intestinal Research: GI Society (6:24) provides an overview of CDI, including symptoms, risk factors, likelihood of recurrence, treatment, spread, and environmental cleaning.

http://www.badgut.org/c-diff-vid/
Clinical Overview of C. difficile

• What is C. difficile?
• What are the main clinical symptoms of CDI?
• What are the differences between C. difficile colonization and CDI?
• How is C. difficile transmitted?

• How can CDIs be prevented in hospitals and other healthcare settings?
• How has CDI changed?
• Is treatment of BI/NAP1/027 different?
• What should healthcare facilities do in response to the emergence of the BI/NAP1/027?

https://www.cdc.gov/HAI/organisms/cdiff/Cdiff_faqs_HCP.html
CDI Pathophysiology and Risk Factors

Recorded webinar titled **CDI Management in Post-Acute Care: Part 1.** Presented by Robin L. P. Jump, MD, PhD, Geriatric Research, Education and Clinical Center (GRECC), Louis Stokes Cleveland VA Medical Center; Assistant Professor of Medicine, Division of Infectious Diseases and HIV Medicine, Case Western Reserve University (13:28).

http://qioprogram.org/clostridium-difficile-part-one-clinical-overview
CDI Diagnosis, Treatment, and Infection Control and Prevention

Recorded webinar titled **CDI Management in Post-Acute Care: Part 2**, presented by Robin L. P. Jump, MD, PhD, Geriatric Research, Education and Clinical Center (GRECC), Louis Stokes Cleveland VA Medical Center, Assistant Professor of Medicine, Division of Infectious Diseases and HIV Medicine, Case Western Reserve University (30:10).

http://qioprogram.org/clostridium-difficile-part-one-clinical-overview
Guidelines for Environmental Infection Control in Health-Care Facilities

[PDF 1.4 MB] (https://www.cdc.gov/hai/pdfs/eic_in_HCF_03.pdf)
How Can I Get More Information?

Centers for Disease Control and Prevention (CDC) Website
CDC 24/7: Saving Lives, Protecting People™

General Information about *C. difficile*

Take Home Messages

• Antibiotic use is the most important risk factor for developing CDI.
• Advanced age is the second most important risk factor for developing CDI.
• The main clinical symptoms of CDI include watery diarrhea, fever, loss of appetite, nausea, and abdominal pain/tenderness.
Take Home Messages (cont.)

• In about 20 percent of patients, CDI will resolve within 2–3 days of discontinuing the antibiotic to which the patient was previously exposed.

• CDI can usually be treated with an appropriate course of antibiotics, including metronidazole, vancomycin (administered orally), or recently approved fidaxomicin.

• Avoid “tests of cure”
  – Meaning, after treatment, repeat C. difficile testing is not recommended if the patients’ symptoms have resolved, as patients may remain colonized.
Clinical Guidelines for Clinical Practice Guidelines for CDI in Adults: 2010 Update by the Society for Healthcare Epidemiology of America (SHEA) and the Infectious Diseases Society of America (IDSA)

Guidelines for Diagnosis, Treatment, and Prevention of CDIs. These guidelines were published by the American College of Gastroenterology in 2013.

https://www.guideline.govsummaries/summary/45139
Algorithms for Prevention and Management of CDIs in LTCFs. This resource includes algorithms developed by the Minnesota Department of Health for early recognition and testing, contact precautions, room placement, identifying lower risk roommates, environmental cleaning and disinfection, and social and activity precautions.

http://www.health.state.mn.us/divs/idepc/diseases/cdiff/hcp/ltcalgorithms.pdf
Optional Tools and Resources (cont.)

*Dawn of the Diff (C. diff Rap Zombie Anthem Video) (2.02).* This is a self-described “silly” rap video from ZDoggMD (Dr. Zubin Damania) on how our overuse of antibiotics, along with a lack of adherence to proper infection control practices, has unleashed this unnatural plague (*CDI*) upon the unsuspecting bowels of the world.

http://zdoggmd.com/dawn-of-the-cdiff/
How to Access NNHQCC Resources

1. Click “For Medicare Providers”

2. Choose Your State

3. Click “Nursing Homes”

4. Nursing Home Training Sessions

https://www.hsag.com/
Questions
Are You Receiving Monthly Email Updates?

Email us to be added!

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The Ohio Nursing Home Quality Care Connection

The QCC Newsletter is your monthly Nursing Home Quality Care Collaborative (NHQCC) Ohio member update that provides information on the latest activities. It is a quick reference for information on upcoming learning events, tips to improve your team, resources, news, best practices, and success stories.

The Centers for Medicare & Medicaid Services (CMS) recently released Interpretative Guidelines update for Phase II of the Requirements of Participation. A CMS Interpretation and Survey Memo dated June 30, 2017 outlines the Revised Interpretative Guidelines for Survey Agencies, revised “Tags”, a revised survey process, training resources for surveyors and Long-Term Care (LTC) providers and enforcement, and Nursing Home Compare performance data for Phase II. Phase II requirements are scheduled to take effect November 20, 2017.

Encourage Resident Mobility

Mobility is a term that includes physical strength, flexibility, balance, and endurance, according to the National Nursing Home Quality Improvement Campaign. It includes important activities that require movement, such as turning over in bed, getting up, standing, walking, or using a device. Not all residents are equally mobile; however, being able to move helps improve physical function and psychological well-being. For example, improved mobility can improve sleep, appetite, and independence during activities of daily living.

To help nursing homes encourage resident mobility, the National Nursing Home Quality Care Collaborative Change Package includes a six-point change bundle to help the multi-disciplinary quality improvement team support function and well-being of residents. The six points are as follows:

1. Define mobility for each unique individual
2. Provide a place or space to move
3. Provide supportive equipment
4. Train staff and residents
5. Support and encourage
6. Address physical and psychological needs that inhibit mobility

You can find specific action items for each of these six points in Attachment 3 of the NHQCC Change Package (April 2017 v2.2).

Quality Measure Tips: Activities of Daily Living (ADL)

The ADL quality measure reports the percentage of residents who need help with ADLs. This measure has increased when compared with the prior assessment. The seven-day, look-back measure involves four time-based ADLs (bed mobility, transferring, eating, and toileting). When you are working with your staff members, you may want to consider the following questions:

- Is the staff member’s documentation accurate?
- Has the next cause for the decline been determined and treated?
- Is pain and depression managed?
- Is the resident receiving appropriate assistance from staff members?

If you would like more improvement tips and MDC coding insight, download the HSAG ADL quality measure tip sheet.

Please contact ohnursinghome@hsag.com if you have any questions.
Questions? Comments? Assistance?
Reach out to your state QIO.

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