Creating a Comprehensive Surveillance Program in Long-Term Care

Overview/Introduction

New CMS Proposed Regulations

- Designate an infection prevention and control officer (IPCO).
- Infection prevention and control will be the IPCO’s **MAJOR** responsibility along with serving as member of QAA committee.
- Infection Prevention and control program should include infection prevention, identification, surveillance, and antibiotic stewardship.

**Role of the Infection Preventionist (IP)**

- The Infection Preventionist (IP) ensures exchange of essential information among all departments.
  - Data collection is thorough and documented.
- IP oversees daily staff practices.
- IP acts as liaison between the facility and public health department.
- IP advises healthcare team and visitors of isolation policies.
- IP provides surveillance summaries to the infection control/QAPI/safety committees.
- IP makes recommendations to committees for follow-up.


**Track and Trend Infections Data Using Logs and Forms**

- Monthly/quarterly summary reports
- Multi-drug resistant organisms (MDRO) logs
- Department checklists (nursing, dietary, housekeeping, etc.)
- Antibiotic review form
- Mapped out infections on floor plan
- IP nurse’s notes documenting IC information each month
- Hand hygiene/personal protective equipment audit form

**Best Practice Suggestions**

- In-service your licensed staff on their roles in data collection.
- Instruct licensed nurses on how to fill out infection control (IC) surveillance forms.
- Review documentation often as this is an ongoing program.
- Review data collected frequently (weekly).
- Compare observed signs and symptoms of each resident with McGeer Criteria to distinguish among

- **Community-acquired infection (CAI)**
  - Developed outside of LTCF
- **Healthcare-associated infection (HAI)**
  - Your nosocomial event
- **Does not meet criteria (DNMC)**
  - Not enough symptoms present in the precise site of suspected infection
Antimicrobial Stewardship Plan

- Develop policy for Antimicrobial Stewardship Plan (ASP).
- Review use of antibiotics.
- Share findings with QAPI committee and all clinicians in your facility.
- Focus efforts on one problem as a starting point.
  - Begin with the obvious (e.g., urinary tract events).
- Design Education campaign to include all licensed nurses.

SOURCE: The National Center for Emerging and Zoonotic Infectious Diseases, CDC. Core elements of hospital antibiotic stewardship programs. 2014.


Quick Tips

- Surveillance requires a high level of suspicion.
  - Allow for adequate time to investigate.
  - Use effective forms; analyze data.
  - Track data on an ongoing basis.
- Tell a story in your documentation (how you arrived at your decisions, management plans, challenges, interventions, and follow-up).
- Communicate with facility team members, providers, public health, and acute care partners.
- Document all interactions with physicians.
  - Train nurses to give thorough reports to physicians.
  - Dialogue with doctors about options.
- Analyze data using McGeer Criteria.
- Each possible infection event must be individually assessed on its own merit.
- Develop interventions appropriate to individual resident conditions.

Resources/Learn More

11. The National Center for Emerging and Zoonotic Infectious Diseases, CDC. Core elements of hospital antibiotic stewardship programs. 2014.