

# Administrators! Focus on four things that matter.

*Presented by: Cindy Gensamer, HSE, LNHA, MBA  
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# Objectives:

Explore four critical areas in daily facility operations (staffing, quality, UR, and infection control)

Understand best practice in these areas as part of the daily task of an Administrator

Understand recommendations to implement best practice

**Look for Homework Assignments!**

# Thing One: Staffing

*Exercise:*

*Please stand up*

*Turn 180 degrees and face opposite of me*

# Where are all the workers?



# The Answer!

Early in 2021, Emsi Burning Glass released *The Demographic Drought*, a sobering look at the current and future state of the US labor force. We explored how surging Baby Boomer retirements, declines in labor force participation amongst millennials, ebbing birth rates, and falling immigration numbers help explain why the US is facing talent shortages and near record-low unemployment.

Then, the COVID-19 pandemic struck and hit the accelerator on many of these long-term trends. Almost overnight, our future labor crisis became a present reality. We now face a record 11 million job openings. With 5 million unengaged workers on the sidelines and more than 4 million immigration visas stuck in processing, the same question is on everyone's minds: How can we fill the labor force gap?

# First: Make the Application Process Easy

10 or less clicks or scan a QR Code!

The regulation stuff can come later!



# QR Codes – Easy and Free

shopify.com/tools/qr-code-generator?term=&adid=580911503961&campaignid=16141303120&gclid=EAAlQobChMIsNH8mfjy9gIVLhitBh0KqQYRE...



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FREE TOOLS

## Free QR code generator

Fill out the fields below to get started

Create a QR code





# This site allows you to make a QR code that takes you directly to your website/application site

Enter email STEP 1 OF 3 ● ● ● QR code preview

Email address


By entering your email, you agree to receive marketing emails from Shopify.

Select data type STEP 2 OF 3 ● ● ●

Website URL  Phone #  SMS  Plain text

Enter content STEP 3 OF 3 ● ● ●

<https://www.shopify.com>



# Homework

- Apply to your facility
- Create a QR code with your website URL

# What Else?

- Are your advertisements boring?
- Who is contacting applicants? Are they grumpy?
- The interview-plan on inviting more than one person to an interview “slot of time”--- have a plan if numerous people show up
- Give them a courtesy wake up call for an interview and their first day (a concierge service)
- Play the numbers, plan on “ghosting”
  - Hire 10 to get 2
- Do you have an employee referral bonus?
  - Paying in increments can also be a retention plan

# What Else?

- Hold a job fair or virtual job fair – open interviews
- Direct mailers
- Social Media campaigns – consider a separate Facebook page just for “talent searches”
- Volunteers – everyone is retiring, they should volunteer!
- Work with educators near you
  - Clinicals
  - Nurse Aide training programs
  - Know graduation dates, job fair dates

# What Else?

- Use your vendors
  - Pharmacy
    - Admission Medication Review
    - Packaging
    - Med Passes – consultant focused on easing nursing burden
    - Analyze if your patients are over-medicated, ease nursing burden
  - Therapy
    - Make sure caseloads are appropriate, make sure functional treatments are being done
    - Request to hydrate patient at the beginning of treatment
    - If in a crisis, ask for an arrangement to do non-therapy care

# What Else?

- Who is your Hospice Vendor?
  - They should provide additional services
    - Example: nurse in twice a week, every time they visit they should be communicating with the family
    - Example: additional personal care, nurse aide in three times a week

# What Else?

- Use technology when you can to ease staff burden
  - For example
    - Sends vitals directly to PCC

The FORA® Mobile Care Station's features include:

- **The Latest Innovative Technology**

The [Mobile Care Station](#) includes up to 5 devices that measure blood glucose, blood pressure, pulse oxygen, temperature, and weight. The long-term care facility has the option to choose only the vital signs they need to help control costs.

- **Data Integrity**

Prior to taking a patient's measurements, the staff is able to confirm the patient's identity through their patient profile picture on the [iFORA CS \(PCC\) app](#). Plus, the nurse can verify the data before uploading results to the electronic health record.

- **A Reduction in Errors**

Since measurements automatically populate from the meter to the iFORA CS (PCC) app, staff no longer needs to spend time transferring that information and none of that data will accidentally be written down incorrectly. This leads to a cut in costs as well.



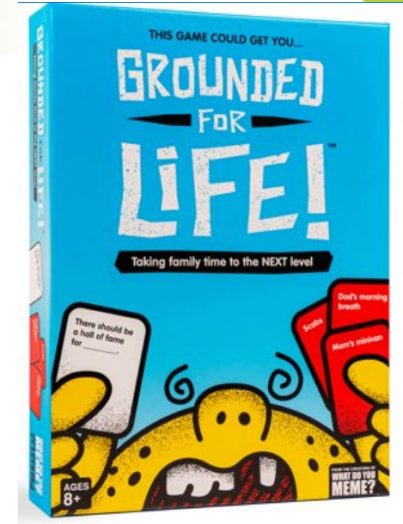
# What Else?

- Medication Aides (Medication Administration in PA)
- Make your own Registered Nurses, pay for loyal employees to attend school
- Foreign Recruitment - Nurses
  - Every successful strategic plan will include
  - TN Visa from Canada and Mexico
  - Green Cards from other countries
  - The nursing shortage will intensify over the next 10 years



# Retention

- Be involved in the orientation, this person is gold
- Orientation – make it an Absolute blast!
  - Charades, play games, for example review the abuse policy- now, you be the patient and I am going to do some actions, you tell me if they are acceptable or not...
    - Every 30 minutes of learning have 5-10 minutes of games and fun
    - Don't let grumpy people be any part of the orientation process
      - From paperwork to on the job training



# Retention

- Reinforce your base, do not lose them to the “great resignation”
- Know the names of your staff
  - Know their family
  - Know their barriers, challenges, offer solutions when appropriate
- Share yourself with your staff
  - Share pictures, ask them to share their pictures

**Homework: The next time you are at the facility, share a picture of your pet or a recent trip with three staff members, see the reaction**

# WeCare Connect

- <https://www.wecareconnect.org/>
- Not anonymous, tell staff you want to handle issues
- Survey at...
- Handle right away

# WeCare Connect

WeCare Connect™

[YOUR EMPLOYEES](#) [YOUR CUSTOMERS](#)

[HOW IT WORKS](#)

[WHO WE ARE](#)

[CONTACT US](#)

[CLIENT LOGIN](#)

## STEP BY STEP

- ✓ You simply enter a customer or employee into WeCare Connect (Data automation available)
- ✓ We connect with them via phone, email, text, and/or mobile app
- ✓ All responses and information are stored in our proprietary cloud platform
- ✓ Key customer or employee issues trigger an instant email to the right person so it can be addressed
- ✓ All issues are tracked, managed, and resolved in our solution
- ✓ Easily view all data through survey response reports and Insights dashboards



# Embrace what you can't change...

## Embrace the job freedom mentality

Those who left or lost their job in the pandemic may not want to return to the labor force in a full-time capacity. Embracing the gig economy, part-time work, and overall “job freedom mentality”—including flexible hours, contract work, and remote and hybrid options—can open up creative opportunities for filling positions.

The job freedom mentality shifts the work-life balance concept on its head. For people with this mentality, it's not about scheduling life around your work schedule. It's the opposite. To appeal to these workers, offering flexible hours, contract work, remote work, or hybrid options can make returning to work more appealing.



This is so boring! Let's play a game!

## Thing Two: Quality and Quality Measures

- Create a Quality Measure Task Force that consists of you and 7 people.
  - Dividing tasks and conquering is crucial, we are all buried in too much work.



# The QM Task Force

Quality Measure Task Force	
Task	Suggested Employee
Supporter, facilitator	Administrator
Hospitalization - ER Visits	Director of Nursing
Antipsychotic, antianxiety, hypnotic medication management and vaccines, flu and pneumonia	Assistant Director of Nursing
Skin	Wound Nurse or RN
Bowel and Bladder (UTI, Catheter)	Floor RN
Weight Lose	Dietary Manager
Falls	STNA - Mentor Aide
Improvement in function, move around independently worsened, help with activities of daily living	Therapy Manager



# The QM Task Force:

- Explain the manual and give them the pages they are responsible for:



MDS 3.0 Quality Measures

USER'S MANUAL

(v15.0)

Effective January 1, 2022

## QUALITY MEASURES (QM) USER'S MANUAL CONTENTS

MDS 3.0 Quality Measures USER'S MANUAL (v15.0)	i
QUALITY MEASURES (QM) USER'S MANUAL CONTENTS	i
NOTABLE CHANGES TO THE MDS QUALITY MEASURES (QM) USER'S MANUAL V15	1
Chapter 1 QM Sample and Record Selection Methodology	2
Section 1: Definitions	2
Section 2: Selecting the QM Samples	4
Section 3: Short Stay Record Definitions	6
Section 4: Long Stay Record Definitions	10
Section 5: Transition from the Pressure Ulcer to Skin Integrity Quality Measures	14
Section 6: Transition to the Patient Driven Payment Model	14
Chapter 2 MDS 3.0 Quality Measures Logical Specifications	17
Section 1: Short Stay (SS) Quality Measures	18
Table 2-1 Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	18
Table 2-2 Percent of Residents Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (SS)	19
Table 2-3 Percent of Residents Who Received the Seasonal Influenza Vaccine (SS)	20
Table 2-4 Percent of Residents Who Were Offered and Declined the Seasonal Influenza Vaccine (SS)	21
Table 2-5 Percent of Residents Who Did Not Receive, Due to Medical Contraindication, the Seasonal Influenza Vaccine (SS)	22
Table 2-6 Percent of Residents Assessed and Appropriately Given the Pneumococcal Vaccine (SS)	23
Table 2-7 Percent of Residents Who Received the Pneumococcal Vaccine (SS)	24

# Fully Explain Their Measures(s)

Table 2-33  
Percent of Residents Whose Ability to Move Independently Worsened (LS)<sup>32</sup>  
(CMS ID: N035.03) (NQF: None)

Measure Description
This measure reports the percent of long-stay residents who experienced a decline in independence of locomotion during the target period.
Measure Specifications
<b>Numerator</b> Long-stay residents with a selected target assessment and at least one qualifying prior assessment who have a decline in locomotion when comparing their target assessment with the prior assessment. Decline identified by: <ol style="list-style-type: none"><li>1. Recoding all values (G0110E1 = [7, 8]) to (G0110E1 = [4]).</li><li>2. An increase of one or more points on the “locomotion on unit: self-performance” item between the target assessment and prior assessment (G0110E1 on target assessment – G0110E1 on prior assessment <math>\geq 1</math>).</li></ol>
<b>Denominator</b> Long-stay residents who have a qualifying MDS 3.0 target assessment and at least one qualifying prior assessment, except those with exclusions.
<b>Exclusions</b> Residents satisfying any of the following conditions: <ol style="list-style-type: none"><li>1. Comatose or missing data on comatose (B0100 = [1, -]) at the prior assessment.</li><li>2. Prognosis of less than 6 months at the prior assessment as indicated by:<ol style="list-style-type: none"><li>2.1. Prognosis of less than six months of life (J1400 = [1]), <i>or</i></li><li>2.2. Hospice use (O0100K2 = [1]), <i>or</i></li><li>2.3. Neither indicator for being end-of-life at the prior assessment (J1400 <math>\neq</math> [1] <i>and</i> O0100K2 <math>\neq</math> [1]) <i>and</i> a missing value on either indicator (J1400 = [-] <i>or</i> O0100K2 = [-]).</li></ol></li><li>3. Resident totally dependent during locomotion on prior assessment (G0110E1 = [4, 7, <i>or</i> 8]).</li><li>4. Missing data on locomotion on target <i>or</i> prior assessment (G0110E1 = [-]).</li><li>5. Prior assessment is a discharge with or without return anticipated (A0310F = [10, 11]).</li><li>6. No prior assessment is available to assess prior function.</li></ol>

# Explain the Quality Measure MDS item sets

<p><b>1. ADL Self-Performance</b> Code for <b>resident's performance</b> over all shifts - not including setup. If the ADL activity occurred 3 or more times at various levels of assistance, code the most dependent - except for total dependence, which requires full staff performance every time</p> <p><b>Coding:</b></p> <p><b>Activity Occurred 3 or More Times</b></p> <p>0. <b>Independent</b> - no help or staff oversight at any time</p> <p>1. <b>Supervision</b> - oversight, encouragement or cueing</p> <p>2. <b>Limited assistance</b> - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance</p> <p>3. <b>Extensive assistance</b> - resident involved in activity, staff provide weight-bearing support</p> <p>4. <b>Total dependence</b> - full staff performance every time during entire 7-day period</p> <p><b>Activity Occurred 2 or Fewer Times</b></p> <p>7. <b>Activity occurred only once or twice</b> - activity did occur but only once or twice</p> <p>8. <b>Activity did not occur</b> - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period</p>	<p><b>2. ADL Support Provided</b> Code for <b>most support provided</b> over all shifts; code regardless of resident's self-performance classification</p> <p><b>Coding:</b></p> <p>0. <b>No</b> setup or physical help from staff</p> <p>1. <b>Setup</b> help only</p> <p>2. <b>One</b> person physical assist</p> <p>3. <b>Two+</b> persons physical assist</p> <p>8. ADL activity itself <b>did not occur</b> or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period</p>																		
<p><b>A. Bed mobility</b> - how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture</p> <p><b>B. Transfer</b> - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (<b>excludes</b> to/from bath/toilet)</p> <p><b>C. Walk in room</b> - how resident walks between locations in his/her room</p> <p><b>D. Walk in corridor</b> - how resident walks in corridor on unit</p> <p><b>E. Locomotion on unit</b> - how resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair</p> <p><b>F. Locomotion off unit</b> - how resident moves to and returns from off-unit locations (e.g., areas set aside for dining, activities or treatments). <b>If facility has only one floor</b>, how resident moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair</p> <p><b>G. Dressing</b> - how resident puts on, fastens and takes off all items of clothing, including</p>	<table border="1"> <thead> <tr> <th data-bbox="1595 761 1849 825">1. Self-Performance</th> <th data-bbox="1849 761 2112 825">2. Support</th> </tr> </thead> <tbody> <tr> <td colspan="2" data-bbox="1595 825 2112 865" style="text-align: center;">↓ Enter Codes in Boxes ↓</td> </tr> <tr> <td data-bbox="1595 865 1849 929" style="text-align: center;"><input type="checkbox"/></td> <td data-bbox="1849 865 2112 929" style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1595 929 1849 993" style="text-align: center;"><input type="checkbox"/></td> <td data-bbox="1849 929 2112 993" style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1595 993 1849 1058" style="text-align: center;"><input type="checkbox"/></td> <td data-bbox="1849 993 2112 1058" style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1595 1058 1849 1122" style="text-align: center;"><input type="checkbox"/></td> <td data-bbox="1849 1058 2112 1122" style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1595 1122 1849 1186" style="text-align: center;"><input type="checkbox"/></td> <td data-bbox="1849 1122 2112 1186" style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1595 1186 1849 1250" style="text-align: center;"><input type="checkbox"/></td> <td data-bbox="1849 1186 2112 1250" style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="1595 1250 1849 1338" style="text-align: center;"><input type="checkbox"/></td> <td data-bbox="1849 1250 2112 1338" style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	1. Self-Performance	2. Support	↓ Enter Codes in Boxes ↓		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Provide a report of patients triggering their measure(s)

- CMS reports
  - 802
  - Casper, etc.



# Support the Group

- No measure, no matter
- The importance you put on quality measures will reflect in your numbers



## Thing Three: UR (utilization review) the meeting

- Administrators, lead this meeting!
- Be organized and efficient, create an expectation that all conversation about a patient will take \_\_\_\_\_ amount of time
- Use a consistent forum
- Discuss all things that matter
  - Compliance
  - Reimbursement (PDPM, Managed Care, Case Mix)
  - Clinical barriers, patient/family concerns
  - Discharge planning

**PDPM –PATIENT DRIVEN PAYMENT MODEL - WEEKLY UTILIZATION REVIEW**  
 “PRIVILEGED AND CONFIDENTIAL FOR EXCLUSIVE USE BY THE QA COMMITTEE”



BENEFIT END DATE: \_\_\_\_\_

ALL REQUIRED **PHYSICIAN CERTIFICATIONS** FOR SKILLED CARE COMPLETED AS REQUIRED: \_\_\_\_\_

<p><b>ADMISSION PLANNING:</b> (complete within 3 days of admission)</p> <p>Date: _____</p> <p>Initial ARD Planning – Circle (can change)</p> <p>1 2 3 4 5 6 7 8</p>	<p><b>Initial Planning (Develop a shared goal for this resident / family and the strategy to achieve their goals)</b></p> <p>Family Initial Goals: _____</p> <p>Resident Initial Goals: _____</p> <p>Initial Therapy and Nursing Skilling Services: _____</p> <p>Patient Health Questionnaire Reviewed and Managed: _____</p> <p>Initial Primary Skilling Diagnosis I0020B _____ Mapped Clinical Category: _____</p> <p>Therapy Treatment Diagnosis: PT _____ OT _____ ST _____</p> <p>Family Meeting Scheduled (with first 7 days of stay) – <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - Date and Time: _____ with _____</p> <p>Follow-up plan to meet resident needs: _____</p>			<p><b>Summary</b></p> <hr/> <p><b>Attendees – Planning Meeting</b></p>
<p><b>WEEK 1</b></p> <p>Date: _____</p> <p>ARD Date: _____</p> <p>Current Length of Stay: _____</p> <p>Physician Certification: Yes _____ No _____</p> <p>Dates: _____</p>	<p><b>Therapy Services</b></p> <p><input type="checkbox"/> PT WB _____ Ambulation _____</p> <p>Balance _____ LCD: _____</p> <p><input type="checkbox"/> OT ADL ASSIST: UE _____ LE _____</p> <p>Transfers _____ Safety _____ LCD: _____</p> <p><input type="checkbox"/> Cognition _____</p> <p><input type="checkbox"/> ST _____ LCD: _____</p> <p><input type="checkbox"/> Home Assessment _____</p>	<p><b>Nursing Services</b></p> <p><input type="checkbox"/> Potential Nursing Skilled / Provided _____</p> <p><input type="checkbox"/> Wounds <input type="checkbox"/> O2 <input type="checkbox"/> Medication adjustment</p> <p><input type="checkbox"/> Education <input type="checkbox"/> Care Planning <input type="checkbox"/> Pain</p> <p><input type="checkbox"/> Falls/Safety <input type="checkbox"/> Weight Loss</p> <p><input type="checkbox"/> Bowel &amp; Bladder <input type="checkbox"/> Behavior</p> <p><input type="checkbox"/> Infection <input type="checkbox"/> NA LCD: _____</p> <p>Nursing PDPM Category: _____</p>	<p><b>Social Services</b></p> <p><input type="checkbox"/> Estimated Discharge Date / Plan: _____</p> <p>Family contact since Admission</p> <p><input type="checkbox"/> No, <input type="checkbox"/> Yes with _____</p> <p>Response / Notes:</p>	<p><b>Summary</b></p>
<p><b>PDPM Management</b></p> <p><input type="checkbox"/> Speech Related Comorbidity(s) _____</p> <p><input type="checkbox"/> Swallowing Disorder K0100A,B,C,D,Z _____</p> <p><input type="checkbox"/> Mechanically Altered Diet K0510C2 _____</p> <p><input type="checkbox"/> BIM or CPS, cognitive impairment _____</p> <p><input type="checkbox"/> Restorative Nursing (15 min., 2 programs, 6 days a week) _____</p> <p><input type="checkbox"/> Depression, mood interview _____</p> <p><input type="checkbox"/> Section GG score for nursing component _____</p> <p><input type="checkbox"/> Section GG score for PT/OT component _____</p>		<p><b>Non Therapy Ancillary Component - PDPM</b></p> <p>_____ Point(s) _____</p> <p>_____ Point(s) _____</p> <p>_____ Points(s) _____</p> <p>_____ Points(s) _____</p> <p>_____ Points(s) _____</p> <p><input type="checkbox"/> All NTA items in correct section of MDS</p>		<p><b>Attendees – Week 1</b></p>

**This is so boring, let's play another game!**





# Thing Four: Infection Control

- Among other topics, the White House is focused on infection control in the recently released “Fact Sheet” ...

THE WHITE HOUSE



BRIEFING ROOM

## FACT SHEET: Protecting Seniors by Improving Safety and Quality of Care in the Nation’s Nursing Homes

FEBRUARY 28, 2022 • STATEMENTS AND RELEASES

# Thing Four: Infection Control

- CMS revises infection control survey policy on 2/4/22

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid  
Services 7500 Security Boulevard,  
Mail Stop C2-21-16  
Baltimore, Maryland 21244-1850



## Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-21-08-NLTC  
*REVISED 02/04/2022*

**DATE:** December 30, 2020

**TO:** State Survey Agency Directors

**FROM:** Director  
Quality, Safety & Oversight Group

**SUBJECT:** COVID-19 Focused Infection Control Survey Tool for Acute and  
Continuing Care *Providers and Suppliers (REVISED)*

# Infection Control Survey

- **COVID-19 Focused Infection Control Survey Tool:** CMS developed the focused infection control (FIC) survey and tool at the beginning of the PHE to help surveyors and facilities absorb the critical infection prevention and control practices for combating COVID-19. Based on stakeholder feedback and survey activity, we believe acute and continuing care (ACC) facilities have incorporated COVID-19 management strategies into their infrastructure and operations, and there is no longer a need to continue the required use of the special FIC survey and tool on a national basis. Surveyors will continue to evaluate infection prevention and control elements related to COVID-19 through the existing survey process, while incorporating lessons learned about infection control oversight during the PHE. State Survey Agencies (SAs) & Accrediting Organizations (AOs) may continue to use the targeted FIC survey, on a case by case basis, if warranted.

# Useful checklist from the November 22, 2019 QSO

- November 22, 2019
- REF: QSO-20-03-NH
- Attachment A – has an infection control checklist developed by CMS and CDC



# Checklist Example – it is 18 pages

## ATTACHMENT A

Section A	Infection Prevention and Control Program (IPCP) Infrastructure	Assessments	Comments
A.1.	The facility has written infection prevention and control policies and procedures which are based on current nationally recognized evidence-based guidelines (e.g., CDC/HICPAC), regulations or standards for its Infection Prevention and Control Program (IPCP).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A.2.	The facility has evidence of mandatory personnel infection prevention and control training which includes the IPCP written standards, policies, and procedures.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A.3.	The facility has documentation of a facility infection control risk assessment conducted according to infection control professional organizations (e.g., APIC, SHEA) guidelines.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A.4.	Facility has documentation of an <b>annual</b> review of the IPCP using a risk assessment of both facility and community risks, and updates the program as necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Section B	Infection Preventionist	Assessments	Comments
B.1.	The facility has designated one or more individuals with initial and maintain ongoing specialized training in infection prevention and control as the Infection Preventionist (IP). This individual works at least part-time in the facility. <i>Examples of specialized training may include: Participation in infection control courses organized by the state or recognized professional societies (e.g., APIC, SHEA, state/local health department, CDC). A free online and on-demand infection prevention and control training titled "Nursing Home Infection Preventionist Training Course" is available on CDC's TRAIN website</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

# Look online for F880 – 23 pages to reference

<https://www.licamedman.com/ftag/761/f880-infection-prevention-and-control>

## F-TagHelp

Jump to  
comments

### F880

#### §483.80 Infection Control

The facility must establish and maintain an infection *prevention and* control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of *communicable* diseases and infections.

#### §483.80(a) Infection *prevention and* control program.

The facility must establish an infection *prevention and* control program (*IPCP*) that must include, at a minimum, the following elements:

§483.80(a)(1) *A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;*

§483.80(a)(2) *Written standards, policies, and procedures for the program, which must include, but are not limited to:*

# Assess Infection Control Tags: 483.80

## Incorporate both the tag compliance and the checklist from the QSO in 2019.

THE WHITE HOUSE

next week related to emerge



- *Integrate Pandemic Lessons into Nursing Home Requirements.* The pandemic has underscored the need for resident-centered updates to nursing homes' requirements of participation in Medicare and Medicaid. CMS will integrate new lessons on standards of care into nursing home requirements around fire safety, infection control, and other areas, using an equity lens.

# Infection Preventionist

## F882

### *§483.80(b) Infection preventionist*

*[§483.80(b) and all subparts will be implemented beginning November 28, 2019 (Phase 3)] The facility must designate one or more individual(s) as the infection preventionist(s) (IP)(s) who are responsible for the facility's IPCP. The IP must:*

*§483.80(b)(1) Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;*

*§483.80(b)(2) Be qualified by education, training, experience or certification;*

*§483.80(b)(3) Work at least part-time at the facility; and*

*§483.80(b)(4) Have completed specialized training in infection prevention and control.*

*§483.80 (c) IP participation on quality assessment and assurance committee.*

*The individual designated as the IP, or at least one of the individuals if there is more than one IP, must be a member of the facility's quality assessment and assurance committee and report to the committee on the IPCP on a regular basis.*



# Who is your infection preventionist?

- Select a person that you can retain!

THE WHITE HOUSE

to build confidence in the vac



- *Strengthen Requirements for On-site Infection Preventionists.* CMS will clarify and increase the standards for nursing homes on the level of staffing facilities need for on-site infection prevention employees, undoing the Trump Administration's changes to these requirements to help improve resident health and safety.

# Focus on Four Things

- Staffing – Hiring and Retaining (adequate staffing will lead to admissions)
- Quality (quality will lead to admissions-nursing home compare)
- UR – Utilization Review (good patient planning will lead to admissions)
- Infection Control (this will make patients feel safe and lead to admissions)
- Incorporate other things that come up (job creep), into these four initiatives

# Questions?

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