



Infection Control: Using the Proper Technique and Cleaning Agents

By Stephanie Geller, Health Facilities Surveyor

With the rise of drug resistant organisms over the past decade, health care providers need to be aware of how to prevent the spread of these organisms in a health care setting. Specific guidelines in the long-term care federal regulation, tag 441, identifies the following:

Infection Control:

The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.

Infection Control Program:

The facility must establish an Infection Control Program under which it —

- 1) *Investigates, controls and prevents infections in the facility;*
- 2) *Decides what procedures, such as isolation, should be applied to an individual resident; and*
- 3) *Maintains a record of incidents and corrective actions related to infections.*

The Centers for Disease Control and Prevention (CDC) provides guidelines on each organism and the proper hand hygiene techniques and cleaning agents that are effective against each organism. A summary of some of the CDC guidelines follows:

Clostridium difficile (C-Diff):

- 1) Contact precautions for duration of diarrhea (Prolonged duration of contact precautions may be used as a supplemental measure of prevention)
- 2) Implement soap and water for

hand hygiene before exiting the room of a patient with C-Diff (Alcohol-based hand rub is not effective in eradicating C-Diff spores)

- 3) Use sodium hypochlorite (bleach)-containing agents for environmental cleaning (Bleach can kill spores, whereas other standard disinfectants cannot)

Methicillin-Resistant Staphylococcus Aureus (MRSA):

- 1) Contact precautions for active infections
- 2) Clean your hands often; wash with soap and water or use an alcohol-based hand rub
- 3) Most cleaning agents are effective against MRSA (Listed on the label)

Vancomycin-Resistant Enterococci (VRE):

- 1) Contact precautions for active infections
- 2) Clean your hands often; wash with soap and water or use alcohol-based rub
- 3) Most cleaning agents are

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Nurse Aide Training Program

By Lisa Fries, Health Facilities Surveyor

Currently, North Dakota (ND) has 50 active Nurse Aide Training Programs (NATP). The code of Federal Regulations (CFR) 483.152 details the requirements for the NATP and Competency Evaluation Program to remain in compliance. One of the requirements for the NATP at 483,152 (a) identifies that NATP must consist of at least 75 hours of training. Included in the 75 hours is 16 hours of Supervised Practical Training (SPT). SPT is identified as training in a laboratory or other setting in which the trainee demonstrates knowledge while performing tasks on an individual under the direct supervision of a licensed nurse.

The curriculum component can be found at CFR 483.154 (b). The curriculum must contain the **exact wording** of the CFR. The curriculum does not need to be the exact order of the CFR, allowing instructors freedom to develop a curriculum that corresponds to the textbook the class is utilizing. The curriculum identifies that at least 16 hours of training must be provided **prior** to any direct resident contact in the following areas: communication and interpersonal skills; infection control; safety/emergency procedures including the Heimlich; promoting residents' independence and respecting residents' rights.

Federal regulations for approval of the NATP requires the North Dakota Department of Health (NDDoH) to conduct on-site visits to determine whether the NATP and competency evaluation requirements have been met. If all requirements are met, NDDoH will grant approval for a period for two years. The facility will receive a reminder letter in

four months immediately preceding the expiration date of the program. In order to continue with the NATP, NDDoH must make an on-site visit while training is in session. If you are unable to conduct a class during this time, a six month extension may be granted upon request.

During the on-site visit, the surveyor will observe the classroom presentation and/or clinical setting. The on-site visit will also consist of an interview with the students and an interview with the instructor or program coordinator. The surveyor may review policy and procedure manuals and other information as necessary.

Prior to or during the on-site visit, the following information must be provided:

1. Copy of the curriculum including no less than 75 hours of training with evidence that at least 16 hours are SPT, and 16 hours are in the required areas prior to resident contact
2. Copy of list of duties/skills each trainee is expected to learn
3. Copy of the facility policy on prohibition of charges
4. Records of two CNAs who previously completed the class
5. The instructor/coordinator will need to identify how many nurse aides have gone through the training program in the last 12 months; and the number who failed the skills and written competency evaluation.

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effective against VRE (Listed on the label)

Carbapenem-Resistant Enterobacteriaceae (CRE):

- 1) Contact precautions
- 2) Clean your hands often; wash with soap and water or use an alcohol-based hand rub
- 3) Since CRE is fairly new, there may be some cleaning agents may not have been tested against CRE; the CDC states that most cleaning agents are believed to be effective

Be sure to observe proper use of contact precautions including: performing hand hygiene before donning a gown and gloves, donning gown and gloves before entering the affected resident's room, removing the gown and gloves, and performing hand hygiene prior to exiting the affected resident's room.



Improving Oral Intake in Residents with Dementia

By Bobbie Houn, Health Facilities Surveyor

Research has shown residents with dementia can safely eat many of the foods they enjoy given an appropriate support system.

We all aspirate micro-amounts of saliva each day and occasionally experience food going down “the wrong pipe.” Good oral hygiene is crucial to reducing the likelihood a resident will develop pneumonia from aspirating food.

Dementia affects a resident’s memory, ability to problem solve, behavior and ability to perform activities of daily living, including eating. In the early stages of dementia, a resident may be distracted during meals or even forget to eat. As the dementia worsens, the resident may become more confused, forget how to use silverware, no longer recognize the signs of hunger or thirst, and no longer be aware of food temperatures. The resident may even forget how or lose the ability to chew and swallow. Each of the following symptoms increases the resident’s risk of aspiration pneumonia; dependence on others during meals, dependence on others for oral cares, decaying teeth, tube feedings, multiple medical diagnoses, multiple medications and smoking.

It is important to make sure the resident with dementia is alert and attentive when determining if he/she is at risk of aspiration. The time of day, medication side effects and infection may all affect his/her ability to swallow safely. Other factors, such as transfer to the hospital for a modified barium swallow study, lack of communication between the hospital speech-language pathologist and nursing home staff, and financial considerations may also affect the results of the assessment.

Modified diets and/or thickened liquids have become the standard of care for residents at risk of aspiration. Research has shown that thickened liquids appear to reduce penetration/aspiration. However, they also appear to increase the risk of post-swallow residue, which may result in delayed aspiration. Even though a modified diet may increase the resident’s safety, no benefit results if he/she refuses to eat. An unpalatable diet may result in weight loss and/or malnutrition. The resident’s cultural background, likes and dislikes, and desire to socialize may also affect his/her intake.

Strategies that help residents with dementia safely eat and drink involve memory retraining to teach safe swallowing strategies, environmental adjustments,

and coordination between care providers. Goals and treatment should be resident-specific.

Procedural memory is less impaired in residents with dementia. Therefore spaced retrieval memory strategies may help residents store important information, such as “eating slowly”. Space retrieval allows residents to practice remembering information. The practice sessions are spaced out over progressively longer periods of time. Residents with memory loss can relearn information they have forgotten or even learn new information with this technique.

Residents with dementia communicate their preferences every day by eating the foods they like and by leaving the foods they don’t like on their plates. Reading is preserved in many types of dementia, so residents can make choices by indicating on a written menu with pictures next to each food item. Even though he/she may not be able to respond to a verbal question, he/she may respond to the visual cue. This simple environmental modification will promote their dignity and allow them to be as independent as possible.

Jennifer Brush, Margaret Calkins, Carrie Bruce and Jon Sanford also recommended making changes to the dining room environment in their toolkit for dementia care (ECAT):

Visual cues that may assist residents in finding their place in the dining room:

- * Ensure pathways are clear between tables and chairs
- * Add a photo or name to the resident’s place setting
- * Allow the resident to sit in the same location every day
- * Add fabric to the resident’s chair
- * Seat the resident near others he/she recognizes
- * Seat the resident near others he/she gets along with
- * Seat the resident near others with similar swallowing needs (modified diets)



Contrast cues that may assist residents in seeing/distinguishing between important items:

- * Ensure lighting of >50 foot candles

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Nurse Aide Registry

By Cindy Kupfer, Nurse Aide Registry



Registrant Information:

- Please use this link, <http://www.ndhealth.gov/hf/registry/inquiry-search.aspx>, to make sure a nurse aide is active on the registry *before* they enroll in the Medication I or II Training Program. According to North Dakota Administrative Code 33-43, a *medication assistant is an individual who is registered on the nurse aide registry as either a certified nurse aide or a nurse aide*. The registrant's medication assistant training is not recognized until they have successfully achieved active registry status as either a nurse aide or certified nurse aide.
- If a person has challenged the Certified Nurse Aide Competency Evaluation, please allow time for the North Dakota Department of Health (NDDoH) to receive and process the test results from the testing vendor. It can take up to 15 working days for the process to be completed.
- If a registrant from another state is using an endorsement process to have their Certified Nurse Aide status recognized by the North Dakota registry, please allow processing time of five to seven working days before scheduling them to work.
- Make sure you are using the most current and updated application form from our web site. http://www.ndhealth.gov/HF/North_Dakota/nurse/aide/registry.htm.
- When a registrant renews their CNA/NA/MA or HHA on-line, the actual renewal is not completed immediately at that time. It can take 48 hours or more for the NDDoH to make quality assurance checks with the employer to verify the last date worked. The information is held in a holding file for approval or denial by department staff until each is verified as eligible for renewal. Depending on the availability of personnel in the facility, this can take up to 48 hours or longer.
- If an individual seeking registration fails the competency evaluation *in English* on the third attempt, the individual must enroll in and complete a department-approved certified nurse aide training program prior to taking the competency evaluation again *in English*.
- The Nurse Aide Registry Public Inquiry has changed. You can view your search results, but to view more details, you will need either the Registrant ID or the Date of Birth for the Registrant. These changes were made to conform with the North Dakota State Information Technology Department security requirements for individuals on the registry.

MDS 3.0/Staffing Focused Surveys

By Lucille Rostad, LTC Manager

In Fiscal Year 2015, CMS rolled out the MDS 3.0/Staffing Focused Surveys. These surveys focused on assessing facility MDS coding practices as compared to the residents' medical record and actual health status. These surveys also included a review of facility compliance with the requirements for nurse staffing posting. The purpose of these surveys is to ensure the data publicly posted for nursing homes is accurate and that residents' needs are being identified and met.

The ND State Survey Agency (NDSSA) completed three MDS 3.0/Staffing Focused surveys in Fiscal Year 2015 and identified the following:

- F278 –Assessment Accuracy: cited in all three facilities (Scope & Severity: D E F)
- F356 –Posted Nurse Staffing Information: cited in all three facilities (Scope & Severity: C)

F441 –Infection Control Program: cited in one facility (Scope & Severity: D)

F493 –Governing Body – Facility Policies: cited in one facility (Scope & Severity: C)

On November 13, 2015 the ND SSA received information regarding the MDS 3.0/Staffing Focused Surveys to be completed in Fiscal Year 2016. CMS sent each State Survey Agency a list of candidate facilities. In the spring of 2016, CMS will release a revised survey process and a new list of candidates. States may choose to conduct surveys in the facilities that are on the first list sent in November, or wait until the new process and lists are sent out in the spring of 2016. NDSSA will complete two surveys under the existing process and one under the revised process.

- * Move tables situated under lights that cause glare
- * Use contrasting colors for the tablecloths, placemats, dishes and, if possible, food

Cue cards/pictures that may assist residents to complete tasks

- * Place cue cards/pictures in easily accessible locations
- * Depict the proper sequence of tasks with text/graphics
- * Seat the struggling resident away from high traffic areas
- * Serve courses/food items one at a time so the resident doesn't become overwhelmed by his/her choices



Reduce auditory stimulation that may lower residents' distractibility

- * Limit staff conversation to meaningful exchanges
- * Eliminate overhead paging
- * Turn the television and/or music off
- * Move noisy equipment such as the ice machine away from the dining room

People with dementia require more than one discipline to address their complex health needs. Residents' safety and quality of care are improved when all disciplines work together. It is important to utilize the skilled services of the Speech-Language Pathologist and/or Occupational Therapist. Using the approaches discussed above may increase swallow safety, lead to higher ratings on resident/family satisfaction surveys, and improve state survey results.

References:

"Stepping Up to the Plate," by Carol Polovoy, ASHA Leader, Vol. 20, No. 10, Oct. 2015, page 44-53.
"Environmental and Communication Assessment Toolkit (ECAT) for Dementia Care," by Jennifer Brush, Margaret Calkins, Carrie Bruce and Jon Sanford.

Be Thankful

~Be thankful that you don't already have everything you desire. If you did, what would there be to look forward to?

~Be thankful when you don't know something, for it gives you the opportunity to learn.

~Be thankful for the difficult times. During those times you grow.

~Be thankful for your limitations, because they give you opportunities for improvement.

~Be thankful for each new challenge, because it will build your strength and character.

~Be thankful for your mistakes. They will teach you valuable lessons.

~Be thankful when you're tired and weary, because it means you've made a difference.

~It's easy to be thankful for the good things.

~A life of rich fulfillment comes to those who are also thankful for the setbacks.

~Gratitude can turn a negative into a positive.

~Find a way to be thankful for your troubles, and they can become your blessings.

~Author Unknown~



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Division of Health Facilities
North Dakota Department of Health
600 E. Boulevard Ave., Dept. 301
Bismarck, N.D. 58505-0200
Phone: 701.328.2352
Fax: 701.328.1890
Web: www.ndhealth.gov

Terry Dwelle, M.D., M.P.H.T.M., State Health Officer
Darleen Bartz, Ph.D, Chief, Health Resources Section
Bruce Pritschet, Director, Health Facilities
Lucille Rostad, LTC Program Manager
Rocksanne Peterson, Newsletter Design