



LTCF State Update Call

from the Tennessee Department of Health

TN

Tennessee Department of Health
September 18, 2024

Call Agenda

Announcements & Updates

- **Respiratory Illness Update & COVID-19 Reporting**
 - Ashley Gambrell, MPH
- **LTCF Data Trends and NHSN update**
 - Vicky Lindsey, RN, CIC
- **TDH Waterborne Program**
 - Emma Roth, MPH
- **Smoky Mountain APIC**
 - Kathy Buechel, BSN, RN, CIC, LTC-CIP

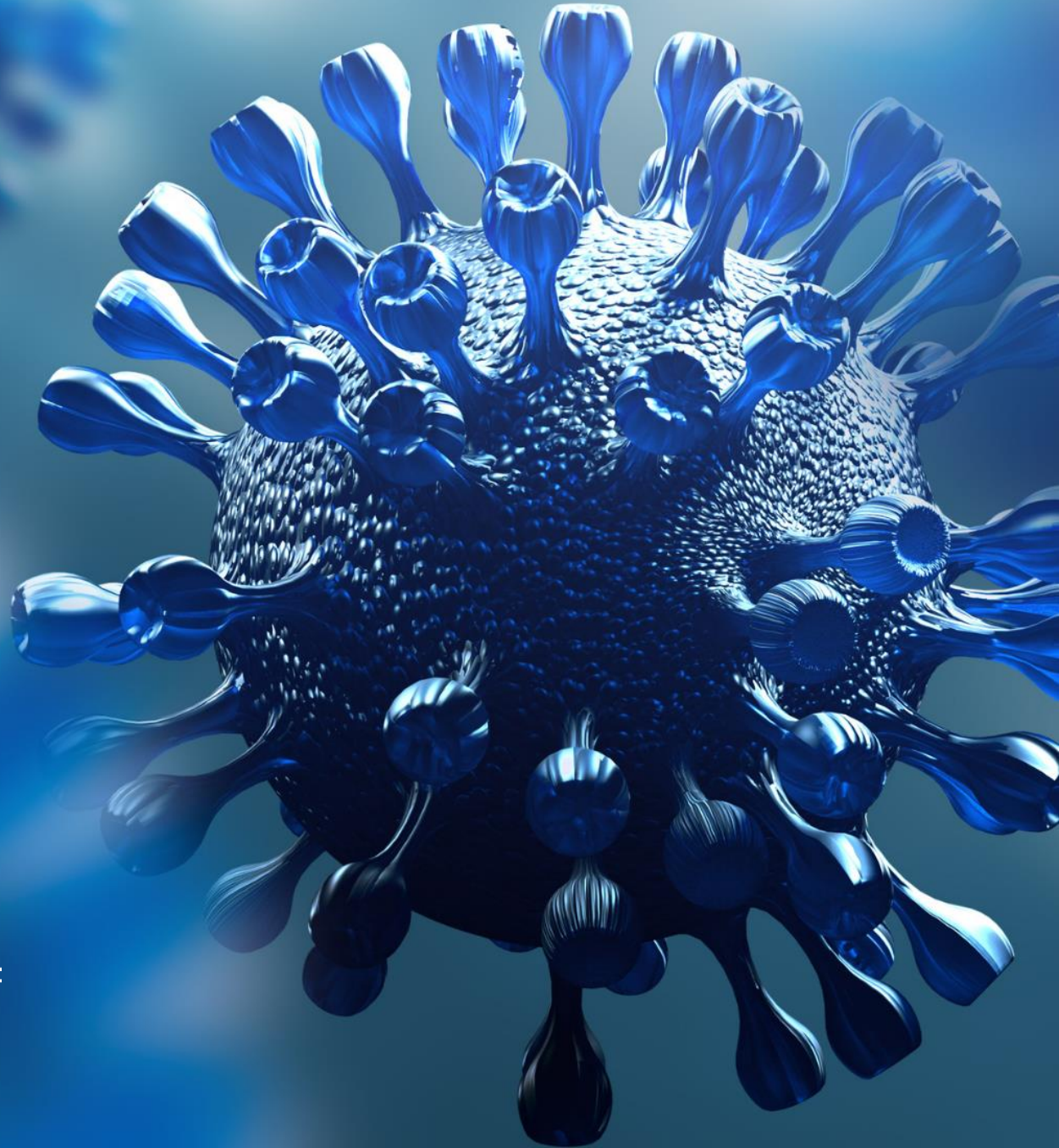
Presentation(s)

- **September is Sepsis Awareness Month**
 - Michelle Nation, MHIA, BSN, RN, CIC
- **Fungal Disease Awareness Week**
 - Katherine A. Witcher, MPH, CHES
- **Guide to Infection Prevention for Podiatry Services**
 - Kelley Tobey, MPH, BSN, RN, CIC

Questions

- Pre-submitted
- Chat Box

Respiratory Illness Update



TN

Department of
Health

COVID-19 Trends in TN & US

- Tennessee

- New cases decreased ▼
(total ~ 2851/week)
- Hospitalizations decreased ▼
(184 – hospitalized)
- Deaths increased ▲
(total 21/week)

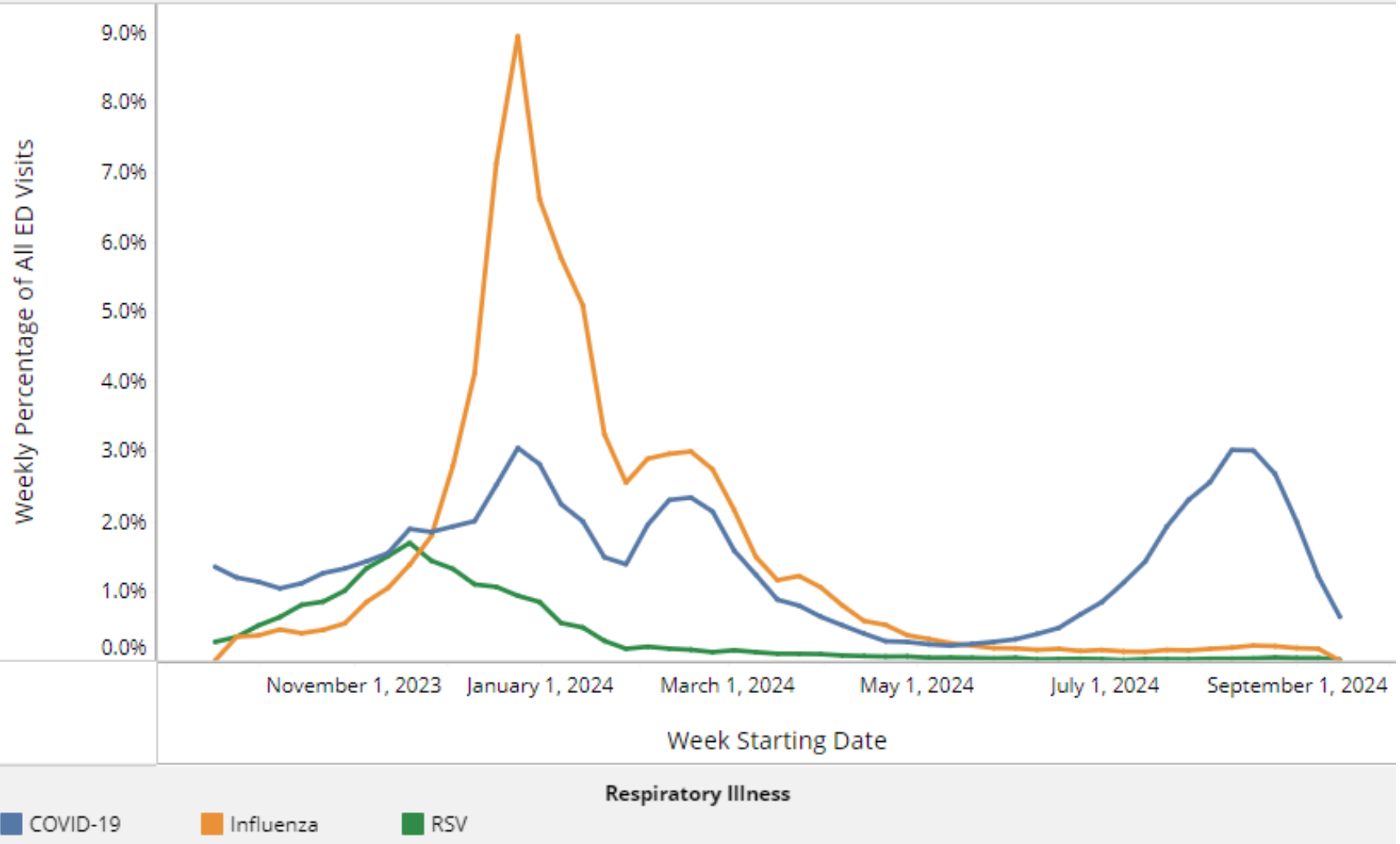
- U.S.A.

- Emergency department visits increased ▼
- Hospitalizations increased ▼
- Deaths increased ▼



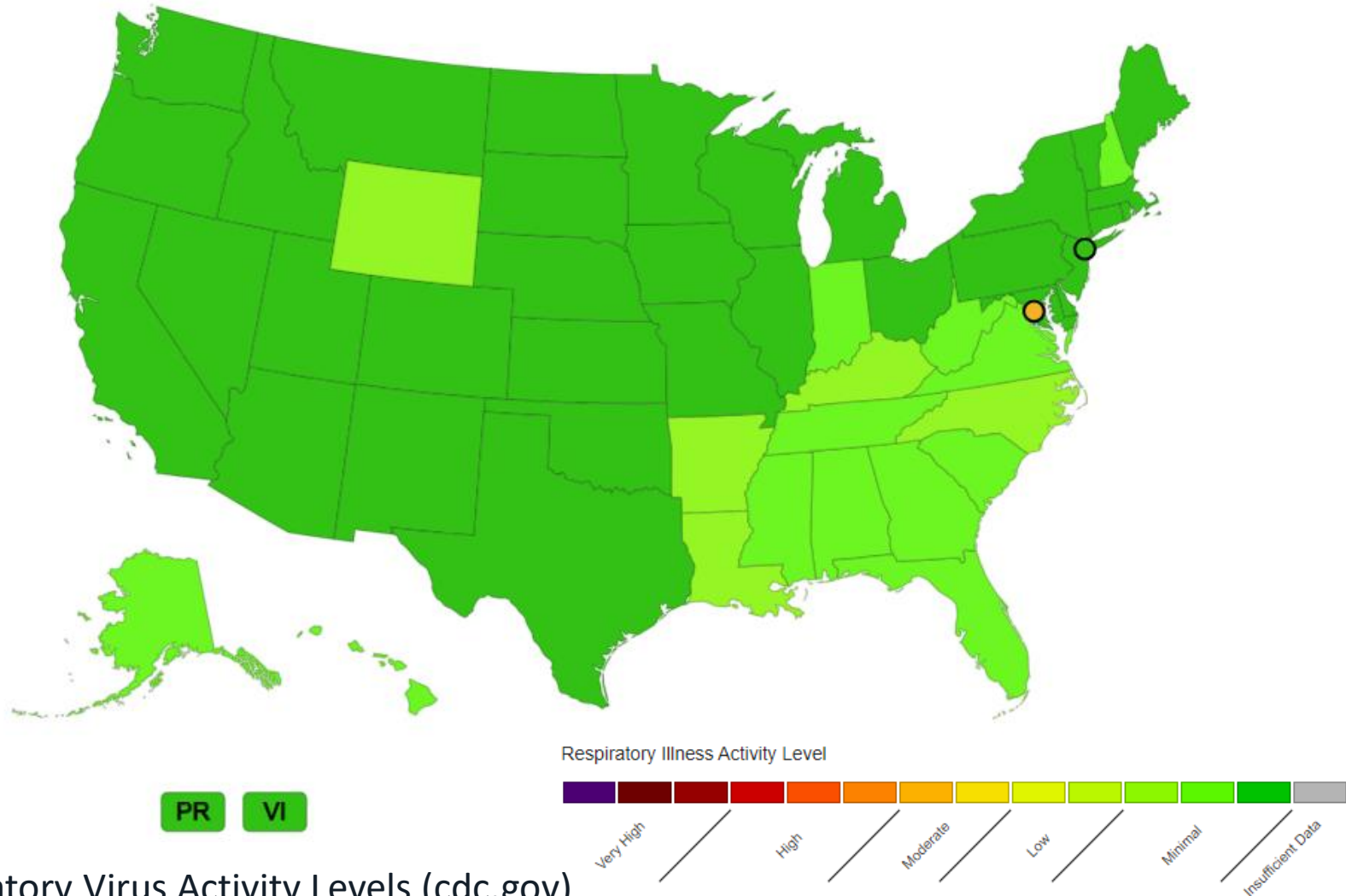
Syndromic Surveillance

Statewide Weekly Percentage of ED Visits with Viral Respiratory Illness
Discharge Diagnosis Codes



Bottom Line

- Respiratory Illness Activity in Tennessee is **minimal**



[Respiratory Virus Activity Levels \(cdc.gov\)](https://www.cdc.gov)

Additional Resources

- [TDH Respiratory Viral Illness Webpage](#)
- [Protect yourself from COVID-19, Flu, and RSV \(cdc.gov\)](#)
- [Respiratory Illnesses Data Channel\(cdc.gov\)](#)
- [Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) | CDC](#)
- [Interim Guidance for Managing Healthcare personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#)



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LTCF COVID-19 Updates

Vicky Lindsey, RN, CIC | Tennessee Department of Health | Communicable and Environmental Diseases and
Emergency Preparedness

NHSN Reporting

Reporting in Tennessee, most recent week September 2- September 8, 2024	
Number of facilities reporting	285
Total Facilities with 10 or more <u>resident and staff</u> cases	8
Facilities reporting \geq 10 confirmed <u>resident</u> cases	5
Facilities reporting \geq 10 confirmed <u>staff</u> cases	0
Confirmed <u>Resident</u> Cases	242
COVID-19 Resident <u>Deaths</u>	1
Confirmed <u>Staff</u> Cases	170



LTCF NHSN Updates

Vicky Lindsey, RN, CIC | Tennessee Department of Health | Communicable and Environmental Diseases
and Emergency Preparedness

NHSN- Respiratory Pathogen Reporting

- **Changes will go into effect the first week of reporting for Quarter 4 of 2024 (September 30, 2024 – October 6, 2024).**
- **Up to Date Definition Changes for COVID-19 Vaccination Reporting**
 - **Beginning September 30, 2024, individuals are considered up to date if they have received a single dose of the 2024-2025 updated COVID-19 vaccine.**
 - **Under the new recommendations, most individuals will not be up to date with COVID-19 vaccines until they receive the 2024-2025 updated COVID-19 vaccine.**

NHSN- Respiratory Pathogen Reporting

- Facilities should report zero (0) up to date until individuals receive the 2024-2025 updated COVID-19 vaccine.
- Updates to the surveillance up to date definition for each quarter can be found here: [Understanding Key Terms and Up to Date Vaccination \(cdc.gov\)](#).
- New Combined Respiratory Pathogens Form for Residents
 - Beginning September 30, 2024, facilities will report Respiratory Pathogen vaccination, case, and hospitalization data on a newly combined reporting form.
 - The Pathway Data Reporting form for positive COVID-19, Influenza, and RSV cases will be retired and archived.
 - COVID-19 vaccination, case, and hospitalization reporting are required while flu and RSV reporting remain optional.

NHSN- Respiratory Pathogen Reporting

Topic: *LTCF Respiratory Pathogens Module: Updates to Resident Data Collection Form and Up to Date Definition for Weekly COVID-19 Vaccination Data Reporting of Healthcare Personnel and Residents*

- **When: September 24, 2024 1:00 PM Eastern Time (US and Canada) (Initial Webinar)**

https://cdc.zoomgov.com/webinar/register/WN_iGDEZDj5S1ymG4J9cfi_K_A

- **When: October 1, 2024 1:00 PM Eastern Time (US and Canada) (Webinar Replay)**

https://cdc.zoomgov.com/webinar/register/WN_QU63La9WRb2D1OqZ_mimYtA

- **When: October 9, 2024 1:00 PM Eastern Time (US and Canada) (Webinar Replay)**

https://cdc.zoomgov.com/webinar/register/WN_Ed-FwlvxSYCawvm5qGxL_Q

NHSN- Person-Level Vaccination Forms

- **Topic: *NHSN Person-Level Vaccination Forms: Quarter 4 2024 Updates for Long-Term Care Facilities***

- **When: October 2, 2024 1:00 PM Eastern Time (US and Canada)**

https://cdc.zoomgov.com/webinar/register/WN_0WN7oGo7T1W55nycjDwx1Q

- **When: October 16, 2024 1:00 PM Eastern Time (US and Canada) (Webinar Replay)**

https://cdc.zoomgov.com/webinar/register/WN_zDL7rE6gSb2ESacv2bxvYA

NHSN-HCP Influenza Reporting Requirement

- **Which facilities are required to report this data?**
 - CMS-certified free-standing acute care facilities,
 - inpatient rehabilitation facilities (IRFs),
 - critical access hospitals,
 - long-term acute care facilities,
 - prospective payment system (PPS)-exempt cancer hospitals,
 - skilled nursing facilities (SNFs)
- **IRF units located within acute care facilities, long-term acute care facilities, critical access hospitals, and inpatient psychiatric facilities are also required to report HCP influenza vaccination data through NHSN.**

NHSN-HCP Influenza Reporting

- **What data are submitted?**
 - **The reporting period for the 2024-2025 influenza season is from October 1, 2024, through March 31, 2025. Facilities are only required to submit one report that covers the entire reporting period by May 15, 2025.**
- **How should facilities submit these data?**
 - **Facilities must report annual HCP influenza vaccination summary data through the NHSN Healthcare Personnel Safety (HPS) Component.**

NHSN – Optional Weekly Influenza Vaccination

- **Facilities Should Now Report on the 2024-2025 Annual Influenza Vaccine**
- **Facilities submitting optional, weekly resident influenza vaccination data through NHSN Long-term Care Facility Component should report vaccination data for the current 2024-2025 influenza season.**
- **Please refer to the following guidance document for further information: [Influenza and RSV Vaccination: Understanding Key Terms and Recommendations](#).**
- **Influenza vaccine for the 2024-2025 influenza season was approved in July 2024.**
 - **Therefore, residents are counted as vaccinated with this season's annual influenza vaccine beginning in July 2024 if they received an updated 2024-2025 influenza vaccine any time from when it first became available.**

NHSN – Optional Weekly Influenza Vaccination

- **ACTION REQUESTED:** If your facility continued to report residents vaccinated with last year's vaccine (2023-2024) for any weeks from July 2024 – present,
 - please revise the data reported to reflect coverage with the 2024-2025 annual influenza vaccine. We expect that very few individuals have received the 2024-2025 annual influenza vaccine this early in the season.
- **Next Steps**
 - Review reported data and make corrections, as needed.
- CDC will reach out to individual facilities via e-mail in the coming weeks to confirm reported data
- Facilities will be asked to review data that were submitted in NHSN and modify these data, if applicable.

NHSN – Q3 Newsletter

- **The 2024 Q3 (September) newsletter is now available on the NHSN website at <https://www.cdc.gov/nhsn/newsletters/index.html>.**
- **Inside this issue**
 - **Protocol Updates that include New Hospital Respiratory Data Reporting information**
 - **AUR Module Updates**
 - **Rebaseline Information**
 - **NHSN Education and Training Highlights**
 - **Updates on Long-term Care Facility Component Data Collection Forms**
 - **2024-2025 Respiratory Virus Season,**
 - **NHSN Dialysis Component Q2 2024 QIP Deadline**
 - **Monthly Reporting Plan Updates**



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TDH Waterborne Program

Emma Roth, MPH | Tennessee Department of Health | Communicable and Environmental Diseases and
Emergency Preparedness

TDH Waterborne Program Update – 9/18/2024

Legionellosis Cases	HC-Associated Legionellosis Cases	Deaths
95 +5	14 +0	5 +1

Fun Fact:

- Most human illness is caused by *Legionella pneumophila*, except in Australia. There, both *L. pneumophila* and *Legionella longbeachae* dominate.
- *L. longbeachae* is found in potting soils and composts
- Potting soils in Australia come with a warning label and recommendations



We're here to help.

Please reach out if you have any questions regarding *legionella*, water management programs, etc.

Legionella.Health@tn.gov

615-741-7247





®

Smoky Mountain APIC

Kathy Buechel, BSN, RN, CIC, LTC-CIP | Tennessee Department of Health | Communicable and Environmental Diseases and Emergency Preparedness



APIC SMOKY MOUNTAIN

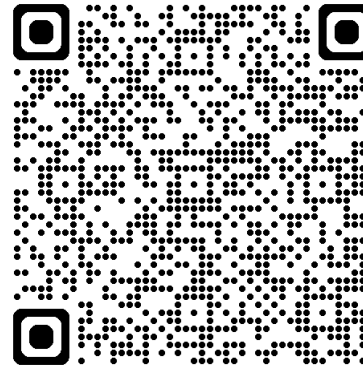
Join us for the 39th Annual Fall Conference



Thursday – Friday, November 7 & 8, 2024

Black Fox Lodge, Pigeon Forge, TN

- Obtain CEUs/IPUs
- Exhibitors showcasing products
- New this year – Welcome Reception (evening of 11/6/24)
- Special conference rate available for Black Fox Lodge
- [Annual Fall Conference - APIC Smoky Mountain](#)





®

The Tennessee Wide Infection Control Series

Kate Moore, MSN, RN, CIC | Tennessee Department of Health | Communicable and Environmental
Diseases and Emergency Preparedness

TWICE



Tennessee-Wide Infection Control Education

About the Program:

**Applied for 6.75 contact hours*

Designed to deliver evidence-based infection prevention and control education to LTCFs across the state.

Topics include:

- Infection Prevention and Control Program Planning
- Transmission-Based Precautions
- Injection Safety
- Laboratory Specimen Collection
- Antibiotic Stewardship
- Environmental Services (EVS) Practices

Join us for a dynamic learning experience that combines face-to-face instruction with hands-on practice!

September 26, 2024 | 8:00am - 4pm

TN State Library and Archives

FREE Program + Lunch Provided



↶ Scan here to register!

For more information email:
kate.moore@tn.gov

This activity has been submitted to Georgia Nurses Association for approval to award contact hours. Georgia Nurses Association is accredited as an approver of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation





September is Sepsis Awareness Month

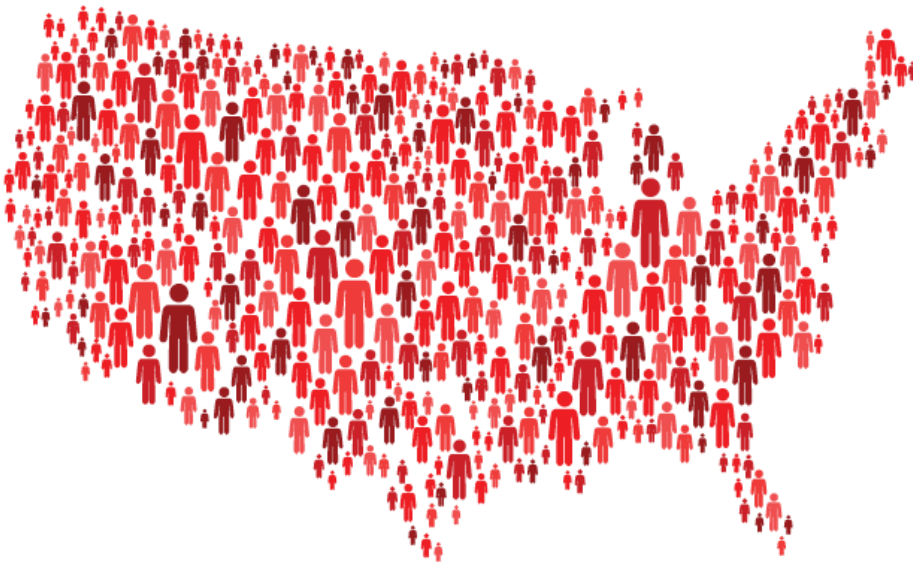
Acute Care & LTCF Education

Michelle Nation, MHIA, BSN, RN, CIC, Infection Prevention Specialist | Sep 16 & 18, 2024

Sepsis

The body's overwhelming and life-threatening response to infection.

Who Sepsis Hurts



**EACH YEAR, ABOUT
1.7 MILLION ADULTS IN
AMERICA DEVELOP SEPSIS.
AT LEAST 350,000
DIE DURING THEIR
HOSPITALIZATION OR ARE
DISCHARGED TO HOSPICE.**

**GET AHEAD
OF SEPSIS**

KNOW THE RISKS. SPOT THE SIGNS. ACT FAST.

Learn more at cdc.gov/sepsis



CS332734-E

Prevention



**PREVENT
INFECTIONS
THAT CAN LEAD
TO SEPSIS.**

**GET AHEAD
OF SEPSIS**

KNOW THE RISKS. SPOT THE SIGNS. ACT FAST.



Infections Linked to Sepsis

4 TYPES OF INFECTIONS THAT ARE OFTEN LINKED WITH SEPSIS



Lung



Urinary Tract



Skin



GI Tract

GET AHEAD
OF SEPSIS

Learn more at [cdc.gov/sepsis](https://www.cdc.gov/sepsis).



Treatment





**Sepsis is
a medical
emergency.**

Treatment Continued

Surviving Sepsis Campaign

Antibiotic Timing

	 Shock is present	 Shock is absent
Sepsis is definite or probable	<input checked="" type="checkbox"/> Administer antimicrobials immediately , ideally within 1 hour of recognition.	<input checked="" type="checkbox"/> Administer antimicrobials immediately , ideally within 1 hour of recognition.
Sepsis is possible	<input checked="" type="checkbox"/> Administer antimicrobials immediately , ideally within 1 hour of recognition.	<input checked="" type="checkbox"/> Rapid assessment* of infectious vs. noninfectious causes of acute illness. <input checked="" type="checkbox"/> Administer antimicrobials within 3 hours if concern for infection persists.

**Rapid assessment includes history and clinical examination, tests for both infectious and noninfectious causes of acute illness, and immediate treatment of acute conditions that can mimic sepsis. Whenever possible, this should be completed within 3 hours of presentation so that a decision can be made as to the likelihood of an infectious cause of the patient's presentation and timely antimicrobial therapy provided if the likelihood is thought to be high.*

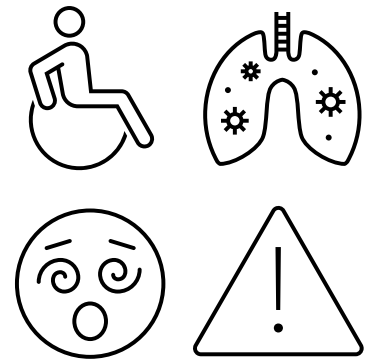
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Society of Critical Care Medicine
The Intensive Care Professionals



Recovery

- Full Recovery vs.
- Long-Lasting Effects
 - Amputations
 - Organ Dysfunction
 - Decreased Mental/Cognitive Function
 - Post-Traumatic Stress Disorder (PTSD)



Symptoms



High heart rate or weak pulse



Fever, shivering, or feeling very cold



Confusion or disorientation



Shortness of breath



Extreme pain or discomfort



Clammy or sweaty skin

GET AHEAD
OF **SEPSIS**

KNOW THE RISKS. SPOT THE SIGNS. ACT FAST.

Learn more at cdc.gov/sepsis



CS332734-D

Symptoms

When it comes to sepsis, remember **It's About TIME!**

- **T** – Temperature: higher or lower than normal
- **I** – Infection: may have signs or symptoms of infection
- **M** – Mental decline: confused, sleepy, difficult to rouse
- **E** – Extremely ill: “I feel like I might die,” severe pain

If you suspect sepsis, advocate and say,

“I am concerned about sepsis”



Critical Facts for Seniors & Sepsis

- More than 70% of adult sepsis patients are 60+.
- Adults age 65+ are 13 times more likely to be hospitalized.
- Nursing home residents are over **6 times** more likely to present with sepsis in the emergency room.
- Older sepsis survivors (65+) experience on average 1 to 2 new limitations on activities of daily living after hospitalization.
- Mortality increases by 4 – 9 % every hour that treatment is delayed.
 - As many as 80% of sepsis deaths could be prevented with rapid diagnosis and treatment.



Hospital Sepsis Program Core Elements



Hospital Leadership Commitment



Accountability



Multi-Professional Expertise



Action



Tracking



Reporting



Education

CDC Hospital Resource

HOSPITAL TOOLKIT

for Adult Sepsis Surveillance



Thank you!



HAI.Health@tn.gov

References

- Centers for Disease Control and Prevention. (2024, Aug 13). *Hospital sepsis program core elements*. <https://www.cdc.gov/sepsis/hcp/core-elements/index.html>
- Centers for Disease Control and Prevention. (2024, Aug 13). *Get ahead of sepsis toolkit*. <https://www.cdc.gov/sepsis/php/toolkit/index.html>
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- Sepsis Alliance. (2021, February 21). *Fact sheets: Sepsis and aging fact sheet*. <https://www.sepsis.org/education/resources/fact-sheets/>
- Society of Critical Care Medicine. (2021, Oct 4). *Surviving sepsis campaign guidelines 2021: Antibiotic timing*. <https://sccm.org/Clinical-Resources/Guidelines/Guidelines/Surviving-Sepsis-Guidelines-2021>



Fungal Disease Awareness Week

September 16th – 20th, 2024

Fungal Disease Awareness Week

- This week is a time to raise awareness to help reduce the harmful effects of fungal diseases



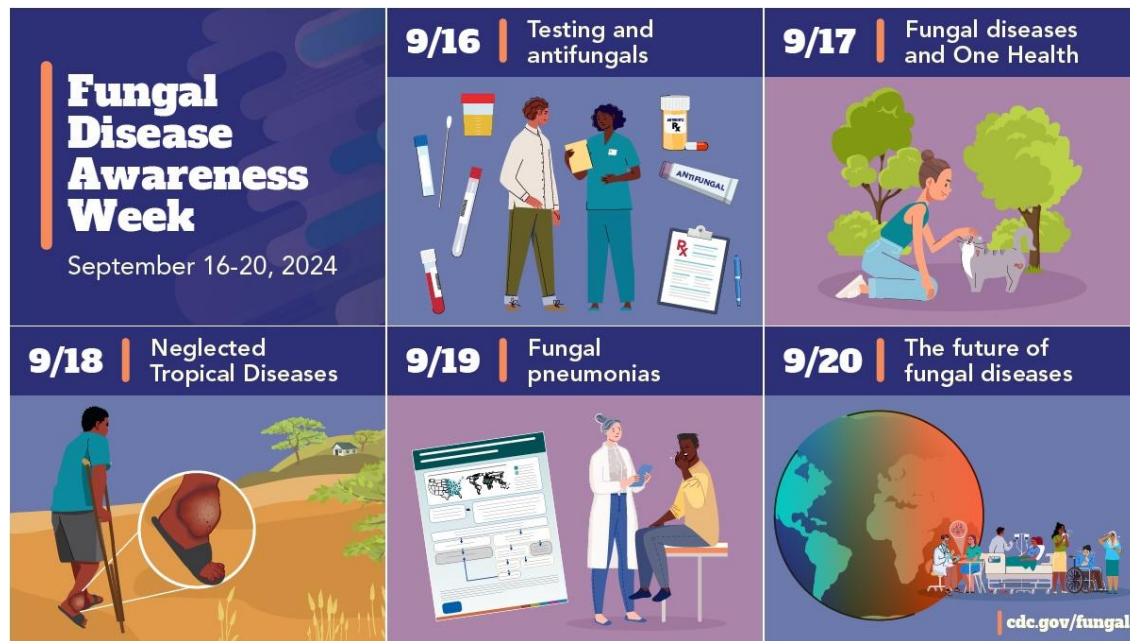
Risk Factors for Fungal Diseases

- Certain health conditions and medications
- Socio-economic and geographic factors



Awareness Makes a Difference

- Educate yourself and your team
- Join webinars
- Share resources
- Sign up for the Fungal Disease Newsletter



Upcoming Webinars

Thursday, Sept. 19th

10:00-11:00 am CT

*Blastomycosis Surveillance
and Outbreak Investigations*

Register [here](#).

Friday, Sept. 20th

1:00 pm CT

*Effects of Climate Change on
Valley Fever in California*

Register [here](#).

Keep
learning

Resources

- [CDC Index: Fungal Diseases](#)
 - [Communication and Education Materials](#)
- [CDC Fungal Disease Awareness Week 2024](#)
- [CDC Advancing Health Equity: Fungal Diseases](#)
- [Project Firstline Fight Antimicrobial Resistance Factsheet](#)



Mark Your Calendars!

October:

- **International Infection Prevention Week (Oct. 13-19)**



November:

- **US Antibiotic Awareness Week (Nov. 18-24)**



Thanks for listening!

HAI/AR Education Team

- We are here to serve you!
- How can we help?
 - Provide education to specific members of your team
 - Provide learning opportunities for all of your staff
 - Assist with visual resources and quick guides
 - Any way we can!
- Reach out to the Infection Prevention and Education Team anytime
 - HAI.Health@tn.gov





Guide to Infection Prevention for Podiatry Services in Off-site Settings including LTCF, ACLF, and Community Health Centers

Scope and Objectives

- This presentation will review key concepts to mitigate risks when podiatry services are provided in any setting including inpatient, outpatient and off-site podiatry care locations.
1. Affirm that standard precautions are the foundation for preventing transmission of infectious agents in all healthcare settings during patient care
 2. Review basic IPC recommendations for podiatry services in outpatient and off-site podiatry locations
 3. Provide links to full guidelines and source documents for additional information

Off-site Podiatric Care and Standards

- Off-site Podiatric care and services include any services provided outside the office setting such as in a nursing home, assisted living facility or community health center.
- Podiatry services are often provided by contracted providers. All aspects of the services provided should be outlined in the contract between the facility and the podiatrist.
- Adherence to appropriate IPC practices may be challenging, but the same standards apply to providers working off-site as when delivering care in the usual office setting.

Standard Precautions

- Standard precautions represent the minimum infection prevention measures that apply to all patient care in any setting where healthcare is delivered.
- Fundamental components include:
 - Education and training
 - Hand hygiene practices
 - Use of Personal Protective Equipment (PPE)
 - Safe injection and medication management
 - Environmental cleaning and disinfection
 - Cleaning, disinfecting and sterilizing reusable medical devices.

Safe Injection and Medication Management

- Injection safety refers to the proper use and handling of supplies for administering injections and infusions (e.g., syringes, needles, medication vials, parenteral solutions).
- Medications should be drawn up in a designated clean medication area that is not adjacent to potential sources of contamination (e.g., contaminated equipment, sinks).
- Compounding medications

Safe Use of Injectable Medications

- Parenteral medications include single-dose vials (SDV) and multi-dose vials (MDV), ampoules, and bags or bottles of intravenous fluids.
- SDV are preferred and intended for use in a single patient in a single case, procedure or injection.
 - SDVs are labeled as such by the manufacturer and typically lack an antimicrobial preservative.
 - Once accessed (needle-punctured) they should be discarded according to manufacturer specification or at the end of the procedure, whichever comes first.
- MDVs should be dedicated to a single patient/resident when possible and should not enter the immediate treatment area.
 - Any MDV used for more than one patient should not enter the immediate treatment area. If an MDV vial enters patient treatment area, it should be dedicated to that patient and discarded after use.

Topical Medications

- Care should be taken when using creams, ointments, wound dressings and solutions to avoid contamination during patient procedures.
 - Single-use products are recommended whenever possible and should only be used on a single patient.
 - Use of multi-dose tubes, containers, or jars of products is sometimes unavoidable. If multi-dose medications are used on more than one patient, care should be taken to handle, dispense, and store medication only after performing hand hygiene and on a clean surface that is physically separated from patients or potentially contaminated objects or surfaces.

Medical Device Reprocessing

- To prevent transmission of infectious agents, all reusable medical devices must be cleaned and disinfected or sterilized and maintained according to the manufacturer's instructions.
- Cleaning to remove organic material must always precede disinfection or sterilization.
 - Residual debris reduces the effectiveness of the disinfection and sterilization process.

Reusable Versus Single-Use Devices

- Medical devices are labeled by the manufacturer as either reusable or single use. Reusable medical devices (e.g., cuticle and nail nippers, forceps) should be accompanied by instructions for cleaning and disinfection or sterilization as appropriate.
- Single-use devices (SUDs) are labeled by the manufacturer for single use only and do not have reprocessing instructions. They are often marked with the image shown below which indicates do not reuse or one single-use only.



Classification of Instrumentation

- Critical items (e.g., surgical instruments) are objects that enter sterile tissue or the vascular system and have the greatest risk of transmitting infection.
 - They must be sterile prior to use.
- Semicritical items (e.g., **cuticle and nail nippers, nail burrs, forceps**) contact mucous membranes or non-intact skin or subcutaneous tissues.
 - They require at a minimum, high-level disinfection using chemical disinfectants prior to reuse.
- Noncritical instruments (e.g., scalpel handles for debridement, spatulas for application of topical creams) are those that contact intact skin or nails but not non-intact skin or subcutaneous tissue.
 - Low or intermediate-level disinfectants can be used for noncritical instruments depending on nature and degree of contamination.

Sterilization and Disinfection

- Reusable podiatric medical instruments that are heat stable and have the potential to break intact skin during ordinary use (e.g., **nippers, forceps, splitters, curettes**) should be ideally sterilized using steam rather than chemical disinfectant for the terminal sterilization step.
- If cleaning, disinfection or sterilization of instruments cannot be performed onsite, an adequate supply of disposable or single-use equipment should be available for number of clients to be treated on a given day.

Equipment that may be used during care



State and Federal Requirement Reminder

- All medical settings are encouraged to comply with state and federal **requirements** that apply to their facility and personnel.
- For example, OSHA has requirements relative to the Bloodborne Pathogens Standard that all healthcare facilities are required to follow.
- CMS/State Operations Manual Guidance to Surveyors for Long Term Care Facilities: §483.25 Quality of Care
 - 483.25(b)(2) Foot care.
 - To ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must:
 - (i) Provide foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition(s) and
 - (ii) (if necessary, assist the resident in making appointments with a qualified person, and arranging for transportation to and from such appointments.

References

- Centers for Medicare & Medicaid Services. (n.d.-b). State Operations Manual Appendix PP - Guidance to surveyors for long term care facilities. In State Operations Manual. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcfd.pdf
- Guide to Infection Prevention for Outpatient Podiatry Settings Guide to Infection Prevention for Outpatient Podiatry Settings ii. (n.d.). Retrieved August 14, 2024, from https://www.cdc.gov/infection-control/media/pdfs/podiatry-guide-508.pdf?CDC_AAref_Val=https://www.cdc.gov/infectioncontrol/pdf/Podiatry-Guide_508.pdf
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- Preventing Patient Infections My Pocket Guide A quick guide to CDC's Guide to Infection Prevention for Outpatient Podiatry Settings. (n.d.). Retrieved August 14, 2024, from <https://www.cdc.gov/infection-control/media/pdfs/Pocket-Podiatry-Guide-508.pdf>
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- United States Department of Labor. (2019, May 14). 1910.1030 - Bloodborne pathogens. | Occupational Safety and Health Administration. Osha.gov. <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030>

Questions

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HAI/AR Program Information:

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Website: <https://www.tn.gov/health/cedep/hai.html>

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- **Legionella Questions**
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- **Antimicrobial Stewardship**
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- **General / Other**
 - Ashley.Gambrell@tn.gov
- **Next Call: October 16, 2024**

Data Dog Update Corner:

Don't forget, this
call is monthly
now!

