



How SNFs Are Strengthening Infection Prevention Through Post-Acute Analytics

As CMS continues to enforce the regulatory process around infection prevention and control (IPC) efforts, there is an increased focus on the long-term care phase 3 Requirements of Participation (RoP). With ongoing efforts to address COVID-19, the spotlight remains on Infection Prevention & Control (IPC) and, specifically, on the role of the Infection Preventionist (IP) and Antibiotic Stewardship.

Studies have shown that 40-75% of prescribed antibiotics in skilled nursing facilities (SNF) may be “unnecessary or inappropriate” resulting in serious risk of infections, increased adverse drug interactions and events and even death. There is also the significant threat of antibiotic-resistant infections, which afflict 2.8 million Americans annually.

With regulations and IPC-focused surveys imminent for care providers, and hospitalizations that have arisen because of facility acquired infections, SNF operators must be proactive in managing IPC. The question therefore remains: How do post-acute providers improve antibiotic utilization while reducing antibiotic resistance within their facilities?

Here is a look at how SNFs can strengthen IPC efforts.

The challenges of infection control in post-acute care

According to the CDC, between one million and three million serious infections occur in nursing facilities annually. As many post-acute providers continue to grapple with staffing challenges and meeting regulatory requirements, identifying specific infection control barriers is important to prevention efforts.

Undoubtedly, the staffing crisis is a challenge for everyone, and many nurses are wearing multiple hats filling several roles. With Phase 3 RoP resuming and CMS requiring that every facility have, at a minimum, a dedicated part-time IP, the push for IPC efforts is becoming more prevalent than ever before.

Yet care providers face numerous challenges in implementing these efforts, including surveillance, tracking, and trending of infectious diseases and outbreaks. Additionally, implementing improvement interventions and developing educational resources continue to be taxing for facilities. All of these tasks are extremely time consuming and very laborious, leading to more work for care providers, with less resources. Nonetheless, the IPC programs still need to be kept a priority.

How infection prevention and control programs boost patient outcomes

While monitoring and tracking infections and antibiotic usage can be an arduous and lengthy process, it is essential in improving patient outcomes and eliminating potential infectious outbreaks, and adverse effects of antibiotic usage. The right technology can help SNFs identify early warning signs of infections, including C. Diff, pneumonia and COVID-19, while highlighting the need for possible testing to determine the appropriate drug interventions.

CMS's Infection Prevention Control Program (IPCP) encompasses a system for preventing, identifying, reporting, investigating and controlling infections and communicable diseases. Furthermore, recording incidents identified under the IPCP and corrective actions taken by the facility will also be mandated within the program.

By pairing strategy with technology, care providers can improve antibiotic usage and operationalize through the requirements and policies. This will strengthen IPC programs, reduce antibiotic resistance, and minimize unnecessary adverse drug events. Post-acute facilities can also leverage live data analysis to meet state and federal requirements, prepare for regulatory reporting and onsite surveys, and conduct infection surveillance.

Stopping the spread of infection: inside the numbers

To date, there are approximately 15,600 CMS-certified nursing homes in the United States, with 6-10% of those populations receiving antibiotics on any given day. Furthermore, 50-70% of post-acute patients will receive one or more antibiotics over the course of a year. Experts expect this year's flu season to be more active than the past two years. Meanwhile, variants of COVID-19, RSV, pneumonia, C Diff, and UTI remain present. Prevention and control must remain the focus.

Technological solutions can assist with early identification or onsets of infectious processes and detection of potential outbreaks. Having the right solution for automation of tracking and trending is a huge benefit in saving time and interceding early, thus allowing for earlier intervention and prevention in the spread of infection. By unlocking the documentation within the EHR, data analytics can be extremely useful for seamlessly finding ways to automate processes (surveillance, tracking, trending and mapping), as well as meeting many of the antibiotic stewardship requirements.

Through Real Time Medical Systems (Real Time) solution, data analysis is available to support and complement IPC and antibiotic stewardship efforts. With Real Time's Interventional Analytics, surveillance is easily populated and displayed. By simplifying the data analyzation and corrective interventions, competency-based training can be done when and where it is needed. Timely identification of signs and symptoms of infections, and new orders for antibiotics allows IPs to manage accordingly. SNFs can achieve this by tracking, establishing benchmarks, and sharing data, and then offering prescribing profiles to care providers.

By doing this, post-acute facilities can better manage IPC efforts, ultimately leading to improved patient outcomes.



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