




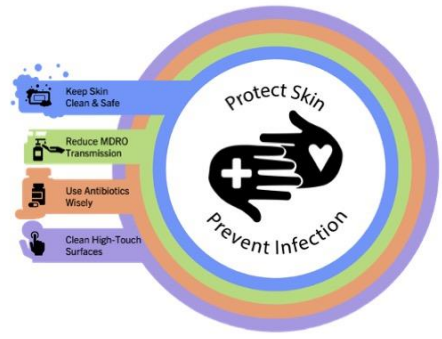
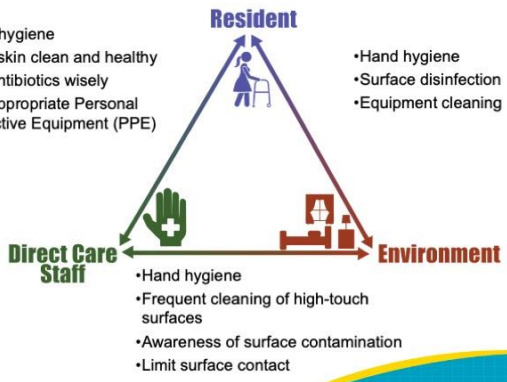
Long-Term Care Informational Webinar

Long-Term Care


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| <p>Long-Term Care Informational Webinar</p> <p>SAY:</p> <p>Hello and welcome to the recruitment webinar for the AHRQ Safety Program for MRSA Prevention in Long-Term Care.</p> | <p>Slide 1</p>  |
| <p>Presenters</p> <p>SAY:</p> <p>Morgan:</p> <p>Hi. I am Morgan Katz, one of the team leaders for the AHRQ Safety Program for MRSA Prevention in Long-Term Care. I am an assistant professor of Medicine in the Division of Infectious Diseases at Johns Hopkins School of Medicine. My research focuses on ensuring infection prevention and antibiotic stewardship policies are feasible and effective in the long-term care setting. I spend a lot of time in skilled nursing facilities, talking with staff and administrators, and I understand the unique aspects of this setting that can make infection prevention challenging.</p> | <p>Slide 2</p> <p>Presenter</p> <p>Morgan Katz, MD, MHS</p> <ul style="list-style-type: none"> Assistant Professor of Medicine, Division of Infectious Diseases, Johns Hopkins School of Medicine  <p>• Program email address: MRSAprevention@norc.org</p> |


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| <p>Background</p> <p>SAY:</p> <p>This initiative focuses on providing real-time training and education to improve infection prevention practices in long-term care to reduce the spread and cultivation of multidrug-resistant organisms.</p> <p>Multidrug-resistant organisms pose a serious threat to residents in long-term care facilities. Unfortunately, our understanding of the numbers of residents who are colonized with resistant organisms is likely just the tip of the iceberg—studies where they perform active surveillance for resistant bacteria have shown that up to 52 percent of residents harbor some type of resistant organism, compared with only 1.5 percent of people in the general population.</p> <p>The problem with being colonized with these resistant organisms is that they can have many downstream effects on resident health and safety. The need to isolate residents with active infection so that these organisms do not spread to others can impact residents' quality of life, leading to depression or failure to thrive. Also, we know that antibiotic resistance makes these infections much harder to treat—sometimes we have no available options to treat infection. If there are available options, the antibiotics needed are typically much less tolerable, and can lead to <i>Clostridioides difficile</i> infection, kidney injury, and many other side effects.</p> <p>Antibiotic resistance is a major public health issue, and if we don't work to prevent these organisms from spreading and to conserve antibiotics, we will not have options to treat deadly infections in the future.</p> | <p>Slide 3</p> <p>Background</p> <ul style="list-style-type: none"> • Multidrug-resistant organisms (MDROs) are a serious threat to long-term care (LTC) residents. • Colonization rates for MDROs in LTC residents are as high as 52%, compared with 1.5% in the general population.¹⁻⁴ • Isolation due to MDRO colonization may impact resident quality of life and can contribute to depression or failure to thrive.  <p><small> ^{1.} Garrel RA, Edwards B, Caccavale D, et al. Nursing homes as reservoirs of MRSA: myth or reality? <i>J Am Med Dir Assoc</i>. 2009 Jul;10(6):434-8. PMID: 19560719. ^{2.} Mody L, Koefman CA, Doradkhan S, et al. Epidemiology of <i>Staphylococcus aureus</i> colonization in nursing home residents. <i>Clin Infect Dis</i>. 2008 May;146(5):1368-71. PMID: 18429638. ^{3.} Reynolds C, Quan V, Kim G, et al. Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) carriage in 10 nursing homes in Orange County, California. <i>Infect Control Hosp Epidemiol</i>. 2011 Jan;136(1):91-3. PMID: 21087124. ^{4.} Lank M, Moss L, Siller A, et al. Colonization with multidrug-resistant bacteria and quality of life in residents of long-term-care facilities. <i>Infect Control Hosp Epidemiol</i>. 2003 Feb;128(2):67-8. PMID: 1232879. </small></p> |



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| <p>Proper Skin Care Is Vital to Resident Health</p> <p>SAY:</p> <p>We also know that proper skin care is vital to resident health, and skin infections and wounds that result from poor skin care practices are a huge cost burden on the health system. Pressure injuries alone are estimated to cost the health system \$28 billion per year. While there has been a lot of focus on attempts to reduce pressure injury rates in nursing homes, unfortunately rates remain high. We have all seen the pain and downstream complications due to the development of pressure injuries. Skin and soft tissue infections are also quite common in long-term care and are the third leading cause of infections in nursing home residents, after urinary tract and respiratory infections.</p> <p>We know that interventions directed towards preventing pressure injuries and skin and soft tissue infections are most successful when the staff is cohesive, with focus on communication, and all levels of direct care staff are engaged in the initiative. This is an important core feature of the AHRQ safety program.</p> | <p>Slide 4</p> <p>Proper Skin Care Is Vital to Resident Health</p> <ul style="list-style-type: none"> • Pressure injuries cost the health system \$26.8 billion per year.⁵ • Pressure injury rates in nursing homes remain high.^{6,7} • Skin and soft tissue infections are one of the top three leading causes of infections in residents. • Cohesive staff structure and engaged direct care providers are essential to the prevention of pressure ulcers and skin and soft tissue infections.⁸  <p><small>5. Morse S. Pressure ulcers cost the health system \$26.8 billion a year. Healthcare Finance. 10 Oct 2019. https://www.healthcarefinance.com/newsroom/pressure-ulcers-cost-health-system-26-8-billion-a-year</small></p> <p><small>6. Department of Health & Human Services. Centers for Medicare and Medicaid Services. Nursing Home Data Compendium, 2015. https://www.cms.gov/Medicare/Provider-Debate/Long-Term-Care/2015-nhdc</small></p> <p><small>7. Olsho LE, Spector WD, Williams CL, et al. Evaluation of AHRQ's van-time pressure ulcer prevention program: a facilitator-assisted clinical decision support intervention for nursing homes. Med Care. 2014 Mar;52(3):258-66. PMID: 24374008</small></p> <p><small>8. Wagner C, van der Wal G, Groenewegen PP, et al. The effectiveness of quality systems in nursing homes: a review. Qual Health Care. 2003; Dec;18(4):211-7. PMID: 11763140</small></p> |
| <p>Infectious Complications from Pressure Injuries Can be Deadly</p> <p>SAY:</p> <p>We all remember Superman. Christopher Reeve, after an incredibly successful career, was tragically paralyzed from the neck down after being thrown from a horse at the age of 43. This left him dependent on caregivers for activities of daily living, like many of the residents in long-term care facilities. Unfortunately, because of his inability to change positions independently, he developed a pressure injury, and ultimately died after developing an infection in one of his pressure injuries. While this is a tragic event, it is also incredibly common, and something we all need to work to prevent to protect the residents in long-term care facilities.</p> | <p>Slide 5</p> <p>Infectious Complications From Pressure Injuries Can Be Deadly</p> <ul style="list-style-type: none"> • Christopher Reeve was paralyzed after a horseback-riding accident at age 43. • This left him dependent on caregivers to bathe, offload pressure, and provide skincare. • Less than 10 years later, at the age of 52, he died of sepsis secondary to infection of a pressure injury. • Pressure injuries are a tragic, yet largely preventable, common complication of immobility, and can lead to infection.  |


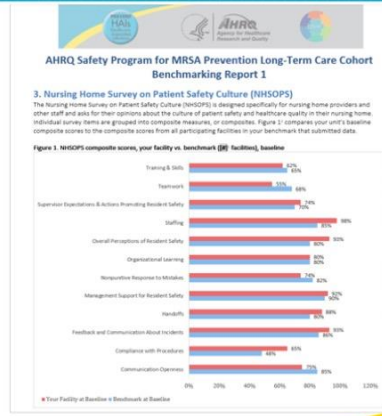
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| <p>AHRQ Safety Program Purpose</p> <p>SAY:</p> <p>The purpose of this AHRQ Safety Program is to reduce infections caused by multi-drug resistant organisms, with a focus on methicillin-resistant <i>Staphylococcus aureus</i>, or MRSA. The most common way that MRSA causes infections is by entering the body through damaged skin. Our program is going to focus on promoting skin integrity. By this, we mean keeping skin clean and safe and preventing skin tears and wounds.</p> <p>The program will also address ways to prevent transmission of MRSA and other pathogens between residents and healthcare workers, which includes meticulous hand hygiene, wound care, and appropriate personal protective equipment. Antibiotic exposure increases the risk of a resident becoming colonized and infected with MRSA and other drug-resistant pathogens. Our program will also talk about using antibiotics wisely to help keep residents from becoming vulnerable to MRSA. Finally, we will discuss strategies to enhance environmental cleaning to prevent these organisms from spreading through the resident's environment.</p> | <p>Slide 6</p> <p>Protect Skin – Prevent Infection</p>  |
| <p>Prevent Pathogen Transmission</p> <p>SAY:</p> <p>The project will focus on tangible actions that healthcare personnel can make to prevent pathogen transmission between staff, residents, and their environment.</p> <p>Webinars will be case based, focusing on the importance of skincare and appropriate bathing practices to improve resident comfort and reduce the risk of pressure Injuries and wounds.</p> | <p>Slide 7</p> <p>Prevent MDRO Transmission</p>  |



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| <p>AHRQ Safety Program Overview</p> <p>SAY:</p> <p>The AHRQ Safety Program is led by Johns Hopkins Medicine and NORC at the University of Chicago and funded and guided by AHRQ.</p> <p>The overarching goal of the program is to prevent skin and soft tissue infections caused by MRSA and other resistant organisms. We accomplish this goal by focusing on strengthening the culture of safety in the facility, and building capacity for collaborative, team-based quality improvement activities.</p> | <p>Slide 8</p> <p>AHRQ Safety Program Overview</p> <div data-bbox="927 264 1227 386"> <p>Overarching Goal of Program: To prevent skin and soft tissue infections caused by MRSA and other resistant organisms</p> </div> <div data-bbox="1252 264 1528 386"> <p>Funded and Guided by: AHRQ Led by:</p> <ul style="list-style-type: none"> • Johns Hopkins Medicine • NORC at the University of Chicago </div> <div data-bbox="927 422 1528 636"> <p>Additional Goals:</p> <ul style="list-style-type: none"> • To strengthen the culture of safety and build capacity for team-based quality improvement activities. • To provide technical assistance for evidence-based infection prevention practices that improve skin care and prevent transmission of MDROs </div> |
| <p>AHRQ Safety Program Approach</p> <p>SAY:</p> <p>The Safety Program will use both technical and adaptive interventions. <i>Technical</i> interventions are based on evidence-based recommendations. These include a focus on enhanced barrier precautions, hand hygiene, skin care and other actions that help prevent transmission of MDROs and skin breakdown.</p> <p><i>Adaptive</i> interventions focus on the culture of the facility. These include improving teamwork and communication to create lasting change.</p> <p>Adaptive interventions will be guided by core concepts from the Comprehensive Unit-based Safety Program, or CUSP. CUSP is an approach to patient safety that has been used to improve antibiotic stewardship practices and reduce healthcare-associated infections in multiple healthcare settings, including long-term care. CUSP combines teamwork, clinical best practices, and the science of safety to improve overall care of the patient.</p> <p>All of these interventions will incorporate staff in different roles.</p> | <p>Slide 9</p> <p>AHRQ Safety Program Approach</p> <p>“One of most common leadership mistakes is expecting technical solutions to solve adaptive problems....”⁹</p> <p>Ron Heifetz <i>The Practice of Adaptive Leadership</i></p> <div data-bbox="971 1037 1479 1209"> </div> <p><small>9. Heifetz RA, Linsky M, Graham A. The Practice of Adaptive Leadership: Tools and Tactics for Changing Your Organization and the World. Boston, MA: Harvard Business Review Press, 2009.</small></p> |

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| <p>AHRQ Safety Program Details</p> <p>SAY:</p> <p>The program is 18 months long and begins in June 2023. The program is open to enrollment now. The deadline to enroll is May 31, 2023. There is no cost to participate in the program.</p> <p>We encourage everyone in the facility to attend or watch the recorded 30-minute webinars. We will offer continuing education credit for viewing the webinars, either live or enduring. These include Continuing Education Unit or CEUs, Continuing Medical Education credits or CME, Infection Prevention Units or IPUs, and credits through the National Association of Long-Term Care Administrator Boards or NAB.</p> <p>We will also ask the facility to have a core team that includes infection preventionists and minimum data set or MDS coordinators. For the core team, there may be an additional time commitment of approximately 1–3 hours per month to upload data, attend office hours, and coordinate activities.</p> <p>We will provide certificates to facilities during active participation in the program. These can be shared with surveyors to show that your facility is actively involved in quality improvement and is training staff on infection prevention.</p> <p>The Johns Hopkins institutional review board (IRB) has determined that this program is not human subject's research. Individual sites are not expected to obtain local IRB review unless requested by their home institutions because this is an educational quality improvement initiative, not a research project.</p> | <p>Slide 10</p> <p>AHRQ Safety Program Details</p> <p>When does the program start?</p> <ul style="list-style-type: none"> • Enrollment deadline is May 31, 2023 • Begins June 1, 2023 <p>How much does it cost to participate?</p> <ul style="list-style-type: none"> • No cost! <p>How much time does it require?</p> <ul style="list-style-type: none"> • Approximately 1–3 hours/month • 18-month program <p>Will CME and CEU credits be awarded for participation?</p> <ul style="list-style-type: none"> • CME, CEU, IPU, and NAB credits will be available for participating physicians, administrators, infection preventionists, and nursing staff • Monthly certificates showing facility participation will be provided and can be shared with surveyors <p><small>The Johns Hopkins IRB has determined this project to be Not Human Subjects Research. Individual sites are not expected to obtain local IRB review unless requested by their home institutions.</small></p>  <p>10</p> |

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| <p>Program Data Submission</p> <p>SAY:</p> <p>As with any quality improvement program, there is data collection and submission needed.</p> <p>Beginning and end: At the beginning and end of the program we will ask you to complete a Gap Analysis and a safety culture survey called the Nursing Home Survey on Patient Safety Culture (NHSOPS). The Gap Analysis assesses the infrastructure and resources at your facility, and NHSOPS assesses safety culture in your facility.</p> <p>Baseline: We will request baseline MDS and infection data for the time period June 2022–May 2023. These data can be obtained from data you are already collecting for the minimum safety data set, or MDS, which includes information on section M, resident skin conditions. We will also ask for your rates of resident transfer for infection or other reasons.</p> <p>Monthly: Data from MDS and resident transfer data will also be collected monthly. We will track progress with interventions using a team checkup tool, which is a brief survey we ask you to submit monthly.</p> <p>All this data should be something you are already collecting, so we hope that this will reduce the burden on facilities. Data can be submitted by fax or as an upload on the website.</p> <p>We will also assign each facility an implementation advisor, who will check in with the facility and help with many things, including data submission or implementation.</p> | <p>Slide 5</p> <p>Program Data Submission</p> <table border="1"> <thead> <tr> <th></th><th>Description</th></tr> </thead> <tbody> <tr> <td>Baseline and End of Project</td><td>• Complete and submit Gap Analysis and NHSOPS</td></tr> <tr> <td>Baseline Data</td><td>• Baseline MDS and resident transfer data from June 2022–May 2023</td></tr> <tr> <td>Monthly Data</td><td> <ul style="list-style-type: none"> • Submit monthly program data – including MDS and resident transfer data • Submit monthly implementation progress data (Team Checkup Tool) </td></tr> </tbody> </table>  | | Description | Baseline and End of Project | • Complete and submit Gap Analysis and NHSOPS | Baseline Data | • Baseline MDS and resident transfer data from June 2022–May 2023 | Monthly Data | <ul style="list-style-type: none"> • Submit monthly program data – including MDS and resident transfer data • Submit monthly implementation progress data (Team Checkup Tool) |
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| <p>Monthly Activities</p> <p>SAY:</p> <p>The Safety Program includes educational webinars once each month. The content focuses on infection prevention, skin care, and resident safety. All staff are both welcomed and encouraged to attend. The webinars are 1 hour, with 30 minutes for the webinar and another 30 minutes for questions. Webinars will be recorded and available for 24/7 access for anyone who cannot attend the live webinar.</p> <p>Each facility will be assigned an implementation advisor or IA. We ask that a member of the core team meets with your Implementation Advisor at least once a month. Your IA is the doorway to the program. They can advise you on the best implementation techniques, techniques to help interest others at your facility in the program, and techniques to keep your peers involved. They can help with other aspects of the program, including data submission, and serve as a conduit to bring your questions to the best possible person to answer them.</p> <p>We also ask that your team meet regularly to devise ways to implement the program’s interventions at your site.</p> | <p>Slide 12</p> <p>Monthly Activities</p> <ul style="list-style-type: none"> • Participate in monthly or twice monthly educational webinars • Meet at least once a month with your Implementation Advisor (IA) • Meet regularly with your site’s team and implement the program’s interventions.  <p>12</p> |
| <p>Benefits of Participating</p> <p>SAY:</p> <p>Participating in this program brings benefits to your facility, your staff, and your residents.</p> <p>We will provide expert coaching on skin care and infection prevention. The Safety Program also includes teamwork tools and guides, and various educational materials for your staff, residents, and their loved ones. We will also hold “office hours” calls on a regular basis. Office hours are a chance to interact with infectious disease and skin care experts and to engage in peer-to-peer learning opportunities with other enrolled facilities</p> | <p>Slide 13</p> <p>Benefits of Participating</p> <ul style="list-style-type: none"> • Expert coaching in skin care and infection prevention • Support for data collection, reporting, analysis, and feedback • Access to IAs • Monthly office hours for clinical questions • Peer-to-peer learning with other participating facilities • Monthly webinars with facilitator guides  <p>13</p> |

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| <p>More Benefits</p> <p>SAY:</p> <p>In addition to the webinars, you will also have access to a variety of tools on the project website. These include posters, pocket cards, teamwork tools and guides, and educational materials for staff, residents, and families.</p> | <p>Slide 14</p> <p>More Benefits</p> <ul style="list-style-type: none"> • Monthly certificates for enrolling in quality improvement project to share with surveyors • Teamwork tools and guides • Training materials for onboarding staff • Posters and pocket cards • Regular feedback on outcomes • Educational material for residents and families  <p>14</p> |
| <p>Regular Feedback on Progress</p> <p>The data you provide will be used to help your facility track progress and improvement. We will provide regular reports on your facility's progress, with benchmark data to see how your facility compares to others enrolled in the program. These reports can be shared with staff and executives.</p> <p>This slide shows an example of a report. The graphs show results from the Nursing Home Survey on Patient Safety Culture or NHSOPS.</p> <p>The red bars represent one nursing home. The blue bars represent the average for all the nursing homes in the study. Looking at the second element, Teamwork, the nursing home was a little lower than most other nursing homes. Yet, looking at elements four and five, Staffing and Overall Perceptions of Resident Safety, the nursing home had a higher score compared to most other nursing homes. These data indicate that the nursing home is doing well with staff and perceptions of resident safety. Instead, the nursing home should focus their efforts and resources on improving teamwork.</p> | <p>Slide 15</p> <p>Regular Feedback on Progress</p>  <p>15</p> |

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| <p>Anticipated Outcomes of Participation</p> <p>SAY:</p> <p>We expect that facilities who remain engaged with the program will see a reduction in the amount of their rates of skin and soft tissue infections, pressure injuries and skin tears, and MDRO rates.</p> <p>This program aims to improve team-based infection prevention practices and increase overall resident and family satisfaction.</p> | <p>Slide 16</p> <p>Anticipated Outcomes of Participation</p> <ul style="list-style-type: none"> • Reduced skin and soft tissue infections • Reduced pressure injuries and skin tears • Reduced MDRO infections • Improved team-based infection prevention practices • Enhanced communication and teamwork regarding proper skin care • Increased resident and family satisfaction  <p>16</p> |
| <p>Join Us</p> <p>SAY:</p> <p>Learning these team-based approaches to improve bathing practices, reduce skin breakdown and prevent MDRO transmission in your facility, we encourage you to enroll in the safety program by May 31st, 2023.</p> | <p>Slide 17</p> <p>Join Us</p> <p>Learn team-based approaches to improve bathing practices and reduce skin breakdown, and prevent MDRO transmission in your facility</p> <p>Enroll in the AHRQ Safety Program by: May 31, 2023</p>  <p>17</p> |

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| <p>Thank You</p> <p>SAY:</p> <p>Thank you so much for taking the time to join us for this webinar on the AHRQ Safety Program for MRSA Prevention in long-term care. As you know multidrug-resistant infections pose serious threats to residents in long-term care facilities. Prevention of these infections can start with appropriate care of patient’s skin.</p> <p>We understand that in the current climate, committing to such a program may be a difficult choice. However, during the COVID-19 pandemic, MDRO rates have risen significantly nationwide. Joining our program will help ensure your team has access to tools that will assist and support you in your implementation effort to improve resident skin care and reduce MDRO infections. We will also be here for you should there be another COVID-19 surge, and we will help you overcome any barriers you may encounter.</p> <p>We hope this presentation has convinced you of the value of this program and the importance of appropriate skin care in the prevention of wounds and infection rates in your facility. We look forward to working with you on this important initiative to improve the quality of care in long-term care.</p> <p>To learn more and enroll, visit: https://safetyprogram4mrsaprevention.org or email MRSAPrevention@norc.org.</p> <p>The deadline to enroll is May 31, 2023.</p> <p>Thank you. I will be happy to answer any questions you might have at this time.</p> | <p>Slide 18</p> <p>Thank You</p> <p>Thank you.</p> <p><i>We look forward to working with you on improving the delivery of high-quality care for all patients across the United States.</i></p> <p>To learn more and enroll, visit: http://safetyprogram4mrsaprevention.org Or email: MRSAPrevention@norc.org The deadline to enroll is May 31, 2023</p> <p><small>This program is funded and guided by the Agency for Healthcare Research and Quality and led by Johns Hopkins Armstrong Institute for Patient Safety and Quality and NORC at the University of Chicago.</small></p> |

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| <p>References</p> <p>SAY:</p> <p>Here are the references.</p> | <p>Slide 19</p> <div data-bbox="911 210 1549 268" style="background-color: #0099cc; color: white; padding: 5px;"> References </div> <ol style="list-style-type: none"> 1. Garazi M, Edwards B, Caccavale D, et al. Nursing homes as reservoirs of MRSA: myth or reality? <i>J Am Med Dir Assoc.</i> 2009 Jul;10(6):414-8. PMID: 19560719. 2. Mody L, Kauffman CA, Donabedian S, et al. Epidemiology of <i>Staphylococcus aureus</i> colonization in nursing home residents. <i>Clin Infect Dis.</i> 2008 May 1;46(9):1368-73. PMID: 18419438. 3. Reynolds C, Quan V, Kim D, et al. Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) carriage in 10 nursing homes in Orange County, California. <i>Infect Control Hosp Epidemiol.</i> 2011 Jan;32(1):91-3. PMID: 21087124. 4. Loeb M, Moss L, Stiller A, et al. Colonization with multiresistant bacteria and quality of life in residents of long-term-care facilities. <i>Infect Control Hosp Epidemiol.</i> 2001 Feb;22(2):67-8. PMID: 11232879. 5. Morse S. Pressure ulcers cost the health system \$26.8 billion a year. <i>Healthcare Finance.</i> 10 Oct 2019. https://www.healthcarefinancenews.com/news/pressure-ulcers-cost-health-system-268-billion-year. 6. Department of Health & Humans Services. Centers for Medicare and Medicaid Services. Nursing Home Data Compendium. 2015. https://www.cms.gov/Medicare/Provider-Enrollment-and-certification/CertificationandCompliance/Downloads/nursinghomedatacompendium_508-2015.pdf. Washington, DC: 2015. Department of Health and Human Services. Accessed October 10, 2022. 7. Olsho LE, Spector WD, Williams CS, et al. Evaluation of AHRQ's on-time pressure ulcer prevention program: a facilitator-assisted clinical decision support intervention for nursing homes. <i>Med Care.</i> 2014 Mar;52(3):258-66. PMID: 24374408. 8. Wagner C, van der Wal G, Groenewegen PP, et al. The effectiveness of quality systems in nursing homes: a review. <i>Qual Health Care.</i> 2001 Dec;10(4):211-7. PMID: 11743149. 9. Heifetz RA, Linsky M, Grashow A. <i>The Practice of Adaptive Leadership: Tools and Tactics for Changing Your Organization and the World.</i> Boston, MA: Harvard Business Review Press; 2009. |