

PREVENT
HAIs
Healthcare-
Associated
Infections

Skin Care and MDRO Prevention: AHRQ Safety Program for MRSA Prevention

Long-Term Care
Informational Webinar



Presenter

Robin Jump, M.D., Ph.D.

- Associate Professor of Medicine, Geriatric Medicine, University of Pittsburgh
- Infectious Diseases Physician at the Veterans Affairs Pittsburgh Healthcare System
- Program email address: MRSAPrevention@norc.org



Background

- **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.



1. Garazi M, Edwards B, Caccavale D, et al. Nursing homes as reservoirs of MRSA: myth or reality? J Am Med Dir Assoc. 2009 Jul;10(6):414-8. PMID: 19560719.
2. Mody L, Kauffman CA, Donabedian S, et al. Epidemiology of *Staphylococcus aureus* colonization in nursing home residents. Clin Infect Dis. 2008 May 1;46(9):1368-73. PMID: 18419438.
3. Reynolds C, Quan V, Kim D, et al. Methicillin-resistant *Staphylococcus aureus* (MRSA) carriage in 10 nursing homes in Orange County, California. Infect Control Hosp Epidemiol. 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. Infect Control Hosp Epidemiol. 2001 Feb;22(2):67-8. PMID: 11232879.

Proper Skin Care Is Vital to Resident Health

- 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



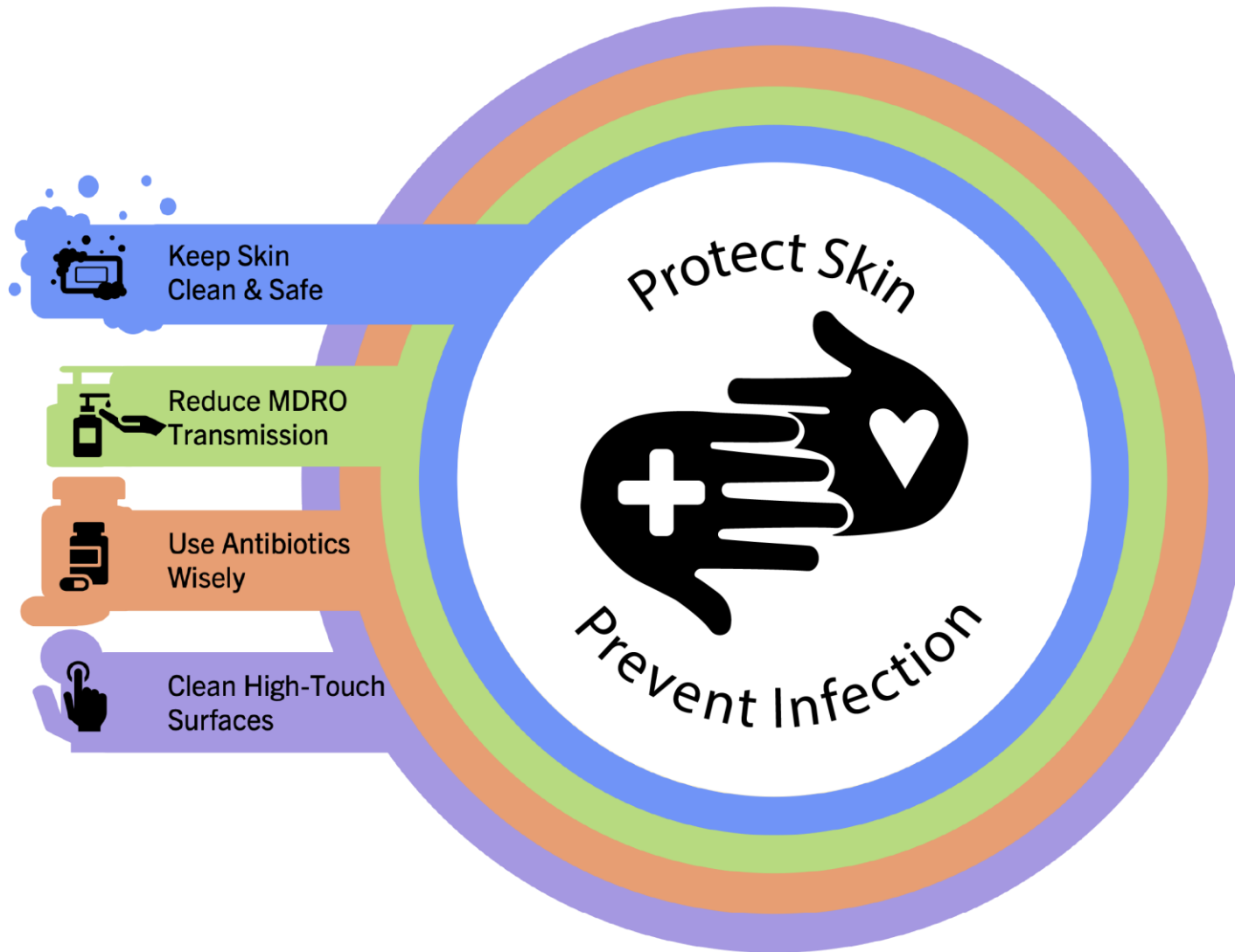
5. Morse S. Pressure ulcers cost the health system \$26.8 billion a year. Healthcare Finance. 10 Oct 2019. <https://www.healthcarefinancenews.com/news/pressure-ulcers-cost-health-system-268-billion-year>.
6. Department of Health & Human Services. Centers for Medicare and Medicaid Services. Nursing Home 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. Med Care. 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. Qual Health Care. 2001 Dec;10(4):211-7. PMID: 11743149.

Infectious Complications From Pressure Injuries Can Be Deadly

- 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.

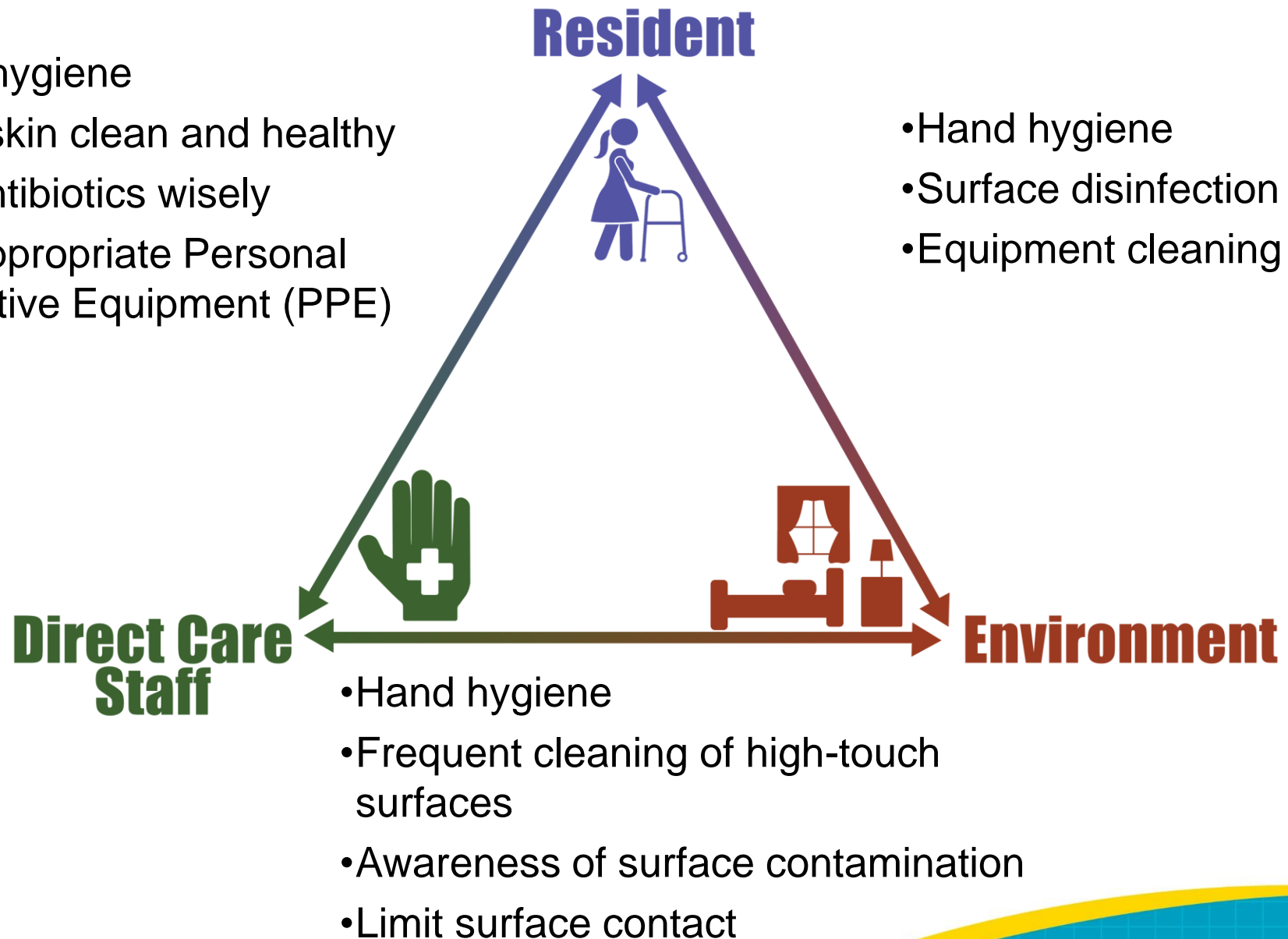


Protect Skin – Prevent Infection



Prevent MDRO Transmission

- Hand hygiene
- Keep skin clean and healthy
- Use antibiotics wisely
- Use appropriate Personal Protective Equipment (PPE)



AHRQ Safety Program Overview

Overarching Goal of Program:

To prevent skin and soft tissue infections caused by MRSA and other resistant organisms

Funded and Guided by: AHRQ

Led by:

- Johns Hopkins Medicine
- NORC at the University of Chicago

Additional Goals:

- 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

AHRQ Safety Program Approach

“One of most common leadership mistakes is expecting technical solutions to solve adaptive problems....”⁹

Ron Heifetz

The Practice of Adaptive Leadership

Technical
(Evidence)



Adaptive
(Culture)

AHRQ Safety Program Details

When does the program start?

- Enrollment deadline is June 30, 2023
- Begins June 1, 2023

How much does it cost to participate?

- No cost!

How much time does it require?

- Approximately 1–3 hours/month
- 18-month program

Will CME and CEU credits be awarded for participation?

- 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



Program Data Submission

	Description
Baseline and End of Project	<ul style="list-style-type: none">• Complete and submit Gap Analysis and NHSOPS
Baseline Data	<ul style="list-style-type: none">• 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)

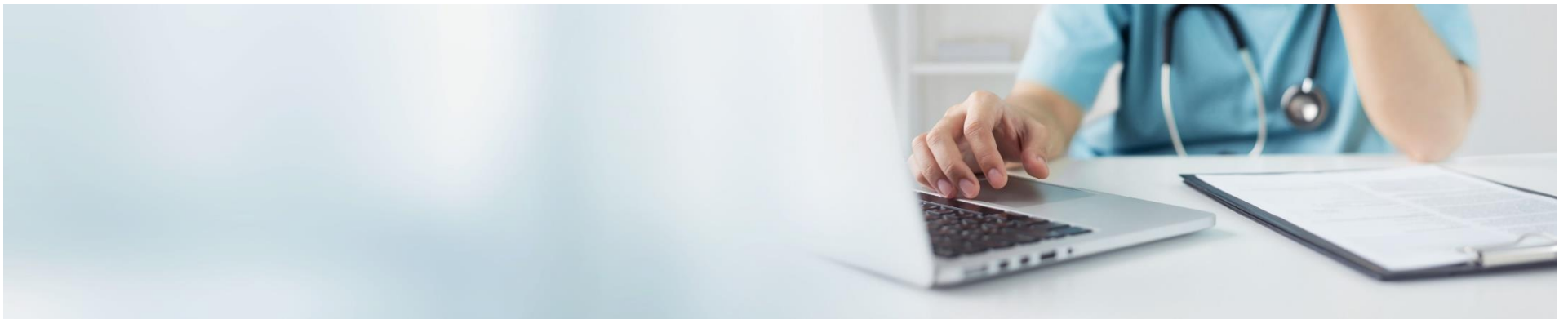
Monthly Activities

- 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.



Benefits of Participating

- 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



More Benefits

- 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



Regular Feedback on Progress

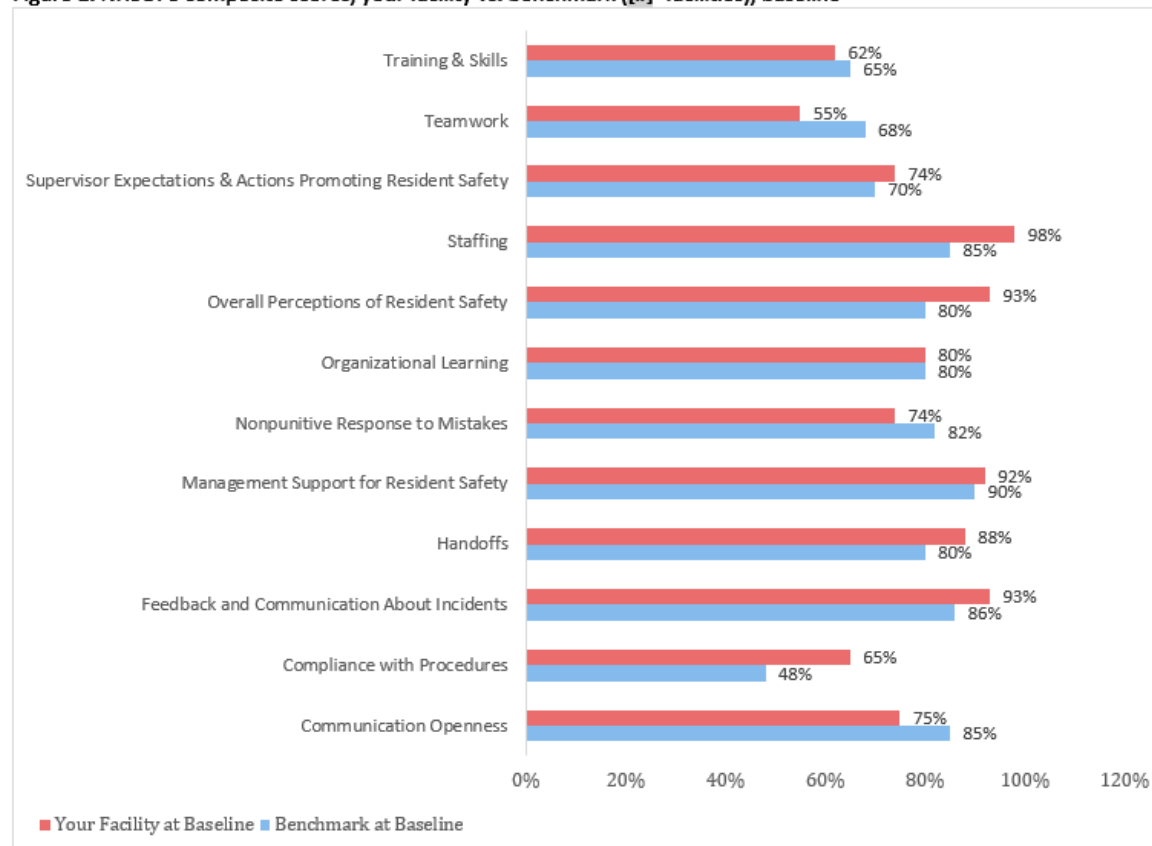


AHRQ Safety Program for MRSA Prevention Long-Term Care Cohort Benchmarking Report 1

3. Nursing Home Survey on Patient Safety Culture (NHSOPS)

The Nursing Home Survey on Patient Safety Culture (NHSOPS) is designed specifically for nursing home providers and other staff and asks for their opinions about the culture of patient safety and healthcare quality in their nursing home. Individual survey items are grouped into composite measures, or composites. Figure 1² compares your unit's baseline composite scores to the composite scores from all participating facilities in your benchmark that submitted data.

Figure 1. NHSOPS composite scores, your facility vs. benchmark ([#] facilities), baseline



Anticipated Outcomes of Participation

- 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



Join Us

Learn team-based approaches to improve bathing practices and reduce skin breakdown, and prevent MDRO transmission in your facility

**Enroll in the AHRQ Safety
Program by:
June 30, 2023**



Thank You

Thank you.

We look forward to working with you on improving the delivery of high-quality care for all patients across the United States.

**To learn more
and enroll, visit:**

<http://safetyprogram4mrsaprevention.org>

Or email: MRSAPrevention@norc.org

The deadline to enroll is

June 30, 2023

References

1. Garazi M, Edwards B, Caccavale D, et al. Nursing homes as reservoirs of MRSA: myth or reality? *J Am Med Dir Assoc*. 2009 Jul;10(6):414-8. PMID: 19560719.
2. Mody L, Kauffman CA, Donabedian S, et al. Epidemiology of *Staphylococcus aureus* colonization in nursing home residents. *Clin Infect Dis*. 2008 May 1;46(9):1368-73. PMID: 18419438.
3. Reynolds C, Quan V, Kim D, et al. Methicillin-resistant *Staphylococcus aureus* (MRSA) carriage in 10 nursing homes in Orange County, California. *Infect Control Hosp Epidemiol*. 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. *Infect Control Hosp Epidemiol*. 2001 Feb;22(2):67-8. PMID: 11232879.
5. Morse S. Pressure ulcers cost the health system \$26.8 billion a year. *Healthcare Finance*. 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/CertificationandComplianc/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. *Med Care*. 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. *Qual Health Care*. 2001 Dec;10(4):211-7. PMID: 11743149.
9. Heifetz RA, Linsky M, Grashow A. *The Practice of Adaptive Leadership: Tools and Tactics for Changing Your Organization and the World*. Boston, MA: Harvard Business Review Press; 2009.