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Don Wright, MD, MPH
Deputy Assistant Secretary for Health
Office of Disease Prevention and Health Promotion
1101 Wootton Parkway
Suite LL100
Rockville, MD 20852

Attention: Draft Phase 3 Long-Term Care Facilities Module

Dear Dr. Wright:

The Association for Professionals in Infection Control and Epidemiology (APIC) appreciates having the opportunity to review and provide comments on the Draft Phase 3 Long-Term Care Facilities Module of the National Action Plan to Prevent Healthcare-Associated Infections: Roadmap to Elimination. APIC believes that prevention of healthcare-associated infections (HAIs) in long-term care facilities (LTCFs) is a critical topic that warrants focused attention.

We are very supportive of the goals and recommendations contained within the draft LTC module and we look forward to continued collaboration with the Department of Health and Human Services (HHS) and other stakeholders to implement the recommendations. We offer the following specific comments and recommendations related to the draft module.

Challenges for HAI Prevention in Long-Term Care Settings

Recommendations:

Infection Preventionist: APIC strongly recommends the administrators of LTCFs provide financial, administrative, and educational support for facility infection preventionists (IPs) to ensure that their infection prevention programs are run at the highest level.

Hand Hygiene: APIC recommends greater promotion of hand hygiene programs in LTCFs. Contamination of the hands of healthcare personnel (HCP) plays a major role in the transmission of organisms in healthcare settings.

Environmental Services: APIC recommends the important role of environmental services be addressed in LTCFs. Residents, often with limited ability to optimize their own hygienic practices, particularly hand hygiene, participate in group activities, use common dining areas for meals, move around the facility, and attend occupational and physical therapy where



shared equipment is used. These activities increase the risk of person-to-person transmission and exposure to contaminated environmental surfaces.

HHS Data Sources and Projects on Reducing and Preventing HAIs in LTCFs

Recommendations:

APIC strongly agrees with the use of the National Healthcare Safety Network (NHSN) program in LTCFs. NHSN will provide a standardized surveillance reporting infrastructure, surveillance tools and methodology. We recommend consistent application of NHSN definitions through all agencies of HHS, including the Centers for Medicare & Medicaid Services (CMS).

Metrics and Evaluation

Comments:

APIC agrees with the metrics and their priorities. The enrollment of facilities in NHSN for LTCF surveillance will standardize infection prevention data. Such standardization can help facilities accurately focus their HAI prevention strategies.

Clostridium difficile is an increasing problem in acute and long-term care. Proper identification of residents with this illness will not only provide data, but increase awareness and promote institution of proper prevention strategies such as judicious use of antibiotics, accurate testing, hand hygiene, correct personal protective equipment (PPE), and environmental cleaning.

We also agree with the emphasis on reporting only symptomatic urinary tract infections, thus providing facilities with accurate data and promoting proper utilization of antibiotics.

Next Steps and Future Directions

Recommendations:

Antibiotic Stewardship: APIC strongly supports the need to implement antibiotic stewardship programs as soon as possible, beginning with assessment of a facility's antibiotic use and pilot programs that promote appropriate prescribing.

Tracking Hospitalizations and Re-hospitalizations: APIC agrees that tracking of avoidable hospitalizations and rehospitalizations is important and recommends that infection prevention and control programs in LTCFs begin to implement a tracking system as soon as possible. In addition to helping facilities identify which HAIs result in hospitalization and reducing unnecessary readmissions, it has the potential to avoid serious physical (deconditioning) and psychological (worsening dementia and confusion) effects on elderly residents which can cause longer periods of rehabilitation.



APIC applauds HHS for its commitment to addressing HAIs in LTCFs. Although we believe additional time for comment, beyond the 30 days provided, would have garnered greater ability to provide detailed recommendations, we greatly appreciate the opportunity to provide comments on the goals and recommendations in the Draft Phase 3 Long-Term Care Facilities Module of the National Action Plan to Prevent Healthcare-Associated Infections.

Sincerely,

Michelle Farber

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APIC President