Reception Room

- **Good morning!** The meeting will start shortly.
- **Participants are muted** on entry.
- **Check the Q&A Tab:** Information about the training, including information about how to access captions and view the slides, is available there.
- **To view captions for this event**: You can view captions in Teams by clicking the More (…) button in the Teams window, then “Language and Speech,” and choose "Turn on live captions."
- **If you have any technical issues,** please visit the Microsoft support page for Teams or email Health.HRDCommunications@state.mn.us.

Nursing Home Regulatory Updates
January 2026

Tennessen Warning

- **The Minnesota Department of Health is hosting this joint regulatory training for providers of long-term care and Health Regulation Division staff.**
- **Your comments, questions, and image, which may be private data, may be visible during this event.** You are not required to provide this data, and there are no consequences for declining to do so.
- **The virtual presentation may be accessible to anyone** who has a business or legal right to access it. By participating, you are authorizing the data collected during this presentation to be maintained by MDH.
- **To opt out of the presentation, please exit now.**

Agenda

- Recap of Fiscal Year 2025 citations and complaint data
- Top citations and complaint data for Quarter 1 of Fiscal Year 2026
- MDH updates
- Electronic CLIA certificates
- RespSafe Program
- Infection control updates for nursing homes

Citations | Complaints

Sarah Grebenc | Federal Executive Operations Manager

Top Tags Cited FFY25

F550 Resident Rights	F609 Reporting Abuse	F641 Accuracy of Assessments	F656 Development of the Care Plan	F657 Care Plan Revisions
F684 Quality of Care	F686 Treatment to Prevent Pressure Ulcers	F689 Free from Accidents/ Supervision	F812 Food Procurement	F880 Infection Control

Complaints FFY25

- **Complaints** & **Facility Report Incidents** (FRI's) received for nursing homes.
  - 2821 Complaints
  - 3595 FRI's
- 732 were triaged as IJs for Nursing Homes.
- 95 IJ's were identified in nursing homes.
  - 18 identified on recertification surveys.
  - 77 identified on complaint investigations.

IJ's cited in FFY25

F578 Request/Refuse/Discontinue Treatment/Formulate Adv Dir

F600 Free from Abuse

F602 Free from Misappropriation of Funds

F678 Cardio-Pulmonary Resuscitation

F684 Quality of Care

F686 Treatment to Prevent Pressure Ulcers

F689 Free from Accidents/Supervision

F697 Pain Management

F700 Bed Rails

F760 Significant Medication Errors

F803 Menus Meet Resident Needs and diet followed

F805 Food to Meet Individual Needs

F806 Resident Allergies, Preferences

F849 Hospice Services

F880 Infection Control

Top Tags Cited in 1st Quarter FFY26

F609 Reporting of Alleged Violations	F600 Free from Abuse	F880 Infection Control	F684 Quality of Care	F550 Resident Rights
F610 Investigate Alleged Violations	F657 Care Plan Revisions	F689 Accidents/ Supervision	F656 Development of Comprehensive Care Plan	F677 ADL Care for Dependent Residents

Complaints 1st Quarter FFY26

- **1465 Complaints** & **Facility Report Incidents** (FRI's) received for nursing homes.
  - 683 Complaints
  - 782 FRI's
- 181 were triaged as IJs for Nursing Homes.
- 24 IJ's were identified in nursing homes.
  - 5 identified on recertification surveys.
  - 19 identified on complaint investigations.

IJs cited in 1st Quarter FFY26

F578 Request/Refuse/Discontinue Treatment/Formulate Adv Dir

F600 Free from Abuse

F678 Cardio-Pulmonary Resuscitation

F684 Quality of Care

F689 Free from Accidents/Supervision (J and K)

F880 Infection Control (K)

F602 Free from Misappropriation of Funds

F760 Significant Medication Errors

F803 Menus Meet Resident Needs and diet followed

F726 Competent Nurse Staffing (K)

F610 Investigate Abuse

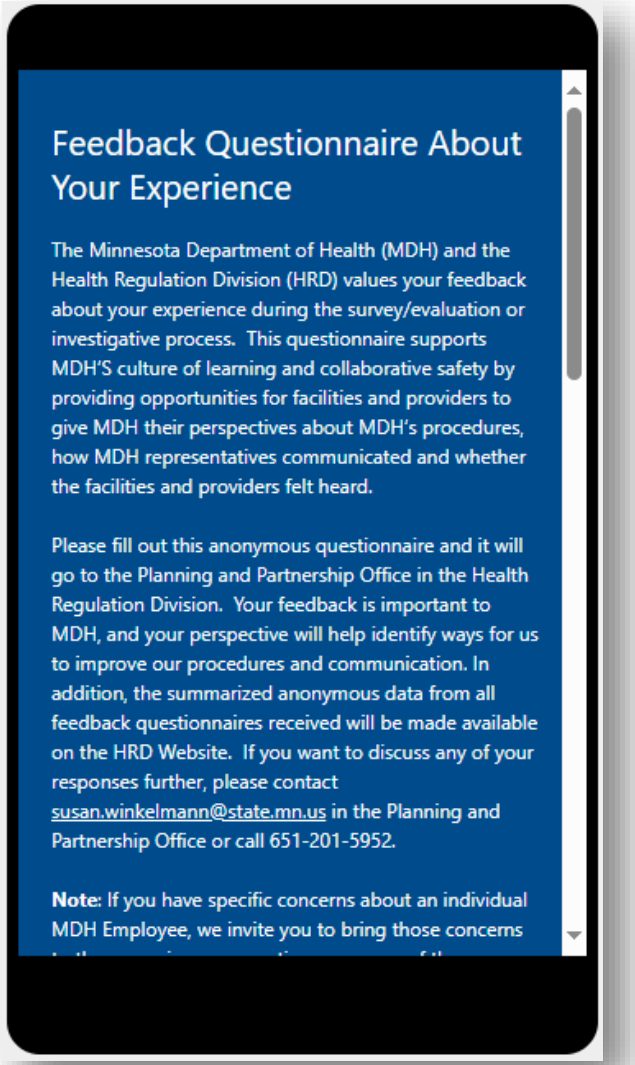
F805 Food to Meet Individual Needs

MDH Updates

Sarah Grebenc | Federal Executive Operations Manager

Provider Feedback Questionnaire

- Thank you for continuing to complete HRD's Feedback Questionnaire!
  - Provided during recertification and complaint surveys on the Federal and State side.
  - Goal is to expand to other federal provider types.
- MDH uses the information to make improvements to our processes.



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Center for Clinical Standards and Quality

Admin Info: 25-11-All

DATE: September 12, 2025

TO: State Survey Agency Directors

FROM: Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)

SUBJECT: Fiscal Year Mission & Priorities Document (MPD) - Transition to Web-Based Updates

Memorandum Summary

The Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG) remain dedicated to ensuring the health and safety of all Americans. The Fiscal Year (FY) 2026 MPD reflects this dedication, along with our ongoing commitment to strengthen oversight, enhance enforcement, increase transparency, and improve quality of care.

The MPD structure includes three sections: (1) a spotlight on new policy or reinforcement of existing policy since the issuance of the previous FY MPD; (2) standing general information; and (3) a listing of the priority tier structure for survey & certification activities for all certified provider and supplier types.

This administrative memo represents the final communication of the MPD updates through this format. **Beginning in FY 26, the MPD tier table and all accompanying documents will be updated and published directly on the CMS QSOG MPD website prior to the beginning of each fiscal year, or as necessary.**

Background:
The MPD is an annual document that directs the work of QSOG, SOG, and State Survey Agencies (SAs) based on regulatory changes, adjustments in budget allocations, new initiatives, and new requirements based on statute. The MPD covers survey, certification, enforcement, and

QSO Memo UPDATES

Fiscal Year MPD - Transition to Web-Based Updates (PDF) (https://www.cms.gov/files/document/admin-info-25-11-all.pdf)

Beginning in FY26, the MPD tier table and all accompanying documents will be updated and published directly on the CMS QSOG MPD website prior to the beginning of each fiscal year, or as necessary.

QSOG Mission & Priority Information (https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-general-information/qsog-mission-and-priority-information)

Unlicensed Medication Aide Training Program

Curricula Approval

Nursing Homes - MN Dept. of Health

Effective Aug. 1

Minnesota Statutes, section 144A.61 was revised, and the Minnesota Department of Health (MDH) will now approve curricula for medication training programs in nursing homes that meet the current requirements outlined in Minnesota Rules, 4658.1360, subpart 2, item B.

The commissioner must maintain a current list of acceptable medication administration curricula to be used for medication aide training programs for employees of nursing homes and certified boarding care homes on the department's website that are based on current best practice standards and meet the requirements of Minnesota Rules, part 4658.1360, subpart 2, item B.

Contact

For additional questions please email

Health.nar.coord@state.mn.us

Electronic CLIA Certificates

Kathy Lucas| Regional Operations Manager

What is Changing with CLIA Certificates

- CMS is moving to an electronic System.
- Laboratories have until March 1, 2026, to switch to CMS email notification to receive electronic CLIA fee coupons and CLIA certificates.
- After this date, paper coupons will no longer be available.
- Once you make the switch, your CLIA fee coupons and certificates will be sent to you via email, and any fees will need to be paid online.

How to make the switch (1/2)

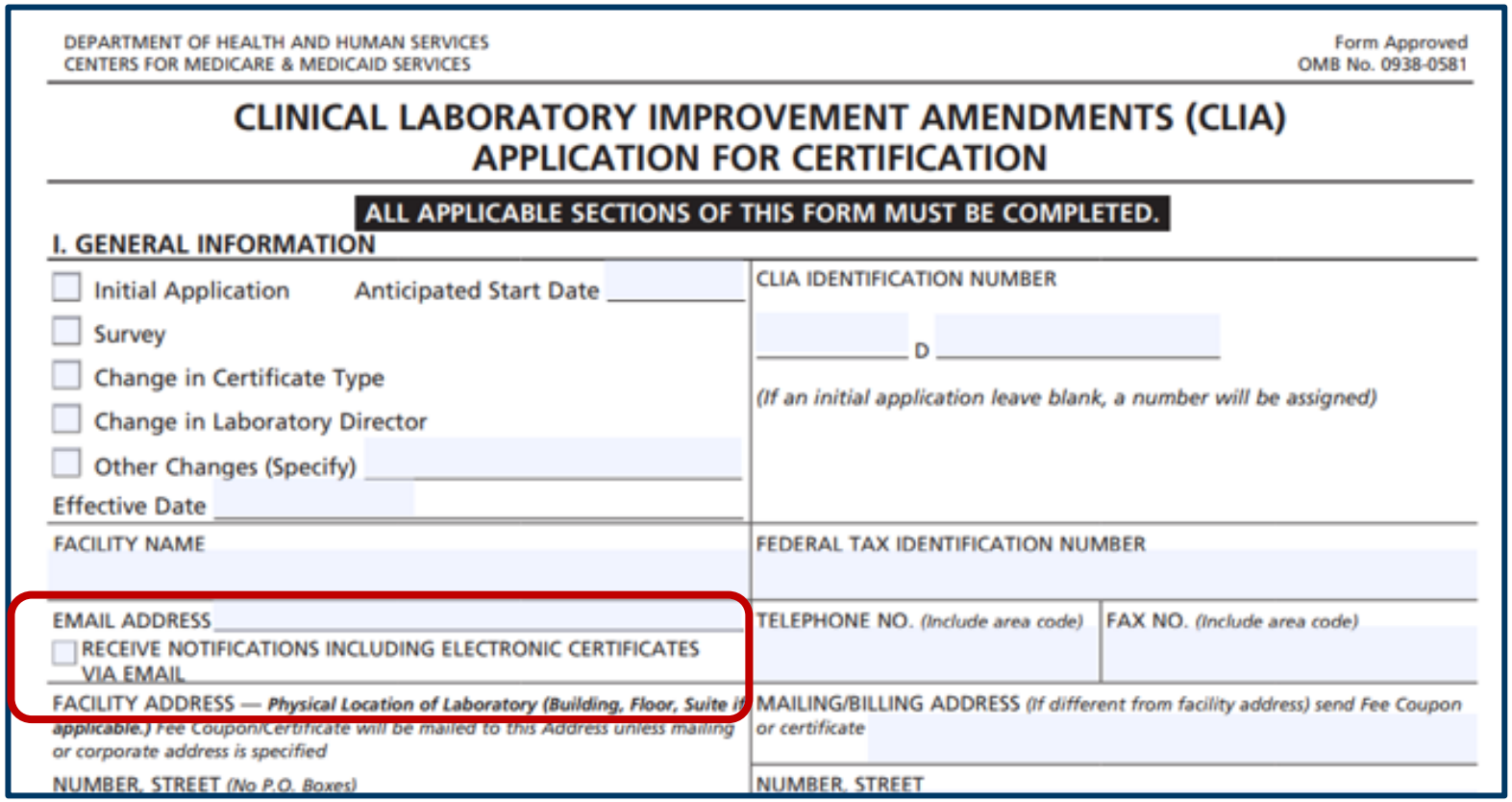
1. Provide written notification by email to Health.CLIA@state.mn.us. Include your laboratory name, laboratory director or owner's name, CLIA number, director or designee's signature to make the switch.

   OR

2. Contact your Accreditation Organization, if you're an accredited laboratory. They can now add or update email addresses for the laboratories they survey.

How to make the switch (2/2)

If your CLIA certificate is due for renewal prior to March 1, 2026, fill out the Form CMS-116, CLIA APPLICATION FOR CERTIFICATION. To switch, check the box, “Receive notifications including electronic certificates via email.” CMS recommends using a business address that many staffers can access.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB No. 0938-0581

CLINICAL LABORATORY IMPROVEMENT AMENDMENTS (CLIA)
APPLICATION FOR CERTIFICATION

ALL APPLICABLE SECTIONS OF THIS FORM MUST BE COMPLETED.

I. GENERAL INFORMATION

- ☐ Initial Application — Anticipated Start Date
- ☐ Survey
- ☐ Change in Certificate Type
- ☐ Change in Laboratory Director
- ☐ Other Changes (Specify)

Effective Date

CLIA IDENTIFICATION NUMBER

D

(If an initial application leave blank, a number will be assigned)

FACILITY NAME

FEDERAL TAX IDENTIFICATION NUMBER

EMAIL ADDRESS

☐ RECEIVE NOTIFICATIONS INCLUDING ELECTRONIC CERTIFICATES VIA EMAIL

TELEPHONE NO. *(Include area code)*

FAX NO. *(Include area code)*

FACILITY ADDRESS — ***Physical Location of Laboratory (Building, Floor, Suite if applicable.)*** *Fee Coupon/Certificate will be mailed to this Address unless mailing or corporate address is specified*

NUMBER, STREET *(No P.O. Boxes)*

MAILING/BILLING ADDRESS *(If different from facility address) send Fee Coupon or certificate*

NUMBER, STREET

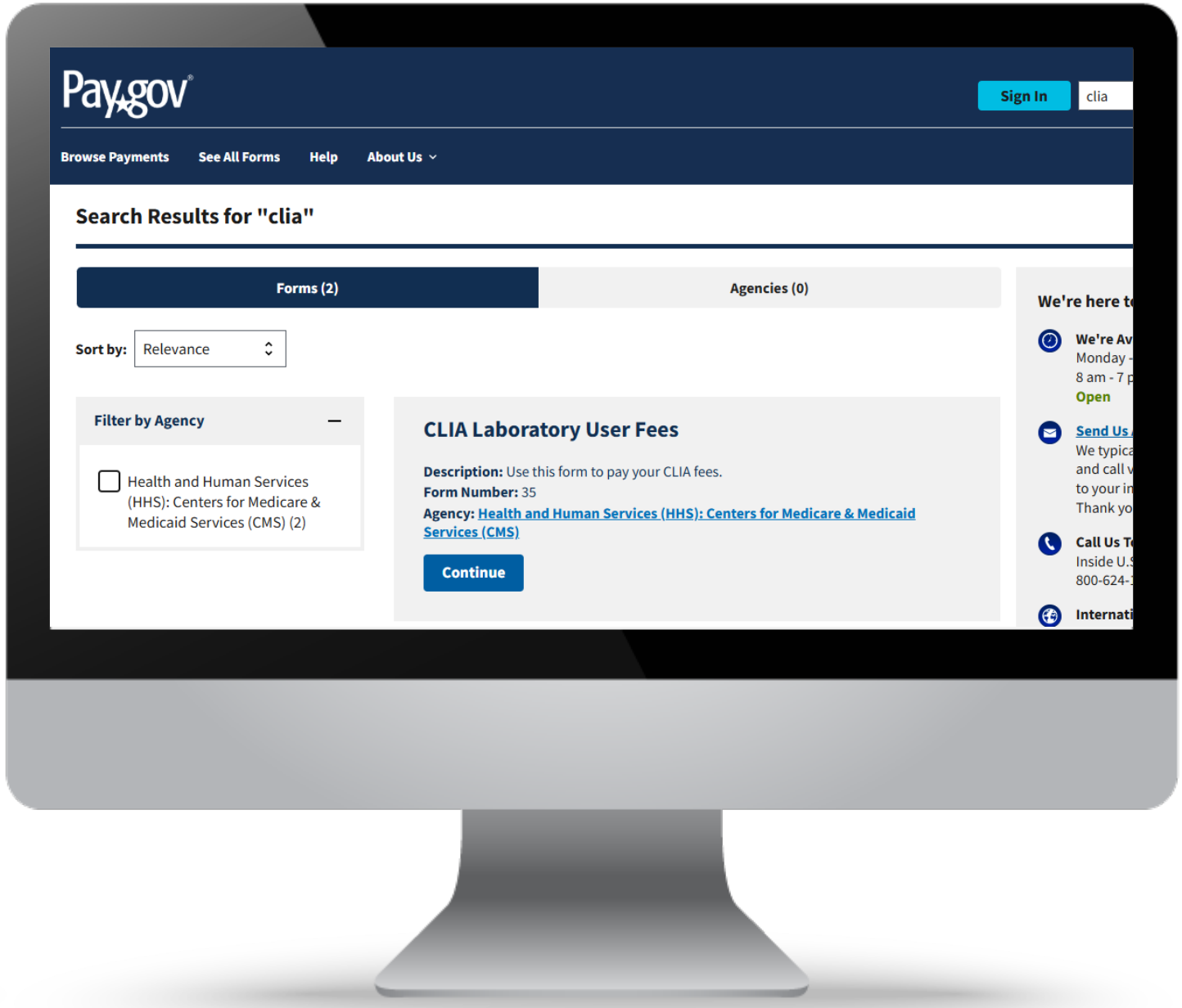
Paying CLIA Certificate Fees Online

- CMS offers laboratories an online option to pay CLIA certification fees through a secure platform hosted by the Treasury Department.
- Online payments are processed overnight, substantially faster than hard-copy checks, which can take up to 10 business days to process.

How to pay CLIA certification fees online

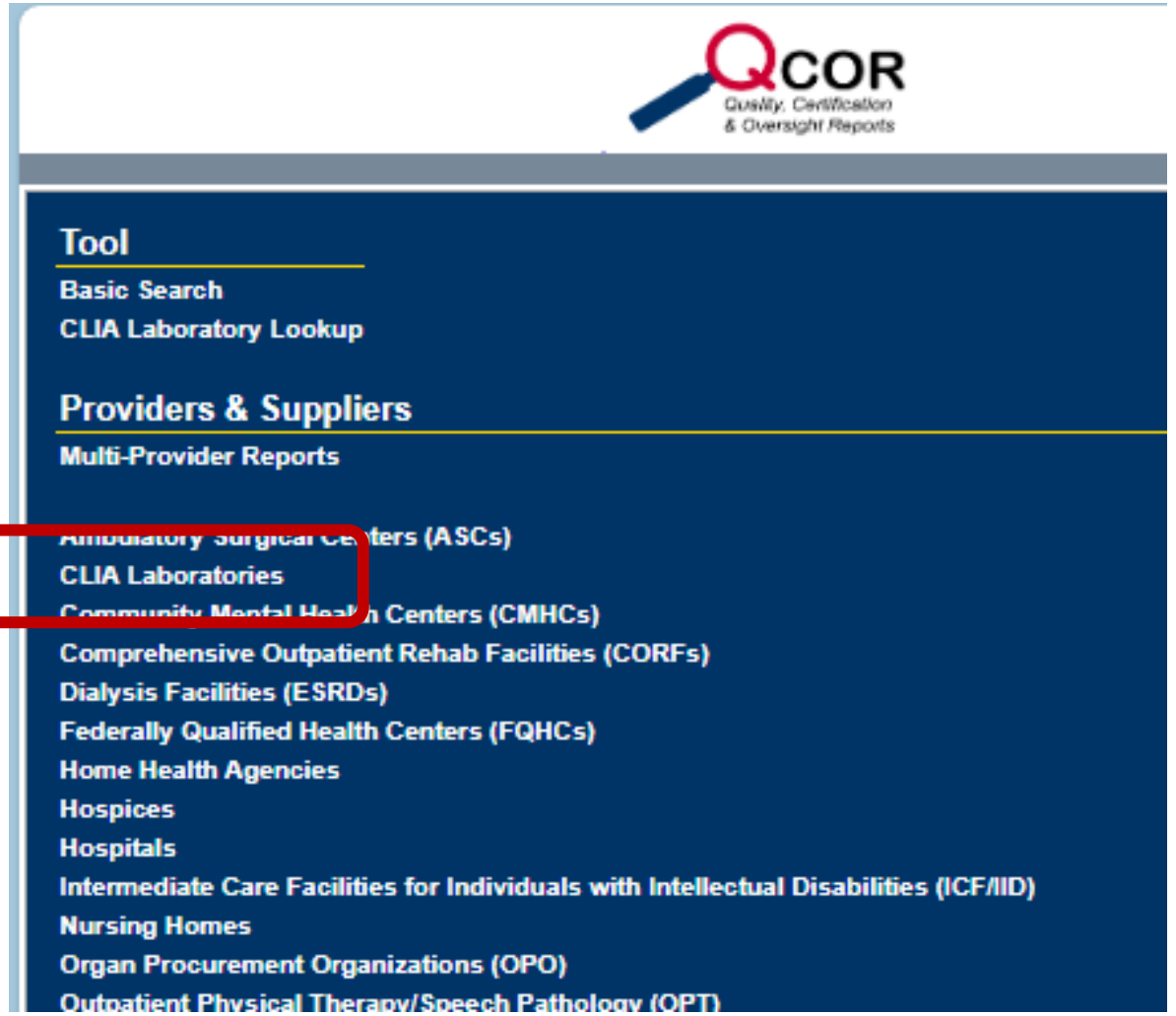
Go to [Pay.gov (https://www.pay.gov/public/home)](https://www.pay.gov/public/home) then type “CLIA” in the search box in the upper-right corner.

Click **Continue** in the box labeled CLIA laboratory user fees and follow the prompts.



How to get a duplicate CLIA certificate

- If your CLIA certificate was lost or destroyed, you can obtain a duplicate CLIA certificate at [S&C QCOR (https://qcor.cms.gov/main.jsp)]
- Under Providers and Suppliers, click on “CLIA Laboratories” then click on “Search”.
- Enter the information to search for your CLIA certificate, then print.



DEPARTMENT OF HEALTH

RespSafe Program

Sarah Spah, RN, MSN | Nurse Specialist

RespSafe Program 2025-26

- RespSafe registration closes **Jan. 31**
- Participants recognized for:
  - Staff flu vaccination coverage.
  - Strongly encouraging and/or offering flu and COVID-19 vaccination.
  - Implementation of vaccination activities.

[RespSafe (https://www.health.state.mn.us/diseases/respiratory/hcp/respsafe.html)](https://www.health.state.mn.us/diseases/respiratory/hcp/respsafe.html)

Recognition Tiers

Implement strategies, strongly encourage and/or offer flu and COVID-19 vaccine to staff AND:

- Bronze: <75% flu vaccine coverage
- Silver: 75-79% flu vaccine coverage
- Gold: >80% flu vaccine coverage

Registration Closes January 31st

Instructions for participating: RespSafe (https://www.health.state.mn.us/diseases/respiratory/hcp/respsafe.html)

- ✓Enroll in VaxCheck to access registration form
- ✓Submit registration form by Jan 31
- ✓Implement at least 2 activities
- ✓Track staff's flu vaccination coverage
- ✓Submit RespSafe report by May 15

Questions can be sent to: health.respsafe.mdh@state.mn.us

Infection Control Updates for Nursing Homes

Tammy Hale MSN, RN, CIC, FAPIC | Supervisor, Infection Control Assessment and Response (ICAR)

Carbapenemase-Producing Organisms (CPO)

CPOs are an important group of multidrug-resistant pathogens classified by the CDC as an urgent threat to public health.

- These organisms are rare (trying to contain)
- Limited antibiotic treatment options
- Can spread quickly and silently
- Can transfer resistance gene to other bacteria
- Can be associated with high mortality
- Early identification is crucial

DC | 2019 Antibiotic Resistance Threats Report (https://www.cdc.gov/antimicrobial-resistance/data-research/threats/index.html)

Newly Published Article

MDH Compendium message September 26th, 2025

- New publication in the *Annals of Internal Medicine*
  - Changing epidemiology of Carbapenemase-Producing Carbapenem-Resistant Enterobacterales (CP-CRE) across 29 U.S. states.
  - Over the five-year interval: 14,182 CP-CRE isolates were submitted, providing a robust national picture of trends.
  - Nationally, the incidence of CP-CRE isolates from clinical cultures increased substantially during this period, driven primarily by a five-fold rise in New Delhi Metallo-β-lactamase (NDM)-producing CRE and a smaller increase in Oxacillinase-48 (OXA-48)-like CRE.

Annals of Internal Medicine. (2025, September 23). Changes in epidemiology of carbapenemase-producing carbapenem-resistant Enterobacterales, 2019–2023. *Annals of Internal Medicine.* https://doi.org/10.7326/ANNALS-25-02404

MDH Compendium Message

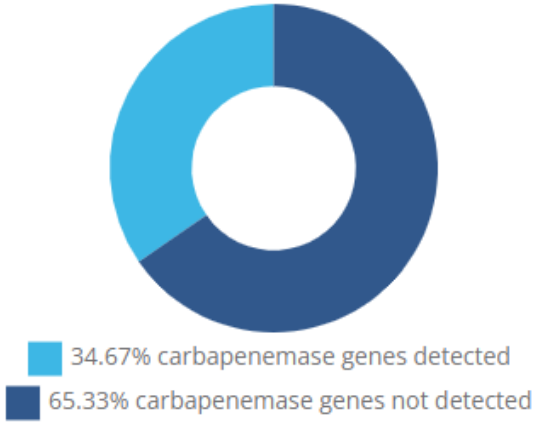
In Minnesota:

- The analysis shows that overall CP-CRE rates increased by 66% over the past five years.
- Driven largely by a near doubling of NDM-CRE incidence.
- *Klebsiella pneumoniae* carbapenemase (KPC)-producing CRE incidence remained stable.
- These findings suggest that while our collective containment strategies may be stabilizing KPC-CRE, the emergence and expansion of NDM-CRE highlight the importance of continued vigilance, robust surveillance, and swift infection prevention responses.

Carbapenemase Detection

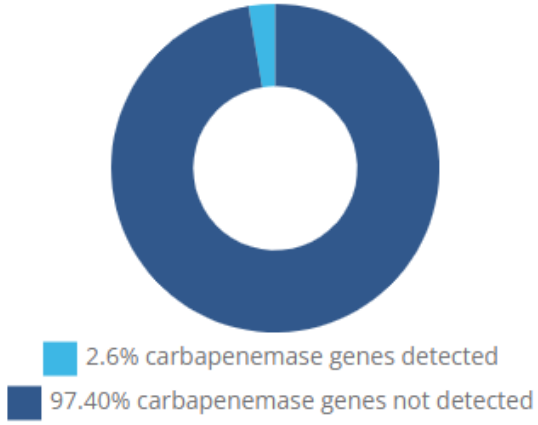
Carbapenem-Resistant Enterobacterales (CRE)

34.67% of CRE submitted to the AR Lab Network from 2017 through 2024 had a targeted carbapenemase gene detected.



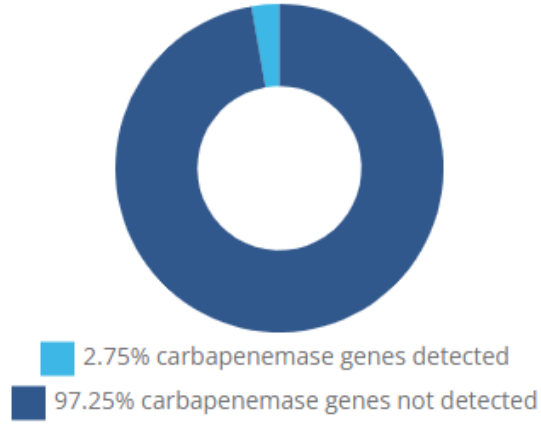
Carbapenem-Resistant *Pseudomonas aeruginosa* (CRPA)

2.6% of CRPA submitted to the AR Lab Network from 2017 through 2024 had a targeted carbapenemase gene detected.



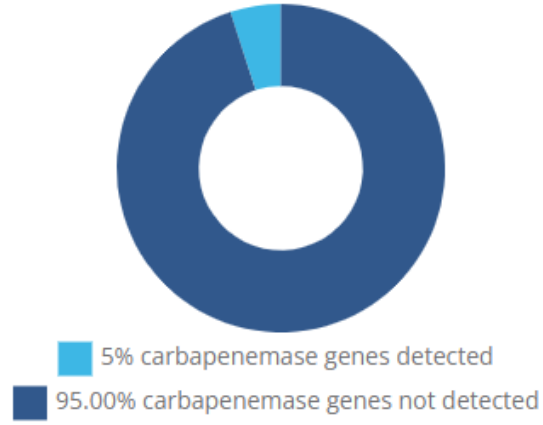
Carbapenem-Resistant *Acinetobacter baumannii* (CRAB)

2.75% of CRAB submitted to the AR Lab Network from 2017 through 2024 had a targeted carbapenemase gene detected.



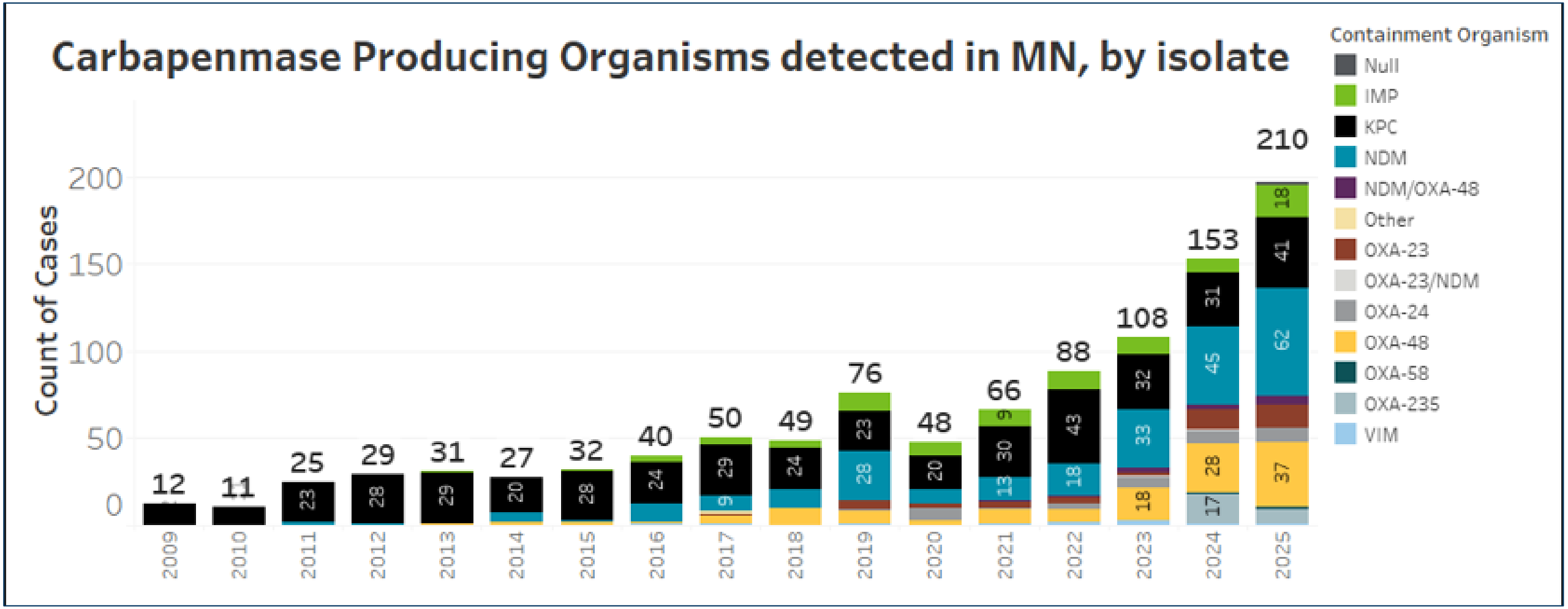
Carbapenemase Gene Screens

5% of Colonization Screens submitted to the AR Lab Network from 2017 through 2024 had a targeted carbapenemase gene detected.

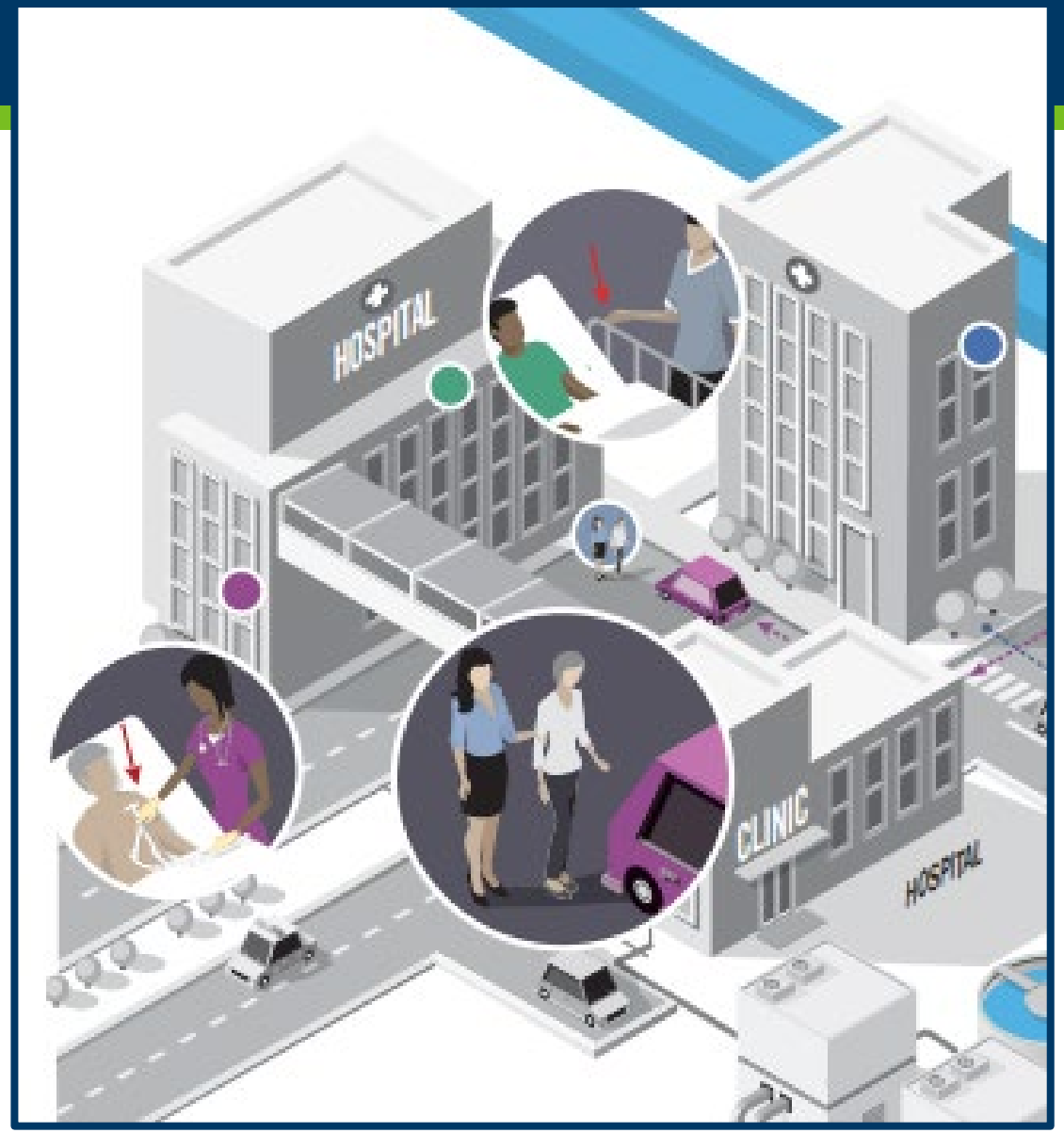


CDC Antimicrobial Resistance Lab Network: [Antimicrobial Resistance Lab Network | A.R. & Patient Safety Portal]

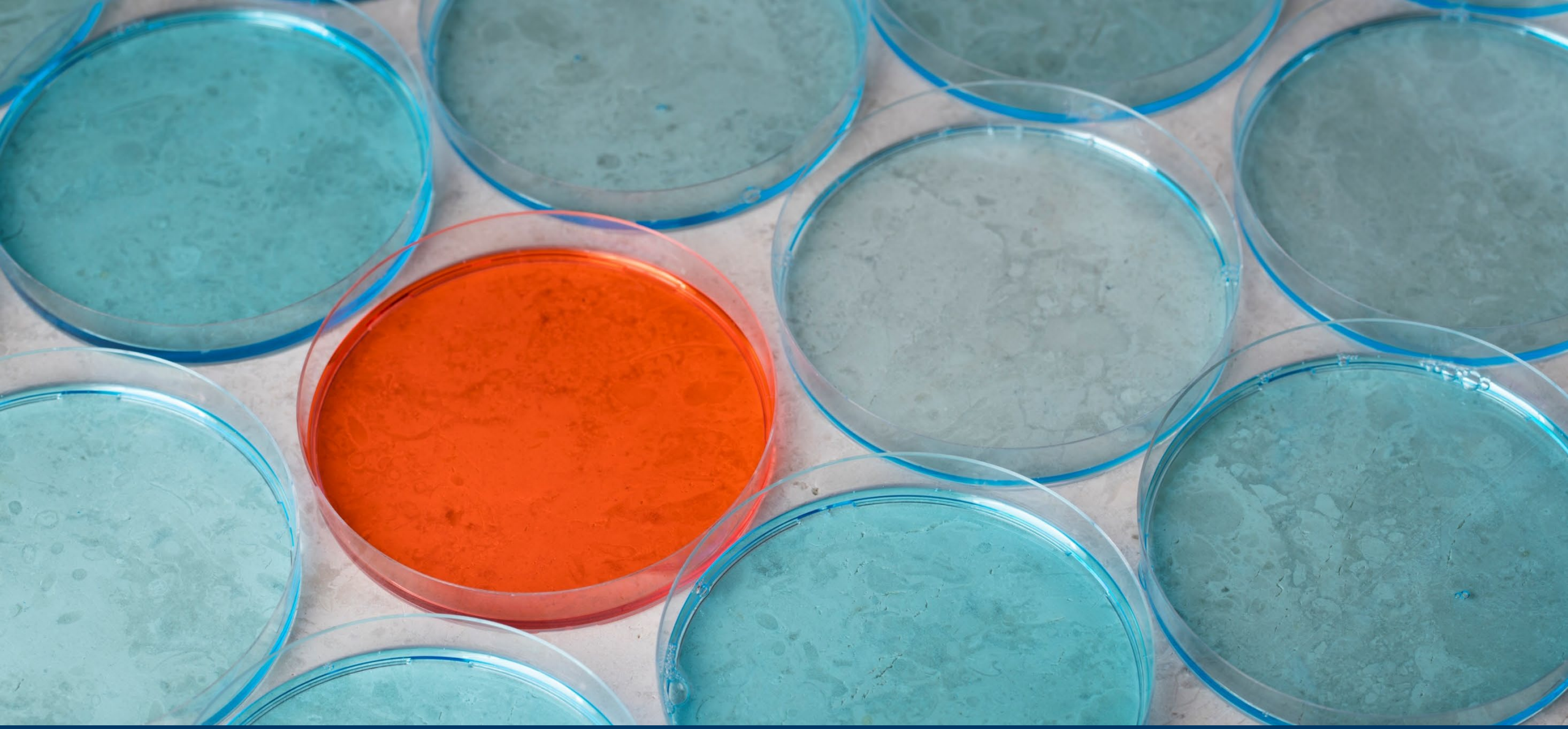
Carbapenemase-producing Organisms (CPO) in Minnesota



Overview



- Antibiotics save lives, increasing number of resistant pathogens reduces treatment options
- CPOs can share resistance genes with other germs
- Resistance can spread silently (screening is important)
- Be alert, be prepared, and implement infection prevention and control measures



MDH Containment Response Resources

How do we stop the spread?

Answer: A containment response with the following goals:

1. **Identify** affected residents early (screening).
2. **Ensure appropriate control measures** are promptly implemented.
3. **Determine** if **transmission** is occurring.
4. **Characterize** novel organisms to guide further response actions.
5. **Coordinate response with ongoing prevention activities** (e.g., infection prevention and control, routine colonization screening, and improved interfacility communication).

CDC MDRO Containment Guidance: MDRO Containment Strategy (https://www.cdc.gov/healthcare-associated-infections/php/preventing-mdros/mdro-containment-strategy.html)

Notification of Case

- MDH receives notification of a positive case
- MDH will notify upstream facilities
  - Inpatient stay in the 30 days before + specimen
  - Notification downstream healthcare facilities
    - Cared for a resident with a MDRO
    - Includes outpatient settings (e.g., wound care clinic)

[Reportable Disease Poster (PDF)](https://www.health.state.mn.us/diseases/reportable/rule/poster.pdf)

MDH Containment Response Staff

- Infectious Disease Epidemiology, Prevention, and Control (IDEPC) Division:
  - MDH Organizational Chart (PDF) (https://www.health.state.mn.us/about/orgchart.pdf)
  - Non-regulatory
- Healthcare-Associated Infection/Antimicrobial Resistance (HAI/AR) Section – Leads containment investigation of novel and emerging MDROs.
  - HAI/AR Surveillance Unit
  - Infection Control Assessment and Response (ICAR) Unit
- Support from:
  - Public Health Lab (PHL)
  - Medical Specialists
  - CDC Subject Matter Experts (as needed)

Guide for Facility Leadership

New: *Containing the Spread of Multidrug-Resistant Organisms: A Guide for Facility Leadership*

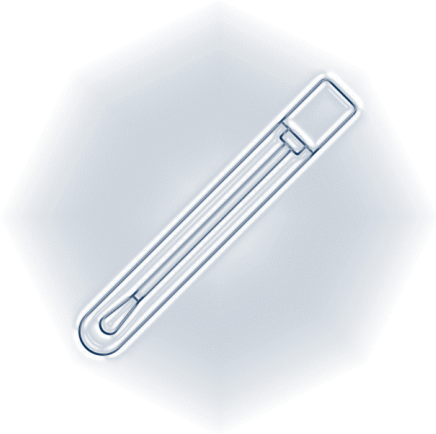
- Review serious threats of novel and targeted organisms.
- Provides references for more in-depth review.
- Outlines MDH roles and support.
- Provides facility leadership with a checklist.
  - Clarification of points of contact for prompt communication.
  - Allocate time and resources for colonization screening and ICAR assessment.

Containment responses aim to support facilities without involving regulatory authorities. MDH monitors containment compliance closely. Significant delays or safety concerns may result in notifying MDH Health Regulation Division to ensure resident/patient safety.

Key Components of Containment Response

Prompt communication between the facility and MDH to collect data and determine next steps

Infection prevention and control (IPC) implementation



Colonization or Point Prevalence Surveys (PPS) to identify transmission to at risk patients/residents

ICAR Assessment

MDH Assistance

Facility notification:

- MDH notifies impacted facilities

Discussion to:

- Address immediate concerns
- Provide educational resources

PPS Colonization Screening:

- Provide free testing materials
- Free specimen testing conducted at PHL, results 1-3 days

ICAR visit:

- Assess the facilities infection prevention and control practices

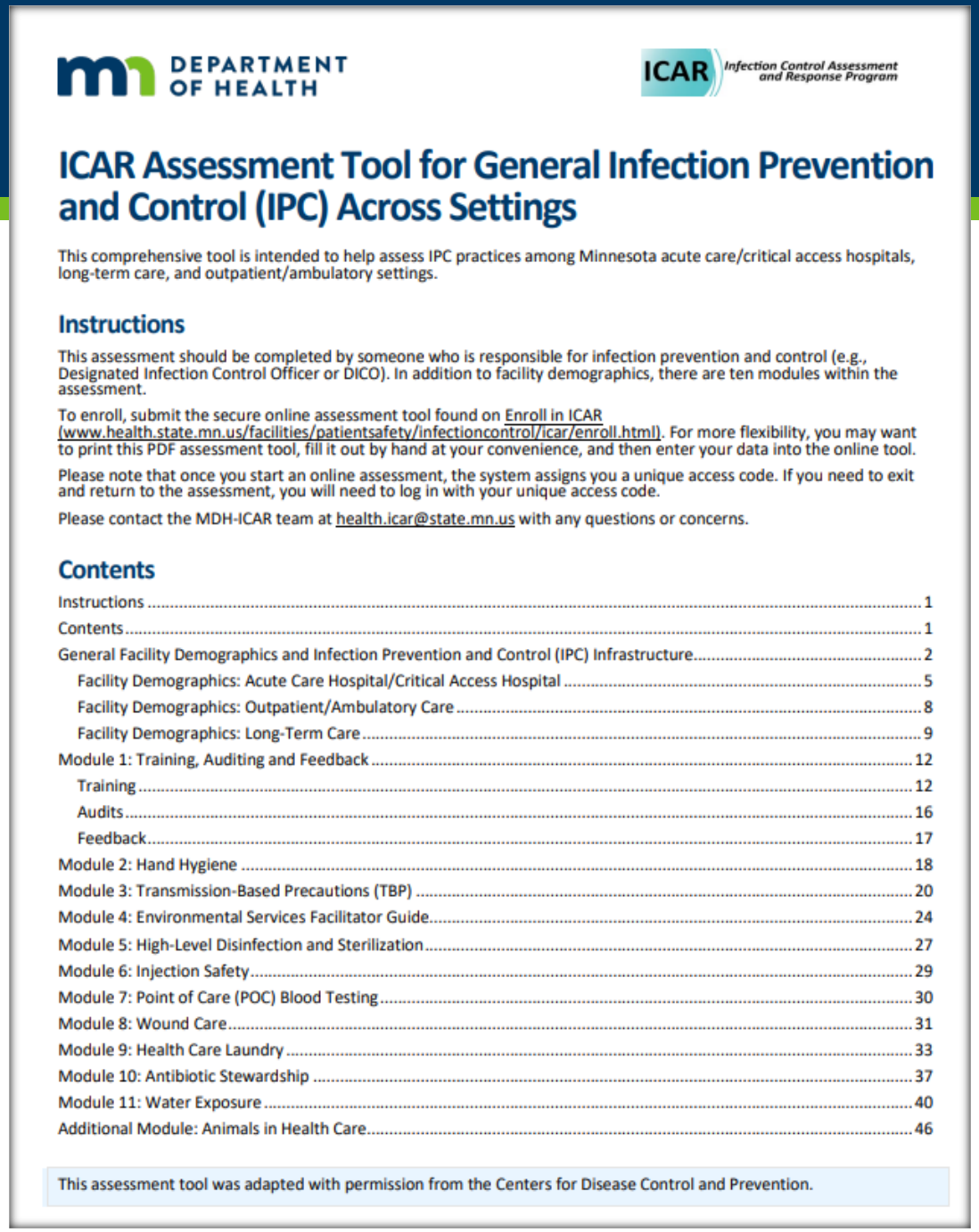
Why do Colonization Screening?

Transmission can occur from infected and /or colonized resident.

- Identifying colonized individual allows for:
  - Implementation of infection prevention and control measures.
  - Appropriate medical care.

In outbreak situations to determine:

- The scope of the outbreak.
- If interventions are effective.
- If the outbreak is over.



DEPARTMENT OF HEALTH

ICAR Infection Control Assessment and Response Program

ICAR Assessment Tool for General Infection Prevention and Control (IPC) Across Settings

This comprehensive tool is intended to help assess IPC practices among Minnesota acute care/critical access hospitals, long-term care, and outpatient/ambulatory settings.

Instructions

This assessment should be completed by someone who is responsible for infection prevention and control (e.g., Designated Infection Control Officer or DICO). In addition to facility demographics, there are ten modules within the assessment.

To enroll, submit the secure online assessment tool found on Enroll in ICAR (www.health.state.mn.us/facilities/patientsafety/infectioncontrol/icar/enroll.html). For more flexibility, you may want to print this PDF assessment tool, fill it out by hand at your convenience, and then enter your data into the online tool.

Please note that once you start an online assessment, the system assigns you a unique access code. If you need to exit and return to the assessment, you will need to log in with your unique access code.

Please contact the MDH-ICAR team at health.icar@state.mn.us with any questions or concerns.

Contents

This assessment tool was adapted with permission from the Centers for Disease Control and Prevention.

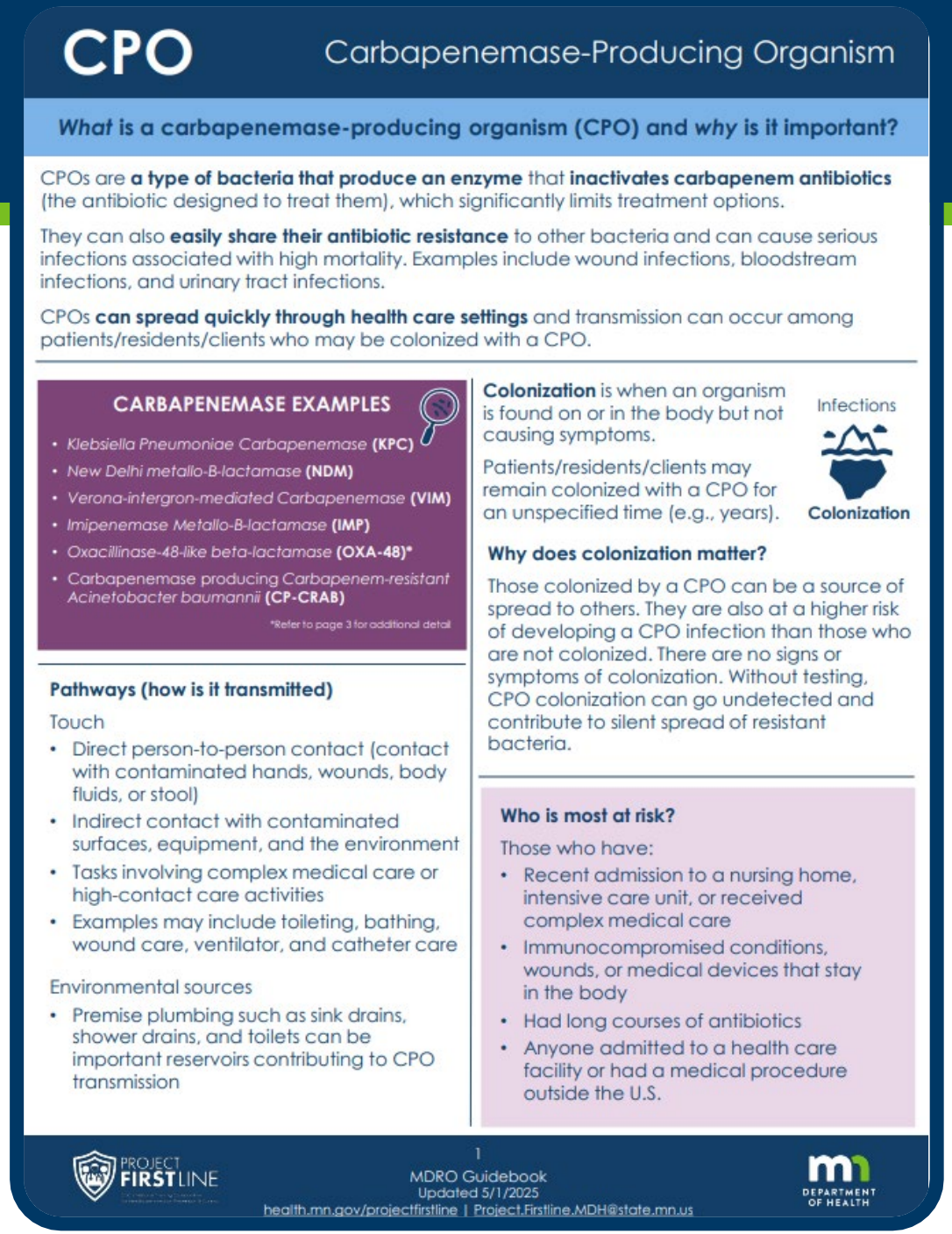
Primary Components Assessed

Basic principles of IPC:

- Hand hygiene
- Precautions: Personal Protective Equipment (PPE) use
  - Contact or Enhanced Barrier
- Cleaning & disinfection
  - Environmental, shared equipment
- Education
  - Staff
  - Residents/Patients/Family
- Risk from water
- Auditing of IPC practices

Call to Action

- Incidence of CPO's will continue to increase in MN and nationally.
- Facilities should anticipate providing care to patients/residents with known or suspected CPOs.
  - MDH hearing of reluctance to accept colonized patients/residents who need care.
  - Care of colonized residents can safely occur with IPC measures.
- How can MN facilities feel confident to provide necessary care to patients/residents?
  - Investment in infection prevention and control program.
  - Preparing ahead of time before you have a case in your facility (e.g., education).



CPO Carbapenemase-Producing Organism

What is a carbapenemase-producing organism (CPO) and why is it important?

CPOs are **a type of bacteria that produce an enzyme** that **inactivates carbapenem antibiotics** (the antibiotic designed to treat them), which significantly limits treatment options.

They can also **easily share their antibiotic resistance** to other bacteria and can cause serious infections associated with high mortality. Examples include wound infections, bloodstream infections, and urinary tract infections.

CPOs **can spread quickly through health care settings** and transmission can occur among patients/residents/clients who may be colonized with a CPO.

CARBAPENEMASE EXAMPLES

- *Klebsiella Pneumoniae Carbapenemase* **(KPC)**
- *New Delhi metallo-B-lactamase* **(NDM)**
- *Verona-intergron-mediated Carbapenemase* **(VIM)**
- *Imipenemase Metallo-B-lactamase* **(IMP)**
- *Oxacillinase-48-like beta-lactamase* **(OXA-48)***
- Carbapenemase producing *Carbapenem-resistant Acinetobacter baumannii* **(CP-CRAB)**

*Refer to page 3 for additional detail

Colonization is when an organism is found on or in the body but not causing symptoms.

Patients/residents/clients may remain colonized with a CPO for an unspecified time (e.g., years).

Infections

Colonization

Why does colonization matter?

Those colonized by a CPO can be a source of spread to others. They are also at a higher risk of developing a CPO infection than those who are not colonized. There are no signs or symptoms of colonization. Without testing, CPO colonization can go undetected and contribute to silent spread of resistant bacteria.

Pathways (how is it transmitted)

Touch

- Direct person-to-person contact (contact with contaminated hands, wounds, body fluids, or stool)
- Indirect contact with contaminated surfaces, equipment, and the environment
- Tasks involving complex medical care or high-contact care activities
- Examples may include toileting, bathing, wound care, ventilator, and catheter care

Environmental sources

- Premise plumbing such as sink drains, shower drains, and toilets can be important reservoirs contributing to CPO transmission

Who is most at risk?

Those who have:

- Recent admission to a nursing home, intensive care unit, or received complex medical care
- Immunocompromised conditions, wounds, or medical devices that stay in the body
- Had long courses of antibiotics
- Anyone admitted to a health care facility or had a medical procedure outside the U.S.

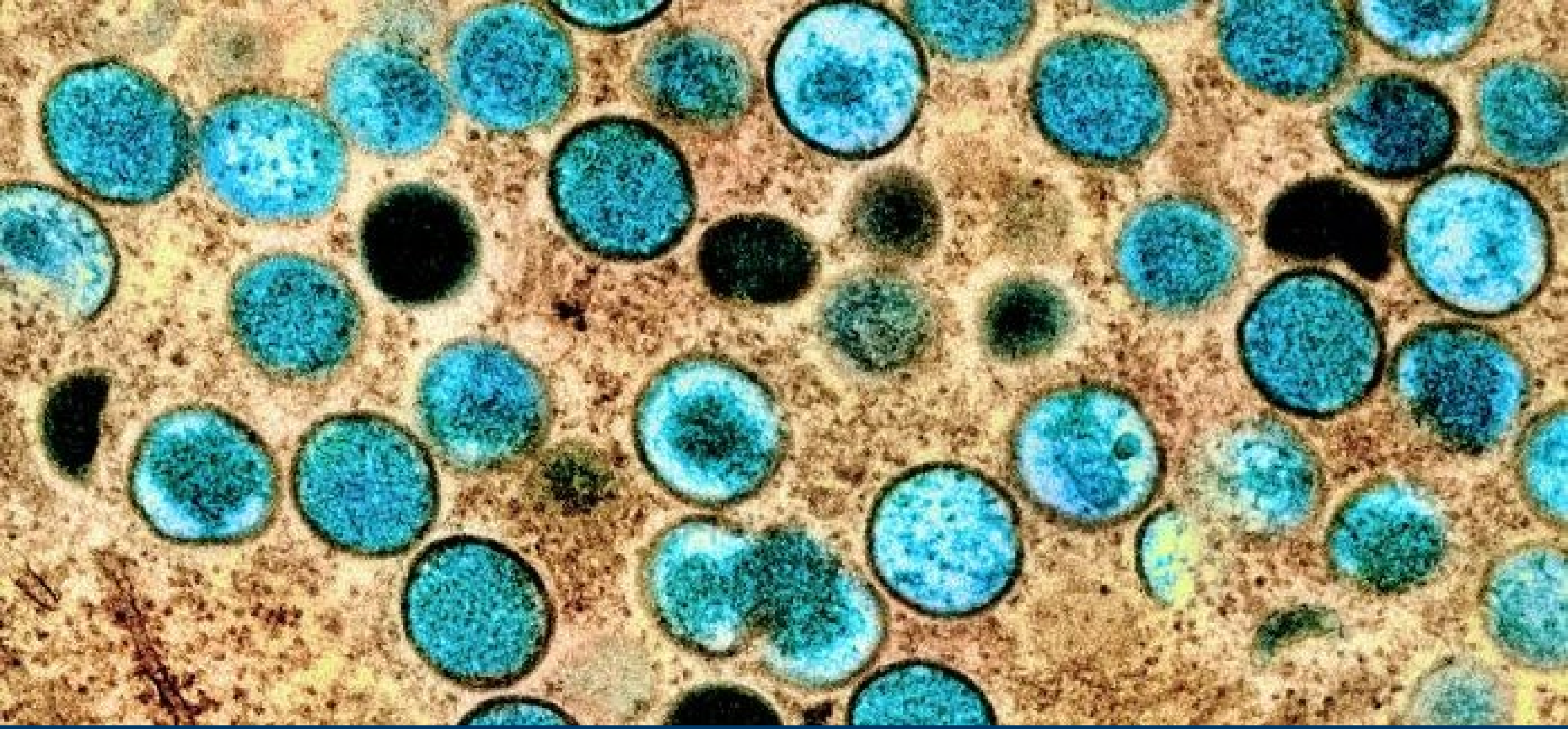
How can MDH help your facility prepare?

Educational Resources

- Project Firstline
- Project Firstline Training and Resources (https://www.health.state.mn.us/facilities/patientsafety/infectioncontrol/pfl/training/index.html)
- Patient/resident handouts

ICAR

- MDRO preventive onsite visits
- Consultative calls
- Answer questions via email
- MDH Infection Control Assessment and Response (ICAR) Program (https://www.health.state.mn.us/facilities/patientsafety/infectioncontrol/icar/index.html)



Example Scenario

Scenario

- Your facility is notified that a resident, Mrs. Thompson, had previously tested positive for New Delhi metallo-beta-lactamase (NDM)-producing carbapenem-resistant Enterobacterales (CRE).
- She was admitted 3 weeks ago; no precautions have been implemented as your facility was unaware of this lab result.
- This is a rare organism in MN. It is reportable and a staff member from MDH called to speak with your Infection Preventionist (IP).
- It is recommended that colonization screening be done on other residents on the same unit.

Scenario cont.

- NDM-producing CRE are:
  - Bacteria that are resistant to many antibiotics.
  - Can cause difficult or impossible to treat infections.
  - Can be spread silently to other residents.
  - Contact Precautions or Enhanced Barrier Precautions necessary to prevent spread.
  - Recommend private room/private bathroom.
- What questions would you have if this occurred in your facility?
  - How would you respond?
  - What are your initial questions?

Containment Response Timeline

Facility notification – 8:30 am

- Facility IP responded promptly to MDH outreach to provide more information as requested. The facility has a policy on CPOs, and the IP will inform leadership of the MDH notification.

Prompt communication – 2:30 meeting with MDH

- Facility leadership organized a multidisciplinary team that has a call with MDH at 2:30 in the afternoon to review next steps and actions to take. The Administrator, Director of Nursing (DON)/Chief Nursing Officer (CNO), IP, Environmental Services (EVS) Supervisor, and Nursing Unit Team Lead are all on the call to hear information and to ask questions. The Medial Director is unable to attend; a summary will be provided by the IP later.

Colonization Screening - 5 days

- Colonization screening is conducted on the affected unit within 5 days of original notification. Prior to the colonization screening, the IP has a meeting to review MDH instructions and to plan for specimen collection. A few questions arose, and the IP clarified instructions with MDH. Education is provided to residents the day prior. Three staff members are designated to assist with specimen collection, labeling, and shipping. The colonization screening goes well.

Containment Response Timeline (2/2)

ICAR onsite assessment – 10 days

- An onsite ICAR visit occurs 10 days from the original notification. The facility reviews the ICAR assessment prior to the onsite visit. A meeting room is reserved and the Administrator, DON/CNO, IP, Educator, EVS Supervisor, and Unit Team Lead all join the meeting for agenda items that apply to their area. The MDH staff provide an overview of the containment organism and conduct the ICAR assessment. Four days later the ICAR Nurse Specialist sends the ICAR Action Plan with recommendations and resources.

Implement recommendations

- The IP coordinates an internal meeting to discuss the action plan recommendations. Various tasks are assigned to multiple staff. A list of follow-up questions were raised from staff (next slide) and will be sent to MDH for further collaboration.

Staff Questions

During a staff education training event. For all staff, the following questions were asked:

- Activity staff ask - Can she still go to bingo on Tuesdays?
  - Does she need to wear gloves when playing bingo?
- Therapy staff ask - Can she ambulate in the hallway?
  - Do staff need to wear PPE in the hall?
- The Unit Nurse asks - What if she tests positive for influenza?
  - Are there any additional precautions that needs to be done?

Inter-facility communication

Mrs. Thompson needs to be transferred for a decline in her medical condition.

Staff communicate information verbally and in writing to:

- ✓ Transport team/EMS
- ✓ The receiving facility
- ✓ Communication is documented
- ✓ While not required, the MDH HAI/AR Epidemiologist is notified of the transfer.

Scenario Summary

The facility in this scenario was well prepared and had a robust response:

- Prompt communication and collaboration (understood the importance of preventing further spread).
- Demonstrated strong leadership support.
- Dedicated multidisciplinary team members.
- Prepared for colonization screening.
- Participated in an onsite ICAR assessment.
- Reviewed and implemented IPC recommendations.
- Clear communication with EMS and receiving facility when transfer was needed.

In Summary

- Containment responses are a high priority at MDH - We are here to help!
- Three main elements factor into a successful response:
    1) Prompt communication
    2) Colonization screening/PPS
    3) ICAR Assessment
- Early identification is important to implement prompt interventions.
- Clear communications between health care facilities is vital.
- ALL FACILITIES: Need to prepare to care for colonized or infected residents with CPOs in our state.

Questions?

Thank You!!!

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