



Policy Recommendations for Infection Control at Long-Term Care Facilities

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In response to the recent outbreaks at long-term care facilities throughout the state, the N.J. Department of Health (“NJDOH”) is issuing policy recommendations for infection control from both infection control and facility survey perspectives to help prevent and control future outbreaks. A separate epidemiologic report will be prepared in accordance with the Department’s Communicable Disease Service (CDS) requirements on outbreaks.

WANAQUE CENTER

The recent adenovirus 7 outbreak at the Wanaque Center for Nursing and Rehabilitation (“Wanaque Center” or “Center”) led to 11 deaths and dozens of cases. On October 9, 2018, the NJDOH Communicable Disease Service’s (CDS) after hours on-call staff received notification from Wanaque Health Department regarding an outbreak of respiratory illness at the Wanaque Center. CDS shared with the facility and local health department the “NJDOH Guidelines for the Control of Respiratory Virus Outbreaks in Long-Term Care and Other Institutional Settings”¹ along with basic infection control recommendations, including cohorting² patients, keeping staff cohorted (i.e., staff works with either well or sick patients), increasing environmental cleaning and handwashing.

DIVISION OF HEALTH FACILITY SURVEY AND FIELD OPERATIONS

Long-term care facilities are subject to an unannounced inspection by the Division of Health Facility Survey and Field Operations (HFS&FO) every 9-15 months. The two most recent inspections prior to the outbreak at the Wanaque Center occurred on May 15, 2017 and August 20, 2018. The inspection, which concluded on May 15, 2017, included participation of Center for Medicare and Medicaid Services (CMS) Federal Surveyors. Each Federal Fiscal Year, CMS surveyors must accompany NJDOH survey teams to evaluate the Department’s work as part of the CMS State Performance Standards. One of the federal CMS surveys for FFY2017 was at the Wanaque Center for Nursing and Rehabilitation.

Both the May 2017 and August 2018 surveys resulted in the issuance of a Level 2 deficiency, which is defined by CMS as “noncompliance that results in no more than minimal physical, mental and/or psychosocial discomfort to the resident and/or has the potential (not yet realized) to compromise the resident’s ability to maintain and/or reach his/her highest practicable physical, mental and/or psychosocial well-being as defined by an accurate and comprehensive resident assessment, plan of care, and provision of services.”³ The Wanaque Center was required to submit a plan of correction for both inspections. With respect to complaints prior to the outbreak, in calendar years 2016-2018, there was only one complaint investigation, which resulted in no deficiencies. It should be noted that when surveyors conduct a complaint investigation, the focus is on the specific areas identified in the complaint; it is not a full survey as described above.

¹ The current guidelines can be found at https://www.nj.gov/health/cd/documents/flu/outbreak_prevention.pdf

² Cohorting is the practice of grouping together patients who are colonized or infected with the same organism to confine their care to one area and prevent contact with other patients. Cohorts are created based on clinical diagnosis, microbiologic confirmation when available, epidemiology, and mode of transmission of the infectious agent. Assigning or cohorting healthcare personnel to care only for patients infected or colonized with a single target pathogen limits further transmission of the target pathogen to uninfected patients.

³ <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R156SOMA.pdf>

HFS&FO SURVEY ACTIVITY DURING THE OUTBREAK

On October 21, 2018, two HFS&FO survey staff were on-site at the Wanaque Center for monitoring of the outbreak situation and cited infection control deficiencies at the facility. Surveyors were also on-site at the Center across five days in a two-week period (October 30, 2018, November 9, 2018, November 11, 2018, November 13, 2018, and November 14, 2018) to investigate complaints and review infection control practices. The investigation resulted in deficiencies including an infection control deficiency cited as an immediate jeopardy. On November 19, 2018, one surveyor was on-site investigating a staffing complaint, with no deficiencies cited. On January 3, 2019, a revisit was conducted for deficiencies found on October 21, 2018 and the multi-day survey which ended on November 14, 2018. All deficiencies were subsequently corrected.

CERTIFICATE OF NEED & LICENSING (CN&L) ENFORCEMENT ACTIVITY

On November 14, 2018, the Office of Program Compliance (OPC) issued a Notice of Curtailment of all admissions and a Directed Plan of Correction (DPOC) based on deficiencies in infection control practices identified by HFS&FO at the Wanaque Center on an October 21, 2018 survey and subsequent surveys conducted on November 9, 2018, November 11, 2018 and November 13, 2018. During these surveys, the surveyors identified deficient practices in infection prevention and control that posed an immediate jeopardy and imminent and serious risk of harm to the residents of the Wanaque Center, which are technical classifications in accordance with CMS guidelines. The November 14, 2018 Notice and DPOC included the following elements:

CURTAILMENT OF ADMISSIONS:

The Curtailment of all admissions to remain in effect until the Center retains the consulting services of an Infection Control Practitioner and a Physician who is Board Certified in Infection Disease, and the Department notifies the facility that it is lifted. The Curtailment of Admissions for the pediatric respiratory unit to remain in effect until the Wanaque Center demonstrates that the facility can fully comply with the directives provided by the CDS on cohorting of residents, including grouping residents by laboratory testing status and symptoms experienced by residents, and the Department notifies the facility that it is lifted. As of this report's release, infection control deficiencies have been corrected, and the curtailment of admissions has been removed.

DIRECTED PLAN OF CORRECTION ORDERED:

Because of the DPOC, the Wanaque Center was required to retain the services of a Certified Infection Control Practitioner (ICP) consultant, upon NJDOH approval, to be on-site for no less than 40 hours per week, with coverage of all shifts and weekends, to begin providing services no later than Monday, November 19, 2018.

The Center was also to employ the consulting services of a Physician who is Board-certified in Infectious Disease (ID), upon NJDOH approval, for no less than 40 hours per week with documented coverage of all shifts and weekends. The ID physician must work with the Center and the ICP to review its infection control and prevention practices and approve all recommendations made by the Wanaque Center and the ICP to address identified deficient practices, and to provide for immediate corrective action that ensures that all applicable infection control regulations and state licensing standards are met, and that resident safety is not

jeopardized. The ID physician will review and approve all recommendations for the Center and the ICP for all infection prevention and control monitoring. The Wanaque Center was also required to send weekly reports to NJDOH signed by the ICP consultant and the physician consultant.

On November 16, 2018, NJDOH approved the Center's November 15, 2018 proposal to engage a physician practice to meet the DPOC requirement for an ID consultant and approved its proposed ICP consultant. The OPC then issued a Revised Notice of Curtailment of all Admissions and a DPOC. The revised DPOC allowed the Wanaque Center to engage a physician or physicians who were board-certified in Infectious Disease and in a physician practice to provide consulting services for no less than 40 hours per week with documented coverage of all shifts and weekends. The revised Curtailment provided that the Center may request Department approval to re-admit a particular former resident of the Center's pediatric respiratory unit to that unit. It also provided that no resident of the pediatric respiratory unit shall be re-admitted to that unit without Department approval.

The OPC issued a notice to the Wanaque Center accepting the proposal to retain the services of four physicians who are Board-Certified in Infectious Diseases and are employed by ID Care to provide full-time, on-site ID consulting services. The notice also accepted the Center's proposal to retain the full-time, on-site consulting services of a Certified Infection Control Practitioner.

On November 19, 2018, the OPC lifted the Curtailment of Admissions for Non-Respiratory unit Pediatric Long-Term Care Beds. This action was taken based on the Center's compliance with the requirements of the DPOC, which was ordered on November 14, 2018 and revised on November 16, 2018. As required by the DPOC, the Wanaque Center retained the full-time consulting services of a Department-approved Certified Infection Control Practitioner and Board-certified Infectious Disease Physicians in a group practice and complied fully with the directives from CDS for cohorting the residents by laboratory testing status and symptoms experienced by the residents. The Department confirmed that the Center implemented CDS's resident cohorting plan and dedicated direct-care staff to each cohort as directed.

On January 8, 2019, OPC issued a Modified Plan of Correction Letter, following discussion with HFS&FO and CDS. The Department required the facility to maintain the ICP and ID consulting services but has reduced the time for each to 20 hours per week. As of this time, all other requirements of the DPOC had remained in effect, including the curtailment of admissions. On the same day, CMS imposed a Civil Money Penalty on the Wanaque Center of \$588,516.

READMISSIONS TO WANAQUE CENTER

From November 19, 2018 to January 9, 2019, NJDOH approved the Wanaque Center's requests to readmit 10 former residents to the Pediatric Respiratory unit. These determinations were based on the Center's confirmation that the resident would be appropriately cohorted with confirmed cases pursuant to CDS' direction, the hospital physician's determination that the resident was ready for discharge, and parental consent.

On October 10, 2018, CDS assembled its internal outbreak response team and contacted the facility to obtain additional information to characterize respiratory virus outbreaks, based on NJDOH guidelines. CDS actively conducted the public health management of this outbreak and worked with the local health department's public health nurse for disease surveillance and response. On October 23, 2018, a team from CDS that included staff members with infection control expertise from the Infection Control Assessment and Response (ICAR) Team, conducted a site visit to review current practices and provide additional infection prevention and control guidance to the facility. As of Tuesday, October 23, 2018, the Department also placed an on-site member of the CDS team to assist with infection control guidelines and tracking of cases. As the outbreak progressed, census decreased, and sufficient space was made available to complete resident and staff cohorting. The Wanaque Center completed resident cohorting on November 17, 2018. CDS has continued to engage the Wanaque Center during the outbreak and in several ongoing activities regarding ongoing collection of information to characterize the outbreak. Regular conference calls with the Centers for Disease Control and Prevention (CDC) for consultation related to specimen testing and infection control questions were also held throughout this outbreak response.

COMMUNICABLE DISEASE SERVICE: POLICY RECOMMENDATIONS

The Department of Health believes that numerous policy and system changes can improve public health stakeholders' ability to assist facilities in managing respiratory outbreaks in long term care facilities, including those that care for ventilated patients. CDS provides guidance and recommendations for the control of communicable disease and outbreaks. Regarding respiratory virus illness outbreaks, this guidance is given both in a written document ("NJDOH Guidelines for the Control of Respiratory Virus Outbreak in Long-Term Care and Other Institutional Settings"), and via ongoing communications with affected facilities. It should be noted that while facilities strive to protect their residents, staff and visitors, infection control is extremely challenging in long-term care settings and other sites of care.

In response to the recent adenovirus outbreaks throughout the state, CDS has identified areas related to respiratory viral diseases surveillance and outbreak response which can be improved. These recommendations include suggestions aimed at NJDOH operations, as well as those that should be undertaken by institutional facilities. They include recommendations that are both easy and inexpensive to accomplish, as well as more comprehensive and costly improvements. Where actions are under the direct span of control of CDS, time frames for action were specified.

BUDGET-NEUTRAL DEPARTMENTAL RECOMMENDATIONS

The following recommendations from the CDS can be implemented by the Department with little to no fiscal impact for the state.

UPDATE DEPARTMENT GUIDANCE ON OUTBREAKS IN LONG-TERM CARE FACILITIES

Since facilities vary in physical plant and other infrastructure, resident population and staffing, there is no "one size fits all" outbreak plan. Facilities must develop processes specific to their own institutions. To aide in their efforts, CDS will incorporate or clarify by September 2019 the

following in our guidance document “NJDOH Guidelines for the Control of Respiratory Virus Outbreak in Long-Term Care and Other Institutional Settings:”⁴

- ✓ The facility should ensure protocols are in place for individual and facility-wide notifications of a reported outbreak.
- ✓ The facility should ensure appropriate laboratory testing is available to verify the diagnosis associated with an outbreak.
- ✓ The facility should have protocols in place to monitor visitors for illness.
- ✓ The facility should have protocols in place to identify and exclude sick staff persons.
- ✓ The facility should have protocols in place for infection control measures that should be undertaken by staff, in accordance with the NJDOH Guidelines for Respiratory Virus Outbreaks, including but not limited to hand-washing policies, ensuring personal protective equipment is available to all staff entering patient rooms, disinfecting/sterilization agents, policies for separating clean and used medical equipment, and other measures that reduce the risk of infection transmission between patients and staff. The facility should have a cohorting plan in place that allows for separation of ill and well patients, dedicating staff to each of these cohorts, and allowing for necessary space to do so at the onset of an outbreak.

CDS reviews and updates this guidance document annually and disseminates it via the New Jersey Local Information Communication Network (LINCS), posts it publicly to the NJDOH website, and presents information from this document frequently during CDS webinars and public presentations for public health and health care partners. CDS will also share this document with NJDOH Divisions of Certificate of Need and Licensing (CN&L) and Health Facility Survey & Field Operations (HFS&FO), which will also annually distribute this document to appropriate stakeholders.

REQUIRE CHECKED ITEMS ABOVE FOR LONG-TERM CARE FACILITIES WITH VENTILATOR BEDS (BOTH PEDIATRIC AND ADULT)

The Department calls for requiring all long-term care facilities with ventilator beds, inclusive of both pediatric and adult beds, to have a plan in place to deal with outbreaks within their facility. An appropriate infection control plan based upon national standards and customized to each individual facility is critical to mitigating the impact of an outbreak. We recommend that a statute be enacted requiring these facilities to have such an outbreak plan. This plan developed by facilities would be required to address, at a minimum, the following: clear policies for patient and staff notification, the availability of laboratory testing, protocols for assessing whether visitors are ill, protocols to require ill staff to stay home, processes for implementing evidence-based infection control measures, and a plan for patient and staff cohorting at the onset of a respiratory virus outbreak, including a plan that provides for space to complete cohorting as quickly as possible after an outbreak is identified.

DEVELOPMENT OF OUTBREAK GUIDANCE CHECKLIST

In addition to offering annual training for local health departments and local term care facilities on outbreak preparedness and response, CDS will develop an outbreak preparedness checklist

⁴ The current guidance can be found on the Department’s website at https://www.nj.gov/health/cd/documents/topics/outbreaks/outbreak_prevention.pdf

by September 2019 to help facilities prepare prior to outbreak occurrences. This checklist will also be incorporated as an appendix to the current guidance document.

DEVELOPMENT AND PROVISION OF OUTBREAK RESPONSE TRAINING

CDS will work with HFS&FO to develop and present materials associated with outbreak response via webinar or in-person trainings, which will be prepared and presented prior to the 2019-2020 respiratory virus season.

RECOMMENDATIONS REQUIRING ADDITIONAL FUNDING

The following recommendations will require additional funding to be implemented by the Department.

SUPPORT A MORE ROBUST LOCAL HEALTH DEPARTMENT INFRASTRUCTURE TO RESPOND TO OUTBREAKS

NJ's public health infrastructure prioritizes the role of local health departments in the assessment and response to facility outbreaks. Where local health departments have a licensed health officer, and appropriate staffing to conduct disease surveillance, issue guidance and directives, and arrive on-site as necessary, these departments serve as the "lead" in the public health management of outbreaks. The state Department of Health serves a supporting role in issuing guidance and directives, use of the state Public Health and Environmental Laboratory (PHEL) for testing where needed, and liaising with the CDC as needed for guidance and more specific laboratory testing. Wanaque needed substantial assistance from the state to conduct public health management of this outbreak, so the state took the primary role. Local assessment and response are better where possible, and when local public health infrastructures have the appropriate staffing and infrastructure, as these health departments are more familiar with facilities in their jurisdictions and are physically closer to sites of care. The Governor's proposed SFY2020 budget offers \$2.5 million in funding to local public health departments, which will be disbursed as part of a competitive grant process, assessing current levels of staffing and infrastructure relative to workload in outbreak response.

CONTINUED FUNDING OF ICAR TEAM

Infection control and prevention strategies are a key means of controlling respiratory virus outbreaks. Over the past several years, NJDOH has utilized federal funds to constitute an infection control assessment and response (ICAR) team which works with facilities to assess infection control and prevention strategies and provides recommendations for improvements. Federal funding for the ICAR team will end as of July 31, 2019. Using state funds to maintain and strengthen this team helps both to prevent outbreaks from occurring in the first place, and should an outbreak occur, ensures that CDS has the staff with expertise in infection control available to assist in outbreak response. Annual funding required for the ICAR Team at current staffing would be approximately \$210,000. The Department believes it can find these funds within the proposed SFY2020 allocation in the Governor's budget. An expanded ICAR team to meet growing needs would be six infectious control specialists and four epidemiologists.⁵

⁵ Funding cost is estimated using ten positions at range 28, step 4.

CONTINUED FUNDING FOR NON-INFLUENZA LABORATORY TESTING

While many facilities have contracts with laboratories for routine testing, these contracts often do not include specialty testing such as non-influenza respiratory virus panels. Having the ability to provide this specialized testing at the State public health laboratory ensures quick access to testing in an outbreak situation. NJDOH has received some federal funding to support such testing in the past; however, the funding has been unstable and often comes with limiting stipulations that do not allow for testing of outbreak specimens. Providing stable funding to support non-influenza laboratory testing capabilities at the State public health laboratory could ensure timely identification of causative agents and improve overall outbreak response. Annual funding required to provide these capabilities at the State public health laboratory would be approximately \$79,000, which would fund the purchase of reagents and testing supplies.

DEDICATED STAFF FOR RESPIRATORY VIRUS SURVEILLANCE

Respiratory viruses include a wide range of viruses from the deadly (Middle East respiratory syndrome-related coronavirus (MERS-CoV)), to the severe (influenza), to the nuisances to most people; however, these “nuisances” can be deadly to special populations (e.g., adenovirus, respiratory syncytial virus (RSV), rhinovirus). Other than influenza, CDS currently receives no funding (federal or state) to conduct any respiratory virus surveillance or other respiratory virus activities. While CDS does receive some funding for influenza surveillance, this support is not enough to provide for surveillance, response, and planning activities related to non-influenza diseases. At this time, any non-influenza respiratory virus surveillance or response is cobbled together from non-dedicated resources that have other primary responsibilities. The addition of dedicated staff with subject matter expertise in non-influenza respiratory virus disease would be extremely useful. In addition to respiratory virus surveillance and outbreak response, the addition of dedicated staff would improve readiness as this staff would also develop and update guidance documents to be used by NJDOH, local health authorities, and facilities. As it is not anticipated that federal funds will be available, funding for this priority would need to be state-based. Annual funding required for the Respiratory Virus Surveillance Team would be \$380,345, which would fund three research scientists and one health data specialist.⁶

HEALTH SYSTEMS BRANCH

The New Jersey Department of Health, Division of Health Facility Survey and Field Operations (HFS&FO) within the Health Systems Branch, promotes quality health service delivery through the enforcement of State licensing regulations and Medicare certification standards. Survey inspections are conducted at nursing homes, assisted living residences, hospitals, ambulatory surgical centers, dialysis centers, home health agencies, and a wide range of other facilities. HFS&FO also investigates and resolves complaints regarding health care facilities.

The Division of Certificate of Need and Licensing (CN&L), also within the Health Systems Branch, protects the health and well-being of consumers, patients, and residents of health care facilities by requiring health care facilities to comply with State standards for licensure. CN&L analyzes and implements various health care facility reform initiatives requiring extensive regulatory development and maintains statewide health care facility licensure. CN&L licenses nursing home

⁶ Funding cost is estimated using Research Scientist 2 position range 28, step 4, and one Health Data Specialist, range 25, step 4.

administrators, certifies assisted living administrators and nurse aides, and enforces penalties against health care facilities that violate license standards.

In response to the recent adenovirus outbreaks throughout the state, HFS&FO and CN&L have identified areas related to outbreak response at long-term care facilities which can be improved. These recommendations largely require a regulatory or statutory change. It should be noted that the State regulations on long-term care facilities expire in 2020 and are currently under extensive revision. The below recommendations are being incorporated into proposed amended regulations.

BUDGET-NEUTRAL DEPARTMENTAL GUIDANCE RECOMMENDATIONS

The following recommendations from the Division of Health Facility Survey and Field Operations can be implemented by the Department with little to no fiscal impact to Department operations. These recommendations can largely be achieved through regulatory change.

PARENT/GUARDIAN NOTIFICATION FOLLOWING SIGNIFICANT EVENT

The Division recommends that facilities develop and implement protocols that ensure notification of parents/guardians of residents immediately following an event of significance, such as an infectious diseases outbreak. This guidance document would be issued prior to rulemaking and would need to follow the Centers for Medicare and Medicaid Services (CMS) standards for notification at 42 CFR 483. This recommendation does not require statutory change.

LTC FACILITY AGREEMENT FOR INFECTIOUS DISEASE SPECIALIST CONSULTATIONS

The Division recommends that long-term care facilities have a written agreement for consultative services from infectious diseases specialists for consultations on infectious diseases cases and antimicrobial stewardship efforts. This will be included in proposed amended regulations. This recommendation does not require statutory change.

FULL-TIME INFECTION CONTROL PROFESSIONAL AT SPECIALIZED LTC FACILITIES

Given the specific needs of the population at specialized long-term care facilities, HFS&FO recommends that these facilities hire a full-time infection control professional in advance of the CMS requirement to designate one or more individuals as the Infection Preventionist who is responsible for assessing, developing, implementing, monitoring, and managing the Infection Prevention and Control Plan. This will be included in proposed, amended state regulations.

OUTBREAK RESPONSE AND INFECTION CONTROL TRAINING

In addition to the outbreak response training noted in the previous section, HFS&FO recommends that long-term care facilities regularly train all staff on facility-specific infection control policies, in keeping with CMS requirements, at a minimum of once every six months. This training will also include policy development and implementation for infection control procedures in the case of employees and visitors who display signs of illness. This will be included in proposed amended regulations. This recommendation does not require statutory change.

CONSIDERATION OF PEDIATRIC CN CALL

CN&L will continue to monitor need and consider another Certificate of Need (CN) Call for pediatric long-term care facility beds, which would allow for cohorting practices, which confines patient care to one area and prevents contact with other patients.