

Long Term Care Capers: Uncovering the Answers



Infection Preventionist Training for Skilled Nursing Facilities
Healthcare-Associated Infections Program
Center for Health Care Quality
California Department of Public Health

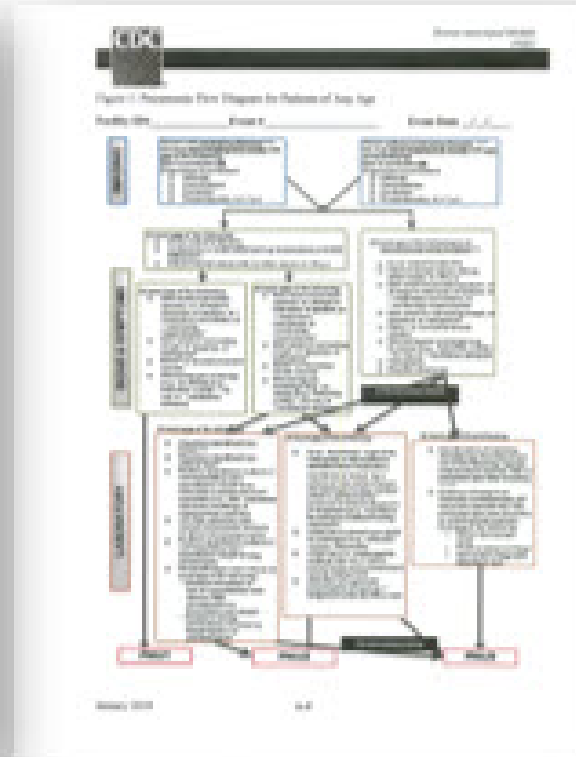
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State of Illinois | Department of Public Health
 Healthcare-Associated Infections Program
 Center for Health Care Quality
 National Association of Public Health

SKILLED NURSING FACILITIES CASE STUDIES MODULE PRACTICE QUIZ

Question	Answer
Question 1	General that apply: 1, 2, 3, 4, 5, 6, 7
Question 2	General that apply: 1, 2, 3, 4, 5, 6, 7, 8
Question 3	General that apply: 4, 5, 6, 7, 8
Question 4	True / False
Question 5	General that apply: 2, 3, 4, 5
Question 6	General that apply: 2, 3, 4, 5, 6, 7
Question 7	General that apply: 4, 5, 6, 7, 8
Question 8	General that apply of that apply: 4, 5, 6, 7, 8
Question 9	General that apply: 4, 5, 6, 7, 8
Question 10	General that apply: 2, 3, 4, 5
Question 11	General that apply: 2, 3, 4, 5, 6
Question 12	General that apply: 2, 3, 4, 5, 6
Question 13	_____ and _____
Question 14	General that apply: 4, 5, 6, 7, 8
Question 15	General that apply: 2, 3, 4, 5
Question 16	General that apply: 4, 5, 6, 7, 8
Question 17	True / False

Score: _____



Detailed Case Study Data

- One of your residents is a 78-year-old male with moderate dementia and chronic COPD who is wheelchair-bound and oxygen-dependent.
- The wife reports that "Carmel" used to coughing up some yellow/white sputum. He reports no trouble breathing or taking a deep breath. He is on 2L of oxygen by nasal cannula. (Respiratory pulse oximetry is 92% on 2L.)
- VS: T 37.8, HR 75, BP 140/90, RR 20
- On examination he sounds congested with a red nose and some redness around his eyes. His sputum appears wet with fungus that are clear to visualization and no leg swelling.

Objectives

- Identify infection prevention and control (IP &C) issues in each case study
- Use IP &C principles to answer scenario questions
- Discuss rationale for IP&C choices in each scenario

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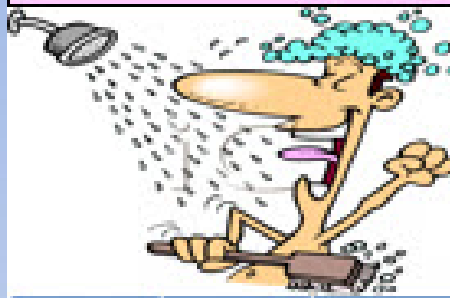


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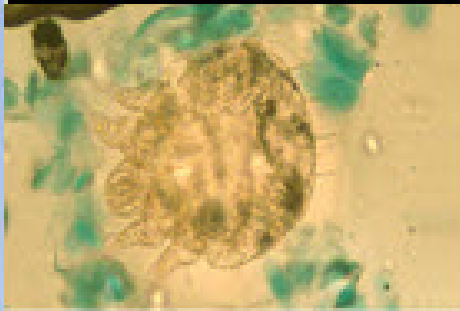


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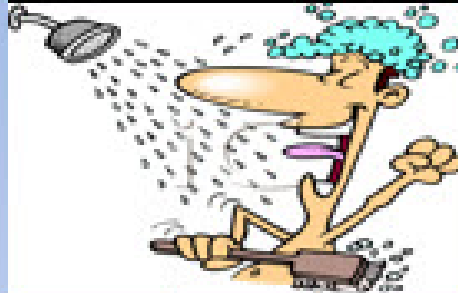


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Your SNF has not had transmission of any MDRO. Which residents should be placed on Enhanced Standard Precautions?

1. Residents on a ventilator
2. Residents requiring complete assistance with ADLs
3. Residents with an open unhealed wound
4. Incontinent residents
5. Residents with indwelling devices such as a central venous catheter, urinary catheter, or feeding tube
6. Residents in the facility for less than 48 hours
7. All of the above



Your SNF has not had transmission of any MDRO. Which residents should be placed on Enhanced Standard Precautions, cont'd

1. Residents on a ventilator
2. Residents requiring complete assistance with ADLs
3. Residents with an open unhealed wound
4. Incontinent residents
5. Residents with indwelling devices such as a central venous catheter, urinary catheter, or feeding tube

Follow-up BONUS question



What are the 6 movements of Enhanced Standard precautions?

1. Morning and evening care
2. Passing meal tray
3. Assisting with toileting or incontinence
4. Caring for indwelling devices
5. Passing medications
6. Performing wound care
7. Preparing resident to go the dining room
8. Cleaning the patient environment

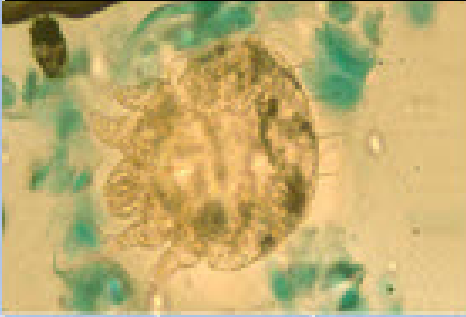


What are the 6 movements of Enhanced Standard precautions, cont'd

1. Morning and evening care
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4. Caring for indwelling devices
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You have a confirmed case of Legionella pneumonia in your SNF.

Where in your facility would you start your investigation?

- A. In the laundry room
- B. The shower room – in the shower heads
- C. In the dietary department
- D. In the recreation room where many residents gather for activities



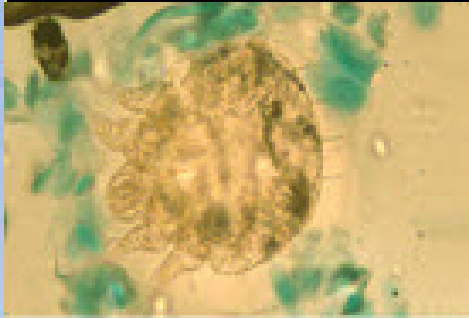
You have a confirmed case of Legionella pneumonia in your SNF.

Where in your facility would you start your investigation, cont'd?

A. The shower room – in the shower heads



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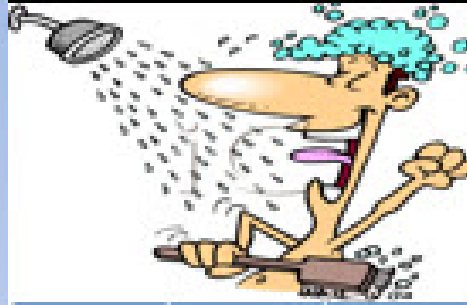


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Skilled Nursing Facilities are not required by CMS to have a water management plan if they have never had a Legionella case in their facilities.

- A. True
- B. False



Skilled Nursing Facilities are not required by CMS to have a water management plan if they have never had a Legionella case in their facilities, cont'd

B. False

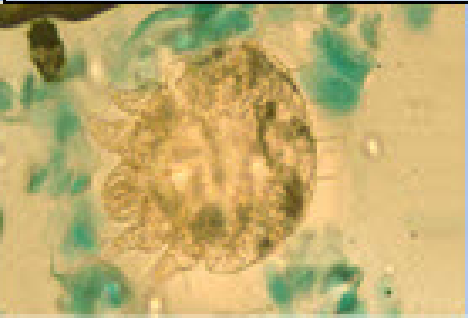
All health care facilities are required by CMS to have a water management plan

[CMS Memo Legionella Risks in Healthcare June 02, 2017 \(PDF\)](#)

([www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-30.pdf)

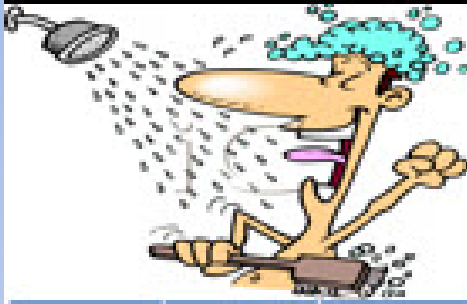
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The hospital is calling to transfer Mr. Snowy back to your SNF after a 5 day stay for influenza. He is clinically stable and will require 2-3 more days of droplet precautions.

Which is correct?

- A. He may not return until droplet precautions are discontinued
- B. He may not return because he is still taking medication for Influenza
- C. He may not return because we do not take residents on droplet precaution
- D. He should be discharged back to the SNF as he is clinically stable



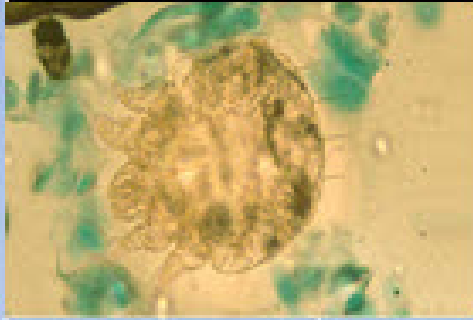
The hospital is calling to transfer Mr. Snowy back to your SNF after a 5 day stay for influenza. He is clinically stable and will require 2-3 more days of droplet precautions, cont'd

- D. He should be discharged back to the SNF as he is clinically stable**

[CDPH HAI Program Preventing HAI in California SNFs webpage](http://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/PreventingHAI_in_LTC_Facilities.aspx)
(www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/PreventingHAI_in_LTC_Facilities.aspx)



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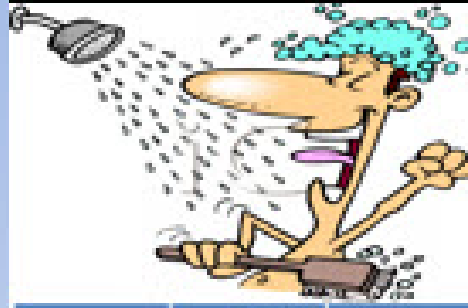


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A resident is on Contact Precautions for MRSA in a wound.

When can you enter the room without observing isolation precautions?

- A. To change her dressing
- B. To take vital signs
- C. To passing medications
- D. To adjusting the bed
- E. Never



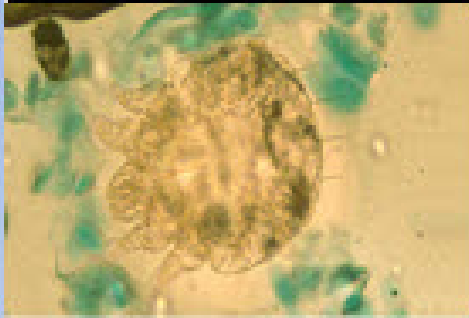
A resident is on Contact Precautions for MRSA in a wound.

When can you enter the room without observing isolation precautions, cont'd

E. Never



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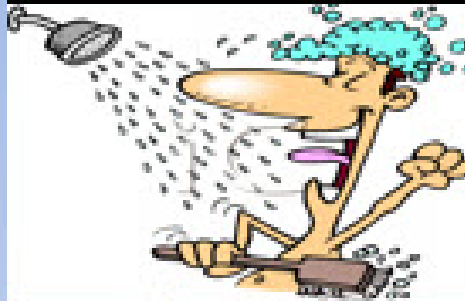


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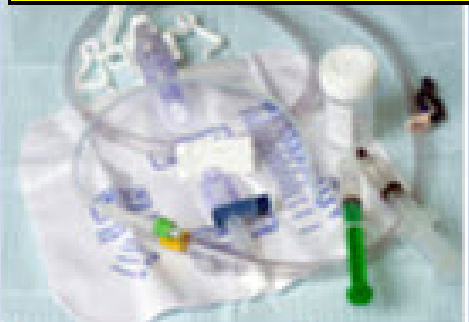


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What is the single most important practice in infection prevention?

- A. Use appropriate PPE
- B. Cover your cough
- C. Perform proper hand hygiene
- D. Get an annual flu shot

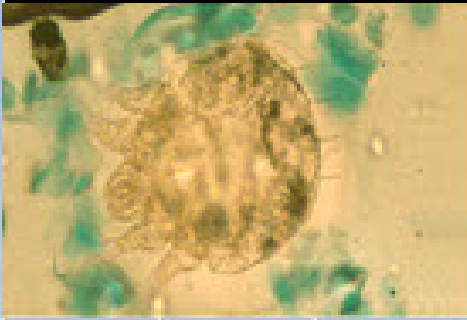


What is the single most important practice in infection prevention, cont'd

C. Perform proper hand hygiene



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Mrs. Abernathy, a 68 year old SNF resident, started with fatigue and “just not feeling well”. Her lab work came back today with Blood work normal, but the urinalysis from a voided specimen has E. coli 10^3 cfu/ml.

There is no blood in the urine, no pain, frequency, or burning with urination.

What should happen next:

- A. Start antibiotics because the flu is going around and you want to prevent it
- B. Start antibiotics because she has a pathogen in her urine
- C. Encourage fluids to keep hydrated and good urine flow
- D. Antibiotics are not recommended at this time



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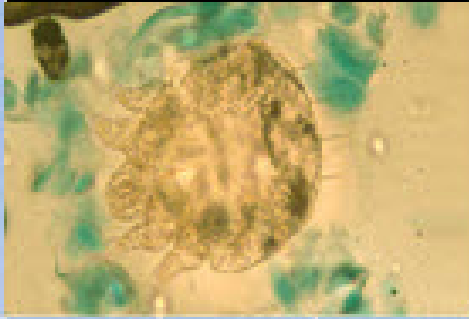
There is no blood in the urine, no pain, frequency, or burning with urination, cont’d

- C. Encourage fluids to keep hydrated and good urine flow
- D. Antibiotics are not recommended at this time

Answer C & D: Bacteriuria by itself, is not associated with adverse outcomes and does not affect survival – does not require antibiotics



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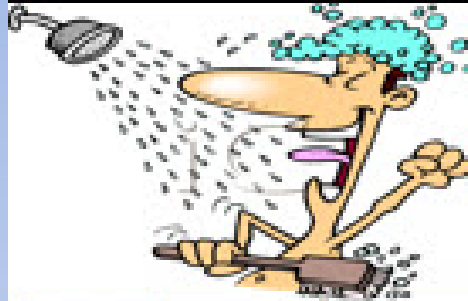


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Which of the following are appropriate situations for indwelling catheter use?

- A. Acute urinary retention or obstruction
- B. Prolonged immobilization due to unstable spine or pelvic fracture
- C. Assist healing of perineal and sacral wounds in incontinent patients
- D. Urinary incontinence
- E. Hospice (end of life), comfort care, palliative care



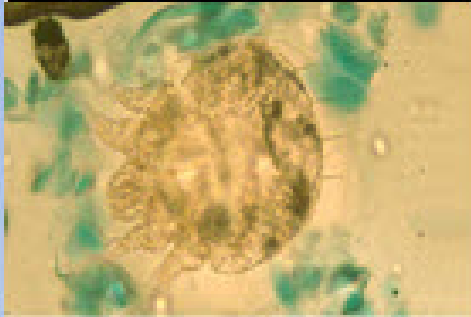
Which of the following are appropriate situations for indwelling catheter use, cont'd

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- D. Urinary incontinence
- E. Hospice (end of life), comfort care, palliative care

Answer: A,B,C,E

- Urinary incontinence alone is not an appropriate reason to use an indwelling catheter.
- Consider an external catheter or intermittent catheterization

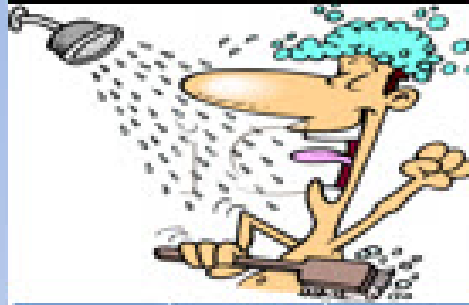


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A resident's son is visiting him in the long-term care facility. The resident has a chronic, indwelling urinary catheter. His son tells you the resident's urine is cloudy and smells bad. He asks you to tell the doctor to check his father's urine for an infection.

The resident is unable to comment because right after finishing his breakfast in the dining hall he stayed to enjoy some karaoke. He is singing an enthusiastic rendition of "Yellow Submarine." The urine in his drainage bag is indeed cloudy.

What do you tell his son?

- A. He probably has a UTI because the urine is cloudy.
- B. He probably has a UTI because his urine smells bad.
- C. He seems to be feeling well. Let's ask him about symptoms when he's done singing.



A resident's son is visiting him in the long-term care facility. The resident has a chronic, indwelling urinary catheter. His son tells you the resident's urine is cloudy and smells bad. He asks you to tell the doctor to check his father's urine for an infection.

The resident is unable to comment because right after finishing his breakfast in the dining hall he stayed to enjoy some karaoke. He is singing an enthusiastic rendition of "Yellow Submarine." The urine in his drainage bag is indeed cloudy, cont'd

C. He seems to be feeling well. Let's ask him about symptoms when he's done singing.

Answer: C

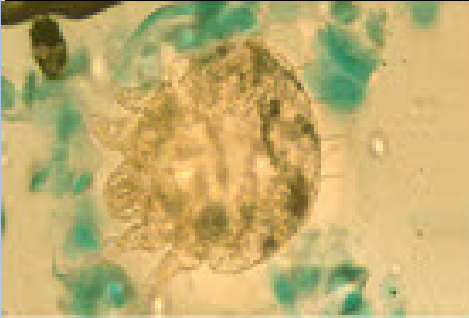
The urine may be cloudy due to colonization of bacteria

Bacteriuria is very common in the elderly.

Assess for symptoms of infection such as fever, pain, hypotension, change in mental status, purulent discharge around the catheter site



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One of your residents is a 78 year old, male with moderate dementia and severe CHF, who is wheel-chair bound and oxygen dependent.

He tells you he feels “worn-out”, and is coughing up some yellow/white phlegm. He reports no trouble breathing or taking a deep breath. He is on 2L of oxygen by nasal cannula. (Baseline pulse oximetry is 93% on 2L.)

VS--T=97.3, HR= 76, BP= 136/86, RR= 16

On examination he sounds congested with a red nose and some redness around his eyes. He otherwise appears well with lungs that are clear to auscultation and no leg swelling.

What do you think is going on?

- A. He has a viral upper respiratory infection (aka-the common cold)
- B. He is having seasonal allergies
- C. He has influenza
- D. He has pneumonia
- E. He is having a heart failure exacerbation



LTC Constitutional Criteria Used in Definitions

Constitutional findings used as part of infection surveillance definitions

- Fever
- Leukocytosis
- Acute change in mental status from baseline
- Acute functional decline



Common Cold or Pharyngitis Surveillance

Definition

At least 2 criteria must be present

- Runny nose or sneezing
- Stuffy nose
- Sore throat, hoarseness, or difficulty swallowing
- Dry cough
- Swollen or tender glands in the neck



Influenza-like Illness Surveillance Definition

Both Criteria 1 and 2 must be present

- Fever (refer to constitutional criteria)
- At least 3** of the following influenza-like illness sub-criteria
 - Chills
 - New headache or eye pain
 - Myalgias or body aches
 - Malaise or loss of appetite
 - Sore throat
 - New or increased dry cough



Pneumonia Surveillance Definition

All 3 criteria must be present

- Interpretation of a chest radiograph as demonstrating **pneumonia** or the presence of a **new infiltrate**
- At least 1** of the following respiratory subcriteria
 - New or increased cough
 - New or increased sputum production
 - O₂ saturation <94% on room air or a reduction in O₂ saturation of >3% from baseline
 - New or changed lung examination abnormalities
 - Pleuritic chest pain
 - Respiratory rate of >25 breaths/minute
- At least 1** of the constitutional criteria



Best Answer

A. He has a viral upper respiratory infection (aka-the common cold). Good job!

This is the most likely cause of his symptoms and explains the nasal congestion (sinusitis), irritated eyes and fatigue. The productive cough could be due to drainage from his sinuses. He could have picked up a cold virus from staff or visitors. The congestion is sufficient to reduce his pulse oximetry given he receives oxygen by nasal cannula.



A Possibility

B. He is having seasonal allergies

This is a reasonable possibility. Nasal congestion and redness around the eyes are suggestive of allergies. The fatigue and white/yellow sputum are less consistent with allergies.



Wrong Answer

C. He has influenza

This is a reasonable possibility. Influenza does not usually present with congestion or redness around the eyes. It usually presents with fever, headache, fatigue, cough, sore throat and body or muscle aches. Not everyone will have all of these symptoms



Wrong Answer

D. He has pneumonia

Pneumonia, which is a lung infection, usually presents with a cough, fever, and crackles or rales on lung exam. The sinus congestion and redness around the eyes are inconsistent with bacterial pneumonia.



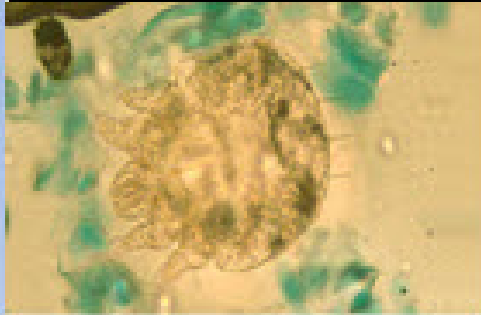
Wrong Answer

E. He is having a heart failure exacerbation

Other than the decreased pulse oximetry, there is really nothing to suggest a heart failure exacerbation, but this is a good possibility to consider. His lungs are clear. His legs are not swollen. The other symptoms point towards a cold due to a virus.



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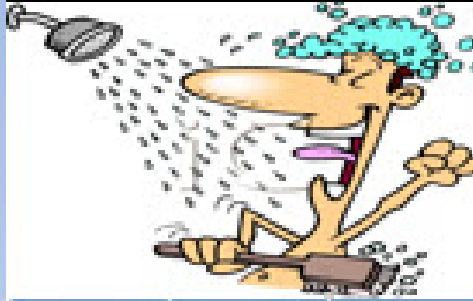


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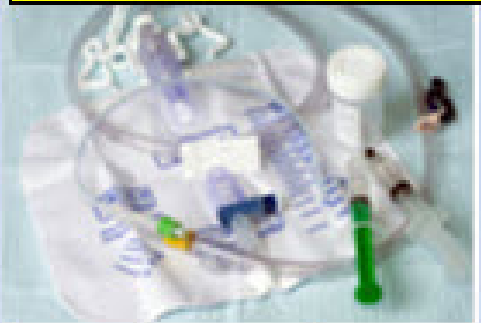


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Your SNF has had 2 confirmed cases of influenza on the same unit in the past week. Mr. Enza a 78-year-old male, now has a fever and cough on the same unit. You are awaiting the laboratory confirmation.

You have notified your DON of these cases.

Who else needs to be notified?



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You have notified your DON of these cases, cont'd

Who else needs to be notified?

Local public health

CDPH L & C



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Alcohol base hand rub can be used for every case to sanitize your hands EXCEPT

- A. Prior to accessing a central line
- B. After walking a resident to the restroom
- C. When hands are visibly soiled
- D. Before passing medications

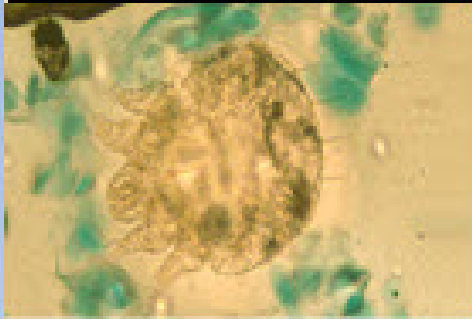


Alcohol base hand rub can be used for every case to sanitize your hands EXCEPT, cont'd

C. When hands are visibly soiled



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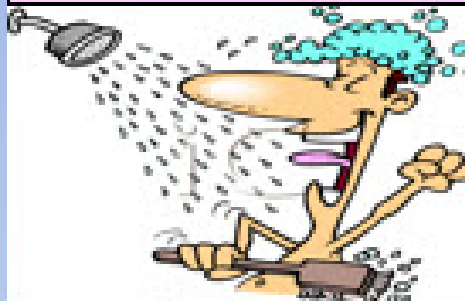


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Mrs. Orange was admitted to your SNF yesterday morning and is complaining of itchy hands. Jon, RN assessed her hands and notes she has a rash on the webbed part of her fingers and over her elbows; he thinks this is scabies.

What should you tell Jon to do first?

- A. Tell Jon to report the rash to his unit manager.
- B. Ask Jon to apply lotion to her hands.
- C. Tell Jon to place Mrs. Orange in presumptive Contact Precautions; you will be by soon to assess Mrs. Orange's hands.
- D. Close Lower West Unit to all admissions due to scabies outbreak.



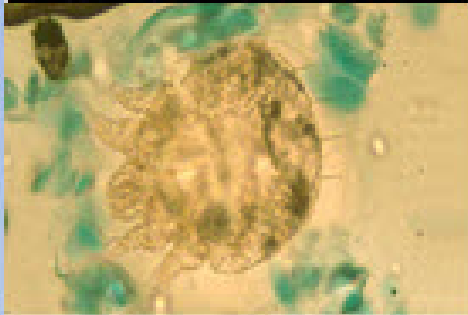
Mrs. Orange was admitted to your SNF yesterday morning and is complaining of itchy hands. Jon, RN assessed her hands and notes she has a rash on the webbed part of her fingers and over her elbows; he thinks this is scabies, cont'd

- C. Tell Jon to place Mrs. Orange in presumptive Contact Precautions; you will be by soon to assess Mrs. Orange's hands.**

Answer C. Presumptively isolate Mrs. Orange; place her in contact precaution until you can verify she has scabies. Prior to assessing her hands, review information about scabies and your facility policy and procedure.



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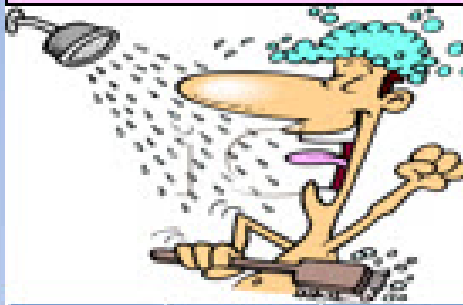


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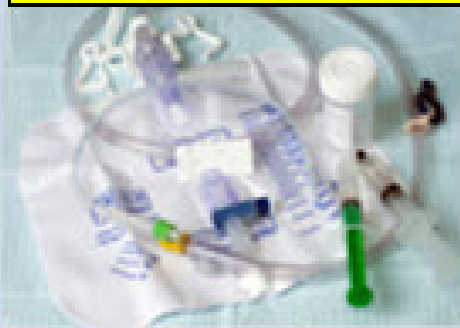


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Mr. Jones is now off of contact precautions after treatment for scabies. His personal belongs were placed in the closet while he was in isolation.

Which statements are true?

- A. His belongings were in the closet away from him, so they may be returned to him
- B. Return his belongs because scabies cannot live in clothing
- C. Ensure his clothing was washed in hot water/hot dryer or dry cleaned before returning to him
- D. Place his stuffed animals that couldn't be washed in a plastic bag for 1 week, then return to him



Mr. Jones is now off of contact precautions after treatment for scabies. His personal belongs were placed in the closet while he was in isolation, cont'd

- C. Ensure his clothing was washed in hot water and hot dryer or dry cleaned before returning to him**
- D. Place his stuffed animals that couldn't be washed in a plastic bag for 1 week, then return to him**

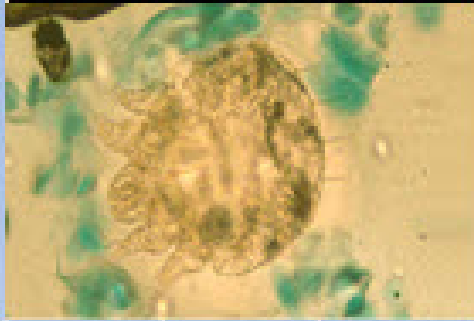
Answer: C & D - Scabies need humans to live. Placing belongings in a plastic bag for 1 week will kill scabies and any eggs



[CDC Scabies Webpage](https://www.cdc.gov/parasites/scabies/prevent.html)

[cdc.gov/parasites/scabies/prevent.html](https://www.cdc.gov/parasites/scabies/prevent.html)

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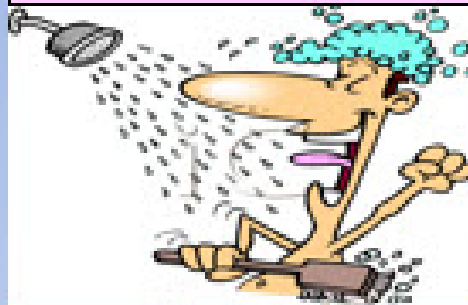


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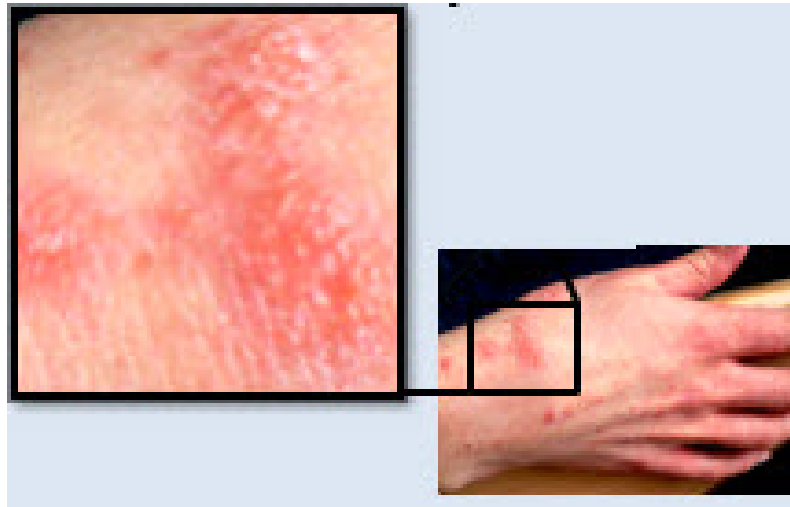
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You visit Mrs. Orange. Her elbows and hands have red raised areas. The patient's physician is visiting and agrees to collect a skin scraping sample to test for scabies.

Once the sample is collected, you should immediately discontinue the Contact Precautions.

- A. True
- B. False



You visit Mrs. Orange. Her elbows and hands have red raised areas. The patient's physician is visiting and agrees to collect a skin scraping sample to test for scabies.

Once the sample is collected, you should immediately discontinue the Contact Precautions, cont'd

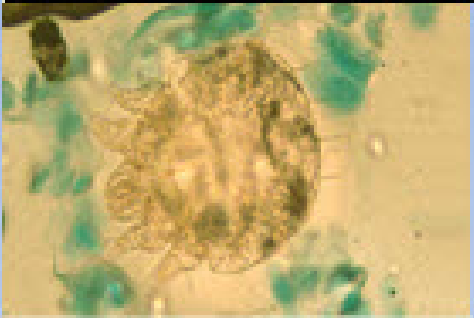
B. False

Contact Precautions should remain in place until after

- scabies infestation is ruled out
- or
- positive scabies is successfully treated

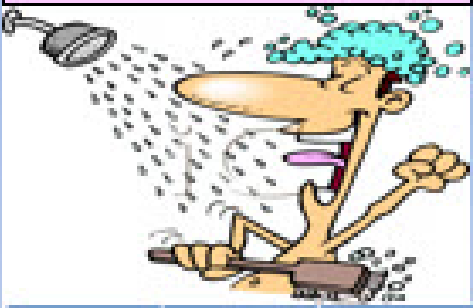


Blue



1 2 3

Pink



1 2 3

Green



1 2 3

Yellow



1 2 3



Orange



1 2 3

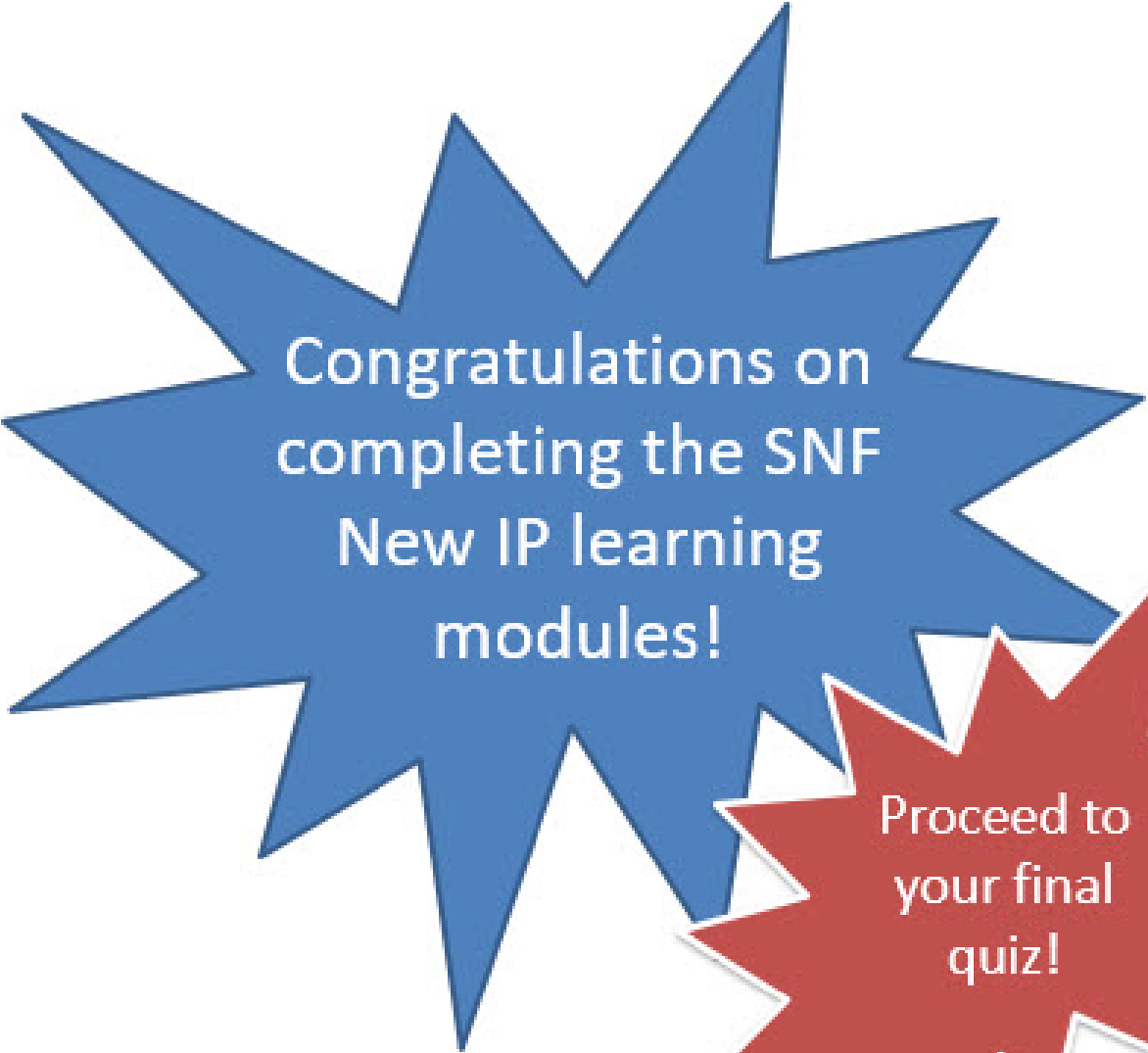
What type of precautions must be used with EVERY resident all the time?



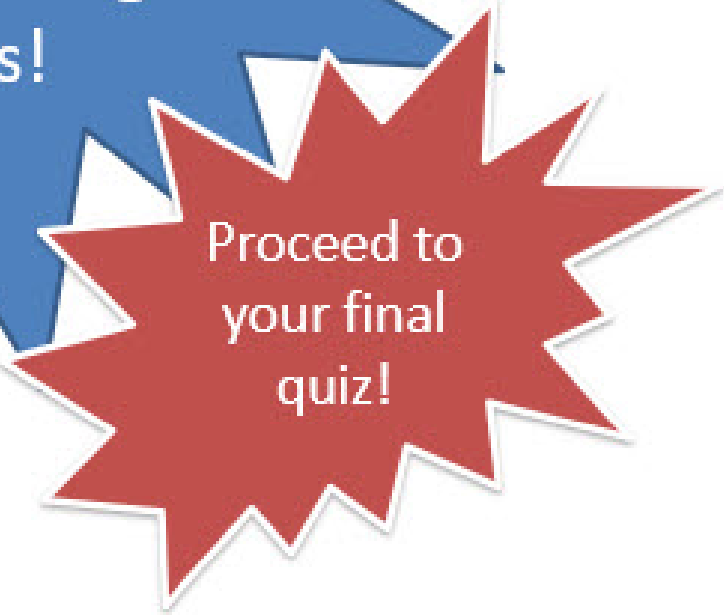
Standard Precautions!!!

Treat all body fluids as if infected by performing appropriate hand hygiene and using appropriate PPE





Congratulations on
completing the SNF
New IP learning
modules!



Proceed to
your final
quiz!

Questions?

For more information,
please contact

HAIProgram@cdph.ca.gov

Include “SNF IP Basics
Class” in the subject
line

Post Test

Now that you have
completed this module,
Click on the “Post Test”
link when it pops up

To Return to
Learning Stream
and take the post test

*If the Post Test link does not pop up, you
will be sent a link via e-mail*