

1-6-11 – Long Term Care Meeting Minutes:

- Committees – Debbie Briggs passed around a committee list for all of us to please consider joining.
- Decorative Water Walls – Tricia Tull was looking for the most current guidelines as the he most recent literature she found was 2005. There was some discussion that some health care facilities have turned off their decorative water systems.
- Terminal Room Cleaning – some facilities complete on a weekly basis via the bath/shower schedule with the majority of facilities doing this on the Day Shift by the Housekeeping Department.
- Odor Control – some facilities use room deodorizers and aroma therapy for odors. It was suggested to investigate if the source to odors could be grout around tile, floor tiles and mattresses (especially urine odors) which may warrant total replacement of tiles.
- Gastroenteritis – quite a few members have been experiencing outbreaks with GI illness and confirmed Norovirus.
 - Outbreaks – 7 LTC facilities have had recent Norovirus Outbreaks with signs and symptoms including fever, chills and diarrhea.
 - Guidelines for Norovirus – refer to the Wisconsin Division of Health guidelines.
 - Fecal to Oral Route – as ICP teachers mentioning to everyone that the route of infection for Norovirus is the fecal to oral route provides the opportunity to stress the importance of standard precautions and hand hygiene.
 - Staff Illness – quite a few facilities have seen more illness with staff vs. residents.
 - Symptoms of Diarrhea:
 - Be on high alert . . . investigate if the cause could be diagnosis, diet, laxatives and/or stool softeners before initiating isolation.
 - Can be attributed to the diagnosis of Diverticulitis, when further research proved that the cause was C-Diff.
 - Antibiotics – look for C-Diff even 30 days after antibiotics.
 - The topic of heavy use of GERD medicines has shown to lead to C-diff in certain cases, therefore, many factors must be considered when reviewing signs and symptoms.
 - Contact Precautions – it was suggested to audit staff technique as one facility found therapists to be non-compliant which led to reeducation.
 - Light Duty – it was suggested to consider assigning light duty employees the job of wiping down all surfaces throughout the facility.
- iPod – today’s educational presentation will show an interesting tool for teaching and quality assurance.
- Glucometers – bleach wipes can be very wet so nurses must be careful when using them.
- MDS 3.0 – members requested Vicki Griffin to get a clarification on how to properly answer the section on the MDS regarding isolation. It is confusing as the MDS 3.0 only indicates isolation for Influenza, Monkey Pox and Tuberculosis.

- State Surveys – the following was shared as focus during recent surveys:
 - Infection Control
 - Restraints – a ‘binder’ was used around a residents abdomen to prevent from pulling suprapubic catheter out which resulted in a cite as a restraint because the resident could not get to his skin. There was a comment about an article that utilized a ‘fake’ catheter so the resident could ‘play’ with it and therefore leaving the real catheter alone.
 - Investigations – statements must be done at the time of the incident by each staff on duty when the incident occurs.
 - Infection Control Teaching – one idea was to use the MAR for staff to initial that infection teaching was done.

Respectfully submitted,

Cheryl Solocheck, RN

Seven Oaks