

# State Licensing Consultative Section (SLCS)

Formerly known as the State Licensing Infection Control Section  
(SLICS)



# Section Timeline

- 2020 – SLICS created by legislation to help nursing homes with infection control and prevention during the pandemic.
- 2021 – Non-punitive infection control surveys and consultations performed by SLICS.
- 2022 – Continued infection control surveys and consultations, including follow-up visits.
- 2023 – Introduced new consultative programs, and performed non-punitive surveys and consultations for wound care and falls programs. Infection control consultation still available upon request.
- 2024+ – Continue to grow with the needs of nursing homes and collaborate on future topics. Suggestions are welcomed and encouraged!

# Meet the Team



Andrea Moore  
Team Manager



Rebekah Paterick, RD  
Team Lead-South



Jacklyn Hutchinson, RN,  
BSN, Team Lead-North



Jessie Pegouskie, RN



Judy Kalbfleisch, RN



Jennifer Heim  
RN, BSN



DeAnne Butler,  
RN, BSN



Shelly Temple-  
Sadilek, RN



Erika Humm, RN



Kiersten Duncanson,  
RN

# Regulatory Authority

Onsite visits are completed under the authority granted by:

## **Public Health Code, Act 368 of 1978**

Notably, Parts 201 and 217

## **Licensing Health Facilities and Agencies Administrative Rules (R 325.45101 – 325.45385)**

Notably, Part 3 – Administration, Subpart C: Infection Prevention and Control, Subpart F: Quality Assessment and Performance Program; Part 5 – Patient and Administrative Records; and Part 6 – Ancillary Care Services

# Initiation of Consultation

All 439 Long Term Care Homes will have at least one non-punitive consultation each year.

Initial communication starts with the Administrator and/or Director of Nursing and includes a questionnaire along with a list of requested policies and procedures.

# Infection Control Consultation

- Initial email requesting policies, procedures, and questionnaire
- Assigned Consultant reviews data prior to arrival
- Onsite program evaluation
  - Direct observation
  - Discussion of findings and plan of improvement
- Consultant emails recommendation and provides an opportunity to discuss plan of improvement
- Checklist and report completed and submitted to Nursing Home Administrator
- Consultation Time: approximately 4 hours



# Wound Care Consultation

- Initial email requesting policies, procedures, and questionnaire
- Assigned Consultant reviews data prior to arrival
- Onsite program evaluation
  - Resident chart reviews
  - Direct observation
  - Discussion of findings and plan of improvement
- Consultant emails recommendation and provides an opportunity to discuss plan of improvement
- Checklist and report completed and submitted to Nursing Home Administrator
- Consultation Time: approximately 2.5 hours

# Fall Consultation

- Initial email requesting policies, procedures, and questionnaire
- Assigned Consultant reviews data prior to arrival
- Onsite program evaluation
  - Resident chart reviews
  - Direct observation
  - Discussion of findings and plan of improvement
- Consultant emails recommendation and provides an opportunity to discuss plan of improvement
- Checklist and report completed and submitted to Nursing Home Administrator
- Consultation Time: approximately 2.5 hours



# Collaborative Efforts

The SLCS Consultant and the home will discuss areas of potential concern and the home will develop a plan of improvement.

Resources will be provided to the home to improve practice and maintain quality of care.

Each home can request additional consultative surveys at any time.

# Survey Conclusion

Following the onsite consultation, each home will receive an email with the findings and will be given an opportunity to elaborate on their plan of improvement.

Survey checklist will be provided to Nursing Home Administrator.

Consultation report will be provided to the Nursing Home Administrator.

# Resources

## **Public Health Code, Act 368 of 1978**

Notably, Parts 201 and 217

## **Licensing Health Facilities and Agencies Administrative Rules (R 325.45101 – 325.45385)**

Notably, Part 3 – Administration, Subpart C: Infection Prevention and Control, Subpart F: Quality Assessment and Performance Program; Part 5 – Patient and Administrative Records; and Part 6 – Ancillary Care Services



# Thank You!

[LARA-BCHS-SLICS@michigan.gov](mailto:LARA-BCHS-SLICS@michigan.gov)

# **Infection Prevention Resource and Assessment Team (IPRAT)**



**IPRAT**

Infection Prevention Resource and Assessment Team

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

# What We Do



Non-regulatory



Consultative



Free



On-Site or Remote Assistance



Experts in the field of IP



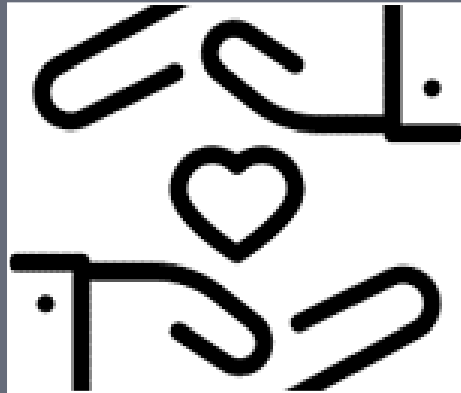
Educational Resource



# Our Goals



Prevent



Contain



Educate

**WHERE  
WE FIT**

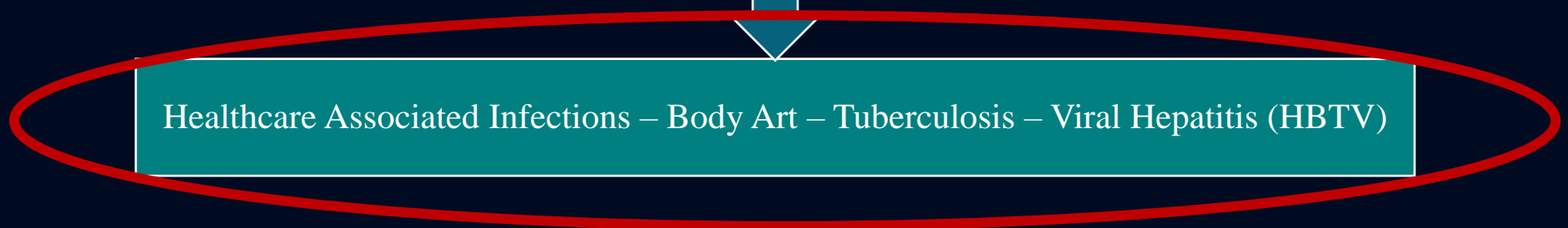
Michigan Department of Health and Human Services (MDHHS)

Public Health Administration

Bureau of Infectious Disease Prevention

Communicable Disease (CD) Division

Healthcare Associated Infections – Body Art – Tuberculosis – Viral Hepatitis (HBTV)



# Who is IPRAT?

Denise IPRAT Manager  
Elyse Administrative Assistant

## Team Leads

- Chelsea
- Muriel

## Infection Preventionists

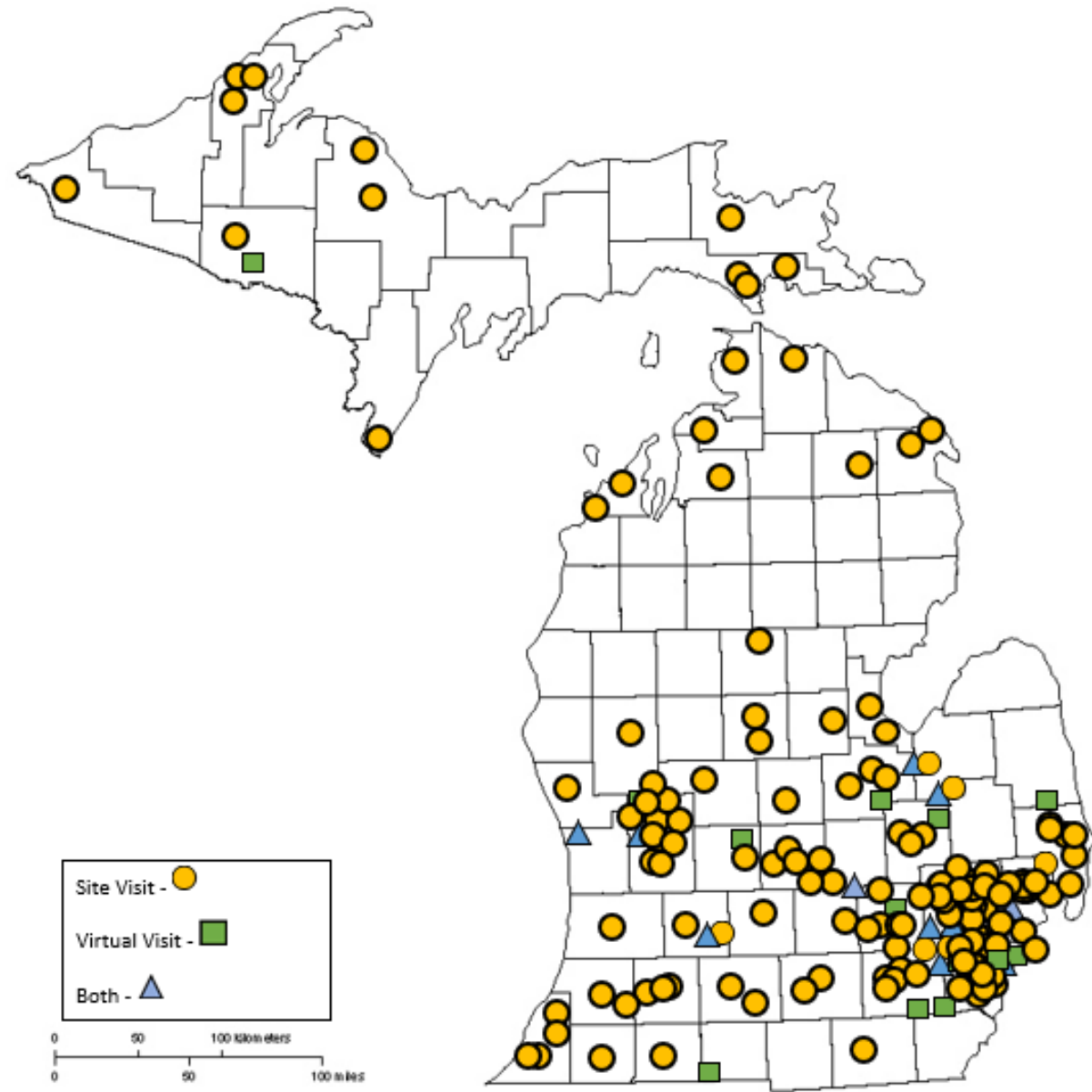
- Christine
- Michelle
- Asmah
- Renee
- Alex

## Nurse Consultants

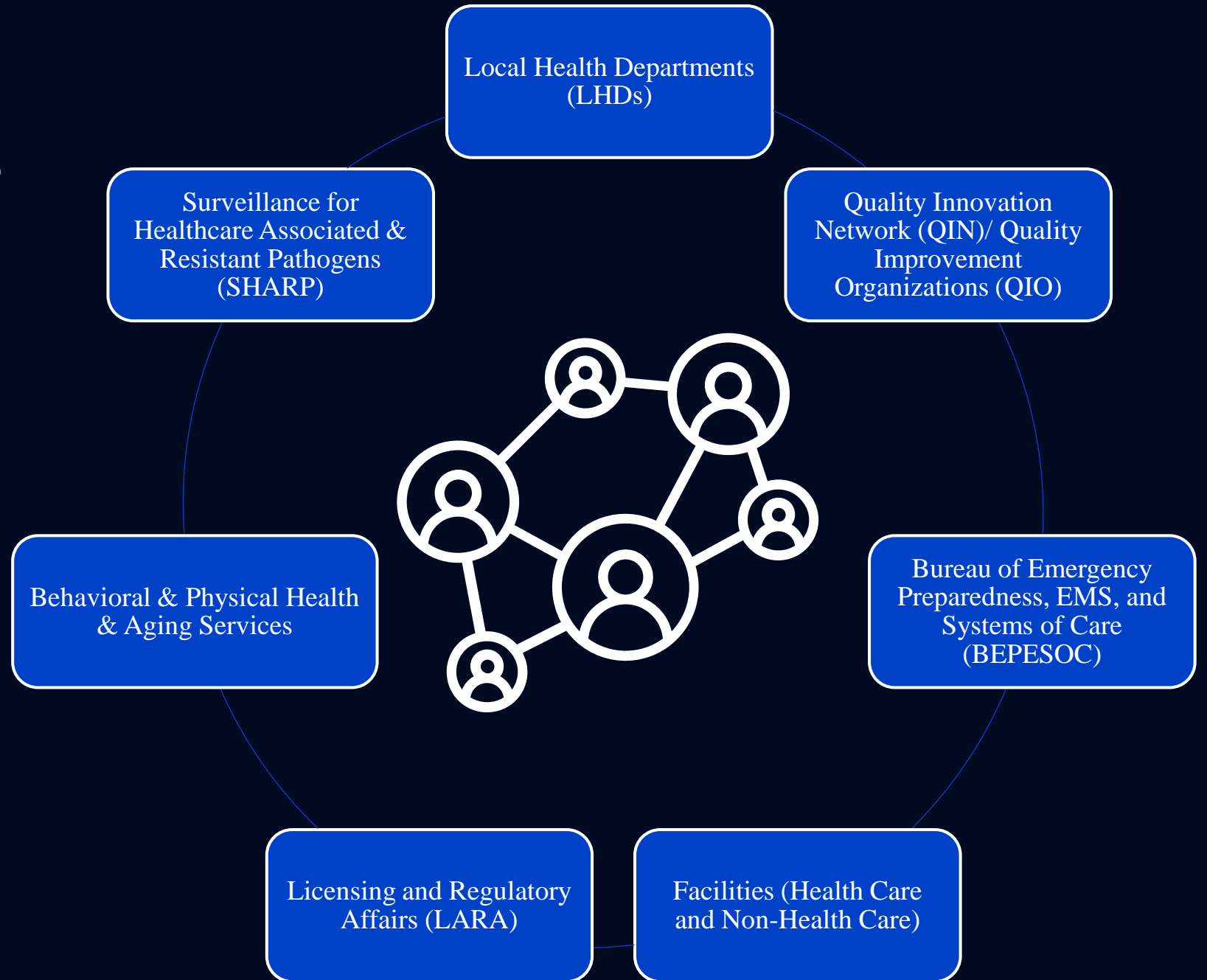
- Nova
- Keith
- Melissa
- Andrea
- Michael

## Data Team

- Ruben
- Susan
- Brooke
- Shruthi
- Sean



# Our Partners and Referral Sources



# Congregate Care Settings Served

Adult Foster Care

Dialysis

Acute Care & Critical Access

Home for the Aged

Assisted Living

Rehabilitation/Substance Use  
Disorder

Behavioral Health/ Psychiatric  
Health

Shelters

Skilled Nursing Homes

# Service Lines – LTC Facilities

- **Outbreak Guidance**

- COVID-19
- Influenza
- Norovirus

- **General Infection Prevention Guidance**

- **Dialysis**

- **Healthcare-Associated Infection Reduction**

- *Clostridioides difficile*
- Coming Soon!
  - Central Line-Associated Bloodstream Infections
  - Urinary Tract Infections



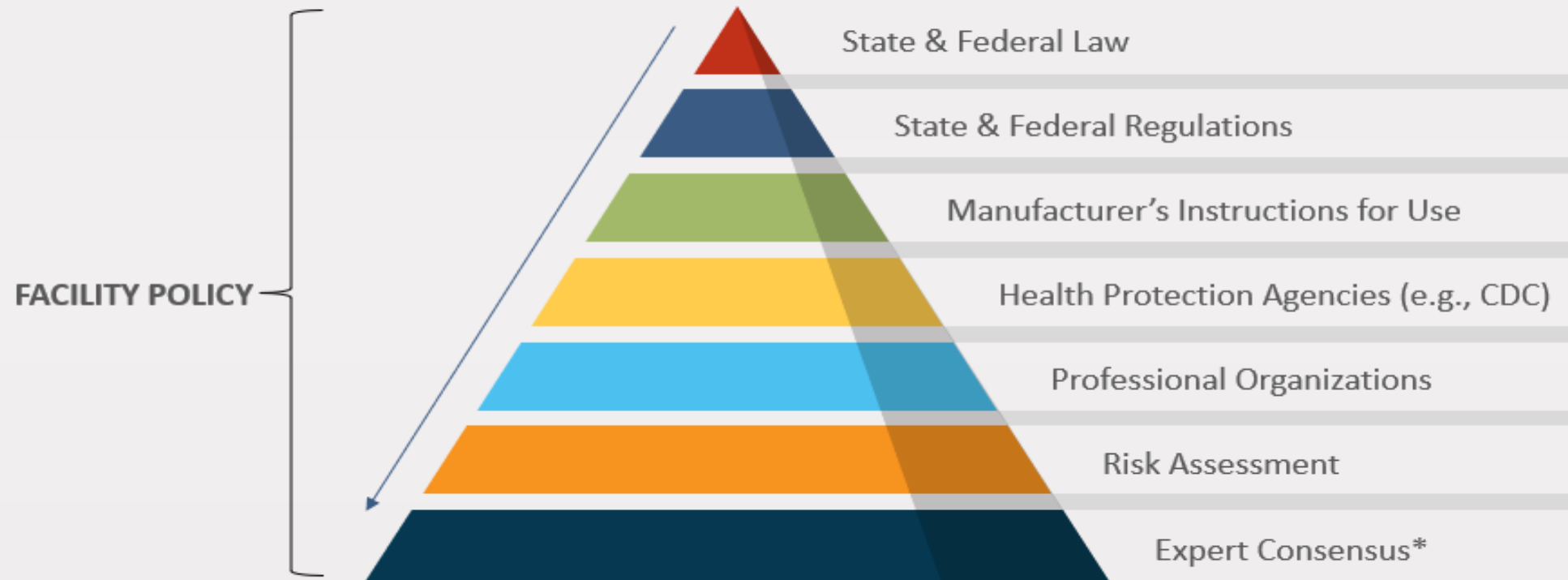
# What We Do



**\*Virtual or Onsite Options**

- *IPC Assessment: Full facility tour*
- *Full facility tour AND Focused Education*
- *Focused Education Only*

# IPRAT Guidance Hierarchy



# www.Michigan.gov/IPRAT



Health & Human Services



[Assistance Programs](#) ▾ [Adult & Children's Services](#) ▾ [Safety & Injury Prevention](#) ▾ [Keeping Michigan Healthy](#) ▾ [Doing Business with MDHHS](#) ▾

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## Infection Prevention Resource and Assessment Team (IPRAT)



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[Communicable & Chronic  
Diseases](#)



[Healthcare-Associated  
Infections](#)



[Infection Prevention Resource and Assessment Team  
\(IPRAT\)](#)



[MDHHS-iPRAT@michigan.gov](mailto:MDHHS-iPRAT@michigan.gov)



517-335-8165



[www.Michigan.gov/IPRAT](http://www.Michigan.gov/IPRAT)



**IPRAT**

Infection Prevention Resource and Assessment Team





**SUPERIOR HEALTH**  
Quality Alliance

# Targeted Response-Quality Improvement Initiative (TR-QII)

Nikki Brand, Quality Improvement Advisor

Jana Broughton, Quality Improvement Advisor

May 31, 2023

# Superior Health Quality Alliance (Superior Health)

- Superior Health is the Quality Improvement Organization-Quality Improvement Network (QIN-QIO) for Michigan, Wisconsin and Minnesota.
- Superior Health is contracted with The Centers for Medicare & Medicaid Services (CMS) to provide direct assistance to skilled nursing homes on quality improvement.
- The Target Response Team works on a portion of the contract that deals directly with COVID-19 outbreaks.



# Targeted Response Team

- **Quality Improvement Advisors:**  
Many of us have worked in skilled nursing facilities for many years including during the pandemic. Some of us have worked in public health or conducted survey agency work. We are nurses, administrators, infection preventionists and public health professionals.
- Virtually located across the country, but primarily in the three states we work with.

# Quality Improvement Objectives

1. Identify and improve high priority and systemic quality and safety issues within nursing homes and other providers.
2. Provide targeted, individualized and focused technical assistance to nursing homes and eligible organizations to improve infection control practices in the prevention and management of diseases and illnesses.
  - a) Technical assistance includes a complete assessment and root cause analysis, implementation plan, best practice interventions and monitoring outcome metrics.

# What We Do

- TR QIIs: Assigned by CMS based upon submitted National Healthcare Safety Network (NHSN) data for nursing homes.
- Facilities with five or more cases are frequently referred for a TR-QII or Reactivated Review.
- We schedule a virtual Infection Control Assessment and Response (ICAR)-Assessment of a facility's infection control program.
- We work with facilities on a quality improvement project related to infection control concerns identified on the ICAR.

## Other Work We Do

- Offer regular education and peer-to-peer support for COVID-19 and infection control practices.
- Onsite assessments with a nationally recognized infection prevention and control consulting team.
- Technical assistance for facilities requesting additional support
- [QSO Memo 23-10](#): Directed Plans of Correction assistance for FTag F880 and F887

# Questions?

[nbrand@improve.health](mailto:nbrand@improve.health)

[jbroughton@improve.health](mailto:jbroughton@improve.health)

# Continue the Conversation in Superior Health Connect



Connect is a shared learning environment for Superior Health participants to come together to foster and promote an all-teach-all-learn climate that provides the framework to improve and sustain mutual health care quality improvement initiatives locally, regionally, and nationally.

<https://bit.ly/3BhfHc1>



Scan to join Connect.





# SUPERIOR HEALTH

## Quality Alliance

This material was prepared by the Superior Health Quality Alliance, a Quality Innovation Network-Quality Improvement Organization under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS.

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