



**Hospice/Home Health Accreditation Intensive**

*An Interactive Training*

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Director of Education

**CHAP** Community Health Accreditation Partner

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**Infection Prevention and Control**

Hospice-HIPC  
Home Health-IPC

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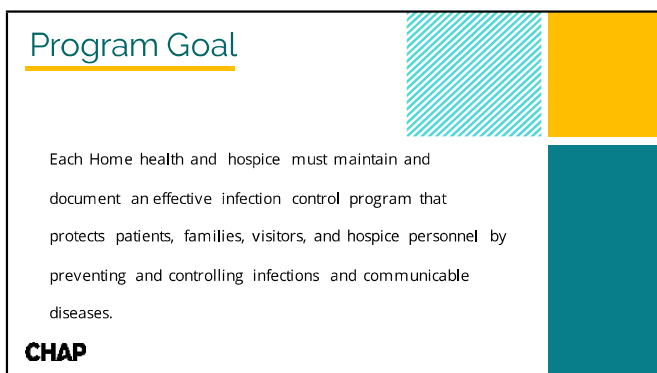
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Program Goal

Each Home health and hospice must maintain and document an effective infection control program that protects patients, families, visitors, and hospice personnel by preventing and controlling infections and communicable diseases.

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## Standards of Excellence

*Similarities and Differences*

Hospice IPC P/P	Home Health IPC P/P
HIPC 1.D	IPC.1.D
HIPC 8.D	IPC.1.D.M1
HIPC 10.D	IPC.1.I
	IPC.1.I.M4
	IPC.3.I
	IPC.4.I
	IPC.4.I.M1
	IPC.10.I

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## Prevention (CDC Healthcare Infection Control Practices Committee)

Six Standard Precautions

- Hand Hygiene
- Environmental Cleaning and Disinfection
- Injection and Medication Safety
- Appropriate use of Personal Protective Equipment
- Minimizing Potential Exposures
- Reprocessing of reusable medical equipment between each patient and when soiled.

Foundation Needed

- Policies and Procedures
- Protocols for education of staff/patients/caregivers
- Monitoring for compliance

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## Control

- Coordinated agency-wide program
  - Surveillance
  - Identification
  - prevention, control
  - investigation of infectious and communicable diseases
- QAPI
  - Includes:
    - identifying infectious and communicable disease problems;
    - A plan to result in improvement and disease prevention.

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**Education**

- Employees
- Contracted providers
- Patients
- Family members
- Caregivers

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**Review the Handouts.**



Handwashing



Bag Technique

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**Focus- Operational Elements**

- Infection Prevention and Control Plan
- Communication
- PPE Availability
- Staffing in Emergencies
- Handling Staff Exposure or Illness

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### Focus- Agency Location

- Screening process for those entering location
- Internal office staff/visitor processes
- General standard precautions
- Transmission Based Precautions

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### Focus- Field Practices

- Screening
- Hand Hygiene
- Use of PPE appropriately
- Aerosol-generating procedures
- Education

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### Top Findings in HIPC and IPC

Standard	Content	CMS Tag
HIPC 9.1	Addressing risk for occupational exposure to TB	NONE
HIPC 2.1	Appropriate use of standard precautions	L 579
HIPC.4.1	Bag Technique	L579
HIPC 1.D	Infection control program includes the required elements	L582

Standard	Content	CMS Tag
IPC.3.1.M1	Instances in which the use of hand hygiene is implemented	G 682
IPC.4.1.M1	Bags that carry equipment/supplies used consistent with policy	G 682
IPC 8.1	TB screening per state local regulation or CDC	G 684

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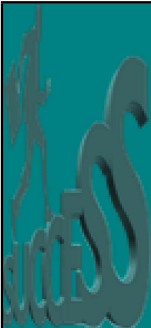
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Conduct Observation in the Field

Include the trunk and field bag in the review

Know what your state specific requirements are

Infection control should be an important part of your quality program

Teach your RN's best observation practices for Aides

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**Human Resource Management**  
Hospice-HSRM  
Home Health-HRM

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**NP scope of Practice**

**Full practice**

- Evaluate
- Diagnose
- Manage treatment
- Prescribe medications

**Reduced practice**

- Reduces
- At least one element of NP practice
- Requires
- Collaborative agreement

**Restricted practice**

- Restricts
- At least one element of NP practice
- State requires supervision, delegation, or team management

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## NP Scope of practice variation

STATE	PRESCRIPTIVE AUTHORITY	BOARD OF NURSING	PRACTICE ACT	DETAILS AND RESOURCES
Arizona	Full authority with DEA registration	<a href="#">AZ Board of Nursing</a>	<a href="#">AZ Nursing Statutes &amp; Nurse Practice Act</a>	Must complete a Controlled Substance Prescription Monitoring Program (CSMP) application
Florida	Requires supervision of a physician or surgeon	<a href="#">FL Board of Nursing</a>	<a href="#">FL Nurse Practice Act</a>	NPs must have proof of malpractice insurance or an exemption
South Carolina	Requires an approved written protocol with a collaborating physician	<a href="#">SC Board of Nursing</a>	<a href="#">SC Nurse Practice Act</a>	In addition to those activities considered the practice of registered nursing, an APRN may perform delegated medical acts

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## Top Findings in HSRM and HRM

Standard	Content	CMS Tag
HSRM 16.I	Requirement for criminal background checks	L 795
HSRM 2.D	Requirements for hire and organizational chart	NONE
HSRM 29.D	Personnel performance is evaluated	NONE
HSRM 17.i	Professionals participate in QAPI and in-services	I586

Standard	Content	CMS Tag
HRM.3.I	Personnel meeting the organization's hiring criteria	G848
HRM.7.I	Personnel demonstrate competency	N/A
HRM.10.I	Personnel are evaluated per organizational policy	N/A
HRM.7.I.M2	Competency of Aides	G768

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Know state specific requirements

Focus audit on specific HR timeframes

- Orientation
- Annual requirements
- Performance evaluations
- Hiring criteria

Plan staff quality participation

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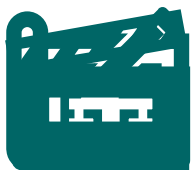
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**Continuous  
Quality Improvement  
(CQI) (HQPI)**

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- Specific
- Measurable
- Attainable
- Relevant
- Time-based

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PDCA or PDSA  
Quality Improvement Methods

PLAN:	PLAN:
DO:	DO:
CHECK:	STUDY:
ACT:	ACT:

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**Determine Goal**  
 Charlie will learn to sit immediately by hand command within one month from the first lesson

**Plan**

- Buy treats
- Practice twice per day 5 days per week
- Reward success

**Do**  
 Conduct training as outlined  
 Reward Charlie as planned

**Check**  
 Success or re-consider

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### Determining Priorities

- How extensive is the non-compliance?
- Does the non-compliance affect quality of patient care?
- Is one clinician involved or several?
- Tenured employees and New employees?
- Does the organization have the resources to address the issue?

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### Top Findings in CQI and HQPI

Standard	Content	CMS Tag
CQI.5.1.M1	Performance Improvement projects are conducted annually.	G658
CQI.1.1.M2	Skilled professionals participate in CQI	G720
CQI.5.1.M2	PI projects are documented with measurable progress achieved	G658
CQI.2.D.M1	Quality indicators include measures from OASIS	G644

Standard	Content	CMS Tag
HQPI 2.1	Appointed individual is responsible for QAPI program	L 576
HQPI 8.1	Action is taken, success measured, and positive results sustained	L 570
HQPI 1.D	Agency-wide quality program is in place to improve care and safety	L 575

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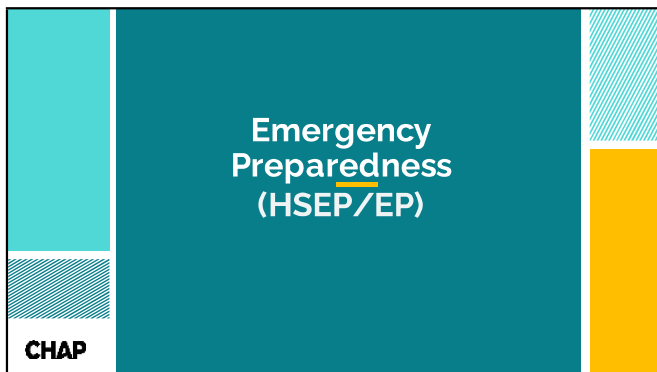
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**Emergency Preparedness (HSEP/EP)**

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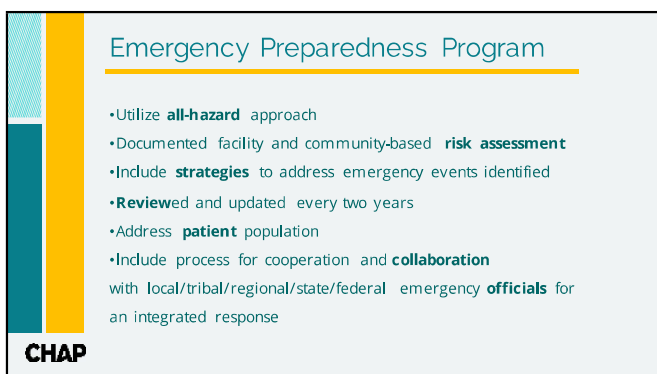
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**Emergency Preparedness Program**

- Utilize **all-hazard** approach
- Documented facility and community-based **risk assessment**
- Include **strategies** to address emergency events identified
- Reviewed** and updated every two years
- Address **patient** population
- Include process for cooperation and **collaboration** with local/tribal/regional/state/federal emergency **officials** for an integrated response

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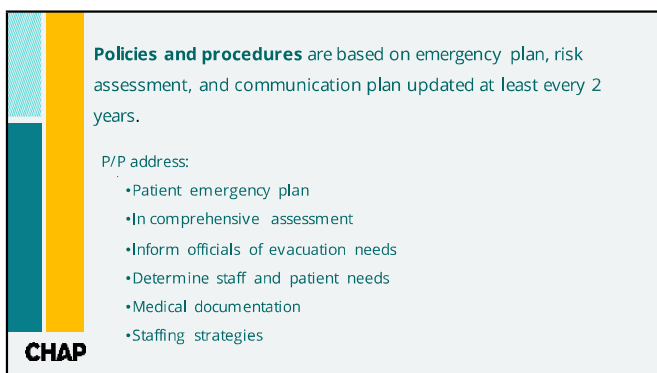
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**Policies and procedures** are based on emergency plan, risk assessment, and communication plan updated at least every 2 years.

P/P address:

- Patient emergency plan
- In comprehensive assessment
- Inform officials of evacuation needs
- Determine staff and patient needs
- Medical documentation
- Staffing strategies

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### Communication Plan

- Review
- Contact information
- Primary and alternate
- Sharing information
  - condition and location of patients
  - Facility's occupancy needs
  - [Facility's] ability to provide assistance

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### Training

- Utilize all-hazard approach
- Documented facility and community-based risk assessment
- Include strategies to address emergency events identified
- Reviewed and updated every two years
- Address patient population
- Include process for cooperation and collaboration
- with local/tribal/regional/state/federal emergency officials for an integrated response

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### Testing

- Annual testing is to be conducted
  - Full-scale, community-based exercise every 2 years OR
    - Facility-based functional every two years if full-scale not available
    - If an actual event occurs requiring activation of the plan, the agency is exempt from the next required community-based facility based functional exercise.
  - Additional exercise every 2 years, opposite the full-scale or functional
    - A second full scale OR
    - Mock-disaster drill OR
    - Tabletop exercise or workshop
- Analysis of response and documentation required

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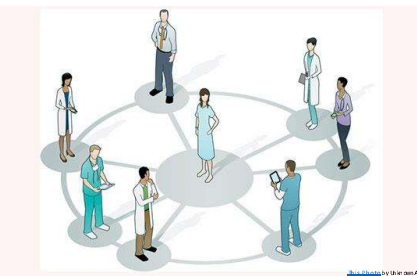
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## Integrated Healthcare Systems



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## Top Findings in EP

Standard	Content	CMS Tag
HSEP 3.D	Required policies and procedures of the emergency plan	L25, L13
HSEP 5.D	Elements and updating of the EP training program	L37
Standard	Content	CMS Tag
EP.3.D.M1	Training program based on EP plan/risk assessment/policies	E37
EP.1.D.M1	Elements of the Emergency Plan	E6
EP.2.D.M1	Policy and Procedure development	E17
EP.1.D.M3	Communication Plan required elements	E29, E30

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## Pandemic Recovery

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## Recovery

- Organization specific
- Elements that may need to be addressed
  - **Waiver** recovery
  - **Policy** updates
  - **Evaluation** of Emergency Plan implementation
  - Changing the focus in **QAPI**
  - **Telecommunications**

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## Regulatory Waivers

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## POLICIES

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**Evaluation**  
LIBRARY

Plan  
Policies  
Communication Process  
Implementation  
Education  
Testing

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**change**

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Telecommunications

Phone  
Text  
Virtual face to face  
Old School



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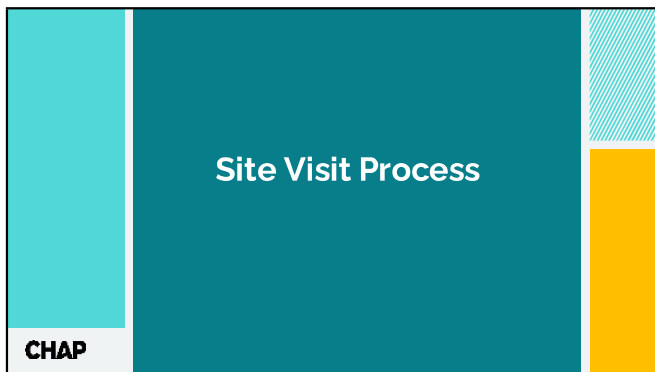
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## Site Visit Process

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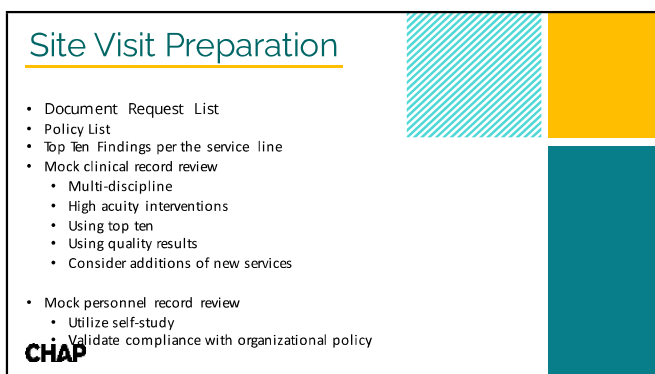
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## Site Visit Preparation

- Document Request List
- Policy List
- Top Ten Findings per the service line
- Mock clinical record review
  - Multi-discipline
  - High acuity interventions
  - Using top ten
  - Using quality results
  - Consider additions of new services
- Mock personnel record review
  - Utilize self-study
  - Validate compliance with organizational policy

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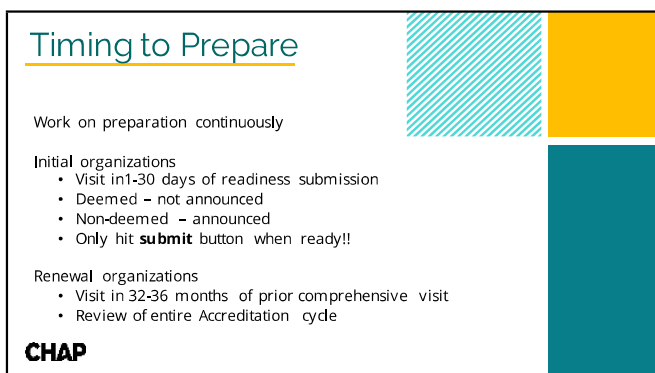
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## Timing to Prepare

Work on preparation continuously

Initial organizations

- Visit in 1-30 days of readiness submission
- Deemed – not announced
- Non-deemed – announced
- Only hit **submit** button when ready!!

Renewal organizations

- Visit in 32-36 months of prior comprehensive visit
- Review of entire Accreditation cycle

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Visit Components

- Entrance conference
- Home visit observation
- Personnel and clinical record review
- Daily wrap up
- Exit conference

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Communication

- Entrance conference
- Daily wrap up
- Exit conference
- 'Interview'
  - Home visit
  - Record review
  - Document review

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Handling Conflict

Should occur **during** the site visit

Steps to successful resolution

- Share concern with site visitor
- Each side should explain their point of view

If conflict continues, add the Director of Accreditation

Final opportunity is to appeal the finding

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### Action Plan

Action plan to provider within 10 *business* days

- Submission of report by site visitor
- Full review by the Director of Accreditation or Senior Accreditation Manager
- Provider has 10 *calendar* days to submit their plan of correction.
  - PLUS the 10 business days of the DA

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### Condition Level Finding

Initial agency – First site visit

- Deferral of accreditation
- 2<sup>nd</sup> comprehensive visit within 90 days
- If continues – 3<sup>rd</sup> and last visit within 90 days

Renewal Agency – any visit type

- Follow up visit within 45 days
- One or two days depending on number of CLD's
- The entire condition must be reviewed
- May require a home visit depending on the finding

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### Relieving Anxiety

Constant Preparation

- Mock surveys and staff observations
- Education
- Document readiness

Prepare for the site visit

- Documents ready for review – contracts and policies
- Updated lists
  - Active patients
  - Employee listing
  - Discharge listing
  - Unduplicated admission *number*

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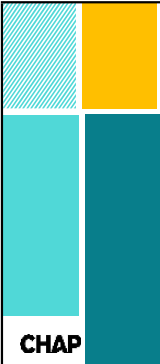
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## Relieving Anxiety

Site Visit Plan

- Appoint a point-person
  - Designate an alternate
- Methods for Sharing information
  - Records/Documents
  - Onsite/Offsite
- COVID practices sustained
- Workspace determined
- Prepare staff through practice drill

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## Pandemic Effect on Visit

- Site Visitors
- Home Visits
- Record Reviews
- Communication

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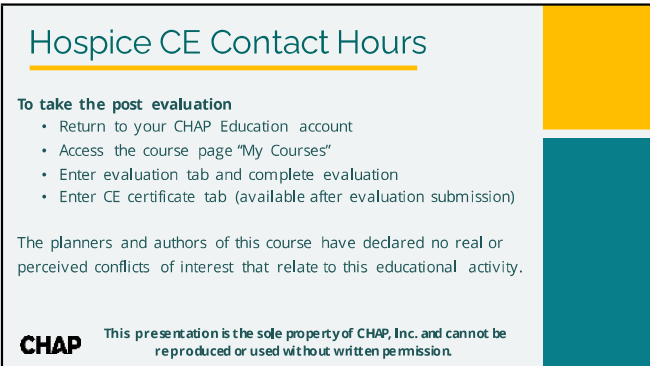
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## Hospice CE Contact Hours

**To take the post evaluation**

- Return to your CHAP Education account
- Access the course page "My Courses"
- Enter evaluation tab and complete evaluation
- Enter CE certificate tab (available after evaluation submission)

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