

Infection Control in the New CoPs

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CHAP Standards

Overview of CHAP Implementation of New Home Health Medicare Conditions of Participation

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Overview

- CMS has released new Home Health Conditions of Participation (CoPs) that require changes to the CHAP Standards of Excellence.
- New CHAP Standards of Excellence for home health providers will be available in early May 2017 (incorporating the new Medicare requirements).
- All changes will be incorporated into an updated version of the standards CHAP released for public comment in January 2016. **However, only the standards that pertain to the new Medicare CoPs will be effective on July 13, 2017.**
- All home health agencies who have comprehensive site visits on or after July 13, 2017, will be reviewed under the new standards.



New Standards



- Organized by topic, rather than service
 - Developed one set of standards across all service lines.
 - Organized by key performance area (e.g., Care Coordination, Infection Prevention and Control)
 - “Modifiers” to standards are used to support service specific requirements and incorporate the Conditions of Participation.



Key Performance Areas (KPAs)

Organizational Structure

1. Leadership & Governance
2. Financial Stewardship
3. Human Resource Management
4. Ethics & Corporate Compliance
5. Information Management
6. Continuous Quality Improvement

Safe Delivery of Care/Services

7. Infection Prevention & Control
8. Safe Environments
9. Equipment Monitoring & Management
10. Emergency Preparedness & Management

High Quality Care/Service Delivery

- | | |
|----------------------------------|---|
| 11. Patient-Centered Care | 13. Comprehensive Medication Management |
| 12. Care Planning & Coordination | 14. Care Delivery & Treatment |

Only the KPAs listed in **Green** include standards that will be effective on July 13th, 2017. Emergency Preparedness standards will be effective in November 2017.



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Types of Standards

Within each KPA, develop standards that measure 4 key areas of performance:



Design (D) standards focus on the policies, procedures, qualifications, training, and other resources needed to support strong implementation and high quality outcomes.



Implementation (I) standards evaluate how effectively the agency is implementing the design of its program including the delivery of services.



Outcome (O) standards analyze the results or impact of implementation. These include agency defined outcomes/goals, as well as standards that examine established industry metrics, such as readmission rates. Not all KPAs will have Outcome standards.



Sustainability (S) standards assess the processes that support ongoing quality improvement to ensure implementation remains effective. Not all KPAs will have Sustainability standards.



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Two types of requirements-- Standards and Modifiers



Applies to **ALL programs/services**



Applies to a specific set of programs and/or services

- Modifiers usually indicate that there are additional service-specific requirements based on a CMS CoPs or DMEPOS regulation.
- Modifiers are also standards, but only apply to certain services.



Standards vs. Modifiers

Standard

LG.1.D

Modifier

LG.1.D.M1

Standards and Modifiers can be distinguished by the color and the standard ID.

Green = Standard- generally applies to all programs

Purple = Modifier- applies to specific program/service(s)



Evidence Guidelines

- Provide guidance and examples of evidence that may be used to determine compliance
- Seven Types:
 - Guidance
 - Tips
 - Document Review
 - Interviews
 - Record Review
 - Observations
 - Contract Review



Standards

Effective Date: 7/13/2017

IPC.3.I

Personnel use hand hygiene products, PPE, and other necessary equipment and supplies as described in the organization's IPC policies and procedures and CDC guidance.

Evidence Guidelines

Observation: Inspect offices, warehouse or other work and storage areas. Validate that hand hygiene is practiced as defined in the organization's policy and CDC guidelines. Validate that, at a minimum, standard precautions are followed.

Observation: On home visit(s), validate that hand hygiene is practiced as defined in the organization's policy and CDC guidelines. Validate that, at a minimum, standard precautions are followed. Validate that any other PPE required for the patient's care is used.

Guidance: The use of personal protective equipment varies depending on the patient's diagnosis and the type of services provided. At a minimum, it is expected that CDC Standard Precautions be implemented.

Tip: Information on hand hygiene practices and standard precautions in community settings can be found on the CDC website.



| Standards | Evidence Guidelines |
|---|---|
| <p>Effective Date: 7/13/2017</p> <p>IPC.4.I Personnel follow the organization's infection, prevention and control procedures when supplies and equipment are stored, transported and carried in and out of the care environment.</p> <hr/> <p>L736</p> | <p>Observation: Observe personnel transport and use of supplies and equipment in the care environment. Verify that procedures are followed in accordance with organizational policy to prevent cross contamination.</p> <p>Guidance: In following organizational policy, it is expected that personnel ensure that areas for supply and equipment storage are separated to prevent cross contamination.</p> |
| <p>Effective Date: 7/13/2017</p> <p>IPC.4.I.M1 Bags used to carry equipment or supplies into or out of the home are transported and used in a manner consistent with organizational policy to prevent the spread of microorganisms.</p> <hr/> <p>Applicable Services: Medicare Certified Home Care, Home Health, Skilled Home Care, Personal Care and Support Services, Hospice</p> <p>Applicable Regulations: §484.70(a)</p> | <p>Observation: Observe the transport and use of bags in the care environment. Verify that organizational policy is followed and that bags are managed in a manner that avoids cross contamination.</p> <p>Guidance: Evidence does not clearly define a single correct approach to bag placement or the use of barriers. If the organization has a policy defining these practices, it is expected that the policy is followed.</p> |

§484.70- Condition of Participation: Infection Prevention and Control

The HHA must maintain and document an infection control program which has as its goal the prevention and control of infections and communicable diseases. Three main areas covered:

- §484.70(a) **Prevention:** The HHA must follow accepted standards of practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases.
- §484.70(b) **Control:** The HHA must maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that is an integral part of the HHA's quality assessment and performance improvement (QAPI) program.
- §484.70(c) **Education:** The HHA must provide infection control education to staff, patients, and caregiver(s).



Crosswalk: CHAP IPC Standards to CoPs

| CHAP Standard ID | Description of Standard | Medicare Regulation(s) |
|------------------|--|------------------------|
| IPC.1.D | Documented IPC Program, including policies and procedures | §484.70, §484.70(a-b) |
| IPC.1.I | Following accepted standards of practice | §484.70(a) |
| IPC.3.I | Use of hand hygiene and other PPE | §484.70(a) |
| IPC.4.I | Storing, transporting, and carrying supplies and equipment in and out of the care environment | §484.70(a) |
| IPC.5.I | Cleaning and disinfecting equipment owned or leased by the organization | §484.70(b) |
| IPC.6.I | Maintaining the immediate care environment to minimize risks of infections and communicable diseases (includes provisions for hazardous and medical waste) | §484.70(a), §484.70(b) |



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Crosswalk: CHAP IPC Standards to CoPs


| CHAP Standard ID | Description of Standard | Medicare Regulation(s) |
|----------------------------------|---|------------------------|
| IPC.7.1 | Training and education of patients, caregivers, and personnel | §484.70(c) |
| IPC.8.I | TB Screening | §484.70(b) |
| IPC.10.I | Hepatitis B Vaccinations | §484.70(b) |
| IPC.11.I IPC.12.I IPC.13.I | Occupational exposure to communicable diseases referral and reporting | §484.70(b) |
| IPC.15.I | Monitoring infections as part of quality assessment and improvement | §484.70(b) |



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Session Objectives

At the end of this session, the participant will be able to:

- Identify data on the extent of infections among home health care patients.
- Describe how to design an organizationwide Infection Prevention and Control Program.
- More effectively prepare for a survey under the new Home Health Conditions of Participation (CoPs).


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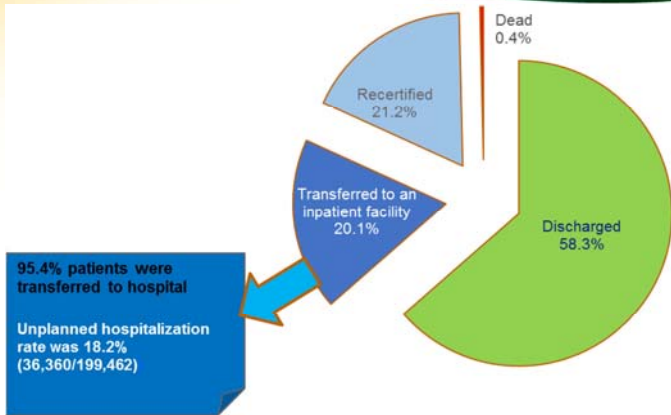
Challenges of Providing Care in the Home Setting

- Lack of control over the home environment:
 - Environmental contamination
 - Pets and pests
 - Major appliances
- Lack of control over caregiver



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National Outcomes and Assessment Information Set ⁴



| Outcome | Percentage |
|--------------------------------------|------------|
| Discharged | 58.3% |
| Recertified | 21.2% |
| Transferred to an inpatient facility | 20.1% |
| Dead | 0.4% |

95.4% patients were transferred to hospital
Unplanned hospitalization rate was 18.2% (36,360/199,462)


Source: Shang, J., et al (2015). Infection in home health care: Results from national Outcome and Assessment Information Set data. *American Journal of Infection Control*. 43 (5). 454-459.

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Unplanned Hospitalizations due to Infections

| Reasons for Unplanned Hospitalizations | N | % |
|--|------|-----|
| Respiratory infections | 2787 | 7.7 |
| Wound infection or deterioration | 1702 | 4.7 |
| Urinary tract infections | 1587 | 4.4 |
| IV catheter-related Infection | 105 | 0.3 |

Source: Shang, J., et al (2015). Infection in home health care: Results from national Outcome and Assessment Information Set data. *American Journal of Infection Control*. 43 (5). 454-459.


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Hepatitis B Outbreaks in Patients Receiving Care from a HHA

| Year | State | Setting | Outbreak-associated Infections |
|--------------|--|--|--|
| 2010 | TX | Assisted living facilities (ALF) (n=10) in the same metropolitan area served by the same home health agency (HHA) for diabetic care (Zheteyeva, Y, et al., 2014) | <ul style="list-style-type: none"> • 23 patients in an ALF, plus one family member of an infected facility resident who experienced a needlestick injury while assisting with the resident's blood glucose monitoring. • 1 patient at home. • All patients received care by the same HHA. |
| 2009 | FL | Assisted living facilities (n=2). Blood glucose monitoring activities at both assisted-living facilities were provided by HHA (Forero, S., et al., 2010) | <ul style="list-style-type: none"> • 9 patients in an ALF |
| 2010 | CA | Assisted living facility (Bancroft, E., Hathaway S., 2010). | <ul style="list-style-type: none"> • 3 diabetic patients, newly diagnosed with hepatitis B • All 3 patients received assisted blood glucose monitoring from same HHA during incubation period of the acute hepatitis B case. |
| Total | 35 patients residing in an ALF and 1 patient residing at their personal residence. | | |

Source: McGoldrick, M. (2014). Infection Prevention: Hepatitis B Outbreaks in Home Health Care. *Home Healthcare Nurse*. 32 (8): 500-501.

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Federal Regulations: Home Health Conditions of Participation

§ 484.70 Condition of participation: Infection prevention and control.

- (a) Standard: Prevention. The HHA must follow accepted standards of practice, including the use of standard precautions, to prevent the transmission of infections and communicable diseases.

Source: Centers for Medicare & Medicaid Services (CMS). (Jan. 13, 2017). *Conditions of Participation for Home Health Agencies*. Final Rule. Fed. Reg. 82 (9). 4504-4591.

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Federal Regulations: Home Health Conditions of Participation


§ 484.70 Condition of participation: Infection prevention and control.

- (b) Standard: Control. Maintain coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that is an integral part of the HHA's improvement (QAPI) program.

Source: Centers for Medicare & Medicaid Services (CMS). (Jan. 13, 2017). *Conditions of Participation for Home Health Agencies*. Final Rule. Fed. Reg. 82 (9). 4504-4591.

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Federal Regulations: Home Health Conditions of Participation

§ 484.70 Condition of participation: Infection prevention and control.

- (b) Standard: Control. The infection control program must include:
 - (1) A method for identifying infectious and communicable disease problems; and
 - (2) A plan for the appropriate actions that are expected to result in improvement and disease prevention.
- (c) Standard: Education. Provide infection control education to staff, patients, and caregiver(s).

Source: Centers for Medicare & Medicaid Services (CMS). (Jan. 13, 2017). *Conditions of Participation for Home Health Agencies*. Final Rule. Fed. Reg. 82 (9). 4504-4591.

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Structural Components of an Infection Prevention and Control Program

- Authority and responsibility for the infection prevention and control program
- Infection prevention and control duties and responsibilities for the:
 - Governing body
 - Administrator
 - Clinical manager
 - Staff

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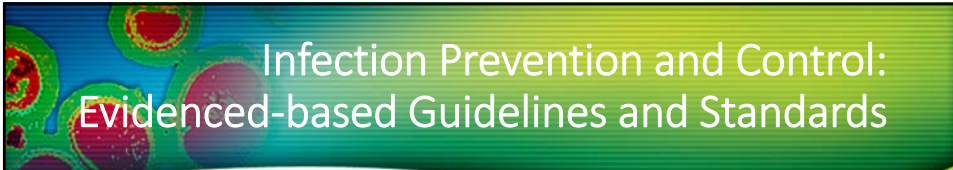
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Infection Prevention and Control: Regulations

- Federal regulations:
 - Centers for Medicare and Medicaid Services (CMS)
 - Occupational Safety and Health Administration (OSHA)
- Local, county and state regulations:
 - Medical waste disposal regulations
 - State's list of notifiable diseases and conditions
 - Licensure regulations governing the practice of patient care, if applicable

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Infection Prevention and Control: Evidenced-based Guidelines and Standards

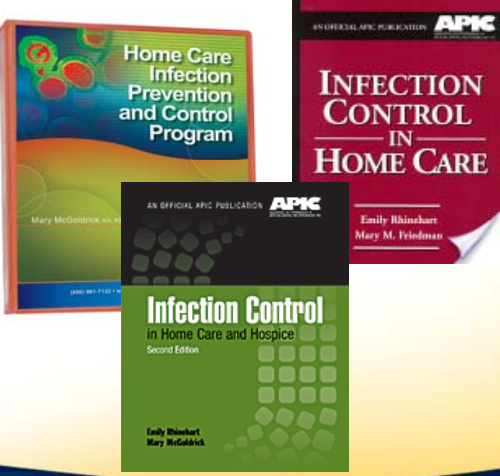
- Scientific methods and guidelines:
 - Preventing and controlling infections in patients
 - Preventing and controlling infections in staff
- Professional standards of practice
- Accrediting body standards

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Examples of Home Care-specific Standards of Practice

- State, or federal laws and regulations, and professional standard of practice
- Current, relevant, evidenced-based infection prevention and control guideline or, in the absence of evidence, expert opinion or consensus



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Infection Prevention and Control Risk Assessment Activities

- Scope of services
- Patient demographics
- General patient population served
- Specialty patient population served
- High-risk patients
- Medical devices, equipment or supplies
- Medical waste generated
- Treatments and procedures performed

Source: McGoldrick, M. (2016). "Infection Prevention and Control Plan".
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Device and Procedure-associated Infections in Home and Community-based Care


| Urinary tract Infection | Primary Bloodstream Infection | Skin and Soft Tissue Infection | Lower Respiratory Infection |
|--|---|---|---|
| <ul style="list-style-type: none"> ▪ Catheter insertion ▪ Catheter maintenance | <ul style="list-style-type: none"> ▪ CVAD care and maintenance ▪ Admin. of IV medication ▪ Compounding | <ul style="list-style-type: none"> ▪ Care to non-surgical wounds | <ul style="list-style-type: none"> ▪ Tracheostomy care and maintenance ▪ Inhalation therapy |


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Infection Prevention and Control Risk Assessment Activities

- Geographic epidemiology
- Community environment and health indicators
- Outbreaks of infection
- OSHA Bloodborne pathogen exposure control plan
- OSHA Respiratory protection program
- TB risk assessment
- Influenza vaccination program

Source: McGoldrick, M. (2016). "Infection Prevention and Control Plan".
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Measures of Processes and Outcomes

Surveillance data:

- *High-risk*: Patients who are placed at risk of serious consequences, if care or service is not provided correctly, or not provided when indicated.
- *High-volume*: Processes that occur frequently or affect large numbers of patients.
- *Problem-prone*: Processes that tend to produce problems for patients or staff.

Source: McGoldrick, M. (2016). "Quality Assessment and Performance Improvement". Home Care Infection Prevention and Control Program. Home Health Systems, Inc.



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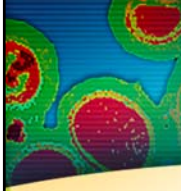
Home Care Infection Prevention and Control Risk Assessment
Prioritized Risks

| TOPIC/ISSUE | PROBABILITY FOR OCCURRENCE | | | | POTENTIAL SEVERITY OR IMPACT ON PATIENTS | | | | CURRENT PROCESSES/SYSTEMS | | | | RISK SCORE | |
|--|----------------------------|-----------------|-------------|------------|--|-------------------|--------------------|-----------------------|---------------------------|------------|---------------|--------------|------------|--|
| | HIGH (EXPECTED) | MEDIUM (LIKELY) | LOW (MAYBE) | RARE/NEVER | LIFE-THREATENING/PERMANENT | PROLONGED ILLNESS | SHORT-TERM ILLNESS | NONE (FINANCIAL ONLY) | NONE IN PLACE | LOW (POOR) | MEDIUM (GOOD) | HIGH (SOLID) | | |
| SCORE | 3 | 2 | 1 | 0 | 3 | 2 | 1 | 0 | 3 | 2 | 1 | 0 | | |
| <i>Surveillance Event</i> | | | | | | | | | | | | | | |
| Primary BSI: Laboratory-Confirmed Bloodstream Infection (LCBI) | | | | | | | | | | | | | | |
| Symptomatic Urinary Tract Infection (SUTI) | | | | | | | | | | | | | | |
| Catheter-Associated Urinary Tract Infection (CAUTI) | | | | | | | | | | | | | | |
| Lower Respiratory Infection (LRI) | | | | | | | | | | | | | | |
| Skin and Soft Tissue Infection: Cellulitis, Soft Tissue, Non-Surgical Wound, | | | | | | | | | | | | | | |

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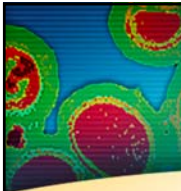


Process and Outcome Measures: Surveillance

- Patient surveillance event(s)
- Staff knowledge and competence:
 - Limiting the spread of infections associated with procedures
 - Implementing isolation precautions
 - Limiting the spread of infections associated with the use of medical equipment, devices, and supplies
 - Improving compliance with hand hygiene
- "Significant" adverse event (a.k.a. Sentinel Event)

Source: McGoldrick, M. (2016). "Quality Assessment and Performance Improvement". Home Care Infection Prevention and Control Program. Home Health Systems, Inc.

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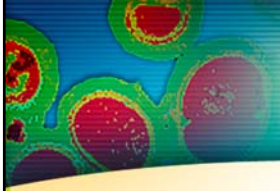
Outcome Measures: Occupational Health Surveillance

- Bloodborne pathogens injuries and exposures
- Other communicable illnesses
- Influenza vaccination
- *M. tuberculosis* (TB) test conversion
- Other staff member illnesses or conditions

Source: McGoldrick, M. (2016). "Occupational Health Program". Home Care Infection Prevention and Control Program. Home Health Systems, Inc.

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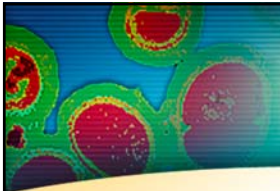


Surveillance Program Design

- Surveillance methodology
- Assess and define the study population
- Select the event(s) to monitor
- Determine the time period for observation
- Identify surveillance criteria:
 - APIC - HICPAC Surveillance Definitions for Home Health Care and Home Hospice Infections.
 - NHSN surveillance definitions
- Home care-onset healthcare-associated infection

Source: McGoldrick, M. (2016). "Surveillance, Identification, and Reporting of Infections".
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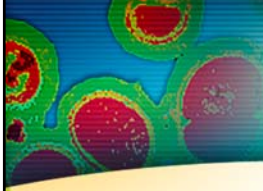
Collecting and Compiling Surveillance Data

- Use standardized surveillance definitions
- Use a systematic approach to record surveillance data
- Determine numerator and denominator
- Organize and manage data for analysis
- Calculate specific infection rates
- Determine the incidence or prevalence of infection

Source: McGoldrick, M. (2016). "Surveillance, Identification, and Reporting of Infections".
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Interpreting Surveillance Data

- Generate, analyze, and validate surveillance data
- Analysis of data:
 - Care provided by caregiver
 - Patients served by more than one healthcare provider
- Use basic statistical tools to display data
- Compare surveillance results to published data or other benchmarks

Source: McGoldrick, M. (2016). "Surveillance, Identification, and Reporting of Infections".
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Reporting of Infection Prevention and Control Data

- Surveillance data and investigations:
 - Internal reporting
 - External reporting
- State's reportable diseases and conditions
- Occupational exposures
- Patient safety event

Source: McGoldrick, M. (2016). "Surveillance, Identification, and Reporting of Infections".
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Evaluating the Infection Prevention and Control Program

- Infection prevention and control data
- Infection prevention and control program's goals
- TB risk assessment activities
- Respiratory protection plan evaluation
- Bloodborne pathogen exposure control plan evaluation
- Outbreak of infection

Source: McGoldrick, M. (2016). "Quality Assessment and Performance Improvement". *Home Care Infection Prevention and Control Program*. Home Health Systems, Inc.

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Evaluating the Infection Prevention and Control Program

- Review practices and program based on:
 - Changes in local, state, or federal laws and regulations
 - Changes in relevant, evidenced-based infection prevention and control guidelines, professional standards of practice or in the absence of evidence, expert opinion or consensus
- Update policies and procedures

Source: McGoldrick, M. (2016). "Quality Assessment and Performance Improvement". *Home Care Infection Prevention and Control Program*. Home Health Systems, Inc.

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Infection Prevention and Control: Staff Education

- Infection prevention and control strategies
- OSHA-mandated
- State-mandated
- Influenza vaccination
- Organization policies and procedures
- Time intervals

Source: McGoldrick, M. (2016). "Patient and Staff Education".
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Measuring Staff's Compliance with Infection Prevention Strategies

- Breaches in infection prevention and control activities
- Bag technique
- Cleaning of equipment
- Management of supplies
- Hand hygiene compliance
- Methods

Source: McGoldrick, M. (2016). "Patient and Staff Education".
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Hand Hygiene Competence Assessment Tool

Home Care Hand Hygiene Competence Assessment

Staff Name/Title: _____ Date: _____

Improving Compliance with Hand Hygiene Guidelines - Assessing Staff's Competence

Access to and Storage of Hand Hygiene Products and Supplies

| Item | Met | Not Met |
|--|-----|---------|
| 1. Alcohol based hand hygiene product. () Present, () Not empty, () Not expired, () Clearly accessible at the point of care, () Restored at point of use. | | |
| 2. Liquid antiseptic soap. () Present, () Not empty, () Not expired, () Clearly accessible. | | |
| 3. Hand drying material. () Present, () Sufficient quantity. | | |
| 4. The antiseptics. () Present, () Not applicable if antiseptic/antibiotic present in soap, () Alcohol based hand hygiene product. | | |
| 5. Soap. () Present, () Soap not in () Sufficient quantity, () Hand property. | | |

Perform Hand Hygiene When Indicated

| Item | Met | Not Met |
|--|-----|---------|
| 1. Before nursing or caring for the patient. | | |
| 2. Before working on medical device. | | |
| 3. Before and after palpating a catheter insertion site as well as before and after handling, replacing, securing, repositioning, or changing an intravascular catheter. | | |
| 4. Before and after handling a patient's airway, when being a vital sign or filling a syringe. | | |
| 5. After contact with bare skin. | | |
| 6. After contact with body fluids, secretions, mucous membranes, and wound drainage. | | |
| 7. After contact with any contamination of the entire catheter device or site. | | |
| 8. When moving from a contaminated body site (e.g., perineum) to a clean body site (e.g., patient's face) during patient care. | | |
| 9. After touching a patient with respiratory equipment (including medical equipment) in the immediate vicinity of the patient. | | |
| 10. Before contact with the manipulation of blood tubes and stopcocks. | | |

Demonstrate Hand Hygiene Technique - Using an Alcohol Based Hand Hygiene Product

| Item | Met | Not Met |
|--|-----|---------|
| 1. Rubs the hands together and covers all surfaces of the hands and fingers. | | |
| 2. Rubs the hands together and covers all surfaces of the hands and fingers. | | |
| 3. Rubs the hands together until the alcohol has evaporated and the hands are dry. | | |

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Home Care Hand Hygiene Competence Assessment (Continued)

Demonstrate Hand Hygiene Technique - Using Antiseptical Soap and Water

| Item | Met | Not Met |
|---|-----|---------|
| 1. Turns on the faucet and wets the hands with warm water. Avoids using hot water. | | |
| 2. Applies the amount of soap necessary to cover all surfaces. | | |
| 3. Rubs the hands with the hands together for a minimum of 20 seconds covering all surfaces of the hands and fingers. | | |
| 4. Moves the hands with water to ensure thorough soap. | | |
| 5. Rinses the hands with a disposable, single-use paper drying material. | | |
| 6. Turns off the faucet using a technique that does not contaminate the hands. | | |
| 7. Shows the appropriate soap and water technique to another staff member. | | |

Other Hand Hygiene Considerations

| Item | Met | Not Met |
|---|-----|---------|
| 1. Minimal jewelry and rings are present. | | |
| 2. Nail files are 1/2" or less. | | |
| 3. Artificial nail or extensions are not worn (if not permitted). | | |
| 4. Nail polish is not chipped or worn. | | |

Summary: Improving Compliance with Hand Hygiene Guidelines

Best Summary: _____ of hand hygiene opportunities scored as "Met" or "Not Applicable" / 20. i.e., the total # of applicable hand hygiene criteria scored as "Met" or "Not Applicable" / 20.

Example: 10/20 = 50% of hand hygiene criteria were scored as "Met" or "Not Applicable".

Actions Planned

Not applicable. There are no actions planned at this time. Staff demonstrated correct hand hygiene technique, performed hand hygiene when indicated, was in possession of the appropriate hand hygiene supplies, and other appropriate hand hygiene considerations were met. Staff advised by the hand hygiene guidelines and procedures located in the Hand Hygiene section of the Home Care Infection Prevention and Control Program Manual.

Other actions planned. To improve staff's staff demonstrating correct hand hygiene technique, performing hand hygiene when indicated, being in possession of the appropriate hand hygiene supplies, and/or other appropriate hand hygiene considerations was not met and the following actions are planned:

Staff Signature/Date: _____

Observer Signature/Date: _____

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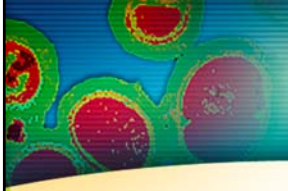
Available for download at HomeCareandHospice.com

Infection Prevention and Control: Patient Education

- Infection prevention and control strategies to prevent and control a home care-onset infection:
 - Hand hygiene
 - Isolation precautions
 - Storage and disposal of home-generated waste
 - Patient and device-specific strategies
- Immunizations
- Signs and symptoms to report
- Proper use of antibiotics

Source: McGoldrick, M. (2016). "Patient and Staff Education". Home Care Infection Prevention and Control Program. Home Health Systems, Inc.

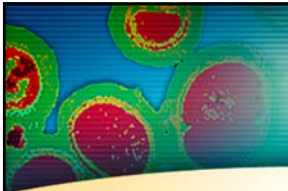
Infection Prevention and Control in the new Home Health Conditions of Participation
Presented by: Mary McGoldrick, MS, RN, CRNI®



Summary


- Home care-onset healthcare-associated infections
- Comprehensive, organizationwide Infection Prevention and Control Program
- Continue to self-assess and improve the infection prevention and control program to meet the new Home Health Conditions of Participation (CoPs)

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Questions?

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