Infection Control in the New CoPs

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and
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CHAP Standards

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

Traci Padgett, MPP
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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
12. Care Planning & Coordination
13. Comprehensive Medication Management
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.

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.
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**
  - L6.1.d

- **Modifier**
  - L6.1.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

<table>
<thead>
<tr>
<th>Standards</th>
<th>Evidence Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Effective Date: 7/13/2017</strong></td>
<td><strong>IPC 3.1</strong> 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.</td>
</tr>
<tr>
<td>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.</td>
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</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
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</tr>
<tr>
<td>Tip: Information on hand hygiene practices and standard precautions in community settings can be found on the CDC website.</td>
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</tbody>
</table>
### Standards

<table>
<thead>
<tr>
<th>Effective Date: 7/13/2017</th>
<th>Evidence Guidelines</th>
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</thead>
<tbody>
<tr>
<td><strong>IPC.4.I</strong> 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.</td>
<td>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. Guidance: In following organizational policy, it is expected that personnel ensure that areas for supply and equipment storage are separated to prevent cross contamination.</td>
</tr>
</tbody>
</table>

L736

<table>
<thead>
<tr>
<th>Effective Date: 7/13/2017</th>
<th>Evidence Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IPC.4.I.M1</strong> 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.</td>
<td>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. 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.</td>
</tr>
</tbody>
</table>

**Applicable Services:** Medicare Certified Home Care, Home Health, Skilled Home Care, Personal Care and Support Services, Hospice

**Applicable Regulations:** §484.70(a)

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### §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

<table>
<thead>
<tr>
<th>CHAP Standard ID</th>
<th>Description of Standard</th>
<th>Medicare Regulation(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPC.1.D</td>
<td>Documented IPC Program, including policies and procedures</td>
<td>§484.70, §484.70(a-b)</td>
</tr>
<tr>
<td>IPC.1.I</td>
<td>Following accepted standards of practice</td>
<td>§484.70(a)</td>
</tr>
<tr>
<td>IPC.3.I</td>
<td>Use of hand hygiene and other PPE</td>
<td>§484.70(a)</td>
</tr>
<tr>
<td>IPC.4.I</td>
<td>Storing, transporting, and carrying supplies and equipment in and out of the care environment</td>
<td>§484.70(a)</td>
</tr>
<tr>
<td>IPC.5.I</td>
<td>Cleaning and disinfecting equipment owned or leased by the organization</td>
<td>§484.70(b)</td>
</tr>
<tr>
<td>IPC.6.I</td>
<td>Maintaining the immediate care environment to minimize risks of infections and communicable diseases (includes provisions for hazardous and medical waste)</td>
<td>§484.70(a), §484.70(b)</td>
</tr>
<tr>
<td>IPC.7.1</td>
<td>Training and education of patients, caregivers, and personnel</td>
<td>§484.70(c)</td>
</tr>
<tr>
<td>IPC.8.I</td>
<td>TB Screening</td>
<td>§484.70(b)</td>
</tr>
<tr>
<td>IPC.10.I</td>
<td>Hepatitis B Vaccinations</td>
<td>§484.70(b)</td>
</tr>
<tr>
<td>IPC.11.I</td>
<td>Occupational exposure to communicable diseases referral and reporting</td>
<td>§484.70(b)</td>
</tr>
<tr>
<td>IPC.12.I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IPC.13.I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IPC.15.I</td>
<td>Monitoring infections as part of quality assessment and improvement</td>
<td>§484.70(b)</td>
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</tbody>
</table>
Infection Prevention and Control in the new Home Health Conditions of Participation

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Home Care and Hospice Consultant
Saint Simons Island, GA

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

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

National Outcomes and Assessment Information Set

- 95.4% patients were transferred to hospital
- Unplanned hospitalization rate was 18.2% (38,362/199,462)
- 21.2% recertified
- 56.3% discharged
- 3.3% transferred to an inpatient facility
- 0.4% dead

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

Unplanned Hospitalizations due to Infections

<table>
<thead>
<tr>
<th>Reasons for Unplanned Hospitalizations</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory infections</td>
<td>2787</td>
<td>7.7</td>
</tr>
<tr>
<td>Wound infection or deterioration</td>
<td>1702</td>
<td>4.7</td>
</tr>
<tr>
<td>Urinary tract infections</td>
<td>1587</td>
<td>4.4</td>
</tr>
<tr>
<td>IV catheter-related Infection</td>
<td>105</td>
<td>0.3</td>
</tr>
</tbody>
</table>


Hepatitis B Outbreaks in Patients Receiving Care from a HHA

<table>
<thead>
<tr>
<th>Year</th>
<th>State</th>
<th>Setting</th>
<th>Outbreak-associated Infections</th>
</tr>
</thead>
</table>
| 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) | • 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) | • 9 patients in an ALF |
| 2010 | CA    | Assisted living facility (Bancroft, E., Hathaway S., 2010). | • 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.


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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.


§ 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.

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).


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
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

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
Examples of Home Care-specific Standards of Practice

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

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

Device and Procedure-associated Infections in Home and Community-based Care

<table>
<thead>
<tr>
<th>Urinary tract Infection</th>
<th>Primary Bloodstream Infection</th>
<th>Skin and Soft Tissue Infection</th>
<th>Lower Respiratory Infection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catheter insertion</td>
<td>CVAD care and maintenance</td>
<td>Care to non-surgical wounds</td>
<td>Tracheostomy care and maintenance</td>
</tr>
<tr>
<td>Catheter maintenance</td>
<td>Admin. of IV medication</td>
<td>(Compounding)</td>
<td>Inhalation therapy</td>
</tr>
</tbody>
</table>

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

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.

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)


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

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


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

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


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

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


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

Infection Prevention and Control: Staff Education

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


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

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

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)

Questions?

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