Walk Through Infection Control Basics to Ensure Compliance

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§484.70: Infection Prevention and Control

The new CoP for Infection Prevention and Control, is organized under the following three standards:

1. Prevention
2. Control
3. Education

The Home Health agencies are to use best practices to control and prevent infection and contagious disease.

- Control – The HHA is expected to maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases.
- The Infection Prevention and Control Program is expected to be part of the agency’s QAPI program.
- CoP at §484.70(c) is the educational standard:
  - HHAs are expected to provide education on “current best practices” to staff, patients, and caregivers.
§484.70: Infection Prevention and Control

- § 484.70 Infection prevention and control
  - Must follow accepted Standards of Practice, include infection control and prevention efforts in QAPI program; ensure all patients, staff, and caregivers are educated on the infection control and prevention program.
  - Formal infection control program (covering prevention, control and education of staff, patients and family members) should include, at a minimum, a method for identifying infectious and communicable disease problems and a plan for the appropriate actions that are expected to result in improvement and disease prevention.
  - Maintain an agency-wide program to survey, identify, prevent, control, and investigate infectious and communicable diseases; not required to have a special committee.
  - Examples of some areas to look to for infection prevention include catheter-associated urinary tract infections (UTIs), skin and soft tissue infections, and central line associated blood infections.

Infection Control Prevention

- The revisions to the CoPs, include a shift to focus on infection prevention as much as control.
  - Accepted Standards of Practice
  - Expansion of QAPI program
  - Ensuring all patients, staff, and caregivers are educated on the infection control and prevention program

Formal Infection Control Program

- Prevention, control and education of staff, patients and family members should include:
  - A method for identifying infectious and communicable disease problems.
  - A plan for the appropriate actions that are expected to result in improvement and disease prevention.
Infection Control
Agency Wide Program

- The agency-wide program must be able to:
  - Identify
  - Survey
  - Prevent
  - Control
  - Investigate infectious and communicable diseases.

Infection Control: Areas of Focus

- Back to the basics! Handwashing
  - Teach clinicians and patients about proper hand washing technique.
  - Conduct onsite visits (suggested quarterly) to observe employee technique.
  - Include observation and interview validation of patient's technique.
  - Use the results of this field test to further educate employees.
  - Revise policies, practices, and programs to include the new steps and measures.

- Inquire about use of antibiotics
  - Identifying why the patient is on an antibiotic will assist in identifying and preventing disease outbreaks.
  - This expands preventative measures.
  - Institute detailed training on preventative measures, as they pertain to antibiotic use.
  - Utilize local health department and regional statistics to aid in training.
Infection Control: Areas of Focus

• Track if a patient or clinician at your agency suddenly comes down with some unexplained illness.
  – Paraprofessionals are often the first in an agency to hear of such outbreaks and they too should be instructed to notify the agency of any possibility of infection and document information about antibiotics or spreading illness.
  – If something appears unique or out of the norm, have staff call a QAPI manager immediately.

• Identify an infection control staff:
  – Infection Control Manager. Likely to be an RN trained in infection control to track and manage the program.
  – Such a manager will need to collect reports from field clinicians about home health care associated infections, such as UTIs, on at least a monthly basis and aggregate the data on a quarterly basis.
  – QAPI staff will need to spend as much as one third of their time managing the agency’s infection control program.

Surveyor Interest in Infection Control

• Surveyors will:
  – Expect agencies to work closely with local health departments to develop their plans.
  – Look for policies, procedures, and practice indicating:
    • Prevention.
    • Education.
    • Control.
Surveyor Interest in Infection Control

- Surveyors will carefully scrutinize all policies and procedures related to your newly designed infection control program.
- For agencies who already have IC programs, be sure to carefully review the proposed requirements for the detail. The CoPs may be more specific.

Agency Steps Infection Control

- Agencies will require revision and implementation of:
  - Policies & procedures.
  - Process flows.
  - Job descriptions.
  - Processes.
  - Admission paperwork and patient materials.

Educational Focus Infection Control

- Agencies will need to focus educational efforts on:
  - Clinicians.
  - Management.
  - Support patient care team.
  - Admission staff.
  - Patients and caregivers.
Competencies: Initial and Ongoing

Patient Care Team Management

Validating Competencies

Education of the new expectations is a key to your success. The agency must also validate the skills by observation.

- Initial skills validation
  - Lab setting
  - On site visits
- Observation of:
  - Staff proficiency
  - Teaching effectiveness (patient and caregiver)

- Ongoing validation
  - Annual (minimum suggestion)
  - Lab/classroom setting
  - Onsite visits
- Observation of:
  - Staff proficiency
  - Teaching effectiveness (patient and caregiver)

Skills Validation and Checklists

- Consider integrating into all job descriptions and competencies.
- All disciplines teach.
- While the SN will take the lead, OT and PT can integrate into their plan(s).

The following are sample skills checklists and competencies...
Summary

• The revised CoPs are shifting focus to include prevention of infection and communicable diseases.
• Agencies will require revision of internal processes, practices, and programs.
• Surveyors will be required to provide intense scrutiny of agency compliance with new measures.

References for Infection Prevention and Control

• https://www.cms.gov/center/provider‐type/home‐health‐agency‐hha‐center.html
• https://www.cms.gov/site‐search/search‐results.html?q=home%20health%20cops

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Thank You

Questions?
# Annual Infection Control and Prevention Program Evaluation

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<th>Area of Review</th>
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<td>1. Goals of Program reviewed and are compliant with CoPs and Standards</td>
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<td>2. New services or sites have been introduced with resulting changes in the scope of the program</td>
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<td>3. Risk analysis has changed each quarter and are relevant to environment</td>
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<td>4. Program allows for patient, caregiver and staff indicators and education</td>
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<td>5. Emerging and/or reemerging problems in the health care community that potentially affected our organization occurred.</td>
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<td>6. Describe successes or failures of interventions in preventing or controlling infections:</td>
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<td>7. Describe responses to concerns raised by leadership and others within organization:</td>
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<td>8. Describe evolution of relevant infection prevention and control guidelines that are based on evidence or, in the absence of evidence, expert consensus:</td>
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Signature ____________________________ Date ________________

*Note: Copy to organization’s Governing Body, QAPI Manager, Patient Safety committee*
Hand Hygiene Policy and Compliance Program

POLICY

Hand hygiene will be done by all employees to reduce the transfer of microbes to patients and to prevent the growth of microorganisms on the nails, hands and forearms.

PURPOSE

To prevent transfer of germs and transmission of infections to patients and caregivers and to implement a hand hygiene compliance program.

REFERENCE

[Insert Accreditation Reference]
Medicare §484.70 Condition of Participation: Infection prevention and control

RELATED DOCUMENTS

"Alcohol Product Usage Compliance" and "Hand Hygiene Monthly Monitoring" tools

EQUIPMENT

- Bacteriostatic foam/gel/liquid.
- Sink with running water.
- Soap – liquid, antimicrobial.
- Paper towels.
- Disposable plastic bag or waste can.

PROCEDURE

1. Indications for staff performing hand hygiene are:
   - Before and after direct patient care.
   - Before and after each procedure.
   - After using the bathroom.
   - After blowing or wiping the nose.
   - Before and after eating.
   - Before and after collecting specimen.
   - When hands are soiled.
   - After any contact with contaminated materials
   - Before re-entering nursing bag or patient’s clean supplies.
2. All employees are responsible for implementing hand hygiene procedures in an ongoing attempt to prevent and/or contain infectious processes and communicable diseases.

3. Bacteriostatic foam/gel/liquid is the preferable hand hygiene method. When using bacteriostatic foam/gel/liquid, the procedure is as follows:
   - Place adequate amount of foam or liquid on hands.
   - Using friction, clean between fingers, around and under nails, palms and backs of hands until hands are completely dry.

4. The proper procedure for handwashing when using soap and water is as follows:
   - Turn water to a comfortable warm temperature.
   - Hold hands under running water so they get completely wet.
   - Lather hands well with liquid, antimicrobial soap: use friction; wash between fingers, wash area around and under nails.
   - Using a clean paper towel, dry hands thoroughly.
   - Turn off water faucet using towel.
   - Discard paper towels in a disposable bag or waste can.

5. The Agency has implemented an aggressive program to address hand hygiene and decrease rates of infections:
   - The Agency provides bacteriostatic foam/gel/liquid to all patient care staff.
   - The Agency provides a liquid, antimicrobial soap and paper towels to all patient care staff.
   - Orientation and annual staff training will include hand hygiene.
   - Staff compliance with use of bacteriostatic foam/gel/liquid will be monitored monthly (see Alcohol Product Usage Compliance Tool).

6. The Agency has established a hand hygiene compliance goal of 90% or greater.
   - Staff compliance with hand hygiene will be monitored monthly to determine compliance rate (see Hand Hygiene Monthly Monitoring tool).
   - Remedial individual staff education will be provided to assist Agency in meeting goal.
   - Monthly compliance data will be shared with staff.
Infection Control and Prevention Plan

**POLICY**

The Agency has developed, and implemented infection control practices that conform to OSHA regulations, CDC guidelines, the [Accreditation Body] and CMS requirements, state and local regulations and currently accepted standards of practice. The QAPI Manager is assigned responsibility for the management of infection prevention and control activities.

**PURPOSE**

To prevent or decrease the exposure of patients and employees to diseases and infections and to establish and maintain a surveillance program of identifying, reporting and analyzing infections.

**REFERENCE**

The [Insert Accrediting Body] Standards: Medicare CoP § 484.70 Infection control and prevention

**RELATED DOCUMENTS**

“Annual Infection Control Program Evaluation” form

**PROCEDURE**

1. The Agency *Infection Control Plan* conforms to OSHA regulations, CDC guidelines, the Accreditation Body requirements, state and local regulations and currently accepted standards of practice.

2. The Plan meets or exceeds the standards established by the Department of Labor Occupational Safety and Health Administration (OSHA) (1910.1020) on bloodborne pathogens, including HIV and HBV.

3. The *Infection Control Plan* establishes and implements policies and procedures for controlling employee exposure to fluids, tissues or other potentially infectious material considered to be sources of HIV or HBV infection or other bloodborne pathogens. These policies/procedures include:
   - Identifies all those employees at risk of exposure to HIV and HBV or other bloodborne pathogens.
   - Establishes procedures for the evaluation of circumstances surrounding exposure incidents.
   - Makes available Hepatitis B vaccine to all employees at risk in accordance with standard medical practice.

All policies, procedures and forms should be updated immediately following the release of the Interpretive Guidelines for the new Home Health Conditions of Participation.
• Establishes a training program upon employment which:
  - Educates employees in the infection control program.
  - Advises employees of any revisions or when changes occur.
• Provides record keeping in accordance with regulations.
• Ensures that provisions of equipment and supplies necessary to minimize the risk of infection with bloodborne pathogens or other potentially infectious materials are available to all employees at risk of exposure.
• Establishes a process for educating patient/caregivers regarding infection control policies/procedures.
• Establishes a surveillance program for infections acquired in home health care.
• Reviews the program’s effectiveness annually and revise as necessary.
• Establishes policies/procedures that will reduce the spread of infections to employees and patients.
• Monitors staff adherence to recommended policies, procedures and protective measures. When monitoring reveals a failure to follow recommended precautions:
  - Counseling, education and/or retraining will be provided.
  - If necessary, appropriate disciplinary action will be taken.
• Screens staff as required by law and regulation for exposure and/or immunity to infectious diseases that staff may come in contact with.
• Refers staff who are exposed to or who potentially have an infectious disease to physicians for assessment, testing, prophylaxis treatment, counseling and/or immunization.

4. Goals for the infection control program include:
• To reduce the risk of acquisition and transmission of infections by addressing prioritized risks.
• To limit unprotected exposure to pathogens throughout the organization by implementing current CDC and OSHA guidelines.
• To improve hand hygiene compliance.
• To minimize the risk of transmitting infections associated with the use of procedures, medical equipment and medical devices.
• To improve influenza vaccination rates.

5. Emergency operations planning for infectious disease outbreak includes:
• The agency will be prepared to respond to an influx, or the risk of an influx, of infectious patients. Such planning includes implementation of the emergency operations plan phases of preparation and response (see plan). Depending on the severity and potential numbers of infectious patients, existing patients may be prioritized and services rendered to the highest priority patients.
• In order to manage an ongoing influx of potentially infectious patients over an extended time, the Agency will consider suspension of patient admissions and early discharge of existing stable patients after physician consultation.
• The Agency has established processes and procedures for information management before and during an infectious disease outbreak.
- The Agency will keep abreast of and obtain current information about infections that could cause an increased number of potentially infectious patients through communication with resources, e.g., hospitals, local and state health departments, offices of emergency management and departments of homeland security, and local media (e.g., television, radio and newspapers).
- Critical information will be disseminated to staff, key practitioners, physicians, and leaders through e-mail, voicemail, telephone and staff meetings about emerging infections that could cause an increased number of potentially infectious patients.
- Community resources for obtaining additional information include local and state health departments, offices of emergency management and departments of homeland security as well as local hospitals.

6. The Agency will perform a risk analysis to identify risks for the transmission and acquisition of infectious agents based on:
   - Geographic location and community served.
   - Results of analysis of infection prevention and control data.
   - Care provided.

7. The risk analysis defines the current surveillance activities and will be reviewed annually or whenever significant changes occur.

8. The Agency formally evaluates the infection control program and goals annually or whenever risks significantly change.

9. The Agency will assign responsibility for infection control program management.
   - The assigned individual will be qualified for such responsibilities based on education, additional training and/or experience.
   - The individual coordinates all activities and assures ongoing surveillance, data collection, aggregation, analysis and monitoring of the effectiveness of the program.
   - The individual meets regularly with leaders, managers and staff to:
     - Develop strategies.
     - Review and react (as appropriate) to surveillance data.
     - Assess successes and failures of program.
     - Review and revise program.
     - Perform annual infection control program evaluation.