Infection Prevention Challenges in Home Care and Hospice: Preparing for Survey
Mary McGoldrick, MS, RN, CRNI, Home Health Systems Inc
A Webber Training Teleclass

Learning Objectives
At the conclusion of this session, you will be able to:
 Identify the required structural components for a home care and hospice infection control program.
 Recognize common problems and infection prevention challenges related to care provided in the home setting.
 Strengthen the infection control practices within a home care and hospice organization.
 More effectively prepare for a home care and hospice survey.


Home Care and Hospice Surveys: Federal
 Centers for Medicare and Medicaid Services (CMS)

Occupational Safety and Health Administration (OSHA)
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Home Care and Hospice Surveys

- State:
  - Licensure regulations
  - Medical waste disposal regulations
- Accrediting bodies:
  - The Joint Commission (TJC)
  - Accreditation Commission for Health Care (ACHC)
  - Community Health Accreditation Program (CHAP)

Components of a Home Care and Hospice Infection Prevention and Control Program

Infection Prevention and Control

IC.01.01.01 Identifies the individual(s) responsible for infection prevention and control.
- EP 3 Assigns responsibility for the management of infection prevention and control activities to one or more individuals.


IC.01.02.01 Leaders allocate needed resources for infection prevention and control activities.
- EP 1 Provides access to information needed to support infection prevention and control activities.
- EP 3 Provides equipment and supplies to support infection prevention and control activities.


IC.01.03.01 Identifies risks for acquiring and spreading infections.
Identifies infection risks based on:
- EP 1 Geographic location, community, and population served.
- EP 2 Care, treatment, and services it provides.
- EP 3 Analysis of its surveillance activities and other infection control data.
- EP 5 Prioritizes identified risks for acquiring and spreading infections.


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IC.01.04.01 Sets goals to minimize the possibility of spreading infections.
Written infection prevention and control goals:
- EP 1 Addressing its prioritized risks.
- EP 2 Limiting unprotected exposure to pathogens.
- EP 3 Limiting spread of infections associated with procedures.
- EP 4 Limiting the spread of infections associated with the use of medical equipment, devices, and supplies.
- EP 5 Improving compliance with hand hygiene guidelines.

CDC HICPAC Guidelines
- Management of Multidrug-resistant Organisms in Healthcare Settings, 2006
- Prevention and Control of Influenza. Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2006
- Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-care Settings, 2005

Association for Professionals in Infection Control and Epidemiology Elimination Guides
- Guide to the Elimination of Acinetobacter baumannii, 2010
- Guide to the Elimination of CRBSIs, 2009
- Guide to the Elimination of Ventilator-Associated Pneumonia, 2009
- Guide to the Elimination of Clostridium difficile, 2008

Prevention and Management of Exposure to Bloodborne Pathogens

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Professional Standards of Practice and Scientific Methods and Guidelines

- Infusion Nurses Society. (January/February 2011). Infusion Nursing Standards of Practice. Journal of Infusion Nursing, 34 (suppl.) 1S.

Professional Standards of Practice and Scientific Methods and Guidelines


Infection Prevention and Control
IC.01.05.01 Plans for preventing and controlling infections.
- EP 2 Plans infection prevention and control activities, including surveillance, to minimize, reduce, or eliminate the risk of infection.


Professional Standards of Practice and Scientific Methods and Guidelines

- APIC-HICPAC Surveillance Definitions for Home Health Care and Home Hospice Infections.

Infection Prevention and Control
IC.01.05.01 Plans for preventing and controlling infections.
- EP 3 Plans how it will evaluate its infection prevention and control activities.
- EP 5 Describes, in writing, the process for investigating outbreaks of infectious disease.
- EP 6 Everyone has responsibilities for preventing and controlling infection.


Professional Standards of Practice and Scientific Methods and Guidelines

- EP 7 Method for communicating responsibilities about preventing and controlling infection to LIPs, staff, visitors, patients, and families. Information for visitors, patients and families includes hand and respiratory hygiene practices.
- EP 8 Identifies methods for reporting infections to external organizations.


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Infection Prevention and Control

**IC.01.05.01** Plans for preventing and controlling infections. Applies to hospice deemed status only:
- EP 10 IC program is part of the Quality Assessment and Improvement (QAPI) program.


**IC.01.06.01** Prepares to respond to an increased number of potentially infectious patients.
- EP 4 Describes how it will respond to an increased number of potentially infectious patients.
- EP 5 If accepts an increased number of potentially infectious patients, describes its methods for managing patients over extended period of time.
- EP 6 Activates its response to an increased number of potentially infectious patients.


**IC.02.01.01** Implements the infection prevention and control activities it has planned.
- EP 1 Implements its infection prevention and control activities, including surveillance, to minimize, reduce, or eliminate the risk of infection.
- EP 2 Uses standard precautions, including PPE to reduce the risk of infection.
- EP 3 Takes precautions in response to way suspected or identified infections are spread within service setting and community.
- EP 5 Investigates outbreaks of infectious disease within its staff and patient.


**IC.01.06.01** Prepares to respond to an increased number of potentially infectious patients.
- EP 1 Identifies resources that provide information about infections.
- EP 2 Obtains current clinical and epidemiological information regarding new infections.
- EP 3 Method for communicating critical information to LIPs and staff about emerging infections.


**Implementing the Infection Prevention and Control Program in Home Care and Hospice**

**IC.02.01.01** Implements the infection prevention and control activities as planned
- EP 6 Minimizes the risk of infection when storing and disposing of infectious waste.
- EP 7 Implements its methods to communicate responsibilities for preventing and controlling infection to LIPs, staff, visitors, patients, families. Information for visitors, patients and families includes hand and respiratory hygiene practices.
- EP 8 Reports infection surveillance, prevention, and control information to the appropriate staff.

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**IC.02.01.01** Implements the activities as planned
- EP 9 Reports infections to local, state, and federal public health authorities.
- EP 10 When aware that it transferred a patient with an infection requiring monitoring, treatment, and/or isolation, it informs the receiving organization.
- EP 11 When aware that it received a patient from another organization with an infection requiring action, and the infection was not communicated by the referring organization, it informs the referring organization.


**IC.02.02.01** Reduces risk of infections associated with medical equipment, devices, and supplies. Implements activities when:
- EP 1 Cleaning and performing disinfection of medical supplies and devices.
- EP 3 Disposing of medical equipment, devices, and supplies in accordance with law and regulation.
- EP 4 Storing medical equipment, devices, and supplies.


**IC.02.02.01** Reduces risk of infections associated with medical equipment, devices, and supplies. Applies to hospice deemed status only:
- EP 6 Has available at all times quantity of linen required for proper care and comfort of patients.
- EP 7 Linens handled, stored, processed, and transported in manner that prevents spread of infection spread.

**IC.02.03.01** Works to prevent the spread of infectious disease among patients and staff.
- EP 1 Arranges for screening of staff for exposure and/or immunity to infectious disease when workplace contact is possible, and as required by law and regulation or organization policy.
- EP 2 When LIPs or staff have, or are suspected of having, an infectious disease that puts others at risk, organization provides them with or refers them for assessment, testing, immunization, prophylaxis/treatment, or counseling.
- EP 3 When LIPs or staff have been occupationally exposed to an infectious disease, provides them or refers them for assessment, testing, immunization, prophylaxis/treatment, or counseling.
- EP 4 When patients exposed to an infectious disease, organization provides them or refers them for assessment, testing, immunization, prophylaxis/treatment, or counseling.


Evaluating the Home Care and Hospice Infection Prevention and Control Program

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IC.03.01.01 Evaluates effectiveness of its activities.
- EP 1 Evaluates the effectiveness of its planned infection prevention and control activities annually and whenever risks change.
  The evaluation includes a review of the:
  - EP 2 Infection prevention and control prioritized risks.
  - EP 3 Infection prevention and control goals.

IC.03.01.01 Evaluates the effectiveness of its infection prevention and control activities.
- EP 6 Findings from the evaluation are communicated at least annually.
- EP 7 Uses the findings of its evaluation to revise its planned approach for preventing and controlling infections.

The Joint Commission: 2011 National Patient Safety Goals
NPSG.07.01.01: Reduce the risk of health care-associated infections
- EP1: Implement a program that follows categories 1A, 1B and 1C of either the current CDC or WHO hand hygiene guidelines
- EP2: Set goals for hand hygiene compliance
- EP3: Improve compliance with hand hygiene goals based on hand hygiene goals

The Joint Commission: Sentinel Event
- A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase, “or the risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.

Home Care Hand Hygiene Competence Assessment Tool
Download at: www.HomeCareandHospice.com

Home Health & Hospice Federal Regulations
- Centers for Medicare and Medicaid Services (CMS)

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§418.60 Hospice Condition of Participation: Infection Control

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

(b) Standard: Control.
The hospice must maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that—

- (1) Is an integral part of the hospice’s quality assessment and performance improvement program; and …

(c) Standard: Education.
The hospice must provide infection control education to employees, contracted providers, patients, and family members and other caregivers.

§418.58 Hospice Condition of participation: Quality assessment and performance improvement

(a) Standard: Program scope.
- (1) Measurable improvement in indicators related to improved palliative outcomes and hospice services.
- (2) Measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance

(b) Standard: Program data.
- (1) Use quality indicator data, including patient care, and other relevant data, in the design of its program.
- (2) Use data collected to do the following: (i) Monitor the effectiveness and safety of services and quality of care.
- (ii) Identify opportunities and priorities for improvement.

(b) Standard: Program data.
- (3) The frequency and detail of the data collection must be approved by the hospice’s governing body.

(c) Standard: Program activities.
- (1) The hospice’s PI activities must:
  - (i) Focus on high risk, high volume, or problem-prone areas.
  - (ii) Consider incidence, prevalence, and severity of problems in those areas.
  - (iii) Affect palliative outcomes, patient safety, and quality of care.
- (2) PI must track adverse patient events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the hospice.
§418.58 Hospice Condition of participation: Quality assessment and performance improvement

(3) Take actions aimed at PI and, after implementing those actions, the hospice must measure its success and track performance to ensure that improvements are sustained.

(d) Standard: Performance improvement projects. Develop, implement, and evaluate PI projects.

(1) The number and scope of distinct PI projects conducted annually, based on the needs of the hospice’s population and internal organizational needs, must reflect the scope, complexity, and past performance of hospice’s services and operations.

(2) Document what PI projects conducted, reasons for conducting projects, and measurable progress achieved.

§418.58 Hospice Condition of participation: Quality assessment and performance improvement

(e) Standard: Executive responsibilities. The governing body is responsible for ensuring the following:

1) Ongoing program for quality improvement and patient safety is defined, implemented, and maintained, and is evaluated annually.

2) Hospice-wide quality assessment and performance improvement efforts address priorities for improved quality of care and patient safety, and that all improvement actions are evaluated for effectiveness.

3) One or more individual(s) who are responsible for operating the QAPI program are designated.

Home Health Federal Regulations

- Revised Survey Protocol
- Pre-Survey Preparation - Review the Potentially Avoidable Events Report
- Tier 1
  - Identify if any agency patients experienced
    - Emergent care for wound infections, deteriorating wound status.

§484.12(c) Home Health Standard: Compliance with Accepted Professional Standards and Principles

- The HHA and its staff must comply with accepted professional standards and principles that apply to professionals furnishing services in an HHA.
- All care providers follow parameters defined by State practice acts, Federal & State laws & regulations, HHA policies and other accepted guidelines (e.g., CDC guidelines for infection control).

§484.30(b) Home Health Standard: Duties of the Licensed Practical Nurse

- The licensed practical nurse furnishes services in accordance with agency policies.
- Prepares equipment and materials for treatments observing aseptic technique as required; and ....

§484.36(a) Home Health Standard: Home Health Aide Training

- (1) Standard: Content and Duration of Training
  - (iv) Basic infection control procedures.
Preparing for Survey

- Written documents:
  - Infection prevention and control policies and procedures
  - Infection control plan with prioritized goals
  - Data measuring compliance w/prioritized goals
  - Surveillance data
  - Infection control risk assessment and program evaluation
  - Bloodborne pathogen exposure control plan
  - Respiratory protection plan

Preparing for Survey

- Knowledge of infection reporting requirements
- Knowledge of surveillance data
- Routine personnel file audits
- Random unannounced:
  - Vehicle
  - Competence assessment visits
  - Observation of patient care

Thank You!

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