

# Critical Access Hospital CoPs

## Part 3 of 4

What every CAH needs to know about the  
Conditions of Participation (CoPs)



**Infection Control, Safe Medication, Lab, Patient Services, Nursing, Outpatient, and Discharge Planning**

# Speaker



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qsog\_cah@cms.hhs.gov (Critical Access Hospitals)

# Location of CMS Hospital CoP Manual

New Email questions to [CAHSCG@cms.hhs.gov](mailto:CAHSCG@cms.hhs.gov) or [qsog\\_cah@cms.hhs.gov](mailto:qsog_cah@cms.hhs.gov)

## Medicare State Operations Manual Appendix



- Each Appendix is a separate file that can be accessed directly from the SC ... Appendices Table of Contents, as applicable.
- The appendices are in PDF format, which is the format generally used in the IOM to display files. Click on the corresponding letter in the “Appendix Letter” column to see any available file in PDF.
- To return to this page after opening a PDF file on your desktop, use the browser "back" button. This is because closing the file usually will also close most browsers

New [www.cms.gov/files/document/appendices-table-content.pdf](http://www.cms.gov/files/document/appendices-table-content.pdf)

Appendix Letter	Description
A	Hospitals
AA	Psychiatric Hospitals
B	Home Health Agencies

# CAH CoP or State Operations Manual

## **State Operations Manual Appendix W - Survey Protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAHs) and Swing-Beds in CAHs**

*(Rev. 200, 02-21-20)*

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Task 5 - Exit Conference

Task 6 - Post-Survey Activities

#### **Survey Protocol**

**Manuals at**

**[www.cms.gov/files/document/appen  
dices-table-content.pdf](http://www.cms.gov/files/document/appen<br/>dices-table-content.pdf)**

#### **Regulations and Interpretive Guidelines for CAHs**

*§485.601 Basis and Scope*

*§485.603 Rural Health Network*

*§485.604 Personnel Qualifications*

**Questions to [qsog\\_cah@cms.hhs.gov](mailto:qsog_cah@cms.hhs.gov)  
[cahscg@cms.hhs.gov](mailto:cahscg@cms.hhs.gov)**

# CMS Survey Memos

## Policy & Memos to States and Regions

CMS Quality Safety & Oversight memoranda, guidance, clarifications and instructions to State Survey Agencies and CMS Regional Offices. [www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions)

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Title	Memo #	Posting Date ▲	Fiscal Year
<a href="#">Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes</a>	QSO-20-14-NH	2020-03-04	2020
<a href="#">Suspension of Survey Activities</a>	QSO-20-12-All	2020-03-04	2020
<a href="#">Guidance for Infection Control and Prevention Concerning Coronavirus Disease (COVID-19): FAQs and Considerations for Patient Triage, Placement and Hospital Discharge</a>	QSO-20-13-Hospitals	2020-03-04	2020
<a href="#">Release of Additional Toolkits to Ensure Safety and Quality in Nursing Homes</a>	20-11-NH	2020-02-14	2020
<a href="#">Information for Healthcare Facilities Concerning 2019 Novel Coronavirus Illness (2019-nCoV)</a>	20-09-ALL	2020-02-06	2020
<a href="#">Notification to Surveyors of the Authorization for Emergency Use of the CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel</a>	20-10-ALL	2020-02-	2020

# Policy & Memos to States and Regions

CMS Quality Safety & Oversight memoranda, guidance, clarifications and instructions to State Survey Agencies and CMS Regional Offices.


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Title	Memo #	Posting Date 	Fiscal Year
<a href="#">Prioritization of Survey Activities</a>	QSO-20-20-All	2020-03-23	2020
<a href="#">Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes (REVISED)</a>	QSO-20-14-NH REVISED	2020-03-13	2020
<a href="#">Guidance for use of Certain Industrial Respirators by Health Care Personnel</a>	QSO-20-17-All	2020-03-10	2020
<a href="#">Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in dialysis facilities</a>	QSO-20-19-ESRD	2020-03-10	2020
<a href="#">Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) in Home Health Agencies (HHAs)</a>	QSO-20-18-HHA	2020-03-10	2020
<a href="#">Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) by Hospice Agencies</a>	QSO-20-16-Hospice	2020-03-09	2020
<a href="#">Emergency Medical Treatment and Labor Act (EMTALA) Requirements and Implications Related to Coronavirus Disease 2019 (COVID-19)</a>	QSO-20-15 Hospital/CAH/EMTALA	2020-03-09	2020
<a href="#">Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in nursing homes</a>	QSO-20-14-NH	2020-03-04	2020

# Targeted Infection Control Surveys



# Targeted Infection Control Surveys

- CMS issued a 28-page memo on March 23, 2020 that discusses several issues
- First, it prioritized when state survey agencies will conduct surveys such as for complaints that if established would constitute immediate jeopardy
- Second, CMS and state surveyors will conduct **targeted infection control surveys** of providers in conjunction with the CDC and HHS Secretary for Emergency Preparedness
- Published a voluntary self assessment checklist for hospitals and nursing homes and others to use



**Center for Clinical Standards and Quality/Quality, Safety & Oversight Group**

Ref: QSO-20-20-All

**DATE:** March 23, 2020

**TO:** State Survey Agency Directors

**FROM:** Director  
Quality, Safety & Oversight Group

**SUBJECT:** Prioritization of Survey Activities

**Memorandum Summary**

- *The Centers for Medicare & Medicaid Services (CMS) is committed* to taking critical steps to ensure America's health care facilities are prepared to respond to the threat of disease caused by the 2019 Novel Coronavirus (COVID-19).
- On Friday, March 13, 2020, the President declared a national emergency, which triggers the Secretary's ability to authorize waivers or modifications of certain requirements pursuant to section 1135 of the Social Security Act (the Act). Under section 1135(b)(5) of the Act, CMS is prioritizing surveys by authorizing modification of timetables and deadlines for the performance of certain required activities, delaying revisit surveys, and generally exercising enforcement discretion for three weeks.
- During this three-week timeframe, **only** the following types of surveys will be prioritized and conducted:
  - **Complaint/facility-reported incident surveys:** State survey agencies (SSAs) will conduct surveys related to complaints and facility-reported incidents (FRIs) that are triaged at the Immediate Jeopardy (IJ) level. A streamlined Infection Control review tool will also be utilized during these surveys, regardless of the Immediate Jeopardy allegation.
  - **Targeted Infection Control Surveys:** Federal CMS and State surveyors will conduct targeted Infection Control surveys of providers identified through collaboration with the Centers for Disease Control and Prevention (CDC) and the HHS Assistant Secretary for Preparedness and Response (ASPR). They will use a streamlined review checklist to minimize the impact on provider activities, while ensuring

# Targeted Infection Control Surveys

- Will not be doing other standard surveys during this 3-week time
- If surveyors do not have access to the necessary PPE as outlined by the CDC will refrain from doing the survey
- Focused infection control survey is to make healthcare providers aware of the IC priorities and recommend doing the self assessment
  - Will conduct focused IC surveys in area deemed necessary through collaboration with the CDC and ASPR
  - Gave additional instructions to LTC facilities and expect them to use the self assessment and CMS can ask for it

# Targeted Infection Control Surveys

- LTC (Nursing Homes) should share this with their state department of health
- CDC recommends that LTC notify their health department within 72 hours if residents develop severe respiratory infections
  - Should have signage on door of necessary infection control steps (isolation)
  - CMS is recommending limiting visitation in hospitals, CAH, and LTC and has list of recommendations
  - Did a review at what happened at Kirkland NH in Kirkland, Washington
  - Has a memo on LTC visitation at [www.cms.gov/files/document/qso-20-14-nh-revised.pdf](http://www.cms.gov/files/document/qso-20-14-nh-revised.pdf)

FOR IMMEDIATE RELEASE

March 23, 2020

Contact: CMS Media Relations  
(202) 690-6145 | [CMS Media Inquiries](#)

**CMS Announces Findings at Kirkland Nursing Home and New Targeted Plan for Healthcare Facility Inspections in light of COVID-19**

*Inspection at Kirkland facility inform Agency's move to further focused inspection process*

Today, the Centers for Medicare & Medicaid Services (CMS) is announcing the preliminary results of a recent inspection of the Life Care Center nursing home in Kirkland, Washington – the epicenter of the 2019 Novel Coronavirus (COVID-19) outbreak in that state. The inspection, which the Agency conducted with the Washington Department of Social & Health Services, has helped inform CMS's national strategy for keeping patients safe in nursing homes and other healthcare facilities. In keeping with the Trump Administration's aggressive moves to combat further spread of COVID-19, CMS is also utilizing flexibilities allowed by President Trump's Emergency Declaration to announce an enhanced, focused inspection process, informed in part by the Agency's experiences on the ground in Kirkland, and close coordination and input from the Centers for Disease Control and Prevention (CDC). This focused inspection process will be provided to all inspectors and facilities, and used on a national scale. Critically, this focused inspection process includes a self-assessment tool for providers to employ.

## **Limitations on Visitors**

To mitigate the spread of the COVID-19 virus, CMS is providing guidance to restrict visitation in health care facilities such as hospitals, critical access hospitals, psychiatric hospitals, inpatient hospice units, and intermediate care facilities for individuals with developmental disabilities. For CMS restrictions on visitation in nursing homes, see QSO-20-14

<https://www.cms.gov/files/document/qso-20-14-nh-revised.pdf>.

CMS is providing the following expanded guidance to prevent the spread of COVID-19:

- a) Visitors should receive the same screening as patients, including whether they have had:
  - Fever or symptoms of a respiratory infection, such as a cough and sore throat.
  - International travel within the last 14 days to CDC Level 3 risk countries. For updated information on restricted countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
  - Contact with someone with known or suspected COVID-19.
- b) Health care facilities should set limitations on visitation. For example, limitations may include restricting the number of visitors per patient, or limiting visitors to only those that provide assistance to the patient, or limiting visitors under a certain age.
- c) Health care facilities should provide signage at entrances for screening individuals, provide temperature checks/ ask about fever, and encourage frequent hand washing and use of hand sanitizer before entering the facility and before and after entering patient rooms
- d) If visiting and not seeking medical treatment themselves, individuals with fevers, cough, sore throat, body aches or runny nose or not following infection control guidance should be restricted from entry.
- e) Facilities should screen and limit visitors for any recent trips (within the last 30 days) on cruise ships as well as close contact with a suspect or laboratory-confirmed COVID-19 patient within the last 14 days, or overseas travel from certain countries.

# Restrict Visitors in Hospitals

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html>,

<https://wwwnc.cdc.gov/travel/page/covid-19-cruise-ship>

- f) Facilities should instruct visitors to limit their movement within the facility (e.g., reduce walking the halls, trips to cafeteria, etc.)
- g) Facilities should establish limited entry points for all visitors and/or establish alternative sites for screening prior to entry.
- h) Facilities can implement measures to:
  - Increase communication with families (phone, face-time, skype, etc.).
  - Potentially offer a hotline for with a recording that is updated at set times so families can get an update on the facility's general status.
  - If appropriate, consider offering telephonic screening of recent travel and wellness prior to coming in for scheduled appointments. This may help limit the amount of visitor movement throughout the organization and congestion at entry points.
- i) Consider closing common visiting areas and encouraging patients to visit with loved ones in their patient rooms.

Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-20-14-NH

**DATE:** March 13, 2020  
**TO:** State Survey Agency Directors  
**FROM:** Director  
Quality, Safety & Oversight Group  
**SUBJECT:** Guidance for Infection Control and Prevention of Coronavirus Disease 2019  
(COVID-19) in Nursing Homes (*REVISED*)

[www.cms.gov/files/document/qso-20-14-nh-revised.pdf](http://www.cms.gov/files/document/qso-20-14-nh-revised.pdf)

Memorandum Summary

- *CMS is committed* to taking critical steps to ensure America's health care facilities and clinical laboratories are prepared to respond to the threat of the COVID-19.
- **Guidance for Infection Control and Prevention of COVID-19** - CMS is providing additional guidance to nursing homes to help them improve their infection control and prevention practices to prevent the transmission of COVID-19, *including revised guidance for visitation.*
- **Coordination with the Centers for Disease Control (CDC) and local public health departments** - We encourage all nursing homes to monitor the CDC website for information and resources and contact their local health department when needed (CDC Resources for Health Care Facilities: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>).

## COVID-19 Focused Infection Control Survey: Acute and Continuing Care

### Aerosol – Generating Procedures

- Appropriate mouth, nose, clothing, gloves, and eye protection (e.g., N95 or higher-level respirator, if available; face shield, gowns) is worn for performing aerosol-generating and/or procedures that are likely to generate splashes or sprays of blood or body fluids and COVID-19 is suspected;
- Some procedures performed on patient with known or suspected COVID-19 could generate infectious aerosols. In particular, procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously. If performed, the following should occur:
  - Staff in the room should wear an N95 or higher-level respirator, eye protection, gloves, and a gown.
  - The number of staff present during the procedure should be limited to only those essential for care and procedure support.
  - AGPs should ideally take place in an airborne infection isolation room (AIIR). If an AIIR is not available and the procedure is medically necessary, then it should take place in a private room with the door closed.
  - Clean and disinfect procedure room surfaces promptly as and with appropriate disinfectant. Use disinfectants on List N of the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-COV-2 or other national recommendations;

Did staff implement appropriate use of PPE?  Yes  No (see appropriate IPC tags for the provider/supplier type)

### Transmission-Based Precautions

- Determine if appropriate transmission-based precautions are implemented, including but not limited to:
- Signage on the patient's room regarding need for transmission-based precautions.
  - PPE use by staff (i.e., don gloves and gowns before contact with the patient and their care environment while on contact precautions; don facemask within three feet of a patient on droplet precautions; for facilities that use/have N-95 masks - don an fit-tested N95 or higher level respirator prior to room entry of a patient on airborne precautions);
  - Dedicated or disposable noncritical patient-care equipment (e.g., blood pressure cuffs, blood glucose monitor equipment) are used, or if not available, then equipment is cleaned and disinfected according to manufacturers' instructions using an EPA-registered disinfectant prior to use on another patient or before being returned to a common clean storage area;
  - When transport or movement is medically-necessary outside of the patient room, does the patient wear a facemask?
  - Contaminated surfaces, objects and environmental surfaces that are touched frequently and in close proximity to the patient (e.g., bed rails, over-bed table, bathrooms) are cleaned and disinfected with an EPA-registered disinfectant for healthcare use (effective against the organism identified if known) at least daily and when visibly soiled.
- Interview appropriate staff to determine if they are aware of processes/protocols for transmission-based precautions and how staff is monitored for compliance.



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# CAH CoP or State Operations Manual

## **State Operations Manual Appendix W - Survey Protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAHs) and Swing-Beds in CAHs**

*(Rev. 200, 02-21-20)*

### [Transmittals for Appendix W](#)

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**Questions to [qsog\\_cah@cms.hhs.gov](mailto:qsog_cah@cms.hhs.gov)  
[cahscg@cms.hhs.gov](mailto:cahscg@cms.hhs.gov)**

# CDC Vaccine Storage and Handling



# CDC Vaccine Storage and Handling Toolkit

- Make sure you have a copy of this 82-page document
  - Published June 2016 and updated 2020 and maintain the cold chain
- Do not store vaccines in dorm like refrigerators
- Temperature revised to range between 36 and 46 degrees (previously 35-46 degrees F)
  - State may also have specific requirements
  - Use a medical (biological) refrigerator that monitors temperature and set at mid range (40 degrees)
  - E-mail specific questions to CDC: [NIPInfo@cdc.gov](mailto:NIPInfo@cdc.gov)



# Vaccine Storage and Handling Toolkit

[www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit-2020.pdf](http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit-2020.pdf)



**U.S. Department of  
Health and Human Services**  
Centers for Disease  
Control and Prevention

January 2020

CC09044 6

Home Healthcare Professionals / Providers Home

Clinical Resources +

Administration Tools -

Vaccine Storage & Handling -

Storage and Handling Resources

Storage and Handling Toolkit

You Call The Shots: Vaccine Storage and Handling

Vaccine Administration +

Vaccines for Children (VFC) +

VIS

Reminder Systems and Strategies

Patient Education +

Immunization Training

## Vaccine Storage and Handling Toolkit

The 2020 Vaccine Storage and Handling Toolkit is a comprehensive guide that reflects best practices for vaccine storage and handling from Advisory Committee on Immunization Practices (ACIP) recommendations, product information from vaccine manufacturers, and scientific studies.

The toolkit has been updated for 2020 to clarify language including:

- Beyond use date (BUD)
- Routine maintenance for vaccine storage units
- New definition added to the glossary

[www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html](http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html)

## View or Print Toolkit

The Vaccine Storage and Handling Toolkit is a comprehensive guide that reflects best practices for vaccine storage and handling from Advisory Committee on Immunization Practices (ACIP) recommendations, product information from vaccine manufacturers, and scientific studies.

## Vaccine Storage and Handling Resources

Access additional [resources](#) including web-based trainings, videos, checklists, and references related to vaccine storage and handling.



Vaccine Storage and Handling Toolkit



View, download, and print the 2020 Vaccine Storage and Handling Toolkit.

# CDC Vaccine Storage and Handling Toolkit

- Make sure staff familiar with storage and handling P&Ps and document training
  - Train in orientation and annually
  - When new vaccines added to inventory
  - CDC has online training programs
- Keep standard operating procedures (SOP) for storage and handling near storage units
- Written storage and handling plan can help staff to ensure vaccines are properly managed

# Final CMS Infection Control Changes and ASP





# CMS New Changes

- CMS has new changes to the hospital CoPs which address infection control
  - Published in the Hospital Improvement Rule
  - Effective date is November 30, 2019 (CAH March 30, 2020) and interpretive guidelines to be published in 2020
  - Every infection preventionist should read this
  - Requires every hospital to have an antimicrobial stewardship program (ASP)
- Changed title to Infection Prevention & Control and Antibiotic Stewardship
- Hospitals need to follow CDC core elements

# Hospital Improvement Final Rule



This document is scheduled to be published in the Federal Register on 09/30/2019 and available online at <https://federalregister.gov/d/2019-20736>, and on [govinfo.gov](https://govinfo.gov)

[Billing Code: 4120-01-P]

<https://federalregister.gov/d/2019-20736> and 393 Pages

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare & Medicaid Services**

**42 CFR Parts 403, 416, 418, 441, 460, 482, 483, 484, 485, 486, 488, 491, and 494**

**[CMS-3346-F; CMS-3334-F; CMS-3295-F]**

**RIN 0938-AT23**

**Medicare and Medicaid Programs; Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden Reduction; Fire Safety Requirements for Certain Dialysis Facilities; Hospital and Critical Access Hospital (CAH) Changes to Promote Innovation, Flexibility, and Improvement in Patient Care**

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), HHS.

**ACTION:** Final rule.

**SUMMARY:** This final rule reforms Medicare regulations that are identified as unnecessary, obsolete, or excessively burdensome on health care providers and suppliers. This final rule also

# CDC Antibiotic Stewardship

Protect every patient every time.

Actions to prevent antibiotic-resistant infections in healthcare.



Prevent infections from catheters and after surgery.

- ✓ Use catheters only when needed.
- ✓ Follow recommendations for safer surgery and catheter insertion and care.
- ✓ Remove catheters from patient as soon as they are no longer needed.

Prevent bacteria from spreading.

- ✓ Improve hand hygiene.
- ✓ Use gloves, gowns, and dedicated equipment for patients who have resistant bacteria.
- ✓ Know about antibiotic-resistant HAI outbreaks in your hospital and region (e.g. promote coordinated action for prevention).

Improve antibiotic use.

- ✓ Get cultures and start antibiotics promptly, especially in the case of sepsis.
- ✓ Use cultures to reassess the need for antibiotics and stop antibiotic treatment as soon as they are no longer needed.
- ✓ When antibiotics are necessary, use the appropriate antibiotic in the proper dosage, frequency, and duration.

NATIONAL

ACUTE CARE HOSPITALS

**Healthcare-associated infections (HAI)** are infections patients can get while receiving medical treatment in a healthcare facility. Working toward the elimination of HAIs is a CDC priority. For more information on HAI prevention progress, visit: [www.cdc.gov/hai/progress-report/index.html](http://www.cdc.gov/hai/progress-report/index.html).



CLABSIs

CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS

- 1 in 6 CLABSIs were caused by urgent or serious antibiotic-

SSIs

SURGICAL SITE INFECTIONS

- 1 in 7 SSIs were caused by urgent or serious antibiotic-

# CDC Core Elements of an ASP

- CDC updates the core elements in November 2019
- Provides examples of leadership commitment to the ASP
- Highlights the priority interventions and process measures
- Emphasizes the key role of the pharmacists and nurse in improving antibiotic use
- 85% of hospitals reported compliance with all 7 of the core elements in 2018
  - This was up 41% from 2014

# Introduction

Antibiotics have transformed the practice of medicine, making once lethal infections readily treatable and making other medical advances, like cancer chemotherapy and organ transplants, possible. Prompt initiation of antibiotics to treat infections reduces morbidity and save lives, for example, in cases of sepsis (1). However, about 30% of all antibiotics prescribed in U.S. acute care hospitals are either unnecessary or suboptimal (2, 3).

[www.cdc.gov/antibiotic-use/core-elements/hospital.html](http://www.cdc.gov/antibiotic-use/core-elements/hospital.html)

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Summary of Updates

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CDC Efforts to Support Antibiotic Stewardship

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References



[The Core Elements of Hospital Antibiotic Stewardship Programs, 2019](#)  [PDF – 40 pages]

[Antibiotic Stewardship Program Assessment Tool \(Print Only\)](#)  [PDF – 8 pages]



[What's New in the \*Core Elements of Hospital Antibiotic Stewardship Programs, 2019\*](#) [Video – 5:24]



# The Core Elements of Hospital Antibiotic Stewardship Programs: 2019

[www.cdc.gov/antibiotic-use/healthcare/pdfs/hospital-core-elements-H.pdf](http://www.cdc.gov/antibiotic-use/healthcare/pdfs/hospital-core-elements-H.pdf)



# Has a Program Assessment Tool



The Core Elements of  
**Hospital Antibiotic Stewardship Programs**  
ANTIBIOTIC STEWARDSHIP PROGRAM ASSESSMENT TOOL

[www.cdc.gov/antibiotic-use/healthcare/pdfs/assessment-tool-P.pdf](http://www.cdc.gov/antibiotic-use/healthcare/pdfs/assessment-tool-P.pdf)



# CDC Outpatient Core Elements

*Centers for Disease Control and Prevention*

**MMWR**

Recommendations and Reports / Vol. 65 / No. 6

Morbidity and Mortality Weekly Report

November 11, 2016

<http://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6506.pdf>

## Core Elements of Outpatient Antibiotic Stewardship



# Core Elements Small and CAHs

- CDC, AHA, Office of Rural Health and Pew Charitable Trusts came out with practical strategies to implement ASP
- This is for small and critical access hospitals
- Implementation strategies include:
  - Leadership commitment and accountability
  - Pharmacist leader with drug expertise
  - Evidenced based actions
  - Tracking such as days of therapy and use the CDC Net
  - Reporting and education,



# The Core Elements of Hospital Antibiotic Stewardship Programs

[www.cdc.gov/getsmart/healthcare/pdfs/core-elements.pdf](http://www.cdc.gov/getsmart/healthcare/pdfs/core-elements.pdf)



National Center for Emerging and Zoonotic Infectious Diseases  
Division of Healthcare Quality Promotion



# Check List of Core Elements



## The Core Elements of **Hospital Antibiotic Stewardship Programs** CHECKLIST

[www.cdc.gov/getsmart/healthcare/pdfs/checklist.pdf](http://www.cdc.gov/getsmart/healthcare/pdfs/checklist.pdf)



# Infection Prevention and Control (IPC) and Antibiotic Stewardship Programs



# Antibiotic Stewardship Program

- Hospitals must have an active hospital-wide program for surveillance, prevention, and control of HAI and other infectious diseases (1200)
  - Must follow nationally recognized infection prevention and control (IPC) guidelines
  - This includes best practices to reduce transmission of HAI and antibiotic resistance
- Infection prevention and control problems and antibiotic use issues identified must by:
  - Addressed in the QAPI program
- Guidelines pending

# Infection Control Organizations

- Standard: Must follow nationally recognized infection control practices or guidelines
- Examples include: CDC, APIC, SHEA, AORN and OSHA
  - CDC is Center for Disease Control
  - AORN is the Association for periOperative Registered Nurses
  - APIC is the Association for Professionals in Infection Control and Epidemiology
  - SHEA is the Society for Healthcare Epidemiology of America
  - IDSA is the Infectious Disease Society of American

# IDSA Infectious Disease Society



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# COVID-19

## NOVEL CORONAVIRUS

### WHAT YOU NEED TO KNOW

#### What's New

##### **White House Budget Cuts Vital Domestic And Global Public Health Programs**

President Trump's proposed fiscal year 2021 budget cuts funding for many large-scale health programs and federal agencies, potentially leaving the United States vulnerable to infectious disease outbreaks.

##### **COVID-19 Novel Coronavirus: What You Need to Know**

IDSA is keeping members and the public up to date on the latest novel coronavirus (2019-nCoV) developments with a resource page providing links to guidance from government health authorities and the World Health Organization, journal articles and more.

##### **Apply for Officer and Director Positions**

We are pleased to open the call for officer & director applications for the IDSA Board of Directors. We are seeking volunteers for the office of Vice President and three Director positions, with terms beginning in October at the conclusion of IDWeek 2020.

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New SHEA Guidance -  
Infection Control in

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# AORN Guidelines for Perioperative Practice

## Guidelines for Perioperative Practice

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Creating a Safer OR Together

8 New and Revised Evidence-Based Guidelines Released



GAIN ACCESS NOW



AORN



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How to File a Complaint with OSHA

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## Public Health Scholars Program

Internship opportunities that provide valuable public health opportunities.



# CDC Guidance for Facilities

- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/us-healthcare-facilities.html>.

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**Guidance for U.S. Facilities** -

Transferring Patients to Relief  
Healthcare Facilities

## HEALTHCARE WORKERS

# Guidance for U.S. Healthcare Facilities about Coronavirus (COVID-19)

Updated July 12, 2020

Print



## Preparedness for All Facilities

[Using Telehealth Services](#)

[Framework for Non-COVID-19 Care](#)

[Ten Ways Healthcare Systems Can Operate Effectively during the COVID-19 Pandemic](#)

[Healthcare Provider Checklist](#)

[Steps Healthcare Facilities Can Take](#)

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## Relief Healthcare Facilities

Key considerations for transferring patients to relief healthcare facilities when responding to community transmission of COVID-19 in the United States.

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## Framework for Non-COVID-19 Care

This framework supports healthcare providers as they expand necessary non-COVID-19 clinical care in the safest way possible for their patients.

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## Sick with the Flu?

Learn what to do if you have the flu & take these steps to protect others.



### African American Health

Learn healthy tips during

African American History



### Children's Dental Health

Read about a CDC program to

reach children at highest risk



### Raw Milk

If you are considering drinking

raw milk for health benefits



### Zika Virus

Learn the symptoms, how Zika

virus spreads and find current

# CMS Infection Control Worksheet

- Final infection control worksheet issued November 26, 2014 and proposed changes November 2016
  - Pilot infection control worksheet for 40 hospitals
- Not being used at this time for CAH
- However, highly recommended that CAH take a look at the infection control worksheet
  - Great tool to help understand how to comply with the infection control standards
  - Available free off the CMS survey memo website
  - Also one published on discharge planning and QAPI



# Final Worksheet Infection Control

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C2-21-16  
Baltimore, Maryland 21244-1850



## Center for Clinical Standards and Quality/Survey & Certification Group

REF: S&C: 15-12-Hospital

**DATE:** November 26, 2014

**TO:** State Survey Agency Directors

[www.cms.gov/SurveyCertificationGroupInfo/PMSR/list.asp#TopOfPage](http://www.cms.gov/SurveyCertificationGroupInfo/PMSR/list.asp#TopOfPage)

**FROM:** Director  
Survey and Certification Group

**SUBJECT:** Public Release of Three Hospital Surveyor Worksheets

### Memorandum Summary

- **Three Hospital Surveyor Worksheets Finalized:** The Centers for Medicare & Medicaid Services (CMS) has finalized surveyor worksheets for assessing compliance with three Medicare hospital Conditions of Participation (CoPs): Quality Assessment and Performance Improvement (QAPI), Infection Control, and Discharge Planning. The worksheets are used by State and Federal surveyors on all survey activity in hospitals when assessing compliance with any of these three CoPs.
- **Final Worksheets Made Public:** Via this memorandum we are making the worksheets publicly available. The hospital industry is encouraged, but not required, to use the worksheets as part of their self-assessment tools to promote quality and patient safety.

# CMS Infection Control Pilot

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop C2-21-16  
Baltimore, Maryland 21244-1850



## Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C 17-09-ALL

**DATE:** November 18, 2016  
**TO:** State Survey Agency Directors  
**FROM:** Director  
Survey and Certification Group  
**SUBJECT:** Infection Control Pilot: 2017 Update

[www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions.html)

### Memorandum Summary

- **Project Overview:** The Centers for Medicare & Medicaid Services (CMS) is in the second year of a three year pilot project to improve assessment of infection control and prevention regulations in Long Term Care (LTC) facilities, hospitals, and during transitions of care. All surveys during the pilot will be educational surveys (no citations will be issued) and will be conducted by a national contractor.
- **Second Year Activities:** Using draft surveyor Infection Control Worksheets (ICWS) based on the new Long Term Care regulation as well as a revised hospital surveyor ICWS, 40 hospital surveys will be paired with surveys of LTC facilities, in order to provide an opportunity to assess infection prevention during transitions of care. In addition, CMS will pilot technical assistance opportunities for facilities in efforts to

# IC Organization & P&Ps 1204 2020

- Standard: The Hospital must demonstrate that the IP (individual or individuals) is qualified
- Must be qualified through education, training, experience, or certification
- Board must appoint after approval of Medical Staff leadership and nursing leadership
- The new interpretive guidelines are pending
  - The remaining are the immediate past ones
- APIC has a competency model

## Professional Practice

- [Overview](#)
- [Developmental path of the infection preventionist](#)
- [Infection preventionist \(IP\) competency model](#)
- [APIC Fellows Program](#)
- [Implementation guides](#)
- [Practice resources](#)
- [Scientific guidelines](#)
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- [MegaSurvey 2020](#)
- [Practice Guidance Committee Activities](#)

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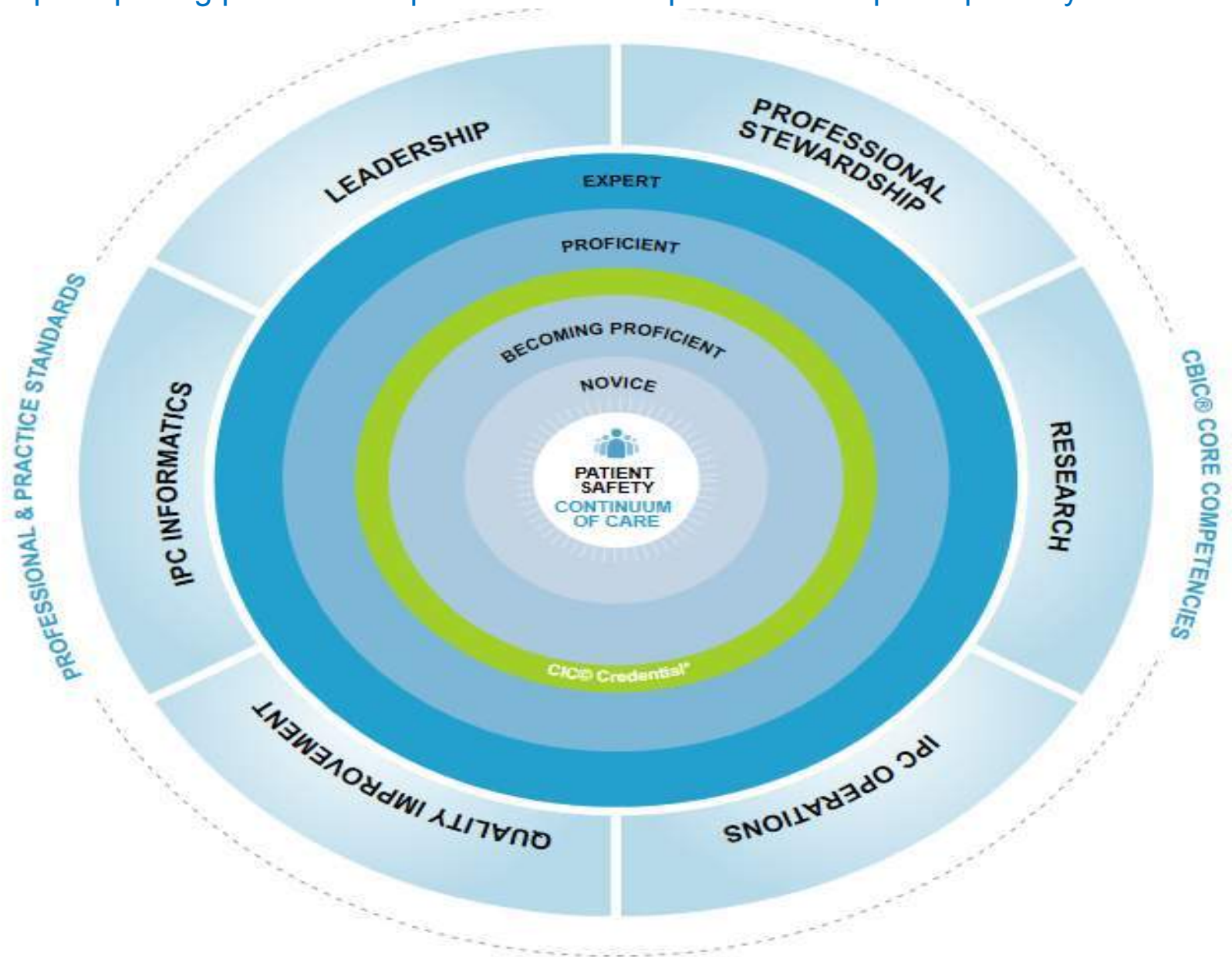
## Infection preventionist (IP) competency model



To meet the demands of the rapidly expanding field of infection prevention, and equip professionals for the challenges of the future, APIC created the [first model](#) for infection preventionist (IP) competency in 2012. Learn more about the [May 2012 white paper](#) in the American Journal of Infection Control (AJIC).

The updated **APIC Competency Model for the IP** (enclosed below) also reflects the dynamic nature of the IPC field. Patient safety remains the core of IPC practice. New to the updated model is a focus on the continuum of care. The updated model has four career stages (Novice, Becoming Proficient, Proficient, and Expert) and six future-oriented competency domains (each with subdomains) to guide IPs in progressing through the career stages and pursuing leadership roles.

- Access the [June 2019 AJIC white paper](#) introducing the updated model. It includes guidance on application and examples of competency statements across career stages.
- Access the [Summer 2019 Prevention Strategist](#) article featuring an interview with members of the Competency Model Revision Task Force.
- **Novice or Becoming Proficient IP self-assessment tool for the** CBIC core competencies and APIC Competency Model.
- [Sample job description](#) for an IP developed by the Professional Development Committee.
- **Explore the updated, interactive competency model below.** To see a definition for each element in the model, including for each future-oriented competency domain and subdomain, click on the screen.



# APIC Self Assessment



Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Competency Self-Assessment Activity for Novice or Becoming Proficient IPs

CBIC Core Competencies – APIC Competency Model Future-Oriented Competency Domains

Self-Assessed Rating Scale and Comfort Level (Knowledge/Skills/Experience/Confidence):

1. No idea 2. Unsure 3. Some knowledge 4. Know it

Competency categories, CBIC domains	IP practice areas as identified in CBIC practice analysis	Assessment of personal competency in each practice area	For each category list one specific question you have and/or learning goal (something you would like to learn more about!)
<p>For more details on the CBIC exam content categories visit <a href="https://www.cbic.org/CBIC/Exam-Prep-Resources.htm">https://www.cbic.org/CBIC/Exam-Prep-Resources.htm</a></p>			
<b>Identification of infectious disease processes (CBIC)</b>  *22 exam items	a. Interpret the relevance of diagnostic and laboratory reports	1 2 3 4	<ul style="list-style-type: none"> <li>Specific IPC question you have (could be related to your own facility) and/or learning goal (area you want to learn more about).</li> </ul>
	b. Identify appropriate practices for specimen collection, transportation, handling, and storage	1 2 3 4	
	c. Correlate clinical signs and symptoms with infectious disease process	1 2 3 4	
	d. Differentiate between colonization, infection and contamination	1 2 3 4	
	e. Differentiate between prophylactic, empiric and therapeutic uses of antimicrobials	1 2 3 4	
<b>Surveillance and epidemiologic</b>	a. Design of surveillance systems	1 2 3 4	<ul style="list-style-type: none"> <li>Specific IPC question you have (could be related to your own facility) and/or learning goal (area you want to learn more about).</li> </ul>
	b. Collection and compilation of surveillance data	1 2 3 4	

# Infection Prevention and Control Program 1206

- Standard: The hospital infection prevention and control program must prevent and control the transmission of infections
  - This includes preventing infections within the hospital and between the hospital and other institutions and settings
- The draft worksheet was done to look at the risk of infections between hospitals and long-term care
- Must document this in the P&P
- Guidelines are pending and the rest are the immediate past interpretive guidelines



# Infection Control Program 1208

- Standard: The infection prevention and control program includes surveillance, prevention, and control of HAIs
- This includes maintaining a clean and sanitary environment to avoid sources and transmission of infection
  - No blood on the walls or floor
  - Worksheet includes cleaning of the patient's room when the patient is discharged
  - Proper hand hygiene



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- Ambulatory Surgery Centers +
- Acute Care Hospitals/Facilities +
- Long-term Acute Care Hospitals/Facilities +
- Long-term Care Facilities +
- Outpatient Dialysis Facilities +
- Inpatient Rehabilitation Facilities +
- Inpatient Psychiatric Facilities +
- MDRO & CDI LabID Event Calculator
- VAE Calculator
- HAI & POA Worksheet Generator
- FAQs about HCP Influenza Vaccination Summary Reporting in NHSN
- FAQs About the Hemovigilance Module
- 2015 Rebaseline
- Group Users +
- Analysis Resources +
- Annual Reports

[CDC](#) > [NHSN](#)

## Surveillance Reporting for Enrolled Facilities

Reporting & Surveillance Resources for Enrolled Facilities



### Acute Care Hospitals/Facilities



Urgent care or other short-term stay facilities (e.g. critical access facilities, oncology facilities, military/VA facilities)

[More >](#)

### Ambulatory Surgery Centers



Outpatient surgery centers.

[More >](#)

### Long-term Acute Care Facilities



Long-term acute care hospitals (LTACs).

[More >](#)

### Long-term Care Facilities



Nursing homes, assisted living and residential care, chronic care facilities and skilled nursing facilities.

[More >](#)

### Outpatient Dialysis Facilities



Outpatient dialysis clinics.

[More >](#)

### Inpatient Rehabilitation Facilities



Inpatient Rehabilitation Facilities.

[More >](#)

### Inpatient Psychiatric Facilities



# New Infection Control Tag Numbers

- There are 25 new tag numbers
- All state that the guidance is pending
- IC program reflects the scope and complexity of the hospital service provided (1210)
  - If you have a transplant service, surgical services, labor and delivery, chemo unit, etc. must make sure your program looks at all departments and services
- ASP organization and policies must make sure the individual who is head of the ASP is qualified through education, training, and experience in infectious diseases (Tag 1212)
- All are in effective now- given 6 months to comply which was 3-3-2020

# Infection Control and Prevention

- Must also make sure appointed by the board on the recommendation of MS and Pharmacy
- The ASP must be house wide and be coordinated among all those responsible for the ASP (1218)
  - Includes the IC program, QAPI program, nursing and medical services, and pharmacy services
- Document the use of evidence-based antibiotics in all departments and services (1219)
- Document improvements in proper antibiotic use such as reductions in CDI (C-diff) and antibiotic resistance in all departments (1220)

# Infection Control and Prevention

- Must use best practices and nationally recognized guidelines in the ASP (1221)
- The antibiotic stewardship program reflects the scope and complexity of the hospital services provided (1223)
- The board must make sure systems are in place to track all infection surveillance, prevention, and control, and antibiotic use activities (1225)
  - This is show success and that activities are sustainable

# Infection Control and Prevention

- Board must make sure all HAI and infectious disease identified by the IP are identified in the ASP and with QAPI leadership (1229)
- IP is responsible to develop and implement hospital wide policies (1231)
  - These are surveillance, prevention, and control policies
  - Need to make sure follow national guidelines
- IP needs to document the infection control program including its surveillance, prevention, and control activities (1235)

# Infection Preventionist or IP



# Infection Control and Prevention

- IP is responsible to communicate and collaborate with the QAPI program on IC issues (1237)
- IP is responsible to provide competency-based training to the staff, the medical staff, and those providing contracted services (1239)
  - This on practical application of the IC guidelines and P&Ps
- IP is responsible for the prevention and control of HAIs (1240)
  - This includes auditing the IC policies

# Infection Control and Prevention

- IP communicates and collaborates with ASP (1242)
- Leader of the ASP is responsible for developing and implementing the hospital wide ASP (1244)
  - Must be based on nationally recognized guidelines
  - Must monitor and improve the use of antibiotics
- Leader of the ASP is responsible to document all activities (1246)
- Leader of the ASP is responsible for communication with MS, nursing, and pharmacy leadership on antibiotic issue (1248)



# Infection Control and Prevention

- Leader of the ASP must also communicate and collaborate with the QAPI program on antibiotic use issues (continued)
- Leader of the ASP must make sure there is competency-based training and education to hospital personnel, staff, medical staff and contract employees on ASP guidelines and P&Ps (1250)
- Hospitals that are part of the system can have a unified and integrated infection control program (785) but not extended to CAHs
  - Board must elect to do this but **not** CAHs

# CDC National Healthcare Safety Network

 Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives. Protecting People™

Search The CDC

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CDC A-Z INDEX ▾

## National Healthcare Safety Network (NHSN)



CDC's National Healthcare Safety Network is the nation's most widely used healthcare-associated infection tracking system. NHSN provides facilities, states, regions, and the nation with data needed to identify problem areas, measure progress of prevention efforts, and ultimately eliminate healthcare-associated infections.

In addition, NHSN allows healthcare facilities to track blood safety errors and important healthcare process measures such as healthcare personnel influenza vaccine status and infection control adherence rates.




**About NHSN**

CDC's NHSN is the largest HAI reporting system in the U.S.




**Data and Reports**

See national and state reports using NHSN data.



**Guidelines and Recommendations**

Review CDC HAI prevention guidelines.



**NHSN Member Login**



# CDC NHSN Surveillance

## National Healthcare Safety Network (NHSN)



CDC's National Healthcare Safety Network is the nation's most widely used healthcare-associated infection tracking system. NHSN provides facilities, states, regions, and the nation with data needed to identify problem areas, measure progress of prevention efforts, and ultimately eliminate healthcare-associated infections.

In addition, NHSN allows healthcare facilities to track blood safety errors and important healthcare process measures such as healthcare personnel influenza vaccine status and infection control adherence rates.

[www.cdc.gov/nhsn/](http://www.cdc.gov/nhsn/)



**ASCs: NHSN Enrollment Status Now Available**  
Find out if your facility has completed the enrollment process



### About NHSN

CDC's NHSN is the largest HAI reporting system in the U.S.



### Data and Reports

See national and state reports using NHSN data.



### Guidelines and Recommendations

Review CDC HAI prevention guidelines.



### NHSN Member Login



[www.cdc.gov/hicpac/pdf/guidelines/bsi-guidelines-2011.pdf](http://www.cdc.gov/hicpac/pdf/guidelines/bsi-guidelines-2011.pdf)

---

# Guidelines for the Prevention of Intravascular Catheter-Related Infections, 2011

---

Naomi P. O'Grady, M.D.<sup>1</sup>, Mary Alexander, R.N.<sup>2</sup>, Lillian A. Burns, M.T., M.P.H., C.I.C.<sup>3</sup>, E. Patchen Dellinger, M.D.<sup>4</sup>, Jeffery Garland, M.D., S.M.<sup>5</sup>, Stephen O. Heard, M.D.<sup>6</sup>, Pamela A. Lipsett, M.D.<sup>7</sup>, Henry Masur, M.D.<sup>1</sup>, Leonard A. Mermel, D.O., Sc.M.<sup>8</sup>, Michele L. Pearson, M.D.<sup>9</sup>, Issam I. Raad, M.D.<sup>10</sup>, Adrienne Randolph, M.D., M.Sc.<sup>11</sup>, Mark E. Rupp, M.D.<sup>12</sup>, Sanjay Saint, M.D., M.P.H.<sup>13</sup> and the Healthcare Infection Control Practices

<sup>14</sup>

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# CDC Guide Infection Control Outpatients

## GUIDE TO INFECTION PREVENTION FOR OUTPATIENT SETTINGS: Minimum Expectations for Safe Care



[www.cdc.gov/HAI/settings/outpatient/outpatient-care-guidelines.html](http://www.cdc.gov/HAI/settings/outpatient/outpatient-care-guidelines.html)

National Center for Emerging and Zoonotic Infectious Diseases  
Division of Healthcare Quality Promotion



11/11/11

## Section 2: Infection Control Program and Infrastructure

### I. Infection Control Program and Infrastructure

Elements to be assessed	Assessment	Notes/Areas for Improvement
<p>A. Written infection prevention policies and procedures are available, current, and based on evidence-based guidelines (e.g., CDC/HICPAC), regulations, or standards.</p> <p><i>Note: Policies and procedures should be appropriate for the services provided by the facility and should extend beyond OSHA bloodborne pathogens training</i></p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	
<p>B. Infection prevention policies and procedures are re-assessed at least annually or according to state or federal requirements, and updated if appropriate.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	
<p>C. At least one individual trained in infection prevention is employed by or regularly available (e.g., by contract) to manage the facility's infection control program.</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>	

# CDC Outpatient Assessment Tool

## Infection Prevention and Control Assessment Tool for Outpatient Settings

This tool is intended to assist in the assessment of infection control programs and practices in outpatient settings. In order to complete the assessment, direct observation of infection control practices will be necessary. To facilitate the assessment, health departments are encouraged to share this tool with facilities in advance of their visit.

Please note, Not Applicable should only be checked if the element or domain is not applicable to the types of services provided by the facility (e.g., the facility never performs point-of-care testing, controlled substances are never kept at the facility). If a particular service is provided by the facility but is unable to be observed during the visit (e.g., no injections were prepared or administered during the visit) that section should still be completed by interviewing relevant personnel about their practices.

### Overview

[www.cdc.gov/infectioncontrol/pdf/icar/outpatient.pdf](http://www.cdc.gov/infectioncontrol/pdf/icar/outpatient.pdf)

Section 1: Facility Demographics

Section 2: Infection Control Program and Infrastructure

Section 3: Direct Observation of Facility Practices

Section 4: Infection Control Guidelines and Other Resources

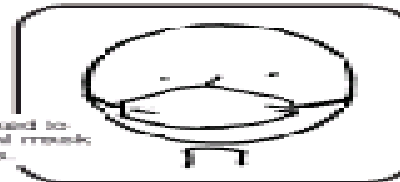
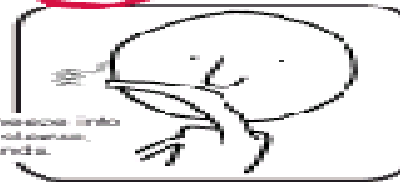
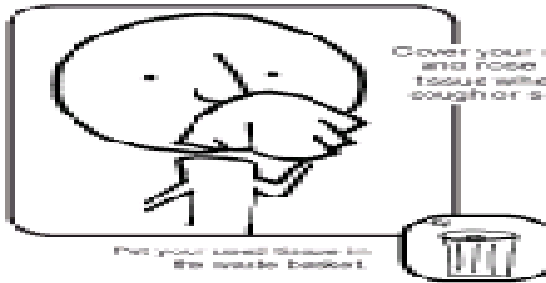




# Cover Your Cough Posters

Stop the spread of germs that make you and others sick!

## Cover your Cough



You may be asked to put on a surgical mask to protect others.

## Clean YOUR Hands

after coughing or sneezing.



Wash with soap and water or



clean with alcohol-based hand sanitizer.



[www.cdc.gov/flu/protect/covercough.htm](http://www.cdc.gov/flu/protect/covercough.htm)

# CDC IP Tools

## Infection Control

### Infection Control

#### How Infections Spread

#### Infection Control Basics +

#### Guideline Library +

#### Training and Education +

#### Tools for Healthcare Settings



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## Tools for Healthcare Settings



The following tools are designed to help healthcare providers to implement Standard and Transmission-Based Precautions to prevent infections.




[www.cdc.gov/infectioncontrol/tools/index.html](http://www.cdc.gov/infectioncontrol/tools/index.html)

#### On This Page

- [Tools by Setting](#)
- [Tools by Infection](#)
- [Tools by Pathogen](#)
- [Tools to Protect Healthcare Workers](#)

### Tools by Setting





#### Ambulatory/Outpatient Settings

- [Guide to Infection Prevention for Outpatient Settings \(Complete Guide and Checklist\)](#)  [PDF - 1.43 MB]
- [Infection Prevention for Outpatient Settings \(Checklist only\)](#)  [PDF - 1.67 MB]
- [Fillable Version: Infection Prevention for Outpatient Settings \(Checklist Only\)](#)  [PDF - 1.82 MB]
- For details, see [Guide to Infection Prevention for Outpatient Settings](#)

#### Dental Settings

- See the [Infection Prevention & Control in Dental Settings](#) page

#### Evaluating Environmental Cleaning





- [Options for Evaluating Environmental Cleaning \(toolkit\)](#)  [PDF - 344 KB]
- [Environmental Checklist for Monitoring Terminal Cleaning](#)
  - [CDC Environmental Checklist for Monitoring Terminal Cleaning](#)  [DOC - 52 KB]
  - [CDC Environmental Checklist for Monitoring Terminal Cleaning](#)  [PDF - 71 KB]
- [Terminal Cleaning Spreadsheet](#)  [XLS - 344 KB]

### Infection Control Assessment Tools

Use these tools to

- assess infection prevention practices
- guide quality improvement

#### Epidemiology and Laboratory Capacity (ELC) Infection Control Assessment and Response Tools

- [Acute Care](#)  [PDF - 947 KB]
- [Long-term Care Facilities](#)  [PDF - 1.04 KB]
- [Outpatient Settings](#)  [PDF - 849 KB]
- [Hemodialysis Facilities](#)  [PDF - 768 KB]

For more information, see the [Infection Control Assessment Tool](#) page on the HAI website.

### Targeted Assessment for Prevention

# Pay Attention to Dialysis Infection Control

## Dialysis Safety

### Dialysis Safety

Infection Prevention Tools +

**Making Dialysis Safer For Patients Coalition** -

Core

Partners

Members

Resource Center


Dialysis BSI Prevention Collaborative

Clinician Education +

Patient Information +

Guidelines, Recommendations and Resources +

Published Reports and News +

 **Get Email Updates**

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What's this?

**Submit**

[CDC](#) > [Dialysis Safety](#)

## Making Dialysis Safer For Patients Coalition

[www.cdc.gov/dialysis/coalition/index.html](http://www.cdc.gov/dialysis/coalition/index.html)

The Making Dialysis Safer for Patients Coalition is a partnership of organizations and individuals that have joined forces with the common goal of promoting the use of CDC's [core interventions](#) and resources to prevent dialysis bloodstream infections. Launched in September 2016, the Coalition's goals are to:

- **Facilitate implementation and adoption** of core interventions through promotion, dissemination, and use of [audit tools, checklists, and other resources](#)
- **Increase awareness** about the core interventions for dialysis bloodstream infection prevention through educational efforts
- **Share experiences and findings** through collaboration with other Coalition participants

We welcome [Partners](#) and [Members](#) to join. Partners include [organizations](#), such as professional organizations, dialysis delivery organizations, patient groups, state and local health departments, certification organizations, and other organizations from the kidney care community. **Partners join the Coalition by contacting [DialysisCoalition@cdc.gov](mailto:DialysisCoalition@cdc.gov) to request a partnership packet.**

Members include [individuals](#), such as staff from individual clinics, nephrologists and nephrology nurses, dialysis technicians, leaders in infection prevention and/or patient safety, dialysis educators, patients, caregivers, and others. The role of Members is to help spread the word about the effectiveness of the CDC Core Interventions and motivate staff to implement them in their facilities. **If you are interested in joining the Coalition as a Member, please visit our [Members page](#) to sign up.**

Learn more about the history of the Coalition in the CJASN feature article titled, "[The Making Dialysis Safer for Patients Coalition: A New Partnership to Prevent Hemodialysis-Related Infections](#)."

JOIN NOW AS A MEMBER



### On this Page

- [Benefits to Joining the Coalition](#)
- [Order Coalition Resources](#)
- [Patient Resources](#)
- [Add Your Organization's Logo to Coalition Resources](#)
- [Coalition Activities](#)
- [Coalition Web Button](#)

# Dialysis Audit Tools

Materials	Pub ID
<a href="#">Preventing Bloodstream Infections in Outpatient Hemodialysis Patients: Best Practices for Dialysis Staff</a>	221580
<a href="#">Put Together the Pieces to Prevent Infections in Dialysis Patients - Poster</a>  [PDF - 534 KB]	221579
<a href="#">Put Together the Pieces to Prevent Infections in Dialysis Patients - Spanish Poster</a>  [PDF - 497 KB]	300037
<a href="#">Hemodialysis Central Venous Catheter Scrub-the-Hub Protocol</a>  [PDF - 205 KB]	300038
<a href="#">Environmental Surface Disinfection in Dialysis Facilities: Notes for Clinical Manager</a>  [PDF - 402 KB]	300039
<a href="#">Days Since Infection Poster - 8.5 x 11 (Print Only)</a>  [PDF - 1 page]	300199
<a href="#">Days Since Infection Poster - 11 x 17 (Print Only)</a>  [PDF - 1 page]	300200
<a href="#">Days Since Infection Poster - 8.5 x 11 (Print Only)</a>  [PDF - 1 page] (Spanish)	300458
<a href="#">Days Since Infection Poster - 11 x 17 (Print Only)</a>  [PDF - 1 page] (Spanish)	300459
CD - Complete Set of BSI Prevention Tools	222379
<a href="#">6 Tips to prevent dialysis infection</a>  [PDF - 1 MB] (English)	221578
<a href="#">6 Tips to prevent dialysis infection</a>  [PDF - 1 MB] (Spanish)	221682
<a href="#">Patient Conversation Starter</a> 	300043

# Isolation Contact Precautions

## Section 4.F. Isolation: Contact Precautions

Elements to be assessed		Surveyor Notes		Surveyor Notes
Patients requiring contact isolation are identified and managed in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:				
If possible, observe for compliance with Contact Precautions elements in multiple patient care areas in the hospital.  If unable to observe a patient on Contact Precautions skip elements 4.F.1 to 4.F.12.	<input type="radio"/> No observation available (if selected ALL questions from 4.F.1 – 4.F.12 will be blocked)		<input type="radio"/> Second observation not available (if selected questions 4.F.1 – 4.F.12 RIGHT column will be blocked)	
4.F.1 Patient with known or suspected infections or with evidence of syndromes that represent an increased risk for contact transmission are placed on Contact Precautions.	<input type="radio"/> Yes  <input type="radio"/> No		<input type="radio"/> Yes  <input type="radio"/> No	
4.F.2 Gloves and gowns are available and located near point of use.	<input type="radio"/> Yes  <input type="radio"/> No		<input type="radio"/> Yes  <input type="radio"/> No	
4.F.3 Signs indicating patient is on Contact Precautions are clear and visible.	<input type="radio"/> Yes  <input type="radio"/> No		<input type="radio"/> Yes  <input type="radio"/> No	
4.F.4 Patients on Contact Precautions are housed in single-patient rooms when possible or cohorted based on a clinical risk assessment.	<input type="radio"/> Yes  <input type="radio"/> No		<input type="radio"/> Yes  <input type="radio"/> No	
4.F.5 Hand hygiene is performed before entering patient care environment.  Note: Soap and water must be used when bare hands are visibly soiled (e.g., blood, body fluids) or after caring for a patient with known or suspected <i>C. difficile</i> or norovirus during an outbreak.	<input type="radio"/> Yes  <input type="radio"/> No		<input type="radio"/> Yes  <input type="radio"/> No	

# Excellent Resource IP Training

- The CDC has an excellent resource that is free
- It is nursing home infection preventionist training
- Many of the same issues apply to hospitals
  - It has 23 modules
- Include water management, linen management, TB prevention, infection surveillance, injection safety, infection control plan, point of care testing, hand hygiene, cough etiquette, outbreak management and more
- Training is free and flexible
  - You can earn CNE

# Excellent Resource IP Training

## Nursing Home Infection Preventionist Training

[← Back](#)

[www.train.org/cdctrain/training\\_plan/3814](http://www.train.org/cdctrain/training_plan/3814)

To access content, you first need to [create an account](#). If you already have an account, [please login](#).

ID 3814

If you wish to earn continuing education (CME, CNE, or CEUs), you must first register for the Nursing Home Infection Preventionist Training Course by selecting the blue Register button at the top right of this page. Select the Show More link below for information about the course, including tips and resources to guide you in completing modules and obtaining continuing education (CE).

### Program Description:

This course will provide infection prevention and control (IPC) training for individuals responsible for IPC programs in nursing homes so they can effectively implement their programs

[Show More](#)

Name	Completed Date	Score	Hours	Status
* <a href="#">Module 1 - Infection Prevention &amp; Control Program</a>			0.75h	
* <a href="#">Module 2- The Infection Preventionist</a>			0.5h	
* <a href="#">Module 3 - Integrating Infection Prevention and Control into the Quality Assurance Perform</a>			0.42h	
* <a href="#">Module 4 – Infection Surveillance</a>			1h	
* <a href="#">Module 5 - Outbreaks</a>			0.75h	
* <a href="#">Module 6A – Principles of Standard Precautions</a>			0.75h	
* <a href="#">Module 6B – Principles of Transmission-Based Precautions</a>			0.75h	
* <a href="#">Module 7 - Hand Hygiene</a>			0.75h	
* <a href="#">Module 8 - Injection Safety</a>			0.92h	
* <a href="#">Module 9 - Respiratory Hygiene and Cough Etiquette</a>			0.42h	
* <a href="#">Module 10A - Indwelling Urinary Catheters</a>			1h	
* <a href="#">Module 10B - Central Venous Catheters</a>			0.5h	
* <a href="#">Module 10C - Infection Prevention during Wound Care</a>			0.5h	
* <a href="#">Module 10D - Point-of-Care Blood Testing</a>			0.5h	

# CDC Infection Control Training

- The CDC/STRIVE curriculum was developed by Ips by the Health Research & Education Trust
- These courses can be taken in any order
- There is no cost
- Great for new employee training, periodic training, and annual infection control training
- Includes many such as environmental cleaning, personal protective equipment, competency based audits and feedback, hand hygiene, strategies to prevent HAIs, patient and family engagement etc.



# CDC Free Training Modules



[About ANNA](#)

[Education](#)

[Practice](#)

[Health Policy](#)

[Resources](#)

## CDC/STRIVE Program Offers Free Infection Control Training Courses

Posted: July 25, 2019

A new national infection prevention and control program funded by the Centers for Disease Control and Prevention (CDC) features free training courses for health care professionals. The States Targeting Reduction in Infections via Engagement (STRIVE) curriculum will include over 40 individual training modules grouped into 11 courses that focus on foundational and targeted infection prevention strategies.

Three courses are currently available:

[www.annanurse.org/article/strive](http://www.annanurse.org/article/strive)

- [Competency-Based Training, Audits, and Feedback](#)
- [Hand Hygiene](#)
- [Strategies for Preventing Health-Acquired Infections \(HAIs\)](#)

Additional courses will be launched throughout the year. Courses can be taken in any order, and all courses offer free continuing education.

[Go to CDC / STRIVE Infection Training Courses](#)

### About STRIVE

*The States Targeting Reduction in Infections via Engagement (STRIVE) is a national infection prevention and control program, funded by the Centers for Disease Control and Prevention (CDC) and administered by the Health Research & Educational Trust (HRET) of the American Hospital Association. The STRIVE curriculum is intended for the infection prevention team, hospital leaders, clinical educators, nurse and physician managers, environmental services managers, all patient care staff, and patient/family advisors.*

# CDC/STRIVE Infection Control Training

States Targeting Reduction in Infections via Engagement (STRIVE)

Courses

[www.cdc.gov/infectioncontrol/training/strive.html](http://www.cdc.gov/infectioncontrol/training/strive.html)

- [Foundational Infection Prevention \(IP\) Strategies](#)
  - [Competency-based Training, Audits and Feedback - WB4220](#)
  - [Hand Hygiene - WB4221](#)
  - [Strategies for Preventing HAIs - WB4223](#)
  - [Environmental Cleaning - WB4224](#)
  - [Personal Protective Equipment - WB4225](#)
  - [Patient and Family Engagement - WB4226](#)
  - [Building a Business Case for Infection Prevention - WB4227](#)
- [Targeted Prevention Strategies](#)
  - [Catheter-Associated Urinary Tract Infection \(CAUTI\) - WB4222](#)
  - [MRSA Bacteremia - WB4228](#)
  - [Central Line-Associated Blood Stream Infection \(CLABSI\) - WB4229](#)
  - [C. difficile Infection \(CDI\) - WB4230](#)

The CDC/STRIVE curriculum was developed by national infection prevention experts led by the Health Research & Educational Trust (HRET) for CDC.

Contact

# CDC Updates IC in Healthcare Personnel

🏠 Infection Control in  
Healthcare  
Personnel

Authors

**Executive Summary**

Introduction

Leadership and  
Management

Communication and  
Collaboration

Assessment and  
Reduction of Risks  
for Infection among  
Healthcare  
Personnel  
Populations

Medical Evaluations

Occupational  
Infection Prevention

## Executive Summary

Infection Control in Healthcare Personnel: Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services (2019) [www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/exec-summary.html?deliveryName=USCDC\\_425-DHQP-DM11130](http://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/exec-summary.html?deliveryName=USCDC_425-DHQP-DM11130)

This document, *Infection Control in Healthcare Personnel: Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services*, is an update of four sections of Part I of the [Guideline for infection control in health care personnel, 1998](#) ("1998 Guideline") and their corresponding recommendations in Part II:

- *C. Infection Control Objectives for a Personnel Health Service*
- *D. Elements of a Personnel Health Service for Infection Control*
- *H. Emergency-Response Personnel*
- *J. The Americans With Disabilities Act*

Those sections described the infrastructure and routine practices of Occupational Health Services (OHS) for providing occupational infection prevention and control (IPC) services to healthcare personnel (HCP), as well as special considerations associated

## Abbreviations

- ADA = Americans with Disabilities Act
- HCO = Healthcare Organization
- HCP = Healthcare Personnel
- HICPAC = Healthcare Infection Control Practices Advisory Committee
- IPC = Infection Prevention and Control
- OHS = Occupational Health Services

# CDC Updates Infection Control in HC Personnel

- CDC updates in 2019 the Guidelines for infection control in health care personnel 1998
- It is 70 pages for 8 pages of recommendations
- There are 8 elements of occupational health services
  - Provide sufficient resources on immunization program
  - Promote an organizational culture
  - Make sure all staff know the occupational IC P&Ps
  - Monitor performance measures for occupational IC
  - Have job descriptions with infection risks


# CDC Updates Infection Control in HC Personnel

## Infection Control in Healthcare Personnel

Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services (2019)



### Print Version

[Infection Control in Healthcare Personnel: Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services \(2019\)](#)  [PDF – 70 pages]

[Recommendations Only](#)  [PDF – 8 pages]

This document is an update of 4 sections of Part I of the *Guideline for infection control in health care personnel, 1998* and their corresponding recommendations in Part II:

- C. Infection Control Objectives for a Personnel Health Service
- D. Elements of a Personnel Health Service for Infection Control
- H. Emergency-Response Personnel
- J. The Americans With Disabilities Act

[www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/index.html](http://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/index.html)

**Recommendations in other sections of the [1998 Guideline](#) are current.**

### Recommendations Table of Contents

1. [Leadership and Management](#)
2. [Communication and Collaboration](#)
3. [Assessment and Reduction of Risks for Infection among Healthcare Personnel Populations](#)
4. [Medical Evaluations](#)
5. [Occupational Infection Prevention and Control: Education and Training](#)
6. [Immunization Programs](#)
7. [Management of Potentially Infectious Exposures and Illnesses](#)
8. [Management of Healthcare Personnel Health Records](#)

# Safe Medication 278 DELETED

- Safe medication preparation and administration includes:
  - Prepare injectables in designated clean medication area not adjacent to contaminated areas
    - Such as a medication room
  - Proper hand hygiene before handling medications
  - Always disinfect a rubber septum with alcohol before piercing it
    - 10 or 15 second and let dry

# Infection Control Video

- HHS has published a training video that every nurse, physician, infection preventionist and healthcare staff should see
- This includes risk managers
- It is an interactive video
- Called Partnering to Heal: Teaming Up Against Healthcare-Associated Infections
- Go to <http://www.hhs.gov/partneringtoheal>

# Watch this Video on Preventing HAI

## Health Care Quality and Patient Safety

About +

Health Care-Associated Infections +

Adverse Drug Events +

Trainings and Resources -

Partnering to Heal

ADEs: Diabetes Agents

Pathways to Safer Opioid Use

Resources

Get email updates

Sign up for emails about health care quality and patient safety

## Partnering to Heal

[www.hhs.gov/ash/initiatives/hai/training/](http://www.hhs.gov/ash/initiatives/hai/training/)

### Partnering to Heal:

TEAMING UP AGAINST HEALTHCARE-ASSOCIATED INFECTIONS

[Partnering to Heal](#) is a computer-based, video-simulation training program on infection control practices for clinicians, health professional students, and patient advocates.

The training highlights effective communication about infection control practices and ideas for creating a "culture of safety" in healthcare institutions to keep patients from getting sicker. Users assume the identity of the following five main characters and make decisions about preventing Health Care-Associated Infections (HAIs):



**A Physician**, Nathan Green, Director of a Hospital Post-op Unit, ready to start new prevention efforts in the unit;



**A Registered Nurse**, Dena Gray, working to learn effective communications skills that could make the difference for her patients;



**An Infection Preventionist**, Janice Upshaw, a new employee charged with using a team-based approach to reducing infections;



# Watch Award Winning Video



## Safe Injection Practices - How to Do It Right

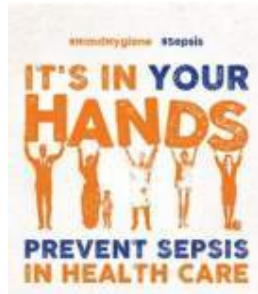
[www.youtube.com/watch?v=6D0stMoz80k&feature=youtu.b](http://www.youtube.com/watch?v=6D0stMoz80k&feature=youtu.b)

# CDC Guidelines on Hand Hygiene

## Hand Hygiene in Healthcare Settings



Practicing hand hygiene is a simple yet effective way to prevent infections. Cleaning your hands can prevent the spread of germs, including those that are resistant to antibiotics and are becoming difficult, if not impossible, to treat. On average, healthcare providers clean their hands less than half of the times they should. On any given day, about one in 25 hospital patients has at least one healthcare-associated infection.



[www.cdc.gov/handhygiene/](http://www.cdc.gov/handhygiene/)



### HEALTHCARE PROVIDERS

When and how to practice hand hygiene

### SHOW ME THE SCIENCE

The truth about hand hygiene

### PATIENTS

How to ask questions and protect yourself

### CLEAN HANDS COUNT CAMPAIGN

Materials to promote hand hygiene

Additional Resources

Healthcare Antiseptics

# CDC Guideline Library

Guidelines Library

[www.cdc.gov/infectioncontrol/guidelines/index.html#page=12](http://www.cdc.gov/infectioncontrol/guidelines/index.html#page=12)



## Basic Infection Prevention and Control

- Disinfection and sterilization
- Environmental infection control
- Hand hygiene
- Isolation precautions

## Antibiotic Resistance

- Multidrug-resistant organisms (MDRO)

## Device-associated

- Catheter-associated urinary tract infections (CAUTI)
- Intravascular catheter-related infection (BSI)

## Procedure-associated

- Organ transplantation
- Surgical site infection (SSI)

## Disease / Organism-specific

- Ebola
- Influenza – A virus (novel)
- Influenza (seasonal)
- MERS-CoV
- Norovirus
- Pneumonia prevention
- Smallpox pre-event vaccination
- Tuberculosis (TB)



**World Health  
Organization**

**Patient Safety**

A World Alliance for Safer Health Care

## **WHO Guidelines on Hand Hygiene in Health Care**

First Global Patient Safety Challenge  
Clean Care is Safer Care



# CDC Poster Clean Hands Save Lives!

## Clean Hands Save Lives!

- ◆ It is best to wash your hands with soap and warm water for 20 seconds.
- ◆ When water is not available, use alcohol-based products (sanitizers).
- ◆ Wash hands before preparing or eating food and after going to the bathroom.
- ◆ Keeping your hands clean helps you avoid getting sick.



### When should you wash your hands?

- ◆ Before preparing or eating food
- ◆ After going to the bathroom
- ◆ After changing diapers or cleaning up a child who has gone to the bathroom
- ◆ Before and after caring for someone who is sick
- ◆ After handling uncooked foods, particularly raw meat, poultry, or fish
- ◆ After blowing your nose, coughing, or sneezing
- ◆ After handling an animal or animal waste
- ◆ After handling garbage
- ◆ Before and after treating a cut or wound
- ◆ After handling items contaminated by flood water or sewage
- ◆ When your hands are visible dirty

[www.cdc.gov/h1n1flu/pdf/handwashing.pdf](http://www.cdc.gov/h1n1flu/pdf/handwashing.pdf)

### Using alcohol-based sanitizers

- ◆ Apply product to the palm of one hand.
- ◆ Rub hands together.
- ◆ Rub product over all surfaces of hands and fingers until hands are dry.

*Note: the volume needed to reduce the number of germs varies by product.*



### Washing with soap and water

- ◆ Place your hands together under water (warm if possible).
- ◆ Rub your hands together for at least 20 seconds (with soap if possible).
- ◆ Wash your hands thoroughly, including wrists, palms, back of hands, and under the fingernails.



# This is Your Hand Unwashed Johns Hopkins



**This Is  
Your Hand**

Conjunctivitis  
(Pink Eye)

E.coli

Common  
Cold

Staphylococcus  
aureus

SARS

Diarrhea

VRE

Influenza

**This Is Your Hand UNWASHED!**

[www.hopkinsmedicine.org/heic/docs/HH\\_hand\\_unwashed.pdf](http://www.hopkinsmedicine.org/heic/docs/HH_hand_unwashed.pdf)

**When Using Soap and Water**

Wet hands with warm water and apply soap. Rub hands vigorously for 15 seconds covering the top, bottom, and in-between fingers. Rinse well and dry with paper towel or wall dryer. Turn faucet off using paper towel.

# Patient Services



- Standard: Must provide diagnostic and therapeutic services as those provided in doctor's office or at entry of healthcare organization like an outpatient department or ED,
  - Changed from Direct Services to Patient Services
  - Can provide directly or under contract
- Must have supplies as that typically found in an ambulatory healthcare setting and a physician's office
  - These services include medical history, physical examination, specimen collection, assessment of health status, and treatment for a variety of medical conditions.



# Outpatient Department 1024

- Must provide adequate services, equipment, staff, and facilities adequate to provide the outpatient services,
- Must follow acceptable standards of practices such as ACR, AMA, ACOS, etc.,
- OP Dept must be integrated with inpatient services such as MR, lab, radiology, anesthesia or other diagnostic services,
- CAH physician or non-physician practitioner must be available to treat patients at the CAH when such outpatient services are provided
  - For those outpatient services that fall only within the scope of practice of a physician or non-physician practitioner



# Patient Services

# 1026

- **Standard: The CAH furnishes acute care inpatient services**
  - Average LOS is 96 hours
  - CAH provides less complicated inpatient services to meet the LOS requirement
  - Will look at data to make sure patients who need inpatient care are admitted
  - Must certify that Medicare patients may be expected to be discharged or admitted to a hospital within 96 hours
  - Does not believe in best interest to transfer a patient that can be cared for locally

- CMS notes that CAH may have seasonal variations
- CAH is not required to maintain a minimum average daily census of inpatients
- Nor are they required to maintain a minimum number of inpatient beds
  - Will look at volume of ED and outpatient services, number of certified beds and dedicated observation beds, average annual occupancy, average inpatient beds quarterly and annually, % of ED patients admitted, etc.

# Patient Services 1026

- Wants to be sure the CAH does not have an excess number of observation beds
- Wants to be sure not transferring patients from the ED to another hospital when the CAH could care for them
  - Data shows about  $\frac{1}{2}$  the number of patients who visit a rural hospital are admitted then in a non-rural hospital (8.3% vs. 16%)
- If admits 8% of its ED patients annually, CAH is compliant with inpatient services, and surveyors do not need to investigate further

# Lab Services



# Lab Services 1082

- Must provide basic lab services to include,
  - Urine dipstick or tablet including urine ketones,
  - Hemoglobin or hematocrit,
  - Blood glucose,
  - Stool for occult blood,
  - Pregnancy tests,
  - Primary culturing for transmittal to certified lab,
- Will need written policy to make sure all labs tests are recorded in the MR,
- Lab and radiology dept do not have to be a direct service

# Lab 1082

- Must have these basic lab services,
- Must provide emergency services 24 hours/7 days a week,
  - Must have current **CLIA certificate** and if contracted out make sure they have a CLIA certificate
- Scope of services and complexity must be adequate to meet the needs of the patients,
  - Can be employed or contract services,
- Patient lab results are medical records and must comply with the MR chapter
- Must have written P&P for collecting, preserving, transport, receipt if tissue specimen results,

# Nursing





- Standard: Nursing service must meet the needs of patients
- RN must provide nursing care to each patient or assign
- Nursing service must be well organized
- Need chief nursing officer (CNO) who is responsible for development of nursing P&Ps
  - Staff must be aware of all P&Ps
  - CNO responsible to supervise nursing staff
- Must have ongoing review and analysis of nursing care

# Nursing Care 1046

- All agency nurses must be oriented and supervised
- Surveyor will interview RN and ask how nursing needs of patients are determined
- How are staff assigned to provide care?
- How are staff trained and oriented?
- Will look at written staffing schedules to make sure staff are following the P&Ps
- Will review personnel files to make sure nurses are licensed

- Must have RN, LPN, or CNS on duty whenever the CAH has 1 or more patients
- Must ensure appropriate staffing for outpatient nursing services
- Must have enough supervisory and non-supervisory personnel to meet patient needs
  - Must be competent, educated, trained, oriented, and licensed
  - Need procedure for assigning and coordinating nursing care
  - RN make assignments

# RN 1048

- RN must provide the care for each patient or assign care to other personnel
  - Including SNF and swing be patients
- Care must be provided in accordance with patient needs
- RN must make all patient care assignments
  - Assignments must take into consideration complexity of patient's care
- Will look at written staffing plans
  - Staff must be competent
  - Make sure if temporary nurses used, they are oriented and supervised,

# RN Supervising Care 1048

- **A RN must supervise and evaluate** the nursing care for each patient (or if state law allows, a PA)
- Includes SNF level is a swing bed
- Must evaluate the care of each patient upon admission including swing bed patients
- Nursing care plans do not have to be developed for outpatients
  - But follow acceptable standards for medication administration

- **Standard:** All drugs and IVs are administered under the supervision of RN, MD/DO, or a PA if allowed by state law
- Need a signed order
  - Be sure there is signature, date, and TIME on all orders
- Orders must be written within the acceptable standard of care
- Must be consistent with both state and federal laws

- Drugs must be administered and prepared in accordance with the standard of care
  - Mentions NCCMERP, IHI, USP, ISMP, CDC, and Infusion Nurses Society
  - Discussed previously
- P&P must specify who can administer meds
- Need signed order by one authorized by P&P
- Need P&P for verbal and standing orders
- Need minimum content of medication orders
  - Name, dose, route, frequency, etc.

## *Content of the medication order*

*In accordance with accepted standards of practice, the minimum elements that must be present in orders for all drugs and biologicals to ensure safe preparation and administration include:*

- *Name of patient;*
- *Age and weight of patient, to facilitate dose calculation when applicable. Policies and procedures must address weight-based dosing for pediatric patients as well as in other circumstances identified in the CAH's policies. (Note that dose calculations are based on metric weight (kg, or g for newborns). If a CAH permits practitioners to record weight in either pounds or using metric weight, the opportunity for error increases, since some orders would require conversion while others would not. Accordingly, CAHs must specify a uniform approach to be used by prescribing practitioners. For example, a CAH could require all prescribers to use pounds or ounces and have the electronic ordering system or the pharmacy convert to metric);*
- *Date and time of the order;*
- *Drug name;*
- *Exact strength or concentration, when applicable;*
- *Dose, frequency, and route;*
- *Dose calculation requirements, when applicable;*
- *Quantity and/or duration, when applicable;*



- Ensure compliance with acceptable practices
  - Self administration of medications
  - Training
  - Basic safe practices
  - Timing of medication
  - IV medication
  - Documentation
  - Assessment of patients receiving medications

- **Verbal and standing orders**
  - Practitioner must authenticate orders ASAP
  - Need P&Ps for both
  - Standing orders must include how it is developed, approved, monitored and updated
  - Must include when staff can initiate a standing order
  - Must include that the standing order is signed off
  - List of things that must be in the verbal order

# Verbal Order P&P

*For verbal orders, CAH policies must, at a minimum, address the following:*

- *Describe situations in which verbal orders may be used, as well as limitations or prohibitions on their use;*
- *Provide a mechanism to establish the identity and authority of the practitioner issuing a verbal order;*
- *List the elements required for inclusion in the verbal order process;*
- *Establish protocols for clear and effective communication and verification of verbal orders. CMS expects nationally accepted read-back verification practice to be implemented for every verbal order..*
- *Identify the categories of clinical staff who are authorized to receive and act upon a verbal order.*
- *Provide for prompt documentation in the medical record of the receipt of a verbal order.*

# Blue Box Advisory Verbal & Standing

*For Information Only – Not Required/Not to Be Cited*

## *Verbal Orders*

*CAHs are encouraged to minimize the use of verbal orders as much as possible and not permit their use merely as a convenience to practitioners. Verbal orders carry a higher risk of miscommunication and error and thus should only be used when necessary. With the increasing use of Electronic Health Records and Computerized Physician Order Entry systems, the need for verbal orders is expected to decline.*

## *Standing Orders*

*There is no standard definition of a “standing order” in the healthcare community, but the terms “pre-printed standing orders,” “electronic standing orders,” “order sets,” and “protocols for patient orders” are various ways in which the term “standing orders” has been applied. The lack of a standard definition for these terms and their interchangeable and indistinct use by health care facilities professionals may result in confusion*

*CAHs are encouraged to focus on those situations where their use of “standing orders” permits treatment that is outside the scope of practice of a non-practitioner, such as a nurse, to be initiated by the non-practitioner without a prior specific order from a practitioner responsible for the care of the patient. Such treatment is typically initiated when a patient’s condition meets certain pre-defined clinical criteria. For example, standing orders may be initiated as part of an emergency response or as part of an evidence-based treatment regimen where it is not practical for a nurse to obtain either a written, authenticated order or a verbal order from a practitioner prior to the provision of care.*

*Appropriate use of standing orders can contribute to patient safety and quality of care by promoting consistency of care, based on objective evidence. Much of the evidence on the*

## ■ **Self administered meds**

- Need an order
- Can include medications brought from home
- Must have P&Ps

## ■ **Training**

- Medication administration training and education during orientation and CNE to include:
  - Safe handling and preparation of drugs
  - Knowledge of side effects, ADE, and dose limits
  - How to use equipment and need P&P

- **Basic safe practices**

- Five rights
- Culture of safety where staff feel free to ask questions

- **Timing of medications**

- P&P specify time frames
- P&P must include those medications not eligible for scheduled dosing times
  - Such as stat, PRN, on call for surgery, loading dose
- Evaluation of timing policies

# 3 Time Frames for Administering Medication

Time Critical Medicine

1 hour before or after

2 hours before or after

# Timing of Medication P&P

- **Time-critical scheduled medications** (30 minute or 1-hour total window)
  - These are ones in which an early or late administration of greater than thirty minutes might cause harm or have significant, negative impact on the intended therapeutic or pharmacological effect
  - P&Ps must include whether these drugs are always time sensitive
    - Examples include: Antibiotic given within one hour of incision time in the OR, fast acting insulin with 15 minutes of lunch



# Timing of Medication P&P

- Non-time-critical scheduled medications
  - Greater flexibility is given
  - Medications scheduled more frequently than daily but less than every 4 hours (such as bid or tid) can be given **1 hour** before or after for a window not to exceed 2 hours
  - Medications given once daily, weekly, or monthly may be given within **2 hours** before or after but can not exceed a total window of 4 hours (such as Allegra once a day)

# Timing of Medication P&P

- Missed or late administration of medications
  - Policy must include what action to take if missed or not given in permitted window of time
  - Missed dose may be due from patient who is out of the department, patient refusal, problems related to medication being available or other reasons
  - Policy needs to include parameters of when nursing staff are allowed to use their own judgment on the rescheduling of late or missed doses
  - Missed or late doses must be reported to the attending physician

# Medication Assessment 1049

- **Assessment of Patients on Medications**
- Very concerned about patient having respiratory depression or ADR from opioids
- Must carefully monitor
- May include respiratory status, BP, pulse ox and ETCO<sub>2</sub>
- Evaluate for confusion, agitation, unsteady gait, itching, lethargy, etc.
- Opioids are considered high risk medications

# ISMP List of High Alert Medication

## ISMP's List of *High-Alert Medications*

 [Printer friendly version](#)

High-alert medications are drugs that bear a heightened risk of causing significant patient harm when they are used in error. Although mistakes may or may not be more common with these drugs, the consequences of an error are clearly more devastating to patients. We hope you will use this list to determine which medications require special safeguards to reduce the risk of errors. This may include strategies like improving access to information about these drugs; limiting access to high-alert medications; using auxiliary labels and automated alerts; standardizing the ordering, storage, preparation, and administration of these products; and employing redundancies such as automated or independent doublechecks when necessary. (Note: manual independent double-checks are not always the optimal error-reduction strategy and may not be practical for all of the medications on the list).

Classes/Categories of Medications	Specific Medications
adrenergic agonists, IV (e.g., <b>EPINEPH</b> rine, phenylephrine, norepinephrine)	epoprostenol (Flolan), IV
adrenergic antagonists, IV (e.g., propranolol, metoprolol, labetalol)	magnesium sulfate injection
anesthetic agents, general, inhaled and IV (e.g., propofol, ketamine)	methotrexate, oral, non-oncologic use
antiarrhythmics, IV (e.g., lidocaine, amiodarone)	opium tincture
antithrombotic agents, including: <ul style="list-style-type: none"> <li>■ anticoagulants (e.g., warfarin, low-molecular-weight heparin, IV unfractionated heparin)</li> <li>■ Factor Xa inhibitors (e.g., fondaparinux)</li> <li>■ direct thrombin inhibitors (e.g., argatroban, bivalirudin, dabigatran etexilate, lepirudin)</li> </ul>	oxytocin, IV
	nitroprusside sodium for injection
	potassium chloride for injection concentrate
	potassium phosphates injection
	promethazine, IV
	vasopressin, IV or intraosseous

# IV Opioids

- Note a recommendation by the Patient Safety Movement Foundation
- Patients on IV opioids need:
  - Continuous pulse ox (through motion and low perfusion pulse oximetry)
  - Patients on supplemental oxygen has continuous respiratory rate monitoring (end tidal CO<sub>2</sub>)
  - Monitoring system needs to be linked with notification system to staff
  - Calls for an escalation protocol if staff does not acknowledge it in 60 seconds a second person is notified

# The Patient Safety Movement Foundation 2020

**For Information – Not Required/Not to be Cited**

## **The Patient Safety Movement Foundation**

PSMF recommends all patients receiving IV opioids have continuous measure-through motion and low perfusion pulse oximetry, and that patients on supplemental oxygen also have continuous respiration rate monitoring. It also calls for the monitoring system to be linked with a notification system to clinical staff who can respond immediately. It calls for an escalation protocol so that if a staff person does not acknowledge the alert in 60 seconds a second person will be notified.

The Patient Safety Movement Foundation - Actionable Patient Safety Solution (APSS) #1: Failure to Rescue: Post-Operative Respiratory Depression. January 13, 2013

# Patient Safety Movement Foundation



ACTIONABLE SOLUTIONS

OUR NETWORK

ADVOCACY

NEWS

RESOURCES

EVENTS

LEAD US TO ZERO

<https://patientsafetymovement.org>

## The Problem

### Medical Errors

The World's 14th Leading Cause of Death

Medical errors in hospitals are the third leading cause of death in the United States, just behind heart disease and cancer. Globally it is believed that medical errors kill more people than HIV, Malaria, and Tuberculosis, combined.



## The Goal

### ZERO Preventable Deaths

ZERO is not just a number – it's our mission

The Patient Safety Movement Foundation believes reaching ZERO preventable deaths in hospitals is not only the right goal, but an attainable one with the right people, ideas, and technology.

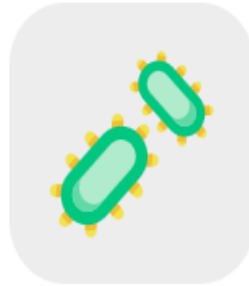


# Patient Safety Challenges

Hospitals are facing the following challenges daily, but there is hope! We have created solutions to address these challenges. When implemented, hospitals can achieve ZERO preventable deaths.



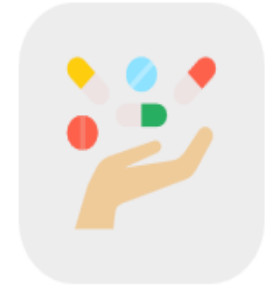
Culture of Safety



Healthcare-associated Infections (HAIs)



Medication Safety



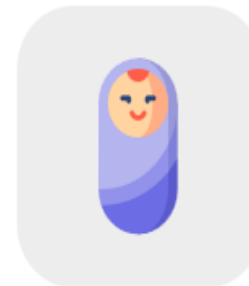
Monitoring for Opioid-induced Respiratory Depression



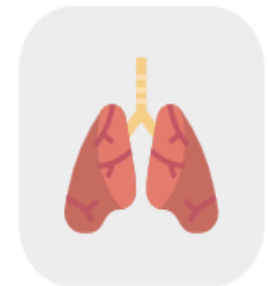
Patient Blood Management



Hand-off Communications



Neonatal Safety



Airway Safety



- **Assessment of Patients on Medications**
- Factors that put patients at greater risk for adverse events and respiratory depression
  - Liver or kidney failure
  - History of sleep apnea or snoring
  - Age, thoracic or other surgical incisions
  - History of smoking, pulmonary or cardiac disease
  - First time medication use, receiving benzodiazepines, antihistamines
  - Asthma, Patient weight

- Need to communicate in report and hand offs
- With high alert medications, would want to assess sedation level
- Staff are expected to include patient reports of their experience of medication's effects
- Educate the patient and family to notify nurse if any difficulty breathing or ADEs
- P&Ps must discuss manner and how frequent to monitor patient

- Need correct choice of vascular access device to deliver blood and medications
- Peripheral catheters, PICC, midlines, central lines, implanted ports and other types of devices
- Need P&P to address which ones can be given IV and via what type of access
- Trace lines and tubes for correct connections and prior to giving meds
- Verify IV pump is properly programmed

- P&P expected to address:
  - Monitoring for fluid and electrolyte imbalance
    - Electrolyte imbalance can occur with IV meds or blood
  - Monitoring of patients receiving high alert medication including opioids
    - How often and what devices such as pulse ox or ETCO<sub>2</sub>, and document pain level, vital signs, respiratory status and sedation level
  - Monitoring for over-sedation and respiratory depression related to opioid in post-op patients

# Pasero Opioid-induced Sedation Scale POSS

## Pasero Opioid-induced Sedation Scale (POSS)

<https://secure.tha.com/surveys/files/pasero-opioid-induced-sedation-scale-poss.pdf>

S = Sleep, easy to arouse

*Acceptable; no action necessary; may increase opioid dose if needed*

1. Awake and alert

*Acceptable; no action necessary; may increase opioid dose if needed*

2. Slightly drowsy, easily aroused

*Acceptable; no action necessary; may increase opioid dose if needed*

3. Frequently drowsy, arousable, drifts off to sleep during conversation

*Unacceptable; monitor respiratory status and sedation level closely until sedation level is stable at less than 3 and respiratory status is satisfactory; decrease opioid dose 25% to 50% or notify prescriber or anesthesiologist for orders; consider administering a non-sedating, opioid-sparing nonopioid, such as acetaminophen or an NSAID, if not contraindicated.*

4. Somnolent, minimal or no response to verbal or physical stimulation

*Unacceptable; stop opioid; consider administering naloxone; notify prescriber or anesthesiologist; monitor respiratory status and sedation level closely until sedation level is stable at less than 3 and respiratory status is satisfactory.*

# Richmond Agitation Sedation Scale RASS

## Richmond Agitation Sedation Scale (RASS) \*

[www.icudelirium.org/docs/RASS.pdf](http://www.icudelirium.org/docs/RASS.pdf)

Score	Term	Description	
+4	Combative	Overtly combative, violent, immediate danger to staff	
+3	Very agitated	Pulls or removes tube(s) or catheter(s); aggressive	
+2	Agitated	Frequent non-purposeful movement, fights ventilator	
+1	Restless	Anxious but movements not aggressive vigorous	
0	Alert and calm		
-1	Drowsy	Not fully alert, but has sustained awakening (eye-opening/eye contact) to <i>voice</i> ( $\geq 10$ seconds)	} Verbal Stimulation
-2	Light sedation	Briefly awakens with eye contact to <i>voice</i> (<10 seconds)	
-3	Moderate sedation	Movement or eye opening to <i>voice</i> (but no eye contact)	
-4	Deep sedation	No response to voice, but movement or eye opening to <i>physical</i> stimulation	} Physical Stimulation
-5	Unarousable	No response to <i>voice</i> or <i>physical</i> stimulation	

### Procedure for RASS Assessment

1. Observe patient
  - a. Patient is alert, restless, or agitated. (score 0 to +4)
2. If not alert, state patient's name and *say* to open eyes and look at speaker.
  - b. Patient awakens with sustained eye opening and eye contact. (score -1)
  - c. Patient awakens with eye opening and eye contact, but not sustained. (score -2)
  - d. Patient has any movement in response to voice but no eye contact. (score -3)
3. When no response to verbal stimulation, physically stimulate patient by shaking shoulder and/or rubbing sternum.

# Comparison of Sedation Scales Medscape

Pain Management Nursing

## Comparison of Selected Sedation Scales for Reporting Opioid-Induced Sedation Assessment

Allison Theresa Nisbet, MSN, CPN, AOCNS, RN-BC, Florence Mooney-Cotter, MSN, CNS-BC, RN-BC | Disclosures  
Pain Manag Nurs. 2009;10(3):154-164.

Comment



Print

- Abstract and Introduction
- Nurse Assessment of Sedation Using a Sedation Scale
- ▶ **Study Aims and Methods**
- Results
- Limitations
- Summary Recommendations
- References

### Study Aims and Methods

The present research study was designed to report measures of reliability and validity of three sedation scales currently used to measure sedation as an outcome of opioid administration for pain management in non-critical care settings: the Inova Health System Acute Care Sedation Scale (ISS), the RASS, and the POSS. Reliability and validity had not been previously established for any of these scales in the non-critical care setting. The following research questions were addressed by the study:

Research question 1: Is there a significant difference in validity or reliability between three commonly used sedation scales when used by non-critical care nurses for the measurement of postopioid sedation?

Research question 2: Is there a significant difference in means observed between scales in the total correct score obtained by the nurses (sedation score and nursing actions chosen)?

Research question 3: Is there a significant difference in means observed between scales in the nurses' total combined rating of each scale's performance regarding ease of use, information provided to inform clinical decision making, and confidence (in

score obtained and actions chosen)?

The study aims had immediate organizational significance, because the scale (the ISS) used to assess opioid-induced sedation at the facility in which the research was conducted had not previously been tested for

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# ISMP Use a Standard Sedation Scale

## *For Information – Not Required/Not to be Cited*

*In addition to assessing risk for respiratory depression, the Institute for Safe Medication Practices recommends hospitals use a standard sedation scale when assessing patients receiving PCA. Scales such as the Richmond Agitation Sedation Scale, Pasero, Ramsey, or Glasgow Coma Scale are useful in assessing sedation.*

*Institute for Safe Medication Practices (ISMP), Medication Safety Alert – Fatal PCA Adverse Events Continue to Happen...Better Patient Monitoring is Essential to Prevent Harm. May 30, 2013*



*For Information – Not Required/Not to be Cited*

*Institute for Safe Medication Practices Guidelines for PCA Monitoring*

<i>Assessment of Opioid Tolerance</i>	<i>Vital Signs</i>	<i>Pain</i>	<i>Sedation</i>	<i>Respiratory</i>		
				<i>Rate</i>	<i>Quality</i>	<i>SPO<sub>2</sub>* &amp;/or ETCO<sub>2</sub>**</i>
<i>Baseline Assessment before PCA</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>
<i>PCA Initiation or Change in Drug/Syringe</i> <i>Q 15 minutes x 1 hour</i> <i>Q 1 hour x 4 hours</i> <i>Then Q 2 hours</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>
<i>PCA Dose Change or Bolus</i> <i>Q 1 hour x 4 hours</i> <i>Then Q 2 hours</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>
<i>Adverse Event or Patient Deterioration (e.g., adverse change in sedation score)</i> <i>Q 15 minutes x 1 hour</i> <i>Q 1 hour x 4 hours</i> <i>Then Q 2 hours</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>
<i>Hand-offs/Shift Change</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>

*Institute for Safe Medication Practices (ISMP), Medication Safety Alert – Fatal PCA Adverse Events Continue to happen...Better Patient Monitoring is Essential to Prevent Harm. May 30, 2013 ISMP adapted these recommendations from the San Diego Patient Safety Council*

*\* SPO<sub>2</sub>: Saturation of peripheral oxygen via pulse oximetry*

- Confirm correct patient
- Verify correct blood product
- Standard calls for two qualified persons, one who is administering the transfusion
  - TJC NPSG allows one person hanging blood if use bar coding
- Document monitoring
- P&P include how frequent you monitor the patient and do vital signs
- How to identify and treat and report any adverse transfusion reaction

- Must keep a current nursing care plan (POC) for each inpatient
- Starts upon admission and need to keep current
  - Includes planning for patient's care while in hospital
  - Includes planning for transfer
- Considers treatment goals, physiological and psychosocial factors and discharge planning

- POC develops appropriate nursing interventions based on identified needs
- Must be part of the permanent medical record
- Nursing can do it as part of the interdisciplinary POC
- Must still do a nursing POC
- Surveyor will check to make sure POC started soon after admission
  - Will also make sure it is revised as necessary

# CAH Discharge Planning Requirements



# Copy of New Law 201 Pages



This document is scheduled to be published in the Federal Register on 09/30/2019 and available online at <https://federalregister.gov/d/2019-20732>, and on [govinfo.gov](http://govinfo.gov)

BILLING CODE 4120-01-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

42 CFR Parts 482, 484, and 485

[CMS-3317-F and CMS-3295-F]

RIN 0938-AS59

[www.federalregister.gov/documents/2019/09/30/2019-20732/medicare-and-medicaid-programs-revisions-to-requirements-for-discharge-planning-for-hospitals](http://www.federalregister.gov/documents/2019/09/30/2019-20732/medicare-and-medicaid-programs-revisions-to-requirements-for-discharge-planning-for-hospitals)

**Medicare and Medicaid Programs; Revisions to Requirements for Discharge Planning for Hospitals, Critical Access Hospitals, and Home Health Agencies, and Hospital and Critical Access Hospital Changes to Promote Innovation, Flexibility, and Improvement in Patient Care**

**AGENCY:** Centers for Medicare & Medicaid Services (CMS), HHS.

**ACTION:** Final rule.

**SUMMARY:** This final rule empowers patients to be active participants in the discharge planning process and complements efforts around interoperability that focus on the seamless exchange of patient information between health care settings by revising the discharge planning requirements that Hospitals (including Short-Term Acute-Care Hospitals, Long-Term Care Hospitals (LTCHs), Rehabilitation Hospitals, Psychiatric Hospitals, Children's Hospitals, and Cancer Hospitals), Critical Access Hospitals,

# CAH Policies and Procedures

- CAH must have an effective discharge planning process under Appendix W
- The requirements are basically very similar to those required for hospitals under Appendix A
- Although there are a few differences
- Discharge planning must focus on the patient's goals and treatment preferences
- It must include patients and their representatives as active partners in the discharge planning process
- Patients have timely access to their medical records

# CAH Discharge Planning

- Access in the form or format the patient wants
- Must do DP at an early stage of hospitalization to those patients who are likely to suffer adverse health consequences upon discharge in the absence of adequate discharge planning
- Must provide a discharge planning evaluation for those patients so identified at risk
- Must do a DP if the patient or physician requests
- Includes an evaluation if they will need post hospital services such as home health or hospice



# CAH Discharge Planning

- The discharge planning process and discharge plan must be consistent with their goals and preferences
- Must make an effective transition from the hospital to post-discharge care
- Must identify at an early stage
- Must be done timely
- Can be done upon the request of the patient or the doctor
- Discharge planning must include of the need for post CAH services

# CAH Discharge Planning

- This may include hospice, home health care, swing bed admission, assisted living, LTC, LTCH, etc.
- Need to determine if the services the patient needs are available in the area that the patient lives
- Need to document the discharge planning evaluation in the medical record
- Must be done by a qualified person
- Must have regular re-evaluations of the patient's condition
- Must have a current nursing plan on the chart

# CAH Discharge Planning

- Must transfer patients if unable to provide the needed services
- Must review the discharge planning process on a regular basis
- This includes a sampling of patients readmitted within 30 days
  - Many hospitals review the chart of every patient who is readmitted within 30 days
  - This is to determine if there is anything the hospital could have done to prevent the readmission

# CAH Discharge Planning

- Must ensure the data on quality measures and resource use measure are relevant
- Must send copies of the medical records when the patient is transferred
- This includes information that contains information on the current course of illness, treatment received
- This is provided to the provider or facility the patient is being sent to
- Requirements do not prevent CAHs from using telehealth to meet the DP requirements

# CAH Discharge Planning

- If you transfer or refer the patient, must send necessary medical information
- This must include current course of illness and treatment, post discharge goals of care, and treatment preferences
- At the time of discharge, to the appropriate post-acute care service providers or facility
- DP evaluation must be in the patient's medical record to be use in doing a discharge plan

# CAH Difference

- CAH are not required to include in their DP a list of the 4 PACs (LTC, HHA, LTCH, IRF)
- However, they are required to assist patients to select a PAC provider
- The CAH must still share data on quality measures and resource use (cost, efficiency, readmission rates)
- The following are where the tag numbers will be located
- Remember guidelines are pending

# Discharge Planning New Numbers

- Standard: The hospital must have a discharge planning (DP) process that applies to all patients (1400)
  - Must include the caregivers support person in the discharge planning for post-discharge care
  - Must focus on patient goals and treatment preferences
  - And the discharge process and plan must be consistent with the goals and preferences
  - Must ensure an effective transition from hospital to post-discharge care and reduce factors for readmission
  - Guidelines are pending and the following slides are the current interpretive guidelines

# Discharge Planning Evaluation 2020

- Standard: Must do a timely DP evaluation to ensure appropriate arrangements for post-hospital care (1406)
  - Must be made before discharge
  - Must avoid unnecessary delays
- To determine if patient will need post hospital care (1408)
  - Such as hospice, LTC, LTCH, inpatient rehab, non-health care services or community-based care providers
  - Need to make sure they are available



# Discharge Planning Evaluation 2020

- Standard: The DP evaluation must be in the medical record (1410)
  - This is to establish an appropriate discharge plan
  - This is also to document that the results of the evaluation have been discussed with the patient or representative
  - Guidance is pending
- Standard: DP evaluation or plan must be developed by or under the supervision of a RN, SW, or other qualified person (1417)
  - Guidance is pending

# Discharge Planning Process 2020

- Standard: The hospital must develop and implement the discharge plan for the patient when requested by the doctor (1412)
  - Guidance is pending
- Standard: Must regularly re-evaluate the patient's conditions to identify any changes that require the DP to be modified (1420)
  - If so must modify the DP to reflect these changes
  - Guidance is pending

# Discharge Planning Process 2020

- Standard: The hospital must assess the discharge planning process on a regular basis (1422)
  - Assessment must be ongoing
  - Must do a periodic review of a sample of the discharge plans
  - Includes patient admitted within 30 days
  - Make sure the plans respond to the patient's post-discharge needs
  - Guidance is pending

# Discharge Planning Process 2020

- Standard: The hospital must assist patients, their families and representatives, in selecting a post-acute provider (1425)
  - Must provide data
  - Includes, but is not limited to, HHA, SNF, IRF, or LTCH data on quality measures and data on resource use on measures
  - Must make sure this information is relevant
  - Guidance is pending and new tag number

# Discharge Planning Evaluation 2020

- Standard: The discharge planning evaluations must include an evaluation if the patient will need post-hospital services (807)
  - Such as hospice care, home health, post-hospital extended services, non-health care services and community based providers
  - Must determine if these services are available
  - Must determine if patient can access these services
  - Guidance will be determined
  - The following is what is currently in the manual

# Discharge Planning Evaluation 2020

- Standard: Patient Discharge and transmission of the patient's necessary medical information (1430)
  - The hospital must discharge the patient
  - Or transfer or refer the patient
  - Must send along all necessary medical information pertaining to the patient's current course of illness and treatment, post-discharge goals of care, and treatment preferences, at the time of discharge, to the appropriate post-acute care service providers and suppliers, facilities, agencies, and other outpatient service providers and practitioners responsible for the patient's follow-up or ancillary care (guidance to follow)

# Discharge Planning Evaluation 2020

- Standard: Requirements related to post-acute care services (814)
  - If home health (HH) , SNF, IRF or LTCH the following apply
- Standard: Must give the patient a list of the ones available to the patient, that participate in Medicare, and that serve the geographic area and document list given (815)
  - HH agencies must request to be on the list
  - Must give the list of the four if services are indicated
  - If managed care make sure verifies it is in network
  - Guidance pending

# Discharge Planning Evaluation 2020

- Standard: Must inform patient of their right to choose among Medicare providers and suppliers of their post-discharge services (816)
  - Must respect the patient or representative's goals of care and treatment preferences
  - Cannot limit qualified providers or suppliers
- Standard: Must disclose any financial interest in HHA or SNH (817)
  - Guidance is pending



# Discharge Planning and Worksheet



# Final Discharge Planning Worksheet

## Section 2 Discharge Planning – Policies and Procedures

Elements to be assessed		Surveyor Notes
2.1 Implementation of discharge planning policies and procedures for inpatients:		
2.1a For every inpatient unit surveyed is there evidence of applicable discharge planning activities?	<input type="radio"/> Yes <input type="radio"/> No	
2.1b Are staff members responsible for discharge planning activities correctly following the hospital's discharge planning policies and procedures?	<input type="radio"/> Yes <input type="radio"/> No	
<b>If no for either 2.1a or 2.1b, cite the applicable standard for identification of patients needing discharge planning, 42 CFR 482.43(a) (Tag A-0800); discharge planning evaluation, 42 CFR 482.43(b) (Tag A-0806); and/or developing and implementing the discharge plan, 42 CFR 482.43(c) (Tag A-0818)</b>		
2.2 Does the discharge planning process apply to certain categories of outpatients?	<input type="radio"/> Yes <input type="radio"/> No	
If yes, check all that apply: <input type="radio"/> Same day surgery patients <input type="radio"/> Observation patients who are not subsequently admitted <input type="radio"/> ED patients who are not subsequently admitted <input type="radio"/> Other		
2.3 Is a discharge plan prepared for each inpatient?	<input type="radio"/> Yes. skip to	

# The End

# Questions???



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