The Joint Commission and CMS

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SPICE
Statewide Program for
Infection Control & Epidemiology
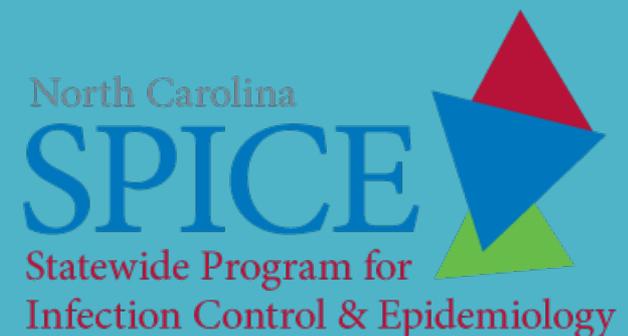
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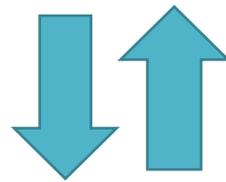
Objectives

1. Discuss the CMS Hospital Conditions of Participation (CoPs)

2. Discuss the CMS revised infection control worksheet and survey process

3. CMS TJC Crosswalk

4. Other initiatives related to HAI reduction

Organization of Quality, Safety and Oversight Group (QSOG), *formerly Survey and Certification Group (SCG)*

Federal

CMS Headquarters -------AOs

10 Regional Offices

https://www.cms.gov/About-CMS/Agency-Information/RegionalOffices/RegionalMap.html

State Agencies

4

Organization of Quality, Safety and Oversight Group (QSOG)

Division of Acute Care Services (DACS)

➢ Acute Care Hospitals, LTACs, CAHs, ASCs, Rehab, Psychiatric

Division of Nursing Homes (DNH)

➢ Nursing Homes

Division of Continuing Care Providers (DCCP)

➢ Home Health and Hospice, ESRD, Psychiatric Residential Treatment Facilities

Clinical Laboratory Improvement Amendments (CLIA)

5

Where to Submit a Question or Inquiry?

Division of Acute Care Services (DACS)

PFP.SCG@cms.hhs.gov

Division of Nursing Homes (DNHs)

DNH_TriageTeam@cms.hhs.gov

ESRD Survey & Certification Group

ESRDSurvey@cms.hhs.gov

Find resources for compliance with the ESRD Conditions for Coverage here:

www.cms.gov/GuidanceforLawsAndRegulations/05_Dialysis.asp

SCG General Information

http://www.cms.gov/SurveyCertificationGenInfo/

CMS Conditions of Participation (CoPs) & Conditions for Coverage (CfCs)

CMS develops CoPs - (hospitals, CAHs, ASCs)

CfCs - (ESRD, LTC/NH, ASCs)

Minimum health and safety **standards** that providers and suppliers must meet in order to be Medicare and Medicaid certified and receive reimbursement.

The Interpretive Guidelines (IGs)provide instructions to the surveyors on how to survey the CoP. *Note: key are "should" versus "must" statements*

cms.gov

CMS Hospital Infection Control Conditions of Participation (CoPs)

o Provide a sanitary environment and have an active program for prevention, control, investigation of infections/communicable diseases (A-0747)

o Have a designated person(s) as infection control officer(s) to develop and implement policies (A-0748)

o Infection control officer(s) must develop a system for identifying, reporting, investigating and controlling infections/communicable disease of patients/personnel (A-0749)

o CEO, medical staff, and Director of Nursing must (A-0756)

• Ensure hospital-wide QAPI and training programs address problems identified by IPs

• Be responsible for implementation of successful corrective action plans

CMS Hospital Interpretive Guidance

Infection Control Program must:

o Be incorporated into hospital-wide QAPI program

o Include nationally recognized practices, guidelines, and regulations

o Have active surveillance component covering patients and personnel that conduct surveillance facility-wide (all locations, departments, services, campuses), follow NHSN

o Develop and implement IC interventions to address issues identified through detection, and monitor effectiveness of interventions.

o Appropriately monitor housekeeping, maintenance, and other activities to ensure sanitary environment

CMS Hospital Interpretive Guidance – Organizational Policies

- Designate in writing infection control officer(s)
  - ➢ Must be qualified
  - ➢ No specification on number of IPs or hours

- Develop and implement policies governing control of infections/communicable disease

CMS Hospital Interpretive Guidance

IP(s) must

Develop and implement infection control measures for HCPs

Mitigate risk (POA and HAI)

Active surveillance

Monitor compliance with policy and procedures

Program evaluation and revision

Report communicable diseases

Maintain sanitary physical environment

Notice of Proposed Rule Making (NPRM) Hospital and CAH Changes to Promote Innovation, Flexibility, and Improvement in Patient Care, 2016

Hospital-wide IPC and antibiotic stewardship programs (ASP);

Designate leaders of the IPCP and the ASP respectively, who are qualified through education, training, experience, or certification.

Quality Assessment and Performance Improvement (QAPI) program incorporate quality indicator data related to hospital readmissions and hospital-acquired conditions;

Competencies documented for IPC training

Assess for IPC during Transitions of Care

12

NC Rules for Licensing Hospitals – Section .5100 – Infection Control

Infection Control Committee required to meet at least quarterly

All policies and procedures must be reviewed at least every three years

Except Exposure Control Plan and Infection Control Plan (Annual)

Infection Control Worksheet

CMS ICW Structure

5 Modules

1 – Infection Control/Prevention Program

2 – General Infection Control Elements

3 – Equipment Reprocessing

4 – Patient Tracers

 5 – Special Care Environments

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-15-12-Attachment-1.pdf

CMS ICW Structure

20 Sections

 4 tracers

   - Urinary Catheter Tracer

   - Central Venous Catheter Tracer,

   - Ventilator/Respiratory Therapy Tracer

   - Surgical Procedure

Ideal self assessment tool for compliance with minimum standards (49 pages)

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-15-12-Attachment-1.pdf

CMS – Joint Commission Crosswalk

TJC Scoring

Survey Analysis for Evaluating Risk (SAFER) Matrix

TJC Chapter Outline

PLANNING (IC.01)

Responsibility (IC.01.01.01)

Resources (IC.01.02.01)

Risk (IC.01.03.01)

Goals (IC.01.04.01)

Activities (IC.01.05.01)

Influx (IC.01.06.01)

IMPLEMENTATION (IC.02)

Plan Implementation (IC.02.01.01)

Medical Equipment, Devices, Supplies (IC.02.02.01)

Transmission of Infections (IC.02.03.01)

Influenza Vaccinations (IC.02.04.01)

Evaluation and Improvement (IC.03.01.01)

TJC Crosswalk for Tag A-0747

CMS
A-0747

Hospital **must provide a sanitary environment** to avoid sources and transmission of infections/CD. There must be an active program for the prevention, control and investigation of infections/CD.

TJC STANDARDS

EC.02.05.01 – Hospital manages risk associated with its utility systems.

EP 1 – Designs and installs utility systems hat meet patient care and operational needs.

EP 5 – Minimizes pathogenic biological agents in cooling towers, domestic water systems, and other aerosolizing water systems

EP 6 – In areas designed to control airborne contaminates, the ventilation system provides appropriate pressure relationships, air-exchange rates, and filtration

TJC Crosswalk for CMS Tag A-0747

CMS
A-0747

Hospital **must provide a sanitary environment** to avoid sources and transmission of infections/CD. There must be an active program for the prevention, control and investigation of infections/CD.

TJC STANDARDS

EC.02.05.05 –

Hospital inspects test, and maintains utility systems

EP 4 – Hospital inspects, test and maintains the following: infection control utility system components on the inventory. Activities are documented

TJC Crosswalk for CMS Tag A-0747

CMS A-0747

Hospital **must provide a sanitary environment** to avoid sources and transmission of infections/CD. There must be an active program for the prevention, control and investigation of infections/CD.

TJC STANDARDS

EC.02.06.01 – Hospital establishes and maintains a safe, functional environment

EP 13 – Hospital maintains ventilation, temperature, and humidity levels suitable for the care, treatment and services provided (Example: LSC NFPA)

EP 20 – Areas used by patients are clean and free of offensive odors

TJC Crosswalk for CMS Tag A-0747

CMS
A-0747

Hospital **must provide a sanitary environment** to avoid sources and transmission of infections/CD. There must be an active program for the prevention, control and investigation of infections/CD.

TJC STANDARDS

EC.02.06.05 – Hospital manages its environment during demolition, renovation, and new construction to reduce the risk to those in the organization

EP 2 – When planning for demolition, construction, or renovation, hospital conducts a preconstruction risk assessment for air quality, infection control, utility systems, noise, vibration, and other hazards that affect care

EP 3 – Hospital takes actions based on its assessment to minimize risk during demolition, construction and renovation

TJC Crosswalk for CMS Tag A-0747

CMS
A-0747

Hospital must provide a **sanitary environment** to avoid sources and transmission of infections/CD. There must be an active program for the prevention, control and investigation of infections/CD.

TJC STANDARDS

IC.01.02.01 – Hospital leaders allocate needed resources for IC program

EP 1 – Provides access to information

EP 2 – Provides laboratory resources

EP 3 – Provides equipment and supplies

TJC Crosswalk for CMS Tag A-0747

CMS
A-0747

Hospital **must provide a sanitary environment** to avoid sources and transmission of infections/CD. There must be an active program for the prevention, control and investigation of infections/CD.

TJC STANDARDS

IC.01.03.01 – Hospital identifies risk for acquiring and transmitting infections

EP 1 – identifies risk for acquiring and transmitting infections based on: its geographic location, community, and population served

EP2 – Identifies s risk based on: The care treatment and services it provides

EP 3 – Identifies risk based on: analysis of surveillance activities and other IC activities

EP 4 – Reviews and identifies its risk at least annually and whenever significant changes occur with input from IPs, medical staff, nursing, leadership

Infection Control Risk Assessment: References

- Infection Control Risk Assessment
  APIC 2011-Baltimore (Web search)

- http://oregonpatientsafety.org/healthcare-professionals/infection-prevention-toolkit/section-1-infection-prevention-programdevelopment/473/oregonpatientsafety.org/healthcare.../infection...toolkit/...infection.../473/

TJC Crosswalk for CMS Tag A-0747

CMS
A-0747

Hospital must provide a **sanitary environment** to avoid sources and transmission of infections/CD. There must be an active program for the prevention, control and investigation of infections/CD.

TJC STANDARDS

IC.01.05.01 – Hospital has an infection control plan (ICP)

EP 1 – When developing plan, hospital uses evidence-based national guidelines, or expert consensus

EP 2 – ICP includes written description of the activities, including surveillance, to minimize, reduce, or eliminate risk of infection

EP 3 – ICP includes description of the process to evaluate ICP

TJC Crosswalk for CMS Tag A-0747

CMS A-0747

Hospital **must provide a sanitary environment** to avoid sources and transmission of infections/CD. There must be an active program for the prevention, control and investigation of infections/CD.

TJC STANDARDS

IC.01.05.01 – Hospital has an infection control plan (ICP)

EP 5 – describes the process for investigating outbreaks

EP 6 – All hospital components and functions are integrated into IC activities

EP 7 – Hospital has method for communicating responsibilities about preventing and controlling infections to LIPs, staff, visitors, patients, and families.

TJC Crosswalk for CMS Tag A-0747

CMS
A-0747

Hospital **must provide a sanitary environment** to avoid sources and transmission of infections/CD. There must be an active program for the prevention, control and investigation of infections/CD.

TJC STANDARDS

IC.01.06.01 – Hospital prepares to respond to influx of potentially infectious patients

EP 4 – Hospital describes in writing how it will respond to influx of potentially infectious patients

EP 6 – When necessary, hospital activates its response to influx of potentially infectious patients

TJC Crosswalk for CMS Tag A-0747

CMS
A-0747

Hospital **must provide a sanitary environment** to avoid sources and transmission of infections/CD. There must be an active program for the prevention, control and investigation of infections/CD.

TJC STANDARDS

IC.02.01.01 – Hospital implements its ICP

  EP 1 – Hospital implements its IC activities, including surveillance, to reduce risk of infection

  EP 2 – Hospital uses Standard Precautions to reduce the risk of infection

  EP 3 – Hospital implements Transmission-based Precautions

TJC Crosswalk for CMS Tag A-0747

CMS

A-0747

Hospital **must provide a sanitary environment** to avoid sources and transmission of infections/CD. There must be an active program for the prevention, control and investigation of infections/CD.

TJC STANDARDS

IC.02.01.01 – Hospital implements its ICP

EP 6 – Minimizes risk of infection with storing and disposing of infectious waste

EP 7 – Implements methods to communicate responsibilities for IC to LIPs, staff, visitors, patients, and families

EP 8 – Reports infection surveillance, prevention, and control information to the appropriate staff within hospital

TJC Crosswalk for CMS Tag A-0747

CMS
A-0747

Hospital **must provide a sanitary environment** to avoid sources and transmission of infections/CD. There must be an active program for the prevention, control and investigation of infections/CD.

TJC STANDARDS

IC.02.02.01 – Hospital reduces the risk of infection associated with medical equipment, devices and supplies

EP 1 – Implements IC activities during: Cleaning and low-level disinfection

EP 2 - Implements IC activities during: intermediate and high-level disinfection and sterilization

EP 3 – Disposing of medical equipment, devices, supplies

EP 4 – Storing medical equipment devices and supplies

TJC Crosswalk for CMS Tag A-0747

CMS
A-0747

Hospital **must** provide a **sanitary environment** to avoid sources and transmission of infections/CD. There must be an active program for the prevention, control and investigation of infections/CD.

TJC STANDARDS

IC.02.03.01 – Hospital works to prevent transmission of infectious disease among patients, LIPs, and staff

  EP 1 – Makes screening for exposure/immunity to Infectious diseases available to LIPs and staff

  EP 2 – Refers/provides LIPs and staff with an infectious disease for assessment, testing, prophylaxis/treatment, and counseling

  EP 3 – Refers/ provides occupationally exposed LIPs and staff for assessment, testing...

  EP 4 – Patients exposed to infectious diseases, hospital provides/refers for assessment, testing...

TJC Crosswalk for CMS Tag A-0747T

CMS
A-0747

Hospital **must provide a sanitary environment** to avoid sources and transmission of infections/CD. There must be an active program for the prevention, control and investigation of infections/CD.

TJC STANDARDS

IC.03.01.01 – Hospital evaluates the effectiveness of the IC plan

EP 1 – Hospital evaluates IC Plan annually and whenever risk change

EP 4 – Evaluation includes: implementation of IC plan activities

EP 6 – Findings from evaluation communicated annually to individuals/group that manages patient safety program

EP 7 – Uses findings from evaluation if IC plan when revising IC plan

TJC Crosswalk for CMS Tag A-0748

CMS
A-0748

Organization and Policies: A person(s) **must be designated as infection control officer(s) to develop and implement policies governing control of infections/CD.**

TJC STANDARDS

IC.01.01.01 – Hospital identifies individual(s) responsible for the IC program

EP 1 – Identifies individual(s) with clinical authority over the IC program

EP 2 – When individual with authority over IC program does not have expertise in IC, he or she consults with someone who has such expertise to make decisions

TJC Crosswalk for CMS Tag A-0748

CMS
A-0748

Organization and Policies: A person(s) **must be designated as infection control officer(s) to develop and implement policies governing control of infections/CD.**

TJC STANDARDS

IC.01.01.01 – Hospital identifies individual(s) responsible for the IC program.

EP 3 – Hospital assigns responsibility for daily management of IC activities

EP 4 – Deemed status purposes: Individual with clinical authority is responsible for:

-Developing polices

-Implementing policies

-Developing system for identifying reporting, investigating and control infections/*CD*

TJC Crosswalk for CMS Tag A-0749

CMS
A-0749

Infection control officer(s) must develop as system for identifying, reporting, investigating, and controlling infections/CD of patients and personnel.

TJC STANDARDS

HR.01.04.01 – Hospital provides orientation to staff

EP 4 – The hospital orients staff on the following:

Specific job duties, including those related to infection prevention and control.

Orientation completion is documented

TJC Crosswalk for CMS Tag A-0749

CMS
A-0749

Infection control officer(s) must develop as **system for identifying, reporting, investigating, and controlling infections**/CD of patients and personnel.

Note: No Log required for HAIs

TJC STANDARDS

IC.01.05.01 – The Hospital has an IC Plan

 EP 8 – Hospital identifies method for reporting infection surveillance and control information to external organizations

TJC Crosswalk for CMS Tag A-0749

CMS
A-0749

Infection control officer(s) must develop as **system for identifying, reporting, investigating, and controlling infections/CD of patients and personnel**

TJC STANDARDS

IC.02.01.01 – Hospital implements IC plan

EP 9 – Hospital reports infection surveillance, prevention, and control information to local, state, and federal public health authorities.

TJC Crosswalk for CMS Tag A-0756

CMS A-0756

Responsibilities of CEO, Medical Staff and Director of Nursing must:

1) Ensure that the hospital-wide QAPI program and training programs address problems identified by the infection control officer(s)

2) Be responsible for implementation and corrective actions

TJC STANDARDS

IC.01.01.01 – Hospital identifies individual(s) responsible for the IC program

  EP 3 – The hospital assigns responsibility for the daily management of infection prevention and control activities

TJC Crosswalk for CMS Tag A-0756

CMS A-0756

Responsibilities of CEO, Medical Staff and Director of Nursing must:

1) Ensure that the hospital-wide QAPI program and training programs address problems identified by the infection control officer(s)

2) Be responsible for implementation and corrective actions

TJC STANDARDS

HR.01.05.03 – Staff participate in ongoing education and training

EP 1 – Staff participate in ongoing education and training to maintain and increase competency. Staff participation is documented

TJC Crosswalk for CMS Tag A-0756

CMS A-0756

Responsibilities of CEO, Medical Staff and Director of Nursing must:

1) Ensure that the hospital-wide QAPI program and training programs address problems identified by the infection control officer(s)

2) Be responsible for implementation and corrective actions

TJC STANDARDS

IC.01.05.01 – The hospital has an infection prevention and control plan

 EP 6 – All hospital components and functions are integrated into the infection prevention and control activities

TJC Crosswalk for CMS Tag A-0756

CMS
A-0756

Responsibilities of CEO, Medical Staff and Director of Nursing must:

1) Ensure that the hospital-wide QAPI program and training programs address problems identified by the infection control officer(s)

2) Be responsible for implementation and corrective actions

TJC STANDARDS

LD Responsibilities of CEO, Medical Staff and Director of Nursing must:

1) Ensure that the hospital-wide QAPI program and training programs address problems identified by the infection control officer(s)

2) Be responsible for implementation and corrective actions

2019 National Patient Safety Goals

NPSG.07.01.01   Use the hand cleaning guidelines from the CDC and Prevention or the WHO. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

NPSG.07.03.01   Use proven guidelines to prevent infections that are difficult to treat (e.g. MDROs).

NPSG.07.04.01   Use proven guidelines to prevent infection of the blood from central lines.

NPSG.07.05.01   Use proven guidelines to prevent infection after surgery.

NPSG.07.06.01   Use proven guidelines to prevent infections of the urinary tract that are caused by catheters

https://www.jointcommission.org/assets/1/6/NPSG_Chapter_HAP_Jan2019.pdf

Environmental Services

- Environmental service worker PPE use *(07.03.08)*
  - Patient care area cleaning processes—high touch areas are cleaned daily
  - Terminal Cleaning and removal of linen
  - Use of cleaners and disinfectants reflect MIFU

- Clean cloths for each patient room/corridor *(07.03.06)*
  - Mop head and cloth cleaning daily
  - Blood and body fluid cleaning process--spills

Environmental Services

- Equipment cleaning schedules (HVAC, eyewash stations, ice machines, refrigerators, scrub sinks and aerators on faucets)

- Handling of clean and dirty laundry with no potential for cross contamination

- Bagging and storage of dirty linen - Segregation of clean from dirty in laundry processing area

  (07.04.01 for all three)

2019 National Patient Safety Goals

NPSG.07.01.01

EP 1- Implement a program that follows categories IA, IB, and IC of either the current CDC or (WHO) hand hygiene guidelines.

EP 2- Set goals for improving compliance with hand hygiene guidelines.

EP 3- Improve compliance with hand hygiene guidelines based on established goals.

*Effective January 1, **2018**, for all accreditation programs, **any observation by surveyors of individual failure to perform hand hygiene in the process of direct patient care** will be cited as a deficiency resulting in a Requirement for Improvement (RFI) under Infection Prevention and Control (IC) Standard*

2019 National Patient Safety Goals

NPSG.07.03.01 – Implement evidence based practices to prevent HAIs that are difficult to treat (e.g. MDROs).

1. Conduct periodic risk assessments (time frames defined by the hospital) for MDRO acquisition and transmission.
2. Educate staff and LIP about MDRO and prevention strategies. Education occurs upon hire or granting of initial privileges and periodically thereafter as determined by the organization.
3. Educate patients, and their families as needed, who are infected or colonized with a MDRO about HAI prevention strategies
4. Implement a surveillance program for MDRO based on the risk assessment.
5. Measure and monitor MDRO prevention processes and outcomes, including the following: - MDRO infection rates using evidence-based metrics - Compliance with evidence-based guidelines or best practices
6. Provide MDRO process and outcome data to key stakeholders, including leaders, LIP, nursing staff, and other clinicians.
7. Implement polices and procedures based evidence-based MDRO guidelines
8. Implement laboratory alert system that identifies new pts. with MDROs
9. Implement alert system that identifies readmitted or transferred patients positive for MDROs

2019 National Patient Safety Goals

NPSG.07.04.01 – Implement evidence-based practices to prevent CLABSIs (13 EPs)

1. Educate staff and LIPs involved in central lines annually (include involvement into job descriptions)
2. Education patients/families about CLABSIs
3. Implement polices and procedures based on evidence-based guidelines
4. Periodic risk assessments for CLABSI, compliance with practices, and evaluate prevention efforts
5. Provide data (rates and outcome measures) to stakeholders
6. Use standardized insertion checklist
7. Perform hand hygiene
8. Do not use femoral vein (adults), unless other sites unavailable
9. Use standardized supply cart/kit
10. Use standardized protocol for sterile barrier precautions
11. Use aseptic skin preparation.
12. Use standardized protocol to disinfect catheter hubs/ports before accessing.
13. Evaluate all CVCs routinely and remove non-essential catheters.

2019 National Patient Safety Goals

NPSG.07.05.01 – Implement evidence-based practices to prevent SSIs (8 EPs)

1. Educate all LIPs/Staff involved in surgical procedures
2. Educate patients and families about SSI prevention
3. Implement polices and procedures based on evidence-based guidelines
4. Conduct periodic risk assessments, select SSI measures based on evidence-based guidelines, monitor compliance with best practices, and evaluate effectiveness of prevention efforts
5. Measure SSI rates for first 30 days following procedure (1 year for implantables)
6. Provide process and outcome measure results to stakeholders
7. Administer antimicrobial prophylaxis according to method cited in scientific literature or endorsed by professional organizations.
8. When hair removal necessary, use method cited in scientific literature or endorsed by professional organizations.

2019 National Patient Safety Goals

NPSG.07.06.01 – Implement evidence-based practices to prevent CAUTI

Educate staff and licensed independent practitioners involved in the use of indwelling urinary catheters about CAUTI and the importance of infection prevention.

1. Educate patients who will have an indwelling catheter, and their families, on CAUTI prevention and the symptoms of UTIs.

2. Insert indwelling urinary catheters according to established evidence-based guidelines.

3. Manage indwelling urinary catheters according to evidence-based guidelines for placement and insertion and management.

4. Measure and monitor catheter-associated UTI prevention processes and outcomes in high-volume areas.

Federal Initiatives to reduce HAIs

Federal Initiatives to Reduce HAIs

HHS HAI Action Plan

Partnership for Patients (PfP)

NHSN

QIOs

HENs

CMS required reporting, VBP

Partnerships for Patients

Hospital Engagement Networks

26 National, Regional, State and Hospital System level HENs

    CAUTI

    CLABSI

    SSI

    VAP/VAE

Hospital Improvement and Innovation Networks (HIINS)

The period of performance for the **HIINs** begins in September 2016 -2019, consists of 24-month base period and a 12-month option year to implement and spread well-tested, evidence-based best practices.

-12% reduction in 30 day readmission

-20% decrease in overall harm

QIO Activity in 11th SOW: HAIs

QIOs will work to reduce the following HAIs in hospitals (ICU and non-ICU wards) the 11th SOW:

Central line bloodstream infections (CLABSI)

Catheter-associated urinary tract infections (CAUTI)

Clostridium difficile infections (CDI)

Surgical site infections (SSI)

Thank You!