

Critical Access Hospital CoPs

Part 3 of 4



Infection Prevention, Safe Medication, Provision of Services: Nursing, Lab, Outpatient; Discharge Planning

Speaker



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 - Acute hospitals: qsog_hospital@cms.hhs.gov

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: _____	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEYED _____
NAME OF FACILITY _____		STREET ADDRESS, CITY, STATE, ZIP CODE _____		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
CMS Denver-Survey & Operations Group
1961 Stout Street, Room 08-148
Denver, CO 80294



PUBLIC NOTICE FOR INVOLUNTARY TERMINATION OF MEDICARE/MEDICAID PROVIDER AGREEMENT

Notice is hereby given that the agreement between Clear View Behavioral Health, 4770 Larimer Parkway, Johnstown, Colorado 80534, and the Secretary of Health and Human Services, as a provider of services in the Health Insurance for the Aged and Disable Program (Medicare) is to be terminated at the close of October 28, 2020.

The Medicare program will not make payment for inpatient hospital services furnished to patients who are admitted after the close of October 28, 2020. For patients admitted on October 28, 2020, or earlier, payment may continue for up to 30 calendar days of inpatient hospital services furnished after October 28, 2020.

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How to Keep Up with Changes

- Confirm current CoP ¹.
- If new manual – check CMS transmittal page ².
- Check the survey and certification website monthly ³.
- Have one person in your facility who has this responsibility

- ¹ http://www.cms.hhs.gov/manuals/downloads/som107_Appendicestoc.pdf
- ² <http://www.cms.gov/Transmittals>
- ³ <http://www.cms.gov/SurveyCertificationGenInfo/PMSR/list.asp#TopOfPage>

The Conditions of Participation (CoPs)

- Manual first out 1986
 - Multiple updates
- Section numbers – “Tag” numbers

- Start in the Federal Register

A-0023

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

§482.11(c) The hospital must assure that personnel are licensed or meet other applicable standards that are required by State or local laws.

Interpretive Guidelines §482.11(c)

All staff that are required by the State to be licensed must possess a current license. The hospital must assure that these personnel are in compliance with the State’s licensure laws. The laws requiring licensure vary from state to state. Examples of healthcare

- Interpretive Guidelines
- Survey procedures
- Hospitals should check this website once a month for changes

CMS Hospital CoP Manual

- <https://www.cms.gov/files/document/som107appendicestoc.pdf>.

Medicare State Operations Manual

Appendix

- Each Appendix is a separate file that can be accessed directly from the SOM 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

Appendix Letter	Description
A	Hospitals
AA	Psychiatric Hospitals- <i>Deleted (See Appendix A)</i>
B	Home Health Agencies

CMS CoP Manual

Appendix Letter	Description
	Guidance
<u>P</u>	Survey Protocol for Long-Term Care Facilities
<u>PP</u>	Interpretive Guidelines for Long-Term Care Facilities
<u>Q</u>	Determining Immediate Jeopardy
<u>R</u>	Resident Assessment Instrument for Long-Term Care Facilities
<u>S</u>	Mammography Suppliers - Deleted
<u>T</u>	Swing-Beds – Deleted (See Appendix A and Appendix W)
<u>U</u>	Responsibilities of Medicare Participating Religious Nonmedical Healthcare Institutions
<u>V</u>	Responsibilities of Medicare Participating Hospitals In Emergency Cases
<u>W</u>	Critical Access Hospitals (CAHs)
<u>Y</u>	Organ Procurement Organization (OPO)
<u>Z</u>	Emergency Preparedness for All Provider and Certified Supplier Types

State Operation Manual – Acute/PPS

State Operations Manual Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals

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(Rev. 200, 02-21-20)

Transmittals for Appendix A

Survey Protocol

Introduction

Task 1 - Off-Site Survey Preparation

Task 2 - Entrance Activities

Task 3 - Information Gathering/Investigation

Task 4 - Preliminary Decision Making and Analysis of Findings

Task 5 - Exit Conference

Task 6 – Post-Survey Activities

Psychiatric Hospital Survey Module

State Operation Manual – Critical Access

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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Survey Protocol

Introduction

Regulatory and Policy Reference

Tasks in the Survey Protocol

Survey Team

Task 1 - Off-Site Survey Preparation

Areas to be Addressed

- Multiple services

§485.631 Condition of Participation: Staffing and Staff Responsibilities

§485.635 Condition of Participation: Provision of Services

§485.638 Condition of Participation: Clinical Records

§485.639 Condition of Participation: Surgical Services

§485.640 Condition of Participation: Infection Prevention and Antibiotic Stewardship Program

§485.641 Condition of Participation: *Quality Assessment and Performance Improvement Programs*

§485.642 Condition of Participation: Discharge Planning

§485.643 Condition of Participation: Organ, Tissue, and Eye Procurement

§485.645 Special Requirements for CAH Providers of Long-Term Care Services (“Swing-Beds”)

§485.647 Condition of Participation: Psychiatric and Rehabilitation Distinct Part Units

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

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

Title	Memo #	Posting Date ▲	Fiscal Year
Guidance for Processing Attestations from Ambulatory Surgical Centers (ASCs) Temporarily Enrolling as Hospitals during the COVID-19 Public Health Emergency.	QSO-20-24-ASC	2020-04-03	2020
Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs) and Psychiatric Residential Treatment Facilities (PRTFs)	QSO-20-23-ICF/IID & PRTF	2020-03-30	2020
Emergency Medical Treatment and Labor Act (EMTALA) Requirements and Implications Related to Coronavirus Disease 2019 (COVID-19) (Revised)	QSO-20-15 Hospital/CAH/EMTALA REVISED	2020-03-30	2020
Guidance for Infection Control and Prevention of Coronavirus Disease (COVID-19) in Outpatient Settings: FAQs and Considerations	QSO-20-22- ASC, CORF, CMHC, OPT, RHC/FQHCs	2020-03-30	2020
Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in dialysis facilities (Revised)	QSO-20-19-ESRD REVISED	2020-03-30	2020
Guidance for Infection Control and Prevention of Coronavirus Disease (COVID-19) in Hospitals, Psychiatric Hospitals, and Critical Access Hospitals (CAHs): FAQs, Considerations for Patient Triage, Placement, Limits to Visitation and Availability of 1135 waivers.	QSO-20-13-Hospitals-CAHs REVISED	2020-03-30	2020
Clinical Laboratory Improvement Amendments (CLIA) Laboratory Guidance During COVID-19 Public Health Emergency	QSO-20-21-CLIA	2020-03-26	2020
Prioritization of Survey Activities	QSO-20-20-All	2020-03-23	2020

www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions

Example of Survey Memo CRE and ERCP's

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-15-32 Hospitals/CAHs/ASCs

DATE: April 3, 2015

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Alert Related to Outbreaks of Carbapenem-Resistant *Enterobacteriaceae* (CRE) during gastrointestinal endoscopy, particularly Endoscopic Retrograde Cholangiopancreatography (ERCP)

Memorandum Summary

- **Situation:** Recent newspaper articles, medical publications, and adverse event reports associate multidrug-resistant bacterial infections caused by CRE with patients who have undergone ERCP. Duodenoscopes used to perform ERCP are difficult to clean and disinfect, even when manufacturer reprocessing instructions are followed correctly, and have been implicated in these outbreaks. The U.S. Food and Drug Administration (FDA) has issued a Safety Communication warning, with related updates, that the design of duodenoscopes may impede effective cleaning.
- **Expectations for Reprocessing Duodenoscopes:** Hospitals, critical access hospitals (CAHs), and ambulatory surgical centers (ASCs) are expected to meticulously follow the manufacturer's instructions for reprocessing duodenoscopes, as well as adhere to the nationally recognized Multisociety consensus guidelines developed by multiple expert organizations and issued in 2011.

Can Access Hospital Complaint Data

- Includes acute care and CAH hospitals
 - List tag numbers
 - Does not include the plan of correction but can request
 - Questions to bettercare@cms.hhs.com
- Updated quarterly

Updated Deficiency Data Reports

CMS.gov

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Hospitals

This page provides basic information about being certified as a Medicare and/or Medicaid hospital provider and includes links to applicable laws, regulations, and compliance information.

A hospital is an institution primarily engaged in providing, by or under the supervision of physicians, inpatient diagnostic and therapeutic services or rehabilitation services. Critical access hospitals are certified under separate standards. Psychiatric hospitals are subject to additional regulations beyond basic hospital conditions of participation. The State Survey Agency evaluates and certifies each participating hospital as a whole for compliance with the Medicare requirements and certifies it as a single provider institution.

Under the Medicare provider-based rules it is possible for 'one' hospital to have multiple inpatient campuses and outpatient locations. It is not permissible to certify only part of a participating hospital. Psychiatric hospitals that participate in Medicare as a Distinct Part Psychiatric hospital are not required to participate in their entirety.

However, the following are not considered parts of the hospital and are not to be included in the evaluation of the hospital's compliance:

- Components appropriately certified as other kinds of providers or suppliers. i.e., a distinct part Skilled Nursing Facility and/or distinct part Nursing Facility, Home Health Agency, Rural Health Clinic, or Hospice; Excluded residential, custodial, and non-service units not meeting certain definitions in the Social Security Act; and,
- Physician offices located in space owned by the hospital but not functioning as hospital outpatient services departments

Accredited Hospitals - A hospital accredited by a CMS-approved accreditation program may substitute accreditation under that program for survey by the State Survey Agency. Surveyors assess the hospital's compliance with the Medicare Conditions of Participation (CoP) for all services, areas and locations covered by the hospital's provider agreement under its CMS Certification Number (CCN).

Although the survey generally occurs during daytime working hours (Monday through Friday), surveyors may conduct

www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Hospitals.html

“Full Text Statements”

[Life Safety Code & Health Care Facilities Code Requirements](#)

[Nursing Homes](#)

[Five-Star Quality Rating System](#)

[Psychiatric Residential Treatment Facility Providers](#)

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- Physician offices located in space owned by the hospital but not functioning as hospital outpatient services departments

Accredited Hospitals - A hospital accredited by a CMS-approved accreditation program may substitute accreditation under that program for survey by the State Survey Agency. Surveyors assess the hospital's compliance with the Medicare Conditions of Participation (CoP) for all services, areas and locations covered by the hospital's provider agreement under its CMS Certification Number (CCN).

Although the survey generally occurs during daytime working hours (Monday through Friday), surveyors may conduct the survey at other times. This may include weekends and times outside of normal daytime (Monday through Friday) working hours. When the survey begins at times outside of normal work times, the survey team modifies the survey, if needed, in recognition of patients' activities and the staff available.

All hospital surveys are unannounced.

- Should an individual or entity (hospital) refuse to allow immediate access upon reasonable request to either a State Agency, CMS surveyor, a CMS-approved accreditation organization, or CMS contract surveyors, the hospital's Medicare provider agreement may be terminated.
- The CMS State Operations Manual (SOM) provides CMS policy regarding survey and certification activities.

See the **downloads** section below for the Patient's Rights Final Rule that includes more information on the hospital death reporting requirements related to restraint and seclusion.

Downloads

[Patient's Rights Regulation published 12/8/2006 \(PDF, 335 KB\) \(PDF\)](#)

[EMTALA \(PDF\)](#)

[Chapter 2 - The Certification Process \(PDF\)](#)

[Full Text Statements of Deficiencies Hospital Surveys - 2020Q2 \(ZIP\)](#)

[Full Text Statements of Deficiencies Transplant Surveys - 2020Q2 \(ZIP\)](#)

www.cms.gov/medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Hospitals.html

Deficiencies by Tag Number

	A	B	C	D	E	F	G	H	I	J	
240	DOCTORS' HOSPITAL OF MICHIGAN	230461	MI	48341	Short Term	A	0364	AUTOPSIES		7/18/2012	Based on record review and interview, the facility failed to ensure that 1
241	MARTHA JEFFERSON HOSPITAL	490500	VA	22911	Short Term	A	0364	AUTOPSIES		9/8/2011	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
242	SAINT LOUISE REGIONAL HOSPITAL	050940	CA	95020	Short Term	A	0364	AUTOPSIES		1/18/2012	Based on interview and record review, the hospital failed to have a syste
243	EDGERTON HOSPITAL AND HEALTH SERVICES	521111	WI	53534	Critical Access	C	0201	AVAILABILITY		10/2/2012	Based on review of MR, review of staffing guidelines, review of P&P, and
244	HOLZER MEDICAL CENTER JACKSON	361500	OH	45640	Critical Access	C	0205	BLOOD AND BLOOD PRODUCTS		1/20/2011	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
245	BRANDON REGIONAL HOSPITAL	100119	FL	33511	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS		4/8/2011	Based on clinical record review, staff interview and review of policy and
246	CHRISTUS ST PATRICK HOSPITAL	190524	LA	70601	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS		3/9/2012	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
247	COLUMBUS REGIONAL HEALTHCARE SYSTEM	340500	NC	28472	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS		4/13/2011	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
248	DANA-FARBER CANCER INSTITUTE	220450	MA	02115	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS		9/7/2011	Based on review of documentation and confirmed by staff interviews, tw
249	GOOD SAMARITAN MEDICAL CENTER	100130	FL	33401	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS		2/12/2013	Based on clinical record review and staff interview the facility failed to e
250	LONG BEACH MEDICAL CENTER	330455	NY	11561	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS		12/22/2011	Based on record review, the facility failed to ensure that the patient 's t
251	MANATEE MEMORIAL HOSPITAL	100206	FL	34208	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS		4/16/2012	Based on record review, policy review and staff interview it was determi
252	MISSOURI BAPTIST MEDICAL CENTER	260301	MO	63131	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS		4/11/2012	Based on observation, interview, and record review, the facility failed to
253	NORTHWEST MEDICAL CENTER	100280	FL	33063	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS		8/2/2011	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
254	RESTON HOSPITAL CENTER	490185	VA	20190	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS		11/2/2012	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
255	SAINT AGNES HOSPITAL	210900	MD	21229	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS		2/22/2012	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
256	SAINT CATHERINE REGIONAL HOSPITAL	150220	IN	47111	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS		12/13/2011	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
257	SOUTHEASTERN REGIONAL MEDICAL CENTER	340300	NC	28359	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS		12/14/2011	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
258	STANFORD HOSPITAL	050300	CA	94305	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS		3/15/2012	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
259	WAKEMED, CARY HOSPITAL	340190	NC	27518	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS		3/14/2013	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
260	WILKES-BARRE GENERAL HOSPITAL	390575	PA	18764	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS		1/14/2013	Based on review of facility policy, facility documents, medical records (M
261	WILSON MEDICAL CENTER	340170	NC	27893	Short Term	A	0409	BLOOD TRANSFUSIONS AND IV MEDICATIONS		2/10/2011	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
262	RIVERSIDE GENERAL HOSPITAL	450320	TX	77004	Short Term	A	0063	CARE OF PATIENTS		11/9/2012	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
263	CIVISTA MEDICAL CENTER	210505	MD	20646	Short Term	A	0067	CARE OF PATIENTS - MD/DO ON CALL		8/4/2011	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
264	MILFORD HOSPITAL, INC	070300	CT	06460	Short Term	A	0067	CARE OF PATIENTS - MD/DO ON CALL		9/22/2011	Based on review of hospital documentation and interviews with facility
265	PLAZA MEDICAL CENTER OF FORT WORTH	450900	TX	76104	Short Term	A	0067	CARE OF PATIENTS - MD/DO ON CALL		7/1/2011	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
266	CLARA MAASS MEDICAL CENTER	310000	NJ	07109	Short Term	A	0068	CARE OF PATIENTS - RESPONSIBILITY FOR CARE		6/2/2011	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
267	GEISINGER - COMMUNITY MEDICAL CENTER	390182	PA	18510	Short Term	A	0068	CARE OF PATIENTS - RESPONSIBILITY FOR CARE		6/14/2011	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDEN
268	SENTARA NORTHERN VIRGINIA MEDICAL CEN	490230	VA	22191	Short Term	A	0068	CARE OF PATIENTS - RESPONSIBILITY FOR CARE		12/6/2012	Based on a complaint investigation, document review and interview, the

HospitalInspections.org

BRINGING TRANSPARENCY TO FEDERAL INSPECTIONS

Search hospital inspections

Welcome to hospitalinspections.org, a website run by the Association of Health Care Journalists (AHCJ) that aims to make federal hospital inspection reports easier to access, search and analyze. This site includes details about deficiencies cited during complaint inspections at acute-care, critical access or psychiatric hospitals throughout the United States since Jan. 1, 2011. It does not include results of routine inspections or those of long-term care hospitals. It also does not include hospital responses to deficiencies cited during inspections. Those can be obtained by filing a request with a hospital or the U.S. Centers for Medicare and Medicaid Services (CMS).

This effort follows years of advocacy by AHCJ to encourage federal officials to publish this information electronically. Until now, this information has only been available through Freedom of Information Act requests – and only in paper form. Funding for this project was provided by the Ethics & Excellence in Journalism Foundation.

Because CMS has just begun gathering this data and releasing it in electronic format, it remains incomplete. Some reports are missing narrative details, and those are noted on each hospital's page. Beyond that, CMS acknowledges that other reports that should appear may not. CMS has pledged to work with AHCJ to make future iterations of this data more complete. At this time, this data should not be used to rank hospitals within a state or between states. It can be used to review issues identified at hospitals during recent inspections.

Clicking on a state on the map will retrieve a list of all hospitals with their violations grouped together; choosing a state from the drop down menu will list all inspection reports separately, so a hospital may appear more than once.

Last updated: May 2018

www.hospitalinspections.org/

Examples: [abuse](#); ["medication error"](#); [Washington D.C.](#)

Q Search your state

For all visitors

- [A Q&A with CMS: Getting up to speed on inspection reports](#)
- [How to read inspection reports](#)
- [Sample inspection report](#)
- [Points to keep in mind about this data](#)
- [States that put hospital inspection reports online](#)

For AHCJ members

- [How to use 2567 forms in your reporting](#)
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- [Reporter resources on covering hospital quality](#)
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Search for Hospital Survey Reports

LUTHERAN MEDICAL CENTER

8300 W 38TH AVE WHEAT RIDGE, CO 80033 | Voluntary non-profit - Private

[View hospital's federal Hospital Compare record](#)

Read complete reports

Report date	Number of violations	
Nov. 7, 2019	2 (click for details)	Read full report
July 29, 2019	2 (click for details)	Read full report
May 8, 2019	4 (click for details)	Read full report
Oct. 19, 2016	1 (click for details)	Read full report
June 29, 2016	2 (click for details)	Read full report
March 24, 2016	2 (click for details)	Read full report
Nov. 4, 2015	1 (click for details)	Read full report
Aug. 7, 2015	2 (click for details)	Read full report
Nov. 15, 2012	3 (click for details)	Read full report

Read the Report

LUTHERAN MEDICAL CENTER	8300 W 38TH AVE WHEAT RIDGE, CO 80033	Nov. 7, 2019
VIOLATION: <i>PATIENT RIGHTS</i>		Tag No: A0115
<p>Based on the manner and degree of the standard level deficiency referenced to the Condition, it was determined the Condition of Participation 482.13, PATIENT RIGHTS, was out of compliance.</p> <p>A-0144 The patient has the right to receive care in a safe setting. Based on interviews and document review, the facility failed to ensure all staff who were assigned to work on the orthopedic surgical floor were trained in order to care for patients with specific post-operative precautions for safety with transfers and bed mobility. This failure was identified in 1 of 3 medical records of patients who underwent total hip replacement surgeries (Patient # 2).</p>		
VIOLATION: <i>PATIENT RIGHTS: CARE IN SAFE SETTING</i>		Tag No: A0144
<p>Based on interviews and document review, the facility failed to ensure all staff who were assigned to work on the orthopedic surgical floor were trained in order to care for patients with specific post-operative precautions for safety with transfers and bed mobility. This failure was identified in 1 of 3 medical records of patients who underwent total hip replacement surgeries (Patient # 2).</p> <p>Findings include:</p> <p>Facility policy:</p> <p>The Nursing Service Staffing policy purpose was to give direction to nursing units regarding the use of staffing resources. The policy read it was the Staffing Coordinator, Shift Specialty Coordinator, and House Supervisors responsibility to serve as a liaison in floating staff to other units. Additionally, all associates were required to float to other units based on documented clinical competence, skill and patient care needs. The policy read staffing assignments were to be adjusted based on the judgement of the registered nurse (RN) in charge to provide special patient care needs depending on the patient's condition and to ensure the patient care needs were met.</p> <p>1. The facility failed to ensure nursing staff had been educated on posterior hip precautions when caring for Patient #2. Subsequently, during Patient #2's transfer from the bed the patient suffered further injury after being moved by untrained staff.</p> <p>a. A medical record review was conducted for Patient #2 who was admitted to the orthopedic surgical floor following a total hip arthroplasty (hip joint replacement) (THA) on</p>		

Targeted Infection Control Surveys



Targeted Infection Control Surveys

- CMS memo March 2020 and updated December 2020*
- First – prioritized when state survey agencies will conduct surveys
 - I.e., for complaints that would constitute immediate jeopardy
- Second – CMS and state surveyors will conduct **targeted infection control surveys**
 - Aligned the tool with updates from CDC
- <https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/QSO-21-08-NLTC.pdf>.

Process

- Assessment tool revised December 2020
 - Clarified guidance for screening of those entering healthcare facilities
- Focused survey – to make healthcare providers aware of the IC priorities
 - Will conduct focused IC surveys in area deemed necessary through collaboration with the CDC and ASPR

Key Points

- Entering the facility/triage/registration/visitor handling
- Visitation – if permitted
- Standard and transmission-based precautions
- General precautions
- Hand hygiene
- PPEs
- Aerosol-generating procedures

CDC Vaccine Storage and Handling



CDC Vaccine Storage and Handling Toolkit

- Have a copy – updated 2020
 - Addresses maintaining 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 – monitors temperature and set at mid range (40 degrees)
 - E-mail specific questions to CDC: NIPInfo@cdc.gov



Vaccine Storage and Handling Toolkit

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

CDC Vaccine Toolkit - Training

- Ensure 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
- Storage/handling plan can help staff
 - Ensure vaccines properly managed

Final CMS Infection Control Changes and ASP



Question

- Over the past year our Infection Prevention and Control program:
 - Has remained unchanged
 - Has expanded and become more robust
 - Has become less effective or followed
 - Prefer not to answer

Hospital Improvement Rule *

- Includes changes to the hospital CoPs on infection control
 - Effective date for CAH was March 2020
 - Interpretive guidelines pending
 - Confirm infection preventionist has the information
 - Requires every hospital have an antimicrobial stewardship program (ASP)
- Title: Infection Prevention & Control and Antibiotic Stewardship
- Hospitals need to follow CDC core elements

CDC Core Elements of an ASP

- CDC updated the core elements in November 2019
 - Has 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
- Assessment tool available*

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

On this Page

Introduction

Summary of Updates

CDC Efforts to Support Antibiotic Stewardship

References



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

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



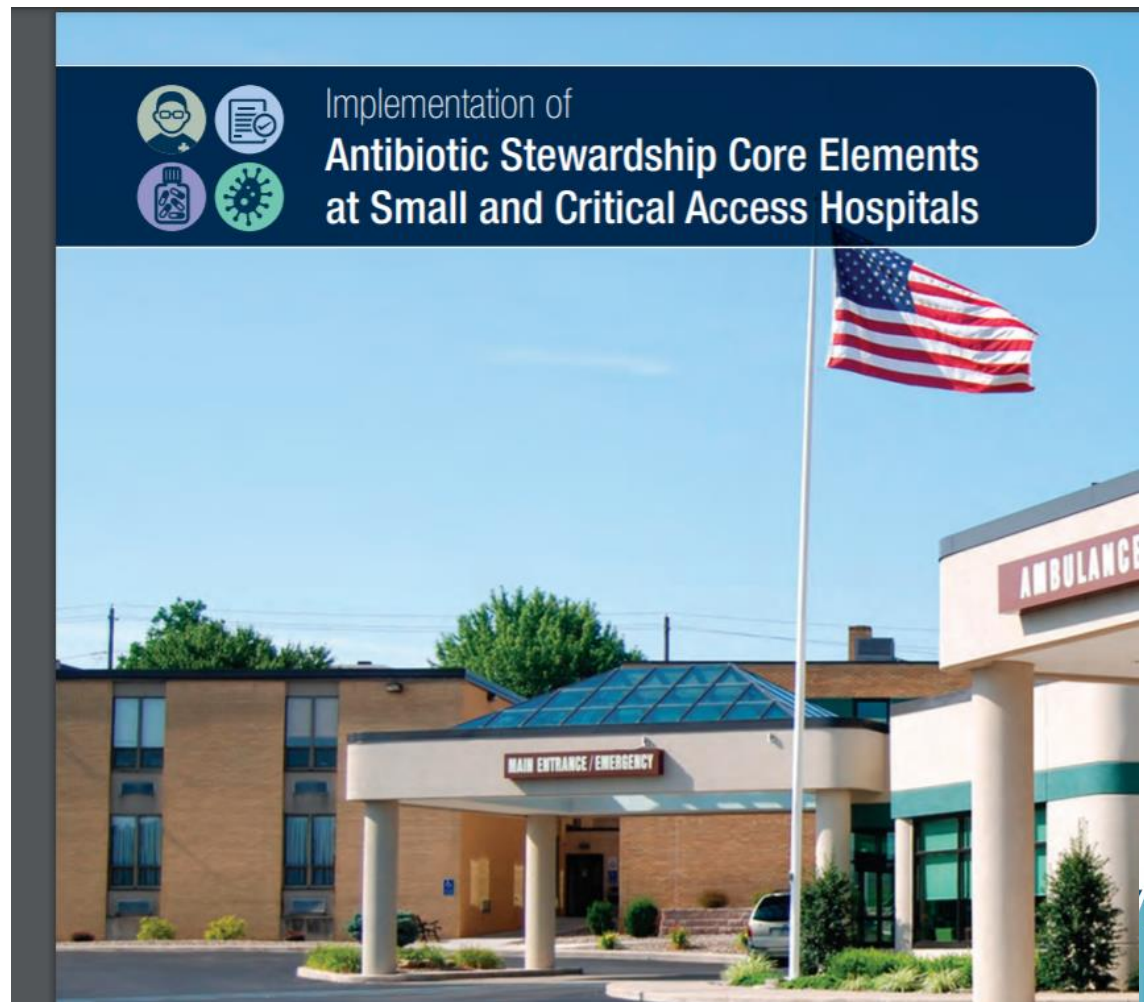
[What's New in the *Core Elements of Hospital Antibiotic Stewardship Programs, 2019*](#) [Video – 5:24]

Core Elements Small and CAHs

- CDC, AHA, Office of Rural Health and Pew Charitable Trusts have practical strategies to implement ASP
- Implementation strategies include:
 - Leadership commitment and accountability
 - Pharmacist leader with drug expertise
 - Evidenced based actions
 - Tracking – such as days of therapy
 - Use the CDC Net
 - Reporting and education

Core Elements Small and CAH

- <https://www.cdc.gov/antibiotic-use/healthcare/pdfs/core-elements-small-critical.pdf>



Infection Prevention and Control (IPC) and Antibiotic Stewardship Programs



Introduction

- Significant updates 2019
- Burden Reduction and Discharge Planning Final Rules Memo December 2019*
 - Starts on page 495
 - Over 25 new Tag numbers
- Updates to Appendix W manual 2020
- CAVEAT: must read together
- Interpretive Guidelines and Survey Procedures pending for all

- Must have an active facility-wide program for surveillance, prevention, and control of HAI and other infectious diseases
 - Must follow nationally recognized infection prevention and control (IPC) guidelines
 - Include best practices to reduce transmission of HAI and antibiotic resistance
- Infection prevention and control problems and antibiotic use issues identified must be addressed in the QAPI program
- Guidelines & Survey procedures pending



Infection Control Organizations

- Examples: CDC, APIC, SHEA, AORN and OSHA*
 - CDC: Center for Disease Control
 - AORN: Association for periOperative Registered Nurses
 - APIC: Association for Professionals in Infection Control and Epidemiology
 - SHEA: Society for Healthcare Epidemiology of America
 - IDSA: Infectious Disease Society of American

Infection Control Worksheet

- Great self-assessment tool – help to understand how to comply with infection control standards

Please fill out the following form. You cannot save data typed into this form.
Please print your completed form if you would like a copy for your records.

Highlight Existing Fields

Centers for Medicare & Medicaid Services
Hospital Infection Control Worksheet

Name of State Agency:

Instructions: The following is a list of items that must be assessed during the on-site survey, in order to determine compliance with the Infection Control Condition of Participation. Items are to be assessed by a combination of observation, interviews with hospital staff, patients and their family/support persons, review of medical records, and a review of any necessary infection control program documentation. During the survey, observations or concerns may prompt the surveyor to request and review specific hospital policies and procedures. Surveyors are expected to use their judgment and review only those documents necessary to investigate their concern(s) or to validate their observations.

The interviews should be performed with the most appropriate staff person(s) for the items of interest, as well as with patients, family members, and support persons.

Hospital Characteristics

1. Hospital name:

2. CMS Certification Number (CCN):

3. Date of site visit: / / to / /

- Standard: Hospital must demonstrate that the (individual/individuals) responsible for the prevention and control program is/are
 - 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
- APIC has a competency model

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

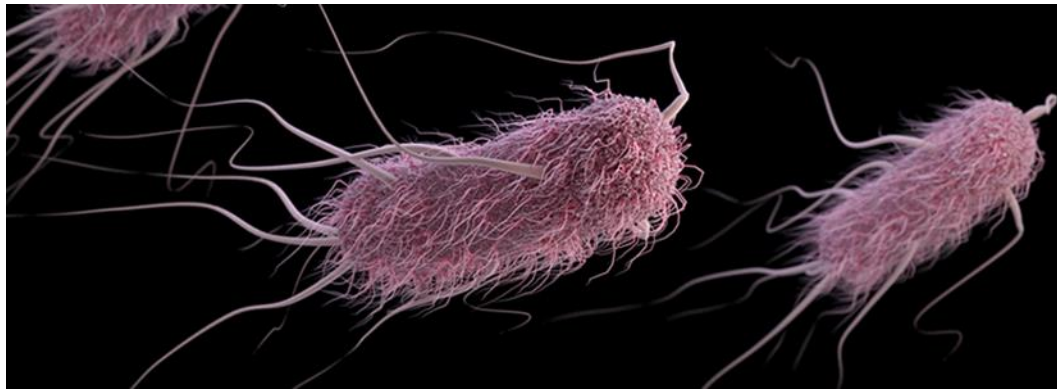
Competency categories, CBIC domains	IP practice areas as identified in CBIC practice analysis	Assessment of personal competency in each practice area	For each category list one specific question you have and/or learning goal (something you would like to learn more about!)
For more details on the CBIC exam content categories visit https://www.cbic.org/CBIC/Exam-Prep-Resources.htm			
Identification of infectious disease processes (CBIC) *22 exam items	a. Interpret the relevance of diagnostic and laboratory reports	1 2 3 4	<ul style="list-style-type: none"> Specific IPC question you have (could be related to your own facility) and/or learning goal (area you want to learn more about).
	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	
Surveillance and epidemiologic	a. Design of surveillance systems	1 2 3 4	<ul style="list-style-type: none"> Specific IPC question you have (could be related to your own facility) and/or learning goal (area you want to learn more about).
	b. Collection and compilation of surveillance data	1 2 3 4	

Infection Prevention & Control Program 1206

- Standard: infection prevention and control program must
 - Prevent and control the transmission of infections
 - Includes preventing infections within the hospital and between the hospital and other institutions and settings
- Guidelines and Survey procedures are pending

- Standard: The infection prevention and control program include surveillance, prevention, and control of HAIs
- Includes maintaining a clean and sanitary environment to avoid sources and transmission of infection
 - No blood on the walls or floor
 - Proper hand hygiene
- Plus – program must address any issues identified by public health authorities

- IC program reflects the scope and complexity of the hospital service provided
 - Program must look at all departments/services
 - I.e., - transplant service, labor and delivery, chemo unit,



- Individual/individuals is appointed by governing body as leader of the antibiotic stewardship program
- Appointment based on recommendations of medical staff and pharmacy leadership
- Must be qualified
 - Education – training – experience in infection diseases
- Organization and policies must ensure such

- Antibiotic Stewardship Program (ASP) must
 - Be facility wide
 - Show coordination among all components responsible for the ASP
 - Includes the IC program, QAPI program, nursing and medical services, and pharmacy services

- Document

- Use of evidence-based antibiotics in all departments and services (1219)
- Improvements in proper antibiotic use
 - I.e., - reductions in CDI (C-diff) and antibiotic resistance in all departments (1220)

Control, Prevention, ASP and Leadership

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

Board and Infection Preventionist's Duties

- Board – ensure all HAI and infectious disease identified by the IP are identified in the ASP and with QAPI leadership (1229)
- IP responsible to
 - Develop and implement hospital wide policies (1231)
 - Surveillance, prevention, and control policies
 - Make sure follow national guidelines
 - Document the infection control program
 - Including its surveillance, prevention, and control activities (1235)

Infection Preventionist's Responsibilities

- Communicate and collaborate with the QAPI program on IC issues (1237)
- Provide competency-based training to the
 - All staff and those providing contracted services (1239)
 - On practical application of the IC guidelines and P&Ps
- For the prevention and control of HAIs (1240)
 - Includes auditing the IC policies
- Communicates and collaborates with ASP (1242)

ASP Leader Responsibilities

- Develop & implement the hospital wide ASP (1244)
 - Based on nationally recognized guidelines
 - Monitor and improve the use of antibiotics
- Document all activities (1246)
- Communicate and collaborate with
 - Medical staff >Nursing leadership
 - Pharmacy leadership >Infection Prevention & Control
 - QAPI program
 - On antibiotic issue (1248)

ASP Leader Responsibilities – continued

- Ensure there is competency-based training and education to
 - Hospital personnel
 - Staff/medical staff
 - 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**

CDC IP Tools

Infection Control

Infection Control

How Infections Spread

Infection Control Basics +

Guideline Library +

Training and Education +

Tools for Healthcare Settings



Get Email Updates

To receive email updates about this page, enter your email address:

What's this?

Submit

[CDC](#) > [Infection Control](#) > [Tools for Healthcare Settings](#)

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

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

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:				
<p>If possible, observe for compliance with Contact Precautions elements in multiple patient care areas in the hospital.</p> <p>If unable to observe a patient on Contact Precautions skip elements 4.F.1 to 4.F.12.</p>	<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	
<p>4.F.5 Hand hygiene is performed before entering patient care environment.</p> <p>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.</p>	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	

Excellent Resource IP Training - CDC

- Is nursing home infection preventionist training
- Many of the same issues apply to hospitals
 - Has 23 modules
- Includes: 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
 - CNE available

CDC IP Training

Nursing Home Infection Preventionist Training

[← Back](#)

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
* Module 1 - Infection Prevention & Control Program			0.75h	
* Module 2- The Infection Preventionist			0.5h	
* Module 3 - Integrating Infection Prevention and Control into the Quality Assurance Perform			0.42h	
* Module 4 – Infection Surveillance			1h	
* Module 5 - Outbreaks			0.75h	
* Module 6A – Principles of Standard Precautions			0.75h	
* Module 6B – Principles of Transmission-Based Precautions			0.75h	
* Module 7 - Hand Hygiene			0.75h	
* Module 8 - Injection Safety			0.92h	
* Module 9 - Respiratory Hygiene and Cough Etiquette			0.42h	
* Module 10A - Indwelling Urinary Catheters			1h	
* Module 10B - Central Venous Catheters			0.5h	
* Module 10C - Infection Prevention during Wound Care			0.5h	
* Module 10D - Point-of-Care Blood Testing			0.5h	

CDC STRIVE Infection Control Training

- Developed by Ips by the Health Research & Education Trust
 - 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/STRIVE Infection Control Training

States Targeting Reduction in Infections via Engagement (STRIVE)

Courses

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 Infection Control in HC Personnel

- From 2019
- 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

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](#)

HHS Infection Control Video

- Training video every nurse, physician, infection preventionist and healthcare staff should see
 - Includes risk managers
- Is an interactive video
- Called “Partnering to Heal: Teaming Up Against Healthcare-Associated Infections”
- Go to <http://www.hhs.gov/partneringtoheal>

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/

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;

Injection Safety Video – 4 minutes



Safe Injection Practices - How to Do It Right

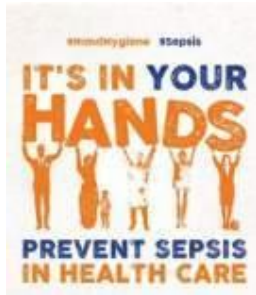
www.youtube.com/watch?v=6D0stMoz80k&feature=youtu.b

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/



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



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

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**



This Is Your Hand UNWASHED!

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.

Provision of Services



Question

- Our CAH provides: (check all that apply)
 - Laboratory
 - Radiology
 - OB services
 - Dedicated behavioral health unit
 - ICU/CCU
 - Routine medical/surgical services

Provision of Services

- Scope of services (1010)
- Emergency medical services (1012)
- Referral, medical records & evaluation of services(1014)
- Drugs and biologicals (1016)
- Food and nutrition (1020)
- **Patient services/Outpatient Department (1024,1026)**
- **Laboratory(1028)**
- Radiology (1030)
- Emergency procedures (1032)
- Services via Agreements/Arrangements (1034, 1036, 1038, 1040, 1042, 1044)
- **Nursing (1046, 1048, 1049, 1050)**
- Rehab (1052)
- Visitation rights (1054, 1056, 1058)

- **Standard: Provide diagnostic and therapeutic services**
 - Commonly provided in doctor's office
 - Or at entry of healthcare organization
 - Such as outpatient department or ED
- **Must have supplies typically found in an ambulatory healthcare setting and a physician's office**
 - Services include medical history, physical examination, specimen collection, assessment of health status, and treatment for a variety of medical conditions

Outpatient Department

- Provide adequate services, equipment, staff, and facilities adequate to provide the outpatient services
- Follow acceptable standards of practices
 - ACR, AMA, ACOS, etc.,
- Must be integrated with inpatient services
 - MR – lab – radiology – anesthesia – other diagnostic services
- Can be provided directly or under an arrangement or contract

Outpatient - continued

- Physician/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



- Standard: The CAH furnishes acute care inpatient services
 - Average LOS is 96 hours
 - CAH provides less complex, specialized 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



Census

- Recognizes CAH may have seasonal variations
- Not required to maintain a minimum average daily census of inpatients
 - Nor required to maintain a minimum number of inpatient
- For compliance 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.

Ensuring Compliance

- Do not have an excess number of observation beds
- Do not transfer patients from the ED to another hospital when the CAH could care for them
 - Data shows about ½ the number of patients who visit a rural hospital are admitted than in a non-rural hospital (8.3 % vs. 16%)
- CMS: If admits 8% of its ED patients annually, CAH says are compliant with inpatient services, and surveyors do not need to investigate further

Tag 1026 – Page 137

Given that a CAH may offer fewer services than even the average rural hospital and is expected to achieve a 96-hour average length of stay or less, there is no expectation that every CAH is expected to admit 8 percent of its ED patients. This benchmark can, however, provide a useful starting point for assessing compliance.

- Generally, if a CAH admits at least 8 percent of its ED patients annually, it would be considered compliant with the requirement to provide inpatient services and surveyors do not have to investigate further.
- If a CAH admits less than 8 percent of its ED patients annually, this is not in and of itself evidence of noncompliance. More investigation is needed to assess compliance by determining whether the volume of activity and number of staff the CAH has for its ED, other outpatient, and inpatient services are reasonably related to each other. There can be great variation among CAHs in their volume and types of activities, despite their relative similarity in size, making a “one size fits all” formula inappropriate. Researchers in one State with 79 CAHs found that they averaged 3,851 ED visits annually, but that visits for individual CAHs ranged from a low of 389, or a little more than one patient per day, to a high of 14,425, or about 40 patients per day. CAHs in this State averaged 19,705 other types of outpatient visits annually, but again the range was very large, from a low of 89 to a high of 86,367 per year. For inpatient admissions the annual average was 836, ranging from a low of 100 to a high of 3,838³. Presentation of the data found in this State is not intended to provide benchmarks for CAHs in other States, but rather to emphasize the tremendous range in the volume of activity among CAHs, even within one State.
- A couple of extreme but illustrative examples are presented below to indicate the types of factors to be considered when assessing whether the CAH satisfies the requirement to provide inpatient services:

Laboratory Services



- Must provide basic lab services to essential to immediate diagnosis and treatment 24/7
- Meet CLIA standards
- Can be direct or contracted out
 - If contract out – confirm have current CLIA certificate
- Need written policy
 - Ensure all lab tests are recorded in the MR
 - For collection preservation, transportation, receipt and reporting of tissue specimen results

Laboratory Services Include

- Scope of services and complexity must be adequate to meet the needs of the patients
- Testing includes:
 - 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

Nursing



- Standard: Nursing service must meet the needs of patients
 - RN must provide or assign nursing care to each patient
 - Care must be in accordance with patient's needs
 - Specialized qualifications and competence of available staff



Nursing Service and Leadership

- Nursing service must be well-organized
- Need designated person responsible for nursing services
 - Responsible for development of nursing P&Ps
 - Expected to be an RN
 - Title: CNO, DNO, Nurse manager

Nursing Leadership Duties

- Responsible for overall management and evaluation of nursing care including
 - Development and maintenance of P&P
 - Supervision of nursing staff
 - Direct or via manager
 - Ongoing review and analysis of nursing care
- All agency nurses must be oriented and supervised

Nursing Care – Requirements

- Must have RN, LPN, or CNS on duty whenever the CAH has 1 or more inpatients
 - Ensure appropriate staffing for outpatient nursing services
 - Have enough supervisory and non-supervisory personnel to meet patient needs
 - Be competent, educated, trained, oriented, and licensed
 - All nursing staff must be aware of P&P
 - Need procedure for assigning and coordinating nursing care

Surveyor Duties

- 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?
 - Observe nursing care – determine adequacy of staff
 - Look at written staffing schedules to make sure staff are following the P&Ps
 - Review personnel files to make sure nurses are licensed

- Standard: RN or, where permitted by state law, a PA, must
 - Supervise and evaluate nursing care for each patient
 - Including patients in Swing-Bed CAH
- Care must be provided in accordance with patient needs
- Nursing care plans do not have to be developed for outpatients
 - But follow acceptable standards for medication administration



Nursing Care – Surveyor Duties

- Will look at written staffing plans
 - Determine that RN (or PA) supervises and evaluates nursing care for each patient
 - Interview one or more RNs who supervise and evaluate care

File	Wishes	Ranges			Patterns		Options		Debugger			Phases		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14
KarinG	0	0	2	2	2	2	2	0	1	1	0	0	2	2
Hilde	0	1	1	1	3	3	0	0	2	2	2	3	3	0
Gerda	1	3	3	0	0	0	2	2	2	2	2	0	0	3
Gerd	0	1	1	1	2	2	0	2	3	3	0	0	1	1
Hubert	0	2	2	3	3	3	0	0	1	1	1	1	1	0
Anna	2	2	2	0	1	1	0	0	0	1	1	2	2	2
Norbert	2	3	3	0	0	1	1	1	1	2	0	0	0	0
EddaA	1	2	0	2	2	2	3	3	0	0	0	1	1	1
EddaB	3	0	0	1	1	1	1	1	0	0	2	2	2	2
Ina	0	1	1	2	0	0	0	0	3	3	3	0	0	0

Legend: '0' free (shift), '1' morning shift, '2' evening shift, '3' night shift

- **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
 - Verify 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

Written Policies and Procedures

- Must have for administration
- Must be prepared in accordance with the standard of care
 - Mentions multiple resources
- 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.

Ensures Compliance – Acceptable Practices

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

Content of Medication Order

- Patient name
- Age and weight – dose calculation
- Date and time of order
- Drug name
- Exact strength or concentration (when applicable)
- Dose, frequency and route
- Dose calculation requirements (if applicable)
- Quantity and/or duration (when applicable)
- Name of prescriber

Question

- Our facility: (check all that apply)
 - Does not utilize verbal orders
 - Does not utilize standing orders
 - Uses verbal but only under limited circumstances
 - Uses standing orders but very few – mainly in ER
 - Uses both verbal and standing orders in all areas of the hospital

Verbal Orders

- Regulation requires written & signed order
 - BUT not precluded from using verbal orders
- Practitioner must authenticate orders ASAP
 - Need P&Ps for both
 - Policy need to include what must be in the verbal order

Verbal Order Policy – Minimum

- Describe when may be use plus limitation or prohibition in use
- Provide mechanism to establish identity/authority of practitioner issuing a verbal order
- List of element required for verbal order process
- Protocols for clear, effective communication and verification – “read-back”
- ID categories of staff who can receive and act on
- Require prompt documentation of verbal order in MR

Standing Order Policy – Minimum

- Process on how
 - Developed
 - Approved
 - Monitored
 - Evaluated and updated
- For each standing order – staff that may initiate
- Under what circumstances
- Requirement for subsequent authentication by practitioner responsible for patient

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 Medications & Training

- Self administered meds – optional
 - 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 – Medication Administration

- Basic safe practices
 - Five rights
 - Culture of safety where staff feel free to ask questions
- Focus is on the process of administration – 5 stages:
 - Ordering/prescribing
 - Transcribing & verifying
 - Dispensing & delivery
 - Administering
 - Monitoring/reporting

Blue Box – 9 Rights

For Information – Not Required/Not to be Cited

Recent literature* identifies up to nine “rights” of medication administration including:

- Right patient
- Right drug
- Right route
- Right time
- Right dose
- Right documentation
- Right action (appropriate reason)
- Right form
- Right response

However, other sources refer to 8 or 10 “rights, and some of these topics, such as right action, appear to involve prescribing and/or dispensing. Accordingly, there does not (yet) appear to be consensus about expanding beyond the 5 “rights.”

*Reference: Elliott, M. and Lis, Y. (2010). The Nine Rights of Medication Administration: An Overview. *British Journal of Nursing*, Vol. 19, 5, 300-305.

Timing of Medication

- P&P needs to include the timing of medication based on the
 - Nature of the medication
 - Clinical application – why used
- 4 items policy must address for dosing times:
 - Medications **Not eligible**
 - Medications **Eligible**
 - Eligible meds outside dosing window
 - Evaluation of timing policies



Medications *Not* Eligible

- Medications/categories of medications **not eligible** for *scheduled* dosing times
 - Require exact time based on diagnosis type, treatment requirements or therapeutic goals
 - Stat drugs
 - Loading dose
 - One time dose for scheduled procedure
 - Doses timed for serum drug level
 - PRN
 - Investigational drugs

Medications *Eligible*

- Medications that **are eligible** for scheduled dosing times
 - Those prescribed on a repeated cycle of frequency
 - Daily
 - BID
 - TID, etc.
 - Goal is to achieve a therapeutic blood level
 - BID meds might be given at 9am/9 pm or 8am/8pm
- Policy has standardized times so pharmacy knows when to send to unit or nurse can assess VS or review blood work

Eligible Medications P&P

- P&P must address:
 - First dose of medication
 - Using judgment regarding next dose
 - Retiming of missed or omitted doses
 - Medications that can be given outside of their scheduled dosing time
- Evaluation of the medication timing policy and including adherence rate
 - Track medication errors related to timing of medications and include in the PI process

3 Time Frames for Administering Medication

Time Critical Medicine

1 hour before or after

2 hours before or after

Time Critical Scheduled Medications

- 30 minute or 1-hour total window
 - Medications where 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&P must include whether these drugs are always time critical
 - Examples: Antibiotics, Anticoagulants, Insulin, Anticonvulsants, Immunosuppressive agents, **Non-IV** Pain medication, medication more frequently than every 4 hours, and administered within a specified period of time in the order

Non-Critical Scheduled Medications

- Medications for which a longer or shorter interval of time since the prior dose does not significantly change the medication's therapeutic effect or otherwise cause harm
 - Those given **1 hour** before/after but not to exceed 2 hours
 - Medications scheduled more frequently than daily but less than every 4 hours – bid, tid
 - Those within **2 hours** before/after but not to exceed 4 hours
 - Medications given once daily, weekly, or monthly

Missed or Late Administration


- Policy must include:
 - What action to take if missed or not given in permitted window of time
 - Patient out of the department
 - Patient refusal
 - Medication not available or other reasons
 - Parameters of when nursing staff may use own judgment on the rescheduling of late or missed doses
- Missed/late doses must be reported to the attending physician

Assessment/Patient Monitoring

- Very concerned about patient having respiratory depression or ADR from opioids
- Must carefully monitor
- May include respiratory status, BP, pulse ox and ETCO₂
- 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., EPINEPH 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"> ■ anticoagulants (e.g., warfarin, low-molecular-weight heparin, IV unfractionated heparin) ■ Factor Xa inhibitors (e.g., fondaparinux) ■ direct thrombin inhibitors (e.g., argatroban, bivalirudin, dabigatran etexilate, lepirudin) 	oxytocin, IV
	nitroprusside sodium for injection
	potassium chloride for injection concentrate
	potassium phosphates injection
	promethazine, IV
	vasopressin, IV or intraosseous

IV Opioids

- Notes 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 CO2)
 - 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 Assessment

- 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

Medication & Patient Assessment

- Assess sedation level with high alert medications
- 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

IV Medication Administration

- 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

Trace the Line!



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

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> (≥ 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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- Concomitant use of strong CYP 3A inhibitors
- Anuric patients

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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>SPO₂* &/or ETCO₂**</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

** SPO₂: Saturation of peripheral oxygen via pulse oximetry*

Policies and Procedures IV Meds & Blood

- 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 ETCO2, 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

Blood Administration

- 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
- P&P
 - Frequency and what monitor
 - Documentation
 - How identify, treat and report any adverse transfusion reaction



- Must develop and keep a current nursing care plan for each inpatient
- Starts on 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

Nursing Care Plan

- Plan 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
- BUT - 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

Discharge Planning



- Must have an effective discharge planning process
 - Focuses on the patient's goals and treatment preferences
 - Must include patients and their representatives as active partners in the discharge planning process



- Process must identify at an early stage of hospitalization
 - 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
 - If the patient/representative requests
 - If physician requests

Discharge Planning Evaluation 1406 & 1408

- Evaluation must be timely
 - Ensure appropriate arrangements for post care completed
 - Avoid unnecessary delay in discharge
- Must include an evaluation if they will need post hospital services
 - Such as home health, hospice, 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

Evaluation and Plan

- Need to document results of evaluation in the medical record and discuss with the patient/representative (1410)
- Must arranged for development and initial implementation of plan upon request of physician (1412)
- Must be done by a qualified person
 - RN, social worker, other qualified person (1417)
- Must have regular re-evaluations of the patient's condition (1420)

Review of Discharge Planning Process 1422

- 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
 - Done to determine if there is anything the hospital could have done to prevent the readmission

Selection of Post-Acute Care Provider 1425

- Must assist patients, family/representative to select post-acute provider
- Use and share data on quality and resource use measures
 - HHA – SNF – IRF – LTCH data
- Must ensure data is relevant and applicable
 - Patient's goals and treatment preferences

- Must transfer patients if unable to provide the needed services
- If you transfer or refer the patient, must send necessary medical information
 - Must include current course of illness and treatment, post discharge goals of care, and treatment preferences
- DP evaluation must be in the patient's medical record to be use in doing a discharge plan

Additional Points

- Requirements do not prevent CAHs from using telehealth to meet the DP requirements
- Not required to include in their DP a list of the 4 PACs (LTC, HHA, LTCH, IRF)
 - **Are** required to assist patients to select a PAC provider
- Must still share data on quality measures and resource use (cost, efficiency, readmission rates)
- Guidelines are pending
- Overall – follow Appendix A very closely

Author's Suggestions

- Follow some of the requirements from appendix A
 - Give patient a list of PACs available to the patient, that participate in Medicare, and that serve the geographic area and document list given (815)
 - If managed care - ensure it is in network
 - Inform patient of their right to choose among Medicare providers and suppliers of their post-discharge services (816)
 - Cannot limit qualified providers or suppliers
 - Disclose any financial interest in HHA or SNH (817)

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	
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)		
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	

Discussion

- Seaside is a CAH which has experienced a rise in C-diff infection in the ICU – 5 out of 8 patients. The ICU is staff with all RNs, but due to lack of staff numbers the majority are agency nurses.
- The state department of health and CMS conducted an unannounced survey. Findings included:
 - Lack of training of staff to hospital infection prevention/control policies
 - Repeated and long-term antibiotic use for ventilator patients
 - Inconsistent and/or lack of hand hygiene by staff

Discussion

- What can/should Seaside do to address the findings?
 - Try to find/hire more staff nurses
 - Use other levels of nurses/staff in the ICU
 - Review their Infection prevention/control program and provide more training
 - Identify the ASP leader and IP and have them develop a rigorous training program with follow up in 30 days
 - Anything else?

Speaker



- Susan Seeley
- RN, MSN, NEA-BC
- Nash Healthcare Consulting
- 239-290-1956
- Sseeley@Nashhc.com.
- www.nashhealthcareconsulting.com
- Email questions to CMS:
 - Critical Access Hospitals: qsog_CAH@cms.hhs.gov
 - Acute hospitals: qsog_hospital@cms.hhs.gov

APPENDIX

Resources and Internet Links

Worksheet Links

- **Infection Control:**

- <https://www.cms.gov/medicare/provider-enrollment-and-certification/surveys/surveycertificationgeninfo/downloads/survey-and-cert-letter-15-12-attachment-1.pdf>.

- **Discharge Planning:**

- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-15-12-Attachment-3.pdf>.

- **QAPI:**

- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-15-12-Attachment-2.pdf>.

Additional Links

- Burden Reduction:

<https://www.cms.gov/files/document/burden-reduction-discharge-planning-som-package.pdf>.

Focused Infection Control Survey Tool

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

Please note red italics show updates since last release. Revised: December 2020

General guidance: This survey tool provides a focused review of the critical elements associated with the transmission of *SARS-CoV-2, the virus that causes COVID-19*, and will help surveyors to prioritize survey activities while onsite *within healthcare facilities*. These efficiencies will decrease the potential for transmission of the virus, as well as lessen disruptions to the facility and minimize exposure of the surveyor. Surveyors should be mindful to ensure their activities do not interfere with the active treatment or *infection prevention efforts*. Facilities are expected to be in compliance with CMS guidance in effect at the time of the survey.

Refer to QSO memos released at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions>.

Content within this tool may be generally applied to any *healthcare* setting. However, CMS recognizes that not all acute and continuing care providers *and suppliers* have the same acuity, capacity, *or regulatory requirements* and therefore, depending upon the setting, not all information will be applicable on every survey (e.g.; aerosol-generating procedures section). *Any deficient practice should be cited at the applicable Infection Prevention and Control (IPC) tag for the provider/supplier being surveyed*. If citing for noncompliance related to COVID-19 *related practices*, the surveyor(s) must include the following language at the beginning of the Deficient Practice Statement or other place determined appropriate on the Form CMS-2567: “Based on [observations/interviews/record review], the facility failed to [properly prevent and/or contain – or other appropriate statement] COVID-19.”

If surveyors see concerns related to compliance with other requirements, they should investigate them in accordance with guidance in the appropriate provider/supplier appendix of the State Operations Manual and related survey instructions. Surveyors may also need to consider investigating concerns related to Emergency Preparedness in accordance with the guidance in Appendix Z of the State Operations Manual (e.g., for emergency staffing).

For purposes of this *survey tool*, “staff” includes employees, consultants, contractors, volunteers, and others who provide care and services to patients on behalf of the facility. Additionally, the general term “facility” means inpatient, congregate settings, hospitals, intermediate care facilities for individuals with developmental disabilities, dialysis facilities, and clinics; and “home” refers to settings such as hospice and home health where care is provided in the home.

Entering the Facility/Triage/Registration/Visitor Handling

- Is signage posted at facility entrances with visitation restrictions and screening procedures
- *Does the facility have a screening process for those entering the facility (patients and visitors) to mitigate the risk of COVID-19 exposure (for example: exposure to COVID-19 screening questions and assessment of symptoms/illness);*
- Are staff trained on appropriate processes (e.g., questions to ask and actions to take) to rapidly identify and isolate suspect COVID-19 cases?

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

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.

Burden Reduction & Discharge Planning Memo

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

Ref: QSO-20-07-ALL

DATE: December 20, 2019

TO: State Survey Agency Directors

<https://www.cms.gov/files/document/burden-reduction-discharge-planning-som-package.pdf>

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Burden Reduction and Discharge Planning Final Rules Guidance and Process

Memorandum Summary

- On September 30, 2019, the Centers for Medicare & Medicaid Services (CMS) published the *Medicare and Medicaid Programs; Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden Reduction Final Rule*, as well as the *Revisions to Requirements for Discharge Planning for Hospitals, Critical Access Hospitals, and Home Health Agencies Final Rule*.
- This policy memorandum provides guidance to the CMS Regional Offices (ROs), the State Survey Agencies (SAs) and the Accrediting Organizations (AOs) regarding the changes to the regulations and our approach for updating the State Operations Manual (SOM) and applicable surveyor systems.

Background

On September 30, 2019, CMS published two final rules which revised regulatory requirements for the various certified provider and supplier types.

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

[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.



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-



The Core Elements of Hospital Antibiotic Stewardship Programs: 2019

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



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

Check List of Core Elements



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

www.cdc.gov/getsmart/healthcare/pdfs/checklist.pdf



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www.idsociety.org

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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Stem *S. aureus* transmission in the OR

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LearningCE SHEA

ONLINE EDUCATION CENTER

SHEA's mission is to promote the prevention of healthcare-associated infections and antibiotic resistance.

NEWS AT SHEA

Deadlines Approaching for
SHEA Spring 2019

New SHEA Guidance -
Infection Control in

2019 SHEA Epi Project
Competition





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Guidelines for Perioperative Practice

Introducing AORN's *Guidelines for Perioperative Practice* (previously titled *Perioperative Standards and Recommended Practices*). With a new name that more accurately reflects the content, this edition offers extensively **revised and new, evidence-based guidelines** for perioperative RNs and other members of the team to help standardize practice and promote patient and worker safety.

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The 2015 edition features extensively revised and new guidelines for:

Creating a Safer OR Together

8 New and Revised Evidence-Based Guidelines Released



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IN FOCUS



4,405 workers died on the job in 2013

HOW TO...

- [File a complaint](#)

CDC Website

www.cdc.gov/



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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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First Responder Guidance

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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](#)

[Healthcare Facility Guidance](#)

[Mitigating Staff Shortages](#)

Relief Healthcare Facilities

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

[Relief Healthcare Facilities](#)

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.

[Framework for Care](#)

CDC Website



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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

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/SurveyCertificationGenInfo/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

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

Professional Practice

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

[Home](#) > [Professional Practice](#) > [Infection Preventionist \(IP\) Competency Model](#)

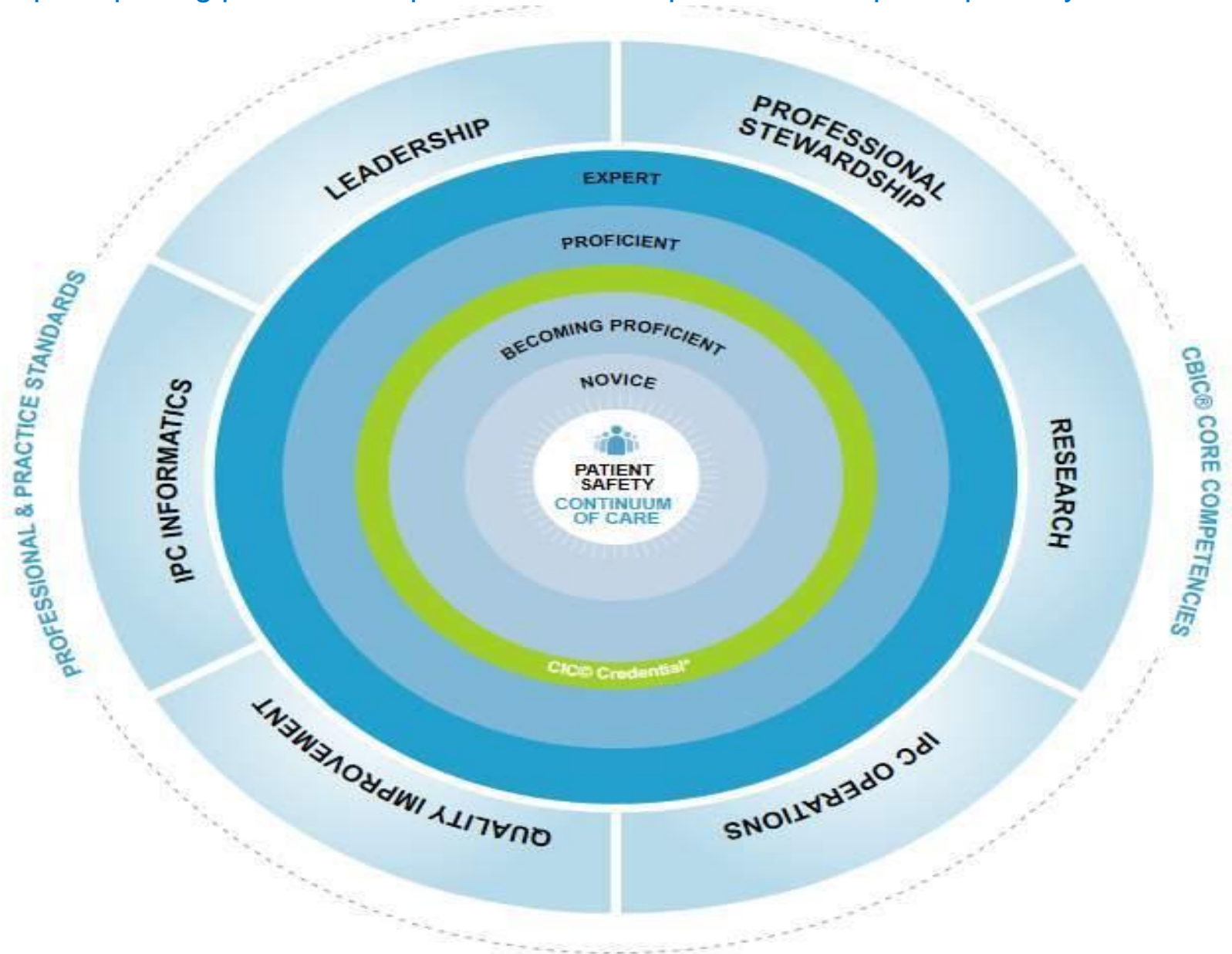
Infection preventionist (IP) competency model



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.



- NHSN
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- About NHSN +
- Enroll Here +
- Materials for Enrolled Facilities -**
- 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
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- FAQs about HCP Influenza Vaccination Summary Reporting in NHSN
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- Group Users +
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- 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)

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Ambulatory Surgery Centers



Outpatient surgery centers.

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Long-term Acute Care Facilities



Long-term acute care hospitals (LTACs).

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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.

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Inpatient Rehabilitation Facilities



Inpatient Rehabilitation Facilities.

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Inpatient Psychiatric Facilities



Infection Preventionist or IP



CDC National Healthcare Safety Network

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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/



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

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

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

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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

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



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

Section 1: Facility Demographics

Section 2: Infection Control Program and Infrastructure

Section 3: Direct Observation of Facility Practices

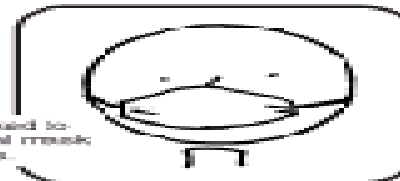
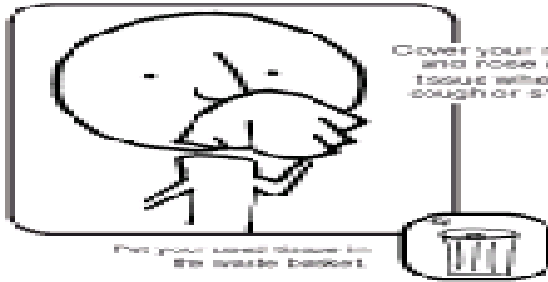
Section 4: Infection Control Guidelines and Other Resources



Cover Your Cough Posters

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

Cover your Cough



Clean YOUR Hands

after coughing or sneezing.



Massachusetts Department of Health



www.mass.gov



www.cdc.gov/flu/protect/covercough.htm

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 +

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What's this?

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

Making Dialysis Safer For Patients Coalition

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

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

- [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 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
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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

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

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