



Accreditation News

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CMS Revises Infection Control “Conditions of Participation”

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In a recent publication of the Conditions of Participation in February 2020 for 42 CFR § 482.42, the CMS has made some clarifications as well as additional requirements for compliance. We will attempt to distill them to provide some translation and implementation guidance.

§482.42 is the general overarching Condition for both the Infection Prevention (IP) and Control and Antibiotic Stewardship (ASP) programs. The programs must reflect activities evidenced by documents and reports included in committee and Governing Body minutes (i.e. Infection Prevention Committee and Antibiotic Stewardship Committee). Some facilities have combined functions or made the ASP as a subcommittee of the Pharmacy and Therapeutics Committee, and it is imperative that the minutes of these combination committees clearly call out specific activities, recommendations and actions, and that these recommendations are then reflected in the actions of the Performance Improvement Committee.

§482.42(a) is the Standard that identifies the need for policies and procedures. Nested within this Standard is a specific and NEW REQUIREMENT that the individual responsible for the Infection Prevention and Control program must be appointed by the Governing Body. The appointment must be reflected in the minutes of a Governing Body committee, based on recommendation of the Medical Executive Committee. Alternatively, a letter of recommendation by the medical staff leadership and nursing leadership may be included with the letter of appointment, approved by the Board. The Standard also includes a proviso that the individual is qualified by “education, training, experience, or certification in infection prevention and control.” Documentation of these elements may include records of training, diplomas, and certificates of attendance.

§482.42(a)(2) addresses the policy and procedure component of the IP program. The policies and procedures must describe all activities that the infection prevention practitioner employs to prevent and control infection transmission. The program is to include an infection risk assessment, which lists the priorities of the infection prevention and control program and is based on geographic risks and concerns within the facility (e.g. recent outbreaks). Prior to the arrival of transferred patients, there must be clear communication between facilities to alert staff of any required isolation precautions.

§482.42 (a)(3) is a completely NEW STANDARD! It addresses practices for the surveillance, prevention and control of Healthcare Associated Infections (HAIs) with particular attention directed to the physical environment. It particularly identifies the requirement that the infection prevention practitioner conducts regularly scheduled rounds to assess the environment of care, hand hygiene compliance, and compliance with PPE; maintains an HAI and reportable diseases log; and provides education and feedback to improve infection prevention efforts. The log requirements may be met via your EHR software, but it is critical that the hospital review the reports to ensure that they can create this record when requested. If that is not possible, the IP must develop logs that will permit identification and recovery of the data.

§482.42(a)(3) also mentions the public health authorities and their role in mitigation of communicable disease. It is important to note that the CMS has not published its guidance on compliance surrounding this Standard.

§482.42(a)(4) is also a NEW STANDARD that specifically requires that the IP Plan reflects the scope and complexity of services provided. This Standard provides that the hospital will list ALL of the various services, both inpatient and outpatient, in their plan and ensure that the surveillance and monitoring of these services and patients is conducted at regular intervals. The organization must ensure that it addresses the various strata of services within the overall category i.e. a Level I Trauma Center, a pulmonary care ICU, a Level II NICU. It must also include procedures that are associated with higher risks of infection including organ transplant, oncology/chemotherapy and burn treatment.

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§482.42(c)(1)(i) is a NEW STANDARD directed explicitly toward Leadership. It provides a detailed litany of expectations regarding the governing body specifically, as well as the “Leadership.”

Committees must meet regularly to report infection prevention and control activities, as well as antibiotic use activities. These reports, once reviewed and approved by the specific committee, are to be included in Governing Body meeting agendas. Committee members, including hospital leadership, are expected to provide feedback and strategize improvements to contribute to the success and sustainability of the infection prevention and control and antibiotic stewardship programs.

§482.42 (c)(1)(ii) addresses the responsibilities of the Governing Body with regard to both HAI and ASP findings. The reports developed and generated by the Infection Prevention and Control Committee and the Antibiotic Stewardship Committee must be reported to hospital QAPI leadership for feedback and/or action.

§482.42(c)(2) is a New Leadership Accountability Standard. It defines the responsibility of the IP program to ensure that the program policies, procedures, and actions are congruent with national guidance. These policies and procedures are to be implemented according to best practices, as outlined by the CDC, and professional organizations such as APIC, IDSA, SHEA, AORN, and others.

§482.42(c)(2) (ii) addresses the infection prevention and control plan, infection prevention risk assessment, policies, HAI and reportable diseases log, environment of care assessments, and hand hygiene and PPE use compliance. These are to be updated regularly and reported to the ICC Committee, QAPI Committee, MEC, and Governing Body.

§482.42(c)(2)(iv) defines the expectations that all individuals who work in the hospital are able to demonstrate competency and understanding of infection prevention and control guidelines, policies, and procedures. The Infection Prevention and Control Program must include regular competency-based training and education to these individuals. Topics may include construction and infection prevention; cleaning and disinfection; hand hygiene; isolation precautions and PPE use; and central line and urinary catheter maintenance. This standard also specifies that these competency requirements extend to all members of the Medical Staff and contracted services.

§482.42(c)(2)(v) is a continuation of this NEW STANDARD, it requires that the infection preventionist must conduct regularly scheduled audit rounds to assess adherence to infection prevention and control policies. These rounds must include hand hygiene audits, isolation precautions and PPE use, environment of care, device use, and others. It is helpful to conduct these rounding activities as a “multidisciplinary” action, and it may be useful to push the conduct of the rounds down into the department management level. These rounds also help build relationships between the units and the infection prevention department.

§482.42(c)(2)(vi) indicates an Infection Preventionist is to be an integral part of the Antibiotic Stewardship Committee to contribute data collected regarding antibiotic use. Goals and priorities are to be set via collaboration between medical staff, pharmacy, and infection prevention according to nationally recognized guidelines.

§482.42 (c)(3)(i) This Standard is very clear that the leaders develop the Antibiotic Stewardship Program as an active functioning committee. It further defines that the Program is to be based on nationally recognized guidelines to monitor and improve the use of antibiotics.

§482.42(c)(3)(ii) assigns the responsibility of recordkeeping for the Antibiotic Stewardship Committee’s actions to the leaders. Best practice would be to have this function coordinated through the Medical Staff Office.

§482.42(c)(3)(iii) There must be communication and collaboration with clinical departments especially, the medical staff, but also pharmacy leadership, nursing, infection control and prevention, and the QAPI programs. This also implies that the leaders of the nursing service will be providing this information to the bedside staff.

§482.42(c)(3)(iv) This Standard requires that there is competency-based training and education of the hospital personnel and staff, including medical staff on the policies, procedures, and guidelines in the hospital. This standard also covers all contracted personnel. It is recommended that the hospital pay particular attention to the “traveler” staff and the locum staff.

§482.42(d) addresses multi-hospital systems. Systems can provide oversight of the Infection Prevention and Control Program and the Antibiotic Stewardship functions centrally, so long as all required elements of the programs are evident and site specific.

§482.42(d)(2) Both the Infection Prevention and Control and the Antibiotic Stewardship programs must establish and implement policies and procedures to ensure that the needs and concerns of each of its separately certified hospitals are addressed, regardless of practice or location. This would include variations in size and services e.g. a hospital specializing in Obstetrics or Pediatrics.

§482.42(d)(3) The programs must ensure that hospital-specific issues and subsequent actions are identified in committee minutes and that any actions related to these identified issues are addressed.

§482.42(d)(4) Again, this Standard identifies that the individual responsible for infection prevention meets the qualification standards expected by CMS, the State, and any accrediting agency. Similarly, the Standard requires that the individual(s) who has(have) responsibility for the Antibiotic Stewardship Program communicates policies and procedures as necessary. The Standard also requires that these individuals provide education and training to all staff of all the hospitals within the system.

It should be noted that accreditation organizations (TJC, HFAP, DNV, CIHQ) are all modifying their infection prevention and control standards to be consistent with these expanded requirements of CMS. A review of the infection prevention and control program within your organization should be conducted to assure compliance with these new expectations.

Compliance in the Kitchen

By Linda Paternie, RN, BS, MHA, CJCP

It should not come as a surprise that regulatory agencies may want to survey the hospital's kitchen, food preparation and storage areas. Federal regulations Condition of Participation CoP 482.28 addresses food and dietetic services. Additional CMS regulations that can be applied to kitchens are located in CoP 482.41, Physical Environment, and Infection Prevention and Control CoP 482.42.

The Joint Commission addresses food and nutrition in several standards, including Provision of Patient Care, Infection Prevention and Control, Human Resources, and Environment of Care. Other accrediting organizations have pertinent standards as well. State Licensing agencies also have additional requirements so be sure to be familiar with your state regulations.

In order to achieve and maintain compliance, the following areas specific to cleanliness and environment should be periodically reviewed for compliance by the organization:

General Cleanliness in Food Preparation and Storage Areas:

- All areas, including floors, walls, shelving, counters, hoods, and equipment are to be clean, free of grease build up and in good working order. Counters and shelves should be free of cracks, open seams and corrosion.
- There is no accumulation of rust on fixtures or equipment.
- Fans, which can be problematic, and vent-hoods need to be clean and free from grease build-up, and placed on a regular cleaning schedule. Pay particular attention to the blades of the fan to make sure they are dust free.
- Trash containers are to be clean and covered.
- Often overlooked items are food slicers, mixers, can openers, gaskets on refrigerators and freezers, light fixtures and pipes. They too are to be clean and free from dust and grease.
- As in other areas of the organization, corrugated shipping boxes are considered soiled and need to be removed.

Refrigerators and Freezers:

- Hospitals are urged to spot check documentation of refrigerator and freezer temperatures to ensure compliance is maintained.
- The thermometer in the refrigerator is to be visible inside the unit and the temperature maintained between 34-40°F, or whatever is mandated by your state. The thermometer in the freezer is to be visible inside the unit and the temperature maintained at 0°F or below. Note: if a temperature was found to be out of range, documentation of corrective actions taken and documentation of a temperature recheck is to be provided.
- All foods are to be labeled, dated and stored in a manner to allow ventilation.
- All foods are to be covered, labeled, dated, and stored in a manner to prevent possible contamination or damage.
- Ensure that uncooked food is not stored over cooked food. Uncooked poultry must always be stored below other food items.
- There is to be no ice build-up present in the freezer.

Dating of Opened and Prepared Foods:

- Food items, including spice containers, once opened need to be labeled and dated so staff are aware of how long they can be stored prior to expiration. Remember to date the bulk food items stored in bins.
- Food prepared and held for future use is also to be labeled and dated, as are all opened containers. Be sure to use a uniform practice for dating; either use the date opened or the expiration date.

Dishware:

- Dishwashers need to reach proper temperatures for wash and rinse cycles. The temperatures are to be documented and actions taken to correct out of range temperatures, as well as rechecks, are to be completed.
- When using chemical sanitizers, the sanitizer is to be diluted and to be changed in accordance with the manufacturer's instructions for use. Quality control testing for the sanitizing solution must also be documented. Make sure the appropriate test strips are available for use with the type of sanitizer being used.
- Pot washing procedures should be posted and followed. This would include proper water temperature, sanitizer concentration (which must be verified and documented) and length of time service-ware is soaked in the sanitizer.
- Once cleaned, the dishes, pots and pans are to be air dried before being stored on top of each other, and of course, stored separately from soiled items.
- Any dishware found to be chipped or crazed is to be discarded.

Storerooms:

- Temperature must be monitored and maintained between 50°F and 70°F.
- All food items are to be labeled and dated.
- Chemicals are to be stored in a room separately from food items.
- Storage food containers should be at least 6-12 inches off the floor and protected from splashes Note: Some states require shelving to be at least 12 inches above floor level.
- All cans should be inspected for rim and side seam dents, leaking, bulging and removed when damage is found.
- Scoops are to be clean and intact and not kept in the food storage bins.
- There shall be no evidence of insects or pests.

Tray Line:

- Surveyors will check to see that food served via a standard production line is maintained at the appropriate temperature, as defined per policy. Both hot and cold food should have temperature checks documented.

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Compliance in the Kitchen *Continued...*

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- Tray temperatures should be checked periodically to make sure the temperatures of the foods are maintained once they get to the patient care areas.
- Appropriate portion sizes according to the therapeutic menu may be checked by the surveyors for food items prepared and placed on the tray line.
- The size of the scoops used for portioning the food item will be checked against the therapeutic menu. Entrees such as meat and chicken may be weighed after cooking to ensure they comply with the weights listed on the therapeutic menu.
- Food carts are to be cleaned and sanitized after every meal. Surveyors will ensure that the carts are clean, rust free and in good repair.

Personnel:

- Hair is to be effectively restrained with hair nets/beard covers when in the kitchen areas.
- Staff clothing is to be clean and appropriate per organizational policy.
- Gloves and aprons are to be worn per organizational policy. Impervious aprons are required to be worn on the soiled side of the dish machine.
- Hand hygiene will be observed and staff monitored to ensure proper practices are followed.
- Staff are to be able to locate fire extinguishers and vent pull systems (Ansul) and explain what to do in a fire.
- In-service education documentation may be requested by the survey team. Education is to be conducted and documented for food service workers and may include topics such as chemical safety, life safety, food safety, disaster management, equipment safety and sanitation.
- The current work schedules and duty schedules are to be posted and may be requested by the surveyors.

Nutritional Services:

- The therapeutic diet manual is to be approved by the organization and available to medical, clinical and food service staff.
- Menu plans for patient meals are to be developed and scheduled for serving on a rotational basis.
- A current profile card indicating dietary likes, dislikes, allergies and other information as pertinent is to be kept for each patient. The food preferences of the patient are to be taken into consideration when formulating the patient's meals.
- Surveyors may ask staff how the organization is able to accommodate cultural, religious, ethnic, and age specific food preferences when developing menu plans.
- Many state's require licensure for dietitians. If licensure is required, the license must be primary source verified upon hire and periodically thereafter, prior to expiration.
- Documentation of patient education provided by the dietitians may be reviewed in the patient's medical record, as well as the integration of nutritional care into the patient's care plan, as appropriate.
- Some states laws, such as California, require that a physician or practitioner responsible for the care of the patient order the diet for each patient.
- It is important to note that the same standards for Food and Nutrition services apply whether the services are provided directly by the organization or through a contracted entity. Contracted services are also to be evaluated through the organization's performance improvement process.

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