MHA INSIDE Track
News for Health Care Professionals

REGULATORY COMPLIANCE — AUGUST 2016

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Federal and State Authorities Bolster Infection Prevention and Control Regulations

Federal
There is tremendous movement in infection prevention and control requirements for health care providers. In particular, hospitals, critical access hospitals, ambulatory surgical centers, long-term care hospitals and nursing centers are experiencing increased regulatory requirements related to infection prevention and control, as well as requirements aimed at reducing the number of "superbugs" that are difficult to treat. Regulations are increasing for several reasons. We know infection control programs in health care work. There have been dramatic decreases in hospital-acquired infections since the Centers for Medicare & Medicaid Services and our state started requiring the reporting of certain infections. Reporting expectations are coupled with the expectation that data will be analyzed to identify areas and related actions for continued improvement. Health care dollars are being withheld by CMS for organizations that do not report and meet threshold performance requirements. However, data reporting isn't enough. Hospitals, CAHs, LTCHs and other health care providers are required to meet a host of federal and state regulatory requirements, which could impact infections and quality of care. Hospitals also undergo routine surveys to ensure they are meeting those federal and state regulations. Failure to meet regulatory requirements upon survey ultimately can result in facility closure. For this reason, it's imperative to stay informed on proposed and final regulatory changes.

On June 16, CMS released proposed changes to the Conditions of Participation. The proposed rule would update the requirements that hospitals and CAHs must meet to participate in Medicare and Medicaid programs. MHA has commented on the proposed changes. We highly encourage hospitals to review the proposed changes. There are significant proposed changes to infection control CoPs (starting on page 27 of the document), including the following.

- CoP name change to "infection prevention and control and antibiotic stewardship programs"
- requiring infection prevention and control and antibiotic stewardship programs be separate and include active hospitalwide programs with governing body involvement
- integration of infection reporting into the Quality Assurance and Performance Improvement Program
- demonstration of adherence to nationally recognized guidelines, including transmission guidelines which require outpatient focus
- hospital appointment of an infection preventionist/infection control professional, including qualification guidelines
- hospital appointment of an antibiotic stewardship leader, including qualification guidelines
- New standards §482.42 (c) that would enhance the accountability of hospital leadership for infection prevention and control and antibiotic stewardship programs. Section 482.42 (c)(1)

would create new requirements and responsibilities of the governing body. Section 482.42 (c)(2) (i) would focus on evidence-based practices.

TJC released pre-publication standards for antimicrobial stewardship programs. If you are a TJC-accredited program, you are expected to establish an ASP and be survey ready by Jan. 1, 2017.

Infection control practices and outcomes impact hospital credibility, reimbursement, competitive acumen and ultimately patients' well-being. To learn more about responsibilities and reimbursement, review the fiscal year 2017 final rule for the Medicare inpatient prospective payment system. The rule, more than 2,400 pages, has been summarized by MHA in a recently released issue brief. MHA also has numerous resources related to infection control and ASP online.

State

Senate Bill 579 enacted and signed in the 2016 Missouri legislative session modifies existing infection control standards and regulates development of an antimicrobial stewardship program by Aug. 28, 2017. MHA has had several discussions with DHSS regarding the intent and implementation of this bill. MHA advocated for changes to the existing regulations based on feedback from member hospitals. While there were some requirements not proposed by our membership, there is a lot of "give and take" in the legislative process. The legislation requires the following.

Aug. 28, 2016 - Hospitals must begin reporting carbapenem-resistant enterobacteriacceae, as specified by the department, along with vancomycin-resistant enterococcus and methicillin-resistant staphylococcus. Since there are many strains of CRE, we are waiting on the department to specify which strains to report.

Jan. 1, 2017 - The Infection Control Advisory Panel, established in 2004 legislation, must make recommendations to DHSS on which hospitals, as a condition of licensure, will be required to report through National Healthcare Safety Network for data collection; the use of NHSN for risk adjustment and analysis of hospital submitted data; and the use of Hospital Compare for public reporting of the incidence of HAI. We believe additional language requires the department to allow Missouri hospitals, CAHs and ASCs only to report HAIs through NHSN, to ensure data requirements are consistent with current CMS and NHSN requirements and eliminate unnecessary procedures which delay reporting like current quarterly review of data collected by DHSS. The goal is to streamline reporting requirements and decrease the number of places that reporting occurs.

Additionally, DHSS, upon review of panel recommendations, will specify the reporting of four surgical site infections (current requirement is three). Also, there is a new requirement for the department to make two years' worth of annual reports available to the public.

Aug. 28, 2017 - Each hospital and ASC, excluding mental health facilities, must establish an antimicrobial stewardship program. The program shall be designed to evaluate that hospitalized patients receive the appropriate antimicrobial, at the appropriate dose, at the appropriate time, and for the appropriate duration. This legislation requires use of the Centers for Disease Control and Prevention's Antimicrobial Use and Resistance module when regulations concerning Stage 3 of meaningful use are effective. Beginning Jan. 1, 2018, and every year thereafter, DHSS will report ASP information to the General Assembly. Missouri is the first state to regulate use of the AUR module for antibiotic use and resistance reporting.

Jan. 1, 2018 - The department is required to adopt new regulations regarding the above no later than this date.

Next Steps

- Share this information with quality, infection control, pharmacy, administration, compliance, nursing, human resources and medical staff.
- Review current policies on integration of QAPI, infection control and ASP (if you have a program).
- Do not assume that you don't have an ASP. Check with pharmacy staff and see what their current processes are. How closely aligned are they to the CDC's core elements for an ASP?
- Assess potential gaps in personnel. What training would be needed? What is the cost? Are there consulting agreements available?
- Do you currently report to NHSN? If not, why? Assess if they are real or perceived barriers. Will you need to update your authorization agreement to allow DHSS greater access?
- Conduct a gap analysis of where you are compared to where you think you will need to be:

current situation, potential/real new requirements, actions needed, and comments.

- Do laboratory staff know about the CRE requirement?
- After sharing, submit regulatory concerns to MHA. Your contact is Sarah Willson.
- Are you planning to attend MHA's infection control conference scheduled Sept. 20-24?
- Participate in MHA's Antibiotic Stewardship Program Immersion Project.
- Overall, are hospital policies being revised to reflect the needed involvement of hospital administration, medical staff and the governing body when it comes to quality, infection prevention and control, and antibiotic use and resistance? Can you show how your actions reflect your policies?
- Are the terms transmission, surveillance, infection detection, data collection and analysis, monitoring, and evaluation of preventive interventions familiar to your organization? Are they defined?
- Are you registered for MHA's infection prevention and control webinar on Nov. 15?
- Are you using evidence-based practices for SSI, CAUTI, CLABSI, etc.?

Evaluation and collaboration will help you be prepared when regulations and standards are finalized.

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