

# COVID-19 and Infection Control Focused Surveys and the Impact on Reimbursement

NAVIGATING AN INFECTION CONTROL SURVEY DURING  
COVID-19 AND BEYOND

May 21, 2020

WEALTH ADVISORY | OUTSOURCING | AUDIT, TAX, AND CONSULTING

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# Objectives

|            |   |
|------------|---|
| Understand | Understand the infection control survey process including COVID-19 and PPE guidelines                               |
| Understand | Understand how and when to use the infection control survey checklist   |
| Improve    | Improve adherence to infection prevention and control practices for successful survey and improved patient outcomes |
| Summarize  | Summarize guidelines for an effective Infection Prevention and Control Program                                      |

# Introduction

- Skilled nursing facilities and other long-term care organizations house some of the most vulnerable populations.
- Residents of these facilities are at increased risk for adverse effects related to COVID-19 including increased morbidity, mortality and isolation.
- Facilities must have an infection control and emergency preparedness plan in place to prevent undue harm, manage outbreaks, and continue to comply with CMS regulations.



# Infection Control Regulations 483.80

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“This survey tool must be used to investigate compliance at F880 and determine whether the facility is implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19 and other communicable diseases and infections. Entry and screening procedures as well as resident care guidance has varied over the progression of COVID-19 transmission in facilities. Facilities are expected to be in compliance with CMS requirements and surveyors will use guidance that is in effect at the time of the survey”

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



# McKnight's Article on New Reporting Penalty

April 21, 2020

## Providers to report COVID infections in 12 hours or face \$1k fines, CMS says



[James M. Berklan](#)

 Follow @jimberklan

<https://www.mcknights.com/news/providers-to-report-covid-infections-in-12-hours-or-face-1k-fines-cms-says/>

# Reporting Requirements

## Interim final rule

- CMS revised the IC regulation (483.80) to establish explicit reporting requirements for long-term care (LTC) facilities to report information related to COVID-19 cases among facility residents and staff

## 483.80(g)(1)

- Requires facilities to electronically report information about COVID-19 in a standardized format

## 483.80(g)(2)

- Facilities are required to provide the specified information no less than weekly to CDC and NHSN

# Reporting Requirements (continued)

Facilities must inform residents, their representatives, and families by 5 p.m. the next calendar day following the occurrence of either

- A single confirmed infection
- 3 or more residents or staff with new-onset respiratory symptoms that occur within 72 hours of each other

Cumulative updates must be provided to residents, their representatives, and families at least weekly by 5 p.m. the next calendar day following the subsequent occurrence

- A single confirmed infection
- 3 or more residents or staff with new-onset respiratory symptoms that occur within 72 hours of each other



## Reporting Requirements (continued)

- Facilities when reporting must include information
  - Mitigating actions implemented to prevent or reduce the risk of transmission
  - If normal operations in the nursing home will be altered
    - ◇ Limitations on visitation and group activities

# National Healthcare Safety Network (NHSN)

- Part of the CDC
- Provides healthcare facilities with a customized system to track infections and prevention process measures in a systematic way
  - Allows facilities to identify problems, improve care, and determine progress toward facility and national healthcare-associated infection goals.



# NHSN COVID-19 Module for LTCF

Resident Impact  
& Facility  
Capability

Staff &  
Personnel  
Impact

Supplies and  
PPE

Ventilator  
Capacity and  
Supplies

# NHSN continued

## COVID-19 Module



### Long-term Care Facilities

Includes Nursing  
Homes, Skilled  
Nursing &  
Assisted Living  
Facilities



Enrollment is required



Reporting  
frequency

Daily  
Non-daily  
Weekly



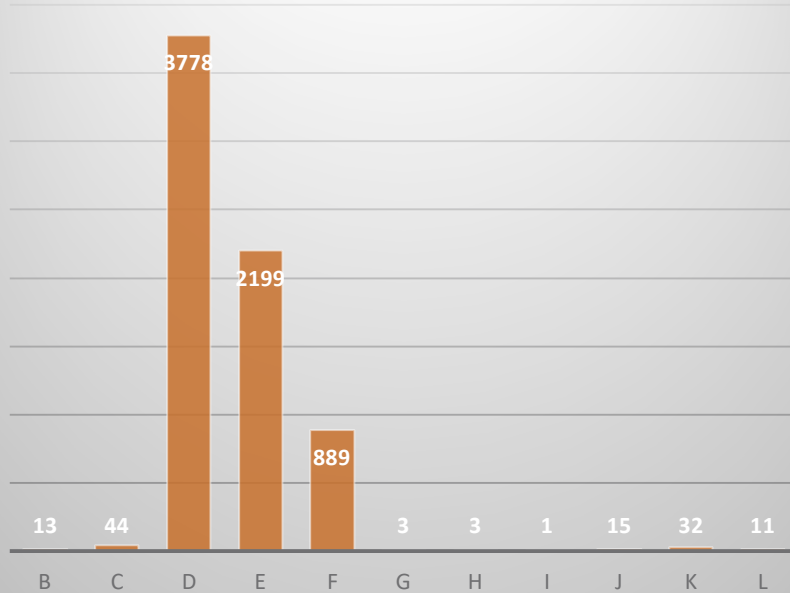
Reporting counts prior to May  
1, 2020 is optional



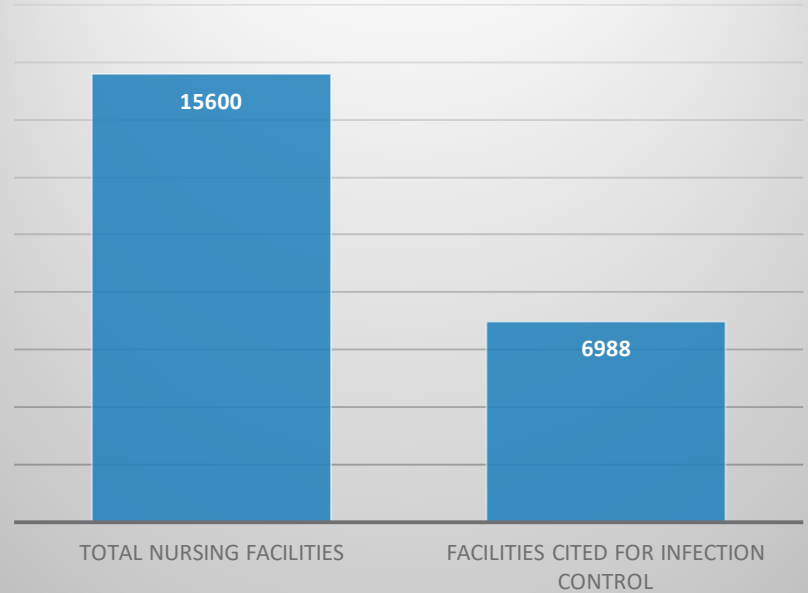
[NHSN Training Module 1](#)

# National Infection Control Survey History

## 2019 Scope and Severity Codes



## 2019 Facilities Cited



# Financial Impact of Infection Control Survey

- Historically, inspectors classified deficiencies as a low-level concern, meaning no penalties or fines
- Washington facility fined \$600,000 due to infection control deficiency findings
- NJ facility filed more than \$220,000 as a result of infection control failures



## Where Are We Today – Financial Picture?

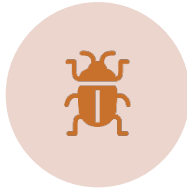
- Increase use of Personal Protective Equipment (PPE), including increase in cost of PPE due to market competition
- Increase in staffing expense, i.e. hazard pay, additional cleaning, etc.
- Tracking COVID related expenses for relief fund support



# Where We Are Today



DEATHS



INFECTED



HEALTHCARE  
PERSONNEL  
IMPACTED



NURSING HOMES  
IMPACTED



REPORTING  
REQUIREMENTS



# April 2, 2020 Guidance Issued

- Nursing homes should immediately ensure that they are complying with all CMS and CDC guidance related to infection control.
- As nursing homes are a critical part of the healthcare system, and because of the ease of spread in LTC Facilities and the severity of illness that occurs in residents with COVID-19, CMS/CDC urges State and local leaders to consider the needs of LTC Facilities with respect to supplies of PPE and COVID-19 tests.
- Nursing homes should immediately implement symptom screening for all staff, residents, and visitors – including temperature checks.
- Nursing homes should ensure all staff are using appropriate PPE when they are interacting with patients and residents, to the extent PPE is available and per CDC guidance on conservation of PPE.
- To avoid transmission within nursing homes, facilities should use separate staffing teams for residents to the best of their ability, and, as President Trump announced at the White House today, the administration urges nursing homes to work with State and local leaders to designate separate facilities or units within a facility to separate COVID-19 negative residents from COVID-19 positive residents and individuals with unknown COVID-19 status.

# Transparency

- Increased screening required
- Can be determined by state DPH
  - [Long Term Care Facility Guidance- DPH](#)
- Increased reporting requirements
- Increased communication
- Utilize tools and resources from local DPH, CDC, CMS

# Infection Control and Prevention Program

“To provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections”



Prevent



Identify



Investigate



Report and control



...communicable disease and infections among residents, staff, and visitors

# Successful Infection Prevention and Control

A major focus of any infection control program is to control and manage variables

- Staff education
- Competency and return demonstration
- Evidence based criteria
- Antibiotic stewardship

Some variables cannot be controlled by the facility but play an important role in the risk profile

- Resident/visitor health
- Community outbreaks

# Infection Control Focused Survey

## What the survey team is focusing on

- The overall effectiveness of the Infection Prevention and Control Program (IPCP) including IPCP policies and procedures;
- Standard and transmission-based precautions;
- Quality of resident care practices, including those with COVID-19 (laboratory positive case) if applicable;
- The surveillance plan;
- Visitor entry and facility screening practices;
- Education, monitoring, and screening practices of staff; and
- Facility policies and procedures to address staffing issues during emergencies, such as transmission of COVID-19



## Root Cause

- Facilities can learn from prior infection control issues or problems
  - Flu outbreak
  - Pneumonia outbreak
  - Legionnaire's
- Not necessarily root cause of the infection

# CMS Checklist

## COVID-19 Focused Survey for Nursing Homes

### Infection Control

This survey tool must be used to investigate compliance at F880 and determine whether the facility is implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19 and other communicable diseases and infections. Entry and screening procedures as well as resident care guidance has varied over the progression of COVID-19 transmission in facilities. Facilities are expected to be in compliance with CMS requirements and surveyors will use guidance that is 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>.

This survey tool provides a focused review of the critical elements associated with the transmission of COVID-19, will help surveyors to prioritize survey activities while onsite, and identify those survey activities which can be accomplished offsite. These efficiencies will decrease the potential for transmission of COVID-19, 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 prevention of transmission of COVID-19.

If citing for noncompliance related to COVID-19, 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.**”



# Survey Readiness Basics

- Policies and Procedures

Do you have a policy and procedure for Infection Control and Prevention plan?

Do you have an Emergency Preparedness plan that includes contingency staffing?

\*While the infection control regulation only calls for annual review (f) of the facilities infection control program current best practice is for ongoing and continuous evaluation.

- General Standard Precautions

Have staff been trained on and demonstrated competency in the listed general standard precautions?

Do staff know when to use alcohol-based hand rub vs. washing with soap and water?

Do staff know when they should be assisting residents with hand hygiene?





# Survey Readiness Basics (continued)

## General Standard Precautions

- Are staff performing the following appropriately
  - Respiratory hygiene/cough etiquette
  - Environmental cleaning and disinfection, and
  - Reprocessing of reusable resident medical equipment

## Hand Hygiene



Performing hand hygiene when indicated



Alcohol based hand rub available?



Is there appropriate staff education on hand hygiene? Signage anywhere?

# Transmission Based Precautions

- Determine if appropriate transmission-based precautions are implemented
  - Contact precautions
  - Droplet precautions
  - Airborne precautions
  - Undiagnosed respiratory infection
  - Resident with known or suspected COVID-19

# Resident Care

- Are you maintaining infection control practices including social distancing and cohorting staff, when supplementing cancelled communal dining and group activities?
- Do you have a plan for resident isolation, including a plan to address widespread isolation needs?
- What is your procedure for transporting a resident with known or suspected COVID-19? How have you notified appropriate staff of their responsibilities in these circumstances?
- How are you managing risks for residents who must leave and re-enter the facility for medical appointments, including dialysis or chemotherapy?



# IPCP Standards, Policies and Procedures

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Did the facility establish a facility-wide IPCP including standards, policies, and procedures that are current and based on national standards for undiagnosed respiratory illness and COVID-19?

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Does the facility's policies or procedures include when to notify local/state public health officials if there are clusters of respiratory illness or cases of COVID-19 that are identified or suspected?

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Concerns must be corroborated as applicable including the review of pertinent policies/procedures, as necessary.

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**Does the facility have a facility-wide IPCP including standards, policies, and procedures that are current and based on national standards for undiagnosed respiratory illness and COVID-19? Yes No F880**

# Infection Surveillance



Do you have an infection surveillance plan?



How do you determine when this plan will be implemented?



How is infection surveillance information, including any trends or changes, communicated within the facility?



How are you communicating with collaborating providers, such as hospitals, regarding residents' symptoms and status?



Who will communicate infection information to local/state public health officials? Do these staff know what information to provide?



Who is responsible if the individual(s) designated above are off shift or out sick?

## Visitor Entry

- Do you have a policy on visitor screening and entry, including special circumstances under which a visitor will be permitted?
- How have you communicated screening and restriction procedures?
- How are permitted visitors screened and provided education on infection control?
- How do permitted visitors, including visiting healthcare workers, know about monitoring for symptoms and who to contact if symptoms develop?

**Did the facility perform appropriate screening, restriction, and education of visitors? Yes No F880**



# Education, Monitoring, and Screening Staff

Does staff have policy and procedure knowledge?

Are there signs for surveillance for signs/symptoms if appropriate?

Does staff know reporting procedures including reporting to the health department?

Do you have record of staff training on:

- COVID-19 symptoms, transmission, screening criteria, and work exclusions?
- Updates to COVID-19 guidance and the local situation?
- What to do if symptoms develop while working, including who to notify that they are leaving the floor?

How do you maintain records of staff screening?

Do you use supply optimization strategies as applicable for staff screening?

**Did the facility provide appropriate education, monitoring, and screening of staff? Yes No F880**

# Personal Protective Equipment (PPE)

- Know your inventory
  - ◇ [PPE resources](#)
- Know your burn rate
  - ◇ [Burn Rate Calculator](#)
- Communicate with staff and vendors
- Educate staff
- Reeducate staff
- Utilize available resources
  - ◇ [Strategies to Optimize PPE](#)



# CDC Guidelines

## Sequence for Putting on Personal Protective Equipment (PPE)

1. Gown
2. Mask or Respirator
3. Goggles or Face Shield
4. Gloves

- [CDC Guideline for Transport](#)
- [PPE Sequence](#)

# Emergency Preparedness

- Policy development: Does the facility have a policy and procedure for ensuring staffing to meet the needs of the residents when needed during an emergency, such as a COVID-19 outbreak?
- Policy implementation: In an emergency, did the facility implement its planned strategy for ensuring staffing to meet the needs of the residents? (N/A if a emergency staff was not needed)

**Did the facility develop and implement policies and procedures for staffing strategies during an emergency? Yes No E0024**



# Nursing Home Guidance

- Monitor and track
  - Signs and symptoms
    - ◇ [Screening guidelines](#)
  - Resident testing and isolation
  - Staff testing
    - ◇ Positive versus negative
    - ◇ Return to work eligible
    - ◇ Work other locations?

# May 11<sup>th</sup>, 2020: White House recommended to state governors to test all residents and staff in nursing homes across the country within the next two weeks

Per AHCA/NCAL:

- “Testing residents and staff in long term care is becoming an increasingly important issue on both the state and federal level. Providers will need to increase efforts to obtain access to testing, and document those efforts and any challenges for state and federal officials.”

# Testing Requirements

- Widespread diagnostic testing for COVID-19 is a critical component of a public pandemic response to support infection control and proper treatment.

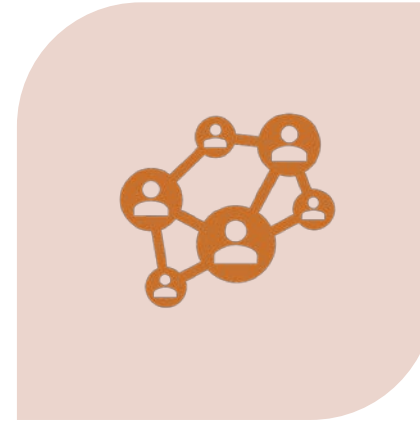
## Interim Final Rule: SNF QRP

- “We are revising the compliance date for the SNF QRP to October 1<sup>st</sup> of the year that is at least two full fiscal years after the end of the PHE”

# Final Thoughts



DON'T LOSE SIGHT OF THE WHOLE INFECTION CONTROL  
AND PREVENTION PICTURE



EFFECTIVE IPC PROGRAM CREATES A CULTURE OF  
SAFETY WHERE INFECTION CONTROL AND PREVENTION  
IS EVERYONE'S RESPONSIBILITY, AND EVERYONE  
UNDERSTANDS THE EXPECTATIONS AND THE ROLE THEY  
PLAY.

## Resources and References

- [CDC Infection Control Page](#)
- [Infection Control Guideline Library](#)
- [Health care preparedness checklist](#)
- [Strategies to optimize PPE supply](#)
- [eCFR](#)
- [Interim Final Rule](#)
- [NHSN](#)





## Resources continued

- [AHCA Guidance on limiting outbreaks in Long Term Care](#)
- [AHCA guidance on Nebulizer treatment](#)
- [CDC guidance for healthcare personnel to return to work](#)
- [Keep COVID-19 Out!](#)
- [Widespread Testing Guidance](#)



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