

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

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Commissioner



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Governor
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Lt. Governor

HEALTH CARE QUALITY AND SAFETY BRANCH

BLAST FAX 2019-4

TO: Chronic and Convalescent Nursing Homes
Rest Homes with Nursing Supervision

FROM: Donna Ortelle, Section Chief ^{DO}
Facility Licensing and Investigations Section

DATE: March 12, 2019

SUBJECT: Two training opportunities from the Centers for Medicare and Medicaid
(CMS)

Two trainings have been announced by CMS. There are two memos attached with information on how to access the training. Please note that the infection prevention and control for nursing home staff that will meet phase the three requirement for the new LTC requirements (November 28, 2019) for the infection preventionist (and there is no charge).

1. The Centers for Medicare & Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) collaborated on the development of a free on-line training course in infection prevention and control for nursing home staff in the long-term care setting. The training provides approximately 19 hours of continuing education credits as well as a certificate of completion. The "Nursing Home Infection Preventionist Training Course" is located on CDC's TRAIN website (https://www.train.org/cdctrain/training_plan/3814). This memo supersedes memo Quality, Safety & Oversight policy memorandum QSO 18-15-NH.



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2. Core Appendix Q and Subparts - Appendix Q to the State Operations Manual (SOM), which provides guidance for identifying immediate jeopardy, has been revised. The revision creates a Core Appendix Q that will be used by surveyors of all provider and supplier types in determining when to cite immediate jeopardy. CMS has drafted subparts to Appendix Q that focus on immediate jeopardy concerns occurring in nursing homes and clinical laboratories since those provider types have specific policies related to immediate jeopardy. Key Components of Immediate Jeopardy – To cite immediate jeopardy, surveyors determine that (1) noncompliance (2) caused or created a likelihood that serious injury, harm, impairment or death to one or more recipients would occur or recur; and (3) immediate action is necessary to prevent the occurrence or recurrence of serious injury, harm, impairment or death to one or more recipients. Immediate Jeopardy Template – A template has been developed to assist surveyors in documenting the information necessary to establish each of the key components of immediate jeopardy. Survey teams must use the immediate jeopardy template attached to Appendix Q to document evidence of each component of immediate jeopardy and use the template to convey information to the surveyed entity.



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

Ref: QSO-19-10-NH

DATE: March 11, 2019

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Specialized Infection Prevention and Control Training for Nursing Home Staff in the Long-Term Care Setting is Now Available

Memorandum Summary

- The Centers for Medicare & Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) collaborated on the development of a free on-line training course in infection prevention and control for nursing home staff in the long-term care setting.
- The training provides approximately 19 hours of continuing education credits as well as a certificate of completion.
- The "Nursing Home Infection Preventionist Training Course" is located on CDC's TRAIN website (https://www.train.org/cdctrain/training_plan/3814).
- **This memo supersedes memo Quality, Safety & Oversight policy memorandum QSO 18-15-NH.**

Background

Healthcare-associated infections can result in considerable harm or death for residents in long-term care facilities and increased costs for the healthcare system. Growing concerns over infection control issues in facilities led to the revised requirements for participation. These requirements were phased in over a 3-year period. The broader infection prevention and control program was effective November 28, 2016, and outlined the specific components of an effective infection prevention and control program (IPCP) including a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for residents and staff. By November 28, 2017, facilities were required to develop an antibiotic stewardship program to combat the growing concern of multi-drug resistant organisms. Effective November 28, 2019, the final requirement includes specialized training in infection prevention and control for the individual(s) responsible for the facility's IPCP.

Specialized Training for Infection Prevention and Control

CMS and the CDC collaborated on the development of a free on-line training course in infection prevention and control for nursing home staff. The course includes information about the core

activities of an infection prevention and control program, with a detailed explanation of recommended practices to prevent pathogen transmission and reduce healthcare-associated infections and antibiotic resistance in nursing homes. Additionally, this course provides helpful implementation resources (e.g., training tools, checklists, signs, and policy and procedure templates). The course is approximately 19 hours long and is made up of 23 modules and submodules. The modules can be completed at any time, in any order, and over multiple sessions, depending on the learner's schedule. In order to receive continuing education for the course and a certificate of completion, learners must complete all modules and pass a post-course exam. The "Nursing Home Infection Preventionist Training Course" is available on CDC's TRAIN website (https://www.train.org/cdctrain/training_plan/3814). Completion of this course will provide specialized training in infection prevention and control.

The content of the training covers the following topics:

- Infection prevention and control program overview,
- Infection preventionist responsibilities,
- Quality assessment and performance improvement integration,
- Infection surveillance,
- Outbreaks,
- Principles of standard precautions,
- Principles of transmission-based precautions,
- Hand hygiene,
- Injection safety,
- Respiratory hygiene and cough etiquette,
- Device (i.e., indwelling urinary and central venous catheters) and wound management,
- Point-of-care blood testing,
- Reprocessing reusable resident care equipment,
- Environmental cleaning,
- Water management program,
- Linen management,
- Preventing respiratory infections,
- Tuberculosis prevention,
- Occupational health considerations,
- Antibiotic stewardship, and
- Care transitions.

The content of this course is not regulatory and was developed to inform and educate nursing homes in infection prevention and control best practices, however it does not guarantee compliance with the requirements of infection control within current regulations.

Contact: If you have questions concerning this memorandum, please send them to DNH_TriageTeam@cms.hhs.gov with the subject line "Infection Control/QSO-19-10-NH."

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Effective Date: This information should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum.

/s/
Karen Tritz
Acting Director

cc: Survey and Certification Regional Office Management



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

Ref: QSO-19-09-ALL

DATE: March 5, 2019

TO: State Survey Agency Directors

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Revisions to Appendix Q, Guidance on Immediate Jeopardy

Memorandum Summary

- **Core Appendix Q and Subparts** - Appendix Q to the State Operations Manual (SOM), which provides guidance for identifying immediate jeopardy, has been revised. The revision creates a Core Appendix Q that will be used by surveyors of all provider and supplier types in determining when to cite immediate jeopardy. CMS has drafted subparts to Appendix Q that focus on immediate jeopardy concerns occurring in nursing homes and clinical laboratories since those provider types have specific policies related to immediate jeopardy.
- **Key Components of Immediate Jeopardy** – To cite immediate jeopardy, surveyors determine that (1) noncompliance (2) caused or created a likelihood that serious injury, harm, impairment or death to one or more recipients would occur or recur; and (3) immediate action is necessary to prevent the occurrence or recurrence of serious injury, harm, impairment or death to one or more recipients.
- **Immediate Jeopardy Template** – A template has been developed to assist surveyors in documenting the information necessary to establish each of the key components of immediate jeopardy. Survey teams must use the immediate jeopardy template attached to Appendix Q to document evidence of each component of immediate jeopardy and use the template to convey information to the surveyed entity.

Background

Immediate jeopardy is a situation in which a recipient of care has suffered or is likely to suffer serious injury, harm, impairment or death as a result of a provider's, supplier's, or laboratory's noncompliance with one or more health and safety requirements. Immediate jeopardy represents the most severe and egregious threat to the health and safety of recipients, as well as carries the most serious sanctions for providers, suppliers, and/or laboratories.

CMS provides guidance to surveyors for citing immediate jeopardy in Appendix Q of the SOM. The version of Appendix Q that is being replaced was drafted in 2004 and is being updated to clarify and increase consistency for identifying immediate jeopardy. These revisions apply to all provider and supplier types. The revisions also include subparts that are focus on specific concerns with nursing homes and clinical laboratories.

Application of Core Appendix Q

This revision creates a Core Appendix Q that will be used by surveyors of all provider and supplier types and laboratories including health, emergency preparedness, and life safety code surveys.

In order to cite immediate jeopardy, pursuant to Core Appendix Q guidelines, surveyors determine that (1) noncompliance (2) caused or created a likelihood that serious injury, harm, impairment or death to a recipient would occur or recur; and (3) immediate action is necessary to prevent the occurrence or recurrence of serious injury, harm, impairment or death to one or more recipients.

Key Changes in the Core Appendix Q

The Core Appendix Q contains a number of key changes from the previous version of Appendix Q. Those changes include:

- **Likelihood instead of potential** – The previous version of Appendix Q suggested that a potential for serious harm might constitute immediate jeopardy. Core Appendix Q makes it clear that in order to cite immediate jeopardy in situations where recipients have not already suffered serious injury, harm, impairment or death, the nature and/or extent of the identified noncompliance creates a likelihood (reasonable expectation) that such harm will occur if not corrected, not simply the potential for that level of harm to occur.
- **Culpability has been removed** – The previous version of Appendix Q made culpability a required component to cite immediate jeopardy. Because the regulatory definitions of immediate jeopardy do not require a finding of culpability, that requirement has been removed and has been replaced with the key component of noncompliance, since the definitions of immediate jeopardy require noncompliance to be the cause of the serious injury, harm, impairment or death, or the likelihood thereof.
- **Psychosocial harm** – Core Appendix Q includes a section instructing surveyors to consider whether noncompliance has caused or made likely serious mental or psychosocial harm to recipients. In situations where the psychosocial outcome to the recipient may be difficult to determine or incongruent with what would be expected, the guidance instructs surveyors to use the reasonable person concept to make that determination. The reasonable person approach considers how a reasonable person in the recipient's position would be impacted by the noncompliance (i.e. consider if a reasonable person in a similar situation could be expected to experience a serious psychosocial adverse outcome as a result of the same noncompliance).

- No automatic immediate jeopardy citations – Core Appendix Q makes it clear that each immediate jeopardy citation must be decided independently and there are no automatic immediate jeopardy citations.

Subparts to Core Appendix Q

CMS has drafted subparts to Appendix Q that focus on immediate jeopardy concerns occurring in nursing homes and clinical laboratories since there are specific policies related to immediate jeopardy for those provider types.

Immediate Jeopardy Template

CMS has established a notification process for surveyors to follow when immediate jeopardy is identified. This process ensures that providers, suppliers, or laboratories are notified as soon as possible of an immediate jeopardy finding. This process is intended to increase transparency, and improve timeliness and clarity of communication to providers, suppliers, and laboratories.

Training

Online basic training for Core Appendix Q is available on the Integrated Surveyor Training Website at the following link: <https://surveyortraining.cms.hhs.gov/>. This basic training is intended to provide Regional Office and State Survey Agency surveyors, management staff, and training coordinators, as well as providers, suppliers, and laboratories, and other stakeholders, with the ability to identify immediate jeopardy.

NOTE: This is a required training for RO and SA staff involved in immediate jeopardy determinations. All RO and SA surveyors, members of management, and training coordinators are expected to take this training as soon as practicable, but not later than March 22, 2019.

Point of Contact: For questions related to this information, please add in subject line “Immediate Jeopardy Inquiry” and send your email to: QSOG_GeneralInquiries@cms.hhs.gov.

Effective Date: Immediately. This policy should be communicated to all survey and certification staff, their managers and the State and Regional Office training coordinators within 30 days of this memorandum.

/s/

Karen Tritz
Acting Director

Attachment- Advanced Copy- Revised Appendix Q State Operations Manual

cc: Survey and Certification Regional Office Management

