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December 28, 2015

Mr. Andrew M. Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Room 445-G
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Re: CMS-3317–P: Medicare and Medicaid Programs; Revisions to Requirements for Discharge Planning for Hospitals, Critical Access Hospitals, and Home Health Agencies; Proposed Rule

Dear Mr. Slavitt:

The Association for Professionals in Infection Control and Epidemiology (APIC) wishes to thank the Centers for Medicare & Medicaid Services (CMS) for the opportunity to provide input into its proposed rule “Revisions to Discharge Planning Requirements for Hospitals, Critical Access Hospitals, and Home Health Agencies”. APIC is a nonprofit, multidisciplinary organization representing over 15,000 infection preventionists whose mission is to create a safer world through prevention of infection. We are pleased that CMS continues to demonstrate its commitment to improving the quality of patient care across the healthcare continuum. We applaud the agency for emphasizing person-centered care by establishing standardized processes that facilitate communication across the spectrum of healthcare to ensure patients are properly prepared for transitions of care.

APIC supports the provision of timely information regarding the patient’s medical diagnosis and assessment of the state of illness/disease/care elements when a patient is transferred to another care facility or discharged home under the care of a home health agency or medical provider. We appreciate the desire to standardize the information that is being provided during care transitions, especially between facilities, as this is often the time when critical and valuable information is lost, which can create complications and adverse events for patients. APIC supports the CMS proposal to require not only that a transfer and discharge be documented in the clinical record, but that specific information, such as history of present illness, reason for transfer, and past medical/surgical history, be exchanged with the receiving provider or facility when the patient is discharged or transferred. APIC recommends that in order to facilitate appropriate infection prevention and control interventions during a discharge or transition of care, the following information should also be included in communications provided to the receiving facility or provider at the time of the transition:



- multidrug-resistant organism status including specimen source;
- current transmission-based precautions status and reason for precautions;
- current antibiotic use, indication, dose, duration, route of administration and stop date;
- recent antibiotic use, indication and stop date;
- influenza and pneumococcal vaccination status; and
- presence of indwelling devices (e.g., urinary tract catheters).

These communications will provide valuable information to facilitate implementation of appropriate infection prevention and control interventions by receiving facilities or providers.

Comprehensive information-sharing when a patient is discharged or transferred to another location is important to assure continuity of care. Additionally, reduction in the possibility of cross-transmission opportunities would be enhanced with sharing communicable disease information that is easily found in the transfer records.

APIC applauds CMS for continuing to advance infection prevention and control and improve healthcare quality by emphasizing person-centered care and facilitating communication across care settings.

Sincerely,

A handwritten signature in black ink that reads "Mary Lou Manning". The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

Mary Lou Manning, PhD, CRNP, CIC, FAAN, FNAP
2015 APIC President