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November 25, 2014

Ms. Marilyn Tavenner
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-3819-P: Medicare and Medicaid Program: Conditions of Participation for Home Health Agencies, proposed rule

Dear Ms. Tavenner:

The Association for Professionals in Infection Control and Epidemiology (APIC) appreciates the opportunity to provide input to the Centers for Medicare & Medicaid Services (CMS) on its proposal to revise the Conditions of Participation (CoP) for Home Health Agencies (HHA) to include infection prevention and quality improvement conditions. APIC is a nonprofit, multidisciplinary organization whose mission is to create a safer world through prevention of infection. We support CMS's continuing commitment to improving the quality of patient care in all healthcare settings.

APIC applauds the proposed addition of an infection prevention and control condition to the HHA CoPs. We agree that a comprehensive infection prevention and control program for HHAs should include the proposed three standard approaches of 1) prevention, 2) control, and 3) education and will provide the most benefit to the HHAs in establishing and maintaining an effective infection prevention and control program.

As CMS notes in the proposed rule, healthcare-associated infections (HAI) are a significant patient safety issue. APIC would welcome the opportunity to work with HHA providers and leadership to adapt current HAI prevention best practices to home health settings and establish lines of communication with local public health departments. APIC would also look forward to assisting HHAs to meet the educational component of the condition by working with the agencies to adapt existing APIC infection prevention education programs to home health settings.

APIC also supports the proposed requirement for HHAs to focus on enhancing the quality care standards through the creation of a new Quality Assessment and Performance Improvement (QAPI) CoP that is consistent with QAPI programs for hospitals, end-stage renal disease facilities, and other healthcare settings.

We agree that the proposed QAPI CoP has the potential to help HHAs identify areas for improvement that would help ensure quality care and patient safety through proactive performance monitoring that is under the supervision of the HHA governing body.



We support the proposal that the HHA's governing body assume responsibility for the agency's QAPI program. Leadership commitment to patient safety is considered a crucial factor in the success and sustainability of quality programs.¹

Though we encourage the eventual development of more prescriptive guidelines for QAPI programs in HHAs, we appreciate that at this point HHAs should have the opportunity to implement, modify and evaluate existing evidence-based practices to develop programs that best fit the needs of their patients. In the future, national standards for QAPI programs will aid in the development of nationwide benchmarks.

APIC commends CMS for continuing to advance infection prevention and healthcare quality to incorporate all settings of care. We look forward to continuing to work with CMS, and to provide assistance to HHAs as they prepare to realize these new conditions.

Sincerely,

A handwritten signature in black ink that reads "Jennie L. Mayfield". The signature is written in a cursive, flowing style.

Jennie L. Mayfield, BSN, MPH, CIC
2014 APIC President

¹ Wachter, RM. Patient safety at ten: unmistakable progress, troubling gaps. *Health Affairs* 2010; 29(1): 165-173.