



INFECTION CONTROL AND CMS UPDATES

DPHHS OFFICE OF INSPECTOR GENERAL
CERTIFICATION BUREAU January 19, 2023



Agenda

Our Information

CMS Updates

Long Term Care Q & A

Critical Access Hospital (CAH) Q & A

OFFICE OF INSPECTOR GENERAL

CERTIFICATION BUREAU

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Appendix PP Updated 10/21/2022

CMS State Operations Manual (SOM) Appendix PP – Guidance to Surveyors for Long Term Care Facilities Table of Contents (Rev. 208, 10-21-22)

[SOM – Appendix PP \(cms.gov\)](https://www.cms.gov)

Record Retention – Self Screening

Q: How long do we need to keep self-screening records for?

A: Records are to be retained until the next Recertification survey.



Temporary Nurse Aide Waiver

Q: Are we still working to get the temporary nurse aide waiver in place? Facilities continue to struggle with bringing aides on board, this program works to let them do on the job training while they are attending a class for certification.

A: Waivers may be requested by individual facilities, or the State/County Agencies. Documentation will need to be submitted to show why a waiver is necessary. The Certification Bureau has not submitted a NATCEP Waiver.

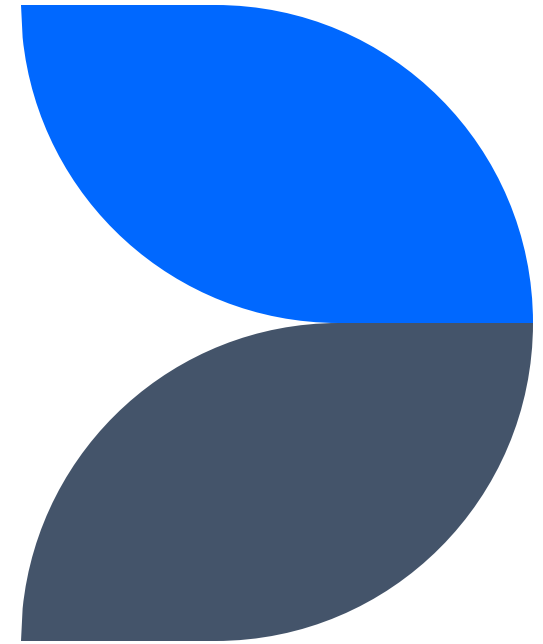
More information may be obtained at: [CMS Flexibilities to Fight COVID-19 NATCEP](#) Waivers may be requested at: [Form - CMS 1135 Form \(servicenowservices.com\)](#) [CMS 1135 Waiver / Flexibility Request and](#)



Abuse

Q: Noticed an increase in abuse deficiencies.

A: Trending on Abuse Deficiencies



What is QCOR

S&C QCOR is an online reporting system.

The goal of S&C QCOR is to provide timely data about providers and suppliers of Medicare and Medicaid services, such as hospitals and nursing homes.

The data is compiled and provided in tabular reports.



Provider Types

Q: Which providers and suppliers have data on QCOR?

Ambulatory Surgical Centers (ASCs)
CLIA Laboratories
Community Mental Health Centers (CMHCs)
Comprehensive Outpatient Rehab Facilities (CORFs)
Dialysis Facilities (ESRDs)
Federally Qualified Health Centers (FQHCs)
Home Health Agencies (HHAs)
Hospices
Hospitals
Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF)
Multi-Provider Reports
Nursing Homes (nursing facilities and skilled nursing facilities)
Organ Procurement Organizations (OPO)
Outpatient Physical Therapy/Speech Pathology (OPT)
Portable X-ray Suppliers
Psychiatric Residential Treatment Facilities (PRTFs)
Rural Health Clinics (RHCs)

QCOR Questions - Responses

Where should you direct questions/comments/concerns regarding the S&C QCOR website?

A: You may send your question, comment or concern to the following e-mail address: qcorhelp@innosoft.com.

If you prefer to call, you can reach the QCOR Help Desk at 1-888-673-7328 (1-888-6-QCORDAT). This contact information is also listed in the "Resources" section of the site.



Region VIII – Abuse

Region	Providers and Suppliers Cited for Abuse															
	F Tag 223 (Primary)		F Tag 224		F Tag 225		F Tag 226		F Tag 600 (Primary)		F Tag 601		F Tag 602		F Tag 603	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
(I) Boston	0	0.0	0	0.0	0	0.0	0	0.0	79	9.4	0	0.0	5	0.6	1	0.1
(II) New York	0	0.0	0	0.0	0	0.0	0	0.0	53	5.4	0	0.0	1	0.1	1	0.1
(III) Philadelphia	0	0.0	0	0.0	0	0.0	0	0.0	98	7.1	0	0.0	9	0.6	2	0.1
(IV) Atlanta	0	0.0	0	0.0	0	0.0	0	0.0	171	6.3	0	0.0	36	1.3	3	0.1
(V) Chicago	0	0.0	0	0.0	0	0.0	0	0.0	473	14.2	0	0.0	130	3.9	11	0.3
(VI) Dallas	0	0.0	0	0.0	0	0.0	0	0.0	114	5.5	0	0.0	15	0.7	8	0.4
(VII) Kansas City	0	0.0	0	0.0	0	0.0	0	0.0	75	5.1	0	0.0	19	1.3	0	0.0
(VIII) Denver	0	0.0	0	0.0	0	0.0	0	0.0	69	11.3	0	0.0	7	1.1	3	0.5
(IX) San Francisco	0	0.0	0	0.0	0	0.0	0	0.0	187	13.0	0	0.0	29	2.0	6	0.4
(X) Seattle	0	0.0	0	0.0	0	0.0	0	0.0	63	14.6	0	0.0	13	3.0	2	0.5
National Total	0	0.0	0	0.0	0	0.0	0	0.0	1,382	9.1	0	0.0	264	1.7	37	0.2

	F Tag 600 (Primary)		Total Surveys	Total Active Providers and Suppliers
	Number	Percent		
(I) Boston	93	5.6	1,665	
(II) New York	63	4.0	1,581	
(III) Philadelphia	123	4.9	2,519	
(IV) Atlanta	188	5.1	3,673	
(V) Chicago	489	6.4	7,577	
(VI) Dallas	92	3.5	2,632	
(VII) Kansas City	92	2.9	3,209	
(VIII) Denver	82	7.9	1,037	
Colorado	36	8.5	423	
Montana	25	14.0	179	
North Dakota	2	1.9	103	
South Dakota	4	3.3	121	
Utah	13	9.1	143	
Wyoming	2	2.9	68	
(IX) San Francisco	248	4.4	5,604	
(X) Seattle	78	7.0	1,108	
National Total	1,548	5.1	30,605	15,232

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Complaints

How do they affect your survey results



Region	F Tag 223 (Primary)		F Tag 224		Region		F Tag 600 (Primary)		Total Surveys
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
(I) Boston	0	0.0	0	0.0	(I) Boston	59	11.2	525	
(II) New York	0	0.0	0	0.0	(II) New York	52	14.2	366	
(III) Philadelphia	0	0.0	0	0.0	(III) Philadelphia	57	7.7	745	
(IV) Atlanta	0	0.0	0	0.0	(IV) Atlanta	136	13.1	1,034	
(V) Chicago	0	0.0	0	0.0	(V) Chicago	400	10.4	3,852	
(VI) Dallas	0	0.0	0	0.0	(VI) Dallas	60	6.8	880	
(VII) Kansas City	0	0.0	0	0.0	(VII) Kansas City	62	7.5	830	
(VIII) Denver	0	0.0	0	0.0	(VIII) Denver	33	16.5	200	
Colorado	0	0.0	0	0.0	Colorado	11	12.5	88	
Montana	0	0.0	0	0.0	Montana	16	43.2	37	
North Dakota	0	0.0	0	0.0	North Dakota	1	6.7	15	
South Dakota	0	0.0	0	0.0	South Dakota	1	5.0	20	
Utah	0	0.0	0	0.0	Utah	2	8.0	25	
Wyoming	0	0.0	0	0.0	Wyoming	2	13.3	15	
(IX) San Francisco	0	0.0	0	0.0					
(X) Seattle	0	0.0	0	0.0					
National Total	0	0.0	0	0.0					

	F Tag 605		F Tag 606		F Tag 607		F Tag 608		F Tag 609		F Tag 610		Total Surveys
Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	
0.4	0	0.0	0	0.0	29	5.5	3	0.6	50	9.5	27	5.1	525
1.9	0	0.0	0	0.0	3	0.8	5	1.4	79	21.6	51	13.9	366
1.1	1	0.1	1	0.1	30	4.0	2	0.3	53	7.1	43	5.8	745
0.6	0	0.0	1	0.1	39	3.8	0	0.0	108	10.4	59	5.7	1,034
0.5	1	0.03	3	0.1	146	3.8	10	0.3	417	10.8	313	8.1	3,852
0.2	1	0.1	3	0.3	28	3.2	1	0.1	85	9.7	50	5.7	880
1.0	1	0.1	5	0.6	27	3.3	0	0.0	92	11.1	53	6.4	830
1.0	0	0.0	1	0.5	1	0.5	2	1.0	10	5.0	20	10.0	200
2.3	0	0.0	0	0.0	0	0.0	0	0.0	4	4.6	4	4.6	88
0.0	0	0.0	0	0.0	1	2.7	1	2.7	3	8.1	14	37.8	37
0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	15
0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	5.0	1	5.0	20
0.0	0	0.0	1	4.0	0	0.0	1	4.0	2	8.0	1	4.0	25
0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	15
0.8	1	0.03	1	0.03	86	2.7	7	0.2	292	9.1	102	3.2	3,208
0.2	0	0.0	3	0.7	22	5.0	0	0.0	49	11.2	66	15.1	437
0.7	5	0.04	18	0.1	411	3.4	30	0.2	1,235	10.2	784	6.5	12,077

Complaint Impact – Abuse

- 2022 - There were 179 health surveys, 37 involved a complaint survey.
- F600 Abuse/Neglect cited 25 times, or 14%.
- *Of the 37 complaint surveys, F600 was cited at least 16 times, or 43.2%.*

Complaint surveys affect the number of deficiencies cited, and they typically have higher severity and scope.



Routine Staff Testing – No Outbreak

Q: What are the CMS requirements for testing staff when not in outbreak status. Is there a difference for vaccinated vs unvaccinated?

A: Routine screening testing of asymptomatic staff is no longer recommended but may be performed at the discretion of the facility.

Ref: QSO-20-38-NH **REVISED 09/23/2022**



Routine Testing

QSO-20-38-NH; 8/26/22, REVISED 09/23/2022

Q: Is there a difference for vaccinated vs unvaccinated?

CDC - Recommendations for Healthcare Personnel

A:

Table 1: Testing Summary

Testing Trigger	Staff	Residents
Symptomatic individual identified	Staff, regardless of vaccination status, with signs or symptoms must be tested.	Residents, regardless of vaccination status, with signs or symptoms must be tested.
Newly identified COVID-19 positive staff or resident in a facility that can identify close contacts	Test all staff, regardless of vaccination status, that had a higher-risk exposure with a COVID-19 positive individual.	Test all residents, regardless of vaccination status, that had close contact with a COVID-19 positive individual.
Newly identified COVID-19 positive staff or resident in a facility that is unable to identify close contacts	Test all staff, regardless of vaccination status, facility-wide or at a group level if staff are assigned to a specific location where the new case occurred (e.g., unit, floor, or other specific area(s) of the facility).	Test all residents, regardless of vaccination status, facility-wide or at a group level (e.g., unit, floor, or other specific area(s) of the facility).

Vaccinated vs Unvaccinated (Testing)

Q: Is there a difference for Vaccinated vs Unvaccinated for staff testing?

A: For LTC refer to QSO-20-38-NH - REVISED 09/23/2022

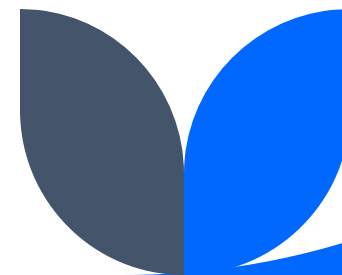
- Long-term care residents and staff with symptoms or signs of COVID-19 must be tested immediately, regardless of vaccination status, under [updated CMS guidance](#) for long-term care facilities.
- The guidelines, which were revised March 11, also call for resident and staff testing in cases of close contact or exposure to someone testing positive for COVID-19. Group testing also should occur if the positive case can't identify close contacts.
- Routine testing of staff members who are not up to date on their vaccinations are also recommended based on the "extent" of COVID-19 in a community.



QSO-20-38-NH-REVISED 09/23/2022

“Instruct facility staff, regardless of their vaccination status, to report any of the following criteria to occupational health or another point of contact designated by the facility so they can be properly managed:

- a positive viral test for SARS-CoV-2,
- symptoms of COVID-19, or
- a higher-risk exposure to someone with SARS-CoV-2 infection



Infection Preventionist - Turnover

Q: As a new IP, what happens if we don't have all the information from previous IP as there was a gap?

A: Review of the Policy/Procedures, Regulations, CDC Information

The Quality Assurance and Performance Improvement process is used to identify quality deficient practices, to determine the causes and severity, and develop plans to correct or improve the identified deficient practices.

Failure to have evidence of the infection control program activities may result in a deficiency.



F812 – Food Safety

Q: Dietary Surveillance

A: §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.

Effective food safety systems involves identifying hazards at specific points during food handling and preparation, and identifying how the hazards can be prevented, reduced or eliminated.

F812 – Food Safety

Refer to:

The Kitchen/Food Service
Observation Critical Element
Pathway; FORM

CMS–20055 (10/2022), which is
located on the CMS Website >

Survey Resources > LTC
Pathways:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes>

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Kitchen/Food Service Observation

Kitchen/Food Service Observation: Complete the initial brief kitchen tour upon arrival at the facility, with observations focused on practices that might indicate potential for foodborne illness. Make additional observations throughout the survey process in order to gather all information needed. Refer to the current FDA Food Code as needed.

Initial Brief Tour of the Kitchen: Review the first two CEs to ensure practices prevent foodborne illness.

- Potentially hazardous foods, such as beef, chicken, pork, etc., have not been left to thaw at room temperature.
- Food items in the refrigerator(s) are labeled or dated.
- Potentially hazardous foods such as uncooked meat, poultry, fish, and eggs are stored separately from other foods (e.g., meat is thawing so that juices are not dripping on other foods).
- Hand washing facilities with soap and water are separate from those used for food preparation.
- Staff are practicing appropriate hand hygiene and glove use when necessary during food preparation activities, such as between handling raw meat and other foods, to prevent cross-contamination.
- Cracked or unpasteurized eggs are not used in foods that are not fully cooked (per observation or interview).
- Food is prepared, cooked, or stored under appropriate temperatures and with safe food handling techniques.
- Staff are employing hygienic practices (e.g., not touching hair or face without hand washing) and then handling food.
- Facility staff are wearing hair restraints (e.g., hairnet, hat, and/or beard restraint) to prevent hair from contacting food, per current Food Code requirements.

1. During the initial brief tour, are foods stored and/or prepared under sanitary conditions? Yes No F812

2. During the initial brief tour, does the facility store, prepare, distribute, and serve food in a manner that prevents foodborne illness to the residents? Yes No F812

Follow Up Visits to the Kitchen: If staff are preparing food during the initial brief tour, proceed with observations. If not, answer the remaining items in future trips to the kitchen.

Page 1 of 7 2510 words Text Predictions: On [Focus] [Zoom] [Share] [Close] 100%

Vaccination Required for Admission

Q: Will a deficiency be cited if a LTCF requires the resident to be up to date with COVID-19 prior to admission?

A: *A resident has the right to choose their care/treatment*

F552 Informed Decisions

§483.10(c)(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers.

F620 §483.15(a) Admissions policy... The facility must—

(i) Not request or require residents or potential residents to waive their rights as set forth in this subpart and in applicable state, federal or local licensing or certification laws,



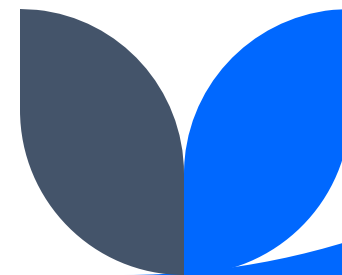
QSO-20-39-NH DATE: 9/17/20

REVISED 09/23/2022

Related to denial of admissions:

“We expect these situations to be extremely rare and only occur after the facility has been working with the health department to manage and prevent escalation of the outbreak.

We also expect that if the outbreak is severe enough to warrant pausing visitation, it would also warrant a pause on accepting new admissions (as long as there is adequate alternative access to care for hospital discharges).”
requirements



QSO-20-39-NH DATE: 9/17/20

REVISED 09/23/2022

“*CMS does not define a specific threshold for what constitutes a large outbreak, and this could vary based on facility size or structure.”



Disposable Trays/Utensils

Q: Can you provide guidance on using disposable trays/utensils, etc. while a resident is on precautions?

A: Appendix PP, State Operations Manual for long term care shows:

GUIDANCE §483.10(a)-(b)(1)&(2)

Examples of treating residents with dignity and respect include, but are not limited to:

- Promoting resident independence and dignity while dining, such as avoiding:



Disposable Trays/Utensils

Disposable dining trays/utensils/plates could be used on a temporary basis for all residents if there was an emergency situation, such as no potable water was available or if the dishwasher was not working properly to sanitize the dishes.

Residents in isolation should be served using the same trays/utensils/plates as the other residents. The facility needs to have and follow procedures for processing dishware from an isolation room.



Isolation Carts in Hallway

Q: Can you use a mobile isolation cart outside a resident room.

A: The size and type of cart does make a difference

- These units are for a temporary limited use on Covid (isolation) residents.
- The corridor shall be maintained at a minimum of six feet wide at all times where carts are present.
- The units need to be on one side of the hall/corridor.
- Any facility type that utilizes the carts need to update the facility Fire Safety Plan and show documentation of staff training, with signatures, on how they are to remove the carts to a designated holding area in the event of a fire alarm.



Isolation Carts

Infection Control Critical Element Pathway:

- Supplies necessary for adherence to proper PPE use (e.g., gloves, gowns, masks) are readily accessible in resident care areas (e.g., nursing units, therapy rooms).

Interview appropriate staff to determine if PPE supplies are readily available, accessible, and used by staff, and who they contact for replacement supplies.

- Are there sufficient PPE supplies available to follow infection prevention and control guidelines? In the event of PPE shortages, what procedures is the facility taking to address this issue?
- How do you obtain PPE supplies before providing care?
- Who do you contact for replacement supplies?

Legionella – Infection Control; F880

Q: Can you discuss the guidelines regarding Legionella and how this is addressed during the survey process?

A: Appendix PP, F880 Infection Control Prevention, includes Legionella information and expectations. Legionellosis is caused by Legionella bacteria.

Facilities must be able to demonstrate its measures to minimize the risk of Legionella and other opportunistic pathogens in building water systems such as by having a documented water management program. Water management must be based on nationally accepted standards, ... and include:

- *An assessment to identify where Legionella and other opportunistic waterborne pathogens (e.g., Pseudomonas, Acinetobacter) could grow and spread; and*
- *Measures to prevent the growth of opportunistic waterborne pathogens (also known as control measures), and how to monitor them.*

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes>



Legionella – Infection Control; F880

Water Management

Determine whether the facility has:

- Assessed (e.g., description of the building water systems using text and flow diagrams) where Legionella and other opportunistic waterborne pathogens can grow and spread
- Measures to prevent the growth of Legionella and other opportunistic waterborne pathogens
- Is the facility using nationally accepted standards; ASHRAE, CDC, U.S. Environmental Protection Agency or EPA
- Is there a way to monitor measures and interventions if a concern is identified
- Was there a case of legionellosis since the last recertification survey
- Interview the infection preventionist (IP) to determine whether the facility has had a case(s), and actions taken



Critical Access Hospital (CAH) Questions

1. How long do we need to keep self-screening records?

A: Previously Discussed

Critical Access Hospital (CAH) Questions

2. Dietary Info, surveillance (No specific question?)

A: C-1020

C-1040

C-1626

Critical Access Hospital (CAH) Questions

3. As a new IP, what happens if we don't have all the information from previous IP as there was a gap.

A: C-1235

Critical Access Hospital (CAH) Questions

4. What specifically needs to be reported from the CAH Infection preventionist?

A: QSO-21-03-Hospitals/CAHs Revised

Critical Access Hospital (CAH) Questions

Data Elements (See [Guidance for Hospital Reporting and FAO](#) for definitions)

All fields are required except as noted below (IDs 25, 28, 32, 33-38 are optional with 33 – 38 becoming mandatory on 11/4/20).

ID	Information Needed	Definition
Items 1 – 25 are to be reported daily (except psychiatric and rehabilitation hospitals who are to report these weekly)		
1.	Hospital information (in separate fields) a) Hospital name b) CCN c) OrgID (Optional) d) State e) County f) ZIP g) TeleTracking ID (Optional)	Provide the information about the hospital (in separate fields) <ul style="list-style-type: none"> • Name of hospital • Hospital CMS Certification Number (CCN) • NHSN OrgID (Optional) • State where the hospital is located • County where the hospital is located • ZIP where the hospital is located • The identifier assigned by TeleTracking (Optional)
2.	a) All hospital beds Subset: b) All adult hospital beds	Total number of all staffed inpatient and outpatient beds in your hospital, including all overflow, observation, and active surge/expansion beds used for inpatients and for outpatients (includes all ICU, ED, and observation). Total number of all staffed inpatient and outpatient adult beds in your hospital, including all overflow and active surge/expansion beds for inpatients and for outpatients (includes all ICU, ED, and observation).

Critical Access Hospital (CAH) Questions

5. What would Infection Preventionists be cited on if not completed or monitored during a CAH survey?

A: Infection Control CoP +

Critical Access Hospital (CAH) Questions

6.

A. How many dedicated hours are required of the coordinator, or IP.

B. What is considered “Qualifications” education hours, national memberships, or certifications.

Answer: Guidance Pending...

Critical Access Hospital (CAH) Questions

7. Lack of data from previous IP for the year. What can we do to limit the impact this may put on survey?

A: Previously discussed – (Question #3)

Limiting impact....

Critical Access Hospital (CAH) Questions

8. CAHs and mask requirements. What is the standpoint on masking from the surveyor aspect? What are you looking for when auditing this?

Critical Access Hospital (CAH) Questions

MONTANA DPHHS Department of Public Health and Human Services
Certification Bureau • PO Box 202953 • Helena, MT 59620 • (406) 444-2038 • Fax: (406) 444-3456 • www.dphhs.mt.gov

Greg Gianforte, Governor
Charlie Brereton, DPHHS Director

1/10/12/2022

To All Certified Health Care Providers:

RE: 9/23/2022 COVID19 CMS Memos QSO 20-23-NH & 20-39-NH Changes and CDC Changes of Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic

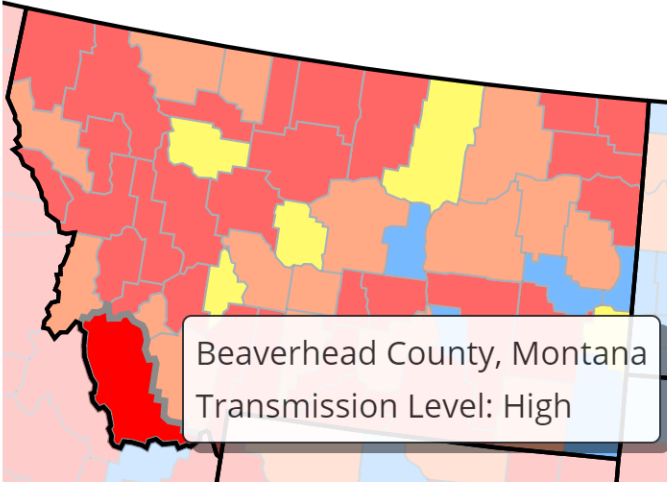
CMS and CDC have issued some updates to COVID19 protocol for health care facilities. The changes issued by CMS on 09/23/2022 for nursing homes in revisions to QSO-20-38-NH and QSO-20-39-NH address changes to masking and community transmission rates usage. Please see [Policy & Memos to States and Regions | CMS](#).

The Certification Bureau will use the following guidance while surveying facilities onsite:

1. The Bureau is aware of the updated guidance COVID19 of 09/23/2022 from CMS and CDC. As guidance and recommendations change, a facility should re-assess their current practices and modify their policies and procedures to better align with current guidance and/or recommendations. At this time, CMS has not provided the State Survey Agency with any guidance that would prohibit the implementation of the new CDC recommendations.
2. All provider types will be expected to have masking requirements when an outbreak is declared or if the community transmission rate is high. The community transmission rates can be found at [CDC COVID Data Tracker: County View](#). The Certification Bureau surveyors and managers will be reviewing the COVID-19 Integrated County View [daily](#) which is updated Monday – Friday by 8 pm EST. Each facility will be expected to review the Community Transmission for their county M-F excluding weekends and adjust masking as required.

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For example, on 10/12/2022 Beaverhead County has a high “Transmission Level.” The certified health facilities in this county will required masking for staff, residents/patients, and visitors.



Beaverhead County, Montana
Transmission Level: High

Sincerely,
Todd D. Boucher
Certification Bureau Chief
Office of Inspector General

Critical Access Hospital (CAH) Questions

9. Is there a “best practice” for length of use on oxygen tubing for pulmonary rehab patients? Most places I have talked to have a grandfathered in a way of doing this and it is to use the same nasal cannula oxygen tubing for the patient’s length of treatment (upwards of 6 weeks to 3+ months) and to store it in a plastic bag (no ventilation and perfect for incubating bacteria). I would be curious what the OIG would say about this.

A: Take it away Pam.....

Thank you for your questions and attendance!