

California Department of Public Health Center for Health Care Quality

*Skilled Nursing Facility Quality and Accountability
Supplemental Payment Program:
Infection Preventionist Requirement Methodology
Overview*

August 2021



Infection Preventionist Requirement Methodology Overview

Introduction

The California Department of Public Health (CDPH) requested Health Services Advisory Group, Inc. (HSAG) develop quality measures related to infection prevention that could be used as part of the California Skilled Nursing Facility (SNF) Quality and Accountability Supplement Payment (QASP) Program. CDPH and the California Department of Health Care Services (DHCS) are dedicated to protecting the health and safety of SNF residents and staff. In light of the Coronavirus Disease 2019 (COVID-19) Public Health Emergency, CDPH released All Facilities Letter (AFL) 20-84 in November 2020, informing facilities that CDPH updated their infection prevention recommendations and would be incorporating infection prevention and COVID-19 mitigation requirements into the QASP Program.¹ In particular, CDPH outlined expectations for each SNF to have a full-time infection preventionist (IP) as stated in AFL 20-52.² As a result, HSAG developed and tested an IP measure to be used as part of the SNF QASP Program.

Infection Preventionist Requirement Methodology

In May 2020, CDPH published AFL 20-52³ which advised SNFs of the requirement to submit a facility-specific COVID-19 SNF Mitigation Plan to expand their existing infection control policies, including having a full-time dedicated IP. CDPH also advised that it would inspect facilities at least every six to eight weeks to determine whether facilities were implementing their approved Mitigation Plans. These requirements are pursuant to California Code of Regulations section § 72523(c)(3)⁴, which requires that facilities establish and implement policies and procedures related to infection control, and California Health and Safety Code (HSC) 1255.9⁵, which requires that a SNF has a full-time, dedicated IP(s), effective January 1,

¹ CDPH. Infection Prevention Recommendations and Incorporation into the QASP Program. 2020. Available from: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-84.aspx>. Accessed on: July 16, 2021.

² CDPH. Coronavirus Disease 2019 (COVID-19) Mitigation Plan Implementation and Submission Requirements for Skilled Nursing Facilities (SNF) and Infection Control Guidance for Health Care Personnel (HCP). Available from: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-52.aspx>. Accessed on: July 16, 2021.

³ Ibid.

⁴ California State Legislature. California Code of Regulations § 72523 - Patient Care Policies and Procedures. Available from: <https://www.law.cornell.edu/regulations/california/22-CCR-Sec-72523>. Accessed on May 25, 2021.

⁵ California State Legislature. Assembly Bill No. 2644. 2020. Available from: https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB2644. Accessed on May 12, 2021.

2021.⁶ HSC 1255.9(a) specifies that this requirement can be achieved by either one full-time IP staff member or by two staff members sharing the IP responsibilities, as long as the total time dedicated to the IP role equals at least the time of one full-time staff member. Furthermore, the IP must be a registered nurse or licensed vocational nurse and cannot be included in the calculation of three and one-half hours of direct patient care per day provided to SNF residents. Additionally, HSC 1255.9(b) specifies that a plan must be in place for infection prevention quality control. CDPH provided the IP inspection data from the SNF Mitigation Plan inspections to HSAG. For each record in the IP inspection data, a facility’s status is either Compliant, Not Compliant, or N/A:

- Compliant indicates that the facility is compliant with all requirements in HSC 1255.9(a) and 1255.9(b).
- Not Compliant indicates that a facility is not compliant with at least one requirement.
- N/A indicates an extra survey record that has been removed to prevent double-reporting.

Since the IP data provides a dichotomous compliance status, HSAG developed measure specifications for a pass/fail IP measure. HSAG evaluated an “Always Compliant” approach to the specifications using IP inspection data on or after January 1, 2021 (i.e., the measurement period), as SNFs were required to comply with the IP requirements beginning January 1, 2021:

- **Always Compliant:** A facility receives a Pass on the IP measure if they were compliant for all IP inspections during the measurement period. A facility receives a Fail on the IP measure if they were non-compliant for any IP inspection during the measurement period. If a facility was not inspected by CDPH (i.e., the facility had missing inspection data) during the measurement period, the facility received a Not Applicable (NA) designation.⁷

Table 1 displays the proportion of SNFs in the SFY 2019–20 Annual Report that would have passed if the facility was always complaint with the IP requirements specifications.

Table 1—Proportion of Passing SNFs by IP Measure Approach

Approach	Number of SNFs	Percent of SNFs
Always Compliant	895	82.79%

⁶ CDPH. Assembly Bill (AB) 2644 – Skilled Nursing Facilities: Infection Preventionists and Communicable Disease Reporting. Available from: <https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-85.aspx>. Accessed on: Dec 1, 2020.

⁷ HSAG and CDPH will reassess the treatment of missing data in future measurement periods.

To understand how the addition of the IP measure would impact the QASP Program, HSAG recalculated the SFY 2019–20 Annual Report facility scores using the Always Compliant IP measure results. Additionally, HSAG evaluated how the proportion of SNFs in each incentive payment tier would change with the addition of the IP measure.

Since the IP measure is a unique pass/fail measure, the IP measure received its own measurement area, and facilities either receive full points for a Pass, zero points for a Fail, or NA for missing data using the Fixed Measurement Area approach:

- Fixed Half Measurement Area:** The IP measurement area is worth 5 points and the remaining measurement areas are worth a total of 10.55600 points. In the event a facility does not meet the minimum denominator for a quality measure, points are only redistributed across other quality measures, such that the IP measurement area cannot be worth more than 5 points. If a facility does not have SNF inspection data, the points for the Infection Preventionist Measurement Area are reallocated to the measurement areas for which the facility does meet the minimum denominator.

Table 2 illustrates the point distribution for the Fixed Half Measurement Area approach described above, along with a comparison to the QASP point allocation used for the SFY 2019–20 Annual Report.

Table 2—QASP Point Allocation Approaches

Measurement Area	Measure	Original SFY 2019–20 Annual Report Results	Fixed Half Measurement Area
Pressure Ulcers	Facility-Acquired Pressure Ulcer Incidence	11.11100	10.55600
Antipsychotic Medication	Receive an Antipsychotic Medication: Long Stay	11.11100	10.55600
Immunizations	Influenza Vaccination: Long Stay	5.55575	5.27700
	Pneumococcal Vaccination: Long Stay	5.55575	5.27700
Urinary Tract Infection	Urinary Tract Infection: Long Stay	11.11100	10.55600

Measurement Area	Measure	Original SFY 2019–20 Annual Report Results	Fixed Half Measurement Area
Loss of Bowel or Bladder Control (Long Stay)	Loss of Bowel or Bladder Control (Long Stay)	11.11100	10.55600
Self-Report Moderate to Severe Pain	Self-Report Pain: Short Stay	5.55575	5.27700
	Self-Report Pain: Long Stay	5.55575	5.27700
Activities of Daily Living	Activities of Daily Living: Long Stay	11.11100	10.55600
30-Day SNF Rehospitalization	30-Day SNF Rehospitalization	11.11100	10.55600
Staff Retention	Staff Retention	11.11100	10.55600
Infection Preventionist	Infection Preventionist	NA	5.00000
Total		100	100

Table 3 displays the proportion of SNFs in the SFY 2019–20 Annual Report that would fall into each incentive payment tier, using the original SFY 2019–20 Annual Report Results and the Fixed Half Measurement Area approach. Please note, facilities with missing inspection data are not accounted for in Table 3.

Table 3—Incentive Payment Tiers by QASP Point Allocation Approach

Approach	SNFs Ineligible for Incentive Payment	SNFs in Incentive Payment Tier 1	SNFS in Incentive Payment Tier 2	SNFS in Incentive Payment Tier 3
Original SFY 2019–20 Annual Report Results	419	225	154	114
IP Measure Added as Fixed Half Measurement Area	419	220	133	140

Annual Report Implementation

The CDPH SNF QASP SFY 2020–21 Annual Report measurement period (i.e., July 1, 2020–June 30, 2021) will include the Infection Preventionist Requirement using the Always Compliant and Fixed Half Measurement Area approaches.

CDPH indicated that the COVID-19 SNF Mitigation Surveys were discontinued in April 2021 and will be replaced by the resumption of the annual relicensing and recertification surveys. HSAG has not received relicensing and recertification data from CDPH in order to assess data completeness for QASP facilities or outcomes related to facility responses to the IP questions. Therefore, the Infection Preventionist Requirement will be reassessed for the SFY 2021–22 Annual Report measurement period at a later date.