

# HEALTHWEST

## Policy and Procedure

No. 10-010

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Effective: June 28, 2002  
Revised: February 28, 2018

Approved by:

Subject: Infection Control

  
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### I. POLICY

It is the policy of HealthWest to require Care and Service Providers to demonstrate practices which prevent or minimize the occurrences of infections in staff and persons receiving services.

### II. PURPOSE

The occurrence of infections is prevented and controlled.

### III. APPLICATION

All Care and Service Providers of HealthWest.

### IV. DEFINITIONS

- A. Prevention of Infection  
Use of mechanisms designed to reduce probability of an individual acquiring an infection.
- B. Control of Infection  
Use of activities designed to hinder the transmission of disease.
- C. Risk  
The probability of an event occurring.
- D. Surveillance of Infection  
Continuous scrutiny of all aspects of occurrence and transmission of infection/disease.

## V. PROCEDURE

A. Network Development Staff will assure contract language/Provider Manual includes Payor requirements for infection control.

B. Payor will monitor compliance as detailed below:

\*Note: HealthWest delegates to its accredited providers the responsibility for compliance and monitoring of non-accredited or licensed independent sub-contracted providers.

Provider	Requirements	Provider Evidence	Review Schedule	Monitoring Method
<b>Accredited Providers</b> (TJC, CARF, and COA only).	<p>Infection Control Process that includes:</p> <p>Identification.</p> <p>Prevention.</p> <p>Surveillance.</p> <p>Control of Infections.</p> <p>Staff training specific to infectious diseases and appropriate to treatment setting and population served.</p> <p>Policies/Procedures for:</p> <p>Staff health screening.</p> <p>Return to work.</p> <p>Food safety.</p> <p>Environmental issues.</p> <p>Infection Exposure Control Plan.</p> <p>Performance Improvement Activities.</p>	<p>Full Licensing Report from the Michigan Department of Health and Human Services.</p> <p>Full Accreditation Report.</p> <p>Plans of Correction.</p> <p>Performance Improvement strategies and results.</p> <p>Self-surveys.</p>	<p>Application/ Re-application.</p> <p>Quarterly Performance Indicators.</p> <p>Adverse incident.</p>	<p>Accreditation and license document review.</p> <p>Self-survey documents.</p>

Provider	Requirements	Provider Evidence	Review Schedule	Monitoring Method
<b>Non-Accredited Providers</b>	Same as above.	<p>Full license report from the Department of Health and Human Services.</p> <p>Plans of Correction.</p> <p>Self and external review.</p> <p>Training documents.</p> <p>CMH site/document review.</p>	Same as above.	<p>Document and site review.</p> <p>Plans of Correction.</p>
<b>Licensed Independent Practitioners</b>	Same as above.	Same as above.	See above.	See above.

C. Consequence(s) for Non-Compliance

Network/designated HealthWest staff will:

1. Notify of non-compliance and request plan of correction with specific timeframes.
2. Review plan of correction actions until compliant.
3. May withhold payment or terminate contract.

VI. REFERENCES

CARF: Behavioral Health Standards Manual  
MIOSHA/OSHA Standards  
Life Safety Code NFPA 101-1999  
Department of Health and Human Services Licensing Requirements  
Other HealthWest Policies/Procedures

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