

GAO Report Details Infection Control Failures During Pandemic and Makes Recommendations for Reform

On September 14, 2022, the U.S. Government Accountability Office (GAO) released a [report](#)¹ detailing the catastrophic failure of nursing homes to protect residents from COVID-19. The report focused on infection control failures and tied these failures to years of poor practices, by nursing homes and government agencies, in the years preceding the pandemic. Importantly, the GAO report addressed not only the devastation caused by the COVID-19 virus itself, but how many nursing home practices harmed residents' overall health. The report made several findings and recommendations to the Center for Medicare & Medicaid Services (CMS) to help protect residents from infections in the future.

What the report found:

- CMS's current infection control preventionist (ICP) standards are too vague and result in varying levels of expertise across the country.
- CMS is not collecting staffing data on infection control preventionists, which inhibits their ability to gauge whether ICP staffing levels are sufficient.
- CMS's ICP guidance to state survey agencies is inadequate.
- During 2020, data from nursing homes showed a worsening in seven of eight key indicators of nursing home resident mental and physical health.
- Stakeholders reported bans on visitation during the first year of the pandemic contributed to declines in resident health, as facilities had been relying on family members to provide care.
- Infection control violations persisted throughout the pandemic, many for basic practices such as handwashing.
- In the years 2018 and 2019, only 1% of infection control violations were classified at the highest severity.
- CMS's policy of allowing untrained workers to provide care in nursing homes contributed to poor infection control practices, according to numerous state officials.

What the report recommended:

- **CMS establish minimum infection preventionist training standards.** The GAO found that CMS' current training standards, which amounts to "specialized training in IPC" were vague and resulted in varying levels of expertise across the country.
- **Collect and use infection preventionist staffing data.** Currently CMS does not collect staffing data on infection control preventionists. The GAO recommended CMS begin to collect this data to ascertain whether current infection control preventionist staffing data is adequate.
- **Strengthen Infection Prevention and Control Guidance.** CMS should provide better guidance to state survey agencies on how to assess severity and scope of infection control violations. The report noted that CMS did update its guidance in June 2022, but that it was insufficient.

¹ <https://www.gao.gov/products/gao-22-105133>

What the Infection Preventionist Regulations Currently Require

Current infection control regulations require only a part-time infection control preventionist that has completed specialized training in infection prevention and control.² Despite updating guidance to state enforcement agencies in June 2022, as the GAO noted, these updates were inadequate. The GAO report notes that the updated guidance “does not clarify infection preventionists’ minimum training requirements, such as how many hours of training infection preventionists must complete.” The vagueness of the guidance leaves nursing home and states in a position where they may not know what training or certification programs are sufficient.

What Consumer Voice Recommends

In the years prior to the pandemic, infection prevention and control deficiencies were the most commonly cited deficiency. [82% of nursing homes](#)³ had a deficiency for infection control violations, with over half of those homes having persistent problems. In February 2022, President Biden [noted this grim statistic](#),⁴ when promising to strengthen the requirements for infection control preventionists.

An April 2022 [report](#) from the National Academies of Science, Engineering, and Medicine also noted that current infection control regulations were inadequate. The report called for requirements that infection preventionists be an RN, advanced RN, or a physician.⁵

In June 2022, Consumer Voice, in response to a Request for Information from CMS, echoed the NASEM report’s call for requiring infection control preventionists to be an RN, advance RN, or physician. Additionally, Consumer Voice called on CMS to follow the recommendations of the 2020 CMS Coronavirus Commission to increase training requirements for infection control preventionists and all staff on proper infection control and establish a full-time ratio of residents to infection control preventionists.

In addition, CMS must increase the severity of enforcement actions when infection control violations are found. When only 1% of infection control violations are subject to the highest severity, it sends a message to nursing homes that infection control is not a priority. CMS must adopt a new enforcement strategy to bring facilities into compliance and protect nursing home residents.

CMS Should:

- Require all infection preventionists to be an RN, advanced RN, or physician.
- Establish clear national training standards that all infection preventionists must meet.
- Increase penalties for infection control deficiencies.



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² 42 C.F.R. § 483.80(b)

³ <https://www.gao.gov/products/gao-20-576r>

⁴ <https://www.whitehouse.gov/briefing-room/statements-releases/2022/02/28/fact-sheet-protecting-seniors-and-people-with-disabilities-by-improving-safety-and-quality-of-care-in-the-nations-nursing-homes/>

⁵ <https://nap.nationalacademies.org/read/26526/chapter/12#510>