# Evaluating your ASC's Infection Prevention Program: Five Creative Strategies to Succeed!

Presented to

19th Annual Ambulatory Surgery Centers Conference

October 25, 2012

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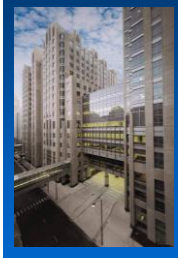
Northwestern Memorial Hospital

## Northwestern Memorial Hospital Chicago, Illinois



Feinberg and Galter pavilions

Prentice Women's Hospital

- 894-bed Academic Medical Center Hospital
- Primary Teaching Affiliate of Northwestern University Feinberg School of Medicine
- Strong Tradition of Community Service
- Major Employer in City of Chicago
- One of five Healthcare Institutions in the U.S. with a AA+ Bond Rating
- Affiliated with Northwestern Lake Forest Hospital, a community hospital serving northern Illinois, in February 2010

FY2012:

- 49,777 Inpatient Admissions
- 12,211 Deliveries
- 82,473 Emergency Department Visits
- 542, 647 Outpatient Registrations
- *7,000* Employees
- *1,687* Physicians on the Medical Staff

## Northwestern Memorial Hospital Chicago, Illinois

**"America's Best Hospitals"** Recognized as #12 hospital in U.S. by U.S. News & World Report

**Nursing Magnet Recognition** Achieved Magnet status initially in 2006 and recertified in 2010

**"Top Hospital"** Selected as a 2011 Top Hospital by the Leapfrog Group (and awarded patient safety grade "A" in 2012)

**National Quality Health Care Award** Sole recipient of the prestigious national quality award in 2005, presented by the National Committee for Quality Health Care.

**"Most Wired"** Named 10 times to *Hospital & Health Networks* magazine's list of the "100 Most Wired" hospitals and healthcare systems.

**"100 TOP Hospitals"** Recognized as one of the nation's "Top Hospitals" and an Everest Award winner by Thomson Reuters, an annual study that examines the overall performance of more than 3,000 hospitals nationwide

## Trinity Medical Center (Quad Cities) launched model ASC Consulting Partnership, 2010

3 campus, bi-state system, located in western IL/eastern IA, with 424 licensed beds.

Recently recognized as one of Thomson Reuters "100 Top Hospitals" for the second time.

The first bi-state hospital to earn Magnet™ status from the American Nursing Credentialing Center.

Front left to right: Lynn Ripple, Janet Franck, Patricia Herath, Pamela Hill Back: Kathryn Marhoefer, Marvis Hafner, Angel Mueller, Andrew Behan, Jay Watson (not pictured)

## Learner Objectives

- Identify resources to perform an assessment of your facility's current program and consider strategies to "jump start" an action plan to enhance your initiatives.
- Explain a timeline and opportunities to partner with an Infection Preventionist to form a collaborative relationship to advance compliance, reduce the risk of infection and advance your program planning.

## Overview

- Review the significance of HAIs in the ASC setting
- Highlight the implications of CMS and studies addressing risk
- Outline the challenges in developing expertise to advance program development
- Describe the Trinity model of partnering
- Outline the five steps to "jump start" your initiatives
- Share a timeline to ensure success!

## Background

- There are over 5,100 Medicare-certified ASCs in the U.S.
- Represents > 50% increase since 2001.
- In 2007 more then 6M surgeries were performed in these facilities and paid for by Medicare at a cost of nearly $3 B.
- In 2002, HAIs with onset in the hospital was estimated to account for approximately 1.7 million infections and 99,000 deaths in U.S. hospitals.


- Klevens RM, Edwards JR, Richards CL, et al. Estimating healthcare-associated infections and deaths in US hospitals. *Public Health Rep* 2007; 122:160-166.
- US Government Accountability Office. Healthcare-associated infections: HHS action needed to obtain nationally representative data on risk in ambulatory surgical centers [GAO-09-213, February 25, 2009
- A data book: healthcare spending and the Medicare program [June 2009]. Medicare Payment Advisory Commission.,


## CMS Conditions for Infection Prevention

- The program must include documentation that the ASC has considered, selected and implemented nationally recognized guidelines
- The infection control program
  - must be under the direction of a designated healthcare professional with training in infection control;
  - The infection control program must be integrated into the ASC's Quality Assessment and Performance Improvement Program (QAPI); and,
  - The ASC must identify HAIs through activities conducted in accordance with recognized infection control surveillance practices

## CMS Conditions for Infection Prevention

- Must maintain an Infection prevention program that seeks to minimize infections and communicable diseases
- Must provide a sanitary and functional environment (comply with professional standards)
- Must maintain an ongoing program designed to prevent, control and investigate infections and communicable diseases

## Assessment of IC Practices in ASCs*

- Of the 68 ASCs assessed, two-thirds (67.6%) had at least one lapse in infection control.
- Common lapses included:
  - using single-dose medication vials for more than one patient (28.1%),
  - failing to adhere to recommended practices regarding reprocessing of equipment (28.4%),
  - and lapses in handling of blood glucose monitoring equipment (46.3%).
- **Infection Contro l Practices In Ambulatory Surgery Centers* JAMA Vol. 303 No. 22, June 9, 2010 2010;303(22):2295-2297.

## Assessment of IC Practices in ASCs*

- More than half (57%) were ultimately cited for deficiencies
- 30% (29.4%) were cited for deficiencies related to medication administration, including use of single-dose medications for multiple patients. (This represents six times the deficiencies reported to CMS nationally the year before).
- Failure to adequately address and correct all citations could result in termination of the ASC's participation in the Medicare program.

*Infection Contro l Practices In Ambulatory Surgery Centers*, JAMA Vol. 303 No. 22, June 9, 2010 2010;303(22):2295-2297.

## What Is Being Done to Address These Findings?

- CMS is now requiring all states to use the infection control audit tool and case tracer method for ASC inspections.
- ASCs cited for deficient practices are required to correct them; ASCs that fail to correct serious deficiencies risk termination of their participation in Medicare.
- CMS and CDC have provided in-depth infection control training sessions
  - for surveyors
  - making CMS Regional Office physicians available to accompany surveyors on inspections
  - and arranging consultations with experienced personnel when questions arise.

## What Is Being Done to Address These Findings?

- CMS updated several ASC health and safety standards, effective May 2009.
- CMS committed to inspect one-third of all ASCs nationwide this year.
- To assist ASCs in their self-evaluation, CMS has made the ASC infection control audit tool available on-line.

## Key Issues of Concern

- Reuse of disposable single use items
- Preparing medication in an unsanitary environment
- Failing to clean hands
- Non compliance to use PPE (e.g. gown, gloves, masks)
- Not separating clean from soiled items
- Not cleaning equipment or devices between patients
- Contaminated injection practices

Thompson, ND, Perz JF. Non hospital HCA Hepatitis B & C: US, 1998-08. Annals of Int Med 2009;150:33-39

## "Uneventful" Events

- Meningitis due to contaminated epidural administrations
- Outbreaks of *Serratia marcescens* bloodstream infections at a pain clinic
- Infection associated with ultrasound guided prostate biopsies in urology clinic
- Hepatitis B and C transmission in over 33 out patient settings (clinics, hemodialysis and long term care facilities)
- *Burkholderia cepacia* bloodstream infections at an oncology clinic

## Identifying Your Risks


- Invasive procedures
- Equipment: use of clean and sterile instruments and devices
- Contact with the environment: patients, families and visitors
- Interaction with staff
- Medication administration
- Patient/family education

## Advancing Your ASC's Infection Prevention Program

- Challenges in developing IP expertise :
  - Limited resources and expertise
  - Difficult to recruit experienced IP
  - Costly to hire the full range of talent
  - Rapidly advancing requirements
- Opportunities to expand:
  - Invest in part time or FTE position
  - Consider enhancing development with consultant or partnership

## What are the benefits of partnering to advance program?

Benefits of collaboration:

- meet licensure and accreditation requirements,
- standardize protocols,
- expand educational opportunities, and
- enrich partnerships

Advantages to hiring a specialist in consulting role:

- Less costly than hiring inhouse
- Advance expertise rapidly with consultative resources and expertise

## What is collaboration?

- *"It is the long history of humankind (and animal kind, too) those who learned to collaborate and improvise most effectively have prevailed."* - Charles Darwin

## 5 Steps to "Jump Start" Your Success!

1. Assess your existing program
   - Engage your stakeholders
   - Compare to CDC and APIC Guidelines
   - Determine gaps
2. Identify potential partners to collaborate
3. Determine services needed, agreement and timeline
4. Launch services (e.g. over 3 months then quarterly visits)
5. Evaluate effectiveness

## TIMELINE

### WEEK 1. RESEARCH AGREEMENTS, SERVICES AND RESPONSIBILITIES

- Acute Care and ASC Administration, Legal, and Consultant agree on:
- Draft and approve contract and business associate agreement (HIPAA)
- Discuss and agree on services available.
- Create and agree on timeline to roll out services.
- Determine compensation and expenses for consultant, including temporary office space.
- Discuss availability of administrative assistant responsibilities for limited support.

**COMPLETE WITHIN THREE WEEKS**

## GETTING THE CONSULTANT STARTED: PREPARING TO LAUNCH SERVICES

- Choose regulatory guidelines as baseline, e.g. CMS audit tool (2010)
- Set up a schedule to perform facility visits and rounds.
- Choose regulatory guidelines, e.g. CMS and state regulations. Resource: CDC Guidelines for Outpatient Surgical
- Consider an impressive training workshop of competent speakers for all interested ASC attendees:
  - Secure CD and workbook.
  - Schedule dates, speakers, agenda and location.
    - Set up four hour (or two hour sessions) for 8 weeks, quarterly thereafter.
    - Provide resource information.
    - Discuss patient education needs.
    - Create and provide training certificate upon workshop completion.
- Identify a template Risk Assessment and Infection Prevention Plan

## Getting the Consultant Started

- Obtain a template of ASC policies (Bennett, 2009) for them to customize with their procedures.
- Create other value added services.
  - Create talking points for ASC staff when meeting with surveyors
  - Provide contact information for telephone consultation and emergency contact
  - Document Infection Prevention contact information to share as a resource or "hot line" for ASC.
  - Exchange emails and contact information with all leads for future networking
- Identify resources for facilities:
  - Available webinars
  - Links to educational resources
  - Newsletter links
  - Regular E-blasts

## WEEK 2. HAVE PROGRAM ASSESSMENT PERFORMED.

- Consultant sends out assessment questionnaire (e.g. CMS survey or CDC Guidelines) to identify immediate priorities, program gaps and long term planning needs.
- COMPLETE BY WEEK FOUR

## Week 3. Contract is reviewed

- Contract is submitted to facility
  - outline of services agreed
  - Include request for additional value added services at no cost
    - telephone consultation,
    - talking points with surveyors,
    - eblasts of helpful tips and strategies,
    - IP staff resource line,
    - available educational resources

## Week Four: Site visit, tour and Agreement Reached

- Consultant performs site visit for assessment and is toured through facility. Based on assessment, tour and brief discussion of documents needed (e.g. Risk Assessment, IP Plan, minutes, policies), agreement would be reached as to services needed.
- **Set up visits by fifth week and begin services prior to the sixth week**

## Week 5. consultant Launches Services

- **Schedule facility visits and rounds**. These visits would include a review of:
  - IP program documents (including minutes, IP Plan, Risk Assessment)
  - Template of IP policies will be provided to facility. (Facility will draft the policies and procedures.)
  - Rounds and documentation review reflecting survey requirements according to their accreditation guidelines.
  - Educational inservice scheduled for all staff
  - Training workshop/mentoring program for designated ASC's Infection Preventionist is planned

## Perform Staff Survey

- to provide feedback and clarify their concerns
  - Hand hygiene
  - EVS cleaning
  - Disinfection, sterilization
  - Skin prepping
  - Infectious diseases
  - MDROs
  - Reportable diseases

## Provide Inhouse Training For All Personnel

- Purpose: to reduce the risk of SSI and the risk of transmission.
- Process: training will also incorporate findings through discussion, rounds and survey responses.
- Content: presentation will include discussion, slides, DVD and/or lecture, or as recommended for optimum learning.

## Training Enrichment Workshops

- Objective: to enhance the competency of the designated ASC Infection Preventionist
- Process: Customize sessions at agreed location
- Recommendation: Coordinate Training by partnering ASC and acute care leaders (e.g. IP, SS, EVS, CS).
  - facility provides CD and workbook (Bennett, G. 2009) as part of service
  - schedule dates, speakers, agenda and location are all secured
  - set up two to four hour sessions for 8 weeks
  - provide training certificate upon completion **CEU if possible**
  - offer resource information
  - discuss patient education

Trinity Medical Center
*Enrichment Course for Ambulatory Surgical Center Liaisons*
October-November, 2011
Board Room / Trinity Rock Island
4:00-6:00 pm

- Process: over 8 weeks, 2 hour enrichment sessions scheduled
- Topics:
  - CMS and regulatory requirements
  - Introduction to Infection Prevention
  - Infection Prevention Plan, Risk Assessment
  - Policy template review
  - Epidemiology of Infectious Diseases
  - Hand Hygiene
  - Environmental cleanliness
  - Surveillance strategies
  - Employee Health
  - Cleaning/Disinfection/Sterilization

Source: APIC Text and Resources, 2011

## *Training Brochure: Objectives and Key Issues of Infection Prevention Training

- **After attending this training session, you will be able to:**

- Manage and provide oversight to an effective Infection Prevention Program.
- Perform an assessment of your facility's current strategies and create a customized action plan.
- Reduce the risk of infection and ensure better protection of your patients.
- Understand regulatory requirements and measures to comply.
- Better protect your facility's accreditation status and ability to meet CMS Conditions for coverage

**Include: Complimentary Telephone Consultations**

When? licensure surveys or with questions:

- policy interpretation
- outbreak investigation
- reportable diseases
- compliance issues.

## Key Infection Prevention Training Issues To Address:

- CMS and regulatory requirements
- Introduction to Infection Prevention
- Infection Prevention Plan, Risk Assessment
- Policy template review
- Epidemiology of Infectious Diseases
- Hand Hygiene
- Employee Health
- Infection surveillance and basic data collection
- Environmental cleanliness
- Cleaning, disinfection and sterilization

**Infection Prevention Competency Check list for Clinical Staff**

| | Information Presented | | Verbalizes Understanding | | Comments |
|---|---|---|---|---|---|
| | Yes | No | Yes | No | |
| **GENERAL**<br>Hand washing/hand hygiene | | | | | |
| **EMPLOYEE HEALTH**<br>Work restrictions<br>Reporting exposures<br>Immunizations<br>Tuberculin skin testing | | | | | |
| **PATIENT INFECTIONS**<br>Prevention<br>Recognition<br>Reporting | | | | | |
| **ISOLATION PRECAUTIONS**<br>Standard<br>Contact<br>Droplet<br>Airborne (if applicable) | | | | | |
| **PERSONAL PROTECTIVE EQUIPMENT**<br>Gloves<br>Gowns<br>Masks, face and eye protection | | | | | |
| **Patient Family Teaching**<br>Hand Hygiene, Respiratory Etiquette<br>PPE and barrier precautions<br>Educational tools: MDRO and educational pamphlets | | | | | |
| Are there any areas of instruction where you need further detail? | | | | Yes | No |
| If yes, please list: | | | | | |
| Employee _____ Date _____ | | | Instructor _____ Date _____ | | |

## Why Invest in a Consultant?

Advantages of partnership:

- Shared services would standardize protocols, improve education and expand resources for ASC.
- Develop long term, continuing partnership

Another option: Advantages of sending to training session

In addition to contractual partnership:

- Consultant rapidly advances program and policy development
- Opportunity for long term relationship exists
- Relationship is established in emergent situation

## Conclusion

Benefits of collaboration:

- meet licensure and accreditation requirements,
- standardize protocols,
- expand educational opportunities, and
- enrich partnerships

## Summary

- Reviewed the significance of HAIs in the ASC setting
- Highlighted the implications of CMS and studies addressing risk
- Outlined the challenges in developing expertise to advance program development
- Described the Trinity model of partnering
- Outlined the five steps to “jump start” your initiatives
- Shared a timeline to ensure success!

## References


- Medicare program: changes to the ambulatory surgical center payment system and CY 2009 payment rates: final rule [November 18, 2008]. *Federal Register*, vol 73, No. 223, p 68714.
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- Kirschke DL, Jones TF, Stratton CW, Barnett JA, Schaffner W. Outbreak of joint and soft-tissue infections associated with injections from a multiple-dose medication vial. *Clin Infect Dis*. 2003;36(11):1369-1373

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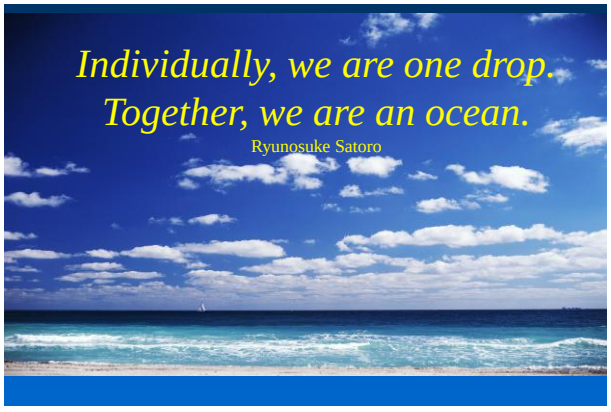
- 2007 Guideline for isolation precautions: preventing transmission of infectious agents in healthcare settings. Centers for Disease Control and Prevention.
- State operations manual (SOM) appendix L, ambulatory surgical centers (ASC) comprehensive revision. Centers for Medicare & Medicaid Services.


*Thank you!*

*Any questions?*

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