Infection Prevention in ASCs

What Does the Future Hold?

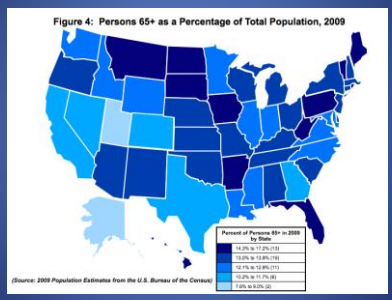
Marilyn Hanchett RN MA CPHQ CIC
Senior Director, Research and Clinical Innovation
APIC
Washington, DC

Our Goals for This Session:

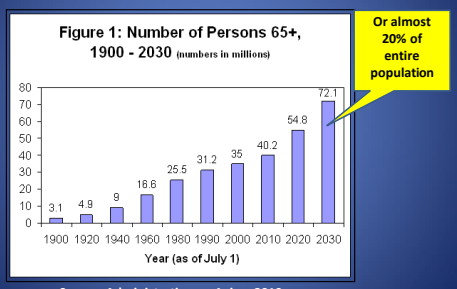
1. Identify the changing landscape of infection prevention within the ASC community, including implications for practice.
2. Discuss how the rapidly evolving regulatory framework surrounding ASCs impacts infection prevention
3. Review key clinical issues (current and emerging) for ASCs

Presenter has no disclosures

The Aging US Population



Future Changes in the United States



Source: Administration on Aging, 2010

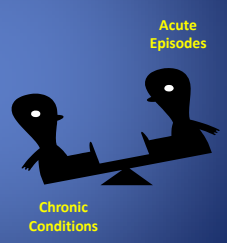
The Health Profile of Patients is Becoming More Complex

- In 2009, 41.6% of noninstitutionalized older persons assessed their heath as excellent or very good (compared to 64.5% for all persons aged 18-64 years).
- Most older persons have at least one chronic condition and many have multiple conditions.
- In 2006-2008, the most frequently occurring conditions among older persons were: hypertension (38%), diagnosed arthritis (50%), all types of heart disease (32%), any cancer (22%), diabetes (18%), and sinusitis (14%).

Challenges in Ambulatory Care Settings

A Few Examples . . .

- H & P will be critical
- Medication management (even more) complex
- Use of EMR
- Expanded range of services
- New, adaptive designs
- More involvement by informal caregivers



Future Implications for Ambulatory Service Providers

1. Aging as risk factor for exposure/risk of infection
2. Chronic illness as risk factor for infection/delayed recovery from infection
3. More complex risk stratification by age in surveillance data
4. New prevention strategies
5. Broader engagement with patients & caregivers in prevention/management of health

Can You Think of Others?

The New Regulatory Landscape: Focus on Ambulatory Outcomes

More focus on non-hospital settings, including public reporting in these settings
Increased requirements for outcome measurement
Reimbursement linked to outcome measures
Demand for prevention of harm
Intensified consumer advocacy

Consider: The requirement for IP will not be eliminated. But IP will not be a "stand alone" function. Instead, IP will be integrated into comprehensive system of safety & quality in order to meet regulatory requirements.

Recent, Significant Changes in the United States

- New Federal programs to focus, drive and measure HAI prevention and patient safety
- Unprecedented Federal investment in HAI prevention (ARRA)
- Major Federal investment in prevention research (AHRQ)
- First efforts to link CMS reimbursement with HAI outcomes (Inpatient CLABSI)

Regulatory Trends Are Reshaping Our Understanding of Quality

Responsible Reimbursement

+

Response to Care and Treatment

+

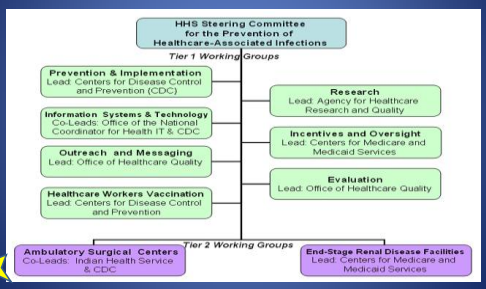
Prevention of Harm, Safe Care

=

New Definitions & Measures of Quality

HHS HAI Action Plan

Tiered Implementation Plan (2009)



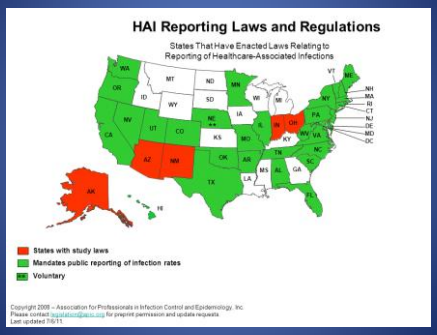
Trend to Watch: HHS Launches Partnership for Patients (2011)

- A study published in April, 2011 in the journal *Health Affairs* found that on average, 1 in 3 patients admitted into a hospital suffer a medical error or adverse event – nearly 10 times greater than previously believed.
- On any given day, about 1 in every 20 patients is affected by an infection related to hospital care.
- On average, 1 in 7 Medicare beneficiaries is harmed in the course of care, costing the government an estimated $4.4 billion every year.
- Nearly 1 in 5 Medicare patients discharged from the hospital is readmitted within 30 days – that's approximately 2.6 million seniors at a cost of over $26 billion every year.

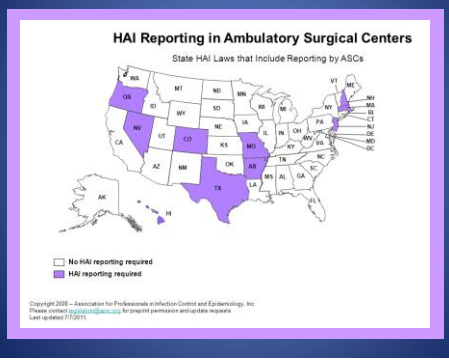
Goals of the Partnership

- ***Keep patients from getting injured or sicker.*** By the end of 2013, preventable hospital-acquired conditions would **decrease by 40%** compared to 2010. Achieving this goal would mean approximately 1.8 million fewer injuries to patients, with more than **60,000 lives saved** over the next three years.
- ***Help patients heal without complication.*** By the end of 2013, preventable complications during a transition from one care setting to another would be decreased so that all hospital readmissions would be **reduced by 20%** compared to 2010. Achieving this goal would mean more than **1.6 million patients** will recover from illness without suffering a preventable complication requiring re-hospitalization within 30 days of discharge.

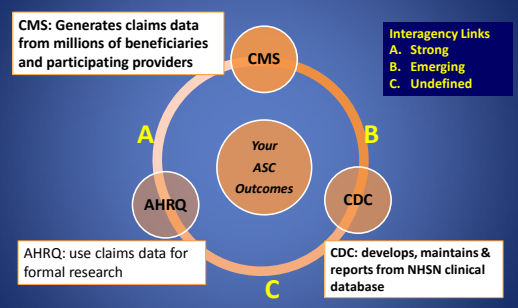
Public HAI Reporting Requirements Today



Public HAI Reporting in ASCS Today



Trend to Watch: What Data Will We/Should We Use to Measure Outcomes?



Claims data = Administrative Data

Trend to Watch: Data Validation

Accuracy of data without validation is unknown.
Validation will become a requirement for reimbursement.
Current manual methods will be replaced by electronic systems.

Remember: For organizations doing self validation studies, the person collecting the HAI data, CANNOT perform the validation.

Validation Methods: Remote, On Site, Electronic

Trend to Watch: HHS Use of Checklists

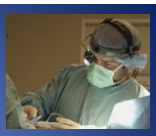
- Introduced nationally in 2009 for all Medicare certified ASCs (CMS)
- Outpatient checklist developed in 2011 (CDC)
- Dialysis checklist being field tested now (AHRQ)
- Hospital checklist in development (CMS, CDC)

Adapted from the transportation industry's safety models and rigorous procedures

A Few Points to Consider About Checklists

- A checklist is NOT a "bundle"
- Restrict content to activities supported by (strong) evidence – or not?
- Customize for your facility or use a standard tool?
- Include in the medical record or not?
- Obtain from an authoritative source or create your own?

The Limitation of the Checklist:



- The checklist is designed to measure process.
- Process measurement in essential in designing safe systems.
- The current ASC ICWS tool is an excellent example of process measurement.
- A checklist is NOT the best tool for measuring outcomes.

Surveillance and the Use of NHSN

Reflected in HHS HAI Action Plan ASC Module but are applicable to most/all ambulatory settings:

- What method of surveillance is best?
- How often (or comprehensive) should surveillance be?
- Which measures should be publically reported?
- Are CDC definitions a "good fit" for non-hospital use? Should we be using NHSN?
- What is the best way to conduct surveillance for implants?
- How can we become less dependent on manual systems?

Consumer Advocacy and the Regulatory Environment

- Consumer response to infection outbreaks
- Outbreaks often associated with injection practices but are not limited to them
- When/how should patients be notified for possible exposure?
- What should be the legal/criminal consequences of preventable infections?

Dr. Evelyn McKnight contracted Hepatitis C from a contaminated chemotherapy treatment in 2001. She is a co-founder of the advocacy group HONOReform. www.HONOReform.org

Clinical Issues and Trends to Watch

HHS HAI Action Plan, Midpoint Data Analysis
Progress Toward 5 Year Reduction Targets (Sept 2010)

	2013 Target	Current	Status
CLABSI NHSN CLIP	50% reduction 100% adherence	18% reduction 92% adherence	++ ++
CAUTI	25% reduction	*In Progress*	?
VAP	100% adherence with VAP bundle	*Not Measured*	?
SSI SCIP	25% reduction 95% adherence	5% reduction 92-99% adherence	- +++
MRSA	50% reduction	13.4% reduction	+
CDI	30% reduction from 8.8 baseline	8.9	-

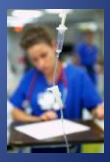
Trend to Watch: SCIP Measure Controversy

	FY 06 Rate (%)	FY 09 Rate (%)
1: Antibiotic 1 hr prior to incision	83	96
2. Appropriate antibiotic	N/A	98
3. Antibiotic discontinued	74	92
4. Glucose control (cardiac surgery)	N/A	92
6. Appropriate hair removal	N/A	99

If SCIP compliance is so high, why are SSI rates not improving more? Does the SCIP bundle need revision?

Trend to Watch: Shifting National HAI Priorities

- Emphasis on hospital CLABSI will shift toward a greater focus on CAUTI and SSI.
- More focus on SSIs will lead to intensified scrutiny of all settings when surgical procedures are performed.
- ASCs will have opportunity to influence measurement and outcomes reporting.



WHITE PAPER

Moving toward Elimination of Healthcare-Associated Infections: A Call to Action

Trend: Greater Collaboration Among Government and Private Sector Stakeholders

White Paper jointly published in ICHE and AJIC, 2010

Continuing Trend: Focus on MDROs

HHS HAI Action Plan Update (Sept 2010)

- MRSA: 26% of goal
- C Diff (CDI): 0% of goal (possibly increasing)
- Other MDROs not reported as part of the HAI Action Plan

Per the CDC: Healthcare associated invasive MRSA infections and MRSA bacteremia are decreasing. MRSA in the community is increasing (but is harder to measure)

MDROs: Looking Beyond the Hospital

Available at SHEA website: Antimicrobial Resistance Across the Continuum of Care: Winning the War One Battle at a Time CME/CE (video/slides, transcript)
Arjun Srinivasan, MD; Neil O. Fishman, MD; Edward J. Septimus, MD; Sara E. Cosgrove, MD

Arjun Srinivasan, MD, CDC

Russell Olmsted, MPH CIC, 2011 APIC President

Coming Soon from APIC: New Position Statement on Antibiotic Stewardship

What Do You Do About MRSA?

- Is MRSA part of the H&P?
- Do you screen for MRSA prior to admission?
- If MRSA+ (colonization) do require treatment prior to the procedure?
- If you treat, do you verify clearance?
- How do you respond to a MRSA SSI?

What is the best thing to do when "best practices" in the ASC are unclear?

Trend to Watch: Increasing Emphasis on the Environment (EVS)

- Tools, techniques and procedures for cleaning of both hard and soft surfaces
- Traditional methods vs. new technology
- New approaches to monitoring
- Monitoring contractor performance

AND . . .

- Equipment cleaning & disinfection
- Employee clothing/uniforms

How Certain Are You About Your Environmental Cleaning?

In a recent survey of 1800+ APIC members, only 8% reported that they were "very certain" that their facilities were being properly cleaned and disinfected to prevent HAIs.

Continuing Trend: Changing Emphasis in Hand Hygiene Compliance

Products & processes are/will be balanced by more emphasis on behavioral factors. Attitudes, perceptions and beliefs must be included in compliance initiatives.

Inservice education alone is insufficient to change behavior (sustainable change).

Organizational culture, active involvement of leaders, peer support & reinforcement are ALL required elements of a successful program.

Continuing Trend: Mandatory HCW Influenza Vaccination

How do you address common objections?

- I never get sick
- The flu shot gives you the flu
- I'm scared of needles
- I don't trust those vaccine manufacturers!
- Vaccines cause autism (or other health problem)
- You are invading my privacy; this is a personal choice
- And . . .

Some Suggestions for Addressing Clinical Issues and Trends for Infection Prevention . . . and Improving Your Regulatory and Accreditation Performance As Well!

Suggestion: Get More Benefit from Your Infection Prevention Risk Assessment

- Align content with your facility needs, procedures, type of patients etc. The more "generic" your tool, the less benefit to you.
- Explore known problem-prone areas in greater detail. Dive deep!
- If your risk assessment is not acting as a roadmap for better prevention, its time to revise it.
- Use the risk assessment in your communication and education activities. Its meant to be a "working" document – not a reference.

Suggestion: Find Out if Staff *Really* Understand Aseptic Technique

- You can assess the knowledge component via testing, but the skill portion requires observation and coaching.
- If you use a self assessment, most staff will give themselves a "satisfactory" rating.
- Much inservice education is based on an assumed understanding of basic aseptic practices that not all HCWs may have.
- A common theme in survey deficiencies

Consider the following examples . . .

These Are Examples, as Reported by CMS Surveyors:

- A used endoscope is placed in the handwashing sink to prevent it from contacting nearby supplies.
- The ASC diligently cleans all of the hard surfaces of their facility but has no idea when the privacy curtains were last changed.
- The tech notices wet spots on the sterilized packs but thinks the steam is "sterile" and the pack will dry out quickly.
- The assistant asks if it is OK to clean instruments on the back table.

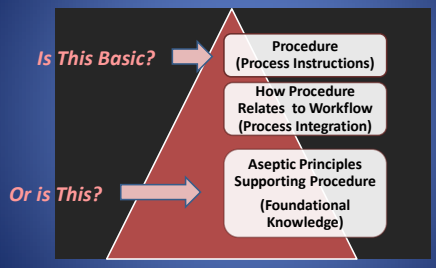
And More . . .

- The nurse keeps a sweater in her locker to wear because she often gets cold in the OR suite.
- The physician does not change his gown between endoscopy cases.
- One closet (or other small storage area) is used for clean and dirty items with no clear separation of anything.
- An employee wears multiple pairs of gloves to avoid handwashing between patients; says it "saves time"
- One luer tip syringe is used to administer IV drugs to numerous patients. Since there is no needle used, there is no risk.

Suggestion: Assess the Impact of Your Staff Education Methods

- If you are using the see one-do one-teach one method, how do you know the correct information is being shared? If you discover any discrepancies, what do you do?
- If you are using preceptors, how do you verify that they are consistent?
- How do you balance knowledge and skills based training? How often do you review?

Your Training Programs: What Do You Consider Basic?



APIC

Visit www.apic.org for details on 2012 courses, online programs and other education resources for ASC infection prevention