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Does Your Infection Prevention Program Meet Survey Requirements?

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Today's Objectives

- **Define an infection prevention program that is unique and specific to your ASC**
- **Identify that your infection prevention program is a clear and visible part of your QAPI program**
- **Understand delegated program responsibilities and reporting**
- **Avoidance of common infection prevention survey deficiencies**

Objective 1: Your unique infection prevention program

- **416.51 Infection Control**
  - **The ASC must maintain an infection control program that seeks to minimize infections and communicable diseases.**

Objective 1: Your unique infection prevention program

- **Make it your own through a formal Risk Assessment**
  - **Collaborative effort**
  - **Regularly reviewed and updated**
  - **Governing body review**
  - **Forms the basis for your written Infection Prevention Plan including goals and measureable objectives**

Make it your own

- **Identify risks for acquiring and transmitting infections based on:**
  - **Populations served (type/volumes)**
  - **Types of procedures, general and specialty services**
  - **Personnel numbers and types**
  - **Geographic location and size of facility**
  - **Area endemic infections and related risks**
  - **Analysis of surveillance activities and other infection control data**

Facility IP Risk Assessment

- **Collaborate to conduct risk assessment (seek interdisciplinary input):**
  - **Infection prevention personnel**
  - **Medical and nursing staff**
  - **Leadership**
  - **Others**

Facility IP Risk Assessment

Consider:

- **Population**
- **Geography, topography, weather**
- **Communications**
- **Employees**
- **Environment**
- **Construction**
- **Cleaning, disinfection, sterilization**

Facility IP Risk Assessment

- **Types of infections- surveillance data**
  - **Surgical site**
  - **Catheter-related UTI**
  - **IV site**
  - **Diarrheal diseases (*C. difficile*, others)**
  - **Post-procedure pneumonia**
  - **Respiratory diseases like flu, colds, etc.**
  - **Significant organisms- MRSA, VRE, ESBLs, others**

Facility IP Risk Assessment

- **Document and prioritize risks**
  - **Use a template**
  - **Determine what is the likelihood of this happening, high, med, low**
  - **What level of risk- death, perm injury, temp injury, none**
  - **Impact on care, treatment, services**
  - **How prepared are we to deal with it**

Facility IP Risk Assessment

- **Procedures offered**
- **Emergency management**
- **Education**

Sample Risk Assessment

Event	P'bility	Degree of Risk	Change	Prepared	Total
E'quake	2	3	1	3	9
HH Compl	3	2	1	1	7
SSI	1	1	2	2	6

Once you have scored each item and totaled the scores, you have an idea of what needs to be addressed first, second, etc. From this, you develop measurable goals and objectives.

Goals – make them measurable!

A goal is a broad statement indicating the change you want to make.

- Improve hand hygiene compliance.
- Initiate earthquake preparedness kit.
- Reduce the risk of SSIs.
- But these are not measurable as they stand.

Measureable Objectives

- **Specific, measurable results over a specific time period, specific method.**
- **Hand hygiene compliance will be 90% or better by the end of 2Q 2013 as measured by secret shoppers.**
- **An earthquake kit with sustainment supplies to last 20 people at least 3 days will be in place NLT April 1, 2013.**

Risk Assessment

- **You've identified:**
  - **Inadequate environmental cleaning**
  - **Abx administration not within 1 hour**
  - **Widespread unsafe injection practices**
- **Which would be your first priority?**
- **Why?**

Objective #2: "Marrying" IP and QAPI

- **416.51(b) …"ongoing program designed to prevent, control, and investigate .."**

- **416.51(b)(2) …"an integral part of the ASC's quality assessment and performance improvement program.."**

IP and QAPI

- **Infection control was the first, organized quality improvement effort in health care**
- **IP goals and objectives must mesh with the overall QAPI program**
- **Hand hygiene compliance**
- **SSI prevention**
- **Cleaning, disinfection, sterilization**
- **Safe injection practices**

Objective #3: Who's in charge?

- **416.51 Condition for Coverage – Infection Control: "The ASC's infection control program must be directed by a designated health care professional with training in infection control."**
- **ICSW Item #17 – "Does the ASC have a licensed health care professional qualified through training in IC and designated to direct the ASC's IC program?"**

Objective #3: Who's in charge?

- **NOTE re ICSW Item #17: "If the ASC cannot document it has designated a qualified professional with training in IC to direct its IC program, a deficiency must be cited. Lack of a designated professional responsible for IC should be considered .. for a Condition level deficiency related to 416.51."**

Objective #4: Survey deficiencies

Objective #4: Commonly-cited survey deficiencies

- **Written materials are needed, yet are absent, incomplete, or insufficient to meet the standards**
  - **Governing body formal meeting minutes**
  - **Policies & procedures**
  - **Required recordkeeping such as logs**
  - **Evidence of delegation of responsibilities**
  - **Evidence of compliance with policies**

Objective #4: Commonly-cited survey deficiencies

- **Cleaning, disinfection, and sterilization of instruments, equipment and supplies, environmental cleaning**
- **Follow AAMI (ST 79 and ST 40), CDC, AORN**
- **Beware of instrument manufacturers' instructions for process, post**
- **Adequate supplies- brushes, indicators, peel packs, pans, etc.**

Cleaning, Disinfection, Sterilization

- Thorough cleaning critical!
- Proper PPE
- Staff well-trained, understand process
- Adequate time for processing
- Unidirectional flow from dirty to clean
- Sterilizers have print-out to validate each load
- Spore tested weekly and with each implant, log

Cleaning, Disinfection, Sterilization

- For scopes, leak test, thoroughly brush all channels, rinse
- Fully submerge, no floaters, fill channels, lumens
- Use a timer- time starts when last item goes in
- Follow manufacturer label for time
- Rinse x3
- Rinse with alcohol, blow dry, hang

Immediate Use Sterilization

- Formerly “flash” sterilization
- May not substitute for adequate numbers of instruments
- Dropped, immediately needed items
- Monitor what is being IUS’d
- Unwrapped items may get contaminated
- Use proper wrappers or caskets for IUS, may be different

Objective #4: Commonly-cited survey deficiencies

- **Safe injection practices**
  - **Nationally recognized guidelines**
    - **Adopted by your organization's Governing Body as evidenced in formal meeting minutes**
    - **Most current version**
    - **Adherence**
    - **Education**
    - **Surveillance**

One and Only Campaign

- **One needle, one syringe, one patient, one time**
- **Several big outbreaks due to improper use of single dose vials, syringes and needles**
- **Single patient use vials are single patient use, unless drawn up under a certified pharmacy hood, no exceptions!**

Safe Injection Practices

- **Draw meds in med area, not OR or treatment room, at time of use**
- **Spike IV bags when ready to use, not before. Do not exceed 1 hour between spiking and administration**
- **Hand hygiene before prepping and giving meds, accessing IV ports**
- **MDVs: label when opened and discard in 28 days. Give med within 1 hour.**

Objective #4: Commonly-cited survey deficiencies

- **Procedures to minimize risk, including surveillance**
- **Use references- CDC Guidelines, AORN, etc.,**
- **Surveillance to identify deficiencies in processes (hand hygiene, safe injection practices, scope processing)**
- **Surveillance for outcomes (infections, falls, med errors, etc.)**

Surveillance

- **To compare infection rates, must use same definitions, same surveillance methods for an apples-to-apples comparison**
- **Cannot compare your data unless using NHSN definitions and methods**
- **Can't look at everything; select high-volume, high-risk, problem prone procedures to monitor**

Surveillance

- **National Healthcare Safety Network at CDC collects deidentified data on healthcare associated infections, by procedure or exposure to a risk device such as a ventilator, central line, Foley catheter. (nhsn.org)**
- **Patient Safety Manual has definitions and surveillance methods for HAIs**
- **Many states require data collection and submission through NHSN**

http://www.cdc.gov/nhsn/

Other Interventions

- **Based on evidence and science, not "we've always done it that way"**
- **Use CDC, AAMI, APIC, specialty literature to define best practices**
- **Don't reinvent the wheel- someone has already been where you are**
- **Be sure written policies are available and followed – do what you say, say what you do, in writing!**

Resources

- **Accreditation Association for Ambulatory Health Care**
  - **www.aaahc.org**
  - **info@aaahc.org for general questions**
- **Association for Professionals in Infection Control**
  - **www.apic.org**
- **Safe Injection Practices**
  - **www.oneandonlycampaign.org**

Resources (continued)

- **CMS State Operations Manual, Appendix L, Part I ASC Survey Protocol, and Part II General Conditions and Requirements**
  - **http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_l_ambulatory.pdf**
  - **May also be accessed through the AAAHC.org website**

Contact us

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Post presentation Q and A

- **Q: I am an endoscopy center. Should we be isolating and treating all patients with a diagnosis of diarrhea as potential c-diff and then cleaning with bleach wipes?**
- **A: In today's environment, it is prudent to clean any surface grossly contaminated with stool with bleach wipes or a freshly mixed 1:10 bleach solution. If the patient is known or suspected of having C. diff, then all post-procedure cleaning should end with bleach as above.**

Post presentation Q and A

- **Q: If meds are drawn up away from patients, how does one meet safety compliance with med passing using an EMR requiring scanning the patient and the med immediately prior to administration?**
- **A: Generally what I've seen is the med is removed from Pyxis or whatever storage container it's in. These doses are in bar code labeled syringes or blister packs which are taken to the patient's location and scanned along with the patient's bracelet, and administered. The principle behind not drawing meds at the bedside is that if they are all in a clean area with adequate supplies of sterile needles and syringes, there is less opportunity for someone to contaminate a vial by inserting a needle connected to a syringe that has already been in another patient.**

Post presentation Q and A

Q: A drug we frequently use has been on back order. We now have it but need to conserve our supply. Our anesthesia providers draw up doses at the bedside in the OR as needed out of a multidose vial. Your thoughts?

A: If the drug is manufacturer-labeled as a multidose vial and you wish to use it for multiple patients, it should be drawn up away from the "direct patient care area" and administered within one hour. Drawing up "at the bedside in the OR" is not compatible with nationally-recognized guidelines requiring drawing up "away from direct patient care areas." Once a multidose vial is accessed in a direct patient care area, it is considered as dedicated to that one patient only, and any unused medication that remains in that vial is disposed of in the appropriate manner. Visit www.oneandonlycampaign.org for many free resources including an Injection Safety Checklist, and FAQs regarding Safe Practices for Medical Injections.

Post presentation Q and A

Q: Where are states at in regards to making the certification of sterile processing technicians into law?

A: Each state is different and there are many state and national conversations occurring about mandated certification for sterile processing and other roles. It is an organization's responsibility to know of and to operate within applicable laws and regulations. Check with your state's department that has authority over health care licensing and certification. Additional state and local resources and information may be found by internet search for "professional association for sterile processing."

Post presentation Q and A

Q: Please show again the CMS guidelines web address.

A: The web address is shown within the presentation's slides, OR

Visit www.aaahc.org/en/accreditation/ascs/test-medicare-deemed-status-surveys-for-ascs/ for many pertinent and helpful documents including a link to the CMS ASC document, OR

Perform an internet search for CMS State Operations Manual Appendix L, OR

Visit www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_l_ambulatory.pdf