INFECTION CONTROL PLAN-
MAINTAINING COMPLIANCE WITH THE
INFECTION CONTROL AND PREVENTION
STANDARDS AND REGULATIONS: CMS CfC 416.51

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MAINTAINING COMPLIANCE WITH INFECTION CONTROL AND PREVENTION STANDARDS and REGULATIONS

OBJECTIVES

1. Complete ONE Team ACTIVITY! THIS WILL BE FUN!

2. Describe components of an Infection Control (IC) Plan.

3. Discuss responsibilities of an IC Nurse Preventionist (ICP).

4. Take home ONE new idea to your TEAM!
SESSION EXPECTATIONS

“What gets measured is improved”

Peter Drucker

--- SO....

Are you up for a challenge?>>>>>>>>>
MAINTAINING COMPLIANCE

OBJECTIVE ONE:

Team ACTIVITY!

LETS HAVE SOME INFECTION CONTROL FUN!
Infection Control TEAM CHALLENGE

1. Ready yourselves with pen and paper

2. Watch the three minute infection control –NOT! Video

3. List all IC breaches- on your own

4. **TIP!** One TYPE of IC non-compliant action counts as ONE event, even if you see the action more than once in the video

5. **HINT!** TOTAL # of INDIVIDUAL breaches = MORE than 12

6. THE MOST BREACHES WINS A FABULOUS PRIZE!
How Did YOU Do?

1. No hand hygiene
2. No gloves to start IV
3. Artificial nails
4. Coughing into hand
5. Mop/mop bucket in OR
6. Corrugated box in OR
7. OR team in cloth hats, exposed earrings & hair
8. OR team in unapproved garments
How Did YOU Do?

9. PPE – NOT worn correctly: strings hanging, mask not over nose) or at all-scrubbed, none to start IV, instrument decontamination, no eyewear, no gloves, no mask/shield, no apron/ gown

10. Scrub completes surgical scrub at sink with arms dangling down

11. Medication syringes spiked with more than one syringe and needle

12. Torn sterile back-table cover
How Did YOU Do?

13. Flashing an *entire* tray of instruments, exposed

14. ST takes contaminated tray from OR uncovered, still in “dirty” gown, not turned, washes in scrub sink

15. No closed container system or wrap — sterility compromised

16. Implant tray sterilized with NO BI

17. Instruments not washed using an approved detergent
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CMS CfC 416.51: **Infection Control** in 2 standards:

- **Sanitary environment (416.51 a)**

- **Infection control program (416.51 b)** - “The infection control and prevention program must include documentation that the ASC has considered, selected, and implemented nationally recognized infection control guidelines.” and...

  The IC program must be “under the direction of a designated and qualified professional who has training in infection control”.
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OBJECTIVE TWO:

Describe Components of an Infection Control (IC) Plan
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The IC Plan must contain the following:

1. A purpose statement identifying plan based on guidelines from leading authorities in IC
2. Identification of IC Plan role, responsibility, support, and oversight by organization management, GB (& MEC)
3. An authority statement – who is “in charge” of the IC Plan
4. Plan goals
5. Plan scope
6. Investigation and surveillance processes
7. Reporting processes
8. Identified risks and risk assessment processes
9. Identified strategies to mitigate risks
10. Education plan for ICP and staff (including MED /AHP staff)
MAINTAINING COMPLIANCE

1. A purpose statement identifying plan based on guidelines and best recommended practices from leading authorities in IC:

1. Centers for Disease Control and Prevention (CDC)
2. Assoc for Professionals in Infection Control and Epidemiology (APIC)
3. Society for Healthcare Epidemiology of America (SHEA)
4. Association of PeriOperative Registered Nurses (AORN)
5. Society of Gastroenterology Nurses and Associates, Inc. (SGNA)
6. Occupational Safety and Health Administration (OSHA)
7. National Institute for Occupational Safety and Health (NIOSH)
8. American Institute of Architects (AIA)
9. Assoc for the Advancement of Medical Instrumentation (AAMI)
10. Intl Assc of Healthcare Central Service Materiel Management (IAHCSMM)
11. Accreditation Agencies (TJC, AAAHC, AAAAF, AOA, etc.)
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1. AN EXAMPLE OF A PURPOSE STATEMENT

The purpose of the facility IC plan is to identify and reduce the risks of infections and implement strategies for prevention of infections through surveillance, intervention, and education, using nationally recognized infection control guidelines (see references).
2. The IC Plan must identify the organization’s role, responsibility, support, and oversight by management, MEC/GB.

• The IC plan must:
  – Be developed by center Leadership and clinical IC designee to be pertinent to your center’s setting
  – Be approved by MEC/GB
  – Have Leadership support, commitment, full participation:
    • In IC best practices,
    • With identification of expert resources,
    • With continuous improvement activities as IC plan foundation
3. The IC Plan must include an AUTHORITY statement

- The ASC medical leadership (Medical Executive Committee and/or Governing Body) must identify and approve a registered nurse to serve as the center Infection Control Nurse-Preventionist (ICP)

- The recognition and assignment of authority delegates the ICP to manage the center infection control plan and all related responsibilities

- Documentation of authority present in ICP personnel file.
Infection Control Professional Competency and Authority Statement

The infection control professional will be responsible to demonstrate competency through interest in the field, formal and informal training, and through appropriate experience required for the position as described in the job description. The infection control professional will be responsible to abide by the Infection Control Policies and Procedures and related infection control competencies of (FACILITY NAME).

____________________________________________

AUTHORITY STATEMENT – NAME OF INFECTION CONTROL NURSE

For:

(FACILITY NAME)

The Governing Body of (FACILITY NAME) and the Medical Director hereby delegates authority to the infection control professional to act on all matters regarding infection control; to carry out the functions of the Infection Control Program, and institute any appropriate control measures or studies when there is reasonably considerable danger to any patient or persons.

_________________________________    ____________________
Chair, Medical Executive Committee/ Medical Director/Chief of Medical Staff  Date

_________________________________    _____________________
Administrator / Nurse Manager  Date
4. The IC Plan must have identified goals that:

- Flow from overall philosophy, mission and vision of organization

- Allow flexibility—room to alter plan in response to unexpected disease processes or environmental issues

- Facilitate an ongoing review, at least annually, for necessary changes (influx, community changes, impact)

- Support communication to everyone in the organization responsible to participate in the plan

- Focus on strategies for reducing infection risks
MAINTAINING COMPLIANCE

5. The IC Plan must have a defined SCOPE (the “who”, the “what”, and the “how”) that:

- **WHO**: Identifies population to be served

- **WHO**: Identifies healthcare workers who will participate in the ASC’s IC Plan - physicians, staff, vendors, etc.

- **WHAT**: Identifies what indicators or metrics will be measured to identify patient safety opportunities for improvement - QAPI; (hand hygiene compliance, ABX admin timing, Influenza vaccine rates, surgical preps, tray tracking, sterilization processes, terminal cleaning, management of surgical attire, etc.)

- **HOW**: Identifies how the infection control services will be implemented for patients, staff, environment
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6. Investigation and Surveillance Processes:

• Ensure a consistent process to retrieve infection information:
  – Physician letters
  – Verbal communication with physicians
  – Patient care follow-up assessments

• Ensure a consistent process for infection surveillance:
  – Patient postop infection outcomes data analysis
  – Utilize surveillance methods that focus on significant infections and antimicrobial resistant pathogens:
    – What are you doing to reduce risks for MRSA, C-diff
  – Utilize a trending log- track quarterly, annually
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7. Reporting Processes:

• Infection data must be reported internally and externally

• INTERNALLY: Communicating reportable diseases and events to ASC quality committee, MEC/GB

• EXTERNALLY: Communicating reportable diseases to public health authorities (ENSURE POLICY IN PLACE!)

• EXTERNALLY: mandatory reporting requirements—NHSN!
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7. Reporting Processes: MANDATORY - NHSN!

National Healthcare Safety Network (NHSN)

Surveillance Reporting for Enrolled Facilities

Reporting & Surveillance Resources for Enrolled Facilities

- Acute Care Hospitals/ Facilities
- Ambulatory Surgery Centers
- Long-term Acute Care Facilities
- Outpatient Dialysis Facilities
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7. Reporting Processes: MANDATORY - NHSN!

Status Listing Lookup Tools

Home » ASC Program » Status Listing Lookup Tools

Note: The deadline for ASCs to submit online data through NHSN and QualityNet has been extended to September 30, 2015. To submit these data, ASCs must begin enrolling immediately in NHSN and QualityNet to meet all ASCQR Program requirements.

CCN Lookup Tool

Click here to find your facility’s CMS Certification Number (CCN) by entering your facility’s National Provider Identifier (NPI).

ASC-12 Dry Run

http://www.qualityreportingcenter.com/asc/asc-status-listing-lookup-tools/
## Influenza Vaccination Summary

Mandatory fields marked with *

Record the cumulative number of healthcare personnel (HCP) for each category below for the influenza season being tracked.

- **Facility**
- **Vaccination type**: influenza
- **Influenza subtype**: Seasonal
- **Flu Season**: 2014/2015

**Date Last Modified**: 01/28/2015

### HCP categories

<table>
<thead>
<tr>
<th>Employee HCP</th>
<th>Non-Employee HCP</th>
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<tbody>
<tr>
<td></td>
<td>HCP</td>
</tr>
<tr>
<td>Employees (staff on facility payroll)*</td>
<td>Licensed independent practitioners: Physicians, advanced practice nurses, &amp; physician assistants*</td>
</tr>
<tr>
<td>1. Number of HCP who worked at this healthcare facility for at least 1 day between October 1 and March 31</td>
<td>24</td>
</tr>
<tr>
<td>2. Number of HCP who received an influenza vaccine at this healthcare facility since influenza vaccine became available this season</td>
<td>9</td>
</tr>
<tr>
<td>3. Number of HCP who provided a written report or documentation of influenza vaccination outside this healthcare facility since influenza vaccine became available this season</td>
<td>0</td>
</tr>
<tr>
<td>4. Number of HCP who have a medical contraindication to the influenza vaccine</td>
<td>1</td>
</tr>
<tr>
<td>5. Number of HCP who declined to receive the influenza vaccine</td>
<td>14</td>
</tr>
<tr>
<td>6. Number of HCP with unknown vaccination status (or criteria not met for questions 2-5 above)</td>
<td>0</td>
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### Custom Fields

MAINTAINING COMPLIANCE

8. The IC Plan must address risks and risk assessment measures.

• Infection Control Risk Assessments (ICRA); identifying risks for acquiring and transmitting infections—see your survey standards)
  – Population served
  – Facility location
  – Community

• ICRA identifies external factors:
  – Community disease and infection prevalence
  – Community risks (conduct risk assessments)

• ICRA identifies internal factors:
  – Internal disease and infection prevalence
  – Internal risks (conduct risk assessments)
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8. The IC Plan must address risks and risk assessment measures (continued)

Questions to consider for IC risk assessment:

• What type of patients do we serve?
• What are the most common diagnoses and patient co-morbidities?
• What are most frequently performed surgical or invasive procedures?
• What type of patients increase liability and/or costs for the center?
• What type of health concerns exist in the community?
• Which patients are at increased risk for infection?
8. The IC Plan must address risks and risk assessment measures (continued)

• Once risks are identified:
  – Prioritize identified risks
  – Establish GOALS and OBJECTIVES for risk prevention, mitigation
  – Identify STRATEGIES to mitigate risks
  – Target resources to help with risk mitigation strategies
    • Agencies: CDC, OSHA, etc.
    • Professional organizations: APIC, AORN, AAMI, IAHCSMM, etc.
MAINTAINING COMPLIANCE

9. Implement Best-practice Strategies to Mitigate Risks:

• LOOK at what you DO-review patient processes of care- from preop phone calls through postop phone calls and follow-ups.

• LOOK at patient outcomes for IC and prevention best practices

• Implement processes to support internal, external infection control

• Implement appropriate precautions:
  – Standard, transmission-based, blood-borne

• Implement and maintain meaningful monitoring protocols- HH, instrument pre-cleaning, environmental cleaning, disinfection, sterilization

• Implement education plan – for med staff, employees, patients
9. Implement Best-practice Strategies to Mitigate Risks: (continued):

- Collaboration with Environment of Care-Safety Coordinator (OSHA training, sharps safety, employee safety risk assessments)

- Collaboration with Employee Health Nurse (Bloodborne Pathogens training, vaccination program, employee health awareness program)

- Seek and implement best-practice guidelines and regulation from state, federal, accreditation standards, professional practice guidelines
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9. Implement Best-practice Strategies to Mitigate Risks: (continued): POLICIES AND PROCEDURES IN PLACE:

- Hand-off coordination/preparation of IC between departments
- Health and safety education and training - all providers
- Immunization programs, provider health assessments
- Management of job related exposures (BBP-ECP)
- Work restrictions and regulations (BBP-ECP, OSHA)
- Patient education and training: health, wellness, and safety
- Patient assessment: current, past infections, transmissible conditions
9. Implement Best-practice Strategies to Mitigate Risks: (continued): POLICIES AND PROCEDURES IN PLACE>

- Hand hygiene
- Aseptic technique
- Gowning and gloving
- Scrub attire
- Draping
- Following manufacturer’s IFUs
- Traffic Patterns
- Environmental Conditions
MAINTAINING COMPLIANCE

9. Implement Best-practice Strategies to Mitigate Risks: (continued): POLICIES AND PROCEDURES IN PLACE>

- Biological Indicators, chemical indicators and failure protocols
- Operation Maintenance Cleaning of Sterilizers
- Pre-cleaning and prep of instruments, equipment
- Handling and processing of contaminated instruments, equipment
- Sterilization, high-level disinfection protocols, parameters
- Handling, storing, monitoring sterile supplies, trays/sets
  - Event-related, immediate-use
- Quality Control of Sterilization Program
MAINTAINING COMPLIANCE

10. Education Plan for ICP, Employees, Medical Staff, Contractors, Vendors, Guests, Patients:

1. ASC Infection Control Plan and program
2. Hand Hygiene
3. Instrument/equipment processing personnel – Certification!
4. Sterilization and High-level disinfection education
5. Infectious Waste Management – communication, education of appropriate biohazard waste disposal techniques
6. Personal Protective Equipment- OSHA ed and training mandates
7. Sharps Safety and Bloodborne Pathogens
8. Standard Precautions/Transmission-based Precautions
10. Sanitary Environment
MAINTAINING COMPLIANCE WITH INFECTION CONTROL AND PREVENTION STANDARDS

OBJECTIVE THREE:

Discuss Responsibilities of the Infection Control Nurse Preventionist (ICNP or ICP)
MAINTAINING COMPLIANCE

The ICP-primary role and responsibilities

1. Is approved by the Governing Body (GB)-Authority statement in ICP employee file

2. Maintains documentation of job description, competencies

3. Is responsible for the facility IC Plan

4. Provides education & training on IC plan, goals and objectives to medical staff, employees, vendors, patients

5. Maintains documentation of training, education and knowledge in infection control

6. Seeks guidance from leading authorities in IC for ongoing education, training, IC Plan management including updates

7. Completes and submits internal and external reports (mandatory reporting).
MAINTAINING COMPLIANCE

The ICP- primary role and responsibilities (continued)

8. Conducts an ongoing & annual evaluation of the IC Plan

9. Encourages and directs collaboration of medical staff, employees, vendors, guests, patients, regarding IC Plan activities

10. Conducts process of care and outcomes audits

11. Performs risk assessments

12. Completes, documents investigations & surveillance activities

13. Reports, documents plan and findings to facility leadership, quality committee, MEC/GB

14. Maintains IC education training and competence
The ICP connects with IC educational resources to maintain current knowledge and trends, from leading authorities such as:

APIC: www.apic.org
AORN: www.aorn.org
CDC: www.cdc.gov
OSHA: www.osha.gov
NIOSH: www.niosh.gov
SHEA: www.shea-online.org

SGNA: www.sgna.org
IAHCSMM: www.iahcsmm.com
AAMI: www.aami.org
AIA: www.aia.org
The Joint Commission: www.jointcommission.org

There are PLENTY MORE of web-based resources available to the ICP!
10. EDUCATION RESOURCES:

Becker’s Hospital Review - Original Producer/publisher of this content; http://www.beckershospitalreview.com/quality/endoscopes-and-mdros-how-to-avoid-an-outbreak.html
MAINTAINING COMPLIANCE

IC NURSE SHOULD MAINTAIN DOCUMENTATION OF TRAINING
(Example of Training LOG)

(FACILITY NAME) Infection Control Coordinator TRAINING RECORD

<table>
<thead>
<tr>
<th>Infection Control Nurse: _______________________________</th>
<th>YEAR: ___________</th>
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<tr>
<td>PROGRAM NAME</td>
<td>DATE</td>
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MAINTAINING COMPLIANCE

IC plan investigation and surveillance process

*Primary methods for obtaining infection information*

- Physician Infection surveillance reports:
  Keep records of mail outs and receipt>GOAL 100% returns

- Direct communication with physicians and patients
  - Postop phone calls
  - Patient satisfaction survey responses
MAINTAINING COMPLIANCE
Infection investigation and surveillance

SO YOU HAVE A REPORTED INFECTION – WHAT DO YOU DO?

THE A B C’s of completing an infection investigation-

A. OBTAIN THE MEDICAL RECORD-INVESTIGATE ALL AREAS

1. H & P

2. Labs

3. Patient assessments, interviews (preop phone call notes)

4. Pre-existing conditions/comorbidities, infection history

5. Socio-economics, patient level of understanding

6. Preop, intra-op, post-op records, op-note, follow-ups
MAINTAINING COMPLIANCE
Infection investigation & surveillance:

THE A B C’s of completing an infection investigation-

B. EXPLORE AND DOCUMENT PROCESSES OF CARE:

1. Procedure type, length, complexity, minimal invasive
2. Use of implants, external fixation
3. Tourniquet use
4. Room activity, flow, staffing- changes during case
5. Hand hygiene procedures
6. ABX admin protocols, hair removal
7. Skin prep protocols
8. Environmental cleaning
9. Instrumentation, equipment pre-cleaning
10. Sterilization and high-level disinfection records
MAINTAINING COMPLIANCE

Infection investigation & surveillance:

THE A B C’s of completing an infection investigation-

C. ASSESS FOR TRENDS, DOCUMENT ON REPORT AND LOG

1. Staff

2. Physician

3. Anesthesia

4. Room / environment

5. Type of procedure, length, complexity

6. GET CULTURE IF AT ALL POSSIBLE!- *add NOTE to PHYSICIAN IC REPORT TO OBTAIN CULTURES*
MAINTAINING COMPLIANCE

Report findings- to management, QC, MEC/GB:

1. Report findings, events, surveillance activities, strategies, and IC plan UPDATES to the quality committee at least quarterly, summarized annually

2. ALL reports to MEC/GB for recommendations, approvals

3. The ICP assists management with reports and minutes
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OBJECTIVE FOUR:

Take home ONE new infection control idea to your TEAM!
MAINTAINING COMPLIANCE WITH INFECTION CONTROL AND PREVENTION STANDARDS

INFECTION CONTROL IS EVERYONE’S RESPONSIBILITY!

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QUESTIONS?
RESOURCES>>>>>>>
MAINTAINING COMPLIANCE WITH INFECTION CONTROL AND PREVENTION STANDARDS

RESOURCES
MAINTAINING COMPLIANCE

Top Infection Control Focus Areas:

1. Hand Hygiene / Personal Protective Equipment (PPE)
2. Safe Injection practices
3. (A.) Single-Use Devices, (B.) Sterilization, and (C.) High Level Disinfection
4. Environmental Cleaning – Sanitary Workplace
5. Point of Care Devices

HINT! This is STRAIGHT OFF THE CMS IC WORKSHEET! SURVEYORS WILL USE THIS DURING SURVEY!
MAINTAINING COMPLIANCE

Surveyors will look at the types of IC training for the ICP
Acceptable training topics include but are not limited to:
1. Elements of the IC Plan
2. Role of the ICP
3. Infection Risk Factors (SSI, Patient, Environment, HCW’s)
4. Hand hygiene compliance
5. Implementing and maintaining a sanitary work environment
6. Best practices w/ sterilization processes, including flashing
7. Cleaning and disinfection
8. Aseptic technique best practices
9. Employee Health
10. Infection Control Patient Screening and Assessment
CMS IC Worksheet 2015:
Also see on ASCA website to download the current worksheet at:
http://www.ascassociation.org/viewdocument/?DocumentKey=ae5c22ac-c283-4a36-b548-06ce81f200a0
MAINTAINING COMPLIANCE - RESOURCES


• Quality Reporting center at www.qualityreportingcenter.com
MAINTAINING COMPLIANCE-RESOURCES

• CDC’s National Health and Safety Network (NHSN) website for 5 step enrollment:
  www.cdc.gov/nhsn/ambulatory-surgery/enroll.html
  “NSHN facility administrator enrollment guide”

• Need to complete the 5 step SET-UP
  http://www.cdc.gov/nhsn/ambulatory-surgery/setup.html BEFORE reporting

• Reporting data to CDC’s NHSN requires user authorization through Secure Access Management Services (SAMS) for access to NHSN:
  https://sams.cdc.gov