


Infection Control in ASCs: Best Practices and Current Ideas


Cassandra T. Speier
Senior Vice President-Operations



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Infection Control in ASCs

- You are an ASC administrator
 - you have 100+ key priorities, **and**
 - in 2011 your infection control practices should be at the top of your 'To Do' list.



Infection Control in ASCs

- Key elements of an organization with a functioning and effective infection control plan:
 - Provides health care services while adhering to safe practices for patients, staff and all others.
 - Maintains ongoing programs designed to:
 - Prevent and control infections/communicable diseases
 - Provides a safe and sanitary environment of care
 - Maintains an **active and ongoing** infection control and prevention program evidenced by certain key characteristics.

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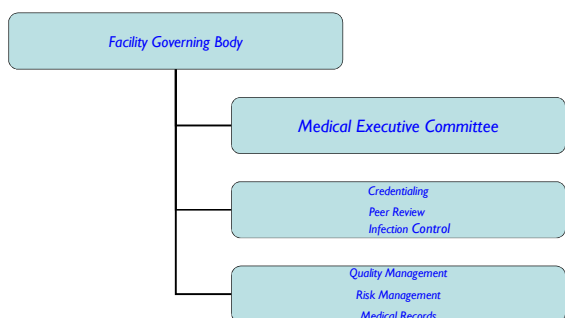
- The organization must establish a program for identifying and preventing infections, maintaining a sanitary environment, and a process for reporting the results to appropriate authorities.
- The program should be developed through a systematic, coordinated and continuous approach
 - Systematic = Organized
 - Coordinated = Working together
 - Continuous = Ongoing



Infection Control in ASCs

- The infection control and prevention program should include:
 - Documentation that the organization has considered, selected and implemented [nationally-recognized infection control guidelines](#).
The program is:
 - Approved by the governing body
 - Integral part of the organization's quality improvement program
 - Under the direction of a designated and qualified health care professional who has training and current competence in infection control and is approved by Governing Body
 - Implemented with an action plan to:
 - Prevent, identify, minimize and manage infections and communicable diseases
 - Immediately implement corrective and preventative measures that result in improvements

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- The infection control and prevention program reduces the risk of health care-acquired infections ('HAI') as evidenced by education and active surveillance, consistent with:
 - WHO, CDC, AORN or other nationally-recognized guidelines for hand hygiene
 - CDC or other nationally-recognized guidelines for safe injection practices
 - Precautions to minimize communicable disease exposure to patients, health care staff and all others

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- The organization provides a functional and sanitary environment for the provision of services.
- The organization adheres to:
 - Professionally accepted standards of practice
 - Manufacturer's recommendations
 - State and federal guidelines, related to the cleaning, disinfection and sterilization of instruments, equipment, supplies and implants.

Infection Control in ASCs

- A sharps injury prevention program must be present and will include:
 - Documentation of employee orientation and annual staff education
 - Disposal of intact needles and syringes into appropriate sharps containers, in accordance with state/federal guidelines
 - Placement of sharps containers in appropriate care areas and secured from tampering
 - Replacement of sharps containers when the fill line is reached
 - Handling and disposal of filled sharps containers in accordance with applicable regulations



Infection Control in ASCs

- The organization is a safe environment for treating patients, including adequate safeguards to protect the patient from cross-contamination, is assured through the provision of adequate space, equipment, supplies and personnel.
- Procedures must be available to minimize the sources and transmission of infections, including adequate surveillance techniques.



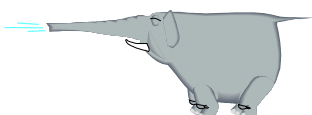
Infection Control in ASCs

- The organization should have a process in place for the monitoring and documentation of the cleaning, high-level disinfection and sterilization of medical equipment, accessories, instruments and implants.
- The organization should have a process for assessing that sterile packs of equipment and instruments are within current dates.

Infection Control in ASCs

- The organization has a policy and process for the isolation or immediate transfer of patients with a communicable disease.

a-a-a-hoo!



Infection Control in ASCs

- The organization's written policies address cleaning of patient treatment and care areas, which, at minimum, address:
 - Cleaning before use
 - Cleaning between patients
 - Terminal cleaning at the end of the day



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Infection Control - Safety

- Elements of a safety program address the organization's environment of care and the safety of patient's, staff and others. The program must meet or exceed local, state or federal safety requirements.

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Infection Control - Safety

- A quality organization adheres to safe practices for patients, staff and others as evidenced by the following characteristics
 - Processes for the management of identified hazards, potential threats, near misses and other safety concerns.
 - An awareness of, and a process for, the reporting of known adverse incidents to appropriate state and federal agencies when required by law.
 - Processes to reduce and avoid medication errors.
 - Policies regarding food and drink.
 - Policies addressing manufacturer or regulatory agency results related to medications, medical equipment and devices, and food products.
 - Prevention of falls/physical injuries involving patients, staff and all others.

Infection Control - Safety

- A person or committee is designated by the governing body who is responsible for the organization's safety program.
- Medical staff members, employees and others abide by the program, and receive education/training related to:
 - Infection control & prevention program
 - Safety program



Infection Control - Safety

- Unique patient identifiers are used consistently throughout care.
- Written policies regarding procedures and treatments that are offered to patients, which include criteria for patient selection, the need for anesthesia support, and post-procedural care.



Infection Control - Safety

- Comprehensive written emergency and disaster preparedness plan to address internal and external emergencies.
 - The plan must include a provision for the safe evacuation of individuals during an emergency, especially individuals who are at a greater risk.



Infection Control - Safety

- Measures are implemented to prevent skin and tissue injury from chemicals, cleaning solutions and other hazardous exposure.
- Patients are educated about prescribed medical devices and associated protocols and guidelines. Patient competence with each device is verified before independent use.

Infection Control - Safety

- Reprocessing of single use devices:
 - Comply with FDA guidelines and the devices must have been cleaned under the FDA 510(k) process
 - Policies must clearly dictate the cleaning and handling of these devices in-house before sending them out for reprocessing
 - A written log must be maintained on all reprocessed devices

Infection Control - Safety

- The organization has a policy and process that addresses the recall of drugs & vaccines, blood & blood products, medical devices, equipment & supplies, and food products.
 - Sources of recall information (FDA, CDC, manufacturers, & other local, state, or federal sources)
 - Methods of notification of staff that need to know
 - Methods to determine if a recalled product is present in the facility or has been given or administered to patients
 - Documentation of response to recalled products
 - Disposition or return of recalled items
 - Patient notification, as appropriate



Safety Program in ASCs

- Products, including medications, reagents and solutions, that carry an expiration date are monitored. The organization has a policy for disposal or return of expired medications and supplies in accordance with local, state and federal guidelines.



Infection Control - Safety

- Prior to use, appropriate education is provided to intended operators of newly-acquired devices or products to be used in the care of patients.
 - A person shall be designated to be responsible for ensuring appropriate clinical education occurs prior to allowing the use of the device in the care of a patient.
 - Vendor representatives are not used as the sole source for clinical education.

Infection Control in ASCs

- What is the best way to evaluate the effectiveness of your Infection Control Program?
 - The surveyor's checklist is very clear and complete as to what CMS considers you should be doing to comply with the new regulations.
 - Perform a mock survey using a tracer methodology and evaluate your staff's performance against the itemized checklist.



Infection Control in ASCs

- The first wave of ASC inspections by CMS revealed a number of common infection control lapses:

- Hand hygiene errors

- Hands must be washed or an alcohol-based hand sanitizer used before and after each and every patient contact.
- If soap and water is used, hands must be scrubbed for 20-30 seconds, rinsed, dried, then turn off the faucet using the paper towel.
 - Most handwashing falls short of the allotted time.
- If hands are visibly clean, a 60%+ alcohol-based sanitizer may be used.



Infection Control in ASCs

- Hand hygiene errors

- Patients should see you sanitize or wash your hands every time you approach them.
- Hands must be sanitized before obtaining supplies and equipment, passing medications and whenever contaminated.
- If you've answered the phone, touched your face, a computer keyboard, etc. you must clean your hands again before touching a patient or getting supplies.



Infection Control in ASCs

- Injection and Medication Safety Issues

- Unsafe use of multi-dose vials is a key issue

- Vials labeled "single-patient use may be used for only one patient."



- Syringes and needles are to be used for one patient – one time.

- Changing the needle does not assure patient safety, nor does injecting through a port some distance from the IV site – blood cells can still get into the syringe.

Infection Control in ASCs

- Environmental cleaning lapses
 - Anything that comes into contact with a patient must be disinfected before it is used on another patient.
 - Develop a written plan that details who is responsible to clean what, what cleaning products are to be used, and how/when the cleaning is to be done.
 - Cleaning products used in the facility must be EPA-approved.
 - Follow the mixing instructions carefully.
 - Follow wet contact times listed by the manufacturer.



Infection Control in ASCs

- Blood Glucose Monitors
 - Single-use monitors should be used for one patient only.
 - Multi-use devices must be wiped down with germicide between patient use.
 - Lancets should be single-use automatic retractable devices.
 - OSHA requires if a safety device is available, it must be used. So, lancets that manually puncture skin are no longer acceptable for use in medical facilities.



Infection Control in ASCs

- In conclusion, the successful development and implementation of an effective infection prevention and control program relies on the implementation and maintenance of certain key elements:
 - Administrative support
 - Qualified Infection Control Leadership
 - Mechanisms for doing investigation and resolution
 - Demonstrated use of nationally recognized infection control standards
 - Sound policies and procedures
 - Continuing education for physicians, staff, patients and families
 - Continuous program evaluation and assessment.

Infection Control in ASCs



Resources-Links

- Centers for Disease Control & Prevention (CDC) – www.cdc.gov
- Association for Professionals in Infection and Epidemiology, Inc. (APIC) – www.apic.org
- APIC Consulting Services – www.apicconsulting.com
- Association of Perioperative Registered Nurses (AORN) – www.aorn.org
- American Association of PeriAnesthesia Nurses (AASPAN) – www.aaspan.org
- Association for the Advancement of Medical Instrumentation (AAMI) – www.aami.org
- United States Department of Labor-Occupational Safety & Health Administrations – www.osha.org
- Accreditation Association for Ambulatory Health Care (AAAHC) – www.aaahc.org
- The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) – www.jointcommission.org
- 2009 Patient Safety Goals – www.jointcommission.org/patientsafety/nationalpatientsafetygoals/

Resources-Links

- The Certification Board for Sterile Processing and Distribution, Inc. (CBSPD) – www.sterileprocessing.org/cbspd.htm
- Certification Board of Infection Control and Epidemiology, Inc. (CBIC) – www.cbic.org/staff-cbic.asp
- International Association of Healthcare Central Service Materials Management – (IAHCsMM) – www.iahcsmm.org
- ASC Quality Collaboration – www.ascquality.org

Resources-CMS Test

- Which accreditation organization do we follow?
- Do we have an Infection Control program?
 - a. Yes
 - b. No
- If yes, which nationally recognized guidelines does the Infection Control program follow?
 - a. CDC
 - b. AORN
 - c. APIC
- Who is the Infection Control person?
- Do staff members receive infection control training?
- If yes, how often is the training?

Resources-CMS Test

- **Hand washing:**
- Is soap and water or alcohol-based hand rubs available in patient care areas?
- How long should you wash your hands with soap and water?
- Is it necessary to wash your hands after removing gloves?

Resources-CMS Test

- **Injection Practices:**
- If you are drawing up multiple saline syringes, is it necessary to use a new needle for each syringe?
- Do you need to wipe off the rubber stopper prior to each entry?
- What all needs to be put on a label to properly label a drawn medication?
- As long as you use a new needle and new syringe, it is okay to multi-dose single-dose vials.
 - True
 - False
- Are all multi-dose medications that are used for more than one patient dated when they are first opened and discard within 28 days?
 - a. Yes
 - b. No
- Are any multi-dose medications stored or accessible in the immediate areas where direct patient contact occurs?
 - a. Yes
 - b. No
- Is it okay for sharps containers to be filled over the fill line?
 - a. Yes
 - b. No

Resources-CMS Test for Staff

1. Single use devices:

2. How many times can you reuse a single-use device?
3. How often should you clean the glucometer?
 - a. Daily
 - b. Weekly
 - c. Monthly
 - d. Each use

Resources-CMS Test for staff

Cleaning:

1. What is the kill time for the dispatch wipes?
2. Where is the spill kit located?
3. How often do the operating rooms need to be terminally cleaned?
 - a. Daily
 - b. Weekly
 - c. monthly

Resources

Contact cspeier@novamed.com for copies of:

- Mock Survey
- Infection Control Surveyor Worksheet
- Infection Control Preventionist Job Description
- HHS Action Plan – HAI
- Other information
 - I have lots of information and sample P&Ps and am more than happy to share.

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“Does Your Infection Control Program Measure Up-Easy Steps to Achieving Medicare Compliance”
- Accreditation Association for Ambulatory Health Centers
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