Does Your Infection Prevention Program Meet Survey Requirements?

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IMPROVING HEALTH CARE QUALITY THROUGH ACCREDITATION

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 <u>Risk Assessment</u>
  - Collaborative effort
  - Regularly reviewed and updated
  - Governing body review and documented acceptance
  - 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 such as Purchasing, Environmental Services
  - Public Health Department

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, permanent injury, none?**
  - **Impact on care, treatment, services**
  - **How prepared are we to deal with it**

Facility IP Risk Assessment

- **Procedures offered**
- **Emergency management**
- **Education**
  - **Checklists**
  - **Competency documentation**
  - **Needs based on risk of work assigned**

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 are stated here.

Here the goals are restated as MEASURABLE:

- **"Improve hand hygiene compliance" becomes:**

  Hand hygiene compliance will be 90% or better by the end of 2Q 2014 as measured by secret shoppers.

  - **"Earthquake preparedness" is now: Sustainment kit with supplies to last 20 people at least 3 days will be in place no later than xx-xxxx**

Risk Assessment – Let's practice!

- **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

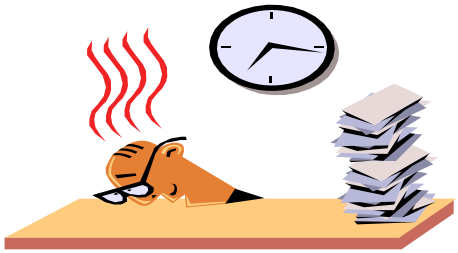
Objective #3: Who's in charge?

- 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

- **Continuing deficiencies w/cleaning, disinfection, and sterilization of instruments, equipment and supplies, and with environmental cleaning**
- **Non-adherence to chosen or required guidelines, i.e., AAMI (ST 79 and ST 40), CDC, AORN**
- **Manufacturer instructions – not readily available, no supporting logs**
- **Inadequate/incorrect supplies- brushes, indicators, peel packs, pans, etc.**

Cleaning, Disinfection, Sterilization

- Thorough cleaning/pre-cleaning is critical!
- Proper PPE available and used
- Staff well-trained, understand process
- Adequate time allowed and taken for processing
- Unidirectional flow from dirty to clean
- Sterilizers have print-out to validate each load
- Spore tested weekly and with each implant and results are logged

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 - policies and actions
    - Education - documented
    - Surveillance

www.OneandOnlyCampaign.org

- 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.)

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 now
- 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

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