

**FSASC Quality and Risk Management
Conference
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A Comprehensive Infection Prevention
Program for An ASC**



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Speaker Declarations

- 3M (Speaker); speaker sponsored by 3M for this lecture
- HRET Extended Faculty for AHQR's National Safety Program for Ambulatory Surgery

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Objectives

- List items to consider in a unique facility risk assessment.
- Discuss how the risk assessment affects the facility's written Infection Prevention Plan for the current year.
- Create a report to track progress in patient safety in the annual Infection Prevention Plan.

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- Who is concerned about Infection Prevention?

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Risk Factors Associated with Outbreaks in Ambulatory Care

- 1) Responsibility for Infection Prevention Program not assigned
- 2) Staff not familiar with basic infection prevention practices



Centers for Medicare And Medicaid Services (CMS) Conditions for Coverage: Ambulatory Surgery Centers (ASCs)

- Infection Control Program
 - To prevent, control, & investigate infections and communicable diseases

CMS Infection Control Program Required Elements

- Explicit program – written plan
- Follows nationally recognized guidelines (documented)
- Has a licensed HCP qualified through training in infection control designated to direct the ASC's infection control program
- Surveillance system, including notifiable disease reporting per state requirements
- Staff education and training
- Five critical practices:
 - Hand hygiene and glove use
 - Injection practice (preparing, administering, performing)
 - Single use devices
 - Cleaning, high level disinfection and sterilization
 - Point of care devices

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CMS Conditions for Coverage: Ambulatory Surgery Centers

- Infection Control Program
 - Must be integral part of ASC's quality assessment and performance improvement (QAPI) system
 - Provides plan of action for preventing, identifying, and managing infections and communicable diseases and for immediately implementing corrective & preventive measures that result in improvement

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CMS Conditions for Coverage: Ambulatory Surgery Centers

- Policies/procedures also address:
 - Ventilation and water quality control, including measures to maintain a safe environment during internal or external construction & renovation
 - Maintaining safe air handling system in areas of special ventilation, such as ORs

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CMS Conditions for Coverage: ASCs - Effective May 18, 2009 – Revised 2015



- Provide functional and sanitary environment:
 - Food sanitation
 - Cleaning/disinfection of environmental surfaces, carpeting, & furniture
 - Disposal of regulated and non-regulated wastes
 - Pest control

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Unique Programs

- On what will you base your program?????



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It's Not Hard....



- What puts YOUR patients/employees at risk?
- What threatens their safety (infection prevention-wise) specifically?

		A	B	C	D	E
		Negligible	Minor	Moderate	Significant	Severe
E	Very Likely	Low Med	Medium	Med Hi	High	High
D	Likely	Low	Low Med	Medium	Med Hi	High
C	Possible	Low	Low Med	Medium	Med Hi	Med Hi
B	Unlikely	Low	Low Med	Low Med	Medium	Med Hi
A	Very Unlikely	Low	Low	Low Med	Medium	Medium

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“Multidisciplinary” Risk Assessment (RA)



- Starting point of your planning process for the year
- With the plan, the RA forms the basis of your program
- Keeps you focused

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Risk Assessment

- Meets regulatory requirements
- Conduct annually and when risks change



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Identify Risks for Acquiring and Transmitting Infection

- Geography: location, community, population (endemic infections; cultures)
- Care, treatment, and services provided (procedures -type, volume)
- Analysis of surveillance/ other infection control data (incident reports, prophylactic antibiotics, hand hygiene (staff, patients, and families), etc.)
- Personnel (flu vaccine compliance)



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Risk Assessment

- Patients
 - ___ Frail elderly
 - ___ Adults ___ Peds
 - ___ High Risk Life Style Issues
 - ___ Migrant populations
 - ___ Ethnic groups
 - ___ Oncology &/or immunocompromised



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Risk Assessment

- Risk for infections:

- __Surgical site infections (SSIs)
- __MRSA, VRE, ESBLs, Acinetobacter, CRE, *C. difficile*
- __Resp. infections, (Influenza, colds, etc.)
- __Catheter-related UTIs

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Risk Assessment

Invasive procedures performed:



- __Injections
- __Probes (rectal, vaginal, etc.)
- __Surgery, bx's, drainage of abscess
- __Catheter insertions
- __Endoscopy, bronchoscopy, cystoscopy
- __Others(List)_____

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Risk Assessment

Environmental issues:



- Cleanliness and safety
- Ventilation
- Adequate space
- Furnishings
- Biohazard wastes
- Construction /renovation

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Risk Assessment

Equipment/devices:



- Disposable; reusable
- Cleaning, disinfection, transport, storage (IV pumps, suction, etc.)
- Disinfection or sterilization processes /documentation
- Sharps safety

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Risk Assessment

Employees:



- __ Levels (RN, LPN, Aids, Phlebotomy, techs, clerks, MDs, etc.)
- __ Compliance with hand hygiene, standard precautions, isolation, etc.
- __ Inadequate screening, vaccination, work restriction

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Risk Assessment

Facility's surveillance data:

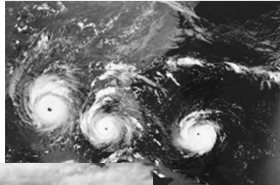


- __ SSIs, compliance with hand hygiene, compliance with Standard Precautions, TB, hepatitis B, employee influenza vaccination rate, etc.

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Risk Assessment

Geographic location;
Community



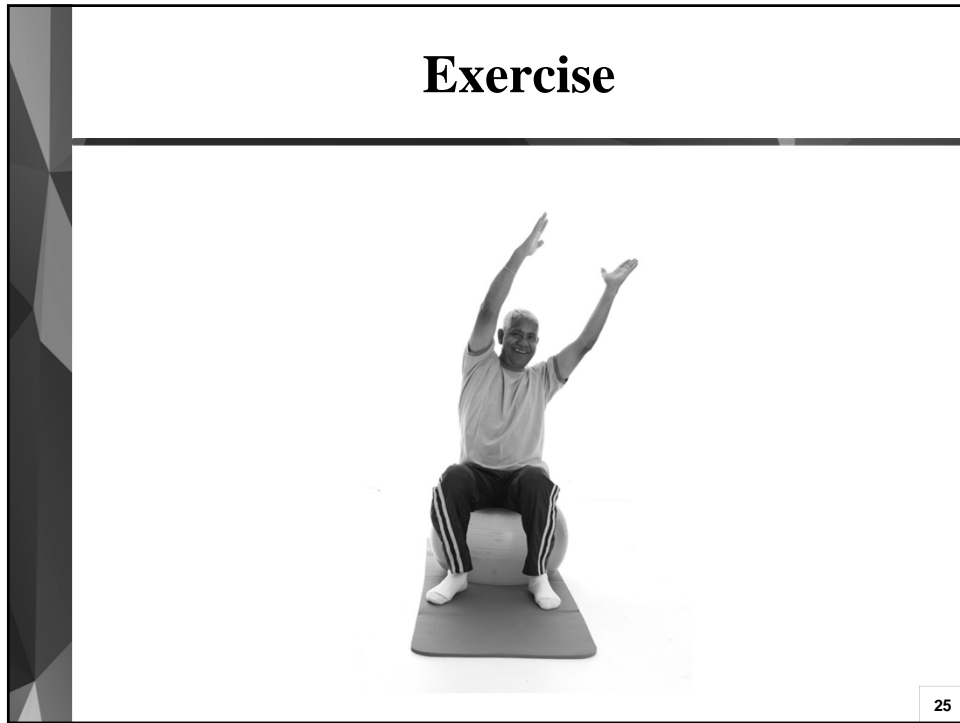
- __ Natural disasters
- __ Accidents (mass transit)
- __ Bioterrorism
- __ Community clusters or outbreaks (influenza, meningitis, etc.)
- __ Socioeconomic levels
- __ Urban versus rural
- __ Vaccine preventable illness in unvaccinated population

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- Risk must be prioritized
- Risks change over time



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Risk Assessment “Probability”

Antibiotic resistant organisms	Expect 4	Likely 3	Maybe 2	Rare 1	Never 0
MRSA			2		
C. Diff		3			
VRE				1	
ESBL					0
CRE					0


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Risk Assessment “Risk/Impact”



Antibiotic resistant organisms	Catastrophic loss 5	Serious loss 4	Prolonged length of stay 3	Moderate clinical/ Financial 2	Minimal clinical/ Financial 1
MRSA				2	
C.Diff			3		
VRE				2	
ESBL					1
CRE				2	

Risk Assessment “Current Systems Preparedness”



Antibiotic resistant organisms	None 5	Poor 4	Fair 3	Good 2	Solid 1
MRSA				2	
C. Diff			3		
VRE				2	
ESBL				2	
CRE				2	


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Risk Assessment

Antibiotic resistant organisms	Probability	Risk/ Impact	Current Systems/ Preparedness	Score
MRSA	2	2	2	6
C. diff	3	3	3	9
VRE	1	2	2	5
ESBL	0	1	2	3
CRE	0	2	2	4

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Risk Assessment “Probability”



Failure of Prevention Activities	Expect 4	Likely 3	Maybe 2	Rare 1	Never 0
Lack of hand hygiene		3			
Lack of Standard Precautions			2		

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Risk Assessment “Risk/Impact”



Failure of Prevention Activities	Catastrophic 5	Serious Loss 4	Prolonged length of stay 3	Moderate Clinical/ Financial	Minimal Clinical/ Financial
Lack of hand hygiene	5				
Lack of Standard Pre-cautions	5				

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Risk Assessment “Current Systems/Preparedness”



Failure of Prevention Activities	None 5	Poor 4	Fair 3	Good 2	Solid 1
Lack of hand hygiene		4			
Lack of Standard Pre-cautions			3		

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Risk Assessment

Failure of Prevention Activities	Probability	Risk/ Impact	Current Systems/ Preparedness	Score
Lack of hand hygiene	3	5	4	12
Lack of Standard Pre-cautions	2	5	3	10

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Risk Assessment

Event	Probability	Risk/ Impact	Current Systems/ Preparedness	Score
C. Diff	3	3	3	9
Lack of hand hygiene	3	5	4	12
Lack of Standard Pre-cautions	2	5	3	10
Lack of proper monitoring of high level disinfectant	4	5	5	14

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Prioritize!

Event	Probability	Risk/ Impact	Current Systems/ Prepared- ness	Score
High level disinfection	4	5	5	14
Hand hygiene	3	5	4	12
Standard Pre- cautions	2	5	3	10
C. Diff	3	3	3	9

If resources available only allowed you to monitor 3 of these , which would you choose??

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Monitoring (Surveillance)

Outcomes Exs.

- Infections
- Patient satisfaction
- Needlesticks

Processes Exs.

- Compliance with:
 - Hand hygiene
 - Safe injection practices
 - Aseptic technique
 - HLD and sterilization

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Goals

Now that we know our issues, what are our goals?



1. High level disinfection
2. Hand hygiene
3. Standard Precautions

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This is Easy!

- **Goal** = *broad* statement of what you want to improve
 - Ex. Improve monitoring of high level disinfectants
 - Ex. Improve hand hygiene
 - Ex. Proper removal of PPE
- **Objectives** = *specific* measurable outcomes you want to obtain over a specific time period
 - Ex. By quarter 3 of 2016, 100% of staff will test HLD solution prior to each use and change as indicated by test and manufacturer's requirements.
 - Ex. Compliance with hand hygiene by personnel, including physicians, will be 90% or greater by Sept. 2016.
 - Ex. All staff will remove PPE properly 91% of time by next quarter

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Now, What Interventions are Needed?

- 1) HLD?

- 2) Hand Hygiene?

- 3) Standard Precautions?

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Evaluation

- How do I know if I reached my goal?



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Linking Measurement to Improvement



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Annual Evaluation of Program Objectives

	QTR 1	QRT 2	QRT 3	QTR 4	GOAL	
1) HLD	75%	80%	95%	90%	100%	FAIL
2) Hand hygiene	45%	65%	90%		90% by Sept.	MET
3) Standard precautions	85%	92%			91% by next quarter	MET

What else happened with your program this year?

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- Let's take a look at your written plan...



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Sooooooooo...

- An opportunity exists!




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Engaging Staff and Physicians

- Communicate - get buy-in BEFORE implementation
- Team collaboration
- Co-Champions – recognition!
- Physician champion for peer-to-peer communication
- Tailored education and feedback of facility data

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YOU play a crucial part!

A black and white illustration of Uncle Sam, the personification of the United States. He is wearing his iconic top hat with stars and stripes, a dark suit, and a white shirt with a bow tie. He is pointing his right index finger directly at the viewer, with a serious and commanding expression.

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Factors Affecting the Success of Your Improvement

- Leadership
- Culture of safety
- Multidisciplinary teams
- Accountability of personnel
- Empowerment
- Availability of resources
- Data collection (surveillance) & *feedback* of rates & information
- Policies & procedures
- Involvement of patients and families

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How Do We Maintain Our Progress?

- Stay current - get training/
more training!
Document!
- Network - APIC, AORN,
SGNA, etc.
- Compliance monitoring
- QI teams
- Don't go it alone - annual
risk assessment
- Your program should go
all the way up to the
Board



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“Leadership does not mean getting people to do their jobs.

It means getting people to do their best.”

Harvey Mackay. Pushing the Envelope All the Way to the Top.

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