FSASC Quality and Risk Management Conference
April 21, 2016
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
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.

Who is concerned about Infection Prevention?
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

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
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

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
Unique Programs

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

It’s Not Hard….  

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

Risk Assessment

- Meets regulatory requirements
- Conduct annually and when risks change
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)

Risk Assessment

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

- Risk for infections:
  - Surgical site infections (SSIs)
  - MRSA, VRE, ESBLs, Acinetobacter, CRE, C. difficile
  - Resp. infections, (Influenza, colds, etc.)
  - Catheter-related UTIs

Risk Assessment

Invasive procedures performed:
- Injections
- Probes (rectal, vaginal, etc.)
- Surgery, bx’s, drainage of abscess
- Catheter insertions
- Endoscopy, bronchoscopy, cystoscopy
- Others (List)
Risk Assessment

Environmental issues:

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

Risk Assessment

Equipment/devices:

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

Risk Assessment

Facility’s surveillance data:

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

- Risk must be prioritized
- Risks change over time
Exercise

Risk Assessment
“Probability”

<table>
<thead>
<tr>
<th>Antibiotic resistant organisms</th>
<th>Expect 4</th>
<th>Likely 3</th>
<th>Maybe 2</th>
<th>Rare 1</th>
<th>Never 0</th>
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<tbody>
<tr>
<td>MRSA</td>
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<td>C. Diff</td>
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<td>VRE</td>
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<td>ESBL</td>
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### Risk Assessment

#### “Risk/Impact”

<table>
<thead>
<tr>
<th>Antibiotic resistant organisms</th>
<th>Catastrophic loss</th>
<th>Serious loss</th>
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### Risk Assessment

#### “Current Systems Preparedness”

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31

32
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<table>
<thead>
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<td>5</td>
<td>3</td>
<td>10</td>
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<tr>
<td>Lack of proper monitoring of high level disinfectant</td>
<td>4</td>
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<td>5</td>
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Prioritize!

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<td>High level disinfection</td>
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If resources available only allowed you to monitor 3 of these, which would you choose?

Monitoring (Surveillance)

Outcomes Exs.
- Infections
- Patient satisfaction
- Needlesticks

Processes Exs.
- Compliance with:
  - Hand hygiene
  - Safe injection practices
  - Aseptic technique
  - HLD and sterilization
Now that we know our issues, what are our goals?

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

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
Now, What Interventions are Needed?

- 1) HLD?
  -
  -
  -

- 2) Hand Hygiene?
  -
  -
  -

- 3) Standard Precautions?
  -
  -
  -

Evaluation

- How do I know if I reached my goal?
Linking Measurement to Improvement

Annual Evaluation of Program Objectives

<table>
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<tr>
<th></th>
<th>QTR 1</th>
<th>QRT 2</th>
<th>QRT 3</th>
<th>QTR 4</th>
<th>GOAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) HLD</td>
<td>75%</td>
<td>80%</td>
<td>95%</td>
<td>90%</td>
<td>100% FAIL</td>
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<tr>
<td>2) Hand hygiene</td>
<td>45%</td>
<td>65%</td>
<td>90%</td>
<td></td>
<td>90% by Sept. MET</td>
</tr>
<tr>
<td>3) Standard precautions</td>
<td>85%</td>
<td>92%</td>
<td></td>
<td></td>
<td>91% by next quarter MET</td>
</tr>
</tbody>
</table>

What else happened with your program this year?
• Let’s take a look at your written plan…

Sooooooo…

• An opportunity exists!
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

YOU play a crucial part!
Factors Affecting the Success of Your Improvement

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

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
“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.

References

• APIC TEXT of Infection Control and Epidemiology, 4th Ed. 2014: Chapter 64 Ambulatory Surgery Centers.
References


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• Harvey Mackay. Pushing the Envelope All the Way to the Top. Ballantine Publishing Group 1999.
References

- [www.cdc.gov/injectionsafety/](http://www.cdc.gov/injectionsafety/).