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Infection Control: Where To Go From Here? CMS Guideline Compliance in WA ASCs

Presented by

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Today's Objectives

- ASC history of Infection Control
- CMS Guidelines around Infection Control
- Everyday ASC best practices for Infection Control
- Tools & Resources for ASC Infection Control

ASCs Pre-2009 CMS Guideline Updates

- Medicare Certified ASCs have self-image confident of compliance, proud of care quality
- ASCs developed based on belief of
 - Better patient service
 - Better patient experience
 - Lower cost, high quality procedures
 - Physicians saving time & resources

The Infamous DOH Letter

- Where do we go from here?



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

This letter is to inform all Ambulatory Surgery Centers (ASC) process and changes to the Conditions for Coverage (CIC). In ASCs certified by the Centers for Medicare and Medicaid Services been surveyed under the new regulations.

We Create Compliance

- Lead by example
- Use the DOH letter not as a reprimand but as a tool to help raise the bar!
- Create ASC-specific scenarios so the Guidelines feel more relevant to **your** ASC

Moment of Truth

Have you read the guidelines?

Infection Control: §416.51

“The ASC must maintain an infection control program that seeks to minimize infections and communicable diseases.”

Infection Control: The Basics

- Functional & sanitary environment
- Based on nationally recognized IC guidelines
- Directed by IC-trained Healthcare Professional
- Integrate IC practices into the ASC's QAPI program
- Implement “Prevent – ID – Manage” Actions
- Implement immediate response & improvement measures

The Infection Preventionist



The Infection Preventionist Leads

Officially Assigned Program Leadership

Trained in Infection Control

Proactive about Ongoing Training

Receives both Authority & Responsibility

Provides resources & guidance to entire ASC staff

Infection Prevention

“ensure that the facility has appropriate infection prevention policies and procedures”

INFECTION PREVENTION CHECKLIST FOR OUTPATIENT SETTINGS:

Minimum Expectations for Safe Care

The following checklist is a companion to the *Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care*. The checklist should be used:

1. To ensure that the facility has appropriate infection prevention policies and procedures in place and supplies to allow healthcare personnel to provide safe care.
2. To systematically assess personnel adherence to correct infection prevention practices. (Assessment of adherence should be conducted by direct observation of healthcare personnel during the performance of their duties.)

“systematically assess the individual healthcare professional’s infection prevention practices”

Beyond the Minimum

- Have a **written** ongoing program
 - How you plan to Prevent Infection
 - How you will identify infections
 - How you will control infection
- Nationally recognized evidence based guidelines

Ongoing Training

- During orientation & annually thereafter
- Cover instrument cleaning, disinfection, sterilization
- Vaccinations – Hep B, Flu
- TB & other infectious disease screenings

Document all training!

Implementing: Infection Surveillance

- Reporting
 - Quarterly, to Performance Improvement Committee
 - All life altering or death causing infections
 - Process & outcome monitor findings
 - Refine & improve

Implementing: Conducting Surveillance

- Worksheets & monitoring tools
 - Hand washing
 - Infection control, rates
 - Safe injection practices
 - Cleaning & disinfection
 - Environment surveillance

Sample: Environment Surveillance Log

Environment Sanitation Log, Surgery Days												
Dates	Jul-11											
OR Sanitation:	1	2	3	4	5	6	7					
Furniture/equip cleaned incl wheels	✓	✓	✓									
Horizontal surfaces wiped	✓	✓	✓									
Air vent covers cleaned	✓	✓	⊘									
Floors mopped	✓	✓	✓									
Trash containers with liners	✓	✓	✓									
Procedure Room:												
Furniture/equip cleaned incl wheels	✓	✓	✓									
Horizontal surfaces wiped	✓	✓	✓									
Air vent covers cleaned	✓	✓	✓									
Floors mopped	✓	✓	✓									

Include explanatory comments!

COMMENTS: 7/3/11 vent dusty in OR, cleaned and notified Housekeeping

Sample: Hand Washing Surveillance

1= Surgeon 2= Nurse 3= Surgical Technologist 4= Anesthesiologist 5= MA/COA/Tech

HR=Hand Rubbing

HW= Hand Washing

	HCW Code	Hand Hygiene Before Patient Contact			Gloves Worn if Required			Hand Hygiene AFTER Contact with Patient, Equipment, Environment, or Removing Gloves			Hand Hygiene Before and After			
		See Key	HR	HW	NO	Yes	No	N/A	HR	HW	No	Yes	No	
1	1		yes		✓			✓			✓			
2	3		yes		✓			✓			✓			
3	5		yes				✓			✓		✓		
4	2		yes		✓				✓		✓			
5	4	yes					✓			✓		✓		
6	3	yes			✓			✓				✓		
7	1	yes			✓			✓			✓			
8	5			No			✓			✓		✓		
9	4	yes					✓			✓		✓		
10	2		yes		✓				✓		✓			
11														
12														
					For Glove use: Total number of "Yes" ÷ (Number of rows w/data– Number of N/A) x 100 For Hand Hygiene: Total number of "Yes" ÷ Number of rows w/ data x 100									
					⚠ Inconsistency equals non-compliance									
Totals					6	0	4	Totals					5	5
Percent Adherence					100%			Percent Adherence					50%	

Keep track of data for CQI purposes

Policies: Education & Guidance

Policy Name:	FOOD AND DRINKS IN PATIENT CARE AREA	
Approved:	Revised:	Page
POLICY: In keeping with AORN recommended practices and OSHA guidelines, staff will not consume food or beverages in patient care areas. The only food or drink allowed in patient care areas is patient nourishment in PACU.		

Policy Name:	HAND HYGIENE	
Approved:	Revised:	Page 1 of 3
POLICY: <ul style="list-style-type: none">All personnel will use the hand-hygiene techniques, as set forth in the following procedure. The CDC has recommended guidelines on when to use non-antimicrobial soap and water, an antimicrobial soap and water or an alcohol-based hand rub.		

ASC Infection Control & Prevention Documentation

- Document your program
- Document your implementation
- Document your training
- Document your surveillance
- Document your improvement

ASC Documentation

**Celebrate your successful
DOH Survey!**

Takeaways

- Compliance with 2009 CMS Guidelines begins with leadership by example
- DOH Letter specifies ways to raise the bar, recapture “glory days” of ASCs’ beginnings
- Infection Preventionist role is key to IC Control Program’s success
- Implementation takes teamwork, consistency, ongoing training & CQI

Resources: People

- Government organizations – these guys want us to be successful!
 - CMS
 - DOH
- ASC consultants – those who specialize in program development, revamping & implementation

Resources: Publications

- 1. New: “Infection Prevention Manual for Ambulatory Surgery Centers” by G. Bennett, RN,BSN, MSN,CIC, and M Kassai, RN, BSN, MPH,CIC from APIC
- 2. “Sterilization in Healthcare Facilities” 2011 edition from AAMI
- 3. Perioperative Standards and recommended Practices For inpatient and Ambulatory settings 2011 edition, through the AORN website

Resources: Online

1. State Operations Manual Appendix L – Guidance for Surveyors:

Ambulatory Surgical Centers

[http://www.cms.gov/manuals/Downloads/som107ap I ambulatory.pdf](http://www.cms.gov/manuals/Downloads/som107ap%20I%20ambulatory.pdf)

2. The **Infection Control Worksheet**

[http://totalsol.vo.llnwd.net/o29/data/1080/infection control surveyor worksheet.pdf](http://totalsol.vo.llnwd.net/o29/data/1080/infection_control_surveyor_worksheet.pdf)

Thank you!

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- PDF version of the presentation is available for download at www.derrynolan.com in our **Media** section
 - Additional ASC handouts available here, too!