EXCELLENTIA ADVISORY GROUP
INFECTION PREVENTION STRATEGIES FOR AMBULATORY SURGERY CENTERS

Completing the IP Risk Assessment Workshop Part I

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Speaker Declarations

- 3M - Speaker; consultant
- HRET - Extended Faculty for AHRQ'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.

- Who is concerned about Infection Prevention?

Risk Factors Associated with Outbreaks in Ambulatory Care

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

Centers for Medicare And Medicaid Services (CMS) Conditions for Coverage: 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?????

Risk Assessment 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

"Multidisciplinary" Risk Assessment (RA)

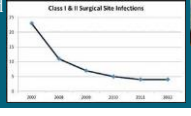
- Starting point of your planning process for the year
- Assists you to develop goals and measurable objectives
- With the plan, the RA forms the basis of your program
- Keeps you focused

Risk Assessment

- Meets regulatory requirements
- Conduct annually and when risks change

Identify Risks for Acquiring and Transmitting Infection

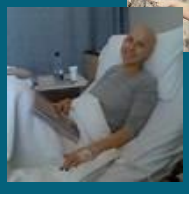
- Geography: location, community, population (endemic infections; cultures)
- Care, treatment, and services provided (procedures -type, volume)
- Analysis of surveillance/ other infection control data (incident reports, prophylactic antibiotics, hand hygiene (staff, patients, and families), etc.
- Personnel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

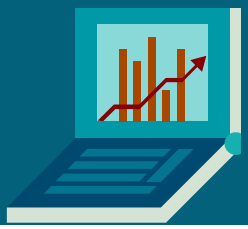
Risk Assessment

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 Assessment

Education

- Orientation/annually
- All personnel including physicians and contract workers
- Job specific
- General prevention

- Risk must be prioritized
- Risks change over time

Exercise

Risk Assessment "Probability"

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

Risk Assessment "Risk/Impact"

ARO	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			3		

Risk Assessment "Current Systems Preparedness"

ARO	None 5	Poor 4	Fair 3	Good 2	Solid 1
MRSA				2	
C. diff			3		
VRE				2	
ESBL				2	
CRE				2	

Risk Assessment

ARO	Probability	Risk/ Impact	Current Systems/ Prepared-ness	Score
MRSA	2	2	2	6
C. diff	3	3	3	9
VRE	1	2	2	5
ESBL	0	1	2	3
CRE	0	3	2	5

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 Pre-cautions			2		

Risk Assessment "Risk/Impact"

Failure of Prevention Activities	Cata-strophic 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				

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		

Risk Assessment

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

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 Precautions	2	5	3	10
Lack of proper monitoring of high level disinfectant	4	5	5	14

Prioritize!

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

Event	Probability	Risk/ Impact	Current Systems/ Preparedness	Score
High level disinfection	4	5	5	14
Hand hygiene	3	5	4	12
Standard Precautions	2	5	3	10
C. diff	3	3	3	9

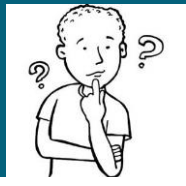
Monitoring (Surveillance)

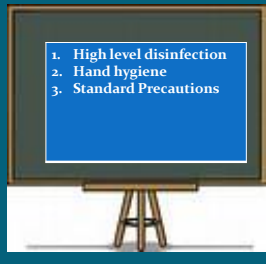
Outcomes Exs.
- Infections
- Patient satisfaction
- Needlesticks

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

Goals

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





Goals

- **Goal** = *broad* statement of what you want to improve
- Joint Commission: Goals should address:
  - Prioritized risks
  - Limiting unprotected exposure to pathogens
  - Limiting transmission of infections associated with procedures
  - Limiting transmission associated with use of equipment, devices, and supplies
  - Improving compliance with hand hygiene guidelines

Objectives

- *Specific* measurable outcomes you want to obtain over a specific time period

This is easy!

Goals

- Ex. Improve monitoring of high level disinfectants
- Ex. Improve hand hygiene
- Ex. Proper removal of PPE

Objectives

- 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

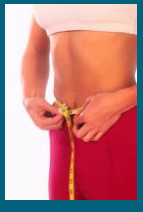
Now, What Interventions are Needed?

- 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

	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?

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

Soooooooo…

- 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.

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