Infection Prevention in Ambulatory Care: Meeting CMS Conditions for Coverage

The Role of the Infection Preventionist (IP) in Ambulatory Care - The BIG Picture!

Objectives
At the conclusion of the presentation, the participant will be able to:
1. List three specific areas of knowledge that the IP must acquire.
2. Identify three elements of the IP job description.
3. State the purpose of the risk assessment.
Questions are encouraged!

- Type them into the box in the lower left corner of your screen, or
- Write them down so you don’t forget and
- Ask them during allotted time at the end of the presentation
- Please remember to unmute your phone when asking questions.

Ambulatory Surgery Center

“...Any distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization and in which the expected duration of services would not exceed 24 hours following an admission. The entity must have an agreement with CMS to participate in Medicare as an ASC...”

42 CFR 416.51 (p. 68813)

Conditions of Coverage- Infection Control

- Sanitary Environment
- Infection Control Program
  - Ongoing program designed to prevent, control, and investigate infections and communicable diseases.
  - In addition, the infection control and prevention program must include documentation that the ASC has considered, selected, and implemented nationally recognized infection control guidelines.
Infection Control Program

- Under the direction of a designated and qualified professional who has training in infection control;
- Infection Surveillance, Prevention & Control: An integral part of the ASC's quality assessment and performance improvement program
- Responsible for providing a plan of action for preventing, identifying, and managing infections and communicable diseases and for immediately implementing corrective and preventive measures that result in improvement

Ambulatory Care Settings

- Ambulatory care practice settings provide direct health or wellness care services to patients or clients who do not remain overnight
- Surveillance directed more toward process than outcome:
  - Employee illness (vaccines, sharps injuries)
  - Sterilization/disinfection (surgical equipment)
  - Environment (cleaning, disinfection)
  - Reportable diseases (health dept)
  - Medication safety (critical!)

Surveyor Goals

- Ensure ASCs comply with infection prevention requirements, guidelines and recommendations to meet CfC rules
- Protect patients
- Protect workers
Look For:

- Designated licensed health care professional assigned to direct the Infection Surveillance, Prevention and Control (ISPC) Program
- Written IP plan includes the elements of an effective ISPC Program
- ASC identifies nationally-recognized IP guidelines and implements them
- ASC is familiar with CMS requirements
- Evidence of facility and population risk assessment
- IP goals based on risk assessment

Role of the IP:

Professional Standards

Qualifications
1) Experienced healthcare professional with health sciences background
2) Becomes certified through CBIC – optional, but a good option!
3) Maintains certification

Role of the IP:

Professional development
1) Completes a basic training course in first 6 months
2) Demonstrates basic knowledge and advances his/her knowledge in the following areas: epidemiology, including outbreak management; infectious diseases; microbiology; patient care practices; asepsis; disinfection/sterilization; occupational health; facility planning/construction; emergency preparedness; learning/education principles; communication; product evaluation; information technology; program administration; legislative issues/policy making; and research
Role of the IP

3) Incorporates and disseminates research findings into practice
4) Collaborates with other professional organizations
5) Participates in professional organizations and networking
6) Maintains current knowledge and functions well with electronic media for communication

Role of the IP: Professional Standards

Standards of Practice

➢ Leadership
  ➢ Leader
  ➢ Mentor
  ➢ Role model

Role of the IP

➢ Become an Expert
  Starting over as a novice
  Resource for HCWs
  Influence policy makers
Role of the IP

- Identify customers/assess needs
- Design/implement effective program

Role of the IP

- Evaluate program annually
  - Highlight accomplishments
  - Evaluate goals
  - Set new goals
- Collaborate

Role of the IP

- Liaison to public health
- Liaison in emergency preparedness
  - Reportable diseases and conditions
  - Emerging & reemerging diseases
  - Bioterrorism
  - Natural disasters
Role of the IP
- Promote “zero tolerance” for HAIs
- Emphasize prevention

Does the Job Description Contain All the Essential Elements of the IP Role?
Infection Prevention and Control Practice includes
- Analysis and interpretation of collected infection control data
- Investigation and surveillance of suspected outbreaks of infection
- Planning, implementing and evaluating infection prevention and control measures

Infection Prevention and Control Practice includes
- Education of individuals about infection risk, prevention, and control methods
- Development and revision of infection prevention policies and procedures
- Management of infection prevention and control activities
- Providing consultation on infection risk assessment, prevention and control strategies
Evidence-based Practice

Definition: the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of people

Importance: provision of the highest quality care for individual patients and to decrease illogical variations in practice

Evidence-based Practice

Avoid the "sacred cow" practices blessed by time but not necessarily by science…

Summary

IPs have the APIC/CHICA Professional and Practice Standards to assist them with professional and program development guidance

Evidence-Based Practice is central to the IP’s role of promoting zero tolerance of HAIs

Role of the IP is unique to an organization but also has many parallels to functions that may have been performed by the IP in previous roles
Essentials of the ISPC Program & the Written Infection Control Plan

Objectives

- Identify the stakeholders and customers of the program
- Identify the goals for the ISPC Program
- List the essentials to include in the ISPC Program
- Describe how to perform a facility and population risk assessment

Internal Stakeholders/Customers

- Patients and their visitors
- Healthcare workers and volunteers
- Physicians and other providers
- Ancillary departments
- Infection Control Committee
- Other committees
Internal Stakeholders/Customers
Organization Leadership
– Role as Consultant
– Areas of concern
  • Healthcare Acquired Infections (HAI)
  • Identification of Risk
  • Expansion of Services
– Equipment
– New construction/Remodeling
– Finance

External Stakeholders/Customers
- Accrediting agencies
  - AAAHC
  - The Joint Commission
  - AOA
- Professional organizations
- Regulatory agencies
  - OSHA
  - CMS
  - EPA
  - FDA
  - State/local Public Health

External Stakeholders/Customers
- Payors of healthcare costs
- Community/public
- EMS providers
- School nurses
- Emergency preparedness groups
- Other healthcare facilities/IPs
Elements of the ISPC Program
1. Written Infection Prevention and Control Plan
2. Risk Assessment based on services provided
3. Authority Statement
4. IP&C (Department/service) description
5. Surveillance Plan
6. Goals and Objectives
7. Prevention & Control Strategies
8. Communication and Reporting
10. Education
11. Evaluation of Effectiveness

Facility Risk Assessment

- Purpose
  - Act as basis for annual plan
  - Identify at risk populations in your facility
    - high volume, high risk, problem-prone procedures
  - Assist in focusing surveillance efforts
  - Meet regulatory requirements

Facility Risk Assessment

- Epidemiologic principles to address
  - Geographic location and size
  - Epidemiologically important organisms
  - Patient access to healthcare
Facility Risk Assessment

- Epidemiologic principles to address
  - Volume
  - Populations served
  - General and specialty services
  - Staff
  - Surveillance data

Facility Risk Assessment

- Assessment Summary
  - Who is at risk
  - Recommendations

Facility Risk Assessment

- Variety of ways to do this
- A few examples follow…
Facility Services: Acme Ambulatory Surgery Center is a 20 bed, 4 operating, two-procedure room facility that performs outpatient surgical procedures and endoscopy on adults and pediatric patients. These include plastic surgery, general surgery, ear, nose and throat, dental, GI, GU, and vascular procedures. Procedures are performed under general, regional and local anesthesia as well as conscious and deep sedation.

### Risk Assessment: Example

#### 2008 Procedures

<table>
<thead>
<tr>
<th></th>
<th>GS</th>
<th>Plastic</th>
<th>GI</th>
<th>GU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult &gt;18 yrs</td>
<td>976</td>
<td>641</td>
<td>122</td>
<td>759</td>
</tr>
<tr>
<td>Peds</td>
<td>381</td>
<td>32</td>
<td>798</td>
<td>801</td>
</tr>
<tr>
<td>Total</td>
<td>1357</td>
<td>673</td>
<td>920</td>
<td>1560</td>
</tr>
</tbody>
</table>

#### Top 8 Procedures by Volume:
- Hernia repair
- Lap cholecystectomy
- Breast biopsy
- Face lift
- Breast augmentation
- Cystoscopy
- Colonoscopy
- UGI endoscopy
- EUA GU/GI (peds)
Risk Assessment: Example

Summary:
It would be prudent to monitor selected procedures and processes periodically and compare internally to your own procedure rates and to NHSN if/when data is available

Breast biopsy is a clean procedure that should not get infected and is high volume, surveillance of this group would be reasonable

Many scopes are used, but infection isn’t a good outcome measure in this group, but scope processing would be

Recommendations: Add Laparoscopic Cholecystectomy and Inguinal Hernia Repair, to provide a more comprehensive look at surgical site infections in General Surgery. Drop those procedures with infection rates consistently below NHSN for 12 months. Monitor cleaning and disinfection of scopes to ensure proper processing.

<table>
<thead>
<tr>
<th>Facility</th>
<th>Risk Assessment 2007-2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issues related to risk increase</td>
<td>Issues related to risk decrease</td>
</tr>
<tr>
<td>Geographical Location</td>
<td>Located in rural area of Midwest, University community, population 125,000. Two hospitals located within 10 miles of ASC. Two other ASCs in community, one endoscopy center.</td>
</tr>
<tr>
<td>Increased risk related to international students attending local university. No many travelers, tourists, people know and care about each other.</td>
<td></td>
</tr>
<tr>
<td>Community Environment</td>
<td>Industrial plants primarily for automotive production, low socioeconomic background of many in community, high unemployment rates. Lack of insurance. Strong social support services, food bank, clothing bank, housing assistance, school lunches year round.</td>
</tr>
<tr>
<td>Services Provided</td>
<td>Outpatient surgery for adults and pediatrics; general, regional and local anesthesia and conscious and deep sedation. Hernia repair, Lap cholecystectomy, Breast biopsy, Breast augmentation, Cystoscopy, Colonoscopy, UGI endoscopy, EUA GU/GI (peds).</td>
</tr>
<tr>
<td>IC Data related to Facility</td>
<td>TB infections in community, CA-MRSA an increasing problem. New GI lab will mean more patients, may need more equipment. Washing hands before/after surgery. May need more instruments.</td>
</tr>
<tr>
<td>New CS tech processing scopes; one GS out in injured, remaining surgeon overwhelmed. Excellent TB control program through health dept.</td>
<td></td>
</tr>
</tbody>
</table>
Authority Statement

Example: The Board of Directors (Medical Director/Quality Committee) authorizes and supports the Director (Manager/etc.) of Infection Prevention to institute appropriate infection control measures within the facility. This includes authority to employ whatever methods necessary when, in their judgment, there is a reasonable possibility of immediate danger to any patient(s), personnel or others in the facility.

Infection Prevention and Control Service

- Composition
  - Based on organization size, type, services, needs, regulations & requirements
  - Personnel: number, qualifications, core competencies, (office) location, hours
  - Medical Director/Epidemiologist/ID consultant
- Leadership support
- Authority
- Reporting structure & other responsibilities

Surveillance

- Surveillance methodology
- Surveillance indicators/events
  - Risk assessment
  - Reasons for selecting indicators
  - Committee/leadership recommendations
  - New services, procedures, treatments
- Comparative databases used
- Outbreak identification and response
Goals & Objectives

- Identify & prioritize goals
  - Based on risk assessment
  - Team effort & leadership approval
- Goals should address at least:
  - Limiting acquisition & transmission of pathogens
  - Limiting unprotected exposure to pathogens
  - Enhancing hand hygiene
  - Minimizing risk associated with procedures, devices & equipment
- Develop measurable objective(s)

Principal Goals of the Program

- Prevent infections
- Conduct surveillance
- Interface with Employee Health Program
- Provide cost-effective program

Program Goals

- Provide cost-effective program
  - HAIs = increased cost
  - IC programs = decreased cost
- Limited reimbursement from CMS for preventable harm, also other payors
Sample Goals & Objectives

**Assessment:** 40% of personnel received flu vaccine last year

**Goal:** Increase influenza immunization rate in personnel next flu season

**Objective:** Increase influenza immunization rate in direct care personnel next year by 80% [80% of 40 is 32; increase to 72%]

Sample Goals & Objectives

**Assessment:** Surgical site surveillance has not been done in the past.

**Goal:** Establish surveillance system for breast biopsy, lap chole and inguinal hernia procedures

**Objective:** By January 1, 2010, have a surveillance system in place to identify patients with surgical site infections, by initiating a phone call to each patient at 30 days and asking them about signs and symptoms of infection. (Questionnaire to be completed by nurse.) 95% of patients undergoing these procedures will be contacted

Sample Goals & Objectives

**Assessment:** 62% of personnel wash hands or use alcohol hand rub during direct patient care activities.

**Goal:** Increase compliance with hand hygiene.

**Objective:** Increase use of hand hygiene by direct care providers by 40% in the next 6 months. (40% of 62 = 25, so to 87%)
Sample Goals & Objectives

**Assessment:** Only 50% of staff follow all the safe injection practices all the time

**Goal:** 100% of staff follow safe injection practices all the time

**Objective:** Increase compliance to 100% in the next 30 days

Prevention & Control Strategies

- Identify prevention & control strategies
- Base on risk for transmission, care setting, diseases in community
- Hand hygiene program
- Minimize risk associated with procedures, devices, equipment

Communication & Reporting

- Communication systems
  - Internal
  - External
- Reports
  - What reported
  - Who receives
  - How often
Emergency Management & Planning

- Must involve collaboration
  - Internal
  - External
- Plan for
  - Recognition
  - Response (including influx of infectious pts)
  - Containment
  - Communication (internal & external)

Evaluation of Effectiveness

- Evaluate changes in:
  - Risk
  - Scope of IC program
  - Requirements & guidelines
- Emerging infectious diseases & problems in community
- Leadership concerns

Evaluating the Effectiveness

- Goals & program
- Measure success or failure
  - Rate reduction
  - Processes improved/Compliance improved
- IC Program resources
  - Personnel
  - Non-personnel (computers, clerical support)
- Assign responsibility for annual evaluation & redesign as needed
Education

- Education & training for
  - Health care providers
    - New employee orientation, competency evaluations
    - Annual and as needed infection control education
  - Leaders
  - Infection Prevention and Control personnel
- List offerings for the year – Plan a calendar

Tips for Developing Written Plan

- Identify regulations & requirements
- Develop outline of Infection Prevention and Control program
- Draft Table of Contents
- Network with others
- Consider incorporating your plan into your annual report

Demonstrate collaboration throughout plan
- Leaders, managers, caregivers & others
- Collaborate in program development, implementation, evaluation, and assessment of resources
- Assign responsibility for annual review
- Include the essential elements
- Distribute your plan widely
There are critical elements that must be included in the Infection Prevention and Control Program:

- The Infection Prevention and Control Program applies to the entire healthcare setting of your organization.
- An annual Risk Assessment should be performed to help with your annual Plan revisions.

The CMS regulations are a golden opportunity to improve patient safety in the ambulatory surgery setting, as well as employee safety. The emphasis on medication and injection safety is appropriate, as well as processing instruments and scopes. Your work will make a difference.

Any Questions?