

Survey Readiness
Lisa Flinn
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Agenda

Introduction

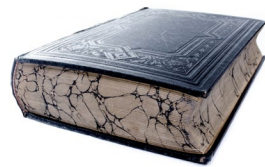
Written Program

Education/Training

CMS Worksheet

Questions

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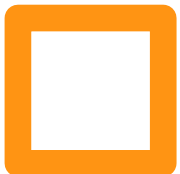




Written Program

- Must include **written** goals that are measurable
- Based on nationally recognized infection control guidelines
- Be directed by designated healthcare professional with infection control training
- Be integrated into the facility's quality program
- Be **ongoing**
- Include actions to prevent, identify & manage infections & communicable diseases
- Include mechanism to immediately implement correction action & prevention measures that improve control of infection in the ASC
- Must evaluate your IC plan annually & obtain approved from Governing Board (GB)

- Centers for Disease Control and Prevention (CDC)
- Association for Professionals in Infection Control and Epidemiology (APIC)
- Society for Healthcare Epidemiology of America (SHEA)
- Association of Peri-Operative Registered Nurses (AORN)
- Society of Gastroenterology Nurses and Associates, Inc. (SGNA)
- Association for the Advancement of Medical Instrumentation (AAMI)
- American Society of Peri Anesthesia Nurses
- American Society of Ophthalmic Registered Nurses (ASORN)
- American Society for Gastrointestinal Endoscopy (ASGE)



Written plan must include documentation that ASC considered and selected specific nationally recognized guidelines for use in the program

Purpose

Goal

Scope of plan

Investigation/surveillance process

Reporting process

Risk assessment

Strategies for mitigating risk

Education for staff & physicians

Infection Control Risk Assessment

10 Elements to Consider When Conducting an Infection Risk Assessment (infectioncontroltoday.com)

- Foundation of your infection control plan
- Involves a multidisciplinary team approach
- Process that examines recognized and potential **risk factors** for acquiring & transmitting infections in the facility
- **Identifies** gaps or areas that can lead to potential harm to patients or staff
- Prioritizes risk factors & potential hazards based on their actual or potential impact to facility
- Evidenced based measures are identified from leading authorities in infection prevention to **reduce** risk

INFECTION CONTROL RISK ASSESSMENT FOR 2023

Header	TOPIC/ ISSUE	PROBABILITY OF OCCURRENCE				POTENTIAL SEVERITY OR RISK OF FAILURE- HUMAN IMPACT, PROPERTY IMPACT AND/OR BUSINESS IMPACT				ORGANIZATION'S PREPAREDNESS				RISK SCORE	RISK PRIORITY
		H I G H	M E D	LO W	NON E	LIFE THREATENIN G	PERMANENT HARM	TEMP HARM	NONE	NONE	LOW	MED	HIGH		
	SCORE	3	2	1	0	3	2	1	0	3	2	1	0		
Resistant Microbes Risks:															
	MRSA				0				0				0		
	Clostridium Difficile				0				0				0		
	VRE				0				0				0		
	Other MDRO				0				0				0		
	Staph Skin infections				0				0		0		0		0
Introduction of new processes and OTHER Infections Risks:															
	Surgical implant		2					1					0	3	
	New service line/equipment				0			0					0	0	
	Introduction to new procedures				0			0					0	0	
	Introduction to new policies		2					0					0	2	
	Introduction to new physician			1				0					0	1	
	Hand Hygiene		2					1					0	3	
	Sharps Safety		2					1					0	3	
	Point of Care device cleaning			1				0					0	1	
	Surgical attire			1				1					0	2	
	Proper use of PPE			2				1					0	3	
Communicable Diseases and Populations Served Risks: (use local/state health authority disease prevalence reports to determine risks)															
	Influenza		2					1					0	3	
	COVID-19 Pandemic		2					1					0	3	
	Tuberculosis			1				1			1		0	3	



Authority Statement

The Infection Control Plan must include an AUTHORITY statement

The plan must identify a licensed health care professional (HCP) to serve as Infection Control Preventionist (ICP); approved by governing board

The recognition and assignment of authority authorizes the ICP to manage the center infection control plan and all related responsibilities

Documentation of authority should be present in ICP's personnel file

Requirements of the role of the Infection Preventionist

Licensure is required for
fulfill the IP position.

Should have a
signed/date job
description that outlines
the duties of the position.

Responsible for and has oversight of the facility
infection control program

Identifies IC problems and recommends strategies to
mitigate risk and improve patient outcomes

Develop & maintain a system for identifying, reporting,
investigating & controlling infections; reporting findings
to QAPI

Reporting of communicable diseases & outbreaks to
local authorities

Annual training in infection control is required by both
CMS and accrediting organizations

Serves as resource & provides guidance to infection
control issues

Infection Control Topics for Education

Infection Control Policies/Plan

Hand Hygiene

OSHA: BBP & Sharp Prevention

Safe Injection Practices

Environmental Cleaning/Point of Care Devices

Cleaning, Disinfection, Sterilization, High Level Disinfection

Traffic Control

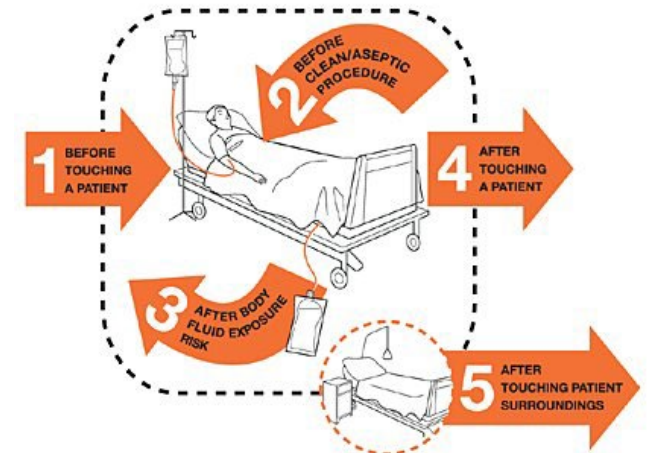
Hazardous Waste

Hand Hygiene

- Audits should be conducted on an ongoing basis
- Can be done by IP, secret shopper, and other teammates
- Audit tool can be kept on a clip board and completed by anyone
- Use a sticky note when you see someone performing hand hygiene and transfer to your monitoring tool later
- To increase compliance, have signs posted in all hand hygiene areas.

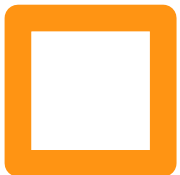
- The key to a successful hand hygiene program in any facility is:

"Ownership by the Whole Team"



Safe Medication Injection Practices

- Unsafe injection practices put patients and healthcare personnel at risk of disease transmission, including bacterial infections like MRSA or bloodborne pathogens like Hepatitis C virus.
- This campaign's goal is to make sure patients are protected each time they receive an injectable medication.
- Never administer medications from the same syringe to more than one patient, even if the needle is changed.
- Do not enter a vial with a used syringe or needle
- <https://www.cdc.gov/injectionsafety/one-and-only.html#receive>



Safe Medication Injection Practices

- Maintain Sterility

- Perform hand hygiene before accessing and preparing meds.

- Scrub the hub with alcohol before accessing (this includes a vial with a cover and needleless systems).

- A needle or other device should never be left inserted in a medication vial septum for multiple uses (this provides a direct route for microorganisms to enter the vial and contaminate the fluid).

- Use a filter needle for ampules.

- A new sterile needle and syringe used for each entry into a vial.

- Single use medication vials should never be used for more than 1 patient.

- If a multi-dose vial is accessed with a patient present, the vial has now become single use.

- Use single dose vials whenever possible.

- Bags of IV solution are used for 1 patient; never use as a source of flushes for multiple patients.

- MDVs are labeled with the initials or the person who first accessed the vial, the date the vial is opened, and the date of expiration (28 days or manufacturer's expiration date on the package, whichever is sooner).

Principles of Aseptic Technique

Aseptic technique is the range of infection prevention and control practices which are used to minimize the presence of pathogenic microorganisms during clinical procedures.

- Only sterile items are used within the sterile field.
- Gowns are considered sterile only from waist to shoulders level in front and the sleeves.
- Tables are sterile only at table level.
- Unsterile persons avoid reaching over a sterile field; sterile persons avoid leaning over an unsterile area.
- Edges of anything that encloses sterile contents are considered unsterile.
- Sterile field is created as close as possible to time of use.
- Aseptic technique is not only required in the OR, but also when performing regional blocks, sterile dressing changes in PACU, and procedure rooms.



Point of Use Cleaning

- Point of use cleaning
- Wiped with sponges moistened with sterile water during the procedure to remove gross soil
- Instruments with lumens should be irrigated with sterile water as needed throughout the surgical procedure
- Disposable Items should be discarded in appropriate trash container
- Sharps placed in sharps container before transport to decontamination



Transport of Items to Decontamination



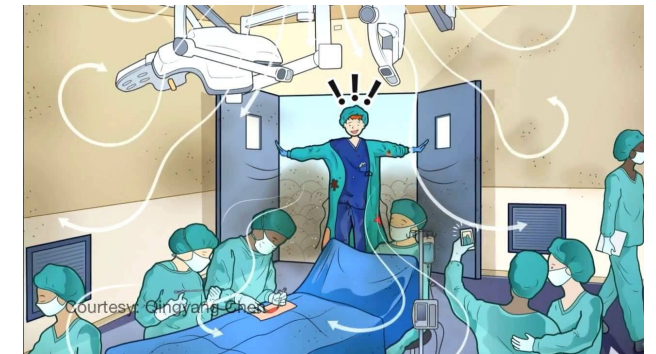
Vendor/Loaner Trays

- Any instrument tray that arrives at the facility must be thoroughly processed regardless if it already comes sterile.
- Starting with manual cleaning, washer disinfector and then sterilization process.
- If unfamiliar with the processing technique either ask the rep for the IFU or research it on One Source.



Traffic Control






- Infection Control is a serious issue for Operating Rooms.
- "Doors to the operative or invasive procedure room should be kept closed as much as possible except during entry and exit of patients, required personnel and necessary equipment" per AORN.
- Positive pressure keeps air from entering the ORs and helps reduce the potential for an infection. However, every time an OR door is opened the air flow, temperature, and humidity fluctuate.
- Excessive traffic in the OR can lead to confusion as well as increase the risk of infection for the patient.



Hazardous Waste

BLOODBORNE PATHOGENS

UNIVERSAL PRECAUTIONS FOR THOSE EXPOSED TO BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIALS IN THEIR OCCUPATION

<p>PROTECT YOURSELF</p> <p>ALL BLOOD AND BODILY FLUID MUST BE TREATED AS IF THEY WERE INFECTED WITH:</p> <ul style="list-style-type: none"> ● HUMAN IMMUNODEFICIENCY VIRUS (HIV) WHICH FREQUENTLY LEADS TO AIDS. ● HEPATITIS B VIRUS (HBV). ● OTHER BLOODBORNE PATHOGENS (MICROORGANISMS FOUND IN HUMAN BLOOD WHICH CAN CAUSE DISEASE). 	<p>KNOW THE RULES</p> <p>BE FAMILIAR WITH YOUR ORGANIZATION'S EXPOSURE CONTROL PLAN.</p> <p>MAKE SURE YOU KNOW:</p> <ul style="list-style-type: none"> ● VACCINATION REQUIREMENTS ● PROCEDURES ● PRACTICES ● PROPER REPORTING REQUIREMENTS FOR INCIDENTS OF EXPOSURE. 	<p>KNOW YOUR COLORS</p> <ul style="list-style-type: none"> ● RED BAGS OR CONTAINERS DON'T NEED TO BE LABELED - THEIR COLOR INDICATES THEY MAY CONTAIN BIOHAZARDS. ● FLUORESCENT ORANGE-RED LABELS AND SIGNS WITH CONTRASTING LETTERING OR SYMBOLS ARE APPROPRIATE <p>READ ALL LABELS AND SIGNS</p>	<p>WEAR THE RIGHT EQUIPMENT</p>  <p>LAB COATS, APRONS, GOWNS</p> <p>SHOE COVERS</p> <p>FACE MASKS</p> <p>SPLASH GOGGLES</p> <p>GLOVES</p> <p>FACE SHIELDS</p>
<p>PROPER PROCEDURE CAN REDUCE YOUR RISK OF INFECTION TO ZERO</p>			
<p>WASH HANDS</p>  <p>AND FOLLOW SAFE HYGIENE AND WORK PRACTICES.</p>	<p>DISPOSE OF NEEDLES IN APPROPRIATE CONTAINERS.</p>  <p>NEVER RECAP, BEND, OR BREAK NEEDLES.</p>	<p>FOLLOW PROPER DISPOSAL PROCEDURES.</p> <p>CONTAMINATED LAUNDRY AND PERSONAL PROTECTIVE EQUIPMENT SHOULD BE DISPOSED OF IN PROPERLY DESIGNATED AREAS.</p> 	<p>KEEP IT CLEAN</p> <p>CLEAN WORKSITE AND DECONTAMINATE EQUIPMENT. FOLLOW ALL SAFE HANDLING PROCEDURES.</p> <p>DON'T FORGET</p> <p>ALL BODY FLUIDS SHOULD BE HANDLED AS IF POTENTIALLY INFECTIOUS.</p>

CMS Infection Control Worksheet

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107_exhibit_351.pdf

This is the most recent revision of the worksheet and includes the use of eye drops.

Exhibit 351
AMBULATORY SURGICAL CENTER (ASC) INFECTION CONTROL SURVEYOR WORKSHEET
(Rev. 206; 06-21-22)

Name of State Agency or AO (please specify) _____

Instructions: The following is a list of items that must be assessed during the on-site survey, in order to determine compliance with the infection control Condition for Coverage. Items are to be assessed primarily by surveyor observation, with interviews used to provide additional confirming evidence of observations. In some cases information gained from interviews may provide sufficient evidence to support a deficiency citation.

The interviews and observations should be performed with the most appropriate staff person(s) for the items of interest (e.g., the staff person responsible for sterilization should answer the sterilization questions). A minimum of one surgical procedure must be observed during the site visit. The surveyor(s) must identify at least one patient and follow that case from registration to discharge to observe pertinent practices. For facilities that perform brief procedures, e.g., colonoscopies, it is preferable to follow at least two cases. When performing interviews and observations, any single instance of a breach in infection control would constitute a breach for that practice.

Citation instructions are provided throughout this instrument, indicating the applicable regulatory provision to be cited on the Form CMS-2567 when deficient practices are observed.

PART 1 – ASC CHARACTERISTICS

1. ASC Name _____

2. Address, State and Zip Code
Address _____
City _____ State _____ Zip _____

3. 10-digit CMS Certification Number

4. What year did the ASC open for operation?

5. Please list date(s) of site visit: / / to /

6. What was the date of the most recent previous federal (CMS) survey: /

7. Does the ASC participate in Medicare via accredited "deemed" status? YES
 NO

7a. If YES, by which CMS-recognized accreditation organization(s)? Accreditation Association for Ambulatory Health Care (AAAHC)
 American Associate for Accred. of Ambulatory Surgery Facilities (AAAASF)
 Accreditation Commission for Health Care (ACHC)
 The Joint Commission (TJC)





Thank you



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