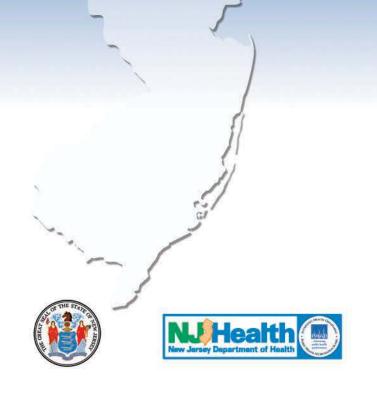
# Infection Prevention Issues in Ambulatory Care

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## **Acute Care Program**

- Hospitals
- Ambulatory Surgery Centers (ASC)
- Home Health Agencies (HHA)
- Hospices
- End Stage Renal Disease (ESRD)
- Outpatient Physical Therapy Centers (OPT)
- Portable X Ray
- Comprehensive Outpatient Rehab Facilities (CORF)
- Clinics
- MRI/CAT scan centers.



# **Types of Surveys**

- State Licensure Surveys
- Federal Recertification Surveys
- Validation Surveys
- Complaint Investigations



## **Survey Team Composition**

- Usually two nurse surveyors
- One Pharmacist
- One Sanitarian/Nurse
- One Building Inspector
- May have new staff on site



### **Length Of Survey**

- Typically staff are on site one day for a State survey, 2-3 or 4 days for a Federal survey, depending on the provider type.
- Pharmacist or Building Inspector may survey after team.
- Approval surveys are announced. Facility will select date of inspection.



## **ASCs in New Jersey**

ASCs can be licensed in accordance with N.J.A.C.
 8:43A

 Medicare Certified ASCs must be in compliance with the Federal Conditions for Coverage outlined in 42 CFR 416.25-5



#### Nationwide, common deficiencies include:

- Infection Control
- Administration of Drugs
- Physical Environment
- Safety from Fire
- Medical Records



### CMS Top Ten FY 16 for ASCs

- Q241 Sanitary Environment
- Q181 Administration of Drugs
- Q242 Infection Control Program
- Q162 Form and Content of Record
- Q101 Physical Environment
- Q141 Organization and Staffing
- Q261 Admission Assessment
- Q221 Notice of Rights
- Q104 Safety from Fire
- Q43 Disaster Preparedness Plan



 In FY 2016, DOH conducted 47 recertification surveys

#### **Common deficiencies for ASCs:**

- Infection Control
- Administration of Drugs
- Physical Environment
- Nursing Organization and Staffing
- Governing Body and Management



### DOH Top Ten FY 16 for ASCs

- Q242 Infection Control Program\*
- Q241 Sanitary Environment\*
- Q40 Governing Body\*
- Q162 Form and Content of Record\*
- Q141 Organization and Staffing
- Q240 Infection Control\*
- Q181 Administration of Drugs
- Q101 Physical Environment\*
- Q105 Emergency Equipment\*\*Also on CMS Top Ten



# • Q240, Q241, and Q242 Infection Control Program

 Common Deficiencies include failing to implement nationally recognized infection control guidelines, and breaches in hand hygiene.



# Q181 Administration of Drugs

#### Common deficiencies include:

- multi use of single dose vials
- multiple use of multi dose vials that were opened in an immediate patient care area
- lack of controlled drug accountability



### **Infection Control**

- Review processing of instrumentation
- Review storage/handling of instrumentation
- Review Manufacturer's Instruction for Use
- State: CDC/AAMI guidelines
- Federal: Nationally recognized standard(s) that facility is following



### **Infection Control**

- Infection Control professional
- Day to day person for infection control
- Interview certified tech or tech who will be certified



### **Immediate Jeopardy Situations**

- Multiple use of single dose vials
- Multiple use of multi dose vials opened in an immediate patient care area
- Issue with sterilization and processing



### **ESRD** Centers in New Jersey

- ESRD centers are licensed in accordance with N.J.A.C. 8:43A
- Medicare certified ESRD centers must be in compliance with the Federal Conditions for Coverage outlined in CFR 494.62



# DOH Top Infection Control FY 2017 ESRD

V113: Hand Hygiene and glove changes between each patient, and between each station.



# DOH Top Infection Control FY 2017 ESRD

• V122: Disinfect Surfaces and Equipment-Primarily cleaning and disinfection of the hemodialysis chairs (important to remove arm chair covers, clean and disinfect underneath the covers), back chaise wall and blood pressure cuffs (cleaning and disinfecting on a dirty surface or filled with lint-not a cleanable surface)



# DOH Top Infection Control FY 2017 ESRD

V117: Clean areas should be clearly designated for the preparation, handling, and storage of medications and unused supplies and equipment. Clean areas should be clearly separated from contaminated areas where used supplies and equipment are handled. Do not handle and store medications or clean supplies in the same or adjacent area where used equipment or blood samples are handled. When multiple dose vials are used, prepare individual patient doses in a clean (centralized) area away from the dialysis stations. Deliver separately to each patient. Do not carry multiple dose vials from station to station.



# Thank you!!

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