INFECTION CONTROL IN MISSOURI ASCs

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Objectives

1. Overview of General Survey/Inspection
2. ASC Infection Control Worksheet
3. Infection Control Statistics
4. Common Infection Control Citations
5. Questions and Answers

Basic Survey/Inspection

Entrance Activity

- Explain the purpose of the visit
- Introduce survey team
- Obtain key administrative names and contact information
- Identify a conference room for use by survey staff

Entrance Activity cont’d

- Request a list of current patients
- Request staff bylaws and policy manuals
- Request an organizational chart and facility floor plan

Information Gathering

- Selecting a patient sample
- Record Review
- Interviews
- Observations
- Review of findings

Exit Conference

- Arrange for a time and meeting place with administration.
- Discuss general findings and areas of concern.
- Nothing should be considered final at the exit conference.
ASC Infection Control Worksheet

Worksheet info/background:
1. Developed in conjunction with the CDC after incidents in Nevada.
2. Piloted in three states prior to implementation nationally (MD, NC, OK).
3. Pilot revealed numerous issues with IC and ASCs.
4. Goal was to improve consistency between surveyors and between states while lessening IC threats to the public.

ASC Infection Control Worksheet

Worksheet Components
1. Elements from CDC/HICPAC Guidelines
   • Emphasis on Standard Precautions
2. Hand Hygiene and glove use
3. Injection Safety and medication handling
4. Instrument reprocessing
   • High-level disinfection (e.g., endoscope reprocessing)
   • Sterilization
5. Environmental cleaning
6. Point-of-care devises (e.g., blood glucose meters)

ASC Infection Control Worksheet

IC Lapses – National
1. Injection safety
   • Reuse of syringes either from patient to patient or to access shared medication vials
   • Use of single-dose vials for multiple patients
2. Point-of-care devices
   • Using same fingerstick devices for >1 patient
   • Failure to clean/disinfect blood glucose meters after each use

ASC Infection Control Worksheet

IC Lapses – National
3. Equipment reprocessing
   • Failing to follow manufacturer’s instructions
   • Failure to pre-clean instruments prior to sterilization or high-level disinfection
   • Failure to use appropriate connectors
4. Environmental cleaning
   • Lack of clearly assigned responsibility for who cleans what and when

ASC Infection Control Worksheet

Infection Control Stats

Hospitals/ASCs – 2009

Infection Control Complaints:
Hospital 38
ASCs 2

IC Percentage of Complaints Received 4.7%
Infection Control Stats

Hospitals/ASCs – 2010

Infection Control Complaints:
Hospital 27
ASCs 4
IC Percentage of Complaints Received: 2.7%

Hospitals/ASCs – 2011 (through 08/31/11)

Infection Control Complaints:
Hospital 16
ASCs 0
IC Percentage of Complaints Received: 1.6%

Infection Control Complaints

Examples of IC complaints received:

1. “While waiting for mom to be finished, at no time did any staff member either wash their hands or foam their hands between patients. The staff was going from patient to patient doing vital signs, and checking IV bags and lines. I wanted to say something but I also didn’t want them to be mean to my mom.”

Examples of IC complaints received:

2. Complainant stated patient room had syringe caps, cotton balls, used gauze laying on floor. Complainant stated it smelled like feces in the room and that it had urine stains on the floor. Complainant brought concerns to attention of staff who said they did not have housekeeping on the weekend, no one seemed to care.

Examples of IC complaints received:

3. Complainant is an RN and had many infection control concerns, did not see staff washing hands after entering room and there were no foam dispensers in room and none in hall, never saw staff using any type of foam or liquid hand sanitizer. Staff did not disinfect Accucheck, Oxymeter or BP cuff before leaving the room, does not know if it was done after leaving room.

Examples of IC complaints received:

4. Complainant is an RN that witnessed a physician drop a scope on the floor in a surgical suite and was going to go ahead and begin the colonoscopy with the dropped scope. The scrub tech said to the physician, “Would you like me to wipe that off before you continue?” That is exactly what was done; the scope was wiped with a sani-wipe and the procedure was completed with the dropped scope.
**Common Missouri IC Citations**

**Infection Control Program – Q242**

1. Observed failure to perform hand hygiene - 16
2. No documented hand hygiene surveillance - 10
3. Surgical mask use - 7
4. IC program not documented based on nat’l standards - 7
5. Residue in sterilizer containers &/or containers rusted - 5
6. Incomplete sterilizer log - 4
7. Instruments improperly sterilized - 4
8. Glucometer not cleaned after use - 3
9. PPE (gown and/or gloves) not worn - 3
10. Sterility of supplies not maintained - 3

**Sanitary Environment – Q241**

1. Rusted OR equipment - 16
2. Holes or tears in OR equipment/furniture - 11
3. Tape on OR equipment - 9
4. Damaged OR walls - 8
5. Adhesive residue on OR equipment - 7
6. OR equipment dusty - 7
7. OR floors damaged - 4
8. Dusty air vents - 3

**Physical Environment – Q01**

2. OR room used for storage (unfinished floor no emergency outlets no lighting, stacked with trash and dirty)
3. Overflowing sharps box.
4. Cracked walls in OR
5. Mechanical room in sterile corridor cluttered and overflowing with no longer used surgical items stored on top of air ducts
6. Closet in sterile corridor with trash and linen bags leaking various types of fluids
7. Temperature and humidity log not current
8. Outdated Supplies
9. Improper Flash Sterilization