Infection Prevention and Control

Community Health Centers
February 2, 2017

Lisa Waldowski DNP, PNP, CIC
Infection Control Specialist
The Joint Commission
Objectives

At the conclusion of this presentation, the participant will be able to:

– Understand the importance of an IC risk assessment process as it relates to the IC Plan
– Relate HLD/Sterilization findings to the appropriate STDs/EPs that include IC, EC, HR, and LD
Risk Assessment Process

1. Identify Risks
2. Create Goals
3. Develop & Implement IC Plan
4. Evaluate Plan
IC.01.03.01
Identifies Risk

- **EP1**
  - Location, community, population served

- **EP2**
  - Care, treatment, services provided

- **EP3**
  - Analysis of activities (data)

- **EP5**
  - Prioritized identified risks
Risk Assessments

- Represent the entire organization
  - High-level disinfection and/or sterilization
  - Prioritized risks are documented
- Include input from multidisciplines as part of the risk assessment
- A continuous process for planning and maintaining infection prevention and control programs
Examples of Risk Area Topics

- Hand Hygiene
- HAIs
  - SSIs
- Devices
  - HLD/Sterilization
- New Program
- New Procedure
- Dialysis
- Emerging/Re-emerging Infectious Disease
A risk assessment should serve as the basis for developing written goals and measurable outcomes for the infection control program.
Goals

- Goals should be linked to the priorities identified in the risk assessment
- Move from knowing about potential problems to working on preventing them
Infection Prevention and Control Plan

- Risk Assessment
- Risk Event
- IC Program Goal(s)
- Strategies for Success
- End of Year Evaluation
- Status (Met or Not Met)
Evaluating IC Plans

IC.03.01.01 evaluates annually and whenever risks significantly change

Includes review of the following:

- Prioritized risks
- Goals
- Implemented plan activities
- Communicated at least annually (ie. Patient Safety Committee)
Risk Assessment Resources

- Joint Commission Leading Practice Library
- JCR
  - Using the Risk Assessment to Set Goals and Develop the Infection Prevention and Control Plan
DOH Investigating Dentist for Potential Breaches in Infection Control, Sterilization

Children’s Hospital says former surgical patients from their Clinic site may need hepatitis, HIV tests

Filthy surgical instruments: The hidden threat in America's operating rooms
Reported gastrointestinal endoscope reprocessing breaches: The tip of the iceberg

- Endoscopes Linked to Outbreak of Drug-Resistant E.coli
- Endoscopes linked to Pseudomonas infections
- Deadly bacteria on medical scopes trigger infections
### IC.02.02.01 Noncompliance 2009-2016 half-year

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>AHC</td>
<td>17.65%</td>
<td>22.60%</td>
<td>25.79%</td>
<td>30.61%</td>
<td>38.11%</td>
<td>41.00%</td>
<td>46.29%</td>
<td>49.00%</td>
</tr>
<tr>
<td>CAH</td>
<td>15.23%</td>
<td>18.18%</td>
<td>26.52%</td>
<td>36.36%</td>
<td>47.19%</td>
<td>51.00%</td>
<td>60.49%</td>
<td>73.00%</td>
</tr>
<tr>
<td>HAP</td>
<td>20.76%</td>
<td>29.49%</td>
<td>36.12%</td>
<td>41.85%</td>
<td>46.46%</td>
<td>52.00%</td>
<td>58.67%</td>
<td>59.00%</td>
</tr>
<tr>
<td>OBS</td>
<td>15.91%</td>
<td>24.19%</td>
<td>28.87%</td>
<td>29.23%</td>
<td>28.57%</td>
<td>39.00%</td>
<td>50.00%</td>
<td>53.00%</td>
</tr>
</tbody>
</table>
STD IC.02.02.01 EP2 Noncompliance
2009-2016 half year

<table>
<thead>
<tr>
<th>Year</th>
<th>AMB</th>
<th>CAH</th>
<th>HAP</th>
<th>OBS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>4.87%</td>
<td>5.96%</td>
<td>6.97%</td>
<td>3.18%</td>
</tr>
<tr>
<td>2010</td>
<td>12.83%</td>
<td>12.12%</td>
<td>18.06%</td>
<td>11.29%</td>
</tr>
<tr>
<td>2011</td>
<td>16.03%</td>
<td>23.48%</td>
<td>25.44%</td>
<td>19.01%</td>
</tr>
<tr>
<td>2012</td>
<td>22.06%</td>
<td>27.27%</td>
<td>29.40%</td>
<td>25.64%</td>
</tr>
<tr>
<td>2013</td>
<td>28.71%</td>
<td>35.96%</td>
<td>32.60%</td>
<td>24.11%</td>
</tr>
<tr>
<td>2014</td>
<td>28.66%</td>
<td>46.03%</td>
<td>38.03%</td>
<td>33.63%</td>
</tr>
<tr>
<td>2015</td>
<td>35.66%</td>
<td>45.68%</td>
<td>46.92%</td>
<td>45.89%</td>
</tr>
<tr>
<td>2016</td>
<td>41.80%</td>
<td>68.29%</td>
<td>49.21%</td>
<td>50.98%</td>
</tr>
</tbody>
</table>
## STD IC.02.02.01 EP4 Noncompliance

2009-2016 half-year

<table>
<thead>
<tr>
<th>Year</th>
<th>AMB</th>
<th>CAH</th>
<th>HAP</th>
<th>OBS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>2.84%</td>
<td>0.66%</td>
<td>3.24%</td>
<td>3.64%</td>
</tr>
<tr>
<td>2010</td>
<td>3.03%</td>
<td>2.02%</td>
<td>5.97%</td>
<td>8.06%</td>
</tr>
<tr>
<td>2011</td>
<td>5.79%</td>
<td>6.82%</td>
<td>11.61%</td>
<td>9.51%</td>
</tr>
<tr>
<td>2012</td>
<td>4.90%</td>
<td>16.23%</td>
<td>19.49%</td>
<td>3.59%</td>
</tr>
<tr>
<td>2013</td>
<td>8.47%</td>
<td>20.22%</td>
<td>24.05%</td>
<td>5.36%</td>
</tr>
<tr>
<td>2014</td>
<td>10.24%</td>
<td>16.67%</td>
<td>27.15%</td>
<td>7.96%</td>
</tr>
<tr>
<td>2015</td>
<td>12.35%</td>
<td>29.63%</td>
<td>35.04%</td>
<td>6.16%</td>
</tr>
<tr>
<td>2016</td>
<td>10.58%</td>
<td>19.51%</td>
<td>35.66%</td>
<td>1.96%</td>
</tr>
</tbody>
</table>
Overarching Risks in Reprocessing Medical Equipment, Devices, and Supplies

- Not adhering to manufacturer’s instructions for use (IFUs)
- Not following recommended practices or evidence-based guidelines
- Lack of documented staff competency
- Lack of competent, trained oversight (supervisory)
- IC involvement
Reprocessing Process for Sterilization

- Point-of-Use
- Transport
- Storage
- Cleaning
- Inspect
- Sterilization
- Prep & Pack
Quality Monitoring of Sterilization

Mechanical/Physical Indicators

- Displays, printouts
- Indicates if equipment working properly
- Not indicator of sterility
Quality Monitoring of Sterilization

Chemical Indicators

• Change color with timed exposure to heat, steam
• Used to show items have gone through sterilization process
• Not indicator of sterility
Quality Monitoring of Sterilization

Biological Indicators

- Demonstrates bacterial spores on test strips or in vials/containers have all been killed
- Indicator of sterility
Reprocessing Process for High-level Disinfection (HLD) - Scopes

1. Rinse
2. HLD
3. Cleaning
4. Leak Testing
5. Dry & Store
6. Pre-Clean at Point-of-Use
7. Transport

Scopes include:
- Pre-Clean at Point-of-Use
- Transport
- Leak Testing
- Dry & Store
- HLD
- Cleaning
- Rinse

The Joint Commission
Accreditation
Ambulatory Care
Quality Monitoring of HLD

- High-level disinfectants are prepared according to manufacturer’s instructions for use
  - Length of time
  - Temperature
  - Documentation/logs
  - Test strips – labeled, expiration date, follow instructions for use, correct test strip for solution
Areas of focus:
HLD and Sterilization

- Staff competency and training of HLD and/or sterilization
  - HR.01.02.01 EP1 (staff qualifications)
  - HR.01.04.01 EP4 (orientation, specific job duties)
  - HR.01.05.03 EP1 (ongoing education/training)
  - HR.01.06.01 EP’s 5, 6 (competence)

- Infection Control Practitioner (ICP) knowledge and surveillance of HLD/sterilization processes
  - HR.01.02.01 EP1
  - IC.01.01.01
Areas of focus: HLD and Sterilization

- Managerial/Supervisor/ICP oversight, leadership knowledge, engagement, and support or lack thereof
  - LD.04.01.05 EP’s 1,3,4 (oversight, responsibility, accountability)

- Ventilation/pressure relationships
  - EC.02.05.01 EP 6
  - Physical layout/Space constraints
  - LD.04.01.11 EP’s 2,5 (space allocation, equipment/supplies/resources)
Areas of focus: HLD and Sterilization

- Quality monitoring process and documentation – HLD and sterilization
  - IC.02.02.01 EP2
- Evidence-based guidelines – knowledge and use of
  - IC.01.05.01 EP1
HLD & Sterilization BoosterPak

- Available for accredited organizations on the HCO Extranet site, including Guest Access
- Applicable to hospitals, critical access hospitals, ambulatory, and office-based surgery settings
HLD & Sterilization BoosterPak

Targeted audience:
- Frontline staff conducting HLD and sterilization
- Supervisor/manager of HLD and sterilization
- Infection Preventionists

Goal: To ensure HLD and sterilization practices are conducted according to regulatory standards and evidence-based guidelines, in order to minimize the potential risk of infection to patients
Resources

- 2008 CDC Guideline for Disinfection and Sterilization in Healthcare Facilities
- ANSI/AAMI ST58:2013 Chemical Sterilization and high-level disinfection in healthcare facilities
- ANSI AAMI ST91:2015 Flexible and semi-rigid endoscope processing in health care facilities
Resources

2015 SGNA Standards of Infection Control in Reprocessing of Flexible Gastrointestinal Endoscopes


2016 AORN Recommended Practices for Perioperative Nursing – Sterilization and Disinfection
  o Disinfection – High-level
  o Flexible Endoscopes – Cleaning and Processing
Resources

- ASGE 2016 Multisociety Guideline on Reprocessing Flexible Gastrointestinal Endoscopes
QUESTIONS?

lwaldowski@jointcommission.org