Michigan Society of Infection Prevention and Control Fall Conference

Accreditation and Regulatory Update: Are You Ready?

Marcia Hargreaves, M.S
Director, Accreditation and Regulatory Compliance
Ascension Michigan Borgess
Accrediting Agencies Covered in This Presentation

- This presentation focus on the Centers for Medicare and Medicaid Services (CMS) and the Joint Commission

- Not Covered:
  - Accreditation Association of Ambulatory Health Care
  - Accreditation Commission for Health Care, Inc. - HHA, Hospice
  - Commission on Accreditation of Rehabilitation Facilities
  - DNV Healthcare
  - Healthcare Facilities Accreditation Program
  - Many others
“I must be growing up. I’ve caught myself washing my hands without being told to.”
Centers for Medicare and Medicaid Services - applicable to all types of organizations that receive Medicare and Medicaid reimbursement
Centers for Medicare and Medicaid Services (CMS)

- Administers Medicare program and in partnership with state governments, the Medicaid program.
- 2019 Proposed Budget
  - $26 million increase over 2018
  - Increase in number of surveys
  - Last year 3,165 of 4,800 hospitals had complaint surveys
  - Impose a user fee
    - Fee for survey as result of deficiencies found during initial, recertification, or substantial complaint surveys
- Termination by CMS
  - 92 terminations FY 18, 47 hospital terminations FY18
  - 112 EMTALA investigations, 18 in last 30 days and 15 of those in Region 5
    - $104,000 fine per violation
  - 2,438 complaint surveys, 430 in last 30 days
CMS Surveys

Definitions

- **Standard Level Deficiencies**
  - Noncompliance with any single requirement or several requirements within a particular standard.
  - Doesn’t substantially limit a facility’s capacity to furnish adequate care, or doesn’t jeopardize the health or safety of patients if the deficient practice recurred.

- **Condition Level Deficiencies**
  - Noncompliance with requirements in a single standard or several standards within the condition.
  - Representing a severe or critical health or safety breach.
  - 90 calendar day termination track.
Infection Control

FY 2015 - State agency identified 10 condition level deficiencies and 7 of them were missed by accrediting organization

FY 2014 - State agency identified 7 condition level findings and 4 of them were missed by the accrediting agency
Areas of Concern

Reprocessing

- Issues related to:
  - IUSS
  - Failure to monitor/document controls, results, efficacy testing, etc
  - Lack of surveillance over HLD/sterilization by ICP
  - Sterilization process(s)
  - Staff competency
Areas of Concern

Adequate Resources

- Resources to provide adequate surveillance, education, oversight of infection control activities across the organization
Areas of Concern

Cardboard Boxes

- Corrugated cardboard boxes are not appropriate as storage units in clinical areas.

- Boxes may harbor dust, bacteria, and small insects that have entered during shipping. In addition, boxes are physically dirty, dusty, wet, and moldy from the transportation route. You just don’t know where the boxes have been!
Areas of Concern

Perioperative Settings:

- Surgical Attire
  - Adherence to policy created on evidence based guidelines
  - Consequences of non-compliance

- Fingernails
  - Short, natural, tips no longer than 2 mm
  - No artificial nails

- Cell phones/tablets/hand-held devices
  - Need to be cleaned before entering and leaving perioperative setting
  - Potential for spark - fire

- Briefcases/backpacks/personal items
  - Difficult to clean
  - Potentially bring pathogens into OR environment
  - Should not be placed on OR floor
What’s Wrong Here?
Question

Which of the following is NOT allowed according to the hand hygiene guidelines:

A. Clean trimmed nails
B. Nail polish (no chips)
C. Artificial fingernails
Answer

C. Artificial fingernails
Areas of Concern

General

- Infection Control
  - CRE has been found in sinks, so consider splashing precautions
  - Will look for donning and doffing education, with documented competencies, for all staff who go into isolation rooms
The Joint Commission - includes all sites under the organization’s license including provider based clinics
New Assessment Tool for Surveyor Use

HLD/Sterilization SAFER Assessment Tool

*** Escalating HLD and sterilization risks require a call to Central Office ***

Use this tool in conjunction with the HLD or Sterilization Checklist available as a Quick Link in CITe

Optional: Scroll down to page 2 to enter notes.
Save to your computer before adding notes
High Risk

Complete IC Assessment: A call to SIG on-call required

IC.02.02.01 EP 2 (HAP CoP 482.51 Tag 0940) (ASC CfC 416.51)
- Implants flashed without evidence of emergent situation or process
- No gross cleaning – bioburden allowed to dry on instruments
- HLD product manufacturer’s instructions for use (IFU) not followed
- Biological Indicators inconsistently used
- Bowie-Dick test not documented
- Vaginal/rectal/TEE probes not subject to HLD

IC.01.05.01 EP 1
- Evidence-based guidelines not adopted

HR.01.06.01 EP 5, 6
- No initial or ongoing staff competency assessment

LD.04.01.05 EP 4
- Lack of leadership oversight of HLD &/or sterilization processes
Moderate Risk
Contact SIG on-call to provide a summary of observations and determine next steps

IC.02.02.01 EP 2 (CoP 482.51 Tag 0940) (ASC CfC 416.51)
• Gross cleaning not completed at point of use
• HLD/Sterilization logs inconsistently completed
• Instruments allowed to dry before or after initial gross cleaning
• Hinged instruments in closed position; not following IFU or evidence-based guidelines
• Single-use brushes reused
• Multi-use brushes not cleaned between use per IFU
• Folded inner peel pack pouch; wet packs
• BI lot numbers do not match controls
• Evidence implants are being flashed
• Early release of instruments with no policy to guide practice
Low Risk
Continue to “pull the thread’

IC.02.02.01 EP 2 (CoP 482.51 tag 0940)
- Efficacy test strips not dated
- Instruments not transported in covered, rigid container

IC.02.02.01 EP 4 (CoP 482.51 Tag 0940)
- Stored endoscopes touching bottom of cabinet surfaces

EC.02.02.01 EP 12 (CoP 482.41(a))
- No biohazard label on transport container
Joint Commission

- Safer Matrix
- Seeing more requirements for improvement
- Earlier surveys - 1 - 4 months
Safer Matrix

Immediate Threat to Life
(follows current ITL processes)

Likelihood to Harm a Patient/Visitor/Staff

HIGH

MODERATE

LOW

Scope
Infection Control Related Scoring Example - How Would You Score This?

While observing the process for cleaning instruments after a surgical procedure it was observed that the tech did not spray the used instruments with an enzymatic cleaner prior to transporting them to the decontamination room. Staff indicated that this was not a process in place at this facility.
While observing the process for cleaning instruments after a surgical procedure it was observed that the tech did not spray the used instruments with an enzymatic cleaner prior to transporting them to the decontamination room. Staff indicated that this was not a process in place at this facility.
While observing the process for cleaning instruments after a surgical procedure it was observed that the tech was reusing a single use brush. When the surveyor inquired about the process the tech stated they use the brushes until they begin to fall apart.
While observing the process for cleaning instruments after a surgical procedure it was observed that the tech was reusing a single use brush. When the surveyor inquired about the process the tech stated they use the brushes until they begin to fall apart.
Infection Control Related Scoring Example
How Would You Score This?

While performing a tracer in the GI lab it was observed that the end of the endoscope was touching the bottom of the storage cabinet.
While performing a tracer in the GI lab it was observed that the end of the endoscope was touching the bottom of the storage cabinet.
Joint Commission

- Top IC Findings Jan - June 2018
  - High level disinfection/sterilization
  - Storage
  - Implementation of IPC activities
  - Standard precautions
  - Use of evidence based guidelines
  - Transmission based precautions
  - Annual risk assessment
Examples Related to Immediate Threat to Health and Safety

- Failure to follow manufacturer’s instructions for use
- Do not follow or do not use evidence-based guidelines or national standards for high-level disinfection and sterilization
- Not following facilities stated or written policies and procedures
- Lack of staff training, education, and competency assessment related to high-level disinfection and sterilization
- Lack of leadership oversight of high-level disinfection and sterilization processes
What’s Wrong Here?
Recent CMS/Joint Commission Surveys

- Hospital in Illinois
  - State surveyors checking on water management program - observed non-compliance with surgical attire
  - -> full CMS survey
- Hospital in Wisconsin
  - Received PDA related to infection control issues
- Hospital in Michigan
  - Received PDA related to infection control issues
Drill Down of Issues

- Transport of contaminated instruments not compliant with evidence-based guidelines
  - Transported down hallway in a water bath
  - Container lacked a rigid cover
  - Instruments contained blood and tissue
- No evidence of a process to test the efficacy of instrument washers
- Multiple sterile instruments observed with old tape residue
- Brushes used to clean instruments were not cleaned after each use or disinfected daily as required by IFU
Drill Down of Issues

- Observed scopes transported in containers with holes noted on top and bottom
- Patient supplies stored in original corrugated shipping containers in a clean supply room
- Staff in surgical attire outside of building
- Observed sterile gown dragged across floor while being donned by individual
- Staff members observed with uncovered hair, incorrect mask worn by individuals with facial hair
- No process to monitor dry time for chlorhexidine skin prep
Drill Down of Issues

- Bottom shelves lacked protective barrier
- Clean stirrups observed touching the floor
- Improper air relationships in sterile processing department
- Sterile processing department with cracked, damaged walls and stained ceiling tiles
- Failure to ensure the instrument early release form was completed as required
- Staff unable to articulate the standards that their TEE probe reprocessing policy was based on (AAMI, AORN, SGNA)
Question

True or False: Traffic of staff in and out of the OR can increase risk of surgical site infections (SSI).
TRUE!

Foot traffic should be kept to a minimum during an open case in the OR:

- Excessive traffic in a case can disturb clean air patterns of supply air and can stir up dust and debris
- Gather all necessary supplies prior to case start
- Time staff breaks in accordance with procedure
Question

When performing a surgical skin prep with an alcohol containing agent, how long must the prep be allowed to dry before draping?

A. 30 seconds
B. 1 minute
C. No minimum dry time required
D. 3 minutes minimum, but may be up to an hour in hair
D. 3 minute minimum, but may be up to 1 hour in hair!
So What Do You Need to Know?

- Know your annual plan and goals
  - What did you learn from your evaluation of your previous year’s goals and how did you bring that forward?
- Know your data
  - Know your priorities and what is being done
  - How are the data shared throughout the organization?
- Know your organization’s strengths and weaknesses
- Be able to describe leadership involvement
- Be able to describe your processes such as surveillance
- Show/describe collaboration with facilities, environment of care - often demonstrated by IPC Committee
- Share your successes!
Interacting with a Surveyor

- Be polite and professional
- Ask for clarification if the question is not understood
- Be honest, if you don’t know the answer just say so, but....
- Respond directly and concisely - don’t offer additional information or monopolize the conversation
- Don’t offer documents or policies unless they are requested
- Don’t offer to take the surveyor to an area they did not ask to see
- If you don’t agree with the surveyor talk to your survey coordinator who can speak with the team leader - never challenge the surveyor