



Creating a Risk Assessment and Program Plan for your ASC

Angela Vassallo, MPH, MS, CIC, FAPIC

Clinical Improvement Advisor, Infection Prevention

Health Services Advisory Group (HSAG)

November 7, 2018

Introductions

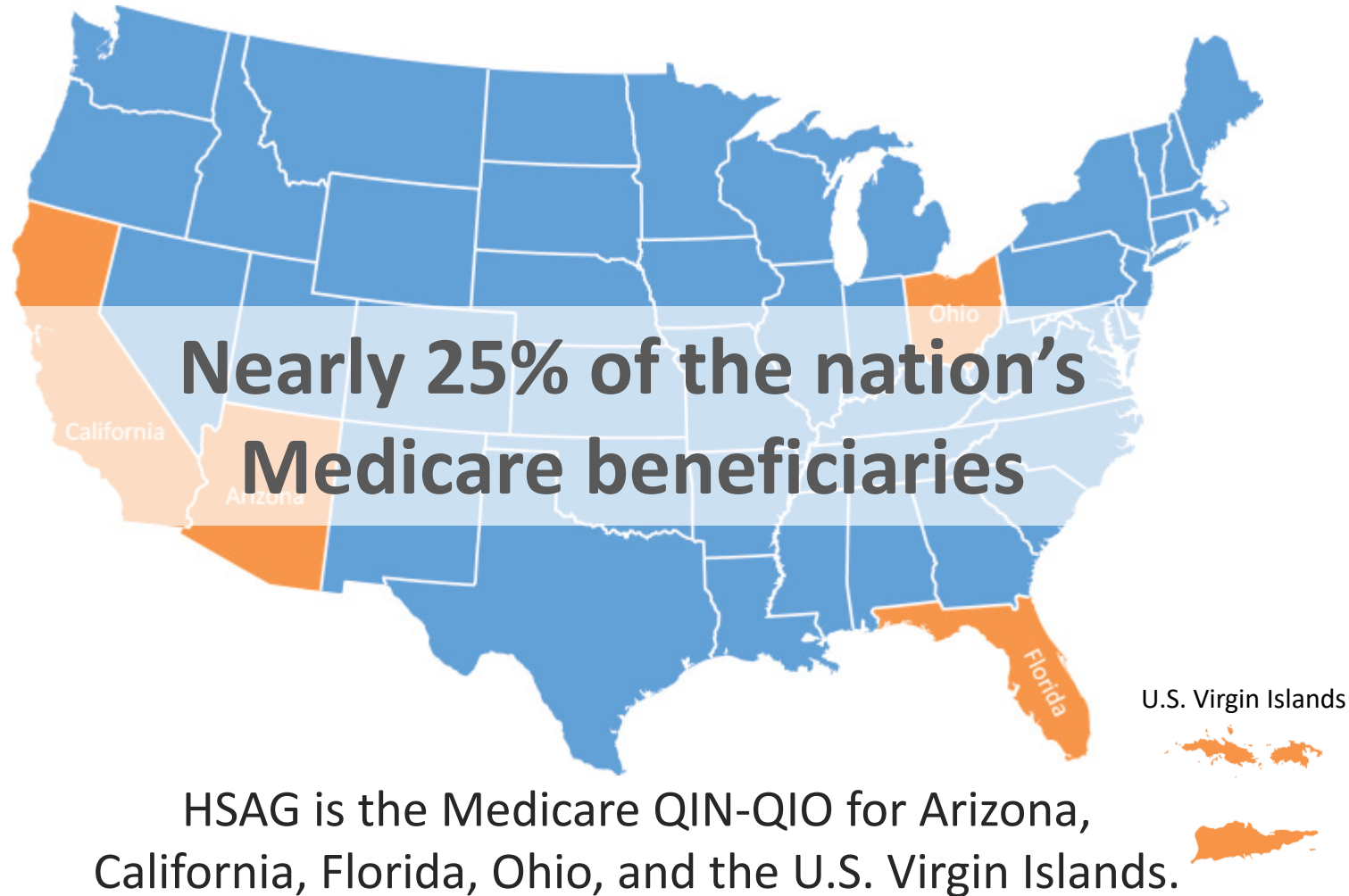


- **Angela Vassallo, MPH, MS, CIC, FAPIC**
Nationally recognized expert in Infection Prevention (IP)
- Certified in Infection Control (CIC) and Fellow of APIC (FAPIC)
- Association for Professionals in Infection Control and Epidemiology (APIC)
 - Past-president, CA APIC and Greater LA APIC chapter
 - Vice-chair, national APIC Communications Committee
- Infectious Disease Association of California (IDAC)
 - First and only Infection Prevention board member
- LA County Department of Public Health Healthcare-Acquired Infection (HAI) Advisory Committee
 - Founding member who represents Infection Preventionists in LA County
- Faculty, MPH, MHA, and MS programs
 - West Coast University and Providence University
- Education
 - MPH, University of Texas Health Science Center, School of Public Health, Houston, TX
 - MS, Healthcare Management, West Coast University, Los Angeles, CA
 - BA, International Service, American University, Washington, DC

Ambulatory Surgery Center Special Innovation Project (ASC SIP)



HSAG's QIN-QIO¹ Territory



1. Quality Innovation Network-Quality Improvement Organization (QIN-QIO)

Social Media: Twitter



- HSAG will be live Tweeting during this CASA seminar.
- Please Tweet us with your questions!
- Use hashtags:
 - #ASCinfectionprevention
 - #CASAIPseminar2018

Objectives

1. Explain the difference between the Infection Prevention Risk Assessment and Program Plan and how they should be created.
2. List potential risks at your facility that could be included in a Risk Assessment.
3. Create a Program Plan to manage and reduce the identified risks for your facility.
4. Identify two situations that would cause a re-evaluation of the IP Risk Assessment and Program Plan.


Centers for Medicare & Medicaid Services (CMS)

- ASC Conditions for Coverage (CfCs) Appendix L
 - First Publication—August 5, 1982
 - Most recent effective date—December 23, 2011
- Began surveying ASCs on Infection Control in 2009
- ASC surveyor worksheet for Infection Control
 - Most recent version from 2015
 - 17 pages of clear direction for your program
- Someone has to be in control of Infection Control
 - Qualified person who is trained
 - Certification is recommended, but not required
- Your program has to be based upon nationally recognized standards
 - This must be documented!
- §416.51—The ASC must maintain an infection control program that seeks to minimize infections and communicable diseases.



The Who, The What, and The How

- ASCs must develop and implement an annual IP Risk Assessment and a Program Plan. In order to do this, a comprehensive review to identify, manage, and prevent the transmission of infections must be conducted.
 - This is where the IP comes in to save the day!
 - These tools should be created in a multi-disciplinary team, such as the IP committee, and not just by the IP alone.



The Who, The What, and The How (cont.)

- Situations will arise in the day to day operations that call for an updated IP Risk Assessment, such as unusual infections, random outbreaks, or new construction
 - These risks should be assessed and a Program Plan must be developed to prevent them
 - These tools must be adapted on an ongoing basis as new issues arise
 - They are living documents



Step One

1

Creating an Annual Risk Assessment



The Basics

- The IP Risk Assessment is a tool used to develop the annual IP Program Plan, which determines program priorities for the year.
- The IP Risk Assessment stratifies potential infection risks based on your facility, the community, patient population, and IP data (such as, surgical site infection (SSI) data, and compliance monitoring tools).
- The IP Risk Assessment is an ongoing, continual process that should be reviewed by the IP Committee/medical staff leadership/administration/frontline staff members annually and on an ongoing basis, as needed.
- It is of utmost importance that the entire organization has input in and understands the risks, as well as the plans to address them.



Risks and Probability of Occurrence

- Evaluate potential risks in each of the three categories:
 - Probability of occurrence
 - Risk/impact
 - Current systems/preparedness
- Add or remove potential risks as needed
 - Risk category examples:
 - Prevention Activities
 - Policies
 - SSIs
 - Sterilization
 - Disinfection and Cleaning
 - Employee Vaccinations
 - Community
 - Etc.



Risks and Probability of Occurrence (cont.)

- Issues to consider for probability of occurrence include, but are not limited to:
 - Current data
 - Known risks
 - Historical data
 - Reports in the literature
 - Etc.
- Scoring: Expected (4), Likely, Maybe, Rare, Never (0)



Risks and Their Impact

- Issues to consider for risk/impact include, but are not limited to:
 - Threat to life and/or health
 - Disruption of services
 - Loss of function
 - Loss of community trust
 - Financial impact
 - Legal issues
 - Regulatory/accrediting/organizational issues
- Scoring: Catastrophic Loss (4), Serious Loss, Prolonged Length of Stay, Moderate Clinical/Financial, Minimal Clinical/Financial (1)



Risks and Your Facility's Preparedness for Them

- Issues to consider for current systems/preparedness include, but are not limited to:
 - Status of current plans/implementation
 - Education and training status
 - Availability of back-up systems
 - Community/public health resources
 - Relationships with nearby hospitals and other ASCs
- Scoring: None (5), Poor, Fair, Good, Solid (1)



Scoring Your Risks

- Each of the three potential risk areas—probability of occurrence, risk/impact, and current systems/preparedness—should have one score.
- Once you have calculated the scores for the potential risk areas, you add the values for each risk to get the final score.
- The highest score values will represent the risks most in need of organizational focus and resources for planning.
 - This is where you determine your risks that you use to build your program plan.
 - Examples: Hand Hygiene, Immediate Use Steam Sterilization, SSIs, and Environmental Services (EVS).
 - Now you need to think about your risks and how you plan to address them.

Do Not Forget to Assess Your Risks in the Community

- Demographics
 - Located in Los Angeles
 - Opened in 2000
 - Accreditation Association for Ambulatory Healthcare, Inc. (AAAHC) accredited
 - CMS certified
 - Participates in HSAG's IP project for ASCs
- Community Issues
 - Earthquake and fire zone; Drills with local health department
 - High incidence of TB
- Service lines
 - Gastroenterology, eye, urology, orthopedics, pain, gynecology, and general surgery
- Patients
 - Approximately 200 patients per month
 - Primarily retired population
 - English and Farsi speaking
- Staff Members
 - 20 employees
 - 10 surgeons/5 anesthesiologists
 - 3 contracted housekeepers
 - 2 contracted pharmacists



Step Two


2

Creating an Annual Program Plan



Program Plan

- The highest risks should be used to drive the IP program plan.
- The plan will determine concrete steps for the organization to follow in order to mitigate risks.
- It should have measurable goals and objectives for each of your facility's key risks.
- The plan should also include an evaluation of progress made on the previous year's risks. This will assure you are not operating in a vacuum and re-inventing the wheel. It also shows you are paying attention.



Leadership, Staff Members, and Committees—Oh My!

- Mobilize your team to create a comprehensive IP Risk Assessment and Program Plan.
 - Everyone should be involved in preventing the transmission of healthcare-acquired infections in your facility.
- Staff members huddles, annual training, committee meetings, and the break room are all great places to educate on the facility's risks.
 - Use handouts, flyers, posters, and be sure you have sign-in sheets.
- Get input from everyone. Medical staff members, nurses, and housekeeping.
 - What do they think is the biggest IP risk? How would they solve it if they could?
- Get everyone's buy-in so that assessing and planning for IP risks is a cultural norm.

Build Your Plan Risk by Risk

1. 2018 Risk Priority/Focus Area
 - **Hand Hygiene:** #1 risk according to the Risk Assessment scores.
2. 2018 Goal (Measurable)
 - Increase hand hygiene rate to 85% in 2018 and improve compliance with hand hygiene policy with a long-term goal of 100%.
3. 2018 Objectives
 - Improve hand hygiene monitoring results.
 - Educate staff members on hand hygiene policy.
4. 2018 Strategies to Achieve Goal
 - Create a team to improve monitoring tool.
 - Have more staff members monitor—not just IP.
 - Conduct quarterly huddles on hand hygiene policy and monitoring expectations.
5. 2017 Evaluation
 - Hand Hygiene in 2017 increased from 70% to 78%.
6. 2017 Analysis
 - Hand Hygiene compliance increased in 2017 due to increased monitoring and staff member education of the policy by IP. This will continue in 2018.



Step Three

3

Make these documents work for you!



Assess Your Risks and Plan for Them

- This process creates structure and keeps you on track
 - It gives you a road map to follow
 - Be ready for bumps in the road
- Re-evaluate when new issues arise
 - Two new SSIs appear within a two week period for one service line/one surgeon.
 - Hand Hygiene data seems to be decreasing for two quarters
 - How can you use the Risk Assessment and Program Plan to address these new challenges?
- Make sure it is reviewed and approved by leadership and in committee meetings
 - Consider making it a requirement that the Risk Assessment and Program Plan policies that are reviewed and updated annually
- Use it to guide your annual and quarterly staff member education
 - Get staff member input and buy in on each year's plan
- Make it fun! You need all the help you can get

CASA: Infection Prevention Tips for Patients



You are an important part of infection prevention.



Wash your hands with soap and water or use hand sanitizer.

Ask healthcare workers and your visitors to do the same.



Speak up for your care!



Clean your hands and make sure everyone around you does, too.



Sneeze and cough into your elbow, not your hands.



Follow your pre-operative instructions.



If you are having surgery, ask if you should shower with a germ-killing soap ahead of time.



Ask about safe injection practices - Remember: *One Needle, One Syringe, One Time.*



Take medications as directed.



Notify your physician after surgery if you have a fever or redness at the incision site.

The Centers for Disease Control and Prevention (CDC) Patient Education on SSIs



APIC: 10 Ways to Protect Your Patients






CDPH¹ Adherence Monitoring Tools

The screenshot shows the CDPH website with the following elements:

- Header:** C.A.GOV logo, navigation links (en Español, Contact Us, About, News & Media, Jobs/Careers), and utility links (Select Language, Text Resize).
- Search Bar:** "Search this site" with a magnifying glass icon.
- Navigation Menu:** "I am looking for", "I am a", "Programs", and "A-Z Index" with dropdown arrows.
- Breadcrumbs:** Home | Programs | Center for Health Care Quality | Healthcare Associated Infections | Monitoring Adherence To HC Practices That Prevent Infection.
- Main Title:** "HEALTHCARE-ASSOCIATED INFECTIONS (HAI) PROGRAM" in a blue banner.
- Section Header:** "Monitoring Adherence to Health Care Practices that Prevent Infection".
- Text:** "Hospitals and other healthcare facilities have infection control and prevention policies and procedures. However, do they know if all healthcare providers understand and are consistently complying? The California Department of Public Health (CDPH) Healthcare-Associated Infections (HAI) Program developed tools for measuring healthcare worker adherence to care practices critical to prevent infections. Each hospital, skilled nursing facility, and outpatient clinic should develop a plan to regularly monitor staff adherence to evidence-based infection prevention practices. Feedback of adherence monitoring results to frontline staff can increase compliance and prevent HAI. We present 20 adherence monitoring tools for measuring care practices, including contact precautions, environmental cleaning, hand hygiene, invasive device use, perioperative care, blood glucose monitoring, injection safety, hemodialysis care, and reprocessing reusable devices. Suggestions for using the tools:"
- Bulleted List:**
 - Covert observations (e.g., using "secret shoppers") are more effective than overt observations for assessing routine, typical care. Monitoring by a known designated staff member, such as the infection preventionist, may result in inflated adherence percentages.
 - When using an adherence monitoring tool, repeat the measurements at regular intervals to assess improvement over time. Sharing performance data that demonstrates improvement over time is important to gain frontline support for infection prevention interventions.
 - Encourage competition between units to achieve higher adherence percentages.
- Section Header:** "Calculating adherence percentage".
- Text:** "The method used to calculate the adherence percentage is the same for each adherence monitoring tool. On the form, you will sum the number of correct practices observed and divide by the total number of observations (and multiple by 100)."

1. California Department of Public Health (CDPH). Healthcare-Associated Infections (HAI) Program. Available at: <https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/MonitoringAdherenceToHCPracticesThatPreventInfection.aspx>. Accessed on: October 30, 2018

HSAG Antimicrobial Stewardship Checklist for ASCs

Antimicrobial Stewardship Checklist for Ambulatory Surgery Centers (ASCs)

Leadership Support		
1. Does your facility have a formal, written statement of support from leadership that supports efforts to improve antimicrobial use (antimicrobial stewardship)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does your facility receive any budgeted financial support for antimicrobial stewardship activities (e.g., support for salary, training, or IT support)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Accountability		
3. Is there a physician leader responsible for program outcomes of stewardship activities at your facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Is there a pharmacist leader responsible for working to improve antimicrobial use at your facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Policies		
5. Does your facility have a policy that requires prescribers to document in the medical record or during order entry a dose, duration, and indication for all antimicrobial prescriptions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Does your stewardship program monitor adherence to the policy (such as by monitoring dose, duration, and indication)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Does your facility have facility-specific treatment recommendations, based on national guidelines and local susceptibility, to assist with antimicrobial selection for common clinical conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Does your stewardship program monitor adherence to facility-specific treatment recommendations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Interventions to Improve Antibiotic Use		
9. Do specified antimicrobial agents need to be approved by a physician or pharmacist prior to dispensing (i.e., pre-authorization) at your facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Does a physician or pharmacist review courses of therapy for specified antimicrobial agents (i.e., prospective audit with feedback) at your facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Education		
11. Does your stewardship program provide education to clinicians and other relevant staff members on improving antimicrobial prescribing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Page | 1

This material was adapted by Health Services Advisory Group, the Medicare Quality Improvement Organization California, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services, from material originally prepared by the Centers for Disease Control and Prevention (CDC). The contents presented do not necessarily reflect CMS policy. Publication No. CA-1150W-ASC-02282018-01



You can do it!

Think about your program.

- What keeps you up at night?
- What takes up most of your time?
- What needs improvement?

Assess the risk level of these issues.

- If they warrant further work, build them into your plan.
- If not, stop worrying and move on to the next risk.
There are more than enough risks to go around!
- Someone near you is also probably obsessing about something that does not merit their energy.
- Stay focused!



Use Your Time at This Seminar Wisely

- Look around the room
 - We are fortunate to be here
 - Most states do not have ASC associations
 - And, many ASCs do not send their staff members to get this training
 - Meet people
 - Share contact information
 - Offer to help and support your peers
 - Everybody needs a lifeline!
 - Get started by attending today's break-out session at 4:30 p.m., where we will review your facility's Risk Assessment and Program Plan (if you brought them).
 - I will give input on your facility's specific risks and help you come up with a plan to prevent them.

References

- California Ambulatory Surgery Association (CASA) Source: You are an important part of infection prevention. Available at: <http://www.casurgery.org/>. Accessed on: October 30, 2018
- Association for Professionals in Infection Control and Epidemiology (APIC) Source: APIC. 10 Ways to Protect Your Patients. Available at: http://professionals.site.apic.org/files/2018/08/APIC_ProtectYourPatients_Infographic.pdf. Accessed on: October 30, 2018
- California Department of Public Health (CDPH). Healthcare-Associated Infections (HAI) Program. Available at: <https://www.cdph.ca.gov/Programs/CHCQ/HAI/Pages/MonitoringAdherenceToHCPracticesThatPreventInfection.aspx>. Accessed on: October 30, 2018
- CDC. Surgical Site Infections FAQs. Available at: https://www.cdc.gov/hai/pdfs/ssi/ssi_tagged.pdf. Accessed on: October 30, 2018.
- Health Services Advisory Group (HSAG). Antimicrobial Stewardship Checklist for Ambulatory Surgery Centers (ASCs). Available at: <https://www.hsag.com/contentassets/98d1e68f70bc4240832eb3545b6050f6/rbrndcdchsagaschecklistforasc.pdf>. Accessed on: October 30, 2018.



Thank you!

Questions?

Angela Vassallo, MPH, MS, CIC, FAPIC
Clinical Improvement Advisor, Infection Prevention, HSAG
480.287.3655 | avassallo@hsag.com