



Infection Prevention and Control

Community Health Centers


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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



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

Risk Assessment

- 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

- ▶ APIC (2014). Text of Infection Control and Epidemiology, 4th edition.
- ▶ Joint Commission Leading Practice Library
- ▶ JCR
 - Using the Risk Assessment to Set Goals and Develop the Infection Prevention and Control Plan

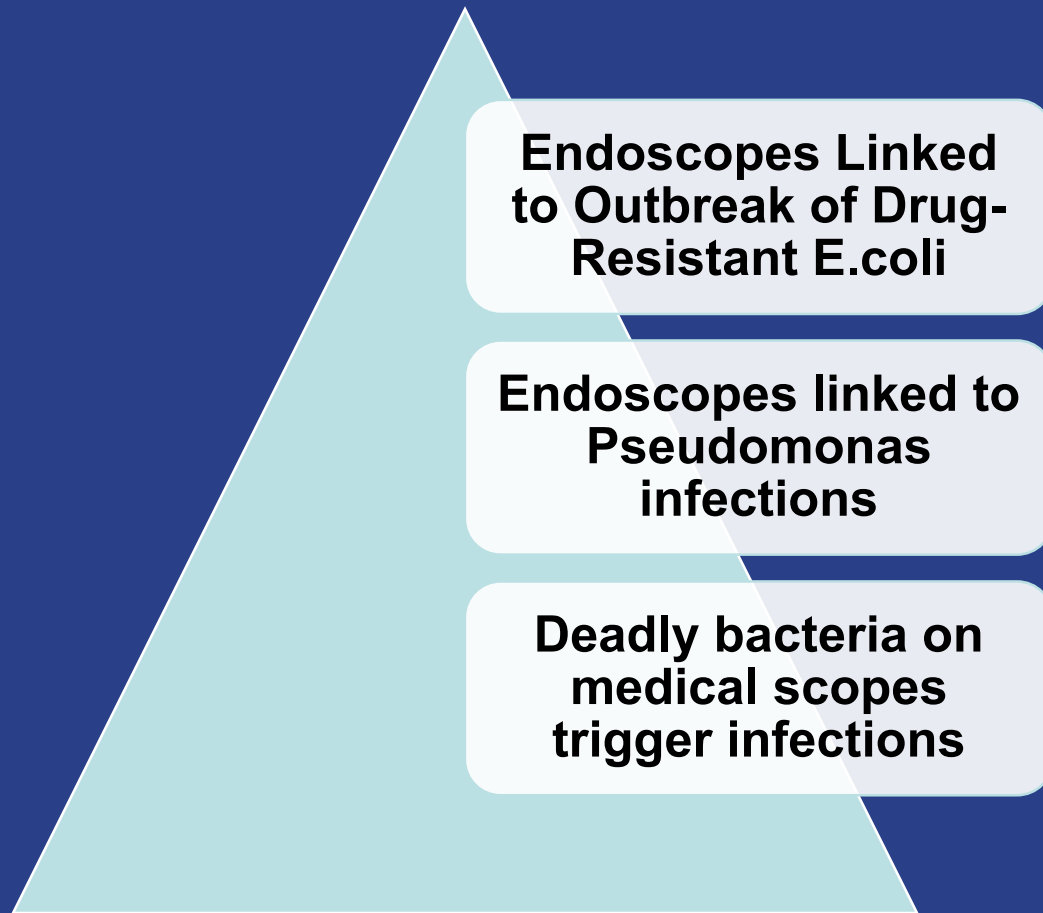
Sterilization Breaches in the Media

DOH Investigating Dentist for Potential Breaches in Infection Control, Sterilization

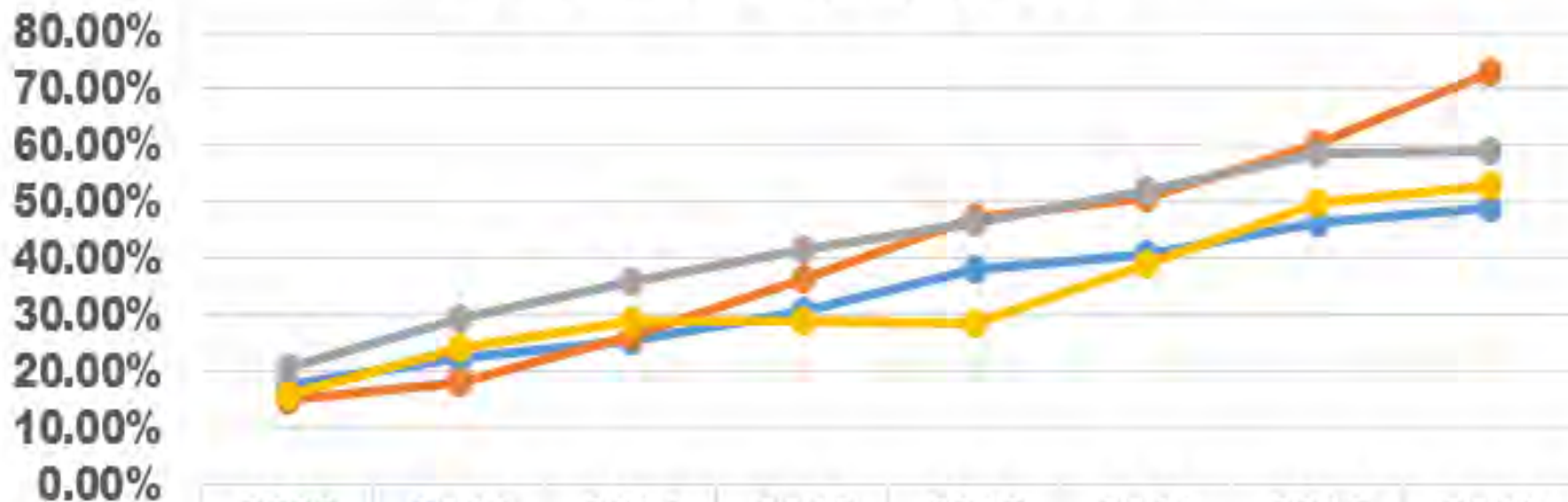
Children's Hospital says former surgical patients from their Clinic site may need hepatitis, HIV tests

**Filthy surgical instruments:
The hidden threat in
America's operating rooms**

Reported gastrointestinal endoscope reprocessing breaches: The tip of the iceberg

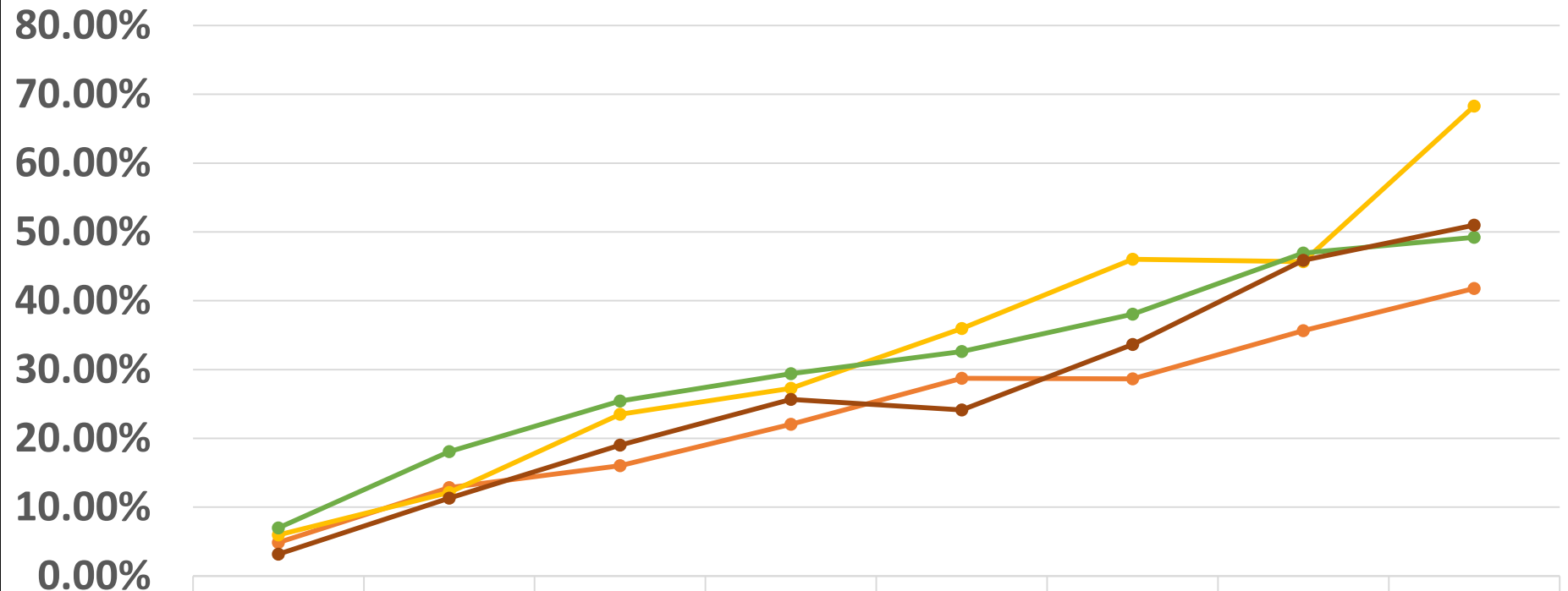


IC.02.02.01 Noncompliance 2009-2016 half-year



	2009	2010	2011	2012	2013	2014	2015	2016
AHC	17.65%	22.60%	25.79%	30.61%	38.11%	41.00%	46.29%	49.00%
CAH	15.23%	18.18%	26.52%	36.36%	47.19%	51.00%	60.49%	73.00%
HAP	20.76%	29.49%	36.12%	41.85%	46.46%	52.00%	58.67%	59.00%
OBS	15.91%	24.19%	28.87%	29.23%	28.57%	39.00%	50.00%	53.00%

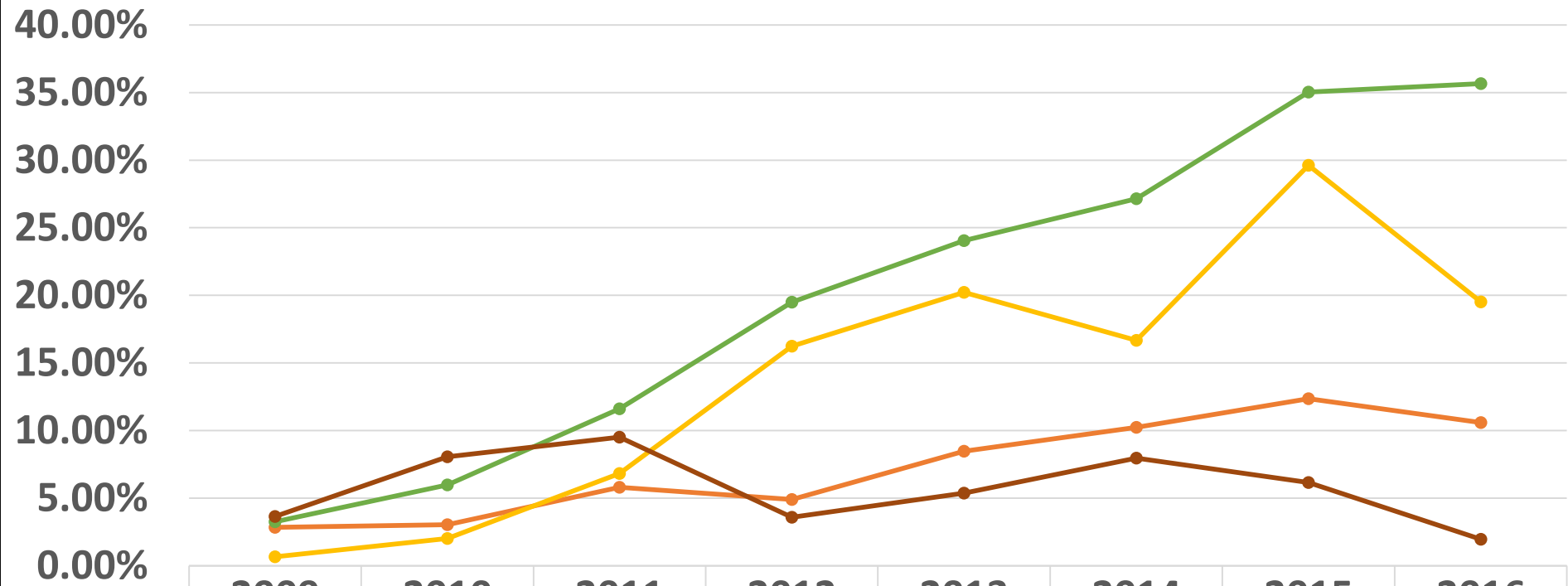
STD IC.02.02.01 EP2 Noncompliance 2009-2016 half year



	2009	2010	2011	2012	2013	2014	2015	2016
—●— AMB	4.87%	12.83%	16.03%	22.06%	28.71%	28.66%	35.66%	41.80%
—●— CAH	5.96%	12.12%	23.48%	27.27%	35.96%	46.03%	45.68%	68.29%
—●— HAP	6.97%	18.06%	25.44%	29.40%	32.60%	38.03%	46.92%	49.21%
—●— OBS	3.18%	11.29%	19.01%	25.64%	24.11%	33.63%	45.89%	50.98%

STD IC.02.02.01 EP4 Noncompliance

2009-2016 half-year

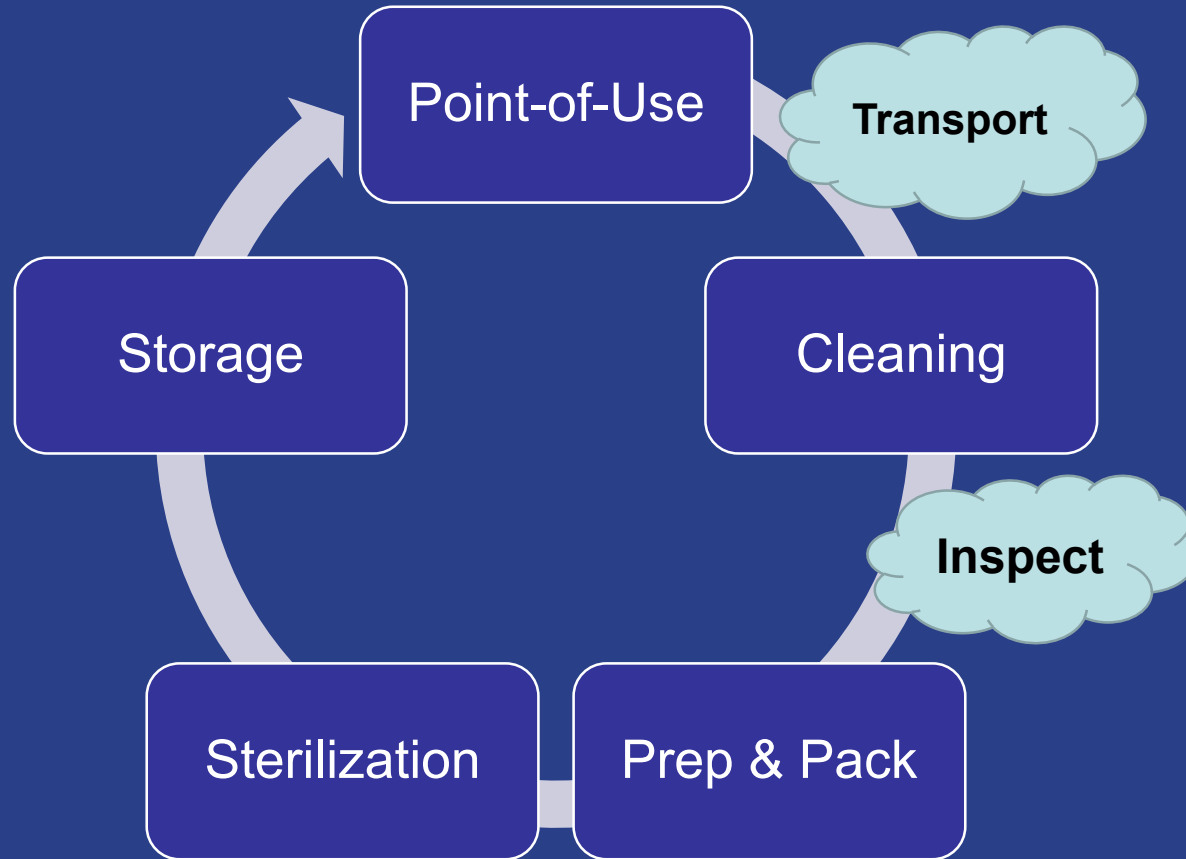


	2009	2010	2011	2012	2013	2014	2015	2016
AMB	2.84%	3.03%	5.79%	4.90%	8.47%	10.24%	12.35%	10.58%
CAH	0.66%	2.02%	6.82%	16.23%	20.22%	16.67%	29.63%	19.51%
HAP	3.24%	5.97%	11.61%	19.49%	24.05%	27.15%	35.04%	35.66%
OBS	3.64%	8.06%	9.51%	3.59%	5.36%	7.96%	6.16%	1.96%

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



Quality Monitoring of Sterilization

■ Mechanical/Physical Indicators

- Displays, printouts
- Indicates if equipment working properly
- **Not indicator of sterility**

Quality Monitoring of Sterilization

■ Chemical Indicators

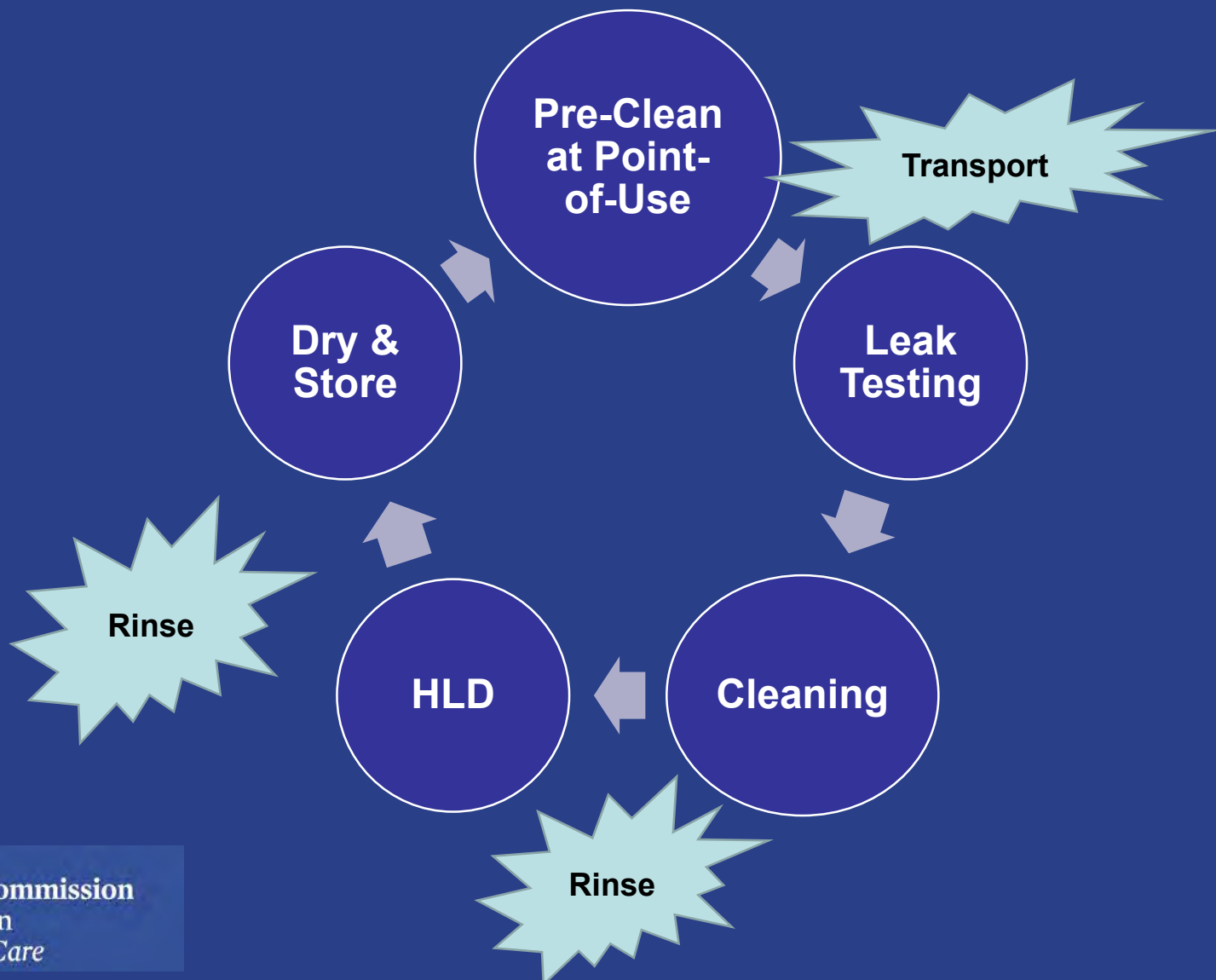
- Change color with timed exposure to heat, steam
- Used to show items have gone through sterilization process
- **Not indicator of sterility**

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



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
- ▶ ANSI/AAMI ST79:2010 & A1:2010 & A2:2011 & A3:2012 (Consolidated Text) Comprehensive guide to steam sterilization and sterility assurance in health care facilities

Resources

- 2015 SGNA Standards of Infection Control in Reprocessing of Flexible Gastrointestinal Endoscopes
- 2014 APIC Text of Infection Control and Epidemiology. 4th edition.
- 2016 AORN Recommended Practices for Perioperative Nursing – Sterilization and Disinfection
 - Disinfection – High-level
 - Flexible Endoscopes – Cleaning and Processing

Resources



-ASGE 2016 Multisociety Guideline on Reprocessing Flexible Gastrointestinal Endoscopes



QUESTIONS?

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