HHS: A draft for closer scrutiny of HAIs in ASCs

Infection control is in the spotlight again, as ambulatory surgery centers (ASCs) examine a draft Health and Human Services (HHS) document calling for closer scrutiny of precautions in outpatient settings.

The agency released a draft of Phase 2 of its National Action Plan to Prevent Healthcare-Associated Infections (HAI) on April 19, 2012. The draft updates the ASC section of the 2011 plan (OR Manager, June 2011).

HHS will accept public comments until June 25, 2012.

In a conference call immediately following the draft’s release, some ASC administrators objected to what they consider overly strict protocols that do not reflect science, while HHS maintained its requirements are based on best practices, according to participants.

Currently, all CMS-certified ASCs must show 100% compliance with standards used by surveyors during their inspections. As part of the Conditions for Coverage, they must have an infection control program that includes a system for identifying surgical site infections (SSIs). The new quality measures that will take effect October 1, 2012, include specific infection-related measures.

According to the new action plan, by December 31, 2013, HHS will identify existing quality measures that apply to ASCs, determine what new measures may be needed specific to ASCs, and develop appropriate definitions of SSIs for procedures ASCs perform.

Building a database

Unlike hospitals, ASCs rarely see patients following surgery. If the ASC wishes to follow up on the outcome, it must ask or survey the surgeon or patient or stay in touch with local hospitals to learn of postoperative admissions.

As a result, HHS notes, no one knows how common infections are in ASCs. Only in egregious instances, such as negligence or outbreaks, are infections publicized and investigated. HHS is therefore turning to examination of protocols that ASCs follow to reduce the risk of infection.

The plan states: “Because HAIs generally only occur after a patient has left an ASC, data on the occurrence of these infections—outcome data—are difficult to collect. But data on the implementation of CDC [Centers for Disease Control and Prevention]-recommended infection control practices—process data—in ASCs can be collected more easily and can provide critical information on why HAIs are occurring and what can be done to help prevent them.”

Meanwhile, the Centers for Medicare and Medicaid Services (CMS) stepped up funding for state inspections.

A year later, surveyors recorded a 61% increase in the percentage of ASCs with some infection control deficiency. They also found that 21% of the ASCs surveyed had serious “condition-level” deficiencies.
Following corrective action and re-inspection, the rate of condition-level infections was down to 11% in that group.

Focus on 5 practices
Based on the premise that more frequent inspections and follow-up reduce infections, HHS proposes to concentrate on 5 infection control practices:
• hand hygiene and personal protective equipment
• injection safety and medication handling
• equipment reprocessing
• environmental cleaning
• handling of blood glucose monitoring equipment.

Help from experts
To help implement the action plan, CMS will make its regional medical officers available for consultation and is preparing a training program for surveyors.

Other guidance comes from industry members.

Kathleen Hall-Meyer, MBA, RN, CIC, is director of infection prevention and control at Saint Luke’s South, Overland Park, Kansas, where her responsibilities include ASCs. In a recent presentation to Colorado ASC officials, Hall-Meyer urged them to make infection prevention a team effort.

“Consider incorporating a statement of responsibility for infection prevention activities for every position in your organization,” she says, and then provide training.

The CDC, AORN, and other professional organizations offer resources.

Don’t limit the focus to operating rooms and sterilization, she adds. “Help staff understand the importance of their role in improving patient outcomes.” Then, she advises, monitor compliance by watching employees as they clean instruments or administer medications.

Linda Greene, MPS, RN, CIC, director of infection prevention and control at Rochester General Health System, Rochester, New York, agrees that the current draft shows little change from the current standards. But she says ASCs should be thinking ahead.

“They need to be very aware—and they have been—of CMS reviews of ASCs,” Greene says. “That is not new. But be thinking long-term about what processes you would monitor and how you would do SSI surveillance.”

—Paula DeJohn

The draft is available at www.hhs.gov/ash/initiatives/hai/actionplan/index.html.