ASCs must prepare to meet latest CMS infection control expectations

A perennial concern associated with surgery is avoidance of infection. As science reveals new risks and remedies, protocols change and so do regulations.

To monitor infection control at ambulatory surgery centers (ASCs), surveyors use a 15-page worksheet from the Centers for Medicare and Medicaid Services (CMS). The ASC Infection Control Surveyor Worksheet calls for direct observation as well as interviews and documents to establish compliance. When a surveyor finds a discrepancy, the ASC must submit a plan of correction.

Just as surveyors and regulators are continually updating standards for avoiding infection related to health care, clinicians need to do the same, experts say.

It is not enough to have policies for hand hygiene, sharps safety, and single-use devices or medications. These policies must be put into practice. Staff must be trained. Procedures, policies, and events must be documented.

“This is a continuous process,” explains Gina Throneberry, MBA, RN, CASC, CNOR, director of education and clinical affairs for the Ambulatory Surgery Center Association (ASCA).

CMS issued its Interpretive Guidelines Revisions March 15. In addition, it released an updated version of the surveyor worksheet that reflects changes in areas such as hand hygiene practices, use and cleaning of point-of-care devices, and use of multidose injectable medications.

First, have a rule

The first rule for effective infection control is, in essence, “Have a rule.” The worksheet states, “If the ASC does not have an explicit infection control program, a condition-level [meaning most serious] deficiency related to 42 CFR 416.51, which covers infection control, must be cited.” ASCs may choose to comply with any recognized standards, but they must document the fact that they reviewed existing nationally accepted standards before making the choice. The Centers for Disease Control and Prevention (CDC), World Health Organization (WHO), and AORN all have guidelines for infection control. Another requirement is the appointment of a “qualified professional” to direct the infection control program. The director need not be certified but must have training in this specialty.

Any staff members who provide patient care must receive training in infection control methods. The training may be computer based, an inservice, or in another format, as long as it is provided within 30 days from when staff were hired or privileges were granted. Periodic refresher courses also should be taken.

Know your state laws

As with all Medicare rules, any state law or regulation that is more strict than the CMS guidelines takes precedence. States may not always publicize regulatory changes, Throneberry notes, so ASCs need to check periodically for updates. When a rule does change, ASCs must modify their policies and the governing boards must approve and document the changes.

In fact, Throneberry says, the same 3 rules apply for every quality improvement or
compliance effort: Document everything, educate staff (and patients, as appropriate), and be sure the governing board has signed off on current policies. “We can’t state this enough,” she says.

**Beware of public health risks**
ASC patients are generally in good health, but they might be carriers of community-spread infections such as methicillin-resistant *Staphylococcus aureus* (MRSA) or bioterrorism agents such as anthrax. ASCs, like other health care providers, must report incidents of diseases specified by the CDC at www.bt.cdc.gov/agent/agentlist.asp. The site provides information about symptoms and laboratories capable of testing for various agents. According to the CMS assessment form, ASCs must be able to track patients following surgery to identify postoperative infections, and they must have a system for reporting specified diseases to their state health departments. As always, they must have written documentation of their policies and procedures.

**Hand washing: The prime directive**
The worksheet lists specific hand-washing methods (soap and water or alcohol rub) and times (before and after patient contact) as well as glove use. According to Jean Day, RN, vice president of clinical affairs at Pinnacle III, an ASC management company in Lakewood, Colorado, it may be impossible to achieve 100% compliance with CDC or WHO guidelines, but hand washing is so important in infection prevention that it is a top priority of surveyors.

“We need to be sentries in the OR,” she says. “We need to slow down and to be more conscientious about our own practices.”

Another priority is personal protective equipment (PPE), Day says. CMS reports that the most frequent citation in the universal precautions category is failure of staff to use PPE properly.

**Environmental controls**
While the new guidelines do not specify exact numbers, they require adjustment of the temperature, humidity, and airflow in ORs “within acceptable standards” to prevent infection and maintain comfort.

Among acceptable standards are those published by the following organizations:
- AORN
- American Society for Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE)
- Facility Guidelines Institute (FGI)
- American Society for Healthcare Engineering (ASHE)
- American Standards Institute (ASI).

**Drugs and devices**
Injection practices include needle safety and medication use. To improve sharps safety, ASCs should periodically review new technology, such as needleless IV connectors and retractable syringes, even if they decide not to adopt the latest innovations.

For injectable drugs, a new check is included on the CMS form: “The rubber septum on a medication vial is disinfected with alcohol prior to piercing.”

When a medication is withdrawn before scheduled use and placed in an alternate container, it must be labeled with the date and time of draw, drug name, and name of the person making the draw. The drug must then be administered within 60 minutes.

Multidose vials, once opened, must be labeled with a “use by” date and discarded.
within 28 days unless the manufacturer specifies a shorter period. This is different from the unopened vial’s expiration date.

Surveyors are giving increased attention to environmental cleaning, especially cleaning the OR, Day notes. She recommends meeting with contracted cleaning services at least annually to review cleaning methods and equipment.

Technology and rules change over time and employee turnover may lead to lax practices, so ASCs should also verify that cleaning service employees are trained and examined for competency.

When reusable medical devices such as surgical instruments and endoscopes are reprocessed on site, the surveyor will observe the reprocessing.

Instrument sterilization will be observed if performed on site, but the form notes that many ASCs have contracted with third parties for outside sterilization.

Reusable point-of-care devices, such as blood glucose monitors, must be classified as multiuse devices and must be cleaned and disinfected after every use, a new section of the worksheet states.

The meaning of “point of care” is expanding, Day notes. It includes wheelchairs, gurneys, and “anything patients are exposed to,” even cellular telephones and other personal digital assistants—although such items rarely come with instructions for cleaning and sanitizing. For now, “use common sense and good hand hygiene.”

That advice might apply to all infection prevention efforts. The challenge is great, and new risks emerge as others are overcome. As Day notes, “What is important is, what are you doing to improve performance? That’s what surveyors are looking for.”

—Paula DeJohn

References

Centers for Medicare and Medicaid Services, Department of Health and Human Services. Ambulatory Surgical Center infection control surveyor worksheet, Rev. 68 November 24, 2010.