Beyond CMS: Assessing Your Ambulatory Facility

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Nothing to Disclose

This is an example of a tool used for a comprehensive infection prevention assessment of an ambulatory care facility. It is only an example.
Feel free to edit to conform to your facility.

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2002: Nebraska Hepatitis C Outbreak	• *99 clinic-associated HCV infections*
2002: Oklahoma Pain Remediation Clinic	• *71 clinic-associated HCV infections* • *31 clinic-associated HBV infections*
2008: Nevada Endoscopy Center	• *114 (and counting) clinic-associated HCV infections* • *Approximately 53,000 patients exposed*

We have learned that

The Big Outbreaks Don't Happen in the Hospital


Plan
Do
Study
Act
Infection Prevention in Ambulatory Facilities

Plan:

Guidelines, standards, regulations:

CDC, TJC, CMS, OSHA, states

Do:

2 scored visits per year

Study:

Data collection

Analysis

Risk assessment based on data

Act:

Infection Prevention intervention

Action plan

2012 Infection Control Clinic Survey Tool						
Survey Date:					Infection Preventionist: Judie Bringhurst	
Area:						
Area Manager:					Total Compliance:	#DIV/0!
IPL Performing Assessment:						
Standard	Met	Not Met	N/A	Not Assessed	Notes	
1. Infection Control Policies and Procedures						
a. Staff has access to Duke Infection Control policies						
b. Staff can articulate the procedure for reportable diseases						
c. Staff can articulate the procedure for reporting infections related to procedures performed at their facility or at any other facility.						
	0	0				
Percent Met	#####					
2. Handwashing Facilities [NPSG.07.01.01]						
a. Artificial fingernails are not allowed on healthcare professionals **						
b. Soap dispensers accessible, operating correctly and dispensing appropriate hospital grade agent						
c. Paper towels available and adequately dispensed						
d. Hospital grade waterless hand agents used where appropriate						
e. Staff can explain and/or staff is observed complying with the hand hygiene policy						
f. Staff dons and removes gloves at appropriate opportunities						
g. Lotions are used appropriately in clinical areas						
	0	0				
Percent Met	#####					

Infection Control Clinic Assessment Tool	
Survey Date:	Surveyor:
Area:	
Area Manager:	
Infection Control Survey Tool	Answers
1. Infection Control Policies and Procedures	
a. Staff has access to Infection Control policies	Staff can demonstrate how to access Infection Control policies.
b. Staff can articulate the procedure for reportable diseases	Appropriate staff can articulate the process for reporting specific diseases to the appropriate governmental agency.
c. Staff can articulate the procedure for reporting infections related to procedures performed at their facility or any other healthcare facility.	Staff must notify Infection Control of such occurrences.

2. Hand Hygiene	
a. Artificial fingernails are not allowed on healthcare professionals **	Any staff with "hands-on" care of patients may not have artificial fingernails.
b. Soap dispensers accessible, operating correctly and dispensing appropriate hospital-grade hand soap	· Hospital-grade hand soap and approved waterless agent must be available. · Refillable soap dispensers are not allowed.
c. Paper towels available and adequately dispensed	Paper towels must be accessible and maintained clean and dry.
d. Hospital-grade waterless hand agents used where appropriate	· Sinks in dirty utility rooms and other areas used for decontaminating equipment or disposal of potentially contaminated items should not be used for hand washing.
e. Staff can explain and/or staff is observed complying with the hand hygiene policy	Staff performs hand hygiene: 1. Before and after every patient contact. 2. Before and after an invasive procedure such as insertion of IV catheter or surgical procedure even if gloves are worn. 3. After contact with blood or body fluids or non-intact skin even if gloves are worn. 4. After contact with used, contaminated equipment or soiled environmental surfaces even if gloves are worn.
f. Staff dons and removes gloves at appropriate opportunities	Regarding gloves, staff: 1. wears gloves for procedures that might involve contact with blood or body fluids. 2. wears gloves when handling potentially contaminated patient equipment. 3. removes soiled gloves before moving to next task.
g. Lotions are used appropriately in clinical areas	· Water-based hand care lotions that do not inhibit the antibacterial action of soaps and alcohol-based hand rubs are optimal.
****NOTE: Weighted Section: Non-compliance with starred elements above will result in zero percent compliance with section 2**	

3. Storage and Use of Supplies	
a. Clean and sterile supplies and equipment are stored appropriately	· Clean and sterile supplies must be stored in a manner to prevent contamination. · Bins used to store items must be clean upon inspection. · Sterile supplies and instruments should not be pre-set up or left on counter tops.
b. Items stored at least 12”-18” from a sink or there is a protective barrier (splash guard) to prevent splash contamination; storage under sinks is discouraged.	· To prevent water damage and/or contamination, only chemicals and reagents that do not react with each other or with water can be stored under sinks. · On the counter top, all items must be a significant distance from sink or there must be a splash guard installed next to sink.
c. Supplies stored on shelves and off floors	· Must be 8” off floor.
	· Must be 18” below sprinklers – 5” from ceiling if no sprinklers.
	· Items should be removed from shipping cartons before storage to prevent contamination with soil/debris that may be on cartons.
	· Outer shipping boxes should not be left in clinical areas due to risk of environmental contamination.
	· Supplies should be stored in plastic, washable containers; storage in cardboard is strongly discouraged.
d. Supplies are within expiration date	· Sterile items must be properly stored and not expired. There should be no open steri-strips or opened packing strip bottles. These items are for single patient use.
	· Supplies should be stocked and rotated “first in, first out” so oldest items are used first.
e. There is clear separation of clean and dirty activities	· Clean items/areas are clearly separated from dirty items.
	· Need either separate clean/dirty rooms or the designated utility room must flow from clean to dirty.
f. Items labeled as "single use only" (SUDs) are not reused	The policy follows the FDA labeled guidelines that prohibit the reuse of Single Use Devices (SUDs). If single use devices are reprocessed, they are sent to the appropriate FDA-approved reprocessing facility. If reprocessed, must have contract available for viewing.

4. Risk Analysis	
a. Types of procedures performed and services provided are appropriate for the physical space of the site as well as for the skill level and competency of staff	· New procedures and equipment are commissioned with Infection Control consultation where appropriate.
	· New construction or renovations are conducted in compliance with Infection Control standards as set forth in the facility's IC plan.

5. Medication Management	
a. Medications must be separated by type and dosage	All medications shall be stored separated by type and dosage in plastic, washable bins.
b. Requirements for storage and use of state supplied vaccines are met	Refer to state's provider agreement on state's website for details.
c. Open irrigation solutions are labeled with date and time	· Irrigation solutions (bottles of sterile water, acetic acid, saline, etc.) must be dated and initialed when opened and discarded 24 hours after opening. It is strongly recommended that unit dose irrigation solutions be used.
	· Betadine or other solutions poured into smaller containers must be labeled appropriately and discarded at the end of the day or between patients if possible contamination has occurred.
d. Medications are within date	· No expired medications.
	· Multi-dose vials of injectable medications expire 28 days after opening and must be dated with their expiration dates. There are exceptions.
e. Medications are stored appropriately	· Topical and internal medications are to be stored in a manner to prevent possible cross contamination and medication errors.
	· Chemicals are not to be stored adjacent to medications (e.g. nail polish remover, betadine, hydrogen peroxide).
f. Medications requiring special care after initial use are stored/labeled appropriately	· Special care meds may include those requiring refrigeration or those not kept at room temp for longer than manufacturer's recommendation, those with a shorter usage period as stated on the vial label or package insert (e.g. specific ophthalmic solutions, PPD, insulin-varies by manufacturer and type).
g. Medications are prepared safely	· Maintaining clean, uncluttered, and functionally separate areas for product preparation minimizes the possibility of contamination. · Injections are prepared in a clean area that is free from contamination with blood, body fluids, other visible contamination or used contaminated equipment. · NEVER dismantle dirty needles or syringes where medications are prepared. · Maintain separation of clean and dirty activities.

6. Safe Injection Practices	
ONE NEEDLE: ONE SYRINGE: ONE PATIENT: ONE TIME	
a. Single dose vials are never used as multidose vials. **	Single dose vials should be used whenever possible and discarded immediately after use.
b. Fluid infusion and administration sets (IV bags, tubing, and connectors) are used for one patient only and discarded after use. **	Bags of IV fluids are ALWAYS single use.
c. Patient's skin is prepped with an approved prep before IV placement**	Approved skin prep agents are alcohol or chlorhexidine gluconate (CHG).
d. IV fluids spiked at time of use**	IV fluids are spiked and tubing is primed immediately prior to use.
e. Single dose medications or infusates are used for only one patient and not collected or combined (bags of IV fluids are ALWAYS single use) **	No combining of "left-overs" from single dose vials. No flushes drawn from bulk sources such as liter bags of IV fluids.
f. Medication vials used for more than one patient are always entered with a new needle and new syringe **	Medication vials used for more than one patient must be labeled "multi-dose" by manufacturer.
g. The rubber septum on a medication/infusate vial is disinfected with alcohol prior to piercing **	Enter or re-enter medication vials only after a robust wipe of the rubber septum with an alcohol prep pad.
h. Needles and syringes are used for only one patient **	NEVER NEVER NEVER re-use needles or syringes.
i. Medications or infusates that are packaged as prefilled syringes are used for only one patient **	Pre-filled syringes are ALWAYS single doses.
j. Hand hygiene is performed before preparing medications**	
k. Medications or infusates are drawn up at start of each procedure**	· USP 797 prohibits "pre-drawing" injectable medications unless prepared under a hood which meets ISO class 5 conditions. For example, drawing up flu vaccines for use throughout the day is not allowed. Any injectable medication must be injected within one hour of drawing up.
l. Needles and syringes are discarded intact in an appropriate sharps container after use **	Safety devices are deployed; needles should not be removed from syringes.
m. Flushes are not drawn from a bulk container **	Bags of IV fluids are ALWAYS single use.
****NOTE: Weighted Section: Non-compliance with any element above will result in zero percent compliance with section 6**	

7. Linens	
a. Linens are stored appropriately	· Clean linen must be stored in designated area to prevent contamination from traffic and to reduce risk of linen falling on floor.
	· Clean linen must be kept covered if not in a closet, drawer, or cabinet.
b. Linens are laundered according to Infection Control standards	Cloth linens must be laundered by a healthcare linen service.

8. Surface Disinfection	
a. Toys are disinfected per clinic specific policy	· All toys should be cleaned daily and PRN if they become soiled.
	· Toys must be non-porous and cleanable; plush toys are to be new and given to the individual patient.
	· Reusable toys are to be cleaned with appropriate agent: an EPA-registered, hospital-grade surface disinfectant.
	· Toys should be rinsed with tap water after cleaning to remove any disinfectant residue.
	· Toys should be restricted to only those that can be easily cleaned.
b. Non-critical items are cleaned per policy	· Non-critical items are those that come into contact with intact skin. Non-critical items should not contact blood or body fluids.
	· Some examples are BP cuffs, exam tables. It is strongly recommended that these items be cleaned daily and PRN when soiled.
	· Single use disposable BP cuffs are to be changed daily and when visibly soiled.
c. Point-of-care devices are cleaned according to policy	Medical equipment that involves blood testing, such as glucometers, must be cleaned between every patient with an EPA-registered, hospital-grade surface disinfectant.

9. Instrument Decontamination/pre-cleaning	
a. Items are thoroughly pre-cleaned and decontaminated with enzymatic detergent according to manufacturer instructions or evidence-based guidelines prior to high level disinfection or sterilization.	Staff can demonstrate understanding of manufacturer's instructions for use.

10. High Level Disinfection (HLD)	
a. Medical instrument and devices are visually inspected for residual soil and recleaned as needed before high-level disinfection	
b. HLD equipment is maintained according to manufacturer instructions or evidence-based guidelines	AERs are maintained and logs kept of maintenance
c. Chemicals used for HLD are prepared according to manufacturer instructions or evidence-based guidelines	Staff must demonstrate understanding of manufacturer's instructions for use for their specific high level disinfectant.
d. Chemicals used for HLD are tested for appropriate concentration (minimum effective concentration = MEC) according to manufacturer instructions or evidence-based guidelines and are replaced before they expire	• Logs are kept for all HLD processes, including test strip QC. • Containers should be covered and labeled with chemical name, hazard information and expiration date.
e. Chemicals used for HLD are documented to have been prepared and replaced according to manufacturers instructions or evidence-based guidelines	
f. Equipment is high-level disinfected according to manufacturer's instructions or evidence-based guidelines and according to facility's policy	
g. Items that undergo HLD are dried before re-use	
h. HLD logs are in order	Logs must be kept on all HLD processes.
i. Test strips are properly dated	

11. Sterilization	
a. Autoclaves: chemical and biological indicators are used appropriately	Internal chemical indicators must be used in each package to be sterilized; the chemical indicator must be examined before the contents are used.
b. Biological indicators run with first load of the day	Biological indicators are to be used daily and must be used with each load containing implantable devices.
c. Sterilization logs accurate and up to date	Written records of each load should be kept.
d. Process is in place for embargo of instruments until BI is read	Instruments must not be used until BI reads are correct.
e. Sterile packages are inspected for integrity and compromised packages are reprocessed	Instruments in torn, wet, or damaged sterilization pouches must be re-sterilized.

12. General Decontamination/HLD/Sterilization	
a. Proper PPE is worn when processing dirty equipment	Water-proof or water-resistant gown, nitrile disposable gloves, and full face protection must be worn when processing dirty instruments.
b. Competencies are maintained for cleaning, disinfection and sterilization processes	Records of training must be documented in personnel folder. HLD competency is yearly.
c. HLD, decontamination, and /or sterilization is performed in appropriate environment	HLD, decontamination and/or sterilization may not be performed in a patient care area. If using glutaraldehyde proper ventilation is in place.
d. Areas used for cleaning or disinfection flow from dirty to clean	The area must have a definite work flow from dirty to clean to prevent cross-contamination of equipment.
e. There is a procedure in place for identification and recall of inadequately sterilized or high level disinfected instruments	Variances must be reported to infection prevention.
f. After sterilization or high level disinfection, devices and instruments are stored in a designated clean area so sterility is not compromised	Sterilized and high-level-disinfected items must not be stored in instrument processing areas.

13. Isolation	
a. Staff are able to articulate isolation policies (such as for TB, chickenpox, "Respiratory Etiquette")	· Personnel must be able to articulate isolation policies AND locate policies. • Use appropriate signage for isolation patients.
b. Staff are able to state how patients would be managed that have a known resistant organism (e.g. MRSA, VRE, C. difficile, draining wound or rash)	Staff is able to locate and articulate facility policy for these patients.
c. Personal protective equipment (PPE) is available	Clinic must have sufficient stock of gowns, gloves, masks, and eye protection.

14. General Issues	
a. Areas free of dust, dirt, soil, trash, odors, clutter and hazards (fixtures, walls, ceilings, floors)	
b. Areas and furnishings are in good repair	Paint intact, cabinet doors functioning properly, no rips, holes, or cracks in vinyl upholstery, ceiling tiles are clean and dry.
c. Objects and environmental surfaces that are touched frequently in patient care areas (stretchers, IV pumps and poles, medication prep areas, procedure tables, toilet surfaces, waiting area surfaces) are disinfected with an EPA-registered, hospital-grade surface disinfectant.	· Cleaning supplies are in their proper place.
	· Only hospital grade approved germicidals are to be used for cleaning surfaces in the healthcare environment.
	· Surgical and invasive procedure rooms are cleaned after each patient.
d. For clinics with an IV treatment room or procedure room-IV pumps, chairs and procedure tables are cleaned between each pt.	
e. Areas identified as nursing responsibility are cleaned appropriately	Some examples include: medication storage areas, equipment not covered in cleaning contract (i.e. ultra sound equipment, drawers and cabinets used for supply storage, thermometers...)
f. Staff food and drinks are placed in appropriate areas	Stored away from patient care areas, some of which include medication areas, treatment areas, supply areas, dirty utility rooms, intake rooms.

15. Refrigerators, Freezers, Ice Machines, Ice Chests	
a. Refrigerators and freezers are large enough to properly store medications.	Refrigerators and freezers must be large enough to store the year's largest inventory of medications.
b. Refrigerators and freezers well maintained and clean	Clean and well maintained. No expired food or medications. Store patient food, medications, and specimens in separate labeled refrigerators.
c. Medication refrigerator temperatures maintained between 36-46 degrees F (between 2-8 degrees Celsius)	
d. Medication freezer maintained below 5 degrees F (below -15 degrees Celsius)	

	Degrees in F	Degrees in C	
Food Freezer	Below 0°	Below -17°	
Food Refrigerator	34° to 40°	1° to 4°	
Medication freezer	5°F or colder	-15°C or colder	
Medication Refrigerator	36° to 46°	2° to 8°	
Specimen freezer	5° to -22°	-15° to -30°	
Specimen Refrigerator	36° to 42°	2° to 6°	
Very Low Freezer	-85° to -130°	-65° to -90°	

15. Refrigerators, Freezers, Ice Machines, Ice Chests, cont.	
e. An appropriate means to check medication in event of a power outage is in place	· All sites without emergency back-up power will have external digital temperature devices on all medication refrigerators and freezers which monitor minimum and maximum temperatures.
	· Minimum and maximum temperatures shall be routinely checked and action taken for out-of-range temperatures.
f. Food and medications are stored separately	Patient nourishments are to be single-serving, individually sealed portions. Patient food refrigerator temperatures must monitored and documented routinely on the appropriate refrigerator log.
g. Food and/or medications are within date	Expiration date should be visible on all food/medication.
h. Specimens and culture media are stored separately from food and medications	Medications and food must be stored in separate refrigerators with all items within date and not stored with specimens.
i. Specimens and lab reagents are stored appropriately	Laboratory reagents must be stored separately from medication as this poses a risk for contamination of medication.
j. Ice chests and ice machines are maintained according to manufacturer's instructions for use and facility policy	1. DO NOT handle ice directly by hand -- use a scoop; wash hands before obtaining ice.
	2. Store the ice scoop on a clean hard surface when not in use. DO NOT store in the ice bin.
	3. Machines that automatically dispense ice are preferred to those that require ice to be removed from bins or chests with a scoop.
	4. Weekly cleaning of ice storage chests, scoops, and ice chute extenders should be performed with fresh soap or detergent solution. After cleaning, rinse all surfaces of the ice storage chest with fresh tap water, wipe dry with clean materials, rinse again with a 10- to 100-ppm bleach solution (1 to 8 ml of sodium hypochlorite household bleach per gallon of water), and allow all surfaces to dry before returning the items to service.
	5. Weekly cleaning as described above should be documented.
	6. Limit access to ice storage chest and keep doors closed.
	7. Follow manufacturer's instructions for periodic maintenance and cleaning/disinfecting ice machines.
	8. Ice machines that dispense ice automatically are preferred for public access.

Thank you!

The Big Outbreaks Don't Happen in the Hospital

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