Infection Prevention and Control - Regulatory Trends for 2009

Measure	Regulatory Org.	Type of measurement	Population	Definitions Benchmarks	Required by
Surgical Site Infections catheter-associated UTI Line related BSI	CMS Inpatient Prospective Payment System (IPPS) http://www.cms.hhs.gov/HospitalAcqCond/06_Hospital-Acquired_Conditions.asp#TopOfPage	Rate	CABG mediastinitis, Orthopedic procedures that involve repair, replacement or fusion of various joints (shoulder, elbow and spine) and bariatric surgery for obesity,	NHSH definition for SSI No definitions or rates for bariatric surgery for obesity	Oct 1, 2008
MDRO Control	JCAHO NSPG http://www.jointcommission.org/NR/rdonlyres/31666E86-E7F4-423E-9BE8-F05BD1CB0AA8/0/HAP_NPSG.pdf	Measures to to prevent HAI by MDRO (MRSA, VRE, C.difficile and drug resistant gram negative bacteria)	All inpatients		Full implementation by 1/1/2010
Central line associated infections		Implement best practices or evidence – based guidelines to prevent central line-associated blood stream infections	All inpatients with short and long term central venous catheters and PICC lines		Full implementation by 1/1/2010
Surgical site infections		Implement best practices for preventing surgical site infections	All inpatients undergoing surgery		Full implementation by 1/1/2010
2008 Compendium Recommendations for HAI reduction	CDC, JCAHO, CMS	Best practices	SSI, MRSA, C.difficile, CLABSI, catheter associated UTI		NA

Gap Analysis

Sources: http://www.jointcommission.org/NR/rdonlyres/31666E86-E7F4-423E-9BE8-F05BD1CB0AA8/0/HAP_NPSG.pdf
http://www.cms.hhs.gov/HospitalAcqCond/06_Hospital-Acquired_Conditions.asp#TopOfPage

Intervention (* denotes recommendations from the 2008 Compendium on decreasing HAI)	Current Status	Future Needs	Department(s) responsible	Timeline
Prevention of CLABSI (central line associated blood stream infections) – required by CMS, JCAHO **NPSG.07.04.01** and Compendium recommendation				
Educate staff involved in insertion on prevention strategies * and JCAHO EP5 (on hire, annually and when job change requires)				JCAHO – Jan1, 2010
Use a checklist at insertion* and JCAHO EP10				JCAHO – Jan1, 2010
Hand hygiene before insertion* and JCAHO EP11				JCAHO – Jan1, 2010
Avoid using the femoral vein* and JCAHO EP12				JCAHO – Jan1, 2010
Use an all inclusive kit* and JCAHO EP13				JCAHO – Jan1, 2010
Use max sterile barrier precautions* and JCAHO EP14				JCAHO – Jan1, 2010
Use chlorhexadine-based skin prep in all patients> 2mo* and JCAHO EP15				JCAHO – Jan1, 2010
Disinfect catheter hubs, needleless connectors, and injection ports before accessing the catheter* and JCAHO EP16				JCAHO – Jan1, 2010
Evaluate all central lines routinely and remove non-essential catheters* and JCAHO EP17				JCAHO – Jan1, 2010
Site care with chlorhexadine based product, change dressings 5-7 days or				

more frequently if soiled etc*				
Replace administration sets not used for blood, blood products or lipids at intervals not longer than 96 hrs*				
Perform surveillance for CLABSI*				
Use antimicrobial ointments for hemodialysis catheters*				
Prior to insertion of a central venous catheter, the hospital educates patients and, as needed, their families about central line–associated bloodstream infection prevention.EP6				JCAHO – Jan 1, 2010
The hospital implements policies and practices aimed at reducing the risk of central line–associated bloodstream infections that meet regulatory requirements and are aligned with evidence-based standards (for example, the Centers for Disease Control and Prevention (CDC) and/or professional organization guidelines). EP7				JCAHO- January 1, 2010
The hospital conducts periodic risk assessments for surgical site infections, measures central line–associated bloodstream infection rates, monitors compliance with best practices or evidence-based guidelines, and evaluates the effectiveness of prevention efforts. JCAHO EP8				JCAHO- January 1, 2010
The hospital provides central line–associated bloodstream infections rate data and prevention outcome measures to key stakeholders including leaders, licensed independent practitioners, nursing staff, and other clinicians. JCAHO EP9				JCAHO - January 1, 2010

Measure	Current Status met/not met	Future Needs	Department(s) responsible	Timeline
Prevention of CAUTI (catheter associated urinary tract infection) – CMS http://www.cms.hhs.gov/HospitalAcqCond/06_Hospital-Acquired_Conditions.asp#TopOfPage / Compendium recommendation Prevention and Monitoring				
Provide and implement written guidelines for catheter use, insertion and maintenance* (A-II)	Not met			
Ensure that only trained, dedicated personnel insert urinary catheters*(B-III)				
Ensure that supplies necessary for aseptic catheter insertion are readily available* (A-III)				
Ensure that there are sufficient trained personnel and technology resources to support surveillance of catheter use and outcomes* (A-III)				
Surveillance				
Identify the patient groups or units on which to conduct surveillance on the basis of risk assessment, considering frequency of use and potential risk factors* (B-III)				
Use standardized criteria to identify patients with a CATUTI (numerator)* (A-II)				
Collect information on catheter days (denominator) for all units being monitored* (A-II)				
Calculate CATUTI rates for target populations* (A-II)				
Measure the use of indwelling catheters including percent of patients with an indwelling cath inserted during hospitalization, percent of catheterization meeting criteria,				

duration of use* (B-II)				

Measure	Current Status met/not met	Future Needs	Department(s) responsible	Timeline
Prevention of MRSA transmission JCAHO **NPSG.07.03.01** **http://www.jointcommission.org/NR/rdonlyres/31666E86-E7F4-423E-9BE8-F05BD1CB0AA8/0/HAP_NPSG.pdf** / Compendium recommendation				
Conduct a MRSA risk assessment * (B-III)				**JCAHO timeline** 1. As of April 1, 2009, the hospital's leadership has assigned responsibility for oversight and coordination of the development, testing, and implementation of NPSG.07.03.01. 2. As of July 1, 2009, an implementation work plan is in place that identifies adequate resources, assigned accountabilities, and a time line for full implementation of NPSG.07.03.01 by January 1, 2010. 3. As of October 1, 2009, pilot testing in at least one clinical unit is under way, for the requirements in NPSG.07.03.01.
Implement a MRSA monitoring program* (A-III)				
Promote compliance with the WHO HH recommendations* (A-II)				
Use contact precautions for MRSA-colonized or infected patients* (A-II)				
Ensure cleaning of equipment and the environment* (B-III)				
Educate caregivers about MRSA including risk factors, transmission, prevention and local epidemiology* (B-III)				
Implement a lab-based alert system that notifies ICPs and clinical personnel of new MRSA-colonized or infected patients * (B-III)				
Implement an alert system that identified readmitted or transferred MRSA-colonized or infected patients* (B-III)				
Educate patients and their families about MRSA as appropriate* (B-III)				

Measure	Current Status met/not met	Future Needs	Department(s) responsible	Timeline
Prevention of SSI CMS HAC : CABG (mediastinitis), bariatric surgery (laparoscopic gastric bypass, gastroenterostomy, laproscopic gastric restrictive surgery), orthopedic procedures (spine, neck, shoulder, elbow) http://www.cms.hhs.gov/HospitalAcqCond/06_Hospital-Acquired_Conditions.asp#TopOfPage , **NPSG.07.05.01**				
Surveillance				
Perform surveillance of SSI*(A-II)				
Provide ongoing feedback on SSI surveillance to surgical and perioperative personnel and leadership.* (A-II), JCAHO EP10				JCAHO - January 1, 2010
Increase the efficiency of surveillance through the use of automated data* (A-II)				
Practice				
Administer antimicrobial prophylaxis in accordance with evidence-based standards and guidelines* (A-I), JCAHO EP11 and **UP.01.03.01 JCAHO EP5**				JCAHO - January 1, 2010
Do not remove hair at the operative site unless it will interfere with the operation, do not use razors* (A-II), JCAHO EP12				JCAHO - January 1, 2010
Control blood glucose levels during the immediate postoperative period for patients undergoing cardiac surgery* (A-I)				
Measure and provide feedback to providers on the rates of compliance with process measures* (A-III)				
Implement P&Ps aimed at reducing SSIs that meet regulatory and accreditation requirements and are aligned with evidence-based standards* (A-II)				
The hospital's leadership has assigned responsibility for oversight				JCAHO - April 1, 2009

and coordination of the development, testing, and implementation of NPSG.07.05.01.JCAHO EP1				
As of, an implementation work plan is in place that identifies adequate resources, assigned accountabilities, and a time line for full implementation of NPSG.07.05.01 by January 1, 2010. JCAHO EP2				JCAHO - July 1, 2009
Pilot testing in at least one clinical unit is under way, for the requirements in NPSG.07.05.01.JCAHO EP3				JCAHO - October 1, 2009
The hospital educates health care workers involved in surgical procedures about health care associated infections, surgical site infections, and the importance of prevention. Education occurs upon hire, annually thereafter, and when involvement in surgical procedures is added to an individual's job responsibilities. JCAHO EP5				JCAHO - January 1, 2010
Prior to all surgical procedures, the hospital educates patients, and their families as needed, who are undergoing a surgical procedure about surgical site infection prevention. JCAHO EP6				JCAHO - January 1, 2010
As of, the hospital implements policies and practices aimed at reducing the risk of surgical site infections that meet regulatory requirements and are aligned with evidence-based standards (for example, the Centers for Disease Control and Prevention (CDC) and/or professional organization guidelines). JCAHO EP7				JCAHO - January 1, 2010
The hospital conducts periodic risk assessments for surgical site				JCAHO - January 1, 2010

infections, selects surgical site infection measures using best practices or evidence-based guidelines, monitors compliance with best practices or evidence-based guidelines, and evaluates the effectiveness of prevention efforts. JCAHO EP8				
Measurement strategies follow evidence-based guidelines, and surgical site infection rates are measured for the first 30 days following procedures that do not involve inserting implantable devices and for the first year following procedures involving implantable devices. JCAHO EP9				JCAHO - January 1, 2010
				JCAHO - January 1, 2010

Measure	Current Status met/not met	Future Needs	Department(s) responsible	Timeline
Prevention of CDI (Clostridium difficile infections) JCAHO **NPSG.07.03.01** **http://www.jointcommission.org/NR/rdonlyres/31666E86-E7F4-423E-9BE8-F05BD1CB0AA8/0/HAP_NPSG.pdf** / Compendium recommendation				
Use contact precautions for infected patients* (A-II) for hand hygiene (NPSG.07.01.01.), (A-I) for gloves, (B-III) for gowns.				**JCAHO timeline** 1. As of April 1, 2009, the hospital's leadership has assigned responsibility for oversight and coordination of the development, testing, and implementation of NPSG.07.03.01. 2. As of July 1, 2009, an implementation work plan is in place that identifies adequate resources,
Ensure cleaning and disinfection of equipment and the environment*(B-III)				
Implement a lab-based alert system that notifies ICPs and clinical personnel of patients with newly diagnosed CDI * (B-III)				
Conduct CDI surveillance and analyze and report CDI data* (B-III)				

Educate healthcare personnel, housekeeping personnel and hospital administration about CDI* (B-III)				assigned accountabilities, and a time line for full implementation of NPSG.07.03.01 by January 1, 2010. 3. As of October 1, 2009, pilot testing in at least one clinical unit is under way, for the requirements in NPSG.07.03.01.
Educate patients and their families about CDI as appropriate* (B-III)				
Measure compliance with CDC and WHO HH and contact precautions recommendations* (B-III)				