Licensing Role in Prevention of Healthcare Acquired Infections

July 25, 2013
Breakout Session
Arizona Department of Health Services

• Mission Statement:
  – Achieve Targeted Improvements in Health Outcomes

• The Department
  – Integrated
    • Public Health Resource
      – Information
      – Guidance
      – Resources to assist with Health and Wellness
## Division of Public Health - Licensing

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Division of Public Health - Licensing

Patient Care Organizations are providing care to patients who present to the facility for care.

Licensing rules are established to protect health and safety within individual Healthcare Organizations.

“Population Health and Safety”
ADHS Subject Experts

- Public Health Programs and Individuals
  - Epidemiology
  - Immunization
  - TB Consultants
  - Emergency Preparedness
  - Providers of Care
    - Evidence Based Practice
    - Compliance Data
    - Non-Compliance Data
  - Administrative Rule Writers
Department of Health Services

• Arizona Department of Health Services
  – Statutes – Established by State Legislature
  – Rules and Regulations – Based on the Statutes

• Centers of Medicare and Medicaid
  – Conditions of Participation
  – Conditions of Coverage
Compliance Related to Healthcare Acquired Infections.

Who, what, when where and how ?????
Organize Requirements

- Determine what regulations apply to your organization

- Complete a crosswalk of those that apply
  - State Statutes and Rules
  - CMS Conditions
  - Accreditation Agency
  - Certification Programs
  - ORGANIZATIONS Requirements
    - Policies and Procedures
    - Best Practice Guidelines

- Once Crosswalk completed identify the highest regulatory requirement and develop your threshold using the highest regulatory requirement as the minimum
Summary of Elements in the Regulations for Compliance

The Specific Regulations and Rules for each provider/supplier type are available on the web sites State Licensing and CMS web site:

www.azdhs.gov/als/integration

Conditions of Participation

www.cms.hhs.gov
Success to Compliance
Culture of Infection Control - Priority

- **Governing Board as the Driver**
  - Ensure there is an effective Infection Control Prevention Program

- **Administrative Leadership** enforce accountability by all employees

- **Identify Champions**
  - Infection Preventionist
  - Department Level Personnel
  - Unit Level Personnel

- **Resources**
  - Education
    - Patient - Staff - Patients - Community
    - Standards of Care
Pieces to Success

Leadership

Culture

Resources

QAPI

Education

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The LEADERSHIP - Chief Executive Officer, Medical staff, Director of Nursing, etc

- Responsible:
  - To ensure that the hospital-wide quality assurance program and training programs address problems identified by the infection control officer or officers; and
  - For the implementation of successful corrective action plans in affected problem areas.
General Regulatory Requirements for Infection Control

• **Program**
  – Established
  – Documented
  – Implemented
  – Ongoing evaluation of Program activities
  – Annual evaluation of the Program
General Regulatory Requirements for Infection Control

- **Policies and Procedures**
  - Foundation of the Operation
    - Reflect the Governance Philosophy
    - Standards of Care
      - Evidence Based Practice
      - QAPI Results
      - Regulatory Requirements
      - Reflects Patient Population
General Regulatory Requirements for Infection Control

- Policies and Procedures

- Monitors compliance with all infection control program requirements;

- Evaluates the infection control program regularly and revises it, when indicated;

- Coordinates as required by law with federal, state, and local emergency preparedness and health authorities to address communicable disease threats, bioterrorism, and outbreaks; and

- Complies with the reportable disease requirements of the local health authority.
Infection Control Professional

• CDC has defined “infection control professional” as “a person whose primary training is in either nursing, medical technology, microbiology, or epidemiology and who has acquired specialized training in infection control.”

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Infection Control Professional

- Regulations do not specify
  - Number of infection control officers to be designated or
  - Number of infection control officer hours that must be devoted to the infection prevention and control programs.

- Resources must be adequate to accomplish the tasks required for the infection control program.

- Hospital should consider in determining the size and scope of the resources it commits to infection control.
  - Patient census,
  - Characteristics of the patient population, and
  - Complexity of the healthcare services it offers.
Surveillance activities conducted in accordance with recognized infection control surveillance practices
Regulation Observations for Evidence of Surveillance

• Minimizes exposure to a potential source of infection;
• Uses appropriate hand hygiene prior to and after all procedures;
• Ensures that appropriate sterile techniques are followed; for example, that staff:
  – Use sterile gloves, fluids, and materials, when indicated, depending on the site and the procedure;
  – Avoid contaminating sterile procedures; and
  – Contaminated/non-sterile items are not placed in a sterile field.
• Uses Personal Protective Equipment (PPE) when indicated;
• Ensures that reusable equipment is appropriately cleaned, disinfected, or reprocessed; and
• Uses single-use medication vials and other single use items appropriately (proper disposal after every single use).
Outcome Surveillance

- Identifies and reports evidence of an infection.
- The outcome surveillance process consists of:
  - Collecting/documenting data on individual cases and
  - Comparing the collected data to standard written definitions (criteria) of infections.
  - Reviewing reports, and medical record documentation such as physician progress notes and transfer summaries accompanying newly admitted residents.
  - The facility’s program should choose to either:
    - Track the prevalence of infections (existing/current cases both old and new) at a specific point, or
    - Focus on regularly identifying new cases during defined time periods.
General Regulatory Requirements for Infection Control

• **Sanitary Environment**
  - The organization must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases.
Sanitary Environment

All areas of the facility must be clean and sanitary:

- Units
- Departments
- Campuses
- Off-site locations

Housekeeping
Maintenance
Repair
Renovation and Construction
Empowered Patient/Family

What procedures do you have in place to educate the patient on signs of infection?

What process do you have to empower the patient/family to protect the patient from the risk for infection?

Are the responsibilities of patients/families integrated into your infection control plan?
Does your Culture support Patient/Family Input in Care?

Do staff LISTEN and HEAR patients and Families?

✓ When patients ask if a care provider washed their hands is that received by the provider in a positive manner?
✓ Are patients educated as procedures such as inserting catheters and devices to ensure the proper hygiene is being utilized?
✓ Are patients/families informed as to the reason when catheters and devices are delayed in the removal?
✓ Do physicians and staff listen to patients when they are describing signs and symptoms of infection?
Patient/Family Empowerment

- **Patient Plan of Care**
- **Informed Consent**
  - **Risks**
- **Factual Information regarding complications**
- **Discharge Planning**
  - **Education on care**
  - **Follow up instructions**
  - **Signs and Symptoms to “watch” for**
  - **Infection Prevention**
  - **Early notification of signs and symptoms**
- **Patient Rights**
Do you have all the Pieces?

- Patient
- Family
- Surveillance
- Policy and Procedure
- Leadership
- Sanitary Environment
- Culture
- Resources
- Education
- QAPI
- Infection Prevention
- Program

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ADHS Bureau of Medical Facility Licensing

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Do all of the Pieces fit?

Is the program making a difference in Outcomes??
Thank you for inviting the Department to collaborate with you today.