



EFFECTIVE IMPLEMENTATION OF MEDICARE'S NEW INFECTION CONTROL REQUIREMENTS

By Gayle Evans, RN, MBA, CNOR, CASC

Medicare's recently revised Conditions for Coverage—the requirements ASCs need to meet to be Medicare certified—become effective May 18, 2009. Are you and your ASC prepared?

At first glance, the new condition and two accompanying standards on infection control that Medicare has included in its revised Conditions for Coverage seem to describe business as usual in the ASC environment. In fact, since ASCs routinely report infection rates that are well below one percent and the standards and practices the revised Conditions for Coverage describe are often taken for granted as everyday occurrences in ASCs, an ASC could easily be lulled into believing that the new requirements and the ASC's existing infection control practices need be considered no further.

But despite a tendency to consider Medicare's new requirements routine, ASCs' already low infection rates and the fact that ASCs are less likely than hospitals to treat patients with any of the "super bugs" we see today, never before has there been a time when ASCs need to be re-examining and monitoring their infection control practices more closely. The possibility that an infection can enter an ASC or that an ASC provides care to a patient who is knowingly or unknowingly car-

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rying an infectious or communicable disease is ever-present. ASCs, like all health care providers, need to remain vigilant. Another benefit an ASC that reviews and renews its commitment to monitoring its infection control policies is likely to experience is a sort of "domino effect" on other policies and practices in the ASC. A renewed focus on infection control can prompt an ASC's leadership and staff to review and introduce improvements in other areas of the ASC as well.

One of the first steps an ASC should take as it begins a review of its infection control program is to identify the resources available to help an ASC write its infection control policies and verify that its current practices conform to national standards. For assistance, see the box on page 43. With these resources in hand, an ASC can begin to examine Medicare's new requirements and the steps the ASC is taking to comply.

§416.51 INFECTION CONTROL

The new condition on infection control contained in Medicare's revised Conditions for Coverage states simply that ASCs "must maintain an infection control program that seeks to minimize infections and communicable diseases." Two standards accompany this new requirement: one pertains to a sanitary environment and the other to an infection control program at the ASC.

Standard A: Sanitary Environment

The infection control standard pertaining to a sanitary environment says, "The ASC must provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable

Medicare's new infection control requirements are just some of many changes the Centers for Medicare and Medicaid Services (CMS) adopted as part of its revised Conditions for Coverage for ASCs, which take effect May 18. For more on these changes, see pages 46–51 of the November/December 2008 issue of *ASC Focus* or go to www.ascassociation.org/coverage.

REFERENCES FOR ESTABLISHING AND MONITORING AN INFECTION CONTROL PROGRAM

- www.aorn.org—Association of periOperative Registered Nurses
- www.aami.org—Association for the Advancement of Medical Instrumentation
- www.aia.org/about/index.htm—The American Institute of Architects
- www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm—Guidelines for Environmental Infection Control in Health-Care Facilities
- www.cdc.gov/mmwr/preview/mmwrhtml/rr5116a1.htm—Guideline for Hand Hygiene in Health-Care Settings
- www.cdc.gov/ncidod/dhqp/ar_mrsa_prevention.html—Healthcare-Associated Methicillin Resistant *Staphylococcus aureus* (HA-MRSA)
- www.cdc.gov/ncidod/dhqp/pdf/ar/mdroGuideline2006.pdf—Management of Multidrug-Resistant Organisms In Healthcare Settings, 2006
- www.ihl.org/ihl—Institute for Healthcare Improvement
- www.cdc.gov/ncidod/dhqp/pdf/guidelines/Disinfection_Nov_2008.pdf—Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008
- www.cdc.gov/ncidod/dhqp/pdf/guidelines/SSI.pdf—Guideline for Prevention of Surgical Site Infection, 1999

AMBULATORY SURGERY FOUNDATION RESOURCES ON INFECTION CONTROL

Until June 9, 2009, you can order an archival copy of the Ambulatory Surgery Foundation's recent infection control webinar designed to help ASCs comply with Medicare's revised Conditions for Coverage. Nurses and CASC credential holders can earn one hour of continuing education credit. To order your copy, go to www.ascassociation.org/2009webinars or call 703.836.5904.

At ASCs 2009, sessions offered Friday, April 24, focus on using self-audits to reduce the risk of infections in your ASC and compliance with Medicare's revised Conditions for Coverage. If you can't attend these presentations in Nashville, you can order recordings of these sessions and many others from the meeting by visiting www.ascassociation.org/tapes after the meeting or calling the ASC Association at 703.836.8808.

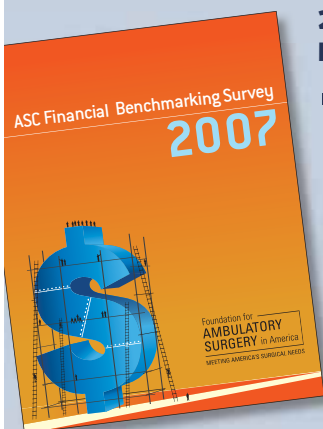
standards of practice." Many practices in the ASC are categorized under this standard. All should be reviewed to ensure that an ASC is in compliance. Here we examine five key areas.

Traffic Flow

In addition to protecting patients' privacy and security, ongoing monitoring of the traffic flow from the unrestricted to the restricted areas in the ASC protects patients, staff, supplies and equipment

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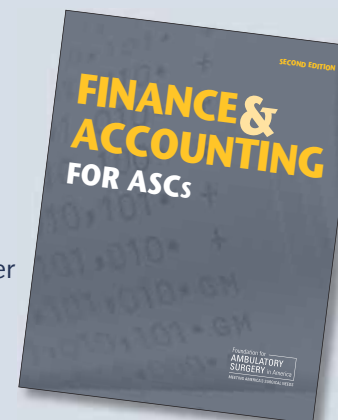
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from possible cross-contamination. Staff who become very comfortable in their environment can become careless in the control of traffic, especially in a small facility where close physical proximity and a sense of intimacy can encourage a casual atmosphere. Monitoring the number of people in the ASC's operating room and patient care area is another means of controlling traffic. In some specialties, numerous vendor representatives visit the ASC frequently. Other visitors, such as students can also be plentiful in an ASC. The ASC's manager must determine the critical number allowed in the restricted areas of the ASC at any time and make sure the necessary steps are taken to adhere to that policy. In addition, all visitors to the ASC who are allowed in restricted areas of the ASC must be screened for infectious diseases just as the ASC's staff are screened.

Environmental Conditions

Monitoring the ASC's air flow exchanges and filtration system provides the foundation for the ASC's sanitary environment. The baseline air exchange report provides the air conditioning contractor with the information needed to determine when a problem with the system occurs. In the South during the summer when humidity levels are high, air flow and filtration can be a constant concern. ASC managers who change their filters regularly and understand the air exchange requirements for their facility will have the initial information they need to troubleshoot when a problem arises. Temperature and humidity levels in the ASC can also provide an early indicator of potential problems. As a result, air flow, temperature and humidity need to be monitored daily not only in the ASC's operating rooms, but also in the ASC's sterile storage, decontamination and sterile processing areas.

Surgical Attire

Proper attire in the three main areas of the ASC—restricted, semi-restricted and unrestricted—promotes hygiene and reduces the opportunity for cross-contamination. There is great debate regarding when to launder and wear scrubs. Each ASC must establish a policy regarding attire and monitor its infection control program based on that policy. If an infection outbreak occurs, the ASC must assess where the break could have occurred. The ASC's attire policy should be one of the areas examined.

Facility Cleaning

Inspections of the cleanliness of the facility should begin each day before any patients enter the ASC. All surfaces should be cleaned and disinfected based on their classification of patient contact and proximity to patient care or the preparation for patient care so that patients do not come into contact with a surface that could carry infection from a previous patient. Cleaning should be performed using disinfectants registered by the Environmental Protection Agency (EPA). Once a surgical procedure is complete, the operating room must be returned to its required standards to prepare for the next patient. In addition to proper cleaning of the ASC areas, the ASC must have controls that prevent an infestation of insects and rodents that carry disease-causing pathogens. All trash, biohazardous waste and linens should be disposed of according to national standards such as those provided by the Occupational Safety and Health Administration (OSHA) and the Centers for Disease Control and Prevention (CDC).

Instrument Disinfection and Sterilization

Strict adherence to proper cleaning and sterilization techniques is another fundamental aspect of the functional sanitary environment. It cannot be stated often enough that policies regarding the cleaning and sterilization of instruments, just like the policies affecting visitors and traffic patterns in the ASC, must be documented and practiced with absolute consistency. With new technology and changes in instrumentation, sterilization recommendations are changing. The time, temperature and pressure or type of sterilization process that must be used in the care of an ASC's instruments can be intricate. Whether or not the use of flash sterilization is appropriate is another question that has engendered vigorous debate and an area that an ASC should address in the policies its staff follow at all times. Sometimes, staff working in an ASC receive little or no formal training and rely, instead, on training they receive from more experienced staff at the ASC. The ASC manager must ensure an ongoing program exists that defines competency in this area for each staff member involved in patient care, housekeeping and instrument sterilization.

Standard B: Maintaining an Infection Control Program

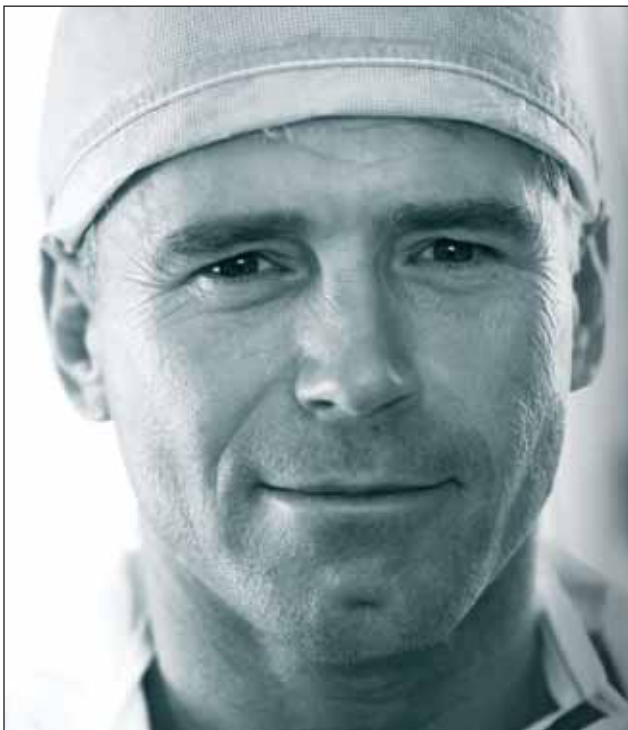
Medicare's new infection control standard pertaining to an infection control program specifies that "The ASC must maintain an ongoing program designed to prevent, control, and investigate infections and communicable diseases. In addition, the infection control and prevention program must include documentation that the ASC has consid-

ered, selected, and implemented nationally recognized infection control guidelines." According to Medicare's revised Conditions for Coverage, the program also (1) must be under the direction of a designated and qualified professional who has training in infection control; (2) must be an integral part of the ASC's quality assessment and performance improvement program; and (3) is responsible for providing a plan of action for preventing, identifying and managing infections and communicable diseases and for immediately implementing corrective and preventive measures that result in improvement.

Defining an Infection Control Program

The foundation of any infection control program is the definition of that program the ASC adopts based on national standards and the substantiated resources used to provide backup support for the program, such as the CDC guidelines on surgical site infection released in 1999. But the real challenge associated with this new standard is defining a "qualified professional" to direct the ASC's infection control program and outlining the training that person needs.

Recently, a number of ASC nurses attending a meeting were asked if they could state the proper steam sterilization practice observed in their ASC. None could. All were managers, and since their management role did not require that general knowledge, they relied instead on designated staff to provide that service in their ASC. A general knowledge of operating room principles and standards of sterilization and asepsis must be included in the training of the designated professional who directs

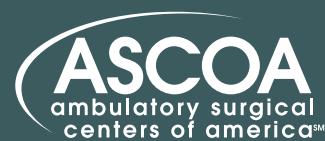


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**ARE YOU QUALIFIED TO DIRECT YOUR
ASC'S INFECTION CONTROL PROGRAM?**

ASC professionals charged with directing their ASC's infection control program need broad-based knowledge in every area of infection control that affects their ASC. While this quick true or false quiz is not conclusive, it demonstrates the kind of in-depth knowledge ASC professionals need to effectively manage an infection control program in their ASC.

- 1 Ventilation in the operating room should include five outside air exchanges per hour.
- 2 The air flow instrument documentation room should be positive pressure.
- 3 Metal or nonporous items may be sterilized by flash steam for 3 minutes at 270°-275° F.
- 4 Event-related sterility can be observed for all packaging that is considered sterile.
- 5 Class 5 chemical indicators should be used within each sterilizer container.
- 6 It is acceptable to use flash sterilization for implantables.
- 7 Patients may wear personal clothing when having a surgical procedure.
- 8 Horizontal surfaces should be wiped down before the first patient of the day regardless of cleaning the day prior.
- 9 Sterile items should be stored 10 inches from the floor and 18 inches from the sprinkler head.
- 10 The terms *general hand hygiene* and *surgical hand antisepsis* are used synonymously.

Answers: 1. F, three; 2. F, negative; 3. T; 4. F, manufactured products may have expiration dates on them and should be rotated and checked for expiration; 5. T; 6. F, implantables should be wrapped and sterilized using a biological; 7. T; 8. T; 9. T; 10. F, surgical hand antisepsis refers to the hand scrub prior to participating in a sterile surgical setup, and general hand hygiene is the routine hand scrub associated with general patient care

an ASC's infection control program. Otherwise, how can that person determine the source of contamination, or lack thereof, in the ASC? Since most postoperative infections are not a result of contamination in the ASC, the qualified professional must be able to do the detective work (e.g., examining the ASC's instrument sterilization processes, clean room, staff health and more) to be able to support findings. Also, the qualified professional must be able to ask the particular questions regarding a patient's habits postoperatively to direct the attention of the research on all patient-induced infections. The designated professional should also help plan the ASC's annual infection prevention and control training for all staff.

For an ASC to comply with Medicare's requirements that an ASC's infection control program must be an integral part of the ASC's quality assessment and performance improvement program and responsible for providing a plan of action for preventing, identifying, and managing infections and communicable diseases, and for immediately implementing corrective and preventive measures that result in improvement, an ASC must observe and report on everything from environmental cleaning to postoperative infections.

When corrective action becomes necessary, potential options should be evaluated to confirm that any changes the ASC adopts address the original problem appropriately. Developing a list of quality indicators, such as failure of the sterilization process, a break in sterile technique, etc., will enable the ASC to develop immediate controls and preventive measures to stay close to the areas where potential breaks in technique may occur.

Waterless Hand Washing

Since hand washing has been shown to play such a critical role in infection control, a word about alcohol-based hand rubs (ABHR) is warranted here. ABHR should not be used exclusively in place of soap and water. Due to fire safety concerns, ASCs should place any ABHR dispensers in their facility according to the provisions of the National Fire Protection Association's (NFPA) 2000 Life Safety Code and all state and local codes that apply. Dispensers must be installed in a manner that minimizes leaks and spills that could lead to falls and adequately protects against access by vulnerable populations such as the ASC's pediatric patients. Any corridors that contain dispensers must be at least 6' wide. The capacity of individual dispensers in rooms, corridors, and areas open to corridors should be no larger than 0.3 gallons. One-half gallon dispensers are appropriate in suites of rooms. Storage of quantities greater than 5 gallons (18.9 liters) in a single smoke compartment does not meet the NFPA requirements published in *NFPA 30: Flammable and Combustible Liquids Code*.

Also, the dispensers should not be installed over or directly adjacent to an ignition source, and in locations with carpeted floor coverings, dispensers installed directly over the carpeted surfaces are permitted only in smoke compartments where sprinklers are installed.

To ensure that an ASC's ABHR dispensers and supplies are installed and maintained properly, a review of the physical location and proper utilization of the ABHR dispensers should be included in the routine safety inspections of the ASC. All ASC staff should receive training on the proper use of ABHR when they are hired and annually as part of the ASC's infection control program.

MAINTAINING AND IMPROVING ON AN INFECTION CONTROL PROGRAM

A comprehensive ASC infection control program encompasses environmental practices as well as physical practices for patient care. To ensure that the program remains effective and appropriate improvements are introduced over time, an ASC can develop a monthly checklist for the ASC's infection control program that includes items like checking the cleanliness of hand scrub stations, detail cleaning of large equipment, a terminal cleaning schedule and observation of staff practices. These activities can then be evaluated and reported to the governing body or infection control committee as appropriate. Delegating the performance of these tasks to the employees also gives the staff a sense of ownership in the ASC's infection control program. **-ASC**

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