Infection Control: Developing a Compliant Plan for the Ophthalmic ASC

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ASC Infection Prevention Plan

- Required by regulatory agencies
- Improve quality care in the ASC
- Improve surgical outcomes

Structure and Function

- Three principal goals for the infection prevention and control programs:
  - Protect the patient.
  - Protect the HCP, visitors and others in the healthcare environment.
  - Accomplish the previous two goals in a cost-effective manner whenever possible.
Structure and Function

- Each ASC is unique – specific needs must be considered when developing or reorganizing an infection prevention and control program.

Principal functions of an infection prevention and control program:

1. To obtain and manage critical data and information, including surveillance for infections.

2. To develop and recommend policies and procedures.

3. To intervene directly to prevent infections and interrupt the transmission of infectious diseases.

4. To educate and train HCP, patients and nonmedical caregivers.
Infection Prevention Team

- Infection Preventionist
- Physician
- May also include administration, ancillary staff, etc.
- Must be represented on the QAPI Committee

Infection Prevention Team

- Governing body designates responsibility for the infection control program to the infection control coordinator/infection preventionist.

Infection Prevention Team

- Team members should be qualified and have up-to-date information and training.

- IP team should:
  - Set goals
  - Collect and analyze data
  - Select interventions
Role of the IP/IC Coordinator

1. Collection and analysis of infection data.
2. Evaluation of products and procedures.
3. Development and review of policies and procedures.

4. Consultation on infection risk assessment, prevention, and control strategies (includes activities related to occupational health, construction, disaster preparedness, etc.).
5. Education efforts directed at interventions to reduce infection risks.

6. Education of patients and families.
7. Implementation of changes mandated by regulatory, accrediting and licensing agencies (includes reporting communicable diseases to health departments).
Role of the IP/IC Coordinator

8. Application of epidemiological principles, including activities directed at improving patient outcomes using implementation science.

9. Provision of high quality services in a cost-efficient manner.

Cost Benefit/Effectiveness

- Cost effectiveness and cost benefit are examples of decision analysis studies.

- Effectiveness refers to the outcome of care.
  - Expressed as the number of cases of disease prevented or the number of lives saved.

Cost Benefit/Effectiveness

- Cost benefit analysis looks at outcomes in terms of cost.
  - Decreasing malpractice claims
  - Protecting employees from injury
  - Assisting in patient safety efforts
  - Enhancing the organization’s image
Infection Prevention Plan

- Interdisciplinary team.
- Develops goals and objectives for the infection prevention and control program by performing an annual risk assessment.

Infection Prevention Plan

- Identification of high volume, high risk, problem prone activities.
- Risk assessment – assists in setting priorities and obtaining support from governing body.

Infection Prevention Plan

- Steps to use in setting strategies for surveillance and intervention:
  1. Establishing a reliable, focused surveillance program based on the annual risk assessment.
  2. Streamlining data management activities.
Infection Prevention Plan

3. Analyzing HAI rates.
5. Educating staff regarding prevention strategies.

6. Identifying opportunities for performance improvement.
7. The IP coordinator should have a leadership role on performance improvement teams.

8. Developing and implementing action plans that outline the steps needed to accomplish each objective.
9. Evaluating the success of action plans in accomplishing the goals and objectives of the infection prevention plan.
The quality of the infection prevention and control program should be assessed routinely by evaluating patient satisfaction, appropriateness of care, efficacy, timeliness, availability, effectiveness, and efficiency.

Annual evaluation of the IP program is necessary to outline achievements and activities of the program and describe support requirements.

The value of the IP program to the organization should be emphasized, including patient outcomes and cost savings.

1. Organization of the infection control program and committee:
   a. Designate leadership and authority for the IP committee with dedicated qualified staff, scope, functions and adequate budget.
   b. Establish preparedness and response procedures within the ASC for communicable disease emergencies.
Core Components of the IP Plan

2. Nationally recognized guidelines:
   - Adapt and implement nationally recognized infection control guidelines

Core Components of the IP Plan

3. Human resources:
   a. Provide basic training for all staff working in the ASC.
   b. Provide specialized training for IP professionals.
   c. Ensure adequate staffing levels (numbers, skills, and training).
   d. Implement measures to protect staff against biological risks.

Core components of the IP Plan

4. Surveillance and assessment of compliance with IP practices:
   a. Define objectives, priorities and surveillance methods.
   b. Conduct appropriate surveillance, in line with needs and objectives.
   c. Appropriate reporting (within and outside the ASC).
   d. Monitor compliance with IP practices in a blame-free culture.
Core components of the IP Plan

5. Laboratory:
   - Ensure good quality laboratory services (annual contracted service evaluation).
   - Implement biosafety standards.

Core Components of the IP Plan

6. Monitoring and evaluation:
   a. Conduct regular monitoring.
   b. Submit regular reports on processes and outcomes and status of the IP program.
   c. Promote evaluation of performance in a non-punitive culture.

Infection Prevention Program

- Infection prevention/control committee must be a part of the quality assessment and performance improvement committee.

- Results must be reported to the governing body.
References

- Association for Professionals in Infection Control and Epidemiology (www.apic.org)
- World Health Organization

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