Integrating Outpatient Settings into State HAI Programs

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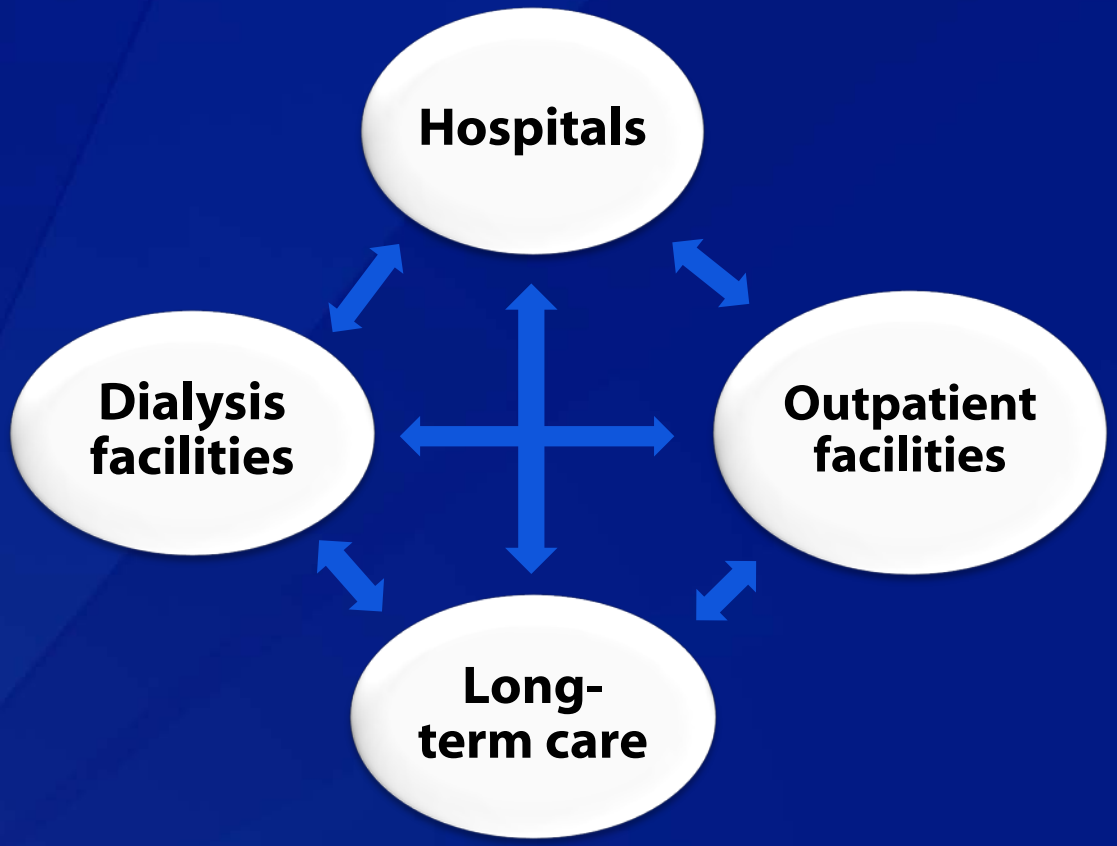
ELC HAI/Ebola Grantees' Meeting
November 18, 2015

Outline

- Background & Vision
- Outpatient Policy Options -- Overview
- Engaging Outpatient Providers
- Q & A

Germs spread…
within and across health care facilities…



… and it's our job to stop them

Vision

SAFE CARE EVERYWHERE

Outpatient Settings

- **Provide healthcare to patients who do not remain overnight**
  - Examples include:
    - Physician offices
    - Urgent care centers
    - Cancer clinics and infusion centers
    - Imaging centers
    - Alternative medicine clinics
    - Ambulatory surgical centers
- **Increasingly complex procedures, vulnerable patients**
  - Each year more than one million cancer patients receive outpatient chemotherapy and/or radiation therapy
  - May provide similar services as hospitals

Wed 11/18/2015 10:00 AM

DePuy Synthes <eblasts@comm.outpatientsurgery.net>

Leading Total Joint ASC Shares Keys to Success--Live Online Dec 10

To Perz, Joseph (CDC/OID/NCEZID)

Ambulatory Care – Growth, Concerns

- Approximately 1.2 billion outpatient visits / year
  - average person makes four visits/year
- Expansion of services without parallel increases in attention to and oversight of infection control
  - Many lack written infection control policies and procedures
- Lack systematic surveillance to detect infections

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™

SEARCH

A-Z Index A B C D E F G H I J K L M N O P Q R S T U V W X Y Z #

Healthcare-associated Infections (HAIs)

- **Healthcare-associated Infections**
- Data and Statistics
- Types of Infections
- Diseases and Organisms
- Preventing HAIs
- Map: HAI Prevention Activities
- Research
- Patient Safety
- Outpatient Settings
- Laboratory Resources
- Outbreak and Patient Notifications
  - CDC Statement LA CRE
  - **Outbreaks & Patient Notifications**
    - 2007-2009 (Archived)
  - Outbreak Resources
  - Multistate Meningitis

Healthcare-associated Infections > Outbreak and Patient Notifications

Outbreaks and Patient Notifications in Outpatient Settings, Selected Examples, 2010-2014

- **Selected examples of recent outbreaks and patient notification events (n=24)**
  - Primary care clinics (4)
  - Cosmetic surgery centers (3)
  - Pain remediation clinics (4)
  - Cancer clinics (3)
  - Oral surgery (2)
  - Orthopedic clinics (2)

- http://www.cdc.gov/HAI/settings/outpatient/outbreaks-patient-notifications.html

Seattle Children's warns of potential infection risk

Originally published August 26, 2015 at 2:59 pm | *Updated August 27, 2015 at 6:15 pm*

Seattle Children's CEO Jeff Sperring, third from left, at a press conference Wednesday in Seattle, addresses sterilization concerns for equipment used at Seattle Children's Bellevue campus that could affect as many... (Bettina Hansen / The Seattle Times)
More

KIRO 7
@KIRO7Seattle

Follo

Seattle Childrens Hospital asking 12,000 patients to get Hep
&HIV blood tests- more @ 4:58 kiro.tv/LiveNews

7:43 PM - 26 Aug 2015

- Breaches in cleaning and sterilization of surgical instruments, and other errors related to device reprocessing
- Families of 13,700 pediatric surgery patients and 1,600 clinic or urgent care patients were notified

Stay Informed

Safety Issue Information: Bellevue Clinic and Surgery Center

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Perspective – Outpatient Settings Policy Options for Improving Infection Prevention

Posted on November 13, 2015 by CDC's Safe Healthcare Blog

Author: Dr. Denise Cardo
Director of the Division of Healthcare Quality Promotion (DHQP)
National Center for Emerging and Zoonotic Infectious Diseases (NCEZID),
Centers for Disease Control and Prevention (CDC).

Dr. Denise Cardo

Every week in my role overseeing healthcare quality and patient safety for CDC, I hear stories about patients being harmed by providers who fail to understand the basics of infection control. All too often, these events occur in outpatient settings. One recent example of this occurred when 13,700 surgery patients and 1,600 clinic or urgent care patients at Seattle Children's Bellevue Clinic were notified that they could be at risk of infection due to breaches in the cleaning and sterilization of surgical instruments, and other errors related to device reprocessing. The hospital sent notifications to these patients and their families offering free testing for hepatitis B, C, and HIV.

Preventable situations like the one in Seattle highlight serious gaps in infection control practices. As a result, I have made it a priority to move beyond reacting to healthcare-associated outbreaks and towards proactively protecting patients: preventing outbreaks and patient notifications from happening in the first place. Healthcare delivery continues to shift from the acute, inpatient hospital setting to a variety of outpatient settings, making patient safety in all settings a critical mission we must achieve. Currently, there are highly variable policies in outpatient settings that can result in gaps in patient protection from healthcare-associated infections or other adverse events. Outpatient facilities and state health departments must work together to reduce the number of healthcare-associated outbreaks in outpatient facilities.

To support these efforts, CDC's *Outpatient Settings Policy Options for Improving Infection Prevention* provides guidance for more proactive oversight of outpatient facilities. We designed this resource to assist health departments and policymakers at various levels to analyze current policies in outpatient settings, review proposed changes, and inspire possible changes to improve infection control practices. The policy document focuses on four key areas: facility licensing/accreditation, provider training and certification, reporting requirements and investigation authorities.

We need to protect patients wherever they receive their medical care. This begins by making sure we have systems in place to ensure safety. CDC looks forward to working with partners to achieve this goal.

Posted on November 13, 2015 by CDC's Safe Healthcare Blog

Categories Healthcare-associated infections

Outpatient Settings Policy Options:
Four Key Policy Elements

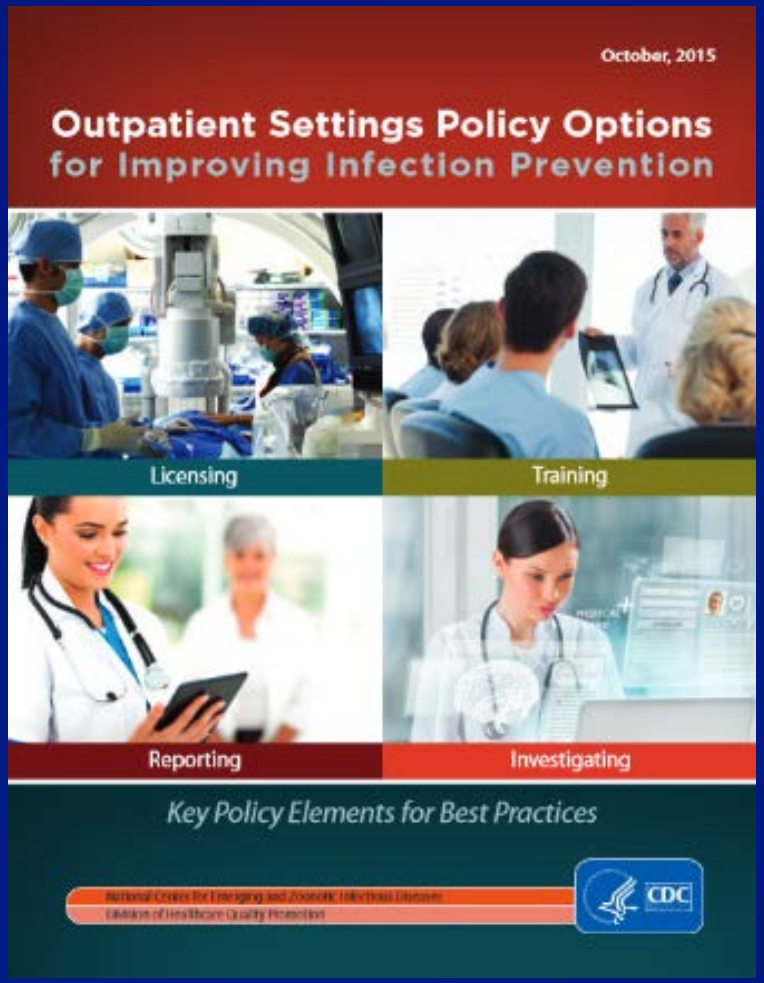
Consider more effective and proactive oversight of outpatient facilities through:

(1) Facility licensing/accreditation

(2) Provider training, licensing and certification

(3) Reporting requirements

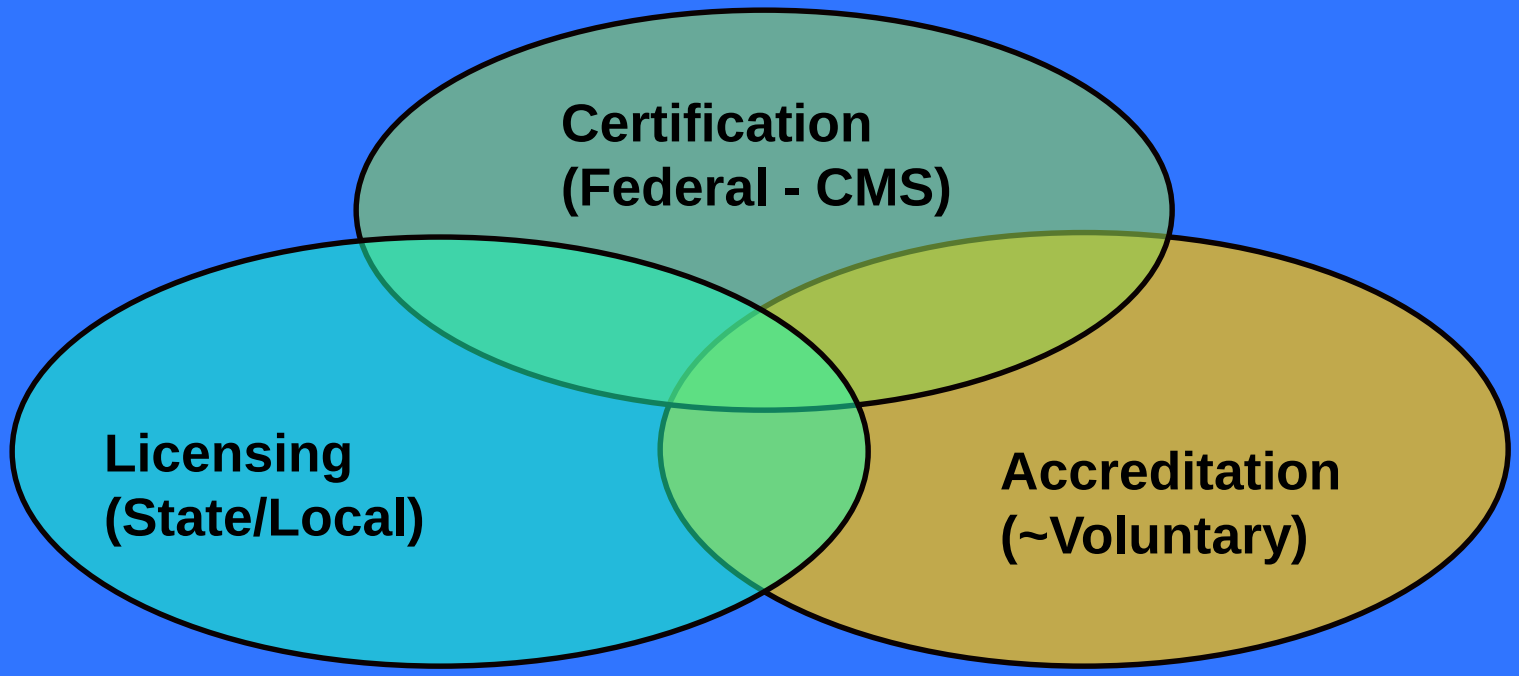
(4) Investigation authorities



(1) Facility Licensing and Accreditation

- **Few outpatient healthcare facilities**
  - Certified by CMS
  - Licensed by states
  - Maintain accreditation status

Outpatient Care Settings



Majority operate only under physician's medical license +/- business license

(1) Facility Licensing and Accreditation

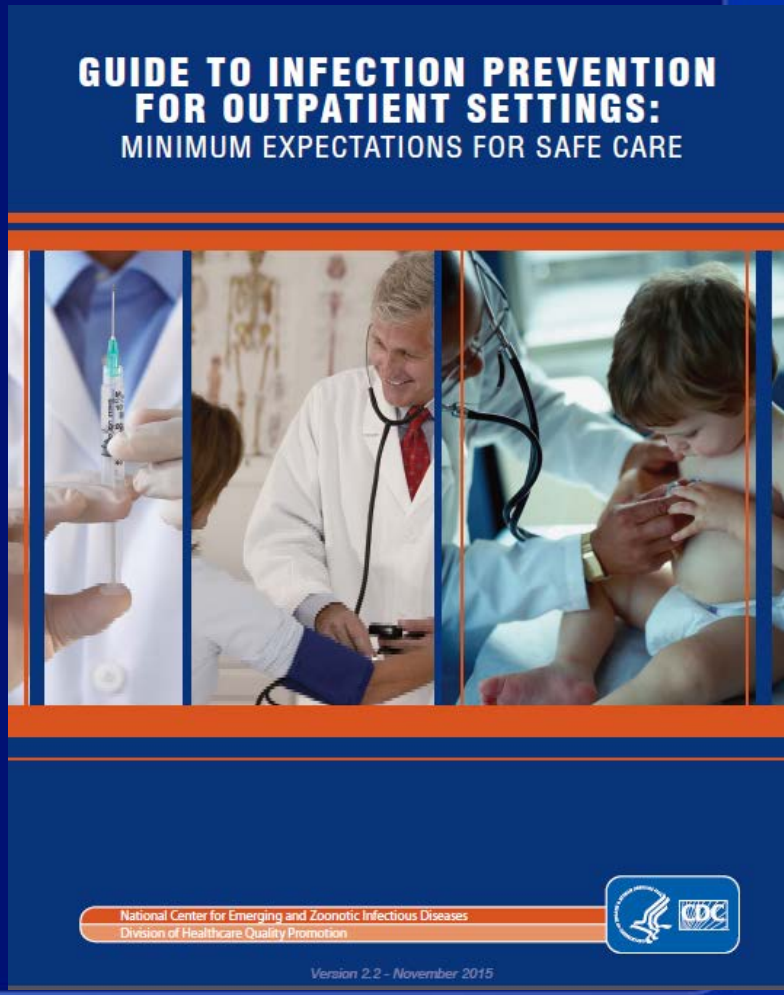
- **Few outpatient healthcare facilities**
  - Certified by CMS
  - Licensed by states
  - Maintain accreditation status
- **Most lack an infection control plan and are not held to minimum safety standards for infection prevention**
  - Not subject to routine survey/inspections (vs. restaurants)
- **Basic infection control practices as outlined in Standard Precautions should be the minimum expectation**
  - CDC Guide to Infection Prevention in Outpatient Settings

Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care

Summary of infection prevention recommendations & guidelines

- Ensure that an outpatient facility has appropriate infection prevention policies and procedures to provide safe care

Checklist:
- Systematically assess infection prevention practices and competencies



Version 2.2 - November 2015

(1) Facility Licensing and Accreditation -- Considerations --

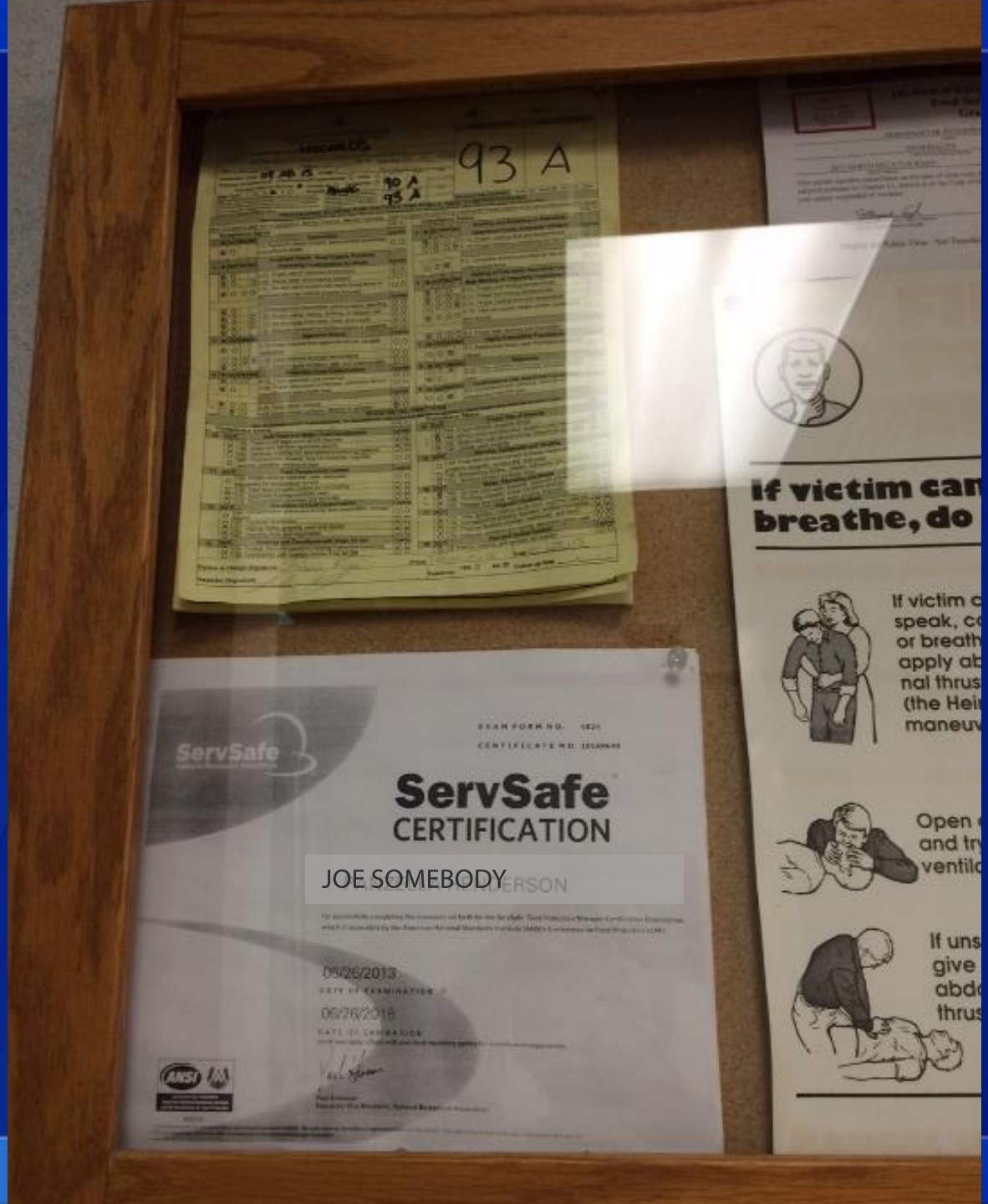
- Maintaining accurate information on the locations, numbers, and types of facilities
  - Registration requirements
  - Accreditation requirements
  - Designation of an infection control coordinator
- Enhancing collaboration with medical boards, licensure agencies, pharmacy boards and accrediting agencies
- Designating fees or fines for the support of education, technical assistance, and inspection/monitoring
- Using CDC-developed survey tools for expanded on-site assessments

(2) Provider Training, Licensure and Certification

- **Requirements for healthcare providers highly variable**
  - Licensure generally clear for physicians and nurses; less so for allied health professionals
- **Allied health professionals may receive minimal formal infection control training**
  - Annual OSHA blood borne pathogen training not enough
- **Delegation of healthcare delivery activities loosely governed by state practice standards**

Provider Training, Licensure and Certification -- Considerations --

- Expanding licensure and certification requirements
- Requiring training in HAI prevention and infection control as a condition of licensure or certification
- Minimum levels of periodic continuing education credits related to infection control training
- Requiring state-approved basic infection control training for anyone engaged in healthcare work under the supervision of a licensed healthcare professional, including workers not licensed by the state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If victim can
breathe, do
ServSafe
ServSafe
CERTIFICATION
JOE SOMEBODY
05/26/2013
06/26/2018
ANSI

EXAM FORM NO. 4824

CERTIFICATE NO. 10169648

ServSafe
National Restaurant Association

ServSafe CERTIFICATION

PSOMEONE SOMEBODY

for successfully completing the standards set forth for the ServSafe Food Protection Manager Certification Examination, which is accredited by the American National Standards Institute (ANSI)-Conference for Food Protection (CFP).

06/26/2013

DATE OF EXAMINATION

06/26/2018

DATE OF EXPIRATION

Local laws apply. Check with your local regulatory agency for recertification requirements.

Paul Hinerman
Executive Vice President, National Restaurant Association

ANSI
ACCREDITED PROGRAM
American National Standards Institute
and the Conference for Food Protection

40659

Environmental Heatlh

- Body Crafting
- Food Safety
- Hotels & Motels
- Indoor Air Quality
- Lead
- Rabies Control
- Radon
- Rodent Control
- Swimming Pool, Beach & Spa
- Tools for Schools
- West Nile Virus
- Environmental Concerns

Environmental Health

Food Safety

Food Safety Education

The Division of Environmental Health Restaurants and Hotels program offers the ServSafe course and food safety in-services to food service establishments.

Certified Food Safety Manager

The course is a validated Certified Food Safety Manager (CFSM) exam that is accredited by the Conference for Food Protection as required by the code. The course provides information on basic food safety, personnel, HACCP principles, facilities and equipment, cleaning and sanitizing, pest control and regulatory inspections. A minimum passing score of 75 is required on the exam given at the end of the course to obtain certification.

1. **ServSafe (National Restaurant Association Educational Foundation)**
   Exams offered in the following languages: English, Spanish, Korean, Chinese, Japanese, and French-Canadian

Each food service establishment shall have an owner or at least one food service manager on staff, designated for that one establishment only, who has successfully completed a food safety training certification

(3) Reporting Requirements

- **HAI and infectious disease reporting requirements variable across the 50 states**
  - What, when and how to report
  - Healthcare provider vs. health facility vs. laboratory
- **Outbreak definitions variable**
  - Just one HAI-associated case of certain diseases can signal serious problems
- **Other types of adverse events which may pose serious infection risks**
- **Clear direction from state health departments is beneficial**
- **Partner with acute care IPs**
  - "See Something, Say Something"

(4) Investigation Authorities

- **State and local health departments require firm legal foundation to investigate:**
  - Potential disease outbreaks
  - Cases of reportable disease
  - Other breakdowns in care delivery which may pose infection risk
- **Authority should clearly apply to all types of outpatient healthcare facilities**
- **Shared authorities should be understood and discussed**

Outpatient Settings Policy Options: Available for Download

CDC - Outpatient Settings ...

www.cdc.gov/HAI/settings/outpatient/outpatient-settings.html

Most Visited | Suggested Sites | Getting Started | Web Slice Gallery

- Blood Safety
- Dialysis Safety
- Get Smart for Healthcare
- Hand Hygiene
- HICPAC
- Injection Safety
- Medication Safety
- MRSA
- National Healthcare Safety Network (NHSN)
- Nursing Homes and Assisted Living
- Sepsis
- Sharps Safety
- Transplant Safety
- Vaccine Safety

Outpatient Policy Options

The Outpatient Settings Policy Options document and accompanying worksheet [PDF - 75 KB] are designed to assist state, local, and territorial health departments and policymakers to assess current outpatient policies and consider options for improving practices. The document outlines four key elements recommended by the workgroup and reflect CDC, workgroup membership, and health department experience with healthcare-related outbreaks and quality improvement. Each section contains:

- An explanation of the element and its components
- Sample scenarios highlighting the need for effective practices or strategies
- Potential program improvement options
- Examples of existing policies representative of the elements
- Aids designed to help identify gaps and pursue potential solutions

Download: [PDF 1.3 MB]

BLOG

Join the conversation

Top of page

Outpatient Oncology Settings

Basic Infection Control and Prevention Plan for Outpatient Oncology Settings

This document has been developed for outpatient oncology facilities to serve as a model for a basic infection control and prevention plan. It contains policies and procedures tailored to these settings to meet minimal expectations of patient protections as described in the CDC Guide to Infection Prevention in Outpatient Settings. The elements in this document are based on CDC's evidence-based guidelines and guidelines from professional societies (e.g., Oncology Nursing Society).

URL: http://www.cdc.gov/hai/pdfs/prevent/Outpatient-Settings-Policy-Options.pdf

ICAR Activity A

A.1: Expand State HAI Plan and Advisory Group

- Incorporate concept of on-site assessment, gap-assessment, spectrum of healthcare
- Add partners including ASPR-funded Hospital Preparedness Program (HPP); others

A.2: Improve coordination between DOH and healthcare settings

- **Inventory of facilities, by type of setting**
- **Identify regulatory/licensing and other oversight authorities**
- **Infection control capacity and competency requirements**

A.3: Assess readiness of designated Ebola facilities

- Conduct on-site assessments of all designated Ebola assessment hospitals (or treatment centers, if any)
- Determine gaps in readiness
- Address gaps through consultation/training using CDC-based resources; develop mitigation and implement plan with hospital
- Follow up to confirm mitigation of gaps

A.4: Assess and improve HAI outbreak reporting and response

- Evaluate capacities to detect, report and respond
- Standardize an approach to assessment
- Across setting types

ENGAGING OUTPATIENT PROVIDERS

(CSTE Roundtable Participants, We Heard You ☺)

Joint Commission, CDC Collaborating on Ambulatory Infection Prevention Project

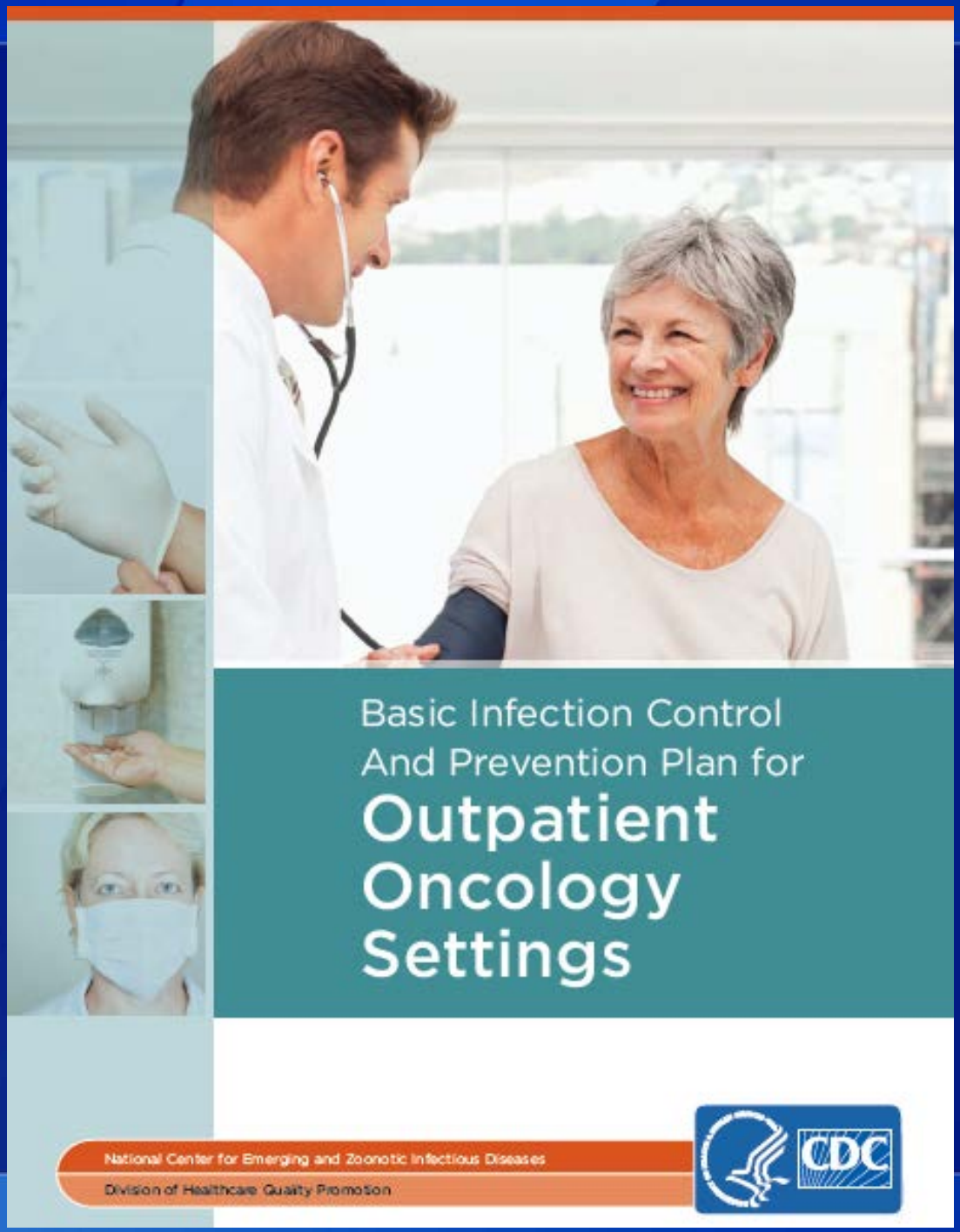
November 4, 2015

The Joint Commission and the Centers for Disease Control and Prevention (CDC) are collaborating on an initiative designed to adapt, enhance and disseminate CDC guidance related to infection prevention and control in ambulatory health care settings. The goal of this effort, which is supported through a CDC Safety and Healthcare Epidemiology Prevention Research Development (SHEPheRD) contract, is to create model infection control plans and expand the reach, uptake infections in outpatient set

The project w CDC, The Joint Commis ecialties that primarily mission and CDC also will have an interest in enh

For more info hD at bbraun@joint

- Create model infection control plans and expand uptake of these and other infection prevention guidance materials in outpatient settings
- Work with 12 outpatient-focused professional organizations (e.g., medical specialties that primarily serve ambulatory patient populations), and 10 ambulatory health care systems


Basic Infection Control
And Prevention Plan for
Outpatient
Oncology
Settings
National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion
CDC

Activity B.1
Outpatient Facility Engagement

- **A total of 26 health departments that received Activity B funding indicated they would target outpatient facilities**
  - **>1,800 total assessments**
- **16 of these indicated in their application that they would aim to complete 40 or more assessments**
  - CA, LAC, CT, GA, IL
  - IN, KY, MN, MO, ME
  - NH, NY, NYC, NC, ND, SC

Activity B.1
Outpatient Facility Selection

- **Review list of outpatient facilities identified as part of Activity A, Strategy 2: Mapping initiative**
  - State survey agency should have list of CMS-certified ASCs
  - Will need to be more creative to identify remainder of outpatient facilities in your jurisdiction
- **Consider selecting/prioritizing assessments based on:**
  - Types of facilities that have had outbreaks or complaints
  - Facilities that perform invasive procedures (e.g., epidural injections, surgeries, endoscopies, chemotherapy)
    - Initial focus on those that have never received any type of certification, accreditation, or licensing visit

B.1 Facility Selection cont.

- Refer to CDC's outbreak and patient notification list for examples of outpatient settings (e.g., pain remediation clinics, oncology clinics) where recent outbreaks and notification events have occurred

Setting	Year Investigated	Pathogen(s)	Infection(s)	Patient Notification Performed (# notified)	Infection Control Breaches
Surgical Center [1]	2014	N/A*	N/A*	Yes (1,100)	1) Reuse of syringes to access medication vials used for >1 patient† 2) Failure to properly reprocess reusable medical equipment
Orthopedic Clinic [2]	2013	*Staphylococcus aureus*	Septic Arthritis	No	1) Complex preparation/compounding of injection materials involved extensive manipulations in the procedure room, with opportunities for contamination
Plastic Surgery Center [3]	2013	N/A*	N/A*	Yes (415)	1) Reuse of syringes to access medication vials that may have been used for >1 patient†
Pain Management Clinic [4]	2013	Hepatitis B Virus	Hepatitis	Yes 534)	1) Multiple procedural and infection control breaches were identified
Oral Surgery Clinic [5]	2013	Hepatitis C Virus	Hepatitis	Yes (5,810)	1) Mishandling of injectable medications including reuse of single-dose vials of propofol

http://www.cdc.gov/HAI/settings/outpatient/outbreaks-patient-notifications.html

Another Consideration

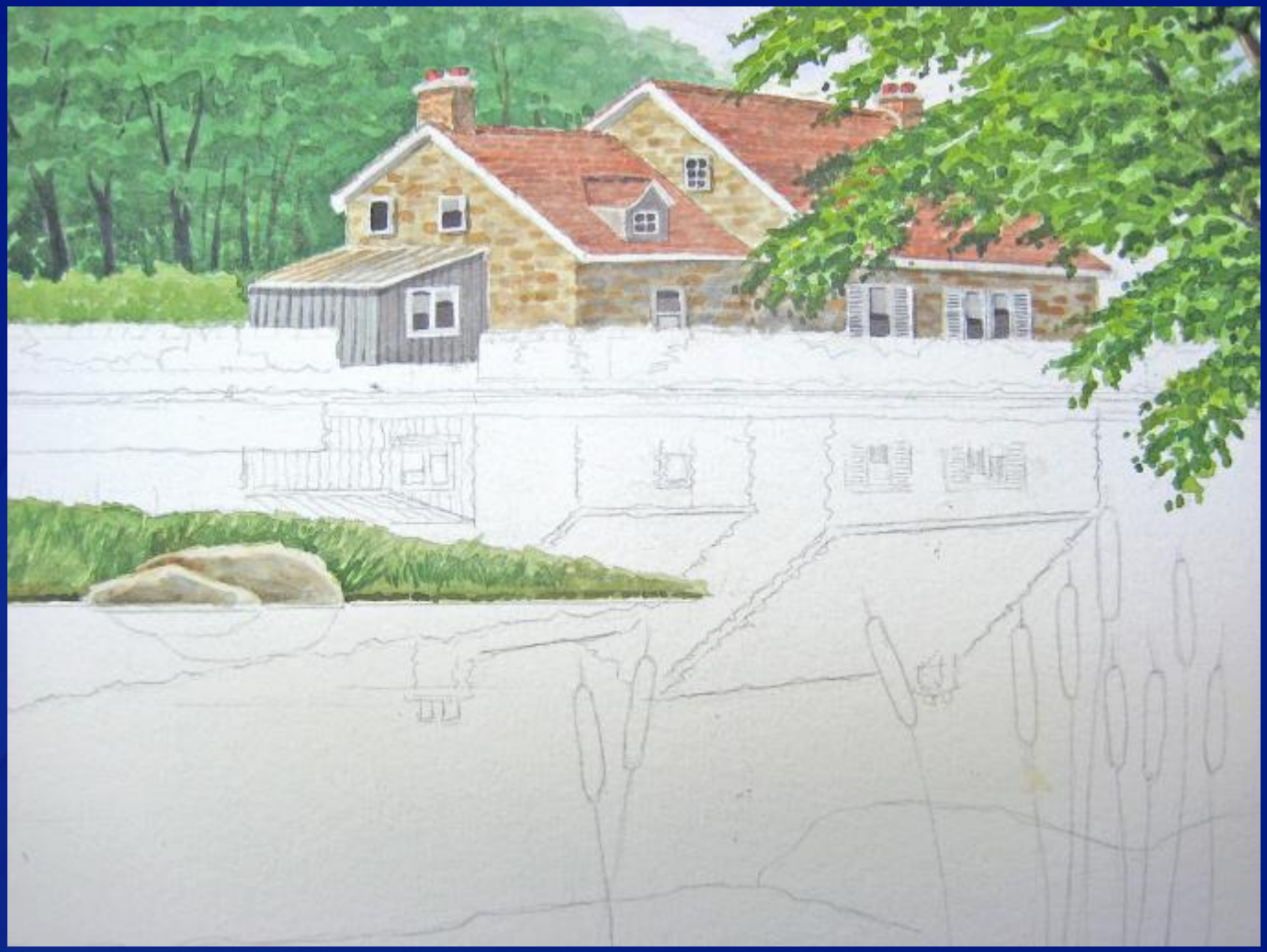
- **As part of A.2, create a web page that lists outpatient facilities that <u>are</u> subject to (or have participated in) on-site assessment of their infection control program/practices**
- **Accrediting Organizations such as Joint Commission and AAAHC have searchable tools available to begin this**
- **Hospital systems, CMS-certified ASCs and their state association chapters may be valuable partners**
  - → capitalize on desire to level the playing field

Thank You!

cdcdhqpicarteam@cdc.gov

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333
Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
Visit: www.cdc.gov | Contact CDC at: 1-800-CDC-INFO or www.cdc.gov/info

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Questions / Discussion