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Infection Prevention: Guiding Hospitals Toward Effective, Compliant, and Sustainable Solutions

Thursday, March 21, 2024

CHARTIS

The webinar will start at the top of the hour.

1

2

Navigating the Zoom Interface

HANDOUTS:

Check the chat function for copies of the slides for note taking and any other handouts.

QUESTIONS AND COMMENTS:

Please participate in the discussion by asking question through the Q&A function during the webinar.

There will also be a survey you will receive immediately after the webinar that will give you an opportunity to ask additional questions or make comments.

Any questions not answered during the webinar will be addressed in a follow-up email or posting.

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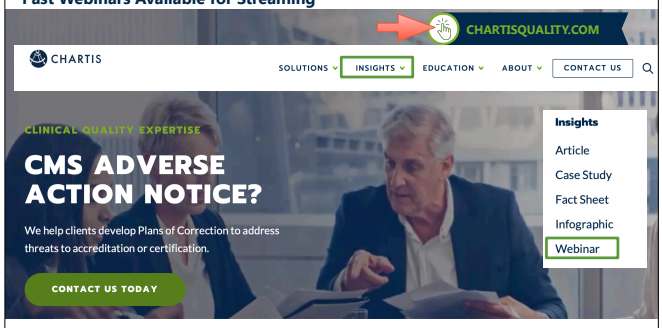

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Thursday, March 21, 2024
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Clinical Quality Insights
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CHARTIS
MONTHLY CLINICAL QUALITY INSIGHTS
Webinar Schedule & Topics
THE 3RD THURSDAY OF EVERY MONTH:
10AM Pacific, 1PM Eastern
TODAY
Infection Prevention: Guiding Hospitals Toward Effective, Compliant, and Sustainable Solutions
April 18, 2024
Survey Survival Roundtable: Compliance Consultants Share Successes in Preparing for and Responding to Surveys
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Available For Streaming NOW
AVAILABLE FOR STREAMING
Practical Approaches to Ace Regulatory and Accreditation Surveys
EMTALA Made Simple
Protecting Suicidal Patients
Responding Effectively to CMS, State, and Accreditation Findings
Avoiding Infection Prevention Survey Catastrophes
Survey Smarts: Looking Forward to 2023
Increasing Nurse Efficiency: Documentation Simplification
Better Meetings Better Results
Overcoming Persistent Challenges in the Physical Environment
TJC's Emerging Model for New Standards
New CMS Interpretive Guidelines for QAPI
Putting Your Best Foot Forward During Survey
Connecting Hospital Rankings to Outcomes
Compliance and Safety Challenges for Psychiatric Hospitals and Units
CMS and QAPI: A Deeper Dive
Mid-Point Update … Focusing on Regulatory Changes
Reducing Burden: What Clinical Documentation Is Required vs. Self-Imposed
A Simple Start to the New Year: Clear-cut Clinical Policies
Hidden Obstacles and Sticky Wickets: Environment of Care, Life Safety, and Emergency Management
Infection Prevention: Guiding Hospitals Toward Effective, Compliant, and Sustainable Solutions
Available For Streaming Next Week
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- High Reliability Care Solutions
- Medical Staff Services Optimization
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Readiness, Response, Reliability

- Rapid Response to Regulatory Emergencies
- Resolving CMS and TJC Adverse Actions
- CMS and Accreditation Survey Readiness
- Environment of Care, Life Safety, and Emergency Preparedness
- Hospital-CMS Systems Improvement Agreements …the National Leader
- Emergency Department/ EMTALA
- Behavioral Health
- Infection Prevention
- Patient Safety
- Process/Policy Simplification
- Streamlined Health Records
- Process Implementation
- Quality Monitoring and Improvement

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SIMPLIFY & COMPLY

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TODAY'S DISCUSSION

CONTINUED FOCUS

The Joint Commission's newly revised Infection Prevention and Control Chapter is a reminder of the nation's ongoing focus.

THE FEW MUST INFLUENCE THE MANY

A handful of dedicated experts at each hospital are expected to develop, monitor, and improve hundreds of infection-related processes across scores of settings involving thousands of clinical and non-clinical associates.

Lisa Eddy, MSN, MHA, RN, CPHQ
Principal

Phillip Boaz, RN, MSN, CIC
Senior Consultant

Erica Brudjar, RN, BSN, HACP-CMS
Senior Consultant

Bud Pate, RHES
Consultant Emeritus

"**Keeping up with Change**

Planning for Tomorrow"

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Objectives

Attendees will be able to …

- **Discover a strategy to implement the July 2024 changes in TJC's Infection Prevention chapter**
- **Optimize infection prevention staffing and organization**
- **Respond to and avoid CMS Immediate Jeopardy and TJC Immediate Threat to Health or Safety findings during survey**
- **Implement successful strategies to reinforce expectations and change practices at the point of care and service**

Handouts will be linked to the Chartis Website for post-webinar streamers.

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TODAY'S
Agenda

01 Survey Agency Focus: The Latest Data

02 Reviewing the 2020 CMS and 2024 Joint Commission Infection Prevention Chapters

03 Issues and Strategies: Sterilization, High-Level Disinfection, Point of Care Practices, Physical Environment, etc.

04 Leveraging Scarce Resources

Questions should be posted in the webinar interface throughout the presentation.
We will respond to any unanswered questions in writing following the webinar.

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Survey Agency Focus: The Latest Data

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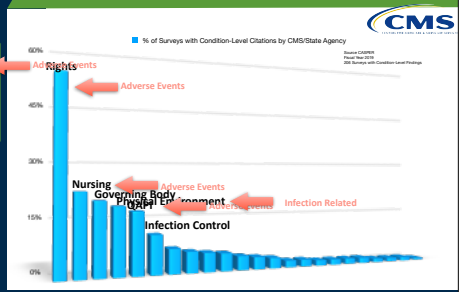
Survey Preparation

Where to Focus for State Agency and CMS High Risk Issues

The most highly cited regulation leading to CMS termination actions for accredited hospitals is EMTALA.

The highest cited Conditions of Participation are Patient Rights and Nursing Services, both of which are associated with adverse event and medical error.



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Top 10 DNV Vulnerabilities … Very Similar to Pattern of State Survey Agency Findings

1. **Patient Rights** (care in a safe setting)
2. Anesthesia Services (pre- and post-operative documentation)
3. Restraint (1-hour face-to-face note for restraint applied for violent or self-destructive behavior)
4. Physical Environment (lack of emergency-powered egress lighting)
5. Patient Rights (Important Message from Medicare)
6. Quality Management System (follow-up for non-conformities)
7. Patient Rights (grievances)
8. Medical Staff (specialty-specific performance data for practitioners)
9. Nursing (plan of care)
10. **Physical Environment** (environmental safety)

DNV

(… old data)

Infection Prevention probably appears under #1 and #10

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2023 Hospital Surveys Top 10 Standards Scored (n=1,385 surveys)

The Joint Commission

Infection Related Findings

See our April Webinar for an overview of ALL CMS and Accreditation High Risk Findings / Issues

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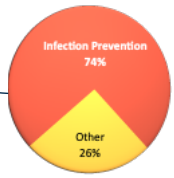
Immediate Threat to Health or Safety

Preliminary Denial of Accreditation
23-day Follow-up
Full Resurvey in 18 Months
Repeat Issues: Denial of Accreditation

SAFER Matrix

	Immediate Threat to Health or Safety: 0.1%		
High Likelihood to Harm	6.5%	2.2%	1.3%
Moderate Likelihood to Harm	29.6%	8.4%	2.8%
Low Likelihood to Harm	40.8%	6.3%	2.0%
Scope	Limited	Pattern	Widespread



Source: The Joint Commission: Hospital Surveys in 2023

*N=41,767 RFIs

The Joint Commission

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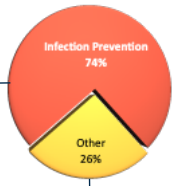
Immediate Threat to Health or Safety

- Disinfection/Sterilization
  - Dental Hand-pieces
  - Interactivity Probe
  - Temperature Too Low for High Level Disinfectant
  - Wrong Sterilization Parameters (Temp, Pressure, Time)
- Single-use Lancets for Multiple Patients

- Suicide/Ligature
  - Inadequate Monitoring of High Risk Patients
  - Inadequate Response to Inpatient Suicide
- Incident Reporting
- Assaults
- Inadequate Staffing



The Joint Commission

Source: The Joint Commission: Hospital Surveys in 2023

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High Risk Findings

ESC Include Leadership and Sustainment
Repeat Findings Can Lead to PDA (02)

	Immediate Threat to Health and Safety: 0.1%		
High Likelihood to Harm	6.5%	2.2%	1.3%
Moderate Likelihood to Harm	29.6%	8.4%	2.8%
Low Likelihood to Harm	40.8%	6.3%	2.0%
Scope	Limited	Pattern	Widespread

The Joint Commission

Source: The Joint Commission: Hospital Surveys in 2023

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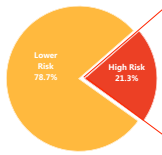
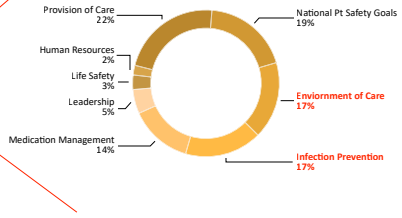
High Risk Findings by Chapter

See our April Webinar for an overview of ALL CMS and Accreditation High Risk Findings / Issues





The Joint Commission

Source: The Joint Commission: Hospital Surveys in 2023

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Most Frequently-cited Condition-Level Findings during TJC Surveys

Condition-Level Findings trigger a Medicare Deficiency (or MED DEF) survey within 45 days following the FINAL REPORT

- Critical air pressure relationships not correct, with no process in place for ongoing monitoring
- Improper preventative maintenance of dialysis equipment
- Sterilization of single use equipment
- Relative humidity levels in operating suites were not consistent with national standards (ASRAE)
- Improper cleaning prior to disinfection of probes contacting broken skin or entering body cavities
- Water management program not developed or not properly implemented

#1

§482.42 Infection prevention and control and antibiotic stewardship programs

Source: The Joint Commission: Hospital Surveys in 2023

The Joint Commission

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Most Frequently-cited Condition-Level Findings during TJC Surveys

- Improper sterilization surgical instruments in sterile processing
- Ratcheted instruments sterilized in the "closed" position
- Instruments not disassembled prior to sterilization when required by the Manufacturer's Instructions for Use
- Improper mixing of disinfectants/detergents
- Lack of proper pre-cleaning and storage of instruments prior to sterilization
- Lack of implemented process for surgical instrument integrity prior to release from sterilization (frayed tape, bioburden)

#2

§482.51 Surgical Services:

Source: The Joint Commission: Hospital Surveys in 2023

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Most Frequently-cited Condition-Level Findings during TJC Surveys

- Heavily damaged flooring in OR
- Walls in sterile processing damaged or in disrepair
- Improper critical air pressure relationships
- Ongoing construction without proper signage or containment strategy
- *Not Infection Related*
  - *Penetrations in fire/smoke barriers in adjoining compartment*

#3

§482.41 Physical Environment

Source: The Joint Commission: Hospital Surveys in 2023

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Reviewing the 2020 CMS and 2024 Joint Commission Infection Prevention Chapters

Handouts

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CMS Feb 2020 Revisions to Infection Control CoP

- §482.42: Infection **Prevention and** Control **and Antibiotic Stewardship**
- **Surveillance, prevention, and control** of HAIs and other infectious diseases.
- **Governing Body appoints** 1 or more qualified **infection preventionist(s)/professional(s)** to be responsible for the IP Program based on the **recommendation of nursing and Medical Staff leadership**.
- Program matches the **scope** and **complexity** of hospital services
- **Clean and sanitary environment**
- Antibiotic Stewardship
- Can be a system-wide program.
- **Leadership (ICP) Responsibilities**
  - Addressing HAI issues in collaboration with **QAPI** leadership and collaboration with the Antibiotic Stewardship program;
  - Developing and maintaining **policies** and procedures that adhere to **nationally recognized guidelines**;
  - **Documentation** of Infection Prevention Program;
  - Competency-based **training** program for hospital employees/contractors and medical staff; and
  - **Auditing** of adherence to infection prevention and control policies and procedures.

Handout

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The Joint Commissions Revised IC Chapter

- Effective July 1, 2024
- Tighter, Clearer
- Generally corresponds to the CMS 2020 Condition of Participation, but with more detail in some areas.
- Number of Elements of Performance reduced from 51 to 14
- Elimination of the requirement for an Infection Prevention and Control Plan
  - However, annual assessment still required
- Eliminates specific reference to various MDROs in favor of more general and inclusive language.

The Joint Commission

For more information visit the Pre-Publication Standards page on The Joint Commission's website at

https://www.jointcommission.org/standards/prepublication-standards/new-and-revised-requirements-for-the-infection-prevention-and-control-chapter/

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Additional Joint Commission Expectations (1 of 3)

The Joint Commission

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- *Infection Prevention and Control and Antibiotic Stewardship*
- *§482.42 CONDITION: Demonstrate adherence to recognized infection prevention and control guidelines.*
- *Governing Body appoints 1 or more qualified infection preventionist(s)/profe on the recommendation of nursing and Medical Staff leadership.*
- *Program matches the scope and c hospital services*
- *Clean and sanitary environment*
- *ABX Stewardship*
- *Can be a system-wide program.*

SPD, Water Management

Hierarchy of References

Skills Demonstration

- *Leadership (ICP) Responsibilities*
  - *Addressing HAI issues in collaboration with QAPI leadership and collaboration with the ABX Stewardship program;*
  - *Developing and maintaining policies and procedures that adhere to nationally recognized guidelines;*
  - *Documentation of Infection Prevention Program;*
  - *Competency-based training program for hospital and medical staff; and*
  - *Auditing of adherence to infection prevention and control policies and procedures.*

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Additional TJC Specificity: 2 of 3

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Cleaning, disinfection, and sterilization per the Manufacturer's Instructions for Use

- Spaulding
  - **Critical** (Device contacts sterile tissue or the bloodstream) = **Sterilization**
  - **SemiCritical** (Device contacts mucous membranes or non-intact skin) = **High-Level Disinfection**
  - NonCritical (Device only contacts intact skin) = **Low-Level Disinfection** (Intermediate Level Disinfection if required by the IFUs)
- Documentation of reprocessing cycles
- Immediate-Use Steam Sterilization
- Recall

- Governing Body provides access of infection prevention to
  - Information Technology,
  - Laboratory Services,
  - Equipment and Supplies,
  - Public Health (e.g., advisory, alerts, etc.)
- Annual risk assessment according to
  - Geographic Location
  - Care, treatment and services provided
  - Surveillance data
  - Public health issues
- Outbreak prevention/control, reporting, investigation, and communication
- Staff screening, immunization and exposure management

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Additional TJC Specificity: Part 3 of 3
High Consequence Diseases / Special Pathogens

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- Protocols at the Point of Care
  - Identify
  - Isolate
  - Inform
  - Personal Protective Equipment
  - Procedures
    - Staff, Patients, Visitors
  - Waste Disposal
- Staff Training / Competencies

Public Health Special Pathogen Checklist for Hospitals:

First Hour, Second Hour, Ongoing

During a Person Under Investigation (PUI) event, your facility will need to work closely with your public health partners, including ongoing coordination and communication.

During a PUI event, public health needs the following:

Within the first hour of a PUI arrival at your facility:

- ☐ Notify public health (LPHA or CDPHE): Per Colorado Code of Regulations 6 CCR 1009-1, viral hemorrhagic fever is reportable to public health immediately.
- ☐ A call among healthcare clinical staff and local and state public health clinical staff will occur to relay information about the patient, including:
  - ☐ Demographic information (e.g., name, address, date of birth, county of residence, phone number)
  - ☐ Known contacts (e.g., family, roommates, etc.)
  - ☐ Exposure and risk information including travel history, travel dates, contact with other special pathogen patients, etc.
  - ☐ Clinical information
- ☐ Public health and clinical discussion regarding any testing needs

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Emerging Evidence-Based Guidelines

Handout

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Last Revised N/A
Next Review N/A

Applicability: Greeley Internal Documents
Keywords: Environment of Care, Model Document

Risk Assessment Template

Risk Assessment

The following risk assessment references the Hierarchy of Requirements model required by The Joint Commission and referenced at IC.04.01.01 EP03. However, this template should also be used for other situations where the standard is open to interpretation.

This risk assessment should become part of or attached to any associated policy, procedure, or guideline. This will serve as the justification for any potentially controversial (or actually cited) requirement that is vague, often misinterpreted by surveyors.

Title

Enter a title that described the specific issue, not the overall subject. For example, instead of saying "temperature and humidity in critical care areas," be more specific, such as ***"How often should airflow be measured for operating rooms, procedure rooms, and other sensitive areas?"***

Another example: ***"Discontinuation of Contract Precautions for Certain MRSA Patients"***

Issue

Indicate the exact problem and why it is being addressed. Is this a dispute between consultants, is there an overzealous surveyor, is there a disagreement with a regulatory agency, is this a commonly

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Risk Assessment
Most commonly used for EC and IC issues

Components

- **Title**
- **Issue Statement**
- **Applicable Requirements***
- **Manufacturer Instructions for Use***
- **Nationally Recognized Evidence-based Guidelines***
- **Review of Relevant Internal QAPI Data/ Findings**
- **Operational Considerations**
- **Organizational Position (Policy)**
- **Approvals**

***IC.04.01.01 EP03**

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Issues and Strategies: Sterilization, High-Level Disinfection, Point of Care Practices, Physical Environment, etc.

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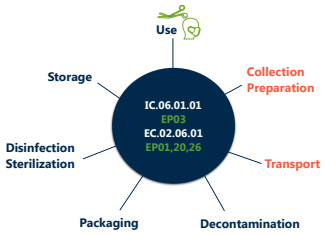
Sterilization/Disinfection Cycle (Simplified)

The Sterilization Cycle is NOT under the sole control of the sterile processing department.

It touches almost every setting and clinical discipline.



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INFECTION RELATED

Survey Vulnerabilities

Disinfection **Sterilization / HL Disinfection Cycle**	**Temperature and Humidity** **Operating Rooms Procedure Rooms Processing and Storage**	**Food Handling** **Storage Temp** **Food Code**
Surgical Attire **Use of PPE** **Transmission Based Precautions**	**High Risk Environments** **Procedural Areas** **Dialysis, Dental, Eye, etc.**	**Environment of Care** **Cleanliness Maintenance Water Management**

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Leveraging Scarce Resources

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Friends in the Right Places

01

Operating Room Director

- Airflow, temperature, and humidity
- Room turnovers and general cleanliness
- Attire
- Point-of-use care of instruments
- Storage of sterile implants / tissue
- Immediate Use Steam Sterilization

Sterile Processing Director

- Processing and Storage (AAMI/ANSI)
- Air Flow
- Temperature and Humidity
- Instructions for Use / Preventive Maintenance

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Friends in the Right Places

02

Pharmacy Director

- Sterile Compounding (USP 797/800)
- Multi-dose Vials
- Drug Storage / Temperature
- Medication Administration
- Antimicrobial Stewardship

Hemodialysis Director / Contractor

- Water System Management
- Dialysis Machine Disinfection
- Water Treatment (RO) Disinfection
- Cultures and Exotoxins
- Accessing Grafts, Fistulae, and Lines

Food and Nutrition Director

- Labeling/Dating of Food
- Food Temperatures
- Food Handling and Storage
- Cooling Logs
- Sanitation and Maintenance

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Friends in the Right Places

03

Environmental Services Director

- Waste Flow
- High-Level Dust
- Surface Low Level Disinfection
- Cleanliness

Plant Operations Director

- Pre-Construction Risk Assessments (ICRAs)
- Project and Work Order Prioritization
- Temperature, Humidity, and Air Flow
- Airborne Infection Isolation Rooms

Nursing Department Directors

- General Cleanliness
- Medication Administration
- Bundles

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Five Keys to Success

Round, Round, Round

- High risk clinical areas
- Other clinical areas - quarterly
- Non-clinical areas- at least annually
- Offsite laundry (or other contracted clinical service)- at least annually

Escalate and Oversee

- Analyze for the correct oversight committee
- Do not keep finding non-compliance without clear escalation
- Daily Huddles
- Executive Team through Structure

Who is Responsible?

- Governing Body
- Hospital Executives

Work with QAPI

- Oversight Mechanism
- Advocates for Quality, Safety Compliance

Local Ownership

- Preventionist is Finder, NOT Fixer
- Departments Accountable through Executive Leadership
- Identify and Escalate Persistent Non-Compliance

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Questions / Discussion

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Webinar Attendees Special Offer:

In-Depth Assessment with Roadmaps for Improvement of Your Infection Prevention and Control Program

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Infection Prevention: Guiding Hospitals Toward Effective, Compliant, and Sustainable Solutions

Thursday, March 21, 2024

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