



JAMA: Infection Control Assessment of Ambulatory Surgical Centers

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Main messages:

- Among a sample of U.S. ambulatory surgical centers (ASCs) in 3 states, lapses in infection control were common.
- The infection control audit tool used was designed by CDC, then piloted by CMS surveyors who received CDC training on the use of the tool.
- Five categories of infection control were assessed: hand hygiene and personal protective equipment, injection safety and medication handling, equipment reprocessing (e.g., sterilization and high-level disinfection), environmental cleaning, and handling of blood glucose monitoring equipment.
- A total of 68 ASCs were assessed. Overall, two-thirds (67.6%) had at least one lapse in infection control. Common lapses included: using single-dose medication vials for more than one patient (28.1%), failing to adhere to recommended practices regarding reprocessing of equipment (28.4%), and lapses in handling of blood glucose monitoring equipment (46.3%).
- More than half (57%) were ultimately cited for deficiencies in infection control and around 30% (29.4%) were cited for deficiencies related to medication administration, including use of single-dose medications for multiple patients. (This represents 6x the deficiencies reported to CMS nationally the year before).
- Serious deficiencies, as determined by CMS, required a follow-up inspection to determine whether the ASC had come into compliance. Failure to adequately address and correct all citations could result in termination of the ASC's participation in the Medicare program.
- A total of \$10 million was made available by CMS starting in July 2009; all states are now required to use this new, improved infection control audit survey tool, and to inspect increased numbers of ASCs by the end of September, 2010.
- **Ensuring the safety of healthcare for patients in all settings is a priority for CDC and CMS. Lapses in infection control in any healthcare setting, including ASCs, put patients at risk.**

- **ASCs should play a more active role in assessing their infection control practices by performing regular self-audits, using the tool described in the report.**
- **Public health agencies at the state and federal levels should continue to work with ASCs to improve infection control practices in these facilities, and CMS and its state partners will continue to assess ASCs compliance with Federal infection control requirements.**

What is being done to address these findings?

- CMS now requiring all states to use the infection control audit tool and case tracer method for ASC inspections
- ASCs cited for deficient practices are required to correct them; ASCs that fail to correct serious deficiencies risk termination of their participation in Medicare
- CMS and CDC have provided in-depth infection control training sessions for surveyors, making CMS Regional Office physicians available to accompany surveyors on inspections, and arranging consultations with experienced personnel when questions arise.
- CMS updated several ASC health and safety standards, effective May 2009.
- CMS committed to inspect one-third of all ASCs nationwide this year, including a nationally representative subsample for an updated analysis of infection control practices, as recommended by the GAO.
- To assist ASCs in their self-evaluation, CMS has made the ASC infection control audit tool available on-line.

CDC prevention projects related to ASC and infection control:

- CDC and HICPAC are in the process of developing a Guide to Standard Precautions and related communication strategies specific to infection control in ambulatory care facilities, based on existing infection control guidelines and recommendations.
- CDC is collaborating with the Safe Injection Practices Coalition (SIPC) to develop and implement an educational campaign promoting safe injection practices by educating patients and their providers about proactive steps they can take to foster a culture of safety in outpatient settings. This includes the multi-state expansion of the One and Only Campaign, a public health campaign aimed at the general public and healthcare providers about safe injection practices.
- CDC is working with CMS to expand incorporation of basic infection control content into CMS survey processes through an interagency agreement.
- Collaborations with the FDA in the area of injection safety have been substantially strengthened and will be critical to further improve safety. As part of this effort, CDC

and FDA identified the need for FDA to address issues associated with medication vials, in particular to more clearly define the terminology that pertains to medication vials (e.g. the meaning of single-dose, single-use, and multiple dose, etc.). Reviews of medication packaging, labeling and instructions for safe use are underway and possible improvements are being considered.

- CDC continues to work closely with states investigating outbreaks or implementing patient notifications of potential exposure to bloodborne pathogens due to unsafe injection practices. Support from CDC includes technical guidance and consulting from epidemiologists, on-site assistance with field investigations as needed, and laboratory testing including detailed analyses of genetic relatedness.
- CDC is working to identify and promote innovation and development of product and marketing improvements through industry partner meetings underway with leaders from injection equipment and medication industries and other partners. So far, meetings have focused on injection equipment and medication vials and on diabetes care devices (e.g., lancets, blood glucose monitors, and insulin pens)
- CDC collaborated closely with HHS, AHRQ, CMS, and other federal agencies to expand the HHS Action Plan to Prevent HAIs to include ambulatory surgical centers and hemodialysis centers. CDC continues to play a lead role as these modules are developed, helping focus attention on the need to assure that safe injection and other basic infection control standards are met in all settings where healthcare is delivered.
- CDC is building infrastructure and capacity in state health departments to address healthcare-associated infection and patient safety issues, including those occurring in ambulatory care centers, through HAI Recovery Act Funding.
- CDC created infection control and management guidance for health departments and health care facilities surrounding instrument reprocessing errors and other infection control breaches to assist in management of these incidents. This guide focuses on risk of bloodborne pathogen transmission and the role of public health and other stakeholders to inform patient notification and testing decisions.

Background:

- Over 5,000 ambulatory surgical centers (ASCs) in the United States participate in the Medicare program. These numbers do not include hospital-based same-day surgery departments or physician office-based surgeries. Same-day surgeries in all settings account for approximately 62% of all surgeries. Based on 2007 numbers, Medicare-certified ASCs performed more than 6 million procedures.

- Typical surgical procedures conducted in ASCs include endoscopies and colonoscopies (including removal of identified polyps), orthopedic procedures, plastic/reconstructive surgeries, and eye, foot, and ear/nose/throat surgeries.