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**Connecticut Department  
of Public Health's  
Healthcare Acquired  
Infections Program  
Stakeholder Conference**  
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On November 19th, the DPH is holding an interactive workshop designed to facilitate conversation and assist with the development of the state's Health Improvement Plan. Presentation topics will include HAIs and Prevention Methods and facilitated breakout sessions specifically geared toward surgery centers as well as an overview of the planning process surrounding the Health Improvement Plan. Many ASCs were expected to attend. More information to follow.

**Question Corner:** Periodically ASCs pose questions to the PSO that we can all benefit from. Recently we were asked: **Are yearly PPDs a requirement for facility staff?** The answer, according to OSHA requirements: TB skin testing shall be conducted every three (3) months for workers in high risk categories, every six (6) months for workers in intermediate risk categories, and annually for low risk personnel. TB infection-control measures for each health-care facility should be based on a careful assessment of the risk for transmission of TB in that particular setting. Although most ASCs likely fall into the "very low risk" category, we recommend at least yearly testing for ASC facility staff. It is a good baseline and promotes both staff and patient safety. Please send us your questions.

**For more information about this Newsletter or the Patient Safety Organization, please call: 203.464.3793 or 860.614.6102.**

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## Documentation in today's world of medicine

By Beth Derby, RN, BS, MBA

The old adage, "if it wasn't written it wasn't done" or words to that effect are even more relevant in today's medical environment. Outside regulators such as health departments (DPH), Joint Commission (JC), Accreditation Association for Ambulatory Health Care (AAAHC) have specific expectations for good documentation that extend beyond the medical record.

JC has a chapter dedicated to the required documentation for each of the elements of performance (EP). In reviewing the individual elements it becomes readily recognizable that the proof of compliance with the intent of the element will be noted in that which is written. As an example, in the Environment of Care under EC.02.02.01 EP 3 it states, "the organization takes action to minimize identified safety and security risks in the physical environment." It would then follow that the organization would keep notes on the evaluation and assessment of the physical plant and identify potential risks and exposures and the actions taken to reduce or eliminate such risks. Some centers may have physical plant safety check logs and include this information in their reporting to safety or quality committees.

Another element requiring good documentation would be in Human Resources which expects that during the employee orientation the organization focuses on various components, one being HR.01.04.01 EP 3 which addresses "Relevant policies and procedures..." It specifically states that "completion of this orientation is documented." Details of in-service education, mandatory orientation components and compliance with state and federal staff preparedness training are sure to be requested.

AAAHC is no less diligent in requiring documentation of an organization's compliance with standards. For example, in Chapter 2, Governance Sub Chapter II Credentialing and Privileging under standard B3a, "Education, training and experience: Relevant education and training are verified at the time of appointment and initial granting of clinical privileges; the applicant's experience is reviewed for continuity, relevance and documentation of any interruptions in that experience" it



is expected that a surveyor will ask to review the credential files of providers. Examining the content of credential files will also include a review of the minutes of the Governing Body to ensure that there is documentation of the action taken on the appointment of those providers.

Accrediting agencies will evaluate minutes of Medical Advisory Board and an organization's committee meetings such as Quality Improvement, Infection Control, Staff Education, Patient Safety and of utmost importance will be peer review Connecticut Department of Health inspectors carefully examine the minutes of meetings, files of providers, personnel records, and infection control monitoring and training as well as clinical records of patients. Their diligence is no less thorough despite the on-site surveys by either of the accrediting agencies.

There is also a growing concentration on the documentation of the physical environment maintenance and safety factors. Compliance with the testing, monitoring and preventive maintenance on critical equipment is only supported by the completion of tracking or charting of the findings.

In other words, words are the benchmark of activities undertaken at the center and will be the focus of evaluation and assessment by any regulatory or accrediting body.

## Infection Control is a priority for State Surveyors and the PSO



Recent DPH surveys throughout the state of Connecticut have identified key issues surveyors are focusing on when reviewing infection control policies and procedures. They include:

- **How are you cleaning your facility and what products (are they EPA approved for healthcare) are you using?**
- **Is staff cleaning the facility/patient care areas according to your stated policies (e.g. OR procedure room turnovers)?**
- **Who cleans your facility and what training are they provided with?**
- **Are you adhering to proper aseptic techniques in the preparing and administering of medications, including hand hygiene?**
- **Do sterile processing, HLD methods follow manufacture instructions and facility policies and procedures?**

These are many of the same issues we included in our own infection control survey and Donna Nucci discussed during her PSO presentation. These are important points to verify in your own facilities and will go a long way to ensuring a safe patient care environment.

## 13 Things you can do now to make your next survey even more successful

- 1 Assure that when oxygen is administered, post procedure, that there is a valid order by an authorized prescriber that includes rate of flow.
- 2 Intravenous flow rates should be explicit in the medical record. Assure that orders pre-procedure as well as post procedure are clear and most importantly, that the flow rates are being adhered to.
- 3 If you use radiology equipment, i.e. C-Arm, engage a radiologist by contract as a consultant to review your policies and validate the equipment and the maintenance thereof.
- 4 Drug “samples” should be maintained via a log that documents where the products came from as well as lot numbers. Further, the storage requirements and assurance of in date status are no different than drugs procured in the traditional pathway. A policy should be in place regarding drug samples.
- 5 An old expectation, but surely a current focus, do you validate your refrigerators and freezer temperatures and do you have a mechanism to alert breaches of the defined ranges?
- 6 Assure that your facility policy of 28 days (from date of first entry) for multiple dose vials, and ophthalmics, is adhered to. Be prepared to provide a list of multiple dose products if requested.
- 7 Syringe labeling.
- 8 Syringe Labeling.
- 9 Syringe labeling.
- 10 Not “required” but suggested, is the quantitative “tally” of medications used by anesthesia providers and/or endoscopists.
- 11 Assure that no unauthorized/unlicensed staff member has demonstrable access to medication storage areas or closets. This is preeminently concerning the pre and post procedural areas.
- 12 When a patient is discharged, after having received a medication in the post procedure area, and at the same time receiving a prescription for a continuum of therapeutic class, it is important that there be documented instruction regarding next dosing.
- 13 There should be a correlation between admission intake information, i.e. hypertension, and the medical record’s history and physical.

Sheldon S. Sones, R.Ph, FASCP • October, 2010

## 5 Moments and System Changes on Hand Hygiene: A WHO Strategy and PSO Study

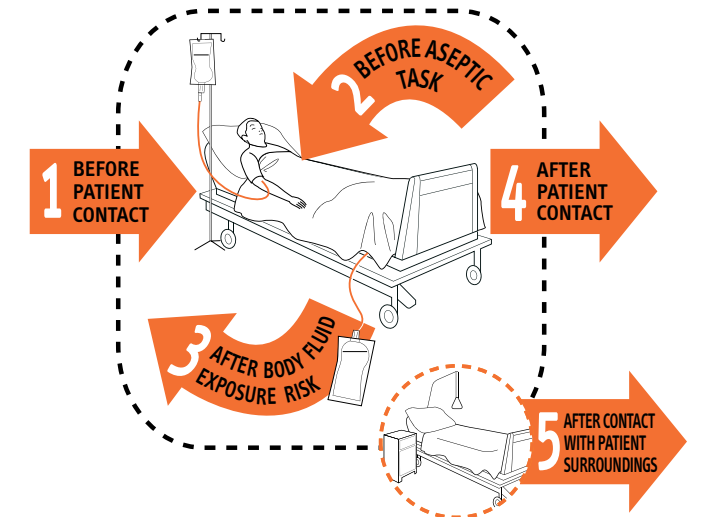
By Donna Nucci, RN CIC

The WHO Patient Safety First Global Patient Safety Challenge, “Clean Care is Safer Care” program aimed at reducing HAI worldwide was launched in October 2005. The clear and central feature of “Clean Care is Safer Care” thus far has been to target efforts on the importance of clean hands in health care. Over 40 countries and areas have also started hand hygiene campaigns during this time.

Patients, regulatory agencies, State departments of health, co-workers and patient advocacy groups are all calling for quality care in your healthcare facility. The PSO has taken action to begin an initiative to monitor and improve hand hygiene, identified by many quality organizations as the leading method in which to prevent HAI.

Please be sure to participate and to implement the WHO Multimodal hand hygiene improvement strategy. It consists of five key components that need to be integrated together for successful implementation, including: system change; alcohol-based handrub at the point of care; access to a safe, continuous water supply, soap and towels; training and education; evaluation and feedback; reminders in the workplace; and institutional safety climate.

### Your 5 moments for HAND HYGIENE



1 BEFORE PATIENT CONTACT	<b>WHEN?</b> Clean your hands before touching a patient when approaching him or her <b>WHY?</b> To protect the patient against harmful germs carried on your hands
2 BEFORE AN ASEPTIC TASK	<b>WHEN?</b> Clean your hands immediately before any aseptic task <b>WHY?</b> To protect the patient against harmful germs, including the patient's own germs, entering his or her body
3 AFTER BODY FLUID EXPOSURE RISK	<b>WHEN?</b> Clean your hands immediately after an exposure risk to body fluids (and after glove removal) <b>WHY?</b> To protect yourself and the health-care environment from harmful patient germs
4 AFTER PATIENT CONTACT	<b>WHEN?</b> Clean your hands after touching a patient and his or her immediate surroundings when leaving <b>WHY?</b> To protect yourself and the health-care environment from harmful patient germs
5 AFTER CONTACT WITH PATIENT SURROUNDINGS	<b>WHEN?</b> Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving - even without touching the patient <b>WHY?</b> To protect yourself and the health-care environment from harmful patient germs



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## CBS News Reports on Growing Trend in Hospital Borne Infections Cites Hand Hygiene

In a recent story, Katie Couric reported, “America’s hospitals are places of healing and hope, but they’re also home to a growing threat... An increasing number of patients are being infected with a new class of superbugs that are difficult, if not impossible to treat.” Couric noted, “Outpatient surgical centers are particularly vulnerable. A recent study found more than half didn’t practice necessary infection control through hand washing and sterilization.”

