

# Top Regulatory Findings for Infection Prevention

Utah Association for Healthcare Quality  
Oct 4, 2019

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*System Director*

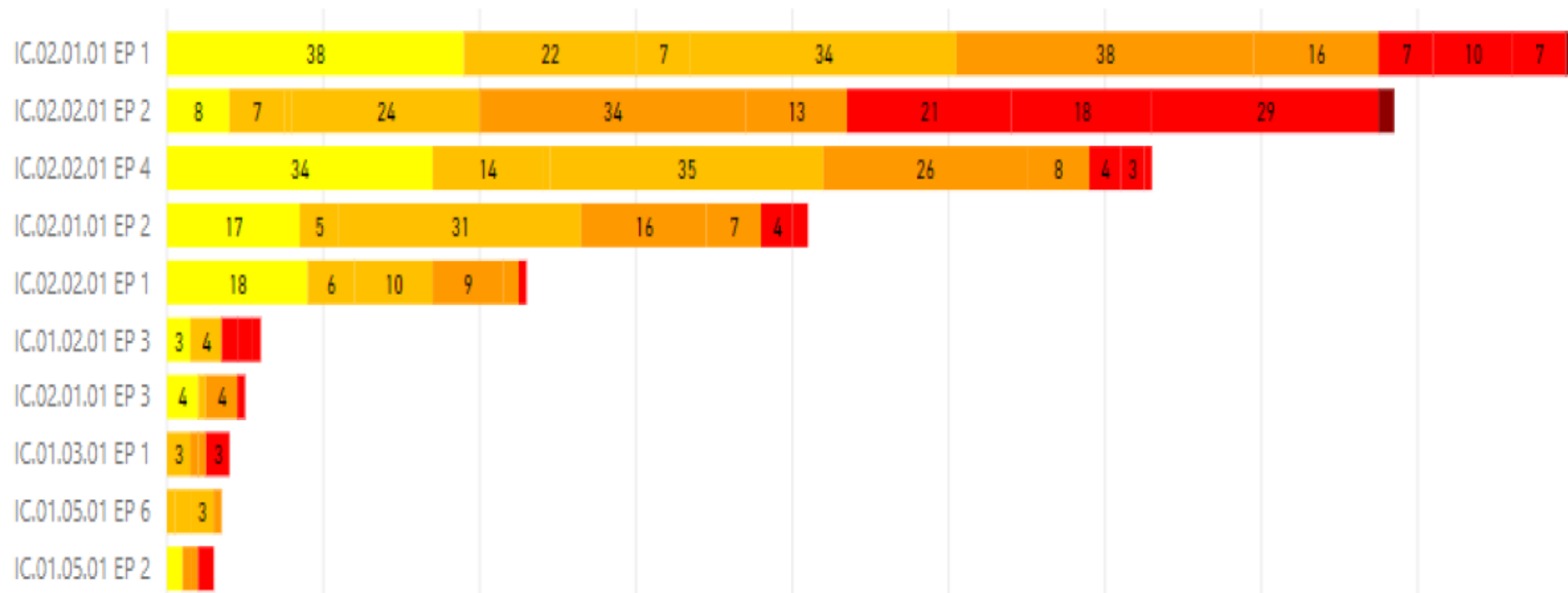


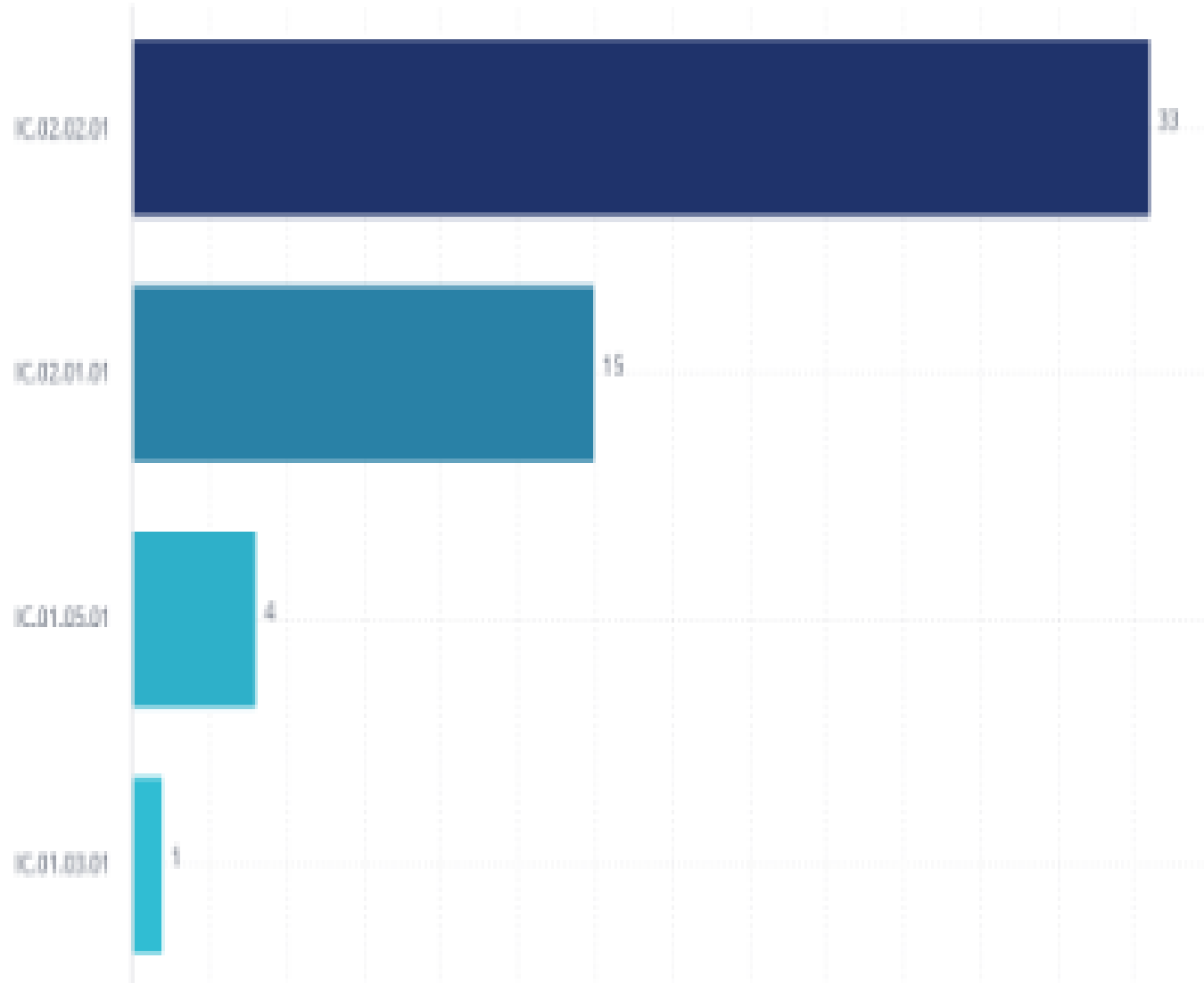
# Most Common Joint Commission Infection Control Findings

How does Utah compare to the national level?

# Scoring

SAFER ● L-L ● L-P ● L-W ● M-L ● M-P ● M-W ● H-L ● H-P ● H-W ● ITL





## How it fell out

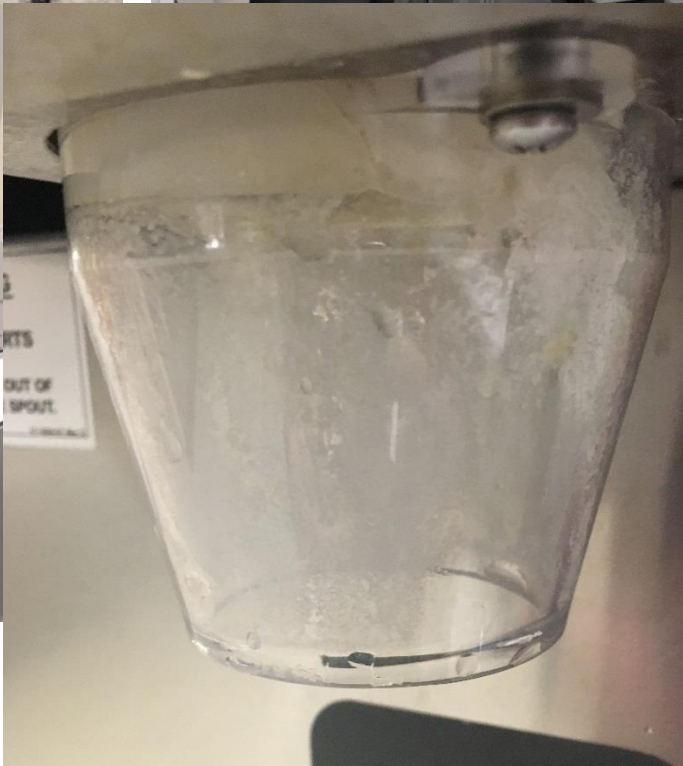
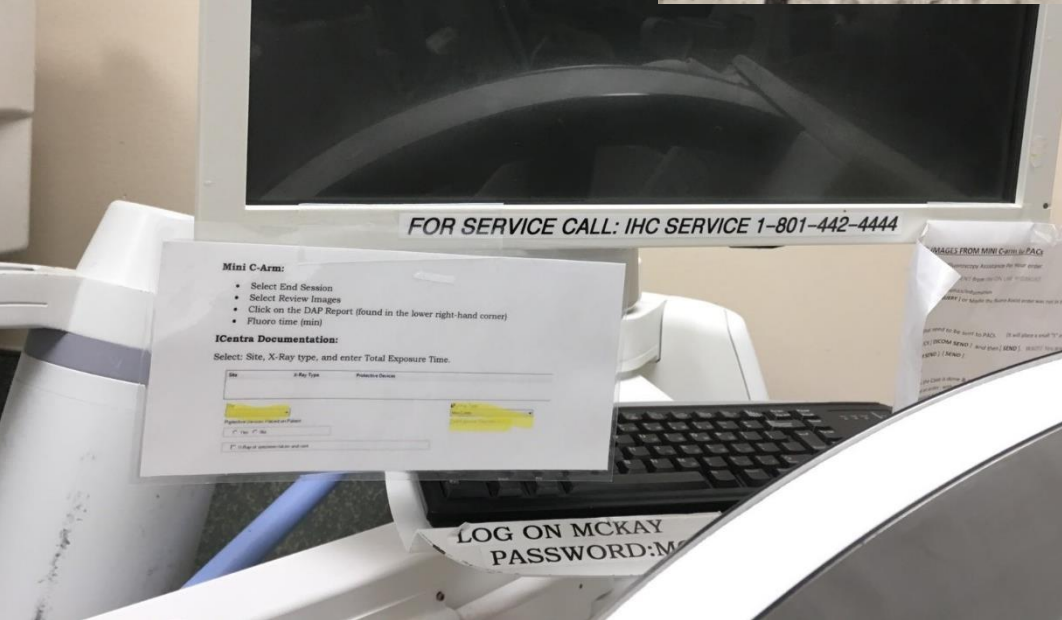
1. 02.02.01 EP 2 = 15
2. 02.02.01 EP 4 = 13
3. 02.01.01 EP 7 = 7
4. 02.02.01 EP 1 = 5
5. 02.01.01 EP 2 = 4
6. 02.02.01 EP 2 = 15
7. 01.05.01 EP 6 = 3
8. 01.05.01 EP 1 = 1
9. 01.03.01 EP 2 = 1

# The Safer Matrix for Findings

0% Immediate Threat to Life		
1.89% High / Limited	7.55% High / Pattern	1.89% High / Widespread
13.21% Moderate / Limited	18.87% Moderate / Pattern	7.55% Moderate / Widespread
22.64% Low / Limited	20.75% Low / Pattern	5.66% Low / Widespread

**The hospital implements its infection prevention and control activities including surveillance to minimize, reduce, or eliminate the risk of infection**

IC.02.01.01 EP1

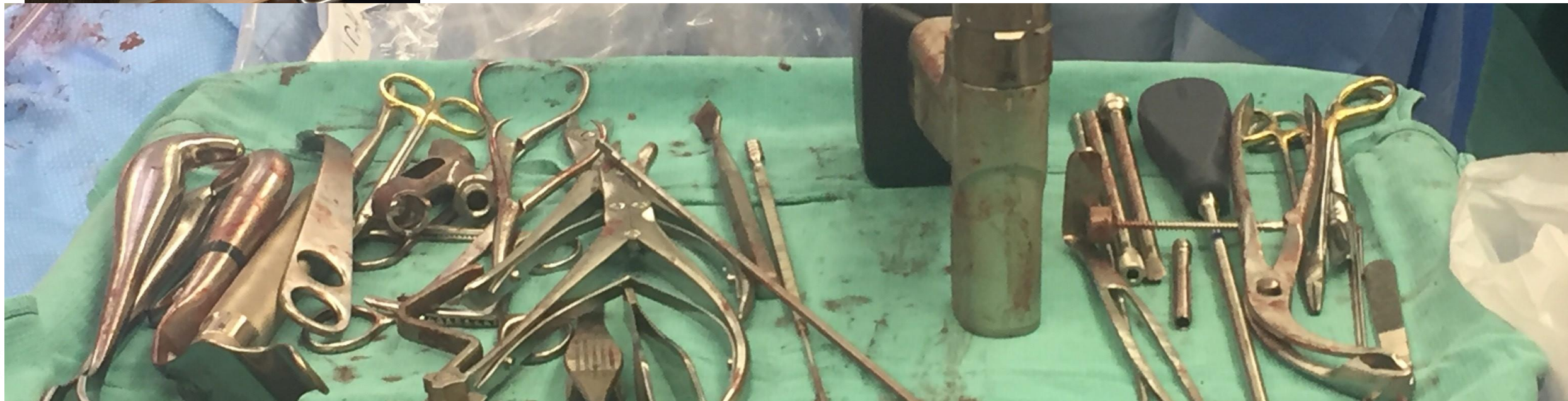
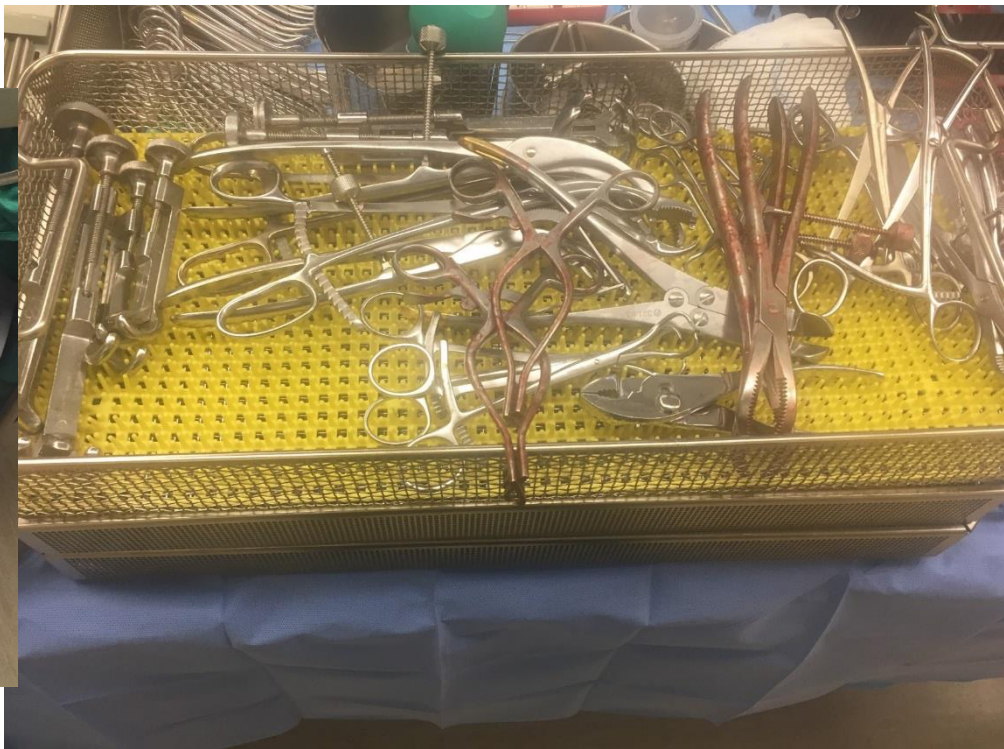
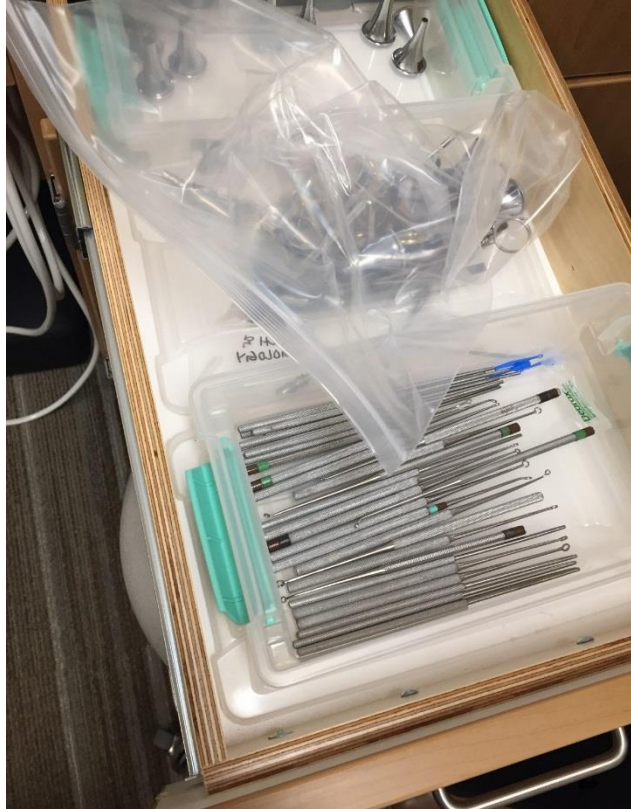


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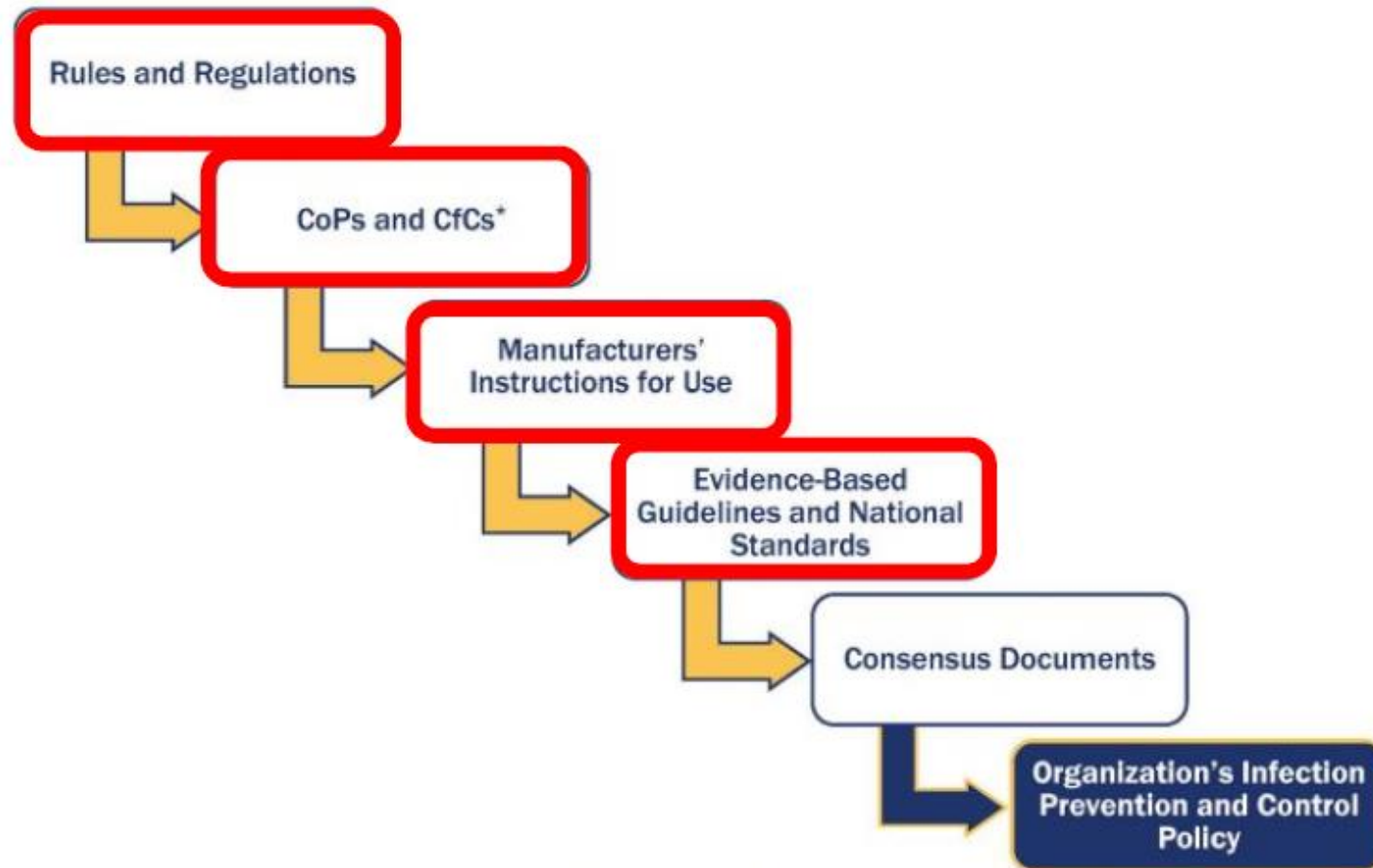


**The hospital implements infection prevention and control activities when doing the following: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies.**

IC.02.02.01 EP2



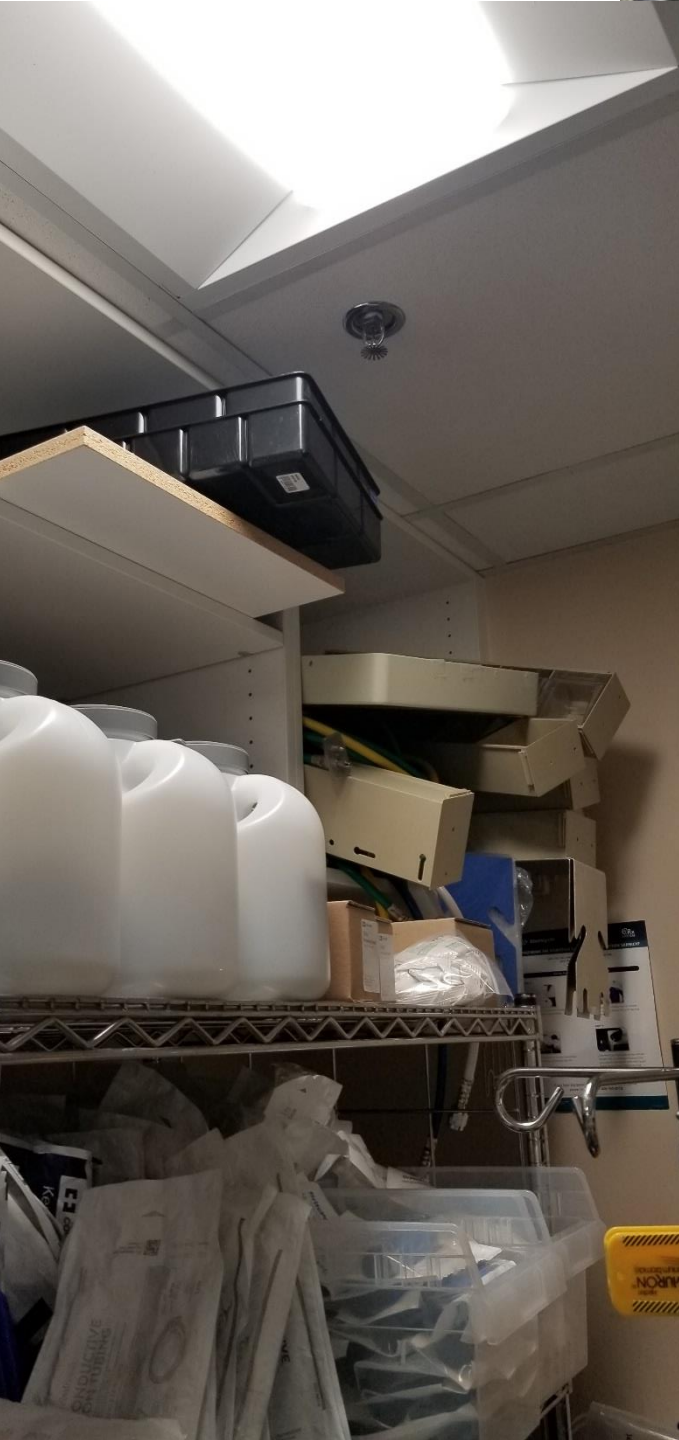
# What is The Joint Commission's Approach?



*\* For organizations that use Joint Commission accreditation for deemed status purposes or that are required by state regulation or directive, Conditions of Participation (CoPs) and/or Conditions for Coverage (CfCs) should be reviewed for applicable mandatory requirements.*

**The hospital implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies.**

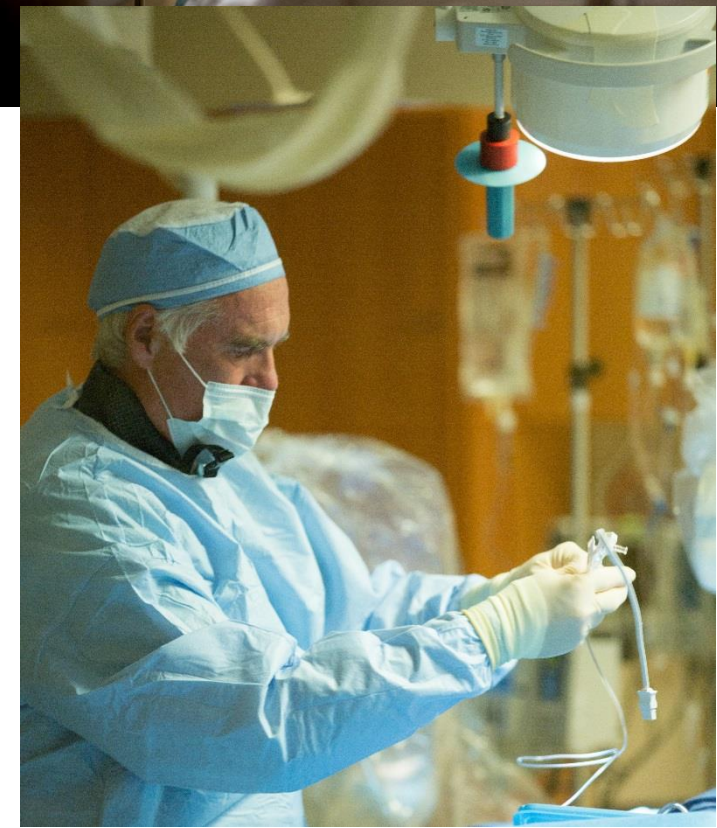
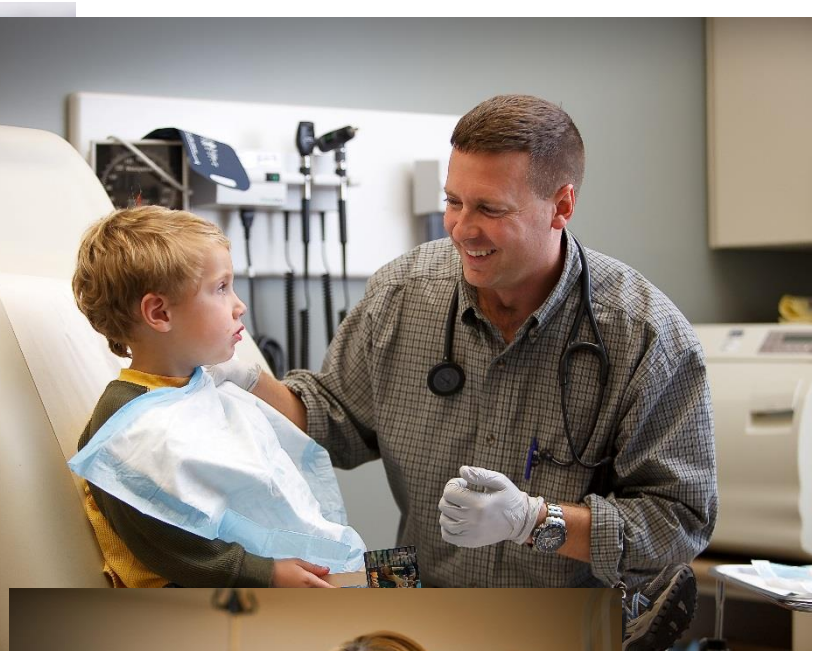
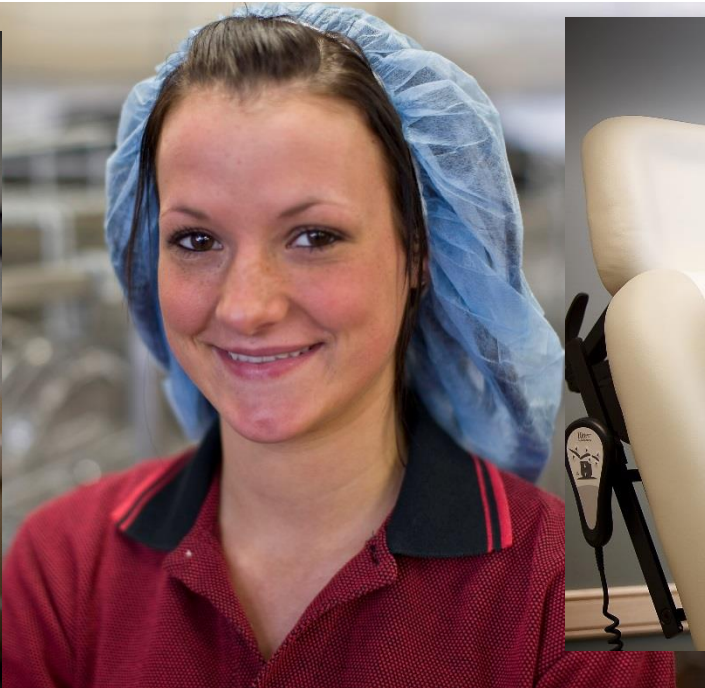
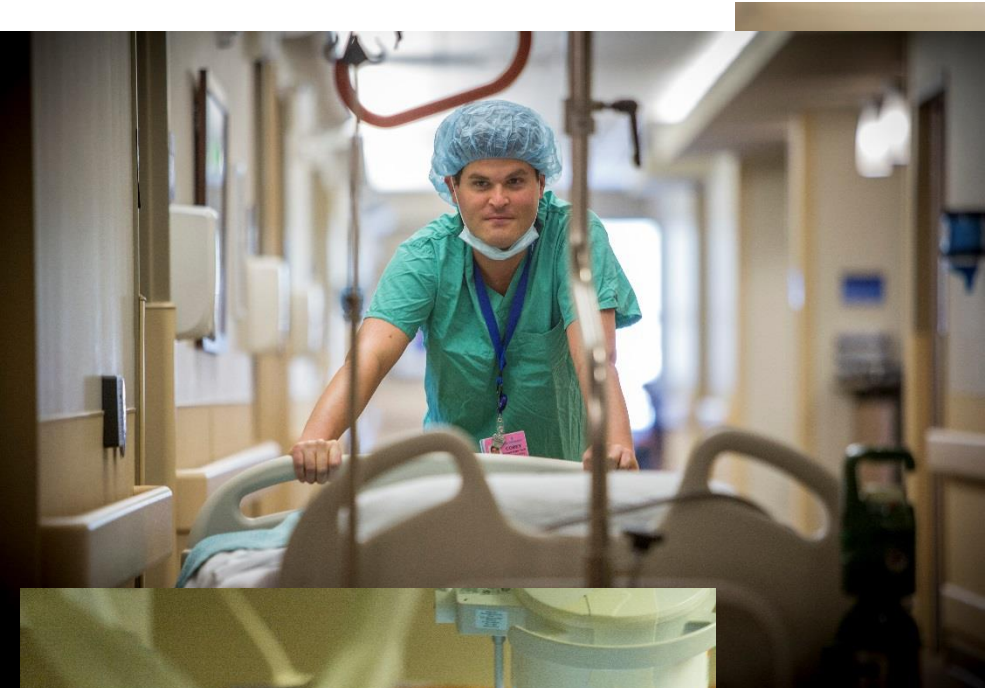
IC.02.02.01 EP4





**The hospital uses standard precautions including the use of personal protective equipment, to reduce the risk of infection**

IC.02.01.01 EP2



Who wore it better?



Isolation



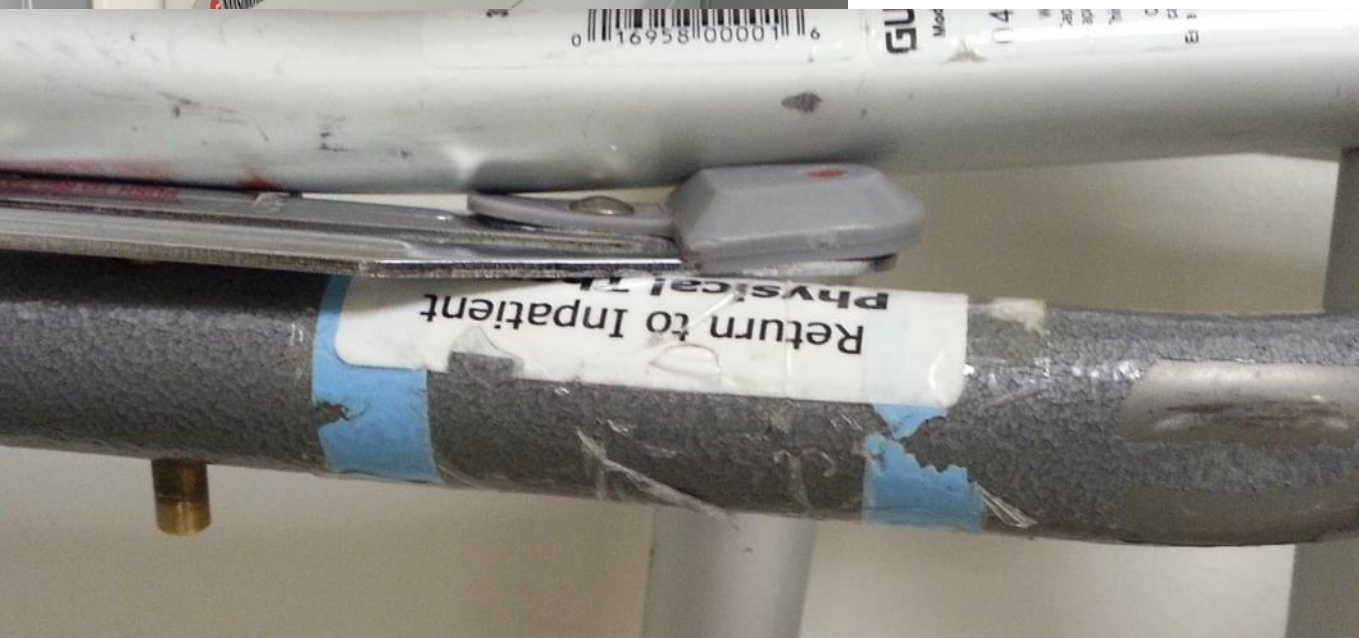
**How an ICU Doc  
walks into an  
isolation room**



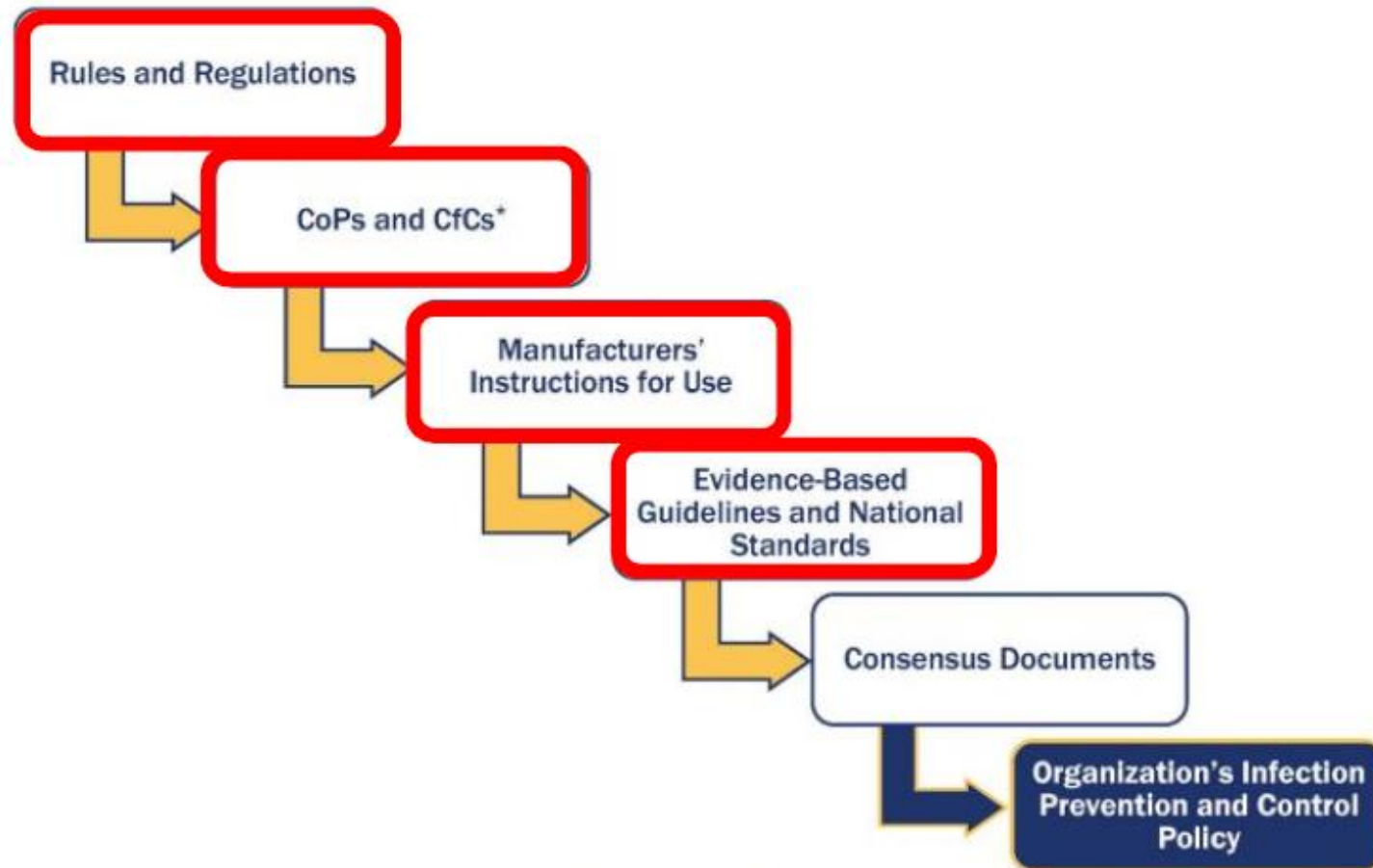
**How an ER Doc  
walks into an  
isolation room**

**The organization implements infection prevention and control activities when doing the following: Cleaning and performing disinfection of medical supplies and devices**

IC 02.02.01 EP 1



# What is The Joint Commission's Approach?



*\* For organizations that use Joint Commission accreditation for deemed status purposes or that are required by state regulation or directive, Conditions of Participation (CoPs) and/or Conditions for Coverage (CfCs) should be reviewed for applicable mandatory requirements.*

**The hospital implements transmission-based precautions in response to the pathogens that are suspected or identified within the hospital's service setting and community**

IC.02.01.01 EP3

## INFECTION PRECAUTION SIGN Quick Reference

### AIRBORNE PRECAUTIONS

Suspected or Confirmed Infections  
Pulmonary Tuberculosis (TB)

### AIRBORNE/CONTACT PRECAUTIONS

Measles, Chickenpox, Disseminated Herpes  
Zoster (shingles), Localized shingles in  
immunosuppressed patient until  
dissemination ruled out.

### CONTACT/BLEACH PRECAUTIONS

Drug resistant  
lice, scabies, d



## CONTACT PRECAUTIONS



**VISITORS** check with nurse before entering.

**VISITANTES** consulte con la enfermera antes de entrar.



## AIRBORNE/CONTACT PRECAUTIONS



**VISITORS** check with nurse before entering.

**VISITANTES** consulte con la enfermera antes de entrar.



Enter Negative Pressure Room  
Only negative pressure and record.  
Keep door closed.



Clean hands upon entering  
and exiting room



Don N95/PAPR/CAPR\*  
before entry for select virus\*\*  
\*\*Must be fit tested to use N95  
or trained on PAPR/CAPR \*\* See back

Ponerse N95/PAPR/CAPR\*  
antes de la entrada para seleccionar virus\*\*  
\*Debe ser probado en forma para  
usar N95 o entrenado \*\* Ver atras



Remove N95/PAPR/CAPR after exiting  
Retire N95/PAPR/CAPR después de salir



Use dedicated equipment  
Utilice equipo dedicado

Questions: Call Infection Prevention & Control

Intermountain  
Healthcare

19-10614-694218



## DROPLET PRECAUTIONS



**VISITORS** check with nurse before entering.

**VISITANTES** consulte con la enfermera antes de entrar.



## CONTACT/BLEACH PRECAUTIONS



**VISITORS** check with nurse before entering.

**VISITANTES** consulte con la enfermera antes de entrar.



## CONTACT 1:1



**VISITORS** check with nurse before entering.

**VISITANTES** consulte con la enfermera antes de entrar.



Clean hands upon entering  
and exiting room

Manos limpias al entrar y salir  
de la habitación



Gown

Bata



Glove

Guante



Use dedicated equipment

Utilice equipo dedicado

Questions: Call Infection Prevention & Control

Intermountain  
Healthcare

19-10614-694218



## CONTACT PRECAUTIONS

Check with nurse before entering.

Consulte con la enfermera antes de entrar.



Mask

Máscara



Use dedicated equipment

Utilice equipo dedicado



Glove

Guante



Use dedicated equipment

Utilice equipo dedicado



Mask

Máscara



Use dedicated equipment

Utilice equipo dedicado

## PRECAUTIONS

Check with nurse before entering.  
Consulte con la enfermera antes de entrar.



Clean hands upon entering  
and exiting room

Manos limpias al entrar y salir  
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Don N95/PAPR/CAPR\* before entry  
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Ponerse N95/PAPR/CAPR\*  
antes de la entrada  
\*Debe ser probado para usar N95  
o entrenado en PAPR/CAPR



Remove N95/PAPR/CAPR after exiting  
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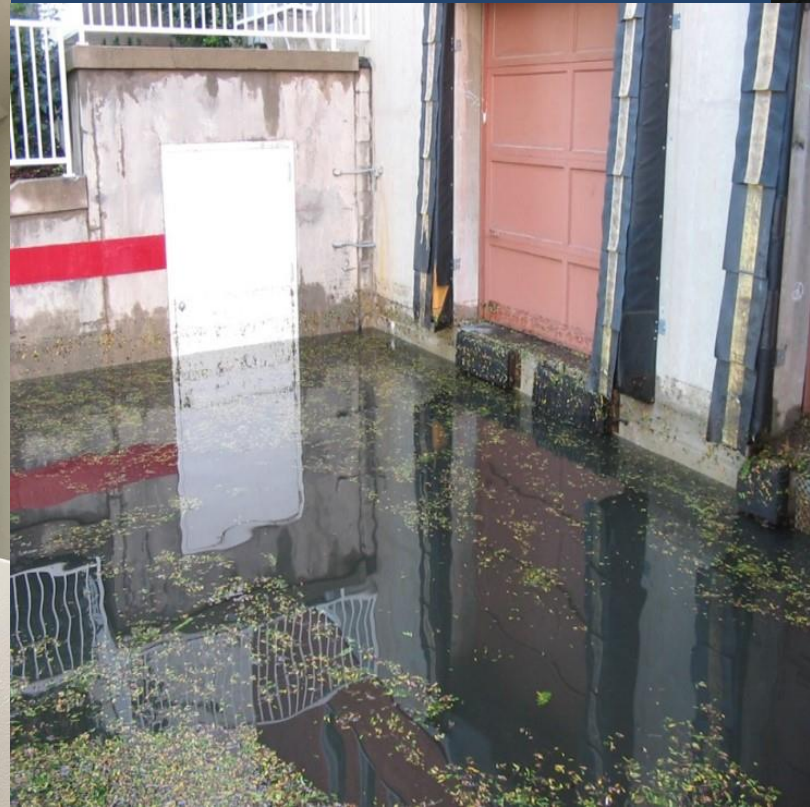
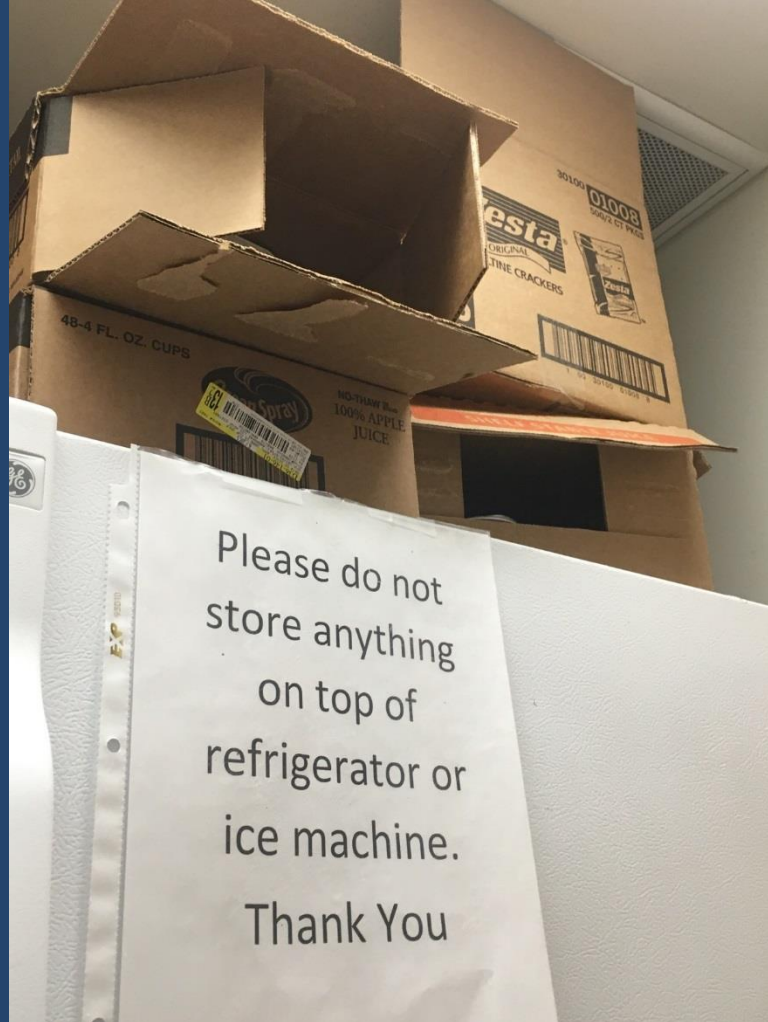


# HAND WASHING

## Because Typhoid Mary Had Nothing On C.diff Clarice

**When developing infection prevention and control activities, the organization uses evidence-based national guidelines, expert consensus, or in the absence of both, a review and evaluation of the health care literature**

IC.01.05.01 EP1





"It's just until the head lice problem at school clears up."

**The hospital's written infection prevention and control goals include the following –**  
**Addressing its prioritized risks- Limiting unprotected exposure to pathogens – Limiting the transmission of infections associated with procedures – Limiting the transmission of infections associated with the use of medical equipment, devices, and supplies – improving compliance with hand hygiene guidelines**

IC.01.04.01 EP1

# Written Respiratory Protection Plan

- Written operating procedures
  - Respirator selection, use,
  - Respirator maintenance, storage
  - Work area surveillance
- Medical examinations
- Program evaluation

## Infection Prevention Plan 2019

Park City Hospital



### Office Risk Assessment

Management Role:	Location: (if not building floor)
Assessment Date:	Review Date:
Assessor Name:	Job Title:
Task: Post assessment for the activities associated with work in an office environment	

Identify the hazard or source of exposure	What are the risks?	Are the following control measures in place to reduce or remove the risks?	Time to	Completion status	Risk Evaluation	Risk Rating
Exposure	Exposure	Exposure	Exposure	Exposure	Exposure	Exposure
Wires, pipes and cables	Could suffer from a spillage and become a tripping hazard and fall as a result of: <ul style="list-style-type: none"> <li>• Obstructions, trailing cables, spilling, water or other liquid covering the floor</li> <li>• Poor effort/lift and storage arrangements resulting in unsafe storage systems</li> </ul>	1. Wires should be kept clear of obstructions. 2. Any spillages should be cleaned up immediately. 3. All areas should be well lit, especially stairs. 4. Any liquids such as tea, coffee, water, etc. should be reported immediately to the management or local person responsible for safety.				
Manual Handling	Could suffer from back pain and work-related upper limb disorder (WRLD) due to: <ul style="list-style-type: none"> <li>• Unimpaired handling techniques when handling office items (filing, etc.)</li> <li>• Poor workstation</li> </ul>	1. A risk assessment must be completed for any activity and tasks that present a risk of injury (e.g. lifting, moving, etc.). 2. A strategy should be used to transport boxes or papers or other heavy items. 3. Using forklifts for moving heavy items and any other				



### Los Angeles County Adult Tuberculosis Risk Assessment

Use this tool to identify asymptomatic adults for TB infection testing. Re-testing should only be done in persons who previously tested negative, and have new risk factors since the last assessment. For TB symptoms or abnormal chest x-ray consistent with active TB disease → Evaluate for active TB disease. Complete evaluation for active TB disease includes symptom screen, chest x-ray, and T-SPOT, sputum AFB smears, culture, and nucleic acid amplification testing. A negative tuberculin skin test or interferon gamma release assay does not rule out active TB disease.

Check appropriate risk factor boxes below.

TB infection testing is recommended if any of the 4 boxes below are checked.

If TB infection test result is positive and active TB disease is ruled out, TB infection treatment is recommended.

☐ Birth, travel, or residence in a country with an elevated TB rate for at least 1 month

- Include countries other than the United States, Canada, Australia, New Zealand, or Western and Northern European countries
- If resources require prioritization within this group, prioritize patients with at least one medical risk for progression (see Fact Sheet for fact)
- Interferon Gamma Release Assay is preferred over Tuberculin Skin Test for non-U.S.-born persons ≥ 2 years old

☐ Immunosuppression, current or planned

- HIV infection, organ transplant recipient, treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), decedent equivalent of prednisone ≥ 15 mg/day for ≥ 1 month or other immunosuppressive medication

☐ Close contact to someone with infectious TB disease at any time

- The U.S. Centers for Disease Control and Prevention indicates that the evaluation of contacts and treatment of infected contacts is an important component of the U.S. strategy for TB elimination

☐ History of homelessness or incarceration

- The U.S. Preventive Services Task Force (USPSTF) recommends screening populations at increased risk for TB infection based on (increased risk of exposure including persons who have lived in high-risk congregate settings (e.g. homeless shelters and correctional facilities)

☐ None; no TB testing is indicated at this time.

Provider: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Assessment Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(Please check box for testing)

See the Los Angeles County Adult Tuberculosis Risk Assessment User Guide for more information about using this tool.

Adapted for L.A.C. use from the California Tuberculosis Risk Assessment available on the PROVEDORS page at [www.cdph.ca.gov](http://www.cdph.ca.gov)

To ensure you have the most recent version visit [www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/TB/California-Tuberculosis-Risk-Assessment.aspx](http://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/TB/California-Tuberculosis-Risk-Assessment.aspx)

January 2018

CTCA, CDC, L.A. County, and others



**All hospital components and functions are  
integrated into infection prevention and  
control activities**

IC.01.05.01 EP6

**The hospital identifies the individual(s) with  
the clinical authority over the infection  
prevention and control program**

IC.01.01.01 EP1



**Meeting include IP**

**Do your staff know  
who the IP is?**



**The Hospital provides equipment and  
supplies to support the Infection Prevention  
and control program**

IC.01.02.01 EP3



**APIC<sup>®</sup>**

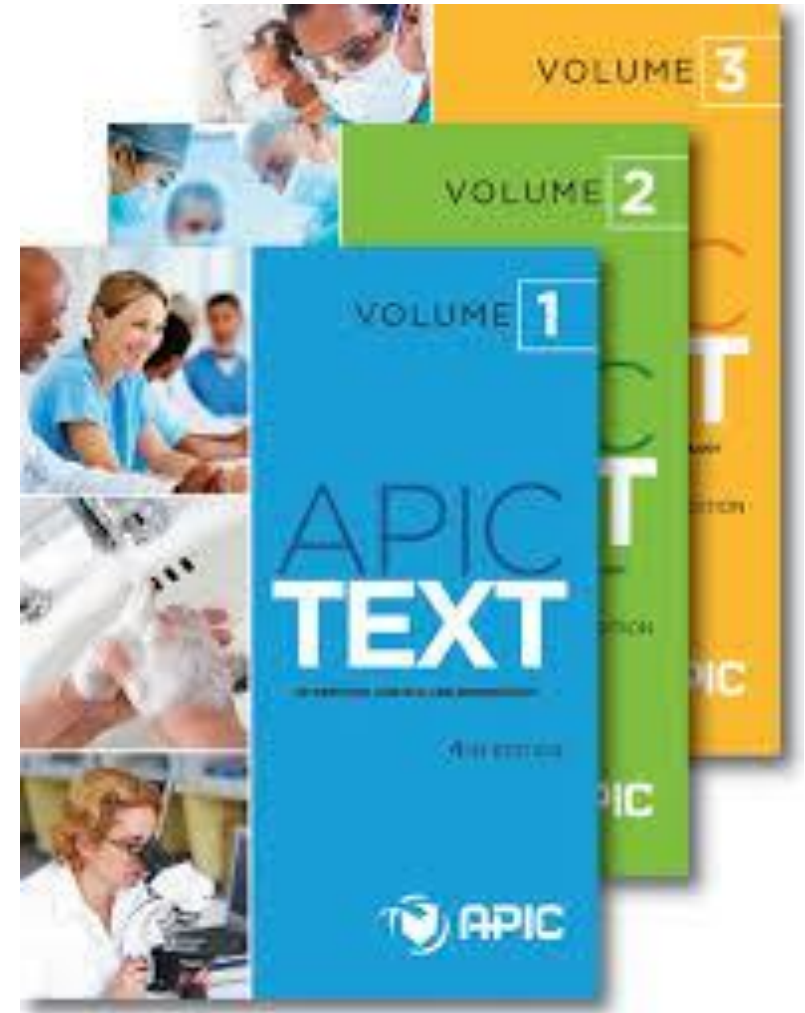
*Spreading knowledge. Preventing infection.*

Association for Professionals in Infection Control and Epidemiology



**CBIC<sup>®</sup>**

Certification Board of Infection  
Control and Epidemiology, Inc.



**The Hospital Infection Prevention and control plan includes written description of the activities including surveillance to minimize, reduce or eliminate the risk of infection**

IC.01.05.01 EP2

# Example of Annual Infection Prevention & Control Plan

Site of Infection / Focus	Goal(s)
Surgical Site Infections (SSI) prevention	SSI-SIR at or below 1.0 for applicable procedure groups.
Central Line-Associated Bloodstream Infections (CLABSI)	CLABSI at or below 1.0
C. Difficile Infection	Rate of HA-CDI = 8.0/10,000 patient days

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## Infection Control RISK ASSESSMENT AND PRIORITIZATION WORKSHEET

Event /Institutional Situation	What is the probability of this condition/condition occurring in patients with conditions?				What is the probability of this condition/condition occurring in patients with staff?				What is your organization's preparedness to deal with this condition/ problem?				Priority/ Not sure
	High (5)	Med (3)	Low (1)	None (0)	High (5)	Med (3)	Low (1)	None (0)	None (0)	Some (2)	Good (3)	Excellent (4)	
ORGANIZATION'S RESPONSIBILITIES													
infection Risk/Severity													
Exposure													
Control													
Community Acquired MRSA													
INSTITUTIONAL RESPONSIBILITIES													
Organic Site Infection													
Legionella													
Asbestos													
HIV													
HAI													
HAIs (hospital acquired)													
COMMUNICATIONS													
Site of notification of personnel (HAI)													
Site of notification of employees with conditions													
ASSESSMENT													
Site of notification of compliance													
Site of notification of compliance													
Any ongoing Acquired MRSA													
Healthcare Unit Exposure													

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**The Hospital identifies risk for acquiring and transmitting infections based on- Its geographical location, community and populations served – The care, treatment and services it provides – The analysis of surveillance activates and other Infection control data**

IC.01.03.01 EP1

## Assessments

Community

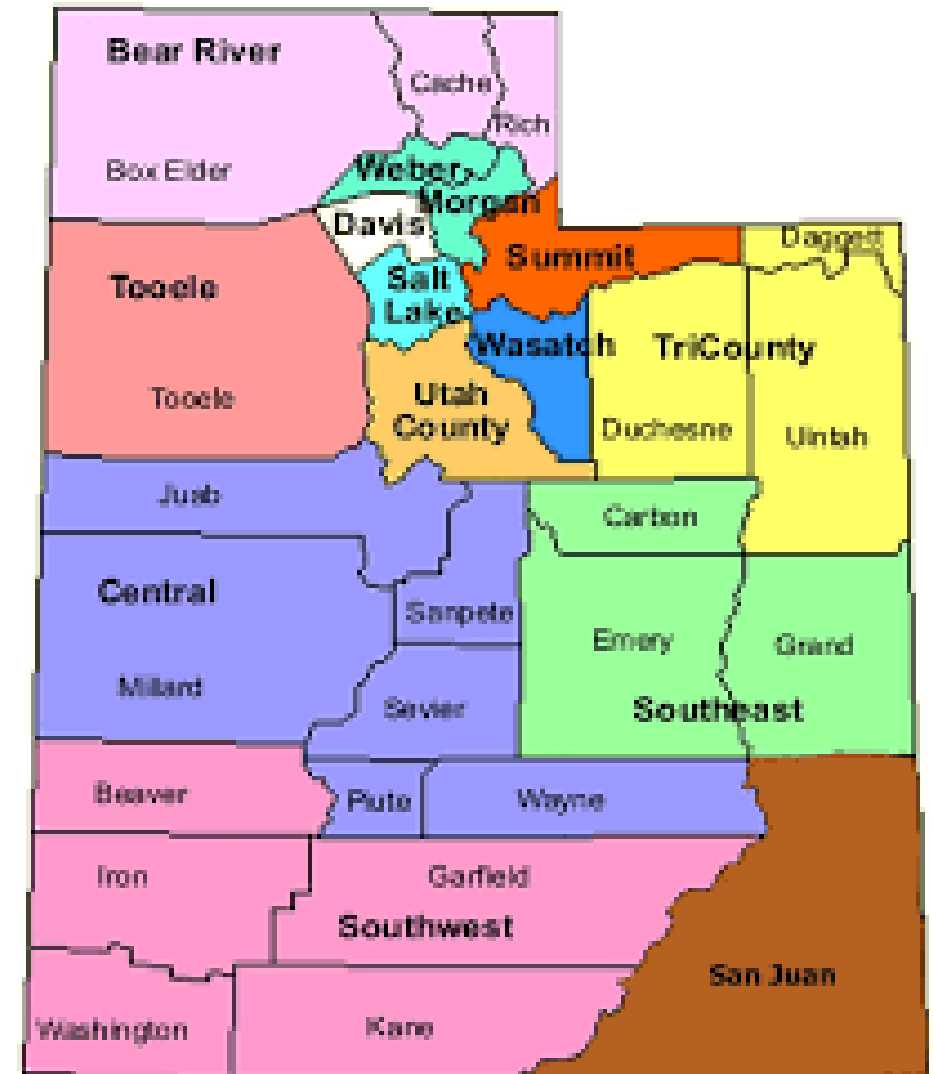
Facility

Construction

Legionella

Multi Drug Resistant Organisms

Tuberculosis





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# HAND WASHING

Because C.diff Tastes Even Worse Than It Smells



Any Questions?