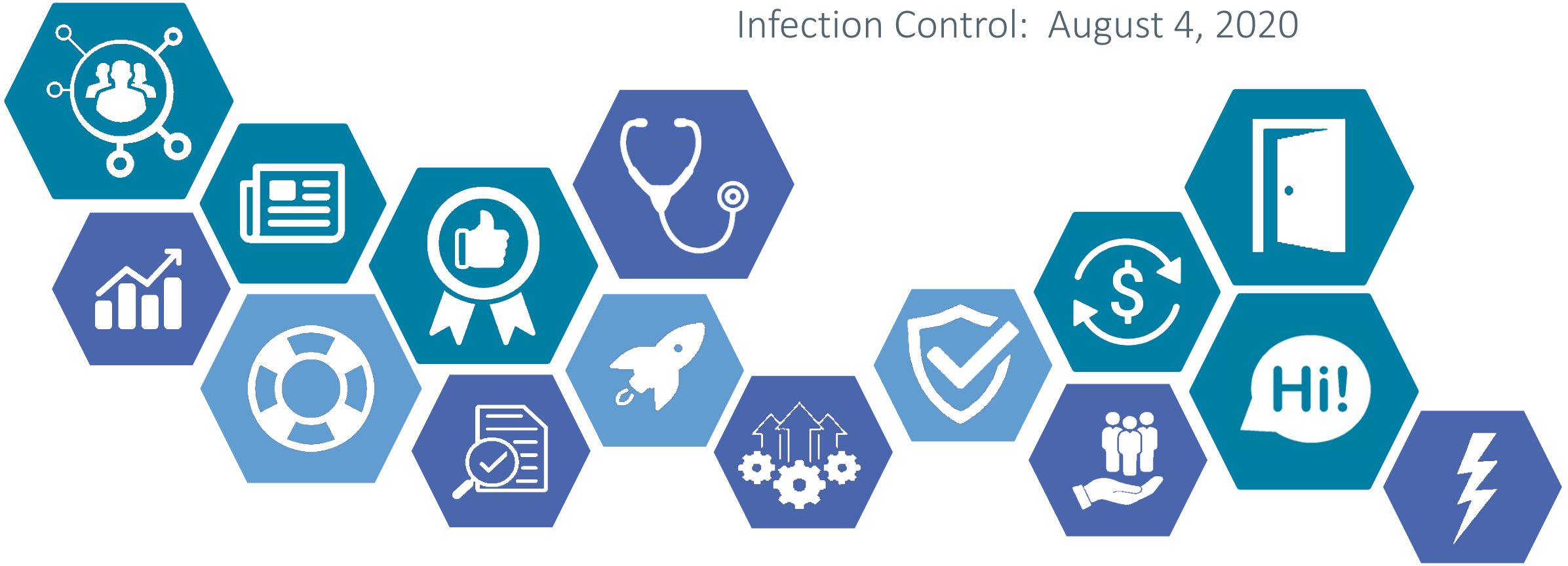
Ambulatory Management

Joint Commission Preparation Webinar Series

Infection Control: August 4, 2020



Zoom Best Practices

- Join the meeting via Zoom first
  - Use of computer audio is highly encouraged
  - If using the phone to connect audio, prompt the meeting to call you
  - Use your webcam (if possible)
- Please remain muted unless invited to speak
- Please send in questions via the Chat
- **This session will be recorded and the recording distributed**

Purpose & Learning Objectives

- **Purpose:** Ensure ambulatory practices are prepared for the upcoming Joint Commission Survey by having structures and processes in place to meet accreditation standards. Participation in the webinar series will familiarize practices with the survey process.

- At the conclusion of today's activity participants will be able to:
  - Define the triage process for an Ambulatory patient suspected of having an active infectious process
  - Summarize how to locate a patient's isolation and infection status in Epic
  - Discuss general cleaning and disinfection principles and appropriate storage of supplies

Contact hours will be available for individuals who participate in the entire session and claim credit through the on-line evaluation form.

This program meets the requirements of the Board of Registration in Nursing, at 244 CMR 5.00, for 1 contact hour of nursing continuing education.

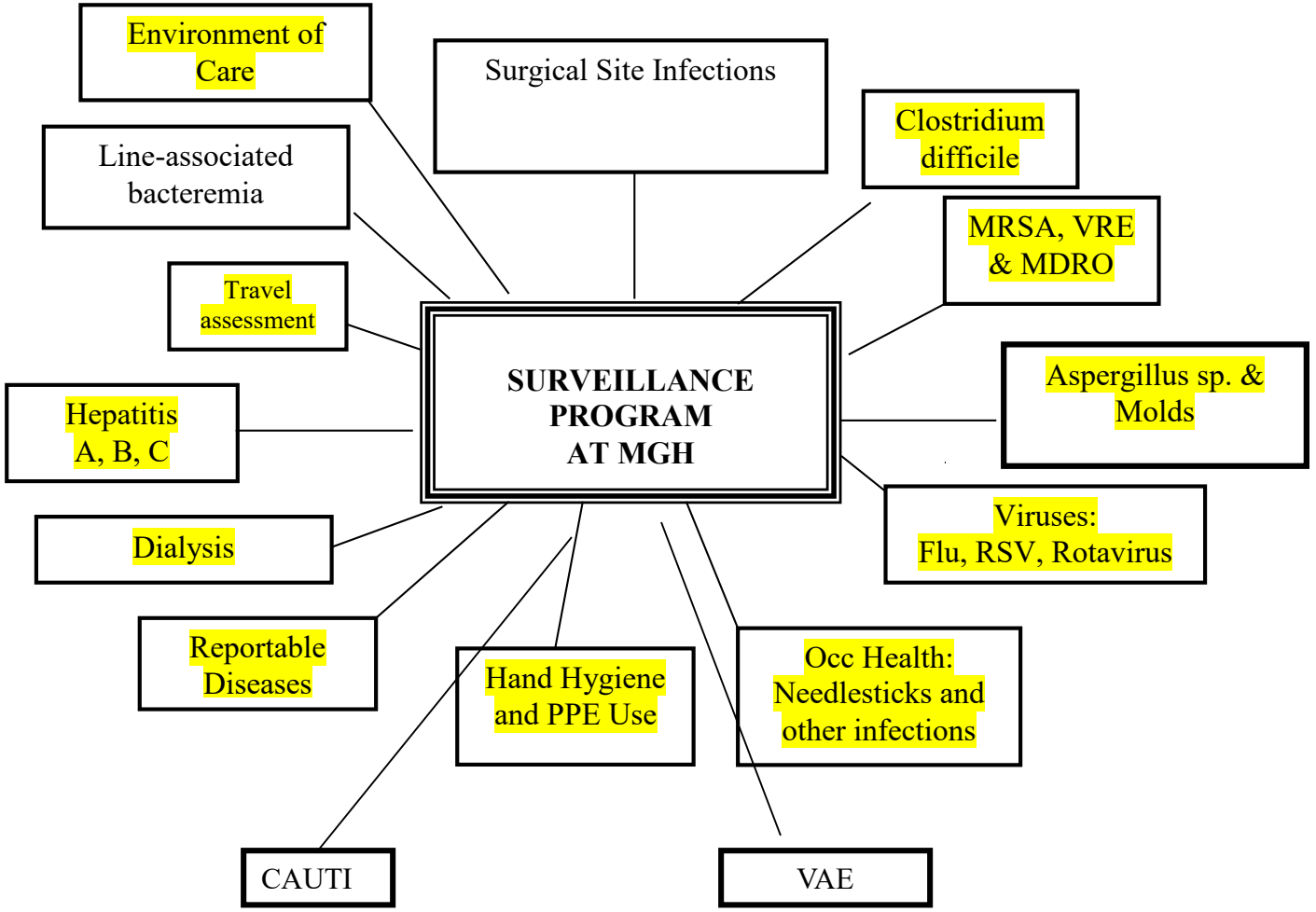
AGENDA

Infection Control

Dolores Suslak, MSN, CIC

Director, Infection Control Unit

Surveillance Program



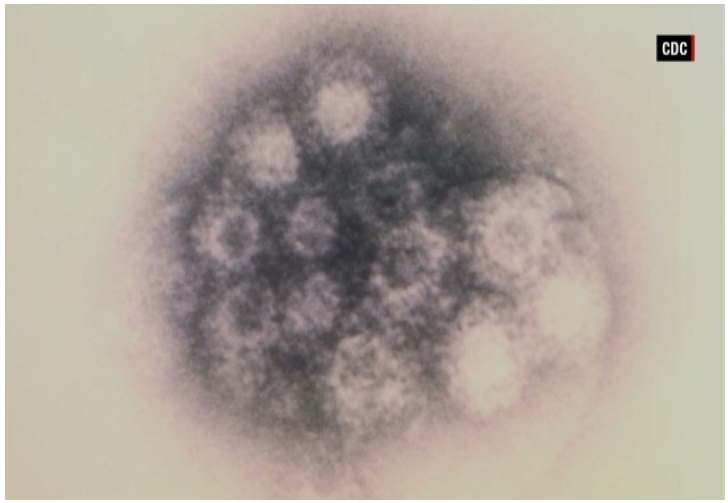
Infection Control in Ambulatory Care

- Define Ambulatory Care
- Variety of settings
- Historically risk of infection has been considered low in ambulatory care
- More invasive diagnostic and surgical procedures are now being performed in out-patient settings
- Increase focus on infection prevention in ambulatory care
- Infectious diseases in the office setting
- Multiple outbreaks traced to MD offices or clinics
- Outbreaks associated with noncompliance with IC policies and procedures
- Transition of infusion therapy, dialysis, endoscopy and invasive procedures to the ambulatory setting
- Change in patient population seen in ambulatory care

Infection Control in Ambulatory Care

Transmission risk in ambulatory care

1. Community acquired infections
2. Health care associated infections
3. Occupational transmission of infectious agents



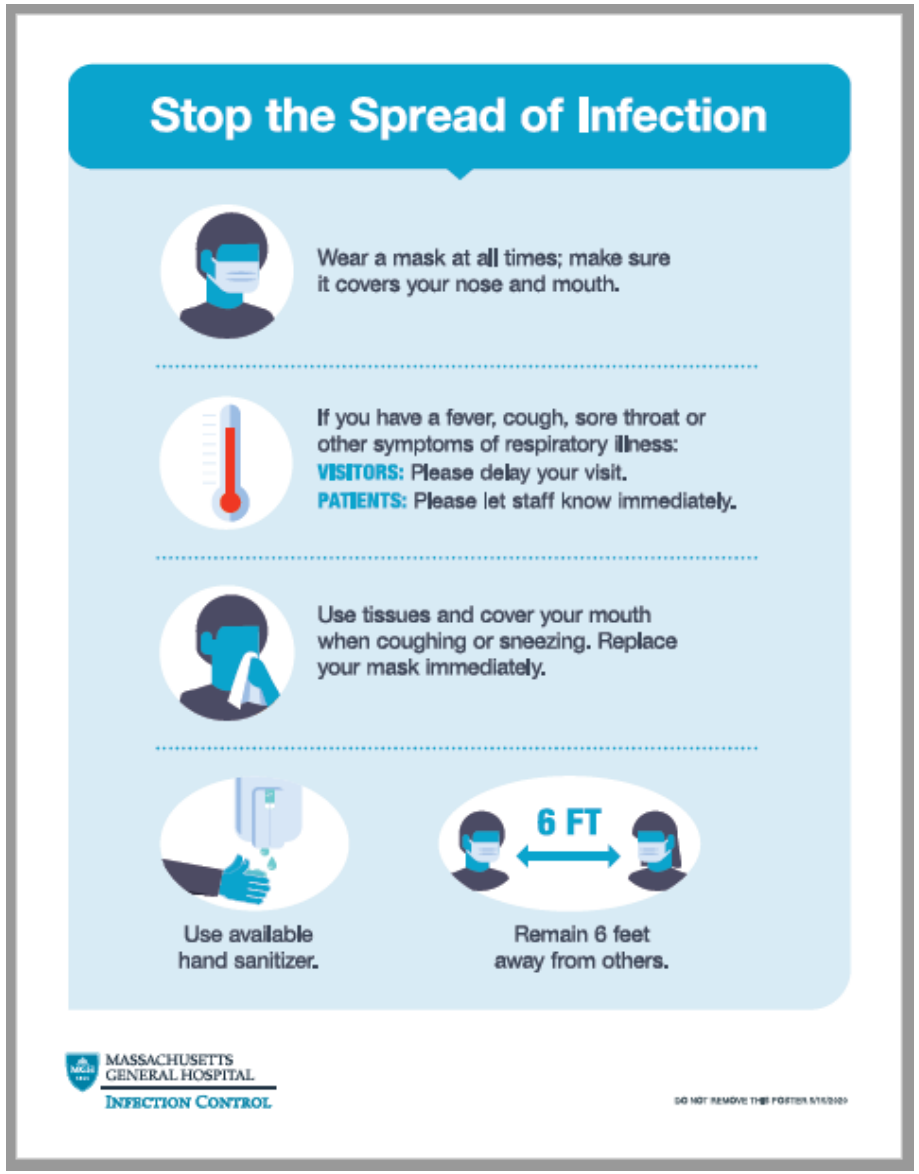
Triage

- Offices need a triage system to assist in recognizing infectious patients as soon as possible
- Respiratory Etiquette signage - masks, tissues and Cal Stat available
- Airborne infections including chicken pox, measles and TB require prompt identification and management of the patient
- Preventing staff exposures and exposure to other patients
- Designated room or space for patients suspected of having an infection is key
- Formats-flow sheets, questions
- Know your patient population-medically underserved, SUD, homeless, immigrants seeking initial care, children
- Way to identify patient and maintain patient confidentiality
- Isolate promptly-explain to patient/family why isolation is important

Respiratory Hygiene/Cough Etiquette

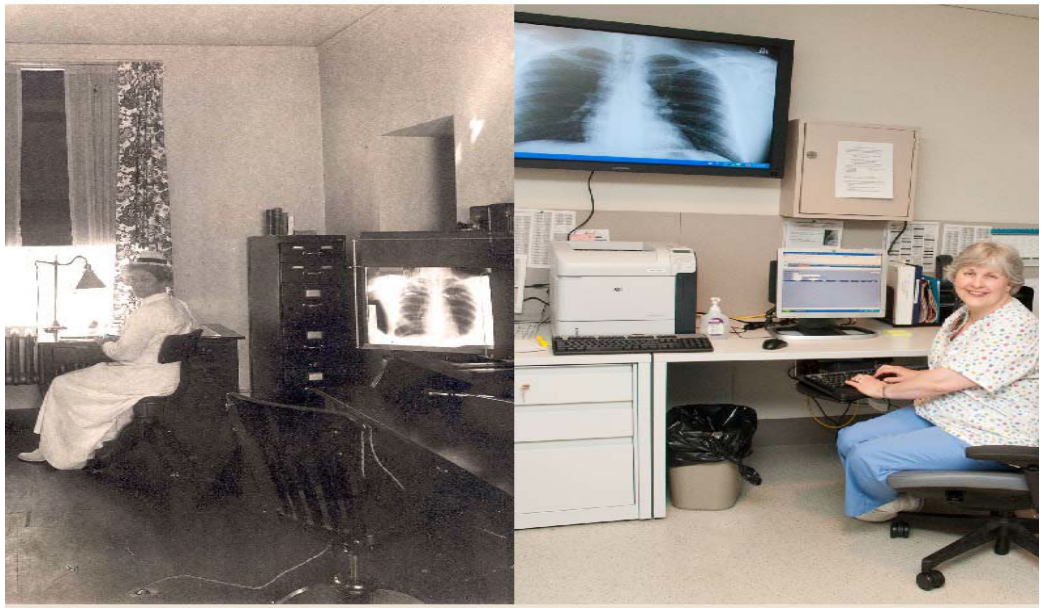
Visible at front desk/waiting room

- Respiratory Etiquette sign
- Tissues
- Cal Stat
- Masks
- Waste receptacle



Hand Hygiene

MASSACHUSETTS GENERAL HOSPITAL



"I use hand hygiene to protect my patients and my peers."

LaDora Rose, Radiologic Technologist

Even after 200 years of medical advances at the MGH, one thing remains the same. Infection prevention starts with clean hands.

STOP

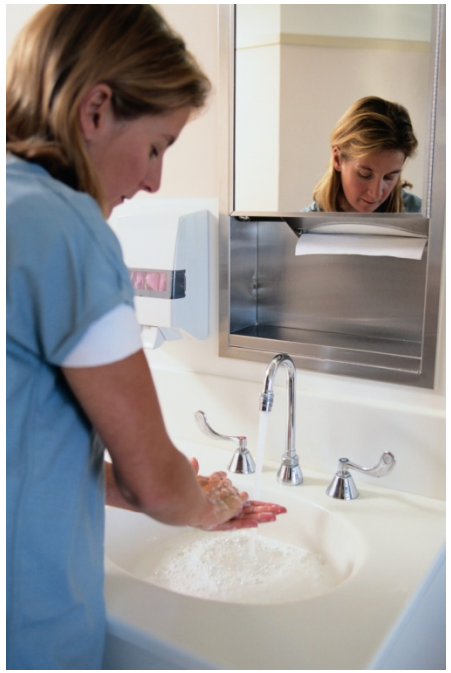
This message is brought to you by the Stop Task Force* and the MGH Infection Control Unit

EXCELLENCE EVERY DAY

*STOP = Stop the Transmission of Pathogens

Hand hygiene for safe patient care

HAND HYGIENE USING Soap and Water



HAND HYGIENE USING Alcohol based hand rub

Your 5 moments for hand hygiene at the point of care*

1 BEFORE PATIENT CONTACT

2 BEFORE A CLEAN/ASEPTIC PROCEDURE

3 AFTER BODY FLUID EXPOSURE RISK

4 AFTER PATIENT CONTACT

5 AFTER CONTACT WITH PATIENT SURROUNDINGS

*Adapted from the WHO Alliance for Patient Safety 2006

Personal Protective Equipment in Ambulatory Care

- **Gloves**
  - Vascular access - phlebotomy/finger stick
  - Handling blood or body-fluid contaminate items
  - Invasive procedures
  - Equipment cleaning

- **Gown/Apron**
  - Clothes are likely to be splattered with blood or body fluids
  - GI endoscopy procedures
  - Any minor surgical procedures
  - Wound irrigations - PPE must be impervious

Personal Protective Equipment in Ambulatory Care

- Masks must be worn when a surgical or IR procedure is being done to protect the sterile instrumentation and the site of entry into the patient

- Facial protection - ensure that eyes and mouth are fully covered
  - GI endoscopy procedures
  - Equipment reprocessing
  - Whenever there is risk that face can be splattered with blood or body fluids

Glove Use

- Gloves are not a substitute for hand hygiene!
- Gloves are a barrier to be used when having contact with non-intact skin
- Gloves are the primary component of CONTACT isolation to prevent transmission of infection from one patient to the next
- Gloves should never be worn patient to patient

Standard Precautions

- Applies to all patients regardless of infection status or illness
- Purpose:
  - Prevent transmission of bloodborne pathogens to health-care workers
  - Prevent spread of pathogens between patients

- Treat all blood and body fluids as infectious!
- Wear gloves for contact with blood, body fluids, mucous membranes, non-intact skin, secretions excretions & other contaminated items
- Use other Personal Protective Equipment (PPE) as needed to suit the task you are performing
- Requirements vary depending on the disease suspected

Contact Isolation

- Contact Isolation is indicated for patients infected or colonized with organisms spread by contact (e.g. MRSA, VRE, MDRO gram negatives) and for all Cystic Fibrosis patients

- Personal Protective Equipment (PPE) required:
    - Gloves for contact with patient
    - Gown for contact with patient or environment when contamination is anticipated-example: changing dressing on a wound
    - Hand hygiene before wearing & after removing gloves and gown

- Clean equipment (e.g. exam table, BP cuff, stethoscope) between patients with hospital-approved products - wet to air dry
    - Virex PLUS, 3 minutes
    - Super Sani-Cloth, 2 minutes
    - Clorox – 3 minutes

Contact *Plus* Isolation

- **Contact *Plus* Isolation** is indicated for patient with diarrhea and/or vomiting (C.*diff*, norovirus)
  - Wear gloves and gown for patient contact with patient who is vomiting or has diarrhea
  - Norovirus is easily spread to HCWs and other patients

- Alcohol-based hand rubs are not effective against C.*diff and Norovirus* therefore:
  - Wash hands with soap and water after removing gloves and gown
  - Dry hands thoroughly and then Cal Stat

- Cleaning
  - Clean stethoscope, BP cuff, and exam table with a bleach-based product

Droplet Isolation

- Staff wears surgical mask within 3-6 feet of the patient
  - Patient wears surgical mask upon arrival
- Disinfect hands before & after direct patient contact
- Negative-pressure room or AIIR not necessary
- Infections that require Droplet Isolation
  - Pertussis (whooping cough)
  - Meningitis, bacterial
  - Influenza
  - Mumps

Airborne Isolation

- Patient: surgical mask
- Staff: N-95 mask
  - **Fit-testing required**
  - Fit-check with each use
  - Repeat fit-testing
    - weight gain/loss of ≥ 20lbs
    - Change in facial structure
    - **Staff may request to be re-fit tested at any time if concerned**

- Airborne infection examples
  - Tuberculosis (TB)
  - Chickenpox
  - Disseminated herpes zoster (immunocompromised host)
  - Measles

Medical clearance for staff for N-95 respirator

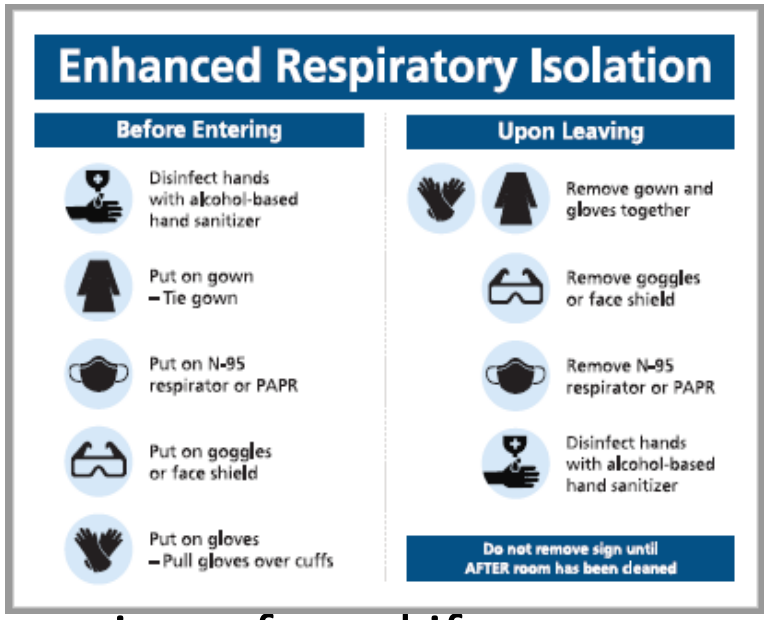
- Assessment of direct care providers for the ability to be FIT tested-now being done on hire
- 1ST Step is medical clearance form (OHS)
- Staff who provide direct care to patients need to be FIT tested
- Identified staff in areas without negative pressure rooms can have alternative plan and still need FIT testing
- Safety office has designated Thursday afternoon 2:30p-3:30p as a walk in FIT test clinic
- Anne Sallee; Biosafety Manager

  16 Blossom Street 617-724-4579

  asallee@partners.org
- Any department can be trained to perform their own fit testing, if they desire this option
- Just in time FIT testing-OHS option

Enhanced Respiratory Isolation

- Required to enter room:
  - Gown and gloves
  - N-95 Respirator or PAPR
  - **(Follow extended use policy)**
  - Eye protection (goggles or face shield)



- Airborne Infection Isolation Room (AIIR, negative pressure) is preferred if aerosol generating procedure (AGP) is anticipated

Covid-19

- At MGH, Infection Control practices were dynamically revised throughout the surge of the Sars-CoV2 (Covid-19) pandemic to follow changing CDC guidelines.
- As we learn more about Covid-19 we continue to evaluate policies and guidelines
- The Infection Control page on Apollo is the best place to find the most recent guidance and policies
- https://apollo.massgeneral.org/coronavirus/clinicians/infection-control/

Covid-19 Screening

- **Pre-Visit**: symptom screen all patients within 3 calendar days of visit; if positive for symptom screen, arrange for evaluation at testing site or designated respiratory clinic

- Check in advance for existing COVID Infection Status and implement resolution protocols as indicated

- **Re-screen** for symptoms at check-in; if symptomatic room immediately, and notify appropriate clinic staff

Covid-19 Testing

Patients who are tested within 3 days of admission:

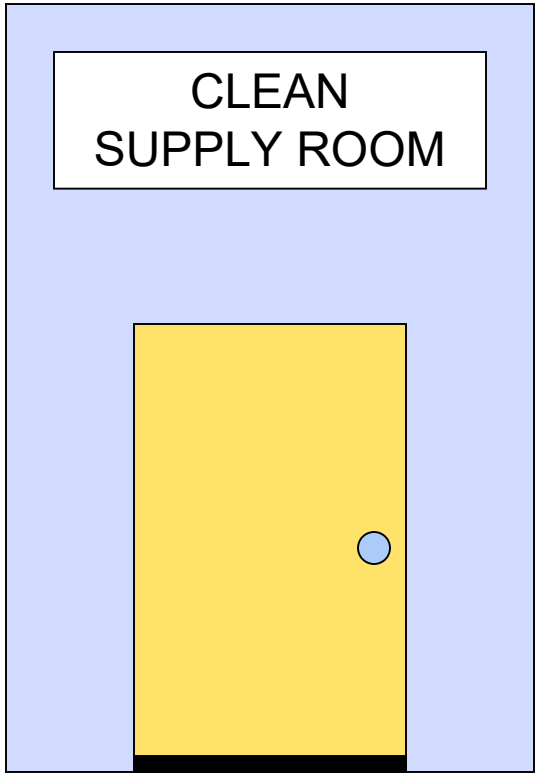
- Pt with planned admission to MGB facility, including direct admissions from procedures or to psych/residential programs

- Patient with scheduled outpatient aerosol-generating procedure

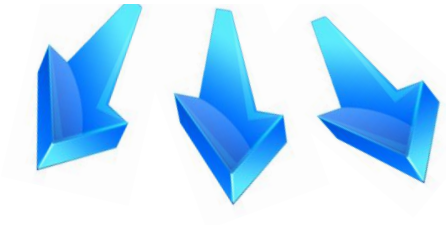
Goal for staff/patient safety

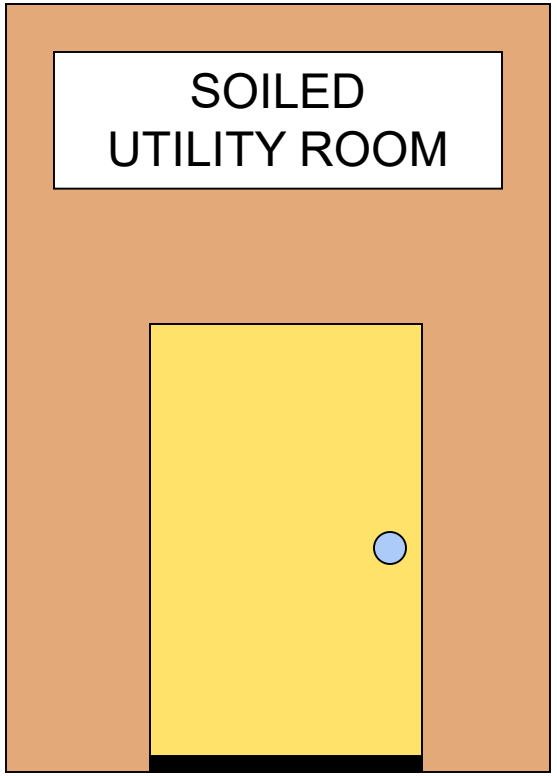
- Early patient identification of cough, rash, fever
- Surgical mask on patient
- Suspicion for Covid -19, measles, chicken pox, disseminated zoster or TB - **staff wears N95 respirator**
- When patients are not identified, exposure occurs
- Time consuming process, anxiety provoking time for staff

Positive & Negative Pressure Rooms



(Positive pressure)





(Negative pressure)

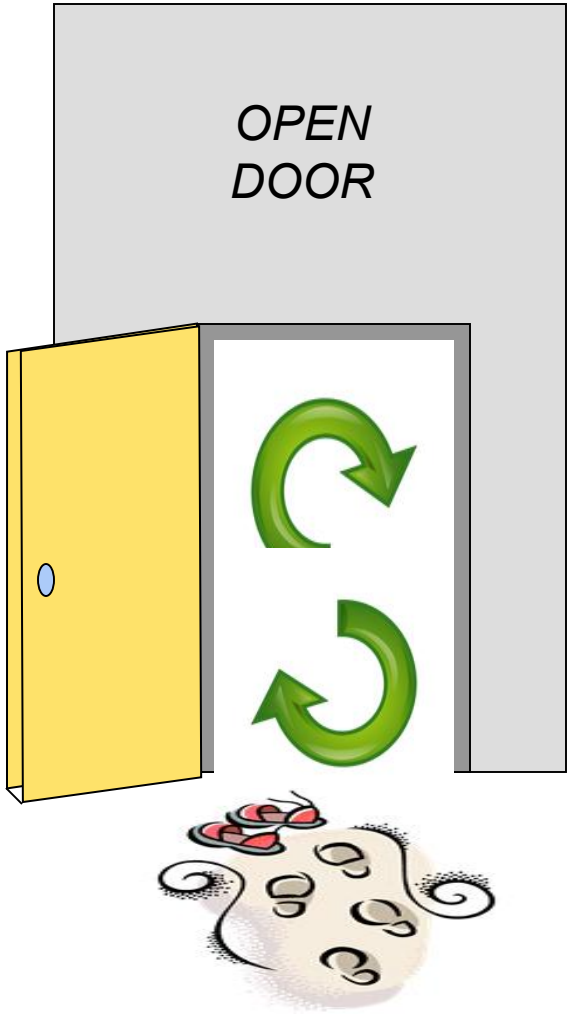
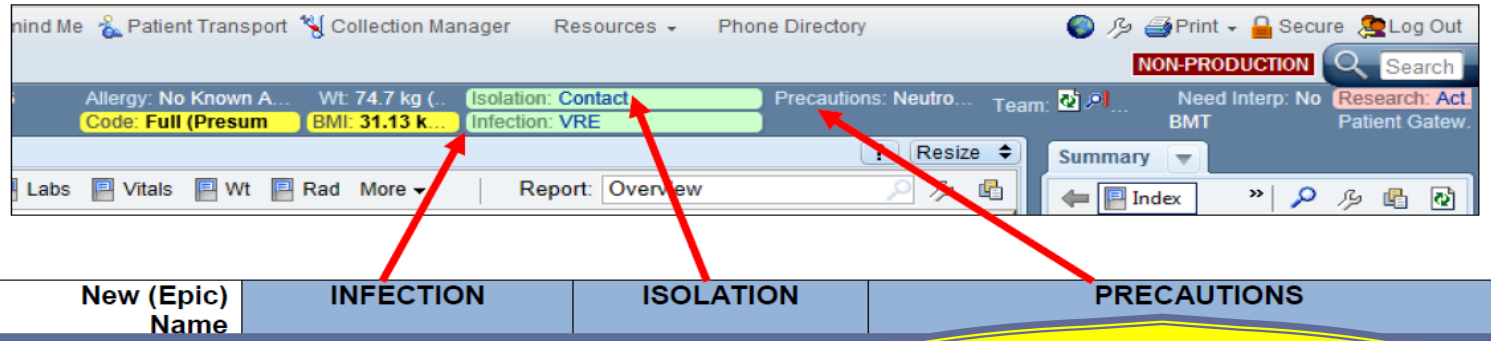


Chart header with Isolation & Infection banners



New (Epic) Name	INFECTION	ISOLATION	PRECAUTIONS

"Precautions refer to "Fall Precautions", Neutropenic Precautions", BMT Precautions and other types of precautions

Isolation and Infection Status in Epic

IC Staff enter infection status which populates the **"Infection Banner"**

IC staff enter the infection status when

- Alerted to infection by lab result
- Infection status is reported to IC by clinicians

Choices are limited to list below

Encounter Specific	Across Encounters*
Avian Influenza	MDRO*
C. difficile	Cystic Fibrosis (CF)*
Ebola	MRSA*
Influenza	VRE*
Measles	TB Continue Isolation
MERS	
Norovirus	
Pertussis	
Respiratory Virus	
RSV	
TB	
Varicella (Chickenpox)	

*infection status "flags" stay with patient across encounters.

A provider order is required to populate **"Isolation Banner"**

- Providers will receive alerts to order Contact Isolation for patients that have an active MRSA, VRE, MDRO infection status
- Providers will receive alerts to place isolation order when they order tests for some infections
  - AFB for TB, *C. difficile*, Influenza, RSV
- Isolation orders may be discontinued by providers or IC staff when patient no longer requires isolation (per IC policy)
- Isolation categories include following
  - Contact (Enhanced for CF=Contact)
  - Contact Plus
  - Airborne
  - Droplet

Clearing Infection Status

Criteria for MRSA/VRE screening

- No positive cultures from any site for 90 days
- Off antibiotics for 48 hours
- 3 negative swabs, at least 24 hrs apart
  - MRSA = nasal swab
  - VRE = rectal swab

Notify Infection Control (6-2036)

- That screening has been initiated; document in EPIC *care coordination note*
- MRSA/VRE patients from other hospitals

Criteria for MDRO screening

- No positive culture from any site for ≥ 12 months
- Last discharge from hospital, rehab or skilled nursing facility ≥ 12 months
- Call Infection Control for screening guidance

***C. difficile* not screened**

- Flag goes away 30 days after the positive test date
- A past history of *C. diff* does not automatically require isolation unless the problem remains active and patient is being treated

Clean Storage of Supplies

- **Clean supplies**
- **Separation of clean and contaminated**

- Clean supplies are never placed on the floor or soiled shelving

- Storage in bins preferable to loose supplies and stuffing drawers

- Bins and containers should be cleaned on a regular basis

- Clean storage areas should have limited access and not located in a through way

Clean Storage of Supplies

- Clean supplies-coordinate so clean supplies are rotated ‘first in’ ‘first out’
- Closed cabinets or drawers in rooms for storage
- No storage supply near a water source or a ‘splash zone’ or near soap dispensers
- REMOVE ITEMS FROM SHIPPING BOXES!

Expiration dates-first in/first out

Procedures in ambulatory care

- **Critical device:** enters sterile tissue or vascular system
- **Semi critical device:** touches mucous membranes or non-intact skin
- **Noncritical device:** touches intact skin
- **In ambulatory care, goal is to use disposable or single use equipment**

Surgical instruments

- Remove all debris from instruments ASAP at point of use
- Instruments must be kept wet
- Goal is to prevent drying of organic matter
- Transporting of instruments
- Sterilization in CSPD
- Storage of instruments
- Clean as a ‘procedure room’
- Ventilate as a ‘procedure room’

Procedures in ambulatory care

- Surgical Attire
  - Sterile gown in procedures that require a sterile field
  - Surgical mask that fully covers mouth and nose, cap, sterile gloves

- Maintain ‘control of the sterile field’
- Keep doors closed; limit traffic
- Single use vials and medication safety
- Equipment and supplies must be examined and evaluated

General cleaning principles

- Surfaces: clean surface immediately after soiling with blood or body fluids occurs
- General cleaning of waiting rooms, exam rooms is dependent on patient population
- Procedure rooms are subject to increased soiling potential and surfaces that are soiled should be cleaned after each patient
- Hospital approved disinfectant wipes can streamline the cleaning process
- Cleaning agents: MGH approved cleaning agents are the only supplies to be used
- Methods of cleaning including written procedures/agreements
- Soiled supplies and linen
- Trash handling and regulated waste

Care of Instruments

- The importance of compliant practices in all areas using instruments continues to be emphasized by Infection Control, Compliance, Quality and Safety, and CSPD
- Compliance to the guidelines for instrument care and transport and storage of scopes is monitored across the organization including ambulatory locations
- Management of instruments post-procedure will be tailored to each area by experts from CSPD

MGH Approved Disinfectants

- ***Virex Plus***
  - Surface wet
  - Contact time -3 minutes

- Super-Sani Cloth
  - Surface wet
  - Contact time -2 minutes

- Bleach-based product
  - Surface wet
  - Contact time -3 minutes
  - For Contact Plus Isolation

Thank you!

Contact Hours

- We will be offering CEUs for participation. Each session will be equivalent to one contact hour. To receive credit, you must complete all steps below:

- After participating in the Webinar, complete the evaluation* using this Link:

  - https://www.surveygizmo.com/s3/5756496/JC-Prep-Webinar-5-Infection-Control

*Only individuals who fully attend and complete the evaluation will be eligible to claim the Contact Hours.

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Stay informed

- Ambulatory Communication:
  - MGH/MGPO Ambulatory Management News - weekly e-mails:

  - Ambulatory Blueprint
  - Ambulatory Joint Commission Preparation

- What if I Have Questions?
- We are here to help:
  - Ambulatory Management Clinical Operations Nurses MGH Ambulatory Clinical Programs
  - Management Project Managers/Liaisons: MGH Ambulatory Management

2020 Joint Commission Preparation Webinar Series

Date/Time		Topic
July 7th	12:00-1:00pm	Joint Commission 101 ✓
July 14th	12:00-1:00pm	Environment of Care, BioMed, Police & Security and Emergency Management ✓
July 23rd	12:00-1:00pm **(Thursday)**	Human Resources ✓
July 28th	12:00-1:00pm	Safeguard High Risk Patients, Falls, Suicide ✓
August 4th	12:00-1:00pm	Infection Control
August 11th	**12:00-1:00pm**	**Provider Oriented Overview of Key Standards**
August 18th	12:00-1:00pm	Lab and Point of Care Testing (POCT)
September 1st	12:00-1:00pm	Pharmacy