Outpatient Settings Policy Options for Improving Infection Prevention

March 21, 2019

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Training and Education Coordinator

Acute and Communicable Disease Prevention
Four Key Policy Elements for Best Practice

1. Facility licensing/accreditation requirements
2. Provider-level training, licensing and certification
3. Reporting requirements
4. Establishment and effective application of investigation authorities
1. Facility Licensing/Accreditation

Overview

Benefits

• Maintain public safety
• Ensure quality of care
• Know who is here and be support activities

Current context

• Minority CMS certified
• Many are not held to minimum safety standards
1. Facility Licensing/Accreditation Example

- Plastic surgery center chain
  - Does not participate in Medicare or accept other health insurance payments
  - Unlicensed and unaccredited
  - Facilities in two states
- Physician
  - Not board-certified
  - Performs liposuction procedures two of the facilities
  - The team transports equipment
  - Deficient infection control practices
- Several patients with invasive group A Streptococcus infections
- One patient dies
1. Facility Licensing/Accreditation

**What can we do?**

<table>
<thead>
<tr>
<th>State/county</th>
<th>Continue developing new policies and maintaining existing programs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Require facility registration</td>
</tr>
<tr>
<td></td>
<td>Maintain a data base of outpatient facilities</td>
</tr>
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<td></td>
<td>Develop local policies related to licensing</td>
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<td></td>
<td>Designate licensing fees or fines to support clinics</td>
</tr>
<tr>
<td>Clinics</td>
<td>Seek licensure</td>
</tr>
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<td></td>
<td>Use standard approaches such as state agency survey protocols to</td>
</tr>
<tr>
<td></td>
<td>measure adherence to Standard Precautions</td>
</tr>
</tbody>
</table>
1. Facility Licensing/Accreditation

*Oregon – Existing Systems*

**Safety Oversight and Quality (SOQ)**

- Long-term care facilities

**Health Facility Licensing & Certification Program (HFLC)**

- Non-long term care healthcare facilities and agencies

https://go.usa.gov/xE7x6
1. Facility Licensing/Accreditation

**Oregon - HFLC**

<table>
<thead>
<tr>
<th>Facility type/entity/ individual</th>
<th>State Licensing/ Registration/ Certification</th>
<th>Medicare Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Surgery Centers</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Birthing Centers</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Caregiver Registries</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Community Mental Health Centers</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Comprehensive Outpatient</td>
<td>X</td>
<td></td>
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<tr>
<td>Rehabilitation Facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>End-State Renal Disease Treatment Facilities/ Outpatient Renal Dialysis Facilities</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

[https://go.usa.gov/xEesx](https://go.usa.gov/xEesx)
## 1. Facility Licensing/Accreditation

**Oregon - HFLC**

<table>
<thead>
<tr>
<th>Facility type/entity/ individual</th>
<th>State Licensing/ Registration/ Certification</th>
<th>Medicare Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extended Stay Centers</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Federally Qualified Health Centers</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Hemodialysis Technicians</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Home Health Agencies</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Hospice Agencies</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Hospitals</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>In-Home Care Agencies</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

[https://go.usa.gov/xEesx](https://go.usa.gov/xEesx)
## 1. Facility Licensing/Accreditation

**Oregon - HFLC**

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<thead>
<tr>
<th>Facility type/entity/ individuals</th>
<th>State Licensing/Registration/Certification</th>
<th>Medicare Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nontransplant Anatomical Research Recovery Organizations</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Organ Procurement Organizations</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Outpatient Physical Therapy or Speech Pathology</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Portable X-Ray Suppliers</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Rural Health Clinics</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Special Inpatient Care Facilities</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

[https://go.usa.gov/xEesx](https://go.usa.gov/xEesx)
2. Healthcare Provider Training, Licensure, and Certification

Example

• A medical technician in a pediatric clinic is giving influenza vaccine to children uses a pre-filled adult dose
  – Gives half to the child
  – Removes the needle
  – Saves the half-filled syringe, unlabeled in a box in the refrigerator to be used on another child
    • Children at risk.
    • Technician at risk

• The state and local health departments help oversee a patient notification effort which generates significant media attention.
2. Healthcare Provider Training Licensure, and Certification

Overview

Benefits

• Keep providers up to date
• Maintain safety
• Keep up with high turnover

Area of concern: Injection safety

• Preparing and administering injections - loosely governed by state physician and or/or nurse practice standards
• Drug compounding may be done by unqualified staff
CDC’s One & Only Campaign

Raise awareness and prevent outbreaks
# INJECTION SAFETY CHECKLIST

The following Injection Safety checklist items are a subset of items that can be found in the CDC Infection Prevention Checklist for Outpatient Settings: Minimum Expectations for Safe Care.

The checklist, which is appropriate for both inpatient and outpatient settings, should be used to systematically assess adherence of healthcare providers to safe injection practices. Assessment of adherence should be conducted by direct observation of healthcare personnel during the performance of their duties.

<table>
<thead>
<tr>
<th>Injection Safety</th>
<th>Practice Performed?</th>
<th>If answer is No, document plan for remediation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proper hand hygiene, using alcohol-based hand rub or soap and water, is performed prior to preparing and administering medications.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Injections are prepared using aseptic technique in a clean area free from contamination or contact with blood, body fluids, or contaminated equipment.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Needles and syringes are used for only one patient (this includes manufactured prefilled syringes and cartridge devices such as insulin pens).</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>The rubber septum on a medication vial is disinfected with alcohol prior to piercing.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Medication vials are entered with a new needle and a new syringe, even when obtaining additional doses for the same patient.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Single-dose or single-use medication vials, ampules, and bags or bottles of intravenous solution are used for only one patient.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Medication administration tubing and connectors are used for only one patient.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Multi-dose vials are dated by healthcare when they are first opened and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial. Note: this is different from the expiration date printed on the vial.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Multi-dose vials are dedicated to individual patients whenever possible.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Multi-dose vials to be used for more than one patient are kept in a centralized medication area and do not enter the immediate patient treatment area (e.g., operating room, patient room/cubicle). Note: if multi-dose vials enter the immediate patient treatment area, they should be dedicated for single-patient use and discarded immediately after use.</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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The One & Only Campaign is a public health effort to eliminate unsafe medical injections. To learn more about safe injection practices, please visit OneAndOnlyCampaign.org.

This material was developed by CDC. The One & Only Campaign is made possible by a partnership between the CDC Foundation and Lilly USA, LLC.
Free online and print resources via CDC-INFO
OHA’s Injection and Needle Safety Toolkit

Goals
Share resources on injections and needle use
Encompass diverse practice settings and care types

Injection and Needle Safety Toolkit

Although injections and needle use in professional settings are generally safe, unsafe practices do happen and may cause serious harm.

Unsafe practices, like reused vials or syringes, have the potential to spread disease by cross-contaminating body fluids. Since 2001, more than 150,000 people in the U.S. have been notified of potential exposure to viral hepatitis and HIV due to lapses in injection and needle safety.

Do your part. Three ways to help stop these infections!

1. Join the One & Only Campaign! This campaign is led by the Centers for Disease Control and Prevention (CDC) and the Safe Injection Practices Coalition (SIPC) and raises awareness about safe injection practices.
2. Learn about best practices by using this toolkit.
3. Share what you learn from the toolkit with those in your workplace.

Disclaimer: The resources below contain overlapping information on best practices, but are by no means comprehensive, as new resources continually emerge. In addition, the links provided do not serve as an endorsement of the organizations.
Toolkit Contents

For the Public

- What to know about receiving healthcare involving needles
- At-home injections and needle use

For Health Professionals

- Guidelines and Recommendations
- Aseptic Technique
- Needle Safety
- Medication and Treatment Management
- Diabetes Care
- Reports of Disease Transmission
- Specialty Specific Resources
- Additional Resources
- References

Feedback

- We want to hear from you! Let us know what you think about this toolkit by completing this quick feedback form.

https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/COMMUNICATIONS/ACQUIREDTUBERCULOSIS/HAI/PREVENTION/Pages/one-and-only.aspx
2. Healthcare Provider Training Licensure, and Certification

*Oregon*

CDC’s Guideline for Isolation Precautions

- Focus on minimum infection prevention expectations for safe care in outpatient settings
- [https://go.usa.gov/xEMbS](https://go.usa.gov/xEMbS)

Oregon Administrative Rule 333-019-0061

- Effective 1/1/18
- Requires all licensed healthcare providers to adhere to Standard Precautions as defined in the CDC guideline
- [https://go.usa.gov/xEMbZ](https://go.usa.gov/xEMbZ)
## 2. Healthcare Provider Training Licensure, and Certification

**Oregon - HLO**

<table>
<thead>
<tr>
<th>Healthcare Licensure Office boards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advisory Council on Hearing Aids</td>
</tr>
<tr>
<td>Art Therapy Program</td>
</tr>
<tr>
<td>Behavior Analysis Regulatory Board</td>
</tr>
<tr>
<td>Board of Athletic Trainers</td>
</tr>
<tr>
<td>Board of Certified Advanced Estheticians</td>
</tr>
<tr>
<td>Board of Cosmetology</td>
</tr>
<tr>
<td>Board of Denture Technology</td>
</tr>
<tr>
<td>Board of Direct Entry Midwifery</td>
</tr>
</tbody>
</table>

2. Healthcare Provider Training, Licensure, and Certification

**Oregon - HCRQI**

<table>
<thead>
<tr>
<th>Healthcare-related Licensing Boards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medical Services &amp; Trauma Systems</td>
</tr>
<tr>
<td>Oregon Board of Chiropractic Examiners</td>
</tr>
<tr>
<td>Oregon Board of Dentistry</td>
</tr>
<tr>
<td>Oregon Board of Licensed Professional Counselors &amp; Therapists</td>
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<tr>
<td>Oregon Board of Medical imaging</td>
</tr>
<tr>
<td>Oregon Board of Nursing</td>
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<tr>
<td>Oregon Board of Optometry</td>
</tr>
<tr>
<td>Oregon Board of Pharmacy</td>
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<tr>
<td>Oregon Board of Physiologist Examiners</td>
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<tr>
<td>Oregon Medical Board</td>
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</tbody>
</table>

[https://go.usa.gov/xEMDJ](https://go.usa.gov/xEMDJ)
3. Reporting Requirements

**Overview**

**Benefits**

- Help us pick up on outbreaks or lapses in patient safety

**Role of ACDP**

- Monitor reported data
- Provide training and technical assistance
- Update reporting requirements
3. Reporting Requirements

Reportable Diseases in Oregon

- List of reportable diseases in Oregon
  - Immediately reportable,
  - Report within 24 hours,
  - Report within 1 working day,
  - Report within 7 working days

- Diseases reported to local health departments (LHDs) for investigation
  - Most facilities rely on electronic laboratory reporting
  - MDs and laboratorians also call LHDs

To request a poster:
- Call 971-673-1111 or
- Email OHD.ACDP@dhsoha.state.or.us
3. Reporting Requirements

**LHD Responsibilities**

- LHDs are required to conduct routine case investigation
- Interview cases to obtain
  - Clinical information (e.g., diarrhea duration, hospitalizations)
  - Treatment information
  - Risk exposures (e.g., raw milk exposure)
  - Contact investigation (e.g., close contacts)
  - Vaccine status
- Investigative guidelines
  - [https://go.usa.gov/xEM8F](https://go.usa.gov/xEM8F)
- LHD reporting numbers
  - [https://go.usa.gov/xEM8H](https://go.usa.gov/xEM8H)
# 3. Reporting Requirements

**NHSN**

<table>
<thead>
<tr>
<th>HAI Measurement Type</th>
<th>Long-Term Care Facilities</th>
<th>Ambulatory Surgery Centers</th>
<th>Dialysis Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CMS Requirements</strong></td>
<td><strong>Oregon Requirements</strong></td>
<td><strong>CMS Requirements</strong></td>
<td><strong>Oregon Requirements</strong></td>
</tr>
<tr>
<td><strong>Annual Survey</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Evidence-based elements</td>
<td>Evidence-based elements</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>of patient safety</td>
<td>of patient safety</td>
<td></td>
</tr>
<tr>
<td></td>
<td>performance annual</td>
<td>performance annual</td>
<td></td>
</tr>
<tr>
<td><strong>Healthcare Worker</strong></td>
<td>Healthcare Worker</td>
<td>Healthcare Worker</td>
<td>Healthcare Worker</td>
</tr>
<tr>
<td><strong>Influenza Vaccination</strong></td>
<td>Influenza Vaccination</td>
<td>Influenza Vaccination</td>
<td>Influenza Vaccination</td>
</tr>
<tr>
<td><strong>Dialysis Event</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>Dialysis event (2012)</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>All minimum data set</td>
<td>All minimum data set</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>(MDS) elements required</td>
<td>(MDS) elements including</td>
<td></td>
</tr>
<tr>
<td></td>
<td>by the Skilled Nursing</td>
<td>urinary tract infection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Facility Prospective</td>
<td>in the last 30 days (2012)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Payment System</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td>Dialysis event (2013)</td>
<td></td>
</tr>
</tbody>
</table>

**Additional Mandatory Reporting**

*Communication of Multidrug-resistant Organisms during Patient Transfer:*

When a referring healthcare facility transfers or discharges a patient who is infected or colonized with a multidrug-resistant organism (MDRO) or pathogen requiring Transmission-based Precautions, transfer documentation must include written notification of the infection or colonization to the receiving facility.7

*Mandatory outbreak reporting:* Healthcare facilities and providers are required to report outbreaks of HAIs including MDROs of public health significance and common source outbreaks.8

Multidrug-resistant organism (MDRO): an organism that causes human disease that has acquired antibiotic resistance, as listed and defined in the Centers for Disease Control and Prevention’s Antibiotic Resistance Threats in the United States, 2013. MDROs include but are not limited to:

a) Methicillin-resistant *Staphylococcus aureus* (MRSA)
b) Vancomycin-resistant *Enterococcus* (VRE)
c) Carbapenem-resistant *Enterobacteriaceae* (CRE)
d) Multidrug-resistant *Acinetobacter baumannii*
e) Multidrug-resistant *Pseudomonas aeruginosa*
f) Drug-resistant *Streptococcus pneumoniae*
g) Other Gram-negative bacteria producing extended-spectrum beta-lactamases (ESBL),
h) Toxin-producing *Clostridium difficile*
4. Investigation Authorities

Why do we investigate outbreaks?

Purpose

- Determine the cause of disease
- Identify the source of infection
- Determine the mode of transmission
- Understand who is at risk
- Control and prevention
4. Investigation Authorities

Outbreak definitions

- Defined as 2 or more cases of similar illness clustered in time and space or 1 unusual or concerning case.
  - 3 cases of *Salmonella* typhimurium in a nursing home with onsets of 11/1-11/3
  - 1 case of CP-CRE or 1 case of novel flu
- Lab confirmed outbreak: at least 2 positive specimens (with matching etiologic agent)
- OAR requires that all outbreaks be reported to the local public health department as soon as possible
• Call your local health department (LHD) when you suspect an outbreak
• LHD staff are trained in outbreak response and can guide you through an outbreak
• LHD can provide a number of resources:
  – Standing orders (e.g., Tamiflu)
  – Non-regulatory inspections
  – Hypothesis generation
  – Toolkits
Get involved!
Join Oregon’s One and Only Campaign

• Become a member to receive brief, periodic messages with important updates regarding injection safety and needle use in Oregon and beyond
  – News, recommendations, resources
• Share this information with your patients and colleagues as applicable

Email roza.p.tammer@state.or.us to join!
More opportunities

• Read the injection safety Communicable Disease Summary (July 2017)
  – www.healthoregon.org/cdsummary
• Follow us on Facebook
  – https://www.facebook.com/Oregon.aware
Poll
Questions & discussion

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