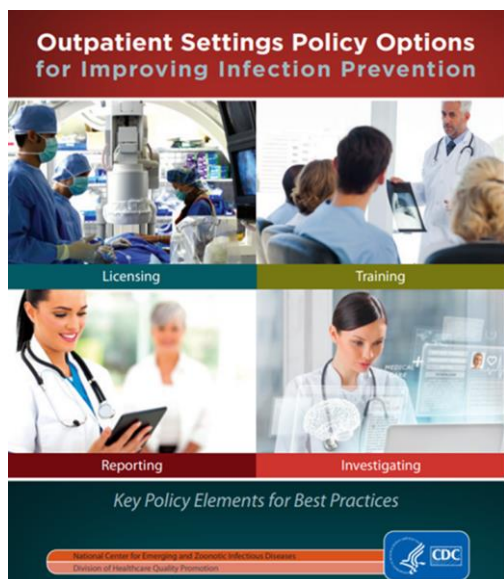


Outpatient Settings Policy Options for Improving Infection Prevention



March 21, 2019

Alyssa McClean, MPH
Training and Education Coordinator

Acute and Communicable Disease
Prevention

Oregon
Health
Authority

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?

State/county Continue developing new policies and maintaining existing programs

Require facility registration

Maintain a data base of outpatient facilities

Develop local policies related to licensing

Designate licensing fees or fines to support clinics

Clinics

Seek licensure

Use standard approaches such as state agency survey protocols to measure adherence to Standard Precautions



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



1. Facility Licensing/Accreditation

Oregon - HFLC

Facility type/entity/ individual	State Licensing/ Registration/ Certification	Medicare Certification
Ambulatory Surgery Centers	X	X
Birthing Centers	X	
Caregiver Registries	X	
Community Mental Health Centers		X
Comprehensive Outpatient Rehabilitation Facilities		X
End-State Renal Disease Treatment Facilities/ Outpatient Renal Dialysis Facilities	X	X



1. Facility Licensing/Accreditation

Oregon - HFLC

Facility type/entity/ individual	State Licensing/ Registration/ Certification	Medicare Certification
Extended Stay Centers	X	
Federally Qualified Health Centers		X
Hemodialysis Technicians	X	
Home Health Agencies	X	X
Hospice Agencies	X	X
Hospitals	X	X
In-Home Care Agencies	X	



1. Facility Licensing/Accreditation

Oregon - HFLC

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



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*

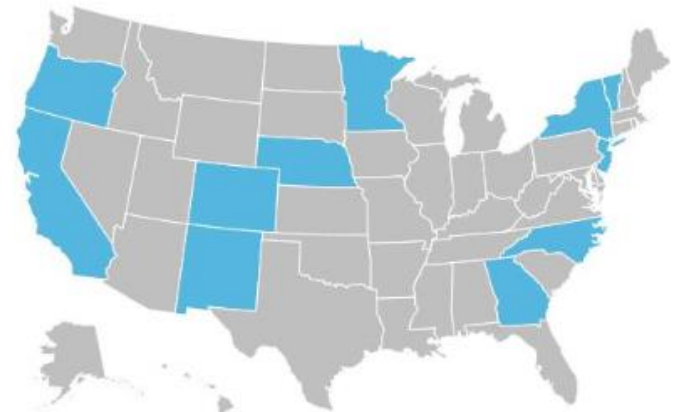
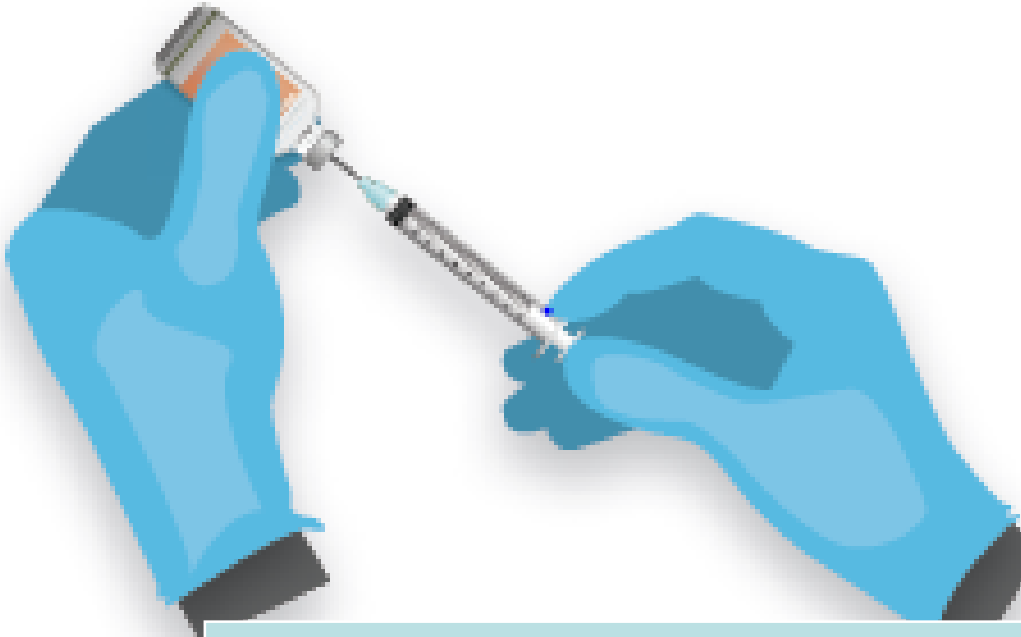
Benefits

- 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/ 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.

Injection Safety	Practice Performed?	If answer is No, document plan for remediation
Proper hand hygiene, using alcohol-based hand rub or soap and water, is performed prior to preparing and administering medications.	Yes No	
Injections are prepared using aseptic technique in a clean area free from contamination or contact with blood, body fluids, or contaminated equipment.	Yes No	
Needles and syringes are used for only one patient (this includes manufactured prefilled syringes and cartridge devices such as insulin pens).	Yes No	
The rubber septum on a medication vial is disinfected with alcohol prior to piercing.	Yes No	
Medication vials are entered with a new needle and a new syringe, even when obtaining additional doses for the same patient.	Yes No	
Single-dose or single-use medication vials, ampules, and bags or bottles of intravenous solution are used for only one patient.	Yes No	
Medication administration tubing and connectors are used for only one patient.	Yes No	
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.	Yes No	
Multi-dose vials are dedicated to individual patients whenever possible.	Yes No	
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.	Yes No	

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.

For the latest news and updates, follow us on Twitter [@injectionsafety](https://twitter.com/injectionsafety) and Facebook/OneandOnlyCampaign.



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

One & Only Campaign Materials For Order Via CDC-INFO

Safe Injection Practices DVD
Item 22-0087

Rx for Safe Injections Poster
Item 22-0696

It's Elementary Poster
Item 22-0697

Provider Brochure
Item 22-0702

Patient Brochure
Item 22-0701

Injection Safety Infographic
Item 22-1504

Single-Dose & Multi-Dose Vial Infographic
Item 22-1599

Injection Safety Pocket Card
Item 22-0713

Logo Poster for General Public
Item 22-0699

You Can Order 3 Ways

SCAN
Scan with your smartphone to access the ordering page

CALL
1-800-CDC-INFO

CLICK
www.cdc.gov/pubs/CDCInfoOnDemand.aspx
Select Injection Safety–One & Only Campaign to order materials

Be Aware Don't Share Insulin Poster
Item 22-1503

Be Aware Don't Share Insulin Brochure
Item 22-1501

Injection Safety Fact Sheet
Item 22-1502

Injection Safety Healthcare Provider Checklist
Item 22-1176

Injection Safety Dangerous Misperceptions Flyer
Item 22-1178

Injection Safety Healthcare Provider Checklist
Item 22-1176

The One & Only Campaign is made possible by a CDC Foundation partnership with Eli Lilly and Company

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 reusing 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/DISEASES/CONDITIONS/COMMUNICABLE/DISEASE/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>

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>



2. Healthcare Provider Training Licensure, and Certification *Oregon - HLO*

Healthcare Licensure Office boards

Advisory Council on Hearing Aids	Board of Electrologists and Body Art Practitioners
Art Therapy Program	Board of Licensed Dietitians
Behavior Analysis Regulatory Board	Environmental Health Registration Board
Board of Athletic Trainers	Lactation Consultant Program
Board of Certified Advanced Estheticians	Long Term Care Administrators Board
Board of Cosmetology	Music Therapy Board
Board of Denture Technology	Respiratory Therapist and Polysomnographic Technologist Licensing Board
Board of Direct Entry Midwifery	Sex Offender Treatment Program

<https://www.oregon.gov/oha/ph/hlo/pages/index.aspx>



2. Healthcare Provider Training Licensure, and Certification *Oregon - HCRQI*

Healthcare-related Licensing Boards

Emergency Medical Services & Trauma Systems

Oregon Board of Chiropractic Examiners

Oregon Board of Dentistry

Oregon Board of Licensed Professional Counselors & Therapists

Oregon Board of Medical imaging

Oregon Board of Nursing

Oregon Board of Optometry

Oregon Board of Pharmacy

Oregon Board of Physiologist Examiners

Oregon Medical Board

<https://go.usa.gov/xEMDJ>



3. Reporting Requirements *Overview*

Benefits

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

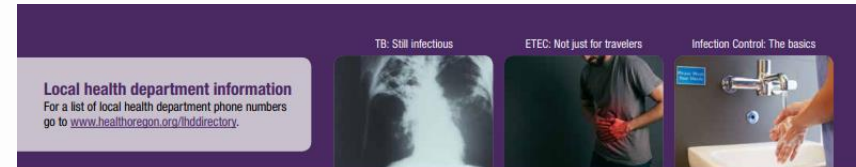
Role of ACDP

- 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@dhsosha.state.or.us



Local health department information
For a list of local health department phone numbers go to www.healthoregon.org/FindDirectory.

TB: Still infectious

EPEC: Not just for travelers

Infection Control: The basics

OREGON PUBLIC HEALTH DIVISION REPORTING FOR CLINICIANS

By law,¹ Oregon clinicians must report diagnoses of the specified infections, diseases and conditions listed on this poster. Both lab-confirmed and clinically suspect cases are reportable. The parallel system of lab reporting does not obviate the clinician's obligation to report. Some conditions (e.g., uncommon illness of public health significance, animal bites, hemolytic uremic syndrome (HUS), pesticide poisoning, disease outbreaks) are rarely, if ever, identified by labs. We depend on clinicians to report.

Reports should be made to the patient's local health department² of residence and include at least the patient's name, home address, phone number, date of birth, sex, diagnosis and date of symptom onset. Most reports should be made within one working day of the diagnosis, but there are several important exceptions — please refer to the list on this poster.

Disease reporting enables appropriate public health follow-up for your patients, helps identify outbreaks, provides a better understanding of morbidity patterns, and may even save lives. Remember that HIPAA does not prohibit you from reporting protected health information to public health authorities for the purpose of preventing or controlling diseases, including public health surveillance and investigations.³

CIVIL PENALTIES FOR VIOLATIONS OF OREGON REPORTING LAW

A civil penalty may be imposed against a person or entity for a violation of any provision in OAR Chapter 333, Division 18 or 19.⁴ These regulations include the requirements to report the diseases listed on this poster, along with related data; and to cooperate with local and state public health authorities in their investigation and control of reportable diseases. Civil penalties shall be imposed as follows:

• First violation \$100, second violation \$200

New reportables are highlighted.

IMMEDIATELY

- Anthrax (*Bacillus anthracis*)
- Bacillus cereus biovar anthracis**
- Botulism (*Clostridium botulinum*)
- Brucellosis (*Brucella*)
- Cholera (*Vibrio cholerae* O1, O139, or toxigenic)
- Diphtheria (*Corynebacterium diphtheriae*)
- Eastern equine encephalitis
- Glanders (*Burkholderia mallei*)
- Hemorrhagic fever caused by viruses of the filovirus (e.g., Ebola, Marburg) or arenavirus (e.g., Lassa, Machupo) families
- Influenza (novel)⁵
- Marine intoxication (intoxication caused by marine microorganisms or their byproducts (e.g., paralytic shellfish poisoning, domoic acid intoxication, ciguatera, scombroid)
- Measles (rubeola)
- Melioidosis (*Burkholderia pseudomallei*)
- Plague (*Yersinia pestis*)
- Poliovirus

WITHIN ONE LOCAL HEALTH AUTHORITY WORKING DAY

- Amebic infections⁶ (central nervous system only)
- Hepatitis E
- HIV infection (does not apply to anonymous testing) and AIDS
- Influenza (laboratory-confirmed) death of a person <16 years of age
- Lead poisoning⁷
- Legionellosis (*Legionella*)
- Leptospirosis (*Leptospira*)
- Listeriosis (*Listeria monocytogenes*)
- Lyme disease (*Borrelia burgdorferi*)
- Malaria (*Plasmodium*)
- Mumps
- Non-tuberculous mycobacterial infection (non-respiratory)⁸
- Pertussis (*Bordetella pertussis*)
- Psittacosis (*Chlamydia psittaci*)
- Relapsing fever (*Borrelia*)
- Rocky Mountain spotted fever and other *Rickettsia* (except louse-borne typhus, which is immediately reportable)
- Salmonellosis (*Salmonella*, including typhoid)
- Shigellosis (*Shigella*)
- Syphilis (*Tréponema pallidum*)

<https://go.usa.gov/xE7Ce>



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>
- LHD reporting numbers
 - <https://go.usa.gov/xEM8H>



3. Reporting Requirements

NHSN

HAI MEASUREMENT TYPE	LONG-TERM CARE FACILITIES		AMBULATORY SURGERY CENTERS		DIALYSIS FACILITIES	
	CMS REQUIREMENTS ²	OREGON REQUIREMENTS ³	CMS REQUIREMENTS ²	OREGON REQUIREMENTS ³	CMS REQUIREMENTS ²	OREGON REQUIREMENTS ³
ANNUAL SURVEY	N/A	Evidence-based elements of patient safety performance annual survey (2015)	N/A	Evidence-based elements of patient safety performance annual survey (2009)	N/A	N/A
HEALTHCARE WORKER INFLUENZA VACCINATION	N/A	Healthcare Worker Influenza Vaccination Survey (2010)	Healthcare Worker Influenza Vaccination Survey (Oct. 2014)	Healthcare Worker Influenza Vaccination Survey (2011)	Healthcare Worker Influenza Vaccination Survey (Oct. 2015)	Healthcare Worker Influenza Vaccination Survey (Oct. 2015)
DIALYSIS EVENT	N/A	N/A	N/A	N/A	Dialysis event (2012)	Dialysis event (2013)
OTHER	All minimum data set (MDS) elements required by the Skilled Nursing Facility Prospective Payment System	All minimum data set (MDS) elements including urinary tract infection in the last 30 days (2012)	N/A	N/A	N/A	N/A

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:

- Methicillin-resistant *Staphylococcus aureus* (MRSA)
- Vancomycin-resistant *Enterococcus* (VRE)
- Carbapenem-resistant *Enterobacteriaceae* (CRE)
- Multidrug-resistant *Acinetobacter baumannii*
- Multidrug-resistant *Pseudomonas aeruginosa*
- Drug-resistant *Streptococcus pneumoniae*
- Other Gram-negative bacteria producing extended-spectrum beta-lactamases (ESBL),
- 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



4. Investigation Authorities

Public Health & Outbreaks

- 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>



TAKING A SHOT AT INJECTION SAFETY

Poll

Questions & discussion

Alyssa McClean

(971) 673-0968

Alyssa.k.mcclean@state.or.us

The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, serif font positioned above the "Health" part of the word "Health Authority". The word "Health" is in a large, dark blue, serif font. Below "Health" is a horizontal line, and the word "Authority" is written in a smaller, orange, serif font below the line.

Oregon
Health
Authority