Houston, We’ve Got Problem: Investigating an Infection in the ASC

Financial Disclosure

- Elethia Dean has no financial interest in this presentation.

Regulatory Guidelines

- §416.51 Condition for Coverage – Infection control

- The ASC must maintain an infection control program that seeks to minimize infections and communicable diseases.
Regulatory Guidelines

The ASC’s infection control program must:
- Provide a functional and sanitary environment for surgical services, to avoid sources and transmission of infections and communicable diseases;
- Be based on nationally recognized infection control guidelines;
- Be directed by a designated health care professional with training in infection control;

Regulatory Guidelines

The ASC’s infection control program must:
- Be integrated into the ASC’s QAPI program;
- Be ongoing;
- Include actions to prevent, identify and manage infections and communicable diseases; and
- Include a mechanism to immediately implement corrective actions and preventive measures that improve the control of infection within the ASC.

Regulatory Guidelines

- Interpretive Guidelines: §416.51

- This regulation requires the ASC to maintain an active program for the minimization of infections and communicable diseases.
**Active Surveillance**

1. Each physician reviews a list of all patients who had surgery in the ASC and note if there have been any reported infections.

2. Each physician documents they have had no reported infections.

3. Survey of patients to determine if they had a postoperative infection.

**Identification of Infection**

- Reported by physician during active surveillance
- Identified by ASC staff when patient scheduled for repeat surgery with request for wound cultures.
- Reported by patient

**Root Cause Analysis Basics**

Symptom of the problem, "The Weed"
Above the surface (obvious)

The Underlying Causes, "The Root"
Below the surface (not obvious)

The worst root, in root cause analysis, refers to the underlying causes, not the one cause.
Root Cause Analysis

- **Root cause analysis** is an approach for identifying the underlying causes of why an incident occurred.

What is the Problem?

- Reported infection
- How was infection identified?
- Definition of an infection – TASS vs. Endophthalmitis

What will be done?

- Identification of Cause and Effect
- Change in policy
- Change in processes
Follow up

- Confirmation that changes resolved issue
- Return to same identification process as previous (use same method that first identified the problem)
- If problem not resolved, there was an error in the data collection and/or analysis.

Elements of a QAPI Study

1. Purpose:
   - A statement of the purpose of the QAPI activity that includes a description of the process or situation being reviewed, or a known or suspected problem, and explains why it is significant to the organization.

QAPI Study – Performance Goal

2. Performance Goal:
   - Identification of the performance goal against which the organization will compare its current performance in the area of the study.
QAPI Study – Data Collection Plan

3. Description of the data that will be collected in order to determine the organization’s current performance in the area of the study:

QAPI Study – Data Collection

4. Show evidence of data collection

- Describe the data that was actually collected.

QAPI Study – Data Analysis

5. Data analysis describes findings about the frequency, severity and source(s) of the problem(s).

- Describe how the data was analyzed and how findings/conclusions were derived.
6. Compare the organization’s current performance in the area of the study against the previously identified performance goal.

QAPI Study - Implementation

7. Implementation of corrective action to resolve identified problem(s)

- Implement the selected corrective action and determine appropriate length of time to measure effectiveness of corrective action (restudy).

QAPI Study - Restudy

8. Re-measurement (a second round of data collection and analysis) to objectively determine whether the corrective actions achieved and sustained demonstrable improvement.

9. If the initial corrective action did not achieve and/or sustain the desired improved performance goal, implementation of additional corrective action(s) and continued re-measurement will be necessary until the problem is resolved.
10. Communication of the findings of the quality improvement activities to the governing board and throughout the organization, as appropriate and incorporation of such findings into the organization’s educational activities ("closing the loop")

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