Professional and Regulatory Infection Control Guidelines: Collaboration to Promote Patient Safety



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ABSTRACT

Professional organizations and regulatory agencies collaborate on infection prevention and control guidelines to support preventing and controlling infection in the surgical setting. More specifically, regulatory and accrediting agencies, professional associations, and advisory committees create and promote the use of evidence-based recommendations for preventing surgical site infections. Many agencies perform accreditation surveys to ensure compliance with these standards and guidelines. Perioperative personnel can use these resources to implement and sustain essential processes for infection prevention and control and to facilitate staff member compliance with standards, regulations, and best practices. To guide perioperative practice, it is important for nurses to understand the role of these agencies and organizations and the resources each offers to help ensure the best patient outcomes. *AORN J* 106 (September 2017) 201-210. © *AORN, Inc, 2017. http://dx.doi.org/10.1016/j.aorn.2017.07.005*

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he goal of perioperative health care professionals is to provide safe, quality, cost-effective care to patients undergoing operative or other invasive procedures. This care includes the prevention of surgical site infections (SSIs) and other health care—associated infections (HAIs). Sound working practices are also necessary to help ensure the safety of health care personnel. Patient and employee safety goals can be attained by

- following evidence-based guidelines and regulatory and accrediting agency requirements,
- taking advantage of professional association resources, and
- seeking guidance from advisory committees.

To help attain safety goals, infection control plans that consist of processes, policies, and procedures developed using current guidelines, regulations, and evidence-based practices are needed to prevent the spread of infection in health care settings. Standard guidelines for infection prevention and control are a collaborative effort between multiple entities such as

- regulatory health care agencies and organizations, including o the Centers for Medicare & Medicaid Services (CMS),
 - o the Occupational Safety and Health Administration (OSHA),
 - o the Centers for Disease Control and Prevention (CDC),
 - o the Healthcare Infection Control Practices Advisory Committee (HICPAC),
 - o the National Healthcare Safety Network (NHSN), and
 - o the World Health Organization (WHO);
- health care accrediting agencies, including

o The Joint Commission,

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- o Det Norske Veritas Healthcare, Inc (DNV),
- o the Healthcare Facilities Accreditation Program (HFAP), and
- the Accreditation Association for Ambulatory Health Care (AAAHC); and
- professional health care associations, including
 - o AORN,
 - o the Society for Healthcare Epidemiology of America (SHEA),
 - o the Infectious Diseases Society of America (IDSA), and
 - o the Association for Professionals in Infection Control and Epidemiology (APIC).

Collectively, these organizations' requirements and guidelines help prevent the spread of infection in health care settings. In addition, perioperative nurses have the ability to help create and make changes to these health care rules and regulations through activities in the legislative arena. Through state associations and AORN, perioperative nurses can share their expertise to shape new regulations or modify existing regulations.

REGULATORY HEALTH CARE AGENCIES AND ORGANIZATIONS

Regulations and standards are the backbone of a facility's policies and procedures; they help personnel to identify who may or must perform an action, describe the action and what must occur, and provide the rationale for the action. Regulations (eg, state practice requirements), guidelines (eg, AORN's Guidelines for Perioperative Practice¹), and standards (eg, OSHA's bloodborne pathogens standard²) provide information about industry changes, promote patient safety, and ensure legal compliance and quality service. Regulatory agencies that fall under the US Department of Health and Human Services include CMS and the Agency for Healthcare Research and Quality. Authority varies—some agencies have the ability to levy facility fines and other agencies have the ability to restrict or deny facility reimbursement.³ There are also agencies and other organizations that serve as resources and develop guidelines and tools for use by perioperative personnel; these are discussed in more detail in the following sections.

The Centers for Medicare & Medicaid Services

The CMS is a department of Health and Human Services and provides government-subsidized medical coverage through Medicare, Medicaid, and the State Children's Health Insurance Program.⁴ The CMS is also responsible for compliance with the Health Insurance Portability and Accountability Act.⁵

The CMS developed Conditions of Participation (CoPs) as standards of care to be met by hospitals and ambulatory surgery centers (ASCs) to participate in CMS programs.⁶ These standards provide the foundation for improving quality of care and protecting patients. In 2016, CMS updated the CoPs to focus on infection control programs and the use of antibiotics. Under these CoPs, hospital personnel are required to develop facilitywide infection prevention and control programs to reduce the inappropriate use of antibiotics and to decrease HAIs.^{8,9} Currently, CMS is focusing on the incidence of methicillin-resistant Staphylococcus aureus and Clostridium difficile infections for determining facility penalties. 10 The CMS is also focusing on conditions that can develop during a hospital stay (eg, central line-associated bloodstream infections [CLABSIs], catheter-associated urinary tract infections [CAUTIs]).11

The CMS surveyors are taking a close look at specific infection control practices such as hand hygiene, safe medication-injection practices, environmental cleaning, device reprocessing, and laundering. Surveyors may review a facility's sterilization and high-level disinfection policies to determine whether they are written according to current standards and guidelines as recommended by professional associations such as AORN, the CDC, and APIC. 12

The Occupational Safety and Health Administration

Congress created OSHA to ensure safe working conditions by enforcing standards and providing training and education to minimize hazardous environments, reduce injuries, and ensure safe patient handling. Examples of standards include

- the bloodborne pathogens standard, which provides guidance on how to protect workers against the transmission of infectious agents through exposures to blood, body fluids, and other infectious material;²
- the respiratory protection standard, which provides guidelines to protect workers from exposure to transmissible infection by contact, droplet, and airborne routes;¹³ and
- the Mycobacterium tuberculosis compliance directive, which provides techniques for protecting employees against exposure to tuberculosis.¹⁴

The Centers for Disease Control and Prevention

In addition to worldwide tracking of disease outbreaks, responding to health emergencies, and conducting research, the CDC focuses on the surveillance, prevention, and control

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