

**NORTH MEMORIAL AMBULATORY SURGERY CENTER AT MAPLE GROVE (NMACSMG)  
INFECTION PREVENTION & CONTROL PLAN  
2018**

**Mission**

The mission of the infection prevention, surveillance and control program is in the prevention and control of infections to promote the well-being of patients, healthcare workers, and visitors through a commitment to excellent and respectful patient care, effective use of resources and continuous improvement.

**Goals**

The goals of the program are:

- Identify and evaluate healthcare associated infections by:
  1. Identify expected and unexpected infections early and implement appropriate interventions when they occur
    - Identifying infections present at the time of a patient admission
    - Identifying patients who may be referred with a healthcare acquired infection that was not known at the time of transfer or referral.
    - Limiting staff, patients and visitors who are ill.
  2. Analyze practices that have the potential to affect the rate of healthcare acquired infections:
    - Hand Hygiene Compliance
    - Respiratory Hygiene
    - Sterilization Practices
    - Environment of Care practices
  3. Institute changes as needed to reduce the health care acquired infections, including but not limited to:
    - Limiting unprotected exposure to pathogens throughout the organization
    - Enhancing hand hygiene and control measures that have the potential to affect facility acquired infections
  4. Develop communication systems with all staff, patients, families and visitors about infection, prevention & control issues, including their responsibilities in preventing the spread of infection within the surgery center.
  5. Maintain awareness and working knowledge of guidelines and recommendations that are published to provide current and evidence-based infection prevention & control practices. Provide education to employees, staff, patients, and visitors

6. Provide appropriate employee health screening, counseling and follow-up and guidelines for staff and others who have the potential for exposure to communicable infectious diseases, or have been exposed to or have such a disease.

### **Infection Prevention & Control Authority and Responsibility**

The Infection Prevention & Control Practitioner has the authority to institute any surveillance, prevention or control measures when there is reason to believe that any patient, personnel or visitor may be in danger. This authority and responsibility includes, but may not be limited to:

- Develop and implement a preventive program designed to minimize infection hazards.
- Develop a system for identifying, reporting and analyzing the incidence and causes of healthcare acquired infections.
- Review and approve all policies and procedures related to infection prevention, surveillance and control activities in all departments/services.
- Determine when isolation precautions, barrier precautions, or environmental precautions are required, and implement these processes.
- Promote the application of organizational policies relating to infection prevention & control involving, but not limited to, isolation procedures and techniques, sterilization procedures, the safe disposal of infectious or contaminated wastes, and prevention of cross-infection through equipment use.
- Develop and implement a system for surveillance and control of infections, identifying, reporting, and analyzing clusters of infections, outbreaks, sentinel events, and emerging pathogens.
- Coordinate with the public health department and other appropriate governmental and regulatory agencies for the reporting, investigation and prevention of infections.

### **Risk Assessment and Prioritization of Goals**

The IP professional, in collaboration with NMASCMG leaders, identifies risks for transmitting and acquiring infectious agents throughout the facility based on the factors listed below. The IP&C Professional will develop a risk assessment at least annually or whenever significant changes occur. Consideration will be given to those issues, which are high risk, high volume, problem prone, new techniques, or related to emerging or reemerging trends. The IP&C professional in collaboration with NMASCMG leaders will develop action plans to address these issues. The factors that are addressed in the risk assessment include at a minimum:

1. Geographic Location and Community Environment
  - NMASCMG provides services through out the region serving primarily Hennepin County, Wright County and Anoka County.
2. Characteristics of The Population Served:

- NMASCMG, serves a middle to upper class community with some diversity.
- NMASCMG's service area is noted to be low risk for TB

3. Analysis of NMASCMG'S Infection, Prevention & Control Data:

- The surveillance data from surgical and endoscopy procedures, and all other IP&C incidents are reviewed quarterly.

4. Care, Treatment and Services Provided:

- Ambulatory Surgery, Endoscopy, and Pain Clinic.
- High risk, high volume services are assessed for surveillance.

In addition to the risks to patients for health care acquired infections, healthcare workers face the possibility of exposure to the following:

- Blood Borne Pathogen disease by means of mucous membrane, cutaneous and parental exposure
- Active pulmonary tuberculosis
- Communicable diseases
- Exposure to multi-drug resistant organisms, such as Methicillin Resistant Staphylococcus Aureus(MRSA), Vancomycin Resistant Enterococci (VRE), to name a few

Employee Health

- NMASCMG provides a safe working environment for employees through the coordination of IP and Employee Health to identify potentially infectious or work environment conditions that may pose a risk to staff.

Emergency Preparedness

- NMASCMG prepares and provides policies for a potential internal or external emergency.

**Surveillance Process**

Data is collected, reviewed, analyzed and presented to Infection Control Committee, QI committee and to the Board of Directors.

The surveillance plan is based upon the annual risk analysis review. Infection surveillance is targeted toward high –risk areas, such as surgical procedures.

The surveillance plan focuses upon epidemiologically significant microorganisms (MRSA, VRE), targeted surgical site infections, communicable disease reporting and employee health surveillance. It also includes monitoring of important preventive processes, such as hand hygiene compliance and the appropriate use of antibiotics for surgical populations. Additional surveillance data maybe received from other areas relative to infection prevention and related issues.

Infection control data is reviewed over time to determine the effectiveness of interventions which will be redesigned, as necessary.

### **Problem Identification and Performance Improvement**

Infection prevention and control issues are investigated by the Infection Control Preventionist and QUALITY Infection control Committee. When indicated, immediate action is taken as necessary to ensure patient and health care worker safety. Findings will be discussed at the Quality Assurance Infection control Committee Meetings and presented to the involved departments as appropriate. Measures will be instituted as approved by the committee to correct identified problems, and follow up planned to determine the effectiveness of actions taken. (See QAPI Program for process).

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- Develop and implement a system for surveillance and control of infections, identifying, reporting, and analyzing clusters of infections, outbreaks, sentinel events, and emerging pathogens.
- Coordinate with the public health department and other appropriate governmental and regulatory agencies for the reporting, investigation and prevention of infections.
- Provide a written Annual report evaluating goals of the Program
- A Risk Assessment of the Infection prevention and Control program is performed annually.
- Develop a written Infection Prevention and Control Plan and update annually (and on as needed basis).