

# **NORTH MEMORIAL AMBULATORY SURGERY CENTER AT MAPLE GROVE (NMASCMG)**

## **INFECTION PREVENTION & CONTROL PLAN**

### **2025**

#### **Purpose**

The mission of the North Memorial Ambulatory Surgery Center's infection control program is to provide health care services while adhering to safe practices for patients, staff, and all others. The infection control program is designed to prevent and control infections and communicable diseases and provide a safe and sanitary environment for care.

The infection prevention program objectives are supported by:

- Ongoing risk assessment
- NMASCMG annual quality plan
- Regulatory and legislative body requirements

The information obtained from surveillance is used to improve patient care on a continuous and ongoing basis through quality initiatives. The infection identification analysis, monitoring, and evaluation activities are based on nationally recognized systems and best practice guidelines (AORN, APIC, AAMI, SGNA, ASPAN, MN DOH requirements). The NMASCMG benchmarks the surveillance findings internally and externally.

#### **Goals**

The goals of the Infection Prevention Program include reduction of surgical site infections, implementation of best practices to minimize infection risk, reduction of healthcare costs associated with surgical site infections and provide to a safe work environment.

#### **Scope**

The Infection Prevention Program is an integral component of the Quality Program at NMASCMG. The Infection Prevention Program is directed by the QAPI and Regulatory Compliance RN and supported by the Quality Committee, Executive Director, and the Board of Governors. The NMASCMG Quality Committee oversees the Infection Prevention Program, reviews, and approves the Infection Prevention Plan for surveillance and department activities, and brings clinical expertise to evaluate data and make recommendations for action. At least annually the Quality Committee evaluates, revises as necessary and approves the Infection Prevention Plan. Once approved by the Quality Committee, the Board of Governors is presented with the plan. Biannually and as needed, the Infection Control policies and procedures are reviewed and revised.

The QAPI RN is responsible for the Infection Prevention Program. The scope of this responsibility is:

- Development, implementation, and evaluation of measures governing the identification, investigation, reporting, prevention, and control of health care and community associated infections and communicable diseases within the ASC.
- Monitoring of surveillance tools, collection of data, analysis and reporting of results and assessment of outcomes.
- Design and direction of activities of the Infection Prevention Program, in collaboration with the Quality Committee, Executive Director, and the Board of Governors.
- Intervene in areas of problems within the ASC using knowledge to help decrease the risk of infection to patients and team members.

- Interact with patients as needed.
- Interact and support the NMASCMG team to reduce the risk of infection and promote a sanitary environment.
- Institute, review, and update Infection Prevention policies and procedures as needed.
- Educate team members on the occupational risk of infection and their responsibility for prevention and control measures. Provide new hire and annual Infection Prevention education.
- Provide 1:1 team member feedback and coaching as needed during rounding.
- Support team member health:
  - New hire assessment
    - Evaluate immunization status and offer vaccinations for infectious diseases
  - Investigate occupational and communicable disease
  - Provide referrals for assessment, testing, immunization and/or prophylaxis treatment, counseling and work restrictions for team member exposed to infectious disease or blood borne pathogens.
  - Provide annual flu shot clinic and TB screening
- Attend ongoing education and training to remain knowledgeable of principles of infectious disease, sterilization, and disinfection and sanitation practices.

### **Surveillance Process**

Data collection for infection surveillance and communicable diseases is conducted by the QAPI RN. The methods of data collection are 30- and 90-day surveillance queries to each surgeon for SSI's, complications, hospital admissions, or implant infections/complications. Data is also collected by microbiology lab reports, patient satisfaction survey comments, post-operative phone calls, notification from other infection preventionists in the Metro area. Infection prevention is responsible for investigating, analyzing, and reporting findings from Infection surveillance and recommend improvements to improve patient care outcomes.

- Implementation
  - Direct observational environmental audits
  - 30- and 90-day physician queries
  - Direct observation of infection prevention policy and procedure compliance
  - SPD/IUSS audits/Tray Returns
  - Direct observational hand hygiene compliance

### **Evaluation for Effectiveness**

Annually and whenever significant changes occur; the QAPI RN will complete a risk assessment which is used to revise strategic goals as necessary. All proposed changes are brought forward to the Quality Committee for approval and then sent on to the Governing Board. Annually the Infection Prevention Program will be evaluated for its effectiveness in its goal to reduce SSIs in the ASC. Data collection from the previous year will be used in this evaluation along with benchmarking the ASC internally and externally. The results of the risk assessment and evaluation will be integrated into ASC quality improvement initiatives.

#### **Summary of Services and Quality Improvement Initiatives in 2024**

| <b>Title</b>  | <b>Risk Assessment</b> | <b>Goal</b>  | <b>Year-End Status</b>   |
|---------------|------------------------|--|--|
| Flu Vaccine   | MOD                    | Decrease the number of team members infected with the seasonal flu virus | The flu clinic was successfully offered in November of 2024. 60 out of 98 team members were either vaccinated at the ASC or elsewhere (or no report was shared with employee health). The vaccination rate was 61%, which was higher than last years 55% |
| SSI's         | Mod                    | Decrease SSI's   | Our goal was to be $\leq 1.1000$ . We achieved this goal with 0.5:1000 Data was obtained from physician queries, patient satisfaction reports, and post op phone calls.  |
| Sterilization | High                   | Monitor Tray Returns/  | Going to have independent review from STERIS in 2025 to check for strengths and weaknesses.  |
| Hand Hygiene  | High                   | Monitor/Educate  | 2024 our goal was to achieve 90% hand hygiene compliance from NMASCMG team members. We achieved only 85% compliance  |
| Normothermia  | High                   | Monitor  | Our goal was to achieve 97% of patients temperature greater or equal to 96.8 withing first 15 minutes of PACU. We achieved 99% compliance.   |

**Plan for Surveillance and Outcome Monitoring in 2025**

| <b>Surveillance Indicator</b>     | <b>Measurement Source</b>        | <b>Benchmark</b>                                      | <b>Reported To</b>                               |
|-----------------------------------|----------------------------------|---|--|
| SSI's                             | Surveillance                     | ≤ 1.1:1000  | QAPI, Board of Governors, External SMP benchmark |
| Team Member Influenza Vaccination | Annual program and participation | No benchmark, internal target based on previous years | QAPI, Board of Governors                         |
| Hand Hygiene                      | Observations                     | Benchmark 90%   | QAPI, Board of Governors, External SMP benchmark |
| Tray Return's in SPD              | Observation/reporting            | No benchmark  | QAPI, Board of Governors                         |
| Normothermia                      | Report Run from EPIC             | 97% Compliance  | QAPI, Board of Governors, ASCQR                  |

**Attachment**

Annual Risk Assessment