KEEPING TABS—STAY UP TO DATE ON EVOLVING ASC INFECTION CONTROL STRATEGIES

Vanessa Sindell, MSN, BSN, RN

In an environment of ever-increasing scrutiny of infection control practices, it is important that ambulatory surgery center (ASC) leaders stay up to date. Maintaining compliance with current infection control regulations allows ASCs to successfully complete a Medicare survey while providing the best care possible to their patients.

In recent infection control news, there has been a focus on antimicrobial stewardship, decontamination and sterilization of ophthalmic instruments, and the new certified ambulatory infection preventionist (CAIP) certification for ASC nurses. Below is the latest news in each of these areas.

ANTIBIOTIC STEWARDSHIP

According to the Centers for Disease Control and Prevention (CDC), antibiotic resistance is estimated to lead to 2 million infections and 23,000 deaths per year in the United States. Antibiotics are among the most prescribed medications in the U.S., and it is estimated that 30% of all outpatient antibiotic prescriptions are unnecessary. The most modifiable risk factor for antibiotic resistance is inappropriate prescribing, including selection, dosing, duration, and unnecessary treatment.

Last year, the CDC published *Core Elements of Outpatient Antibiotic Stewardship*, which outlines its recommendations for antibiotic stewardship in outpatient settings. An antibiotic stewardship program is a systematic approach to tracking, auditing, reporting, and implementing change in an organization in an effort to reduce inappropriate prescribing of antibiotics. Awareness of antibiotic stewardship programs has reached a national level, and in 2017, Congress invested in the CDC's program to fight antibiotic resistance.

So how can ASC leaders further this effort? The CDC recommends having a clear, detailed antibiotic stewardship program in place and a designated person in the organization who will track the use of antibiotics. The program should be implemented by the facility's quality assurance and performance improvement (QAPI) committee, and it is recommended that the committee include the infection control coordinator, a pharmacist, and a physician to provide clinical judgment on the program and any interventions taking place.

The antibiotic stewardship program should review antimicrobial regimens on selected patients, paying close attention to appropriate indication, dose, preferred route, duration of therapy, drug interac-

tions, and potential for toxicity. The results of these reviews should be documented and reported to the governing body. In ophthalmology, there is little use of prophylactic antibiotic therapy. However, it is important that healthcare providers are engaged in this process and consistently monitor the use of antibiotics in their facility.

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STERILIZATION OF OPHTHALMIC INSTRUMENTS

Recently, ASCRS, OOSS, and AAO jointly released a new specialty-specific guideline for the sterile processing of ophthalmic instruments. This document is the result of a 3-year collaboration among these professional organizations and makes evidence-based recommendations regarding the use of enzymatic detergent and short-cycle steam sterilization.

Enzymatic detergent. The guideline does not support using enzymatic detergent when cleaning ophthalmic instruments, as it may increase the incidence of toxic anterior segment syndrome (TASS). It explains the lack of evidence showing any relation between the use of enzymatic detergent and reductions in TASS and/or endophthalmitis.

Short-cycle steam sterilization. The guideline does support the use of short-cycle steam sterilization. In particular, it is referring to an interruption of the dry cycle during sterilization. The document argues that no risk of infection has been established with this practice in either the literature or the study performed by these nationally recognized organizations. It is important to note that the Centers for Medicare and Medicaid Services (CMS) has not changed its language or position on immediate-use steam sterilization (IUSS) since its Aug. 29, 2014, "Survey and Certification Memorandum" regarding IUSS. It is yet to be seen how surveyors will respond in the field, and as ASC consultants, my colleagues and I still see surgery centers being cited for short-cycle steam sterilization.

NEW CAIP CERTIFICATION

In 2018, the Board of Ambulatory Surgery Certification introduced the new certified ambulatory infection preventionist (CAIP) credential. This certification is intended for licensed healthcare professionals interested in understanding the skills and knowledge required to be an ASC infection preventionist. This credential is the first of its kind that is specific to ambulatory surgery.

Certification is valid for three years upon completion of the exam and there is an annual fee to maintain certification. The exam consists of 150 multiple-choice questions on the following five major content areas:

- Infection prevention program development, implementation, and maintenance
- Infection prevention, education, and training
- Surveillance, data collection, and analysis
- Infection prevention strategies
- Instrument/equipment cleaning, disinfection, and sterilization

The most recent testing period was Oct. 1–31, 2018. More information can be found on the CAIP website (https://aboutcaip.org/). While Medicare requires ASCs to have a delegated nurse serve as the infection control coordinator, it currently does not require the nurse to be certified in infection prevention. However, Medicare does require annual education in infection control.

BE IN THE KNOW

With infection control practices continually evolving, make sure to stay in the know. This will help keep your ASC proactive—instead of reactive—to regulation changes, while keeping patients healthier when they are in your care.

Vanessa Sindell, MSN, BSN, RN (855-777-4272; Vanessa@pss4asc.com), is a senior consultant at Progressive Surgical Solutions, a division of BSM Consulting in Incline Village, Nev.