



PROGRESSIVE
SURGICAL SOLUTIONS
A DIVISION OF BSM CONSULTING




INFECTION CONTROL INVESTIGATION A CASE STUDY




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Objectives

-  Review the infection control component of the QAPI Program
-  Describe the steps of a postop infection investigation
-  Explore important considerations for a postop infection investigation and analysis



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CMS CfC: Infection Control

416.51 CfC: Infection Control

The ASC must maintain an infection control program that seeks to minimize infections and communicable disease.

Interpretive Guideline:

It should be comprehensive and effective



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Infection Control Program

CMS CfC require that the program includes:

- Provide a functional and sanitary environment for surgical services, to avoid sources and transmission of infection and communicable diseases;
- Be based on nationally recognized infection control guidelines;
- Be directed by a licensed healthcare professional with training in infection control;
- Be integrated into the ASC's QAPI program;



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Infection Control Program

CMS CfC require that the program includes:

- Be ongoing;
- Include actions to prevent, identify, and manage infections and communicable diseases; and
- Includes a mechanism to immediately implement corrective actions and preventative measures that improve the control of infection within the ASC.



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CMS CFC: Infection Control

416.51(b) Standard: Infection Control Program

The ASC must maintain an ongoing program designed to prevent, control, and investigate infections and communicable disease.

- (3) Responsible for providing a plan of action for preventing, identifying, and managing infections and communicable diseases and for implementing immediately corrective and preventative measures that result in improvement.



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Infection Control Plan of Action

This Plan should include:

- Maintenance of a sanitary environment
- Develop and implement infection control measures
- Mitigate risk associated with patient infections present upon admission
- Mitigate risks contributing to HAI
- Active surveillance



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Infection Control Plan of Action

This Plan should include:

- Monitor compliance with P&Ps, protocols
- Plan evaluation and revision of plan as indicated
- Coordination as required by law with federal , state and local emergency preparedness and health authorities to address communicable and infectious disease threats and outbreaks
- Compliance with reportable disease requirement of the local and State health authority



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Methods of Surveillance

System for actively identifying infections:

- Regular querying of surgeons through questionnaires
 - 30 days
 - 90 days
- Indications that the infection was associated with the patient's stay at the ASC
- Compliance with mandatory disease reporting as applicable



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Methods of Surveillance

System for actively identifying infections:

- Regular compliance surveillance of facility and staff
 - Infection Control Surveyor Worksheet
 - Audit/Surveillance Tools
 - Audit documentation of infection tracking- logs and questionnaires



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NHSN Surveillance

- Proactive surveillance vs. state reporting requirements
- Surveillance and investigations of SSI is proven to help reduce further SSIs
- Required reporting only includes certain procedures and must meet NHSN definitions
- Breast surgery has a different set of definitions for SSI
- Sample toolkit is provided in the NHSN OPC-SSI surveillance



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NHSN Definitions | Superficial Incisional SSI

- Occurs within 30 days
- Involves skin and sub-Q tissue of the incision
- **AND one** of the following:
 - Purulent drainage
 - Positive culture
 - Incision deliberately opened by surgeon and symptomatic
 - pain, tenderness, swelling, erythema or heat
 - Diagnosis of superficial SSI by physician



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NHSN Definitions | Deep Incisional SSI

- Occur within 30-90 days of surgery
- **AND** Involves deep soft tissue (fascial/muscle layers)
- **AND one** of the following:
 - Purulent drainage
 - Deep incision that spontaneously dehisces or is opened and culture positive and symptomatic
 - pain, fever, redness
 - An abscess or other evidence of infection involving the deep incision



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NHSN Definitions | Organ/Space SSI

- Occurs within 30-90 days
- **AND** Infection involves deeper than fascia/muscle layers
- **AND one** of the following:
 - Purulent drainage from a drain that is placed in the organ space
 - Culture positive
 - An abscess or other evidence of infection involving the organ space



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EVERY
infection
requires a
THOROUGH
investigation



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Infection Investigation

Gather Data



- Patient risk factors
- Preop antibiotics
- DOS
- Staff
- Hand hygiene
- Other patient risk factors
- Surgical order
- Anesthesia
- Medications
- IC practices

PREOP



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Infection Investigation

Gather Data



- OR
- Staff
- Visitors
- Irrigant, additives
- Medications
- Surgical equipment
- Surgical hand hygiene
- Antibiotics
- Surgical prep
- Technique breaks
- Hand hygiene

INTRAOP



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Infection Investigation

Gather Data



- Sterilizer
- IUSS
- Reusable equipment
- Staff
- Decontamination process
- Instrument tray, use of the day
- Process monitors BIs, chemical indicators, bowie-dick

STERILE PROCESSING



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Infection Investigation

Gather Data



- Medications
- Antibiotics
- Housekeeping
- C&S report
- Surgeon report
- Dressing
- Postop staff
- Staff illnesses/Immunization status
- Post op care
- Medical record
- Peer review
- Recent staff/Medical staff training on IC prevention and control of HAIs.

OTHER



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Infection Investigation

Analysis



- Trends
- Human factors
- Process factors
- Equipment issues
- Controllable factors/issues
- Uncontrollable factors/issues



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Infection Investigation

Action Plan



- For each factor/issue:
 - Opportunity for improvement
 - Plan for prevention or recurrence
- System changes to reduce the likelihood of human error
- Re-evaluation



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Infection Investigation

Reporting



- QAPI Committee, Governing Body
- Per State specific requirements



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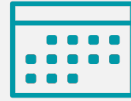
Case Study



OPHTHALMIC ASC



9 SSIs



IN 9 MONTHS



PSS conducted thorough investigation over 3 separate on-site visits

After investigation, there were many possible contributing factors to the infections



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Investigation Study Summary

	#1	#2	#3	#4	#5	#6	#7	#8	#9
Surgeon	Surgeon 1	Surgeon 2	Surgeon 3	Surgeon 4	Surgeon 5	Surgeon 6	Surgeon 7	Surgeon 8	Surgeon 9
MR #	#####	#####	#####	#####	#####	#####	#####	#####	#####
PC Number	F	F	F	M	M	M	M	F	F
Page	69	70	68	77	74	48	65	70	
Procedure	Right eye Cataract	Right eye Cataract	Right eye Cataract	Right eye Cataract	Right eye Cataract	Right eye Cataract	Right eye Cataract	Right eye Cataract	Right eye Cataract
DOS	1/8/18	1/15/18	1/16/18	2/8/18	2/14/18	2/14/18	2/27/18	2/27/18	3/29/18
Day	T	M	T	Th	M	M	M	M	Th
OR #	1	7	1	3	2	2	2	2	2
Total as in OR DOS	22	25	36	24	21	23	12	12	49
Case order	11	7	16	32	9	23	1	1	22
Surgeon/assistant	1/8/18	1/14/18	1/15/18	2/7/18	2/13/18	2/13/18	2/26/18	2/26/18	3/29/18
By whom?	Hospital/PC Col	Hospital/PC Col	Hospital/PC Col	Hospital/PC Col	Hospital/PC Col	Hospital/PC Col	Hospital/PC Col	Hospital/PC Col	Hospital/PC Col
Start	9:12 AM	8:12 AM	10:07 AM	12:28 PM	9:07 AM	1:25 PM	9:55 AM	1:04 PM	1:14 PM
End	9:22 AM	8:38 AM	10:17 AM	12:39 PM	9:20 AM	1:35 PM	10:05 AM	1:14 PM	1:21 PM
Surgeon	2	2	4	5	5	6	6	6	6
Surgeon Tech	ST 1	ST 2	ST 3	ST 1	ST 3	ST 4 ST 1	ST 5	ST 5	ST 5
Surgeon RN	RN 1	RN 1	RN 1	RN 1	RN 2	RN 1	RN 2	RN 3	RN 3
Anesthetist/Anesth	Anesth 1	Anesth 2	Anesth 3	Anesth 3	Anesth 4	Anesth 5	Anesth 6	Anesth 3	Anesth 3
Implanted IOL	IT 1	IT 1	IT 1	IT 1	IT 1	IT 1	IT 1	IT 1	IT 1
PCU RN	PCU RN 1	PCU RN 2	PCU RN 3	PCU RN 4	PCU RN 5	PCU RN 6	PCU RN 7	PCU RN 8	PCU RN 9
Prep made	Propofolamide, Phenylephrine, Tropicamide,	Propofolamide, Phenylephrine, Tropicamide,	Propofolamide, Phenylephrine, Tropicamide,	Propofolamide, Phenylephrine, Tropicamide,	Propofolamide, Phenylephrine, Tropicamide,	Propofolamide, Phenylephrine, Tropicamide,	Propofolamide, Phenylephrine, Tropicamide,	Propofolamide, Phenylephrine, Tropicamide,	Propofolamide, Phenylephrine, Tropicamide,
IOL # and exp date	Ciprotolone	Ciprotolone	Ciprotolone	Ciprotolone	Ciprotolone	Ciprotolone	Ciprotolone	Ciprotolone	Ciprotolone
Postop antibiotic	Ciprotolone	Ciprotolone	Ciprotolone	Ciprotolone	Ciprotolone	Ciprotolone	Ciprotolone	Ciprotolone	Ciprotolone
IOL # and exp date	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline	Baseline
Blow Prep	RN 1	RN 1	RN 1	RN 1	RN 2	RN 1	RN 2	RN 3	RN 3
By whom?	no	no	no	no	no	no	no	no	no
Mas a block used?	no	no	no	no	no	no	no	no	no
By whom?	no	no	no	no	no	no	no	no	no
IOL # and exp date	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Preparations	Lidocaine	Lidocaine	Lidocaine	Lidocaine	Lidocaine	Lidocaine	Lidocaine	Lidocaine	Lidocaine
IOL # and exp date	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Preparations	Healon GV	Healon GV	Healon GV	Healon	Healon	Healon	Amvisc	Healon	Healon
IOL # and exp date	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Preparations	Phaco 1	Phaco 1	Phaco 1	Phaco 1	Phaco 2	Phaco 1	Phaco 2	Phaco 2	Phaco 2
IOL # and exp date	PCBC00	MX00	PCBC00	PCBC00	MX00	PCBC00	MX00	MX00	MX00
Surgeon	21	21	21	21	21	23	19	20	20
Surgeon number	*****	*****	*****	*****	*****	*****	*****	*****	*****
Exp date	8/14/20	7/31/20	8/1/20	4/17/20	1/23/20	12/1/20	3/21/21	4/28/21	4/28/21
Day	NO	NO	NO	NO	NO	NO	NO	NO	NO
Use of DCS	First of day	First of day	Third Time	Fourth time	First of Day	Second of the Day	First of Day	Third Time	NO
Washed?	NO	NO	NO	NO	NO	NO	NO	NO	NO
Closed container?	YES	YES	YES	YES	YES	YES	YES	YES	YES
Sterile	YES	YES	YES	YES	YES	YES	YES	YES	YES
Biologics verified	YES	YES	YES	YES	YES	YES	YES	YES	YES
Chemicals verified	YES	YES	YES	YES	YES	YES	YES	YES	YES
Tags verified	YES	YES	YES	YES	YES	YES	YES	YES	YES
Handing	NO	NO	NO	NO	NO	NO	NO	NO	NO
SUDS	NO	NO	NO	NO	NO	NO	NO	NO	NO
Items	Purple Sp.4	Purple Sp.4	Purple Sp.5	Purple Sp.8	Purple Sp.1	Purple Sp.1	Purple Sp.10	Purple Sp.5	Purple Sp.5
Blades 0 times	YES	YES	YES	YES	YES	YES	YES	YES	YES
Blades 10 times	YES	YES	YES	YES	YES	YES	YES	YES	YES
Blades 19 times	YES	YES	YES	YES	YES	YES	YES	YES	YES
Blades 1 time	YES	YES	YES	YES	YES	YES	YES	YES	YES
Blades 10 times	YES	YES	YES	YES	YES	YES	YES	YES	YES
Blades 10 times	YES	YES	YES	YES	YES	YES	YES	YES	YES
Blades 10 times	YES	YES	YES	YES	YES	YES	YES	YES	YES
Blades 10 times	YES	YES	YES	YES	YES	YES	YES	YES	YES
Post op medications	Ipratropine	Ipratropine	Ipratropine	Ipratropine	Ipratropine	Ipratropine	Ipratropine	Ipratropine	Ipratropine
IOL # and exp date	Ciprotolone	Ciprotolone	Ciprotolone	Ciprotolone	Ciprotolone	Ciprotolone	Ciprotolone	Ciprotolone	Ciprotolone
Post op antibiotics	Ciprotolone	Ciprotolone	Ciprotolone	Ciprotolone	Ciprotolone	Ciprotolone	Ciprotolone	Ciprotolone	Ciprotolone
IOL # and exp date	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Prep instructions	YES	YES	YES	YES	YES	YES	YES	YES	YES
HR included?	YES	YES	YES	YES	YES	YES	YES	YES	YES
Is identified PFOA	NO	NO	NO	NO	NO	NO	NO	NO	NO
Cultured?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Antibiotics	NO	NO	NO	NO	NO	NO	NO	NO	NO
Organism	NO	NO	NO	NO	NO	NO	NO	NO	NO
Med office	Office 1	Office 2	Office 3	Office 3	Office 2	Office 4	Office 4	Office 5	Office 5
Sterilization times	4:00	4:00	4:01	4:01	4:00	4:00	4:00	4:00	4:00
Embused	1:11:52	1:11:51	1:53	1:50	3:31:31	3:35	2:47:47	2:47:47	2:47:47
Total	47:58	49:32	19:32	14:59	1:03	18:23	36:18	35:18	35:10
PC Considerations	Hypertension	DM	DM	DM	DM	DM	DM	DM	DM
Preparations	Flomax	Hypothyroid	Pterygia	Hypertension	Hypertension	Rheumatoid Arthritis	Dry Eye	DM	COPD



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Findings Recommendations Follow Up	
<p>1</p> <p>FINDING</p> <ul style="list-style-type: none"> ▪ Multiple repairs on OR doors and air ducts ▪ History of HVAC issues in 3rd OR ▪ Air balance testing 	<p>RECOMMENDATION & FOLLOW UP</p> <ul style="list-style-type: none"> ▪ Annual air balance testing <p>FOLLOW UP VISIT</p> <ul style="list-style-type: none"> ✓ Last documented air balance testing was in 2009

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Findings Recommendations Follow Up	
<p>2</p> <p>FINDING</p> <ul style="list-style-type: none"> ▪ Only 1 prevac sterilizer to service 3 ORs ▪ Chronic operational issues ▪ Multiple onsite repairs 	<p>RECOMMENDATION & FOLLOW UP</p> <ul style="list-style-type: none"> ▪ Reliability of sterilizer during months with infections ▪ Additional sterilizer installed ▪ Old sterilizer rebuilt <p>FOLLOW UP VISIT</p> <ul style="list-style-type: none"> ✓ Quarterly PM ✓ Continued performance issues

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Findings Recommendations Follow Up	
<p>3 FINDING</p> <ul style="list-style-type: none"> ▪ Tap water used for decontamination ▪ New washer sterilizer purchased but not in use ▪ “Critical Water” 	<p>RECOMMENDATION & FOLLOW UP</p> <ul style="list-style-type: none"> ▪ “Critical Water” must be used ▪ Sterilizer specifications for functioning properly ▪ RO system in Soiled Utility <p>FOLLOW UP VISIT</p> <ul style="list-style-type: none"> ✓ Soft water confirmed going to sterilizer ✓ Washer has water treatment system ✓ Tap water still used for decontamination

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Findings Recommendations Follow Up	
<p>4 FINDING</p> <ul style="list-style-type: none"> ▪ New closed container system put into use without sufficient training ▪ Container systems not vented, which increased dry time ▪ Took time to determine required sterilization cycle time ▪ Moisture noticed at the bottom of the trays by SPD staff 	<p>RECOMMENDATION & FOLLOW UP</p> <ul style="list-style-type: none"> ▪ Vented containers vs. non-vented ▪ QI study to evaluate appropriate cycle time <p>FOLLOW UP VISIT</p> <ul style="list-style-type: none"> ✓ No new vented containers ✓ Total cycle time determined ✓ More instruments instead of different containers

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Findings Recommendations Follow Up	
<p>5 FINDING</p> <ul style="list-style-type: none"> ▪ Staffing of techs for SPD and ORs ▪ 1 dedicated to instrument processing ▪ Surgical techs in OR assist in SPD, but are not adequately inserviced 	<p>RECOMMENDATION & FOLLOW UP</p> <ul style="list-style-type: none"> ▪ SPD should be staffed with two techs ▪ Cross-training of tech staff <p>FOLLOW UP VISIT</p> <ul style="list-style-type: none"> ✓ Second SPD tech hired ✓ Some cross-training

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Findings Recommendations Follow Up	
<p>6 FINDING</p> <ul style="list-style-type: none"> ▪ Inadequate postop infection surveillance, reporting and investigation ▪ Inaction on part of Administrator 	<p>RECOMMENDATION & FOLLOW UP</p> <ul style="list-style-type: none"> ▪ Provide new IC program ▪ Training of medical and facility staff <p>FOLLOW UP VISIT</p> <ul style="list-style-type: none"> ✓ Customization of new program ✓ Review and implementation

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Findings Recommendations Follow Up	
<p>7</p> <p>FINDING</p> <ul style="list-style-type: none"> ▪ No peer review of infections ▪ Inadequate leadership 	<p>RECOMMENDATION & FOLLOW UP</p> <ul style="list-style-type: none"> ▪ Provide peer review program <p>FOLLOW UP VISIT</p> <ul style="list-style-type: none"> ✓ Customization of new program ✓ Review and implementation

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Findings Recommendations Follow Up	
<p>8</p> <p>FINDING</p> <ul style="list-style-type: none"> ▪ Construction in third OR ▪ IC plan supposedly submitted to the State 	<p>RECOMMENDATION & FOLLOW UP</p> <ul style="list-style-type: none"> ▪ Construction may not be a factor ▪ Need to track down IC plan submitted to the State <p>FOLLOW UP VISIT</p> <ul style="list-style-type: none"> ✓ IC plan found and confirmed submittal to State ✓ No evidence specific procedures were followed during construction

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Findings Recommendations Follow Up	
<p>9 FINDING</p> <ul style="list-style-type: none"> ▪ Always room for improvement for hand hygiene ▪ Lack of ABHR dispensers ▪ Manufacturer's IFUs for surgical hand antisepsis 	<p>RECOMMENDATION & FOLLOW UP</p> <ul style="list-style-type: none"> ▪ Install additional ABHR dispensers ▪ Inservice staff on manufacturer IFUs for surgical hand antisepsis ▪ Ongoing monitoring and surveillance <p>FOLLOW UP VISIT</p> <ul style="list-style-type: none"> ✓ No additional ABHR dispenser installed ✓ Needs more reinforcement of proper hand hygiene

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Findings Recommendations Follow Up	
<p>10 FINDING</p> <ul style="list-style-type: none"> ▪ Surgical prep needs to be reevaluated ▪ Person performing prep, routinely wipes prep off 	<p>RECOMMENDATION & FOLLOW UP</p> <ul style="list-style-type: none"> ▪ Discontinue use of betadine swabs ▪ Implement new prep kit and inservice staff <p>FOLLOW UP VISIT</p> <ul style="list-style-type: none"> ✓ Integrate surgical prep into back table pack ✓ Need to standardize and inservice

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Findings Recommendations Follow Up	
<p>11 FINDING</p> <ul style="list-style-type: none"> ▪ OR door left open ▪ Unable to maintain environmental standards 	<p>RECOMMENDATION & FOLLOW UP</p> <ul style="list-style-type: none"> ▪ OR door must be kept closed ▪ OR traffic should be kept to a minimum <p>FOLLOW UP VISIT</p> <ul style="list-style-type: none"> ✓ OR doors remain open at inappropriate times

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Findings Recommendations Follow Up	
<p>12 FINDING</p> <ul style="list-style-type: none"> ▪ Reusable blades used ▪ System for tracking number of uses inadequate 	<p>RECOMMENDATION & FOLLOW UP</p> <ul style="list-style-type: none"> ▪ Start with new blades each day <p>FOLLOW UP VISIT</p> <ul style="list-style-type: none"> ✓ Blades disposed after 10 uses ✓ Adequate tracking

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Findings Recommendations Follow Up	
<p>13 FINDING</p> <ul style="list-style-type: none"> ▪ Lack of effective and competent leadership ▪ No proper response to reported infections ▪ Facility program is substandard ▪ Quality program is imperative 	<p>RECOMMENDATION & FOLLOW UP</p> <ul style="list-style-type: none"> ▪ Provide new facility program ▪ Orient facility leadership and work on implementation <p>FOLLOW UP VISIT</p> <ul style="list-style-type: none"> ✓ Continue to work on new program ✓ Review and implementation

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Findings Recommendations Follow Up	
<p>14 FINDING</p> <ul style="list-style-type: none"> ▪ Mismanagement resulted in anxiety and insecurity of staff ▪ Counterproductive to a culture of safety 	<p>RECOMMENDATION & FOLLOW UP</p> <ul style="list-style-type: none"> ▪ Opportunity to embrace culture of safety ▪ Review best practices <p>FOLLOW UP VISIT</p> <ul style="list-style-type: none"> ✓ Nothing done ✓ New Administrator hired

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Investigation Outcome




NO
direct cause
and effect
relationship



Multitude
of **potential**
contributing
factors




Standardization,
education
and oversight
of the ORs



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Conclusions

- ✓ Ongoing surveillance
- ✓ Thorough investigation
- ✓ Peer review
- ✓ Internal and external reporting
- ✓ Investigations may build on each other



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References

- National Healthcare Safety Network. (2021, January). *Outpatient Procedure Component Surgical Site Infection (OPC-SSI) Surveillance*. Retrieved from <https://www.cdc.gov/nhsn/pdfs/opc/opc-ssi-protocol-current-508.pdf>
- Centers for Medicare and Medicaid Services. (rev 2020, February 20). *State Operations Manual Appendix L – Guidance for Surveyors: Ambulatory Surgery Centers*. Retrieved from https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_l_ambulatory.pdf



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Questions?



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INFECTION CONTROL: INFECTION PREVENTION & INVESTIGATION

SURGICAL SITE INFECTION (SSI)

The following resources help healthcare facilities prevent and control the incidence of surgical site infections.

Part of CDC's work is the development and dissemination of public health guidance based on the best available information. CDC is committed to reviewing and updating their Guidelines Library (link below) to ensure that they provide up-to-date, practical, and effective public health recommendations.

- [CDC: Surgical Site Infection Guidelines](#)
- [CDC: Infection Control Guidelines Library](#)
- [CDC: SSI FAQ | Patient Information](#)

The CDC's National Healthcare Safety Network (NHSN) has definitions and reporting instructions for Surgical Site Infection (SSI) Surveillance. There are some states that mandate SSI reporting to NHSN including, Colorado, Massachusetts, Nevada, New Hampshire, New Jersey and Texas. Click here for Surveillance for SSI Events - Resources for NHSN users.

- [CDC National Healthcare Safety Network \(NHSN\)](#)
- [CDC: NHSN Surveillance for Surgical Site Infection \(SSI\) Events - Resources for enrolled users](#)

The Joint Commission's Implementation Guide for NPSG.07.05.01 on Surgical Site Infections (link below) will provide guidance to health care organizations implementing the National Patient Safety Goal (NPSG) on surgical site infections (SSIs).

- [The Joint Commission's Implementation Guide for NPSG.07.05.01 on Surgical Site Infections: The SSI Change Project](#)

[Infection Control Today](#) put out a special report, SSI Prevention: Back to Basics, that summarizes the basics of surgical site infection (SSI) prevention and control, including reviewing the burden of SSIs, risk factors and risk management, components of SSI prevention, plus current recommendations from clinical guidelines.

- [Infection Control Today: Getting Back to Basics in the OR Through Evidence-Based Practice](#)

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Operations/Infection Control/Infection Prevention & Investigation

SSI PREVENTION AND INVESTIGATION TOOLKITS

- [PSS | SSI Investigation Toolkit](#)
- [Quality Improvement Organizations | SSI Prevention Toolkit](#)


EYE PREP

We constantly get questions about what to use for an eye prep for patients who have an allergy to betadine. Unfortunately there are no real perfect alternatives but here are some.

1. Instill Tetracaine in operative eye
2. Instill broad spectrum antibiotic eye drop in operative eye, per surgeon preference
3. Prep the lids, lashes, etc. with ([TheraTears SteriLid Eyelid Cleanser](#))
 - Another option that facilities use is ([OCuSoft Lid Scrub](#))
4. [ASORN Recommended Practices Presurgical Periocular Scrub](#)

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Operations/Infection Control/Infection Prevention & Investigation

CLICK LINKS BELOW TO DOWNLOAD


- CDC/NHSN Surgical Site Infection (SSI) Event 2021
- National Healthcare Safety Network (NHSN) Surgical Site Infection (SSI) Surveillance
- Preoperative Skin Cleansing Focused on Patient Compliance
- Postop Infection Investigation Summary
- Postop Infection Investigation Summary: RETINA
- Postop Infection Investigation Summary: TASS
- Patient FAQ: Surgical Site Infections
- Patient Infographic: Preventing Surgical Site Infections

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Continued Education




1 CE CONTACT HOUR PER
RN ATTENDEE.
1 AEU PER **CASC**
ATTENDEE.
1 ICPH PER **CAIP**
ATTENDEE



COMPLETE COURSE
EVALUATION SENT VIA
EMAIL
BY FRIDAY 5/7.




ALLOW 2 WEEKS FOR
PROCESSING OF YOUR
CERTIFICATE.



ANY QUESTIONS
REGARDING CE CREDIT,
CONTACT
LYN@PSS4ASC.COM

Licensed nurses and CASC credentialed participants are eligible for 1.0 CE Contact Hour, 1.0 AEU Credit or 1.0 ICPH Credit. Progressive Surgical Solutions, division of BSM Consulting is approved by the California Board of Registered Nurses, Provider #17435 and BASC, Provider #1016.



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Join our Private Facebook Group

A place to connect, support, and network
with other ASC managers all over the country

www.facebook.com/groups/ascmanagers/



The screenshot shows the Facebook group page for "ASC Nurse Managers and Administrators". The page header includes the group name, a search bar, and navigation options like "Courtney", "Home", and "Create". The main content area features a large graphic with the text "ASC NURSE MANAGERS" and the tagline "CONNECT | SUPPORT | GROW". To the right of the graphic is a photo of a person wearing a surgical cap and mask. Below the graphic are buttons for "Joined", "Notifications", "Share", and "More". A sidebar on the left lists various group features like "About", "Discussion", "Announcements", "Members", "Events", "Photos", "Files", and "Group Insights".



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SAVE THE DATE

ASC NURSE | LEADERSHIP CONFERENCE

MARCH 3-4 · 2022 | DALLAS, TX


WWW.ASCNURSELEADERSHIP.COM

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The 2021 Webinar Line Up!

DATE	🕒	CE	WEBINAR TOPIC	SPEAKER
May 24	20 min		How to Run a Governance/QAPI Meeting	Debra Stinchcomb
June 18	60 min	RN, CASC	Life Safety Risk Assessment What is it and What is Required	John Crowder, Jr.
July 26	20 min		How to Make a Performance Appraisal Effective	Regina Boore
August 27	60 min	RN, CASC	Problem Employees How to Manage, How to Win	Abtin Mehdizadegan
September 27	20 min		Customer Service in the ASC Enhancing the Patient Experience	Laurie Brown
October 29	60 min	RN, CASC	Credentialing Review	Crissy Benze
November 29	20 min		Annual Survey Watch Report	Vanessa Sindell
December 17	60 min		TBD	

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