

The Surveyors are in the lobby; survey readiness and survival tips

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MHA IP Bootcamp 2024

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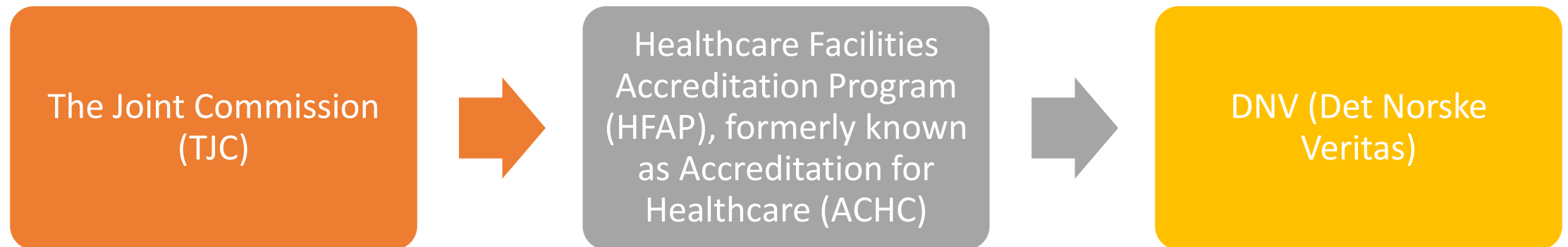
Disclosure of Conflicts of Interest

- Barbara DeBaun, MSN, RN, CIC is a clinical consultant to:
 - Magnolia Medical
 - SplashBlocker

Survey Readiness



Group discussion



Or is it...

Local: County/State



Centers for
Medicare &
Medicaid Services
(CMS)

Why are they here?

- Response to a complaint
- Scheduled survey
- Follow-up survey
- Other





Breathe



Organize
what they
will want
to see



Infection Prevention & Control
Department of Epidemiology

The Joint Commission Notebook

Table of Contents

- I. Infection Prevention & Control Committee
- II. Annual Program Plan
- III. Annual Infection Prevention and Control Risk Assessment (ICRA)
- IV. Annual Action Plan in Response to Risk Assessment
- V. Annual Appraisal
- VI. Annual TB Facility Risk Assessment
- VII. Influenza
- VIII. Healthcare-Associated Infection Surveillance

CMS Hospital Infection Control Worksheet

Section 4.E. Point of Care Devices (e.g. Blood Glucose Meter, INR Monitor)				
Elements to be assessed		Surveyor Notes		Surveyor Notes
Point of care devices are used in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following:				
Note: One observation to be completed. If possible make a second observation in a different patient care area in the hospital.			<input type="checkbox"/> Second observation not available (If selected, questions 4.E.1 – 4.E.4 RIGHT column will be blocked)	
4.E.1 Hand hygiene is performed before and after the procedure.	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.E.2 Gloves are worn by healthcare personnel when performing the finger stick procedure to obtain the sample of blood, and are removed after the procedure (followed by hand hygiene).	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.E.3 Finger stick devices are not used for more than one patient. Note: This includes both the lancet and the lancet holding device.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to observe		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to observe	
4.E.4 If used for more than one patient, the point-of-care testing device (e.g., blood glucose meter, INR monitor) is cleaned and disinfected after every use according to manufacturer's instructions. Note: if manufacturer does not provide instructions for cleaning and disinfection, then the device should not be used for >1 patient.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If no to any of 4.E.1 to 4.E.4, cite at 42 CFR 482.42(a) (Tag A-0749)				

Involve others in readiness

Section 2.D. Environmental Services		
Elements to be assessed		Surveyor Notes
Environmental service are provided in a manner consistent with hospital infection control policies and procedures to maximize the prevention of infection and communicable disease including the following: For some questions an observation may not be		
2.D.1 During environmental cleaning procedures, personnel wear appropriate PPE to prevent exposure to infectious agents or chemicals (PPE can include gloves, gowns, masks, and eye protection).	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
2.D.2 Environmental surfaces in patient care areas are cleaned and disinfected, using an EPA-registered disinfectant on a regular basis (e.g., daily), when spills occur and when surfaces are visibly contaminated. Note: High-touch surfaces (e.g., bed rails, over-bed table, bedside commode, lavatory surfaces in patient bathrooms) are cleaned and disinfected more frequently than minimal-touch surfaces.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	
2.D.3 After a patient vacates a room, all visibly or potentially contaminated surfaces are thoroughly cleaned and disinfected and towels and bed linens are replaced with clean towels and bed linens.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unable to observe	

EVENT	PROBABILITY OF OCCURRENCE <i>(How likely is this to occur)¹</i>				RISK LEVEL OF FAILURE <i>(What would be the most likely)²</i>				POTENTIAL CHANGE IN CARE <i>(Will treatment/care be needed for resident/staff)³</i>				PREPAREDNESS <i>(Are processes in place and can they work)⁴</i>			Jewish Home & Rehab Center SNF YEAR: <u>2022</u>
	High	Med	Low	None	Life Threatening	Permanent Harm	Temp Harm	None	High	Med	Low	None	Poor	Fair	Good	
Score	3	2	1	0	3	2	1	0	3	2	1	0	3	2	1	RISK LEVEL Add rankings (score of 8 or > are considered highest priority for improvement efforts)
<i>Example: Lack of Communication with Transferring Facility</i>		2					1			2					1	6
Facility Associated Infections																
MDRO - MRSA																
MDRO - CRE																
MDRO - VRE																
MDRO - ESBL																
MDRO - C. Diff.																
Other Acute Urinary Tract Infection																
COVID																
URI																
LRI																
Scabies																

Focus on your Infection Control Risk Assessment

You may know more about
infection prevention than they do



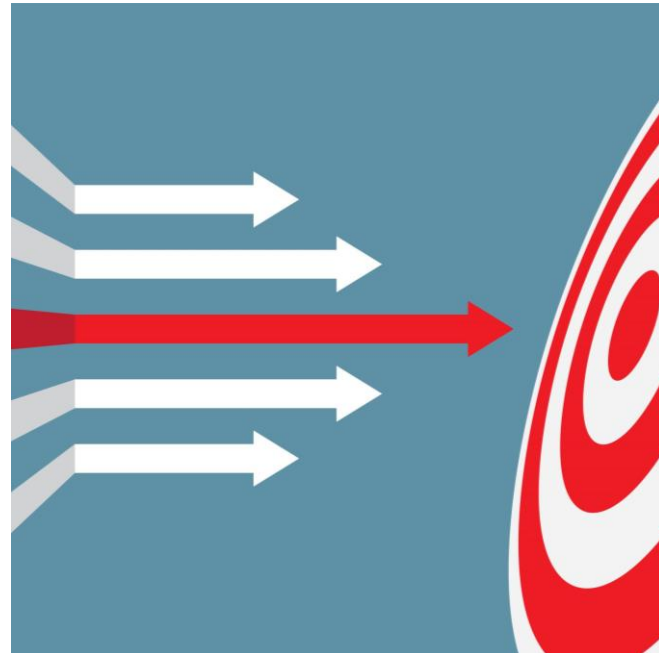
Be curious, respectful and ask as
many questions as possible



“Have you seen any examples of
best practices?”



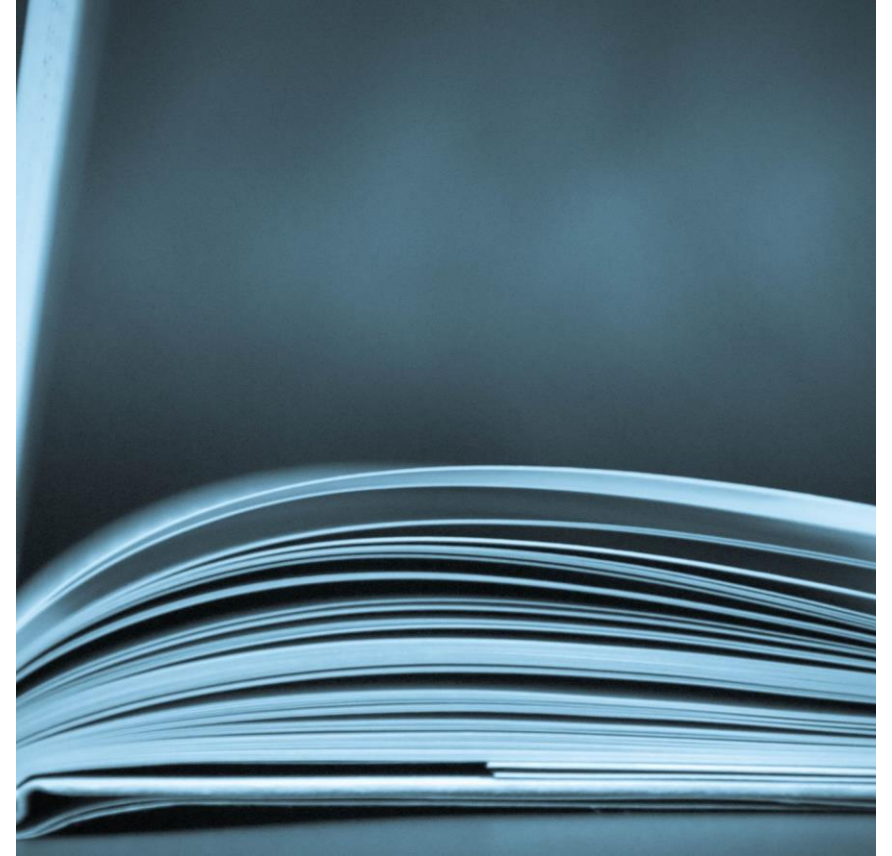
Why Infection Prevention is the Target



Preparing Staff



Make it an open
book test



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