



## **Indiana State Department of Health**

### **Indiana Ambulatory Surgery Center Healthcare Associated Infection Initiative**

#### **Initiative Overview**

##### **Introduction**

In January 2009, the United States Department of Health and Human Services announced plans for an initiative to address healthcare associated infections. A part of that initiative was directed specifically at improving control practices at ambulatory surgery centers. The initiative was designed to implement enhanced infection control regulations at ambulatory surgery centers. The initiative is being funded through the American Recovery and Reinvestment Act of 2009 (ARRA) and administered by the Centers for Medicare and Medicaid Services (CMS). The goal stated by CMS for the initiative is:

The Centers for Medicare & Medicaid Services (CMS) and States will improve quality assurance of ambulatory surgery centers during federal fiscal year (FY) 2009 and FY 2010 by implementing a new survey process to promote better infection control practices.

In early 2009, CMS conducted a pilot program with three states to test new survey processes. In June 2009, Indiana was invited to participate in the CMS Ambulatory Surgery Center Healthcare Associated Infection Initiative. Indiana submitted a proposal and subsequently was awarded funding to implement enhanced surveys of ambulatory surgery centers. Indiana was one of twelve initial states selected to implement the new standards.

Under existing CMS certification protocols, ambulatory surgery centers received a federal certification survey once every six years. Surveys were generally a one-day onsite survey performed by one surveyor. Under the new survey protocols, ambulatory surgery centers will receive a federal certification at least once every three years. Surveys will be a 2-3 day survey covering around 40 hours. One enhancement to the survey procedure is that surveyors will follow a patient from admission through discharge to review infection control practices.

While federal certification surveys have been conducted only once every six years, Indiana conducted annual state licensing surveys at state ambulatory surgery centers. State licensing rules generally parallel federal certification regulations.

Indiana ambulatory surgery centers must be state licensed. The Indiana State Department of Health licenses the centers and conducts licensing surveys. Ambulatory surgical centers may become Medicare and Medicaid certified by CMS. The Indiana State Department of Health serves as the state survey agency for the federal certification program. As of June 22, 2009, Indiana had 133 ambulatory surgery centers. Of these centers, 120 were Medicare certified and 13 were state-licensed only.

## **Project Director**

Mary Azbill  
Director, Division of Acute Care  
Indiana State Department of Health

## **Dates of Initiative**

Start date: July 30, 2009  
End date: September 30, 2010

## **Funding of Initiative**

This initiative is funded through the American Recovery and Reinvestment Act of 2009 (ARRA). The U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, is administering the initiative. Indiana has been awarded \$98,052 through ARRA for this initiative.

## **Goals and Objectives**

The goals of the Indiana Ambulatory Surgery Center Healthcare Associated Infection Initiative are:

- Improve the identification of healthcare associated infections by ambulatory surgery centers
- Reduce the number of healthcare associated infections
- Increase public and healthcare worker awareness of healthcare associated infections

Objectives of the Indiana Ambulatory Surgery Center Healthcare Associated Infection Initiative are to:

- Increase the frequency of federal certification surveys at ambulatory surgery centers
- Implement new federal infection control standards for ambulatory surgery centers
- Develop and implement a healthcare associated infections surveillance and reporting system for ambulatory surgery centers
- Ensure adequate training of ambulatory surgery center staff on infection control practices

## **Key Dates of Initiative**

June 8, 2009:	The Centers for Medicare and Medicaid Services conducted a teleconference with state survey agencies announcing the American Recovery and Reinvestment Act of 2009 Ambulatory Surgery Center Healthcare Associated Infection Prevention Initiative.
June 18, 2009:	ISDH submitted grant proposal to Centers for Medicare and Medicaid Services (CMS)
July 30, 2009:	ISDH received notice of grant award for federal fiscal year 2009 (October 1, 2008 – September 30, 2009)
Aug – Sept 2009:	ISDH conducted 24 surveys of ambulatory surgery centers under the Recovery Act funding
November 6, 2009:	ISDH received notice of grant award for federal fiscal year 2010 (October 1, 2009 – September 30, 2010)
Nov 2009 – Sept 2010:	ISDH will conduct at least 17 additional certification surveys of ambulatory surgery centers

## **Overview of ARRA Healthcare Associated Infection ASC Initiative**

[From American Recovery and Reinvestment Act (ARRA) of 2009, Healthcare Associated Infection Prevention, Ambulatory Surgical Center (ASC) Initiative FACT SHEET]

The American Recovery and Reinvestment Act of 2009 (ARRA) Healthcare Associated Infection Prevention Initiative makes \$50 million available as grants to States “to carry out activities to implement healthcare associated infections reduction strategies.” Ten million dollars of this funding is available to expand state survey agency oversight of ambulatory surgical centers (ASCs) through the American Recovery and Reinvestment Act of 2009 Ambulatory Surgical Center Healthcare Associated Infection (ASC-HAI) Prevention Initiative.

Under Section 1864 of the Social Security Act, the Federal Government, through the Centers for Medicare and Medicaid Services (CMS), enters into contracts with state survey agencies to determine the compliance of Medicare and Medicaid participating healthcare facilities with federal health and safety standards. Because of resource limitations, CMS is able to fund re-inspections of only ten percent of the ambulatory surgery centers in each state annually.

### **Ambulatory Surgery Centers and Healthcare Associated Infections**

Ambulatory surgery centers are an important area of focus for prevention of healthcare associated infections (HAI) for several reasons:

- Ambulatory surgery centers account for 43 percent (15 million procedures/year) of all same-day (ambulatory) surgery in the U.S.
- Medicare pays for 61 percent of all same-day surgery. There are over 5,000 ambulatory surgery centers currently participating in Medicare.
- Fifteen (15) percent of ambulatory surgery centers inspected by States for CMS in FY 2008 were found to have seriously deficient practices. By comparison, four (4) percent of hospitals inspected had serious problems.
- In 2008 an outbreak of Hepatitis C in Nevada was traced to poor infection control practices in two ambulatory surgery centers. Over 50,000 former patients had to be notified of potential exposure to Hepatitis C and other infectious diseases, and reportedly over 100 people developed Hepatitis C as a result of their exposure in the ambulatory surgery center. Inspections of 28 Nevada ambulatory surgery centers for compliance with Medicare standards revealed that 64 percent had serious problems, primarily in infection control.

### **Ambulatory Surgery Center Pilot Enhanced Survey Program**

Following the Nevada outbreak CMS conducted a pilot program to inspect a representative sample of 68 ambulatory surgery centers in three States: Maryland, North Carolina and Oklahoma. The goals of the pilot were to:

- Determine the prevalence of deficient practices in ambulatory surgery centers, focusing on infection control; and
- Test an enhanced inspection process that added two elements:
  - Use of a detailed inspection tool, developed by CDC in cooperation with CMS, to assist surveyors in recognizing deficient infection control practices.
  - Inclusion of a case tracer approach to follow at least one patient from pre-surgical preparation to discharge, in order to observe all aspects of the ambulatory surgery center’s provision of care.

Eighty-five (85) percent of the pilot ambulatory surgery centers inspected had deficient practices, primarily in the area of infection control. Problems observed included:

- Reuse of vials of anesthesia intended for use with one patient only (29 percent of pilot ambulatory surgery centers)
- Improper sterilization of surgical instruments by routine use of flash sterilization (31 percent of pilot ambulatory surgery centers)
- Disinfection/sanitation problems (32 percent of pilot ambulatory surgery centers)
- Lack of any system for reporting reportable diseases to the State (19 percent)

The enhanced inspection process greatly improved the ability of State Survey Agencies to recognize deficient practices, particularly in infection control. In federal fiscal year 2007 the pilot States on average found violations of health and safety standards in 23 percent of ambulatory surgery centers inspected; during the pilot this increased to 85 percent. The average among the pilot States for total survey inspection time was 46 hours, almost three times the federal fiscal year 2007 national average of 17 hours.

### **Updated ASC Health and Safety Standards**

As part of a comprehensive update of Medicare ambulatory surgery center health and safety standards, in November, 2008, CMS adopted expanded regulatory requirements in the area of infection control. The new regulations took effect May 18, 2009.

### **ARRA ASC Initiative**

The Department of Health and Human Services (HHS) recognizes that inspections have proven to be potent deterrents to relaxed infection control practices and thus have much potential for preventing healthcare associated infections. Given the evidence suggesting widespread problems in infection control practices in ambulatory surgery centers, HHS has concluded that more frequent inspections of ambulatory surgery centers, using the enhanced survey inspection process piloted in 2008, will make a significant contribution to reducing the risk of healthcare associated infections in the States. HHS also recognizes there are added costs associated with this increased oversight and is committing \$10 million of ARRA funding to the States to address these additional costs. The additional funding is intended to provide States the resources to:

- Retain or recruit and train sufficient surveyors to inspect, beginning in FY 2010, 10 percent of their existing, non-accredited ambulatory surgery centers, enforcing the revised, more comprehensive health and safety standards utilizing the enhanced survey inspection process. All States will be required under the Section 1864 agreement to accomplish this work in FY 2010.
- On a voluntary basis, to retain or recruit and train sufficient additional surveyors to inspect, beginning in FY 2009 and continuing through FY 2010, up to a total of 38 percent of all non-accredited Ambulatory Surgery Centers nationally, utilizing the enhanced survey inspection process.

Updated: December 8, 2009