How to survive immediate jeopardy: A True story

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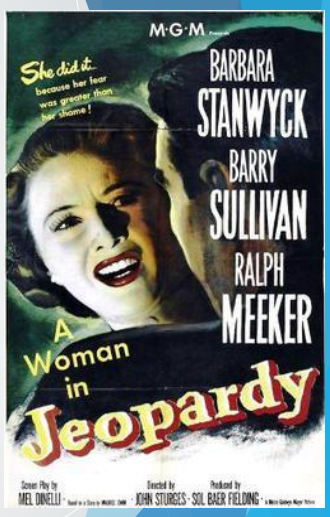
Learning Objectives

- A. Describe 'immediate jeopardy' and implications for infection preventionists
- B. List action planning in response to deficiencies found by surveyors to resolve findings
- C. State ways of responding to negative media coverage that protects IP liability



Disclosures

- No financial or other disclosures

The background



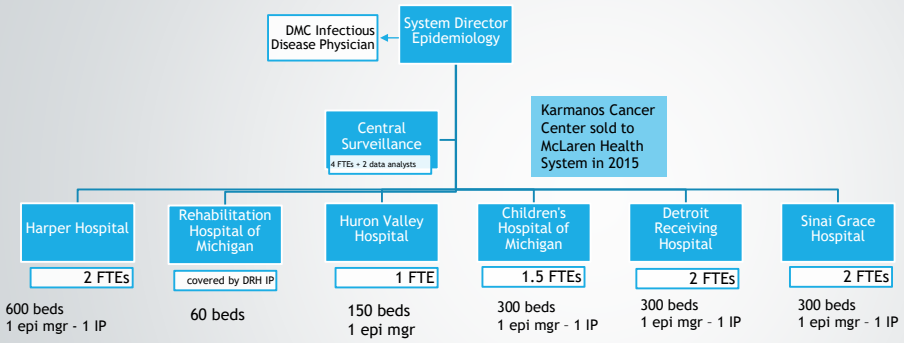
- Detroit Medical Center (DMC) is owned by Tenet Healthcare, a Dallas Tx based, multistate healthcare system
- DMC is affiliate with Wayne State University's School of Medicine
- DMC was a stand alone facility until purchased by Vanguard, then shortly afterward sold to Tenet Healthcare
- DMC is an eight hospital system, located in the poorest areas of Detroit Michigan and suburbs
- Hospitals in DMC were built any where from civil war times to the 1920s, when DMC served the booming auto industry.
- DMC is 80% Medicare-Medicaid funded.



The Back Story

- Due to the age of the facilities, updates to areas such as SPD and OR were very expensive (asbestos remediation alone = $$$)
- Because of the urban location, the facilities frequently experienced cockroach and rodent infestations
- SPD staff complained for over 11 years to executives about instrument handling and sterilization processes
- Staff grew tired of complaining and either left the facility, and/or contacted local media to voice their complaints
- Complaints included: missing instruments, broken instruments, instrument sets opened in OR with blood, bone, tissue visible

Infection Prevention Department 'Before'



- Each hospital with their own CEO, CMO, CNO, and ID physician
- DMC SPD reprocesses Karmanos' surgical instruments
- Each hospital with ambulatory surgery and clinics off site facilities (up to 60 per hospital)
- 2 data analysts for quality and epidemiology ran reports for quality meetings for entire DMC

"Other duties as needed"

- Safety rounds and Gemba rounds conducted weekly
- Hand hygiene training of secret shoppers, report generation to each unit
- Each site with their own ICC, required report generation and reporting
- Denominator data was manual (pencil and paper) – these were done by unit but usually were half filled out
- NHSN cases reviewed by central surveillance, final review by all site IPs, case entry by each site's IP (manual entry into NHSN)
- Daily CEO huddles
- Reduction of CDI protocol by reviewing all C diff isolation orders, report to CMO if inappropriate order received
- ICC, Quality, surgical quality, critical care, and board report generation for each site. Each unit's HAI numbers monthly to each unit manager
- Tenet mandates: all NHSN cases entered by 10th of each month, all Midas (unusual occurrence reports) closed 30 days after initial report
- RCAs conducted by IPs for CLABSIs & CAUTIs
- Device rounds conducted by IPs
- Isolation rounds conducted by IPs daily: review of isolation list, rounding on floors
- Special task forces (CAUTI reduction etc.) conducted by IPs
- New employee orientation once a month, one hour presentation by IPs
- Reporting communicable diseases through online state software
- Reporting CRE cases monthly to state by email/attachments (demographics of case, patient days from finance)

Media Coverage Begins

State launches investigation of dirty instruments at DMC

By MICHIGAN RADIO NEWSROOM & CATHERINE SHAFFER • AUG 26, 2016

Michigan's Bureau of Community and Health Systems has launched an investigation into dirty, broken, and missing instruments at Detroit Medical Center hospitals. The investigation was prompted by a report in the Detroit News showing a pattern of improper cleaning and sterilization at DMC facilities, putting patients at risk for over eleven years. The Bureau, operating within Michigan's Department of Licensing and Regulatory Affairs, inspects licensed health facilities and monitors complaints against them. Bureau Director Larry Horvath says that no complaints had been filed against DMC regarding surgical instruments, but that the bureau also monitors the media and investigates relevant complaints appearing in news reports.

Horvath says a team of nurses, sanitarians, and other specialists will investigate the sterilization problems at DMC. "If we find there are some deficient practices, we will cite the facility for those practices. The most common remedy is for them to submit a plan of correction," says Horvath.

Detroit News Reporters Talk About Breaking Story About DMC Scandal and Dirty Equipment

by Detroit Today | Aug. 29, 2016

Dirty, missing instruments plague DMC surgeries

Karen Bouffard and Joel Kurth, Published 5:01 a.m. ET Aug. 25, 2016 | **Updated 12:12 p.m. ET Oct. 28, 2016**

Detroit — The Midtown hospitals of the Detroit Medical Center have struggled for years to properly clean surgical instruments, stoking doctors' fears about patient safety, a Detroit News investigation has found. The News has obtained more than 200 pages of internal emails and reports indicating that surgeons and staffers have complained for at least 11 years about improperly cleaned, broken and missing instruments. The complaints have continued under the tenure of the for-profit Tenet Healthcare of Dallas, Texas, which acquired the DMC in 2013, the documents show.

The records show improperly sterilized tools complicated operations from appendectomies and brain surgeries to cleft palate repair and spinal fusions. Patients were kept under anesthesia for up to an hour as staffers replaced instruments. Dozens of operations were canceled at the last minute, some after anesthesia was administered.

At least twice a child's chest or skull was open for surgery when doctors discovered dirty instruments. In January 2015, open-heart surgery for a 7-month-old girl was interrupted at Children's Hospital of Michigan because a tube leading to a bypass machine was clogged with blood from a previous operation.

"We are putting patients at risk frequently and now canceling up to 10 cases this week ... promises just aren't cutting it," Joseph Lelli, chief surgeon at Children's Hospital, wrote in an email to top administrators on June 29, 2015, at least his third warning in six months.

What future for Detroit Medical Center, after hygiene revelations?

Detroit Free Press Published 9:19 a.m. ET Aug. 30, 2016 | **Updated 3:14 p.m. ET Aug. 30, 2016**

(Photo: William Archie Detroit Free Press)

Would you schedule a surgery at the Detroit Medical Center, following a series of blistering reports published last week in the Detroit News that chronicle a decade's worth and staff that surgical instruments weren't properly sterilized?

We didn't think so. And we wonder, given any other choice, who would.

That leaves the DMC and its customers at a troubling crossroads: When the hospital system became for-profit in 2010, much was made of its plan to woo prospective customers from suburban hospitals. That's surely derailed for the foreseeable future. Against this backdrop of events, the patients most likely to continue patronizing DMC hospitals are those with the fewest options, another disgrace in a story filled with horrifying twists.

The foul conditions described by the News are shocking: Doctors or other operating room staff reporting finding blood, bone or other matter on tools and in machines, the News reported; during one infant's surgery, medical workers discovered that a tube used to suction blood from around the child's exposed heart was clogged with old, black blood. Dirty instruments meant surgeries were unexpectedly cancelled, sometimes after patients had been given anesthesia, or that patients given anesthesia were kept under for unnecessary hours as medical teams scrambled to obtain clean tools or work around the obstacles — and risks — posed by dirty instruments.

DMC officials quoted by the News didn't contradict the newspaper's findings; Chief Administrative Officer Conrad Mallet acknowledged that the system needed fixing.

Sterilization for the medical system — owned by Dallas-based Tenet Healthcare, the DMC operates five hospitals in Midtown Detroit — was centralized in 2010 by then-CEO Mike Duggan, now mayor of Detroit, in a department that services all five hospitals, the News reported. A former director of that department told the News there had been no "prolonged effort" to fix the problems, which are exacerbated by high volume and poorly paid staff. A spokesman for Duggan told the Free Press that the mayor declined comment, noting that Duggan resigned from the DMC four years ago. The News said complaints about dirty instruments date back to 2005, the year after Duggan became the system's CEO; during his tenure, Duggan won applause for bringing the chronically deficit-running system into the black.

How could such conditions persist for so long? In part because hospitals are shielded by laws and regulations allowing hospitals to keep such details secret. **Doctors aren't required to tell patients when mistakes are made in surgery**, and while the Centers for Medicare & Medicaid Services transmits data it gathers about infections and complications back to the states, in Michigan, those data aren't shared with the public in any meaningful way. That's got to change. A spokesperson for the Michigan Health and Hospital Association says such information can be hard for a layperson to parse.

That's the wrong approach. When information is complicated, the answer is to provide context, not withhold it entirely.

The state Legislature and its regulatory agencies must re-evaluate the shroud of secrecy that shields hospitals and cloaks information customers need to make fair decisions about where they'll seek health care. This is vital information patients need, and hospitals must be required to disclose it. Infrequent inspections must also end — restaurants shouldn't face more frequent and rigorous examination than hospitals.

In addition, this issue is sufficient cause to think closely, again, about the value of having the DMC operate as a for-profit. No doubt, the massive investment in facilities by private owners have upgraded the hospitals — and boosted the area around them. But private ownership has also dropped staffing levels, and may be exacerbating the labor/management tensions that lie behind the instrument-cleaning problems at the heart of the story.

When the DMC was sold in 2010, some hoped for big results. Investment and the ability to borrow, executives promised, meant bright days were ahead. We can't imagine that happening now, at least in the short-term. And what that means for the DMC, or the Midtown neighborhood whose revival it has bolstered? It's too soon to say. But we're fearful of the prognosis.

Finger pointing begins

Exposé About Detroit Medical Center, Dirty Surgical Instruments, Dysfunction, and… Lean?

By Mark Graban On **Aug 29, 2016** Last updated **Aug 29, 2016**

- The DMC's chief administration officer, Conrad Mallett, **acknowledged** challenges sterilizing equipment have frustrated doctors and canceled surgeries.
- **"This is something that has to be fixed,"** he said.
- **"…**the main problem has been a **failure to recruit high-quality managers** for Central Sterile Processing**…"**

"[Mallett] said the DMC has had trouble finding and retaining competent managers to supervise the department."

"…administrators quickly **identified the sterilization technician** who signed off on the tube as clean. **She was disciplined**, but the action was overturned after questions were raised about the evidence during a grievance hearing, records show. Sterile workers are represented by four unions at the DMC."

Welcome, Surveyors

- Initial review by Michigan Department of Community Health (MDCH) and licensing (LARA) based on complaint and media coverage
- Triggered Joint Commission (TJC) survey, conducted on week 2
- Triggered CMS survey, conducted on week 3
- Triggered visit by Tenet 'experts', week 4
- Return visit by MDCH, week 5
- Return visit by TJC, week 6
- Return visit by CMS, week 7
- Meanwhile, Tenet experts remained to oversee processes

TJC IC Standards

- IC.01.01.01 The hospital identifies the individual(s) responsible for the infection prevention and control program.
- IC.01.02.01 Hospital leaders allocate needed resources for the infection prevention and control program.
- IC.01.03.01 The hospital identifies risks for acquiring and transmitting infections.
- IC.01.04.01 Based on the identified risks, the hospital sets goals to minimize the possibility of transmitting infections. Note: See NPSG.07.01.01 for hand hygiene guidelines
- IC.01.05.01 The hospital has an infection prevention and control plan.
- IC.01.06.01 The hospital prepares to respond to an influx of potentially infectious [patient]s.
- IC.02.01.01 The hospital implements its infection prevention and control plan.
- IC.02.02.01 The hospital reduces the risk of infections associated with medical equipment, devices, and supplies.
- IC.02.03.01 The hospital works to prevent the transmission of infectious disease among [patient]s, licensed independent practitioners, and staff.
- IC.02.04.01 The hospital offers vaccination against influenza to licensed independent practitioners and staff. Note: This standard is applicable to staff and licensed independent practitioners only when care, treatment, or services are provided on site. When care, treatment, or services are provided off site, such as with telemedicine or telephone consultation, this standard is not applicable to off-site staff and licensed independent practitioners
- IC.02.05.01 Implement evidence-based practices to prevent health care-associated infections due to the following: - Multidrug-resistant organisms (MDRO) - Central line-associated bloodstream infections (CLABSI) - Catheter-associated urinary tract infections (CAUTI) - Surgical site infections (SSI)
- IC.03.01.01 The hospital evaluates the effectiveness of its infection prevention and control plan.

Infection Control Issues: TJC System Tracer

System Tracer – Infection Control Joint Commission Participants Surveyors Organization

Participants: Suggested participants include the infection control coordinator for each program being surveyed; physician member of the infection control team; clinicians from the laboratory; clinicians knowledgeable about the selection of medications available for use and pharmacokinetic monitoring, as applicable; facility or facilities staff; organization leadership; and staff involved in the direct provision of care, treatment, or services.

Logistical Needs: The duration of this session is approximately 30-60 minutes. The surveyor may need a quiet area for brief interactive discussion with staff who oversee the infection control process. The remaining session is spent where the care, treatment, or services are provided.

Objectives: The surveyor will:
1. Learn about the planning, implementation, and evaluation of your organization's infection control program
2. Identify who is responsible for day-to-day implementation of the infection control program
3. Evaluate your organization's process for the infection control plan development, outcome of the annual infection control evaluation process, and oversight of opportunities for improvement
4. Understand the processes used by your organization to reduce infection

- Overview: The infection control session begins during one of the individual tracers where the surveyor identifies a individual served/patient/resident with an infectious disease. This session is conducted in two parts. During the first part, surveyors meet with staff from all programs being surveyed to discuss your organization's infection control program. During the remaining time, surveyors spend their time where care, treatment, or services are provided. Topics of discussion include:
- 1. How individuals with infections are identified
- 2. Laboratory testing and confirmation process, if applicable
- 3. Staff orientation and training activities
- 4. Current and past surveillance activity
- 5. Analysis of infection control data
- 6. Reporting of infection control data
- 7. Prevention and control activities (for example, staff training, staff and licensed independent practitioner vaccinations and other health-related requirements, housekeeping procedures, organization-wide hand hygiene, food sanitation, and the storage, cleaning, disinfection, sterilization and/or disposal of supplies and equipment)
- 8. Staff exposure
- 9. Physical facility changes that can impact infection control
- 10. Actions taken as a result of surveillance and outcomes of those actions

New scoring revisions for IC.02.02.01 (Deficiency Definition)

- Visible bioburden and dried blood found on instruments
- Wiping / flushing of soiled instruments is not observed during a case in the operating room or procedure room and it is clinically appropriate
- Enzymatic solution was not applied to maintain moisture on instruments
- There is no process for keeping used instruments moist
- Manufacturer instructions for products used to keep instruments moist were not followed
- The facility policy for keeping instruments moist was not followed
- Instruments were not transported from the point of use in a leak-proof puncture resistant container with the biohazard symbol or color red
- Sharps are being transported in a manner that violates OSHA requirements (e.g., sharps not placed in puncture resistant container that is red or labeled biohazardous)
- Non-sharps are transported in a way that could lead to contamination of staff or other people

- Item that is ready for use on a patient is visibly soiled
- Instruments in the closed position
- Packaged instruments awaiting sterilization are in the closed/ratcheted position
- Items that have just undergone sterilization are on the trolley or in the sterilizer in the closed/ ratcheted position
- Items in preparation and packaging that have come through the washer or passthrough window have not been disassembled in accordance with manufacturer instructions
- Instruments are released prior to the biologic indicator being read
- Routine sterilizer monitoring with a biologic indicator required by the state or per evidence based guideline is not followed and recorded

- Non-implant load is released without physical monitoring of cycle and external and internal chemical indicators Implant loads are released without routine sterilizer monitoring, a biologic indicator and a type 5 integrating indicator (aka integrator)
- Biologic indicator not read before implant release (unless allowed in emergent situations by facility policy and policy was followed)
- Items in the high level disinfected area that are stored in drawers
- Container or location of storage is visibly soiled or staff are observed contaminating other high level-disinfected products
- Storage is not consistent with the items intended use (e.g., items that require minimum of high-level disinfection may be stored in a way that protects from contamination even if they were sterilized)
- Stored scopes exceeded the hang time
- Facility is not following manufacturer IFU for drying
- Facility is not following manufacturer IFU for frequency of reprocessing
- Will NOT score any finding related to hang time under IC standards

TJC Area Targets in Infection Control

- High level disinfection: processes, competency, documentation
- Sterilization of instruments
- Dialysis
- CMS infection control checklist (50 pages): https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-15-12-Attachment-1.pdf

From "TJC Perspectives"

- **Manufacturers' Instructions for Use.** Manufacturers' instructions provide critical information to support the IC program. Deviation from manufacturers' instruction may result in biological, chemical, or functional incompatibility. When conflicts are identified, organizations are expected to resolve them by contacting the manufacturer(s) for the equipment and products that they choose to use.
- **Evidence-Based Guidelines and National Standards.** Evidence-based guidelines and national standards are promulgated by a variety of organization, including the US Centers for Disease Control and Prevention (CDC). In some cases, the choice of evidence-based guidelines and/or standards is dictated by state regulation or Joint Commission requirements. For example, National Patient Safety Goal (NPSG) Standard NPSG.07.01.01 requires that organizations implement either CDC or the current World Health Organization (WHO) hand hygiene guidelines; however, some state laws require that organizations follow CDC hand hygiene guidelines. Organizations may choose to follow a variety of evidence-based guidelines and/or standards in their organization.
- **Consensus Documents.** When there is additional direction needed on a specific issue, health care organizations may choose to follow consensus documents to reduce patient risk. For example, some disinfection and sterilization guidelines do not address measures to protect patients from toxic anterior segment syndrome following cataract surgery. The American Society of Cataract and Refractive Surgery and the American Society of Ophthalmic Registered Nurses have developed recommended practices for cleaning and sterilizing intraocular surgical instruments, which provide direction to ensure safety related to cleaning and sterilization of ocular instruments

DMC TJC Deficiencies (IC category only)

- SPD processes inadequate, lighting inadequate, sterilizers beyond use dates and no service records (internal facilities workers did repairs because equipment was out of warranty and bringing in vendor would cost $$$, parts no longer available)
- No IP documentation of OR or SPD rounding or reports
- Policies/procedures inadequate/outdated (new equipment used and policy on HLD did not reflect the change in policies < 3 years since last review)
- No validation of those handling surgical instruments (education without competency validation)
- Areas with instruments sent to SPD had no competency validation for point of care usage
- Instruments were broken, hundreds of OR trays with 'missing instrument' tags. Instruments arrived in SPD with blood and tissue, many found in closed position. Transport containers were not marked as biohazardous, or were in plastic bags where puncture could easily occur
- Insects found in SPD, kitchen area, no record of pest control visits
- No SPD staff were certified. Training consistent of online modules and OJT
- IUSS rates exceeded 10% (most likely due to broken/missing instruments)

TJC Findings (continued)

- Surveyor observed OR turnover. EVS staff observed dropping gloves on dirty OR floor, picked them up and put them back in the glove box
- EVS did not move from clean to dirty, but started at OR table and worked outward. No documentation of recent competency validation, EVS staff frequently pulled from specialty areas to inpatient areas if call offs, high census, etc.
- EVS mopped OR floor with disinfectant with 10 minute contact time, staff walked on wet floor as soon as floor was mopped
- Blood/body fluid found on OR table under padding
- Pads from procedure tables were worn, torn, blood found on foam
- Vaginal probes that had been high level disinfected were transported in container with terminal end of cord touching probe
- Vaginal probes stored uncovered and touching the wall
- Kitchen with mice, insects, expired food, unsafe food handling practices (had recently received an 'A' by state health inspectors)
- Area that performed manual (soak) HLD did not record solution temperature, time item was soaked (required 12 minute soak time)
- Nurse did not disinfect septum of medication vial after removing cap

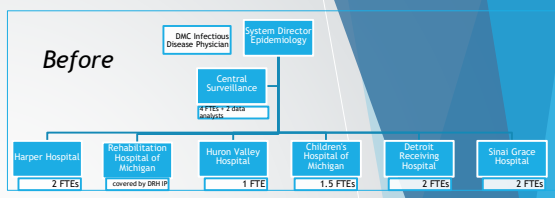
Actions taken

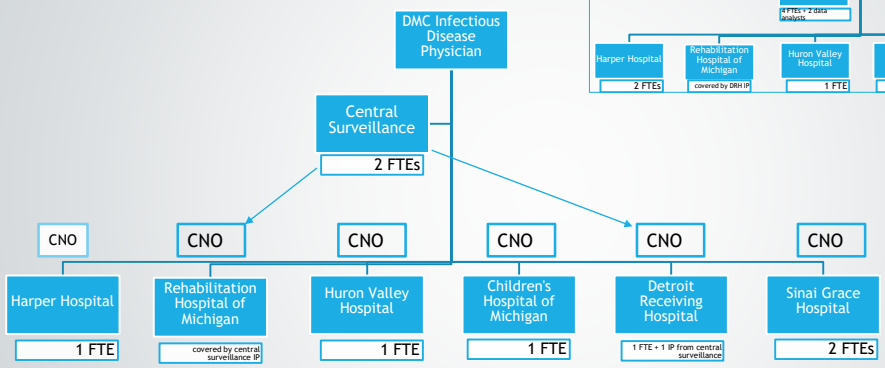
- IPs mandated to attend *one day* SPD training on surgical instrument handling immediately after surveyor visit
- All staff with surgical instrument point of care usage mandated to attend training and competency validation (initially conducted by IP and nursing educator, validation by validated observer)
- Competency validation by IPs at least weekly (spot audits)in areas where surgical instruments used, HLD performed, OR, and SPD: 3x week x 1 month, 2x week x 1 month, 1x week x 1 month, monthly thereafter
- Update of policies/procedures as required with new competency forms
- Responses to deficiencies reviewed by Tenet, then sent to TJC, CMS, MDCH
- EVS re-educated on room cleaning, IPs to co-validate EVS competency (observe an OR room turnover, e.g.)
- SPD underwent major overhaul of building and personnel. Steris specialist brought in to make recommendations and certify SPD techs. Tenet SPD specialist hired and implemented SPD policies and procedures, mandatory education sessions for SPD leadership and IPs.

Financial impacts of deficiencies

- Tenet spent over $1 million to upgrade SPD at Harper Hospital (service to Karmanos, Harper, Detroit Receiving, Rehab Institute, off site clinics)
- Children's Hospital response was an added temporary facility to perform their own instrument reprocessing, at a cost of $$$$$
- Beginning of layoffs for epidemiology department and others
- Tenet fires DMC CEO in 2017 "for not laying off enough people and spending too much to improve SPD"
- Each hospital sites' IP reported to CNO of each hospital, no longer central structure
- Cutbacks continued through 2018 and 2019

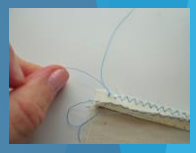
Impact of layoffs to IP





EOC and IP surveillance continues to off site clinics and ASCs
Plus increase surveillance to high risk areas

Example of action plan to mitigate deficiency



- Finding: instruments transported to SPD without point of care cleaning.
  - Surveyor interviewed staff as to process of handling circumcision tray after use. Staff placed instruments in wrap, walked them into soiled utility and placed in transport container
- Action: “education plan to areas that perform procedures”
  - This alone is insufficient. Surveyors want to see that competency is validated by a validated person and verified by a second content expert
  - Documentation of competency validation tool that is signed by reviewer and staff member
  - Documentation of secondary audits and those audits are on a scheduled basis
  - Must have plan if the staff member is not competent: re-education, disciplinary action, human resource involvement, union representative if in union during counseling sessions
  - Policy/procedure that describes process much match any competency validation tools
  - Checklist or some type of quick reference for staff to trigger reminders during high risk procedures
  - Who is education presented by? Is that person competent? Give evidence of competence
  - Some vendors have pulled away from certifying competency due to liability issues

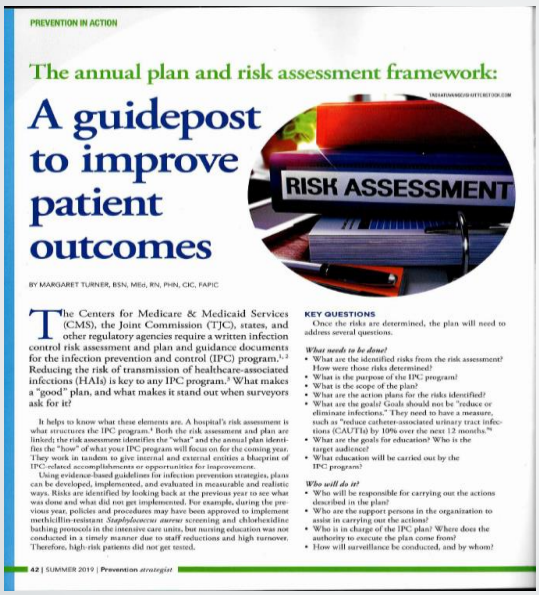
Annual plan and risk assessment: more than words

- Surveyors ***will*** read them
- Surveyors will question “why this” and “why not this”
- Have the conversation and resolution with your facility partners: use SIR from NHSN, or your own internal benchmarks as targets?
  - Consult with quality, risk management, board, medical executive committees, surgical quality committees, e.g., depending on the culture of your system
- Make your items reasonable, not ‘leprechauns riding unicorns catching gold falling from the sky’
- Surveyors may comment at closing about these documents as a general “Your infection control program is…” looking at both plan and supporting evidence

Media Matters

- Any response to questions from the media should be directed through healthcare system's marketing or public media department
- Reporters don't always quote verbatim
- Off-hand comments will come back to haunt you ("I knew there was a problem, nobody listened" will be quoted with your name and title)
- If tagged to respond to the media, responses should be reviewed with risk management and executive suite
- Keep in mind, local media reports can and do go national and international (especially salacious headlines!)
- Lawyers can use what is said when representing patients suing healthcare facilities. You may be called for a deposition or as a witness

Secondary consequences



PREVENTION IN ACTION

The annual plan and risk assessment framework:

A guidepost to improve patient outcomes

BY MARGARET TURNER, BSN, MEd, RN, PHN, CIC, FAPIC

The Centers for Medicare & Medicaid Services (CMS), the Joint Commission (TJC), states, and other regulatory agencies require a written infection control risk assessment and plan and guidance documents for the infection prevention and control (IPC) program.[1,2] Reducing the risk of transmission of healthcare-associated infections (HAIs) is key to any IPC program.[3] What makes a "good" plan, and what makes it stand out when surveyors ask for it?

It helps to know what these elements are. A hospital's risk assessment is what structures the IPC program.[4] Both the risk assessment and plan are linked; the risk assessment identifies the "what" and the annual plan identifies the "how" of what your IPC program will focus on for the coming year. They work in tandem to give internal and external entities a blueprint of IPC-related accomplishments or opportunities for improvement.

Using evidence-based guidelines for infection prevention strategies, plans can be developed, implemented, and evaluated in measurable and realistic ways. Risks are identified by looking back at the previous year to see what was done and what did not get implemented. For example, during the previous year, policies and procedures may have been approved to implement methicillin-resistant *Staphylococcus aureus* screening and chlorhexidine bathing protocols in the intensive care units, but nursing education was not conducted in a timely manner due to staff reductions and high turnover. Therefore, high-risk patients did not get tested.

KEY QUESTIONS

Once the risks are determined, the plan will need to address several questions.

What needs to be done?

- What are the identified risks from the risk assessment? How were those risks determined?
- What is the purpose of the IPC program?
- What is the scope of the plan?
- What are the action plans for the risks identified?
- What are the goals? Goals should not be "reduce or eliminate infections." They need to have a measure, such as "reduce catheter-associated urinary tract infections (CAUTIs) by 10% over the next 12 months."[5]
- What are the goals for education? Who is the target audience?
- What education will be carried out by the IPC program?

Who will do it?

- Who will be responsible for carrying out the actions described in the plan?
- Who are the support persons in the organization to assist in carrying out the actions?
- Who is in charge of the IPC plan? Where does the authority to execute the plan come from?
- How will surveillance be conducted, and by whom?

Lessons Learned

- Review the risk assessment, make sure all high risk areas are listed
- Schedule rounding in high risk areas identified in the IC risk assessment
- Document, document, document
- When writing action plans, cannot write “education conducted”. Must have an entire process: Education, evaluation, validation, re-validation, disciplinary action for repeated failures
- Watch for conflicting policies/procedures (radiology with one procedure, L&D with another)
- Review policies BEFORE the 3 year review deadline
- Update policies if there are any changes to procedures, equipment, processes
- Watch EVS do an OR room turnover, report findings to EVS, but IPs should NOT be responsible for EVS behavior
- Document if unable to meet demands
- Risk assessment is valuable tool
- Document rounding results, actions taken, follow up if no response, escalation attempts
- Communication with risk and quality: adverse events with high risk IC issues should be reviewed by IP, and IP should be part of RCA/FMEA process

Results

- Initially, deficiencies were resolved and surveyors accepted responses
- Repeated surveys continued, however
- A new allegation of dirty surgical instruments surfaced and reported to media
- System was again placed in IJ status, threatened to cut off Medicare/Medicaid funding (80% of DMC revenue!!)
- Surveys continued: TJC showed up as soon as window opened for triennial survey

- *…so did they lived happily ever after….?*

Surgical Instruments' Sterilization Probed After 11 Years of Complaints
Physicians reported unclean, missing, and damaged instruments *November 1, 2016*

EXECUTIVE SUMMARY

Physicians at Detroit Medical Center complained that surgical instruments were unclean, missing, and damaged for 11 years without resolution of the issue. **One surgeon used duct tape more than once to repair broken instruments. Hair, bone, and dried blood were found in instruments. Four hundred missing brushes were found in a sterile technicians' locker.**

Complaints regarding instruments should have been documented and gone to the medical director, risk management, quality improvement, the head of nursing, and the board.

Having a vendor teach might help improve infection training. File training content and materials with the sign-in sheets.

Trailing the person who oversees a hospital's central sterile processing can be helpful.

Detroit Medical Center's Harper hospital cited for dirty kitchen, bugs
Associated Press Published 10:57 a.m. ET Nov. 27, 2018 | **Updated 11:30 a.m. ET Nov. 27, 2018**

Dirty instruments cause second DMC hospital to fail federal inspection
Karen Bouffard, The Detroit News Published 1:23 p.m. ET Nov. 28, 2018 | **Updated 11:54 a.m. ET Nov. 29, 2018**

"There was no SSI (surgical site infection) surveillance documented for surgeries where contaminated instruments were entered on Adverse Event Reports," the report said.
The federal agency has informed both DMC hospitals that they are now subject to unannounced inspections by the Michigan Department of Licensing and Regulatory Affairs. The DMC confirmed the state inspection at Detroit Receiving was already underway Wednesday morning.
CMS has informed the DMC that federal funding for Harper and Detroit Receiving hospitals will be ended if the problems aren't fixed.

Two DMC hospitals cited for health and safety violations, could lose federal funds
By SARAH CWIEK • NOV 28, 2018

New investigation launched at DMC over alleged dirty surgical instruments https://www.crainsdetroit.com › article › NEWS › new-investigation-launc...
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March 27, 2019 - PSQH

Other DMC hospitals have come under recent scrutiny. Inspectors found that staff cuts at Detroit Receiving Hospital led to the discontinuation of surveillance of most surgical site infections. Meanwhile, Sinai-Grace Hospital, which also faces Medicare termination on August 31 if it doesn't pass an inspection, was under threat of termination in 2018 because of building and nursing quality problems. Sinai-Grace recovered its deemed status in September but was inspected again in January after a November power outage left the hospital unable to treat a heart attack patient, who later died after being transferred to another hospital.

DMC's Harper Hospital clears inspection, responds to cardiologists' lawsuit
By LINDSEY SMITH • APR 22, 2019

Sinai-Grace Hospital was in danger of losing its Medicare funding much of last year. Federal inspection reports show problems with wound care, fire safety and the hospital's infection control program. Sinai-Grace still faces possible termination by the end of this summer, stemming from a January 2019 inspection that revealed fire safety concerns.

Fired doctors claim Detroit Medical Center put profits over patient care
Dr. Maheer Elder, Dr. Amir Khaki file lawsuit against DMC Priya Mann, Reporter Derick Hutchinson Published: March 25, 2019, 6:17 pm
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The doctors claim that, in one case, a patient died because his high potassium levels weren't reported to the cardiac team for hours. They said the services of a blood lab were removed to save money.

Questions?