Accreditation and COVID-19

Monte Goldstein, MD
Tom Terranova, JD MA MBA
Faculty

Monte Goldstein, MD
- Board of Directors
- Vice-Chair Investigations

Thomas Terranova, JD MA MBA
- Executive Director
Poll #1

- Do you receive ongoing COVID-19 guidance from your country's health regulator?
  
  A. Yes, our health regulator provides regular updates to guidance.
  
  B. Some, our health regulator provided initial guidance but has not provided updated guidance.
  
  C. Some, our health regulator provides international guidance but nothing specific to our country.
  
  D. No, our health regulator does not provide guidance.
Objectives

Understand the value of accreditation

Understand COVID-19 recommendations

Understand infection control & emergency preparedness during public health emergencies

Accreditation assures the public that extra steps have been taken to promote patient safety.

COVID-19 Facility Resources

Click on image to follow link.
What is accreditation?

What programs are accredited?

What value is there in accreditation?
What is Accreditation?

Accreditation

- Assessment of quality of care & safety
- Represents attention to detail
- Quality Improvement Processes
- Global standardized practices
- Evolving standards
AAAASF Programs

Patient safety is our mission.

American Association for Accreditation of Ambulatory Surgery Facilities, Inc.

Outpatient
- Surgical
- Procedural
- Oral Maxillofacial
- Pediatric Dentistry

Medicare
- Ambulatory Surgery Centers
- Outpatient Physical Therapy
- Rural Health Clinics

International
- Surgical
- Physical Therapy
- Dental

Link
Safety is the Core

Quality of Practitioner

Appropriateness of Patients

Safety of the Facility
Emergency Preparedness
Infection Control
Poll #2

- Do you have an Emergency Preparedness Plan?
  A. No, we have never conducted a risk assessment and planning.
  B. Yes, but our plan does not consider how we fit into the broader community response.
  C. Yes, but our plan has not been updated for several years.
  D. Yes, and our plan considers a community response and is regularly updated, including in response to COVID-19.
Integrated National Emergency Preparedness System

- Facility Emergency Preparedness Plan
- Community System
- City System
- County System
- State, Provincial, or Tribal System

National Response
Facilities Respond
The National Response Infrastructure and How it Relates to You:
Safety and Security

Examples:

- In an earthquake zone, how to ensure equipment and debris do not fall on a patient?
- During civil unrest how does the facility lock down and secure private information until the risk has passed?
Examples:
- If there is a risk of roads becoming impassable due to flooding or snow, what is the plan to ensure a recovering patient receives nutrition?
- If the water supply is easily interrupted or purification systems are easily compromised, how to ensure patients receive clean water?
Example:
• Should there be a prolonged shelter-in-place order due to any emergency situation, do you have a plan to manage the medical needs of your patient population based on their specific conditions?
Energy (Power and Fuel)

Examples:

• In a tsunami area, what is the plan to ensure power to stabilize and manage patients that must remain in the facility for prolonged periods?

• In a cold climate with aging infrastructure, how does the facility plan to keep patients warm, if heating fuel is not available?
Examples:

- Internet may be interrupted by extreme weather, how will the facility access electronic medical records, logs, and cloud-based policies?
- If the mobile phone services are liable to government or corporate interruptions, is there a backup option to communicate with other facilities, first responders, or patients’ families?
Examples:

- If fires make it necessary to evacuate the area, does the facility have the capacity to transport patients, staff, and others to safety, through its own equipment or through agreements, including consideration of patient needs?
- If ongoing turmoil requires staff and patients to remain at the facility and stores of nutrition and medicine become low, how can the facility bring in more?
Hazardous Materials

Examples:

• How are the facility’s oxygen tanks secured and is there a process to check them and provide additional protection where earthquakes are common?

• If the nearby chemical processing plant has a major spill that compromises air quality, are there reserve protective gear to provide patients and staff?
The Current PHE and EPP

- COVID-19 Updates to EPP
- Activation of EPP in response to COVID-19
- Document, analyze & revise EPP
- Emergency Preparedness Plan
COVID-19

- Outbreak Response
  - Guidance
  - Resources
  - Re-opening Materials
COVID-19 SURGICAL Surveyor Worksheet

This worksheet has been developed as a supplement to the AAAASF Surveyor Handbook utilizing the evolving guidance from the CDC.


<table>
<thead>
<tr>
<th>Requirement</th>
<th>Surveyor Guidance</th>
<th>Standard</th>
<th>Compliant</th>
<th>Surveyor Comments/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>POLICIES &amp; PROCEDURES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The facility must have a policy/procedure for screening all staff, patients, and visitors entering the facility. This policy must include:</td>
<td>Ask to see this policy and the documentation of the screenings that have taken place.</td>
<td>100.010.032 600.010.030</td>
<td>☐ YES ☐ NO</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td>- Health questions related to signs or symptoms of COVID;</td>
<td>Observe for implementation of screenings with individuals entering facility.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Temperature; and</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Recent exposure questions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility must have a policy or protocol to minimize in-facility visitors.</td>
<td>Policy/Protocol review.</td>
<td>100.010.032</td>
<td>☐ YES ☐ NO</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td>Facility must have a policy related to personal protective equipment (PPE) and its use. This policy must include:</td>
<td>Policy review.</td>
<td>100.010.032 800.060.020</td>
<td>☐ YES ☐ NO</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td>- Revisions made related to COVID-19, including the laundering of cloth masks, if used;</td>
<td>Observe staff for compliance.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Require staff wear face masks while in the healthcare facility.</td>
<td>Interview Staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility must have a policy and procedure related to hand hygiene and disinfection. The policy must include the preferred use of alcohol-based hand sanitizer based upon CDC guidelines.</td>
<td>Policy and procedure review.</td>
<td>100.010.032 200.040.046</td>
<td>☐ YES ☐ NO</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td>The facility must have a written policy/procedure for infection transmission-based precautions, highlighting any revisions made related to COVID-19. According to the CDC, infection transmission-based precautions for COVID-19 include:</td>
<td>Policy review.</td>
<td>100.010.032 400.010.030</td>
<td>☐ YES ☐ NO</td>
<td>Click or tap here to enter text.</td>
</tr>
<tr>
<td>- Social Distancing</td>
<td>Observe for staff compliance.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Wearing a face covering</td>
<td>Interview Staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Hand Hygiene</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- COVID-19 Surgical Surveyor Worksheet
  - AAAASF tool to help facilities manage COVID-19 related risks.
  - Use this tool to develop appropriate measures to manage the pandemic.
• Would AAAASF providing more FDA/CDC/WHO resources help?
  A. Yes, it would be our primary source of our information.
  B. Yes, it would supplement what we receive locally.
  C. Somewhat, but we would struggle to implement under the current circumstances.
  D. No, it may contradict what we receive locally.
Infection Control and Ophthalmic Care

Address the flow of foot traffic through facility & social distancing in waiting rooms.

Frequent & meticulous hand hygiene & disinfection of patient waiting & care areas & all high touch surfaces.

Remove high touch items from waiting room.

PPE requirements for all staff and patients.

Audit staff for compliance.
Ophthalmology Considerations for PPE

Summary of Findings

- Correct: N95 Mask
- Incorrect: Cloth Mask

Droplets found on:
- Hands of the examiner
- Slit lamp

Droplets found on:
- Shoulders, arms and hands of the examiner
- Slit lamp

Examiner and slit lamp clear of droplets

Correct: Slit lamp
Scheduling & Triaging Patients

All are treated differently

- Routine ophthalmic care or urgent problems for healthy patients with no evidence of COVID-19 and no specific risk factors for SARS-COV-2
- Routine ophthalmic care for patients with symptoms suggestive of COVID-19
- Urgent ophthalmic problems of patients with documented COVID-19 (or person under investigation [PUI])
- Routine eye care of patients with a confirmed diagnosis of COVID-19
- Urgent ophthalmic problems in patients with symptoms suggestive of COVID-19
Ophthalmology Precautions for Healthy Patients

Routine Eye Care or Urgent Problems

- Patient must wear mask or face covering at all times
- Maintain physical distancing from patient
- Limit number of individuals in the examination room
- Clinicians should wear N95 mask if available or at least surgical mask
- Eye protection (face shields or goggles) should be worn to the extent practical
- Thorough handwashing before and after each patient contact
- Surfaces and equipment should be cleaned with virucidal disinfectants between all patients
### Precautions for Patients with Symptoms of COVID-19

#### Routine Eye Care

- Defer appointment until infection is ruled out and symptoms have resolved.

#### Urgent Problems

- The patient can be seen at the eye clinic.
- Follow all of the precautions taken for routine care of uninfected (healthy) patients with the additional precautions taken for patients who have a confirmed COVID-19 diagnosis.
<table>
<thead>
<tr>
<th>Precautions for Patients with Confirmed COVID-19</th>
</tr>
</thead>
</table>

**Routine Eye Care**

- Patient should quarantine at home as specified by CDC/WHO, public health authority, or institutional guidance.
- Defer appointment until after quarantine and after symptoms have resolved.
- Not all jurisdictions require follow-up testing for the presence of virus after quarantine.

**Urgent Problems**

- Follow all of the precautions taken for routine care of uninfected (healthy) patients with the additional precautions taken for patients who have a confirmed COVID-19 diagnosis:
  - Patients should be escorted directly to the examination lane.
  - Only those individuals necessary for direct patient evaluation or care should be in the examination lane.
  - N95 masks should be worn by clinicians.
  - Gowns and gloves should be worn.
  - Eye protection should not be removed.
  - Care must be taken when removing protective gear.
  - Examination rooms should be put out of service after the examination until the room can be thoroughly decontaminated per CDC/WHO, public health authority, or institutional guidance.
  - If practical, it may be more appropriate for the patient to be seen in a hospital or other setting equipped to provide both eye and medical care to patients with COVID-19.
COVID-19 Testing, Vaccination & Aerosolizing Procedures
Ophthalmology Considerations During Surgery

1. A complete seal of the adhesive drape around the surgical field is critical for preventing the spread of respiratory droplets from the patient during ophthalmic surgery.

2. Patients should wear a taped mask during ophthalmic surgical procedures in order to minimize the spread of respiratory droplets onto the surgical field and under the drape.

3. Surgeons should be mindful when removing the surgical drape due to the potential spread of droplets underneath the drape.
Reporting Requirements

List of local testing sites

Facility reporting requirements
Poll #4

• Are you able to test for COVID-19?
  A. Yes, we have reliable access to COVID-19 tests (and administer them) or to testing sites.
  B. Sometimes, we have limited access to COVID-19 tests or testing sites, but supplies are frequently interrupted.
  C. No, we do not have reliable access to COVID-19 tests or testing sites.
Even with Guidance...

There is still much work to be done.

Recently, ASC Standard #200.055.023 was cited during a survey

The Infection Control program is responsible for providing a plan of action for preventing, identifying, and managing infections and communicable diseases and for immediately implementing corrective and preventive measures that result in improvement. The infection control and prevention program must include documentation that the ASC has considered, selected, and implemented nationally recognized infection control guidelines.

The findings included: “Patients and visitors were being checked for fever upon entrance to the facility, as well as masks being donned, but the survey team were not presented with any COVID-19 screening questions.”
Always follow the CDC, WHO, and your national public health authority guidance if available. AAAASF is here to help navigate the process in any way we can.
Poll #5

• Do you have a vaccination plan?
  A. Vaccination is progressing according to a plan.
  B. Vaccination is planned but has not begun yet.
  C. There is a goal to vaccinate the population, but no detailed plan.
  D. There has been little planning for COVID-19 vaccination.
  E. Our government will need to rely on the international community and NGOs for COVID-19 vaccine distribution.