

### **Steven Hirsch and Associates**

**Accreditation News** 

July 2015

Volume 7, Issue 4

### Steven Hirsch and Associates

18837 Brookhurst Street Suite 209 Fountain Valley, CA 92708

Toll Free: (800) 624-3750 Phone: (714) 965-2800 Fax: (714) 962-3800

#### WE'RE ON THE WEB!

WWW.SHASSOCIATES.COM

#### OUR MISSION

Our mission is to provide dynamic integrated expertise that supports health care organizations in meeting and exceeding patient care standards as mandated by the regulatory environment.

#### **OUR VISION**

To provide a positive and supportive environment that fosters professionalism while providing the highest quality client centric consulting expertise in the health care industry.

#### **OUR VALUES**

CREDIBLE • ETHICAL EXPERT • INTEGRITY PROFESSIONAL RESPONSIVE

# **Ortho-phthalaldehyde Testing**

Ortho-phthalaldehyde (OPA) is a high level disinfectant used for reprocessing heat sensitive semi-critical reusable medical and surgical devices. It is important to read and follow the manufacturer's recommendations and instructions for use of OPA. The following points need to be remembered when Ortho-phthalaldehyde is being used.

- Always comply with the manufacturer's instructions for use (IFU).
- Make sure the IFU's are readily accessible for staff use/referral.
- Periodically evaluate current hospital policies and procedures on the use of Ortho-phthalaldehyde products to assure the practices are current and up to date in accordance with the manufacturer.
- Personnel using Ortho-phthalaldehyde must don personal protective equipment, including a fluid repellant gown, gloves and eye protection/face shield.
- Use Ortho-phthalaldehyde in well-ventilated areas.
- Pre-clean the contaminated devices by thoroughly using an enzymatic detergent solution followed by rinsing with large amounts of water.

### Documentation

- Record the date the OPA container was opened. Usually the solution remaining in the original container can be used for 75 days after opening provided the 75 days do not exceed the manufacturer's expiration date on the container.
- Record the date the OPA solution was poured into a secondary container. Solution in the secondary container can be used for a period not to exceed 14 days.
- Check the Ortho-phthalaldehyde solution test strips when a new bottle of test strips is opened and document the results. Use 3 test strips in full strength solution and 3 test strips in negative control solution for testing.
- Record the results of the quality control of the test strips, both positive control and negative control.
- Record the date the Ortho-phthalaldehyde test strip bottle was opened. In most cases, the test strips expire after 90 days from opening and should be labeled as such or per the manufacturer's expiration date on the label on the test strips bottle, whichever occurs earliest.
- Perform checks on OPA solution each time the solution is used, or if approved by the Infection Prevention Committee, daily.

# **Ortho-phthalaldehyde Testing**

- Check the OPA solution temperature each time it is used and record the results. Solution temperature should be at least 68°F.
- It is essential to include documentation of the type of device, the serial number of the device or another identifier for the device, and the patient's medical record number on whom the device was used on the equipment processing log, as well as the length of time the device was soaked in the OPA solution, the results of the testing of the Ortho-phthalaldehyde and the date, time, and initials of the person performing the testing and the disinfection.
- Staff members must have documentation in their personnel files of orientation, initial competency and ongoing competency for all components of the high level disinfection process including documentation of the results of the testing performed.
- It is strongly recommended that the hospital develop checklists for the high level disinfection and documentation processes and that these checklists are put in front of any staff that performs the disinfection processes.

There are several references available for additional information and guidance, including the American National Standards Institute (ANSI), the Association for Advancement of Medical Instrumentation (AAMI), the Association of perioperative Registered Nurses (AORN), the Association for Professionals in Infection Control (APIC) and manufacturer specific web sites.

## Written by Linda Paternie, RN, BS, MHA of Associates

## Herpes Zoster (Shingles)

Herpes zoster, or shingles, is caused by a reactivation of the varicella zoster virus (the chickenpox virus) in



the sensory ganglia. A rash subsequently develops in one or more of the adjacent dermatomes (see picture on left). In the United States, herpes zoster affects nearly one million people per year, half of which are age 60 or older. Herpes zoster begins with a short-lived erythematous and macular rash, which is often not noticed. Next, papules appear and develop into vesicles within I - 2 days. Vesicles continue to form for 3 - 4 days, followed by a pustular stage. Three to five days later, the lesions ulcerate and crust. Crusting usually subsides in 3-4 weeks. The thoracic and lumbar dermatomes are the most commonly involved sites of herpes zoster. Often the rash is painful and pruritic. In some patients, particularly the elderly, the pain persists after the rash subsides and develops into post-herpetic neuralgia. In immunocompetent individuals, herpes zoster typically involves a single dermatome and does not cross the midline.

**Transmission.** In immunocompetent patients with single dermatome herpes zoster, transmission to others is thought to be rare. When transmission does occur, it is believed that direct contact with the skin lesions is the source of transmission. However, reports exist describing aerosalized virus from skin lesions as a mode

Dermatome Involvement	Immune Status	Isolation	Length of Isolation
Single	Immunocompetent	Standard Precautions	
Disseminated (lesions outside the primary or adjacent dermatomes)	Immunocompetent	Standard, Contact, Air- borne	Until lesions dry and crusted
Single or disseminated	Immunocompromised	Standard, Contact, Air- borne	Until lesions dry and crusted

# Herpes Zoster (Shingles) Continued...

of transmission. Viral DNA of herpes zoster patients has been found to widely contaminate the environment and has been detected in room air purifier filters.

**Isolation.** The type of isolation indicated for herpes zoster is often a source of confusion for health care workers. The type of isolation indicated depends on dermatomal involvement and the patient's immune status as described in the table on the previous page:

Strict isolation is indicated for the second and third categories of patients listed in the table. These patients are likely to have the virus replicating in their bloodstream, consequently involving the respiratory tract. Therefore, airborne and contact precautions are indicated.

**Transmission to Health Care Workers.** Although rare, reports exist in the literature of health care workers acquiring primary varicella, or chickenpox, from patients with herpes zoster. This can present a concerning scenario. Primary varicella in adults carries a 20-fold mortality rate compared to that of varicella in children. Additionally, a healthcare worker with varicella can be the source of contagion to those who are susceptible. Therefore, as a health care worker, it is important to know one's varicella immune status. Evidence of immunity for health care personnel includes any of the following:

- Diagnosis of previous varicella or herpes zoster disease
- Laboratory evidence of immunity
- Documentation of vaccination with 2 doses of varicella vaccine

Varicella immunization with two doses of varicella vaccine is extremely effective in preventing varicella infection in children and adults. It is associated with minimal side effects, such as pain at the injection site. Varicella vaccine is a live virus vaccine, so it is contraindicated in pregnancy and in certain other conditions.

### References

"Prevention and Control of Varicella-Zoster Virus in Hospitals." In: <u>UpToDate</u> 2014.

"Detection of Aerosalized Varicella-Zoster Virus DNA in Patients with Localized Herpes Zoster". In: <u>The</u> <u>Journal of Infectious Diseases</u> 2004; 189: 1009-12.

"Preventing Varicella in Health Care Settings". CDC.GOV

## Written by Judy Hagerty, RN, MS, CIC of Associates

## About Steven Hirsch & Associates

Steven Hirsch & Associates has been providing healthcare management consulting services including accreditation preparation services to hospitals and other healthcare related organizations throughout the United States since 1987. Beyond accreditation and licensure survey preparedness, our healthcare consulting team can provide assistance in a number of areas including Medicare certification, performance improvement, nursing management, infection prevention and control, Life Safety Code compliance, medical staff services (including credentialing and independent peer review), clinical lab management and compliance with HIPAA. For more information on how Steven Hirsch & Associates can assist you with accreditation and licensure preparedness, Medicare certification and other management challenges, please contact us at (800) 624-3750 or visit www.shassociates.com.

### Steven Hirsch and Associates

18837 Brookhurst Street Suite 209 Fountain Valley, CA 92708

Toll Free: (800) 624-3750 Phone: (714) 965-2800 Fax: (714) 962-3800

WE'RE ON THE WEB!

WWW.SHASSOCIATES.COM

#### **OUR SERVICES**

- Pre-accreditation, Medicare certification, and Licensing surveys
- License conversion assistance
- Infection control program assessment and maintenance Staff development
- Ambulatory-surgery program development and operating room management
- Assessment of patient acuity systems
- Human resources management and competencies assessment
- Medical staff support services (including professional credentialing services and independent peer review)
- Clinical laboratory management and CLIA
- Performance improvement (CQI) and Patient Safety consultation
- Management of the Environment of Care (including Life Safety Assessment)
- Joint Commission Survey Interview Training
- PPR Preparation

## Minutes: Who Has Access?

All medical staff committee meeting minutes must to be maintained in the Medical Staff Office, under the custody of the Director/Manager of the Medical Staff Office, and can only be accessed by the following persons who assist in credentialing/peer review or performance improvement activities, to the extent necessary to perform their official duties:

- 1. Chairperson and committee members of committee to which they are assigned.
- 2. Chief of Staff has access to all minutes, as necessary.
- 3. The medical staff/hospital attorney, as necessary.
- 4. Members of the Board of Directors, the President or CEO or designee.

There are two types of minutes. Open/General session and Closed/ Executive session minutes. Open/General session are those in which reports, i.e. Administrative, Nursing, Financial, etc., standing department/ committee reports, i.e. surgery statistics, utilization review data, pathology/ laboratory reports, policy and procedures, etc. are discussed.

The Closed/Executive session minutes usually include credentialing, peer review and possible disciplinary actions that may be pending or have been enacted. It is customary that all non-medical staff members of the committee be excused during closed/executive session. At the discretion of the Chairperson, the nursing director of a department, or even a member of the Administrative team may be asked to stay and participate in the peer review presentation(s), since they may have information about the case(s) being reviewed and can add value to the discussion.

All requests for access to the medical staff committee meeting minutes need to be reviewed by the Director/Manager of the Medical Staff Services. The notice should include the name of the person requesting to review the minutes and the purpose of the review. The review of the minutes should take place in the presence of the Director / Manager of Medical Staff Services or a designee. The person reviewing the minutes can take notes, but should not be permitted to make copies. Minutes that may need to be copied will be at the direction of the Chief of Staff or designee. All reviews of committee meeting minutes, whether from a member of the medical staff or an outside entity must take place in the presence of a representative of the Medical Staff Services Department.

This rule does not apply when the hospital is undergoing a survey, either by an accreditation agency or by a state or federal regulatory agency.

It is advisable that at the start of a new medical staff year when committee chairs and members are selected or appointed, all committee members sign a Confidentiality Agreement, acknowledging that all proceedings in a committee meeting are confidential and are not to be discussed outside of the committee.

Written by Margo Smith, RHIT, CPMSM, CPHQ of Associates