TMC
TOTAL MEDICAL COMPLIANCE

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JANUARY 2019

THE ADVISOR

MONTHLY COMPLIANCE COMMUNICATOR

INSTRUMENT PROCESSING: THE SERIES

Welcome to 2019! Many people have created a list of personal resolutions for 2019, but have you considered creating resolutions for your business? Over the course of the next several months we will cover each step of instrument processing in detail. Consider making instrument safety your practice's New Year resolution.

This series of articles will cover the following topics:

- Overview of Instrument Processing
- Cleaning Instrumentation
- Packaging Instruments
- Process of Sterilization
- Monitoring the Sterilization Process
- Storage

Overview of Instrument Processing

Patients entering your practice or facility expect that safe care will be provided. If you are performing procedures which utilize instruments, then you must make it a priority to ensure instruments are reprocessed according to an approved process.

Often when working with clients I hear this phrase, "We have always done it that way." This may be your response when describing how instruments are prepared for reuse, but do you know WHY you are following a set of processes? There is a method to the madness of instrument processing and it started with Earl Spaulding.

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INSTRUMENT PROCESSING: THE SERIES

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The Spaulding classification system groups instrumentation into three categories based on the risk for infection when used. The table below shows each classification and examples of items that belong to it. The CDC and infection control specialists through-out the United States, recognize the Spaulding system as the authority on making reusable instruments safe for patient use.

DEVICE CLASSIFACTION	EXAMPLE	PROCESS
Critical – Enters sterile tissue or the vascular system	Surgical Instruments, burs, scalers	Sterilization
Semi-critical – Contact with mucous membranes or non-intact skin	Mouth mirrors, dental handpieces	Sterilization or high-level disinfection
Non-critical – Contact with intact skin	Blood pressure cuff	Intermediate or low-level disinfection

Instruments that come in contact with sterile tissue must be sterilized before reuse. This process eliminates all forms of microbial life including spores. In dental practices, a steam autoclave or a dry heat sterilizer is used to accomplish sterilization of instruments. Even though there is the option for semi-critical items to be high-level disinfected, the safest method is to heat sterilize these items after they have been used for patient care. Examples include, vaginal speculums, suture removal instrument, dental handpieces, cheek retractors, or mouth mirrors.

Instrument processing follows a logical sequence of steps which should never vary:

1. Transporting contaminated instruments
2. Cleaning
3. Drying and packaging instruments
4. Established sterilization cycles and monitoring
5. Storing sterilized instruments appropriately

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Each practice must have easily accessible and clearly written policies and procedures. A critical key to overall success of instrument processing is the manufacturer's instructions for use. Each piece of instrumentation and equipment, such as the sterilizer, and even the chemicals and detergents used in reprocessing, come with directions on appropriate use from the manufacturer. It is imperative to thoroughly read these instructions and include the guidance in policies and procedures to ensure instruments are safe for use on patients.

Over the next several weeks, locate all your manufacturer's instructions for use and your written policies. Do the two match? Are the policies and procedures easy to understand and follow? Hopefully they do, but if not, it is a new year and now is the time to ensure all instruments are safe for use during procedures.

Next up: Instrument Cleaning: The Dirty Side of the Process

Fun with GHS Winner!

In 2018, TMC gave away $250 to ten lucky customers who correctly identified the GHS pictorgram of the month. The pictogram for December was the exploding bomb. Many got it right, but we had to pick only one winner and it was Dawn F. of Florida. Congratulations Dawn!

We've enjoyed receiving all of the Fun with GHS entries, and we are now to the end of our year-long contest. December was the last month to turn in your entry with your answer. However, we have ONE final winner to announce! Out of over 500 entries for the grand prize, Rochelle M. of North Carolina is our big year end lucky winner of a $100 gift card! Congratulations Rochelle! Thank you everyone for joining us. Look for more fun contests this year and more chances to win!

TMC OSHA COMPLIANCE

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NEW OSHA REGULATIONS ON ILLNESSES AND INJURIES – PART II

OSHA announced new regulations on reporting workplace illnesses and injuries in May 2016. There are basically two parts to these changes. Part one, which was covered in last month's Advisor, involved reporting illnesses and injuries electronically and does not affect any business that doesn't have to report annually (including physician and dental offices). To review, see last month's Advisor. Part two covers changes in the policies and procedures needed to ensure employees report their illnesses and injuries without fear of negative consequences. Part two was supposed to go into effect on November 1, 2016 but was put on hold by President Trump on April 4, 2017. Part two is now in effect.

Part two of the new regulations addresses employee concerns about reporting injuries. These changes apply to all businesses because the fear of negative fallout from reporting injuries is found in all industries, even in healthcare. In a recent OSHA survey of healthcare providers, two-thirds of the respondents cited fear of reporting illnesses and injuries. The key pieces are:

- Employers must establish "reasonable" procedures to report illnesses and injuries that do not discourage workers from reporting.
- Employers must inform their employees of the reporting procedures, that they have the right to report and that their employer is not allowed to fire or discriminate against them for reporting.

Under these regulations OSHA can now cite and fine a business for discrimination even if the employee did not report it to OSHA. OSHA specifically mentions the following prohibited discriminations:

- Termination
- Pay reduction
- Reassignment to a less desirable position
- Removal from the pool eligible for promotion or bonuses
- Blanket post-injury drug testing — Drug testing should only be used when there is a reasonable likelihood that drug impairment led to the injury and the drug test must be able to prove impairment not just that the worker used drugs at some point. This does not interfere with a Workers Comp requirement because that would not be a discrimination by the employer.
- Any adverse action that could well dissuade a reasonable employee from reporting a work-related accident or illness
- Any policy of action or discipline for having an illness or injury that does not take into account reason or fault
- Discipline for not following the procedure for reporting the illness or injury.
- Bonuses or other perks for few or no illnesses or injuries — This constitutes company and peer pressure to not report.

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NEW OSHA REGULATIONS ON ILLNESSES AND INJURIES – PART II

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In addition, disciplining an employee for failure to follow a company standard safety procedure that resulted in an injury or illness can be reviewed as unacceptable. You would have to prove that this discipline is accorded to all employees regardless of injury or illness and that you have a means to monitor whether the procedure is followed.

- Employees, ex-employees, and their personal representative are allowed to access their own incident reports and if requested it must be provided by the end of the following day.

TMC has already incorporated these changes into our training programs for our clients. If you would like more information, call our Customer Service at 1-888-862-6742.

HIPAA MYTH: LISTENING TO FAMILY AND FRIENDS

Recently I had a very frustrating visit with my doctor. As an educator with an expertise in HIPAA law it is difficult when I run headlong into someone who adamantly believes incorrect information. I hear this often from my clients too when they are dealing with other healthcare offices. It is not surprising. HIPAA is complex and has changed over time. Between the first proposed regulations and the publication of the final rules there were a lot of changes. Some of the early (and revoked) proposals never made it into law but stayed in people's memories. Also, companies made HIPAA policy decisions based on laws that were never passed.

My recent frustration was because of one frequently misunderstood point. My aging mother and I share the same doctor. During my visit I tried to give my doctor information on changes I was seeing in my mother's behavior and memory, which were especially concerning to me because my grandmother died of Alzheimer's. The doctor told me she could not have this conversation due to HIPAA. I told her I understood she could not discuss my mother's treatment with me, but she could listen to my observations and take them into account during her assessment. She was adamant that she could not listen to me.

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TMC HIPAA COMPLIANCE

HIPAA MYTH: LISTENING TO FAMILY AND FRIENDS

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People often misinterpret this issue. HIPAA does not now and never has dictated the information a healthcare provider can take in and consider for treatment. It only protects what you can do with the information you have. HIPAA is all about restricting the access, use or disclosure of someone's health information (regardless of how you got it) to the wishes of your patient or those areas of necessity: treatment, payment, healthcare operations, and where required by other laws.

There are many options allowed to a provider in a situation where you are being given information by a friend or family member.

1. You can say thank you and add it to your patient's chart if you feel it is warranted.

2. You can discuss the information being given generically. For example, "The behavior you are describing is a normal process, but if you are concerned you can visit this website for more information on Alzheimer's."

By shutting down my comments the doctor disregarded a valuable source of information for no reason. HIPAA law should not interfere with the treatment of a patient. That is stated in the law directly. If you find that HIPAA is directly impacting your treatment of a patient, call and get advice because you have probably run into a HIPAA Myth. As a TMC client you can call 1-888-862-6742.

Special report by Debra Gordick

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PROTECT YOURSELF

With over 369 billion emails sent each day, it is an integral party of business communications. It is important to protect your data when sending private information out via email. Be Mindful. As users (employees or home) we need to be mindful of the significant amount of confidential data we touch on a regular basis: social security numbers, tax information, credit cards, passwords, financial documents. This data is very valuable and desirable on the black market.

Before sending email, ask yourself the following questions:

- Should I share it? Often, we send an excess of data – more than is necessary. Do you really need to email your social security number or credit card number? When sharing data with partners at work, can you slim it down by including fewer records?
- Is there another way to share this? Do you have the option to share via Google Drive or Microsoft OneDrive?
- Did I protect the email? If you are attaching data, is the file encrypted? Microsoft Office documents (e.g. Word, Excel) natively support encryption.
- Have I followed the company rules? Many organizations already have a solution that allows you to easily and safely share data with the outside world. Check with your helpdesk regarding what tools they support.

IT'S YOUR CALL

OSHA Situation:

Does our office have to keep the 300 Workplace Injury and Illness Log?

HIPAA Situation:

Should volunteers in our office receive HIPAA training?

CLICK HERE FOR THE ANSWERS

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INSTRUCTIONS

Print and post newsletter in office for staff review. Each member should sign this form when completed. Keep on file as proof of training on these topics.

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