An electronic questionnaire was distributed to all unaccredited ambulatory practices. Development of an ambulatory risk assessment tool to identify high-risk practices (those performing on-site sterilization and/or high-level disinfection or on-site invasive procedures) and prioritize identified practices for assessment by a dedicated, full-time IP Specialist to address opportunities for improvement.

OBJECTIVES

• Develop a risk assessment tool to identify high-risk, ambulatory practices.
• Prioritize practices for assessment by an IP Specialist to identify high-risk IP deficiencies.
• Address any high-risk findings for quick resolution.
• Improve patient safety and reduce the risk of patient harm, including infection, from care provided in the ambulatory setting.
• Track the number of practices with high-risk findings as well as subsequent improvements via scoring system.

METHODS

• An electronic questionnaire was distributed to all unaccredited ambulatory practices with specific questions regarding medication handling, invasive procedures, point-of-care and laboratory testing, patient population, and disinfection or sterilization procedures. Practices had 30 days to respond and responses were voluntary.
• Responses were scored using a point system, where practices providing urgent care services, those performing high-level disinfection or sterilization scored higher than others. Practices also received points based on frequency of procedures with rarely = 1, monthly = 2, weekly = 3, daily = 4.
• Practices were prioritized for visit based on the calculated score so higher scoring practices were assessed first.
• Practices who did not respond were placed on the list to be seen based on population served.

RESULTS

• Use of a risk assessment tool assisted in prioritizing practices for assessment.
• On-site assessment revealed 31% of unaccredited ambulatory practices had at least one major IP deficiency with potential for significant patient harm.
• Practices with any high-level findings averaged three major IP deficiencies per practice.

OUTCOMES

• Solidified need for a dedicated IP Specialist for the ambulatory setting.
• Practices with any high-risk findings reduced their deficiencies at least by 50% upon follow-up.
• At least half of the practices with high-level findings had zero IP deficiencies at follow-up.
• A total of 83 high-level findings were cited initially; as of 9/19/19, there are 12 high-level findings existing, pending resolution.

DISCUSSION

• As healthcare shifts to the outpatient setting, ambulatory practices have a greater need for dedicated IP oversight.
• Voluminous practices can be prioritized for assessment using a risk assessment tool.
• Risk of patient harm can be reduced by identifying practices with high-risk IP deficiencies and assisting in resolution.
• Direct correlation to healthcare-associated infections could not be make but reducing high-level findings suggests a reduction in potential patient harm.
• Cone Health will continue this program with a dedicated full-time IP Specialist to reduce high-risk IP findings in ambulatory practices, including unaccredited sites.

NURSING IMPLICATIONS

• Reducing IP deficiencies, particularly related to sterilization and high-level disinfection, can reduce the risk of patient harm in the ambulatory setting.
• A standardized risk assessment can help IPs prioritize their work.
• A standardized approach encourages resolution of findings.

REFERENCES

Nucci, D. (2016). Not all ambulatory sites are created equal: How a large tertiary hospital developed and utilized a specialized risk assessment tool (A-IPRA), improving patient safety in over 100 office locations. Proceedings from Association of Professionals in Infection Control and Epidemiology 43rd Annual Conference. Charlotte, NC.