

Developing an Ambulatory Infection Prevention Program

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Relevant Financial Disclosures

I have no relevant financial disclosures.

Learning Objectives

Describe

Describe the role of Infection Preventionists (IPs) in developing and conducting a risk assessment for ambulatory clinics



Identify

Identify key team members IPs can partner with to form a rounding tool and reporting plan



Explore

Explore common challenges in ambulatory clinics and how to strategize solutions to bring about a comprehensive process change.



Are you currently responsible for ambulatory clinics at your facility?

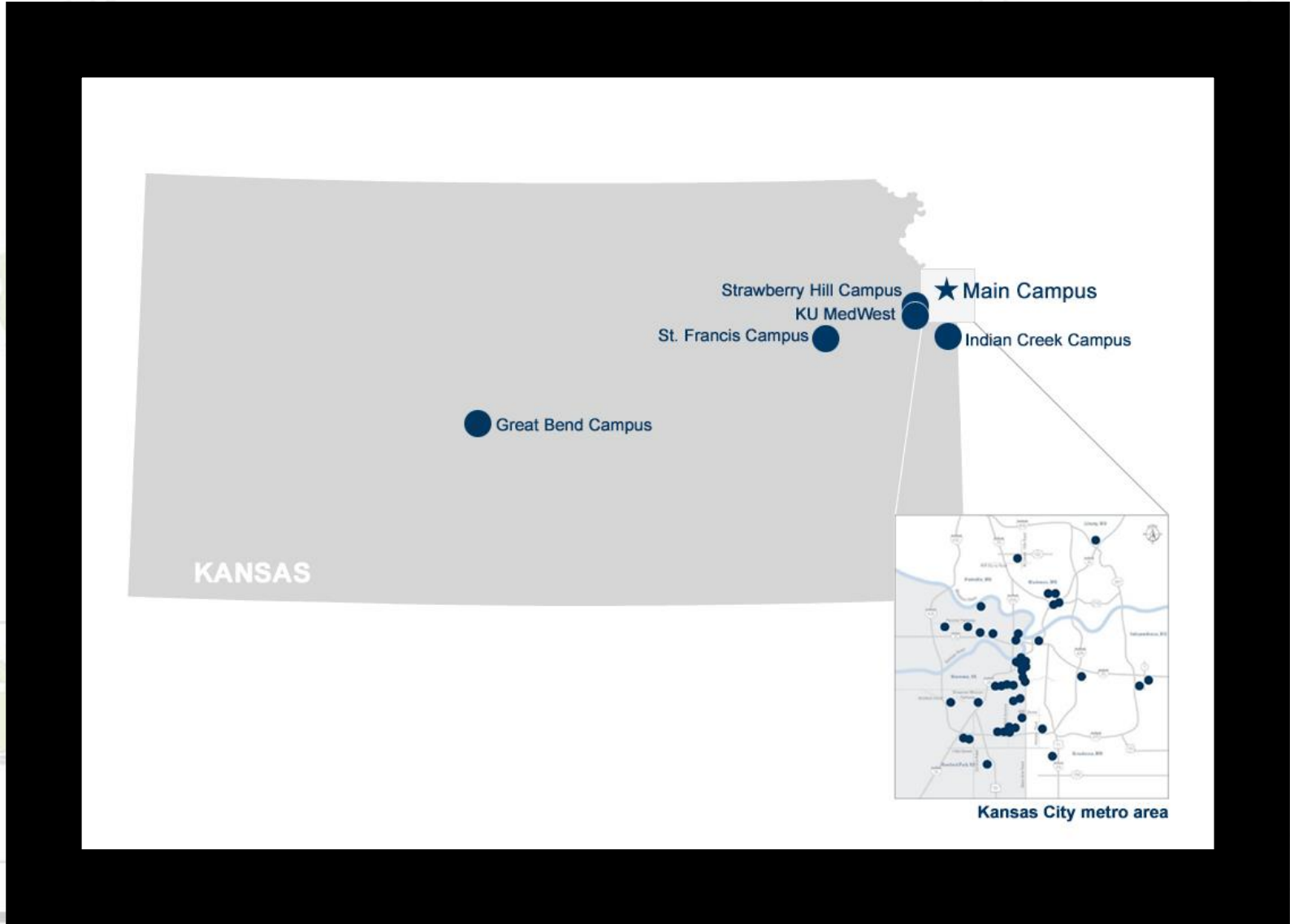
Say “YES” in the chat



The University of Kansas Health System



Where in the world is KANSAS??



CANADA

Pacific Ocean

Atlantic Ocean

KANSAS

Kansas City metro area



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The University of Kansas Health System



The University of Kansas Health System

3 acute care and 2 behavioral health hospitals

1,003 staffed beds*

101,992 surgical procedures*

3,334,316 outpatient visits*

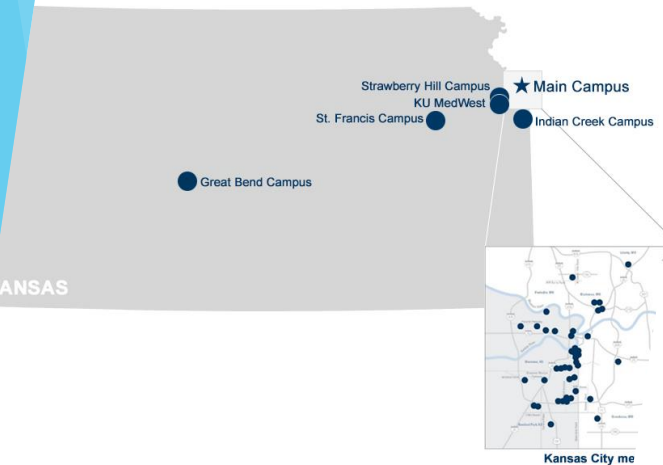
63,002 Emergency Department visits*

100+ hospital and clinic locations

14,000+ employees

1,000+ total physicians

**Kansas City Division only*





▶ Let's go BACK in time...

2018

3 new hospital integrations

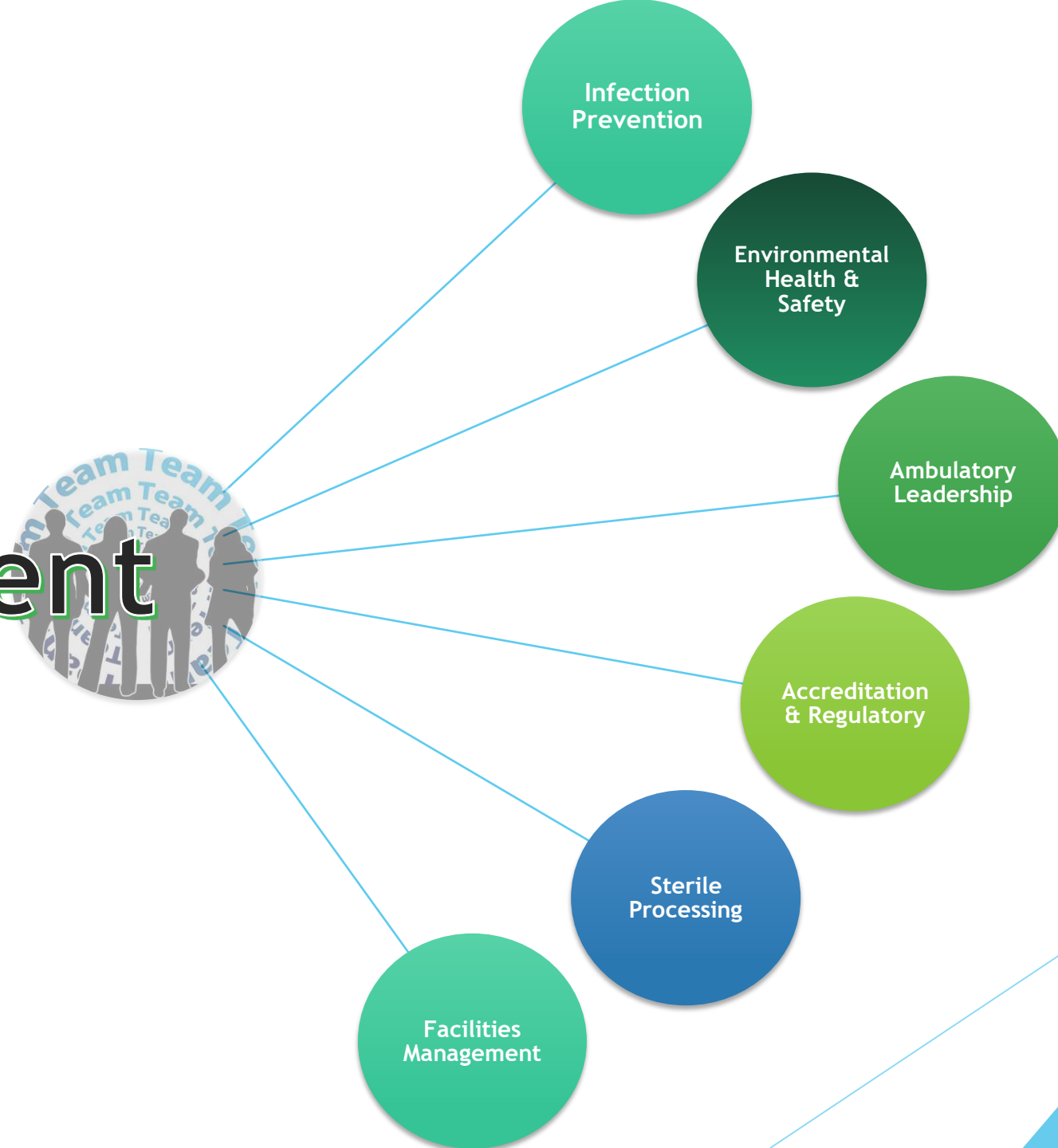
New tower (100 inpatient beds)

**But wait...
there's MORE!**



101 New Clinics!!

Gap Assessment Team



GUIDE TO INFECTION PREVENTION FOR OUTPATIENT SETTINGS: MINIMUM EXPECTATIONS FOR SAFE CARE



FILLABLE FORM

National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion



Version 2.3 - September 2016

► [Guide to Infection Prevention for Outpatient Settings:
Minimum Expectations for Safe Care | HAI | CDC](#)

The Pillars of Infection Prevention:

Standard Precautions



Hand Hygiene



Personal Protective
Equipment



Respiratory
Etiquette



Sharps Safety



Safe Injection
Practices



Sterile Instruments
& Devices



Clean & Disinfected
Environmental
Surfaces



Hand Hygiene

Availability of handwashing sinks

Products

- Soap
- Alcohol-based Hand Rub
- Paper towels (storage)

CDC/WHO guidelines



PPE

Access to all needed PPE

- Standard/Transmission Precautions
- Chemical safety



Respiratory Etiquette

Masks, tissue, hand sanitizer,
trash available to patients

Signage



Sharps Safety

Sharps bins

- Location
- Stabilization
- Disposal service

Safety mechanisms



Safe Injection Practices

Multi-dose vial practices

Med prep area

Single use items



Sterile Instruments & Devices

What procedures?
Single use or reprocessed
High Level Disinfection
Staff competency



Clean & Disinfected Environmental Surfaces

Cleanable surfaces
Products
Who cleans what?

Discussion Time!

What gaps or challenges do you think we discovered?



Welcome to the Wild West!

Ambulatory Challenges



Challenge #1: Geography



St. Joseph

**KANSAS CITY
METROPOLITAN AREA**



Topeka

KANSAS

MISSOURI

Challenge #3: Variety of Procedures

Scopes

Minor procedures (biopsy, vasectomy, colposcopy)

Central line access

Infusions

High Level
Disinfection/Sterilization



Challenge #4: Lack of Standardization

Supplies

Medical

IFU
Cleaning/Storage
Warranty/Prevention

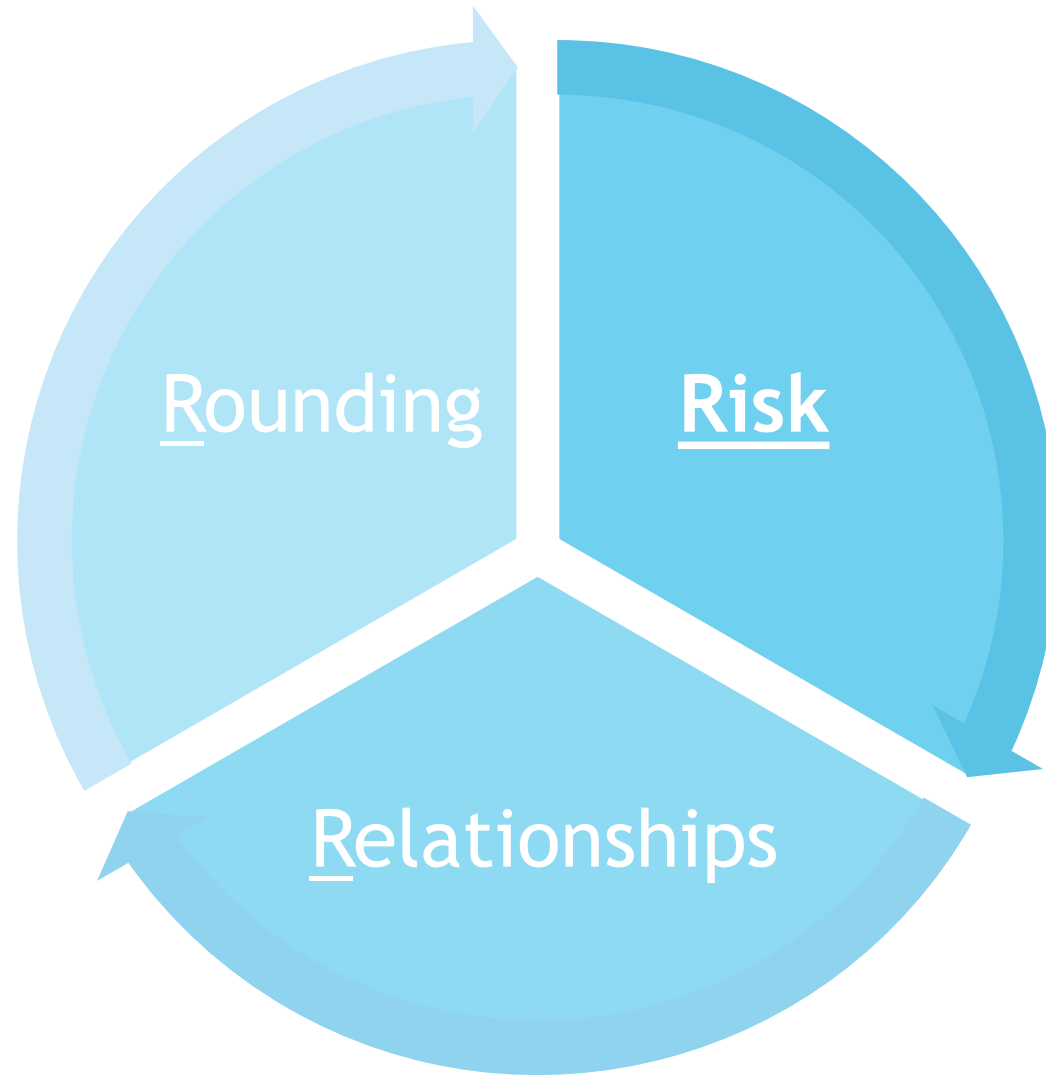
Job Training



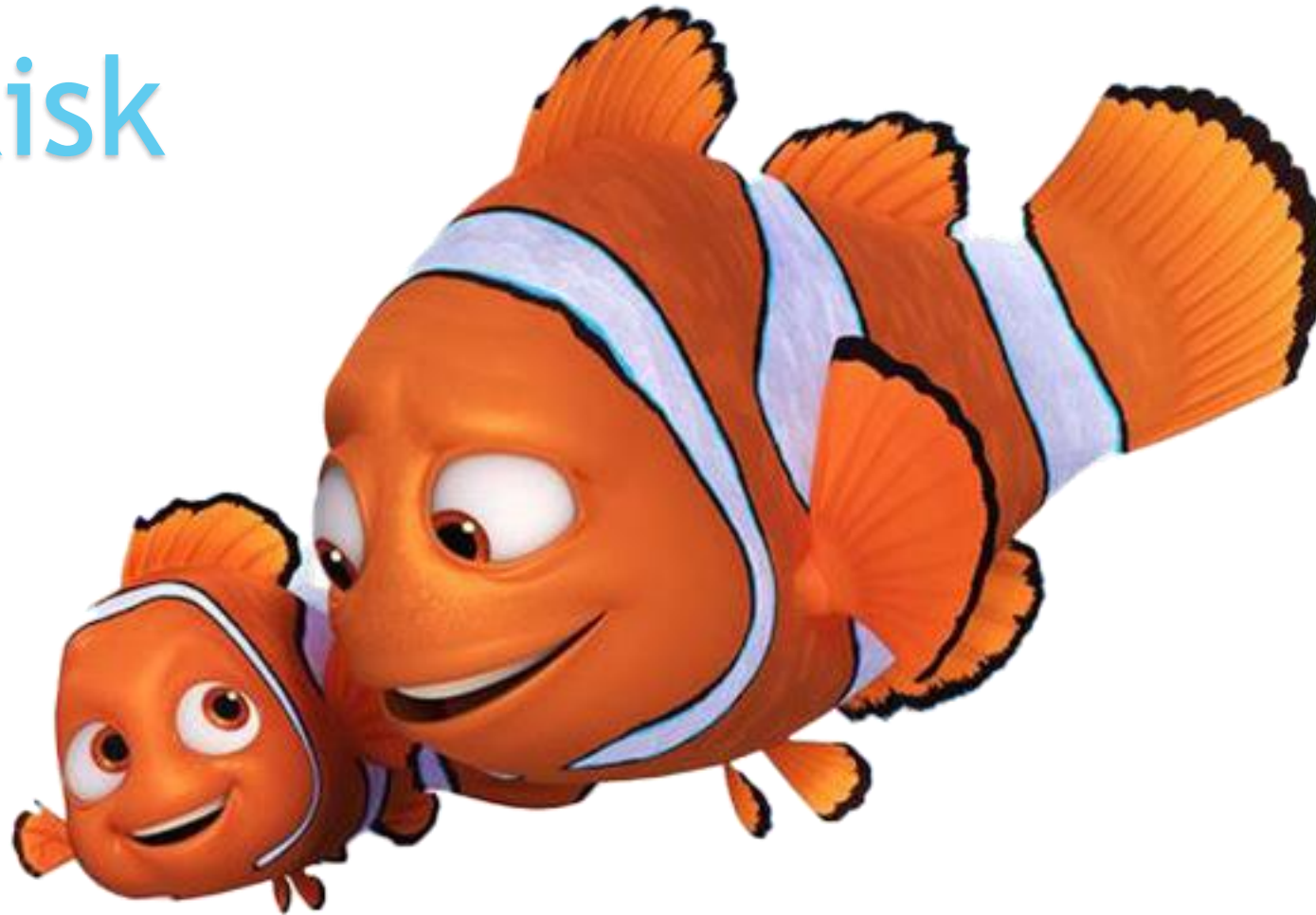


Tools of the Trade

The 3 “R”s



Risk



Assessments

IPAC Program Risk Assessment

Infection Control RISK ASSESSMENT AND PRIORITIZATION WORKSHEET

Event / Conditions and Problems	What is the potential impact of this condition/problem on patients, staff, and visitors?				What is the probability of this condition/problem impacting patients and staff?				What is your organization's preparedness to deal with this condition / problem?				Numerical risk level
	High (3)	Med (2)	Low (1)	None (0)	High (3)	Med (2)	Low (1)	None (0)	None (3)	Poor (2)	Fair (1)	Good (0)	Total
GEOGRAPHY & COMMUNITY:													
Transportation Mass Casualty													
TB Exposure													
Hurricanes													
Community-Acquired MRSA													
POTENTIAL INFECTION:													
Surgical Site Infection													
Endophthalmitis													
Fusarium													
VRE													
MRSE													
MRSA (hospital acquired)													
COMMUNICATION:													
Lack of notification of presence of HAI													
Lack of notification of employee with illness/disease													
EMPLOYEES:													
Poor Hand Hygiene Compliance													
Pink Eye, Viral Conjunctivitis													
(HAI) Hospital Acquired Infection													
Blood & Bodily Fluid Exposure													

What is the risk

What would its impact be?

What is its probability

What is our preparedness?



Ambulatory Clinic Risk Assessment

Low Risk

- Office areas
- No invasive procedures
- No injections or infusions
 - General medical physical exams
 - Physical therapy
 - Psychiatry/Psychology

Medium Risk

- Any area that performs injections
- Point of care testing
- Laboratories
- Blood draw stations
- Regulated medical waste (if not high risk)
- Airborne Infection Isolation Room (AIIR)
- Instrument decontamination

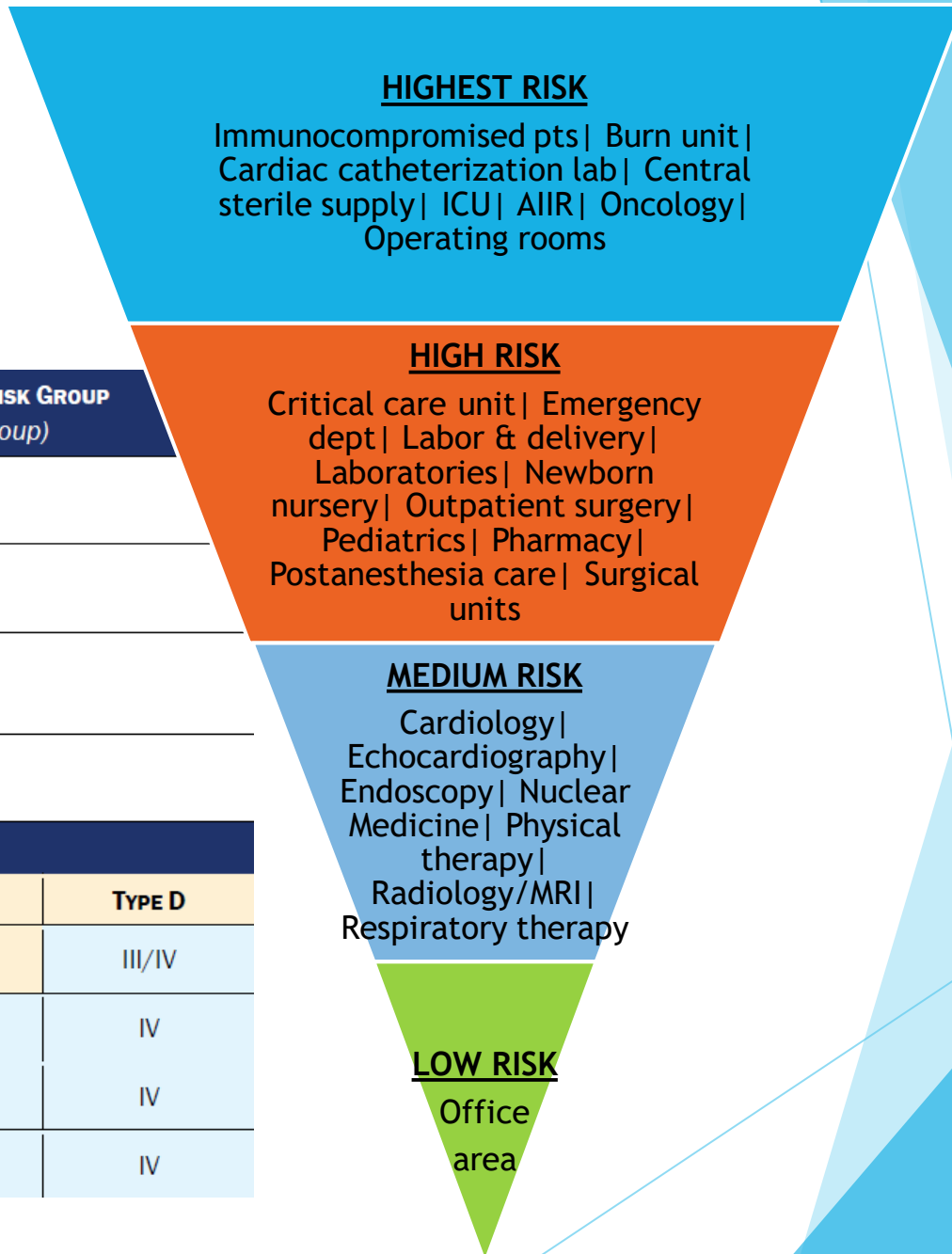
High Risk

- Off-site emergency dept
- Urgent care
- Immunocompromised patients
- High level disinfection and/or sterilization
- Infusions
- Invasive procedures and/or surgery
- Pharmacy satellites for infusion centers
- Sites with major deficiencies on prior review





Construction Risk Assessment (ICRA)



HIGHEST RISK

Immunocompromised pts | Burn unit | Cardiac catheterization lab | Central sterile supply | ICU | AIIR | Oncology | Operating rooms

HIGH RISK

Critical care unit | Emergency dept | Labor & delivery | Laboratories | Newborn nursery | Outpatient surgery | Pediatrics | Pharmacy | Postanesthesia care | Surgical units

MEDIUM RISK

Cardiology | Echocardiography | Endoscopy | Nuclear Medicine | Physical therapy | Radiology/MRI | Respiratory therapy

LOW RISK

Office area

CONSTRUCTION ACTIVITY (Check Type of Activity)		INFECTION CONTROL RISK GROUP (Check Risk Group)	
Type A—Inspection, noninvasive activity		Group 1—Lowest risk	
Type B—Small-scale, short-duration projects		Group 2—Medium risk	
Type C—Activity generates moderate to high levels of dust, requiring > 1 work shift for completion		Group 3—High risk	
Type D—Major duration and construction activities requiring consecutive work shifts		Group 4—Highest risk	

CONSTRUCTION ACTIVITY/RISK GROUP MATRIX					
Construction Activity		TYPE A	TYPE B	TYPE C	TYPE D
Infection Control Risk Group	Group 1	I	I	II	III/IV
	Group 2	I	I	III	IV
	Group 3	II	III	III/IV	IV
	Group 4	III	III/IV	III/IV	IV

Disinfection & Sterilization Risk Assessment

Tools of the Trade
Risk Assessments



HIGH LEVEL DISINFECTION/STERILIZATION HAZARD ASSESSMENT FORM

IDENTIFICATION						
BUILDING/ PHYSICAL LOCATION:						
DEPARTMENT:			ASSESSMENT DATE:			
EHS Representative:			Biomed Representative:			
IPAC Representative:			Sterile Processing Representative:			
Department Representative:			Construction Representative:			
A. ASSESSMENT OF EQUIPMENT						
Instrument/ Medical Device (Serial/Model #)	Current Reprocessing Method	Manufacturer Recommendations	Time Frame for Reprocessing*	Disposable Option	Closed/ Semi Closed Option	RAC Code (C)
1.			A B C D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
2.			A B C D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
3.			A B C D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
4.			A B C D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
5.			A B C D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
6.			A B C D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
7.			A B C D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
8.			A B C D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
9.			A B C D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
10.			A B C D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
11.			A B C D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
12.			A B C D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
13.			A B C D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
14.			A B C D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
15.			A B C D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
16.			A B C D	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

*Key for Time Frame for ALL Levels of Reprocessing:
A: >1 time a day
B: ~1 time a day
C: 1 - 2 times a week
D: < 1 time a week

Inventory Reviewed By:
 BioMed Sterile Processing
 IPAC Environmental Health & Safety



Additional Risk Assessments (as needed)

To determine the potential negative consequences (risks) of an action or a situation

To evaluate the extent of those risks

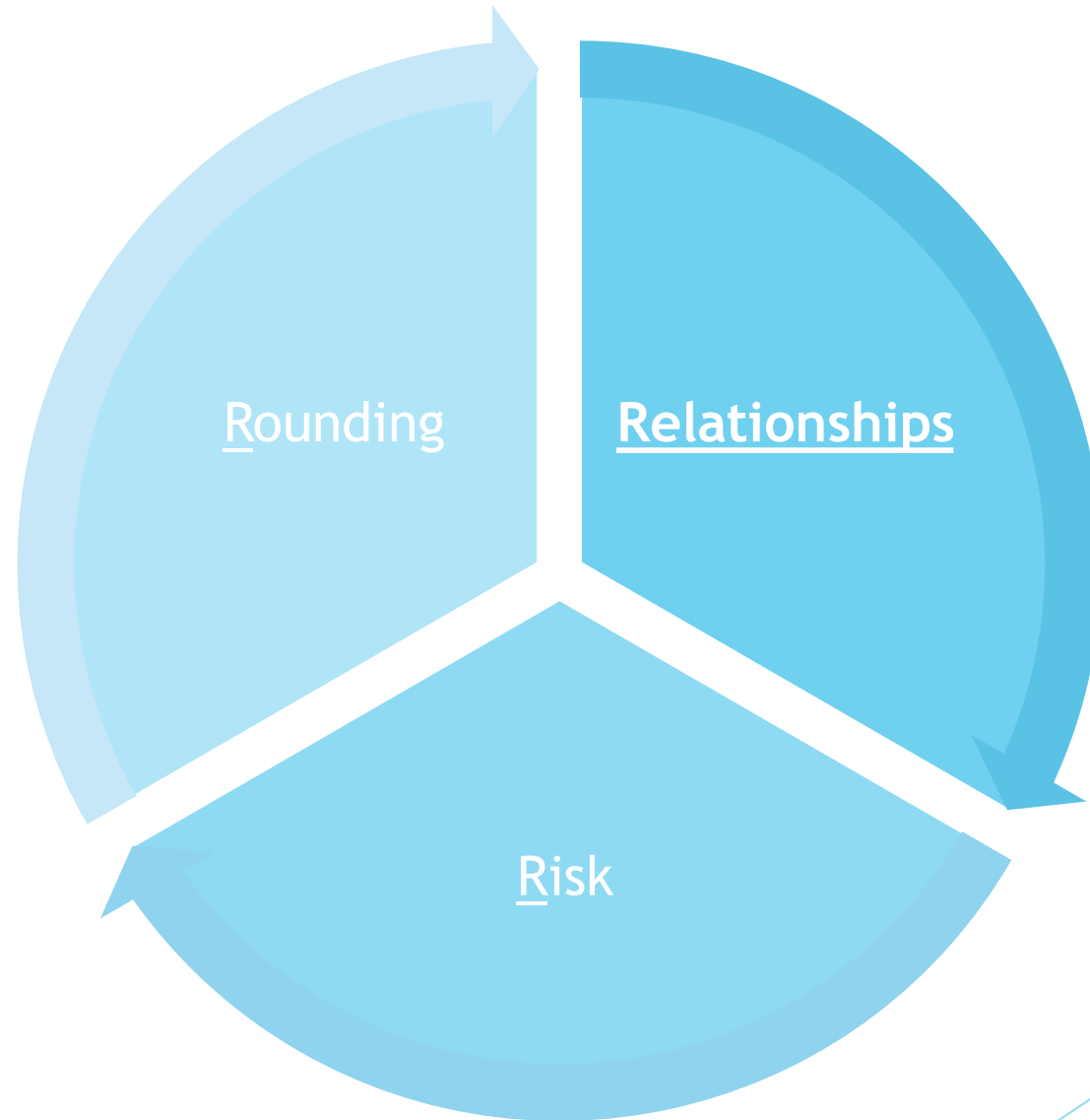
To decide whether to tolerate, mitigate, or avoid those risks



The Joint Commission Guide to **Risk Assessment**



The 3 “R”s



Poker Face

Tools of the
Trade
Relationships



Be Curious, Not Judgmental

Tools of the
Trade
Relationships



2 Eyes, 2 Ears, 1 mouth

Tools of the
Trade
Relationships



Be A Resource

Infection Prevention and Control Isolation Guidelines

Infection Prevention and Control		24/7 Pager 913-917-1909		
	Standard Precautions <i>Applies to every patient every time!</i>	Contact Precautions	Droplet Precautions	Airborne Precautions
Wear Gloves	Contact with blood, body fluids, or potentially contaminated material	Wear gloves when entering room ★ Contact PLUS: wash hands with soap and water when exiting room	Same as standard precautions	Same as standard precautions
Wear Mask	Contact with blood, body fluids, or potential sprays of respiratory secretions. Use eye protection when applicable.	Same as standard precautions	Wear mask when entering room	PAPR Negative airflow/ HEPA filter
Wear Gown	Contact with blood, body fluids, or potentially contaminated material	Wear gown when entering room	Same as standard precautions	Same as standard precautions

Reference: CDC Guidelines 2007

IPAC 24/7 Pager 913-917-1909		Page IPAC STAT	
<input type="checkbox"/> AIDS/HIV	<input type="checkbox"/> Metapneumovirus	<input checked="" type="checkbox"/> Mumps	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Adenovirus pneumonia	<input checked="" type="checkbox"/> Parvovirus B19	<input checked="" type="checkbox"/> Pertussis	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> C.diff	<input checked="" type="checkbox"/> Pending RVP	<input checked="" type="checkbox"/> Rubella	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Chickenpox (varicella). No PAPR required. Immune caregiver only.	<input checked="" type="checkbox"/> RSV	<input checked="" type="checkbox"/> Shingles (varicella zoster) disseminated disease. No PAPR required. Immune caregiver only.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> CMV - Cytomegalovirus	<input checked="" type="checkbox"/> Shingles (varicella zoster) localized. If patient is immunocompromised—contact precautions. Immune caregiver only.	<input checked="" type="checkbox"/> Tuberculosis (suspected or confirmed active pulmonary disease)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Hepatitis A,B,C,D,E & G			
<input checked="" type="checkbox"/> MDRO's (MRSA, VRE, ESBL, CRE, resist. GNR)			
<input checked="" type="checkbox"/> Measles			
<input checked="" type="checkbox"/> Meningitis (suspected/confirmed)			
<input checked="" type="checkbox"/> Influenza			
Suspected or unidentified infectious agents? Page IPAC STAT			

IPAC 24/7 Pager
913.917.1909

Page IPAC STAT



What is the “WHY?”

Tools of the
Trade
Relationships

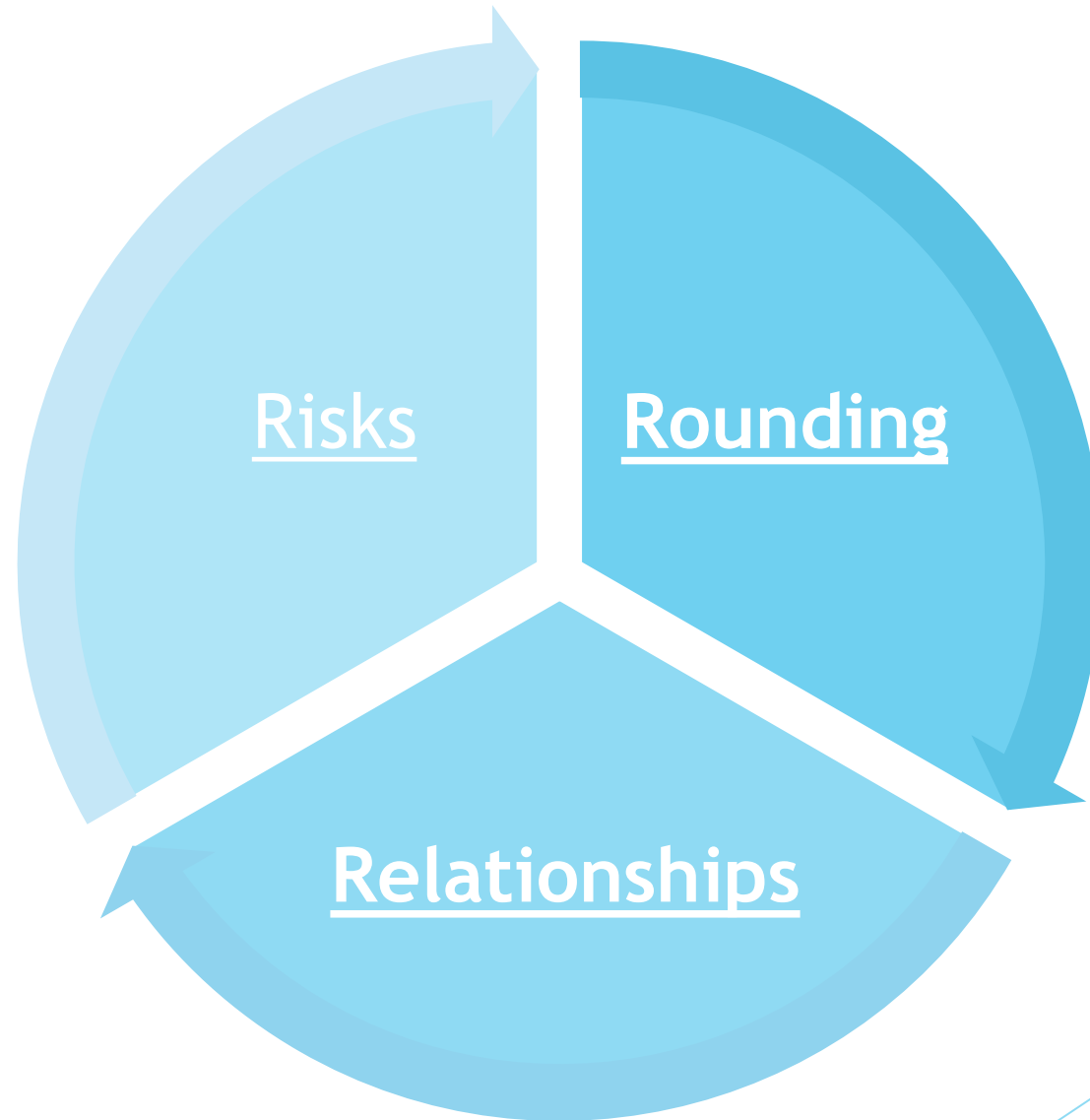


Discussion Time!

- ▶ Tell your neighbor (or the chat) about a time you forged a challenging relationship. How did you do it?



The 3 “R”s



General Environment

Clean and organized

No food or drink near Blood/body fluid (OSHA)

Electric clippers clean/free of hair

Clean linen covered or in closed cabinet and nothing stored on top

Sinks are available

Nothing stored under sinks

Area free from leaks/mold growth

Eye Wash stations

Paper signs laminated



Soiled Utility/Hazardous Materials

- Sharps Containers – secured/wall mounted
- Separation of clean and soiled
- Biohazard marked
- Specimen Refrigerator labeled “Biohazard”
 - Temperature monitored
- Trash/linen not overflowing



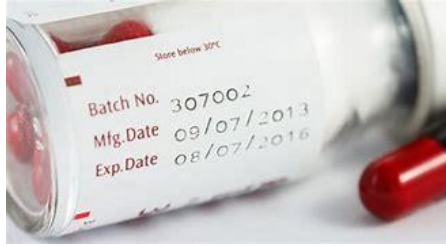
Clean Utility/Storage



- Clean and organized
- Solid bottom/Off floor/18 in from ceiling
- Expired supplies
- No corrugated cardboard
- Oxygen tanks secured



Medication Preparation



- Clean/not in Splash Zone
- No expired meds
- Multi-dose vials are labeled with open/28 day expiration date
- Safety needles
- Refrigerator temp monitored



Nutrition Center

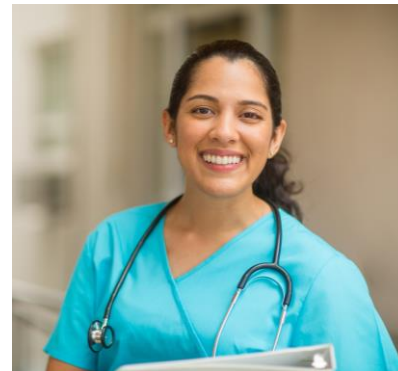
- Clean/Organized
- “Patient Food Only”
- Refrigerator temp monitored
- Ice Machine clean



Staff Interview



- How to identify clean/dirty equipment
- How to clean equipment
- Understand basic IPAC measures
- Understand Blood & Body Fluid Exposure Control Plan
 - Describe what to do if exposed



HLD/Sterilization Audits

- Storage
 - HLD /sterilized
- Point of use cleaning
- Current reprocessing methods
 - Onsite reprocessing
 - Sterile Processing
- Manufacturers reprocessing recommendations/best practices
- Transportation process
- Air exchanges/ventilation
- Chemical disposal practices



Focused Rounding

Tools of the
Trade
Rounding



Objective Review

Describe

Describe the role of Infection Preventionists (IPs) in developing and conducting a risk assessment for ambulatory clinics



Identify

Identify key team members IPs can partner with to form a rounding tool and reporting plan



Explore

Explore common challenges in ambulatory clinics and how to strategize solutions to bring about a comprehensive process change.

Questions?

- ▶ Contact:
- ▶ Tiffany Kesinger
- ▶ tkesinger@kumc.edu

