



**PROGRESSIVE
SURGICAL**
Half Time



Keeping you "in the know" in the ASC industry

Infection Control Risk Assessment

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Learning Objectives

- Describe the rationale for creating a risk assessment
- Demonstrate how to develop and apply the risk assessment to everyday practice
- List risks that pertain to each ASC



Risk Assessment-Definition

- The first step in formulating an infection prevention program
- A process that examines recognized and potential risk factors for acquiring and transmitting infections in “at risk” populations
- Tailored to meet each facility’s specific challenges
- Prioritizes identified risk factors based on their actual or potential impact on care, treatment or services

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Risk Assessment-Definition

- Leads to development of goals and objectives based on evidence to reduce risk
- Interdisciplinary approach
- Identify issues and practices that do not meet national/professional standards or do not fulfill requirements of CMS, state, and accreditation agencies

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Risk Assessment-Definition



The diagram shows a central blue circle labeled "Risk management". Five other circles are arranged around it, connected by arrows in a clockwise cycle: "Identify risks" (red), "Risk assess & analyze" (green), "Plan action" (purple), "Implement" (blue), and "Measure, control and monitor" (orange).

Risk Assessment-Factors

- Geographic and environmental – natural disasters
- Population characteristics - chronic conditions, socio-economic
- Services Related - high risk/high volume/problem-prone
- Employee-related - “best practices”

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Risk Assessment-Factors

- Procedure-related - “best practices”
- Equipment/device related – “best practices”
- Environment-related- “best practices”
- Factors that increase and decrease risk

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Risk Assessment-Factors

- **Geographic and Environmental**
 - Tornadoes, floods, hurricanes, earthquakes, snowstorms, fires
 - Accidents such as mass transit (i.e., airplane, train, bus, boat)
- **Population**
 - Morbidity and Mortality
 - Economic Status
- **Services**
 - High-risk/high-volume

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Risk Assessment-Factors

- Age of patients
 - Examples of Inherent Risks
 - **Children:** Immunologic status, socialization-related illnesses, diseases associated with lifestyle issues
 - **Adults:** Diseases associated with lifestyle issues
 - **Frail Elderly:** Predisposition for illnesses due to cognitive and physical changes

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Risk Assessment-Factors

- Equipment: Cleaning, Disinfection and Sterilization
 - Scopes
 - Surgical instruments
 - Prepackaged devices
 - Reprocessed single-use
 - Devices

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Risk Assessment-Factors

- Procedure Related
 - Degree of invasiveness of procedure performed
 - Equipment used
 - Knowledge and technical expertise of those performing procedure
 - Adequate preparation of patient
 - Adherence to recommended prevention techniques

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Risk Assessment-Factors

- **Employees**
 - Hand hygiene compliance
 - Immunizations/policy/compliance
 - Sharps injuries/protocol followed
 - Employee Health policy
 - TB control: screening, exposures

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Risk Assessment-Factors

- **Environmental**
 - Cleaning of patient care equipment
 - Cleaning of environmental surfaces
 - Cleaning, disinfection and sterilization of medical devices and equipment in the perioperative setting
 - Requirements for air exchanges, pressures, temperature and humidity in the perioperative environment
 - Construction: ICRA, involvement in planning, barriers, equipment
 - Biohazardous waste management

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Risk Assessment-Factors

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Risk Assessment-Factors That Increase Risk

- **Geographic and Environmental – Examples**
 - Visitors to Theme Parks (FL and CA), tourism in major cities (NYC)
 - Major events – Army Navy Game (Philadelphia)
 - Natural disasters (snow, hurricanes, tornadoes, earthquakes, floods)
- **Population**
 - Community Morbidity and Mortality
 - Economic Status
 - Adults vs Children
- **Services**
 - High-risk/high-volume/problem-prone
 - Lack of “best practices”

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Risk Assessment-Factors That Decrease Risk

- **Geographic and Environmental – Examples**
 - Facility located near acute care facilities increasing access to healthcare
 - Facility accepts most major medical plans which ensures that the patients admitted to the facility are cared for medically
- **Population**
 - Patients at are prescreened for possible incubating infections
 - Patients are prescreened for specific conditions including multi-drug resistant organisms

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Risk Assessment-Factors That Decrease Risk

- **Services**
 - Procedures will be postponed or cancelled if a possible threat is present”
 - The nature of patients admitted to same day surgery is mostly a health one (ASA class III or below)

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Risk Assessment-Factors

Factors	Characteristics that Increase Risk	Characteristics that Decrease Risk
Geographic and Environmental		
<p>Name of Surgery Center is a privately owned outpatient surgery facility with 2 procedure rooms, situated in the city of xxxxx, a city in xxxxx County Florida. Name of City is the second-largest city in the Tampa Bay Area, after Tampa. Together with Clearwater, these cities comprise the Tampa-St. Petersburg-Clearwater Metropolitan Statistical Area, the second-largest in Florida with a population of around 2.8 million. Name of city is located on a peninsula between Tampa Bay and the Gulf of Mexico, and is connected to mainland Florida to the north.</p>	<p>Name of City is threatened by tropical storms, hurricanes and hurricanes, albeit that the last hurricane to hit the area was in 1921.</p> <p>Due to the location with desired weather, particularly in the winter, the Tampa Bay area is home to many "snowbirds" who travel from other areas of the country and internationally. Snowbirds tend to be elderly with co-morbid medical conditions.</p> <p>Orlando and Disneyworld are within one and a half hours from Orlando and the tourism industry is very active with the potential for large groups of people visiting the four county area. This could result in an influx of communicable diseases from across the globe, albeit it not as much of a risk as Orlando itself.</p>	<p>The facility is located close to acute care medical centers with easy access to services, which helps to increase access to healthcare. The surgical center accepts most major health insurance plans and provides services to the uninsured too.</p>

Risk Assessment-Factors

Population Characteristics		
<p>As of the 2015 census estimate, the population of Name of City was 260,999. Median household income \$45,748. The racial makeup of xxxxx was 158,036 (68.7%) White, 58,577 (23.9%) African American, 7,779 (3.2%) Asian (0.8% Vietnamese, 0.5% Filipino, 0.5% Indian, 0.3% Chinese, 0.1% Korean, 0.1% Japanese, and 1.0% Other Asian), 723 (0.3%) Native American, 135 (0.1%) Pacific Islander, 2,474 (1.4%) from other races, and 6,045 (2.5%) from two or more races.</p>	<p>The leading causes of death in xxxxx County are chronic diseases, including cancer and heart disease.</p> <p>In 2011, cancer surpassed heart disease as the leading cause of death in xxxxxx County. The most prevalent form of cancer in the county was lung cancer. Likewise, the percentage of active smokers is higher in xxxxx county than in Florida. Deaths due to heart disease have declined in the past decade, however, at a much slower rate in Black persons than White persons. This racial disparity in heart disease deaths is not an isolated outcome. Deaths due to stroke, diabetic complications, and infant mortality are all more prevalent in persons who are Black than in those who are White in Pinellas.</p>	<p>Patients at are prescreened for possible incubating infections as well as specific conditions including multi-drug resistant organisms and procedures will be postponed or cancelled if a possible threat is present.</p>

Risk Assessment-Factors

Surgical Services		
<p>High volume care, treatment and services includes pain management</p>	<p>High volume procedures including pain injections could potentially predispose patients to infections</p> <p>Lack of monitoring of hand hygiene and goal setting for compliance.</p> <p>Lack of additional best practice processes as described in the risk assessment grid.</p>	<p>Patients at are prescreened for possible incubating infections as well as specific conditions and procedures will be postponed or cancelled if a possible threat is present. Contact precautions adhered to if suspected (history based) or documented MDRO patients are operated on. The nature of patients admitted to this facility is same day surgery and the patient population is mostly a health one (ASA class III or below)</p>

Name of Facility
2017 Risk Assessment

Risk Event	Probability the Risk will Occur				Potential Impact on Patient and Staff if Risk Occurs				How Well Prepared is the Organization if the Risk Should Occur?			Numerical Risk Level
	High	Med	Low	None	High	Med	Low	None	Poor	Fair	Good	
Score:	3	2	1	0	3	2	1	0	2	1	0	
Geographical Location												
Hurricanes/Tornadoes		3				3				0		6
Flooding		2				3				0		5
Community												
Communicable Disease due to Seasonal Visitors		2				2				0		4
Lack of Prevention Activities												
Hand-Hygiene												
Lack of appropriate hand-hygiene practices		3				3				1		7
Lack of hand-hygiene monitoring		3				3				1		7
Surgical Attire												
Lack of appropriate scalp/air coverings		3				3				2		8
Lack of compliance with scrubs and cover jackets		3				3				2		8

Name of Facility
2017 Risk Assessment

Facilities and Physical Environment						
Lack of effective terminal cleaning by contracting EVS company		3		2	2	7
Lack of contracting company's policies/employee education records		3		2	2	7
Lack of monitoring of EVS contracting company's terminal cleaning processes		3		2	2	7
Lack of appropriate disinfection of glucose meter		3		3	1	7
Lack of monitoring of OR temperature, humidity and airflow		3		3	1	7

Name of Facility
2017 Risk Assessment

Injection Safety						
Lack of multi-dose vial safe practices in accordance with facility policy		3		3	2	8
Lack of disinfecting IV ports/hubs		3		2	2	7
IP Program						
Lack of formal IP written program for preventing, identifying, managing infections/communicable diseases		3		3	1	7
Lack of formal written goals and objectives for preventing infections in facility's patient population		3		2	2	7
Lack of implementation of effective IP program		3		2	2	7
Lack of effective reporting of employee influenza vaccination participation		3		2	2	7
Lack of formal training for IP designees		3		2	2	7

2017 Prioritized Risks

2017 PRIORITIZED RISKS	
EVENT	SCORE
Lack of surgical attire compliance	8
Lack of appropriate instrument cleaning	8
Lack of appropriate use of multi-dose vials	8
Lack of appropriate hand hygiene practices	7
Lack of appropriate cleaning practices	7
Lack of appropriate disinfection of glucose monitoring device	7
Lack of monitoring of temperature, humidity and room pressures	7
Lack of separating clean and dirty reprocessing areas	7
Lack of formal written IP program	7
Lack of formal written goals and objectives	7
Lack of initial formal training for IP designee	7
Lack of implementation of IP program	7
Lack of reporting of employee flu vaccine	7

- ### Goals and Objectives
- Goals are driven by assessing risks and planning changes
 - Improve hand hygiene compliance
 - Improve cleaning, disinfection and sterilization practices
 - Improving influenza vaccine acceptance
 - Reduce the risk of SSIs
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- ### Goals and Objectives
- Target compliance over a specific time period by introducing measurable objectives
 - Hand-hygiene compliance – 80% in 2017, 85% in 2018 and 90% in 2019
 - Convert anesthesia injectable medications to single patient use for every patient by Q2-2018
 - Increase acceptance rate of Influenza vaccine annually
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Goals and Objectives

- Clean procedure; should not get infected example breast surgery high volume—conduct surveillance of breast surgery procedures (outcome measure)
- Monitor endoscope cleaning and disinfection procedures (process measure)
- Monitor surgical site infections (SSI) related to
- Laminectomy procedures(high volume) –conduct surveillance

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Goals and Objectives

Priority	Goal(s)	Measurable Objective	Method(s)	Frequency	Responsibility	Reporting
1a. Hand Hygiene (HH) compliance	Increase healthcare worker compliance with hand hygiene and participation in audits	Increase compliance annually until target date of 2019 at 95% or higher & achieved	Monitoring of hand hygiene compliance audits via "secret shoppers" & personal observation and unannounced will monitor hand hygiene in patient care areas	Monthly	All healthcare workers and ancillary staff are responsible for maintaining compliance with hand hygiene. Secret shoppers will complete audits. IP Designee will oversee monitoring process	HH compliance data report to infection control committee Unusual issues report to infection control committee
	Target compliance facility-wide					
	2017 – 80%					
	2018 – 85%		Educational programs with hands on training for HCP and LPs. Documentation of educational programs	Upon hire and at least annually or more often if indicated	IP Designee	
	2019 – 90%*					

TB Risk Assessment

- Every health-care setting should conduct initial and ongoing evaluations of the risk for transmission of *M. tuberculosis*, regardless of whether or not patients with suspected or confirmed TB disease are expected to be encountered in the setting
- The TB risk assessment determines the types of administrative, environmental, and respiratory protection controls needed for a setting and serves as an ongoing evaluation tool of the quality of TB infection control and for the identification of needed improvements in infection-control measures

Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005. Available online: www.cdc.gov/mmwr/pdf/rr/rr15417.pdf

Centers for Disease Control and Prevention, Division of Tuberculosis Elimination. Appendix B. Tuberculosis (TB) risk assessment worksheet. Available online: https://www.cdc.gov/tb/publications/guidelines/pdf/appendixb_092706.pdf

TB Risk Assessment

- Risk classification should be used as part of the risk assessment to determine the need for a TB screening program for HCWs and the frequency of screening
- The TB Risk Assessment Worksheet can be used as a guide for conducting a risk assessment. (Appendix B)

Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005. Available online: www.cdc.gov/mmwr/pdf/rr/rr5417.pdf

Centers for Disease Control and Prevention, Division of **Tuberculosis** Elimination. Appendix B. Tuberculosis (TB) risk assessment worksheet. Available online: https://www.cdc.gov/tb/publications/guidelines/pdf/appendixb_092706.pdf

References

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QUESTIONS?

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Gregory Tertes, R. Ph, ASC Pharmacist Consultants, Inc.

Friday DECEMBER 21, 2018 11AM PT/ 2PM ET

LEADING FROM THE MIDDLE

Regina Boore, MS, BSN, RN, CASC
Progressive Surgical Solutions

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Monday September 17, 2018 11AM PT/ 2PM ET

ANNUAL SURVEY WATCH REPORT

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Progressive Surgical Solutions

Monday November 19, 2018 11AM PT/2PM ET

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