

## Infection Control Risk Assessment – Ambulatory Surgery Centers

Garden Grove, CA

Physicians' Choice SurgiCenter

Describe these elements for your ASC	Factors that increase risk for your ASC:	Factors that decrease risk for your ASC:	<b>Risk Rating</b> <i>Probability of event occurring</i> <i>Impact/severity</i> <ul style="list-style-type: none"> <li>○ Health</li> <li>○ Financial</li> <li>○ Legal</li> </ul> <i>Regulatory/accrediting</i>
<b>Geographic location, community characteristics:</b> <ul style="list-style-type: none"> <li>• Urban</li> <li>• Weather emergencies – Earthquakes &amp; electrical outage</li> <li>• MRSA incidence</li> <li>• Tuberculosis incidence</li> <li>• Access to health insurance</li> </ul>	Local hospital now screening for MRSA and last year 2 preop patients reported testing positive. Local hospital Microbiology Lab reports 65% of Staph. aureus isolates are methicillin-resistant. No protocol for addressing patients colonized with MRSA.	Your hand hygiene compliance rate is 80%. You have not had any infections due to MRSA.	Probability of colonized patient is high. Impact and severity of MRSA post-op infection is high. CA MRSA infections are reportable to the health department.
<b>Population characteristics:</b> Adult Non-English speaking Religious or cultural issues Disabilities Ability to understand written	High percentage of Spanish-speaking patients may not understand instructions given in English.	Preop assessment includes ability to understand instructions. Policy in place for translator to accompany patient throughout	Low risk due to well-tested policies and procedures in place.

<p><b>instructions</b> Past issues with compliance</p>		<p><b>procedure.</b> Spanish-speaking staff always on duty. Written instructions are available in both Spanish and English.</p>	
<p><b>List services provided:</b></p> <ul style="list-style-type: none"> <li>ENT</li> </ul>	<p>ENT - no other procedures are performed. Infections related to skin can be difficult to identify. High turnover of patients on surgical day.</p>	<p>Telephone interview with all patients 24-48 hours post procedure reveal no adverse outcome but plan to monitor skin prep and post bandages.</p>	<p>High risk for prepping or disinfection error due to multi-step process. Shaving, site prep High risk for health, legal and financial impact due to recent focus on center infections. Site cleaning &amp; disinfection are included in our survey.</p>
<p><b>List high volume procedures:</b> All ENT procedures</p> <p>All surgical site prepping required.</p>	<p>ENT procedures are highest volume procedure – 100% of procedures.</p>	<p>ENT procedures are clean procedures that should not get infected. NHSN benchmark with risk index of 0 is 0.32. Target this procedure for surgical site infection surveillance.</p>	<p>Low risk for infection but high volume procedure. High risk for health, including amputations as well as legal and financial implications. Methods used to identify procedure-related infections are included in survey.</p>
<p><b>List procedures with greater potential for negative outcome:</b> Which procedures have a higher risk for adverse outcome? All procedures equally at risk for surgical site infections. Patients with compromised immune systems due to other infections are at greater risk.</p>	<p>Patients from nursing homes, other congregate settings with MRSA/CDiff increase potential for surgical site infection. Staff training for after care in this setting can nearly double the risk of a surgical site/post op infection. Patients who are on chemo have greater risk.</p>	<p>Provide staff education, enlist surgeon performing procedure. Follow CDC guidelines for prepping Prepare cheat sheets for aftercare Provide training to referral source Target this procedure our outcome monitoring, including surgical site infection.</p>	<p>All procedures will initially be low volume. High risk for health, legal and financial impact. Patients on chemo, home disposition of LTC, standardized site prepping.</p>

### RISK ANALYSIS FOR INFECTION PREVENTION 2022

AREAS	PROBABILITY				RISK					PREPAREDNESS			TOTAL
	HI	MED	LOW	NONE	LIFE THREAT	HIGH HEALTH/ SAFETY RISK	MODERATE HEALTH/ Risk	LOW Risk	UNKNOWN RISK	POOR	FAIR	GOOD	
SCORE	3	2	1	0	5	4	3	2	1	3	2	1	
1. Hand Hygiene		X				X				X			9
2. Immune Compromised PT.		X				X					X		8
3. Skin Prep			X			X					X		7
4. Consistent PPE used during vascular procedures		X					X				X		7
5. SSI Surveillance			X				X					X	5

## RISK PRIORITIZATION

Based on the risk assessment, the facility has identified the following risks and prioritized them in descending order:	
Priority	Risk
1	Lack of hand hygiene monitoring
2	High volume of immune compromised patients (chemo patients)
3	Lack of standardized skin prep
4	Lack of consistent use of PPE during ENT procedures
5	Lack of consistent SSI Surveillance

### GOALS:

1. ALL STAFF MAKE HAND HYGIENE A FOCUS AND PRIORITY GOAL OF 90%
2. PATIENTS ON CHEMO OR OTHER REASONS FOR IMMUNE COMPROMISED SYSTEMS ARE SEEN AS PRIORTIY FOR SSI AND SURGICAL PREP (100%)
3. SKIN PREP WITH CLIPPERS, SHAVERS, AND RAZORS ARE ASSESSED APPROPRIATELY. CLEAN SHAVER IS USED WHEN APPROPRIATE, CLIPPERS USED FREQUENTLY, RAAZORS ARE THE LAST OPTION FOR SKIN PREP (100%)
4. CONSISTENT PPE DURING ENT PROCEDURES (100%)
5. CONSISTENT SSI SURVELLIANCE (100%)