

An Infection Control Journey in Hospital Based Practice Conversion

Cathleen Strzalka, MPH, CPH, CIC; Kelly Zabriskie, CIC

Thomas Jefferson University Hospital

Background

Outpatient care is provided in hospital-based (HB) outpatient clinics, non-HB clinics and physician offices, ambulatory surgical centers, and other settings. Some settings may have minimal infection control (IC) oversight based on hospital-affiliated status. Whatever the designation, it is essential that care is provided under conditions that minimize or eliminate risks of healthcare-associated infections.

Objective

- Effectively bring physician based practices (PBPs) under hospital licensure
- Ensure safe delivery of care
- Produce successful regulatory surveys

Methods

In 2016 at an urban academic medical center, a number of operational PBPs began converting to HB status. They included a wide range of clinical specialties that provided a multitude of services (including urology, otolaryngology and dermatology), many of which were at high risk for transmitting infection from person to person if IC breaches occurred. During this time:

- IC hired a full time practitioner dedicated to PBP/ outpatient areas and was fully integrated into the practices
- Initial assessments of each practice was done, including a full review of infection control processes (Figure 1)
- Identified needs and risks were addressed
- IC presence was established through regular and continuous education, rounding, and auditing
- Existing hospital policies and procedures were adjusted and adopted by the practices



Infection Control Assessment for JUP Practices

Manager: _____ Date: _____
 Department Name: _____ Department Location(s): _____

Which service(s) is provided by your department? (check all that apply):	<input type="checkbox"/> Oncology (specify):	<input type="checkbox"/> Endoscopy	<input type="checkbox"/> Ear/Nose/Throat
	<input type="checkbox"/> Imaging (MRI/CT)	<input type="checkbox"/> Immunizations or parenteral medication	<input type="checkbox"/> OB/GYN
	<input type="checkbox"/> Surgical (specify):	<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Pain remediation
	<input type="checkbox"/> Plastic/reconstructive	<input type="checkbox"/> Podiatry	<input type="checkbox"/> Physical, occupational, and/or speech therapy
	<input type="checkbox"/> Dermatology	<input type="checkbox"/> Dental	<input type="checkbox"/> Behavioral health
	<input type="checkbox"/> Ophthalmologic	<input type="checkbox"/> Sleep disorder	<input type="checkbox"/> Dialysis
<input type="checkbox"/> Other (specify): _____			

Please indicate how the following services are provided to your department (check all that apply):

	Contract	Employee	n/a	Other (specify):
Anesthesia/Analgesia				
Environmental Cleaning				
Pest Service				
Linens				
Sterilization/Reprocessing				
Waste Management				

Answer yes or no: Please explain:

Infection control policies & procedures are assessed at least annually or according to state & federal requirements, and updated if appropriate.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Department has system for early detection and management of potentially infectious persons at initial points of patient encounter (i.e., travel history, procedures to contain respiratory secretions in persons who have symptoms of active infection).	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Department provides job specific training on infection prevention policies & procedures to healthcare personnel (i.e., Healthstream, in-services, competency based training).	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Indicate how strongly you agree or disagree with the following statements:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
My department has adequate knowledge of hand hygiene and is able to perform hand hygiene properly when indicated	1	2	3	4	5
My department has knowledge of isolation precautions and is able to practice appropriate guidelines when indicated	1	2	3	4	5
My department has adequate housekeeping services	1	2	3	4	5
Cleaning of equipment and the environment is being done after every patient care encounter	1	2	3	4	5
I have access to all products and services needed to perform standard infection control practices in my department	1	2	3	4	5
In my department high level disinfection and sterilization is done with strict adherence to protocols	1	2	3	4	5

Additional Comments: _____

Figure 1. Initial basic infection control assessment tool used for new practices

Results

- 100% of the 30 practices achieved HB status
- Practices fared well to very well during numerous regulatory activities
- A great improvement in following infection control expectations was seen
- Adherence to hospital policy and procedure was seen in all settings, including increased adherence to standard and isolation precautions, increased compliance to standards for low, intermediate, high level disinfection, and sterilization.

Conclusions

The IC journey to HB conversion was successful. A collaborative approach including all levels of personnel was vital in this change. Also, leadership and staff buy-in was critical in moving forward with making and sustaining IC improvements in practice and to maintain survey readiness.

Disclosures

Nothing to disclose