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.

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

Objective

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

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