An Odyssey in Preventing a Non-Acute Care Outbreak

Ginny Boos RN PhD CPHQ  Director of Infection Prevention
Sarah Boyd MD  Infectious Disease
Felicia Menefee RN, MSN, BC, ANP, ACNS  Saint Luke’s Physician Group, Chief Nursing Officer

DESCRIPTION
Invasive medical procedures have dramatically shifted from inpatient acute care settings to outpatient settings driven in part by technological advances and value-based care incentives. Patients have embraced these changes in favor of costs and convenience although allocation of resources for infection prevention programs have not mirrored this shift.

A major risk of all such procedures is the introduction of pathogenic microbes that could lead to infection. Failure to properly disinfect or sterilize reusable medical equipment carries a risk associated with breach of the host barriers regardless of settings.

AIM
Evaluate and develop short and long term tactics for sterile processing in non-acute care settings.

ACTIONS TAKEN
• Task Force created to determine next steps based on findings from internal CDC outpatient assessment.
• Engaged a Sterile Processing Consultant for further assessment of non-acute care settings current state and supply optimization.
• Socialized the formal evaluations and comprehensive risk remediation strategies to senior leaders and other stakeholders.

SUMMARY OF RESULTS AND PROGRESS
• Standardization of HLD/Sterilization Equipment and Formulary Supplies
• Practice changes consistent with AAMI Guidelines
• Centralized approaches to support all clinics based on risk, capacity, and volume
  • Clinic Based Reprocessing Hub
  • Regional Hospital SPD
• Use of disposable instruments
• Approval of Ambulatory Infection Prevention FTE
• Education and competency program with infection prevention oversight and SPD expert advice

REFERENCES