

## Sample Infection Control Risk Assessment – Ambulatory Surgery Centers

Completing an Infection Control Risk Assessment helps you rank order your infection prevention priorities and focus your surveillance efforts. Surveillance efforts can address either outcomes or processes.

There are a variety of ways to structure a Risk Assessment but the assessment must be based on the community you serve and the services you provide. Each Center's priorities will be different.

Whenever possible, compare your procedure-specific surgical site infection rates with a comparative data base such as the National Healthcare Safety Network (NHSN). Check this website for data and statistics <http://www.cdc.gov/nhsn/dataStat.html>

The yellow highlighted elements serve only as examples and may not be applicable to your facility.

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 or rural</li> <li>• Weather emergencies – snow storms, tornados, flooding, electrical outage</li> <li>• MRSA incidence</li> <li>• Public Health concerns</li> <li>• Tuberculosis incidence</li> <li>• Access to health insurance &amp; care</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. In your state, MRSA infections are reportable to the health department.
<b>Population characteristics:</b> Adult or pediatric 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>procedure. 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>• Dental</li> <li>• Endoscopy</li> <li>• Ear/nose/throat</li> <li>• Gynecology</li> <li>• Ophthalmologic</li> <li>• Orthopedic</li> <li>• Pain management</li> <li>• Plastic/reconstructive</li> <li>• Podiatry</li> </ul>	<p>GI Center - no other procedures are performed. Infections related to scopes can be difficult to identify. High turnover of scopes every day.</p>	<p>Telephone interview with all patients 24-48 hours post procedure reveal no adverse outcome but plan to monitor scope cleaning and disinfection.</p>	<p>High risk for cleaning or disinfection error due to multi-step process. High risk for health, legal and financial impact due to recent focus on endoscopy center infections. Scope cleaning &amp; disinfection are included in CMS survey.</p>
<p><b>List high volume procedures:</b> Quantify your procedures by volume</p>	<p>Breast augmentation is highest volume procedure – list number of procedures.</p>	<p>Breast augmentation is a clean procedure 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 disfigurement, as well as legal and financial implications. Methods used to identify procedure-related infections are included in CMS survey.</p>
<p><b>List procedures with greater potential for negative outcome:</b> Which procedures have a higher risk for adverse outcome? Implants? Any new procedures or services? Any new equipment or devices?</p>	<p>New procedure to be added: laparoscopic cholecystectomy. New laparoscope purchased. Staff not familiar with procedure or equipment.</p>	<p>Provide staff education, enlist surgeon performing procedure. Follow manufacturer's recommendations for scope reprocessing. Target this procedure our outcome monitoring, including surgical site infection.</p>	<p>New procedure will initially be low volume. High risk for health, legal and financial impact. CMS requires devices to be cleaned and sterilized according to manufacturer's instructions.</p>

Source: GOJO Industries (www.gojo.com)

### RISK ANALYSIS FOR INFECTION PREVENTION 2016

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	
5. Hand Hygiene		X				X				X			9
2. Influenza Vaccination Monitoring		X				X					X		8
3. Endoscope Reprocessing and storage			X			X					X		7
4. Consistent PPE use during GI Procedures		X					X				X		7
5. SSI Surveillance			X				X					X	5

Source: Infection Control Consulting Services ([www.iccs-home.com](http://www.iccs-home.com))

## 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	Lack of influenza vaccination program monitoring
3	Lack of high-level disinfection reprocessing and storage of semi-critical items e.g. flexible endoscopes
4	Lack of consistent use of PPE during GI Procedures
5	Lack of consistent SSI Surveillance

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