A Structured Approach to Infection Control Coverage of Outpatient Clinics Facilitates Consistent Quality Evaluation and Feedback Delivery

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INTRODUCTION

Current recommendations from the Centers for Disease Control and Prevention (CDC) and the Joint Commission (TJC) emphasize the importance of strong infection and control (IPC) practices in the outpatient healthcare setting. A multidisciplinary group was convened to develop a standardized, evidence-based checklist and walkthroughs were initiated in all outpatient clinic spaces. We sought to use the findings from these walkthroughs to provide consistent feedback to clinic leaders to drive continuous improvement across all outpatient care spaces.

OBJECTIVES

1. Create a standardized, evidence-based checklist to utilize during each outpatient clinic walkthrough to allow for consistent evaluations

2. Provide consistent feedback to outpatient clinic leaders on common findings and recommendations for practice improvement

METHODS

Objective 1: Evidence-based checklist development

- Reviewed recommendations from the CDC's Guide to Infection Prevention in the Outpatient Setting[1] and common findings from prior TJC visits
- Checklist was created using online survey tool, REDCap[2]
- Checklist items were adapted to capture potential gaps in practice based on clinic-specific policies and procedures

METHODS

Objective 2: Provide consistent feedback to outpatient leaders

- Scheduled bi-annual walkthroughs of 77 outpatient sites with clinic leadership present
- Utilized standardized checklist for each walkthrough
- Collaborated with ambulatory department leadership when discussing common gaps in practice identified during walkthroughs

RESULTS

Objective 1: Evidence-based checklist development

Checklist items were grouped into separate forms in REDCap[2], which contained questions pertaining to specific spaces within outpatient clinics:

Exam Rooms
- Evaluate clinics' room turnover process
- Ensure hand hygiene products and personal protective equipment supplies are available
- Assess environmental cleanliness
- Evaluate equipment cleaning and disinfection process where applicable

Clean Supply Storage
- Evaluate clinics' supply expiration logs
- Ensure clean supplies are being stored per regulatory standards and are properly labeled
- Ensure clean supply storage areas are free of external corrugated boxes

Dirty Utility Rooms
- Evaluate clinic's instrument transport and pre-clean process, if applicable
- Ensure no clean supplies are stored in dirty utility space
- Evaluate clinics' biohazardous waste disposal process

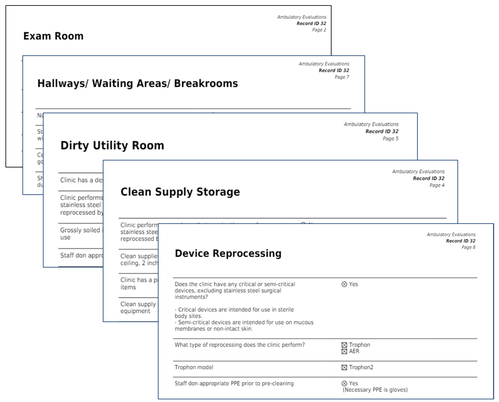
Hallways/Waiting Areas/Breakrooms
- Ensure no staff eating or drinking except in designated areas
- Ensure hand hygiene supplies are available and accessible
- Assess ceiling tiles, floor tiles, countertops, and carpets for any stains, rips, or cracks

Device Reprocessing
- Confirm if clinic uses any critical or semi-critical devices and what type of reprocessing the clinic performs
- Assess that instrument reprocessing is performed in accordance with instrument's manufacturer instructions

RESULTS

Objective 1: Evidence-based checklist development

- Branching logic was utilized to remove any checklist items that did not apply to certain clinics, such as clinics that do not perform high level disinfection or do not have a designated dirty utility space
- All checklist items asked as questions with Yes/No answers



RESULTS

Objective 2: Provide consistent feedback to outpatient clinic leaders

Utilizing standardized checklist for all walkthroughs allowed Infection Control department to:

- Perform uniform evaluations of all outpatient clinics
- Identify common findings and gaps in practice during walkthroughs
- Provide written reports to clinic leaders with real time feedback on findings and recommendations for practice improvement after each walkthrough

RESULTS

Objective 2: Provide consistent feedback to outpatient clinic leaders

Common gaps in practice were identifiable with the use of a standardized checklist during outpatient clinic walkthroughs

Environment of Care
- Dust on high surfaces and vents

Sterile Instrument Reprocessing
- Gaps in sterile instrument transport and pre-cleaning process identified

Personal Protective Equipment
- Additional teachings on standard precautions indicated

Clean Supply Storage
- Inconsistent expiration checks performed by clinics

CONCLUSIONS

The use of a standardized checklist to collect qualitative data has helped highlight common gaps in practice, which are used to determine IPC interventions. The interventions have increased evidence-based infection control practices being performed in outpatient clinics.

REFERENCES

1. "Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care" cdc.gov. September 2016; https://www.cdc.gov/infectioncontrol/pdf/outpatient/guide.pdf
2. REDCap [Research Electronic Data Capture], Vanderbilt University; https://www.projectredcap.org