INFECTION PREVENTION AND CONTROL ESSENTIALS FOR AMBULATORY CARE

A RESOURCE WORKBOOK
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Module 1

Infection Preventionist’s Role in Ambulatory Care

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and Brian Dennen, MBA, AIA, NCARB
Prevention Strategist, Winter 2018, p.56-60
https://apic.org/publication_types/prevention-strategist/

1.2 Infection Control Compliance Rounding Checklist ..................................... 10
Forms & Checklists for Infection Prevention, Volume 1

Resources

Infection Preventionist Competency Model
Association for Professionals in Infection Control and Epidemiology (APIC)
https://apic.org/professional-practice/infection-preventionist-ip-competency-model/

One and Only Campaign
Centers for Disease Control and Prevention (CDC)
https://www.cdc.gov/injectionsafety/1anonly.html

Bloodborne Pathogen and Needlestick Prevention
Occupational Safety and Health Administration (OSHA)

Healthcare-Associated Infections in Outpatient Settings
CDC
https://www.cdc.gov/hai/settings/outpatient/outpatient-settings.html
Emerging models of ambulatory care

BY CONSTANCE CUTLER, RN, MS, CIC, FSHEA, FAPIC, JILL LINDMAIR-SNELL, MSN, RN, CIC, FAPIC, AND BRIAN DENNEN, MBA, AIA, NCARB

It used to be that an infection preventionist (IP) was responsible for only one location, usually a hospital, but now they have more than one outpatient venue because of acquisitions and mergers. Those days are coming to an end as healthcare evolves in new ways with many outpatient facilities now under the IP’s umbrella. If your facility is similar to the authors’, you may have an outpatient pain clinic, cancer care center, immediate/urgent care facility(ies), owned physician offices, offsite endoscopy procedure site, and an ambulatory surgery center, as well as others. All provide new opportunities and challenges, which this article will address to give you an idea how to start and what resources are able to assist you.

Healthcare data show increasing shifts from inpatient to outpatient care. Figure 1 illustrates this trend, which is predicted to continue into at least the next 10 years. As healthcare facilities compete on value not volume, there are six market forces driving this change (Figure 2):

1. Compression
2. Care management
3. Contraction
4. Consolidation
5. Consumerism
6. Connectivity

There is also a change in all specialties for which patients will be treated as outpatients, ranging from a slight increase (5.6 percent) in colorectal patients to a substantial...