5 SURE-FIRE METHODS
Identifying Risks for Infections

If a health care organization is going to implement an effective infection prevention and control program, it needs to know how to identify the risks that lead to infections. This might sound simple, but it's an important step that some organizations aren't doing as thoroughly as they should.

Risk assessment is one of the cornerstones of infection prevention and control; however, "it is one of the most frequently cited standards," says Louise Kuhny, R.N., M.P.H., M.B.A., C.I.C., senior associate director, Standards Interpretation Group, The Joint Commission. The specific standard is **IC.01.03.01,** which requires organizations to identify risks for acquiring and transmitting infections. Recent Joint Commission statistics show that 20% of ambulatory care organizations, 16% of home care programs, 18% of office-based surgery centers, and 8% of hospitals surveyed during the first half of 2009 were not in compliance with this standard.

An organization often uses surveillance activities to collect data, but sometimes doesn't properly analyze it for problems or undesirable trends that can cause risks for acquiring and transmitting infections. For example, if your organization notices a trend in surveillance results, it's important to determine whether it is actually due to variations in performance or due to errors in data collection or reporting. In addition, it's also important to know that an organization's risks will vary based on its geographic location, community environment, services provided, and characteristics and behaviors of its population served.

"Risk assessment is a necessary tool, and it's critical that it's done correctly," Kuhny says. "The good news is that it really isn't that difficult. It's actually a compilation of what infection preventionists already know about their organizations. If it is done right the first time, it shouldn't be a burden."

Kuhny offers the following five strategies to help organizations to comply with Standard IC.01.03.01:

1 *Customize your risk assessment plan to your organization.* "There are lots of templates out there for risk assessment, but organizations often fail to customize them to their facility," Kuhny says. "No two organizations are the same when it comes to risk assessment, so each one needs a plan that specifically meets its needs. People seem to find this requirement difficult, but when I ask infection preventionists what makes their jobs challenging in their specific organizations, they can readily describe those challenges. That is the information that needs to go into their organization's risk assessment."

2 *Analyze data gathered through surveillance activities, and use this data when identifying risks.* "Many organizations seem to miss this step," says Kuhny. "Most infection preventionists are very good about doing surveillance, but sometimes the annual risk assessment doesn't take into account that data. For example, if during the past year, a new organism has been causing infections in the intensive care unit, the risk assessment should be modified based on that data, and the plan should be updated."

3 *Prioritize identified risks using criteria such as likelihood of occurrence or severity of impact.* "An infection preventionist may sit down and identify 20 risk factors for infection, but the organization may not have the resources to address all 20," Kuhny says. "Organizations often forget to prioritize, or they don't know how. Prioritization should be done according to the likelihood of an event occurring in that organization and the severity of its impact if it does. It may be helpful for the infection preventionist to ask the emergency management (EM) experts for help with prioritization. The EM experts are often good at prioritizing risk because of their experience with hazard vulnerability analysis."

4 *Set up a reminder system to annually review identified risks.* "People tend to lose track of timing," says Kuhny, "so even if an organization has a good list of risks and has done a good job with prioritizing, it can still be cited if it does not review on time. It's a good idea to schedule the review early, in case something comes up that forces the review to be rescheduled."

5 *Use multiple methods to enlist input from, at a minimum, infection prevention and control personnel, medical staff, nursing, and leaders.* "The Joint Commission does not specify how organizations should elicit staff input," Kuhny says. "Some organizations send surveys to select personnel. Some require that a representative from each of these areas sit on the infection prevention and control committee. Some conduct internal interviews. However it's done, during a survey, organizations will need to have some sort of evidence that they've sought and received staff input. Again, it's important to start early. Set up a reminder system to seek input before it's time for the review." $\mathcal{S}$