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A multicenter assessment of the infectious risk management in office-based surgery.

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Background

- Surgery outside the operating theatre, or 'office-based surgery' (OBS), is growing in France generating a increasing internets from the surgical and IPC professionals.
- Data and recommendations are lacking regarding (i) procedures performed in OBS, (ii) SSI prevention and especially the environment in which this activity could be performed.
- Objectives: To assess surgical procedures performed in healthcare facilities outside the operating theatre in a western part of France, and evaluate from an IPC angle the environment in which these procedures are performed



Method

Audit of structure, resources and procedures addressing 4 dimensions:

- □ **Organization**, room architecture and equipment (53 criteria)
- Cleaning procedure and equipment maintenance (42 criteria)
- □ Professional practices (dress code, hand hygiene) and training (43 criteria)
- □ Patient: pathway, information and preparation (17 criteria)

Data collected on an observational and declarative manner

Scores were calculated by theme (each criterion counted for 1 point).



Inclusion criteria: Room within hospital/clinical facility and outside the OT



Exclusion criteria: room with endoscopy only, invasive procedures performed without sterile gloves or requiring hospitalization or an anaesthetist and patient bedroom



Period: From 06/07/2023 to 12/01/2024



Results



15 hospital/clinical facilities, 40 Rooms audited





Ophthalmology 33% (n=13/40)



ENT 27% (n=10/40)



Dermatology 20% (n=8/40)



Urology 15% (n=6/40)



173 different procedures listed



Excisions 25% (n=43) Biopsies 11% (n=19)



Ventilation:

- OT like: 20% (8/39)
- Mechanical: 80% (31/39)
 - Opening window 61% (19/31)



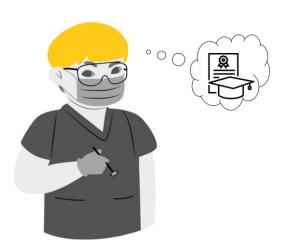
Hand hygiene

- Surgical scrub sink: 32% (13/40)
- Surgical hand hygiene at the
- beginning of a shift: 32% (20/38)
- Surgical hand disinfection before each procedure: 33% (13/39)



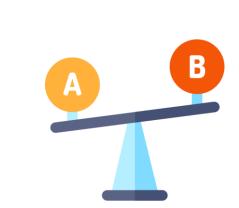
Patient pathway:

- **Explanation of skin preparation to** patients in **72%** (34/47)
- Documentation provided in 44% (19/43)
- Visual check of cleanliness of work area 96% (45/47)



Training received by teams:

- 67% on infection prevention (26/39)
- 56% on skin preparation (20/36)
- 40% in circulator roles (13/32)



Comparisons between public and private facilities

Of the 17 scores, only those with a statistical difference are displayed

Global scores by thematic	Public	Private	
Ventilation	3.5/7	1.5/7	p<0.01
Room architecture	10/11	8/11	P<0,01
Room equipment	7/7	4/7	p<0.01
Patient pathway	13/17	8/17	p<0.01



Summary/ Highlights

- This survey confirms the wide variety of surgical procedures performed in OBS, and the context in which they are carried out.
- Public facilities appear to be more equipped to prevent infection risk in OBS. One perspective is to audit OBS outside hospital settings.
- Area of improvement: hand hygiene, training and professionals dress, patient information and preparation.
- Prospects: creation of tools on the patient pathway and training of professionals, reflection on which level of hand hygiene is required.

References

Cpias Pays de la Loire. 'Practical Guide - Prevention of infectious risk in surgical procedures outside the operating theatre or office-based surgery'. Nantes: CPias des Pays de la Loire; 2022. 26 p.



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