



**NEWS RELEASE
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Study Finds Compliance Concerns Remain with Safe Injection Practices (SIP)

Less than 60 Percent of Organizations Surveyed Conducted a SIP Assessment in the Last Year

(Skokie, Ill.) October 18, 2017 – The AAAHC, a founding member of the Centers for Disease Control and Prevention’s (CDC’s) Safe Injection Practices (SIP) Coalition, found that the level of deficiencies associated with the accreditator’s SIP Standard was significant (greater than 10%) in several of the health care settings which the AAAHC accredits.

Last year, the AAAHC Institute released a patient safety toolkit to help organizations comply with the AAAHC Standard and national guidelines. This year, the AAAHC launched a voluntary benchmarking study to measure compliance with specific aspects of national SIP guidelines.

The AAAHC Institute Safe Injection Practices (SIP) Study for January – June 2017 revealed a significant proportion of ambulatory health care organizations do not always meet national SIP guidelines. In response, the AAAHC is continuing to provide member organizations with educational resources to improve safe injection practices and compliance with national guidelines.

Despite guidelines from national and international organizations, safe injection practices remain a challenge for a number of health care providers. For the study, the AAAHC Institute collected self-reported responses from 110 AAAHC-accredited ambulatory organizations on a cross-section of their standard SIP activities to identify areas for quality improvement. The study results were broken down by type – ambulatory surgery center (ASC) and primary care – and shared with participants.

Safe injection practices (SIP) are the processes health care providers use to prevent the transmission of bloodborne viruses and other microbial pathogens to patients or the providers themselves when preparing and administering injectable medications. According to the World Health Organization (WHO), a safe injection does not harm the recipient, does not expose the provider to any avoidable risks and does not result in any waste that is dangerous for other people.ⁱ

In addition to potential transmission of blood borne diseases, unsafe injection practices may result in personal and societal costs, such as:

- Time and cost of notifying and testing patients for potential risk and infection
- Worsening quality of life and productivity, higher morbidity and earlier mortality for infected patients

- Decreased patient trust
- Liability issues

“The AAAHC Institute conducts benchmarking studies to provide organizations with baseline data to gauge their performance and identify opportunities for innovation and growth,” said Naomi Kuznets, Ph.D., vice president and senior director for the AAAHC Institute. “The data from both surgical and primary care settings indicate specific areas where challenges to SIP adherence can be addressed, and patient safety improved, with educational and clinical resources.”

Dr. Kuznets also noted that the findings from the AAAHC Institute study are not dissimilar to those reported in recently published research. For example, researchers have recently found that more than 17% of physicians reported reuse of syringes occurs.ⁱⁱ An observational study of university affiliated ambulatory clinics indicates 41.9% of clinics improperly using vials and 19.4% of clinics were storing single dose vials, used for a patient, for later use.ⁱⁱⁱ Further, another observational study showed that no hand hygiene was performed for 33% of injections.^{iv}

ASC Results

Ninety organizations that participated in the study were ambulatory surgery centers or office-based surgery organizations. Survey highlights from these participants found:

SIP Assessment and Training

- **59%** of organizations conducted a SIP risk assessment in the past 12 months
- **88%** of organizations conduct SIP training annually, while **9%** conduct training two or more times per year

Sharps (Medical Devices Which Can Puncture Skin [[FDA](#)]) Injury Prevention

- **91%** of organizations indicated they have a written sharps injury prevention program
- **77%** of organizations indicated they use sharps with engineered injury protection

Aseptic Techniques

- Prior to accessing supplies and preparing and administering injections, **84%** of organizations perform at least one of the following hand hygiene techniques: wash with soap and water, or use antiseptic hand wash, hand rub or surgical hand antiseptis

Medication Storage

- **68%** of medication used for injections was stored in a designated area separate from any patient care areas and stored in a clean area without contact with blood, bodily fluid or contaminated equipment

Medication Preparation

- When obtaining medication from a single- or multi-dose vial, **77%** of injections used all three of the following techniques:
 - Disinfected the rubber septum of the vial using 70% alcohol
 - Used a new, sterile needle
 - Used a new, sterile syringe

Medication Disposal

- **77%** of single-dose medication vials used for injections were discarded in the proper container, and **62%** of prefilled syringes were properly disposed of

Primary Care Results

Twenty organizations that participated in the study were primary care organizations. Survey highlights from these participants found:

SIP Assessment and Training

- **55%** of organizations conducted a SIP risk assessment in the past 12 months
- **80%** of organizations conduct SIP training annually, while **15%** conduct training 2 or more times per year

Sharps Injury Prevention

- **100%** of organizations indicated they have a written sharps injury prevention program
- **80%** of organizations indicated they use sharps with engineered injury protection

Aseptic Techniques

- Prior to accessing supplies and preparing and administering injections, **98%** of organizations perform at least one of the following hand hygiene techniques: wash with soap and water, or use antiseptic hand wash, hand rub or surgical hand antisepsis

Medication Storage

- **84%** of medication used for injections was stored in a designated area separate from any patient care areas and stored in a clean area without contact with blood, bodily fluid or contaminated equipment

Medication Preparation

- When obtaining medication from a single- or multi-dose vial, **87%** of injections used all three of the following techniques:
 - Disinfected the rubber septum of the vial using 70% alcohol
 - Used a new, sterile needle
 - Used a new, sterile syringe

Medication Disposal

- **73%** of single-dose medication vials used for injections were discarded in the proper container, and **97%** of prefilled syringes were properly disposed of

“Even the highest-performing ambulatory organizations can benefit from ongoing assessment of SIP and other standard practices as policies and requirements evolve over time,” said Kuznets. “The Institute’s studies and AAAHC educational resources aim to assist organizations as they address disparities while ensuring patient safety.”

Tools for Improved SIP

As part of its peer-based, consultative approach to accreditation, AAAHC has designed tools and programs to help organizations enhance SIP compliance and establish ongoing quality improvement programs.

The AAAHC Institute’s Patient Safety Toolkit: Safe Injection Practices offers a checklist to help assess an organization’s risk by identifying where specific inadequacies in process may exist. Organizations can also use the toolkit’s step-by-step guide to develop a training plan to address any detected deficiencies and implement recommended safe practices.

In addition, the AAAHC Institute plans to host a Safe Injection Practices webinar that will go through the toolkit checklist, provide expert insight on quality improvement and illustrate the role of SIP within a greater infection prevention and control strategy. It is anticipated that the webinar will be held in the first half of 2018.

For more information on the AAAHC Institute Safe Injection Practices Study results or resources for SIP improvement, please visit www.aaahc.org/institute.

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About AAAHC

AAAHC (Accreditation Association for Ambulatory Health Care), founded in 1979, is the leader in ambulatory health care accreditation with more than 6,000 organizations accredited. We accredit a wide range of outpatient settings including ambulatory surgery centers, office-based surgery facilities, endoscopy centers, student health centers, medical and dental group practices, community health centers, employer-based health clinics, retail clinics, and Indian health centers, military and bureau of prisons health treatment facilities among others.

AAAHC advocates for the provision of high quality health care through the development and adoption of nationally-recognized Standards. We provide a valuable survey experience founded on a collaborative, consultative, educational approach to peer-based, on-site review. The AAAHC Certificate of Accreditation demonstrates an organization's commitment to provide safe, high quality services to its patients. It is recognized by third party payers, medical professional associations, liability insurance companies, state and federal agencies, and the public.

For more information, visit www.aaahc.org.

ⁱ Aide-memoire for a national strategy for the safe and appropriate use of injections. Geneva: World Health Organization; 2015. <http://www.who.int/infection-prevention/tools/injections/AideMemoire-injection-safety.pdf?ua=1>

ⁱⁱ Kossover-Smith RA et al. One needle, one syringe, only one time? A survey physician and nurse knowledge, attitudes, and practices around injection safety. *Am J Infect Control* 2017;45(9):1018-1023.

ⁱⁱⁱ Anderson L, Weissburg B, Rogers K, Musuuza J, Safdar N, Shirley D. Challenges to safe injection practices in ambulatory care. *Infect Control Hosp Epidemiol* 2017; 38(5):614-616.

^{iv} Thompson D, Bowdey L, Brett M, Cheek J. Using medical student observers of infection prevention, hand hygiene, and injection safety in outpatient settings: A cross-sectional survey. *Am J Infect Control* 2016;44(4):374-380.