**BACKGROUND**

The Nebraska (NE) Infection Control Assessment and Promotion Program (ICAP) is a Centers for Disease Control and Prevention (CDC) funded project that recruits facilities for a voluntary review of their infection control (IC) programs and, to date, has assessed 32 Critical Access Hospitals (CAH). The team prioritized assessment of critical and semi-critical instrument reprocessing (IR) when performing on site evaluations in CAH in 2015 and 2016. The frequency of practice gaps in IR and the factors associated with them were studied.

**METHODS**

NE ICAP utilized the Centers for Medicare and Medicaid Services Infection Control Assessment Tool A Core Elements and for the assessments. Data was collected during tours of instrument reprocessing departments in order to study the factors associated with the gaps, this observational data was compared to data reported by the infection preventionist (IP) using the CDC Infection Control Assessment Tool. The factors studied included bed size (<15 vs. >15), IP training, fraction of full-time equivalent (FTE) designated for IP work (<0.25 vs. >0.25 FTE/25 beds), and if a competency based training program (CBTP) audit and feedback practices for personnel in the instrument reprocessing department were in place. Fisher’s exact test was used to compare factors associated with identified gaps.

**RESULTS**

Assessment of IR was performed at 25 facilities. IPs in all 25 CAH reported to have IR training. Some hospitals also have a CBTP for personnel that reprocess critical (n=8) and semi-critical (n=17) devices. The most frequent gaps identified are illustrated in Figures 1 and 2. There were no statistically significant associations between the factors studied and identified gaps with one exception. The facilities with a CBTP as compared to those without are more likely to have policies addressing steps to take in case of discrepancies between a device manufacturer’s and the sterilizer manufacturer’s instruction for completing sterilization. (100%, vs. 46.15%, p=0.045)

**CONCLUSION**

Significant gaps in IR still exist despite CAH reporting to have trained IP and some reporting to have CBTP in place for personnel conducting reprocessing. IP training should be evaluated for efficacy of content related to instrument reprocessing. NE ICAP has offered site specific mitigation strategies but larger scale training is needed.

**REFERENCES**

2. CDC Infection Control Assessment Tool for Acute Care Hospitals https://www.cdc.gov/infectioncontrol/pdf/care/hospital.pdf