The self-reported data was used to develop the risk profile. Field data survey was distributed to facilities to collect performance inputs. VAMC PREDICTIVE RISK MODEL: Updated and resubmitted field survey in FY 2022. Conducted one-on-one meetings with VISN and VAMC Leadership to discuss Logistics using inventory management system. Temp/RH Alarms sent to SPS Chief. Level of emergency power provided. Environmental Years in position – ADPCS. Responses to Question KPI: Weight KPI: Factor is calculated: - Provides a direct measure of impact to overall model score. - All factor final scores are added. Factor is calculated:

- Toll Gates contribute negative
- All factor final scores are added
- Factor is calculated:

Building the Predictive Model & Identifying Risks

Risk Prediction and Mitigation Across Veterans Health Administration’s Sterile Processing Services

Alan Bernstein, MS, RN, Executive Director for National Program Office for Sterile Processing, VHA; Marissa Jones Lewis, MSN, RN, Director for National Program Office for Sterile Processing, VHA; Kari Doffemeyer, Quality and Risk Management, Booz Allen Hamilton; Misty Sprattan, Healthcare Operations, Booz Allen Hamilton.

PROGRAM OVERVIEW

Using the Risk Identification, Triage, Mitigation, and Sustainment (RITMS) model along with a comprehensive assessment of VA medical facilities, VHA’s National Program Office for Sterile Processing (NPOSP) can identify medical facilities at high risk for an untoward event; take actions to mitigate risk and strengthen local operations; and sustain improvement through continuous evaluation. NPOSP continues to refine and validate the RITMS process, and it has become an integral tool for NPOSP operations and program management.

SPS RITMS development process was supported by a team of VA/healthcare domain specialists, biomedical and VAMC infrastructure subject matter experts, and data scientists.

### VAMC PREDICTIVE RISK MODEL

<table>
<thead>
<tr>
<th>KPI FACTORS AND WEIGHTING</th>
<th>Build Field Assessment Protocol Score</th>
<th>Conduct Assessment</th>
<th>Compare Predictive and Actual Score</th>
</tr>
</thead>
</table>

### SPS RITMS MODEL DESIGN

The SPS RITMS Model calculates relative contributions to the group’s function. It provides a direct measure of impact to overall model score. It enables trigger threshold based on observed thresholds through use of multiplier (quantified as an “x”)

### CALCULATING FINAL SCORE

The risk level (Final Score) is calculated:

- Full field assessment protocol score
- Conduct assessment Final Score
- Compare Predictive and Actual Score Final Score

### A COMPREHENSIVE SET OF STANDARDIZED SPS RITMS TOOLS, AID(S), AND TEMPLATES

#### TECHNICAL TOOLS

- Capability Scoring Tool
- Intelligence
- Aiding
- Risk Management
- Training
- Reporting

#### COMPUTATIONAL TOOLS

- Risk Management
- Training
- Reporting

#### BRIEFING/REPORTING TOOLS

- Site Visit Report
- Closing Conference Briefing
- Kick Off Briefing
- Opening Conference Briefing

### PROGRAM OVERVIEW

Sterile Processing (NPOSP) can identify medical facilities at high risk for an untoward event; take actions to mitigate risk and strengthen local operations; and sustain improvement through continuous evaluation.

### TOOLS

- Association for Advancement of Medical Instrumentation (AAMI)
- Institute for Safety and Health Management (ISHM)
- Facility Design Guidelines

### REPORTING TOOLS

- FY 2022 SPS RITMS SCORE BREAKPOINTS AND SPREAD

- FY 2022 SPS RITMS SCORE BREAKPOINTS AND SPREAD

### Results of Actions Taken

Actions taken by NPOSP after initial RITMS scores were established resulted in a decrease for high-risk facilities:

- Very high-risk facilities reduced from 17 to 12
- High-risk facilities reduced from 23 to 12
- Elevated-risk facilities increased from 26 to 41
- Moderate-risk facilities reduced from 45 to 36
- Low-risk facilities increased from 18 to 25
- Very low-risk facilities increased from 11 to 12

### Actions Taken and Plans to Reduce Risk

- Conducted one-on-one meetings with VISN and VAMC Leadership to discuss high-risk and very high-risk scores.
- Visited selective VAMCs to validate data and to support improvement efforts
- Updated and redrafted field survey field FY 2022
- Analyzed updated FY 2022 field survey responses

### Actions Taken

- Toll Gates contribute negative
- All factor final scores are added
- Factor is calculated:

### Field Survey

- Full field survey was distributed to facilities to collect performance inputs.
- The self-reported data was used to develop the risk profile.

### Summary

- Toll Gates contribute negative
- All factor final scores are added
- Factor is calculated:

### FY 2022 SPS RITMS SCORE BREAKPOINTS AND SPREAD

- Very Low Risk (12 facilities)'
- Low Risk (21 facilities)
- Moderate Risk (36 facilities)
- Elevated Risk (41 facilities)
- High Risk (17 facilities)
- Very High Risk (12 facilities)

### FY 2022 SPS RITMS SCORE BREAKPOINTS AND SPREAD

- Very Low Risk (12 facilities)'
- Low Risk (21 facilities)
- Moderate Risk (36 facilities)
- Elevated Risk (41 facilities)
- High Risk (17 facilities)
- Very High Risk (12 facilities)