APIC GREAT LAKES

2025 EDUCATIONAL WEBINAR SERIES

Member Presentations

August 12, 2025

Housekeeping

- Please mute your line
- Have questions for our speaker? Drop it in the chat to be asked!

Upcoming APIC GL Webinars

- November 4th – NHSN Rebaseline

Please note this schedule is subject to change.
All changes and additional event details will be communicated via email, once confirmed.

Please direct questions to
Kelsey Ostergren – kostergren@mha.org,
Chau Nguyen - chau.nguyen@corewellhealth.org, or
Denise Parr – parrd1@michigan.gov

APIC GL Fall Conference

- October 9, 2025
- Eagle Eye Golf Club & Banquet Center
- Registration Deadline is September 23rd!
- We need pictures of your teams!
- https://givebutter.com/2025APIC-GL

Coming Soon!

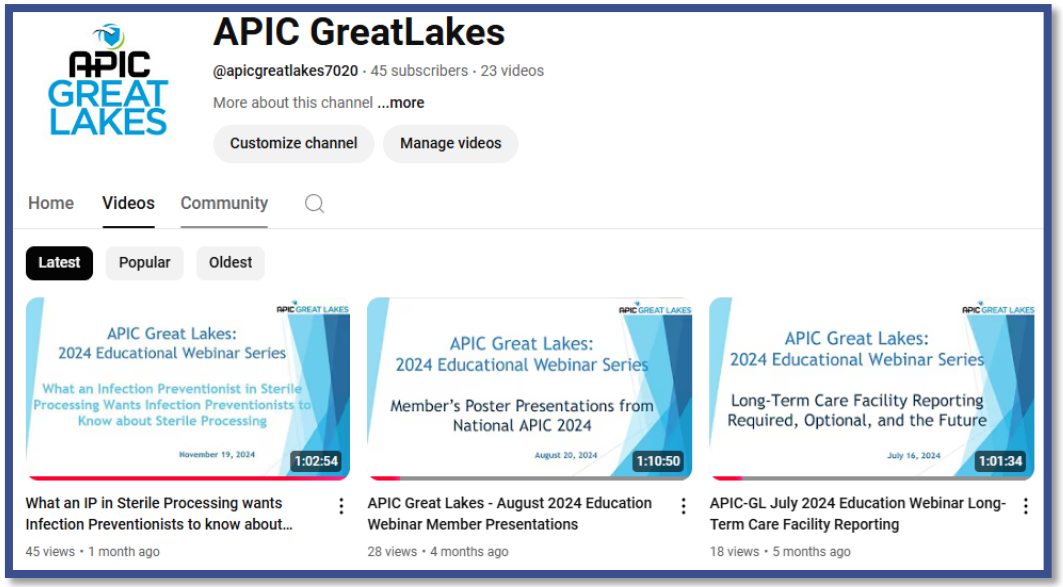
2026 APIC-GL Board Nominations

- President-Elect
- Director at Large
- Treasurer
- Membership Secretary
- Nomination Committee

Watch your email for more information!

Missed a webinar? No worries!

- Check out the APIC- GL YouTube Channel, where you can find recordings of all prior meetings!



- Presentation slides & any supplemental materials can be found on the APIC-GL website

Job Postings

- If you have an open position you would like to post to the APIC-GL webpage, please email us at apicgreatlakes@gmail.com

- Link to job board

Continuing Education (CE)

- There are no CEs available for today's session

2025 APIC CONFERENCE LEARNINGS

Chau Nguyen, Dorine Berriel-Cass & Jennifer Madigan

Corewell Health™

2025 National APIC Conference Learnings

Chau Nguyen

AUGUST 12, 2025

APIC 2025 – Virtual Attendance

APIC-GL!

Updates from the Certification Board of Infection Control and Epidemiology

Jessica Dangles, MBA, MS, PMP, CAE & Gail Fraine, RN, MMHC, BSN, CIC, LTC-CIP, AL-CIP

June 18, 2025

Updates from the CBIC

- To improve accessibility, we have implemented reduced exam fees for candidates based on their country of residence, as classified by the World Bank into upper-middle, lower-middle, and low-income categories.

- The a-IPC™ certification is renewable through either the proctored examination or continuing education (IPUs).

- Participation in a formal mentorship program through a professional organization related to infection prevention and control may now earn 3 IPUs per year of program participation.

- Effective January 2, 2025, the CIC®, a-IPC™, and LTC-CIP® examinations are now delivered using forward navigation. Forward navigation in an examination refers to a format where candidates can only progress through the exam in a linear sequence, answering each question one after another **without** the option to return to previous questions

Updates from the CBIC

- The AL-CIP was released in January 2025.
- The Advanced Leadership Certification in Infection Prevention & Control (AL-CIP) is an assessment of knowledge, skills and abilities expected of individuals who demonstrate professional expertise, leadership and impact in the field of infection prevention and control.
- Portfolio-based assessment.
- The AL-CIP™ application is open twice a year.
  - January 21, 2025 - February 28, 2025
  - **July 10, 2025 - August 15, 2025**

Passport to Prevention: Infection Control Considerations in the Age of Medical Tourism

Heather Stoltzfus MPH RN CIC

June 17th, 2025

What is Medical Tourism?

The practice of traveling – typically across national borders to receive medical care

- In 2023, 1.4 million Americans travelled outside the US for medical care.
- Most common reason was lower costs.
- Most common procedure sought abroad was Dental procedures.
- Mexico is the most popular country for Medical Tourism

Reported procedures and infection type

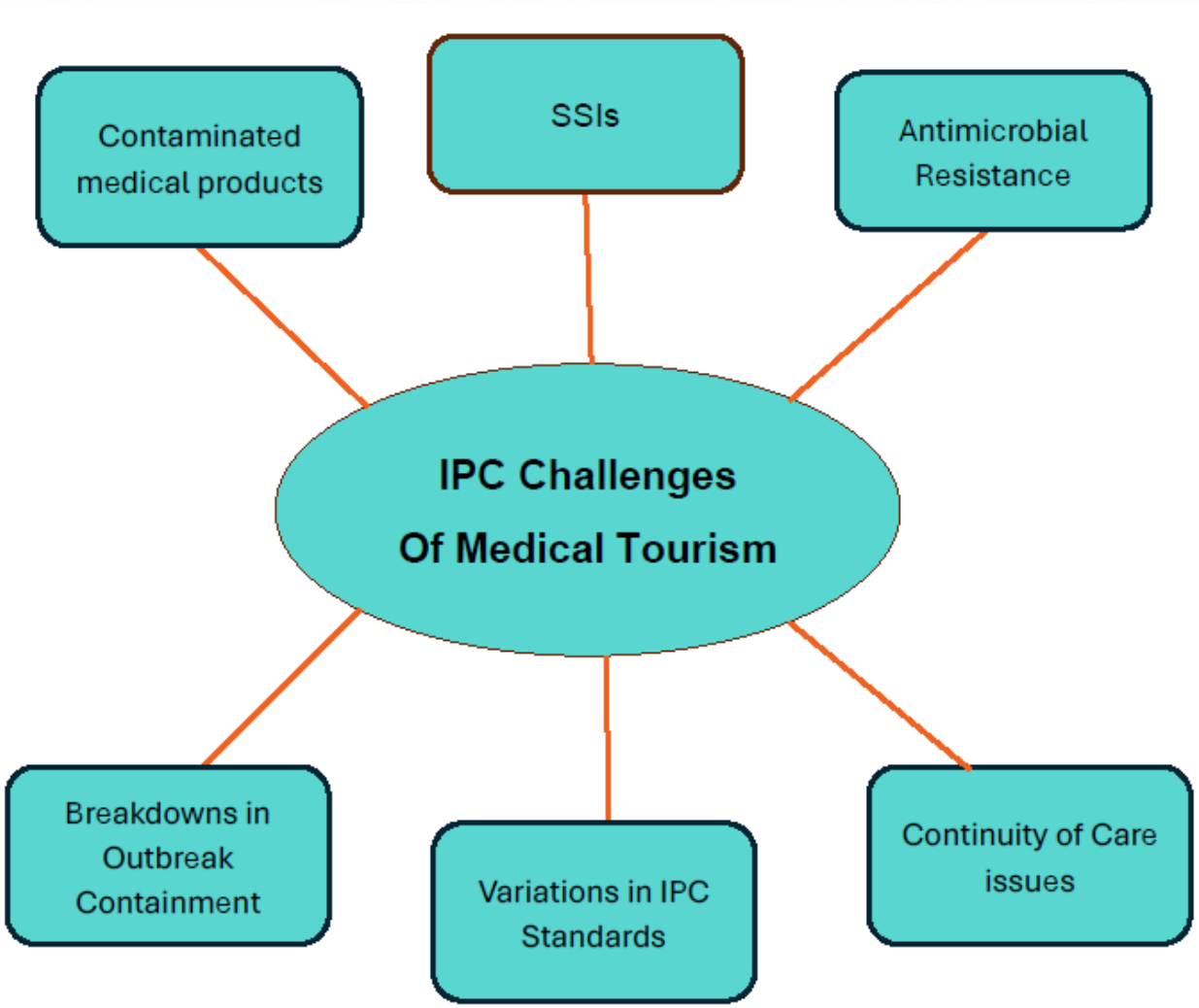
- Cosmetic and plastic surgery procedures (abdominoplasty, liposuction, breast augmentation, facial rejuvenation
  - Most commonly Mycobacterium abscessus (Surgical Site infections)

- Primarily bariatric surgery (gastric sleeve), some cosmetic surgeries
  - VIM-producing carbapenem-resistant Pseudomonas aeruginosa (Pseudomonas infections)

- Primarily liposuction and other cosmetic surgeries with epidural anesthesia
  - Fusarum solani (fungal meningitis)

Investigation revealed infection control breaches, including improper instrument reprocessing, suboptimal infection prevention practices, and possible contaminated water sources.

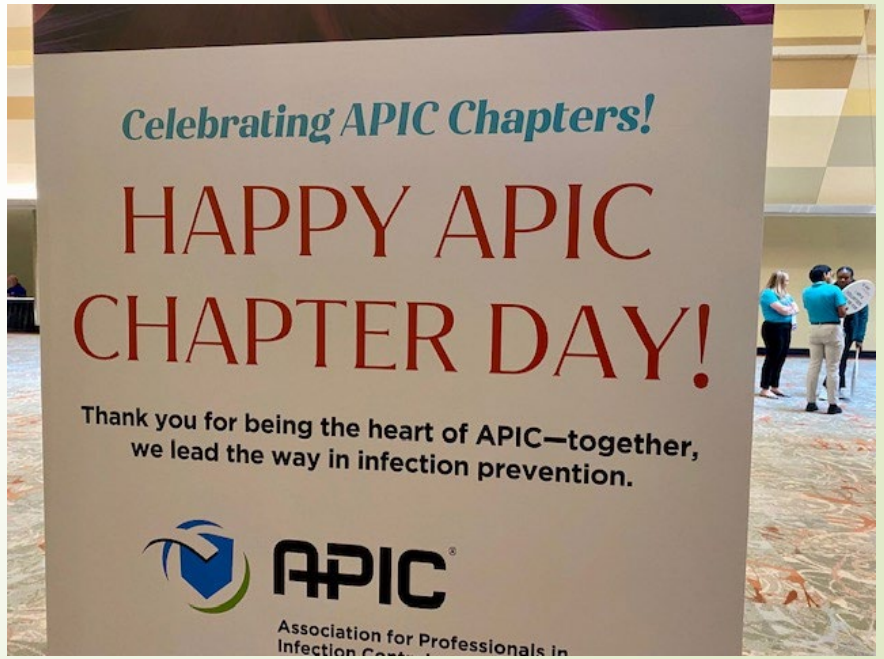
IP Challenges with Medical Tourism



What Can We Do/Advocate For?

- Start asking patient about medical procedures & hospitalization abroad during intake assessments.
- Education team members and patients about the risks of medical travel and what to look for.
- Screen patients for MDROs with high-risk procedures and overnight hospitalization abroad.
- Surveillance and reporting
- Develop trigger questions for the ED and outpatient teams to quickly identify travel-associated risks.
- Encourage medical travel programs to pursue accreditation and regulatory compliance.
- Support cross-border collaboration between public health and healthcare facilities internationally.

National APIC 2025

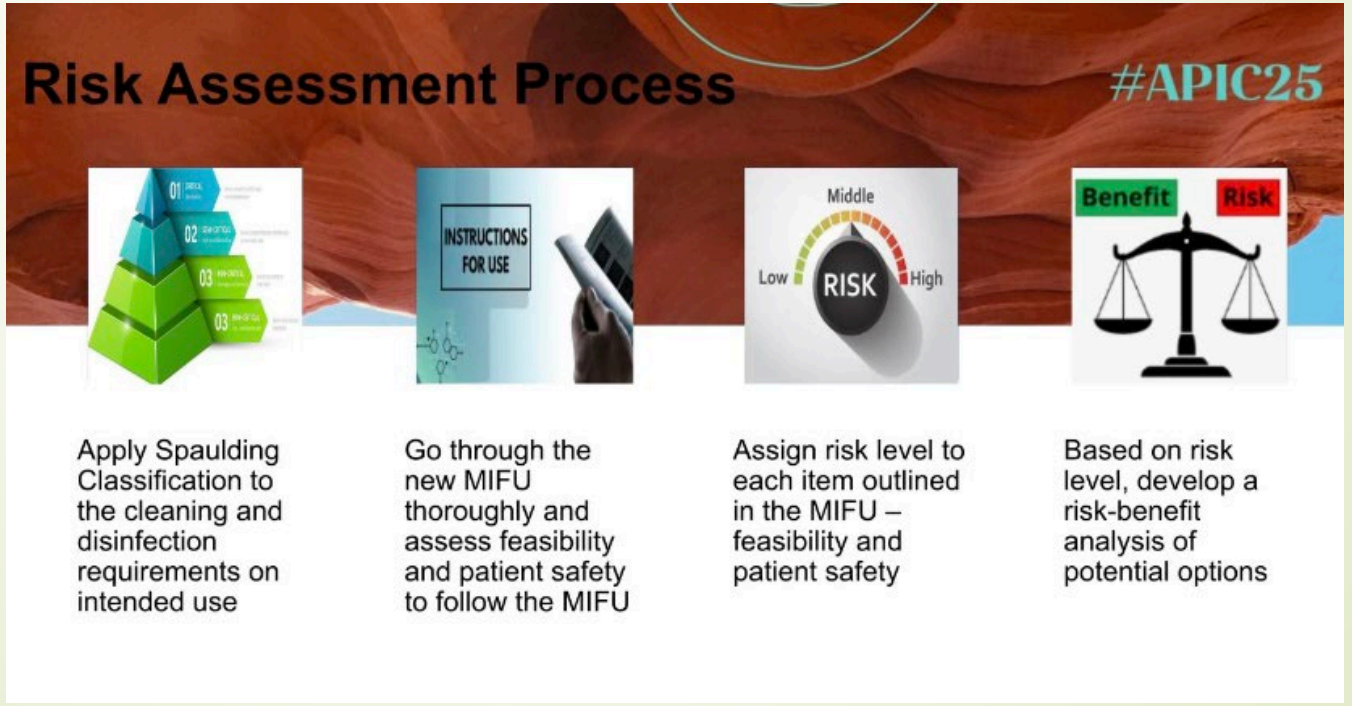


Dorine Berriel-Cass, BSN,MA, RN, CIC, FAPIC


CHAPTER LEADERS DAY 2025
APIC
Spreading knowledge. Preventing infection.®
PHOENIX, ARIZONA
JUNE 15, 2025
AND THE WINNER IS...
EXCELLENCE AWARDS
CENTRAL
NEW YORK
BALTIMORE
OHIO
LEADERS
TERI MAULDIN
MENTORSHIP RESEARCH PUBLICATION
DALLAS FT WORTH
MARIE MOSS
INCLUSION ENGAGEMENT RESULTS
GREATER NY
UZOAMAKA OBIEKWE
COMMUNITY UPLIFT INSPIRATION
BALTIMORE
DIVERSITY EDUCATION INTERNSHIPS
GREATER
BRIA GRAHAM-GLOVER
DID YOU KNOW?
apic TRAINING MODULES
community.apic.org
REPORTS
TOOLS
SUPPORT
ZOOM!
RESOURCE CENTER
ai ZOOM COMPANION
SHARING RESOURCES
COMING SOON!
ALL SUGGESTIONS WELCOME!
OBTAIN CE
PROVIDER
APPROVED?
MAINTENANCE
KEEP RECORDS
HAVE A BACKUP
CONTACT UPDATE
FOLLOW GUIDELINES
IT'S AN... OPEN BOOK TEST
CHECK REGULATIONS
PROGRAM ALIGNED & DETAILED
CLEAR OBJECTIVES
EVERY D-E-T-A-I-L MATTERS!
DON'T LET IT.. lapse!!
PREPARE APPLICATION
SUCCESSION plan
GATHER MATERIALS
NO CEUs!
varies by STATE
"CONTACT" HOURS
SET email NOTIFICATIONS!
MAIL ONLY
BOOT CAMP
POST PANDEMIC
CONFERENCE
NEWSLETTER
BALTIMORE
IP TALENT
STAFFING
RETAIN
VOLUNTEER NETWORK
AWARENESS
CONFIDENCE
MENTOR & engage
JOURNAL CLUB
CRITICAL LOOK at ABSTRACTS
RESEARCH TASKFORCE
OBJECTIVE FEEDBACK APIC TOOL
KEEP ASKING!
TRIVIA
& INFORMAL RELAXING
$ DOESN'T COST MUCH
PEOPLE WANT TO HELP... NEED TIME.
IDEAS ALONE = NOTHING
MUST HAVE IMPLEMENTATION!
INNOVATORS encouragers
CONNECTORS Aligned
strategical
IT STARTS... with an IDEA...
& MAKES YOU WANT TO DO... MORE!
THEN START!
COLLABORATING
MENTORING
THINKING CREATIVELY
EXCELLENCE is INSPIRED!
1 DOING IT ALL
COMPLAINING
ROTATING SAME PEOPLE THRU LEADERSHIP
& STOP...
MAKE LIGHT(er) WORK...
MANY WINS!
SEND YOUR STATS!
LET'S TALK ABOUT IT!
UPDATES
easy to unwind
HARDER to BUILD!
2026 ROI STAFFING CALCULATOR
IFUs
HAND HYGIENE OBSERVATION STUDY
CEO
USE YOUR VOICE!
advanced CERTIFICATIONS & PATHWAYS
CORRECTIONAL FACILITIES
LOST FREEDOM.. DON'T HAVE TO LOSE HEALTH.
PLAYBOOKS
POLICY PRO
Whitepapers
ADVOCACY
EDUCATION
APIC ARN LAUNCH!
RESEARCH
INTERNATIONAL EXPANSION
PORTFOLIO BASED
CBIC CERTIFICATIONS
Choice
IPUs OR RETAKE EXAM
NEW CERTS!
TIMELINE 2025 '26 '27
Opportunities
ADVANCEMENT LEADERSHIP
CBIC WORKING ON..
IMPROVED FEEDBACK
framethemessageink.com

Manufacturer's Instructions for Use Friend or Foe? – Rajkiran Kullar, MPH, CIC

- Provided an example of a current medical device that issued "new" IFUs that were difficult to follow (cleaning & disinfecting process difficult to follow versus "old" IFUs.
- Their facility did a risk assessment looking at old IFUs vs new IFUs.



Risk-Benefit Analysis

New MIFU

Risk	Benefit
• Compliance • Large educational effort • Operation and feasibility in perioperative/Ambulatory settings • Supply • Time dedicated for cleaning and disinfection • Time away from patient care • Safety concerns with chemicals • Not following Spaulding classification as intended	• Regulatory needs met by following IFU as stated in policy

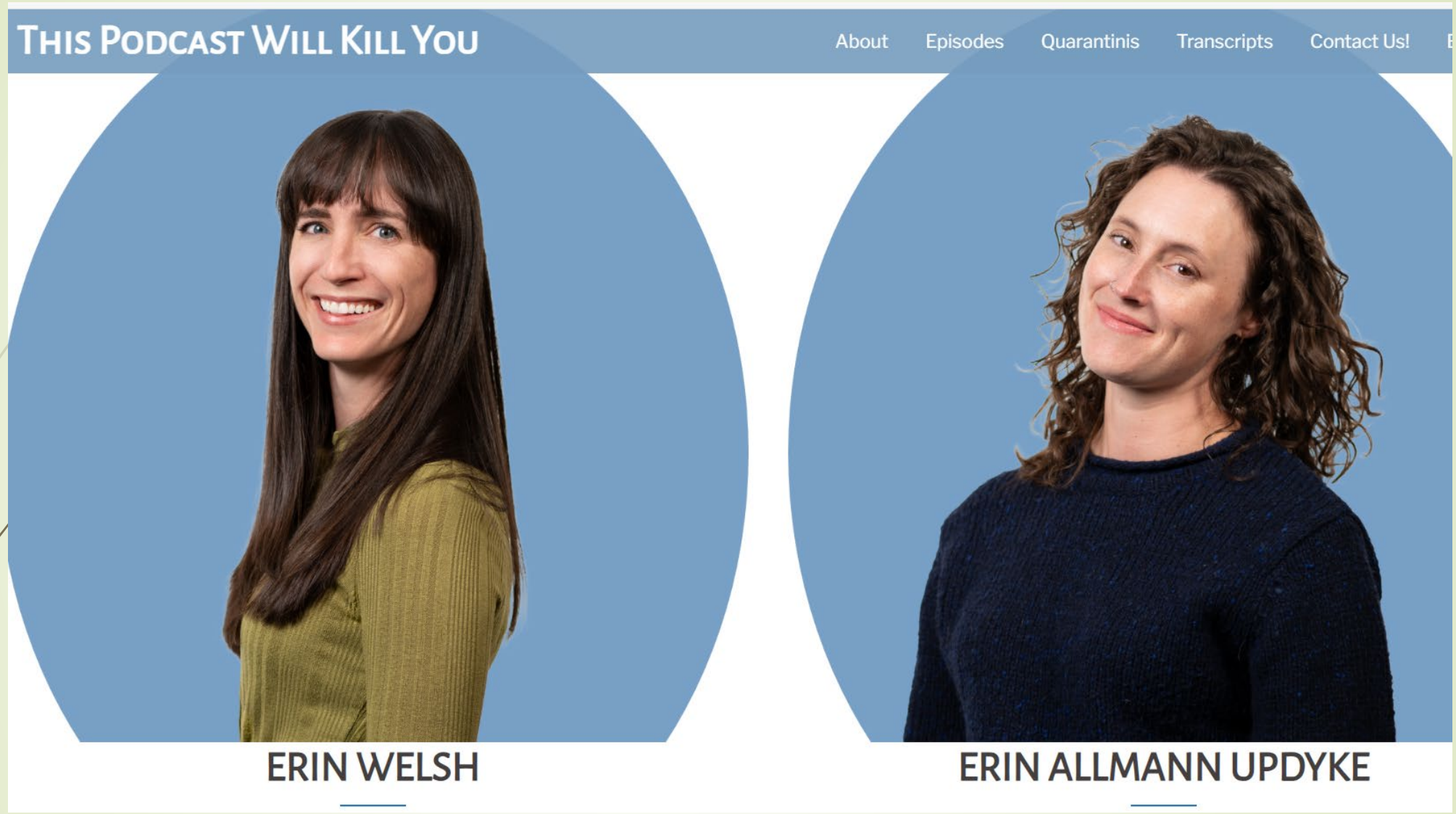
Old MIFU

Risk	Benefit
• Regulatory needs not being met as followed by IFU as stated in policy	• Consistent practice as old IFU • Better compliance • Less time/resource constraints • Hospital approved germicidal wipes do not corrode or compromise the integrity of the devices (as articulated in manufacturer letter) • Follows Spaulding classification

Process	Definition
New MIFU	Following the updated MIFU in its entirety (Bleach, rinse, dry)
Old MIFU	Following old MIFU in its entirety for new device (hospital approved germicidal wipes)

Comments

- Sylvia Garcia Houchins (Independent consultant) pointed out that this facility did not simply ignore the new MIFUs, rather they did their due diligence and tried to work with manufacturer to resolve conflict.
- PEARL: Sylvia did recommend that if IPs can't meet MIFUs they should report it to the FDA as an "Unusable MIFU". This would get reported as an "allegation of regulatory misconduct".
- https://www.fda.gov/medical-devices/medical-device-safety/reporting-allegations-regulatory-misconduct



The Erins – This Podcast Will Kill You

Other sessions I would recommend:

- Navigating the APICs Educational Resources
- Beyond Policy: Leveraging Human Factors to Sustain IP Best Practice
- Operating Room Turnover Cleaning and Disinfection: The IP's Survival Guide
- Environmental Hygiene MythBusters! An Interactive Session to Distinguish Fact from Fiction
- Using Simulation in Infection Prevention and Control

2025 APIC Annual Conference Update

Jennifer Madigan, Bylaws Chair

ORAL ABSTRACT
WASH YOUR PAWS: USING CREATIVE CANINE MARKETING AND THERAPY DOGS TO PROMOTE HAND HYGIENE COMPLIANCE (LEE HEALTH)

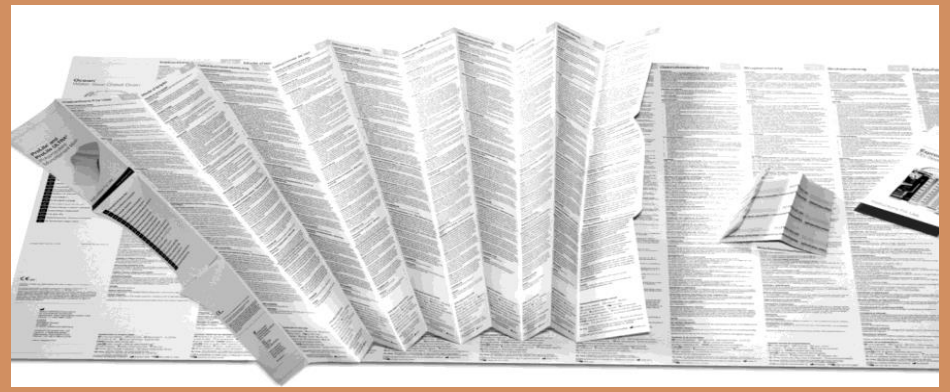
- Hand hygiene compliance suffers from message fatigue
- Canine themed marketing approach to re-engage staff across 5 ACH
  - Therapy dogs and branded logo wear
  - "Wash your paws"
- Hand hygiene compliance measured
  - Before – 82.9% (preceding 4 months, 49,203 observations)
  - After – 84.6% (following month) and 85.7% (next 3 months, 40,973 observations)
  - Statistically significant increase ($p < 0.001$)

ORAL ABSTRACT
CAN YOU ESCAPE THE ROOM? ENGAGING STAFF IN ENVIRONMENT OF CARE (MEMORIAL HERMANN HEALTH SYSTEM)

- Deepen staff involvement to increase knowledge, attitude and skills around EOC compliance
- Mock patient care unit was set up with replicas of common IP and safety findings
- Unit and ancillary leaders had to decipher all risks in the environment to escape
  - Awards provided
  - Baseline EOC audit data – 74%
  - Post "EOC Escape Room" EOC audit data - 80%
  - Survey results showed an increase in knowledge and skills surrounding EOC

ORAL ABSTRACT
MANUFACTURER'S INSTRUCTIONS FOR USE: FRIEND OR FOE? (MEMORIAL SLOAN KETTERING CANCER CENTER)

- Large device manufacturer updated devices and released updated manufacturer's IFUs with major differences
  - Non-critical device now required 3 step cleaning and disinfection using bleach, deionized water and lint-free cloths
- Risk assessment performed to evaluate feasibility of IFU
  - 3 processes developed and risk-benefit analysis conducted
    - Follow new IFU
    - Create interim IFU while new IFU is operationalized
    - Follow old IFU
  - Limited benefits following new and interim IFUs
  - Old IFU yielded more benefits than risks and was followed
    - At risk of regulatory citation



- 2022 APIC IFU focus group was held and feedback shared at 2023 National APIC Conference
- APIC survey of IPs to gather further information about IFU issues
- 2024 APIC 28-page manuscript "Modernizing Medical Device Instructions for Use (IFUs): Infection Preventionists Speak Up for Patient Safety"

APIC IFU Actions

APIC manuscript calls for the following:

- Developing tools to help IPs and HCPs navigate current less-than-optimum process for cleaning, disinfection, and sterilization of medical instruments.
- Bringing problematic IFUs to the attention of manufacturers and FDA.
- Educating policymakers and healthcare organizations about flaws in current regulatory framework that limit IPs' ability to protect patients from transmission of HAIs via medical devices.
- Convening stakeholders to work with APIC to propose a new regulatory framework for cleaning, disinfection, and sterilization of medical devices that includes:
  - standardized format for IFUs
  - IFU language taking into account the needs of IP, SPD, EVS, and end users to protect patients
  - Device labels which are easily accessible to users for duration of the product's lifespan, indicate when IFU was last updated, and provide information on who users may contact in case of questions
  - A public repository for IFUs so that users will have access to appropriate information for devices that are no longer manufactured and/or when the manufacturer is no longer in business.

- **2025 APIC letter to TJC asking to modernize compliance with IFUs evaluated during survey process**
  - Differentiate between non-compliance with policies/practices and situations in which risk assessments have determined an alternative cleaning, disinfection and/or sterilization method is appropriate
  - Reassign IFU findings from IC to EOC or Leadership to better reflect responsibility and workflow!

- **APICs "Modernizing Medical Device Instructions for Use (IFU)" Toolkit is anticipated**
  - Definitions, algorithms for IFU discrepancies, risk assessment template, risk-benefit matrix, case studies and other resource tools from EPA and FDA

THE HIDDEN TRUTH UNCOVERING THE TRUTH TO FUNGAL OUTBREAK

Jennifer Jones

The Hidden Truth: Uncovering the Keys to a Fungal Outbreak Response

Jennifer Jones, BSN, RN, CPEN; Brianne Bachman, MPH, CIC; Jessica Mcclusky, DNP, RN, CIC; Mallory Davis, PhD, MS, CIC;
Erika Kurili, MPH, CIC; Alex George; Steven Moore; Greg Cole, CHFM, CHC
Corewell Health West Grand Rapids, Michigan

Background

Cutaneous fungal infections are opportunistic infections that can rapidly progress in immunocompromised patients. The hospital environment should be optimized to prevent fungal contamination. Two confirmed and one suspected hospital-acquired Aspergillus fumigatus infections were identified in a Small Baby Unit within a Neonatal Intensive Care Unit (NICU). An outbreak investigation occurred to examine potential sources of transmission.

Methods

Case study methodology was utilized and involved collecting the following data sets:

- Chart reviews to determine possible links between the three patients
- Whole genome sequencing (WGS) on two isolates
- Environment of care audits in the NICU and supporting spaces
- Collection of environmental air and surface samples.

The Hidden Truth: Uncovering the Keys to a Fungal Outbreak Response

Results

Chart review revealed two of the three patients were delivered in the same operating room and all three patients were admitted to the same type of isolette in adjacent shared nurseries. WGS results did not indicate any plausible epidemiologic linkage. Environment of care audits identified incorrect airflows within patient care spaces, drywall damage, incorrectly stored patient tape, dust, and non-intact flooring suggesting potential sources of hospital contamination. Validation of compliance with cleaning and disinfection processes of isolettes within manufacturer's instructions for use indicated opportunities for improvement. One environmental air sample grew a different species of Aspergillus. These findings led to the development of an internal fungal surveillance program and response.

Figures

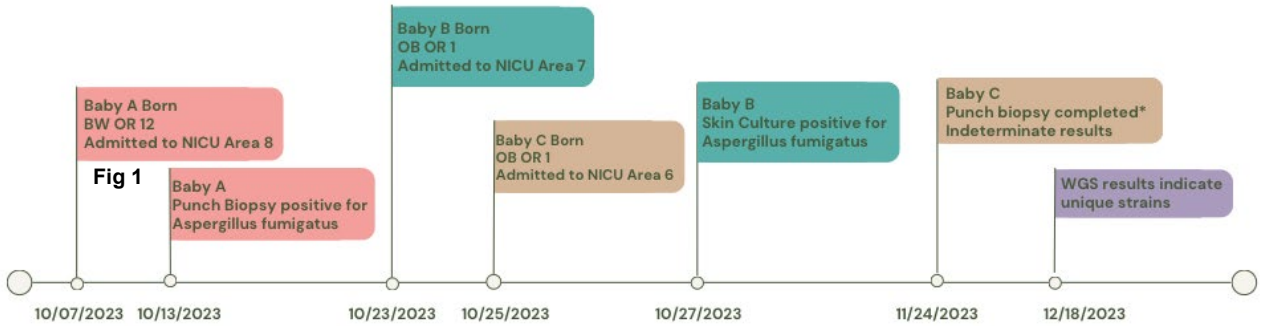


Fig 1

LEGEND:

BW: Butterworth Hospital; **NICU:** Neonatal Intensive Care Unit; **OB:** Obstetrics; **OR:** Operating Room; **WGS:** Whole Genome Sequencing

*Very small sample size collected due to baby C's size so results stated interpret with caution

Fig

Figure 1. Timeline of cases from October 2023 through December 2023; Figure 2. Vaneometer demonstrating negative pressure of nursery; Figures 3-6. Issues identified during environment of care audits

The Hidden Truth: Uncovering the Keys to a Fungal Outbreak Response

Conclusion

Health systems should have a fungal surveillance program in place. Due to the risk to patients, one case of cutaneous fungal infection should be investigated with an interdisciplinary team including facilities, industrial hygiene, clinical teams, and infection prevention.

While WGS did not indicate relatedness, fungal WGS is not as robust as bacterial; therefore, further study is warranted.

This outbreak investigation didn't identify one source of transmission, but many improvements were implemented. Environment of care audit findings have been remediated.

References

Guidelines for Design and Construction of Hospitals. 2018 Edition. https://fgiguidelines.org/guidelines/editions/

Ventilation of Health Care Facilities Standard 170-2017 https://www.ashrae.org/technical-resources/standards-and-guidelines/standards-addenda/ansi-ashrae-ashe-standard-170-2017-ventilation-of-health-care-facilities

CDC Targeted Environmental Investigation Checklist https://www.cdc.gov/fungal/pdf/targeted-environmental-investigation-checklist-508.pdf

Salem-Bango Z, Price TK, Chan JL, et al. Fungal Whole-Genome Sequencing for Species Identification: From Test Development to Clinical Utilization. J Fungi (Basel). 2023;9(2):183-13. doi:10.3390/jof9020183.

Disclosures

Nothing to disclose.

WASH, RINSE, REPEAT IMPROVEMENT PLANS FOR HEALTHCARE TEXTILES

Brianne Bachman

Wash, Rinse, Repeat: Improvement Plans for Healthcare Textiles

Brianne Bachman, MPH CIC; Jennifer Jones, BSN, RN, CPEN; Dave Rosel; Kavitha Krishnaswamy; Chase Bongiorno
Corewell Health West Grand Rapids, Michigan

Background

Providing hygienically clean healthcare textiles is a complex and delicate process. While infections are rare, outcomes can be devastating, especially for highly susceptible populations.

Two confirmed and one suspected hospital-acquired Aspergillus fumigatus infections were identified in a Small Baby Unit (SBU) within a Neonatal Intensive Care Unit (NICU). Investigation occurred to examine linen as a potential source of transmission.

Methods

Case study methodology was used to collect the following data sets:

- Infection prevention environment of care audits both onsite and at the third-party laundry facility,
- Linen culturing
- Environmental air sampling at onsite hospital locations where linen is transported and stored.

Wash, Rinse, Repeat: Improvement Plans for Healthcare Textiles

Results

All patients utilized linen reprocessed at our third-party laundry facility and then sterilized onsite. Twenty pieces of sterile linen of varying types were cultured and cultured negative, Sixty-five pieces of non-sterile linen of varying types were cultured and no pathogenic organisms were found.

An environmental air sample collected in the hallway adjacent to loading dock where clean linen was delivered cultured positive for Aspergillus fumigatus. This loading dock also served as an exit point for soiled linen, hazardous and non-hazardous waste, and the morgue. Through the use of linen audit tools, gaps in transportation and storage of linen were identified.

Figures

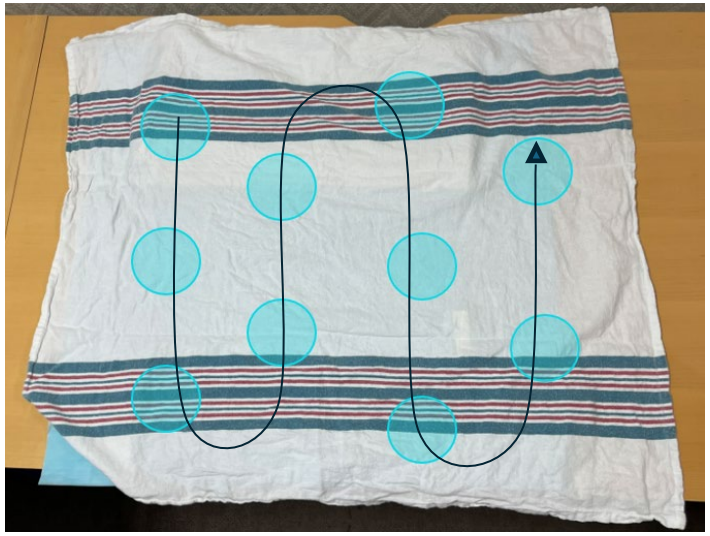


Figure 1. Linen Sample Strategy shown on receiving blanket. Approximately 10 stamps/plate for each article of linen (if size allows) in a 3-2-3-2 snaking pattern.

Figure 2. Loading Dock where clean linen was delivered.

Figure 3-4. Gaps identified during environment of care audits. Dusty linen carts and torn linen cart covers.

Wash, Rinse, Repeat: Improvement Plans for Healthcare Textiles

Conclusion

Having an infection preventionist with dedicated responsibility to linen services is important to provide a collaborative approach to infection prevention sustainment.

Application of healthcare textile audit tools can be useful to evaluate processes both at third party laundry facilities and within hospitals. The utilization of audit tools helped identify and risk assess gaps.

Changes were implemented to deliver linen through a separate clean dock, outside transport covers are now removed prior to storage in clean linen room, and monthly cleaning cadence for linen carts and covers stored on nursing units were established.

References

Healthcare Laundry Accreditation Council Standards: https://hlacnet.org/standards/

CDC ICAR Tool - Module 9. Healthcare Laundry Facilitator Guide: https://www.cdc.gov/infection-control/media/pdfs/IPC-mod9-healthcare-laundry-508.pdf

Sands, F. (2017). Laundry Infection Prevention and Control Guide. Association for Linen Management. www.ALMnet.org

ANSI/AAMI ST65:2008/(R)2018; Processing of reusable surgical textiles for use in health care facilities. Association for the Advancement of Medical Instrumentation (AAMI); 2009. doi:10.2345/9781570203367.

Sundermann AJ, Clancy CJ, Pasculle AW, et al. How Clean Is the Linen at My Hospital? The Mucorales on Unclean Linen Discovery Study of Large United States Transplant and Cancer Centers. Clin. Infect. Dis. 2019;68(5):850-853. doi:10.1093/cid/ciy669.

Disclosures

Nothing to disclose.

HAND HYGIENE ALL STARS UNIT-BASED RECOGNITION TO HIGHLIGHT HAND HYGIENE SUCCESSES

Abigail Ruby

HENRY FORD HEALTH®

Hand Hygiene All Stars: Unit-Based Recognition to Highlight Hand Hygiene Successes

Clare Shanahan, MPH, CIC, Abigail Ruby, MPH, CIC, Eman Chami, MHA, CIC, Anthony Talocco, BS, Gwen Gnam, MSN, RN

Category: Implementation Science and Research

Learning Objectives

1. Promote proper hand hygiene through developing unit-based recognition programs.
2. Integrate hospital executive leadership into the unit-based recognition program to reinforce the importance of hand hygiene.
3. Involve unit staff in the unit-based recognition ceremonies to foster engagement and pride in proper hand hygiene.

Background

- Hand hygiene is an important tool in preventing the spread of infections to patients, staff, and visitors within the healthcare environment.
- Hand hygiene compliance often decreases as a result of competing priorities within the clinical environment.
- To reengage staff and incorporate more positivity into the hand hygiene program, a unit-based recognition program was established. This program aimed to highlight hand hygiene successes and promote interdepartmental competition.

Methods

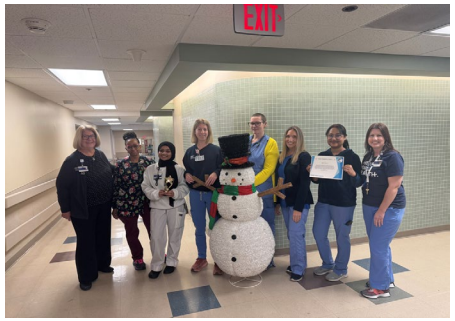
- At the beginning of each month, stealth compliance data from the internal dashboard was reviewed for all eligible units. Eligible units were those that have data collected by external/non-biased stealth observers.
- The unit with greater than 25 observations and the highest overall compliance was selected as the winner.
- The winning unit was notified, and a date was set for an award ceremony to be held on the unit. At the ceremony, the Chief Nursing Officer presented the unit with a “Hand Hygiene All Star” trophy and photos were taken of the group.
- The winner was recognized at a monthly nursing leader meeting and photos were shared on the organization’s internal webpage and electronic huddle boards.
- The hand hygiene compliance for the eligible units from the six months pre-implementation was compared to the six months post-implementation.

Results

Since implementation, ten Hand Hygiene All Star winners have been recognized. For two different months, two winners were celebrated due to a tie.

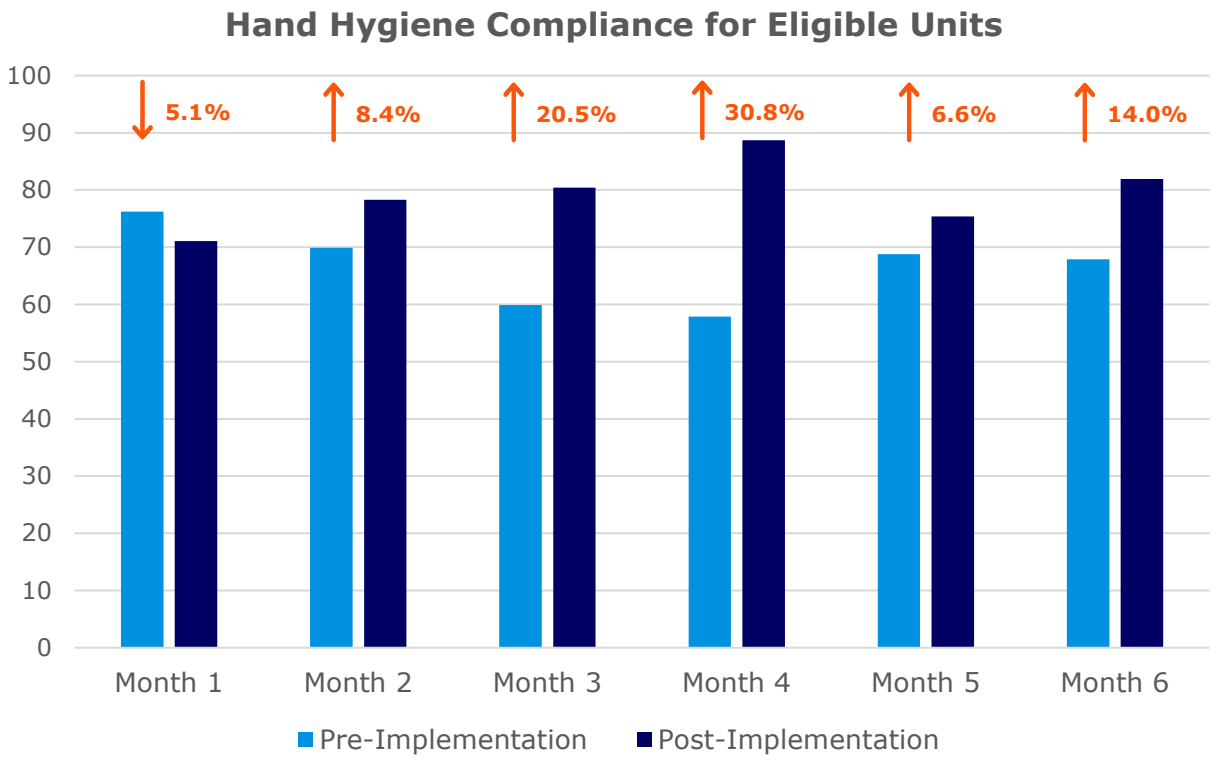
HENRY FORD HEALTH®

Results



Additionally, a Hand Hygiene Costar category was created to celebrate the runner ups in two different months.

Hand hygiene compliance in the eligible units has increased 11.2%, from 67% in the six months pre-implementation to 78.2% in the post-implementation period.



HENRY FORD HEALTH®

Conclusions

Monthly recognition of a Hand Hygiene All Star has incorporated more positivity into the hand hygiene program. Celebrating successes and reengaging staff has helped to highlight that hand hygiene is a priority within the organization.

Hand Hygiene All Stars: Unit-Based Recognition to Highlight Hand Hygiene Successes

Clare Shanahan, MPH[1], Abigail Ruby, MPH, CIC[1], Eman Chami, MHA, CIC[1], Anthony Talocco, BS[1], Gwen Gnam, MSN, RN[1]

[1]Henry Ford Health, Detroit, Michigan

Background

- Hand hygiene (HH) is an important tool in preventing the spread of infections to patients, staff, and visitors within the healthcare environment.
- HH compliance often decreases as a result of competing priorities within the clinical environment.
- To reengage staff and incorporate more positivity into the HH program, a unit-based recognition program was established. This program aimed to highlight HH successes and promote interdepartmental competition.

Methods

- At the beginning of each month, stealth compliance data from the internal dashboard was reviewed for all eligible units. Eligible units were those that have data collected by external/non-biased stealth observers.
- The unit with greater than 25 observations and the highest overall compliance was selected as the winner.
- The winning unit was notified, and a date was set for an award ceremony to be held on the unit. At the ceremony, the Chief Nursing Officer presented the unit with a "Hand Hygiene All Star" trophy and photos were taken of the group.
- The winner was recognized at a monthly nursing leader meeting and photos were shared on the organization's internal webpage and electronic huddle boards.
- The HH compliance for the eligible units from the six months pre-implementation was compared to the six months post-implementation.

Results

Figure 1: Hand Hygiene All Star trophy and the ten Hand Hygiene All Star winners

Since implementation, ten Hand Hygiene All Star winners have been recognized. For two different months, two winners were celebrated due to a tie.

Figure 2: Hand Hygiene Costar trophy and the two Hand Hygiene Costar winners

- Additionally, a Hand Hygiene Costar category was created to celebrate the runner ups in two different months.
- HH compliance in the eligible units has increased 11.2%, from 67% in the six months pre-implementation to 78.2% in the post-implementation period.

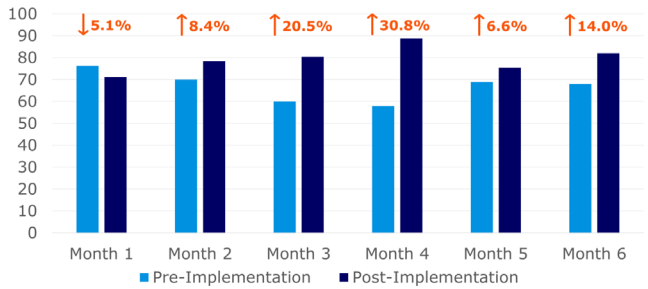


Figure 3: Hand hygiene compliance for the eligible units

Conclusions

Monthly recognition of a Hand Hygiene All Star has incorporated more positivity into the HH program. Celebrating successes and reengaging staff has helped to highlight that HH is a priority within the organization.

Thank you!

Abigail Ruby
aruby1@hfhs.org

LEVERAGING THE ELECTRONIC MEDICAL RECORD TO AVOID HOSPITAL-ONSET *CLOSTRIDIOIDES DIFFICLE* INFECTIONS

Clare Shanahan

HENRY FORD HEALTH®

Leveraging the electronic medical record to avoid hospital-onset *Clostridioidies difficile* infections

Clare Shanahan, MPH, CIC, Abigail Ruby, MPH, CIC, Eman Chami, MHA, CIC, Hannah Musgrove, MSN, APRN, AGCNS-BC, Gwen Gnam, MSN, RN

Category: Information Technology and Surveillance

Learning Objectives

1. Define barriers to early *Clostridioides difficile* testing.
2. Utilize the electronic monitoring system to build a report to identify patients who are high risk for *Clostridioides difficile*.
3. Demonstrate the benefits of collaboration between infection control and nursing to increase early detection of *Clostridioides difficile* infections.

Background

Clostridioides difficile infection (CDI) is a common healthcare-associated infection that can easily spread through or persist in the healthcare environment if not detected early. Early detection of CDI leads to prompt initiation of isolation precautions and treatment. A nurse-driven protocol for CDI testing empowers nursing to initiate testing and isolation at the first clinical indication.

The objectives of this project were to improve adherence to the nurse-driven protocol by utilizing a report to identify patients who meet criteria for CDI testing and ultimately reducing the number of hospital-onset *C. diff* infections (HO-CDI).

Methods

The electronic medical record system was utilized to create a report of recent stool documentation for inpatients within the 877-bed facility. A daily report was run by infection preventionists (IPs) to screen for patients with unformed stools documented during the first three days of hospital admission. If patients met criteria, IPs contacted the unit to initiate testing and isolation.

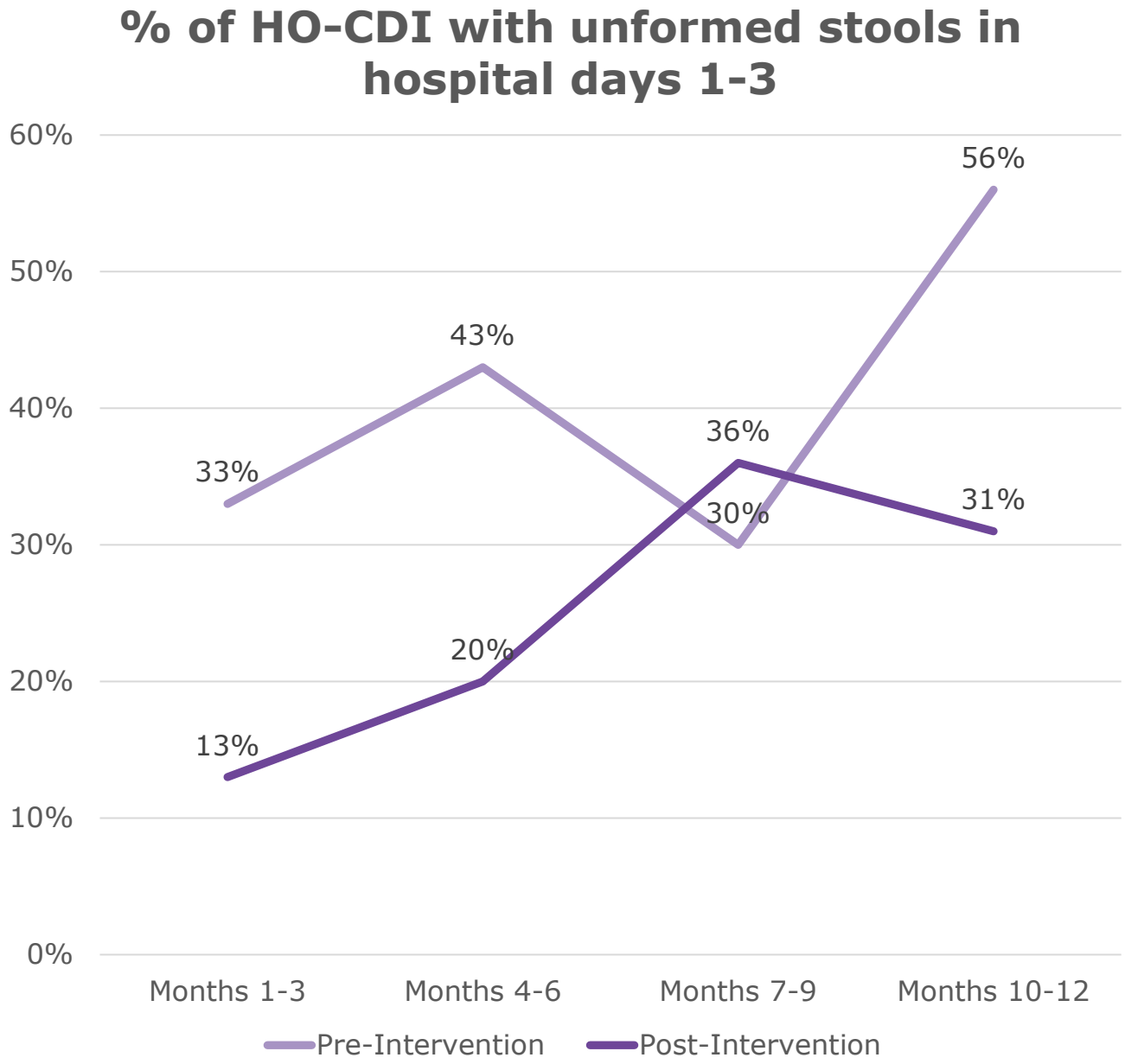
Bed	Department	Patient	MRN	Actual Calendar Day	Stool Consistency (Last 3 Values)	Last C. diff Toxin Order Date	C. diff BPA Triggered in Last 12 Hours
P432-A	Surgical ICU	Patient A	111222333	1		7/9/2022	
H212-A	H2 Nephrology	Patient B	444555666	2	4/9/2025 10:22 [Mushy] 4/9/2025 14:54 [Loose] 4/9/2025 22:43 [Loose]		✓
C551-A	MICU Pod 4	Patient C	777888999	3	4/10/2025 06:16 [Liquid/Watery]	4/10/2025	✓

Methods

The percentage of HO-CDI with unformed stools during the first three hospital days of admission during a 12-month pre-intervention and a 12-month post-intervention period were evaluated. Additionally, the total community-onset *C. diff* infections (CO-CDI) during the pre-intervention and post-intervention periods were compared.

Results

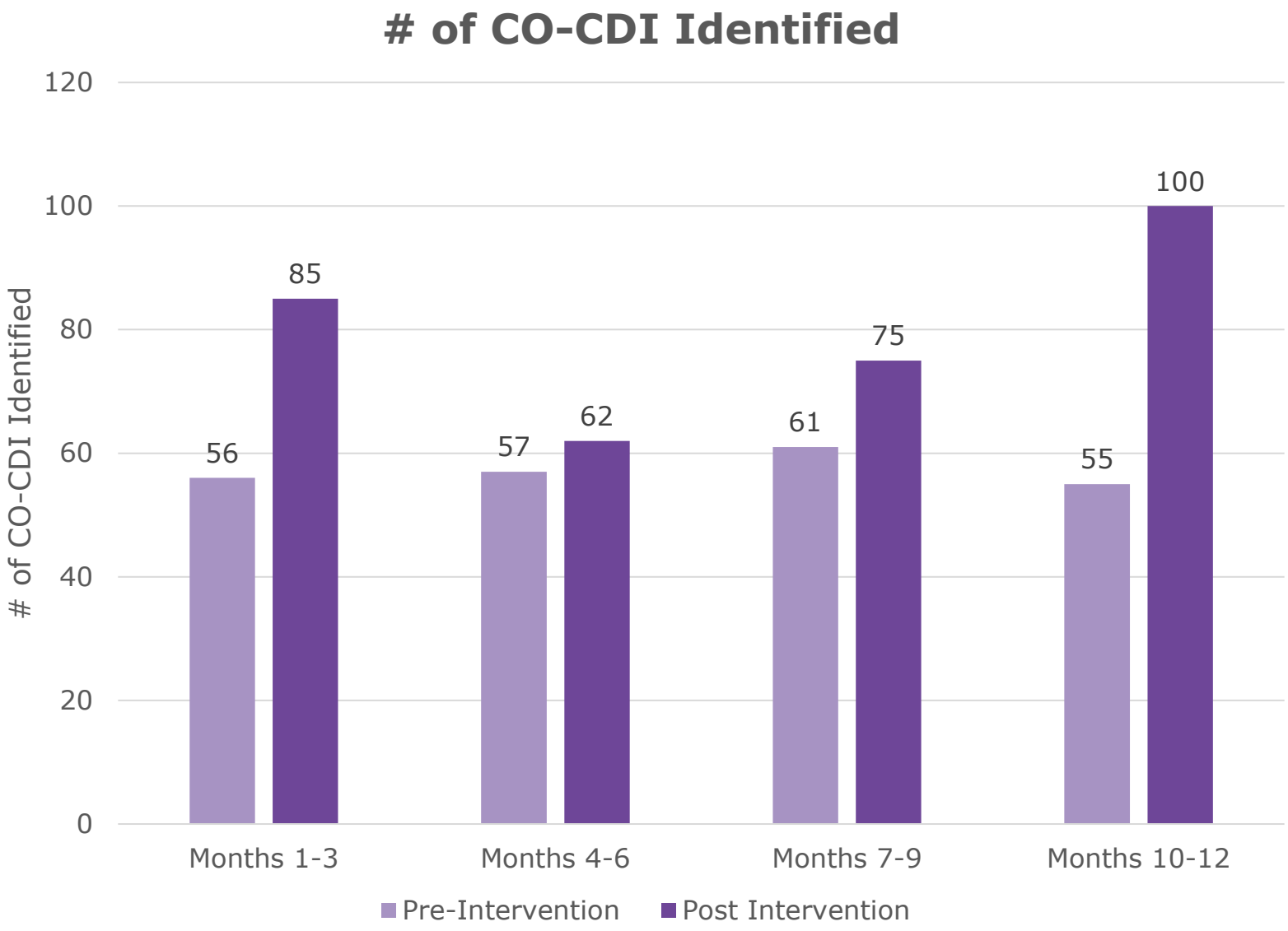
The percentage of HO-CDI with unformed stools during the first three hospital days of admission **decreased** from 38% (n=25) during the pre-intervention period (n=65) to 24% (n=14) during the post-intervention period (n=58).



HENRY FORD HEALTH

Results

The number of CO-CDI identified **increased** by 40%, with 229 during the pre-intervention and 322 in the post-intervention period.



HENRY FORD HEALTH

Conclusions

Daily utilization of this report has increased awareness of and adherence to the CDI testing protocol. This process has allowed IPs to collaborate closely with nursing and provide real-time education relating to early CDI testing. Through leveraging the technology available, the facility increased early detection of CO-CDI and avoided potential misclassified HO-CDI.

Leveraging the Electronic Medical Record to Avoid Hospital-Onset *Clostridioides difficile* Infections

Clare Shanahan, MPH[1], Abigail Ruby, MPH, CIC[1], Eman Chami, MHA, CIC[1], Hannah Musgrove, MSN, APRN, AGCNS-BC[1], Gwen Gnam, MSN, RN[1]

[1]Henry Ford Health, Detroit, Michigan

Background

- *Clostridioides difficile* infection (CDI) is a common healthcare-associated infection that can easily spread through or persist in the healthcare environment if not detected early.
- Early detection of CDI leads to prompt initiation of isolation precautions and treatment.
- A nurse-driven protocol for CDI testing empowers nursing to initiate testing and isolation at the first clinical indication.
- The objectives of this project were to improve adherence to the nurse-driven protocol by utilizing a report to identify patients who meet criteria for CDI testing and ultimately reducing the number of hospital-onset *C. diff* infections (HO-CDI).

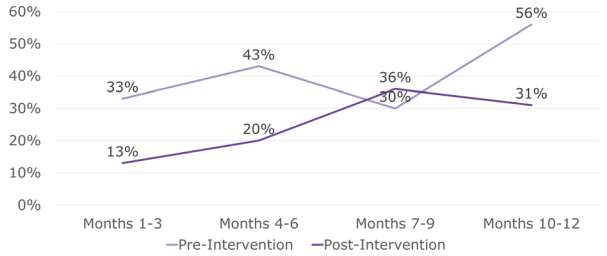
Methods

- The electronic medical record system was utilized to create a report of recent stool documentation for inpatients within the 877-bed facility (Figure 1).
- A daily report was run by infection preventionists (IPs) to screen for patients with unformed stools documented during the first three days of hospital admission.
- If patients met criteria, IPs contacted the unit to initiate testing and isolation.
- The percentage of HO-CDI with unformed stools during the first three hospital days of admission during a 12-month pre-intervention and a 12-month post-intervention period were evaluated. Additionally, the total community-onset *C. diff* infections (CO-CDI) during the pre-intervention and post-intervention periods were compared.

Bed	Department	Patient	MRN	Actual Calendar Day	Stool Consistency (Last 3 Values)	Last *C. diff* Toxin Order Date	*C. diff* BPA Triggered in Last 12 Hours
P432-A	Surgical ICU	Patient A	111222333	1		7/9/2022	
H212-A	H2 Nephrology	Patient B	444555666	2	4/9/2025 10:22 [Mushy] 4/9/2025 14:54 [Loose] 4/9/2025 22:43 [Loose]		✓
C551-A	MICU Pod 4	Patient C	777888999	3	4/10/2025 06:16 [Liquid/Watery]	4/10/2025	✓

Figure 1: Electronic report of recent stool documentation for all inpatients

Results



The percentage of HO-CDI with unformed stools during the first three hospital days of admission **decreased** from 38% (n=25) during the pre-intervention period (n=65) to 24% (n=14) during the post-intervention period (n=58).

Figure 2: Percentage of HO-CDI with unformed stools in hospital days 1-3

The number of CO-CDI identified **increased** by 40%, with 229 during the pre-intervention and 322 in the post-intervention period.

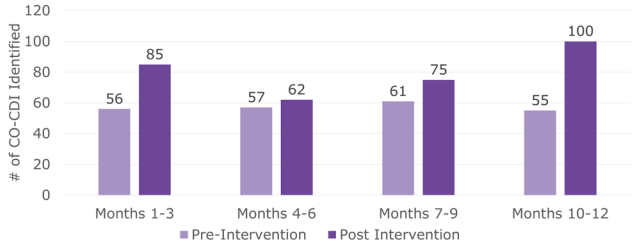


Figure 3: Number of CO-CDI identified

Conclusions

- Daily utilization of this report has increased awareness of and adherence to the CDI testing protocol.
- This process has allowed IPs to collaborate closely with nursing and provide real-time education relating to early CDI testing.
- Through leveraging the technology available, the facility increased early detection of CO-CDI and avoided potential misclassified HO-CDI.

Thank you!

Clare Shanahan
cshanah1@hfhs.org

ENHANCING DISINFECTION AND STERILIZATION PRACTICES IN MULTI-HOSPITAL SETTING THROUGH COLLABORATION BETWEEN INFECTION PREVENTION AND PERIOPERATIVE TEAMS

Eileen Thompson

Corewell Health™

Enhancing Disinfection and Sterilization Practices in Multi-Hospital Settings through Collaboration between Infection Prevention and Perioperative Teams

Eileen Thompson, MPH, MS, MS, CIC

AUGUST 12TH, 2025

(DS 33) Enhancing Disinfection and Sterilization Practices in Multi-Hospital Setting through Collaboration between Infection Prevention and Perioperative Teams

Eileen Thompson, MPH, MS, MS, CIC

Background

Effective high-level disinfection (HLD) and sterilization are critical to preventing healthcare-associated infections (HAIs). Collaboration between Infection Prevention (IP), the Operating Room (OR), and the Sterile Processing Department (SPD) is essential to ensure adherence to best practices and regulatory standards. This study aims to assess the impact of a team-based approach to improving HLD and sterilization processes across eight geographically linked hospitals within a larger healthcare system.

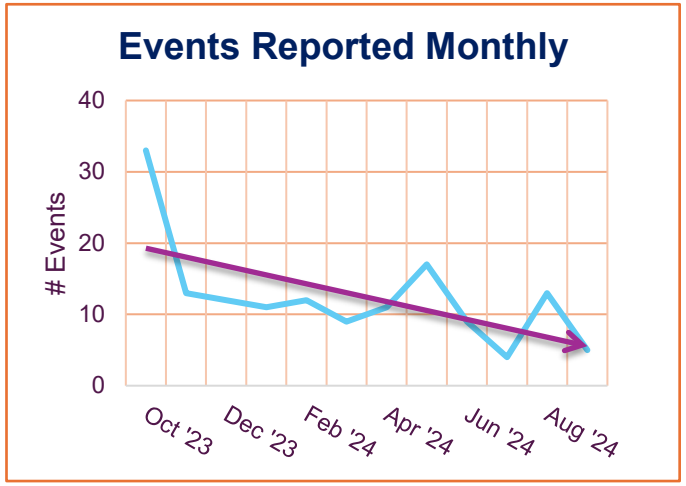


Figure 1

Methods

A multidisciplinary team was established, including representatives from IP, OR, and SPD from each of the eight hospitals. A series of targeted interventions were developed, focusing on protocol standardization, audit feedback loops, and staff education and empowerment. Compliance with HLD and sterilization procedures was monitored through regular audits over a twelve-month period. Training was tailored to department-specific needs and followed by monthly onsite assessments. Data were analyzed monthly by the multidisciplinary team to evaluate changes in compliance rates and improvements in communication and teamwork.

Results

Following the implementation of the collaborative initiative, compliance with HLD and sterilization protocols improved. At the end of the initial twelve-month period, a 34.44% reduction in risk and safety event reporting was observed (Figure 1). There was a 31.24% reduction in flash cycle (non-immediate use steam sterilization (IUSS)) sterilization volume of the same period (Figure 2). Enhanced communication between IP, OR, and SPD teams facilitated swift identification and resolution of process gaps. Staff reported increased confidence in their knowledge of sterilization protocols. **The ongoing audit-feedback process facilitated continuous improvement and sustained high compliance levels across the departments.**

Conclusion

This study demonstrates that a collaborative approach between IP, OR, and SPD teams significantly enhances compliance with HLD and sterilization practices, improves communication, and strengthens overall outcomes. The success of this initiative underscores the importance of interdisciplinary collaboration in infection prevention efforts.

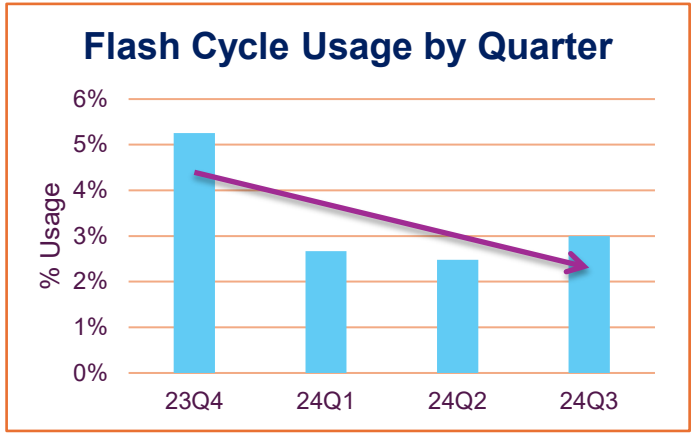


Figure 2

References & Disclosures

No references or disclosures.

Corewell Health

High-Level Disinfection and Sterilization

- More than just technical tasks
  - Fundamental to patient safety and critical to preventing healthcare-associated infections
- Challenges Faced:
  - Increasing instrument/device complexity
  - Staffing challenges
  - Evolving regulatory expectations
- What can IPs do to help sterile processing?
  - Ensure sterilization and disinfection processes are:
    - Compliant with IFUs, consistent across locations, sustainable over time, and team driven/led

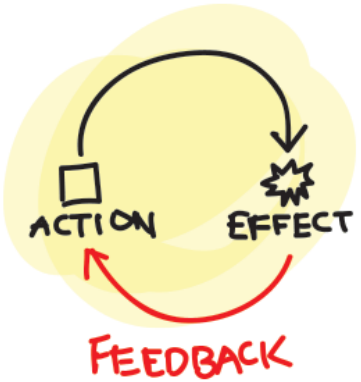
So what did I do?

- Reviewed and catalogued risks:
  - Variability in protocols
    - Within hospitals and across the system
    - Each with unique workflows, equipment, and culture.
  - Communication gaps between Infection Prevention, the Operating Room, and the Sterile Processing Department
  - Flash sterilization overused
  - Event reporting related to sterilization concerns rising
  - Staff confidence in processes lacking.
- Brought together a multidisciplinary team with members from each hospital
  - Including Infection Preventionists, OR leadership, and SPD
  - Met regularly to align on goals, share data, and develop targeted interventions.
  - Aiming not just to improve metrics, but to foster a culture of shared ownership and open communication.

The Strategy

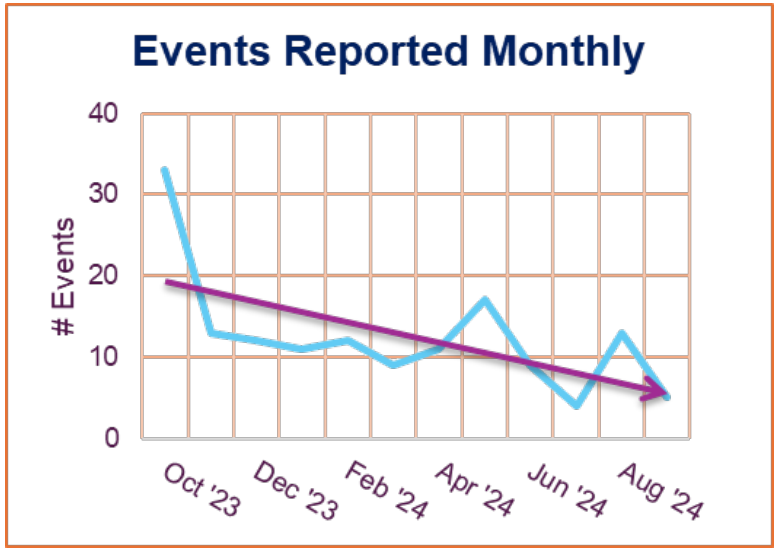
Three core pillars:

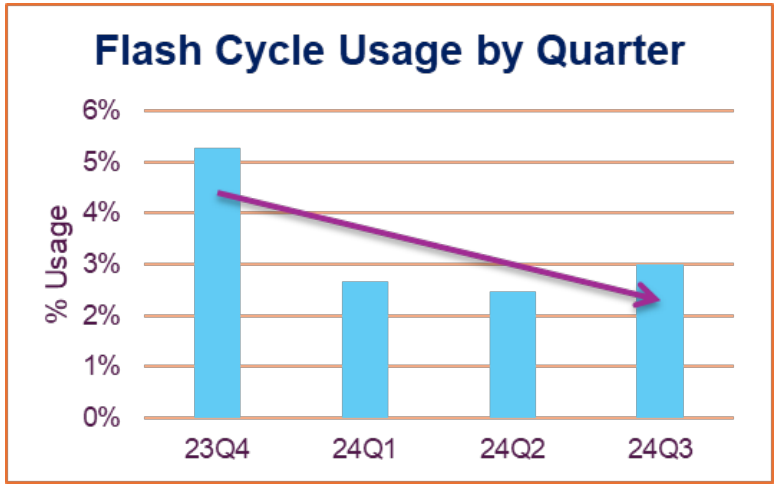
1. Protocol Standardization
   a) Developed unified HLD and sterilization protocols grounded in regulatory standards and best practices
   b) Expectations were clear and consistent across all facilities.
2. Tailored Education and Empowerment
   a) Training customized by role and department
   b) Emphasis the “why”
   c) Staff encouraged to ask questions, raise concerns, and contribute to continuous improvement.
3. Audit and Feedback Loops
   a) Monthly audits
   b) Results were reviewed collaboratively
   c) Data treated as a springboard for constructive dialogue and problem-solving.



The Results

- Over twelve months, we saw:
  - A 34% reduction in safety event reporting related to HLD and sterilization.
  - A 31% decrease in flash sterilization volume, indicating better planning and adherence to standard sterilization cycles
- Improvements in cross-departmental communication and staff engagement
- Staff across all sites reported greater confidence in their roles and a stronger sense of connection to the broader mission of infection prevention.





Corewell Health™

THANK YOU!

Eileen Thompson, MPH, MS, MS, CIC

SENIOR INFECTION PREVENTION SPECIALIST

EILEEN.THOMPSON@COREWELLHEALTH.ORG

Q+A

Thank you for joining us today!

APIC GREAT LAKES

PEER MENTORSHIP ROUNDTABLE